



Miriam Van Waters
Superintendent

The Commonwealth of Massachusetts
Department of Correction
Reformatory for Women
Framingham, Mass.

October 27, 1937

Dr. William A. Hinton
Wasserman Laboratory
25 Shattuck St.
Boston, Mass.

Dear Dr. Hinton:

On September 15th a white girl, aged 20, was admitted to this institution. She is between four and five months pregnant, and has had three consecutive blood tests which have all been positive, for syphilis. Shortly after her admission she was given an intravenous injection of neoarsphenamine, 0.3 gm. Within a week following this she had a profuse nose bleed. Although she gave a history of profuse nose bleeds in the last few months and no history of syphilis or any treatment for this condition, we felt the possibility that the arsenic might be the causative factor in her epistaxis. She was admitted to our hospital shortly after her first bad nose bleed here. This was on October 14th.

Since this time she has had a varying number of hemorrhages between one and three a day, until the last few days. A nose and throat consultant cauterized her nose, and it is now apparently in control. There were two ulcerated areas where cauterizing was necessary. It might be interesting to note that both her bleeding time and clotting time were well within normal limits.

In view of her pregnancy and the possibility that arsenic may be the causative factor in starting her series of hemorrhages I am at a loss to know the best method of treating this woman for her syphilis. Any suggestions you can send me will be greatly appreciated. I trust reviewing this case for me will not inconvenience you too much.

Very truly yours

A handwritten signature in cursive script, appearing to read "Eleanor Robbins".
Eleanor Robbins, M.D.

ER:bh

October 29, 1937

Dr. Eleanor Robbins
Reformatory for Women
Framingham, Mass.

Dear Dr. Robbins:

In reply to your letter of October 27th, somehow or other I am not convinced that the nosebleeds of your patient are in any way connected with arsphenamine treatments. If, therefore, this symptom has been controlled, it is my opinion that she should be treated with arsphenamine again. I say this because a pregnant girl of her age with probably acquired syphilis, if untreated with arsphenamine or neoarsphenamine, has a very slender chance indeed of having a normal child.

If, however, her nosebleeds have not been controlled, you are on the spot. It seems to me that if this is the case, she should have courses of bismuth rather close together until about one month before the expected birth of her child. At this time, I think it would be almost obligatory on your part to give her neoarsphenamine, unless the symptoms exhibited are really rather alarming.

Should this opinion cause you further quandary, please do not hesitate to write me again.

Very truly yours,