no exaggeration to assert that, up to Henle, attempts in this direction were rather primitive. This is of interest here because in some of Leonardo’s drawings we find him employing methods of representation very similar to those of Henle for the purpose of demonstrating complex relations, the coronary vessels on the heart surface, for instance, to name only one example. Also, his schematic drawings do not merit the scorn which some strictly descriptive anatomists have heaped upon them. The schema as a stepping-stone between the true image and a concept has certainly done much mischief in the historical evolution of thought, but only when considered and used by itself without verification. As a help to a clear understanding of complex objects, and especially when their component parts vary in themselves or in relation to others, as implied in the functions of organs, for instance, comprehension without a schematic representation is almost impossible. For an evolution of Leonardo’s actual knowledge his schematic drawings are more important than his strictly objective delineations or his notes. That Leonardo constantly endeavors to verify and correct his schematic drawings is evident from their frequent variation. In order to enable him to do this he employs several ingenious devices aside from careful and intelligent dissection. So it appears from some of his drawings that he employed some method for hardening the heart in toto (Holl). For a demonstration of the relative position of different parts such a method has obvious advantage, but in Leonardo it astonishes as an anticipation of most modern technique; the same in his use of horizontal and longitudinal cross-sections at different levels of the heart to show the relative position of the ventricles. He also employs currently injections of wax or plaster to inform himself better of the configuration and the size of cavities. So he obtains casts of the heart ventricles and most instructive plastic pictures of the semilunar valves, and it is very probable that he also used wax for injecting the coronary and other blood vessels. Characteristic of his desire for exactness is the use he makes, wherever possible, of mathematics, a desideratum of scientific research to which he gives frequent expression: “There is no certainty where one cannot apply one of the mathematical sciences.”

* * *

THE MENACE OF SYPHILIS OF TODAY TO THE FAMILY OF TOMORROW.

BY J. HARPER BLAISDELL, M.D., BOSTON.

Physician, Skin Department, Boston Dispensary; Dermatologist, Lynn Hospital; Assistant, Skin Department, Massachusetts General Hospital.

[From the Records of the Skin Department of the Boston Dispensary.]

Every new case of syphilis confronts the community with three distinct problems menacing to its health and well-being. There is the menace of the source of the present infection—in most instances uncontrolled,—the danger from which is shown by the presence of the new case. The case at hand becomes a menace in turn to the clean-living public in proportion to the extent of contact, the infectiousness of the lesions and the inadequacy of the treatment received. The third menace is the great probability of passing the disease to the present or future marital partner, and in time of blighting the coming generation.

Immoral sexual intercourse is the common source from which all cases of syphilis start. An absolute control at this point would mean the ultimate automatic control of the tragic by-products of the disease—extra-genital, maternal, and congenital syphilis. Prostitution in Boston is largely a matter of the individual. Organized vice in the form of tolerated, sharply bounded districts and protected houses does not exist. As a result, the majority of victims may as sucessfully look for the proverbial “needle in the haystack,” as to find again their particular partner to the infection, who is still flitting without restraint through the countless accessories to vice in this city and its suburbs. Thus, under the present vice conditions in Boston, even the most elementary follow-up work to control foci of infections among the immoral can be done only under the most taxing handicaps.

The menace of the syphilitic to the clean living public is a very real one. In a previous article by the author this particular phase of the problem in Boston has been dealt with in detail. The occupational and family life brings the syphilitic with active lesions in daily contact with many innocent people. That this peril is not one of theory alone is shown by the fact that the cities of New York, Toronto, and Boston are making examinations for contagious and infectious diseases among the restaurant workers. The syphilitic patients at our clinic make little effort to follow up even the most elementary treatment. Twenty-eight per cent. of our patients for one year never returned. The criticism that this condition is exaggerated or purely local is not sustained. In a statistical efficiency report of conditions in New York City, Barringer and
Platt's report that 29% of 116 patients in a city clinic came but once.

The history of preventive medicine can present to-day no greater tragedy of disease than the home invaded by syphilis. Infection from immoral relations is the result of a danger to which the individual exposes himself with open eyes. Extra-genital infection acquired in the way of ordinary living forms but a tiny percentage of the total number of cases. But hosts of innocent syphilides of the home are compelled to bear the penalty for the wrong-doings of others in years of ill-health and by death.

A study of detailed cases of family syphilis brings a keener realization of the price that the community pays for the presence of syphilis in the home than any consideration of mass statistics. For this purpose thirty families were tabulated according to their medical and social histories as they appeared for treatment at the Skin Department of the Boston Dispensary. Members of this group are designated "syphilitic" or "healthy" only when the present condition has been unmistakably established. The other classifications are made, according to the best judgment of the writer, after careful consideration of the facts at hand. The cases in detail are as follows:

**FAMILY 1.**

**Husband.** Refused to come to the clinic for examination. Has always been healthy as far as his wife knows. (Probable syphilitic.)

**Wife.** Married three years and knew husband seven years previous to that. Showed late secondary syphilide and complained of headaches. (Syphilitic.)

**Pregnancies.**
1. Miscarriage at 7 months. (Probable syphilitic.)
2. Miscarriage at 2 months. (Probable syphilitic.)
3. Miscarriage at 2 months. (Probable syphilitic.)

**FAMILY 2.**

**Husband.** Was given three injections of salvarsan at the Boston City Hospital three years ago but has not continued treatment for the past two years as he feels and considers himself well. (Syphilitic.)

**Wife.** Showed a late secondary syphilide and complained of general pains. (Syphilitic.)

**Pregnancies.**
1. Boy, 7 years old, living and well. (Healthy.)
2. Girl, full-term, lived 40 minutes. (Probable syphilitic.)
3. Still-born. (Probable syphilitic.)

**FAMILY 3.**

**Husband.** Married at 32. Developed secondary syphilis a few months after marriage. Drank hard. Became feeble-minded and died at the Taunton Insane Hospital. (Syphilitic.)

**Wife.** Married at 18. Left husband ten times because of drunkenness and abuse and returned on his promises to reform. Came to the clinic with mucous patches, hoarseness and headaches. (Syphilitic.)

**Pregnancies.**
1. Miscarriage at 6 months. (Probably syphilitic.)
2. Induced miscarriage at 3 months.
3. Boy, died in 2 days. (Probably syphilitic.)
4. Miscarriage at 2 months. (Probably syphilitic.)

**FAMILY 4.**

**Husband.** Denied all venereal disease by history and symptoms. Has a syphilitic aortitis of many years' duration. Is treating at the Peter Bent Brigham Hospital. Wassermann strongly positive. (Syphilitic.)

**Wife.** Married at 20. Denies all sexual relations previous to marriage. General health good except for chronic diarrhea of many years' duration. Wassermann strongly positive. (Syphilitic.)

**Pregnancies.**
1. Miscarriage at 8 months. (Probably syphilitic.)
2. Miscarriage at 5 months. (Probably syphilitic.)
3. Miscarriage at 2 months. (Probably syphilitic.)
4. Boy, 16 years old, living and well. Wassermann strongly positive. (Syphilitic.)
5. Miscarriage at 4 months. (probably syphilitic.)
6. Miscarriage at 4 months. (Probably syphilitic.)
7. Girl, 12 years old. Has had "heart trouble" for years. Wassermann strongly positive. (Syphilitic.)

**FAMILY 5.**

**Husband.** Contracted syphilis two years before marriage. Did not have any comprehension of the seriousness of the disease and took treatment for only a little while. Feels perfectly well now and declines to take treatment under any circumstances. (Syphilitic.)

**Wife.** Married at 18 to her first husband, by whom she had five healthy children. Married second husband five years ago. Has had no symptoms of the disease. Wassermann strongly positive. (Syphilitic.)

**Pregnancies.**
6. Boy, 3 years old, congenital syphilitic. (Syphilitic.)
7. Girl. Died in 10 days. The child is said to have peeled and turned black. (Probably syphilitic.)

**FAMILY 6.**

**Husband.** Cured a "woman sickness" during his honeymoon. Is at present a soldier in the Italian army. (Probably syphilitic.)

**Wife.** Complained of general malaise and vague pains. Wassermann positive. (Syphilitic.)

**Pregnancies.**
1-7. Miscarriages. (Probably syphilitic.)
8. Girl, a congenital syphilic, that died in two days. (Syphilitic.)

**FAMILY 7.**

**Husband.** Not under any treatment and nothing definite known about his condition. (Probably syphilitic.)

**Wife.** Has suffered with interstitial keratitis and severe headaches. (Syphilitic.)
Pregnancies.
1. Miscarriage at 7 months. (Probably syphilitic.)
2. Miscarriage at 7 months. (Probably syphilitic.)
3. Miscarriage at 7 months. (Probably syphilitic.)
4. Boy, 5 months old, congenital syphilitic. (Syphilitic.)

FAMILY 8.

Husband. (First.) Nothing known about his health or his present whereabouts. (Probably syphilitic.)
Husband. (Second.) Old syphilitic case, now starting locomotor ataxia. Wassermann strongly positive. (Syphilitic.)
Wife. Married first husband at 17. Divorced him three years later for unfaithfulness. Married second husband at 25. No pregnancies by second husband. Wassermann strongly positive. (Syphilitic.)
Pregnancies.
1. Miscarriage at 3 months. (Probably syphilitic.)

FAMILY 9.

Husband. Was always sickly, had a cough, lost his voice, and finally died of what was supposed to be tuberculosis. (Probably syphilitic.)
Wife. Has always been well except for gummata of the legs. (Syphilitic.)
Pregnancies.
1. Miscarriage at 8 months. (Probably syphilitic.)
2. Miscarriage at 6 months. (Probably syphilitic.)
3. Miscarriage at 6 months. (Probably syphilitic.)

FAMILY 10.

Husband. Had intercourse with many women during his early married life. Took spasmodic treatment for syphilis from various doctors. Died suddenly of "heart trouble" two years ago. (Syphilitic.)
Wife. Has had poor health and pains in the legs and the chest for years. Wassermann strongly positive. (Syphilitic.)
Pregnancies.
1. Still-born. (Unclassed.)
2. Boy, 14 years old, living and well. Wassermann negative. (Unclassed.)
3. Boy, 12 years old, that has "fits." Wassermann strongly positive. (Syphilitic.)
4. Boy, 18 years old, that has always been sickly. Wassermann strongly positive. (Syphilitic.)

FAMILY 11.

Husband. Denies all venereal disease and health has always been excellent. Wassermann strongly positive. (Syphilitic.)
Wife. Has always been well. Wassermann negative. (Unclassed.)
Pregnancies.
1. Boy, 16 years old, strong and healthy in every way. Wassermann moderately positive. (Syphilitic.)

FAMILY 12.

Husband. Began to have immoral relations with women shortly after marriage. Hard drinker and has been committed to state institutions four times. Is not living with wife at present. (Probably syphilitic.)
Wife. Married at 18. General health has always been good. Wassermann moderately positive. (Syphilitic.)
Pregnancies.
1. Girl, died at four months of unknown trouble. (Unclassed.)
2. Miscarriage at 4 months. (Probably syphilitic.)
3. Miscarriage at 6 months. (Probably syphilitic.)
4. Miscarriage at 4 months. (Probably syphilitic.)
5. Boy, 10 years old, that has a syphilitic hip trouble. (Syphilitic.)
6. Girl, 7 years old, living and well. (Unclassed.)
7. Girl, 4 years old, living and well. (Unclassed.)

FAMILY 13.

Husband. Denies all venereal disease and health has always been excellent. Wassermann strongly positive. (Syphilitic.)
Wife. Married at 15 in Syria. Health has always been good. Wassermann moderately positive. (Syphilitic.)
Pregnancies.
1. Girl, 24 years old, living and well. (Unclassed.)
2. Miscarriage at 4 months. (Unclassed.)
3. Girl, 20 years old, living and well. Wassermann negative. (Unclassed.)
4. Boy, 18 years old, that is very feeble-minded. (Probably syphilitic.)
5. Miscarriage at 3 months. (Probably syphilitic.)
6. Boy. Became "crippled" so that he was never able to walk, and died at 8 years of an unknown trouble. (Probably syphilitic.)
7. Miscarriage at 2 months. (Probably syphilitic.)
8. Girl. Became "crippled" at 4 months in the same way as did Child 6 and died at 5 years. (Probably syphilitic.)
9. Boy. Became "crippled" at 4 months as did the other children and died at 2 years of congenital syphilis in the Children's Ward of the Boston Dispensary. (Syphilitic.)

FAMILY 14.

Husband. Contracted syphilis a short time before marriage. Has had irregular treatment for several years. (Syphilitic.)
Wife. Married at 17. Health has always been excellent. Wassermann moderately positive. (Syphilitic.)
Pregnancies.
1. Girl, 18 years old, that is a congenital syphilitic. (Syphilitic.)
2. Boy, 16 years old, living and well. (Unclassed.)
3. Boy, lived only 4 hours. (Probably syphilitic.)
4-10. Woman claimed to have caused 7 miscarriages in succession by introducing a catheter.
dipped in vaseline into the uterus when she was about three months pregnant.

11. Girl, 4 years old, congenital syphilitic.
(Syphilitic.)

**Family 15.**

**Husband.** Contracted syphilis before marriage. Has been insane for 14 years and is at present confined in one of the State Hospitals for the Insane. (Syphilitic.)

**Wife.** Married at 20. Husband was "queer" at the time she married him. Has suffered from severe headaches for years. Wassermann strongly positive. (Syphilitic.)

**Pregnancies.**
1. Still-born. (Probably syphilitic.)
2. Miscarriage at 2 months. (Probably syphilitic.)
3. Miscarriage at 5 months. (Probably syphilitic.)
4. Boy, died at 8 months of "brain trouble." (Probably syphilitic.)

**Family 16.**

**Husband.** Contracted syphilis about 9 years ago. Took treatment for only a few months. (Syphilitic.)

**Wife.** Healthy in every way according to the husband, who declines to have her come to the hospital for observation. (Probably syphilitic.)

**Pregnancies.**
1. Boy, 18 years old, living and well. (Healthy.)
2. Girl, 16 years old, living and well. (Healthy.)
3. Girl, 11 years old, living and well. (Healthy.)
4. Miscarriage at 4 months. (Probably syphilitic.)

**Family 17.**

**Husband.** Wife states that he is a "cheap sport." Since marriage continues immoral relations with women, and in one instance was the father of an illegitimate child. (Probably syphilitic.)

**Wife.** Married at 19. Husband deserted her about a year ago. Has always been the sole means of support for the family. Is now working in a candy factory and is applying for a divorce. (Syphilitic.)

**Pregnancies.**
1. Miscarriage at 4 months. (Probably syphilitic.)
2. Miscarriage at 7 months. (Probably syphilitic.)
3. Miscarriage at 7 months. (Probably syphilitic.)

**Family 18.**

**Husband.** Came to the clinic 6 years ago and was treated for two months only. No treatment since. (Syphilitic.)

**Wife.** Complains of headaches and has gummatia on the legs. Has been taking occasional treatment for 5 years. (Syphilitic.)

**Pregnancies.**
1. Boy, 9 years old, living and well. (Healthy.)
2. Boy, 6 years old, that has been treated for congenital syphilis since birth. (Syphilitic.)

**Family 19.**

**Husband.** Characterized by wife as a "cheap sport" and a hard drinker. Had immoral relations with other women beginning three weeks after marriage. Deserted wife 4 years ago. (Healthy.)

**Wife.** Married at 21. Knew husband only a few weeks before marriage. Two years following separation from her husband she met a musician, whose special attraction was a touring car. He has a wife and five children. Through him this woman contracted syphilis and became pregnant. With the help of the Children's Aid Society the case was settled for $500 and a monthly payment of $10 to the grandmother for taking care of the child. Woman came to the clinic with a late rash and lesions on the palms. Wassermann strongly positive. (Syphilitic.)

**Pregnancies.**
1. Girl (by husband), 6 years old, living and well. (Healthy.)
2. Boy (by musician), 9 months old, with syphilitic periostitis and snuffles. (Syphilitic.)

**Family 20.**

**Husband.** Nothing definite known about his habits. Died of pneumonia 4 months after marriage. (Syphilitic.)

**Wife.** Pretty but mentally defective girl. Married in January, 1913, at 15. Developed syphilis and became pregnant in February. Husband died in April. Congenital syphilitic child born in November. Since that time the baby has received institutional care in various places and the mother has worked as a waitress in many restaurants, including eight months at a Wellesley College dining hall. In spite of 8 salvarsans and much mercury at another hospital, the girl appeared in the clinic for the first time with mucous patches, split papules, and very extensive condylomata. The menace that she was to others was particularly impressed upon her at that visit. One week later the patient returned and stated in an embarrassed way that the night following her visit to the clinic she had yielded to the persuasion of a persistent suitor and was married to him by a justice of the peace. Learning of his wife's condition the bridegroom left his wife 10 days after marriage and is now suing for divorce. It is not known whether he became infected. The girl is now working as a waitress, and, according to her own story, is leading the life of a common prostitute. She is also pregnant by a party unknown to her. (Syphilitic.)

**Pregnancies.**
1. Boy, 19 months old, congenital syphilitic. (Syphilitic.)

**Family 21.**

**Husband.** Has always been in good health and refused to be examined. (Probably syphilitic.)

**Wife.** Has been in poor health for years. Wassermann strongly positive. (Syphilitic.)

**Pregnancies.**
1. Boy, 9 years old, living and well. (Healthy.)
2. Girl, died at 4 years of diphtheria.
3. Still-born. (Probably syphilitic.)
4. Still-born. (Probably syphilitic.)
5. Still-born. (Probably syphilitic.)
6. Still-born. (Probably syphilitic.)

**Family 22.**

**Husband.** Runaway marriage at the age of 21. Never lived with his wife and the marriage was never known. (Healthy.)

**Wife.** Married at 18. General health has always been excellent. Came to the clinic with a late syphilitic eruption. Has had one "friend" for the
post 14 years by whom she has been pregnant twice. (Syphilitic.)

Pregnancies.
1. Miscarriage at 5 months. (Probably syphilitic.)
2. Miscarriage at 3 months. (Probably syphilitic.)

FAMILY 23.

Husband. Denies all venereal disease. Trouble started one year ago with girdle pains and dizziness when walking. Now has a well advanced case of locomotor ataxia. Wassermann strongly positive. (Syphilitic.)

Wife. Denies all exposure other than husband. Has always been in good health. Wassermann strongly positive. (Syphilitic.)

Pregnancies.
1. Girl, 3 years old, living and well. (Probably syphilitic.)
2 and 3. Twin boy and girl, 6 months old, living and well. (Probably syphilitic.)

FAMILY 24.

Husband. Is a member of a fire department. Has always been a periodic hard drinker and has had constant immoral relations with women since marriage as well as before. Contracted syphilis from a prostitute while on a drunk two years ago. His wife was pregnant with the third child at the time. (Syphilitic.)

Wife. Contracted syphilis from her husband shortly after his exposure. (Syphilitic.)

Pregnancies.
1. Boy, 6 years old, living and well. (Healthy.)
2. Girl, 4 years old, living and well. (Healthy.)
3. Girl, 6 months old, congenital syphilitic. (Syphilitic.)

FAMILY 25.

Husband. Previous history and present condition unknown. (Probably syphilitic.)

Wife. Contracted syphilis from a friend three years previous to her marriage. Treated with a private doctor for two years and was pronounced cured. Married in August, 1914. Wassermann moderately positive. (Syphilitic.)

Pregnancies.
1. Boy, died in 2 months of congenital syphilis. (Syphilitic.)

FAMILY 26.

Husband. Has had two attacks of gonorrhea and contracted syphilis two years before marriage. Received a month’s treatment for syphilis from a private doctor. Has had immoral relations with four or five girls since marriage. (Syphilitic.)

Wife. Felt perfectly well and could not be induced to come to the clinic for examination. Husband states that she has occasional immoral relations with “friends.” (Probably syphilitic.)

Pregnancies.
1. Miscarriage at 7 months. (Probably syphilitic.)

FAMILY 27.

Husband. Contracted syphilis in 1910. Has taken no treatment and leads a generally dissipated life. (Syphilitic.)

Wife. Married at 19 and is now 38 years old. Has been pregnant 15 times. 12 times before her husband’s infection and 3 times since. Of the first 12 children 5 are living and well and 7 died of children’s diseases. This woman has had very fair health for the past twenty years. The syphilitic children have been under institutional care since birth. At the time of writing she is 5 months along in her 16th pregnancy. Wassermann moderately positive. (Syphilitic.)

Pregnancies.
13. Boy, 3 years old, congenital syphilitic. (Syphilitic.)
14. Girl, 2 years old, congenital syphilitic. (Syphilitic.)
15. Girl, 1 year old, congenital syphilitic. (Syphilitic.)

FAMILY 28.

Husband. Previous history and present condition unknown. Is too busy with his daily work to come to the clinic. (Probably syphilitic.)

Wife. General health has been good. First two children were born in Russia. Wassermann weakly positive. (Syphilitic.)

Pregnancies.
1. Girl, 16 years old, living and well. (Healthy.)
2. Boy, died at 10 months of smallpox.
3. Miscarriage at 3 months. (Probably syphilitic.)
4. Miscarriage at 3 months. (Probably syphilitic.)
5. Girl, died at 5 years of appendicitis. (Probably syphilitic.)
6. Girl, 5 years old, congenital syphilitic. (Syphilitic.)

FAMILY 29.

Husband. General health poor. Contracted syphilis shortly before marriage and is taking treatment from private doctors. (Syphilitic.)

Wife. Had three healthy children by her first husband. Contracted syphilis from her second husband 25 years ago. General health good. On coming to the clinic she showed an active palmar syphilide. (Syphilitic.)

Pregnancies.
4. Still-born. (Probably syphilitic.)
5. Still-born. (Probably syphilitic.)
6. Boy, 21 years old. Lost sight of one eye at 4 weeks and the sight of the other at 7 years for unknown reasons. Is not normal mentally. (Probably syphilitic.)

FAMILY 30.

Husband. Contracted syphilis from a married friend during his wife’s pregnancy. Wassermann strongly positive. (Syphilitic.)

Wife. Came to the clinic with active secondary lesions. Wassermann strongly positive. (Syphilitic.)

Pregnancies.
1. Boy, 3 months old, congenital syphilitic. (Syphilitic.)

A statistical summary of the ravages of syphilis in these thirty families is as follows:  

**HUSBANDS.**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Syphilitic</td>
<td>19</td>
</tr>
<tr>
<td>Probably syphilitic</td>
<td>10</td>
</tr>
<tr>
<td>Healthy</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
</tr>
<tr>
<td>Under treatment at clinic</td>
<td>10</td>
</tr>
<tr>
<td>Under treatment elsewhere</td>
<td>3</td>
</tr>
<tr>
<td>No treatment</td>
<td>12</td>
</tr>
</tbody>
</table>
in the clinic with the early symptoms of syphilis and the originators reappear with the late lesions. The truth of this generality is shown by a tabulation of the type, age, and marital status at the time of entrance of 500 consecutive cases of adult syphilis in this clinic.

### Single Men.

<table>
<thead>
<tr>
<th>Age</th>
<th>-20</th>
<th>21-25</th>
<th>26-30</th>
<th>31-40</th>
<th>41+</th>
<th>T.</th>
<th>T. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early</td>
<td>24</td>
<td>67</td>
<td>24</td>
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<td>7</td>
<td>132</td>
<td>.264</td>
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<tr>
<td>Secondary</td>
<td>11</td>
<td>20</td>
<td>24</td>
<td>19</td>
<td>6</td>
<td>80</td>
<td>.160</td>
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<tr>
<td>Late</td>
<td>0</td>
<td>2</td>
<td>15</td>
<td>7</td>
<td>24</td>
<td>.048</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>87</td>
<td>50</td>
<td>44</td>
<td>20</td>
<td>236</td>
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</tr>
<tr>
<td>Total %</td>
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<td>.174</td>
<td>.100</td>
<td>.088</td>
<td>.040</td>
<td>.472</td>
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### Single Women.

<table>
<thead>
<tr>
<th>Age</th>
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<th>21-25</th>
<th>26-30</th>
<th>31-40</th>
<th>41+</th>
<th>T.</th>
<th>T. %</th>
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</thead>
<tbody>
<tr>
<td>Early</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>.020</td>
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<tr>
<td>Secondary</td>
<td>9</td>
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<td>17</td>
<td>12</td>
<td>4</td>
<td>2</td>
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<tr>
<td>Total %</td>
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<td>.024</td>
<td>.008</td>
<td>.004</td>
<td>.000</td>
<td>.070</td>
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### Married Men.

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<th>26-30</th>
<th>31-40</th>
<th>41+</th>
<th>T.</th>
<th>T. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early</td>
<td>0</td>
<td>10</td>
<td>7</td>
<td>6</td>
<td>28</td>
<td>.056</td>
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</tr>
<tr>
<td>Secondary</td>
<td>0</td>
<td>3</td>
<td>10</td>
<td>9</td>
<td>28</td>
<td>.056</td>
<td></td>
</tr>
<tr>
<td>Late</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>8</td>
<td>23</td>
<td>.042</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>14</td>
<td>22</td>
<td>38</td>
<td>96</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total %</td>
<td>.000</td>
<td>.028</td>
<td>.048</td>
<td>.044</td>
<td>.076</td>
<td>.196</td>
<td>.196</td>
</tr>
</tbody>
</table>

### Married Women.

<table>
<thead>
<tr>
<th>Age</th>
<th>-20</th>
<th>21-25</th>
<th>26-30</th>
<th>31-40</th>
<th>41+</th>
<th>T.</th>
<th>T. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>6</td>
<td>2</td>
<td>14</td>
<td>.028</td>
</tr>
<tr>
<td>Secondary</td>
<td>8</td>
<td>18</td>
<td>12</td>
<td>22</td>
<td>7</td>
<td>67</td>
<td>.134</td>
</tr>
<tr>
<td>Late</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>21</td>
<td>26</td>
<td>50</td>
<td>.100</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>22</td>
<td>14</td>
<td>49</td>
<td>35</td>
<td>131</td>
<td></td>
</tr>
<tr>
<td>Total %</td>
<td>.022</td>
<td>.044</td>
<td>.028</td>
<td>.068</td>
<td>.070</td>
<td>.262</td>
<td>.202</td>
</tr>
</tbody>
</table>

### Single Men. (236 Cases.)

The single men comprised over 47% of the entire number of cases. Two hundred and twelve had early or secondary syphilis, and 172 (72%) contracted the disease before their thirtieth year. Considering that a large proportion of these men will marry and that an average 70% of them make less than five visits to the clinic, the tremendous danger to their future homes can be realized.

### Single Women. (35 Cases.)

Where does the clinic’s quota of single women, proportionate to the number of single men, go for treatment? With few exceptions the 236 single men probably represent as many different women who have been active foci. Yet the group of single women coming to the clinic is nearly 85% less than the group of single men. Statements from many doctors are all in agreement that the number of single women among their private patients is proportionately small. The bringing under medical supervision of the relatively large number of single women, now apparently under no control, would go a long way toward removing
active foci of infection and minimizing the danger to their future husbands and children. As with the single men, syphilis was acquired at an early age, 29 out of 35 contracting it under 25 years of age.

Married Men. (98 Cases.) Among the married the tide turns toward the later stages of the disease. Sixty out of 98 cases came to the clinic after their thirtieth year and nearly half the cases presented late symptoms.

Married Women. (131 Cases.) In contrast to the single women, the number of married women is considerably larger than the number of married men. It is in this group of "women of the home" that the members missing from the group of "women of the street" appear with the later lesions of the disease. Only 14 of the 131 married women came to the clinic with lesions of less than three months' duration. Fifty or 38% of the number had late or gummatous lesions.

SUMMARY.

1. The menace of syphilis in the home is one of the greatest problems of preventive medicine.
2. In thirty families, 59 out of 62 parents were probably infected.
3. Of 132 possible children, only 23, most of whom were born before their parents' infection, were healthy.
4. Of the remaining 109, syphilis claims through miscarriage, later death, or congenital disease at least 83 pregnancies.
5. Syphilis will appear in the home of tomorrow in proportion to the inadequacy of treatment among the "men and women of the street" of today.

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