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CORRESPONDENCE

THE EDITORS, THE BRITISH JOURNAL OF VENEREAL DISEASES

GENTLEMEN,—May I trespass upon your space to ask your readers' advice on a case which puzzles me? I will put the facts in logical order.

Mr. C., a healthy man from a healthy family, contracted syphilis, sexually, in 1915, and was treated at a well-known London Hospital for 2 years, and discharged cured. He married a woman who would be passed as a first-class life in 1923, and in March, 1924, a boy was born who is perfectly healthy.

To prevent further children, quinine pessaries and Stopes' caps were used until, a house having been obtained, another child was desired. On July 29, 1927, I was called in emergency, and a macerated foetus was born by the breech. It was nearly or quite full term, and seemed to have enlarged liver and spleen. P.M. was refused.

On examination, the father had A.-R. pupil and absent K.J. but no other signs or symptoms at all. Wassermann positive. Now under treatment for tabes. The mother's Wassermann is *negative*, she has no symptoms, is in the finest health, and a most thorough examination discloses no suggestion as to the cause of the foetal death. The following queries occur to me:

1. Was the cause of death probably congenital syphilis?
2. If not, what was it?
3. If syphilis, why is the mother uninfected?
4. I have advised her not to be treated unless she again becomes pregnant, and then to get treatment at once. Is this advice sound? (Father 34, Mother 26.)

Another case. A man had definite A.-R. pupils and no other signs or symptoms. I sent him to hospital, as ? pre-tabetic. They returned him as being well. I then found his pupils reacted, perhaps with slight sluggishness. His Wassermann proved positive, and he is now being treated. I thought A.-R. pupils were permanent, and did not "come and go." Is such a phenomenon common?

I am, Gentlemen,

Yours sincerely,

A PUZZLED G.P.