

influenced, however, in a greater or lesser degree, by adequate treatment.

Considering the readiness with which syphilis may, as a rule, be controlled if properly treated, it would, at first sight, appear strange that the disease should present so obstinate and so grave a type as it is frequently observed in members of the medical profession. Upon a superficial investigation of this peculiar phenomenon one would be tempted to attribute the refractory character of the disease in members of the medical profession to the proverbial unconcernedness and carelessness of physicians with regard to treating their own afflictions. In some instances this fact may in reality furnish an explanation of the frequent severity of the disease among medical practitioners. But there is another much more plausible reason why physicians are particularly prone to an obstinate and severe attack of the disease. The initial lesion of syphilis, which has been acquired in the practice of medicine and surgery, is situated where it may be readily mistaken for some other affection, and thus valuable time may be lost before the true character of the disease is recognized and proper treatment instituted. If acquired in medical practice the initial lesion of syphilis appears at a finger, usually the index or middle finger of the right hand, and results from examining or operating syphilitic patients. In this situation, especially at the root of the nail, the lesion does not present the usual characteristics of the syphilitic chancre, *viz.*, the induration of the initial lesion of syphilis. Mixed infection may aid in obscuring the true character of the disease, and it has happened that only after a long siege of sickness and the appearance of destructive necrosis the correct diagnosis has been made, where the patients, moreover, had been observed by authorities of international reputation. It has often been claimed that syphilis which results from an infected finger is of a particularly severe nature. But it is not, of course, the anatomical situation of the initial lesion, but the late diagnosis and, therefore, late treatment which is often a cause of particularly severe types of the disease. The latter fact was recently emphasized in a paper by Dr. Brandis, of Bonn. The late treatment, then, is one of the causes, and probably the main cause, of the severe types of syphilis that are sometimes acquired by practicing physicians in the performance of their daily duties. This fact, after it has once been recognized and disseminated among the members of the profession, should caution them against considering lightly any slowly healing ulcer situated upon the hand that is frequently used in examining or operating upon patients.

But the proverb that an ounce of prevention is worth a