

rather than peripherally and at the superficies. In this way there are digged in the muscles, the fascia, and between the tendons, gigantic excavations each having usually the circular outline and the sloughy floor of the syphilitic ulcer, and exhibiting a marked tendency toward phagedena. Both superficial and deep forms of serpiginous ulceration occur for the most part in persons of a broken-down constitution; they are, however, encountered among the fleshy, the consumers of alcohol in excess, and those given to modes of life which in non-syphilitic subjects are specially favorable to the production of gout. They are exceedingly rare in young and sturdy subjects of the disease.

Diagnosis.—The disease most likely to be confounded with serpiginous forms of syphilis of the skin is a variety of chancroid to which, at times, the title "serpiginous chancroid" has been applied. In the latter affection the ulceration is most often subcutaneous in situation, spreading for years, at times insidiously, beneath bridles and bridges of apparently unaltered skin, often with enlarged glands in the vicinity, generally upward over the belly or downward over the inside of the thigh, almost never elsewhere. The history usually gives some clue to the solution of the problem.

The vegetating forms of epithelioma are often exceedingly like the serpiginous syphiloderm, extending from a central area in verrucous growths at the periphery of a patch which has at times a well-rounded outline. In this event the advanced age of the patient, the absence of enclosed minor ulcers and cicatrices within the encompassing ring, the extreme slowness of the process as contrasted with the extension of the syphilitic affection, and the distinctly verrucous character of the growth

at the circumference of the patch, aid in establishing a diagnosis. Again, carcinomatous disease is decidedly more frequent on the face than elsewhere, while the largest of the syphilitic lesions are usually visible on the trunk or on the limbs.

Tuberculosis of the skin (*lupus vulgaris* and other forms) is so very rarely encountered with truly serpiginous characters that one views with some distrust a diagnosis of "serpiginous lupus." In any such rare case the history of the disease, the age of the patient when first attacked, the characters of the ulceration, and the other distinguishing features of the lupoid ulcer given above, should suffice for the determination of its nature.

The **vegetating syphiloderm** is another of the titles given, not to a special cutaneous lesion of syphilis, but to a feature which may be assumed by one or more of such lesions. In these cases there is a tendency to assume the papillomatous type, with hypertrophy of the epidermis and of the deeper portions of the skin. These hypertrophies usually occur as complications of the moist rather than of the dry lesions of syphilis in the skin, and they are of more frequent occurrence in regions where there is both unusual heat and moisture. They are also much more apt to develop in young and fleshy subjects of the disease, and particularly in young and fleshy women.

In these cases wart-like and papillomatous vegetations develop from either plane macules and irritated surfaces or from papules, pustules, condylomata, or ulcerating points. They vary in size from lenticular growths to masses as large as an orange and even much larger, usually secreting a foul-smelling puriform mucus

from the side, base, or summit of the vegetation. These growths are particularly liable to occur in the region of the scalp, about the folds of the axillæ, the groins, and the nates, and about the anus. The rounded, flattened, acuminate, or tufted summits of these excrescences are usually covered with crusts due to the desiccation of the puriform secretion with which they are smeared, and on the removal of which the dull-reddish or florid surface of the masses can be distinguished. When removed artificially or spontaneously the superficial character of the process is readily determined.

The diagnosis is from lupus, pemphigus vegetans, framboesia, yaws, and all the simple papillomatous and warty growths. The distinction between the skin-lesions of syphilis and the two diseases first enumerated has already been given. In framboesia there is always an absence of the other symptoms usually shown in patients with vegetating syphilodermata; the subjects of the disease, further, are chiefly those either living on or recently leaving the coasts of Africa. The creamy secretion, the acid reaction, and the shorter career of yaws are all significant. The warty growths found on the scalp and elsewhere of persons not infected with syphilis often present features strongly resembling the vegetating lesions here described, and the distinction between them all is to be looked for in the peculiar characters of the syphiloderm. In the latter, the size of the single or the abundance of the frequently multiple growths, the fetor of the secretion, and the accompanying symptoms of an infective disease are chiefly to be relied upon in the establishment of a diagnosis.

SYPHILITIC AFFECTIONS OF THE HAIR.

The most important of the changes produced by syphilis in the hairs is an alopecia, important both because of the disfigurement it produces and because of the aid it furnishes in establishing a diagnosis of the disease. Syphilis, however, involves the nutrition of the hair often without production of an alopecia, working in many subjects of the disease a special dryness and other symptoms of malnutrition without fall of the hair sufficient to be conspicuous. There are two well-differentiated forms of syphilitic alopecia: in the first form the loss of hair is due simply to the action of the virus of the disease, presumably upon the nerves of the scalp; in a second form the alopecia is directly induced by changes in the scalp:

Syphilitic Alopecia without Obvious Structural Change in the Integument.—This is decidedly the most common form of the affection, exhibiting conspicuous features in many patients, and probably occurring in an unobtrusive form in the great majority of all well-developed cases. It may coexist in the same person with an alopecia due to structural changes; it may be partial or general, though the latter is of exceedingly rare occurrence; and, as a rule, it develops among the earliest symptoms of systemic intoxication. At times only the hair of the scalp is affected; at other times the scalp, brows, lids, axillæ, and extremities are, in one or several regions, made partially bald. Usually the hairs of other regions are lost only when the scalp is involved, but at times when the scalp is unaffected the hairs of the brows or of the beard may fall.

All grades of loss are perceptible, from that escaping