

ing point of the general disorder. He maintains that every chancre is liable to be followed by consecutive accidents, and these follow chancre but moderately indurated and the speedy cicatrization of those which were regarded as non-indurated.

A solution of continuity is not an absolutely necessary condition for virulent absorption. This may proceed equally well from an ulcer or a wound. Hence, the first manifestation of infection may be an enlarged lymphatic gland—a *Bubo d'emulie*—of which he has seen several instances and has stated two marked examples.

He corrects several erroneous ideas prevalent about Buboes, such as, the disease being confined to one gland unless the chancres be very large and restricted to the glands in the region nearest the chancre; that when the virus is once beyond the lymphatic vessel and gland it can be no longer inoculated or transmitted; that a Bubo can be sympathetic when no antecedent irritation or cause exists, and that a sympathetic bubo is syphilitic and not inflammatory. In describing the different buboes he evidently recognises three distinct classes. 1st. Produced by absorption of virus preceded or not by inflammation, ulceration, &c. 2d. To extension of irritation or inflammation and independent of Syphilis. 3d. From virus having acted on the whole system and then causing an enlargement of the glands, or, in other words establishing a consecutive bubo.

The question of the transmissibility of secondary accidents is highly important and has enlisted much controversy. Vidal maintains their transmissibility and clearly demonstrates it. He says, "without being inoculable, they can be transmitted only hereditarily." That is that they are not necessarily communicated like chancre by actual contact but like scrofula, pass as a heirloom from the parent to the child. The principle of infection, therefore, exists in the blood and secretions, and is not confined to the pus of a chancre. This is illustrated in the birth of pocky children, by mothers having neither chancre nor bubo, and in infants infecting their nurses, who in turn disease their families. Some secondary accidents seem directly contagious, thus he has succeeded in inoculating the pustule of ecthyma, and the tubercle of condyloma. In speaking of the transmission of secondary accidents, he explains the reputed failures by attributing them to an ignorance of the conditions required for inoculation and mode of production, for it is likely the secondary requires for due accomplishment certain conditions as well as the primary. Again, they may not be inoculable by incision but by friction, or endermically, or in some other way less understood.

Vidal's statement of the transmissibility of secondary symptoms is borne out by the experience of other authorities. Mr. L. Parker met with two cases—in one the wife contracted secondary from her husband without