

features, but a consideration of the unusual course of the infection and a careful physical examination, *if not absolutely convincing*, should at least have suggested a Wassermann test. All of the doctors concerned I know to be not only competent, but each in his own more particular sphere an excellent man, but not sufficiently alert to this particular form of infection. There is a special liability to mistake infections associated with extra-genital sores.

I have recently seen two cases of primary infection in the tongue of young married women of good social position, and one on the lower lip of a middle-aged man. In none of the cases could I trace the source of the infection, though in one of them I suspected an accidental infection, possibly from a cup or spoon, as I was attending the patient's cousin for secondary syphilis at the time, and he was a frequent visitor at the young lady's home.

Extra-genital chancres are more frequent than is generally recognized, Sequeira placing the incidence at probably one in ten, but he says that in Russia they are one to four. In some districts in Russia, from ignorance and bad hygienic conditions, Tarnovsky (quoted by Osler) says that 70 per cent. of infections are extra-genital. The examination of the serous fluid from a suspected sore for spirochete is a valuable and easy method for one accustomed to it.

I believe that if we dropped, or perhaps relegated to a very secondary place, Ricord's conception of syphilis as a disease characterized by a *primary sore*, and followed, in more or less orderly sequence, by secondary and tertiary phenomena, and considered the disease purely from the viewpoint of an infection, it would make for clearness of thinking. As with other infections, there is usually a single port of entry, where, after a period of incubation, the characteristic hard sore usually develops. At times, however, a number of points are infected simultaneously, and then multiple sores appear. A generalized infection, however, may occur without the development of a local lesion.

A few years ago I reported the case of a physician who, in removing some venereal warts, allowed the knife to slip, and inflicted a slight wound on the ball of his thumb. He immediately sucked the bleeding wound, and applied pure carbolic acid. Notwithstanding his prompt treatment a very intense general infection developed without the appearance of any sore at the point of inoculation. The frequency of a general infection without a local lesion is difficult to estimate, but it probably occurs oftener than has heretofore been believed. Sequeira says that in fully