tinguishable from each other, though anatomically they differ. Craniotabes, or thinning of patches of the cranial bones, occurs mainly in syphilis, but may also be met with in rickets. This is also frequently associated with laryngismus stridulus, but this again is common in rickets. The absorption of the cranial bones may be very extensive.

V. Changes in the Teeth.

In the teeth there are certain deformities in the permanent set that merit consideration. The lower central incisors are notched and the upper incisors are diminished in size and usually screwdriver shaped. These changes are due to an arrest in their development which was pointed out long ago by Mr. Hutchinson. There is also a lack of development in the sides of the crowns, rounding off the cutting edges. The notching is caused by the arrest of development of the central columella, while the rounding is due to defect in the lateral columellæ, there being three of these for each incisor. Many years ago Mr. Henry Moon described a deformity in the first molars. These are reduced in size and dome-shaped, caused by a dwarfing of the central tubercle of each cusp. These changes may appear in the molars, though the incisors are normal. The teeth of children with inherited syphilis are apt to be rather far apart owing to the lack of development in their lateral columellæ. The characteristic notching has been noted a few times in the temporary incisors. So that the rule that it is found only in the permanent teeth does not always hold good. The notching has also been noticed a few times where there was no taint of syphilis.

VI. Diseases of the Joints.

Inherited syphilis may cause very serious disease of one or more joints. Synovitis may occur. It sometimes attacks the joints irregularly and sometimes symmetrically. This affection of the joints has been observed by many, but notably by Dr. George F. Still and Professor Lorenz.

A rather obscure but very interesting form of joint affection in syphilis of children is a form of osteo-arthritis, or the osteochondritis syphilitica of Wegner. In this complication the joints usually become affected successively, but the disease does not appear to be progressive in character, leading to the destruction of the joints. It generally becomes stationary, even though treatment has not been resorted to. There is some thickening of both the bones and the soft parts. As the result of these changes there is limitation of movement which may be permanent, with a certain degree of enlargement. Under the best of hygienic conditions and the most careful treatment these changes are very chronic and obstinate. When