peutics is to be strictly local, but it is as to the nature of the local treatment that there arises a difference of opinion. One author advises us to cauterize every case; another rarely employs this method, and only to meet special indications.

The application of cauterizing agents to venereal sores has always been one of the methods of treatment in this affection. The reasons for its adoption can readily be understood, when we remember that, previous to the separation of venereal sores into two classes, the infecting and non-infecting, it was noticed that very often constitutional contamination did not supervene, and it was generally believed that the destruction of the virus contained within the sore by the cauterizing agent had prevented such contamination. Now, however, we know that it was not the treatment which prevented an outbreak of syphilis, but no infection had taken place, and therefore there had been no preventive treatment.

After the division of venereal sores into infecting and non-infecting, the application of caustics has been continued, on the ground that each variety of sore contains within itself a specific virus. That this is true of the infecting variety none deny; but that there exists any specific element in connection with the non-infecting sore is a question which, at the present time, is disputed by a few authors. I do not propose now to enter into a discussion upon the specificity or non-specificity of the chancroid, but may say that a study of the subject has led me to think there still is room for investigation, and that, viewing the subject from a therapeutical standpoint alone, the specific nature of the chancroid, as far as my experience goes, need not be admitted. My reason for adopting this view of the subject is based upon the investigations of a practical kind which I have carried out during the past year. Within this period there came under my observation seventeen cases of chancroid; of these five were treated by caustics previous to coming under my care, thus leaving twelve cases which I saw from the beginning to the end. Among this number the different varieties were met with, as single, multiple, concealed, etc., thus offering a favorable opportunity for my investigations.

From frequent employment of the cauterizing agents in this lesion, I had seen some of the disadvantages they occasioned, and more particularly the pain. This is always severe and at times intense, notwithstanding the use of a local anæsthetic, such as carbolic acid, previous to the caustic application. The administration of ether or chloroform to produce general anæsthesia is, in my opinion, not admissible in such cases, except in rare and unusual circumstances. If, therefore, the same results could be obtained by not applying any such severe means of treatment, it certainly would be a great gain, and from the fact that such a claim had been made, a trial of the method advocated by those who do not employ caustics seemed at least justifiable. Therefore, I determined to omit all cauterizing agents in my treatment of the chancroid, provided no ill-effect arose from the omission.

The number of cases treated, as above stated, were twelve, and in none did I find it necessary to resort to any cauterizing agent, in none did any complication arise during treatment, and in all a favorable termination was the result. One of the greatest difficulties the surgeon will meet with in following out this method of treatment is the patient himself.

Such a firm hold has the caustic treatment, not only upon the medical mind, but equally so upon the public, that the patient is not satisfied unless you "burn" his sore, and you must constantly call his attention to the progress the sore is making towards recovery, in order to reconcile him to the non-cauterizing treatment. Having succeeded without "burning," I doubt if you ever will be able to convince a patient of the necessity of a caustic, if he should be so unfortunate as to contract another chancroid.

It could scarcely have been a coincidence, but it is the fact, that in not a single case in which the cauterization was omitted was the lesion complication by an adenitis. While, on the contrary, in four or five cases which had been cauterized previously to coming under my observation, there was developed, or there existed at the time they presented themselves for treatment, a suppurating adenitis or periadenitis.

One of the most important, and for some the only reason that cauterizing agents are applied to the chancroid, is to prevent auto-inoculation, or a multiplication of the sores. There is no doubt but that a thorough application of a caustic will prevent auto-inoculation. The remedy is very severe, and frequently complicates the lesion by occasioning a very intense local inflammatory action, and also, to my mind, the exciting cause of the sympathetic adenitis in many cases. That such cauterization is unnecessary, and that auto-inoculation may be prevented by other means, is demonstrated from the results obtained in my cases. In none was there any increase in the number of sores after treatment had been commenced.

Those who advocate the non-cauterizing method of treatment of the chancroid, regard the lesion as an ulcer, which may be caused by any irritant, and in this case the irritant is an acrid pus, coming in contact with a special part of the body, which, from its peculiar histological structure, is liable to develope the special form of ulcer characteristic of the chancroid. Therefore, they claim that the treatment applicable to ulcers in general is equally suitable for the chancroid. Thus anodynes, sedatives, astringent and stimulating applications have each their sphere of action in assisting nature to heal the lesion. The kind of medication to be employed will depend upon the symptoms presented by the sore, and judgment in the selection of the remedy is a very important element in obtaining success.