

ably through carelessness), after which he first noticed an affection of the spinal cord, which caused him much suffering.

He says that he was in the Montreal General Hospital last summer, but left it unrelieved and returned home. In autumn he came under my treatment, complaining of his back and likewise of a difficulty in swallowing solid food. Considering the former to be chronic inflammation of the dura mater of the spinal cord, I applied Faradization locally, to the lower portion of the vertebral column and along the course of the sciatic nerves, using alternately, the current of induction and the extra current with the electric brush. The relief experienced by this treatment was very great, but, did not become permanent until after upwards of twenty applications.

Attributing the difficulty of swallowing to some obstruction of the œsophagus, I introduced a catheter, which caused the expulsion of a large quantity of viscid mucus, and gave much temporary relief. This I repeated from time to time as occasion required.

On the second of January I was sent for in haste, the patient being unable to swallow either solid or liquid food. After passing a probang three times successively through the œsophagus, he threw up a polypus of the size of the yolk of an egg, and shaped like a cut macaroon.

The patient felt considerably better after this for two months, when the stricture returned. The character of his pain, with his general cachectic appearance, now rendered easy the diagnosis of malignant growth, although he constantly denied ever having anything of the kind in his family. He died on the 7th of April.

Post mortem examination.—Great emaciation, lungs sound, heart covered with fat, with eccentric dilatation, œsophagus cancerous and perforated an inch and a half from the stomach, through which the contents of that organ had escaped into the thorax, and expedited the fatal result.

G. S. DEBONALD, M.D.

Berthier, April 27th, 1863.

CHANCRES.

A synopsis of the results of all recent investigations on the subject. From Bumstead and other authors. By W. E. Bowman, M. D.

(Concluded.)

Parchment Induration.—This is another but less common form of induration, in which the deposit is confined to the mucous membrane alone, and does not involve the cellular tissue beneath. It most frequently occurs in connection with the superficial chancre, on the prepuce, walls of the vagina, and about the anus. It imparts to the fingers a sensation as if the ulcer rested upon a circular piece of parchment, or very stiff paper.

Induration does not take place before the appearance of chancre, but occurs generally within a few days. Should it not appear within the third week after the sore, both in itself and in the neighbouring ganglia, the patient may be considered safe from constitutional infection.

The induration usually remains for a long time after the cicatrization of the ulcer, and unless dissipated by treatment, may generally be felt for two or three months, and in exceptional cases has been known to persist for years. M. Puche tells of one of nine years duration, and Ricord knew of another that had remained callous for upwards of thirty years.

Again, the parchment induration, although generally of long continuance, has been known to disappear even before the healing of the chancre, thus leaving it with as soft a base as chancroid.

In process of time this lump softens down and becomes absorbed, but it may again resume its hardness on the outbreak of a syphilitic eruption, or from the irritation caused by the contraction of soft chancre.

Nowhere is the induration from infecting chancre so fully developed, as on the lips, where it often disfigures the countenance by its bulk. It is less marked at the angle of the mouth or on the tongue.

INDURATED OR SYPHILITIC BUBO.—This is only found in connection with infecting chancre, of which it is a necessary attendant, and affords as valuable a proof of syphilis, as the induration at the base of the sore, being even more constant and persistent than the latter. Bassereau found that out of 120 cases, only 3 escaped this symptom.

It is usually developed the first week, and always within three weeks after the existence of the ulcer, and accompanies, or follows almost immediately its induration.

All the superficial ganglia fed by the lymphatics near an infecting chancre, become enlarged and attain the size of filberts or almonds. This change takes place, like the induration beneath the sore, without any symptom of acute inflammation. As the genitals are most frequently affected, we find the ganglia of both groins the subject of these changes.

These buboes are painless, and of themselves never become inflamed or suppurate. But irritant applications to the chancre, external violence, alcoholic stimuli, excessive coitus, gonorrhœa, or fatigue, may excite common inflammation in them, terminating in abscess. But the most fruitful cause of suppuration is the strumous diathesis, or general debility.

That abscess is however extremely rare, may be inferred from the fact that of the whole number treated by Ricord in the Hôpital du Midi in one year, there were but three cases of indurated bubo that suppurated.

When induration at the base of the sore is imperfectly developed or obscured by common inflammation, reference made to the groin will rarely fail to afford the desired information, for after the former has disappeared, the latter portion persists for months, an unfailing sign that there has been a primary sore near, that has infected the constitution.

Induration of the inguinal ganglia, points to the genital organs, including the internal surface of the urethra, and to the hypogastric region; that of the external group near the anterior superior spine of the ilium, to the anus or rectum; that of the submaxillary glands to the lips, mouth, and tongue; that of the axillary ganglia or those about the elbow, to the hand or arm; and so each region has its recording index, when perhaps no other sign has been noticed.

The only affection liable to be confounded with an indurated bubo is strumous enlargement of the lymphatic glands, when the diagnosis is often difficult, especially if the previous history be unattainable.

The lymphatics themselves are rarely indurated; when so, however, they resemble whip-cords or strings of beads running from the chancre towards the groin, but rarely reach as far as the ganglion.

Like the induration of the chancre producing it,