

perhaps in none does this event supervene more quickly than in condylomata or their modifications; and here, *en passant*, it may be remarked that these formations are not, as is currently reported, confined to the natural flexures or opposed surfaces, for in a case seen by me, in the Glasgow Infirmary, they were present in the mammillary areola, and were the more singular from looking like exaggerations of the enlarged follicles that denote pregnancy. The time at which anti-syphilitics may be required, for the removal of secondary symptoms, is commonly 2 months; although it has been abbreviated to 8 days, and retarded to 18 years, owing to the influence of various causes, as constitution, cold, medicines: and under the latter designation, even the specific cures themselves may be comprised. Acton, the expositor of Ricord, says, if a primary sore gets well without mercury and the patient does not suffer under secondary within six months they never will occur; but if the sore have been treated with mercury, they may appear at any time, even after years, or the patient may escape secondary altogether, and after many years of immunity have passed away, the tertiary form may break out. This observation is not, however, borne out by other writers and can only apply to cases in which mercury has been foolishly administered.

*Tertiary.*—Anti-syphilitics are indicated in sore throat, either inflammatory or ulcerated. In ulceration of the eyelids. In rupia. In simple syphilitic sarcocele; osteocopes; periostitis; otitis; gummata; incipient disease of the nose, palate or larynx. And in cachexia. These statements are to be received only in a general way, and not without qualification. Thus, in sore throat, anti-syphilitics may prevent the peculiar erysipelatous inflammation from running into suppuration, and are useful accordingly; but not so if there be an abscess, for they are powerless in retarding its course, or combating the extensive disease that then prevails in the submucous cellular tissue, pericostium and bone. In the excavated tawny ulcer, they are also often unavailing until a portion of carious or necrosed bone at the bottom, is first removed; when however this is accomplished, closure of the breach generally ensues speedily. The lessons taught by the preceding are confirmed by an observance of the influence of the remedies, when the bones and their investures are, elsewhere, implicated. For example, anti-syphilitics afford great relief to those pains called osteocopes; characterized by being usually fixed, sometimes migratory; acute, lancinating, boring, gnawing, incessant, worse at night, and referred to the surface or interior of subcutaneous and tubular bones; sores like these are relieved by these agents in a manner such as “not poppy