induced often by some great subversive change in the conditions of climate, food, or clothing, to which an individual is subjected.

It is contrary to all our definitions, all our ideas of scrofulous disease, that a man should reach eighty years of age, and then manifest scrofula for the first time—a circumstance which must be allowed, if newly developed tubercle has been found at this period of life, as has been asserted, and if tubercle and scrofula be different manifestations of one and the same cachexia.

But my text was the nature and affinities of tubercle, and it is within these limits that I must restrict myself. It has been my object to show that tubercle is a new growth; that its nature, mode of development, clinical history, and method of metastasis (all this was discussed at much greater length in the lecture as originally delivered), appoint it to a position between cancer and the strictly lymphomatous tumours.

I would have it further remembered, that no pathological new formations can be regarded as parasitic; that nothing akin to the body is ever grafted on to it; that there exist no such things as cells pathognomonic of cancer or of tubercle; that new growths are built upon normal physiological types; that the structure nearest to tubercle (there is none exactly like it) is a lymph-gland.

Lastly, as I have endeavoured to show, the diseases of lymph-glands may be classed together as a family having certain features in common, and each and all of them some affinity, although really only a very distant relationship to tubercle. When grouped together about this, as they have been, with singular talent and profound knowledge, by Professor Virchow, we learn that the heterologous mode of its development separates this new growth from them, and allies it more closely in nature with cancerous tumour.

ON THE REPORT OF THE VENEREAL COMMISSION.

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THE Report of the Committee appointed by the Lords of the Admiralty to inquire into the best mode of treatment of the venereal disease, has at least had the good effect of clearing the subject of much that was ambiguous, theoretical, or irrelevant, and has left it open to yet further inquiry. A syphilitic virus is recognised; the disease is pronounced as specific as small-pox. But here the resemblance must cease: there is no further analogy between the two diseases; and I trust never again to see repeated those cruel experiments by which it was attempted to render the body insusceptible to the further action of the virus by repeated inoculations.

The weight of evidence went to prove that syphilis, under favouring circumstances, might be generated spontaneously. And permit me to ask, as regards this point, in what respect the history of syphilis differs from that of any other known disease? Do we know the origin of small-pox, of measles, or of scarlatina? Can we explain the nature of the cholera poison? To say that syphilis may possibly have been derived from the horse, is a purely fanciful statement, which is unworthy of any scientific work.

It being, then, established, first, that there is such a disease; and secondly, that there is a specific virus,—the Committee next proceeds to the subject

of primary sores; and here, in my opinion, is the first break-down.

Two species of sores are described; namely, first, the simple local sore, the influence of which never extends beyond the inguinal glands, but is eminently contagious, though incapable of infecting the constitution. This is the most common, and prevails over all other varieties in a ratio of about 4 to 1." secondly, the syphilitic sore, which, according to this Report, is not always indurated, as was the prevailing opinion some weeks ago, but which may be indurated throughout its entire course; or soft in its early stage, and subsequently indurated or soft throughout its entire course, but which, unlike the simple local sore, is followed by constitutional disease. The evidence, further, is conclusive that it is impossible to pronounce with certainty on the characters of a sore on its first appearance.

Now, I maintain that such conclusions as these are useless to us in a medical point of view, and may become mischievous to our patients. The theories about "induration" as characteristic of syphilis are gone. The soft syphilitic sore cannot be distinguished from the soft non-syphilitic sore, except by its progress and history. If, according to the Report, a rash come over the body, it is syphilitic; if not so, it is a simple sore. But the surgeon, who honestly entertains this belief, can only reply to his patient's anxious inquiries respecting the character of the disease, "I cannot tell you its nature until it has come to an end. If you suffer from constitutional symptoms, it is syphilitic; if not, it is non-syphilitic." The patient might reply, that he could have told the surgeon as much himself.

Such arguments remind me of those once entertained respecting the use of mercury. If the sore is cured by mercury, it is syphilitic; if not so, it is non-syphilitic.

But these arguments may become mischievous. Is there a sane surgeon living who, if his life depended on it, would undertake to guarantee to a patient, the subject of any form of venereal sore whatever, that he should be free from the occurrence of constitutional infection? Should there be any one who really attaches importance to the matter of "induration", I could speedily produce evidence to bring him to a very different opinion. That some persons suffer constitutionally, and some do not, is a matter of general notoriety; but surely all individuals are not equally susceptible of general syphilitic infection.

According to this Report, the frequency of constitutional symptoms to primary sores of all kinds should be four to one. Taking the female venereal cases which are in constant succession under my care, I should pronounce the number at least one-half; and then, many who quit the hospital apparently well, and not generally infected, suffer from secondary symptoms afterwards. So also, among the men, secondary symptoms are common; but the induration of the base of the primary sore is of rare occurrence, and is scarcely ever seen in women.

I see no reason to change my opinion from that which has been already published and expressed; namely, that there is but one venereal virus, the action of which is usually chronic, and always ulcerative. The character of the sore thus produced depends, as in any other case, on the nature of the tissue on which it acts; and, *ceteris paribus*, the same tissue presents the same kind of venereal ulcers. These ulcers are not precisely similar in the male and female; nor in the former are they always the same, inasmuch as they vary in character just as often as the tissues composing the penis vary in their intimate structure.