

1. That early in the 19th century any lesion appearing in a syphilitic subject was attributed to syphilis.

2. That for nearly half a century the sole criterion of the syphilitic nature of any lesion was the influence upon it of specific treatment.

3. That it was Rollet, who in 1854-69, first suggested the specific nature of gonorrhœa, and established the doctrine of "duality," while studying the mixed chancre; asserted that contagion was most often conveyed by secondary lesions, and particularly mucous patches, and proved that sexual intercourse is not the sole method of conveyance of syphilis.

Then the study of hereditary syphilis, often confounded with scrofula, was carried on by Chabaux and completely developed by Fournier in 1881.

The mode of transmission of the disease remained a question. Some attributed hereditary syphilis alone to maternal infection. The truth of Colles' law is nevertheless admitted. While contagiousness of the secondary manifestations is established, it is doubtful whether mucous patches can transmit the disease five, six or ten years after the initial lesion. The explanation of the syphilitic symptoms, so numerous and so complex, is sought in the study of the histological character of the lesions and in the disturbance of nutrition produced by the disease. Secondary infections doubtless influence to a greater or less extent the course and manifestation of the disease. It goes without saying that there continues, with respect to the treatment of syphilis, a full confidence in mercury and iodides. While "all roads lead to Rome," discussion prevails as to which enables one "to arrive" earliest and in the safest condition. Dr. Wickham is a strong advocate of the use of mercury by injections. He claims for the method: (1) the great advantage of sparing the stomach, and should it be necessary to give iodide, the stomach is ready for the emergency; (2) the more direct penetration of the mercury into the blood stream; (3) the more complete utilization of the dose administered, and (4) above all, the more exact dosage thus rendered possible. The same writer urges the necessity of adequate dosage, determined by the resistance of the patient. First given in small doses the drug induces slight reactionary fever and malaise which indicate the patient's resistance or the limit of tolerance. One should proceed with the remedy in doses which will not induce the reaction, increasing from time to time. He further urges more attention to the quantity of mercury in the preparation chosen, showing that calomel and biniodide of mercury stand at opposite poles of the compounds available, the former containing 84.9 per cent. the latter 44 per cent. of mercury, while corrosive sublimate contains 73 per cent.