

and a few other rare conditions, are not of great practical importance in this connection as causes of scar formation. Leprosy also is infrequent in this country, but two cases in Chinamen, which I have seen during the past two years, suggest that in Orientals at least this disease should be kept in view. Both cases, however, had the characteristic facies and anesthetic areas of leprosy. The danger of a mistaken diagnosis is increased by the fact that leprosy often gives a positive Wassermann reaction. In one of these Chinamen the physician diagnosed syphilis, and proceeded to give him an intravenous injection of Neosalvarsan. By mistake a tube of Salvarsan was mixed with the distilled water, and given him without neutralization. The Oriental turned up a few days later saying he felt "velly well," and presented no ill effects from the procedure.

If, therefore, we consider all the different conditions producing irregularly distributed scar-formation it will be readily seen that, apart from trauma, syphilis is by far the most frequent cause. If we further consider such characteristic features of syphilitic scars as the punched-out appearance, especially in miliary scars, the surrounding pigmentation when recent, the "tissue paper" or "silky" surface when larger and older, the scalloped or serpiginous outline, their asymmetrical distribution, often on the sides or behind the legs or thighs, on the flanks, abdomen, sides of the chest, or areas inaccessible to injury, or unusual for other lesions causing scar-formation, the diagnosis is usually not difficult. Confirmatory evidence may at times be obtained from the deeply fissured sclerosed tongue of syphilitic interstitial glossitis, from the persistence of slight enlargement and hardening of the lymph glands, especially the epitrochlears, and lastly from the history of the case and the Wassermann and luetin tests.

Just here may I refer to the value of careful routine examinations in training the fingers to recognize slight degrees of enlargement and hardening of the lymph glands.

One need scarcely refer to looking at the angles of the mouth, or about the anus, for linear scars, as an evidence of hereditary syphilis.

In fully 90 per cent. of our cases we have been able, by a careful routine examination, to find evidences of the previous syphilitic infection, which were afterwards confirmed by the Wassermann test.

Of the great value of the Wassermann test there can be no question. But like other laboratory procedures it has its limitations, and if considered apart from other clinical findings it may