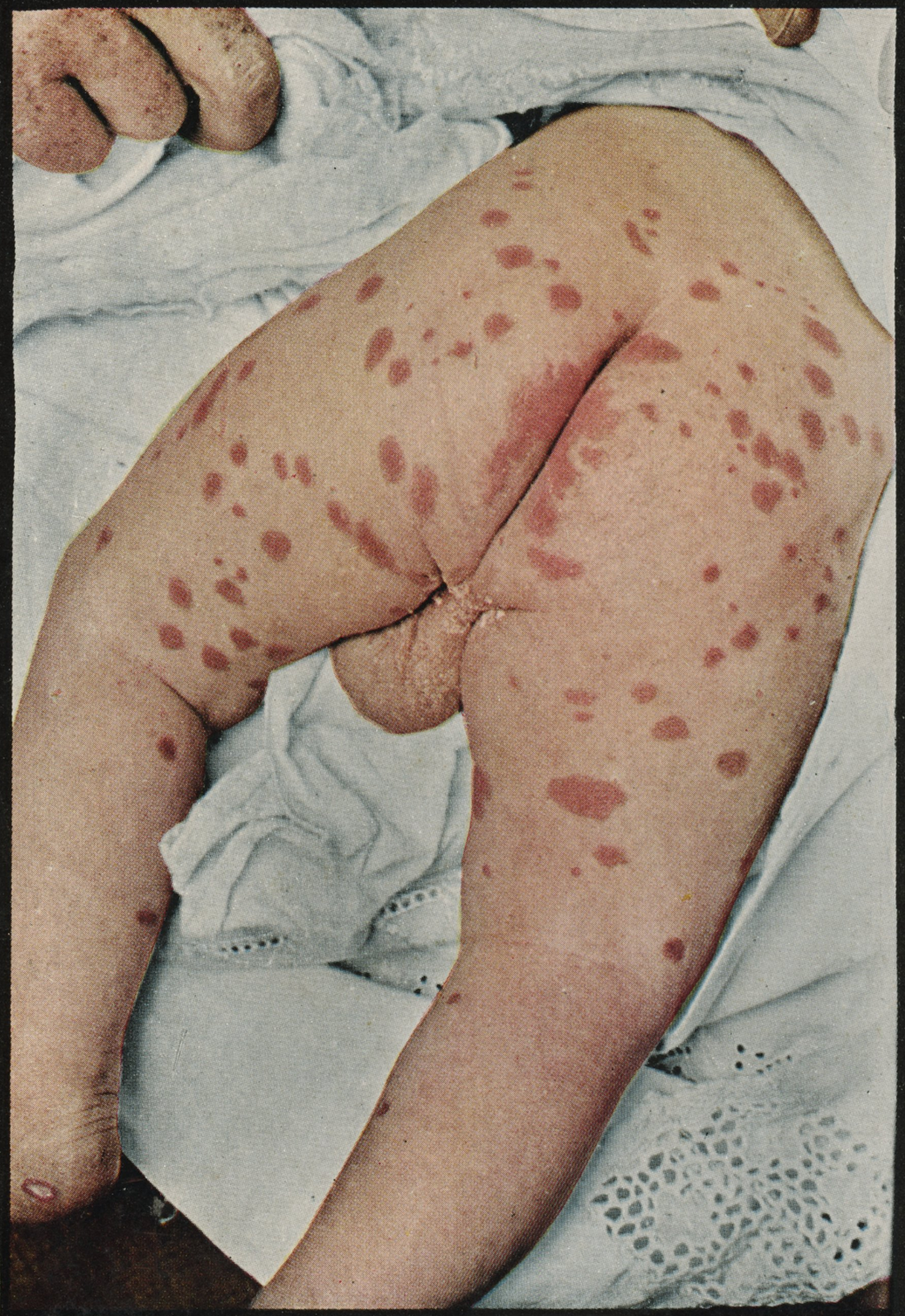

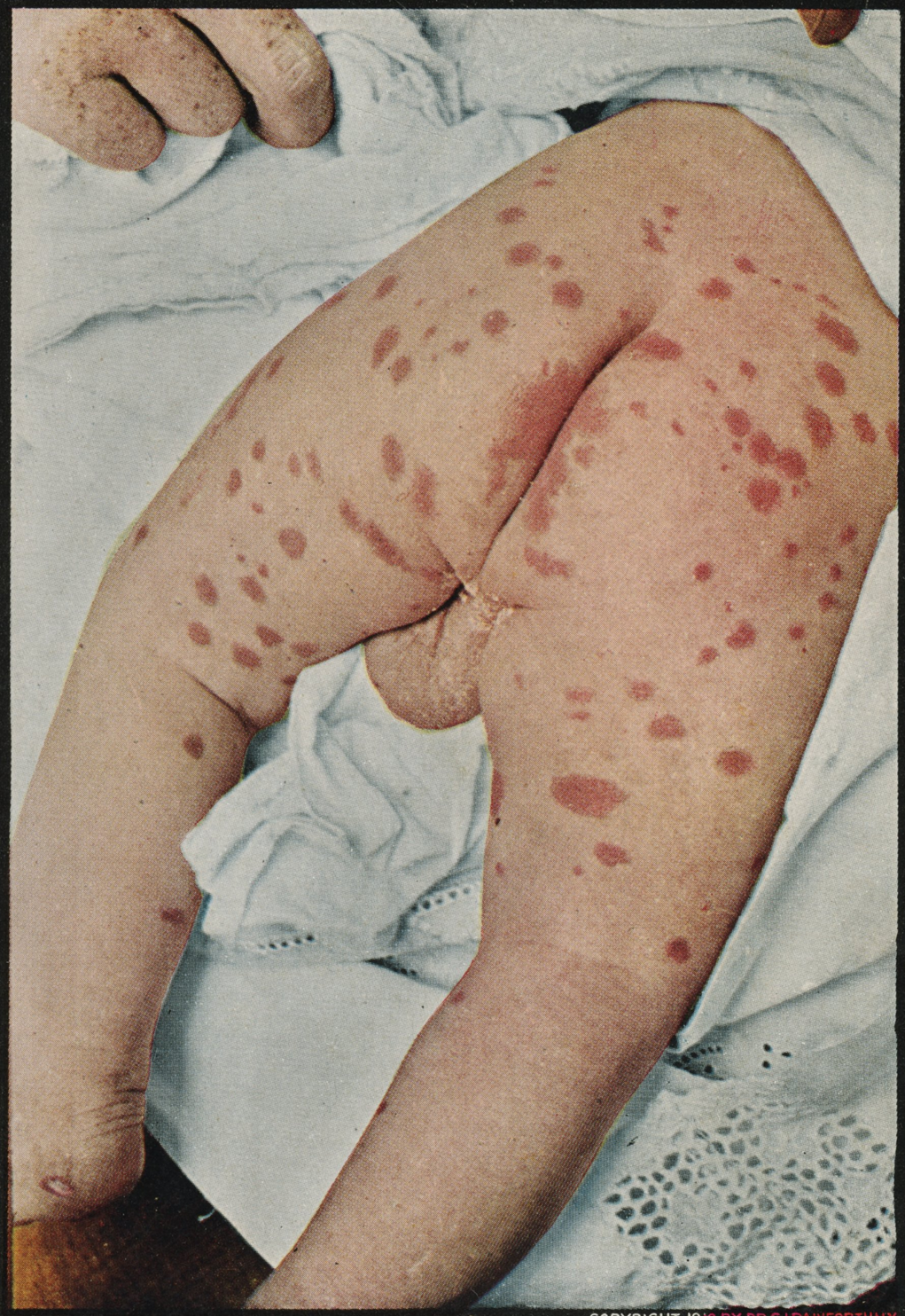

SYPHILIS HEREDITARIA PAPULOSA

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If a syphilitic fetus survives to full term it may be born with a syphilitic eruption in the form of bullae on any part of the body but usually upon the palms and soles. Nearly always however the infant is born with a clear skin, apparently healthy, and discloses the symptoms of syphilis in the first month or two. Before or with the skin eruption there develops in over half the cases the condition known as snuffles, which is a syphilitic coryza or ozena that interferes with the breathing and necessarily also with the nursing of the infant. Mucous patches are very common and also painful fissures at the angles of the lips and at the anus. Other signs often present are, in the order of their frequency, marked enlargement of the liver and spleen, lymphadenitis, paronychia, laryngitis evidenced by the hoarseness of the infant's cry, inflammatory swellings at the junction of the epiphyses of the long bones sometimes causing a pseudo-paralysis, dactylitis, and iritis. The skin eruptions while of smaller variety are much the same as those observed in the secondary period of the acquired disease. They may be macular, papular or pustular, and polymorphism is often observed. The most common form of eruption is the maculo-papular. The papules are usually pea to finger nail sized, flat and not much elevated. They are identical with the corresponding type of lesion in the adult, but on account of the delicacy of the infant's skin, papules located in folds are prone to macerate, become abraded and moist, and owing to the irritation of urine and feces lesions are more constantly present and plentiful in the so-called diaper region. For the same reason and also because of the fatness of young babies eruptions are prone to assume the form of an intertrigo, which can sometimes be distinguished from an ordinary eczematous intertrigo by its greater extent, darker color and patchy character. The palms and soles are frequently involved and exhibit brownish red scaling papules which are the counterpart of and quite as typical as the palmar and plantar papulo-squamous syphiloderm of the acquired disease. As regards the severity of inherited syphilis in infants it is undoubtedly true that many have passed through the post-natal stage without presenting symptoms severe enough to attract attention. On the other hand in the great majority of cases the active manifestations are accompanied by a cachexia so profound that the infants appear wizened, wrinkled and old, and many die during the outbreak. If the infant lives to the end of the first year, whether treated or not, all the symptoms will probably have disappeared. **DIAGNOSIS:** The history of parental syphilis, of abortions on the part of the mother, the character of the skin eruption, and the presence of one or more of the associated symptoms, usually make the diagnosis comparatively easy. **TREATMENT:** The most convenient method of administering mercury to infants is by mouth in the form of the gray powder, one fourth to one half grain three times a day until all symptoms have disappeared. Later treatment with mercury and potassium iodid should be continued at intervals until puberty unless the serodiagnostic reaction sooner becomes negative. As regards the use of arsenic in the treatment of syphilis, it will require many years to determine whether or not certain arsenic compounds which are now being extensively substituted for mercury, are as harmless in themselves or as certain in results as the old and well tried remedies.