

down that although as yet we are uncertain as to the exact causative germ of the disease, syphilis is a disease of microbic origin. The more one studies, the more is one convinced that the analogy between tuberculosis and syphilis is complete—only in the one, we have isolated and studied the germ, in the other, we have not.

THE LESIONS OF CONGENITAL SYPHILIS.

For what do we find with regard to the hepatic manifestations of syphilis? Let us first take those of the congenital disease. There are many reasons why these should be considered first: (1) These were the first hepatic manifestations of the disease to be studied and clearly recognized; (2) they are much more frequent and more extensive than are hepatic lesions in the disease of post-natal acquirement, and (3) death occurring very frequently within a month or two after birth there is less uncertainty as to the period of development and duration of the lesions than there can be in the disease of adult life.

That the liver should be so frequently affected in this form of Syphilis is easily understood if we remember that the specific syphilitic lesions of the new born are congenital and not inherited, that the infection is through the placenta and that, as a consequence, the infected blood coming from the placenta passes through the liver before it reaches the heart or any of the other tissues of the foetal organism. Chiari's well known observation may here be repeated, namely, that in 144 cases of infantile syphilis, he found the liver affected, and that extensively, in 123, or nearly nine-tenths. In the adult on the other hand both brain and testicle are more frequently the seat of extensive lesions, and when it is remembered how relatively common is tertiary syphilis and how relatively uncommon specific disturbances of any one of these three organs, the contrast between the frequency of congenital and acquired hepatic disturbances becomes most manifest. At the same time I am not prepared to accept Fournier's statistics as perfectly reliable: careful observation of 3429 cases of tertiary syphilis would surely reveal clinical evidence of more than 9 cases of hepatic implication.

This is not the place for me to point out the vulgar fallacy of speaking of inherited instead of congenital syphilis—suffice it to say that Gærtner's *reductio ad absurdum* of the inheritance, so-called, of tuberculosis,* must hold equally for syphilis. Indeed, were it possible for the bacillus or germ of syphilis to be present in the ovum at the moment of fertilization, to lie latent during the embryonic period and only to cause reaction during foetal life, that is to say, after the different organs have assumed the form and structure which will pertain to them through

* Zeitschr. f. Hygiene, XIII., 1893, p. 101.