A CASE OF CONGENITAL SYPHILIS WITH POST-MORTEM NOTES.

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The following case appears to be worthy of record on account of the unusual post-mortem findings.

In January last the wife of a soldier in the “X” Regiment was delivered of a living “blue” baby. Previous to this she had three miscarriages and one stillborn infant at full term.

The child was seen about twelve hours after birth and was found to be very asphyxiated. The whole body was cyanosed; face, hands and feet in particular, while the nails were almost black. The pulse and respiration were very fast. No cardiac murmur was audible over the precordia, nor between the scapulae. The infant refused to swallow anything except two or three drops of brandy that were poured down its throat. No meconium came away, though the anus was patent. Urine was passed so freely that the napkins had to be changed about every half hour.

The case was diagnosed congenital malformation of the heart and was considered hopeless. No change occurred, and death ensued the same evening, twenty-three hours after birth.

The father entered the Service as a boy at the age of 15. His medical history sheet contains no entry for syphilis. The mother stated that at the age of 14 she had an illness during which all her hair fell out, but she had no rash. As her people were in poor circumstances, no doctor was called in, so that she never knew what the disease was. During the course of this pregnancy she has been quite well.

Post-mortem examination was performed, eight hours after death. An aperture about ½ inch in diameter was found between the auricles in the floor of the fossa ovalis. Innumerable ulcers were found, studded throughout the whole length of both large and small intestines. These ulcers varied from ½ to 1 inch in length and ¼ to ⅜ inch in breadth. They were situated on the free border of the intestines, the majority lay longitudinally, though a few lay transversely, and had almost completely encircled the gut, causing a partial stricture. The edges were thickened, rolled and indurated, and the bases were covered with grey adherent sloughs. The mesenteric glands were enlarged and shotty. The other organs appeared to be normal.

Pieces of all the organs were removed and stained by Levaditi’s silver method. The wall of the intestines contained an enormous number of Spirocheta pallida, especially underneath the ulcers where they formed a dense network. In the necrotic tissue of the floor of the ulcers a large number of Gram-positive rods were found. These were rather thick,
about 4 microns long, and showed a decided curve. Unfortunately no cultures were made. The other organs contained a few spirochætes but no bacteria.

REPORT ON BALSAM OF PERU AS CONTRASTED WITH UNGUENTUM SULPHURIS AND OTHER METHODS IN THE TREATMENT OF SCABIES IN THE ARMY.

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(1) The scheme outlined in War Office Letter 24, General Number 1751, A.M.D. 2, dated April 5th, 1909, in regard to the treatment of scabies by balsam of Peru, as performed at Aldershot, has been thoroughly carried out. The cases were discharged from hospital when free from itching, or obvious signs of scabies; they are given in Appendix B.

(2) Cases of scabies can be divided roughly into severe, moderate, mild, or complicated. The nature of the case, as explained in paras. 4 and 7, necessarily affects the duration in hospital.

The usual sites of scabies are: (a) Between fingers, extending on to inner side of wrist; (b) penis, then abdomen and buttocks, very common amongst soldiers; venereal diseases usually coexist; (c) armpits, very rare.

(3) Balsam of Peru costs 10s. a lb., sulphur is cheap. Balsam of Peru is no more efficacious than sulphur in "experienced hands." If sulphur is used it must be thoroughly done in the manner indicated in Appendix C, in order to guard against a sulphur dermatitis, or sulphur eczema, which is worse than the itch and more difficult to treat, and for this reason balsam of Peru, and balsam of Gurjun, have been recommended in preference to unguentum sulphuris. Balsam of Gurjun costs 9d. a lb., and will probably suffice if the preliminary steps (the crux of the whole matter) are "thoroughly" done.

(4) The duration in hospital is very largely influenced by: (a) Accurate diagnosis and early recognition of the condition in barracks, and, consequently, less prolonged treatment in hospital is necessary; (b) employment of specially trained officers and orderlies at certain large stations, such as Aldershot, Woolwich, London, &c., and a plentiful supply of hot water for the bath; (c) intercurrent disease occurring, such as pneumonia, venereal, &c., a change of diagnosis not having been made, the disease remaining scabies. This not infrequently occurred in the early part of 1908 at Woolwich, and was corrected later, with good results, vide Appendix E.

(5) In large civil clinics in London, unguentum sulphuris or sulphur baths are ordinarily used in preference to balsam of Peru, merely on