

the bowels, by the expulsion of the dead tænia. In none of the cases did the worm come away alive when male fern and kamela were given in combination; but in some of the failures before recorded, parts of the worm came out alive, and lived for some time after.

In none of the cases could more than one worm be detected. There are many cases on record in which two, or more, have been found.

I have prescribed as much as ℥iii. of Eth. Ext. of male fern at one dose, without success, further than palliation for a term of three or four months. In no case can we be certain of cure, unless the head of the worm be found. If it cannot (as it may escape notice in the evacuations), and a period of at least six months has elapsed after evacuation of the worm without return of the symptoms, then the cure may be considered complete.

---

IV.—*On Two Suggestive Cases of Infantile Syphilis.* By A. B. BUCHANAN, M.D., Physician to the Dispensary for Skin Diseases, Royal Infirmary, &c.

*Read before the Glasgow Medical Society, 20th December, 1864.*

I HAVE selected two cases which recently occurred to me as vividly illustrating the three following points:—1st, the extreme contagiousness of infantile syphilis; 2nd, the difficulty of making an accurate diagnosis when syphilis happens to be complicated with scabies; and 3rd, the difficulty of determining in many cases whether infantile syphilis has been communicated by vaccination or otherwise.

*Case I.*—H. G., aged five months, came under my care on the 13th of May last. He was affected with an erythematous syphilitic eruption, mucous patches, and syphilitic coryza. The child was in charge of Mrs. P., who was affected with lichen syphiliticus. Mrs. M. at the same time presented herself with a well-developed lichen syphiliticus. She brought her own child with her, aged between nine and ten months, with an eruption of syphilitic erythema on its body, and with mucous patches round the mouth and anus. As the history of these four persons would be confusing if written down as gathered from the lips of the two women, I take the liberty of arranging the details, to present them as clearly as the subject permits.

The child, H. G., was the son of a woman who was separated about a year ago from her husband, and has since resided with another man. When the child was four days old it was given to Mrs. M. to nurse, her own child being at that time a healthy boy

between four and five months of age. Mrs. M. nursed the two children together for a month. She states that when she received the child, H. G., she noticed that it had sores about its mouth and anus, with "cracks upon its fingers." A fortnight later she observed sores on one of her own breasts; and after a month she returned the child, being afraid of the sores on her breast, because they resembled those on the child, which by this time had also an extensive eruption on its skin. About three months after the appearance of these sores on the breast, a roseolar eruption broke out on her own body; and five months afterwards, that is, about a fortnight from the present date, an eruption was observed on her child. Both are now covered with eruption, for the most part erythematous in the child, and papular in the mother.

The child, H. G., on being returned to its mother at the age of a month, was confided to the care of Mrs. P., who had had a still-born infant four weeks previously, but had kept up her milk by artificial means in the hope of obtaining a nursing. After suckling the child for a fortnight, one of her breasts became sore round the nipple, "with the same kind of sores as on the child's bottom." She continued to suckle the child at the other breast; and in about two months, or six weeks after the first appearance of the sores at her nipple, a cutaneous eruption broke out, and she is at present covered with lichen syphiliticus. She sent back the child, H. G., which died three months afterwards.

Both Mrs. M. and Mrs. P. had sore throats, cervical adenopathy, and falling out of the hair. At the present date (December 7), eight months after contracting her chancre, I found Mrs. P. literally covered with a syphilid, in the form of ecthyma, on the legs, thighs, and lower part of the body, while more papular on the shoulders and arms, in which latter situation it was beginning to fade away.

To sum up the case as concisely as possible. A woman, Mrs. M., nursing a syphilitic child, contracted sores on her breast in a fortnight, and secondary syphilis three months afterwards. In five weeks more it was observed that her own child had contracted secondaries. Another woman, Mrs. P., nursing the same child as Mrs. M., also contracted mammary chancre in a fortnight; and six weeks afterwards there was an eruption of secondary syphilis.

Surely this case illustrates well the possibility of the instances that have been recorded of an "epidemic outbreak" of syphilis, introduced into some simple rural community in the most innocent and accidental way. Such, among many others, was the celebrated outbreak which occurred in 1861 at Rivalta, in Piedmont, and which proved fatal to seven children, out of forty-six who were infected, along with thirty-four adults in the population.

The whole epidemic seems to have sprung from a child infected, through suckling, with infantile syphilis. Shortly afterwards this child was vaccinated; and, while the sore was in all probability being transformed into a mucous patch, an absurd number of inoculations were made from it. Now, whatever doubt we may still be inclined to attach to the contagious nature of many secondary lesions, there can be none whatever as to that of the mucous patches of infantile syphilis. This is a form of disease, as Diday remarks, "contagious by its slightest symptoms, that can be compared only to itself; and it is from its energy, much more than from the weakness of its victims, that we must ask the secret of the special dangers it involves."

*Case II.*—The next case is that of R. M., aged nine months, whom I first saw on the 13th of October, 1863. The nates and scrotum were then covered with erythema syphiliticum; while erythematous patches, acuminated papules, and flattened papules, were distributed extensively over the body, arms, and legs. Many of the dry flattened papules were circinate in form (as in mild cases of psoriasis circinata), especially on the flanks of the body and external aspects of the thighs. The coppery colour and polymorphism of the whole eruption was eminently characteristic of a syphilitid. The lymphatic glands were everywhere engorged; and the child had suffered from coryza, with snuffling, since the commencement of the cutaneous symptoms. The eruption was unattended with scratches, or other signs of uneasiness that would indicate itching.

It seems that the child was quite healthy till between three and four months of age, when it was vaccinated. The operation was performed by a neighbour woman with a needle. A series of punctures were made in two places, in the first of which the inoculation succeeded, the sore afterwards healing naturally and leaving a characteristic cicatrix. A fresh and larger supply of matter, taken with the same needle from the same child, was used for the second inoculation, and here the vaccine pustule was long of healing. Its site is still covered with a scab, and the sore only closed a fortnight ago, having thus remained open for a period of five months. The mother describes the sore as having been hard all round its edges, and the engorgement of the axillary glands on this side is at present nearly twice as great as on the opposite.

One month after vaccination spots appeared on the child's body, beginning near the anus; a chronic snuffling in the nose commenced; and a fissure broke out at the left labial commissure, where it remained for about a month.

Shortly before the healing of this fissure Mrs. M. noticed a sore at the margin of the areola of her *left* nipple, *above and*

towards the inside. The fissure, it will be remembered, was at the left labial commissure.

This sore gradually increased in size, and is now, after a lapse of more than three months, perfectly round, indurated, and as large as a sixpence. The inflammation of the surface is of the adhesive type, and, in short, it is an obvious chancre. A gland in the corresponding axilla is much swollen, while there is no enlargement of any on the opposite side. Mrs. M. describes the induration of the sore as being less than it was at first. There is no cutaneous eruption, and no cervical adenopathy.

Such was the state of matters when I first met with this case. I shall now give some details as to the progress of the symptoms, in the child first, and then in the mother.

I. *The Child*—Oct. 13th.—Calomel vapour baths were prescribed, and five successively administered on alternate days, with considerable apparent benefit, and partial disappearance of the eruption. There was then an interval, during which the mother ceased to attend.

Nov. 10th.—To-day I visited the child, and found all its symptoms much aggravated. The eruption had still a peculiar colour, that called to mind its syphilitic origin; but meanwhile the child had contracted scabies. Eczema scabiei, with furrows of the acarus on the hands and feet, and extreme fretfulness, with scratches, in many parts sanious, and pointing to intense itching, were superadded to the former symptoms. Three days' use of a sulphur ointment, carefully employed according to the rules systematically adopted at the Dispensary for Skin Diseases, seemed to act like a charm in eliminating one half of the complication. On the 13th of November the child was greatly better.

Dec. 22nd.—All eruption had gradually disappeared from the child's body. There remained only the coryza, general glandular enlargement, and a well-pronounced cachexia syphilitica, with marasmus, affecting the whole economy. Cod liver oil and syrup of the iodide of iron were prescribed for it.

Jan. 19th, 1864.—The child is reported to have died after three days' aggravation of its illness. Its appetite had fallen off for some time; and, two days before death, the arm which had been vaccinated became swollen. It had convulsive fits for two days, and cut a double tooth the day before its death. Considering the serious nature of the ailment with which the child was affected, and the utter neglect shown by the parents of the medical aid placed at their disposal, which might at least have fortified it so as to be better able to meet the perils of dentition, no other result could well have been expected.

II. *The Mother*—Nov. 10th.—The sore on Mrs. M.'s breast is

reported, after the interval of a month, to be large, circular, and inflamed. The gland in the left axilla was hard, painful, and as large as a plum; and there was now distinct engorgement of the glands behind the neck. The condition of the breast was speedily improved by an appropriate liniment. At this period Mrs. M.'s child laboured under scabies; and as a few papules, attended with itching, had broken out on her chest, thighs, and arms, though none on the fingers or wrists, I recommended her to use a little sulphur ointment by way of precaution. Some of the spots on the arms are reported to have been "flat papules, with a specific appearance;" so that I incline to doubt whether Mrs. M. had scabies at all, especially as, at the date of the next report (Dec. 22nd), I find her body to have been covered with an eruption of psoriasis syphilitica. The earliest cutaneous symptoms, therefore, probably broke out, in her case, between four and five months after the appearance of her mammary chancre. More than two months afterwards, at the period of her child's death, her eruption is reported to be very extensive, coppery, unattended with itching, and quite unequivocal as to its nature. I saw her once more a few days ago, on the 9th of December, in perfect health; the only remains of the syphilitid being now the continued characteristic engorgement of the glands at the back of the neck.

On the 10th of November I made particular inquiries into the previous history of the mother and father of this child; and examined the child from whom it was vaccinated, as well as its mother.

*The mother* of the child, Mrs. M., seems previously to have been perfectly healthy. She has had altogether eight children: the *first*, 17 years ago, living; the *second*, 15 years ago, died at the age of two; the *third*, 13 years ago, died of measles at one and a half; the *fourth*, 8 years ago, died of croup at three; the *fifth*, 7 years ago, was a girl still living; the *sixth*, 4 years ago, was a miscarriage; the *seventh*, 3 years ago, a girl who died of fever; and the *eighth* was the subject of the present memoir. From this history there is no reason to suppose that the mother of the patient was affected with syphilis.

*The father* appeared to be a healthy man, as the above history would also indicate. There seemed to be no reason to suspect him of any concealed symptom, and he firmly denied any. There was no enlargement of lymphatic glands, either behind the neck or elsewhere.

*The child from whom the vaccine lymph was procured* was a strong, healthy-looking infant of one year, with two small but characteristic cicatrices, and no adenopathy whatever. *The mother of this child* was a strong woman, without any symptom of syphilis. But she had two dead-born children thirteen years

ago—then none till the present; and she admits “a dose of something herself” when she was a girl. Two other children were vaccinated along with her own, all directly from a neighbour’s child; and all three vaccinations were successful.

Such being the minute details of the case, I may sum it up in a few words. A healthy child, sprung from healthy parents, was vaccinated between three and four months of age from another child, also perfectly healthy. The sore did not heal, but assumed the appearance of a chancre, accompanied with enlargement of the axillary glands. A month afterwards, secondaries appeared on the child; in another month, a chancre on the mother’s breast; and, from four to five months later still, secondaries on the mother. The eruption on the child became, during its course, complicated with scabies; which was successfully eliminated from it by appropriate treatment.

The whole case illustrates very well the frequent difficulty we find in tracing the true source of infantile syphilis; and directs our attention more especially to what may have been its cause in this particular instance, and to the diagnosis of syphilis from scabies.

1. *What was the cause of the syphilis in the child R. M.?*—The history of the case, and the fact of the parents being healthy, point so clearly to the vaccination, that, had no further inquiries been instituted, the case might almost have been brought forward as proving the highly probable introduction of syphilis by this means. But the child from whom the vaccine lymph was taken was not syphilitic, unless from a possible taint without external manifestation, which it would surely be too fanciful to assume as concentrated enough to communicate poisonous properties either to vaccine lymph or to blood. I must content myself in this place with expressing a well-founded doubt as to whether the blood of a syphilitic patient has anything more to do with transmitting the disease in vaccination, than the unhealthy lymph of a pustule which is probably being transformed at the time into a venereal sore. I am not aware of a single fact which countenances the gratuitous, but popular belief, that the presence of a little blood in vaccine matter is of any consequence whatever. Without at all denying that syphilis, like measles, scarlatina, and other diseases, may be inoculated on healthy persons by means of blood, the true danger seems here to lie in the venom of a morbid local pustule; and the mere addition of a little blood is not likely to increase it.

In our case it is scarcely probable that the needle used to vaccinate the child was poisoned, inasmuch as one of the inoculations ran its course in a healthy manner. But the vaccine sore was long open; the mother was in the habit of intrusting her

child to the care of various neighbours about whom she knew nothing. The numerous possibilities of an open sore being brought into contact, in these circumstances, with syphilitic virus, and so converted into a chancre, are scarcely to be denied. This solution of the difficulty is of course purely hypothetical, but at the same time far from unlikely.

2. *How are we to distinguish the complication of syphilis with scabies?*—The above case merely suggests this point of inquiry, having itself presented no difficulty from the length of time during which the child was observed.

Using the term *eczema* in a general sense, as expressive of the ordinary phenomena of punctuated inflammation of the skin, I would remark that *eczema scabiei* and *eczema syphiliticum* resemble one another, and are so far liable to be confounded, owing to the *polymorphism* of the eruption in both.

In an ordinary *eczema*, though we may meet with papules, vesicles, pustules, tubercles, excoriations, and ulcers, still we seldom meet with all these at the same moment. We are thus generally enabled shortly to describe the disease as being *mainly* papular, *mainly* vesicular, *mainly* pustular, *mainly* excoriated, &c.; or, to express these distinctions according to Willan's nomenclature, as a lichen, an *eczema* proper, an impetigo, an *eczema rubrum*, &c. But in an *eczema* called forth by the *acarus scabiei*, and to a less extent in that due to the poison of syphilis, especially on the tender skin of an infant, we meet with something very different. It becomes impossible, in many cases, to say whether the principal lesion present is a papule, a vesicle, an impetiginous pustule, an ecthymatous pustule, a tubercle, or an ulcer. They are all there, side by side—the eruption is *polymorphous*. When, then, an eruption of this kind—possibly a complication—is encountered, how are we to make the diagnosis?

*First and foremost*—scabies, when present, is *always* attended with *itching*. If there be no itching, there is no scabies. The difficulty, therefore, reduces itself to cases where this symptom actually occurs, or is at least not clearly absent. Such cases naturally arrange themselves into two groups:—

1st, Those in which the presence of scabies is certain, or strongly to be suspected; and 2nd, those in which the itching is the only suspicious symptom.

If the *acarus*, its ova, or its furrow be detected, *the presence of scabies is certain*. If there be an eruption of little vesicles between the fingers, on the front of the wrists, on the inside of the feet, &c., *its presence is strongly to be suspected*. In both these cases the indication of treatment clearly is to get rid of the scabies, and then to examine more minutely the character of any eruption that may remain.

A syphilitic eruption, however, may be itchy without scabies. It may be complicated with an ordinary eczema from accidental causes, probably evoked by the irritation of its own morbid products. In such a case, *where the itching is the only suspicious symptom*, perseverance for a few days in attention to cleanliness, with local emollient treatment, will usually suffice to leave the syphilid by itself.

Finally, we may remember, in this connection, a well-known law common to all eruptive complaints—that when an eruption breaks out from internal or even external causes, it attacks in preference the weakest points of the economy, and therefore those points where any special irritation happens to exist at the moment. Thus the eruption of an exanthem, such as measles or small-pox, is often seen to come out most copiously on parts where the skin has been habitually compressed, as by laces or garters; or on parts which have been irritated by recent blisters. In a very mild case of varicella which I met with the other day, in which only four or five vesicles were developed altogether, one came out on a slight bruise of the finger which the child had received the day before the fever set in. In scabies, according to Hebra, tailors are liable to such exceptionally severe symptoms over the tuberosities, that in many cases he professes to be able to diagnose the calling of his patient as well as his disease. In syphilis it is well known that mucous patches are apt to form on sores or abrasions of the skin, and not uncommonly on the primary sore, should that exist when secondaries appear, when the chancre itself is transformed into a mucous patch. Examples of this law might easily be multiplied; and so an eruption of scabies may not only evoke a syphilitic eruption which would not otherwise have broken out at that precise time; but, in the event of its breaking out, the form which it assumes may be greatly aggravated in consequence. I have seen this in many cases; and in the child R. M., on whose person the syphilitic eruption was fast disappearing, the irritation of the acarus not only seemed to introduce the new element of scabies, but to call forth afresh the coppery erythema and flat papules of the syphilid in greater abundance and more characteristically than at first.

---

V.—*Case of Aortic Aneurism with a spontaneously curative tendency, &c., with remarks.* By DAVID PRIDE, M.D.

THOUGH aneurism of the aorta is by no means of rare occurrence, the case, the history of which I am about to relate, will be found to possess some interesting peculiarities.