with the mere use of tonics, without mercury. With regard to inoculation from secondary syphilis, he thought that it was a question of great difficulty. Persons having secondry symptoms cohabited for months without producing infection. He had seen attempts made to inoculate secondary syphilis; but the process was a difficult one. It was said that it was very easy to prove that reinfection occurred frequently. Was he to understand that, in order to prove this, surgeons had undertaken the responsibility of inoculating healthy persons? Unless this were done there was a want of data that could be depended on.

Dr. Drysdale had been long on the look-out for cases of reinfection; but he had only met with one case, in which a gentleman, who had a primary sore followed by sore throat and eruption in 1862, having recovered, was reinfected in 1870. He did not think that induration was a sufficient sign for reinfection; for tertiary induration might be mistaken for that of a primary sore, and he believed that many authors had probably made this mistake. He did not agree with Mr. Hutchinson's view that the tertiary symptoms were not really syphilitic. He thought that, to prove that two attacks of syphilis had occurred in the same person, it was necessary to show that there had been roseola on both occasions. Such writings as those of Mr. Gascoyen tended to shake the dualistic theory of syphilis, which he believed correct. He would ask Mr. Gascoyen whether syphilitic men ever begot syphilitic children without first infecting the mother. Inoculation from secondary manifestations had always resulted in syphilis. Infection had in some cases taken place by the mouth. Prostitutes must sometimes infect by secondary symptoms; it was scarcely possible that there could be sufficient primary syphilis among them to account for all ths cases of infection.

Dr. Thin said that the influence of iodide of potassium in tertiary syphilis indicated that it was not merely due to the wearing down of the coustitution.