

which, like the exanthemata, are accompanied by constitutional disturbance, often indicated by rise of temperature, and general malaise, but still nature attempts a cure. Sooner or later, however, other factors enter into consideration. The invaded host gains strength on becoming accustomed to the toxins of the invader, and the latter gradually become attenuated, possibly through the same conditions as influence the virus producing the different exanthemata, and thus the early secondary symptoms pass to the later secondary and these latter to the early tertiary where hyperplasiæ are the characteristic phenomena. Possibly where the virus becomes firmly encapsulated, as in tuberculosis, a period of truce ensues, and cure results in a longer or shorter period of time, according to the resisting power of the host and the virulence of the invader.

To recapitulate; let us consider the following hypothesis:—

Syphilis is at first a local disease. It then becomes generalized. Lastly, by the degeneration of localized healed lesions, local manifestations may again appear. In other words, the syphilitic virus seems to tend to provoke the same hyperplasia of tissue as does the tubercle bacillus, possibly, the so-called tertiary manifestations are quite frequently due to the breaking down of these areas of hyperplasia alone, which is characteristic of many new growths. Again, such hyperplasia may characterize encapsulation of the virus, which, as in tubercle, may mean the healing of the disease, and the degeneration following such encapsulation may be totally independent of the activity of the virus, and it may be altogether encapsulated and therefore inert. This hypothesis will explain that few cases of tertiary syphilis have been proven to be contagious.

“No discussion should be required in this place to show that mercurial remedies are the real remedies for this disease.” With these words, Liebreich, nearly twenty years ago, opened the discussion on Syphilis at the International Congress held at Copenhagen. Do we believe this literally to-day?

In these days, when our faith in the specific action of drugs is decreasing, when even men like Osler openly state that we have but three or four brilliant instances of the specific action of a remedy,<sup>2</sup> and when the most modern thinkers will classify with him, as our four greatest specifics mercury and potassium iodide for syphilis, with quinine for malaria and iron for chlorosis, it seems bold to say, that there are many who are unconvinced of the specific action of mercury. E. L. Keyes, in a private letter about two years ago, wrote: “no treatment, mercury in excess, or mercury in tonic doses, or mercury in controlling doses, no iodides, no springs, nothing but the lapse of time