

within a fortnight or so to the mild plan of treatment by scrupulous cleansing and disinfection, or in which rapid extension of the ulcer does not justify temporizing, require the application of escharotics. The author has found a 50 per cent. solution of chloride of zinc the most convenient and most effective of all chemicals recommended for the cauterization of chancre. Its application is to be done as follows:—The ulcer and its vicinity are subjected to a careful cleansing, by a mop of cotton dipped in a 1:1000 solution of corrosive sublimate. Crusts and scabs overlapping the edge of the sore must be gently removed. A small piece of clean blotting-paper is applied to the ulcer and its vicinity with gentle pressure to remove all moisture. A moderate quantity of the caustic solution is applied to the sore with a glass rod or matchstick, care being taken not to corrode unnecessarily the surrounding healthy skin. Previous thorough drying of the integument with blotting-paper will best prevent overflowing of the caustic. All the nooks and indentations of the margin of the ulcer must be carefully covered by the solution. As soon as the base of the sore assumes the color of parchment, which will occur in from three to five minutes, cauterization is completed, whereupon the surplus of caustic should be removed by the application of another piece of blotting-paper. The eschar is dusted with a little iodoform coffee powder, and is protected from injury by strip a of moist lint or gauze.

If the cauterization was sufficient, further extension of the ulcerative process will be arrested thereby. In from two to six days, according to the depth of the eschar, a narrow line of demarcation will appear, and the eschar being detached, a healthy granulating surface will become visible. This should be dressed with strips of mercurial plaster until cicatrization is completed.

Insufficient chemical cauterization will not check the ulcerative decay of the tissues. In proportion to the incompleteness of the application, partial or total extension of the ulcer will be observed. In some cases only a tongue of renewed ulceration will be seen extending outward from the margin of the eschar. In others, the ulceration will spread all around the cauterized patch, thus demonstrating the entire inadequacy of the application. The surgeon's error should be in favor of too much rather than too little of the caustic.

When the process is found to be extending more or less in spite of a previous cauterization, deficiency should be corrected without delay by a renewed application.

(c) *Sterilization by the actual cautery.*

Phagedænic forms of chancre, characterized by dusky swelling and a rapidly-spreading more or less gangrenous decay of the penile tissues, can be rarely arrested by anything short of the energetic application of the actual cautery. In some cases renewed searing will be required to check the trouble brought under control in one part of the ulcer, but extending further in another direction from a limited part of the lesion. It is especially important to search out all recesses overlapped by the undermined margin of integument, as they are the chief nidus of active infection. The thermo-cautery, or red-hot iron, should be well inserted in all of these recesses and sinuses, otherwise the result will be incomplete or entirely unsatisfactory. The wound should be packed with very narrow strips of iodoform gauze while the patient is still under the influence of the indispensable anæsthetic, and care should be taken to line all nooks and crevices of the irregular wound with the gauze. The object of this is to prevent retention, and to secure prompt disinfection of the discharges which needs must be absorbed by the dressings. The penis is enveloped in an ample compress, moistened with warm carbolic lotion (1 per cent.), over which is placed a piece of rubber tissue to prevent evaporation. Daily change of dressings is to be done after a hip-bath, which will very much facilitate their painless removal. The febrile disturbance regularly noted with these most virulent forms of specific ulcer, and the general debility and anæmia, which is its main predisposing cause, appropriate roborant and anti-febrile general treatment.

As soon as cicatrization shall have commenced, the affection is to be treated like a simple ulcer.

The foregoing view of the relation of suppuration to syphilitic lesions is based exclusively upon clinical data, and requires corroboration at the hands of pathologists more expert in systematic and exact research than the author. One object of these remarks was to arrange the clinical facts pertaining to syphilitic ulcerations under a general principle, from which the therapeutic measures usually employed for their cure could be easily and