Pemphigus Intrauterinus

John W. Johnston

Note: Though I have styled the thesis 'Pemphigus Intrauterinus,' I have given a definition of pemphigus as a whole, traced the natural development of adult and infantile pemphigus, and by way of passing the way for the discussion of intrauterine pemphigus, I have entered into the syphilitic nature of adult and infantile pemphigus.
Ampigia, derived from Δέρματα, a bubble, was by Albinus classed among the "Bullae" and has generally been recognised as an effusive or inflammation of the dermis accompanied by a diminution of the vital powers and attended by atrophy of the dermal tissue. Albinus and his school regarded pemphigus (σοματίζος a wet bubble) as a different disease, but Rayer demonstrated that it was but a variety of pemphigus which view has been almost universally received since his day. Cullen, who by the way confesses, never to have seen the disease defines it as "Erythros Contusos" from secundo vel tertio morbi die, in varias partes resurgent inwellante magnitudine, ubi places, dies, momenta, tarda, undar (dorem) tertio Jocondi. (Nebol. Neel. 47: XXXIV) which Dr. Dick has proposed (London Med. Journ: 396 p. 309) to modify thus: "a fever accompanied with the exudative eruption from different parts of the body internal as well as external, superficial about the size of an almond, which becomes tinged
"with a faintly yellownish tinge and in three or four
days outside. M. Bellard (Scutte des Maladies des
Infants et de Fumagine) remarks that since the
publication of the excellent works of Bellard, Pincard
and other pathologists have denounced Fumagine the
Cutaneous affection characterized by the Tooth.

"Most of the lesions are patches on different parts of
the body, on the surface of which bullae arise
which very quickly leaving a raised yellowish fluid.
The fluid coagulates and forms on the elevated
surface a slightly projecting seat of the granulose
and yellow like horny or rather approaching to
a yellow color. "- Esmarch's Disease
of the Skin 1871 completes the Affection in
the following terms. Fumagine is an eruption of bullae
of considerable size appearing upon circular or oval
erythematous patches corresponding in diameter with
a very little larger than the bases of the bullae.

We pass now to the
Natural History of the Disease.
It is interesting to trace its gradual recognition
Like many other diseases which affect humanity,
at any stage of life it seems primarily to have manifested itself in the adult, at least to have attracted the attention of the Fathers of Physic in that form. Savarso, many, andarious, and the original description. Savarso first attempted to systematize its named forms, but his "harmony" is faulty in the eye of the modern physician. — The first refuge I can find to this affection is that of Portem, Account of Medicine in Egypt, 1628, who alludes to a fatal cutaneous eruption which attacked his friend Cavellus, "Greenish pins or "pricking the blood" and creating the skin and flesh." Carlos du Rio (Observation 1649) describes "Phosphorus accidit" affected Edmund de Minnack at Trinity (about 1657). -- Morton of London (1682) refers to a fever of a malignant type "in which wasting processes were scat. "ted over the head and chest." Savarso, 1725, details "an authentic ac- count of Phosphorus Major in a fatal case of a soldier of Marseilles. During the course of his life he treated other five cases, all of which
who beggars. He remarks: "I am pretty certain that this is a new disease of no distinct character, though it occurs in the Greek and Arabian hospitals.

Mr. Mein's Medicine Practique et Anatomiques (1744) describes phymagia caustica as an unchanging phlegm. The term was analogous to these ye blisters, and took its origin from an acid ferment produced in vinegar and some other oil while the other physician not almost any patient.

Dr. Langham (1751, Acta Helvetica, 101, 2) says phymagia raised invalids in Switzerland in an epidemic form "the fistula affecting the throat also."

Bentho (Pratiae Medicina Indica, 1752) records phymagia in India as "an antitumour to be compared with degeneracy and an eruption of the body in different parts of the body."

Vesalius (Observationes Cenences Canadensis, 1750) alluded to phymagia in London and repaired it as occasioned by taking a spirit."
Mr. Milton | Memoirs of Med. Soc. London 1782 III

Appendix p.53. 1743| Referred to a patient in
which this affection manifested itself: "A puncture of
which was likewise observed." Dr. D. Stewart of Maidenhead | Edwin Redhead. Cons.

1782. 1749, 1748 | Records the following case: a private soldier in 735 regiment, aged 18 years

while marching into Aberdeen was seized with the
symptoms and about ten days afterwards, during
which period his pulse was at from 110 to
120, a peculiar simmptoms, cryptanthiasis manifest
itself. He whole surface of the skin was interspersed
with vesicles of a reddish color of the size of an ordinary
walnut, many of them were larger especially about the
breasts, in some places they were joined together
like the puncture of Confluent Small Pox.

Dr. Dickson | Transactions of the Roy. Irish Academy

1748 | Cites a case "which he had met with con

"Meant with Typhus." -

The disease was now generally recognized in
this country, as well as on the Continent, and do

great an advanced had taken place in the Cause
of about twenty years, many instances of either
an infantile pemphigus occurred; the latter
chiefly in the practice of Mr. Matthew Stout of Dublin.
That Mr. Gilbert with his Monograph on
Pemphigus in 1813 and remarks "In very age
we meet with this affection infancy and youth
"beneath to acute pemphigus and old age"
"to the chronic form of the disease."

As the science of Medicine advanced, truths no less
appear before truth, reality and fancy vanish before
real reality and fact, broad generalities are channelled
through, theories are dissected, and the special
aspects and periods of disease become a familiar
study, the physician meet with anew variety
of these puzzles which and demonstrate its
Connective Relationship and Science proceeds apace.

To Matthew Stout of Dublin, Magazine
of Medicine 1813 is due the merit of first definitely
diagnosing and describing Infantile Pemphigus
as well as more fully developing its pathology
and marking its terminus in decided ulceration
and gangrene. Hence he denominated it
Aphlegia gangrenosa. Dr. Stokes remarks, "My attention was directed to a curious eruptive disease of unusual character, abounding in the Western Counties of Ireland and there recognized under the name of "white blotches" or "eating live" and "burnt holes," occurring not earlier than the ninth day (of extra uterine life). After a slight febrile irritation, one or more vesicles appear mostly larger than the best distinct smallpox, these increase in two or three days, burst and discharge a thin fluid, having a disagreeable smell, limpid in most cases, sometimes yellowish; the matter less dangerous, ... Before, or after breaking the vesicle, run to gether the and be come stain, with less of substance, and at this point elains the charge, the edges of the wound and undermined, and it spreads quickly. Boxing skin from the eighth to the eleventh day, it commonly manifests itself by unfavorable signs which are the ascension with which the disease spread, the blackness saw as the edges, after a and time spreading over the whole, the quantity and force of the charge, etc., color, the fever being the most dangerous..."
gangrene it is not necessarily fatal. [Dr. Ranmo
Lancet May 18/52] details a case of case of
this disease in a mild form, the earliest appearance
of the bullae being on the fourth day after birth,
and he in common with his colleague Dr. Miller
refers to the new name of *Pemphigus Annularis*.

*Dr. Bankart's Med. Times Gazette Feb 11, 54*

Among other cases cited as of Infantile Pemphigus
the eruption 

*K. H. P.* appearing on the fourth day

and affecting the abdomen, thighs, and buttocks, and

"D. B. A." appearing promptly at the end of first stage,

Dubois, F. D. A. Miller, Buxton, Rush, Duf
gue, Kraus, Henning, and numerous others,

and a host of eminent ichthyologists, have

alluded to cases of Infantile Pemphigus, occurring

under the immediate observation, but the

latter was not nearly so fatal as so depicted as

that described by Dr. Stahl. Few physicians

indeed, have encountered it in its severe, malignant,
a form. Infantile Pemphigus is regarded as

the first day as a not uncommon disease of

infancy and early childhood. —
An interesting phase of the disease now manifest itself. Obstetricians come into contact with curious cases of children born with bulbous emphysema on them. This yields a new aspect to the disease, and above opens up a broad field for medical speculation. This congenital form was originally observed and described by Hanso (De Anomalias Anthropum Born 1861). Dubois (Dr. Scherl, Journal des Kinderhebungs) treated the latter observed children with similar forms of the disease, and I am not acquainted with any fully detailed case. I purpose therefore to refer to a case that occurred under my own observation. To detail a second, to which I directed special attention, while resident three years in the Maternity Hospital.

Case I: Mrs. S. was delivered of a male child, Nov. 5 to 1857. The child was at birth, jaundiced; a yellowish discoloration existed on the bowel surface of trunk, and upon the extremities. Place to presented the appearance of effused blood in two isolated localities, otherwise named. Cad morbidly attached from an increased depth of the gelatine.
of the Dr. The child had a heavy offensive acid smell. The mother had been a healthy child. Previously, now had miscarried, and her four children were healthy. Neither of the parents had any venereal disease.

Case II:

Mother Mrs. Angus aged 34.
Child born Nov. 25, 2:40 p.m.
Mother had once aborted twins.
She had five healthy children.
Child weighed 6 lb. 8 oz.
Measured 16 inches in length.
Sex: Female.
Died Nov. 28, 1:50 a.m.

The child was examined minutely and presented the following peculiarities:

1. The head: Asmall hollow occupied the left side, the eye was dimmed and hazy. A second occupied the whole external surface of the left eye, extending inwardly to and involving the mucousmo
membrane of the buccal chamber as far as the ansae
stirps margins of the alveolar processes of the
front teeth. A third, bean sized, occupies the
symphysis mentis, a quarter about the size of a
walnut lies on the lateral angle of left cheek
a fifth, involved almost the entire mucous
membrane of the hard palate. This erupted shortly
after birth. Friday: Three bilateral appendages
and a median, occupying the centre of the upper lip
and two opisthoton thometa situated at the left and
each extending inward in the labial mucous mem-
brane. Saturday: On the centre of the suprain
surface of the tongue a callous sized bullet has
appeared. It is surrounded by an erythematous
blush. Very constant pressure the trit's clump of legs
with great epithelium of right eye.
Genitals: At birth the left labium was 00:
cupped on its extremity and (actual aspect by
a nutmeg sized bullet). Sunday, a bean sized
bullet has appeared on left hip. Saturday
a small sized bullet appeared as the
extremity aspect upright labium.
Superior Estimation. Right. At first a large
bulla occupied the radial surface of the thumb,
extending an inch upwards on the anterior as-
pect of the hand, passing obliquely from the
dorsal surface of the wrist joint, to the base
of the proximate phalanx of the Index finger.
A second occupied the dorsum of the Bully
finger, and was distinctly walled off from the
large bulla at its base. On Friday evening they
became confluent. A third, extended from
the oblique line passing around the radial and
ter aspect of the wrist, bounded anteriorly by
the base of the middle phalanx. It occupied the
dorsum of the dorsum of the Carpus, and Meta-
Carpus, and likewise became confluent with
the other two on Friday evening.
Saturday. A large oval-shaped bulla the inch
long and half an inch in diameter has appeared
on the ulnar and lateral plait of the arm,
language of the Middle finger bursts.
Left. The same number of bullae erupted on
Friday, they became confluent on the same day.
The bulbar was a shade smaller than those of the right extremity. Inferior Extremities Left: a bulbus extended from the upper phalanx of, and embraced the dorsal and plantar surface of the great toe, a second, extended upwards along the tubial and lateral aspect of foot, passed obliquely over the dorsum of the plantar and metatarsal bones, embracing the plantar and dorsal aspect of the second toe. No trace of nails existed on this or the great toe. A third and fourth had existed but ruptured in utero. The former had evidently extended from the inner aspect of the dorsum of the ankle, turned out at an oblique angle and crossed the whole of the internal and lateral aspect of the limb midway to the knee. The latter had commenced at the 3d or 4th extending an inch and a half beyond the knee joint. They had become partially insufficient before rupturing, and a feebly developed article had shewn over these ruptured bulbus, which had in various sites become clothy and gangrenous. It is interesting to note that fresh bullae had manifested
themselves on this abortive cuticle. A fifth bulb of large extent had occupied the lateral or tarsal aspect of the leg and decided and acute ulceration had taken place where it formerly existed. It had extended down half of the ankle joint and burned the external aspect of the dorsum of the foot to the slender surface of the tibia causing marked erosion. Right Inferior Extremity.

It was in a somewhat similar condition, the only difference being that there was no bullae corresponding to the fifth of the left Inferior Extremity. Consequently there was no erosion of the left foot. It was eroded on the great and second toes. The subain bulla of this limb corresponding to the fourth of Left had taken on a very decided suppurative gangrenous action as superficial ulceration of the metatarsal existence. Friday. Several minute bullae had developed themselves over the partially calcified bullae that had ruptured in utero.

Saturday. Gangrene of second toe of right foot, and of large toe of left foot. 
Monday afternoon. Respirations were 40, and the heart beat 166. — On Saturday evening, the respirations were 35, and the heart beat 160 in a minute. — Many marked, heavy, acid-smell. This child died on Sabbath morning at two weeks old, aged 59 hours. Commentary: 1st. The vital law of concertation well-embryon was manifest itself in a very marked form; in the appearance of the bladder as the same relative size in corresponding extremities. 2nd. Collecting the urine with great difficulty, I found it loaded with Amorphous Matter of Ammonia. It had an acid reaction. 3rd. It has been maintained that children thus affected with Pemphigous die in Convulsion. I narrowly watched this child till death and no trace of Convulsive action appeared further than a peculiar spasmodic twitching of lower lip, which resumed during the entire course of its extra uterine life. 4th. The bullet in congenital Pemphigous is described by D'Oppini as confined so far as the
hands and feet are concerned to the palpable and
plantar aspects, the uterus was taken, in this instance.

V. The autopsy which Dr. Halland hastily made
sawme revealed only Atlectasis of alveoli of
the lungs and posterior aspect of both lungs.

VII. I inculcated myself with fluid derived from
one of the bullae. It was quite bland.

VII. I instituted a chemical analysis of the fluid
derived from the bullae, but owing to the small
quantity obtained I could not satisfactorily
determine its composition though it yielded a
decided acid reaction.

VIII. I have vainly sought for any recorded in-
stance that so positively demonstrates the risks
of staphylococci, at a considerable period prior
to the expulsion of the child from the uterine
cavity; the hands recurrent, few indeed of the
consequent occurrence of staphylococci. But I can
find none whom intramuscular action had pro-
gressed to such an extent. He observed the
peculiarly interesting fact, that an attempt
a general reformation of Cutulus has been instituted by the wise laws of the social economy, which was founded aboriginly by a second development of disease upon the young termio which had actually obtained over the resolutions. again, we have detailed the special phalangers which were in the form of nails two in each foot, this must likewise lead to demonstrate that the disease existed from very early period of intrauterine life preventing their formation, for there was not the slightest trace of a former development negativing any idea as to their proper re-absorption. 

It was well for the accoucheur to have in remembrance that intra uterine phalangers never exist, and may progress to any unusual elevation, though we are generally taught in and systems of domiciliary that a lax state of the Cutulus is diagnostic of death of the child, yet as such a case occurs as we have just de- tailed, one might be led far astray by the absence of the signs of disease. Dr. Valentine Hinde of Kemptown has furnished
me with the following interesting narrative of a case of
Congenital pemphigus occurring in the new-born child of a Norwegian lady. History: "I remember some years ago to have heard of a case of Infantile pemphigus which may perhaps prove of some interest in showing that the said form of disease is not always as heretofore believed to be transmitted by the French and was originated in a syphilitic eruption. The case is the following. In August 1858 I was called to attend Mrs. H., as account she supplied me,
to perform an operation for uterine desalination, which she had been
subject to in her previous confinement. The labor was quite natural, but the child was
found to be affected with pemphigus. This was three inches on the neck, three on the
chest and three on the inner aspect of the
left thigh. They were about the size of a pea
or that of a walnut, and were filled with a
serous fluid without any surrounding redness.
Before birth a few blisters had burst and slight
excoriation. The child, a female, perfectly
recovered from this ailment by nursing..."
and attention to cleanliness and is now in every respect a healthy child. Impressions with the idea that syphilis was of syphilitic origin I have got at the case being minutely but can't find anything suspicious. The husband had many years ago been affected with a slight gonorrhoea but never had a chancre. They had other five children all in perfect health, one of which had a tussle and state of congestuation and woman now had a miscarriage. I am of opinion that the affection is now syphilitic in its nature.

Before Simpson of the city had met with a case of congenital syphilis interesting inasmuch as it occurred in twins, and though I am unacquainted with the details he decidedly affirms that there were not the slightest grounds for believing a syphilitic taint Co. exist.

Before deducing any definite conclusions from the cases above detailed we purport to discuss the question Is Intercourse Harm.

[Further text not legible]
mechanism of capillaries, and ultimately having a special affinity for any one organ becomes dis-  
separated and generates a morbid action, so the  
serous fluid in adult pemphigus becomes eliminated  
and when the syphilitic process exist it will  
become an integral complication and hence to  
be dealt with accordingly. Mr. Haiothell (  
Memories of Mrs. Society of London Mott and t)  
demonstrated that the fluid contained in the  
bulbs was very similar to that contained in  
the vertebrae of the brain in Hydrocephalus  
and by their circulation sufficiently proves its  
blind character. The physician can easily  
ascertain whether the patient has been  
affected with Syphilis, and by third examination  
have demonstrated the existence of this disease  
were not a trace of Syphilis be detected and we  
cannot fancy that the disease could be con- 
spicuous in our and not previously have man  
life, the itself. Adult pemphigus, unconnected  
with Syphilis usually manifests itself in the  
chronic and fatal character. Dr. James
Regbe in his paper on Disease (Edin. Med. Journ. Vol. III. P. 483.) remarks: "The pathology of these diseases ... has been much neglected; we are too often in the habit of looking upon them as local affections, instead of regarding them as manifestations of disorder of the circulatory fluids arising from malnutrition ... all who have studied the progress of the rheumatic diseases must have observed among the subjects of it a great tendency to these diseases ... Many tell us that rheumatism often alternates with evans-measures ... Vincent of Bytown as well as the of Hercules and other afeetions; thus it most readily to debilitating remedies and such as good as iron and colchicum, the occurring in common in the cause of rheumatism and great gain at I think they might ring again. B.P. further remarks that he had under his care an old man laboring under emphysema ... distress, and that on collecting the serum of the bile, he found crystals of uric acid.
by the application of tannic tartar on the appearance of the bullae, the urinary secretion was scanty and loaded with phlegm. Mr. Upton in 1773 had previously noted the dryness in the urinary secretion on the appearance of the bullae. They cannot be so directly but that almost from phlegm exists as a simple disease amenable to treatment and in no way primarily connected with a syphilitic taint. Is infantile phthisis syphilitica? Pachet was very dauntful to a Conchon, by family, maintaining that simple phthisis cannot occur in young children; upon what authority he makes this statement we are not assured. The simple unqualified statement is all we have. Cazeneuve remarks, De la consanguinité acadaïmica, 1773, the great breach of friends of phthisics maintain that when phthisis is latent, that it manifests itself not earlier than a few weeks or months after birth. This may ease somewhat to explain Pachet's preceding conclusion for starting with the first
deep seated in his mind, upon the principle of
Erie law by Hunter who remarked "when a
practitioner is embarrassed with a malady known
prior haunts his mind" refers to the statement
that Infantile Pemphigus Cannot be "syphilitic". The epidemic form which it assumed
was first described by Dr. Matthew Stiles and
the named cases reviewed by Dr. Barnes. Barnes
said to show that it is non-syphilitic in its
curse. Dr. Barnes says with regard to the cases as
the cited "the infant was a boy remarkably
short and healthy, this is not the slightest
reason for believing him to be affected with
"syphilitic disease". Barnes remarks on
they say it the affected ran down after
birth. The case is well marked, the infant is
well nourished, and does not appear to be
affected with syphilitic poison. Few cases
demonstrate that many large vesicle may
appear unrelated to any marked connective
tissue disturbance and contradict the great
opinion that the space of Cutaneous disease
is necessarily connected with an asthenic or cachetic state of system. Alph. Divagier in his practice of the Maladies de l’Enfant, p. 311, refers to Baines’s views in the following terms: “Baines ... has published five cases of pemphigus developed in infants from 4 to 72 days old, who the pemphigus was not at all syphilitic and who disproved these facts against the opinion we entertain. But these cases are not cases of newborn children, they are cases of pemphigus developed at an epoch more or less removed from birth, the parents as well as date of manifestation ranging to a greater or less degree. Alph. Divagier, contrary to Cayman’s opinion, also admits infantile pemphigus as a simple disease. He knows that these and Baines’s cases occurred perfectly without any specific treatment, which they could not have done had syphilis existed. Now if syphilis the virus must have been communicated in 1819, and have manifested itself earlier.
than it actually did in many recorded cases, unless we adopt Chisholm's view. In the
published by Dr. Barlow the bullae appeared from
the 7th to the 13th day, and that too in the
same part of the body as they occur in adults,
viz. on the neck, chest, and extremities, and
accordingly must from the state of their
appearance be regarded as non-epileptic. We
conclude then that Infantile Penephys is
a Disease for se, and may possibly
though rarely be complicated with an
Intrauterine Syphilitic that was manifesting
itself at birth and according to the
French school, when complicated as after
having earlier than weeks a man too after
birth. We pass now to the consider-
ation of Intrauterine Penephys. Is it
Syphilitic or non-Syphilitic. Dibris
with moderate firmness and with his usual energy
maintained that Intrauterine Penephys was
invariably syphilitic but as the course of
time we defied his view. Always/ Durnford
Academic Publications 1973

The appearance of Phthisis form.

This generally precedes both premorbid time and the great proportion of cases, indeed, it presents itself in various stages, as the birth of the child, some of the vessels are broken and empty, others are commencing to appear, while others are approaching the period of their evolution. The base of the ulceration is skin of as red as their umbilicles in some, tough, hard in others. The empyema exists in children which are well developed and whose condition is now fully affected. In all cases in which children exhibited the characters indicated they were cured in the course of a few days. The attention in their health was so decided, and so urgent that further landing was the case and precaution taken for their safety that we must attribute their death to other causes than their malady. - Dubois.

Further remarks that he has observed children affected with attenuating bilharz, but they were always found in connection the empyema being confined to the bladder without any other attention of the skin than that of a scatolized area (a). They.
well a few days after birth. In her father's words, he maintains that "the blisters are generally filled with a pounded Colloquium, and that characteristic and developed upon the plantar or soles of the feet and the palmar aspect of the hand, appearing as red spots, the latter blue, that of which yield contrast with the very skin of other parts. They sometimes become confluent. The vesicles spread over the trunk and are commonly more separated and smaller in the skin on which they are placed. They do not proceed the same blue that"

M. Juvénal (Pratique des Maladies de la Peau, p. 685) observes: "The blisters are only observed on the hands and on the feet, the child, when being expelled from the uterus, presents two or three blisters on the palmar aspect of hand, and plantar aspect of feet."

M. Diderot (Académie des Sciences, 1723) maintains that a rash in the parent when it does not cause alteration leaves as the rectum evident traces of its existence, the skin is of all the organs..."
metable to be affected... Syphilis presents itself
in various forms of which those common and beyond
Syphilis &c. - He cannot but remarks that
Dubois - the champion advocate of antisyphilitic
treatments - has so far unsustained by any
evidence greater than that by a diligent investigation
he has found cases of syphilis in most cases in
one or other of the patients, and that unless an
antisyphilitic treatment be pursued the next child
will be tainted. The last assertion does not
hold good. Unbelievable facts negative it. - Mr.
Bouy (Dec. de l’Academie forc 1906) condemns very
strongly the absurdity of submitting parents to
an antisyphilitic treatment merely because the
foetus was affected with syphilis. - Mr.
Defare (same before cited) solely on the statement
of Dubois assumes Intraterine syphilis to be
syphilis, and develops his views to the extent of maintain
that the same in a syphilitic child is sy-
philis because Mr. Dubois has proved Intraterine
syphilis to be always syphilis. But Dubois has
admitted a syphilitic infection as we have already
According to this view invariably confined to the trunk. Indeed, so far as I can discern his diagnostic marks of syphilis themselves are:

1. Blisters, as phalanx aspect of foot, and palmer aspect of hand, containing a nummular colored pust.
2. They may or may not ulcerate, they generally do.
3. He particularly that surrounding the base of the blister is ragged-

Cazal and Bicêtre Résumé: XVI, p. 933, midst (as he maintains that syphilis never manifests itself in the heart does not tend to manifest itself intrathoracically; the agnato of the first few weeks of what is known as the "three months" viewpoint in a different light from Fother. According to Ramon's "Kemphigus is one of the worst forms of syphilis, but as Dr. de Toledo affected for that pain" (Asay 934). "If the doctor, respect Dr. Baillet (can see no relation at all between syphilis and pemphigus. They have often treated cases at "Étapes des enfants Françés". This treatment was never antisyphilitic, yet the children often recovered and presented no traces of syphilis..."
months afterwards: - [Page 932] An instance has now been a case of Congenital Syphilis at "l'Hôpital de Lierre" and doubtfully among the infants of the Lierre and he there are ample opportunities for such a manifestation.

At the above hospital there is only one authentic case as usual. So may ask if this disease is not complicated with the Syphilitic Caries.

Why is it so fatal? I reply

1. The disease is not necessarily fatal. The children properly treated death would be the exception not the rule.

2. Physicians will not allow the mother to nurse the child which already ends safely and without any want of natural sentiment.

Mr. Kellogg [Clinique des Maladies des Enfants].

[Handwritten notes continue]
that this may be present an unusual malady which has not been discovered, but does not even hint at its nature. — P. Paul Hennig

[Schriften der Kändeleitart des Kinds, Leipzig 1857] maintains that the prevalent bilharzid caused by great volume began amnion; but I am persuaded that they are not caused by the mere local irritation of the begin amnion external to the cuticle, yet that it is a manifestation of a disordered affinization carrying with it an irritating ingredient which is eliminated immediately by the normal tissues. — Weighing the cutting in a just and fair balance I cannot but arrive at the following conclusions.

It is possible that primary affinization inoculation might take place from a mate, which could be carried during the passing of the child (load the bilharz) least. Am not aware that there has III. X

It is possible in which Sintanteinum tum phlegm is complicated with Sphilitis, the virus being originally a constituent of the former album. — That this is not the rule as Dr. Dumas would have us believe, but the exception.

It is not exceptional, but the rule for Sintanteinum phlegm to be entirely am. associated with Sphilitis. —
If it is necessary to inquire what is the etiology of the disease. In the two cases, that came under my own immediate observation, the parents were decided of the arthritic character, and had frequently been the subject of rheumatical affections. The mother of the child (Case I) was three months before labor exposed to cold and wet and shortly afterwards had a decided attack of rheumatic fever, with deep seated pain in the joints, which left her when the rheumatic fever abated and which I doubt was from chronic rheumatism of the heart as in the continental and seldom referred to in the Medical Literature of Britain. For that period she led an active and feeling that there was something wrong, she contrary to her usual custom came to town, with the view of being examined at the Maternity Hospital. Assuming myself that there was no specific virus affecting the child, I collected a small quantity of fluid and attempted by the Hanover process to detect this fluid, being to the minute quantity of fluid I failed, but
next. Dr. Hunter Doughty (who kindly assisted me) and I deduced from the indications presented themselves, that until we have obtained a sufficient quantity of fluid from the bladder and we undertake discovered this acid in it.  

He knew, moreover, that Exanthema Rhenana occurs in gouty and Rheumatic patients, that it is developed especially after great exposure to cold and wet, that Cutaneous disease intercurs frequently and manifest themselves as the constitutional attack abates. He learned from the history of this instance that at the sixth month of pregnancy she was exposed to great inclemency of the weather and suffered from an acute cutaneous attack, which on abating manifested itself in developing an intercurrent Cutaneous eruption, the mother having acquired a Rheumatic diathesis, the mother becomes affected with a Re-occupation of her diathesis in the form of Rheumatic fever, and thus getting the mother begins to lose the habitus condition of the foetus and manifests itself as an intercurrent Rheumatic Temperament.
It cannot be objected that had it intervened upon the fetus it could have likewise manifested itself as the child, for the child was affected with hemiplegia, and the mother was not, whatever or quibbles might have, and we know that the fetus is affected with diseases such as Malaria and Rubela, the mother not suffering from these effects, while she may be the active agent while she is unharmed by communicating the disease to the fetus that hangs in her womb.

This incident led to believe that the French school have especially remarked that children affected with hemiplegia die in convulsions. May it be that adult hemiplegia bears as close relation to the laden condition - that the peculiar signs of the skin borne in this disease have demonstrated to act circumstantially of the kidney, and later to throw some light upon the subject. We know how easily mixed this acid leaves and other - the tarry effects of the retention in the system, its early complication into carbonate of ammonia - with a rapid generation of convulsions may help lead
I doubt not that this account will yet be found in the bilious of Coquettat Phrenphilus, and may hazard the suspicion that from a rupture of the intestine in the tract of anxiety, the disease changes, may take place as occur in Perforate Carcinoma, and Bright's disease, and thus lead directly to the induction of fatal convulsions in a cachectic child.

I have not alluded to the treatment of any of the forms of phrenphilus. According to the views we adopt as correct and treatment be, ranging from the simple measures of Molybdenum to the antispasmodic treatment of Debrio, and arsenic and many of the antimonials in children affected with this disease be correct. Refrained from antispasmodic Alkylammon will be new to me.