

here and there some hyaline degeneration. The retroperitoneal glands however, showed no caseation ; this was confined to the mesenteric and inguinal.

*Kidney*.—Showed merely advanced cloudy swelling and congestion.

*Suprarenal*.—normal.

*Ulcer of Leg*.—Owing to the association of the two diseases, syphilis and tuberculosis, it was important to determine of what nature was the ulcer described. A number of sections were taken from different parts and stained by various methods to demonstrate the tubercle bacilli. All the sections showed substantially the same condition, namely chronic inflammation with granulation, the formation of new vessels and scar tissue. Tubercle bacilli were not discoverable and from the fact that the ulcer showed marked evidence of healing without any signs of caseation, it was finally concluded that the ulcer was not tubercular but rather syphilitic in accordance with the clinical diagnosis.

*Bacteriological Examination*.—Agar cultures from heart-blood, spleen and liver were sterile.

From the history in this case, together with its course it was not surprising that a diagnosis of syphilitic meningitis should have been made. Considering the fact that two distinct diseases, syphilis and tuberculosis, were running concurrently, whereby the clinical course of both was somewhat masked, the diagnosis was rendered extremely difficult if not indeed impossible. It is, of course, easy to be wise after the fact, but it is possible that a more accurate opinion might have been formed had a little more weight been laid upon certain clinical appearances. With a definite history of chancre two and a half years previously, with neglected treatment during the secondary manifestations, the obvious conclusion, of course, was that all the manifestations were syphilitic. Meningitis occurred just about the time that syphilitic meningitis is liable to come on and the patient's age was also in favor of this assumption. The history of severe frontal headache for some time before localizing symptoms set in, also suggested syphilis. The only condition which was unlike syphilis was the great enlargement of the posterior cervical, axillary, inguinal and femoral glands. The condition of these was more suggestive of tuberculosis than of syphilis. Enlarged glands in the tertiary stage of the disease are certainly somewhat rare. As a rule it may be said that when the lymphatic glands are enlarged in tertiary syphilis, it is the deeper abdominal and visceral glands which are affected. When the superficial glands are involved, it is more usual for those of a certain district to be attacked than for a general involvement throughout the body to occur. Then again