The explanation of what happened whilst he was alive in hospital was, I think, that the complete rest in bed, possibly together with the iodide, promoted the formation of blood clot in the thoracic aneurysm. This would have the effect of making the lumen smaller and so decrease the blood supply to the rest of the body; urinary secretion would therefore be diminished with consequent early uraemic symptoms; apathy and drowsiness, inclination to easily faint, would correspond to a low blood pressure, consequently a diminished pressure of blood in his brain. Then suddenly a piece of the clot totally obliterated the aneurysm, stopping the passage of blood, with consequent arrest of the heart.

Abdominal aneurysm is rare, but a case in which two are present is rarer still. This rarity, together with the occurrence of thoracic aneurysm, as well as the numerous other morbid conditions, most, if not all of them, traceable to his occupation, is my reason for publishing these notes and observations.

UNUSUAL FERTILITY IN SYPHILITIC PARENTS, ASSOCIATED WITH ANOMALOUS INVOLVEMENT OF THE CHILDREN.

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It has been suggested by Wassermann¹ that the serum of every woman admitted to a lying-in hospital should be tested. Mott² suggests that a Wassermann reaction should be done on all infants born of parents who are syphilitic or who are suspect, whether the infants present symptoms or not. If these suggestions were adopted probably a large proportion of positive results would be obtained in cases which presented no other evidence of syphilis.

So far there are few records in which an examination of children who did not present syphilis has been carried out. We find, however, that Churchill³ has investigated 102 cases of infants and children in an American children's hospital—cases in which syphilis was not suspected—and obtained a positive Wassermann reaction in 39 cases. Findlay and Watson have shown the importance of recurrent eczema oris in cases of congenital syphilis.⁴

Since the discovery of the reaction introduced by Wassermann, Neisser, and Bruck over five years ago, it has been shown that a positive result is practically specific for syphilitic infection. It is known, however, that positive results are obtained in framboesia and leprosy, and perhaps in malaria and trypanosomiasis. Such diseases are tropical, hence a positive result in this country is taken to mean infection with the *Treponema pallidum*. The value of the reaction cannot be overestimated in latent syphilis and in cases of paroxysmal haemoglobinuria.⁵ In mild cases of congenital syphilis the disease soon passes into a latent stage, and for a time there may be no other evidence of syphilis; the symptoms have been regarded as "hives" by the mother and medical opinion has been passed over.

I have had the opportunity of examining a large number of children in which there were no stigmata of syphilis at the Royal Hospital for Sick Children, Glasgow, yet among such I have found a large number who gave a positive result. It has been the custom to examine, whenever possible, the parents and other members of the family, as the examination of such groups of related cases has been found to yield results of very great clinical interest. Where a positive result has occurred in a child it has rarely happened that every other member of the family was negative.

In all cases the family history and physical condition have been carefully investigated, and the Wassermann reaction has been carried out according to the method of Browning, Cruickshank, and Mackenzie.⁶ In the investigation of the family history there are certain difficulties. Some mothers are not at all anxious to lay bare facts which happened before or even after marriage. Others have had such slight manifestations of disease that they did not regard them as of a venereal character. It is

always important, in my opinion, to ascertain if the parent had any irregular habits before marriage. In the case of either parent a history of taking alcohol to excess before marriage suggests other irregular habits.⁷ A neurotic condition is always suggestive, as I have found a large percentage of positive results in that class where there was nothing further to suggest syphilis.

At present I wish to put on record an investigation into the condition of a single family. There are various points of interest, and I shall give details of each member in turn. The family was that of a wandering gipsy found in the slums. The mother brought up one of her children for examination. The child had multiple dactylitis. Examination of the condition led to the conclusion that the child was suffering from syphilis, though there was no other evidence, the mother being apparently healthy and denying that she had ever had venereal disease. Each member of the family was then examined and the blood of each drawn off for a Wassermann reaction.

The mother, aged 21, a woman of average height, intelligent, well nourished, but very dirty, was born and brought up in Russia, but had been in this country since her marriage in 1910. She gave a negative history, stating that her health had always been good; she had never suffered from any eruption, loss of hair, or sore throat. On physical examination, her teeth seemed normal and in a good state of preservation. There were no scars on the body and the superficial glands were not palpable. On the right labium majus, however, there was a definite scar. Questioned about this, she said she thought there was a "pimple" there soon after marriage, but she did not associate it with venereal disease, and still was firm in her belief that she never had had venereal disease. Since her marriage in 1910 she has been thrice pregnant, and each time has given birth to twins. There have been no miscarriages. The first children were born seven months after her marriage; she stated spontaneously that their birth was two months premature. The second children were born eleven and a half months afterwards at the eighth month, while the youngest children were born ten months after the second pair, they also being born at the eighth month. The youngest children were born in Ireland on September 14th, 1912. Thus the mother has given birth to six children in twenty-two months—the first being born in November, 1910, and the last in September, 1912.

It is of interest to note that all the children, according to the mother's statement, which appeared to be accurate, were born prematurely. Owing to the fact that a multiple pregnancy frequently ends in premature expulsion, it is difficult to form an opinion as to whether syphilis had anything to do with premature labour; but, nevertheless, it will be observed that the first pregnancy resulted in expulsion of the twins at the seventh month, whereas her succeeding pregnancies ended one month later. On the other hand, it should be observed that the first twins were of normal size, while the other four children, born one month later, were small as compared with the first children.

The father, aged 29, was born in Russia, and, like his wife, lived there till his marriage. Since then he has been all over the British Isles. He makes tin cooking utensils. He denies ever having had venereal disease. He denied ever having had any eruption, any sore throat, or that his hair ever fell out. His general appearance caused one to doubt his truthfulness, and as he gave a history of alcoholic excess we subjected him to a most minute physical examination. His teeth were well preserved and appeared normal. All superficial glands were indurated and readily palpable, especially those in the groin. There was a small scar on the penis, but no scars in the groin. Questioned minutely about the scar on the corona glandis, he said it was not venereal, though he "skinned" the organ two years before marriage, and it "festered" and took some time to heal. However, he maintained that it was not a venereal sore. At that time also he had sore eyes, but never any headache. At the time of examination the pupils were small, equal but irregular in outline, and reacted sluggishly to light. Knee-jerks were in excess. Babinski's sign was negative. His speech was slow and hesitating. There was a tremor of the lips and he was easily excited. His ideas seemed slightly exaggerated. Indeed, though not certifiable, he seemed a case

of very early general paralysis of the insane. From the history it would appear that he was infected before marriage, and this we consider of importance in view of what will be found in the history of the first twins.

First Twins.—B. (girl) and S. (boy), aged 1 year and 11 months. Both children seem in perfect health, being well nourished and free from evidence of syphilitic stigmata. Both parents state that these children never had any eruptions after birth.

Second Twins.—W. and M., aged 11 months, both females. The former was the child brought to me with multiple dactylitis of phalanges of second right and third left fingers; third right and third and fourth left toes. There is no evidence of suppuration and no evidence of thickening of the metacarpals or metatarsals. The other child has thickening of both humeri and of the right femur and left fibula (it being thicker than the tibia of that side). The thickenings are more nodular than spindle-shaped and are multiple. The parents state that both these children had slight eruptions on the buttocks at six weeks, but no peeling of skin of palms or soles. The former had difficulty in breathing by the nose.

Third Twins.—A. and J., aged six weeks, both males. Both children have condylomata of anus, sore eyes, peeling of skin of hands and feet. The former has marked fissuring of the lips, an eczematous patch at the right side of the nose, and marked snuffles. The latter has a marked coppery eruption on the nates and the line of junction of mucous membrane and skin of lower lip is very irregular. He also has snuffles.

I examined the serum of the parents and children, and in each case obtained a very marked positive result.

TABLE SHOWING RESULT OF EXAMINATION OF SERUM OF PARENTS AND CHILDREN.

Date of Wassermann Reaction, October 30th, 1912.

	Doses of Complement.						Serum Controls.
	3	4½	7	10	14	1½	2½
	Lecithin and Cholesterin Emulsion.						
Father ...	0	0	0	v.f.tr.	v.f.tr.	m.	j.c.
Mother ...	0	0	0	0	d.	tr.	j.c.
{ B. ...	0	0	0	f.tr.	d.	tr.	v.m.
{ S. ...	0	0	0	0	0	tr.	v.m.
{ W. ...	0	0	0	0	0	tr.	a.c.
{ M. ...	0	0	0	0	0	tr.	a.c.
{ A. ...	0	0	0	f.tr.	tr.	tr.	a.c.
{ J. ...	0	0	0	0	0	d.	j.c.
Negative control	c.	c.	c.	c.	c.	v.m.	c.

0 = No lysis.

tr. = Trace.

f.tr. = Faint trace.

v.f.tr. = Very faint trace.

d = Distinct.

m = Marked.

v.m. = Very marked.

a.c. = Almost complete.

j.c. = Just complete.

c. = Complete.

From the public health point of view it is of importance that something should be done to control the movements of such wanderers, to prevent their making cooking utensils and selling them to rural people who do not always cleanse such dishes before use, to prevent gipsies begging food from farmers and using the dishes of the latter, lest this be a source of infection which hitherto has been overlooked. Let there be an examination of every child born in this country of every foreigner who arrives; make syphilis and gonorrhoea notifiable diseases, and not only will there be less of the parasymphilitic diseases, but there would soon be a marked reduction of syphilis itself.

SUMMARY.

There are various points of interest in these cases:

1. Both parents deny specific disease.
2. Both show evidence of syphilis which is only revealed on very minute physical examination.
3. Parents and children all give a positive Wassermann reaction.

4. Manifestations of syphilis appear to be more severe with successive pregnancies.
5. There have been no abortions.
6. Successive multiple pregnancies.
7. Six children born in twenty-two months.

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⁴Findlay and Watson: *Lancet*, March 29th, 1913.
⁵Browning and Watson: *Journal of Pathology and Bacteriology*, vol. xvii, 1912, p. 117.
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GONOCOCCAL URETHRITIS IN A BOY AGED SEVENTEEN MONTHS.

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F. P., aged 17 months, the child of parents in comfortable circumstances, was first seen on December 5th, 1912. The complaint was that he could not pass urine. On examination there was some redness at the end of the foreskin, which could, however, be retracted completely. A hot bath soon relieved his disability, and he was ordered local boracic fomentations and a dusting powder.

Circumcision was suggested, and approved by the father but objected to by the mother, and for the time refused.

Ten days later similar trouble caused another summons to the child. The local condition was now much aggravated, a typical balanitis being present, and the foreskin would not retract. Circumcision was now insisted upon, and performed next morning. Four days later a discharge from the urethra was noticed. A specimen was taken for bacteriological examination, treatment being delayed until the report was received and until the circumcision wound was more nearly healed.

A verdict from the bacteriologist of colon bacillus or staphylococcus infection was anticipated, but a verdict of gonococcus was almost incredible. A report by Dr. C. S. McKee on the bacteriological findings is appended.

The subsequent history of the case was uneventful. At first a mild lotion of zinc sulphocarbolate was used, but after a few days, as very little improvement was manifest, 1 per cent. carentos, a colloidal silver preparation recently put on the market, was substituted. After five days discharge ceased, and treatment was continued a further five days; eight days later a slight recurrence of the discharge took place and treatment was resumed. All discharge ceased again in four days, but treatment was continued for a further seven days, with complete cure and no complications.

The rarity of this case makes it worth recording. The difficulty was to trace the source of the infection. No one but the mother and nurse had had access to the child. The parents were certainly not infected. The nurse is a respectable woman, but is a widow of about three years' standing, her husband having died six months after marriage of "rheumatism." She admitted having taken the child into her own bed when restless. The remaining links in the chain of infection can only be surmised, but it would appear as though the source had been traced. Moreover, there seems no doubt that it was a case of gonorrhoea from the beginning, the balanitis being secondary to the gonorrhoea, and not of urethritis consequent upon balanitis—a possible but unusual sequence.

BACTERIOLOGICAL REPORT BY DR. MCKEE.

On examination of a smear of pus from the above case stained by Gram's method, I expressed the opinion that it was gonorrhoeal. The picture was typical of that disease in grouping of the organisms in the pus cells, their shape and staining qualities.

Doubt of the correctness of this opinion by the attending surgeon made cultures necessary, and these were made on various media, including a rather rich ascitic fluid agar to