

and kindred matters, that we must almost admit the justness of the remark made by an eminent physician of the English metropolis, who, hearing Canada suggested as an appropriate residence for an invalid, pertly replied "we know nothing of Canada." Indeed I have found it stated in an apparently learned report of the sanitary state of Upper Canada, bearing a modern date, that syphilis is unknown in that remote part of the habitable globe! Such extreme ignorance, however, as this, is fortunately not universal. Benj. Bell, in his work on venereal, published in 1793, has a section entitled "of some peculiarities of form under which lues venerea has appeared in Scotland and Canada." He is very laconic about the characteristics of the disease in Canada, but the little said is rather favorable to the conclusion that the case above reported was one of Canadian syphilis. His principal statement referring to this subject is that lues venerea has appeared in our country (Canada) in the same manner and under the same form as it had in Scotland. In another place he asserts that the disease in the latter country is termed sibbens in the Highlands, and yaws in Dumfries-shire and Galway. Its most characteristic symptom is stated to be "a soft spongy excrescence in size and color resembling a common rasp, which is apt to appear on all such parts as either become ulcerated or that are attacked with any kind of eruption; hence the name sibben or wild rasp. This spongy substance may rise to a considerable height, nor can it be kept down by any of the common escharotics—if entirely removed it soon returns unless the virus be removed by mercury." Now, this description identifies the disease seen by Benj. Bell with the Tubercle which existed in the above case. And the nature of the latter thus becomes established. Since we have the authority of this eminent Surgeon for saying there can be no question about its having been venereal, because its mode of occurrence was by direct communication; its evolution the sequence of blood contamination; and mercury was the only remedy which was capable of effecting a radical cure.

In the case under notice, there were further evidences of consecutive syphilis in the eruption on the cutaneous surface, affection of the mucous membrane, loss of hair, bubonic enlargement, &c. Each so unmistakable as to leave no room for doubt as to the proximate cause of their conjoint development. In view of this fact the case sheds additional light on the history of sibbens by showing that the latter may co-exist with other symptoms of syphilitic infection and need not necessarily be solitary. Thereby maintaining a still closer bond of connexion between the Canadian and Scottish modifications of syphilis—for sibbens in North Britain has been observed with every form under which lues venerea usually appears. This, however, only applies to the con-