

posterior cervical lymphatic glands on both sides were painlessly enlarged ; none of the other subcutaneous lymphatic ganglia were demonstrable.

The following facts pointed to lues : The papulo-pustular eruption on the face, the localization of its greatest intensity on the forehead and around the mouth, the excoriated papular eruption on the scalp,\* the lymphatic engorgement, and the fact that his mother was being treated in the clinic for syphilis, acquired from her husband about twenty months previously. The consideration that no primary lesion could be found was not of much weight, as it not infrequently is so slight as to escape notice ; but the confinement of all the symptoms to the head and neck was a matter of much more importance. On examining the hair, a vast number of nits were found. The simple treatment of this condition cleared up the whole question in a few days ; it was a case of impetigo from pediculosis, in which the papules were not as broad, and the pustulation not as pronounced as usual. It looked strikingly like a syphilide, and the gravity of the mistake which might have been made need not be insisted on. Although in this case the patient was both poor and worthless, yet, no medical man need be reminded that neither lousy heads nor syphilis are confined to the lower strata of society.

A short time before this a man came to me whose child had such an eruption on the face that he was ashamed to bring it to the office. He said he had had syphilis before marriage, and indicated his opinion that the wheel had come full circle, and that his pleasant vices had returned to whip him. In this case, to a practised eye, the diagnosis was easy, for the large, yellow, superficial, brittle crusts about the lower part of the face gave the classical picture of impetiginous eczema, which, in so many instances is due to the presence of *pediculi capitis* that we almost involuntarily look at the hair of the occiput for nits. The nits were found on this patient, and treatment of the pediculosis quickly cleared up the rash. Even after this, however, I had some difficulty in persuading the father that the child was not syphilitic, for the posterior cervical lymphatic gland remained enlarged quite a long time, as they always do, and the association of "blood taint," or "scrofula," with enlarged glands in the neck is one of those "fixed ideas" of society, which it seems almost hopeless for the medical profession to try to eradicate.

#### REMOVAL OF PUS TUBES AND OVARIES FROM A WOMAN SUFFERING FROM GONORRHOEAL RHEUMATISM—RECOVERY.†

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Mrs. J. consulted me on the 4th of June. She was forty-two years of age, married ten years, no children, had one miscarriage four years ago. Menstruation, which began at the age of thirteen, was always painful and profuse, and at the time of her consulting me, lasted ten days. She had never been well since her marriage, but has been much worse since the miscarriage ; was very thin, and stated that she had almost constant pelvic pain.

†Read before the Medico-Chirurgical Society of Montreal.

\* Lesser (*Lehrbuch d. Haut- und Geschlechtskrankheiten von Edmund Lesser*, Th. II., S. 108) insists, and it seems to me rightly, on the importance of impetigo syphilitica of the scalp in the diagnosis of syphilis, not only because it is so characteristic of the disease, but also because the patient's attention is called to the existence of a rash from the comb catching in the pustules and crusts. The syphilitic secondary rashes so frequently pass over without any subjective symptoms, that the patient may never be aware of their presence. Syphilitic impetigo of the scalp is, however, often itchy.