

plete absorption. The small infiltration of leucocytes can only be regarded as miliary gummata resembling in every respect those seen in the infantile liver of congenital syphilis. The case must be regarded as one in which, as shown in the ventricle of the brain and in the liver, the active syphilitic process had been rekindled, or had progressed, with rapidly fatal results.

Case 1 was probably an example of the same condition.

The only manifestation of syphilis in connection with the liver which is to be found in the acquired and not in the congenital form is the condition of perihepatitis. I have not come across or met with in literature any indications of the development or presence of such a condition in the newly-born child; in the adult, more especially at the late stages, it is not very uncommon.

Out of the eight cases, I came upon it in a fairly extensive condition in a female of sixty-two, in which syphilis must have dated back for twenty years, more or less, for she gave a history of having seven children, of which five were miscarriages, and the other two died in infancy. Here the most extensive syphilitic changes were in the neighborhood of the longitudinal fissure and round the gall-bladder. An interesting point was the fact that a mistaken diagnosis was made of atrophic cirrhosis with ascites. The capsule of the organ was throughout thickened, the upper surface very smooth, the abnormal lobulation and puckering. Near to the gall-bladder in the right lobe was a caseous nodule the size of a filbert, showing some calcification on section.

Upon section, the organ showed a thickened fibroid capsule, many small central scars, caseous gummata, and more or less diffuse and apparently recent fibroid change. Here it should be added that, during the last five months of her life, she had been repeatedly tapped, and, following upon tapping, there was found at the autopsy a condition of sub-acute peritonitis with inflammatory lymph covering the intestines. Thus the perihepatitis might not have been entirely syphilitic, indeed, I am a little doubtful whether syphilis, pure and simple, will lead to the condition of generalized perihepatitis.

CASE 5: Female, æt. 62, with a history of having had seven children, of which five were miscarriages and the other two died in infancy. The husband said to be phthisical. In 1895 Dr. Roddick removed an epithelial wart, which, on examination, was found to be non-malignant. Suddenly, upon July 31st, 1895, while the patient was feeling in good health, she had an attack of hæmetemesis, which was repeated next day and again two days later. It was accompanied by melæna and great weakness.