

him from all cutaneous symptoms of the disease. In May, pharyngeal ulcerations appearing, the inunctions were resumed. The size and hardness of the initial sclerosis were visibly diminished by this time.

It seems in the foregoing case that the ulcerative destruction of the primary induration was forestalled by disinfection, and subsequent aseptic management. Without them the imminent formation of an initial sore would have inevitably occurred. The treatment of the fully developed chancre would certainly have been a much more disagreeable, painful and filthy experience than the simple manipulation of once cleansing and protecting the initial induration. The site of morbid process thus protected against "external irritation," that is, pyogenic infection, ran, as it were, a subcutaneous and bland course of slow involution, the aggregate of discharge during forty-three days not exceeding the small quantity required to permeate a strip of four layers of iodoformized gauze, covering an area of about two-thirds of a square inch.

II. *Antiseptic Treatment of the Primary Syphilitic Ulcer.*

The results obtained by the various time honored and well-established forms of local treatment of the primary syphilitic ulcer, all bear out the assumption that the specific alteration of the affected tissues only serve as a predisposing condition to the subsequent ulcerative destruction of the initial sclerosis. The ulceration is directly produced by the engrafting of purulent infection on a soil that has been devitalized by the dense cellular infiltration characteristic of initial sclerosis. The rapid destruction observed in chancre is always signalized by the detachment of the epidermis raised in the shape of a pustule, under which we find a yellowish, brittle necrobiotic nucleus, which is the first to succumb to the onslaught of the pyogenic organism, deposited on it by the manipulations of the patient or otherwise.

The various forms of local treatment successfully employed for the cure of chancre are all antiseptic in character.

Their aim is either the prompt removal of the infections discharged by prolonged baths and frequent moist dressings, or disinfection by weak or concentrated caustics, or a combination of mea-

sures directed towards a rapid removal of the deleterious secretions with chemical disinfection. As the most powerful and most effective arrester of the destructive course of phagædenic chancre, the actual cautery is to be mentioned the sovereign destroyer of all microbial parasites.

(a) *Chemical sterilization and surface drainage by medicated, moist dressings.*

The energy to be applied to the local treatment of an ulcerating initial sclerosis should be proportionate to the virulence and destructiveness of the morbid process. In most cases the resistance of the vital forces combating the morbid process would be sufficient to check the damage. This is attested by the numerous cases of neglected chancre that end ultimately in spontaneous cure. Hence, in most instances, a mild treatment by local antiseptic baths, combined with moist antiseptic dressings, will be found sufficient.

Frequent removal of the soiled dressings forms the most essential part of this plan of therapy. The patient is directed to provide himself with a wide-mouthed one-ounce vial, which is filled with suitably proportioned small square pieces of lint or gauze, over which is poured a moderate quantity of a one per cent. solution of carbolic acid, or a 1:5000 solution of corrosive sublimate. The cork-stoppered vial can be easily carried by the patient, who is enjoined to dress the sore or sores at least once every hour, and oftener, if the discharge be very profuse. In the morning and evening a prolonged local bath in the same solution is advisable. In many cases this plan will be sufficient to check the extension of the ulcer, and to bring about cleansing of its bottom.

Another mild form of antiseptic treatment consists of the application of iodoform powder to the ulcerating surface. The objectionable odor of the drug can be excellently masked by the admixture of equal parts of freshly roasted and ground coffee. As soon as the appearance of a cicatricial border is apparent, these modes of treatment should be abandoned in favor of the application of strips of mercurial plaster, which should be renewed in proportion to the amount of discharge. Cicatrization will be very much hastened by this change.

(b) *Chemical sterilization by strong caustics.*

Cases of greater virulence which do not yield