clavicle—may not have originated in the skin and worked down, while others have manifestly originated in the lymphatic glands and worked out into the overlying integument and to the surface.

There are several varieties of scrofuloderma: 1. That in which the disease begins in a lymphatic gland, which slowly enlarges; gradually breaks down; softens; becomes purulent; forms an abscess; and, sooner or later, discharges. 2. That in which the deposit occurs primarily in the skin, the lesions being flat, ulcerative, or hypertrophic. The lymph-glands here may or may not be involved. They are not necessarily involved, and in many cases entirely escape, the skin being the only structure invaded. 3. The papular scrofuloderm, large and small. 4. The pustular scrofuloderm, large and small. I would remark here that two cases of this latter variety have come under my notice during the past year. It is very readily mistaken for the small pustular syphiloderm, and the diagnosis is by no means easy. The large pustular scrofuloderm is commoner, and in appearance somewhat resembles ecthyma. I mention these varieties to point out to you the several forms under which scrofuloderma occurs, but do not propose to describe them to-day. The present variety is the second of those just defined. It attacks chiefly the neck and upper anterior part of the thorax; it is usually unattended with pain, unless the lesions should be so severe or in such a position as to be easily injured by clothing, etc.

As to the etiology of scrofuloderma, this is a question it is very difficult to say much about. It is not necessarily connected with privation, bad hygiene, poor food, and the like, since cases are met with in which patients in the higher walks of life, who have been tenderly cared for from infancy, and have enjoyed every advantage of nutritious food, fresh air, change of climate, etc., which could possibly be attained, have yet been the victims of scrofuloderma in its severer forms. While inherited in some cases, I can call to mind several severe examples where the family history showed entire freedom from hereditary taint. Syphilis inherited to the second generation is said to have an influence in the development of the scrofulodermata, but of this there is some doubt. In the third or fourth generation, perhaps, it is possible that the syphilitic cachexia may influence the production of scrofulodermata, just as any other cachectic condition might.

The pathology of scrofuloderma is not dissimilar to that of lupus vulgaris, a disease of which I hope to show you some instances during the course of these lectures. It consists essentially in a small cell-infiltration of the skin, finally destroying the same, as in the disease just mentioned; also as in syphilis, but its course is slower.

With regard to the diagnosis, scrofuloderma is more apt to be confounded with lupus vulgaris or with syphilis than with any other form of disease. When the lymph-glands are involved (as in the present instance), the diagnosis is easy; when, however the disease affects the skin alone the diagnosis is often difficult. This ulcer under the right clavicle (which has been described) is quite characteristic. It is deep, with undermined, thin, smooth edges, and with a scanty, somewhat watery secretion, and without any tendency to heal over. It is surrounded by a violaceous area. The syphilitic ulcer is quite different: the edges are usually sharply cut, but not undermined; the secretion is much more abundant, and is decidedly purulent, and the areola surrounding it is of a much brighter hue of red. Again, the crusts on the lesions of scrofuloderma are characteristic; they are thin, adherent, and not likely to drop off. An ulcer like this crusts very slowly, where, if syphilitic, a crust would form over it in a few days. The cicatrices here are peculiarly characteristic, and are not likely to be mistaken for the cicatrices of any other disease; they are knotty, raised, and irregular, or they are deep and funnel-shaped, and are extremely disfiguring.

Now, gentlemen, what are you going to do in the way of treatment for scrofuloderma? I need scarcely say that the remedies are those employed against scrofula in whatever organ it may occur. The case before us is a difficult one, and we must at the outset tell our patient that but little can be done for several months, and protracted treatment must result. This ulcer will be the first lesion to granulate and heal over, but the enlarged and suppurating glands will require a much longer time before they are influenced by the treatment. To give an idea of its slow course, I would say that a case like the present will take at least a year, perhaps much longer, to cure under the most favorable circumstances. One discouraging point in cases attending a clinic like this—and, for the matter of that, in private practice—is that they are difficult to hold. Patients become wearied with the tedious progress of the cure, and give up treatment or change their physician. But, even where you can retain and control your patient, the cure is a matter of much difficulty. Hygiene is an important factor in the treatment of scrofuloderma. Salt-water or sea baths, sea air, change of climate and scene, travel, etc., are often necessary. Diet is a matter of importance. Patients suffering from scrofuloderma should take an abundance of animal food and considerable fat. Generally scrofulous persons loathe fatty food; nevertheless such food, in the most digestible form, is an important aid in the treatment. Cod-liver oil is, I need not tell you, generally necessary. There are cases, however, it must be said, in which the oil seems to do no good. Valuable as it often is, there are many cases where it certainly appears to be quite valueless. Then we have a serviceable remedy in the iodide of potassium, which should be administered in small doses and continued for a long time. By small doses I mean one to two grains thrice daily. We cannot give such large doses in scrofuloderma as we are accustomed to administer in syphilis, for the system will, as a rule, not bear them. In syphilis there is a tolerance which does not hold in scrofuloderma, and doses of from ten to thirty grains, which are not infrequently