

be better for the judicious physician to leave the question to be decided by time. How much time is required is to be determined by the varying conditions found upon repeated examinations.

If our patients came to us with clear antecedent histories, with especially typical lesions, and these unaltered in appearance, untouched by caustic, and unirritated in any way, the difficulty in arriving at some definite conclusion would be materially lessened. But as a matter of practical fact the chancre and chancroid, the herpetic eruption, abrasion, etc., of the books, rarely fall under the notice of the medical man; or at any rate the cases are numerous where the aspect of sores is so changed by a variety of causes that the recorded descriptions are more a source of fallacy than instruction. Then again, there are venereal ulcerations in which none of the usual causes of obscurity obtain, but in which no immediate diagnosis is possible. It is these last cases especially which show that there is a great deal to learn and a great deal to unlearn as to the hard and soft sores. To my mind the question of pathology involved is still a very open one.

I am sustained in much that I have already stated by the experience of Mr. Jonathan Hutchinson, who writes* that, "patients will come to you with sores contracted a few days or a week or two before, and will expect you to be able to tell them whether or not, they are likely to have syphilis. Now, there is never anything in the conditions which are either present or absent that will justify the most practised observer in giving any opinion at such a stage. It is very rare indeed that an infecting sore acquires any induration within three weeks of the date of contagion, and more commonly it is a month or five weeks. Until such induration takes place, nobody can tell whether it is coming or not."

In experimental inoculation, whether with pus from the chancroid or with the secretion from the chancre, very constant local results are obtained—the pustule in one and the papule in the other sore—but in the consulting room, as observed by both Vidal and Baeumler, these lesions have no exclusive form, so as to enable one, without other concomitant circumstances,

to pronounce definitely upon their nature. It must be admitted, however, that the ordinary chancroid presents much more constant characteristics than the chancre; for the local contagious ulcer, while itself stimulated by other conditions, never assumes any of the various features of the chancre, while the latter, when suppurating or ulcerating through any cause, may closely imitate the former. There is, however, a condition of the chancroid, mentioned by Hill, and which I have often seen, where syphilitic induration is closely imitated, if the inflammatory action of the simple ulcer has been kept up by repeated cauterizations. But presuming that a sore does present all the classical appearances of a chancroid, are we perfectly safe in assuring our patient that he is secure from constitutional infection? I emphatically say we are not. While I know by an every-day experience that the great majority of chancroids end as they began, a purely local difficulty; yet the instances are not infrequent where soft sores, multiple and auto-inoculable at that, have been followed by general syphilis. This fact no one can successfully deny, and it remains a practical warning to the physician when making his prognosis, whether he holds with the dualist in his theory of "mixed chancre" or believes with the unitist in the ultimate relationship of the two poisons. Mr. Lane, of London, who is evidently a unitist in theory, recently delivered a lecture (*Lancet*, May, 1877) on syphilis before the Harveian Society, and offered some of his extensive experience on this subject, which I shall quote and allow the reader to explain by any theory he may happen to entertain: "I have repeatedly seen suppurating sores, which I have had the opportunity of watching throughout their course, and which have never shown any induration that I could discover, but which have nevertheless been followed by constitutional disease. * * * * * It is unsafe to predict confidently that any venereal ulcer, even a soft sore attended with suppurating bubo, will entail no further consequences. There is a strong probability that an indurated sore will prove infecting, and there is a probability, though not nearly so strong, that a soft suppurating sore will not; but exceptions to

* London *Lancet*, quoted in St. Louis, *Clinical Record*, November, 1875.