the spirochætes. Among the symptoms may be mentioned brown macular spots, pompholyx, stomatitis, snuffles, wasting, enlarged spleen and liver, epiphysitis, bone nodes, bent bones. In the earlier years the tibia may become thickened and painful. At and after the sixth year there is marked liability to flattened nose, square forehead, lines from the mouth, short figure, and pallor. During the second dentition the three signs pointed out by Mr. Hutchinson, namely, notched incisor teeth, interstitial corneitis, and syphilitic deafness, are to be expected. There may be destruction of the hard or soft palate, ulceration of the skin, caries of bones, and a characteristic form of dactylitis.

IV. Lesions of the Bones.

In the bones some very characteristic lesions are found in cases of inherited syphilis. One of these is epiphysitis. This is often an early symptom of the disease, and gives rise to what has been called pseudo-paralysis. It is present in from 10 to 15 per cent. of all cases. It is contended by some that there may be a syphilitic pseudo-paralysis without the presence of epiphysitis, as no tenderness nor swelling can be detected at the ends of the bones in some instances. Such examples of paralysis, whether with or without the epiphyseal bone lesion, usually do well under proper treatment.

The long bones, especially the tibia, may present marked deformity, as irregular enlargements, or a certain degree of curvature, caused by chronic osteo-periostitis. This condition is known as syphilitic osteitis deformans. There may be other stigmata of the disease, but in some instances this almost painless deformity of the bones may be the only manifestation present. The enlargement may be quite massive, or confer upon the anterior border of the tibiæ a sabre-like appearance. These changes in the long bones are frequently associated with mental defects in the children. This form of syphilitic osteitis deformans should be distinguished from Paget's osteitis deformans. This may be done by noting that in the syphilitic disease it comes on while the patient is quite young, that it is not painful, that it improves under anti-syphilitic treatment, that the tibiæ most frequently suffer most, there are often bosses on the bones, there are usually other indications of syphilis, there is no tendency to malignancy. In Paget's osteitis deformans there usually is severe pains, the femora are often affected, the patients are older, there is a tendency to malignancy, and antisyphilitic treatment is not effective.

In the bones of the skull there are some important changes found. On the frontal and parietal bones there may be deposits of vascular spongy bone. These bosses may also occur in rickets, and are indis-