

localities they are the most usual seat of such an accident. The irritative property of the virus, which is forced or absorbed a greater or less distance into the follicle, soon causes its mucous lining to swell and close the follicular orifice, thus imprisoning the virus within the follicle, and here it is retained until it works its way (as in such case it certainly will) to the surface, by the ulcerative process, when it presents as a minute pustule. As a rule, several follicles are inoculated at the same time. The first intimation of the occurrence of this mishap is revealed by an itching of the parts, which, when examined early, presents a variable number of small pustules, ranging in size from a pin's point to a grape-seed. Third, and least frequently, the chancreoid virus is deposited upon the sound integument or mucous surface of the penis, when it is erect, and by the subsequent natural wrinkling of the parts it is retained in moist and intimate contact with them until, by its peculiar caustic property, it effects an entrance through the protecting mucous or cutaneous surface. When this form of chancreoid becomes established, its shape is usually circular, and corresponds with the surface to which the virus has been thus intimately applied. From the different conditions under which the chancreoid virus is inoculated during the sexual act, as above shown, it is readily understood that no definite date between the suspicious connection and the appearance of the chancreoid can be fixed, but must necessarily vary in each individual case. The usual time, as cited by most authorities and based chiefly on the results of artificial inoculation, ranges between four and eight days. The follicular form of chancreoid is described, and its advanced state illustrated very truthfully by Cullerier. Bumstead also mentions it. Acton, in the latest edition of his work "On the Urinary and Generative Organs," cites a case where he *believes* that the poison of the chancreoid was absorbed into a *hair* follicle, but, as far as I am aware, no writer has yet described a case of follicular chancreoid from its inception; where this form of disease has been treated of, the lesion presented has been the developed pustule. The follicular starting point of the disease assumed by Cullerier, Bumstead, and Acton, has been substantiated by a case which came recently under my observation. Mr. W—— came to me complaining of having bruised his glans penis during a connection four days previous. On the morning following the indulgence the part felt very sore, and was swollen and inflamed. These conditions had been gradually increasing in intensity until he presented his case to me. I found the inferior portions of the glans much tumefied from the meatus back to the fossæ glandis, and for half an inch on either side of the median line (the frenum had been smoothly carried away by a chancreoid ulceration, for which I had treated him a year previous). The injured