

analogy between tuberculosis and syphilis,¹ we must, I hold, admit the inherent probability of Kaposi's statement that it is possible to have a primary cutaneous syphilitic lesion, a true specific indurated chancre, not followed by any secondary effects. And, further, it is well established that women who have borne syphilized children, and have themselves shown not a sign of primary or secondary manifestations, may, years after, present unmistakable tertiary lesions.²

Up to this point, therefore, it may be laid down:

(1) That from analogy, as from clinical history and absence of any indications of the same, in sundry cases there may be an absence of the primary cutaneous or epithelial manifestations of syphilis.

(2) That individuals may fail to present either primary or secondary symptoms that are recognizable, and yet eventually develop definite tertiary lesions of the disease.

(3) That where the subject is relatively insusceptible it is possible that the disease may be limited to the primary cutaneous manifestation not followed by secondary lesions.

(4) That, as with tuberculosis so with syphilis, the congenital form of the disease begins at what may be termed the secondary stage of the acquired disease, *i.e.*, the stage of general dissemination of the virus through the organism.

THE RELATIONSHIP BETWEEN SECONDARY AND TERTIARY SYPHILIS.

I would now pass on to consider the relationship between the secondary and tertiary stages of syphilis.

Where, in any infectious diseases, we have widespread eruptions, affecting both skin and mucous membranes, we now feel assured that such eruptions are due either to the irritation set up by the actual presence and growth of the specific germs of that disease in the subcutaneous and submucous layers, or to the irritation produced by the products of these germs growing in other parts of the system. And the more we study infections of which we can isolate the specific microbes (streptococcus and pyococcus infections, typhoid, etc.) the more we find the first of these alternatives in force, and, in the case of syphilitic eruptions, the fact that the cutaneous eruptions are

¹ Every pathologist knows, many from personal experience, how frequent among those performing autopsies are cases of strictly localized cutaneous tubercles not followed by extension. Such primary cutaneous tuberculosis is characterized by its tendency to remain localized.

² Finger, Arch. f. Dermat. u. Syph. 1890, p. 331.