

mal compact bone, having no circumscribed border. The surface of the sclerosis is convex, rough and irregular.

Diagnosis:

From the above data the diagnosis of syphilitic periostitis, plus a certain amount of pyogenic periostitis, due to secondary infection through the ulcerated areas on the skin was made.

Different diagnosis:

(1) Rickets—One would think of this condition which, however, we consider can be readily excluded by the fact that there is absolutely no evidence of the slightest new bone formation on the concave side of the bone, which is so characteristic of the buttress formation seen in healed rickets.

(2) Traumatic periostitis secondarily infected. If this were the case, one would expect to find a sharp limitation of the new bone formation and not the definite, dense sclerosis of the compact bone, extending beyond the site of injury, and having no sharp margin as we find in this patient.

As regards our diagnosis of a syphilitic periostitis we have, first of all the boy's mother giving a positive Wassermann, which presents the opportunity of him being the subject of congenital syphilis, which is borne out by the fact that he himself gives a positive Wassermann. Also the characteristics above mentioned fit in very well with our idea of a syphilitic periostitis.

Treatment:

This boy has been given large doses of potassium iodide and mercury. No mercury has been given by inunction for the reason that we have no assurance that the treatment would be carried out. For the ulcerated areas they are being dressed daily with a 1-4000 bichloride solution. Unfortunately this treatment has not proven as satisfactory as we would wish and we would appreciate any suggestions regarding additional treatment.

Prognosis:

As regards the prognosis we see no reason why this should ever interfere with life nor materially with the function of his legs. Concerning the sclerosis which has already taken place we consider it to be too long standing and so obstinate to treatment to be ever materially lessened, and the fact that he is a male, and that it is a subcutaneous bone which is affected, lying under a skin which presents pathological conditions, it is quite probable that he will always have more or less trouble with cutaneous ulceration due to constant slight traumatisms.