

valuable service rendered to the patient, who will be spared all the suffering, annoyance, and danger connected with the development of the primary ulcer.

If a patient, exhibiting a recent primary induration of the penis, presents himself for treatment before the appearance of the pustular excoriation, or before the epidermal film of the formed pustule is broken, and if the surgeon thoroughly cleanses and disinfects the affected parts, afterwards carefully enveloping the penis in an aseptic dry dressing, ulceration of the indurated node—that is, the development of a primary ulcer—can be effectually prevented.

The node will lose its epidermal covering, but the aseptic dressing will exclude pyogenic infection, and the course of development and involution of the syphilitic deposit will be as though it were subcutaneous. A small quantity of lymph will exude from the excoriated surface, will be imbibed by the aseptic dressing, and will exsiccate—thus forming a hermetic seal and protection to the diseased tissues.

Fatty disintegration of the infiltrated tissues will be followed by the formation of new epidermis, and when, after three or four weeks, the dressings come off, a cicatrized, though still somewhat indurated portion of skin will be exposed to view.

Specific rash, and other manifestations of systemic infection, will appear in due course of time; but the incalculable extension of the ulceration to adjoining non-infiltrated parts of the skin, and the formation of suppurative buboes and other complications will be obviated. The following case may serve as an illustration:—

Case H. B., aged 25, presented himself Jan. 2nd, 1887, with a hard, elevated node, the size of a nickel, occupying the dorsum penis, and another smaller induration near the frenulum. Suspicious cohabitation had been indulged in for some time until within a few days of the visit. Bilateral indolent inguinal lymphadenitis was noted, and the presence of specific infection was assumed. The patient was kept under daily observation, and was directed not to meddle with any blister that might appear on the indurated spots. Jan. 8th.—A yellow discoloration was observed occupying the apex of the larger node, and was looked upon as an indication that a pustule was forming. The entire penis was carefully cleansed with green

soap and warm water, and was disinfected with a 1:100 solution of corrosive sublimate, good care being taken not to break the transparent layer of epidermis covering the discolored spot. A thick layer of iodoform powder was sprinkled over both indurated nodes, and a small patch of iodoformized gauze was placed over them—this being held down by a narrow, oblong compress of corrosive sublimate gauze, snugly bandaged on with a muslin roller. The meatus was exposed for micturition, and the patient was directed not to interfere with the dressings, and to report daily. The first dressing remained undisturbed until Jan. 17th, when its external part, getting disarranged, was removed. The strip of iodoform gauze was found firmly attached to the underlying indurated nodes, and had the appearance of a hard, flat cake, that had been evidently soaked through by lymph or serum some time since its application. Evaporation of its aqueous contents had converted it to the shape just described. It was left *in situ*, and a fresh outer dressing was applied.

At the same date (Jan. 17th), the girl with whom the patient had held commerce, presented herself for examination, at the author's request, and was found to be covered with a small papulous specific rash. The appearance of her throat, the universal adenitis, and two freshly cicatrized spots on the labia minora, left no doubt of her being subject to florid syphilis. She remained under prolonged specific treatment, and in May, 1887, still exhibited pharyngeal ulcerations.

Jan. 25th.—The dressings applied to the patient's penis became again deranged, and had to be renewed. The immediate covering of the nodes, consisting of iodoform gauze, was still firmly adherent, and was left unchanged.

Feb. 12th.—A general malcalous rash appeared on the patient's body, and systematic treatment by mercurial inunctions was commenced.

Feb. 20th.—The entire dressings came off the strip of iodoform gauze in the shape of a perfectly dry scab, to the inner side of which was found attached a patch of shiny scales, consisting of effete epidermis. The nodes, which were formerly prominent, had receded to the level of the surrounding skin, and the induration, which still could be felt, was marked by a coat of fresh-looking young epidermis. The patient received fifty inunctions of blue ointment, which freed