

cially in the case of a woman; but as a matter of fact that was entirely negative. Cancer could be excluded from her age and sex. Primary tuberculosis was excluded from the appearance and course of the ulceration, and the normal condition of her lungs, larynx, and general system. The diagnosis lay between an ulcerated initial lesion and a softened gumma, with the chances apparently greatly in favor of the former.

The patient was therefore given a placebo and kept under observation. Both the tumor and the ulceration increased slowly but steadily in size. On May 4th the mass had become somewhat softer. It was then the eleventh week after the appearance of the tumor, and not a single secondary manifestation had shown itself. The diagnosis of gumma was then made, and the results of treatment rapidly proved its correctness. Under moderate doses (ninety grains daily) of the iodide of potassium, conjoined with small doses of mercury, the tumor rapidly decreased in size; the ulceration healed up; and three weeks later, when the patient withdrew from observation, there was hardly a trace to be felt in the tongue of the original induration, and the tumefied glands were reduced to one-half their former size.

The interesting point in the case, says the author, apart from the comparative rarity of the affection, is the presence of a tertiary lesion in a patient so young and presenting not the slightest evidence of luetic infection. It is an additional argument, if one were needed, of the absolute necessity of making the diagnosis in syphilis, as in ordinary dermal affections, from the objective symptoms alone, and absolutely disregarding the anamnesis.—*N. Y. Med. Journal.*

HEMORRHAGE AS A SIGN OF CONGENITAL SYPHILIS.

IN the course of a description of a case of hemorrhagic, congenital syphilis appearing as a hemorrhagic, vesicular eruption, Dr. William S. Gottheil calls attention to the importance of otherwise unexplainable bleedings in infants as symptoms of congenital lues. They may be the only mark of the disease, especially at first; but they are almost invariably accompanied by a diminution of the coagulability of the blood similar to that of hemophilia, and the case usually goes on rapidly to a fatal termination. Disease of the vascular walls is one of the commonest and best-known effects of the syphilitic poison, leading to hemorrhagic discharges from the mouth, the bowels, the bladder, or the nose; to blood accumulations under the skin and mucosæ, or in the serous cavities and internal organs; or finally, making the syphilitic eruption itself hemorrhagic. The author emphasizes the importance of remembering these facts in the treatment of infants who have hemorrhagic discharges or a hemorrhagic eruption, the cause of which is obscure.—*Archives of Pediatrics*, June, 1898. (*Author's Abstract.*)