

along the lymphatics to a ganglion is there arrested, invariably causing inflammation and suppuration. The virulent pus is at first confined to the interior of the ganglion, and does not communicate with the abscess which often forms in the surrounding cellular tissue. In this case the pus which issues when the integument alone is divided by the knife, is innocuous, but if the incision be made to include the ganglion, the matter will be found contagious. The lymphatics which convey the pus from the chancroid to the ganglion, generally escape, but in some instances inoculation takes place, and virulent inflammation is set up.

It is very rare for more than a single gland to become imbued with virus from a soft chancre, except when the ulcer occurs in the median line, as on the frænum or dorsum of the penis, when a ganglion in each groin may become affected. If the irritation be very great, sympathetic buboes may form around the chancroidal, and may even suppurate, their matter, however, would be innocuous.

On an average not more than half the cases of simple chancre ever have bubo. M. Rollet, of Lyons, states that in 140 patients; 83 had buboes, of which 60 were virulent, all of which latter broke and became contagious.

INFECTING CHANCRE.—Known also as "true," "hard," "indurated," "constitutional," "syphilitic," and "Hunterian" chancre.

It differs from chancroid in this, that it is our first index that the system has been poisoned by syphilis.

It becomes the more serious when we bear in mind the all but universal truth, that this constitutional disease leaves its impress upon the system for life, in the same manner as vaccine virus does; that no other affection so powerfully modifies the constitution ever afterwards, or exercises so great an influence on posterity; and that all attempts to eradicate the diathesis by medication would probably be as fruitless in one case as the other; although we may hope by occasional medication to prevent any activity of the latent poison during the remainder of life.

Like the vaccine virus also, its inoculation may be said to be instantaneous, therefore no cauterization however early, can possibly affect the after symptoms.

The secretion of a hard chancre is not inoculable upon the individual bearing it, nor upon any person whose system is already under the influence of syphilis.

Like chancroid, syphilitic virus requires an abraded surface to become contagious.

Indurated chancre is of shorter duration than chancroid, and its secretion, even when purulent, is much less copious.

Infesting chancre has no exclusive form, in a great majority of cases it is merely a superficial erosion, situated within the prepuce, where it presents a surface as smooth as polished marble, having little or no depression, and being at times slightly elevated above the surrounding tissues. It is of a red or grayish colour, and its secretion is a clear serum, free from pus globules, unless the sore has been irritated. This serum may often be seen issuing from minute pores, after the previous moisture has been wiped away. It has no areola, and heals without a cicatrix. Resembling as it does a mere abrasion, it is liable to be overlooked, especially if at a distance from the genitals, and it can only be known from the superficial abrasions of balanitis by

its induration and persistence, and from the ganglia of the groin being enlarged.

Bassereau found that out of 170 cases of true chancre that were followed by syphilitic erythema, (one of the most frequent eruptions of syphilis,) 146 had no other than superficial erosions, and but 23 went the depth of the skin, 14 of the latter being phagedenic; his were the milder cases of the disease, the more severe would have shown a much larger proportion of excavated ulcers.

When situated on the external integument, as the skin of the penis, where it is exposed to the air, this chancre becomes covered with scabs, which give it the appearance of a pustule of ecthyma or some scaly eruption. Ulcers so situated are generally syphilitic, and leave after them a peculiar brown stain, which eventually fades into a white; this discoloration is never seen after chancroid.

Want of cleanliness, or the application of irritants, likewise modifies the character of this syphilitic sore, causing its secretion to become purulent and its surface to resemble that of the chancroid, but its normal appearance may be restored in a few days by the application of water dressing.

Between the chancroid erosion and the indurated excavated ulcer, with its hard raised edges, and adherent gray slough, known as the true Hunterian chancre, there exists many gradations, owing their existence to peculiar states of the constitution, susceptibility of the infected person, and venom of the virus imbibed.

A pustular form of infecting chancre is very rare, as the papule first developed never fills, but takes on superficial ulceration.

Syphilitic chancre is generally solitary. If multiple at all, it is so as the immediate effect of contagion, several rents or abrasions being inoculated together in the sexual act. If solitary at first, it continues, solitary, for successive chancres never spring up, as in the case of chancroid, owing to the fact that the virus ceases to act on a system already infected.

It has been stated above, that in rare cases a syphilitic ulcer may be contracted a second time, when it resembles soft chancre; it must be recollected therefore, that a chancre with a soft base, and no induration of the neighbouring lymphatic ganglia, in a person having syphilis, will, when communicated to a person free from syphilitic taint, give rise to a soft or hard chancre, according to the nature of the virus occasioning it.

Some persons are so extremely difficult to inoculate with infecting chancre, that they do not become affected, even after the virus has been placed beneath the skin. Such people may, and do, carry the poison from one to another, as known occasionally in chancroid, without becoming themselves affected.

Induration is now justly regarded as the most prominent and characteristic feature of the constitutional chancre, when seated upon a person previously unaffected by it. It is a peculiar hardness of the tissues around and beneath the sore, formed without pain or inflammatory action, so silently, so insidiously, that the patient is often ignorant of its presence, or discovers it only by accident. It is firm, hard, and resistant, resembling cartilage beneath the skin, quite moveable, and whose boundary is well defined. It is often aptly described by the patient, as a little hard lump the size of a split pea, an almond, &c.

The boundaries of inflammation, on the contrary, cannot be limited with nicety, for it shades off