both these general rules will be met with, and there really is no absolute proof of the infecting nature of any sore but the fact of infection itself."

Baeumler,* who is a very decided dualist, by the way, states that the local primary manifestations, even when produced by true syphilitic virus, in certain rare cases, recede without general symptoms following. He further declares that, "In another class of no less exceptional cases, probably under the influence of a personal predisposition, there occurs, immediately after the inoculation, a local inflammatory process, with ulceration, as in the *soft chancre*, by means of which the syphilitic poison is, very likely, counteracted in the part affected, and the poison may be thus destroyed. But under certain circumstances, where, notwithstanding this, the syphilitic poison takes, induration will follow later, together with general syphilis."

Great stress is usually placed upon the period of incubation of a sore as determining its character. When one can obtain a truthful statement—a matter of difficulty in itself—from his patient as to the date of last exposure, this is a most important and valuable method of diagnosis. While the infecting chancre generally observes a period of incubation of from two to three weeks, the fact should never be lost sight of that this period may be considerably longer or considerably shorter. The confusion which a very long period of incubation may occasion, I shall refer to subsequently when discussing abrasions. Dr. Hammond gives the circumstantial history of a case, where the period between the exposure and the appearance of an indurated sore was but thirty-six hours. Otis mentions in detail the case of a Confederate surgeon, who amputated the limb of a soldier, the subject of secondary syphilis, and who, during the operation, pricked his finger with a spicula of bone. Evidence of contamination ensued within twenty-four hours, and in due course of time was followed by the usual symptoms. R. W. Taylor has likewise published two cases, wherein the inoculation period was, respectively, twenty-four hours and one week. Rollet, in a patient of his, noted a period of nine days.* In a patient of mine the period of quiescence appeared to be but seven days, and I have observed several cases where it was within ten days.

The presence or absence of induration is an important factor in differentiation, and Bumstead goes so far as to say that he would not hesitate to regard its absence, at the termination of three weeks, both in the sore itself and in the neighbouring ganglia, an indication that the patient was free from constitutional infection.†

This emphatic statement, agreed to in the main by all the early dualists, is scarcely considered tenable now, even by its author. Every practical observer must have met with case after case, where no induration could be made out in the sore, yet in which syphilis subsequently followed. The dualists of to-day, however, do not consider so much the appearance of the sore as its source. This view of the question was forced upon them by common experience. Thus, Baeumler says, ulcers may occur on the genitals which show a distinct hardness, but which are not followed by syphilis, and for the simple reason that they were not produced by the syphilitic poison; on the other hand, the induration may be very inconsiderable or obscure in local affections which are followed by constitutional syphilis. Clerc met with ten cases of early syphilis, in the course of a couple of years, where he could determine no primary manifestations whatever; but as he also mentions a case where the induration disappeared in twelve days, Berkley Hill thinks it probable that when induration is supposed to be absent, it has simply been unobserved. Enlargement of the lymphatic glands near the point of primary lesion, is far more valuable in a diagnostic point of view than changes in the sore. Fournier found it missing in only three cases out of 265 men, and three out of 223 women. I believe that a certain amount of glandular engorgement follows all of the so-called hard chancres; still it sometimes happens that it is more or less difficult, or even impossible to make out, as, for instance, where the adenitis is slight and the parts are

* Ziemssen's Cyclopædia, Vol. III.

* These cases are quoted by Otis in the N. Y. *Medical Gazette*, June, 1877.

† On Venereal Diseases.