

should remember that it is met with quite as often in the palace as in the cot. The most constant as well as one of the most characteristic symptoms of the disease occurs in the well-known "snuffles" of infants. This is an inflammation of the nasal mucous membrane associated with a muco-purulent discharge, obstruction to nasal breathing, and an inability to nurse with comfort, the child frequently letting go the nipple to breathe and incidentally to cry. The mucous membrane will be found to be in a state of subacute inflammation with much engorgement of the intra-nasal structures, which at this period of life consist almost exclusively of mucous lining.

After a few weeks, if the child still lives, some sluggish ulcers may be made out, which, if not checked, will surely attack the bony framework of the face in due time. The progress of the disease will largely depend on the general health and nourishment of the child, in some cases proving rapidly fatal and in others causing but little disturbance for some months or even years. True coryza from cold is rare in infants of a few weeks or months of age; adenoid overgrowth is also quite rare without predisposing cause, and in the absence of these conditions "snuffles" should always excite a suspicion of hereditary syphilis. The manifestations of this disease almost always appear before the end of the sixth month of life, and if they are not discovered until perforation of the hard palate or necrosis of bone within the nasal chambers occurs at the sixth or eighth year, it is not because the symptoms did not exist in infancy, but because they were not recognized. Always when called to treat a case of "catarrh" in an infant, or when you see a case being washed out with "sage tea" at home because it had a bad cold, investigate fully and sometime you will be rewarded by being able to save some individual from the disfigurement of the tertiary ulceration.

The diagnosis may be aided considerably by the history of the parents. If either has ever had syphilis that will put

you on guard. If the mother tells you that she has had several abortions and perhaps a stillborn child, and then this child who presents nasal symptoms, the presumptive evidence is in favor of the child's having the disease. Question the mother about and look for macular or papular eruption about the anus and genital region, look for slits or fissures at the muco-cutaneous junction of the anus and on the lips, look for the eruption on the soles of the feet and palms of the hands, and don't forget that the hair may fall in the congenital type just the same as in the acquired form. The syphilitic newborn has a characteristic "old" look, and is usually under weight and weaker than the normal child of like age. Given the major part of the above symptoms in a child and you may infer syphilis, and if the history can be obtained, then it is certain, and treatment may be entered upon with a reasonable hope of success.

When a child of from five to twelve years of age is brought to you with a fetid discharge from both sides of the nose and a history of having had "catarrh" for a long time, search carefully for necrosed bone of the vomer or of the hard palate, and pharynx. Examine the lymphatic glands all over the body for enlargement. If the second teeth are developed look for Hutchinson's teeth, which are the upper central incisors, having a notched or concave inferior edge. These are quite a valuable confirmatory sign. The treatment of hereditary syphilis does not differ from that of the acquired form materially, and will be considered with the latter.

Acquired syphilis is met with in all ages and in every walk of life, and here again it behooves the physician to be most watchful. The initial lesion is seen frequently on the lips, tongue and tonsil, and a few cases are recorded in which it has been seen on the mucous membrane of the nasal passages. The mode of infection is usually by the finger nail which has been contaminated with the virus from some syphilitic sore, and most of such cases have occurred among male and