

same poison, there being not the smallest possibility of syphilis, as far as could be ascertained, being conveyed to her in any other way than by descent.

Jonathan Hutchinson, in Reynolds' "System of Medicine," edition of 1880, page 431, reports the following case :

A respectable young woman came to me about six months ago on account of an inflamed eye. She had interstitial keratitis in typical form, her teeth were notched, her physiognomy characteristic. She told me she was suckling her first child, an infant of two months. I inquired if it was healthy. She said it was a fine baby and ailed nothing whatever. I asked her to bring it with her at her next visit. She did so, and, on having it stripped, I found it covered with coppery blotches, with condylomata at the anus and snuffles in the nose.

Under subsequent treatment by mercury all these symptoms disappeared. There remains, of course, the source of fallacy that this child's parents, one or other of them, may have acquired syphilis. As to the father, I may state that he has been under treatment for severe sycosis by iodide of potassium, which has had no impression on him, and I have made most diligent inquiry for venereal disease. "I believe thoroughly he never had any." He concludes : "I incline to the belief that we have in this instance an example of the transmission of syphilis to the third generation."

A "Case of Alleged Transmission of Hereditary Syphilis to the Third Generation." Mentioned by Paul and E. Diday in "Dict. Encyclopédia d. sc. méd.." Paris, 1884, vol. cxliii :

In May, 1868, E. Collin was called to see a child who was, it is said, dying from lung disease. His mother had had a miscarriage, then a daughter in good health, and lastly three boys. The first of these is the subject of the observation ; the second is in delicate health ; the third is in good health. The first boy, born in 1862, very poorly developed, was nourished by his mother. When between eight and nine months old he had a cutaneous eruption, with frequent attacks of bronchitis, constant coryza, and later a series of attacks of capillary bronchitis. After having been kept housed for two years his skin was of a yellowish hue, his eyes sunken, and he suffered from constant flow of nasal mucus.

He looked like a little old man. Crepitant, sibilant, and even cavernous râles were noted at apices of lungs, with a corresponding dullness on percussion ; cough constant, night sweats, extreme weakness. E. Collin considered the trouble to be of a syphilitic nature, although it was impossible to discover in either parent any syphilitic sign or antecedent. Sulphurous waters were employed in July as a diagnostic means productive of a roseola, then mucous patches on the tongue and anus, and diminution of pulmonary symptoms. The child was then submitted to a mixed treatment with the syrup of biniodide of mercury and iodide of potassium : rapid and great amelioration, which was permanent, resulted.

E. Collin has since learned that the maternal grandfather had died with syphilis. Considering the condition of the children, the cutaneous eruption coming on at the ninth month, the frequency of pulmonary accidents in syphilitic children, the peculiar appearance of the child in question, the possibility of the disease escaping one generation, and the successful use of the specific medication, Collin concludes that the child was born of a mother to all appearances healthy but possessing a syphilitic germ or taint transmitted by her father.

These cases strongly resemble the one I had under observation, excepting that I had the opportunity of seeing the case from the birth of the child, born with unmistakable evidence of syphilis on its person, and of following its subsequent history to date. In analyzing some of the negative symptoms of the mother, I find entire absence of notched incisor teeth, clear physiognomy, no infantile history, and general healthy appearance. The subject of hereditary disease may have all of these symptoms absent.

Jonathan Hutchinson, in Wood's "Monographs," says, page 355 : "It must be granted, however, in the fullest manner, that not all or nearly all of those who really inherit a taint betray it either in physiognomy, teeth, or by concurrent disease of suspicious character ; and further, it is precisely in those who do not betray it that we must expect the history of symptoms in infancy to be wanting." Here we have an original investigator of syphilitic teeth and physiognomy putting forth evidence that not in all cases do these symptoms of necessity appear.