

dispensary patients, "Nodes," originating in this kind of inflammation; first coagulable lymph, which becomes organized into bone in the same manner I think, as bones unite when broken; the lymph entangled between the periosteum and the bone influencing the system almost as if fracture had occurred. Nodes, or bony swellings, do not always form, as some of the matter is absorbed. A node as large as a walnut is a large node—the bone itself may become inflamed. A case in King's College Hospital for instance, looked on as cancer of the bone, out of doors, I pronounced to be this form of syphilitic rheumatism; it was, in fact, inflammation of the bone and effusion of matter bound down by periosteum, sometimes ulceration follows in the periosteum, a very unpleasant occurrence, bits of dead bone come away, more especially in the flat bones of the skull, the bones of the nose, &c.; they are now, happily, not so frequent as they used to be.

In private practice, last year, I met a case of this kind, periostitis of the bones of the head; there was a large, ugly ulcer. I got Mr. Partridge to see the case too, who removed a piece of dead bone; we could see the pulsations of the brain underneath. The poor gentleman got albuminous urine, erysipelas, and died. This exfoliation is more common in the flat bones—nodes more common on the tibia. A very great point is to seize the nature of the case early. Necrosis of the bones of the nose takes place; the palate bones are also lost. I remember, a few years ago, the hideous and horrid spectacles one saw walking about in London, and at hospitals. The disease is now not so common. Disease of the palate, you should recollect, is now very curable: at the time I speak of it was all but incurable. It begins as ulceration of the mucous membrane of the mouth, which, if not cured, may lay bare these bones. We saw a woman from Richmond here lately—a case in point, necrosis of the bones of the nose. We detected these ulcers and cured them. Remember, then, this disease is in the bones and mucous membranes; rheumatism is more common in the ligaments and joints. Syphilitic inflammation may affect the ligaments of the knee. You will find another useful diagnostic in the fact that there is no fever. The disease is chronic, of indefinite duration, and attended with a previous history of other secondary symptoms not to be mistaken. Forty or fifty years ago there were no possible means for curing this disease; a hundred persons to one now were walking about town with the bridge of the nose gone. I believe one of the greatest practical discoveries of this century was that of iodide of potassium as a cure for this disease. We are indebted for it to the late Dr. Williams, who lived near Guy's Hospital. I often met him, and he said he had set himself out to discover some specific for two diseases then thought incurable; one was consumption, the other was a disease of the bones of the nose from syphilis. Every new remedy, as it came out, he tried, and amongst others lighted on iodide of potassium. Poor Dr. Williams! I believe if ever a man deserved a pension or a peerage for doing a grand thing, and benefiting humanity, he did; but peerages or decorations are not much in the direction of medical discoveries. He not only did not get either, but did not get any practice, and is now forgotten. "Iodide of potassium" is as much a specific in these syphilitic rheumatism cases and diseased bones and nodes, as mercury in the primary Hunterian sore. Give small doses—two grains—of the iodide twice a