

tutional character, and belonging in part rather to the third order of phenomena than to the second, and under no circumstances to the first." These excrescences are sometimes the result of hereditary syphilis, but this is rare, although one author mentions that five cases occurred in his practice. The most common situation for condylomata is the anus, scrotum, perineum, vulva and buttocks. Rarely they are met with on the penis, folds of the thighs, axilla and in the ear. They seem to have a strong predilection for parts which are constantly hot and moist. In shape and size they vary much. Usually, however, their shape is flat, but at times owing to the free portion being greater than the attached they look pedunculated. They are usually longest about the arms, perineum and vulva, parts which are constantly in contact, and undergoing friction, which with heat and moisture greatly conduce to their development. In these localities the patches are always humid, exhaling a thin muco-purulent fluid, which is often very abundant and excessively foetid. When they appear in parts which are more exposed to the air they are dry, insensible or feebly so to pain, darkish in color, and partly covered with scabs. Condylomata often co-exist with other evidences of a syphilitic taint, especially affections of the bone, rupial sores and scaly eruptions. Their course is very variable, sometimes making rapid progress, and sometimes stationary, sometimes they even retrocede, but never spontaneously get well. Exercise and friction cause great irritation, making them sore, and sometimes exquisitely tender as to prevent the patient walking. The discharge furnished by these patches is believed by the majority of authorities to be capable of producing by inoculation a similar disease; a few entertain a contrary opinion. The diagnosis of this disease is very easy. Their situation, their peculiar shape, color and appearance, their chronic character, as well as their foetid secretion give them a distinctive character. The treatment of condylomata must be general as well as local. Although under local treatment alone they will disappear, yet their return is certain unless constitutional remedies be used. The most efficient remedy is iodide of potassium combined with the bi-chloride of mercury. If desired, though I do not consider the remedies as