

Past history:

Parents state that he was so fat as a baby that he was unable to walk until over two years of age, and that his legs became bowed as a result of his weight. He was nursed by his mother for thirteen months. He has had the usual children's diseases with no unusual complications, his only severe illness being an attack of pneumonia and pleurisy, aged 7, from which he made a good recovery.

Family history:

Father, age 45, has had asthma for twenty years, with a bad cough. Wassermann, negative.

Mother, age 37. A. and W. Wassermann, positive.

Married for years.

Seven brothers and sisters living, ranging in age from thirteen years to eleven months, all healthy and show no evidence of disease.

One child, the first, died at 5 months, of dropsy.

Miscarriages, 2. One 13 years ago at 3 mos. One 10 years ago at 2 mos.

Present condition:

(a) Small underdeveloped, fairly well nourished child, who at present is suffering from impetigo. Has had trouble with his left eye for over two years, now having excoriated lids, the result of removal of his lacrymal sac, which had failed to clear up after an acute infection. Dr. Newbold Jones assures us that this condition has no syphilitic basis. Eyes react to light and accommodation. Tongue and fauces normal. Teeth normal with the exception that he has one upper central incisor missing. Deep reflexes normal. No other evidence of disease excepting quite well marked frontal bosses. (b) Locally both tibiae are markedly bowed forward with evidence of new bone formation, which is convex, and has no sharply circumscribed margin. Over the prominent part of these bones are areas of ulceration. On the left there is a markedly reddened area 3 x 2 on the surface of which there are two other areas irregular in outline denuded of epithelium, having the characteristics of specific ulcers. On the right is a smaller red area with an ulcer on its surface. The skin overlying the tibiae is not adherent. There is absolutely no pain in connection with this condition. (c) Wassermann reaction strongly positive. X-ray shows marked sclerosis of the compact bone on the convex surface of the tibiae in the region of the aforementioned bowing. The sclerosis shades off gradually into the nor-