position of the eruption; 3, copper colour; 4, serpiginous form of the diseased surface; 5, thick, dark, greenish crusts; 6, usually absence of pain and itching.

These are the more common points necessary for us to look out for. Syphilis or no syphilis? That is the question. As to its being acne, ecthyma, or psoriasis, that is a matter of secondary importance. To exemplify matters, look at this man. He is forty years old, strong and muscular. Two months ago he made his appearance here, and showed a large raised tubercular patch on his forehead, which was about two inches in diameter. This eruption had appeared eight months ago, and had resisted local treatment. It was of dark maroon colour, serpiginous in form, and it gave rise neither to pain nor itching. He says he had a chancre nine years ago. It was hard and dry, and remained on the glans for some time. He had no suppurating bubo. That is fair evidence of primary syphilis. As to secondary symptoms—but let me first enumerate the more common symptoms of the secondary stage. Many of you are not senior students, and are, perhaps, not familiar with the list. 1, Eruptions, not of a special sort, but the ordinary non-specific ones, *plus* a special syphilitic stamp; 2, the syphilitic sore throat; 3, the glandular enlargement; 4, the mucous patches; 5, loss of hair; 6, iritis; 7, periostitis. Our patient seems to have run the gauntlet of this formidable array with fair success. He remembers that it was about eighteen months after the appearance of the chancre that he began to get bald. His head, as you see, is now quite smooth, and his eyebrows are almost gone.

Three years ago, he says, he began to suffer pain in his shin bones, and the pain was always worse at night. Pains in the bones, worse at night, are more than highly suspicious, and, at all events, call for iodide of potash. This pain is due to periostitis, and periostitis is nearly always connected with syphilis. Periostitis usually leaves its mark upon the tibia. Now, he tells us that the seat of the pain on his shin became swollen, and the skin broke, and matter was discharged for some time from the wound. Look at his shins. On both there are small nodes, and upon the left tibia you see this large scar. Compare its colour with that of the penny you see in my hand. Now, that he is stripped, notice the large copper-coloured, horseshoe-shaped scar over his right deltoid. This is a particularly strong link in the chain of evidence. The original ulcer was probably the result of a broken-down tuberculous eruption. Scars on the arms and trunk, not caused by burns or injuries, are always suspicious.

This man has been taking a drachm of iodide of potash in the day, and the eruption on the forehead is disappearing, though slowly.

Our next patient, William D., aged 30, presents a good example of the squamous syphilide. He has been the subject of infantile paralysis, which has dwarfed the left side of his body. Twice he has had chancres. In '76 he had a single one, but cannot remember having suffered from any one of the secondary effects. In '79 he had several chancres. Three months afterwards he noticed an eruption on his right elbow, which soon showed itself on the other elbow and both knees. Six months ago a node formed on the left tibia, and is there still.

Now, this eruption before us is symmetrical. It is on both elbows and both knees, the favourite site of psoriasis. It never pained nor itched. He did not come to the Dispensary about the eruption, he came about the node.

When we strip him we find that on the inside of the left knee there is a scaly eruption, serpiginous in outline, brownish red in colour. It is psoriasis; and we are justified from the history he gives us, as well as from what we see for ourselves, in saying that it is of syphilitic origin.

He has been taking iodide of mercury; and those of you who have been following