

the result of an individual predisposition to lymphatic disorders.

The glands most often exhibiting these changes are the post-occipital, the chain extending along the posterior border of the sterno-cleido-mastoid muscles, the supraclavicular, the inguinal and axillary, the epitrochlear, the submaxillary, the submental, and the femoral. At times the lymphatic trunks leading to these glands exhibit similar changes.

The tumefied glands vary in size from that of a bean to that of a pullet's egg; they are usually rounded or oval in contour, smooth to the touch, and painless; at times, however, they are very tender, and, when not overlying bony tissue, movable. They have no tendency to degenerate, in this respect exhibiting a very noticeable difference from the syphiloma, or gummatous involvement, usually of a single gland, occurring early or late in cachectic subjects. The syphiloma has a uniform tendency to become at one point or another reddened and porky to the touch, and it soon breaks down into a characteristic abscess.

The voluminous and softish ganglia of early syphilis are found on examination to be constituted by a small-celled infiltration of the lymph-channels and a succulent fulness of the tissue about the latter. Resolution is by the ordinary absorptive processes.

SYPHILITIC CACHEXIA.

The anæmia and leucocythæmia of syphilis occur either as a direct and sole result of systemic intoxication or as the indirect result of the latter in individuals predisposed to cachexia in consequence of an enfeebled condition of the system or of constitutional inheritance. This condi-

tion is well seen in the infantile forms of the disease and in the victims of debauchery, drink, poverty, hospitalism, filth environment, and of other affections than syphilis. Tuberculosis, rickets, and scrofulosis are less frequently responsible for this condition than is generally believed. The symptoms of syphilitic cachexia may be declared early or late—in the former event usually toward the close of the pre-exanthematous stage of the disease; in the latter case at any time when the system exhibits signs of exhaustion in consequence of gummatous changes in bone, periosteum, nerve, or other important tissue of the body.

The signs of cachexia are a peculiar dull-tinted pallor of the skin, with vague pains, persistent weakness, flabbiness of the tissues, a distinct whiteness of the conjunctivæ, emaciation, and manifest disturbances of digestion, assimilation, and excretion. This condition, which may be produced solely by the disease and which may be relieved greatly by a properly-directed ferruginous and mercurial medication, may without question be induced or aggravated by the injudicious employment of mercury in the treatment of the disease.

SYPHILIS IN RELATION WITH COINCIDENT INJURIES AND ACCIDENTS.

It was at one time believed, largely on *a priori* grounds and after insufficient observation of cases, that syphilitic infection, if relatively recent, predisposed its subject to the exhibition of special lesions or special disturbances when exposed to traumatism or to diseases of a different origin. These views have been changed radically since the date of a wider knowledge on the subject of the antagonism of toxines.

As a matter of fact, the subject of recent syphilis exhibits a tendency to the production of lesions at sites of irritation (condylomata about the uncleaned anus; mucous patches of the mouth irritated by tobacco, smoked or chewed; palmar lesions of the hand-worker); but it is also tolerably clear that for the most part syphilitic subjects undergo surgical operations (cachexia and its complications aside) with very much the same results as in the non-infected. They also exhibit the classical signs of local irritation, not different from those seen in others (urticaria from the attacks of vermin; erythematous redness on the application of a sinapism; zoster after exposure of a nerve-trunk to the predisposing causes of that affection, etc.). It is now accepted that all pus-production in syphilis is the result of mixed infection, and that the staphylococci multiply in its subjects as at other times and in other persons.

On the supervention of other typical disorders in those under the influence of syphilis, the result is conditioned upon the proportionate activity of the one or the other malady. Recently-infected syphilitic subjects exposed to typhoid fever speedily lose all symptoms of the original and exhibit all classical features of the later disease, even to the date of a slow and apparently typical convalescence. On the re-establishment of the health the syphilitic affection, after an apparently absolute quiescence for weeks, resumes its former activity, and the progress of the infective process seems to be resumed at the point where it was temporarily interrupted.

Considering the number of both tuberculous and syphilitic subjects in large cities, it is a matter of great surprise that experts are so seldom confronted with the coincidence of the two affections in one indi-

vidual; the same may be said of syphilis and of carcinoma, though the different ages of the patients liable to display early symptoms of these two affections may here exert some influence upon the statistics. An attack of erysipelas has often cleared the skin of syphilitic lesions, and, even when occurring in a patient whose luetic affection was grave, has emphasized the date of a recovery without further relapse. Indeed, of the larger number of all injuries and diseases occurring as accidents of the period when the subject of syphilis is displaying evidences of his disease, it may safely be asserted that they proceed to a conclusion which would have been anticipated if no systemic infection had existed.

SYPHILIS OF THE SKIN.

In hereditary syphilis the bones or the viscera may first manifest the signs of the affection, since the new being is vitiated *ab ovo*. In acquired syphilis, on the contrary, the most obvious of the early lesions of the disease are perceptible in the skin and its underlying connective tissue and upon the mucous surfaces as well as in the superficial lymphatic glands and vessels.

"Syphiloderma" is a term used to include many of these superficial lesions, the early eruptive and late infiltrations and deposits being termed "syphilodermata," or, as the term has been anglicized since its first employment by the French, *syphilides*. The word "syphiloma" is generally restricted to (late) gummatous deposits in the several organs of the body, not merely in the skin, but also in the bones and the viscera.

The study of the eruptive symptoms in syphilis is of the very greatest importance not only for the expert,