

## CHANCRES.

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*Continued.—Treatment of Soft Chancre.*

Assuming that the reader is cognizant of the facts so briefly stated in the last two numbers of the Lancet, I need not dwell on the importance of a proper diagnosis of the different forms of chancre, before commenting on the treatment of them, which differs so widely.

Although Mercury, taken internally, ends the cicatrization of hard chancre it has no beneficial influence upon the chancroid, which remains stationary or even progresses after salivation.

The virus resting in the sore itself and its underlying tissues, is only effectually destroyed by thorough cauterization.

*Pernitrate of Mercury.*—Having been invariably successful with this form of caustic for the arrest of soft chancres, in my own practice, I place it "par excellence," first on the list. I prepare it by adding an ounce of red precipitate to an ounce and a quarter of nitric acid, in which it readily dissolves by shaking. It is very painful when thoroughly applied, causing much inflammation, and when the chancre is large, the effusion of serum into the cellular tissue of the prepuce. It has seldom to be employed but once, however, even in aggravated cases; nor have I ever noticed any injurious effect, hitherto, from its employment. Linseed poultices should be kept to the part until the inflammation subsides, and afterwards water dressing; when the gray slough separates, which it does generally in three or four days, the healthy ulcer left afterwards must be treated in the usual way with wet lint and oiled silk; stimulating it with red wash or solution of the chlorate of potash, should the granulations become exuberant. Collections of serum formed after the operation, may be allowed to ooze away through punctures made into them with a needle.

*Canquoin's Paste.*—Rollet and Diday assert that this caustic, composed of equal parts of chloride of zinc and flour, whilst exceedingly efficacious, gives but very little pain. It is made by drying the powdered chloride over a spirit lamp before mixing it with dried flour, and adding alcohol drop by drop until the paste is formed, which is to be spread thinly on cloth and again subjected to a gentle heat, a disc of this paste corresponding in shape to the chancre and slightly exceeding it in size, is cut out and retained upon the surface, previously cleansed of matter, from one to three hours, and in large phagedenic ulcers from four to six hours, the patient keeping his bed until the paste is removed.

*Other Caustics.*—Nitric, strong acetic, and sulphuric acids, caustic soda, potassa cum calce, and even the actual cautery or knife have their respective advocates. Dr. Bumstead, to whose work much of our former article was indebted, recommends the nitric acid in preference to all other applications, although he confesses that it sometimes requires to be repeated every second or third day.

*When wrong to Cauterize.*—Thorough cauterization is inadmissible when a chancroid extends deeply, and is situated directly over the urethra in either male or female, or in the vagina, when lying in contact with the bladder, rectum or peritoneum, on account of the danger of an opening being created into these parts on the separation of the slough.—Again, cauterization is not applicable when the chancroid cannot be fully exposed as in phymosis, or when situated within the urethra, os uteri, &c., and would

be useless unless every ulcer could be reached that would be likely to inoculate anew the eschar.

*Nitrate of Silver.*—This is altogether too feeble in its action for universal adoption in cases of chancroid, but proves extremely useful in those enumerated that do not allow of a more powerful application. A comparative trial of the merits of the nitrate of silver and the solution of the pernitrate of mercury, would satisfy the most sceptical of the superiority of the latter, for the sore which has long remained stationary or even continued to extend notwithstanding the constant use of the one, will be found to yield rapidly and cicatrize after a single thorough employment of the other.

*Stimulating Lotions.*—These have the same influence upon a chancre as upon simple ulcers, and although they do not affect its specific character, do much good by keeping the pus removed as fast as it is secreted, and by coagulating the virus and hardening the adjacent tissues, prevent the inoculation of the surrounding parts and check the growth of the sore.

Among the many astringent and disinfecting lotions now in vogue the following may be mentioned as some of those most frequently employed, viz :

℞. Zinci chlor gr. j. aquæ ℥ j. m.

℞. Liq sodæ chlorinatæ ℥ j. aquæ ℥ ij. m.

℞. Ac. nitrici dil ℥ j. aquæ ℥ viij. m.

℞. Tannin ℥ ij. tinct opii. ℥ ss. aqua ℥ viij. m.

But the strength of these solutions must be adapted to the sensibility of the part which varies in different cases, they should never be so strong as to excite pain or produce irritation, and indeed in many cases when constant attention can be paid to them, the lotion might as well consist entirely of water or glycerine.

The dressings should be kept covered with oiled silk and renewed in ordinary cases as often as two or three times a day, that the discharges should not long remain in contact with the sore.

The black wash so much employed all over the world is composed of two scruples of calomel and four ounces of lime water; it is less cleanly and desirable than any of the forms above mentioned.

Acetate of lead is objectionable on account of its forming an insoluble albumenate of lead on the surface of the sore which is with difficulty removed, and hides its progress.

Chancres beneath the prepuce, when it can be drawn back and examined, are often dressed with dry lint, which soon becomes sufficiently moistened by the natural secretion of the part.

*Chancres of the Frænum.*—The frænum is particularly liable to be destroyed by chancre. When perforation takes place, the bridle should be cut and the raw surfaces cauterized. Diday recommends the separation to be made with a pair of hot scissors which should be dull, these cut and canterize at the same moment.

*Urethral Chancres.*—The surfaces of urethral chancres when near the meatus should be kept separate by means of wet lint, which should be pushed down upon the sore with a probe, and have a thread attached to it to facilitate its withdrawal. When out of sight, the case must be treated as in gonorrhœa, by first subduing the inflammatory symptoms, by diet, rest, diluents, cathartic medicines, &c., and the employment of emollient urethral injections, afterwards resorting to those which are more powerful.

*Phymosis.*—If the chancroid be concealed by a tight and inflamed prepuce, free use should be