

NON-VENEREAL SYPHILIS.¹

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ON October 5, 1896, a colored girl, aged twenty years, presented herself for treatment at the South Washington Free Dispensary. A little to the right of the median line of the upper lip there was a rounded, tumor-like infiltration, with a scarcely appreciable induration. The whole lip was puffed out, showing the pink, rose-tinge of the mucous membrane, contrasting vividly with the ebony hue of the girl's complexion. The sublingual, post-cervical, axillary, and epitrochlear glands, were enlarged and as hard as pebbles. All over the abdomen there was a maculated erythema. She complained of nocturnal headache and rheumatic pains. There was no evidence of an initial lesion of syphilis on the external organs of generation.

The girl stated that her uncle had a sore mouth and that her lip became sore in July, and that she first imagined it was a "fever blister," but now she thought it came from drinking from the same glass that he used. Dr. James T. Arwine, who is connected with our dispensary service, visited the home of the patient and found that the uncle of the girl was employed by Dr. Phillip B. Brooks, who kindly gave the following notes relating to the uncle, which substantiates the truthfulness of the unfortunate girl's statement.

On the prepuce of the uncle there was a cartilage-like induration and situated above Poupart's ligament there was a bubo. There was a papulo-pustular syphiloderma over the face, around the mouth, and over various parts of the body, and in the mouth were mucous patches. On the day of the girl's first visit (October 5th) she was placed on $\frac{1}{4}$ of a grain doses of the proto-iodid of mercury, and the lesion was soaked in black wash several times a day.

The excellent photograph which is now before you for examination was taken on October 10th by an amateur artist, a friend of Dr. Arwine. It is an exact representation of the lesion as it was on that date. One week later there was a most marked improvement in the girl's condition. The chancre was very much reduced in size, the mucous membrane of the lip not being visible, and the inflamed lymphatic glands were smaller and softer.

¹ Read before the Medical Society of the District of Columbia.



A few months ago a young colored girl reported at our dispensary (South Washington) carrying in her arms a white infant. In the girl's mouth were mucous patches. In Vienna she would have been arrested and sent to a hospital, where she could be treated by competent physicians, and prevented from carrying the disease to the family circle where she was employed. We could only threaten to inform on her unless she immediately gave up her place.

Several years ago I called attention to similar facts in *THE JOURNAL OF CUTANEOUS AND GENITO-URINARY DISEASES*, in relation to colored waiters carrying syphilis in the mucus patches of their

FIG. 8.



mouths, who migrate every summer to our mountain and seaside resorts.

On October 22, 1896, a colored child, aged nine years, was brought to the South Washington Free Dispensary by her mother. Around the vulva, seated on the labia majora, which was edematous, there were a number of condylomata of the moist variety. There was a slight oozing of a mucus discharge at the posterior commissure. There was enlargement of the inguinal and epitrochlear glands. Over the abdomen there was a macular erythema, and there was a sort of exaggeration of the natural pigmentation of the skin, that I have but very seldom observed. There was no evidence of either parent ever having had syphilis. The child, as they informed

us, was healthy at birth. It never had the "snuffles." There was no arrest of development, no evidence of having had "interstitial keratitis," no "otorrhea," no "Hutchinson's teeth," and, in my opinion, the patient was not suffering from *syphilis hereditaria tarda*.

No initial lesion was discovered, but when you find an edema of the labia majora, you may be almost certain, that there is a hidden chancre. The tender age of the child prevented a thorough examination. The lesion may have been concealed behind the fourchette. The adenitis was well marked—this follows a chancre, as Ricord said, "as the trunk follows the root of a tree." As to how the disease was imparted we are in doubt. It may have been through the medium of a towel or rag, or it may have been caused by dalliance with an evil-minded believer of "voodooism." Dr. Arwine, my friend and colaborer at the South Washington Dispensary, tells me that among certain of the degraded poor it is the belief that if one of them gets the pox he can rid himself of it by giving it to a child.

On the same day, October 22d, a colored female child of the same age (nine years) as the one already reported, was brought to our dispensary (South Washington). At each of the commissures of the lips there was a fissure, with enlargement of the sublingual and post-cervical glands. Over the pectoral muscles there were patches of almost faded-out roseola. As far as Dr. Arwine and I could ascertain, there was no history of syphilis in either parent, and they stated that the child had always enjoyed perfect health. There did not exist any evidence of the "triology" of Hutchinson's marks of hereditary syphilis, viz., "interstitial keratitis, defective incisors, and otorrhea;" nor did there exist the other two which Dr. F. R. Sturgis of New York, has proposed to add to the "triology," that is, "no general congenital atrophy, and no general arrest of development." It is true that the fissure at the commissures of the lips did not present the appearance of the initial lesion of syphilis in regard to infiltration and induration, but for many years I have given more weight, in diagnosing syphilis, to inflammation of the lymphatic glands than to the appearance of the primary sclerosis. As to how the child acquired the disease, I would answer—just as any member of this society might accidentally acquire it, by drinking from the same glass of water, that has been polluted by one who has a buccal mucous patch. These syphilitic germ-carriers are not confined to the lower classes.

Dr. A. A. Hoelling, Medical Director, U. S. Navy, permits me

to report to the Society two cases of non-venereal syphilis, which have come under his observation:

“I have met with two cases of true chancre, followed by constitutional symptoms, in which the initial lesion was not the result of the sexual act. The first case presented a chancre on his right index finger, followed by a bubo in the corresponding axilla, and later by a foul ozena.

“The second patient had a chancre at the lower surface of the scrotum, due to wearing a pair of unclean drawers, which he had purchased from a sailor infected with the disease.”

Some few months ago, in getting material for a revised edition of “unmerited syphilis,” I wrote to my friend, Dr. Irving C. Rosse, Member of the Royal Geographical Society, who is so well known as an expert authority on mental diseases. The Doctor, most kindly, sent me the following, which occurred during his service as a medical officer of the United States Army:

“When on duty at Fort Monroe, Virginia, I was consulted one morning at sick-call by a Sergeant of Artillery, who showed a sore on his wrist, which he said came from a slight scratch that would not get well. From its indurated edges, and other characteristic appearances, I immediately recognized the sore as syphilitic, but on questioning the Sergeant, a man of excellent reputation, he stoutly denied ever having had any venereal complaint. The sore remaining indolent for some time, despite local treatment, I again told the Sergeant my suspicions, which were met with the former protestations of innocence. Further inquiry into his personal habits showed that he and a member of his battery, lately discharged from hospital with syphilitic sores on the hands and feet, were in the habit of *using the same sponge, towels, and wash-bowl.*

“In the course of time, constitutional infection followed the sore, for which treatment became necessary. The Sergeant ultimately made a good recovery; at last accounts he was Master-at-Arms on board a naval flagship.”