

the number of cases where one recognizes the tertiary form of the disease without history of previous infection. Is it possible that the tertiary form may be communicable, or even the secondary form, without a previous contagion? This has been a moot point for many years, that is, its communicability in these stages without a previous condition of infection. I rather believe it is, that you may communicate this disease without having primary sores.

J. ALEX. HUTCHISON, M.D.—I should like to add a word to confirm the view held by Dr. Pennoyer. It does seem surprising that cases of this nature are overlooked, and I think possibly the explanation may be that we follow very largely the belief that was present in London many years ago, where it was assumed that every case that came to the outdoor was syphilitic until it was proven to be otherwise. I think all hospital men are rather of that view, so that the recognition of these conditions comes easier to us than it would to a man in a small place where the disease is not so well known and recognized. The point mentioned by Dr. Pennoyer is a very interesting one, one does not always see the primary sores before a general constitutional condition has taken place.

G. GORDON CAMPBELL, M.D.—With regard to the length of time for keeping up administration of the iodide, it has been the rule in hospital practice to keep it up for 6 or 7 months at least, if the patient attends. It is very rarely that the patient will come back after the signs of the disease have disappeared. In those cases where we have kept it up the disease has not recurred in any I have been able to follow for 5 or 6 years. The patient with the ulcer on the left shoulder of which the photograph was shown was a most interesting case. He was in the hospital while I was house surgeon there in 1889 with a lesion on the shoulder and on the forehead. He was treated until they were completely healed and we did not see him again until he walked into the medical clinic five years ago with symptoms of cerebral syphilis, paresis, etc., suggesting a syphilitic tumour of the brain. On having him stripped I recognized the healed ulcer on the shoulder. He died from the disease of the brain. Here the disease did not return in the skin. The general opinion of dermatologists is that the iodide has no curative effect on the disease itself, but has the remarkable power of causing the absorption of the granulomata; and that it is wise after the lesions have disappeared to give a course of the mercurials as a preventative against recurrence. I may also say that the iodide does not seem to have the same effect on visceral lesions as it does on the skin. It is notorious that patients who come to the hospital with the so-called leucoplakia and ulcers of the tongue, recover from the skin lesions at once, but with the