

most favorable. We shall now proceed to submit his principal views to the notice of our readers.

With Benjamin Bell he admits a double virus—a Blenorrhagic and Syphilitic—"or more properly speaking we apply two names to the same virus," according as to whether there be primarily caused in the part infected, suppurative inflammation (Blenorrhagia) or ulceration (Chancre,) both of which are liable to be succeeded by peculiar accidents and consequences of a general character. He denies that Chancre is preceded by a characteristic pustule—years may be fruitlessly passed in its search, and although he has watched he has never yet observed it; he has frequently had under constant observation cases where fresh chancres have been superadded to those under treatment but has never yet found them originating in a pustule. The *début* has invariably been either in an ulcer or abscess. It therefore follows that the phenomena caused by Inoculation are not typical of those that result from contamination by impure connexion, because the first effects of inoculation are p. *pulæ*, vesicles and pustules. In appreciating this difference it should be remarked that there is a total dissimilarity in the circumstances of both cases; inoculation creates a new surface—a traumatic surface—which cannot be in the same condition as the normal surface on which pus is only deposited. To Inoculation as a test of Chancre there are many weighty objections. When positive it always causes a Chancre, whereas the same pus naturally introduced, sometimes produces a mucous tubercle, sometimes a vegetation, sometimes a chancre, p. 32.—certain chancres real and obvious have been proved to contain no inoculable matter—p. 34. Again there are others, the pus of which cannot always be inoculated as those of unnatural shape, caused by cicatrization or some other complication, the deep seated, the *chancres larvés*, and yet these are the very ones most in need of such a diagnostic. When a chancre is granulating, inoculation fails to produce any result. And lastly the distinction between primitive and consecutive cannot be established by inoculation—p. 208. The distinction of the Syphilitic from other kinds of Bubo by inoculation, is very fallacious—for this test is then only serviceable when pus has formed, and as suppuration may have only invaded the cellular tissue externally the pus there collected will not be inoculable for the virus is confined to the gland beneath. Even when the gland is penetrated and pus procured from it this may not be virulent, for two glands may be affected, one with the disease, and one with simple inflammation and the matter have been taken from the latter. Moreover, when reparation succeeds suppuration in the most virulent bubo, inoculation is utterly negative—p. 243. And lastly, it has been demonstrated that the most virulent pus produces no effect on certain persons who are insusceptible of any syphilitic infection.