with the harmful customs which caused it. Since Wassermann reactions have been performed on all pregnant women, new cases of congenital syphilis have become extremely rare.

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CLINICAL RECORDS
GUMMA OF THE TONGUE IN A CONGENITAL SYPHILITIC

Introduction
The delayed occurrence of a grossly destructive lesion in a congenital syphilitic child whose history has been devoid of any previous lesions due to syphilis is invariably of much interest. Some special affections, for example, juvenile tabes dorsalis and general paralysis, in young people are always late in onset or at least in the production of recognizable clinical signs. Others, such as affections of bone, may occur at any period although their type and multiplicity vary with the different age levels. Interstitial keratitis, uncommon under the age of five, may occur for the first time in any later year well into adult life. In general the destructive lesions of mucous surfaces are more likely to be encountered in the later years of childhood.

A gumma of the tongue whether occurring as an isolated lesion or in association with other manifestations of congenital infection appears to have been a rarity in recent years. Even in adults with acquired affection a gumma of the tongue is by no means a frequent occurrence.

Leucoplakia of the dorsal surface of the tongue, which is a frequent manifestation in acquired syphilis in men but far less common in women, is apparently extremely unusual in a child, although Hutchinson described several examples. Many
GUMMA OF THE TONGUE

factors other than syphilis, as is well known, are held to be partly or even chiefly responsible for its production, but few of them except trauma, are likely to affect the tongue of a child. The role of trauma in the production of interstitial keratitis is well known, yet the tongue and lips of the child infected with syphilis, which surely must be constantly exposed to trauma, remain surprisingly immune to late syphilitic lesions. The example, given below, of extensive destructive gummatous ulceration of the tongue of a child appears worthy of record.

Case report

Case No. 3025 G.H.—A girl aged eleven was brought to hospital by her foster mother because of an ulcerated tongue which had been affected for some weeks. The child was an orphan and data concerning the health of the parents was not obtainable. The girl had been in good health but a history of tonsillectomy about a year before, and a subsequent slowly healing ulcerated throat, is probably significant.

The girl, a bright intelligent patient, was in fairly good general physical condition and well developed for her age. The tongue presented an extensive shallow ulcer of irregular oval shape with shelving edges which had destroyed the whole of the upper surface of the tip of the tongue. The greater part of the ulcer was covered with adherent slough. The remainder of the surface of the tongue appeared healthy. There was not any sign of leucoplaikia, of fissuring or of lobule formation.

The ulcerated region was neither tender to touch nor painful during eating or talking. Movements of the tongue were normal. There was slight non-tender enlargement of the cervical lymphatic glands; the submental glands were impalpable. The lack of pain and minimal tenderness were in striking contrast to those presented by cases of tuberculous ulceration of the tongue, a diagnosis which came under consideration for teaching purposes. Cough was absent and examination of the chest did not reveal any abnormalities. Also, here was no apprehensive child with a tongue so exquisitely tender that it shunned the exterior, but a cheerful young smiler whose tongue was readily displayed to all interested and who did not object to its being discreetly handled. The ready smile disclosed early in the examination one well marked example of a typical Hutchinsonian tooth. This upper central incisor with its distinctive notch, diminutive size and barrel shape, presented a striking contrast to its fellow central incisor. The characteristic appearance of this tooth does not appear to have been recognized as an almost certain hallmark of congenital syphilis by officers of the School Medical and Dental Services. All the other teeth were normal in development. There were not any other stigmata of congenital infection.

The Wassermann and Kahn tests yielded strongly positive results.

Treatment.—For the first week oral mercury perchloride and potassium iodide were prescribed, also a mouth-wash of mercury perchloride was used at frequent intervals. On the sixth day of treatment 0.15 gramme of neosulphanilamide (N.A.B.) was given intravenously and repeated every sixth or seventh day for the next eleven weeks. The medicinal treatment and mouth-wash were continued for the first six weeks.

The shrinking of the extensive ulceration, which at the beginning of treatment covered an area three quarters of an inch in length and just over a third of an inch in width, was most dramatic in speed and extent. Permanent records of tracings obtained by marking on semi-transparent grease-proof paper placed on the tongue, showed that the ulcer diminished rapidly and the greater part had healed by the fourteenth day, that is after two weeks' oral treatment and one injection on the sixth day. This astonishingly rapid rate of healing is well portrayed in the second photograph (Fig. 2) taken on the fourteenth day immediately before the second injection. Two and a half months after treatment was begun the tongue, which was firmly healed, presented only a small depressed scar (Fig. 3) on the upper surface of the tip.

No one can observe the speedy healing and subsequent firm cicatrization of a foul gummatous ulcer without some astonishment. The process is not only a swift cessation of local infection but apparently an actual speed-up of natural
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reparative processes. The current meagre theory of the action of the iodides is not satisfactory since the quick augmentation of healing processes is a feature of the iodides when used alone for such lesions. It is curious that comparatively little research has been expended on the action of iodides in gummatous tissues since it became evident that these salts do not have any direct anti-spirochaetal effect and apparently little or no healing effect on early syphilitic lesions.

The further history of the child was uneventful but as with all cases of congenital syphilis in children it is by no means devoid of interest. The young patient was under treatment with neoarsphenamine (N.A.B.), sulpharsphenamine and bismuth preparations, moderate in intensity and of fair regularity, for nearly five years. From the time of healing the scarring and puckering of the rather blunt extremity of the tongue became less and less perceptible, and eventually there was a fair representation of a normal tongue extremity. Recurrence of ulceration did not appear in the tongue, nor did other manifestations of the disease occur elsewhere. The Wassermann reaction became negative and remained negative after one year's treatment. The Kahn reaction showed some positivity, although reduced in intensity, up to the fourth year. The cerebrospinal fluid examined in the fourth year did not show any abnormality in cell or protein content; the Wassermann and Lange reactions were negative.

From then on, until the child developed into a healthy young woman of nineteen, serological tests carried out at six-monthly intervals remained consistently negative. The young woman was given permission to marry in the following year, but a subsequent history is not available.

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Incidence of syphilis in Canada

The man in the street has not yet realized the menace of syphilis as a major health problem. Available statistics (Conference on Venereal Disease Control Work, Canada, 1936) reveal that 10 per cent of the population is or has been at some time affected with syphilis and that the number of those receiving sufficient and rational treatment is rather inconsiderable. Recent figures regarding the rate of positive serological findings among the first million selectees and volunteers in the United States of America were 4.5 per cent. There was no pertinent difference found between the rural and urban population; . . . the majority of men examined were in their early twenties.1—Frederick Kalz, M.D., in the Canadian Medical Association Journal, October, 1942.