

tive tissue development is so excessive as to mask everything else, save, perhaps, necrosis and caseation. But the fact remains that we do not sharply differentiate successive stages of the disease, or consider that the successive stages are characterised by the development of specific manifestations. At the most, in one organ, the lungs, we trace such successive stages of the tubercular process, but we never think of laying down that what is to be made out in the lungs obtains for other organs, and for the body in general. On the contrary, a study of pulmonary phthisis alone has convinced us that the course of tuberculosis varies so greatly according to the interaction of two factors—the condition or reactive power of the tissues, and the virulence of the bacilli—that to attempt to plot out the course of the disease in each case into well defined stages is an impossibility.

With syphilis it is quite another thing. From Ricord onwards a primary, secondary, and tertiary stage have been clearly distinguished, and not only this, but according as to whether the disease is acquired in post-natal life, or has seized upon the individual while in the mother's womb, so do we recognise two different types of the disease.

There is, I take it, no more firmly 'fixed idea' in the whole of medicine than that of the absolute existence of these different stages and forms of syphilis. To-day, I do not want to pose as a revolutionist and an iconoclast, for speaking broadly, and regarding the bulk of the evidence before us, I, like all others, must acknowledge the utility of the divisions. But there is a danger in these fixed ideas, in medicine as in all sublunary affairs, and, to say the least, it is of benefit occasionally to enquire whether what is accepted of all men is so absolutely and entirely fixed and assured as we are accustomed to regard it.

What I am about to say is not novel. The unity of syphilitic lesions has been preached for now more than thirty years, in fact, ever since Wagner pointed out that all such lesions might be referred to the developments of a specific neoplasm. Perhaps Wagner went too far, for there are generalised fibroid conditions, which, as I shall have to point out in connection with the liver, are not directly due to the development of circumscribed neoplasms; but it must be acknowledged that neoplasms or infective granulomata are to be recognised in each stage and form of the disease. Nevertheless, the idea of the sharp demarcation of the different forms and stages of the disease seems to be as firmly planted to-day as it was prior to 1864, and the admirable protest of Nevins Hyde<sup>1</sup> and the writings of others do not seem as yet to have influenced the profession in general.

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<sup>1</sup> Morrow's System of Genito-Urinary Diseases, Vol. II., 1893, p. 20, *et seq.*