At the outset, I must point out that it is not even necessary to have any recognisable first stage or cutaneous chancre. We know well, that in every case of infection, the infectious agent must make an entry from without into the tissues, and in a great number of cases we can discover the point or points of entry, and at such point or points we find evidences of primary local infection, whether on the skin or mucous membranes, and this local infection is strictly comparable with the cutaneous syphilitic chancre. But we also come across cases in which there is a complete lack of evidence of such superficial primary infection; we may find, for instance, the cervical or mesenteric lymph glands affected with tuberculosis without a sign of tuberculosis of the pharynx or tonsils or intestinal mucosa, cases which usually, though mistakenly, are spoken of as 'cryptogenetic.' What occurs in other diseases must at times occur in syphilis, and in going over my post-mortem records, in which to each case, I have subjoined a record of the clinical history of the case, I have been struck several times by observing that where well marked tertiary syphilis has been present in the organs, there has not been a sign of old penile or other chancre,[1] and more than once, in following up the clinical history, by finding that while the patient has freely admitted that he has led a loose life and suffered, it may be several times, from gonorrhœa, he has denied ever having suffered from chancre (vide case III). Now presumably an individual who had had a hard sore would not wholly forget the circumstance, nor is it rational to urge that a hospital patient who admits without constraint that he has led a life of excess and suffered from other venereal diseases, would conceal the previous existence of a chancre. Either then the chancre was so small and inconsiderable as to cause no inconvenience, or the virus gained entry into the system without causing any cutaneous disturbance.

In the female this absence of any superficial or recognisable first stage is especially noticeable; time after time the disease only manifests itself in the secondary stage. I would go so far as to say that the 'fixed idea' that there must be a chancre developed at the region of primary infection, has led to a thorough and general misunderstanding as to the nature of congenital syphilis. It is a popular fallacy to regard a considerable number of cases in which the father of

[1] In some at least of these cases without doubt, the same process has happened as occurs occasionally in connection with vaccinal cicatrices, namely, there has been so complete absorption of the cicatrical tissue, that the part becomes in the course of years absolutely normal in appearance. This complete absorption I need scarcely say, is characteristic of primary lesions of mucous surfaces, and is very frequent in the female.