edemic, and is usually limited; while the false chancre is prone to take on phagedenic action, and is usually disposed to spread. The true chancre is less indolent than the false, which is proverbially slow to heal. True syphilis is almost always accompanied by enlargement of the superficial inguinal ganglia of one or both sides, and these enlarged glands are indurated, distinct, moveable and painless, and, moreover, they rarely suppurate, and when they do suppurate the pus is never re-inoculable; while the pseudo-syphilis is accompanied in some cases only by an adenitis which generally suppurates and furnishes inoculable pus which produces a chancroid, *never a chancre*. True syphilis is a constitutional disease, and unless retarded or prevented by specific treatment, secondary symptoms appear in from six to twelve weeks after the appearance of the sore; while pseudo-syphilis is always a local affection and cannot poison the system.

Having thus briefly reviewed the two diseases, I will now proceed to discuss the forms of them which come under the notice of the dental surgeon. In the first place then, he rarely sees a chancroid, the characteristic lesion of false syphilis, for the very good reason that it is mostly seated in the neighbourhood of the genitals and rarely appears in the face. Out of 150 cases of venereal ulcers upon the head and face all, with the exception of 5, were true chancres. Four of these exceptional cases were so imperfectly reported as to be valueless; and Ricord admits that the fifth case, observed by himself, an ulceration at the base of one of the superior incisors, is unreliable. It is, however, a remarkable fact that the chancroid may be developed upon the head and face by artificial inoculation.

In a report of 471 true chancres observed in men, Dr. Fournier found that 445 were situated on the genitals, leaving 26 to be distributed over the rest of the body. Of these 26 extra-genital chancres, 12 were situated on the lips, so that after the genital organs the lips and the mouth are the most frequent seat of the primary lesion. The peculiar induration of the true chancre always presents the same anatomical composition. Chas. Robin considers that this induration resembles the development of a fibro-plastic tissue in the thickness of the dermis; while Virchow believes it to be of a nature entirely similar to that of the gummy tumours so characteristic of an advanced period of syphilis. Prof. Bacrensprung considers that the specific induration of chancre differs from the exudation of ordinary inflammation, and that it is identical with the effusions which take