

syphilitic buboes soften down in process of time, and become absorbed.

Induration of the infecting chancre in women, is not so recognizable as in men, (and is doubted by many as being so constant a symptom), therefore, the condition of the neighbouring ganglia must be almost exclusively relied on in many cases. Gosselin says that hypertrophy of the labia majora, and occasionally also of the labia minora or some of the carunculae myrtiformes, is so solely the effect of hard chancres in the neighbourhood of the vulva, as to almost amount to positive proof of their previous existence.

MIXED CHANCRE.—There is no opposition whatever between the three poisons of gonorrhoea, chancreoid, and true chancre—they may all coexist in the same person, thus accounting for three men that have been known to have intercourse with the same woman, on the same day, and yet each to receive a different disease from her. Two of these poisons may be present in the same fluid, as when the secretion of a hard or soft chancre mingles with that of gonorrhoea, or as in the "mixed chancre," resulting from inoculation of the one abrasion during the same act of coitus, or successively by the virus of both the hard and soft chancre.

When taken at the same time, the chancreoid, having no period of incubation, is first developed in its usual form, with abrupt edges, grayish floor, and soft base; subsequently the infecting chancre appears either in the same spot or a separate one, when the base of the sore and the neighbouring lymphatic ganglia become indurated.

The matter of a chancreoid applied to the surface of a hard chancre, will, in two or three days, cause the sore to assume a grayish aspect, and its edges to become jagged; generally giving rise to successive chancres in the neighbourhood, or to a virulent bubo. The original ulcer in these cases, however, does not lose the essential character of an infecting chancre, and its constitutional effects are in no way altered by this inoculation.

These small chancreoids springing up in the neighbourhood of a hard chancre, show it at once to be a mixed chancre, as the true chancre is not auto-inoculable.

Inflammatory or Gangrenous Chancre.—The chancreid is more exposed to excessive inflammation and gangrene, than the infecting chancre. It occurs generally in cases of phymosis and paraphymosis, the glands always suffering less than its covering. If the slough includes the whole sore, it ceases to secrete inoculable pus. When syphilitic ulcers become gangrenous, the induration may for a time disappear with the eschar, but to reappear in many cases with the subsequent cicatrix, secondary symptoms following in the usual manner. Buboes are rare with inflammatory sores.

Phagedenic Chancre.—Chancres generally ulcerate slowly, and are limited in size; when from any peculiar state of the system they spread rapidly and irregularly, they are said to be phagedenic. They occur most frequently in persons debilitated from intemperance, irregularity of life, bad food, unhealthy residences, an abuse of mercury, &c. &c., and may extend but slightly beyond ordinary bounds, or become so acute as to destroy the whole penis, scrotum, or labia, or they may take on the serpiginous form.

Serpiginous Chancre.—This obstinate variety of phagedena may be said to have no limit to it, either in extent or duration. Snake-like, it sometimes un-

dermines the whole skin of the penis as far as the pubes, or makes narrow streaks down the thigh nearly to the knee, or choosing another direction, eats its way upwards on to the abdomen, following the course of the crest of the ilium. It often advances at one end whilst healing at the other, and when seemingly arrested, rapid ulceration may again set in and destroy the newly-formed tissue. It is covered by a grayish secretion, through which florid granulations at times protrude, and bleed freely upon the slightest touch. Its secretion is copious, thin, and sanious, and preserves its contagious properties through its whole period of existence, although of many years' duration. It leaves behind an indelible white cicatrix.

Both simple and hard chancre may take on this serpiginous form of ulceration; it is, however most common to the simple.

When buboes complicate phagedenic chancre, they generally become affected with the like destructive action.

Matter from a phagedenic chancre does not necessarily transmit phagedena, but always generates the species of venereal poison producing it.

To Correspondents.

Ulcers.—The red wash employed so constantly in the hospitals of this city as an astringent lotion to weak ulcers, is the one recommended by Professor Erichsen, and is prepared as follows:—

Sulphate of zinc, grs. xvi: comp. spirits of lavender and spirits of rosemary, of each, two drachms: water, ʒ pint.

The spirits of rosemary is made by adding one drop of the oil of rosemary to 1ʒ of alcohol.

Solution of chloride of potash, 10 grains to the ounce of water, seems to be even more successful than the above, as an application to ill conditioned ulcers of all kinds.

Chloride of zinc, from one to two grains to the ounce is also a favourite with many practitioners for the same purpose.

These solutions are applied similar to water dressing.

Pepsine.—This remedy is employed in cases of debility of the stomach, when the debility is kept up by want of due nutrition of the organ, originating in its own defective function. By supplying this active principle of the gastric juice, digestion proceeds artificially, and the stomach thus strengthened, soon resumes its activity. The dose of Boudan's preparation is 15 grains, before each meal, it may be taken on bread and butter or in any agreeable vehicle. It does not interfere with other remedies that may be prescribed at the same time.

Hair Dye.—Dissolve nitrate of silver 1 drachm, in strongest liquor ammoniac, 1 oz; and add bi-chloride of mercury half a drachm. To make the hair receive it, cleanse it thoroughly from all oily matters, and apply some of the following mordant. Acetic acid ʒ ʒ; chloride of potash ʒ ʒ; grs; mix. With corrosive sublimate the dye is black, by omitting it a brown may be obtained, and the shade between the two may be regulated by altering the relative proportions of the silver and mercury.

Iodide of potassium in strong solution, will remove any stains from the skin acquired by this dye.

Druggist.—By water dressing, we understand the application of wet lint to a part, covering it up with a larger piece of oiled silk, the lint does not dry when thus protected. It is the modern mode of treating all species of wounds and ulcers. The lint must be but little larger than the sore, and must be frequently washed or changed; and if the part be much swelled, both it and the silk had better be fastened to their places by a strip or two of adhesive plaster. If it be an incised wound, draw the edges together, and fasten by means of long pieces of plaster, when the ends, not being affected by the water, will keep it always closed. Should the wound or sore turn white and shrivel up, like a washerwoman's hands, it is because the lint is kept too wet.

Baking Powder.—Bicarbonate of soda, 1 oz; cream of tartar, ʒ ʒ; cast wheat flour, ʒ ʒ; mix. One tablespoonful is sufficient for a quart of flour. Success in its use depends on not working the dough, or stirring the batter, any more than can possibly be helped, after putting in the powder. Many druggists cheapen their baking powder, by adding a larger proportion of flour.