

the characteristics in youth and adolescence, which remain throughout life in a less marked degree.

That signs of inheritance begin to show themselves after the child has breathed an independent existence for about a month, is remarkable from the fact that this is the period of incubation in the acquired form.

And another strange occurrence is that though syphilis is thought to be the most frequent cause of abortion, the child is usually born apparently healthy.

It was Hutchinson who first proved the syphilitic nature of interstitial keratitis, as well as the peculiar malformation of the teeth, which bear his name, either alone being sufficient to prove inheritance.

Eye lesions, in the congenital form of syphilis, occur somewhat in the same order as in the acquired disease, but with varying frequency. Iritis, which is of common occurrence in the secondary stage of acquired syphilis is almost unknown in inheritance, though this stage here is so much more inflammatory.

Retinitis and choroiditis are somewhat rare, while keratitis is most common. Interstitial keratitis comes on without much disturbance of the conjunctiva or sclerotic. The cornea is steamy and afterwards becomes opaque like ground glass. The cornea and conjunctivæ later become highly congested, with a wide ciliary border of inflammation. There is much intolerance of light.

The cornea, in patches at its border, may become a dark red or salmon-colored, sometimes resembling blood, in the anterior chamber, vision at this stage being greatly in abeyance. There is an absence of suppuration, but dense leucomata may form, which never become removed, shutting out vision more or less completely.

But it is marvellous how these cases clear up as only syphilitic inflammations can, even without treatment, though they may present very unpromising appearances, and take several months in the process. Both eyes are affected, but usually not at the same time: months may intervene between the disturbance of the first and second eye. These cases may relapse.

Retinitis and retino choroiditis are more rare. Disseminated choroiditis consists of discrete pigmented dots of atrophy, situated at the extreme periphery of the fundus, as seen by the ophthalmoscope.

The organ of hearing suffers less frequently than that of vision, and is not so characteristic of inheritance. But where deafness affecting both ears (symmetrical deafness) comes on suddenly in a young subject, without pain or discharge or tinnitus, that is, without obvious cause of disease in the middle ear, it may be put down as from inherited syphilis. It is more frequent in girls than in boys, and occurs about puberty.

The lesion is one of the auditory nerve, shown by the tuning-fork not being heard either at the meatus or on the mastoid bone. The course of the disease is rapid; complete deafness may come on in a few weeks, or be delayed for months.

No one, Mr. Chairman, is more aware of the imperfections of my paper than myself, which was not intended to be exhaustive nor exhausting, but to give a brief sketch of the disease and elicit discussion. It is my pleasure to have here present to-day patients illustrating my paper, who are the subjects of inherited syphilis, who; sent many well-marked characteristics, more particularly of eye disease, on which I have dwelt.

#### A CASE OF CHOLECYSTOTOMY.

BY F. B. WILKINSON, M.B., COURTRIGHT.

Patient Mrs. W., age 48, mother of nine healthy children. Family history negative.

The water in this part of the country is all surface water, there being no springs or gravel beds in the neighbourhood. Healthy during childhood; had scarlet fever and measles after her marriage, twenty-five years ago. A year before marriage she gives a history of having severe attacks of colic, three or four paroxysms daily. These attacks lasted for a period of six months. Pain which came on and ceased suddenly, extended from the region of the gall-bladder through to her back. One and a half years passed before another attack came on. This occurred four days after the birth of her second child. She never had an attack during the time she was pregnant. This spell of pain continued intermittently for nine months, and ended suddenly during a severe paroxysm with vomiting. After this, she had complete relief for twelve years and two months. Then (about nine years ago) she had another series of paroxysms of the same character as the previous ones, at the