hypertrophicus, lupus papillosus—both the epithelium and corium are hypertrophied and edematous, and the rete-pegs and papillæ enlarged.

The symptoms of lupus vulgaris are, as a rule, definite in character. The disease may be met with at any age, but it generally commences before the age of fifteen, and pursues a very chronic course. The eruption is usually situated on the face, especially the nose, but any part of the surface of body and the mucous membranes of the mouth, pharynx and larynx may become involved. The initial lesion is a dark-red or brown little nodule, usually raised above the skin, but in some cases on its level or depressed. This tubercle or lupoma is variable in size, and pursues a very chronic course. At the end of twenty years it may not be larger than a split pea. It is somewhat translucent, particularly when the overlying skin is slightly stretched. Jonathan Hutchinson compares its contents to apple jelly; however, the most distinctive character of the lesion, according to my mind, is its soft, boggy consistence, in marked contrast to the firmness of lesions of syphilis. The best method of demonstrating this softness is to press firmly on the lesion with a blunt-pointed probe, when the lupoma will readily yield. The disease spreads either by the formation of new discrete lesions or by the peripheral extension of the primary lesion. In the latter case, one or more nodules can usually be made out in the border of the patch.

The secondary changes which take place in the epidermis and corium, determine the further objective symptoms of the disease. When the epidermis is destroyed, the ulcerating form —lupus exedens—lupus exulcerans—is produced. These ulcers are usually covered with crusts, which, when removed, reveal a reddish base of soft consistency. The borders of these ulcers are as a rule soft. These two characters—non-induration of the borders and soft consistence of the floor—are frequently of great value in distinguishing a lupoid ulcer from a rodent ulcer; but a still more distinctive sign of the former disease is the presence of a discrete lupoid nodule in the neighborhood of the ulcer.

In place of liquefying, the epidermis may become scaly, depressed and wrinkled, and at the same time the patch increases in size by the formation of new nodules around its periphery. In this way a cicatrix is produced without ulceration. This scar-tissue may be smooth, but more frequently there are bands of connective tissue, due to fibroid metamorphosis of the lupomata in the diseased area. This form of the disease is sometimes called lupus non-exedens, or lupus exfoliativus; according to my experience it is more frequent than lupus exedens. The two