

diagnosed, but rather the irregular manifestations of tertiary syphilis. The patient may have sought relief for conditions resulting directly from the old syphilitic infection, though in many cases he is suffering from some other illness, and the syphilis is merely a contributory or accompanying factor.

Mistakes in the diagnosis at this period are usually due to being off one's guard from a failure to recognize the frequency of syphilis, and consequently to make a careful routine examination for its signs.

As before mentioned, the history of the case is often uncertain and misleading, so much so that it is our custom to make the diagnosis by a thorough physical examination, and to enquire into the history and Wassermann test only for confirmatory purposes. In no case should we allow the history to discredit the data elicited by clinical examination.

Of especial importance is a thorough search for and a careful interpretation of the significance of scars. Scars about the glans penis or prepuce, owing to the looseness and wrinkling in the tissues, are often difficult to find or to feel assured of.

*There is no readily accessible, definite and valuable feature of a routine clinical examination which is so often neglected as that of looking for scars.* There are relatively few pathological conditions resulting in scar-formation, and if we consider them it will appear how readily, by a little practice, they may be differentiated. One may enumerate such causes as injuries, burns, scalds, in which cases, not only the appearances presented, but the history, will direct one to the diagnosis. The scars on the backs of the hands and arms of cooks, and those on the thighs and legs of blacksmiths or workers with molten metal, are very characteristic. We must not forget, however, that trauma may not infrequently be *merely the localizing cause of a syphilitic lesion*. A few years ago I was consulted by a woman who had been stung in the forehead by a bee. A lump developed, and when I saw her she had an ulcerated area the size of a fifty-cent piece. The case cleared up rapidly under mercurial treatment. Such cases point to the wisdom of arriving at a diagnosis before inquiring into the history, which might readily have tended to mislead.

Of other common causes of scar formation, smallpox, acne vulgaris, furunculosis, lupus erythematosus, varicose ulcer, each gives its own characteristic features, distribution or history. Tuberculous scars are mostly on the neck or overlying lymph glands. Favus, tinea barbæ, acne varioloformis, rhino-scleroma,