like a child a month old. The mother made an uninterrupted recovery; the pulse never rose above 76, and the temperature was normal throughout, not showing even the ordinary rise when the milk flow was established on the third day.

An examination of the pelvic brim from inside showed the promontory of the sacrum projecting forward and considerably larger and wider than usual. The os was very fully dilated, and there was free drainage by the vagina in the normal way.

I should much have preferred the comfort of a nursing home for this operation, but it was not possible, and I am convinced that many operations involving the transport of the patient by road could quite well be done at home. Except for the air and dust of the ordinary room, one can have all the other essentials of complete asepsis, provided one has a good surgical nurse. But, of course, it is more trouble.

In 1907, at the spring meeting of the Northumberland and Durham Medical Society, I showed a number of major abdominal operations done in private houses, and an interesting discussion took place on the possibility of doing most operations in the homes of patients, and thus relieving the pressure on hospitals.

I was much indebted to Dr. William MacMurray for valuable help, to Dr. Anderson for very efficient anaesthetizing, and to Nurse French for vigilant preparations both before and after the operation.

THE INFLUENCE OF SYPHILIS ON THE CHANCES OF PROGENY.

BY

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THE effect of syphilis on the child-bearing capability of a woman is well-known, but there are few definite figures that set out this common knowledge in an easily remembered fashion; for this reason the figures presented in this paper may be of interest.

At the annual meeting of the British Medical Association in Aberdeen (1914), I presented to the Ophthalmological Section a paper giving a return of the causes of blindness in eleven hundred children, with special reference to the influence of venereal disease.¹

In the investigation of the case-papers of these 1,100 children I found, in a large number of cases of children whose blindness was the undoubted effect of parental syphilis, that I had investigated the family history—that is to say, the mother of the child had been seen and the history of her married life, so far as its results in the matter of pregnancies and the results of these pregnancies were concerned, had been tabulated. These detailed family histories number 150. In each of these families one or more of the children had been under my care, often for many years, and were undoubted sufferers from congenital or inherited syphilis. Besides the state of blindness due to this cause, either by reason of interstitial keratitis, iritis, or disseminated choroiditis, there were other indubitable signs of syphilis in Hutchinsonian teeth, the characteristic physiognomy, radiating scars at the angles of the mouth, evidence of bone or joint disease, ulceration of the nose or palate, deafness. Whatever may be said for and against the evidential value of the widely-used blood tests for syphilis, there is no doubt in the minds of any one of the certainty of the evidence presented by the finding of these other clinical features. Hutchinsonian teeth alone give certainty; the association of this form of teeth with one or more of these other clinical characters provides a superabundance of certainty. This was the fact with regard to these 150 families; in no less than 68.5 per cent. Hutchinsonian teeth were present in the blind child of the family, and besides the teeth, one, two, or three other symptoms were noted. In those cases where the evidence of the teeth was lacking there were the other symptoms in sufficient number to leave no room for doubt as to the cause of the state of blindness.

TABLE I.—One Hundred and Fifty Syphilitic Families.

No. of Pregnancies for each Mother.	No. of Families.	Healthy Children.	Mis-carriages.	Still-births.	Infant Deaths.	Affected by Syphilis.
18	1	10	—	—	7	1
17	1	6	2	7	1	1
16	1	1	—	—	14	1
15	1	6	2	1	5	1
14	3	11	5	7	13	6
13	5	17	4	10	26	8
12	4	21	6	7	11	3
11	10	50	8	6	33	13
10	7	32	8	3	18	9
9	10	33	11	7	22	17
8	16	54	21	7	17	27
7	15	50	9	4	18	24
6	14	24	3	8	14	25
5	11	23	3	6	6	17
4	17	22	4	5	19	18
3	13	15	2	1	3	17
2	10	4	1	1	3	11
1	11	—	—	—	—	11
Totals ...	150*	390	92	80	229	210

* = 1,001 pregnancies.

Amongst the eleven families to which only one child was born there were four illegitimate unions and the progeny therefrom; all these eleven were blind children and alive at the time of the inquiry.

The column "healthy children" includes all those children reported healthy by their parents or guardians. In the majority of cases it was not possible to examine them, so that the statement of health must be taken with reservations. It also includes those children who had died from accidental causes or from febrile conditions from the age of 3 years and onwards where there was no reason to suspect that the fatal disorder was connected with syphilis.

The column headed "affected by syphilis" includes all those seen by me and ascertained to be the subjects of definite syphilitic conditions. Taking into consideration the statement made regarding those entered as "healthy" it will be seen that any error in the table under-estimates the number of the syphilitic and over-estimates the number of "healthy."

The history of these 150 families set out by themselves would provide a characteristic picture; but for the proper appreciation of this picture it is necessary to set beside it another picture, one giving the family history of an equal number of women who were neither the subjects of syphilis nor the progenitors of syphilitic children. This second picture has been prepared, and the contrast between the two is interesting in the extreme. The standard of comparison provided in this second picture was obtained by an inquiry into the family history of a number of women who were attending the West London Hospital. This hospital has a very large *clientèle*, and the patients are amongst the poorest and most deserving of charity of any attending the great London hospitals. On the average these women were if anything a little poorer than the average of the syphilitic parents whose family histories mainly concern us. The history of 150 women was inquired into; there was no selection of cases, except that where one of known syphilitic history was found she was excluded from the count. But no special measures were taken to ascertain whether or no there was any syphilitic taint. The return obtained from the investigation of the family histories of these women may be taken as a fair average return of family history for the poorest section of the London community.

The comparison of Tables I and II can best be made by means of the familiar device of parallel columns; the

TABLE II.—One Hundred and Fifty Healthy Families not known to be Affected with Syphilis.

No. of Pregnancies for each Mother.	No. of Families.	Healthy Children.	Mis-carriages.	Still-births.	Infant Deaths.
17	1	9	3	—	5
16	1	11	3	—	2
15	2	19	1	3	7
14	1	12	2	—	—
13	3	28	4	—	7
12	3	25	4	3	4
11	6	55	2	2	7
10	6	40	6	3	8
9	7	51	4	1	7
8	9	55	8	—	9
7	6	31	5	—	6
6	17	83	6	1	12
5	15	62	5	2	6
4	17	57	4	—	7
3	25	68	3	1	3
2	20	35	1	1	3
1	11	10	—	—	1
Totals ...	150	654	61	17	94

* = 826 pregnancies.

diagram shows such a graphic representation. The difference between the results of the fertilization of these two sets of women is remarkable; 150 syphilitic mothers had no fewer than 1,001 pregnancies, but of these only 390 resulted in presumably healthy children. And it must be remembered that in these cases not every mother began her maternal career as an affected woman; many of the pedigrees show that she was healthy and bore a number of healthy children before the taint affected her; after

that, miscarriages, still-births, and diseased children were born. On the other hand, 150 healthy mothers had 826 pregnancies, and from these there resulted 654 healthy children.

The outcome of the pregnancies of the two classes may be compared further by setting them against each other on the basis of a thousand pregnancies, thus:

E

TABLE III.—Rates per 1,000.

Parentage.	Healthy Children.	Mis-carriages.	Still-births.	Infant Deaths.	Diseased with Syphilis.
Syphilitic ...	390	92	80	229	210
Healthy ...	791.7	73.8	20.5	113.8	—

Remark may be made on the fact that the syphilitic mothers had about 17 per cent. more pregnancies than the healthy mothers. This may be accounted for in part by the frequency of miscarriages and still-births in the syphilitic. The short intervals between many of these would allow of several ineffective pregnancies within the same time as would be taken for one full pregnancy in a healthy mother. Further, the frequency of these ineffective pregnancies and the many infant deaths would keep the family of the syphilitics down, so that where there is a desire for children the pregnancies would be increased in number.

It is unnecessary to point the moral, the figures speak sufficiently of the influence of parental syphilis on the chances of healthy progeny.

REFERENCE.

¹ BRITISH MEDICAL JOURNAL, August 29th, 1914, p. 590.

A SPLINT FOR COMPOUND FRACTURE OF THE ANKLE.

BY MAJOR M. SINCLAIR, R.A.M.C.

THIS splint was first applied to a compound dislocation of the right astragalus, but could be used for any compound injury in that region. Astragalectomy had been performed by Captain St. John D. Buxton, R.A.M.C., who asked me to suggest a method of fixation which would allow easy access to the wound.

There were minor injuries to the skin posteriorly, and great oedema due to septic infection of the foot and ankle as far as the knee. The ankle required frequent dressings, and the foot could neither be kept in good position nor quiet, and caused great pain to the patient.

A splint was constructed to fix the foot at a right angle, to immobilize the ankle, and allow ready access for dressings.

The patient was in hospital for three weeks, and was sent home in the splint, which proved so satisfactory for treatment and transport as to make its construction and method of application worth recording.

The splint was made out of the aluminium splinting from the field service fracture box in the following way:

FIG. 1.—A F = 15 in.; F H = 11 in.; H I = 11 in.; I J = 3 in. Total length = 40 in.

A length of aluminium of 40 in. is bent on its edge at F to an angle of 40 degrees, at H to an angle of 130 degrees, and bent on the flat at I to an angle of 45 degrees.

Another length of 40 in. is bent in the same way, having the staples corresponding and on the outside.

These two pieces are riveted at C and E, parallel and 6 in. apart, with 8 in. by $\frac{1}{2}$ in. by $\frac{1}{4}$ in. aluminium.