

Dr. JOHN HUNTER told of a case of secondary syphilis occurring in a young man engaged to a young lady who had been turned out of doors by a stepmother. Marriage seemed imperative. The doctor recommended the young lady to undergo treatment, and that careful hygienic precautions should be observed. If any symptoms arose an immediate report was to be made. The lady was put on treatment before marriage, the liquor hydrarg. perchlor. being administered. She never acquired the disease, and has had four healthy children. The husband recovered. Was it necessary, the speaker asked, to antedate the syphilis in this case? If so, why not protect everybody from it?

A second case had come under his notice. The patient, a very intelligent man, had acquired syphilis at twenty. Was treated at Guy's Hospital for three years, off and on. He then married and raised a healthy family, the youngest daughter being eighteen. During "the boom" he became financially ruined. With that, impaired health came on. The syphilitic lesions reappeared on the abdomen and other parts of the body. Brain lesions set in. There was, first, paresis of certain muscles, then psychical disturbance. In three or months the man died. Dr. Hunter asked the essayist how this reappearance of the lesions in this case were to be accounted for.

Dr. R. A. REEVE inquired of the essayist in what respect he considered congenital syphilis differed from the ordinary acquired, as far as the evolution of certain symptoms were concerned. He asked this in view of the statement of the paper that the so-called late symptoms were attributable to the syphilitic virus in the system. There was one condition of the eye occurring in congenital syphilis six months, one year, two years, or even fifteen years after birth, the so-called interstitial inflammation of the cornea. The fact was noticed that when the second eye was involved (as a rule), though the patient was under mercury and in as good a hygienic condition as possible, not infrequently the inflammation involving the second eye was materially worse than that involving the first eye. As this occurred within a year after birth, and was a symmetrical lesion—affecting both eyes—and, in a sense, out of the category of tertiary lesions, the speaker asked in what sense the evolution of this symptom varied from the essayist's rule, and also whether he considered, if that characteristic of the disease appeared at fifteen or twenty, as it often did, the infective period still persisted. Dr. Reeve referred to the use of hypodermic injections of pilocarpine in conjunction with the mercurial and iodide treatment in iritic adhesions. His confrere, Dr. Burnham, had drawn attention to this form of treatment in a paper read before