

subject, which has claimed considerable attention, and that is the need of a national law, regulating the practice of medicine. The principal object of such a law would be to secure uniformity of action throughout the States and territories. Indirectly, it might be made to regulate the standard of medical education to a considerable extent, and thus secure greater uniformity in the curriculum of the schools. A national standard, as to the requirements necessary to a medical education, would possess many advantages. An especial advantage would be obtained by making it sufficiently high to command recognition of American diplomas in all other countries of the world. These are subjects worthy of profound consideration and of intelligent action.

THE PAN-AMERICAN MEDICAL CONGRESS.

I am requested by the Secretary General of the Pan-American Medical Congress to call your attention to that movement. The constituent countries of the Congress include the West Indies and several islands of the Pacific, as well as most of the countries of North and South America. The first Congress will be held in the city of Washington, on the 5th, 6th, 7th and 8th of September, 1893. But it is required that contributors shall forward abstracts of their papers, not to exceed 600 words each, to the Secretary General, Dr. Charles A. L. Reed, of Cincinnati, Ohio, not later than July 10, 1893, in order that they may be translated into the various languages to be used, and published in advance, for the convenience of the Congress. The registration fee for residents of the United States will be \$10. No fees will be charged to foreign members. Each member will be furnished with a set of the transactions. The organization of the Congress seems very elaborate and complete, there being no less than 21 distinct sections. I am pleased to note that our distinguished fellow-member and ex-President, Dr. L. C. Lane, has been honored with the representation of this State upon the Board of Trustees. If any action is required regarding the credentials of delegates to this Congress, it may be taken now or postponed until our next annual meeting. It is time, also, to begin to think of the next International Congress.

Our Committee of Arrangements admonishes us that brevity in our proceedings will be necessary to their completion. I will, therefore, set the example, and close with many thanks for your kind attention and indulgence.

LESIONS CHARACTERISTIC OF SYPHILIS IN THE FŒTUS AND INFANT AT BIRTH.

Read before the Milwaukee Medical Society, March 22, 1892.

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The disastrous influence of syphilis on pregnancy, as frequently shown by the premature expulsion of the product of conception; the excessive fatality of inherited syphilis; and the unfortunate consequences which may be entailed upon the offspring that survive, make the subject one that, in the interest of the progeny of syphilitic parents, merits the special attention of the obstetrician. Carpenter states that of 657 syphilitic females, 231 miscarried, while 426 were delivered at term of living and dead children. Kassowitz asserts that one-third of all children procreated of syphilitic parents are stillborn, and 34 per cent.

of those born living, die in the first six months of life. So frequently is syphilis a cause of non-viability and premature delivery, that whenever a woman repeatedly miscarries, or gives birth to a dead fœtus, suspicion of this disease in the parents may be entertained. In view of the fact that, in the absence of manifestations, it is often difficult to obtain a history of the disease in the parents, owing to the grave family complications that vague interrogations are liable to precipitate, and the reluctance of the original bearer of the disease to impart any information that might expose his or her affliction, as the case may be, and thereby compromise the future happiness of married life, the diagnosis of the disease from lesions presented in the fœtus or infant that survives but a short time, would at once establish the proper course to pursue as regards prophylaxis, for the rescue of children in subsequent pregnancies. The diagnosis of syphilis from lesions manifested in the fœtus may also become a matter of medico-legal importance, as in the following case that recently came under my observation: Mrs. K., an apparently healthy primipara, was confined at the full period of gestation. The child, after a few feeble respiratory efforts, expired. Its extremely emaciated condition and cachectic appearance indicated that it was profoundly affected. The skin was livid purple in color, and hung in folds. The body, extremities, palms and soles were covered with a bullous eruption. At places the bullæ had burst, leaving angry-looking erosions; those intact contained a sero-purulent fluid. The husband, having previously entertained a suspicion of his wife's chastity, was aroused by the appearance presented by the child, and demanded an opinion as to whether or not the condition was due to syphilis, with a view of instituting proceedings for a divorce if it was so pronounced. The diagnosis of syphilis in the fœtus and infant at birth leads to a consideration of the earliest manifestations of the disease. As the disease in the offspring bears a certain relation to the state of the disease in the parents, many children may not only survive, but even present at birth the appearance of health, and not until a later period of their existence manifest signs of the disease. In the great majority of those that survive, characteristic lesions of the disease appear within the first three months.

Miller, who analyzed one thousand cases with reference to the period at which the disease first manifested itself, found it to occur, in 64 per cent., in the first month, and in 22 per cent. of the cases in the second month. In 24 per cent. the first lesions occurred in the third week. Kassowitz, who analyzed four hundred cases, found the first lesions, in 53 per cent. of the cases, in the first month, in 32 per cent. in the second month, and in the remaining 15 per cent. in the third month. The disease, as it occurs in infants who survive for a longer or shorter period, presents lesions that closely resemble the secondary manifestations of the acquired disease in adults. There are few lesions manifested after birth which can be regarded as characteristic of the inherited disease.

Are there any characteristic lesions presented in those cases in which the intensity of the infection causes the destruction of the fœtus *in utero* or soon after birth? Cazeux says: "These children, when examined immediately after delivery, generally exhibit no lesions which can be attributed to syphilis,

though in some traces of the disease are evident." J. Lewis Smith quotes the experience of M. Culliner in evidence of the infrequency of syphilitic manifestations at birth; who in ten years' attendance at the Hôpital de Lorraine, met only two cases. Sevestre, who has prosecuted the study of the early lesions of inherited syphilis with special reference to the diagnosis of the disease in the fœtus, states that in some cases the lesions are sufficiently characteristic, but in the majority, the evidence would not justify a positive diagnosis. Barthélémy found no evidence of the disease, either macroscopic or microscopic, in fourteen out of twenty-eight autopsies on syphilitic fœtuses, although death was undoubtedly due to syphilis.

Hirst states that he has never failed to find in a syphilitic fœtus the characteristic bone lesions to which Wegner and others have called attention. The lesions found in stillborn children, and those that succumb soon after birth, may be divided into two groups: the superficial lesions, and the pathological tissue changes affecting the different viscera and bones. The lesion of the skin most commonly met with in the fœtus and infant at birth, is the bullous syphilide or pemphigus. It is regarded as a manifestation of grave import, and frequently coincides with profound visceral lesions that rapidly reach a fatal termination. The eruption generally occurs on the extremities, affecting particularly the palms and soles, where the blebs frequently burst, leaving angry-looking erosions that somewhat resemble the palmar and plantar syphilides of the acquired disease. According to Roese, 1876, pemphigus is always of syphilitic origin. Cases of non-syphilitic pemphigus at birth have been reported by Krauss, Desruelles, Hervieux and others. The bullous syphilide may exist as early as the sixth or seventh month of intra-uterine life. The syphilitic bullous eruption is distinguished from the non-syphilitic pemphigus by its situation, showing a predilection for the palms and soles. The blebs are smaller, and their liquid contents of a more purulent character; their bases also present a more deeply colored and irritable appearance.

The erythematous syphilide or roseola is also an early lesion, and may be present at birth. According to some writers, this eruption is very uncommon. It makes its appearance first upon the lower part of the abdomen, extending later to other parts of the body. It begins as oval, unelevated spots, of a pale red color, which disappears on pressure. These spots often coalesce and cover extensive areas. The pale red color is gradually succeeded by the coppery staining, constituting the so-called "macular syphilide." Bouchut reports a case of a seven and a half months fœtus with an eruption of a coppery color upon the legs and arms, with other evidences of syphilis. A diffuse erythema upon the soles and palms is regarded as very characteristic of this disease. When exposed to irritation, the erythematous patches are prone to become fissured, and may be converted into mucous patches. The papular syphilide usually develops at a later period *during the first weeks of intra-uterine life*, although its appearance at birth is occasionally observed. The papules are small, rarely exceeding the size of a millet-seed. In color they vary from a pale red to the coppery color characteristic of syphilitic lesions. The papules may be few in number, distributed over the trunk and extremi-

ties. The vesicular syphilide is a rare lesion of inherited syphilis, but is sometimes found associated with the early stage of the bullous eruption.

An aborted syphilitic fœtus is usually macerated, but this condition in itself is not characteristic; other evidence of the disease must be found before a macerated fœtus can be pronounced syphilitic. Birch-Hirschfeld, who has made a study of the lesions of syphilis in stillborn children, found that of the macerated fœtuses 70 per cent. presented undoubted evidence of syphilis. While the cutaneous lesions, if present, and the general cachectic appearance, may indicate syphilitic contamination, the most constant and characteristic lesions are to be found in the viscera and bones. The organs in which the lesions are most readily recognized are the liver, the spleen, the lungs and the thymus; other organs, however, as the pancreas, kidneys, and even the brain, may present syphilitic changes. Gubler, in 1852, gave the first authoritative description of the syphilitic lesions of the liver. The affected liver is always enlarged, and changed in color and consistency. The hepatic tissue presents the peculiar yellow hue and semi-transparency of flint. In consistency it is much harder than the normal hepatic tissue. When compressed between the fingers it offers a greater degree of resistance, and tears without allowing the imprints of the fingers on its surface. Its elasticity is also greatly increased. Scattered throughout the parenchyma are small, opaque granulations, which Gubler has compared to grains of millet. The opaque granular bodies can readily be seen at a considerable depth from the surface, owing to the semi-transparency of the tissue. The microscope reveals extensive proliferation of fibro-plastic tissue, enclosing the granular bodies, which according to Cornil, are formed by an aggregation of embryonic cells. Of the different organs, the spleen is most often attacked. It is always more or less enlarged; this enlargement, according to Dr. Gee, is due to simple hypertrophy with thickening of the capsule. Depaul was perhaps the first to give a detailed account of the lesions of the lungs. The disease manifests itself in these organs by the presence of indurated nodules or small spheroidal tumors, varying in size from a pea to a filbert. They may be disseminated or in groups; invading one or more lobes. The pulmonary tissue may be more or less indurated, due to a proliferation of the interstitial tissue, or the condition of lobular hepatization known as pneumonia alba may be present. The lungs in this condition are voluminous, filling the chest cavity, and bearing on their surface the impress of the ribs. In color they are gray or white on their surface, and on section. The condition is one of fatty degeneration. The alveoli being encroached upon, the lungs are impervious to air.

The pleura is always thickened and inflamed. The syphilitic change of the thymus gland, first recognized by Dubois, consists of the presence of pus in the parenchyma, without any apparent change in the color or size of the organ. The pancreas presents changes analogous to those of the liver. The organ is enlarged, its weight sometimes greatly increased, and in consistency its tissue is much firmer than normal. On section it presents a whitish, glistening appearance. Microscopically, the change is found to be a proliferation of the interstitial connective tissue, which may be so extensive as to compress the acini and destroy the secreting function of the gland.

In connection with the visceral lesions, effusions into the serous cavities are frequently met with. James Y. Simpson was the first to call attention to peritonitis as an indication of inherited syphilis.

The osseous system affords the most constant and characteristic lesions of the disease. The osseous lesions have been studied and described in detail by Parrot, Ruge, Wegner and others. These lesions may exist alone, and constitute the only manifestation of the disease. As seen in stillborn infants and those that survive but a little time, many, and frequently all of the long bones are affected. The long bones of the extremities, excepting those of the hands and feet, are most commonly attacked. The lesion is an osteochondritis, resulting in a necrotic condition at the line of junction of the cartilage with the bone. Osteophytes are sometimes found, deposited around the diaphysis of the long bones, and beneath the periosteum of the scapula and iliac bones.

In children who survive, other changes of the osseous system may supervene. The possibility of making a diagnosis of syphilis from lesions manifested in the offspring at birth, depends upon the intensity of the syphilitic contamination. In children that survive, the lesions presented at birth will rarely justify a positive diagnosis of the disease. In stillborn children and those that live but a short time, lesions characteristic of the disease may generally be found in the bones and different organs, particularly the liver, spleen and lungs.

DISCUSSION.

Dr. J. F. Tower: I had about a year ago sent to me an ovum, by a doctor out of the city, which was supposed to have been the result of a miscarriage by a syphilitic patient. I suppose most of you have seen the fetus that it contained. The ovum had a very peculiar appearance. I have not seen very many ova at exactly that age, or in that stage; still, it was different from any I had ever seen. It was rough, nodular, very dark purple or bluish in color, blood-vessels very much larger than are usually seen, and the membranes so thickened that they were hardly transparent at all. The fetus does not seem to be affected at all; I should say that it is possibly about nine or ten weeks old. The history of the case was something like this, if I remember correctly from a letter I received at the same time—that a young woman got syphilis from some of the neighbors, and about two months following the initial lesions of the syphilis she became pregnant by her husband, and ten weeks following she miscarried, and that is the product.

Dr. H. M. Clark: I would like to ask Dr. Boorse if there was a perfectly clear history on both sides of freedom from syphilis?

Dr. Ernest Copeland: I would like to ask the doctor if the placenta, in many of those cases, would not give us the desired information even where the fetus does not, through examination either microscopically or macroscopically, or both?

Dr. Boorse: In regard to the lesion of the placenta, I think Zilles has made a special study of that, and in some cases has found lesions in the placenta.

The case that I stated had rather an interesting history. The husband was forced to marry the girl, and the child was born two months after marriage, and after his marriage the husband met an acquaintance, and this acquaintance chided him for having married the girl, and accused his wife of having given him syphilis. The matter was settled in court and the statement retracted, and all went well until the birth of this child, and the condition of the child aroused the suspicion of the husband, and he threatened to sue for a divorce. There were no lesions or evidences of syphilis in the woman at the time; at least, I could find no evidences of the disease.

The President: I would like to relate a case, unique in my experience. It happened a number of years ago, when I was practicing in the East, and it bears somewhat upon this subject, although perhaps not strictly in conformity to it. I attended a young married woman in confinement, who had been married about two years. She was highly respect-

able and of good social standing, as was also her husband. Her labor was normal in every way, the child was healthy apparently, but on the second day after the birth of the child, the husband presented himself at my office and complained of some difficulty of a catarrhal nature, and asked me to examine his nose, which I did. I found an ulceration through the septum—an opening—and considerable destruction of the cartilaginous tissues in the nose, and at that time I felt pretty positive in regard to such matters, and I surprised my patient somewhat by asking him the question, how long ago he had contracted syphilis? It was a pretty bold question, under the circumstances, to ask, but I felt so sure of my diagnosis that I thought the best way to get at the truth, and to get an acknowledgment from him in regard to the history of the case, was to act boldly. He looked at me for a moment, and finally acknowledged that about seven years before he had contracted syphilis. He had been treated for a number of years, and supposed he was well. He had not been treated for two or three years prior to this time, and had married and supposed he was entirely free from the trouble. Less than a week after that the child was completely covered with the syphilide, commencing, I think, if I remember rightly now, at the lower part of the abdomen and extending over the body, involving the palms of the hands and soles of the feet, with more or less coryza, snuffles. The child was put under mercurial treatment, and the man was put upon syphilitic treatment with iodides, and improved considerably himself. The child apparently recovered, so far as the acuteness of the lesions was concerned, and no appearance of the disease existed at any time in the mother. I could not detect any symptoms of the disease whatever in her case. The child was kept under observation and treated, and apparently thrived and did very well. The husband improved considerably, and his ulcerations healed under large doses of iodide of potassium; still his wife was entirely free from any symptoms. The case passed out of my observation and the family went to Nova Scotia. Shortly after their arrival there I was in communication with a physician in attendance on the family, stating that the husband had evidences of syphilitic ulcerations in the brain and was evidently beyond hope of cure, and in fact died a short time after that, and I think about two years after the birth of the child. No history has ever been obtained and none given by the physician in attendance, that the mother was ever affected in any way. The history of the child after that I do not know. To me it was an interesting case, and I would like to hear if any other members have met with similar experiences.

Dr. Copeland: It is a very unusual thing, and denied by some, that the disease is ever transmitted by the father without the mother being affected.

Dr. U. O. B. Wingate: It is unique in my experience.

Dr. H. E. Bradley: I attended three women in confinement, and each of the fathers had syphilis. One of the mothers had syphilis, and none of the youngsters had ever shown any sign of it, and I do not know as I ever saw a syphilitic child born yet.

Dr. F. Shimonek: I have three cases in mind now that are rather interesting. The first was a case of gumma in the palate of a man. He came to me with the soft palate affected and a perforation through the hard palate. He had three children, all alive and all well.

The next case was where a man contracted a chancre in the old country nine years ago. He was in the military hospital there, and treated for chancre. He came here and has been here now for several years. He came to me with a sore throat. I found a large gumma in his soft palate, just perforating through a little white spot there. I put him under large doses of iodides, and the whole swelling disappeared with the exception of that little hole, which remained there. His children are all well, and his wife is well.

The third case is more interesting still. It was that of a man who had a large family of children, every one of which is a perfect picture of health. He came to me with a sore in his hand from which he had suffered for two years—I think it was on the left hand. He had tried all sorts of things, and by the appearances, the color of it, with destruction of skin, I judged that it was syphilitic, and I asked him outright how long since he had had chancre? He said thirty years ago. I put him on big doses of iodide, and the thing disappeared in the course of a few weeks completely.

The President: Do you not fear a return of the disease?

Dr. Shimonek: Likely enough.

The President: That goes to show undoubtedly that in a good many constitutions syphilis is incurable, while in others it is very easily cured, perhaps.