or incubation, terminating most commonly in eruptions, accompanied to a greater or less extent by fever, malaise, and other characteristics of a general infection, and that these in their turn give place to periods of latency, which latency may, however, be interrupted by exacerbations or by neoplastic lesions—a history characteristic of a disease of microbic origin.

To-day, scientific physicians are inclined to attribute the specific cause of all diseases to one of two different classes of micro-organisms; hacteria, or that amobic-like species, of which the plasmodium malariæ is our most notable example, and are called protozoa. To which is syphilis attributable? In the past, effort after effort has been made to find in the lesions, the blood or the body of the syphilitic person bacteria, which could, according to Koch's law, be defined as the causal agent of syphilis, but without avail; and yet, when we consider the likeness which the tertiary form of this disease bears to tuberculosis, we cannot help returning to our search for a microbic origin of these tubercular syphilides. Perhaps, however, when some method of differentiating from the body tissues, that protozoid class of organism, even now known to be responsible for certain diseases, has been found possible, the discovery of the cause of lues will soon follow.

The question of the etiology of syphilis cannot, however, be discussed without considering the possibility of the dual causation of syphilitic lesions. Are the lesions caused by secondary and tertiary syphilis, due to the same etiological factor? Many say yes, but others say no, certain of the latter asserting that while the primary and secondary lesions are certainly due to a specific virus the tertiary manifestations are but due to a post-syphilitic degeneration.

Let us consider the likeness existing between syphilis, the exanthemata and tuberculosis. An individual becomes affected by the syphilitic virus; a definite period of incubation follows, which period is succeeded by the primary sore, a local manifestation of what is probably at first a local disease; we then have what has been called the period of secondary incubation, which is followed by more or less generalized lesions.

Trace the infection; an entry is obtained for the virus, the incubation period is spent in its gathering of strength, which point having been reached it manifests itself, possibly as a small soft sore. This sore enlarges and rapidly becomes indurated; the irritation of the virus has produced a hyperplasia of the tissues. Rarely the disease is arrested at this point by nature's method; more frequently the virus is disseminated by the blood and lymph channels, and this dissemin, ation occurs during the so-called period of "secondary incubation." This period is succeeded by more or less generalized manifestations,