

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 generalized 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 recognized 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 Hyde¹ and the writings of others do not seem as yet to have influenced the profession in general.

At the outset, I must point out that it is not even necessary to have any recognizable first stage or cutaneous chancre. We know well that in every case of infection the infectious agent must make an entry from without into the tissues, and in a great number of cases we can discover the point or points of entry, and at such point or points we find evidences of primary local infection, whether on the skin or mucous membranes, and this local infection is strictly comparable with the cutaneous syphilitic chancre. But we also come across cases in which there is a complete lack of evidence of such superficial primary infection; we may find, for instance, the cervical or mesenteric lymph glands affected with tuberculosis without a sign of tuberculosis of the pharynx or tonsils or intestinal mucosa, cases which usually, though mistakenly, are spoken of as "cryptogenetic." What occurs in other diseases must at times occur in syphilis, and in going over my post-mortem records, in which to each case I have subjoined a record of the clinical history of the case, I have been struck several times by observing that, where well-marked tertiary syphilis has been present in the organs, there has not been a sign of old penile or other chancre,² and more than once, in following up the

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

² In some at least of these cases, without doubt, the same process has happened as occurs occasionally in connection with vaccinal cicatrices, namely, there has been so complete absorption of the cicatricial tissue that the part becomes in the course of years absolutely normal in appearance. This complete absorption, I need scarcely say, is characteristic of primary lesions of mucous surfaces, and is very frequent in the female.