syphilis, 73 per cent. of whom had received very little treatment.

The functions of a medico-social unit in a venereal diseases department are discussed, and efforts to persuade defaulters to co-operate are recorded. In spite of these efforts 55 per cent. proved to be completely unco-operative.

The crude and corrected defaulter rates for syphilis and gonorrhœa are discussed and illustrated.

Various reasons for default are mentioned,

but irresponsibility is undoubtedly the chief reason. It would appear that subject to certain qualifications additional legislative measures are clearly necessary to cope with the irresponsible defaulter suffering from transmissible venereal infection.

The help and co-operation of the medico-social staff of the clinic are gratefully acknowledged. For the investigation of the control group in Table V we are indebted to Mr. Linton Snaith, Surgeon in charge, Department of Obstetrics and Gynæcology, Newcastle General Hospital.

CORRESPONDENCE

ARSENICAL ENCEPHALOPATHY

Sir,—I am indebted to Col. Harrison for drawing my attention to a misquotation which appeared in my recent article on arsenical encephalopathy. I would like to take this opportunity, although inadvertently belated, of apologizing for the error. This was due to the fact that in the great welter of international literature from which I had to excerpt views, I had not been able to obtain access to the original texts in many cases and had to rely on the statements made by later annotators. This instance provides an excellent example of the oft repeated dictum, "Always verify your references."

I am, etc.,

E. E. PREBBLE

Canterbury.