

according to the depth of the eschar, a narrow line of demarkation 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, the 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, require 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 needs 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 logically deducted. Another object will be fulfilled if the foregoing thoughts of a clinical observer will induce further inquiry into the interesting and practically important field of mixed parasitic infection.

TYPHOID FEVER COMPLICATING PREGNANCY: PATHOLOGICAL NOTES.

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E. C., aged 20, unmarried, was admitted to the lying-in-department of the General Hospital with commencing labor pains which terminated in the delivery of a fœtus, apparently near, or at full term. Severe *post partum* hæmorrhage followed, and, notwithstanding all efforts to cause complete uterine contractions, that organ failed to respond, and remained during life in a flaccid condition. After delivery, and some time prior to the patient's demise, the temperature was taken, and found to be 106°. There was a suspicion that the elevation of temperature might be due to septicæmia, and in order to satisfy myself in this matter I removed the spleen six hours after death to examine it for micro-organisms, a small portion of its sub-