cause the disturbance. To me, it would seem that one or other of these causes must be at work. The pericellular character of the cirrhosis is against the change being in the main a fibrosis following upon round celled and miliary gummatous infiltration, while the fact that the change may affect the whole organ, as again the very extent of the areas affected when the whole organ is not involved, is quite opposed to the view that we have to deal with primary focal necroses such as are to be met with in Typhoid and other acute infective diseases, or with infarctous disturbance.*

If Marchand's cases of atrophic granular cirrhosis, occurring in fœtuses born dead are, as he holds, of syphilitic origin, they afford evidence of the extreme results of such fibrosis following upon generalised syphilitic parenchymatous hepatitis.

Thus, to sum up the broad features characterising the syphilitic manifestations in the infant's liver:—

(1.) Syphilis may lead either to granulomatous deposits in the organ or to interstitial fibroid changes.

(2.) The specific granulomata may be present either in the form of minute multiple miliary gummata, or of isolated larger gummata such as in general are regarded as being of tertiary nature.

(3.) It is not possible to regard the one form as secondary, the other as tertiary, for either may co-exist with cutaneous disturbances of the secondary type.

(4.) By analogy, the interstitial fibroid change, so common in infantile syphilis, would appear in the main to be secondary to a degeneration and necrosis of the hepatic parenchyma induced by the action of the toxines of the syphilitic virus upon the individual liver cells. In part it is developed in direct association with the development of miliary gummata.

THE LESIONS OF ACQUIRED SYPHILIS.

Passing now to the hepatic disturbances in syphilis, of post-natal acquirement, we find it more difficult to determine the age and duration of the lesions found, a difficulty due to the fact that syphilis is not in itself a cause of death during the months which immediately follow infection. I know of no adequate study upon the livers of those who, suffering from well marked secondary symptoms, have succumbed to intercurrent disease. A thorough investigation of the visceral changes occurring in the secondary period, remains as much a desideratum to-day as it was in the seventies when Jonathan Hutchinson called attention to this gap in our knowledge. It is however probable that in the vast majority of cases, the liver is not gravely affected during the secondary stages of the disease, for otherwise, it is most unlikely that with the vast number

* Dr. Jacobi informs me that he has met with one of these cases and could only conclude that it was of syphilitic origin.