

In this case, the section through the puckerings showed singularly little fibrous tissue despite the extreme contraction and deformity of the region where they were present. There were no proper gummatus areas to be made out, and the only satisfactory explanation is that in this liver, which presented so obviously the appearance of tertiary syphilis, there had been complete or almost complete absorption of the syphilitic deposits.

It may be suggested that the resemblance between tuberculosis and syphilis which I have thus emphasized is imperfect, in that, when tuberculosis once affects the organ, the virus always remains latent in that organ, and there is not the complete absorption which we must acknowledge takes place in the majority of cases in syphilis. For it is admitted that at the most (and that in untreated cases) only 30 per cent. of those infected show tertiary symptoms. Among those treated the percentage is only about 10 per cent. But this is another modern popular fallacy; there may be complete cure of tuberculosis and complete disappearance of the tubercles even when they have become distinctly fibrous. This is proved by the experimental infection of dogs with peritoneal tuberculosis and arrest of the process by repeated laparotomy. I need scarce remind you that it also has been recognized in some cases that there may be arrest of tubercular peritonitis in man by similar means. Definite cases are on record in which there has been a complete disappearance of well-marked fibroid tubercles from the serous coats of the intestines. The analogy, therefore, between tuberculosis and syphilis must be regarded as complete in this respect.

Rarely we come across a syphilitic liver showing very clear evidence of the progressive development of the hepatic condition.

CASE 4. Such a case have I met with in a male of twenty-eight, who entered the Royal Victoria Hospital under Dr. Stewart with a rupture of one or more branches of the middle cerebral artery, and who had, two years before, been treated by Dr. James Bell for syphilis. Whether the syphilis then was primary, secondary, or of later manifestations, I cannot ascertain, for the patient died before his history could be elicited. In this case there was syphilitic inflammation of the ventricles of the brain, and early atheroma of smaller arteries. The liver showed three or four puckered scars, and, microscopically, fairly frequent gummata, with giant cells and small localized infiltrations of leucocytes. There were no signs of tuberculosis anywhere, and the sections of the liver stained with carbol-fuchsin did not show any tubercle bacilli. In this case the puckered scars indicated gummata had undergone cicatrization and fairly com-