

of order in the evolution of its manifestations, to this may be added that one attack *generally* confers immunity against a second.

There was a time, quite within the memory of all now present, when the doctrine of the unity of the syphilitic virus was tenaciously held by the vast majority of our profession; but during the last decade a rapid change has been coming over the minds of observing surgeons, and what we used to call 'soft chancre,' 'simple chancre,' and 'non-infecting chancre,' is now denominated *chancroid*, while the initial lesion of true syphilis retains the old name of *chancre*.

The differential diagnosis of the two affections is as follows: True syphilis has a period of incubation averaging about twenty-seven days; while pseudo-syphilis has no appreciable period of incubation. In true syphilis there is usually a single lesion, while in pseudo-syphilis the lesions are very generally multiple. In true syphilis the lesion is not re-inoculable on the subject of it, while in pseudo-syphilis the lesions are almost indefinitely re-inoculable on the person affected. True syphilis is always derived from a chancre or other syphilitic lesion, while pseudo-syphilis is always derived from a chancroid or virulent bubo. The primary lesion of true syphilis is a papule of greater or lesser size, which erodes and forms a superficial ulcer, not usually involving the whole thickness of the skin or mucous membrane; while pseudo-syphilis shows itself in the form of a vesical-pustule which terminates in an excavated ulcer, perforating the whole thickness of the skin or mucous membrane. The true chancre has edges which are *hard*, sloping and closely adherent to subjacent tissues; while the false chancre has soft edges which appear to be cut with a punch, and which are not adherent to the tissues beneath. In true chancre the induration is firm and cartilaginous, sometimes resembling parchment, and this induration remains for a long time; while in false chancre there is no specific induration, though a slight hardening may result from inflammation or the application of caustic, in which case the induration shades off into the surrounding tissues and is quite evanescent. In true syphilis the serous secretion is very scanty, and there is no suppuration unless it be during the period of cicatrization, the secretion is not auto-inoculable; in pseudo-syphilis there is an abundant purulent secretion which is auto-inoculable. In true syphilis one attack gives partial protection against a second, in many cases this protection is complete; while pseudo syphilis may affect the same individual an almost indefinite number of times. The true chancre is rarely phag-