

intoxication is the most active agent in the disease, I do not reconcile the fact that he is in opposition to the excision of the sore. While it might be impossible to abort syphilis by excision of the initial lesion when advanced, yet there must be a period when excision of that lesion could abort the disease.

The sore develops in a stated period, and from that period another stated period exists before the inguinal glands or nearest glands are affected; so if it be possible to see the chancre and excise it, it appears to me we should at that period abort the disease. I do not suppose we meet with these cases but exceedingly rarely; yet, theoretically, abortion should be possible. If we do not meet with the sore before the glands are affected, we see it as soon as they are affected or shortly after; if we excise that lesion, we are preventing a large amount of toxic matter from entering the system. If it is a fact that the size of the sore has a bearing upon the future disease in the patient, it seems to me that the sooner that area is eliminated the sooner there will be a lessening of the amount of toxins absorbed. As long as there is an active lesion, toxins are being formed and carried into the system. If the chancre be excised widely and freely, you are placing the patient in a much better position in regard to treatment; of course there are certain positions in which it is impossible to excise the sore. In such cases it is possible to destroy the sore by the actual cautery. I have looked into the matter with some degree of interest, and have records from cases in which I know that the excision has been followed by good results. I question the statement, if man is once affected and cured he is immune from a second attack. If it is possible to be cured of syphilis, it is possible to catch it again. If it is a self-limiting disease, there comes a period when it can be reinoculated.

Dr. F. OAKLEY—In case of a late lesion, such as general paralysis, occurring, perhaps, twenty years after syphilis has been acquired, does Dr. Robinson mean to say that if we see such a case in the beginning treatment is useless? That is not the position of authorities. For instance, in locomotor ataxia it is thought anti-syphilitics are beneficial.

Dr. J. E. GRAHAM—I have listened with a great deal of pleasure to the paper by Dr. Robinson. I feel especial pleasure in listening to Dr. Robinson, because he is a Canadian and a fellow-graduate. He is one of our honorary members, who has been an exceedingly useful one. I am sure he has never given anything of greater value than the paper given to-night. He has given us the modern ideas of syphilitic disease as well as its treatment. We have been too much governed by tradition in syphilis as well as in many other things in