

of treatment, the objects in view being—1. To destroy the nucleus of contagion; 2. To prevent the production of buboes; 3. To cut short the progress of the ulcer, and to counteract constitutional infection. In order to success, canterization is necessary at an early period, and must be repeated if a healthy surface does not succeed the first. Even if too late to work ectotically, it may be otherwise beneficial, in modifying the ulcer, abridging its duration, and furthering the period of reparation. It being necessary to destroy the infected tissue extending a little beyond the confines of the ulcer, nitrate of silver is generally considered too superficial in its action. M. R. recommends Vienna paste as the caustic most successful in his hands, also the strong nitric acid (so much extolled in England, but very painful), and sometimes the actual cautery. Should the abortive treatment fail, and there be evidence of constitutional infection, mercury is employed internally. It is much more powerful against secondary than tertiary accidents. In some cases it prevents their manifestations, in others it retards them for a considerable time. It must be used rationally, and rejected when injurious or contra-indicated. It is to the tertiary symptoms that M. P. reserves more especially the iodide of potassium, when its action is considered all-powerful. The mixed treatment by mercury and iodide of potassium is frequently employed against tardy secondary accidents, or when complicated with tertiary symptoms.

*Hopital Lourcine.*—It is difficult to obtain from the regular authorities more than two tickets of admission to this hospital, which is exclusively reserved for female syphilitic patients, but through the kindness of M. Cullerier, the surgeon to the institution, I was enabled to attend his ward for some time, and make the few following notes. It is observed, that, when blennorrhagic inflammation is liable to attack the different parts of the genital organs in the females, as the vulva, urethra, vagina and uterus, either conjointly or separately, it is more commonly seated in the vagina. Vulvitis is not unfrequent; urethritis is comparatively rare, but it is believed more frequent than is generally supposed by surgeons. It may exist alone, but it is often consecutive to vaginitis, which is the most common. Catarrhal uterine blennorrhagia is also considered frequent, and often leads to ulcerations of the os and neck, which are tedious to heal. In the treatment of urethritis, copaiba and cubebæ are generally had recourse to, and with good effect. When observed at the commencement, it is sometimes cut short by cauterization, with the nitrate of silver in substance. When caustic is applied in vaginitis, as it frequently is; the stick is introduced as far as the os uteri, and is then retracted in a spiral manner, so as to touch every part of the vaginal walls. The isolation of the inflamed surfaces is much recommended. This is easily and