When I studied pediatrics I was taught it by my professor of chemistry, toxicology, materia medica, therapeutics, hygiene, state medicine, diseases of women and children. See? All one man, but he was versatile! Yet I am still at a loss, that of the many subjects he was professor of which of these he taught me most, but I am sure it was not pediatrics. If I know anything about that I learned it later. I learned much of it right here in this Section, from the papers I hear read and discussed (and which I reread later in *THE JOURNAL*), which were written by many of the distinguished authors who think it not beneath them to cast their lot with us. Now, while I am talking about its teaching in our medical colleges, I wish to assert my opinion, that aside from having special books on diseases of children, it were well to learn this matter by comparison. For instance, when a given disease is discussed in a treatise on internal medicine, its etiology, clinical history, pathology, anatomy, diagnosis, prognosis and treatment, it would be well to remark of its behavior in childhood, where it is similar or dissimilar from its manifestation in adults, and by these means much good were done to rivet the attention of the student to this important branch of medicine. Some authors do this in part, but most of them do it in a half-hearted way. I am sure if it were done as I fancy it should be done it would save much separate study, much book buying and reading over and over again in ponderous tomes and voluminous cyclopedias, which often reminds one of threshing over an old straw stack for the sake of a few grains of good wheat one might find. It were far more profitable to go to the flour bin at once.

Again, I want to draw your attention to an expression now principally used as an echo of the past, namely, the term "family physician." When you analyze this expression you will easily find it relates mostly to the man who treats the children of the family. While in general practice it often becomes necessary to call in some specialist, one who truly has made special study of a particular class of ailments, yet the family physician gets to see, diagnose and treat these cases first. Whether it be a mastoid trouble, a middle-ear disease, a sigmoid sinus thrombosis, a laryngeal croup, where intubation or tracheotomy must be done, an appendicitis that must be operated on, a fractured skull elevated or resected, or what not—no matter, the family physician sees most of them first, and he should be capable to diagnose and treat, or know fully when his work and knowledge need be supplemented by the proper special assistance; this in itself is no small accomplishment. When this state of things comes to pass, that is, when all medical men learn more of pediatrics and give it more of the attention it so richly deserves, then

The air so full of farewells to the dying,
And mourning for the dead;
The heart of Rachel, for her children crying,
Will not be comforted.

will find less application than of old.

After the loss of one of his children the poet Longfellow said:

There is no flock, however well attended,
But some dead lamb is there.

And yet I think if we knew more of the ailments of our little ones there would not be quite as many dead lambs, and angels would have to be recruited from older candidates.

And now, not only to the Section of Pediatrics, but unto all departments in medicine do I quote:

Ah, what would the world be to us,
If the children were no more?
We should dread the desert behind us,
Worse than the dark before.
What the leaves are to the forests,
With light and air for food,
Ere their sweet and tender juices
Have been hardened into wood,
That unto us are children;
Through them we feel the glow,
Of a brighter and sunnier climate
Than reaches the trunks below.

To you, my fellow workers in this section of God's vineyard is dedicated this sentiment: "The study of pediatrics is worth all the attention it gets, and it does not get all the attention it deserves." "Go ye into all the world and preach this gospel."

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DISCUSSION.

DR. W. F. BOGGESE, Louisville, Ky.—That pediatrics is a subject that has been woefully neglected in the past we will all acknowledge, and it is undoubtedly true that it is a subject which appeals to all of us in the medical schools. If I can teach two facts each year to my medical students I feel that my labor has not been in vain. One of these is, that the diseases of children constitute an individual study. We have just heard of the wonderful disturbances of nutrition in children, and the differences in the development of the nervous system of children and adults. The future men and women will depend on the health of the children, and if we do not take care of our children along the special lines we need not expect future generations to be healthy. The other fact is that the students are to be impressed with the utmost optimistic views in the treatment of diseases of childhood. We have the most occult diseases to deal with, and the most profound disturbances to recognize, with but little help from the patient. We have unknown quantity as to the resistance and recuperative power. We know, nevertheless, that by proper treatment we can often bring back the most discouraging cases to perfect health and hardihood. The schools, I think, are waking up to the fact that we should no longer turn over this very important subject to an assistant, and that the subject is worthy of a full professorship—indeed, should have several professorships, for it is one we can not teach too thoroughly.

A CASE OF PROBABLE GUMMATA OF THE LIVER IN A CHILD OF SIX.*

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PHILADELPHIA.

The case which I have the honor to report is that of a girl of 6, rather small and thin, but, according to her mother's account, always well except, temporarily, during attacks of measles and whooping cough. Her parents are both living, but are generally intoxicated; if only one be found, the other is probably "off on a spree." The father is a steady drinker and contracted syphilis about twenty years ago. Out of thirteen pregnancies, seven of which terminated by abortion, but two children are still living, a healthy man of 23 and this little girl. The others died between 3 and 10 years of age from various causes. No history of tuberculosis was obtainable.

The patient, who was not living with her mother, was first brought to the dispensary of the University Hospital, July 21, 1902. She had complained of pain in her right side two weeks before; this had been followed by slight fever, nausea, vomiting and jaundice. She was constipated and her passages

* Read at the Fifty-fourth Annual Session of the American Medical Association, in the Section on Diseases of Children, and approved for publication by the Executive Committee: Drs. H. M. McClanahan, A. C. Cotton and H. E. Tuley.

were clay colored, but there was no pruritus. During the four days of fever, her highest temperature was 100 F. As she had failed to improve, she was brought to the dispensary, where examination showed a small, thin child, greatly jaundiced, the conjunctivæ deeply icteric, with prominent superficial veins of the chest and abdomen. The liver was freely palpable, reaching nearly 4 cm. below the margin of the ribs in the median line. There was at this time no tenderness or ascites. The spleen, while slightly enlarged to percussion, was barely palpable. Heart and respiration were normal. There were no traces of the keratitic, iritic, bony or cutaneous lesions of hereditary syphilis. Nor had she Hutchinson teeth, as the second teeth had not yet appeared.

While her symptoms suggested acute catarrhal jaundice, the history, in spite of the absence of any other characteristic physical signs of congenital syphilis, pointed so decidedly to a probable syphilitic condition that protoiodid of mercury (gr. 1/12) and sodium phosphate (3 j) were given four times a day. On this she began to improve, the bowels became regular, nausea and vomiting ceased, and there were no more fever and much less jaundice when she was seen again, July 28.

Some days later, though this treatment was continued, swelling of the abdomen was noted. This gradually increased for about ten days, when she was admitted to the hospital (August 14). The fact was then elicited that treatment had been stopped over a week before admission. Examination now showed a very prominent abdomen, making the extremities seem much emaciated in comparison. There was no doubt of the presence of ascites, movable dullness in the horizontal position reaching to a circular area around the umbilicus, about 4 inches in diameter. There was pain in the right side of the abdomen, with evident tenderness on both sides. Careful examination showed excessive tenderness over the liver, in the midclavicular line, about midway between the umbilical line and the margin of the ribs, extending nearly to the edge of the ribs. On account of the ascites, the liver was not plainly palpable, while attempts to feel it produced great pain. No visible apex beat was found, and cardiac dullness seemed smaller than normal, probably from upward displacement of all the viscera due to the ascites. A faint systolic murmur was audible, heard best just above the apex, with marked accentuation of the second sound near the aortic cartilage. The lungs appeared normal. There was no edema of the face or extremities, no pleural effusion, nor any suspicion of cyanosis.

The ascites gradually diminished on milk diet, gray powder and potassium iodid (ãã gr. ij, three times daily), with Basham's mixture and sodium sulphate (ãã 3 ij, daily). Examination two days later showed that the liver, now palpable, was still somewhat enlarged, though not so greatly as at the first examination, over three weeks before. Its lower margin was felt 3 cm. below the edge of the ribs, and a somewhat tender, nodular area was now distinctly palpable, about the size of an acorn, midway between the umbilical line and the margin of the ribs, in the right midclavicular line, continuous with the surface of the liver. The spleen was not palpable, though still slightly enlarged to percussion. Urine analysis showed traces of albumin, together with a marked indican reaction. From 16 to 32 ounces of urine were passed daily, and the improvement continued, jaundice and ascites rapidly diminishing. As these had both disappeared by August 24, all medication except the antisiphilitic treatment was stopped, and her diet was increased. The nodular mass in the liver was no longer so plainly palpable, and the liver had decidedly diminished in size. Two days later she was out of bed for the first time, and left the hospital in excellent condition September 3. Her liver seemed of normal size at this time, reaching almost 2 cm. below the margin of the ribs in the median line. She was given specific treatment, to be continued during one week each month. This was carried out until Christmas, 1902. Since that time she has had no treatment and has kept perfectly well.

From the course of the disease it seems that this affection of the liver, undoubtedly syphilitic in nature,

should be grouped among the manifestations of late hereditary syphilis (*syphilis tarda*). The family history shows the presence of syphilis; and the fact that early signs of congenital syphilis were not noticed in the child can probably be explained by the lack of attention which she received on account of the usual intoxicated condition of one or both of her parents. Some characteristic symptoms were probably present in early childhood or infancy, though they passed unperceived. The excellent results on antisiphilitic medication tend to prove that this hepatic condition was syphilitic in nature.

But few such cases have been published. In fact, syphilitic hepatitis, while common in infantile congenital syphilis, is rather rare among the manifestations of late hereditary syphilis. Outside of the case reported by Dr. D. L. Edsall,¹ which, as his resident physician, it was my privilege to study, I have been unable to find more than one other case of gummata of the liver in late childhood in the literature of the past twenty years, that of Barth.² Very few comprehensive articles on the manifestations of late hereditary syphilis are to be found at all, and reports of cases are rarer still. Fournier³ devoted an entire volume to them, while Barthélemy,⁴ in 1884, was able to collect but 30 cases of late congenital syphilis occurring in patients ranging from 2 to 34 years of age, confirmed postmortem. In but 6 of these patients were gummata of the liver the only lesions found at autopsy, while in 13 there was marked interstitial hepatitis beside the gummata. Hudel's extensive monograph on syphilitic hepatitis, quoted by Holt,⁵ was unfortunately unattainable. In 1890 he was able to collect only 47 cases of late syphilis of the liver, including those of Barthélemy.

Edsall's case occurred in a girl of 14, whose only signs of congenital syphilis were deafness, ozena and scars from an ancient keratitis. There were dyspepsia, headache, dyspnea, loss of flesh, edema of the face and extremities, anasarca, double pleural effusion, ascites and two large, hard, nodular palpable gummata of the liver. She was sent into St. Christopher's Hospital for Children with the diagnosis of sarcoma of the liver. Her spleen was also somewhat enlarged. There was albuminuria, but no fever at any time. On mercurial inunctions and potassium iodid the masses disappeared in two months, yet the liver remained hypertrophied and hard. A year after discharge from the hospital examination showed a completely normal liver. A somewhat similar case, in a girl of 15, has been reported by Barth, with postmortem confirmation. Delbet⁶ reports an interesting case of gummata of the liver in a child of 2½ years, with ascites and slight jaundice, on whom laparotomy was performed for a supposed malignant growth. Recovery followed.

The pathology of the late hepatic manifestations of hereditary syphilis has been discussed by Barthélemy, Fournier and Hudelo. Barthélemy finds the form in which there are only gummata very rare, while that containing gummata with diffuse interstitial hepatitis is more frequent. Fournier³ considers diffuse interstitial hepatitis the most common form of late hereditary syphilitic hepatitis, cases of which have been reported by Engel,⁷ Depasse⁸ and Créquy. Fournier states that gummata, when present, are, as a rule, only found at autopsy. Therefore, a hypertrophied liver, cured on antisiphilitic treatment, may have contained gummata which, perhaps, were situated where they could not be palpated. Thus it is more correct to consider both forms together, the gummatous and the diffuse interstitial hepatitis. Rarely the hepatitis may be amyloid.

Fournier considers jaundice an unusual symptom. Henoch¹⁰ considers both icterus and ascites rare with syphilitic hepatitis. Beside the irregular enlargement of the liver, the spleen is usually somewhat enlarged, and albuminuria points to some renal involvement. Baginsky⁹ reports the case of a boy of 4 with keratitis, followed later by swelling of the left lobe of the liver with ascites, slight icterus and hematemesis. In most textbooks the subject of hepatic affections in hereditary syphilis receives but scant attention. Osler,¹¹ Holt and Gerhardt¹² mention the occurrence of gummata of the liver in late hereditary syphilis; Comby¹³ notes the occurrence of diffuse interstitial hepatitis with gummata, ascites and pain.

The diagnosis is not difficult when other characteristic signs of hereditary syphilis are present. Yet, as Edsall states, these cases are generally mistaken for malignant growths of the liver. Fournier believes that many cases of gummata of the liver escape attention because they usually run a symptomless course. Edsall also refers to the possibility of calling the condition leukemia or splenic anemia. Henoch, in his large experience, has never seen a case of late hereditary syphilis. He believes that many of the cases described by Barthélemy were simply chronic interstitial hepatitis from some other cause. This is evidently not the case, however, as the existence of this condition has been proved by pathologic examination. Engel calls attention to the predominance of the female sex among the few cases of late syphilis of the liver reported, in all less than 50, including the cases both of diffuse interstitial and gummatous hepatitis, as manifestations of late hereditary syphilis.

It is, of course, possible in this case that the syphilitic affection may have been acquired and not congenital. But the family history is so decidedly typical and the possibility of the early symptoms having passed unperceived so perfectly probable that it seems unnecessary to search for further explanation. The presence of the distinctly palpable node on the surface of the liver also excludes simple hypertrophic cirrhosis, for which, besides, there was no known cause. Though such cases are rare, they probably occur more frequently than is commonly supposed, passing unperceived or being mistaken for malignant growths of the liver. From the standpoint both of diagnosis and treatment these cases are most important, since, even though syphilis only be suspected, specific treatment deserves a trial and may effect a cure.

My thanks are due to Dr. J. P. Crozer Griffith for the privilege of reporting this case. The patient was under treatment on his service last summer during his absence from the city.

225 South Twentieth street.

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DISCUSSION.

DR. R. B. GILBERT, Louisville, Ky.—Late syphilis of the liver is certainly very rare; I can only recall two cases in my experience, and these were rather recent. The first of these cases was very much like the one reported in the paper. It occurred in a girl of 5 years, and the ascites was enormous and proved most rebellious to treatment. After some hesitation I tapped the child and took away a little over one gallon of fluid. After this medicine seemed to have some effect, but the fluid accumulated again very rapidly, necessitating another tapping in about ten days. After this she improved steadily, and under mercury and iodid of potassium was restored to full health. The other case was a female infant of 18 months, with an abdomen so enormously distended that breathing was greatly impeded. I drew off from this child over one quart of fluid with great relief to the little one. This was only a few days ago, but I expect a good result. The paper has greatly interested me because several clinicians criticised me severely in connection with my first case, and advised against any radical or heroic treatment.

DR. C. F. WAHRER, Fort Madison, Iowa—I often wonder how much hereditary syphilis complicates many of the diseases of childhood or masquerades under the guise of some other disease. I have felt that when in doubt mercury or iodid of potassium, or both, should be given.

Some time ago I was called to a little girl of 4 years who was supposed to be in danger of dying. I examined the child and found a weakness of the heart, but none of the classical symptoms of any special variety of organic disease. The child had had none of the diseases usually causing disease of the heart, yet the heart muscle was weak and the innervation of the heart appeared to be disturbed. I privately inquired into the previous history of the patient, but obtained no information. I was subsequently called to see two other children in the same family who were similarly affected. Finally the mother came to me to be treated for syphilis, and then she told me that her husband had contracted syphilis some years before, and had been improperly treated. I then learned that two of her children had presented evidences of syphilis and had died very suddenly after birth. I accordingly put the whole family under treatment, and three years later the mother gave birth to a child, who now, at the age of 8 years, appears to be perfectly free from syphilitic taint. Since this medication the other children have had no more attacks of heart trouble.

IS THE REALIZATION OF REASONABLE IDEALS IN DENTAL EDUCATION NEAR AT HAND?*

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Reasonable ideals in dental education would seem to be defined by those standards as yet unattained and not yet in practical working, but which are admittedly possible and desirable in the estimation of the leading dental teachers, practitioners and examiners of this and foreign countries as expressed and promulgated by them personally and in the councils of the great national and international organizations. In no other country in the world is dentistry esteemed so truly a separate and distinct science and profession as in the United States of America.

Most of our schools are independent of and free from domination by the medical profession and medical schools, which is a condition not at all to be found in the schools of Europe, where our beloved profession is held as a mechanical art tacked onto a background of medical didactics.

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