for whereas it is often difficult or impossible, without scientific investigation, to assign the cause of death in a dead-born child, it is much easier to find out, by ordinary clinical examination, what has caused the death of an infant after birth. Table II, published in the last report of the Local Government Board, shows us the various causes of death in infants during the first year of life.

TABLE II.

Deaths in England and Wales, 1912, at age under 1 year, from various causes.

	Deaths.	Percentage of Total Deaths.
Measles	2,533	3.1
Scarlet Fever	76	0.1
Whooping cough	3,989	4.8
Diarrhœa and enteritis ..	6,734	8.1
Tuberculosis (all forms) ..	2,459	3.0
Venereal diseases	1,204	1.5
Other infective diseases ..	614	0.7
Bronchitis and pneumonia ..	15,623	18.9
Meningitis	1,120	1.4
Diseases of eyes	5	0.0
Diseases of ears	149	0.2
Diseases of mouth	180	0.2
Heart diseases	37	0.0
Rickets	301	0.4
Cancer and other tumours ..	23	0.0
Scurvy	15	0.0
Other general diseases ..	166	0.2
Infantile convulsions ..	7,413	9.0
Premature birth, atelectasis, and injury at birth ..	19,521	23.6
Atrophy, debility and marasmus	10,281	12.4
All other causes	10,336	12.4
Total ..	82,779	100.0

Here, again, no one pretends that this Table is based on scientific accuracy. I shall again refer to the great difficulty of diagnosing congenital syphilis in many cases. Consider the indefinite group "atrophy, debility, and marasmus," which is responsible for 12.4 per cent. of the deaths; there can be no doubt that a large proportion of these is due to syphilis. Another point to be remembered is that the present conditions of certification of death tend to prevent practitioners from entering the full facts on death certificates; were this not so, the figure of 1.5 per cent. would probably be higher. The Medical Officer lays stress on this in his last report, and writes:—"The amount of syphilis shown in the death returns represents only a fraction of the total disease caused by it."

SYPHILIS: THE NATURE AND COURSE OF THE DISEASE.

I shall now consider briefly the nature of syphilis, and the course the disease takes when acquired by men and women. Syphilis is a very infectious disease, due to local infection by a specific organism, called the Spirochaeta Pallida. The local infection is almost always situated on the genital organs. Occasionally cases are met with in which the disease is transmitted by other means, and then the primary lesion is located in some other part of the body; thus a doctor or a nurse may be infected on the finger, by operating on or by attending to a syphilitic patient; or the lip may be infected as a result of drinking out of the same glass as a syphilitic patient, or even by kissing. Within an interval of two to six weeks a sore or chancre appears on the site of infection. The disease is divided into three stages.

1. *The Primary Stage*, characterised by the development of the sore or chancre. The sore lasts about six weeks, but its duration depends on whether treatment is commenced early or late. In women the sore appears in the vulva as an ulcer, which becomes inflamed and discharges pus. The glands all over the body become slightly enlarged and hard, and the glands in the groins especially enlarged and tender. If a woman becomes infected during pregnancy, the ulcer becomes particularly large and inflamed. The primary sore is highly infectious.

2. *The Secondary Stage.*—Here the disease becomes diffused throughout the body by the blood. A certain amount of constitutional disturbance may exist, the patient feeling "seedy" and out of sorts, whilst in some cases distinct pyrexia and headache are noted. Well-marked anæmia is often present. The chief secondary manifestations consist in the appearance of various forms of rash on the skin and mucous membranes, associated with a general enlargement of the lymphatic glands, sore throat, condylomata, loss of hair, and other less common phenomena, and *these usually show themselves in from seven to nine weeks from the time of infection*, although they may be delayed to a much later date. Their intensity also varies considerably, the phenomena being sometimes scarcely evident, and at others very marked. They are also influenced greatly by the period at which treatment commences; the earlier it is given, the less obvious are the secondary phenomena.

The skin rashes of secondary syphilis are chiefly characterised by the fact that, although any form of rash may be simulated, no specially

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