

of their development those which come to maturity become tainted either from the surface or from other eggs which have been killed by the multiplication of the germs within them.

If the syphilitic virus gained entry into the unsegmented human ovum, its effects would surely be to lead to the destruction of the ovum. Foetal syphilis must originate at a later date, and although syphilis in the parents may doubtless have its effects upon the ovum and spermatozoa of the same, and lead to constitutional disturbances in the offspring, progressive syphilitic lesions, the true syphilomata, in the foetus and infant are *not* inherited, but are congenital, that is to say, acquired in utero after conception. Or in other words, inherited and congenital syphilitic lesions are two very different things. Thus, to return to the main point, if the mother be without sign of syphilis, and the child be syphilitic, the only satisfactory explanation is that the syphilitic virus has entered into the maternal organism and tissues, and has failed to induce any characteristic lesion at the point of entry, but has, nevertheless, through the placenta and chorionic villi gained an entrance into the foetal tissues; the process arrested in the mother has been developed in the susceptible tissues of the child, and we have here an interesting example of the variability in the manifestations of the disease dependent upon the reactive powers of the tissues.

Were any further word necessary in support of this contention it would be found in the significant way in which the liver is affected in congenital syphilis. Extensive specific lesions of the liver in the acquired disease are relatively uncommon. They are the most common of all lesions in the congenital affection. As Chiari has pointed out, out of 144 cases of congenital syphilis examined by him, the liver was diseased (and that extensively) in 123 cases, or nearly nine-tenths. Were the ovum infected it would be difficult to explain why the liver should thus be especially singled out. When we remember that this organ is the first to receive the blood coming by the umbilical vein, then if the infection originates from the placenta hepatic implication is the natural sequence.

The essential difference between such congenital, or ante-natal, and "acquired," or post natal, syphilis is, that in the former the virus passes immediately into the blood, and so becomes disseminated through the organism, in the latter the dissemination is delayed. The second stage of acquired syphilis is the first stage of the congenital disease.

Again, although as a pathologist not in practice, I have not met with and am little likely to come across the condition, continuing the