be misleading. It is not a specific test for syphilis, as it has been found positive in malaria, leprosy, yaws, trypanosomiasis, after scarlet fever, etc., but these diseases are not likely to be a source of difficulty with us.

It must not be forgotten that all cases of even frankly active syphilis do not give the Wassermann test, but authorities still differ as to the frequency of failures. Pusey (*Amer. J. of Med. Sci.*, Oct., 1913) says that 40 per cent. give positive reactions at the time of appearance of the initial lesion; six weeks later 75 per cent. react; at the time of appearance of the cutaneous eruption 80 per cent., and in late cases 50 per cent. A larger proportion, probably 90 per cent. of congenital syphilitics, give a positive reaction. The value of repeated tests to check technical errors, and the importance of testing the cerebro-spinal fluid, should be kept in mind. It must not be forgotten that a patient with syphilis may suffer from measles, eczema, pneumonia, or a broken leg, so that a positive reaction does not necessarily indicate that the cause of his disability is syphilis. This only emphasizes the danger of accepting a laboratory diagnosis, apart from other clinical data.

The technique of the Wassermann test is difficult, so that the test is not to be relied upon unless carried out by one skilled in serological work. The test is also of value, though not conclusive, as a check on therapeutic results.

Of other recently introduced methods of diagnosis, the cell count, the globulin test and the Wassermann test of the cerebro-spinal fluid in suspected cases of tabes, general paralysis and cerebro-spinal syphilis, are of special value, and are now well recognized routine procedures. The luetin test is also being found of clinical value. There may be a negative blood-Wassermann and a positive cerebro-spinal fluid reaction. All cerebro-spinal cases do not give positive test with the cerebro-spinal fluid.

Time will not permit of more than mentioning a few clinical conditions due to syphilis that are especially important for the practitioner to keep in view.

Syphilitic aortitis and its relation to aortic insufficiency and aneurism is well known. In cases of aortic insufficiency, developing in younger patients, in the absence of a history of rheumatism, or in older patients, evidences of syphilis should be carefully looked for.

Epileptiform convulsions, beginning in adults, are often due to cerebral syphilis, or may be an early sign of general paresis. They are often accompanied by a dizziness, mental disturbance, and intense headache, usually worse at night. Two such cases are at