

a period of incubation and eruption followed by sequelae.

Inherited syphilis is understood to mean the poison of syphilis transmitted from parent to offspring, of which there are three recognized modes of transmission, all of which produce the same general effect, no matter by which parent or way it gains entrance into the organism of the embryo *in utero*.

I will briefly mention them. First, there is what is known as sperm inheritance from the father alone, the mother, at the time of conception, being pure.

Then there is germ inheritance through the mother alone, the father being pure. These are known as conception inheritance from the sperm or germ of one parent or both. It is said not to make any difference: except where both are tainted the liability of transmission is greater. There is yet another way, through the blood of the mother, so that the embryo has to run two chances through her, one by the father.

Transmittance is said to come about in this manner. Both the father and mother being pure at the time of conception, the fetus after it has enjoyed, it may be several months of healthy, intra-uterine life, becomes affected through the mother having contracted the disease, she imparting it to her child through the placental circulation.

Inherited syphilis may be defined as syphilis acquired without a primary sore or chancre, all other infections having a sore on the genitals or other part of the body, excepting under the condition known as Colle's Law, when a pregnant woman through her child *in utero* becomes affected.

There are many rules of inheritance or non-inheritance which will be passed over. It is, I believe, generally admitted that a healthy child, or apparently healthy, may be born to syphilitic parents. Hutchinson, whose teaching largely pervades this paper, and to whom we are indebted to nearly all that is known of inherited syphilis, says that it is not the tendency to syphilis that is inherited, but the disease itself; the child either has it, or has wholly escaped it: that when it is transmitted the course and severity are the same, no matter at what stage it takes place. The difference of degree is often marked, but is referable to the individual, as in acquired syphilis.

Taken as a whole, it runs much the same course after birth as the acquired form. It is a remarkable and well known fact that at birth the symptoms are usually absent, the infant presenting a healthy appearance. It is not until the fourth week that symptoms show themselves: so that it begins at the second stage no matter what stage the disease was at in the parent.

We are in a great measure thrown on our observations of the objective symptoms for a diagnosis in adult life, and it is not always possible or pleasant to ask questions which may awaken the suspicions and disturb the serenity of marital life.

The child of syphilis comes into the world appearing as other children for about a month, when it begins to snuffle, has a constant cold in its head, as the mother says, nurses with difficulty owing to inability to breathe through its nose. Its respirations are noisy, and sleep disturbed. A symmetrical rash appears in the skin like that of the acquired disease. The skin of the neck becomes red and peels, the mouth sore, and the infant begins to wither and waste. There are condylomata and mucous patches about the anus, periostitis may occur, with nodes on the shafts of the long bones, while abscesses form about their epiphyses. Should the infant survive this stage, it is likely to enjoy several years of good health.

The secondary stage of congenital syphilis is very severe, often causing death, while the tertiary manifestations are almost nil, nerve lesions and neoplasms being very rare, contrasting in its stages with the acquired form. In the acquired disease we seldom hear of the secondary stage killing while we often do of the late effects. Here nerve lesions are common, and intra-cranial disease of the arteries at the base of the brain, and gummatous tumours of the same part are frequent.

About puberty in congenital syphilis, other well marked, even pathognomonic, signs appear: in interstitial keratitis, notched teeth, deafness, with other less important phenomena. After these another lull sets in, which may last through life.

The syphilitic child develops a somewhat square head, prominent supraorbital ridges, and flat nose easily flexible at the point. The skin is ruddy but soft and pliant, which at the angles of the mouth is frequently marked by radiating lines, the remains of old eruptions. Such are some of