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GONORRHEA, ITS RAVAGES AND ITS PROPHYLAXIS.

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ITS PREVALENCE.

Gonorrhea is everywhere. Ricord and Noeggerath estimated that 80 per cent of the male sex of our large cities contract the disease. It is the scourge of armies and navies. A recent report of the English Sanitary Commission shows that gonorrhea is epidemic in the British garrison troops of India. Of the entire garrison of seventy thousand men 63 per cent have been infected, and as many as three thousand men were off duty daily from this one cause. Among the Dutch Colonial troops (3) venereal disease was at one time very prevalent, over 21 per cent being affected with syphilis. By enlisting prostitutes from the native women, registered under military discipline and cared for when sick in the army hospitals, the ratio was reduced to 7.5 per cent. Ten thousand women are thus employed among thirty thousand soldiers. An object lesson to the heathen of the morals of European civilization. To limit venereal diseases in its navy the Russian government (4) established brothels at Nagaski, filling them with healthy Japanese girls previously examined. It was found, however, that the officers of the navy propagated the disease and not the women. They brought it from Calcutta, Singapore and other Indian ports. Another object lesson for the heathen, but brutally cruel and severe on the girls.

According to Laveran's investigations twenty-five years ago, 300 out of every 1,000 Russian soldiers were syphilitic, or nearly one-third, while in the English army 523 out of every 1,000 men were syphilitic or more than one-half. We can plainly see that the much

more common disease gonorrhea must have been all but universal in these armies. Magnus (5) writes in 1893 that gonorrhea constitutes 60 to 70 per cent of venereal diseases and Prussia alone spends 20,000,000 marks every year to check it.

The soldiers of the great standing armies of Europe carry these diseases to their homes on furloughs or at the end of service, and distribute the mischief to the innocent. Though not afflicted with the attendant evils of large standing armies in America it is quite within bounds to say that one-half of our male population becomes infected with gonorrhea at some period of life. When we consider what a large percentage remain uncured, Noeggerath believed it to be 90 per cent, we may know that a vast number of unfortunate wives must become infected also, through no fault of their own.

INVASION AND EXTENSION.

Gonorrhea is the most active cause of genito-urinary diseases. Discarding the early and more common phases of "every-day clap" which passes current as "no worse than a bad cold," let us consider the more dangerous complications and sequelae which are possibilities even in cases of the mildest form. The fact is the gonococcus once established in the human economy is a most treacherous tenant, extremely difficult to oust and liable to work ruin to the landlord or his sexual partner after variable periods of chronicity or of latency during which he fancies himself cured of his malady.

Extension of the infection takes place in two ways: 1. by continuity of epithelium lining the genito-urinary tracts and characterized by local muco-purulent discharges; 2. by invasion of lymph channels through which it enters the circulation and becomes systemic and often fatal.

LOCALIZED GONORRHEA.

Invasion in the male is by way of the urethra during the normal sexual act or per rectum through pederasty. The urethritis excited by the germ may be so intense as to cause infiltrations and erosions resulting later in strictures with their attendant discomforts and dangers. The same sequences are true for gonorrheal proctitis. The invasion of Cowper's glands sometimes produces abscess. The germ finds here a nidus, persisting indefinitely as either chronic or latent gonorrhea. Infection of the prostate is next in the line of continuity, and is believed by eminent writers to be one of the efficient causes of early prostatic hypertrophy. From this point two routes are open to the infection which it may invade, separately

or simultaneously. Extension through the ejaculatory ducts leads to vesiculitis seminalis, where the disease again is extremely persistent, and beyond the reach of local antiseptics. Through the seminal ducts the infection reaches the epididymis, causing a most distressing complication, and inaccessible focus of latent infection. One of the important sequelae from this route of infections is the resulting sterility. Dr. Kehrer (6), of Heidelberg, examined the males in 96 sterile marriages and found the semen in 30.2 per cent barren of spermatozoa. He believed one-third of the cases of sterile marriages were the fault of the husband and that gonorrhea was the primary cause.

In both male and female, invasion of the urinary bladder is not infrequent and gives rise to most intense suffering. Acute cystitis thus set up, often becomes chronic. Extension through the ureters to the kidneys has been the cause of acute and chronic ureteritis, nephritis and pyelitis. Dr. Bedford Brown (7) cites two cases of gonorrheal nephritic abscess, in which one, a male, recovered after the destruction of the left kidney and discharge of the abscess through the urine. The other, a female, had unfortunately double urethritis and nephritis with suppression of urine and death from uremic convulsions. He stated his belief that chronic nephritis was more often due to gonorrhea than was usually supposed. Osler (8) says: "By far the most frequent form of pyelitis is that which is consecutive to cystitis from whatever form." Kelly (9) reports a most interesting case of gonorrheal pyelitis and pyo-urethritis in a young married woman greatly debilitated thereby, which he cured after persistent flushings of the ureter and pelvis of the kidney with successive silver and mercurial solutions, until the pus and gonococci had disappeared and the patient was restored to rosy health.

LOCALIZED GONORRHEA IN THE FEMALE.

When we come to study the effects of gonorrhea in the female we find the subject invested with all the elements of tragedy. Sinclair (10) in his book says: "Surgeons until late years have accepted gonorrhea as only a trifling incident and it is clear that obstetricians who have had better opportunities for knowledge have entirely overlooked it. Modern gynecologists have unearthed the conclusion that it is a terrible and fatal scourge to women." Dr. Holmes (11), of Atlanta, writes, "There is no disease that affects woman that should engage the serious and thoughtful consideration of the physician more than gonorrhea, that deadliest of all enemies to female health." Once again, from Lawson Tait, "Early in life I heard an

eminent surgeon say that if he was doomed to have venereal disease he would rather have syphilis than gonorrhea. I marveled and disbelieved, but now I know that if he included women in his thoughts on the subject he spoke truly. . . . . Where syphilis kills ten, gonorrhea kills its thousands, and it would take the sufferings of one hundred cases of syphilis to make up for the long weary years of agony of one case of gonorrneal pyosalpinx."

Invasion in the female, in the order of frequency, is first, by way of the vulvovaginal mucosa and glands; second, by the urethra, and third, per rectum through continuity of parts or from pederasty. The disease is easily overlooked because its early manifestations are much less distressing in the female than in the male, unless it happens to involve the urethra. It is often masked by the omnibus affection of leucorrhea or "whites." Cary (12) says, "Given a purulent or mucopurulent discharge from the urethra, uterine cervix, vagina, or periurethral, or vulvovaginal glands, in the vast majority of cases the disease is gonorrheal in origin."

ENDOCERVICITIS AND METRITIS.

These are produced by extension of infection from the vagina resulting in such well-known pathologic changes as granular degeneration of epithelium, areolar hyperplasia and mucopurulent leucorrhea, with all their attendant symptomatic ills.

SALPINGITIS.

Acute or chronic endometritis is not likely to confine itself to the endometrium. The Fallopian tubes are readily infected by continuity and acute and chronic salpingitis with degenerative, cystic and destructive changes and complications ensue. Fournier (13) says, according to his statistics one-fifth of all women contracting gonorrhea develop salpingitis. According to Terillon (14) gonorrheal salpingitis is nearly always double and hence entails sterility.

PYOSALPINX.

When a mucous channel becomes occluded or a closed sac through inflammatory processes resulting from gonorrheal infection there is always serious trouble pending. Pyosalpinx has its counterparts in suppurative appendicitis and purulent otitis media, and its perils are as great. When abscess of the tube takes place through imperfect drainage the case is ripe for the table of the laparotomist. Dr. M. Price (15), of Philadelphia, states that his cases without exception followed attacks of gonorrhea, generally in women who have borne but one child, and latter had been followed by repeated attacks of pelvic peritonitis.

PERITONITIS.

Infection through the fimbriated end of the tube gives rise to pelvic peritonitis, one of the greatest calamities that can happen in the physical life of a woman. Inflammatory exudates and adhesions follow for the relief of which in many cases nothing short of the knife is available. Terillon (16) says recurrent or relapsing peritonitis is always gonorrheal. According to Sinclair's observations a woman who has had gonorrheal peritonitis is barren.

FIBROID TUMORS.

In a personal letter Dr. Joseph Price, of Philadelphia, writes: "I have repeatedly stated that tubal and ovarian disease bore a strong causal relation to the early development of fibroids. The history of a large number of cases was that of gonorrhea, puriform disease of tubes and ovaries, multiform fibroids following in two or three years in patients under the age of 30."

RECTAL GONORRHEA IN WOMEN.

Baer, (17) from a study made in the city hospitals of Frankfurt A. M. found during six months ending January 1st, 1895, 191 women with gonorrhea. Careful investigation with specula showed 67, or 35 per cent, to have gonorrhea of the rectum. It was a striking feature that many of these cases gave no symptoms of the rectal infection, and without the systematic examination of every case it would have been overlooked. Andrews (18) states, "Women, as is well known, are the usual victims of gonorrhea of the rectum." Doctor Jos. B. Bacon, professor of rectal surgery, in a personal communication says in over forty cases of non-malignant rectal stricture treated by him only two were males. On the authority of Harrison Cripps (19) there are ten times as many cases of rectal stricture in the female as in the male. To syphilis is ascribed the usual cause of stricture of the rectum. If this be true how can we account for this great disparity in women? On rational grounds we should expect the ratio to be reversed. The prevalence of rectal gonorrhea in women, for obvious reasons, explains to my mind the predominance of rectal stricture in the sex.

SYSTEMIC GONORRHEA.

Invasion through the lymph channels and infection of the blood give rise to some of the most distressing and fatal complications of this disease. Wertheim's discovery (1891) of a nutrient medium by which pure cultures of gonococci could be grown, marked a new era in the study of gonorrhea and furnished the missing link in a chain of most conclusive evidence of the pathogenic character of the

gonococcus. Its etiological relations to many surprising complications has been verified by the four laws laid down by Koch.

GONORRHEAL ARTHRITIS.

This is a common result of systematic invasion. Given a mucopurulent urethral or vaginal discharge with arthritis and the diagnosis of gonorrhea can be made at once. Bergmann found gonococci in pus removed from the knee-joint three weeks after beginning arthritis. Vignandon (20) made a study of gonorrheal arthritis, secondary to vulvovaginitis and blenorrhagic ophthalmia in 23 children. In some atrophy of the limb followed suppuration of the joint. Wolff (21) reports a case of great swelling of the knee and foot in a child of 5 months with severe gonorrheal vulvitis. Both parents had gonorrhea. Colombini (22) and Uffreduzzi (23) report cases with all the clinical verifications even to the reproduction of gonorrhea in healthy males by inoculations of pure cultures of germs taken from the joint lesions.

GONORRHEAL ENDOCARDITIS.

Another most dangerous complication from systemic infection, and often concomitant to, or following joint infection, is that of endocarditis which is peculiarly liable to become ulcerative and malignant. To Dr. Leyden is due the important verification of the relation of gonorrhea to certain acute and fatal heart lesions. He with others, had long suspected such a relation in endocarditis conjoined with gonorrheal arthritis. In 1893, following the method of Wertheim, he was able to demonstrate in a reported case the true cause of such cardiac lesions. Since then many competent observers have verified his conclusions. Thayer and Blumer (24) report a case in a woman from whom blood, drawn from the median vein with a sterilized needle, gave pure cultures of gonococci which responded to all the characteristic tests. The autopsy revealed ulcerative endocarditis with large numbers of gonococci in the lesions. The same germs were found in the uterine cavity and vagina without marked signs of inflammation. An evidence of latent gonorrhea suddenly developing malignant complications through systemic infection. Ely (25) recently reported nine cases of malignant ulcerative endocarditis which he traced to the microorganisms of the urethra. Michaelis (26), Finger (27), Hehr (28), Neisser, Zawadzki and many others have reported cases with demonstrative proofs. Under this new light every case of arthritis and endocarditis from this time forth must be carefully differentiated and its grave prognosis recognized, if in any way related to gonorrhea.

PYEMIC ABSCESSES.

A complete demonstration of the essentially pyogenic character of the gonococcus and its ability to traverse the tissues of the body is shown in a case reported this year by O. Bujwid, of Krakau (29). Catheterization of a man having urethral gonorrhea was followed by a chill and the rapid development of intramuscular abscesses of the shoulder, popliteal space, leg and ankle. Pure cultures of gonococci were grown on agar serum from the evacuated pus.

GONORRHEA IN PREGNANCY AND CHILD-BED.

The frequency with which gonorrhea complicates and endangers the pregnant and puerperal state is too little appreciated, and is usually overlooked, either through lack of opportunity for diagnosis previous to confinement, or failure to apply intelligent clinical methods when complications arise.

Fehling (30), of Wurzburg, observes: "The presence of endometritis gonorrhoica demonstrated by Wertheim makes it more than probable that miscarriages in women who suffer afterward from chronic inflammation of the adnexa were caused by gonorrhea. The evidence of perimetritis gonorrhoica during pregnancy, either with or without salpingitis, is now an established fact. These different localizations of gonorrhea during pregnancy demand a careful treatment of those women who have been infected either during conception or after it, in order to prevent symptoms of a still graver character."

Prior (31) reports an interesting case in which unsuspected latent gonorrhea suddenly developed acute urethritis, vulvovaginal abscess and mastitis in childbed. The patient had been married fifteen years and was the mother of six children. Repeated examinations before labor elicited no symptoms of gonorrhea during gestation. The closest inquiry revealed no history of infection. The husband had clap years before marriage. Prior believed the case to be one of autoinfection from latent gonorrhea, to which the bruised tissues from instrumental delivery rendered her peculiarly susceptible.

The occurrence of blenorrhagic ophthalmia in the babe is proof positive of maternal infection, and should put the physician on the lookout for trouble. I do not recall a single case in which metritis, pelvic peritonitis, or gonorrheal arthritis did not complicate the puerperal state.

Kronig (32) found gonococci in the lochia of 9 cases. He states that vaginal gonorrhea extends to the endometrium during the puer-

perium and may give rise to fever without a trace of mixed infection. He believes it is not directly dangerous to life, but may lead to frequent complications later in the puerperium. My own experience leads me to believe that it is directly dangerous to life. During fifteen years' experience three fatalities have occurred in my obstetrical work, which have been elsewhere reported (33). All were young primiparae of vigorous physiques, whose delivery was normal. Gonorrhea was present in each case during gestation, and in the light of recent studies, I believe it was the direct cause of death

Max Madluer (34) has demonstrated the ability of the gonococcus to pass from the endometrium into the uterine muscles, and set up inflammatory processes. This he says is especially the case in the puerperium and may result in abscess formation. Infection of the peritoneum through the uterine wall is a possibility, and he believes explains the fact of perimetritis without implication of the adnexa. I am persuaded that the greatest danger exists in the liability of the parturient to systemic infection through lymph channels, made possible by even the ordinary slight lacerations or contusions incident to labor in those having gonorrhea in its more or less active stages, or even in its latent form. Against this condition aseptic midwifery can avail little. The condition should be recognized as early as possible before confinement, and local antiseptic treatment of cervix and vagina instituted. Surely if Crede's method of prophylaxis of ophthalmia neonatorum is justifiable, how much more important for the safety of both mother and child to make a careful investigation of vaginal and cervical secretions during gestation. Employing the microscope when necessary, to verify a diagnosis?

GONORRHEA INSONTIUM.

Another large class of sufferers from gonorrhea is composed of helpless infants and young children. Among the defective classes there is none more deplorable than the totally blind in our homes, asylums, and almshouses.

Magnus and Fuchs of Germany have made the most exhaustive researches concerning blindness and its causes in Europe. Magnus found that ophthalmia neonatorum was more destructive to sight than any other form of disease or accident, the ratio being 10.87 per cent. of the total blind of all ages. Fuchs (35) tabulated the cases of blindness among children in asylums in different parts of Europe, and found that in the young the ratio was 23.5 per cent. from this cause alone. Lucien Howe (37) who carefully investigated the matter in the institutions for the blind in New York State found the

ratio practically the same. In a later paper, after extending his inquiries, he says: "On an average it might be stated, with a considerable degree of accuracy that at least 18½ to 19 per cent. of all the blind in early life are in this condition from ophthalmia neonatorum (37)." Taking the census reports for 1890, we find there were at that time in the United States, 50,411 individuals totally blind and more than double that number blind in one eye. If now we take the ratio ascertained by Magnus as the chief cause of blindness for all ages, we have 5,480 persons totally blind in the United States, not to mention those who are disfigured in one eye, from the absolutely preventable cause of ophthalmia neonatorum. Nor is this the only accident to which the young are liable from gonorrhea. At a recent medical meeting at Riga, Russia (38), an epidemic of urethral gonorrhea was reported in which 326 girls from 4 to 16 were infected from the use of a common bathroom. Gonorrhea of the genitalia in female infants is of more frequent occurrence than is supposed. A mother or a nurse with chronic or acute gonorrhea may easily infect the child through a common use of syringes, sponges, wash-cloths, towels and bath-tubs, or from septic fingers and hands. I have seen typical gonorrhea in boys from 4 to 7 years old from whom I have obtained microscopic slides.

PROPHYLAXIS.

The prevention of disease has been styled the "art above all arts." The most important problem concerning any disease is how to prevent it. The labors of no class of men have proven more beneficent to the race in the century drawing near its end than those who have won triumphs in preventive medicine.

Small-pox, cholera, scurvy, typhus and yellow fever, have been robbed of their terrors in civilized countries, through vaccination, quarantine and hygienic regulations of sanitary boards. No expenditure of means or measures is counted too great on the part of governments in order to protect their subjects from these one-time terrible scourges.

How is it with other infectious diseases, whose source is equally well or better known, and whose methods of contamination are constantly demonstrated on every hand? Diseases whose endemic presence is perennial; whose ravages are greater because of their constant, silent and concealed operations? To these we are obtuse and indifferent because they are not heralded by the sensational daily press, and do not come with the tragic effects of sudden onset and swift destruction. While such may slay their thousands, preventable

diseases like syphilis, gonorrhea and tuberculosis, against which we are opposing but feeble barriers or none at all, are slaying annually their hundreds of thousands. Let us consider some of the measures which could and we believe should be adopted to limit gonorrheal infection.

EDUCATIONAL MEASURES.

1. To commence with our own profession, let the nature and complications of this disease be more fully impressed in the medical education of young men and women who must prepare to treat this as one of the most frequent diseases to be met with in everyday practice. Not only that they may be able to treat it scientifically, but knowing full well its dangers they may give cautions and instructions to the laity that the disease may not be ignorantly transmitted to others.

2. Let the pupils of both sexes in our public schools, after reaching puberty, be instructed at a proper age by competent medical teachers concerning the laws of sexual hygiene, sexual morals, the proper conduct of the sexes in their relations to each other and the parental functions and duties of wedlock. Such information at such a time would save thousands of boys and girls from the pitfalls of immorality and disease, and our young men and women from the early mistakes of married life. To this end every School Board should have in its educational corps a male and female physician of undoubted ability and public esteem, who should wisely instruct the pupils of their own sex in these most important subjects.

3. Let the members of our police and fire departments, and our soldiers and sailors be instructed concerning these dangerous infections by the regular surgeons having their physical welfare in charge. Thus a broader intelligence would obtain among the people concerning these diseases, and the necessity and means of avoiding them, or at least of preventing their transmission.

LEGISLATIVE ENACTMENTS.

1. We advocate more stringent laws regulating marriage. Every candidate for matrimony of either sex should be required to file a certificate of health, showing freedom from hereditary taint, and from all infections and venereal diseases before license to marry could be issued. These certificates should be given by male and female physicians who should be county officials, capable of employing modern clinical methods in their examinations. Such a law, properly enforced, would impose no injustice or hardship on any-

one. It would protect the innocent who are unable to protect themselves. It would save society the burden of caring for large numbers of the defective and criminal classes. Its moral effect would operate as an educational factor with the masses and lead to greater vigilance in the prevention and the cure of venereal diseases.

The extensive surgical experience of Lawson Tait with the ravages of gonorrhea in women gives peculiar force to his opinions in this connection. He says: "We know a man never really gets cured of gonorrhea. Under any stimulus of wine or women it will come back and be effective. From the enormous number of cases of damaged uterine appendages that have come under my care in the young married women who have remained sterile after having been a few months married, I am almost disposed to believe that it is unjustifiable for a man who has ever suffered from gonorrhea to enter the married state at all." While these propositions are too pessimistic under recent and more scientific methods of treatment for gonorrhea, no on can question the inalienable right of every prospective wife to legal protection against the risks to her health and life through infection on entering the marriage relation. How can she know, how can she avoid these perils unaided? Manifestly the state owes no more important duty to society than such safeguards to matrimony.

2. Our divorce laws should be amended, so that the infection of either party with a venereal disease through marriage or the contraction by either of such a disease after marriage, should be legal grounds for divorce, because in the first instance a great personal injury has been inflicted; in the second place, that such an injury, if possible, may be prevented. The Paris Court of Appeals (39) has recently decided a case in accordance with this proposition.

3. The imparting of a venereal disease by one knowing himself or herself to be infected should be made an indictable offense, under the head of inflicting bodily injury.

4. The drug store treatment of gonorrhea should be prohibited by law. The major portion of these cases seek first aid of the druggist or his clerk, who without medical skill or legal right undertake the treatment of this dangerous malady. Many apothecary shops are little better than mere "clap traps," where "sure cures" from "big G" and "Zip," down to the proprietor's own "Nos. 1 and 2" are imposed on hapless victims.

The cure of gonorrhea is not a question of sulphate of zinc and balsam of copaiba. The acute symptoms in most cases will abate by

self-limitation even when left entirely alone. Unfortunately the disease does not end here. The tendency in most cases is to drag a more or less chronic and indefinite course for years it may be, unless carefully treated by topical measures at the hands of intelligent physicians who alone are competent. It is in this uncured chronic state that the victim proves so dangerous to society. Usually through ignorance of his liability to communicate a disease which in its latent or chronic form has deluded him into the belief that he is cured, or that he has only a mild gleet which is harmless to others. For the same reasons, advertising charlatans and manufacturers of proprietary humbugs who fatten on the gullibility of this unfortunate class, should be legally suppressed, and a mercenary press which furthers these swindles in its advertising columns should be prosecuted as particeps criminis. No one doubts the right and expediency to do this in suppressing lottery schemes. Of the two evils, the former is far more baneful to society. Every individual with gonorrhea is a menace to the community. Mayhaps he has a wife already or will some time marry a virtuous maiden, in either case he is quite likely to scatter the seeds of ill health or death itself. For the sake of the unprotected innocent, he should be cared for by the competent physician only and carefully instructed against imparting the dangerous infection.

SANITARY REGULATION OF PROSTITUTION.

The social evil is one of the vexed questions of the day. The fact seems patent that prostitution is on the increase in our large cities, while marriage declines in a like ratio. This is an alarming state of affairs and demands the most earnest consideration of public spirited citizens. So long as society tacitly recognizes a double standard of morals for the sexes, so long must this condition exist. The experiment of licensing prostitution for the restriction of venereal diseases has proven a failure because of its one-sided operation. License gives it a legal status and quasi respectability on the one hand, while on the other the medical inspection is a farce, so far as limiting disease is concerned, except in barracks where both sexes are subject to military discipline. It favors clandestine prostitution to avoid taxation and annoyance. It affords opportunity for levying blackmail on this unfortunate class by unprincipled municipal officials. With the moral side of the question, however, we cannot deal in this paper, but there is a sanitary feature of paramount importance. Prostitution is a menace to the health of the community, and on this account should be placed under the supervision

of sanitary boards in every city. All females known to be public characters should be restricted to certain locations, and thoroughly examined at stated intervals. When found with a venereal affection, acute or chronic, they should be placed in hospital quarantine for isolation and treatment. Inasmuch as the fear of contracting venereal diseases has not in the past, will not in the future, deter either sex from extensive infection under existing ignorance on this subject, and inasmuch as the innocent suffer equally with the guilty and their sufferings are so often traceable to the prostitute, it is sanitary and moral wisdom for the protection of all classes to adopt and enforce under the health department antiseptic measures in houses of prostitution.

Houseman, of Berlin, recommends a 2 per cent. solution of silver nitrate to be used within 15 minutes after cohabiting. A French sanitarian recommends a solution of bichloride of mercury, 1-500, to be used by prostitutes and their male visitors. Under the authority of health boards printed regulations for prophylaxis should be required to be posted in the apartment of every prostitute just as rules of prophylaxis are now distributed in the homes of consumptives in some States.

Modern legislation for the regulation of the social evil with the idea of preventing venereal disease has been limited to the female side of the race as chief offender. The principle is as old and just as cowardly as Adam's scheme for shifting the responsibility for sin. "The woman whom thou gavest to be with me she gave me of the tree and I did eat." What shall be done with the gonorrheic male? "Aye, there's the rub!" As a matter of fact, he is far more dangerous to society than a prostitute with gonorrhea. She can impart the disease only to males, who, like herself, have willingly abjurated the paths of virtue where honors are even, but they (the males) may and probably will, sooner or later, transmit this disease to innocent wives or too confiding maidens, whom in either case they have sworn to love and protect. As a rule, prostitutes are not leading lives of shame from choice. They are usually the victims of man's perfidy, and often enter their vocations already infected by their seducers, who thus add a two-fold sting to their sin against womanhood. Let it be the duty of the physician to report all cases of gonorrhea, male or female, to the Board of Health, just as he is required to report scarlatina or diphtheria. Let the diagnosis, if doubtful, be verified in the bacterial department, and printed instructions for guarding against the infection of others in any of its stages be placed in the

hands of the patient through the attending physician. Thus the plea of ignorance could never be urged for infecting a healthy person.

It may be argued by some that the legislation proposed in this paper could not be strictly enforced and would further encumber our statutes with dead letter laws. To this we reply that the laws against no crimes, however atrocious, have prohibited them. It may be objected that such laws savor of paternalism on the part of government. Granted, so do laws for compulsory vaccination. So do the laws now being adopted by many States for the prevention of blindness in the new-born. Dangers which threaten the health and life of individuals from which they are powerless to shield themselves demand governmental interference.

We believe the measures we have only imperfectly outlined are practical and would largely decrease the ravages of gonorrhea, first from the standpoint of self-preservation by means of wide-spread information among the laity through the profession concerning its dangerous character. Second, through the moral effect of legal enactments concerning marriage, divorce and criminal acts, so far as related to gonorrhea, and, lastly, through the sanitary supervision of our health Boards of individuals and classes liable to spread this loathsome and too often malignant disease.

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