

ulcerations of the breasts are entirely cicatrized; the headache, hitherto constant and very severe, has diminished. Fifteen days after the ulcerations appeared about the breasts, she had general roscola, followed by mucous tubercles in the posterior fauces, and in the genito-crural region. There were also incrustations upon the scalp.

At the present date, the roscola has disappeared and given place to lenticular, copper-colored papules; the mucous tubercles of the mouth are softened and ulcerated, especially at the posterior part of the pharynx and upon the tonsils; the sub-maxillary, and the anterior and posterior cervical glands are engorged; there is very marked emaciation, and commencing alopecia. Antoinette Eloi is not allowed to nurse any children, and is undergoing an antisymphilitic treatment, of which mercurial preparations constitute the foundation.

What must we conclude from the above facts, if it be not, with M. Diday, 1st, that congenital syphilis is transmissible in the highest degree; 2d, that its evolution is often slow; 3d, that the lesions which result, frequently assume a *very rapid* course; 4th, that the lesions of congenital syphilis, although they present the form and the mode of development of the secondary accidents of ordinary syphilis, are contagious, like the primitive accidents of the latter disease.

In the case we have related, as in the majority of the numerous instances which have fallen under our notice at the Children's Hospital, the primary lesions appear first upon the breasts of the nurses, and in the mouths of the children. The presence of stomatitis is unfortunately often an obstacle preventing our accurately defining the time when the accidents appear in the child; and the fissures caused by the state of the child's mouth furnish an easy entrance for the contagion. The contagious virus deposited upon the breasts of Antoinette by the child Charles-Firman, was, in this case, the means of infection of the other children, and subsequently of the second nurse.

The facts are very interesting, and I believe that they were accurately observed; and also that I can draw very positive conclusions from them as to the contagious nature of congenital syphilis, and its mode of transmission.

#### DENGUE, OR BREAK-BONE FEVER.

[THE following account, written by a very intelligent practitioner in Cayuga Co., N. Y., has already appeared in print in one of the daily papers of that County. A copy of the paper containing it was forwarded by the writer, accompanied by an interesting letter, to Prof. O. W. Holmes, of this city, and the account is inserted here as a matter of general interest to the profession.—EDS.]

This singular disease has made its appearance in this place and vicinity, and has been somewhat prevalent for the last two months. Its proper *habitat* and home is far south of this, and, so far as I know, this is its first appearance in this section of the country.

The etymology of the barbarous term *dengue* is obscure. And the first account we have of the disease itself—unless it is identical, as some have supposed, with the “break-bone fever,” described by Dr. Rush, which appeared in Philadelphia in 1780, and which is quite problematical—was brought from Rangoon, in the East Indies, in May, 1824, and it appeared in Calcutta in June. It reached the Island of St. Thomas, in the West Indies, in September, 1827, and soon extended to the rest of the Islands, and the next year to the Southern States, reaching New Orleans in the spring, and Charleston and Savannah in the summer. A few cases were observed in Philadelphia and New York, at which latter place it found for a time its northern limit. Though no longer appearing as a wide-spread epidemic, it is now quite a common disease in most of the Southern States, particularly in South Carolina, Georgia, and Alabama, where, in the winter of 1850, the writer of this brief notice found it prevailing quite extensively; and lately he has been told that it is now becoming quite common in some parts of Virginia. It is probably marching northward, and very likely may, ere long, become domesticated among us, and become one of our standard diseases.

It usually commenced with stiffness and swelling in some of the small joints, or the muscles of a limb, with aching of the back and joints, restlessness, heat of skin, headache and thirst. To these succeeded fever, and intense pain in the back, knees, ankles, and, in turn, most of the joints, although the pulse was not much accelerated, and the tongue only slightly coated with a yellowish fur. After a day or two, the skin usually lost its dryness and heat, and became relaxed with abundant perspiration, when the local pain partially subsided. In this stage, in a few cases, there appeared a slight partial miliary eruption; in most this symptom was totally wanting, but in nearly all there appeared on the limbs spots of florid redness of variable size, which, in the aged and feeble, soon assumed a purple hue. Between the second and fourth days there was a deceitful truce, and many believed themselves to have passed through the worst stages, and some even attempted to resume their ordinary occupations. Soon, however, the severe symptoms returned with augmented violence, the local pain became intolerably excruciating, seldom continuing, however, but a few hours in one place, but shifting from limb to limb, with more or less swelling of the extremities, limbs, and sometimes the face, with agonizing pain on being moved, great depression of spirits and mental prostration. The pain—which was always worse in the morning and forenoon, and wore off as the day advanced, was peculiar in its character, being apparently seated in the bones,

which the sufferer described as though it seemed it were breaking or splitting into fragments. After a few days the tongue becomes clean, and the pulse natural, but the pain very slowly subsides, the limbs remaining for a considerable time sore, swelled, stiff and clumsy. Convalescence is exceedingly slow and tedious.

Thus it will be seen from this brief and imperfect, but I believe perfectly faithful description, that this malady, though unquestionably *sui generis*, bears some resemblance to both erysipelas and inflammatory rheumatism, and in many cases, by those unacquainted with dengue, is mistaken for them. When the swelling is considerable, it is often called erysipelas; when the intense pain, which is often arthritic and neuralgic in its character, is the predominating symptom, it is styled rheumatism. But it is more painful and more shifting than rheumatism scarcely ever is, though that complaint is certainly distinguished for these characteristics, but in a lesser degree, and it may be known from erysipelas by its attacking all the limbs, and most of the joints, in rapid succession, which fleeting and fugitive character true erysipelas *never* assumes; and it furthermore differs from both, in the occasionally seen military eruption, and almost constantly accompanying florid spots, and by occurring but once to the same individual.

It attacks both sexes and all ages indiscriminately. At the South it is considered contagious, but I have seen nothing in the cases which I have witnessed, to confirm that belief. Some persons have it very lightly—swollen limbs, or face, and a few migratory and transient pains, constitute the whole phenomena; others were confined to their beds from two to four weeks. From one to two weeks may constitute the general average.

The prognosis is exceedingly favorable; probably there is not one death in a thousand cases. But the untold bone-breaking agony of the severe cases, and the long, dejected, miserable convalescence, inspire in the minds of those who have had it, more dread and horror, than many far graver and more dangerous diseases. At the South, I have heard those who have had both this and the yellow fever, positively declare that, of the two, they would prefer having the latter.

As to the treatment, dengue is so slightly dangerous, and being self-limited besides, all active interference should be dispensed with. Although it cannot be cut short entirely, still, very much can be done to alleviate the sufferings, and to hasten recovery. Anodynes should be given freely to subdue the intense pain, diaphoretics to promote perspiration, and hot water stupes, or mustard cataplasms, be applied to the seat of the pain, and followed up, as it flits to other quarters.

The protracted convalescence should be hastened by generous food, to which quinine or London porter may with propriety be added.

Those who desire further information on this singular disease,

may consult Dickson's *Elements of Medicine*, page 731, and Copland's *Dictionary*, Vol. III., page 721. These instructive and ably written monographs will well repay perusal.

*Moravia, N. Y., May 12, 1860.*

C. POWERS, M.D.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 31, 1860.

AMERICAN MEDICAL ASSOCIATION.—The Thirteenth Annual Meeting of the National Medical Association will commence its session, as has already been announced, in New Haven, on Tuesday of next week. This is, we believe, its second meeting in New England, since its formation, the other having taken place in Boston in 1849. This circumstance will probably secure an unusually large attendance from the New England States; and as the various railroad corporations in different parts of the country have made such arrangements as to render the expenses of the journey to and fro quite within the means of all, it is hoped that the profession generally will be fully represented.

We are not especially apprised of what is likely to come before the Association, but doubt not, out of the abundance of material at hand, something will be found the consideration of which will be both interesting and profitable. We have always regarded, as not the least important result of this yearly assembling together of physicians from all parts of the country, that of cherishing a mutual good will and fellowship among the members of the profession. This, of itself, is perhaps one of the most certain means of bringing about that hearty and united action, essential to the fulfilment of the higher objects of the Association, and without which it would fail to answer the great end for which it was established. Little as has yet been accomplished, we are confident that it cannot fail ultimately to exert an important influence in extending the field of medical research, in elevating the standard of medical education, and in diffusing a spirit of scientific inquiry, alone created and fostered by an association broad and national in character as well as in name. Composed, as this body is, of men, many of whom are eminent in the various departments of medical knowledge, and fresh from their labors in a field of almost unlimited extent and fertility, it also combines peculiar facilities for the collection of much important material, to serve as a basis for future generalization, thus enabling the profession in America to do its share in advancing the great interests of humanity in a manner worthy of itself and of the country it represents.

We hope to have the pleasure of recording, at the close of the present session, that nothing has occurred to interrupt the harmony of the proceedings, and that a positive advance has been made towards placing the Association on a sure and permanent basis.

ABSENCE OF THE URINARY BLADDER; ENLARGEMENT OF THE PELVIS OF ONE KIDNEY.—M. Schmidt states, *Jour. de Méd. de Bruxelles*, that a woman, aged 30, died at the Central Hospital of the Great Duchy of Luxemburg, who presented, on a *post-mortem* examination, a complete absence of the bladder. The right kidney was very large, and its pelvis so increased in size that it could contain four or five ounces of fluid. It had evidently performed the office of a bladder. It was terminated by a very long ureter, which opened at the meatus. The left kidney was quite atrophied, and seemed to be affected with tubercular degeneration. The woman had stated that she had suffered from incontinence of urine since her twelfth year—a circumstance which can hardly be credited when the congenital defect is considered.—*Medical News*.

DINNER TO PROF. GEO. B. WOOD, of PHILADELPHIA.—Dr. Wood, who has recently resigned his professorship in the Medical School of the University