

post-natal existence, even then, such presence of the germ would not be true inheritance: it would be an epiphenomenon; for true inheritance demands the carrying over of features peculiar to the germ plasm of the parents. The accidental inclusion of a microbe in the ovum is not a matter of inheritance.

The different lesions due to syphilis to be met with in the infant's liver are, I think, included in the following list:

I. Well-defined gummata.

II. Miliary gummata with generalised fibroid change affecting circumscribed areas of the liver.

III. Admixture of miliary gummata and generalised fibrosis affecting the whole organ, which is, in consequence, enlarged.

IV. Generalised atrophic cirrhosis without much evidence of gummata but associated with icterus, œdema, etc., the organ being very granular and contracted.\*

Time forbids that I should quote examples of these different conditions. Quite the commonest is the second form in which there are no well developed gummata as generally understood, but on section through the affected areas, numerous minute focal collections of small round cells are to be made out, invisible or only just visible to the naked eye, and in their neighbourhood extensive pericellular fibrosis, so that the organ presents a patchy appearance, paler areas of large size standing out against the darker red or liver-colored background of the unaffected tissue. Here we have to deal with a relatively early and progressive stage of disease, in which there is little or no necrobiosis and development of gummy matter.

There are, however, fairly frequent cases on record of the development of true gummata, easily seen by the naked eye, some as large as an almond, and showing signs of contraction, recognised, not, I believe, in children born dead but in those dying as early as two weeks after birth (Canton.)†

The relationship between these miliary gummata and the gross gummata of the liver is that between miliary tubercles and isolated caseous tubercles of the same organ. We never think of suggesting that the two latter forms of tubercle indicate different periods of the tuberculous process. At most, we regard the first as of more acute, the second as of more chronic development. We know full well that miliary tuberculosis of the liver may develop at any stage of the disease, either soon after the primary infection or only as a terminal event after long years

\* To this list I find must be added the (very rare) appearance of tumour-like masses, the result of centrifugal necrosis and fibroid change, with peripheral overgrowth of the liver tissue to which I refer later in discussing the syphilis of the adult.

† Trans. Path. Soc., Lond., XII., 1862, p. 113.