

grow, therefore, mostly on the genitals in the female, but they are also found in the groin, on the inside of the thigh, round the anus, under the mamma, in the axilla, between the toes, and occasionally on the back of the neck, under the roots of the hair. Dusting with calomel, and the interposition of a piece of dry lint between the labia. The calomel has no specific action being insoluble; but it adheres readily to moist surfaces and, being heavy, it flies in a fine cloud from the dusting instrument. A wonderfully small quantity suffices. Of course the patient must wash and dry herself thoroughly before the dusting, and again before night.

Mr. Miller has frequently demonstrated to the students that a single week of calomel dusting without any internal or other treatment whatever has made a great difference in even the worst cases. Sometimes hardened bases remain, which disappear under the application of sulphate of copper.

Mr. Miller found not uncommonly a syphilitic lupoid ulceration affecting the face and closely resembling lupus exedens. In one of his cases there was seen an ulcerated surface about an inch and a half in width occupying the position of the nose, which had been almost entirely destroyed. The sore healed under twenty grain doses of iodide of potash. I have met with two such cases in the practice of the Montreal Dispensary. The one is already reported.* The other, that of a very old woman, Mrs. C., came to me last summer, telling me that she had lupus. There was an ulcerated surface on one ala of the nose extending to the other side like a saddle. Under the use of iodide of potash it cicatrized though very slowly.

Mr. Miller then makes some remarks upon the actions of certain remedies as observed in the wards.

Mercury.—His faith in mercury has not always been equally strong; but it has always existed. At one time half the

patients were treated with, the other half without, mercury. Now and then, a patient had to be shifted to the mercurial side, because she was not getting on so well as the others. And again, the non-mercurial patients who went out of hospital apparently cured came back very soon afterwards. They were then treated with mercury. Lastly, this arbitrary division was given up, and cases were treated on their own merits.

Bichloride of mercury in $\frac{1}{32}$ — $\frac{1}{16}$ gr. doses was used. It is a pure form of the drug, and being unmixed with iodine it enables the observer to form a just estimate of its effects. Mercury has been given to almost all patients in the earlier stages of syphilis. It promotes the disappearance of eruptions, and it is useful occasionally in late syphilis in combination with potassium iodide. The former seems to assist the action of the latter.

Mr. Miller is of opinion, and most thinking and reading men will agree with him, that syphilis cannot be what it used to be. Some marvellous change has come over either the constitutions of this generation or over the disease. It is certain that the French malady of Shakespere's time bears merely a generic resemblance to that of to-day, just as the lion resembles the cat, and even within the recollection of living men the symptoms have greatly abated in severity. Mr. Miller thinks phagedœna is rare. It was seldom seen. It is certainly a rare disease in America. Most of us will agree with Dr. Keyes, who says, in his work upon the venereal diseases:

“It is a less serious matter to have syphilis than that one's father should have died of consumption or of cancer. Bad malaria or dyspepsia, or rheumatism or eczema or psoriasis or a number of other maladies are infinitely worse than ordinary syphilis, far harder to manage and more likely to relapse. The danger and severity of common syphilis is much overrated by the profession, as well as by the public.”

* *Canada Medical and Surgical Journal*, vol. x., p. 596.