ible, or that for many generations, the poison is felt, and that by a long mixture of races only can the last traces of the evil be extinguished.

With respect, then, to Syphilis, I think, that in the cases of Dubois and others, there is proof that the constitution of the infant may be affected in utero, that the disease may be apparent in the child *at the moment of birth*, or may be manifested after months have intervened. But it is impossible to explain how the possession of this taint is consistent with the attributes of high health frequently presented by the child at the time of birth. With the exception of Syphilis and Small-pox, I know of no disease in which corresponding evidence of such transmission can be adduced.

Even in reference to Insanity, the case of all others in which the truth of the hereditary influence might be most easily tested, and in which the conviction of its existence is perhaps the strongest, I know no conclusive evidence. A recent writer on the subject, Baillarger, assumes it to be made out, for he says: "All agree about hereditary influence in the production of Insanity." There is scarcely a medical man in charge of a Lunatic establishment who has not a conviction of the hereditary transmission of Insanity. Esquirol for instance, says: "Hereditary influence is the most ordinary predisposing cause of Insanity;" and yet in his Table of 466 cases, at Salpétrière, it is assigned as a cause in only 105 instances. I may add that Rush and others deny its influence. Of 191 patients admitted into Bethlehem Hospital in 1844, an hereditary cause could only be discovered in 26 cases. And of 14,362 cases mentioned in the work of Devay, 1682 only were presumed to be hereditary.

Those who regard Cancer and Insanity as hereditary diseases do not maintain that they must be manifested at, or even soon after the moment of Birth. With respect to Phthisis, persons may be found prepared to advocate the opinion that it possesses that distinctive hereditary quality of being manifested at, or even before the moment of birth in the child of phthisical parents; but the evidence by which this opinion is supported does not appear to me satisfactory. Thus, with the exception of Syphilis and Small-pox, we have then, no sufficient proof that disease existing in the parents may be expected to manifest itself in the infant at, or immediately after the moment of birth.

Have we then any proof that when particular diseases exist in the parents under the circumstances already stated, they will, during any period of life, be more frequently found in their offspring than in the offspring of persons not so affected? I know of no evidence bearing out that opinion, in as far as concerns Insanity or Cancer, though an impression exists that they will be so manifested. But with respect to Phthisis, the impression is so strong as to amount to a generally received conviction.

That tubercular depositions in the lungs have been observed at a very early period of life is quite true. Evidence of this fact has been furnished by specimens in the Museums of Langstaff and others, in which such depositions in the fœtal lungs might be seen; by the observations of Husson, (who dissected two infants, one still-born at the seventh month, the other lived eight days, both had softened tubercles; one in the lungs, the other in the liver), Dupuy, Andral, Œhler, (the latter of whom found the mesenteric glands tumid and scrofulous, not only in fœtuses born of scrofulous mothers, but also in those proceeding from mothers on whom no suspicion of scrofulous taint rested), and Chaussier, (who speaks of scrofulous tumors in a state of suppuration, as well in fœtuses as in new-born children; but the condition of the parent is not noticed). Still, even such cases are very rare. Billard only saw two or three examples, and in those instances the state of the parents was not known; Velpeau and Breschet, during their investigations in Embryology, never saw an instance; and of 400 still-born children examined by Guyot, he only found tubercles in a single case, and the condition of the parent was not known. These facts, therefore, are of no use as a means of estimating how far the power exists in the parent suffering from Scrofula or Phthisis to transmit it to the child. Cullen speaks of a child dying scrofulous at three months; Baudelocque has seen several similar cases; but they are exceptional, and in nowise unsettle the dictum of Bertrandi: "Raro infantes ubera sugentes scrophulosi fiunt."

That a sickly mother will probably give birth to a sickly child, I do not deny; the point which I do not admit is, that a scrofulous mother does ordinarily produce a scrofulous child. The best evidence we have on this point is that of Louis, and that of Rilliet and Barthez, which though referring only to Phthisis, we may fairly use in this place. Louis seems to have taken great pains to ascertain

how far an hereditary taint could be distinguished in 100 cases of Phthisis. The result of Louis' investigation is conveyed in the following words: "The tenth part of the subjects that we have observed were born of parents, the father or the mother, having, most probably, died of Phthisis; but as the disease might equally well have been transmitted to them, or developed in them, spontaneously; and as we have not ascertained the kind of death of which their brothers and sisters died, it results that we have not really collected any fact in favour of the hereditary nature of Phthisis. We would not say that the hereditary influence is doubtful, because too many examples appear to justify the opinions entertained by authors on this subject. We would even say, that the proportion of consumptive patients in our notes, born of parents who have died of that affection, is probably below the truth, seeing that it is not always possible to ascertain from hospital patients the kind of affection from which their parents have died; but we believe, that to show the exact influence of hereditary communication, to make out the exact limits within which it acts, it will be necessary so to arrange the Tables of Mortality that we can compare a certain number of persons born of phthisical parents with an equal number who are not." He adds, "But as the disease might have been transmitted in these cases, or have been developed independently of such influence, it follows in reality that I have observed nothing decisive in favour of the hereditary character of Phthisis."

Of 314 tubercular children, examined by Rilliet and Barthez, the parents, or either of them, were certainly tubercular in only 25 instances, probably so in 21 more; probably, or certainly not so, in 138 instances; in 130 instances, the information was incomplete. Of 211 children, non-tubercular, the parents were certainly tubercular in 12 instances, probably, so in 4 more; probably or certainly not so, in 95 instances; in 100 instances, the information was uncertain. The following table contains a further analysis of these cases.

		314 tubercular.	211 not tubercular
Hereditary influence	without hygienic causes	17	5
,,	with ,,	18	6
,,	with different diseases	9	10
,,	without ,,	87	6

Hereditary causes alone	11	2
Hygienic causes without hereditary influence	46	35
,, ,, other diseases	61	36
,, with ,,	20	25
Hygienic causes alone	43	18
Diseases without hereditary influence	48	48
,, hygienic causes	18	21
Diseases the only cause	8	10

It is clear that this is the only method of investigation by which the point can be determined, in respect to any hereditary disease, whether Phthisis, or Cancer, or Scrofula, or Insanity. And until this can be done on a large scale, and much time must elapse before it can, our ideas on the subject will remain as unsettled as they are at present, and a very serious social evil will be perpetuated. I do not mean to say that all men are prevented from intermarrying with females proceeding from scrofulous families; though if it be a fact, that a scrofulous mother brings forth scrofulous children, such marriage is a serious evil. Still, since a young lady will have her chance of marrying very much lessened if an impression exists that she is scrofulous herself, or comes of a scrofulous family, it is very important to seek the best evidence we can obtain, for the purpose of approaching the truth, in a matter so deeply affecting society.

The means which I have taken to acquire accurate data as to the extent to which hereditary causes operate, in the propagation of Scrofula, are the following. I examined myself, and procured to be examined by others, in the Metropolitan, the Factory, and in Rural Districts, upwards of 2000 families, each consisting of from three to five children, and living, as nearly as may be, under similar circumstances. In one portion of the cases, both parents were apparently free from scrofulous taint; in another portion, there was reason to think that both parents were tainted; in another, that the father was tainted; in another, the mother. The number of families examined was 2023, the number of children was 7587; and the number bearing such marks of Scrofula as I have already indicated, was 1738, or nearly 23 per cent. In 506 instances, derived from many localities, and under the most varied circumstances, both parents were apparently untainted, and their offspring amounted to 2021. Of these, 421, or something less than 21 per cent.,

presented marks of Scrofula. In 276 instances, there was reason to think that both parents laboured under scrofulous taint; their offspring amounted to 1092 children; of these, 271, or nearly 25 per cent., bore the ordinary marks of Scrofula. In 589 instances, the father carried about him marks of having suffered from Scrofula, whilst the mother was free from them; their children amounted to 2107, those having marks of Scrofula, to 483, or nearly 23 per cent. In 652 instances, the mother bore upon her person the marks of Scrofula, whilst the father did not; their children amounted to 2367, and of these, 563, or nearly 24 per cent., presented marks of Scrofula.

In glancing over those results, it must be kept in mind that the offspring of the tainted, on the one hand, and of the untainted on the other, are not intended to represent their relative fecundity, for means were taken to collect only such families as were represented by not less than three, nor more than five children.

It will be observed, that although an hereditary influence must be admitted to be present, and is apparent in each class; yet at its maximum, the influence does not appear to be quite 4 per cent. It would seem that the influence of a scrofulous mother upon the offspring is greater than that of a scrofulous father.

I do not pretend to regard these results as an accurate representation of the influence of Scrofula when existing in the parent to reproduce itself in the child. I would even admit, that as the cases were seen with many eyes, the data may be more defective than if they had been the result of one person's examination; but however defective they may be, they are the only approach I know of, to a reasonable amount of evidence, to enable us to judge how far it is probable that Scrofula in the parent will reproduce itself in the child. And from that evidence, it would seem that in children subjected after birth to similar circumstances, the hereditary influence does not appear to be exerted beyond 4 per cent. This result is in opposition to two parties, one maintaining that the disease is always hereditary, and never acquired; the other, that no diseases are hereditary, but that they are always the result of circumstances which come into action after birth.

PREDISPOSITION.

I have already stated, that there are persons who have limited the signification of hereditary transmission, so as to make it necessary that the child, *upon coming into the world*, should manifest the disease of the parent, and who, having found a large number of facts which could not be reconciled with that limitation, have at the same time been so convinced that in some shape or other their principle operated, that they have deemed it necessary to find some mode of explaining its influence other than by assuming that the disease existed already in the fœtus in the womb of its mother. They have, therefore, suggested that the *disease* itself was not hereditary, but only the predisposition to it. This seems to have been the opinion entertained by John Hunter, and it has been neatly expressed by Baudelocque.

His opinion on the subject is more reasonable than those generally current. He admits that children do not usually inherit the disease, but simply a predisposition to contract it. He thinks that this hereditary predisposition does not necessarily, or inevitably, bring about the development of the disease; but that for this to occur it is necessary, that to the predisposition a particular cause should be added. And though he does not deny that cases may occur in which Tubercles or Scrofula may be observed in fœtuses or new-born infants, he thinks that these facts are only observed in certain conditions which serve to explain them. Thus, for the full influence of predisposition to be shown, he conceives it to be necessary, that the mother shall be affected with Scrofula at the moment of conception; and that she shall remain during the whole of her pregnancy surrounded by those circumstances which have caused the development of the disease in her. "She cannot transmit to her infant other elements of nutrition than those she uses herself; those elements being of an injurious nature, should exercise on the fœtus the same injurious influence they have already done on the mother; and the duration of pregnancy is quite sufficient to ensure, not only a scrofulous constitution, but the appearance of the disease itself at the moment of birth."

Many other able men advocate the opinion that the parent only

communicates a predisposition to the disease, which may, or may not be evolved, according as the circumstances in which the child is placed, are favourable or unfavourable for its production. Thus, Hufeland says: "The greater number of the children who proceed from scrofulous parents bring with them into the world a disposition to that disease. It has even been observed, that it is usually not slow to develop itself. It is in vain to throw any doubts upon the point, the testimony of experience cannot be gainsayed. I know whole families, in whom Scrofula has been perpetuated through two or three grenerations, not attacking a single child, but five, six, or more. In those countries where the affection is very common, (as it were endemic,) as in England, this truth is so firmly established, that one of the most important points in choosing a wife, is to ascertain that she is exempt from Scrofula."

John Hunter was one of the most illustrious supporters of hereditary predisposition. On the trial of Donellan for the murder of Sir Theodosius Boughton, he was asked: "Is not apoplexy sometimes apt to run in a family?" To which he replied: "There is no disease whatever that becomes constitutional, but what can be given to a child; there is no disease that is acquired, and becomes constitutional in the father but can be given to a child. The father has a power of giving that to the child by which means it becomes hereditary. There is no such thing as hereditary diseases, but such a thing as hereditary disposition."

Henning regards it as an absurdity on the evidence we at present possess, and that, he says, seems all to which we can hope to attain to speak of parents imparting to their chidren a disposition to receive particular diseases. "It is undoubtedly the dispensation of Providence, that mankind in general, if sufficiently exposed to the exciting causes of disease, shall be afflicted with them, no other disposition being necessary for this purpose than the structure and composition of the human frame."

It has been said, "That hereditary predisposition to tubercular disease increases from generation to generation; and that if there were no intermarriages between those who were affected, and those who were exempt, the human race would very soon become extinct. That if this organic vice be not combated, either by favorable circumstances, or by intermarriages the end would be that all must suffer; because in each generation, the new progress of the evil is superadded

to the sum of that which is hereditarily acquired; the first generation has *acquired* the tubercular cachexy, without being predisposed to it; the second *inherits* the diathesis, and succumbs to the cachexy, more readily than the first; the third receives the cachexy, at the first, or second degree, and dies ordinarily before it could give birth to a fourth generation.*

Plausible explanations for this view of the case have not been wanting. Van Swieten† says: "Forte in prima generatione nondum se exserere potest impressus character morbosus, et in secunda tantum se manifestat progeniei." And Boerhaave himself says: "Silente sæpe morbo in genitore dum ex avo derivatur in nepotem." But there is no analogy in support of this idea. Syphilis may be taken as a fair example of a disease which can, under particular circumstances, be communicated from parent to child; but did any one ever see a case where a first generation constituted a bridge over which the disease could pass to the second, leaving the first scathless?

I feel very strongly that the term predisposition has been employed only for the purpose of avoiding a difficulty which the hereditary theory is supposed to present, and that it offers a something still more difficult to test than the principle of hereditary transmission. If it were simply intended to maintain that a parent may bring forth a sickly or weakly child, and therefore predisposed to many diseases, it cannot be doubted that this happens; that such a child may become scrofulous is equally true, even when there is no appearance of Scrofulous taint in the parent, and in such a sense the influence of predisposition may be admitted, because there can be no doubt that a weakly child, exposed to the causes of Scrofula, will be more likely to become the subject of the disease, than a child who possesses more power of resistance. But I apprehend the theory of predisposition was assumed for other reasons; parents having marks of Scrofula, brought forth children without any similar marks, and the advocates of the theory of hereditary transmission, which required that the child should come into the world with the signs of the disease, finding it did not, abandoned the peculiar theory, and substituted for it that of predisposi-

* Barrier.
† Commentaries upon the Aphorisms of Boerhaave. Aphor. 1075.

tion; but I do not so far limit hereditary influence as to require that the disease derived from the parent should of necessity be present at the moment of birth. It is true that the difficulties we meet with in the solution of this question are much increased if the disease be not presented in the child for months or years after birth, because the influence of other causes upon the child have then to be estimated, and this is no easy matter, as is evident upon a statement of the following case.

Let us suppose a child to be the issue of parents in robust health, to be blessed with a strong constitution, shown by its vigour and its tone; let that child be placed under circumstances calculated to debilitate him, let him be badly fed, let him breathe impure air, let his habitation be damp, his person neglected, and the effects of these influences on his constitution will be marked enough; his person will be blighted, and tubercle and scrofulous matter will be deposited in different organs. Every observer has, unhappily, had but too frequent opportunities of witnessing such cases; and I must regard the frequency of their occurrence as proofs that the circumstances in which many persons are placed are sufficient to induce the development of Scrofula. It is no proof to the contrary that children may be found who resist the action of such causes. I saw a child in the wretched old Workhouse of Bethnal Green, born there, the child of misery; living underground, in a dark, damp, ill-ventilated room, yet presenting all the appearances of robust health. But what a contrast it exhibited to those around it! I do not doubt but that individuals do possess tendencies, or predispositions to contract particular classes of disease; but where such tendencies give no indication of their existence, they are elements of which no use can be made in scientific inquiries.

In the present state of our knowledge, it is impossible to say in what consists the predisposition to Scrofula or to indicate the characteristic signs, except those constituted by organic or functional changes, which show the actual existence of the disease. The predisposition to Scrofula conveys, to my mind, a condition of the economy which has no external, distinct and constant signs; although I would by no means say that its existence is not real, or that direct observation may not hereafter make it known.

IS THE EXISTENCE OF ANY OTHER DISEASE IN THE PARENT CAPABLE OF DEVELOPING SCROFULA IN THE OFFSPRING?

The answer to the above question has been strongly expressed by Sir J. Clark.* He says, "That a state of tuberculous cachexia is not the only morbid condition of the parent which entails the tuberculous predisposition on the children; there are several diseases which have this effect, the most important of which are a disordered state of the digestive organs, gout, cutaneous diseases, the injurious influence of mercury on the system, debility from disease, age, &c. In short, a deteriorated state of health in the parent, from any cause, to a degree sufficient to produce a state of cachexia, may give rise to the scrofulous constitution in the offspring. There are doubtless other circumstances in the state of the parents' health capable of giving rise to the strumous diathesis in their offspring, which are not so evident as those which I have noticed; but there can be little question of their influence, as we often see children presenting the characters of the strumous diathesis at the earliest age, (query, what is meant by the earliest age?) while their parents are in the enjoyment of good health, and free from all appearance of tuberculous or other diseases, constitutional or local."

An opinion so clearly expressed by so competent an authority, we cannot pass over without remarking that, except in very rare instances, children are not born with any marks of Scrofula upon them, neither are they commonly presented during the first two years of life. Is the parent, under those circumstances, the only source from which the damaged health of the child may be derived? Are the conditions in which the child is placed unlikely to deteriorate its health? Sir J. Clark may be right in the opinion he has expressed; but in its present shape it cannot be admitted to have been established. I have admitted that unhealthy parents are less likely than healthy ones to procreate healthy children; but it is not of necessity that a sickly child must be either phthisical or scrofulous. A large number of sickly children do die tuberculous, but a still larger number do not; and of those who die, it happens

* A Treatise on Pulmonary Consumption, &c. p. 222.

that many are not destroyed by tuberculous disease. Of 66 examinations of children under five years, made by Barrier,* 41 were totally exempt from tubercles, and in 13 others, there were very few. Of those who die phthisical, a majority are weakly. Of 93 tubercular children examined by the same physician,† 21 only were strongly constituted, 27 moderately well constituted, 45 feeble. Of 55 children, in whom there was no trace of tubercle, 23 were strongly, 15 moderately, and 17 feebly constituted. This evidence tends to the conclusion that a feeble constitution, however engendered, powerfully favours the development of tubercle. If the facts be grouped, this conclusion becomes more apparent; of 166 children strongly constituted, 21 only were tuberculous, that is to say, 1 in 8; of 114 children moderately constituted, 27 were tuberculous, or nearly 1 in 4; of 99 feeble children, 45, or nearly 1 in 2, were tubercular. The following evidence from Barrier is corroborative of that which we have already adduced :

	Tubercular.	Not Tubercular.
Strong Constitution . .	47	60
Feeble	133	4
Medium . . .	94	46
Not noted	40	101

The result of the facts now offered is, that a feeble constitution is a favourable, though not a necessary, or indispensable, condition for the development of the tuberculous cachexia; that a feeble constitution is more likely to be the offspring of diseased than healthy parents; but that we are not in a condition to point out the causes in the parent which tend most to entail feebleness upon the child, nor what kind of disease or feebleness in the parent tends most to induce the development of Scrofula in the child.

DOES A SYPHILITIC TAINT IN THE PARENT TEND TO PRODUCE SCROFULA IN THE CHILD?

It is maintained by many authors, that the existence of a syphilitic taint in either parent will induce Scrofula in their offspring; and many authors have conceived Scrofula to be only a degenerated species of Syphilis. Astruc thought so, and at the same time suggested that the transmission of Syphilis must occur through several generations before it assumes the form of Scrofula. Bierchen, Camper, Stoll, Portal, Hufeland, Alibert, strongly advocated the same opinion. Alibert said, that almost all the scrofulous cases at St. Louis were owing to a syphilitic infection, transmitted hereditarily. "We may easily convince ourselves that this is the most common cause of Scrofula, by attending patients, the victims of the debauch and libertinage of their fathers." But there are not wanting opponents to this theory; among them we find Kortum, Cullen, Baumes, and Baudelocque.

* Loc. cit. p. 528. † Ibid, 540.

The identity or similarity of the two diseases has been maintained on the following ground: the strong resemblance between them, both affecting the lymphatic system; the symptoms of both being similar—local inflammations, peculiar ulcerations, caries, affections of the skin, inflamed joints, spots on the cornea, and other diseases of the eye; the alleged fact that the children of prostitutes frequently become scrofulous; and lastly, that the same remedies cure both diseases. Those are among the most plausible of these reasons for maintaining that Scrofula is caused by a degenerate syphiliticvirus. Baudelocque has very fairly tested the question: he says, "We see in both cases a local inflammatory affection, ulcerations, glandular swellings, caries; &c., but is there no difference in their ordinary seats, mode of development, progress, aspect, or termination? Do they present no difference as to the action of remedies? Is the differential diagnosis difficult? Is it not usually very easy? In Syphilis, the glands of the groin are those which usually suffer; in Scrofula, those of the neck. In Syphilis, caries usually affects the bones of the cranium and the face; in Scrofula, it is those of the extremities which suffer. If we glance at the remedies, do we not see the promptitude and certainty of the results in Syphilis—the tardiness, the uncertainty, in Scrofula? It seems unnecessary to carry the test further."

I do not deny but, that a scrofulous child may proceed from a syphilitic parent, yet that is no proof that the child becomes

scrofulous because the parent was syphilitic. And we have abundant proof that it is not usually Scrofula, but Syphilis, which under those circumstances is entailed upon the child. Bierchen's cases are not conclusive enough to destroy this rule, and Kortum's remark in reference to them seem to me to be quite applicable: "Bierchenii observata sententiæ nostræ nullam plane vim inferunt, quos enim ille sub scrofularum nomine describit tumores, aperte quidem venerei sunt."* Cullen observed many times, that the children proceeding from syphilitic parents were often syphilitic, but not scrofulous. Kortum's observations were similar.† Baudelocque knew many children of parents who had often been infected with Syphilis, and had even suffered under the constitutional form of the disease; some of those children had passed their tenth year, but had never shown the slightest sign of Scrofula.‡ And even in those instances, where a scrofulous child proceeds from a syphilitic parent, we shall usually find that he has besn placed under circumstances which would have been likely to determine the disease, even if the parents had been healthy. "A woman presented herself with a child severely afflicted with Scrofula, having large tumours around the neck, some of them suppurating; on the legs and arms were abscesses and fistulous canals, with thickening of the periosteum, and caries. It appeared that she had four children; the elder five years old, strong and well; the second, a year younger, equally well; the third, under observation, two years and a half old; a fourth, which she still nursed, was perfectly well. The first three had been put out to nurse; the elder two returned well; the third was taken from the nurse at the end of a year, emaciated, and having diarrhæa, a tumid belly, and the legs attenuated. This woman became syphilitic soon after her marriage; with her husband, she had been subjected to an anti-syphilitic treatment, and they have since been well. The first child was conceived soon after the cure. A medical man who was consulted, attributed the Scrofula of the third child to the Syphilis from which the parents had suffered." It is hard to conceive that an ill-cured or degenerate Syphilis should have no influence on a first, a second, and a fourth child, and that it should concentrate all its fury on a third.

* P. 194. † P. 295.
‡ Baudelocque, p. 40—2.

And yet this is the kind of evidence most commonly met with in support of the theory we are now considering. The circumstances which surrounded the third child afford a sufficient cause for the development of the disease. The Marasmus and Chronic Enteritis present when the child was restored to its parent, were a proof that the child was neglected and badly fed. As happens often, when a child is "put out," it was found convenient to put it in the cradle at all times, except when it was dressed and suckled. The disposition to Scrofula was thus developed; when he came home, he was better fed, but as the mother had to go out to work, the child was left in bed, being taken out for a few minutes only, morning and evening. The room in which it lay was small and close, and thus the disease was developed. I think, then, we are not warranted in supposing that the Syphilis of the parents had any influence in developing the Scrofula with which the third child was afflicted. I know no well proved fact which can be received as evidence, that a syphilitic taint in the father, or the mother, can, exclusive of other causes, produce Scrofula in the child. I cannot take Girard's case as such a fact. He saw in Germany, a family, of which the father died of Syphilis,—two sons had Scorbutus, and one Scrofula, from their cradle. The latter, who was the elder, had a daughter, who from her birth was syphilitic—(*Lupiologie.*) Supposing this observation to have been exactly made, is it possible to conceive, that on the one hand, Syphilis shall produce Scrofula, and on the other, that Scrofula, thus developed, shall reproduce Syphilis? Alibert used to show to his students an old man, upwards of eighty, syphilitic—and who had never troubled himself to get it cured. Two generations proceeded from him, with well marked Scrofula.* All that this case seems to show is, that the children of syphilitic parents may become scrofulous. Hufeland, no mean authority, expresses the strongest conviction, that Scrofula is frequently only a consequence of Syphilis, transmitted from the mother to the fœtus; indeed, says he, it is remarked that since the appearance of Syphilis, Scrofula is much more common than it was before. "In the present day, it is more frequent in the countries where there is more Syphilis than elsewhere."

* Monographie des Dermatoses, p. 615.