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There were no evidences nor stigmata of congenital syphilis and no history of syphilis in the family. For these reasons, and because of the definite history of a penile lesion and the presence of secondary manifestations, we feel justified in regarding the interstitial keratitis as a symptom of acquired rather than congenital syphilis.

I wish to express my thanks to Mr. J. Johnston Abraham, of the Lock Hospital, for permission to record these notes of one of his cases.

REFERENCE

- (1) G. E. DE SCHWEINITZ. "Diseases of the Eye," London, 1924.

III.—A CASE OF MALIGNANT SYPHILIS

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CASES of syphilis which are malignant in nature and fail to react to antispecific treatment are rare. At the Lock Hospital they only occur about once a year. Generally, these fatal cases of syphilis are complicated by phagedæna, and our therapeutic efforts have not yet arrived at any certain cure.

Case History.—Male, aged thirty-one, married, no children, not living with wife, who had deserted him, was admitted into the London Lock Hospital, under Mr. Abraham, on April 26th, 1929, and died June 18th, 1929.

Previous History.—He contracted gonorrhœa in 1918 whilst in the Army, and developed a bubo; there is no history of chancre.

Present History.—Six months ago a swelling appeared on the soft palate, which later became ulcerated. He went to his doctor three months ago, and was found to have a positive Wassermann reaction; he was treated with six injections of 0.6 gm. N.A.B. and two intramuscular injections of bismuth. This treatment aggravated the ulceration, so the patient was sent to hospital and was admitted at once. When he was first seen he had a large sloughing spreading phagedænic ulcer of the soft palate

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extending down the faucial pillars. The deep cervical glands were tender but not enlarged. Numerous carious teeth were present. Marked dysphagia was complained of. The general condition was fair, but he was losing flesh (one stone in four weeks). The stools contained much mucus. There was no evidence of congenital syphilis. The blood Wassermann was positive. Short-chained streptococci were cultivated from the throat.

At first the patient was given one injection of contra-mine 0.25 gm., followed two days later by 100 c.c. colossal iodine intravenously, and four days after by 150 c.c. colossal iodine. The local condition was treated with hydrogen peroxide mouth wash. During this period the ulcer showed no material change. A rigor followed the second colossal iodine injection, the temperature rising to 102° F. It was considered that possibly the ulcer was being secondarily infected by intestinal toxæmia, which manifested itself by constipation and the passage of mucus with the stools; consequently a vaccine was prepared from the fæces, and a treacle enema (Jamaican treacle θ ss. water θ ss.) was administered daily, iron and strychnine was taken internally, and N.A.B. 0.1 gm. given intravenously every other day. There was a slight temporary improvement and the patient could open his mouth a little more freely. The appetite was capricious, but a fair amount of nourishment was taken and the weight remained stationary.

Whilst in this improved state the patient learned that his wife had refused to visit him and had left the country; consequently he became very depressed. The bowel culture was found to contain 10 percentage non-lactose fermenting organisms of the pyocyaneus group. The first vaccine of 500,000 organisms was given and no reaction occurred. Two days later a second vaccine of 1,000,000 organisms also produced no response. The patient was very despondent and ate but little, so that, in spite of rectal salines, from then onwards he steadily lost weight, and the ulcer spread to the posterior pharyngeal wall and began to cause pain. Further attempts were made to stimulate the man's resistance; 10 c.c. of his own blood was injected intramuscularly, with no resulting rise in temperature. Later terpechin gr. i. was injected twice at intervals of two days, still with no reaction. The patient's condition progressively deteriorated, and it

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became necessary to administer hypnotics. Almost eight weeks after admission the man died.

Post-mortem Findings.—Very marked wasting was present, fat being entirely absent. Naked eye examination of the viscera revealed early syphilitic aortitis and enlargement of the suprarenals. A large ulcer was found eroding the whole of the soft palate and both tonsils, spreading to the bony palate, posterior pharyngeal wall, and the base of the tongue. There was no involvement of the trachea or epiglottis, nor any glandular enlargement.

My thanks are due to Mr. J. Johnston Abraham for permission to publish this case.