and results in perivascular infiltration and vessel obliteration. The stroma of the villi is altered and their epithelium proliferated or destroyed. Gumma is seldom seen. The changes are usually general, but may be localized with greater or less intensity in one part or another.

Hector has succeeded in gathering only 9 cases of tertiary epididymitis. It appears 2 to 20 years after infection, and in individuals in full sexual activity. Traumatism, gonorrhea, or previous inflammation determine its appearance. To be called tertiary, an epididymitis must exhibit: 1. Coexistence with other tertiary accidents; 2. rapid regression under iodid. One organ is attacked unusually in its entirety. It is moderately hard and painful, and nonadherent to the testicle. The duration may be long and the termination be in sclerosis.

Rochon reports two cases to show the virulence of spermatic fluid in syphilis. The first was a chancre of the subumblical region in a woman whose husband was in the habit of ejaculating extra genitally. The second occurred in a young woman whose lover transmitted syphilis to her, although he had no urethral lesion.

Stanziale describes two cases of gumma of the spleen. In one, the disease consisted in a solitary nodule; in the other, they were numerous, small, isolated and irregularly disseminated through the parenchyma. Some showed central caseation. The vessel walls had undergone amyloid degeneration in other parts of the organ than the gummata. The arteries of the splenic corpuscles showed a fibrous adventitia, a sign which may dfferentiate syphilitic from other splenopathies.

Rona remarks that bone fracture due to syphilis is of rare occurrence, and describes two cases in which the cause was gummatous osteomyelitis. The first had a benign attaek at first, and was scarcely treated at all. Later he developed a frontal periostitis and thickening of the clavicles, cured by inunction. Shortly after, fracture of the left bone followed an abrupt movement. Complete union resulted. The second showed cutaneous lesions, osteoperiostitis and myelitis, fracture of the humerus, acromion, and both bones of the forearm, and gummatous arthritis. Spontaneous amputation ensued. A third case is given in which the left leg was amputated spontaneously in hereditary disease. The stump healed without treatment.

Mosca gives the history of a similar condition, the fracture occurring at the juncture of the upper and middle thirds of the sternum. Complete repair followed treatment.