

Although Roux and Metchnikoff (1) announced in November, 1904, that they had successfully inoculated monkeys with syphilis, it was not until May, 1905, that Hoffmann and Schaudin, two eminent German investigators, the former an ex-army medical officer and privatdocent, the latter a member of the Imperial Council of Health, announced in the *Deutsche Medizinische Wochenschrift* (2) the discovery of the spirocheta pallida, which was found in the juice extracted from the inguinal glands and in glands which had been excised in an individual known to be infected with syphilis.

In their original article the deductions were drawn from a study of eight cases, in two of which the glands had been extirpated and smears made from them. In the other six cases the juice was drawn off from the gland and the organism isolated.

In all of these cases the initial lesion had only appeared from one to four months before the observations were made.

The spirochetæ were found to be of two varieties; to one the term "pallida" was applied, and to the other "refringens." By some it has been insisted that only the pallida is found in syphilitic lesions, and that the refringens is found in decomposing smegma; further, that this variety is saprophytic, and allied to the bacillus smegma. Hoffmann and Schaudin, however, noted that the refringens was also found in superficial syphilitic lesions, although it was not thought to have any specific function in the etiology of the disease process.

Many observers have corroborated the findings of Hoffmann and Schaudin, and have identified the spirocheta pallida in smears made from syphilitic lesions. Among the late reports is that of Fanoni (3), who describes in detail observations in a number of cases and tabulates his results.

It is interesting to note that the spirochetæ have also been found by Castellani (4) in Parangi (Yaws).

In the majority of instances where the observations are detailed the presence of the organism in primary and secondary lesions was noted, but it was not found in tertiary lesions except in two cases reported by Spitzer (5). This is extremely interesting, as has been pointed out by Sobernheim (6), because it agrees with what clinical experience has taught us regarding the transmission of syphilis in the three stages, namely, that it is usually found to be transmissible in the primary and secondary stages and not in the tertiary. Sobernheim examined 58 cases; in 50 either primary or secondary lesions were present, and in these spirochetæ could be demon-