

clinical history, by finding that while the patient has freely admitted that he has led a loose life and suffered, it may be several times, from gonorrhœa, he has denied ever having suffered from chancre (vide case III.) Now presumably an individual who had had a hard sore would not wholly forget the circumstance, nor is it rational to urge that a hospital patient, who admits without constraint that he has led a life of excess and suffered from other venereal diseases, would conceal the previous existence of a chancre. Either then the chancre was so small and inconsiderable as to cause no inconvenience, or the virus gained entry into the system without causing any cutaneous disturbance.

In the female this absence of any superficial or recognizable first stage is especially noticeable ; time after time the disease only manifests itself in the secondary stage. I would go so far as to say that the "fixed idea" that there must be a chancre developed at the region of primary infection has led to a thorough and general misunderstanding as to the nature of congenital syphilis. It is a popular fallacy to regard a considerable number of cases in which the father of syphilitic offspring is syphilitic and the mother is apparently free from the disease, as due to the sperm being syphilized, or, if this view be carried to its logical conclusion, it is supposed that the spermatozoon bears with it the syphilitic virus, be it bacillus or whatever the nature of the specific microbe, and introduces it into the ovum at the moment of conception, and thus the offspring develops, syphilized from the start, the mother being and remaining absolutely free from taint. This, as I say, is a popular fallacy. But it is incredible that the germ gain entrance into the spermatozoon, for the spermatozoon being nucleus and flagellum, and scarce anything more, has not the means of ingesting foreign bodies, while we have not a shred of evidence that the syphilitic germ is amœboid and capable of making its way into the spermatozoon.

It is likewise outside the limits of credibility that a virulent organism could be within the minute almost yolkless segmenting human ovum, lying latent in one or other of the cells, the products of segmentation. Such passages of pathogenic microbes on to the surface, and possibly into the eggs, may occur in insects, as Pasteur demonstrated, but the insect's egg contains relatively abundant yolk, and segmentation then may be little influenced by the presence of the micro-organism, provided that this be in the yolk. Even then, I doubt whether the embryo could develop properly, and am inclined to consider that a more reasonable explanation of Pasteur's observations upon the silk worm's eggs is that at a relatively late period