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[To be continued.]

SELECTIONS FROM CLINICAL LECTURES,

Delivered at the London Hospital.

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PEMPHIGUS IN INFANTS.

GENTLEMEN,—The infant before us has been sent over by Mr. Hott of the Whitechapel Infirmary, and we are much indebted to him for the opportunity of seeing a case of so much interest. Although infantile pemphigus is often talked about, I do not, for my own part, see a really well characterised case more than once a year; and it is very seldom, indeed, that I have the chance of demonstrating one to you. Our patient is, as you see, a well developed baby nine days old, and its hands, feet, and face are covered with bullæ. More usually, indeed, I think, in all the examples of the disease which I have previously seen, the eruption is confined to the extremities, and the face is free. It is, however, quite in conformity with what we know of certain other eruptions usually restricted to the hands and feet—that, if they do occur elsewhere, the face is the place. The eruption, in this instance, differs in another feature from what is common; the bullæ, although plentiful, and some of them of considerable size, are entirely destitute of the lividity at the base, and turbidity, or even sanious character of contents, which are almost invariable characters in infantile pemphigus. On the face, the bullæ and vesicles are remarkably delicate, and many of them are not round, but arranged in lines or panicles like herpes. The infant shows no indications of inherited syphilis excepting doubtful snuffles; but has a clear red skin, and healthy aspect. As usual, there is not a single vesicle on the trunk. I know nothing of the infant's mother, and can give you no facts for or against syphilis, excepting those which are under our eyes. The result of what little experience I have had of this peculiar malady has been to lead me to believe that it is almost invariably syphilitic. It occurs, however, under very peculiar and exceptional conditions. In the first place, it almost always shows itself soon after birth, within the first week; whilst, as you well know, the other syphilitic eruptions are seldom seen until the child is a month or six weeks old. This fact of early appearance perhaps explains some other peculiarities: for instance, its subjects rarely show other signs of inherited taint; they are not emaciated; they do not snuffle; there is no inflammation of the mouth, nor any soreness at the anus, or eruption on the nates. All these symptoms occur at a latter period, and the pemphigus infant rarely lives long enough to exhibit them. It is seldom that infantile pemphigus does not end fatally, and that, too, very

quickly. The explanation of the cause of death is not easily given: for the child dies before any very obvious signs of exhaustion have had time to show themselves. Sometimes, but not always, convulsions occur. These exceptional features have naturally led to much discussion as to whether the disease is really syphilitic or not; and, in France especially, the one and the other opinion have each had its zealous supporters. All admit the peculiar features of the disease; and, excepting those who assert that it is to be cured by mercury, all admit that it is usually fatal. Not only is there usually an absence of ordinary syphilitic concomitants in the child, but the history of the parents is often very difficult to interpret. Such, at least, has been my experience. There is often an indistinct history of the disease in one or other parent; but it may be at a very long distance. Yet, in spite of these failures as to clear evidence, my own opinion is, as I have already said, to the effect that the disease is really almost always specific. I well remember a case in which, some years ago, I was consulted, at the suggestion of Dr. West, chiefly in reference to this very point. The parents, both of whom appeared quite healthy, had lost child after child within the first fortnight, with pemphigus on the hands and feet. The husband admitted that he might possibly have had syphilis before marriage; but his account of the course of his symptoms made it very doubtful. The infant which I saw had the usual conditions—blebs on the hands and feet, with dusky areolæ round them. It, like all its brothers and sisters, was a well grown infant, but, like them, it died at ten days old, after convulsions. Some years later, the surgeon who attended the family, and whom I met in consultation, was kind enough to inform me that conclusive evidence that the father was syphilitic had been obtained. Several almost similar occurrences have happened to me, in which, although at first we were obliged to doubt, all doubt was subsequently removed. Whilst, therefore, I am far from wishing you to believe that all pemphigus or bullous eruptions on the hands and feet of infants are syphilitic, yet I think that all ought to be suspected, and that, in the severe cases, those which threaten to end fatally, the suspicion will be found to be correct. As you are aware, it is a favourite doctrine of mine, that syphilitic forms of disease have their counterparts or types which are not so; that syphilis is an imitator rather than an originator. So, probably, there is the non-syphilitic prototype of infantile pemphigus; but the examples of it are so rare, that, if anyone should have the opportunity of investigating any such case in which the disease is well characterised, and ends fatally, he would do well to record them. Special attention should be given to the state of health of other children in the family. Often infantile pemphigus shows itself in several children in succession. As regards treatment, the evidence is, I think, quite sufficient to make it wise to at once give mercury. Although, as I have said, in my own experience, and in that of most who have written upon it, this form of pemphigus is very dangerous, and usually rapidly fatal, yet it is possible that our impressions are exaggerated on this head. A little fragment of evidence on this point fell to my lot this very morning. A married gentleman, who is under my care for a very slight manifestation due to syphilis many years ago, mentioned casually that his wife had been recently confined. "Is the baby well?" I, of course, asked. "Yes", he replied; "it seems thriving now, but it has had what the doctor calls pemphigus on its hands and feet". So far as was ascertainable, the pemphigus had not been supposed to be specific, and was disappearing without specific treatment. In reference to the peculiarities of infantile pemphigus, its occurrence on the extremities, and its tendency to end soon in death, we must remember that, of all the forms of skin-disease, common pemphigus is the most serious as regards risk to life, and that it almost always affects, though not exclusively, the hands, feet, and face. Unless its specific, arsenic, be given, it usually causes death. In the case which we have now in the wards, the man was rapidly failing in health before we gave him arsenic, and now he is cured of the eruption everywhere, excepting the hands, where a few of the bullæ, exactly like those of this infant, still persist in coming out. If the non-specific form of pemphigus be so severe, we cannot wonder that its syphilitic counterpart is so likewise. Probably in each instance the fact that a bullous eruption is produced, rather than any other type, reveals a peculiarity in the individual, an idiosyncrasy to which the danger must be held to attach. I cannot for a moment agree with the opinion of Diday, that the pemphigus of syphilitic infants is due rather to the cachexy produced by syphilis, than to the syphilis itself; for I have seen it repeatedly in children who otherwise seemed to be quite well.

Postscript.—A few weeks after these remarks were made, I was able, December 17th, to continue the history of the case by reading a note from Mr. Ilott, who had the mother of the child under his care. In answer to my inquiries, Mr. Ilott wrote: "The infant, now sixteen days old, is doing well, and there has been no fresh eruption for some

days. The forehead and nose are in a state of crust and scab. The hands and feet are nearly clear. The mother is a woman of bad character, who has borne two children to different fathers. She denies syphilis, but has many scars of specific ulcers in her legs. Her first child, two years ago, had syphilitic symptoms, and died at eight months. The treatment, in the present instance, has been by small doses of grey powder, but only once a day."

On January 12th, Mr. Ilott again kindly sent us the child. It was now puny, emaciated, with bad snuffles, and pain and swelling over several bones at their epiphyses. The pemphigus had long ago disappeared. There can be no doubt that it is the subject of syphilis.

[To be continued.]

THE ETIOLOGY OF ENDEMIC GOITRE.

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[Concluded from page 45 of last number.]

THE people who inhabit this part of Yorkshire are descendants of the ancient Britons, with a "dash" of Scandinavian blood in their veins. Until very recently, there was practically no railway communication in the district; consequently there was very little intermingling with others at a distance, or infusion of new blood. The people are, as a rule, hardy and robust. Their *physique* will compare favourably with that of other districts. For example, on the muster-roll of the local Volunteer corps are inscribed 176 names. The average height of these men is 5 feet 9¼ inches; the chest-measurement is 37 inches. Now the average height of the average Englishman is a trifle under 5 feet 8 inches, and the chest-measurement 35¼ inches; so that these men, typical specimens of our locality, are considerably above the standard of the ordinary Englishman. Another illustration will suffice. Seven men met a short time since in a country lane. One of them discovered that he, although measuring 6 feet 2 inches, was the smallest man present, the tallest being 6 feet 7 inches. We are told by writers on goitre that the people where it abounds are stunted both in body and mind. So far as the males are concerned, this fact seems to be contradicted by my observations in this neighbourhood. These same authorities assert that the women of goitrous districts are ugly, ill-formed, yellow, and unattractive; and that their sexual activity is almost suppressed, if not altogether absent, causing barrenness. I have asked the opinion of unbiassed visitors here regarding the females they have seen, for example, coming out of church on a Sunday. These critics have told me, what I had already noted, that there is a large amount of beauty and natural grace among the young women, the fairness and purity of complexion being very marked. The birth-rate of the district is 35 per 1,000. I know of many goitrous women with large families (numbering as high as fifteen and even seventeen). So far from sexual impulses being suppressed, I regret to say that they are too exuberant among the young unmarried females of the poorer classes; our illegitimate births have been over 10 per cent. of the total for the last eleven years. Early caries of the teeth is of very common occurrence. There are a number of stammerers to be met with; but I have never seen an albino nor a deaf-mute in this neighbourhood. The house-accommodation much resembles that of other rural districts; it is deficient in quantity and quality. The cottages are often strikingly picturesque outside, but inconvenient and ill-ventilated within. I do not consider them, however, any better or worse than those found in districts where goitre is not endemic. The people are chiefly engaged in agricultural pursuits. The proportion of inhabitants to acreage in our sanitary district is about fifteen acres to each person. The dietary is much the same as in other rural parts. The poorer classes live on bacon, bread, and tea, with occasional additions. Many adopt the pernicious custom of drinking tea at every meal. The amount of drunkenness is not excessive, and I am told by the clergy that it is diminishing. The rainfall I do not consider great; last year (a wet one), it measured 34.43 inches. The wooded valleys are often full of mist when the high ground is clear and bright. This mist in the valley is called a "roke", by which name the same condition is known in Norway at the present day. The rainfall, for the most part, owing to the configuration of the surface, soon runs off, leaving the roads dry, and swelling the water-courses rapidly. In the wooded valleys, there is greater dampness, owing to the trees, which hold down the moisture, and prevent drying of the ground by the wind and sun.

Speaking generally, the drinking-water supply is pure and plentiful. It is mainly derived from three sources: 1, the running brooks; 2, the springs on the hillsides; 3, wells sunk in the rock or in the alluvium of