

the beginning of the 18th century. The French were the earliest to win a name in this fruitful field. About the middle of the 19th century, the eminent Ricord first taught the distinctions of the three great periods of the disease, primary, secondary and tertiary.

In Iceland, though syphilis has frequently been introduced it has quickly died away and is there extinct.

In Africa, Livingstone states that syphilis seems incapable of permanence in any form in persons of pure African blood anywhere in the center of the country.

In China the disease is common, but relatively mild among the natives, due, no doubt, to the protection afforded by previous race infection.

In Japan, according to Dr. Eldridge, it is exceptional to meet a man who will not acknowledge that at some time he suffered from syphilis.

Syphilis, though generally venereal, is often acquired innocently. We can have hereditary syphilis, (2) marital syphilis, (3) syphilis sine coitus.

A discussion of these phases is not embraced in this paper, but a few points in connection with each lead us up to the prophylaxis.

Marital syphilis deserves the most careful consideration from everyone who at any time may have syphilitic patients under observation.

Syphilis without coitus deserves the special attention of all, as the dangers extend to everyone, and those dangers are little understood by the profession, to say nothing of the gross ignorance of the laity.

The methods by which non-venereal syphilis may be acquired are innumerable and relate to every circumstance and surrounding of life. The explanation of the greater frequency of venereal syphilis is found in the nature of the virus which requires an abraded surface for its admission. In the genital region the delicate character of the mucous membrane and the frequent abrasions which occur during coitus afford a ready entrance for the poison, further favored by prolonged contact, heat and moisture.

Extragenital chancres are most frequently found on the lips acquired by kissing, on the digital fingers of accoucheurs, on the cheek from razor wounds, on the breast, chin and other places. A curious case is recorded of a young lady who had a chancre on her neck. On close inquiry it was found that a bee had stung her, and a lady friend had licked a piece of court plaster and placed it on the spot. Three weeks after the small point had gradually increased into a chancre.

Another instance is that of a young lady in a coffee tavern who was accustomed to hold coins in her mouth, and developed chancre of the