

full agreement with me here, and indeed there is no room for scepticism on the matter; but in this connection it is interesting to mention that a document reached the College of Surgeons this year giving statistics from a German source of the great increase in mortality and disease which had occurred in consequence of the semi-starvation incident to the war. Having enumerated this increase under their several heads, they arrive at eclampsia, which alone shows an improvement, and a very marked improvement over all other pre-war periods. They give the figures without comment.

I know that we belong to a conservative profession, and I am quite prepared to find "grinders" still teaching the thirty-five obsolete theories of the cause of eclampsia on the ground that a successful coach is careful to see that the student's knowledge does not outrun that of his examiners.

It is an old proverb that a prophet has little honour in his own generation while he has to make headway against the so-called orthodox opinions of the old school, but I now venture on the further outlook, and foresee the time when the food relation to this gravest of diseases will be unanimously understood and accepted, to the advantage of our science, and to the safety of woman in her most dangerous hour.

ART. XIII.—*A Case of Congenital Syphilis.*^a By SIR JOHN MOORE, M.A., M.D., M.Ch., D.P.H. DUBL.; D.Sc. (*Hon. Causâ*), OXON.; F.R.C.P.I.; Senior Physician to the Meath Hospital and County Dublin Infirmary.

THE case which I am about to detail, although of a trivial nature, presented some features of interest, and therefore seemed worthy of being reported in the form of a Clinical Record.

On Saturday, September 20, 1919, B. M., a girl aged 12, was admitted to the Meath Hospital under my care, with a history of fits and labelled "infantile paralysis." I saw her next morning.

She was pale, looked delicate, was unable to speak, and

^a Read before the Section of Medicine in the Royal Academy of Medicine in Ireland on Friday, November 14, 1919.

examination revealed complete loss of motor power in the left arm and leg. The knee jerks were increased more in the left than in the right limb, and ankle-clonus was also present in a marked degree. Temperature was subnormal; pulse 78 to 84; respirations 22 to 24; tongue coated. I noticed that her front teeth were notched, and the bridge of the nose was markedly saddle-shaped.

As the girl could not speak beyond a halting "yes" or "no," although she was quite conscious, I requested that her mother should be sent for in order that I might question her as to the patient's history. At our interview the mother told me that the child had never been strong. When three months' old she developed a rash which lasted for three or four months, and she had suffered from fits affecting the left side at intervals since August 23, 1918.

Further inquiry elicited the information that the mother had herself had a rash like her daughter's many years ago, after which she brought forth a still-born child at eight and a half months. This was before the subject of the present record was begotten. I asked whether her husband was alive, and was not surprised to get the answer—"No." "He was a painter." "He died in an asylum of general paralysis." In reference to the presence of aphasia in left hemiplegia, I asked whether the child was left-handed. The reply was in the affirmative.

The case was now quite clearly one of congenital syphilis. So, having cleared out the bowels by a dose of calomel, I prescribed "Donovan's solution" in the following mixture:—

R Liquoris Arsenii et Hydrargyri Iodidi, ʒii;
Syrupi Aromatici, ʒvi.
Aquæ, ʒvii.

"Half an ounce to be taken thrice daily after meals."

This mixture was commenced on September 23rd, and taken steadily during the little girl's stay in hospital. The dose of each salt was approximately one-quarter of a grain : three-quarters of a grain daily.

To make assurance doubly sure a Wassermann was performed in the Pathological Laboratory of the School of

Physic, Trinity College, on September 26th. Dr. T. J. Wigham reported "Full Positive."

Very rapid improvement took place under the specific treatment adopted. There were no more "fits." Power quickly returned in the left limbs, and day by day the faculty of articulate speech progressed from monosyllables to connected sentences, finally becoming absolutely normal. During her stay in hospital no epileptoid fits occurred. She was discharged on October 10th, exactly a calendar month from the date of her admission.

The very next day her mother brought her back to the hospital to see me. She stated that the patient had had a sharp pain in her right side from the time she left hospital the previous day, and that a rash was coming out at the seat of pain.

Without stripping her, I made a guess diagnosis of herpes zoster. This proved to be correct, groups of papules and vesicles already showing along the lines of distribution of the 5th and 6th dorsal nerves on the right side. Little, if any, constitutional disturbance accompanied this sequela, and the pain quickly subsided under local treatment by an oxide of zinc and lycopodium dusting powder and the application of wadding. The mixture containing Donovan's solution was continued until the child left hospital for the second and last time on October 28th.

Three or four points of interest appealed to me in connection with this case.

First—the very complete medical history of specific disease: in father, mother, and their ill-starred offspring.

Second—the marked benefit to the patient following the steady administration of a pharmacopœial preparation introduced by a Dublin pharmacist of high repute—Michael Donovan, M.R.I.A., Governor of the Apothecaries Hall of Dublin in 1829, and editor of the brief-lived *Annals of Pharmacy and Medica Medica* (1829), the best articles in which were also from his own pen. In these days of salvarsan, neosalvarsan, kharsivan, soamin, and other organic arsenic compounds too numerous to mention, and of the combined salvarsan and mercurial treatment of syphilis, we are perhaps too apt to forget older and no less effective

means of combating and defeating *Spirochæta pallida* in its entrenched warfare against the human race, including the innocent as well as the guilty.

Third—the situation of the central nerve lesion in the posterior root ganglion of the 5th or 6th dorsal nerve was in itself of interest. Evidence of this localisation was supplied by the distribution of the outward and visible sign of that lesion—the eruption showing in the scapulo-axillary and subscapulo-inframammary areas, or the 5th and 6th dorsal areas respectively. Among 410 cases of herpes zoster observed by Dr. Henry Head, those areas were affected in 48 instances. The third dorsal nerve area was affected in 34 cases; the fourth and fifth areas, each in 38 cases; the eighth area, in 36 cases. The table from which I have extracted these figures shows very clearly the frequency with which areas of the trunk are affected compared with the roots that supply the terminal portions of the limbs. Also the trigeminal area was affected in only 22 instances out of the 416 cases, the first (supra-orbital) division in 18, the second (infra-orbital) and the third (maxillary) divisions in only 2 cases each.

Although the circumstance is not directly cognate to this brief clinical record, I may mention that by a curious coincidence an analogous attack of herpes zoster, but on the left side of the chest, ushered in an acute and rapidly fatal miliary tubercular meningitis in a boy aged 8 years and 7 months, whose illness lasted only a fortnight. The lad was admitted to the Meath Hospital on Saturday, November 2, and died on Thursday, November 6, of this year. In this case the diagnosis was verified by an examination of the cerebro-spinal fluid during life, and subsequently by a *post-mortem* examination.

In this short paper I have touched merely the border of that vast field for study which syphilis and tuberculosis—those twin dread enemies of mankind—day after day present in the domain of Medicine to every inquiring physician, be he young or old.