

and variable forms, the constant organic type which governs this function. In following this course, I have proved, as has been seen, that a muscular apparatus more or less complex, but in all cases presenting the same general arrangement, regulates the expulsion of the ovum from the ovary, and its transmission into the oviduct or the Fallopian tube.

The phenomenon of ovi-deposit takes place from the same law and by the same agents, in the inferior vertebrate animals, in the mammiferæ, and in the human species; in the last class alone, the presence of vascular erectile formations in the body of the uterus causes the menstrual hemorrhage, as the secondary result of ovulation.

[To be continued.]

## ON THE CONTAGIOUSNESS OF SECONDARY SYPHILIS.

BY M. GIBERT AND OTHERS.

MEDICAL men have long been divided in opinion upon the contagiousness and non-contagiousness of secondary syphilis. Clinical facts and experimental researches not a few have convinced the majority of the contagiousness of this affection; but these facts and researches have failed to carry conviction to the minds of a large party, of which Ricord is the leader. Of this party the dogma was that no syphilitic affection was contagious unless it was inoculable, and that secondary syphilis was not contagious because it was not inoculable. It is but just to M. Ricord, however, to state that he is not entirely responsible for the most positive rendering of this dogma, and that he himself always maintained a cautious reserve upon the subject. What he held was that the primary chancre was alone inoculable in a person already suffering from syphilis. It is to be remembered, also, that in experimenting upon the contagiousness of secondary syphilis he had never ventured to inoculate *healthy* individuals, and that he never distinctly asserted that inoculation would give negative results in such cases. Be this as it may, however, M. Ricord has abandoned his doctrine as to the non-contagiousness of constitutional syphilis, and the change in his opinion has been thus brought about.

On the 25th of October, 1858, a letter was addressed to the Imperial Academy of Medicine at Paris, by the Minister of Commerce, Agriculture, and Public Works, requesting an authoritative answer upon two questions: first, whether constitutional syphilis was contagious; and, secondly, whether, as regards contagion, there was a difference between constitutional syphilis as seen in infants at the breast and in adults. This letter led to the appointment of a commission consisting of MM. Velpeau, Ricord, Devergie, Depaul and Gibert, and these commissioners have reported (and their report has been adopted by the Academy without opposition of

any kind)—first, that some of the manifestations of secondary syphilis, especially condylomata, are undoubtedly contagious; and, secondly, that there is no reason to suppose that the case is different in infants at the breast and in adults.

The commissioners arrive at this conclusion after examining the clinical facts and experimental researches already on record, and after four experiments of their own, which were undertaken with great reluctance on their part. The persons experimented upon were all suffering from lupus, but free from any syphilitic taint, and these were chosen from the notion that the treatment for syphilis, if the inoculation took effect, might possibly be of service in remedying the lupus. The cases are given in detail, and as the results were very similar in the four, one will serve as an example.

On a man, whose face had been affected with lupus from childhood, a raw surface was made on the left arm by strong ammonia, and to this was applied a piece of lint soaked in purulent matter obtained from a condyloma near the anus of a person who had had a chancre fifteen months previously. The condyloma was of fifteen days' standing. Fourteen days afterwards, there was slight redness at the seat of inoculation. Four days later still, a prominent coppery-colored papule made its appearance in the same part. On the twenty-second day, this papule was much larger, and there was a slight oozing from its surface. During the week following, the oozing, after being purulent, dried up into a thin scab. On the twenty-ninth day, a gland in the corresponding axilla became enlarged. On the fifty-fifth day, the papule on the arm had become a real tubercle, with some slight ulceration in the centre, and several blotches and coppery papules had made their appearance on the trunk. During the week following, these papules became multiplied on the body, and they spread also to the extremities; many of them also changed into pustules of acne. Two or three days later, the patient was put under treatment for syphilis, and in six weeks, at the date of the report, there was still much to be done in the way of a cure.

In addition to asserting the contagiousness of secondary syphilis, the reporters have also arrived at the conclusion that there are characteristic grounds of distinction between the primary and secondary affection, but here M. Ricord is somewhat at issue with his colleagues. The conclusions arrived at, indeed, are similar to those already arrived at—that the period of incubation in the secondary affection is from eighteen to twenty days, or even longer, and that the result is first a papule and then a tubercle, which is finally converted into an ulcer covered with a crust.

Be this as it may, however, the question of the contagiousness of secondary syphilis would seem to be set at rest, for if the evidence in the affirmative had not been thoroughly conclusive, it is certain M. Ricord would not have read his recantation.—*Ranking's Abstract, from Comptes Rendus, May 24th and 31st, 1859.*