

vated unless they have been irritated. When they appear on the labial commissure they are divided into two portions, separated by a deep ulcerated fissure. These chancres have also been observed on the gums, palate, tonsils, inner surface of the cheeks, and on the tongue, in which latter position they are small and more deeply excavated than those of the lips. Paul Diday believes that the chancrous erosion is due to inoculation from a secondary lesion, and that the indurated chancre is produced from a primary lesion. The ganglia connected with the seat of the sore become indurated; these ganglia are those of the anterior and posterior sub-maxillary groups.

Primary syphilis then is not very frequent on the dental surgeon's domain, but it is otherwise with the secondary affections, so much so that Dr. Rollet states that the mouth is the great laboratory of secondary syphilis. Of the secondary affections of the skin, the only one you are apt to see is syphilitic impetigo, which often affects the commissures of the lips, where it presents a very singular appearance not seen in any non-specific eruption. The pustules are flat and of various sizes, their base of a copper-red colour, sometimes elevated, sometimes sunk in a prominent border of the same hue, while the small spots on their surface are of a greyish or greenish yellow. On the lips the pustules are sunk in a deep border of ulcerated integument, while their summits are covered with the characteristic scabs; they arrange themselves in circles or semi-circles, surrounded by the well known copper coloured glory which even laymen know to be pathognomonic. On examining the mouth, it will be noted that the syphilitic impetigo is very generally connected with mucous patches.

Mucous patches are peculiar to syphilis. They consist of elevations of a rose colour, rounded in form, the surface closely resembling mucous membrane, and they are situated near the outlets of mucous canals, especially upon the mouth and its mucous membrane. Counsel has been darkened by the multiplicity of names given to it. It has been called 'moist pustular syphilide,' 'flat pustule,' 'flat tubercles,' and 'moist papule,' but, on the whole, 'mucous patch' is the best name. Bassereau states that in 130 men affected with mucous patches, 100 were on the tonsils, 55 times on the lips, 27 times on the velum palate, 18 times on the tongue, 17 times on the pillars of the soft palate, and 11 times on the internal surface of the cheeks. In 186 women affected with mucous patches, Davasse and Deville found them in the face only five times, so that it is one of the inscrutable facts of syphilis that in men mucous patches are most