

Clinical Lecture.

MONTREAL GENERAL HOSPITAL.

Clinic of Dr. F. W. CAMPBELL,
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CONDYLOMATA.

The two little children now before you, aged respectively two and four years, presented themselves at the Clinic for the first time about ten days ago. Those then present may remember that their mother said they had piles. I expressed great doubt as to the correctness of the diagnosis. Examination proved that I was correct, and I then stated they were suffering from condylomata or mucous patches, a disease which is very rare in children. I handed them over to my clinical assistant to get as much of their history as was possible, especially as to the possibility of hereditary syphilis. This has been obtained and there seems to be absolutely no evidence of either father or mother having ever had specific disease. I placed them both on hydrarg. cum cretæ, and ordered the parts to be dusted twice daily with equal parts of calomel and bismuth. They already show a decided improvement. Its comparative rarity in children has induced me to make the following observations :--

Condylomata is described by French writers as mucous tubercles. It very often arises as a result of venereal contamination. The disease consists in the development of excrescences of various sizes, having a flat or rather broad appearance. It is difficult to assign to this affection its exact rank in the order of syphilitic phenomena, or even to say positively that it is always of syphilitic origin. Some eminent surgeons assert positively that condylomata may be produced by the contact of gonorrhœal matter or by acrid vaginal and other secretions, not in any way specific. On the other hand many authorities assert that they have known them to follow chancre, secondary, and then tertiary syphilis. The late Dr. Gross of Philadelphia said he "regarded them as of a consti-