

secondary symptoms, but could give no idea of how he had contracted the disease beyond the fact that he was exposed to it in the course of his practice. He had never had anything resembling a primary sore. With regard to treatment, he did not believe it was always, not even generally, possible to abort the secondary symptoms by immediate treatment. The Germans are divided between the value of baths and of mercury. He believed that mercury at least had the power of postponing the secondary rash. He was in the habit of waiting until the early secondary symptoms appeared before beginning specific treatment. He had lately seen several cases of multiple chancre where, after a week or ten days, one or more would take on the appearance of a hard chancre, and then only yield to mercurial treatment. Hutchinson thinks that cases can be cured from the beginning, but this has been disputed. A class of patients that are difficult to treat are those in which severe salivation follows very small doses of mercury. He always uses mercury in the primary and secondary stages, but prefers potassium iodide in the tertiary. Where potassium iodide disagrees with the patient, the ammonium salt is often found serviceable. Some recent observations and comparisons go to show that, in Portugal, at any rate, syphilis is not of so virulent a type as formerly.

Dr. J. C. CAMERON held Hutchinson's opinion as to the curability of the disease. He finds in many cases small doses of grey powder a very efficient way of introducing mercury. He had seen cases of soft external sores that subsequently took on a specific appearance from contamination, owing to the presence of an unsuspected hard sore in the urethra. He did not think medical men, as a rule, expressed themselves strongly enough regarding the best means of prophylactic treatment. This is a matter that should be taken up and dealt with by every Board of Health. He advocated a rigid system of inspection. In cities in Europe where this has been done the frequency of the disease has rapidly decreased. He was lately informed by a surgeon of a case where one hundred men had been infected from one source. At a recent meeting of the Academy of Physicians in Paris, several sessions were devoted to the discussion of this important subject.

Dr. RODDICK, in reply, said he quite agreed with the last speaker, that something should be done to protect innocent persons from this disease. In answer to Dr. MacDonnell, he said that the history

of a sore was the best guide to the treatment. He finds that if the sore comes on over ten days after exposure, in at least 85 per cent. it is hard chancre. In doubtful cases he waits for the appearance of enlarged glands in the groin. It is not to be forgotten that soft sores sometimes take on a specific character after a few days. He had given grey powder in one-grain doses, but not habitually. He usually administers mercury in the form of $\frac{1}{4}$ grain protiodide pills. He has found that where potassium iodide disagreed with a patient, sodium iodide could be substituted with advantage. In conclusion, Dr. Roddick said he was satisfied that syphilis was less virulent now than formerly. The aggravated rupial syphilis of the older writers is now very rare; doubtless the poison is becoming attenuated.

Stated Meeting, June 1st, 1888.

JAS. PERRIGO, M.D., PRESIDENT, IN THE CHAIR.

Dr. C. W. Haentschel was elected a member.

Fibrous Tumor of the Thigh.—Dr. LAFLEUR exhibited the specimen for Dr. Fenwick, and said that the tumor, a fibro-sarcoma, was oval in shape, 7 in. long, 4 in. wide and 3 in. thick, very firm and hard, and invested in a fibrous capsule. On section the central part was found to be ossified, and of a greyish white colour, while the outer portions were soft and of a pinkish-white colour. The latter showed under the microscope interlacing bundles of spindle cells, with oval nuclei, while the former consisted of an irregular alveolar structure simulating bone, with very few spindle cells.

Dr. FENWICK said that the tumor was removed from a woman aged 45. The patient had no constitutional symptoms of cancer, and there was no enlargement of the inguinal glands. The tumor felt quite movable, but was bound down by fascia. It was eight years in growing, and its appearance as a flat, firm swelling could be traced to a strain caused by lifting a sewing machine. The patient said that she remembered feeling something give way at the time. It was for most of the time quite painless, but latterly, on exertion, sharp paroxysmal pain was produced. There was no tenderness on pressure, and no spots of softening could be felt. The operation was difficult, as the growth was deeply seated on the anterior surface of the right thigh, beneath the muscles, and was firmly attached to the deep fascia. The patient was now convalescent.