place under the influence of constitutional syphilis in the various internal organs.

The *dry papule* is the rarest form which syphilis assumes on its first appearance, and, so far as I can ascertain, has very rarely been seen on the lips or mouth. It presents the appearance of a small papular patch of a brownish red colour, firm and elastic, and sometimes covered with whitish scales.

The *chancrous erosion* has frequently been noted on the lips. It is the most frequent form of primary syphilis, having been observed by Bassereau 146 times in 170 cases. It usually commences as a copper-red spot, little raised, papular and dry, which becomes covererd with a crust, and finally becomes eroded or slightly ulcerated on the surface. This ulceration, which is round or irregular in shape, presents a rose-coloured surface on a level with the surrounding parts. It discharges a small quantity of serous fluid, and the base is indurated rather than deeply. Dr. Lancereaux says that its variable extent is sometimes so slight, the discharge so little abundant, and cicatrization so rapid that in the absence of the characteristic induration, it is prudent to refrain from giving a positive opinion as to its nature until the appearance of secondary symptoms. According to Bassereau, the duration of this lesion does not usually exceed two months. It terminates by the resolution of the indurated point, and cicatrization of its surface.

The *indurated chancre* is the third variety of the primary disease. Formerly it was believed that ulceration was the first symptom and that induration supervened afterwards, but the more correct view, first promulgated by Dr. Babington the commentator of Hunter is, that the character of primary venereal infection is essentially an induration which afterwards passes into ulceration. Its first aspect is that of an elevation or papule which has the size and feel of a *split-pea*, and which, we know, is the result of a neoplasm in the cellular tissue. This papule is of a reddish or dirty yellow colour, rounded and hard to the touch, and covered with greyish scales, under which a cup-shaped ulcer is rapidly developed. After an average duration of six weeks, the hard chancre enters upon its last phase, its edges collapse, its floor becomes eliminated or absorbed, granulations form, and cicatrization takes place from the circumferance towards the centre. Chancres are no where more indurated than on the lips, and they are often so bulky as greatly to disfigure the face. They are usually superficial, and are rarely deeply exca-