main cause of this difference is in the soil in which the disease is transplanted; and, further, that this is not fertile or fertile, according as immunity has been transmitted or not. Instead of believing fondly in the old dogma, that children are bound to inherit this disease from one or other of their parents, it begins to look to me that many have transmitted to them a resistance to the disease, and that the grandchildren of syphilitics and the children of cured syphilitics are less liable to contract the disease than the offspring of clean ancestors, and if contracted the disease generally runs a benign course.

Before going further, I wish to make myself clear in regard to heredity. Heredity has been a vague term used by the laity, and even professional men, as "transmission from parent to offspring." Used in this way it has been the cause of endless and senseless bickerings. Is it not more scientific to define heredity a little more closely and more exactly, as "transmission from parent to offspring only through the unimpregnated ovum or spermatozoa?" Heredity from the male can only come by way of the spermatozoa. It is equally just that heredity from the female is only through the ovum. After an impregnated ovum has reached the uterus and is undergoing development we are dealing with a new life, and anything then transmitted is contagion pure and simple, just the same as though the mother inoculated the same child after its birth. It seems to me the only fair way of dealing with the question, and it would simplify discussion very much. That we inherit any disease is doubtful, though we may and probably do inherit tendencies. Therefore I do not believe that there is any hereditary syphilis, not that children are not born with syphilis, but that children so born contract the disease from the maternal parts in the usual way, by contact, or through the maternal circulation.

The histories (few and far between) of children born with syphilis, the mother not being a syphilitic, should be looked on with grave suspicion. I have yet to see a case of a child born with syphilis inoculating its own mother, and the careful observers who have examined mothers of syphilitic children without finding any trace of the disease do not prove that they have not the disease. That the secretions from a male during coition may possibly induce syphilis in the female is true, but it is an improbable and unreasonable thing to believe that the spermatoza itself would inoculate an ovum with syphilis. That children are born of syphilitic parentage who never exhibit any signs of syphilis is a fact; that children are born of similar parentage exhibiting symptoms of impure blood and new tissue formation and yet have not syphilis, is undoubtedly true. Syphilis is not always in an active state and may apparently lie inert for months, only to again break forth in all its virulence. I have mentioned the fact that some people seem to have immunity transmitted to them. I could mention several histories, but the following will do as an example: Mr. G., age 35, has always been healthy and rugged and never suffered from any disease. His mother had been cured of syphilis before marriage. One night he and three others had connection with a syphilitic woman. The others, in the order of connection, numbers one, two and four, contracted syphilis; he, number three, did not. In the three other cases I could find no trace of syphilis in the family history. In 1893 I was consulted by a young healthy man who had always been so, regarding a hard chancre. His father had been a syphilitic before marriage; the mother apparently contracted the disease. Under mercurials he rapidly improved and, saving slight adenitis and roseola, he has never had any symptoms develop since the first six weeks of treatment. He took treatment for a year and is apparently free from the disease entirely, though for over a year he drank heavily. The question is often asked, What is syphilis? I would define it as a contagious, self-limited disease of an inflammatory nature. There are no