

mers,\* on the other hand is inclined to believe that the acute yellow atrophy seen in recent syphilis is secondary to obstruction of the bile ducts, for in three cases he found enlarged glands compressing the ductus communis choledochus. I must, however, confess that it is difficult to follow his explanation; mere obstruction will not lead to acute yellow atrophy.

It will be noticed that in several of the above cases jaundice manifested itself. Now jaundice is a not uncommon event in secondary syphilis. Attention has frequently been called to its existence from the time of Ricord and Gubler onwards; Lancereaux alone collected twenty one cases, Lasch,† forty-nine. Within the last two years, Neumann, Joseph and Uhlmann have redirected attention to its prevalence. I cannot but think that this jaundice must afford another indication of what I have already dwelt upon in connection with infantile syphilis, namely, that the liver, being a great excretory organ, may in certain cases be so injured by the action of syphilitic toxins, that parenchymatous and it may be catarrhal hepatitis is set up and the jaundice be an indication of the functional disturbances due to this cause. This view appears to be more probable than either of the other suggested explanations, to wit, that the jaundice is obstructive and due either to specific growths in the bile ducts or to the pressure of enlarged lymph glands at the hilus of the liver upon the larger bile passages.

We thus, even in the early stages of the disease of postnatal acquirement, obtain evidence pointing to the existence of generalised effects of syphilis upon the liver. As I have pointed out elsewhere‡ a fairly extensive fibrosis, apparently independent of the gummatous developments, is not infrequently to be met with in cases where there is active progressive syphilis long years after primary infection.

Turning now to the more generally recognised evidence of syphilis affecting the liver in the tertiary stage, namely the gummata, and discussing first the large gummata, which are the most characteristic lesions of acquired syphilis, it must be clearly borne in mind that two distinct conditions are popularly confounded together and both regarded as tertiary manifestations, namely :—the fibroid pittings and cicatrices which are the final indications of gummatous deposits in the liver, which remain after complete absorption of the original gummatous mass. We not infrequently come across these disfigurements and distortions of the liver in the bodies of those who for years have presented no indications of active syphilis, and they must, I hold, be regarded as obsolete gummata. Indeed, in one case upon making microscopic sections through a

\* Monatschrift f. prakt. Dermat., 1892, quoted by Neumann.

† Lasch, Berlin Klin. Wochenschr., 1894.

‡ MONTREAL MEDICAL JOURNAL, June, 1898, p. 401.