

conditions, even in the presence of outstanding and definite signs, until our attention has been specially directed to them, and then, behold! they appear to be of comparatively frequent occurrence. As examples we may cite Graves' disease, appendix dyspepsia and duodenal ulceration.

While one is prepared to recognize the tendency for a clinician, following the hospital practice of a large city, to overestimate the frequency of syphilis in private practice in the smaller centres or in the rural communities, yet it is difficult for one to accept the frequent assurances of his professional colleagues that they seldom encounter cases in their districts. I beg leave humbly to express the opinion that they see cases oftener than they are aware of.

To bear out my meaning I should like to refer to a case coming under my observation a couple of months ago. A prominent doctor from a western town consulted me, giving the following history: In October, 1913, he developed an infection beneath the nail of the index finger of the left hand. The infection spread to the adjacent soft parts, and an incision was made by a colleague in the town, a small amount of pus being evacuated. The infection, however, spread upward, involving the epitrochlear and axillary glands. Antistreptococcic serum was administered, but the condition did not improve. There was never a high temperature. The patient next consulted a prominent surgeon in an adjacent city, who thought there was necrosis of the terminal phalanx and advised amputation, which was accordingly done at the metacarpophalangeal joint. He returned home, and for a time felt somewhat better, but developed so-called "grippy" symptoms and a "serum rash." Not feeling able to resume practice he decided on a holiday, and, accompanied by his brother, also a physician, went to Chicago. He consulted a well-known clinician, who thought he was neurasthenic and run down from his infection and the worries incident thereto. By some strange lapse, this physician, an exceedingly careful and competent man, did not strip the patient for examination. Had he done so he would have found a generalized macular eruption, the left epitrochlear and axillary glands much enlarged and very hard, and a generalized glandular enlargement to a lesser degree. In the light of this examination the whole case would have become perfectly clear. A Wassermann test confirmed the diagnosis, and arseno-benzol was used intravenously with a rapid clearing up of the symptoms.

The patient was unaware of having been in attendance on a case of syphilis. The case undoubtedly presented some puzzling