of prehistoric man, nor in any way changed except by the unfortunate doctrine of the illustrious Galen."

A paper on "Backache," by Edwin T. Blake, of London, was read, and apparently pretty well discussed. So far as we can discern, the lecturer thinks that the trouble is caused usually) and the chief caution was, notwithstanding the fact that he is a homœopath, as to the *cause*), by say, a "bent whalebone or the button on a heavy shirt; a non-woollen trouser waistband, soaked with sweat and causing resultant chill."

Some of them who followed in the discussion had discovered various causes for the trouble, as a knot in a corset string, a heavy silver watch pressing on the intercostal nerves, etc. One doctor concluded that backache was due to deficient circulation, and she "first taught her patients how to breathe." And so on.

It is a pity that many educated men, and such there are in the homœopathic school, should countenance by their presence such nonsense as we hear gravely put forth as leading tenets in the faith. "Dynamization by attenuation," may sound very well in ignorant and unlearned ears, but in this present day of earnest scientific research, of the new science of bacteriology, of pathology, of the microscope and instruments of precision, the expression seems to us foolish.

The disregard of pathology which homœopathy allows is perhaps the weak point in the system. If we understood the matter correctly, the whole science consists of a knowledge of a list of symptoms of disease on the one hand, and a list of the symptoms produced in healthy men by various drugs on the other. It could only be under such a system that the remark that "*Rhus.* acts best in the *right* hip," and "*Stram.* has remarkable control over the disease in the *left*," could pass unchallenged, and without the speaker being silenced.

Yet a body of men and women, holding such views, is held up for our admiration as the "scientific school of medicine," they are the "five hundred of the ablest physicians of the world," and "the results of the deliberations of this scientific body will be felt for years to come." It is enough.

THE ABORTION OF SYPHILIS BY EXCISION.

A great deal has been written *pro* and *con*, on the possibility of the prophylaxis of syphilis by early excision of the primary sore. Delightful as it would be to the patient to feel that after infection he could, by a simple ablation of the sore, be saved from the long and tedious treatment for syphilis, recent censensus of opinion is almost unanimous against the possibility of any such happy consummation. Dr. R. W. Taylor, in a recent paper in the *Med. Rec.*, gives, very clearly and concisely, the reason *why* such excision does not cause abortion of the disease. He remarks that as late as ten or twelve years ago excision of chancres as a prophylactic measure was quite common, while M. Jullien and a few others still hold to its utility. The writer gives details of four cases, which, when carefully studied, go to show that even in the first days of infection the poison is not limited to the seat of the lesion, but is widely extended. He mentions a case recorded by Berkeley Hill, in which the removal of the infected (torn) surface, as early as twelve hours after cohabitation with a syphilitic woman, did not either suppress or abort the disease.

"Ricord in his later years has said that he considered the destruction of the infecting chancre as absolutely useless (in a prophylactic sense) no matter how early it is done. That it is certain that even before its appearance that syphilis exists, and that even if the entire penis should be amputated before the chancre showed itself, syphilis would follow nevertheless."

In conclusion, Dr. Taylor says: "In this essay I have sought to show why syphilis is not aborted by excision of its initial lesion with a liberal slice of the surrounding parts. The reason, succinctly stated, is that (contrary to the present view) the syphilitic infective process is from the very start a quite rapid one. That the poison strikes directly for the blood-vessels and causing there its peculiar changes, runs along them with astonishing rapidity. Thus it gains a foothold in parts beyond the reach of the knife, the caustics, or electrolysis. In fact, the tissues of the whole penis in very early syphilis are, we may say, honeycombed by these infected vessels. These observations just presented, backed by the evi-