

John K., aged 17, native of England, admitted October 18th, 1870—venereal disease. This was an interesting case with several complications, and was abundantly useful in instructing the students. There were in fact co-existing gonorrhœa, soft and hard chancres, phymosis, a good deal of adema of the penis, and for a while a phagadenic ulcer. There was also induration of the inguinal glands, and from time to time chordeo. The fact that both hard and soft chancres, with urethral discharge, existed at the same time, would seem to support the view that all venereal disease may have a common specific origin, that gonorrhœa may, under certain circumstances, produce chancres, that chancres, on the other hand, may set up urethral inflammation, and that a soft chancre may change into a hard, and *vice versa*. In this case the youth, who was a sailor, noticed six days after exposure a "gnawing pain" upon the glans penis, which speedily formed into a pimple which broke, leaving an ulcer which extended. Three days after this gonorrhœa appeared, with some pain on micturation. When he entered the Hospital, the ulcer first formed was deep and with indurated base, and around it were several others, some soft, others ulcerating. Up to this time the patient had entirely neglected the parts, which were exceedingly unclean. The constriction of the prepuce had existed for some time, having formed shortly after the first sore. Great attention was enjoined to keep the parts clean. Frequent washings with soap and water were ordered, and thin white cotton to be placed between the foreskin and glans. For a time the skin could be drawn up, but it had subsequently to be divided. Inflammation of prepuce continued, and further constriction was the result. It was not, however, necessary to divide the parts any further. A strong sugar of lead lotion was freely applied. For the gonorrhœa, bal. cop., tinct. opii co., liq. pot., spts. oth. nit. were employed, and flax seed tea in abundance. To the ulcers, nit. argent. stick was applied. There was a good deal of fluctuation with respect to the gonorrhœal discharge, but the chancres healed very quickly. The chordeo or some other irritation would cause the discharge to break out or increase from time to time when he seemed about to get well. Finally it assumed the character of gleet. Prior to this, astringent injections had been used, such as sulph. zinc, tannic acid, &c., also a sol. of nit. silver. Finally, for the gleet, a bougie dipped in bal. cop. was occasionally introduced with benefit. The inguinal glands did not suppurate, and were treated by the application of belladonna and tinct. iodine. To prevent the painful erections at night, $\frac{1}{4}$ gr. morphia with camphor was given. At the first the patient had low diet, but it was found that he did better with a more generous fare. He was discharged December 4th, apparently well. He has subsequently (12th December) returned, perhaps from a fresh exposure to the disease.