dangerous during gestation to the extent of leading in even a small proportion of cases to abortion or premature labour, one must act warily; but is this a fact? Is it not rather the fact that nowadays the abdomen is opened for the relief of morbid conditions there during pregnancy, and that the uterus does not empty itself in consequence so long as asepsis is maintained. I have performed abdominal section in several different conditions during pregnancy, and have not had to deplore an interruption of pregnancy in any of them. The risk due to caring for the teeth and even of extracting them must be considerably less than that arising from operations situated so near to the uterus as, say, appendicectomy or ovariectomy. At any rate, it is surely well worth while to reopen this question and ask for cases in which modern dentistry is responsible for obstetric accidents. Until this has been done it is obvious that women who may at any time become expectant mothers should have their dental house, so to say, set in order.

In the last place, the further investigations of these and similar sets of cases at ante-natal clinics may throw some light upon the causation of dental caries in pregnancy. Certainly in some of the cases the bad state of the teeth coincided with heartburn, but whether as cause, effect, or mere concomitant, could not be definitely stated.

THE ACTION OF SYPHILIS ON NATIVE COMPLEMENT.

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When studying the activity of human complement in various disorders, certain facts were elicited as regards syphilis which, so far as I am aware, have not previously been noted.

Syphilitic serum, it is already known, shows, as compared with normal serum, a diminution of complementary activity in varying degrees when incubated with sensitized cells. For example, normal serum showed complete haemolysis when incubated in a water-bath at 37° C. for six minutes (in the proportion of 1 vol. of 1 in 10 serum) with 1 vol. of sensitized cells 3 per cent. and 2 vols. of normal saline, whereas a similar amount of syphilitic serum under similar conditions took thirty minutes to bring about complete haemolysis. The specific serum in this instance was from a case of tertiary syphilis. I have noticed that in cases of early acquired syphilis after successful treatment by salvarsan, etc., and resulting negative reaction of the "Wassermann" test, the serums are also deficient in complementary activity to a very marked degree. The following illustrates this:

Complement fixation tests were done (Harrison's method) on a series of serums, from which I select:

		Result.
B.	For diagnosis	Neg.
C.	" " (general paralysis)	++
E.	" " (locomotor ataxy)	±
G.	" " (general paralysis)	+++
H.	Early treated	Neg.
H.E.	For diagnosis	Neg.

The fresh serums (1 vol. of 1 in 10) of these cases were put up with 1 vol. sensitized cells and 2 vols. of normal saline added to make up the total used in the ordinary test. The results after ten and fifteen minutes in the water-bath are given in the following table:

	10 min.	15 min.
B.	C.H.	C.H.
C.	M.H.	C.H.
E.	V.M.H.	C.H.
G.	V.S.H.	M.H.
H.	M.H.	C.H.
H.E.	C.H.	C.H.

C.H. = Complete haemolysis.
M.H. = Marked haemolysis.
V.M.H. = Very marked haemolysis.
V.S.H. = Very slight haemolysis.

Here Case H., treated syphilis, shows complete haemolysis in fifteen minutes, whereas G. (general paralysis) untreated, only shows marked haemolysis. These serums, which were all drawn on the same day (day of test) and kept under aseptic conditions on ice, were again tested on

the fourth day afterwards, results on this occasion being as follow:

	15 min. in water-bath.	30 min. in water-bath.	Overnight in- cubation at 37° C.
B.	C.H.		
C.	C.H.		
E.	C.H.		
G.	N.H.	N.H.	*C.H.
H.	N.H.	N.H.	N.H.
H.E.	C.H.		

N.H. = No haemolysis.

* This was not apparently due to bacterial action.

The same series examined on the sixth day gave the following results:

B.	C.H. in six minutes.
C.	C.H. in fifteen minutes.
E.	C.H. in fifteen minutes.
G.	N.H. in sixty minutes.
H.	N.H. in sixty minutes.
H.E.	C.H. in fifteen minutes.

Guinea-pig serum kept under similar conditions and a like period showed complete haemolysis in six minutes.

Complementary activity of serum does not diminish so rapidly as is generally thought, when the serum is kept under suitable conditions, but this diminution is more rapid in proportion to the degree of positivity of the complement fixation test, and the return of a serum to normal conditions as regards the "Wassermann" test does not appear to effect any corresponding change in complementary activity. This result is not what would be expected on the supposition that deficient haemolysis is due to the presence of antigenic substances in the serum.

First, why does it persist after efficient treatment and in the presence of a negative Wassermann reaction? Secondly, when the serum is freshly drawn the complementary action is fairly active, more active in early treated syphilis than in tertiary untreated, and yet after a few days the reverse is the case, indicating a certain debility or fragility of complement (if one may use such a term), and not the presence of any anticomplementary substance.

It is important to ask what the relation is between the presence of syphilitic poison in the system and the lesion of complement; also, after recovery from syphilis, as evidenced by a negative reaction to the "Wassermann" test, does the serum recover its normal activity, and, if so, when? I have examined cases three months afterwards, but have not found that there has been much recovery in this respect.

I have not many opportunities for examining cases of early treated syphilis, but desire to bring to the notice of those who have the urgency of deciding what relation exists between complete recovery of complementary activity in syphilis and the disease process.

ANKYLOSTOMIASIS IN LONDON.

BY

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The occurrence of ankylostomiasis in a subject who has neither been abroad nor resided in a mining district does not appear to have been recorded. The following is a description of a case which was complicated by the coexistence of Addison's disease.

A boy, aged 15, who had been employed at the Admiralty, was admitted to the Middlesex Hospital under the care of Dr. A. F. Voelcker. He complained of fainting attacks, lassitude, headache, shortness of breath following exertion, and, latterly, of morning sickness and constipation. He was emaciated and the skin was somewhat yellow in tint without patchy pigmentation. In hospital he usually vomited immediately after breakfast, but for the remainder of the day he could take food satisfactorily. The temperature had a subnormal tendency; there was no oedema, and the ophthalmoscope revealed no abnormality.

Examination of the blood showed red corpuscles 1,924,000 and white corpuscles 7,400 per c.mm., haemoglobin 60 per cent., and colour index 1.5. The differential leucocyte count was as follows: Polymorphonuclear cells 47.5 per cent., lymphocytes 30 per cent., large lymphocytes and transitional cells 15 per cent., eosinophiles 6 per cent., and mast cells 1.5 per cent. In view of the eosinophilia the faeces were examined, and numerous typical ova of *Ankylostoma duodenale* were seen on several occasions; once an immature worm was found.