

Department of Reviews and Abstracts

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Collective Review

New Books

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BY what method medical publishers select the manuscripts which they publish must ever remain a mystery to the uninitiated. Doubtless appeal to a wide audience and the likelihood of a prolonged demand play no small rôle. From decade to decade the type of book changes and only the fewest treatises or monographs preserve their appeal.

The first book to be considered in this review, is one that deals with every system in the body except that of the female genital tract, and yet I do not hesitate to recommend it most highly to every gynecologist and obstetrician.

It is a sign of the times that a book of this character is selected for translation and that a publisher for it can be found. Even the lay public is coming to know that mere manual dexterity does not make a good surgeon. Pathology is receiving increasing attention and *Pathological Physiology*¹ is constantly growing in importance. Those readers who insist upon direct applicability of their reading to so-called "practical problems" will find that Rost's book fulfills even that criterion. For example the supposed causation of such important lesions as ulcer of the stomach, fat necrosis, gall stones, etc., are thoroughly discussed; the serious results from absorption after intestinal obstruction, blocking of the portal vein, sepsis from peritonitis will be found in its pages. The literature, especially the continental sources, are freely quoted. By judicious interpolations the translator has added the more important American contributions.

The thoughtful reader will be impressed by the fact of the immense number of, as yet undecided, problems and of the importance credited by the author to the nervous system.

This book should prove an exhaustless mine for those seeking new viewpoints, and a stimulus to the surgeon who is interested in functional restoration.

Another book, though neither strictly gynecological nor obstetrical, is, however, of utmost importance to the members of both these specialties.

The incidence of premature birth is great; the mortality of these infants is appalling. Proper prenatal care and facilities for safeguarding the premature infant after birth are necessary.

¹*The Pathological Physiology of Surgical Disease. A Basis for Diagnosis and Treatment of Surgical Affections.* By Professor DR. FRANZ ROST, University of Heidelberg. Authorized Translation by Stanley P. Reimann, M.D. With a Foreword by John B. Deaver, M.D., LL.D., Sc.D., F.A.C.S. P. Blakiston's Son & Co., Philadelphia.

Hess² divides his monograph on premature and congenitally diseased infants into four main parts, dealing respectively with: (1) the etiology, physiology and pathology; (2) nursing and feeding care; (3) general diseases such as gastrointestinal, respiratory, sepsis, syphilis and diseases peculiar to the premature; and (4) the outlook for the premature.

Prematurity implies birth at least three weeks before term, but weaklings and the congenitally diseased or debilitated are hard to exclude from the discussion.

Part I contains a wealth of well arranged material partly collected from the literature and partly from the author's records. The characteristics of the various organs at different stages of development are particularly valuable.

In Part II every detail is described with minute care. Breast milk is advised in every instance, but if this is unobtainable simple formulae for modifying cow's milk are given. The heated bed is given preference over the closed type of incubator.

In severe instances of stridor thymicus one or two treatments with Roentgen rays are advised. Premature infants with atelectases do not respond well to mechanical stimulation. Of the premature born with signs of active syphilis almost all die. Hess advises that the placenta be examined histologically for signs of syphilis. The reviewer feels that such examination is too uncertain to be of much value unless strikingly positive results are obtained. Even twins may show a positive Wassermann reaction in one and a negative reaction in the other. In nearly 50 per cent of syphilitic infants the Wassermann reaction does not become positive before the third month of extrauterine life. Of diseases peculiar to the premature, rickets, anemia and spasmophilia are described.

In arriving at a prognosis it is well to remember that few infants under 27 weeks survive; also within limits, that a small older child has a better chance of living than a younger one that weighs more. If the newborn cries, stays awake and shows vigorous movements the outlook is good. Famous prematures include Newton, Rousseau, Voltaire, Cuvier, Victor Hugo, Lamartine and Renan.

The book is well illustrated and contains a wealth of interesting topics valuable to the pediatrician and obstetrician.

Schröder's textbook of gynecology³ is of unusual interest from several points of view. Schröder is one of the most promising of the younger group of gynecologists. He has done exceptionally good work in connection with the study of the menstrual cycle, having demonstrated that the "functional" layer of the endometrium is cast off with each bleeding. In this book we are able to see that his laboratory training has not unfitted him for clinical activity.

The book of 662 pages of large format, contains 324 illustrations, of which those not photomicrographs were drawn by the author's wife. The arrangement, in conformity with modern tendencies, is according

²**Premature and Congenitally Diseased Infants.** By JULIUS H. HESS, M.D., Professor and Head of the Division of Pediatrics, University of Illinois College of Medicine; etc., etc. Member of Advisory Board Children's Bureau, Department of Labor, Washington, D. C. Illustrated with 189 Engravings. Philadelphia and New York: Lea & Febiger, 1922.

³**Lehrbuch der Gynaekologie.** Für Studierende und Ärzte, von Dr. Med. ROBERT SCHRÖDER, ord. Professor für Geburtshilfe und Gynäkologie und Direktor der Universitäts-Frauenklinik in Kiel. Mit 324 teils farbigen Abbildungen im Text und 3 farbigen Tafeln. Leipzig, 1922, Verlag von F. C. W. Vogel.

to systems, not organs. The anatomy and physiology are most adequately dealt with. Then anomalies of the menstrual cycle are treated in a masterly fashion. The author places ovulation on the 14th to 16th day after onset of the last menses, and considers "*Mittelschmerz*" as an effect of the rupture of the follicle. Like most objectively trained physicians he ascribes little or no efficacy to the ovarian extracts on the market.

The changes of position of the uterus, including prolapse, are somewhat summarily treated. Ante flexion is discussed as a malposition. All inflammations of the genitals are considered in Chapter V, and peritonitis is here likewise discussed. The number of proprietary chemical preparations mentioned under the treatment of gonorrhoea is quite amazing.

Chapter VI deals with foreign bodies, injuries, cicatrices, hematoma and hematocele. This arrangement separates perineal tears from prolapse of the uterus, in connection with which they logically should be discussed. An excellent chapter on malformation follows. Cysts of the genitals, this signifies retention cysts only, appear quite isolated and disconnected in a separate chapter.

The chapter which deals with all tumors of the genital tract occupies 160 pages. The histology of neoplasms is well presented and illustrated. The prognosis of, and the method of dealing with, ovarian tumors is most inadequately presented. Schröder has heard of only 40 to 50 cases of carcinoma developing in the cervical stump though Polak collected close to 250 from the American literature alone.

This brings up the point that, as far as Schröder is concerned, America still waits to be discovered. I find Cullen's name once casually mentioned, but if any other American author has been quoted I have missed the citation. Occasionally an English or French name crops up.

Operative technic is not discussed. The type of operation, however, is clearly indicated. Conservative measures are described in more detail. The author's therapy is admirably conservative. The book may be regarded as a good example of the views and tendencies of the younger school of German gynecologists who show a return to conservative trends and who are willing to turn to immunology, radiotherapy and "medical" measures as aids or even substitutes for the scalpel.

Slightly disguised, under a Spanish cloak, but yet characteristic, appears a good translation of the 16th edition of Karl Schröder's Gynecology edited by Hofmeier of Würzburg.⁴ The book is excellently gotten up, well illustrated and brought up to date. The reviewer confesses a distinct fondness for the references in the form of footnotes, as carried out in this edition. The modern way of bunching all the literature at the end of a book, not even according a separate line to each reference, is economical—but nasty.

Another Spanish translation is that of Fabre's (Lyons, France) *Manual of Obstetrics*.⁵ This is a small volume of 344 pages based

⁴*Tratado de Ginecología.* Por M. HOFMEIER, Profesor de Obstetricia y Ginecología de la Universidad de Würzburg. Con 297 Figuras en el Texto y 10 Láminas. Casa Editorial P. Salvat Barcelona. 1922.

⁵*Manual de Obstetricia.* Por el PROF FABRE, de la Clínica Obstétrica de la Facultad de Medicina de Lyon, Miembro correspondiente de la Academia de Medicina. Vol. I. Parto Normal, Tercera Edición, Ilustrada con 238 Figuras intercaladas en el texto, Barcelona, 1923. Casa Editorial P. Salvat.

upon the third edition. The illustrations are striking, of the poster type, well calculated to impress the student. Although gloves are advised the accoucheur's hand is pictured without these essentials. Undue emphasis and undue space, considering the elementary character of the book, is accorded to the author's method of registering uterine contractions by means of the metreurynter and tambour. Only normal labor and puerperium are discussed.

Of older date (1920) is an entirely Spanish Obstetrics by Girol,⁶ an imposing volume of 974 pages. Of especial interest are several gross sections of the pregnant uterus at term and in labor and an exceptionally large collection of fetal monstrosities from the medical museum of the Madrid School. The book shows the influence of the best methods of all countries, but shows little evidence of the development of a Spanish school.

From Ireland we have a "Practice of Midwifery" by Gibbon Fitzgibbon,⁷ for three years Master of the Rotunda Hospital in Dublin. This book is disappointing throughout. In his effort to adapt his work to the need of the student, Fitzgibbon has so studiously suppressed his personality and his undoubted knowledge that the text is drab and does not bring out fully the practice current at the Rotunda. We note, without approval, the use of the left lateral posture during delivery and the use of the term "abortion" up to the twelfth week, and of "miscarriage" from the twelfth to twenty-eighth week. The sole point of interest is a cursory report of over 200 cases of eclampsia treated by gastric and colonic lavage, subcutaneous infusion of bicarbonate solution and venesection with a mortality of only 8.87 per cent.

Returning to this side of the Atlantic we take up Plass' "Obstetrics for Nurses."⁸ This both consciously and unconsciously shows the influence of the Johns Hopkins School as exemplified by Whitridge Williams. The book is good, but is too theoretical for nurses. With but slight change and some additions it would prove a useful book for the medical student. We are more and more prone to expect the nurse to know too much and to do too little.

Sellheim's Obstetrical and Gynecological Methods of Examination⁹ is a useful guide to the advanced student or budding specialist. Much of what is usually picked up haphazard or never learned is here presented in an orderly fashion. The book will also prove of use to the teacher. The clear cut line drawings are excellent.

Liepmann's Course on the Obstetrical Phantom¹⁰ is more specialized than the preceding, dealing exclusively with obstetric diagnosis, maneu-

⁶*Tratado de Obstetricia.* Por el DR. D. SEBASTIAN RECASENS GIROL, Catedrático por oposición de Obstetricia y Ginecología de la Facultad de Medicina de Madrid; Académico de la Real de Medicina; Presidente de la Academia de Obstetricia y Ginecología de Madrid, Cuarta edición, ilustrada con gran número de grabados, Barcelona 1920, Casa Editorial P. Salvat.

⁷*Practical Midwifery.* By GIBBON FITZGIBBON, M.D., B.Ch., B.A.O. (Dub. Univ.), F.R.C.P.I., L. M. Master Rotunda Hospital, Dublin, with 175 illustrations. London, 1923, J. & A. Churchill.

⁸*Obstetrics for Nurses.* By EVERETT DUDLEY PLASS, M.D. Obstetrician-in-chief, Henry Ford Hospital, Detroit; Formerly Associate Professor of Obstetrics in Johns Hopkins Medical School. New York, 1922, D. Appleton & Company.

⁹*Die Geburtshilflich-Gynaekologische Untersuchung.* Ein Leitfadens für Studierende Ärzte von DR. HUGO SELLHEIM, o.B. Professor und Direktor der Universitäts-Frauenklinik in Halle a.s. Mit 94 Abbildungen, Vierte, vermehrte und umgearbeitete Auflage, München, 1923, Verlag von J. F. Bergmann.

¹⁰*Der Geburtshilfliche Phantomkurs,* in 165 Federzeichnungen für Ärzte und Studierende, von DR. MED. WILHELM LIEPMANN, a.o. Professor für Frauenheilkunde an der Friedrich Wilhelm-Universität in Berlin. Wien, 1922, Urban & Schwarzenberg.

vres and operative methods. It is profusely illustrated with figures showing a resemblance to those of Farabeuf and Varnier.

The "Causation of Fetal Death," by Eardley Holland¹¹ is published by the English Ministry of Health. It deals with 300 fetuses of viable age and summarizes an elaborate and painstaking research. Complications of labor, including antepartum hemorrhage and postmaturity account for 51 per cent of deaths, syphilis for 16 per cent, toxemia 10 per cent. Holland suggests that proper antenatal care and better instruction to the medical student will greatly reduce the mortality.

An old friend, but of undiminished value, cropped up in v. Neugebauer's monograph¹² on twin pregnancies in heterotopic sites, published in 1907. One hundred and sixty-nine cases are recorded. Since that date the literature has contained many additional reports. Even these old statistics contain six cases of ovarian and nine of the interstitial site of one of the ova.

The University of Chicago Press in 1917 published a small monograph by Newman on the "Biology of Twins."¹³ In clear nontechnical language the human twins, the Armadillo twins (two pair from a single ovum in one species, and twins due to fusion of two ova in another species) and the rare freemartin of cattle are discussed. Now (1923) appears a second monograph by the same author on the "Physiology of Twinning."¹⁴ Twinning, according to Newman, requires totipotency of blastomeres. In certain forms, as for example Tunicates, each part of the egg has a prospective value, hence isolation of blastomeres produces merely parts of an individual instead of two individuals. Newman, in opposition to Stoddard, considers double monsters incompletely divided single embryos. The opposite view is that they are two individuals partly fused. The entire animal scale is reviewed for data. The books are of considerable interest to the medical man.

More specialized but of even more far reaching interest is an account by Bresslau,¹⁵ formerly of Strassburg, of the development of the milk gland which characterizes the large group of mammals. The studies were conducted mainly on the material collected by Prof. Semon while on his trip to Australia, material which had already been worked over by Gegenbaur and Klaatsch. Bresslau believes that the *Anlage* of the breast, as appearing in the embryo of echidna, corresponds to the brooding spot noted in certain birds and philogenetically bridges the gap to those ancestors of the mammal who hatched eggs. In the monotremes no nipples are found; in the marsupials these organs are present. In placentates the breasts, whether a single pair or in multiple,

¹¹**The Causation of Foetal Death.** By EARDLEY HOLLAND, M.D., F.R.C.S., F.R.C.P., Surgeon at the City of London Maternity Hospital, Assistant Obstetrical Physician at the London Hospital. London, 1922, Published under the Authority of his Majesty's Stationery Office.

¹²**Zur Lehre Von Der Zwillingschwangerschaft, mit heterotopem Sitz der Früchte,** Von Franz Ludwig von Neugebauer Bibliothek medizinischer Monographien, Band I, Leipzig, Verlag von Dr. Werner Klinkhardt.

¹³**The Biology of Twins (Mammals).** By HORATIO HACKETT NEWMAN. The University of Chicago Press, Chicago, Ill.

¹⁴**The Physiology of Twinning.** By HORATIO HACKETT NEWMAN, Professor of Zoology, University of Chicago. The University of Chicago Press, Chicago, Ill.

¹⁵**The Mammary Apparatus of the Mammalia.** In the Light of Ontogenesis and Phylogenesis. By ERNEST BRESSLAU, M.D., late Professor of Zoology in the University of Strassburg, with a note by James P. Hill, D.Sc., F.R.S. Jodrell Professor of Zoology, University of London, with 47 illustrations, London, Methuen & Co. Ltd.

develop along the "milkline," an epidermal ridge extending along the lateral aspect of the trunk analogous to the *Anlage* seen in monotremes and marsupials. There are gaps between all three types, bridged by Huxley's prototheria and metatheria—a fascinating monograph.

The trend toward nonoperative therapeutic measures in gynecology is shown by the little brochure in French on the technic of Thure Brandt. This almost forgotten method is redescribed in glowing terms. The gynecologist will derive profit from its perusal, due allowance being made for the overenthusiasm of its author, Doctoresse Hélène Sosnowska.¹⁶ The gynecologist of today rarely avails himself of this method of massage, most useful in bringing about the absorption of sluggish exudates or to overcome pelvic adhesions.

A further French publication along lines of conservative therapy is the one on Radium in Gynecology by Siredey and Gagey.¹⁷ It is based on 700 cases, but it is to be regretted that the cancer cases have been observed for only two years. Furthermore, today, no such book can pass muster unless Roentgen ray applications to the pelvis are advised to fortify and to complete the treatment by radium.

Teuwirth's¹⁸ short pamphlet praises radium therapy of cancer of the cervix highly. It contains a good résumé of the German literature, but gives no new facts.

In contrast to the foregoing, a French book dealing solely with curettage (indications, technic, accidents and results) is difficult to account for.¹⁹ The reviewer is more and more inclined to relegate the curette to the discard except as a means of diagnosing intrauterine conditions. During the course of exploration, in some instances, curetting at least temporarily relieves bleeding if due to a hyperplastic endometrium. For retained placental tissue, when intervention is necessitated by hemorrhage, the placental forceps should be used. The author, Fiolle, preaches the opposite doctrine and is a fairly active interventionist.

"Obstetrical Tables" by Anderson²⁰ is a quiz compend of the now happily obsolescent type. The booklet must be of use in "cramming" for examinations, otherwise it would not have reached a second edition.

"The Anatomy of the Female Pelvis" by Maguire²¹ fails of being a successful attempt to present this region to the student of gynecology. In connection with the lecture and dissecting room the book may pass, but, adorned by four execrable diagrams, the result is failure, if no anatomical material is available.

Kehrer of Dresden discusses the causes and treatment of sterility

¹⁶*Therapeutique Gynecologique, Indications et Technique de la Methode de Brandt, Avec 17 figures dans le texte, DR. HELENE SOSNOWSKA. Paris, 1922, Gaston Doin, éditeur.*

¹⁷*Le Radium en Gynecologie. Par A. SIREDEY, & JEAN GAGEY. Paris, 1922, "L'Expansion Scientifique Francaise."*

¹⁸*Ersatz der Operation des Gebaermutterkrebses durch die Strahlenbehandlung. VON MEDIZINALRAT DR. NEUWIRTH. Wien und Leipzig, 1923, Wilhelm Braumüller.*

¹⁹*Le Curettage Uterin. Par J. FIOLE, Professor à l'école de Médecine de Marseille, Chirurgien des Hôpitaux. 1922, Masson Et Cie éditeurs.*

²⁰*Obstetric Tables. A Guide for Students. By MAURICE C. ANDERSON, L.R.C.P. Ed., Obstetrician, Brixton Hill Maternity Home, Hon. Gynecologist, Brixton Dispensary, Second Edition, London, W. I. 1923, A. & C. Black, Ltd.*

²¹*The Anatomy of the Female Pelvis, Descriptive and Applied. By F. A. MAGUIRE, Honorary Assistant Gynaecological Surgeon, Royal Prince Alfred Hospital, Sydney; Lecturer and Demonstrator (and Acting-Professor) in Anatomy, University of Sydney. Sydney, 1922, Angus & Robertson Ltd.*

in a most interesting fashion.²² He lays great and probably undue stress upon dyspareunia, especially upon psychological dyspareunia as a cause. In his opinion both myomata and cystic ovaries are due to prolonged disturbances of sex life. Therapy, to a large extent, should be directed toward enlightenment of the couple and along psychoanalytic channels. A wealth of information is contained in this short monograph.

The same subject is treated by the Frenchman Batuaud,²³ from a purely mechanistic angle. It follows that his therapy is directed more toward the cure of cervical lesions and to oovotherapy.

A related subject is discussed by Friedjung²⁴ in a small brochure. He suggests that the first sex instruction should be given to children of between 4 and 5 years by their parents, and that fuller details ought to be given between the 11th and 13th year. The question is a burning one, especially in Germany, where the percentage of boys infected with venereal disease has risen tremendously since the war (in the year 1919 in Berlin of all patients 28 per cent were boys).

Presumably for grown ups, because it is "For sale only to members of the Medical Profession" is Van Teslaar's "Sex and The Senses."²⁵ Part I is devoted to dermal stimuli of every variety, including touch, tickle and kiss; their effect symbolically and somatically. Part II deals with autoerotism or masturbation starting with the nursing infant. The view that masturbation *per se* is not necessarily harmful will be shared by every physician of experience. This book will appeal more to professional psychoanalysts than to gynecologists, who, as a class, are usually not readily impressed by "sexological literature."

The preceding two publications form a natural transition to several volumes destined to enlighten the nonmedical public.

Simon's book on "Syphilis"²⁶ is written in nontechnical language for the laity—"for our children when they reach sixteen years" as he says. The exposition is far too detailed, however, for the average reader in whom it is likely to breed morbid fear or to produce ennui. Physicians will find much of interest in its pages.

Lane-Clayton²⁷ has written a readable and instructive book on the hygiene of women and children destined for the enlightenment of the nurse and health visitor. Perusal of its pages throws interesting sidelights upon the backwardness of some of the middle sized old British towns in disposal of refuse and sewage. In regard to rural conditions our own conditions are probably on the same plane as those discussed by the author. The book is sane and worth while.

²²Ursachen und Behandlung der Unfruchtbarkeit, nach modernen Gesichtspunkten zugleich ein Beitrag zu den Störungen des Sexuellen Lebens, besonders der Dyspareunie, von Prof. DR. KEHRER, Geheimer Medizinalrat, Direktor der Staatlichen Frauenklinik, Dresden. Mit 4 Tabellen, 13 Kurven und 2 Abbildungen, Dresden und Leipzig, 1922, Verlag von Theodor Steinkopff.

²³La Sterilité Feminine, Ses Causes son Traitement, Avec 23 figures dans le texte, DR. JULES BATUAUD, Paris, 1922, Gaston Doin, éditeur.

²⁴Die Geschlechtliche Aufklärung im Erziehungswerke. Ein Wegweiser für Eltern, Erzieher und Ärzte, von Priv.-Dozent DR. JOSEF K. FRIEDJUNG. Wien und Leipzig, 1922, Verlag von Josef Sáfár.

²⁵Sex and the Senses. By James S. Van Teslaar (For sale only to Members of the Medical Profession) Boston, Richard G. Badger.

²⁶La Syphilis. Avec 41 figures dans le texte, DR. CLÉMENT SIMON. Médecin de l'Infirmier spéciale de Saint-Lazare, Paris, 1922, Ernest Flammarion, Editeur.

²⁷Hygiene of Women and Children. By JANET E. LANE-CLAYTON, M.D., D.Sc., (Lond.) Dean and Lecturer on Hygiene in the Household and Social Science Department, King's College for Women: Justice of the Peace: Formerly Medical Inspector Under the Local Government Board. London, Henry Frowde and Holder & Stoughton.

Because of a preconceived prejudice at having to review still another book on the feeding, diet and general care of children the one written by Bell²⁸ proved a most pleasant surprise. It is clearcut, snappy, to the point and most informative. Even the chapters dealing with disease do not arouse the annoyance which attempts to make a diagnostician of the mother usually produce in a physician, because of the tactful way in which this difficult subject is handled. A book worth recommending to mothers.

²⁸**Feeding, Diet and the General Care of Children.** A Book for Mothers and Trained Nurses, By ALBERT J. BELL, A.B., M.D., Assistant Professor of Pediatrics in the Medical Department of the University of Cincinnati; Attending Pediatrician to the Cincinnati General Hospital, The Tuberculosis Hospital and the Christ Hospital; Member of the Medical Milk Commission, and Chairman of the Divisional Council on Child Hygiene, Cincinnati, etc. Illustrated, Philadelphia, 1923, F. A. Davis Company, Publishers.

Selected Abstracts

Syphilis and Tuberculosis in Pregnant Women

Williams, J. Whitridge: Value of the Wassermann Reaction in Obstetrics. Bulletin of the Johns Hopkins Hospital, 1920, xxxi, 141.

In 4000 women delivered during the period under consideration, 449 or 11.2 per cent presented a positive reaction during pregnancy. Its incidence was much greater in the black than in the white women, being 16.29 per cent and 2.48 per cent respectively. In other words, a positive Wassermann was noted in every sixth colored woman as compared with every fortieth white woman. What is the significance of a positive Wassermann reaction occurring in a pregnant woman? Does it mean that she has syphilis, and will she transmit the disease to the child? To the first question, Williams is not prepared to give a conclusive answer; in answer to the second question, he states that it appears conservative to assume that the evidence at his disposal indicates that less than one half of such women, and possibly even a smaller number, will bear syphilitic children. One baby in 100 (43 out of 4000) will have syphilis even when the maternal Wassermann is negative, and, consequently, one is not justified in claiming that the most ideal prenatal care can entirely eradicate the disease as a cause of fetal death. Turning to the consideration of the significance of the fetal Wassermann at the time of delivery, a positive result was obtained in 38 of the 4000 observations, approximately 1 per cent. This means that only a small fraction of the children born of mothers with a positive Wassermann present such a reaction. Macerated children are not available for the test as their blood is already "laked." Reviewing the follow up records of these children, Williams concludes that a positive Wassermann at birth does not necessarily imply that it will remain so; and conversely, that a negative Wassermann at birth does not necessarily mean that it may not become positive later; and that the information obtained by the Wassermann made from the fetal blood at birth is not commensurate with the time consumed, nor the money expended in such investigations.

Williams is convinced from routine microscopic study of the placenta that the syphilitic lesions occurring in it are extremely characteristic and afford more conclusive evidence of the existence of syphilis than the demonstration of the positive maternal Wassermann, and in general tally fairly closely with the autopsy findings in the child. The present study confirms his previous impressions, for the microscopic examinations of the placentae tallied with the clinical and anatomical findings in the child in from 80 to 90 per cent of the cases,