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ILLUSTRATIONS

OF

SYPHILITIC DISEASE,

BY

PHILIP RICORD, D. M. P.,

CHIRURGIEN DE L'HÔPITAL DES VÉNÉRIENS (HÔPITAL DU MIDI),
CHEVALIER DE LA LÉGIION-D'HONNEUR ET DE LA COURONNE DE CHÊNE, LAURÉAT DE L'INSTITUT DE FRANCE (ACADÉMIE DES
SCIENCES), MEMBRE DE DIVERSES SOCIÉTÉS SAVANTES, NATIONALES ET ÉTRANGÈRES.

TRANSLATED FROM THE FRENCH

BY THOMAS F. BETTON, M. D., M. A. N. S.,

FELLOW OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA, ETC.

WITH THE ADDITION OF A

HISTORY OF SYPHILIS,

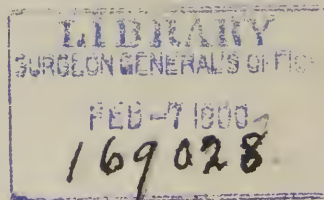
AND A COMPLETE BIBLIOGRAPHY AND FORMULARY OF REMEDIES.

COLLATED AND ARRANGED

BY PAUL B. GODDARD, M. D.

With Fifty Large Quarto Plates,

COMPRISING 117 BEAUTIFULLY COLORED ILLUSTRATIONS.



PHILADELPHIA:

A. HART, LATE CAREY AND HART,

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P R E F A C E .

It is remarked by M. Ricord, in his preface, that, since the plate of the venereal disease published in 1496 by Joseph Grumpek, almost all the representations of that disease which have appeared have been unfaithful, coarsely executed, and frequently either representing some disease not venereal in its nature, or delineating it so badly that it could not be recognized as such, or so caricatured and hideous as to serve to alarm the ignorant rather than instruct the learned.

To avoid this, he employed Messrs. Emile Beau and F. Bion to make the drawings illustrating this work, and have them colored from the patients presented to his pupils, to avoid exaggeration on the one hand, and imperfect and feeble representation on the other. The admirable illustrations which have been the result of this great care are the most graphic and beautiful delineations which have ever appeared in a medical work.

I have endeavored, in the following pages, to present to the American practitioner a clear, faithful, and literal translation of M. Ricord's *Clinique Iconographique de l'Hôpital des Vénéériens*, accompanied by copies of the original illustrations as perfect as the state of the art in our country would permit. Great pains have been taken with this portion of the work, and I feel safe in asserting that the finish and coloring of the plates in this volume are fully equal to the original French copy, and better than some copies which have been more recently imported from Paris.

For the translation I am indebted to my friend Dr. Thomas F. Betton, who unites classical attainments of a high order to a profound and scientific knowledge of the subject, and has performed his task in a manner most gratifying to myself and valuable to the readers of the following pages.

He has also added, at my request, an elaborate history of the venereal disease, from the earliest period of time in which it is known to have existed, together with a full and complete bibliography down to the present day. These are both works of

deep research, and have required a great devotion of time, and facilities for obtaining facts which few in this country possess.

The plates have been executed in the establishment of P. S. Duval, and colored by Mr. T. R. Jones, both of whom are eminently entitled to the thanks of the profession for the admirable manner in which they have performed their allotted tasks.

The plates amount to fifty in number, but several are accompanied by two or more cases and illustrations, making the whole number of illustrated cases ninety-two.

I have collated and arranged a formulary of the remedies recommended in various portions of the work for the convenience of the practitioner, and, where the French decimal weights and measures are not translated, they may be understood by reference to tables placed at the end of the formulary.

PAUL B. GODDARD.

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HISTORY OF SYPHILIS.

SYNONYMS.—*Morbus Gallicus, Siphilis, Syphilismus, Cachexia venerea, Cachochymia venerea, Malum venereum, Morbus Italicus, Morbus Hispanicus, Pudendagra, Lues, Merium, Lues venerea, Lues syphilitis, Morbus aphrodisius, Syphilitis venerea, Syphilitis maligna, Morbus Neapolitanus, Morbus Indicus, Patursa, Basiliscus, Boæ, Sodoma Gallorum; Venereal, Venereal disease, Pox, French pox; Vérole, Maladie Vénérienne, Mal de Naples, Mal Français, Mal de Puillardise, Maladie de Venus, Lustseuche.*

ETYMOLOGY.—The etymology of Syphilis is unknown, but most lexicographers agree in deriving it from *θιλεω*, “to love,” and *συς* “a hog,” or from *σφιλός*, “deformed, impure,” by Sync. from *σπαλός*.

THE origin of this disease is involved in profound obscurity, and, therefore, we have thought proper in the subsequent essay, whilst inclining to its antiquity, without advocating any of the various conflicting theories, to present to the reader a summary or recapitulation of much that has been written on this subject, whereby he will be saved the labor of wading through and searching a host of general treatises and monographs, and still be at liberty to form his own conclusions.

A glance at the original condition of society would seem to convince us at once that, notwithstanding the early history of the disease may be lost in the night of time, it is very probable that this malady existed from a period occurring very soon after the world became thickly peopled. The same causes which now produce it operated then in greater force, for men, living almost in a state of nature, did not hesitate to obey, blindly, this most imperious of all the appetites. The abuse of this desire, and a neglect of cleanliness, must have frequently led to affections of the genital organs and skin, modified, indeed, by the more simple mode of life then prevalent. This state of simplicity was not of long duration, and as men increased in number, and advanced in civilization, a wish for more stimulating food and a more luxurious style of life gradually crept in: an excess of population drove the surplus to seek their fortunes in other

climes, of various temperature, and, thus abandoning the primeval innocence of our race, they created fictitious wants, which were gratified often only at the expense of health and life itself.

Then, as now, this artificial existence must have increased the irritability of the organism, and the predisposition to inflammatory diseases. What is there strange or forced in supposing that the genital organs shared in this general tendency? Is it not rather probable that, endowed as they are with intense excitability, and the highest degree of sensibility, they fell, at an early period of our history, victims to some of those diseases, and among them syphilis, which all the care and prophylactic measures of modern times, at that day unknown, have been unable to prevent?

This is, of course, mere conjecture; but it is certain that to prostitution we must trace the origin and propagation of all infectious diseases of the genitals. In all ages, whether driven by necessity, impelled by ungovernable licentiousness, seduced by the arts of men, or betrayed by their own hearts, women have been found to barter their loveliness and their charms for lucre, or for love. Many of these women, to excite still further their admirers, have introduced into their disgusting orgies the most shameless refinements of debauchery, and thus multiplied the forms of venereal disease. Banished at first from a society whose morals were pure, they were tolerated as these morals became tainted; and at last, established into a necessary evil, laws of hygiene and police were requisite for the preservation of the public health and the better regulation of these unfortunate beings themselves.

Before referring to these municipal laws for the government of prostitutes, it may not be inappropriate to take a cursory view of prostitution as it has existed from the foundation of the world, and the following extracts, from a valuable monograph by Bérard on the public women of Paris, will naturally find a place here.

The origin of the world and that of prostitution are, as it were, coeval. The latter is closely associated with the earliest sacred rites, still forms an integral part of many religions in remote and savage nations, and is anterior to that of human sacrifices. "Increase and multiply," were the first commands addressed by the Creator to two innocent creatures, formed in his own image, and sleeping on a bed of roses in one of the delicious retreats of the terrestrial paradise, lulled to rest by the warbling of the nightingale. They were soon to experience the tender feelings of father and mother, and beget a posterity destined to rule the earth. At a later period, that is, after the cataclysm, or universal deluge, and the miraculous salvation of Noah, the patriarch Abraham, after expecting in vain offspring from the companion of his bosom, left her, at her own request, for her handmaid Hagar, by whom he had a son named Ishmael. Led by the same hope of posterity, the two daughters of Lot intoxicated with wine

their father, who committed a double incest with them, the progeny of which were Moab and Ammon. Jacob married, successively, his two cousins-german, Leah and Rachel; and the sisters, in their turn, subjected to his embraces the most agreeable of their handmaids, in order to obtain a numerous family. The same desire impelled Reuben to seek the couch of Bela, the concubine of his father Jacob, and Judah shared his bed with his daughter-in-law Thamar, after she had lived with her husband's brother.

Passing from sacred to profane history, we find that, in the remotest ages of Babylon, young marriageable girls were obliged to repair to the temple of Succoth Benoth, the Venus of the day, and wait until, through her priests, the goddess accepted the offering of their virginity. Even at this day, in the pagodas of India, young girls are frequently brought to the temples of the Brahmins, who retain them for the service of their divinity.

That custom, which had its origin in a desire to propagate the human species, or to propitiate the gods, degenerated gradually and insensibly into mere sensual gratification, incontinency, and debauchery. The beautiful and treacherous Delilah, the mistress of Samson, after having granted him the last favors a woman can bestow, wrung from him, in an unguarded moment, the secret of his strength, and betrayed him to the Philistines. King David, having already two lawful wives, married a third, the daughter of Saul, and then a fourth, Abigail, the wife of Nabal, who communicated, it is said, to her royal lover a disease with which, twenty-five centuries subsequently, La Belle Ferronnière unintentionally infected Francis the First.

David had likewise a great number of concubines and women of Jerusalem, by whom he had numerous issue. He did more. He carried off Bathsheba, the wife of Uriah, one of his officers, whom he dispatched to the wars with a letter, which is the first record of any written missive, to the commanding general, desiring him to place this unfortunate husband in the front rank of the battle, and, if wounded, to leave him to die on the field alone.

Amnon, a son of this prince, fired by an incestuous passion for his sister, Tamar, represented in the Scriptures as a model of beauty, violated her on his own bed, which he had induced her to approach by feigning sickness. Solomon, notwithstanding his high reputation for wisdom, had seven hundred wives and three hundred concubines. The Jewess Esther was selected from among the most beautiful virgins of her age, to become one of the numerous courtizans and favorites of King Ahasuerus. Absalom, the son of David, in a revolt, seized his father's concubines and made them the ministers of his pleasures. Temri, the son of Salia, a prince of the house of Simeon, had connection with a Midianitish woman in the presence of the children of

Israel, and fell by the hand of the high priest, who pierced them both with a dagger through the genitals.

The Egyptians, especially at Heliopolis, prostituted their daughters, to gain thereby the means of existence. In ancient Greece, and particularly at Corinth, the priestesses of Venus were courtezans whose favors, bought at immense prices, contributed to add to the splendor of that city. "Non cuivis contigit adire Corintham."

The Oriental princes were always accompanied in their expeditions by a number of wives and concubines, as we learn from the history of Djemchid, Cyrus, Darius, Xerxes, Cambyses, and others. Many of them followed the custom prevalent in Persia, Medæa, and Egypt, of marrying their own sisters, as did Cambyses after violating her. Courtezans followed Alexander the Great in his triumphal career, and one of them induced him, in a debauch, to fire the palace of Darius. World-renowned is the feast of Belshazzar, the last of the Babylonian kings, in which this dissolute prince caused his wives and concubines, naked, to drink out of the gold and silver vessels stolen by his grandfather from the temple of Jerusalem. This frantic revel, which occurred five centuries before the birth of Christ, is one of the most celebrated of antiquity, and hardly paralleled by many others recorded in history, even in modern times.

Christianity improved somewhat this debased moral condition, with the exception of the East, where polygamy has been perpetuated. Mohammed made it legal, and a Mussulman can have as many wives as he can maintain. The Sultan has more than two thousand in his seraglio; and Circassia and Georgia are robbed of their choicest and most beautiful treasures to fill the harems of the wealthy. The bayaderes of India, celebrated for their attractions and lascivious dances, perpetuate, in the pagoda of Brahma, their licentious voluptuousness, and traffic their charms for gold. In the festivals of Priapus or Bacchus, the *lingam* or *phallus* was borne as an emblematical standard. This phallus was a *penis fictitius, ex variâ materiâ confectus, variosque in usus*. It was also made in the shape of drinking cups of gold or silver, as we learn from the following passage in Pliny:—

"In poculis libidines cælare jussit, et per obscænitates bibere."

So also in Juvenal:—

"—— vitreo bibit ille Priapo."

La Place, in his "Voyage Autour du Monde," states that these unhappy women abound in Canton, in China, and furnish a lucrative revenue to their owners, or the stewholders, and occupy a quarter of the town set apart for that purpose. Others live in large boats (called flower boats), constructed expressly, and moored at the entrance of the numerous canals emptying into the river Choo-Kiang.

According to Kämpfer, the manners of the Japanese are not less dissolute than those of China. In Nagasaki, the only port opened to Europeans, or rather to the Dutch, the part of the town dedicated to prostitutes is called the Kasiematz, and built up with beautiful houses all inhabited by courtezans.

The same licentiousness is found in the islands of the Pacific Ocean. At Tahiti, canoes come off filled with naked girls, offering themselves to the European sailors; and the inhabitants beg them to go ashore and temporarily choose a companion. The same custom prevails at Easter Island, and in the Archipelago of the Navigators; the young girls have the liberty of disposing of their favors without any injury to their characters, or impediment to their subsequent marriage. In New Zealand, the natives sell the charms of their most attractive daughters and sisters for the iron tools brought by Europeans. As long as these females are single, they can prostitute themselves at will, but marriage imposes conjugal fidelity, notwithstanding the universal practice of polygamy. In the Sandwich Islands, the women affect rather more modesty, especially in the presence of the missionaries, but they are not the less accessible, and seek not less eagerly the gratification of sensuality.

Prostitution in Europe was alternately permitted or favored, proscribed or tolerated; and it has maintained its position, and even increased with civilization, despite all municipal regulations, and has always been regarded as a necessary evil, and as a safeguard of the virtue of honest women.

It was not considered disgraceful among the ancient Greeks and Romans. Thaïs, Laïs, Aspasia, Phryne, and many others, enjoyed a distinguished reputation. At Sparta, the laws of Lycurgus permitted young women to enter the lists in a state of nudity, and contend for the prizes of the various games. Modesty being the inseparable guardian of chastity, the latter could not long be preserved without the former. The Lacedæmonian legislators, who condemned celibacy as infamous, permitted husbands to lend their wives to the embraces of other men. About the year 726 B. C., the Spartans, having lost a great battle, abandoned their wives and daughters to the most robust soldiers, in order to repair the loss of the men slain. In Athens, the philosopher Crates was one day surprised *in coitu*, under the portico of the temple. "What dost thou?" said a passer-by. "*Hominem planto*," he answered, abashed neither by the action nor the exposure.

The most famous of the Greek courtezans was Aspasia, of Miletus, who lectured on eloquence at Athens, taught rhetoric to Socrates, and inspired Pericles with so violent a passion for her that he consulted her on public affairs, and she frequently composed his orations, when he was overwhelmed with pressing business.

Leontium, another celebrated prostitute, was a follower of Epicurus, and mistress

of his philosophy. She had a daughter, Danaë, who adopted the profession of her mother, and was the concubine of the Governor of Ephesus. Still more famous was Laïs, surnamed the Corinthian, who lived about the year 340 B. C. Her fame has descended to modern times, and, according to Propertius, all Greece slept at her doors. Plutarch states that she had an army of admirers, all eager for her favors. Demosthenes, having visited her for the purpose of passing the night, and finding that her price was a thousand drachmas, retired, saying, "I can not purchase repentance for so much money."

History has preserved the beautiful anecdote of Leona, a courtesan of Athens, who, in the year 513 B. C., being privy to the conspiracy of Harmodius and Aristogiton against Hipparchus, the son of Pisistratus, and threatened with torture, bit off her tongue rather than betray the secret confided to her. Three centuries after her, flourished Phryne, beloved by Xenocrates and Praxiteles. Like the celebrated Ninon de l'Enclos of modern times, she had a lover in her old age, which led her to remark that "even the lees of a good and generous wine possess some value."

A courtesan of Smyrna, named Psaphion, was also distinguished. Whilst yet a child, she was sold to the famous Cinara, who taught her the art of being agreeable to men. She soon acquired the title of the *Venus of Smyrna*, and her house was more frequented than the temple of that goddess.

Whilst the courtesans of Greece ministered to the pleasures of the opulent, Italy, or rather Rome, gave free course to the doctrines of Epicurus. Luxury, effeminacy, the love of gold, and sensuality, pervaded all classes. Adultery became frequent, libertinism fashionable, and concubinage *à la mode*. Legitimate marriages were succeeded by demi-marriages, formed by simple cohabitation for a year, provided there was no interval of three consecutive days. Concubinage became a second and third kind of legalized union. The concubine was not the wife, but merely occupied her place, and was distinguished by her dress. She claimed close affinity with the true prostitute. And debauchery, far from being abhorred, constituted an integral part of the manners of the day.

From the writers of that age, we learn that Flora, a celebrated courtesan, left an immense legacy to the city of Rome, in order to found public games in her honor. The senate accepted the bequest, and the festival occurred every spring. Naked prostitutes appeared therein, traversing the streets to the sound of trumpets, and throwing themselves into the most lascivious postures. They competed for the prizes of the race, leaping and dancing; and fought, like gladiators, with men likewise naked. At a later period, the indecency of these games was partially removed by placing them under the patronage of the goddess of flowers. Cato the censor, being

one day present at the spectacle, and observing that his austerity disconcerted the audience, retired, amid shouts of applause.

The courtezans appeared not only in the festivals of Flora, but likewise on the theatre, in the representation of the Rape of the Sabines, and prostituted themselves after the play. According to Tertullian, a herald announced the names and residence as well as the price of those who sold their favors. The interior of the theatre, the stage, and proscenium were filled with prostitutes, displaying their charms to the eyes of admiring beholders. Heliogabalus, a Roman emperor, famous for his debaucheries, obliged them to represent Nature in all her realities, and consummate their adultery on the stage.

The Roman prostitutes celebrated festivals in honor of Venus, and offered to her incense and flowers, praying for beauty, and the arts of pleasure and seduction. They also made vows to Marsyas, Hermes, Pertunda, and Volupia, or Voluptas.* At Rome, the bawdy-houses were in retired places, in by-streets, near the ramparts, in the environs of the theatres, the circus, and the stadium. A certain number of public women were attached to the games celebrated in these establishments; others were employed in the baths and taverns, which were mostly merely houses of debauchery. Petronius, the minister of the pleasures of Nero, has described the pursuits of this monster, unsurpassed in cruelty and licentiousness.

In the bawdy-houses, properly so called, there were experienced women, who solicited men, and had recourse to various artifices to draw them into their nets, that is, into the arms of the young women who lived there. Each house of this kind had, for a sign, in front of the door, a lamp or lantern, as nowadays in Paris a stew has generally flowers upon the window of a second story balcony.

The prostitutes of Rome were called she-wolves (*lupæ*), and their houses *lupanaria*, in allusion to the suckling of Romulus and Remus by a she-wolf. Their chambers or cells were generally below ground, and arched like an alcove (*fornix*), and hence the derivation of the word *fornication*, or illicit commerce of the sexes. To these disgusting receptacles did Messalina, the wife of the imbecile Claudius, repair, under the name of the courtesan Lycisca. She appeared naked, wearing golden necklaces, ogling every one who came in, and abandoning, “*lassata sed non satiata*,” to the embraces of the lowest, especially of vigorous muleteers and porters, the bosom which had borne Octavius and Britannicus.

The costume of prostitutes was different from that of virtuous women: the tunic

* Marsyas, who was defeated by Apollo on the flute; Hermes, or Mercury; Pertunda, one of the heathen goddesses presiding over marriage; and Volupia, or Voluptas, the goddess of pleasure.

of the latter descended to their feet; that of the former was shorter, and their toga was open in front, whilst that of the honest woman was closed. Subsequently, when the stola came to be worn by matrons, the toga was only worn by the meretrices and women who had been divorced on account of adultery. On the stage, courtezans could wear the mantele;* but its color was, of necessity, yellow. Virtuous women wore white, and loose women red shoes, which custom prevailed until the Emperor Aurelian adopted this color for himself and his successors. Courtezans also had blond perruques, and a head-gear resembling the mitre of modern bishops. The emblem of virtue was a ribbon plaited in the hair, with knots at the ends. These useful distinctions were, however, gradually abolished.

Courtezans, before exercising their calling, were obliged to declare their intentions to the ædiles and magistrates, who inscribed their names in an appropriate register. The neglect of this regulation was punished with a fine and sometimes with exile. Corruption at last became so general that women of high rank did not shrink from this dishonorable declaration, which gave them license to assuage their passions. To so great a degree, indeed, were their excesses carried, that the Emperor Tiberius prohibited, by an edict, the wives of the knights from prostituting themselves, as also the public women from being carried on litters in the streets and public squares.

On the other hand, the emperors themselves gave an example of frightful luxury. Augustus had connection with the wives of the most illustrious personages, and committed incest with his own sister Julia. His courtiers, and the Empress Livia herself, procured for him married women and young virgins. During the day, Tiberius preached morality, and spent the night in drinking, served by naked girls; and, in addition, created a minister of pleasure. Caligula, who had just banished the pimps, violated Drusilla, one of his own sisters, and lived with all the others. He took great pleasure in exhibiting his wife naked to his friends, and in dishonoring the most distinguished women, in presence of their husbands. He imposed a tax on prostitution, and dared to establish a stew in the very palace of the Cæsars, in order to increase his revenue. Domitian, who deprived prostitutes of the right of inheritance, bathed with them, and lived publicly with his niece, the daughter of his brother Titus. Lastly, Caracalla buried three vestals alive, after having violated one of them.

Thus, these crowned monsters, whilst affecting the greatest zeal for the purity of morals, wallowed in license and debauchery. Reeking with Roman blood, Nero and Caligula visited at night the stews and taverns, and spent the halcyon days of their lives amidst the victims to their lubricity, of both sexes. Nero solemnly married the

* A napkin used by the Romans as a head-dress.

eunuch Sporus, dressed as an empress. He had already repudiated the unhappy Octavia and the infamous Poppæa. Commodus was seen publicly with a vile companion of his nocturnal orgies, kissing him constantly on the mouth. The Empress Messalina married, during the lifetime of Claudius, a consul whose senses had been captivated by her blandishments. Julia, the only daughter of Augustus, famous for her wit and beauty, was still more so for her licentiousness. Another Julia, the daughter of Titus, lived in open incest with her uncle Domitian, although she was married to Flavius Sabinus. If we may be allowed the expression, the reign of Heliogabalus was the golden age of prostitution. He protected its agents, and loaded them with imperial favor.

The palace of this beastly emperor was entirely purged of its filth by Alexander Severus, who suppressed the tax on prostitution. Several useful laws were enacted, but these soon fell into desuetude. The Emperor Constantine, guided by the beautiful morality of the Gospel, hurled his thunder against women of abandoned life, but without much success. He prohibited the crime against nature, then so common, and closed several temples renowned for the licentiousness of their mysteries. All his severity, however, did not prevent the sale of poor and humble girls for the purposes of debauchery. The Emperor Constantine, in the year of our Lord 343, decreed that such of the girls as were Christians could be sold only to priests or Christians. Theodosius declared that parents or masters, who wished to prostitute their children or their slaves, had lost all their legal rights over them. Valentinian, and after him Justinian, endeavored in vain to abolish prostitution.

Gaul, for a long time merely a province of Rome, on the downfall of that mighty empire, retained, with her civil laws, many of her virtues and most of her vices. The private lives of a great number of the monarchs of ancient and modern France were sullied by crimes and adulteries, inherited from their Roman conquerors, and fostered even until the coming of the Revolution, that dreadful but necessary alternative which swept them and their imperial debauchery forever from the earth. Replete as is that awful period with horror, and though its pages are written in letters of blood, the impartial student can but acknowledge his surprise, not that the French Revolution did occur, but that the overruling hand of Omnipotence permitted its so long delay. The archives of the police, all the histories and memoirs of the time, exhibit a degree of moral depravity to which the world can afford no parallel, and Paris seems to have been one vast brothel, where female honor and virtue were scarcely known by name, and, even if supposed to exist, were considered rather as a reproach than as an ornament. More astonishing still, but nevertheless true, this turpitude was found chiefly among the most elevated ranks of society, and among those who, by position

and wealth, were far removed from the necessities and temptations which so frequently assail and destroy the innocence of the sex in the humbler walks of life.

In the Middle Ages, licentiousness was universal, and libertinism rode triumphant through the land. The chieftains and nobles plundered, ravished, and murdered their vassals, bowed beneath the yoke of a servitude compared with which the condition of the modern slave is absolute freedom. The clergy, whilst supporting the regal power, had abandoned their morals and their decency, and degraded religion to a mere observance of superstitious rites. The accession of Charlemagne was the signal of a slight amelioration of the social condition, and debauchery was obliged to wear, even if it possessed it not, the semblance of decorum.

A rapid sketch of the different reigns until this period, and the establishment of his court at Aix-la-Chapelle, will convince us of the truth of the preceding remarks.

In vain Christianity preached virtue; her ministers neither possessed nor inspired it. Concubinage, sanctioned by the Romans, became legalized in the empire built upon their ruins. The wife saw herself surrounded by mistresses who, sooner or later, supplanted her, and then, conspiring against each other, revenged themselves by the dagger or the bowl. The history of the first two races of the French kings teems with cruelties, murders, and petty treasons, prompted by illicit passion and unbridled lust.

Foremost in debauchery stands Childeric, the fourth in order of succession from Pharamond, who reigned A. D. 420. The licentiousness of Childeric knew no bounds. He carried off and violated the wives and daughters of his vassals, without regard to any rights, human or divine. Expelled by an indignant people from the throne, he seduced the wife of another king, who had given him shelter, and the adulterous commerce lasted for eight years, without any opposition on the part of his host. Childeric's wife followed his example, forgetful of herself and her children, so common was then the custom. Clovis, the first Christian king, was the son of Childeric, and had, besides his wife Clotilda, a great number of mistresses. Clothaire I., one of his grandsons, led a life of adultery, incest, and crime, and had, moreover, five acknowledged concubines. Charibert had three crowned queens; as, also, Gontran, who succeeded him. Chilperic, King of Soissons in 562, gave himself up entirely to the most extravagant lewdness, and was ably seconded by the cruel Fredegonda, who has obtained an unenviable celebrity in crime and prostitution. Dagobert, so vaunted by the monks, most probably on account of his liberality to convents, repudiated his lawful wife, and married three others at once. In short, according to Dulaure, each of the early kings had three or four wives, called queens, and a great number of concubines. The bishops, likewise, after the manner of the Orientals, kept several wives or mistresses.

Pepin closes the list of the first race of kings, and commences that of the second, by being the father of Charlemagne, who was crowned Emperor of the West, A. D. 800. The glory of this prince, says Mezerai, would have been without a stain, except for his love of women, and his blindness to the irregularities of his mistresses and daughters.

It were idle repetition to sketch each succeeding reign of the French monarchs; they all bear the same impress of sin, unredeemed by the elegance and chivalry with which, in 1515, Francis I., one of the most gallant, but at the same time one of the most treacherous and debauched, of the royal race of France, endeavored to invest it.

His aim was to ennoble prostitution, by abandoning the public women of the palace to his subaltern officers, and substituting for them ladies of noble blood. But, according to Brantôme,* he had a more powerful motive. In order to avoid the venereal disease, communicated to him by one of his mistresses, and for which he had long sought a cure in vain, he made love, says Brantôme, right royally; "*donc pour ce, institua sa belle cour, fréquentée de si belles, et de si honnêtes princesses, grandes et demoiselles dont ne fit faute, que pour se garantir de vilains maux et ne souiller son corps plus des ordures passées, s'accomoda et s'appropriä d'un amour moins salaud, plus gentil, net, et pur.*"

On the other hand, the nobles and clergy countenanced the libertinism of the king. The right of sleeping the first night of marriage with their female vassals was religiously insisted on, and bishops and abbés exercised it as their privilege as high barons. The inferior clergy haunted the taverns and stews, and monks paid their pimps with the wealth of the church. In certain dioceses, the grand vicar sold indulgences to commit adultery for a year; in others, a cask of wine would pay for the right to commit fornication during a lifetime. Debauchery had so increased at the accession of Francis I. that, although there were but 150,000 inhabitants in Paris, there were 6000 public women—nearly one-half of the number in 1839, with a population of more than 900,000.

In order to justify Francis in his selection of girls of noble blood, Brantôme insists on the purity of their persons; "at least," says he, "they could not communicate the venereal disease to the noblemen of the court, like the common prostitutes." But the monarch infected them all, and corrupted public morals at the same time. These so-called honest ladies passed from the arms of the prince into those of the courtiers, to whom they presented the fatal gift received from the king.

The principal mistress of Francis was Mademoiselle d'Helly, afterwards created Duchess d'Etampes. He then surrounded himself with a bevy of young girls, equally

* Brantôme, Discours 45, François I.

noble, converting his court into a brothel, and, governed by his will alone in the choice of his pleasures, ran the risk of communicating the disease which he had received at an early period from La Belle Ferronière.

According to Mézerai, the tender loves of Francis I. and the Belle Ferronière were not so secret as to be hidden from the husband, who was deeply indignant, and who, though it was no longer the fashion to feel hurt by the preference of so gallant a prince, appeared to be grievously outraged. Rankling with the recollection of an injury, deemed by the court an honor, he determined to get inoculated in order to disease his wife, and thus revenge himself on the destroyer of his domestic happiness. This plan is said to have been suggested to him by a Spanish monk, an almoner in the army of Charles V., but for another motive, namely, that of revenging Catholicism on the liberality shown by Francis to the Lutherans. "How shall I give this disease to my wife," said the merchant, "when we are both sound?" "Go visit an infected girl; and, to render the matter certain, as I am infected, I will see your unfaithful wife; a moment will suffice," was the monk's reply. The result is known, and, in 1547, this gay and chivalric monarch perished of the most foul and loathsome of all maladies.

Debauchery survived him, and was ably fostered by his successor, Charles IX., and his mother, Catherine de Medicis, and his grandson, Henry III. The reigns of Henry IV., Louis XIII., Louis XIV., the Regency, and of Louis XV., were marked by the same licentiousness and disregard of public decency and morals, until the earth shuddered at the crimes committed in defiance of all principles of human justice and human rights, and washed out the foul stains on the name of man with the blood of the Revolution.

The foregoing meagre sketch of the disorders of a passion which has ruled the world from its earliest dawn, and swayed the hearts of men alternately for good and evil, seemed a necessary introduction to the main subject of this essay, inasmuch as there can be no doubt that the indiscriminate intercourse of the sexes was originally the great source whence was derived that disease which still continues to afflict mankind; and we will, therefore, now proceed to the consideration of the various regulations enacted from time to time to govern and restrain, if not totally to prevent, this apparently necessary evil.

In all the great cities of ancient and modern times, whilst prostitution was looked upon as a great injury to public morals, it was never absolutely prohibited; whilst it was blamed it was tolerated, because it prevented greater outrages arising from depravity and sensuality; and, therefore, in all ages, legislators and ministers of religion have, to a certain extent, endeavored to arrest licentiousness.

Charlemagne exiled prostitutes from Paris. At a later period, certain streets were assigned to them in which to reside. They were obliged to repair at ten o'clock in the morning to their houses, called *clapiers*, and were forbidden to leave them before curfew. This order can be found in the register of the Châtelet.

In 1358, legal enactments regulated the hours during which public women were allowed to pursue their calling.

By letters-patent of 1368, the king commands debauched women to leave Chapon Street, where they lived, even in the palace of the Bishop of Châlons.

An act of parliament drove them from the kingdom in 1565. Louis IX. overwhelmed them with shame and disgrace, yet never were there so many public women in France as during the reign of that sainted monarch.

The prevost of Paris, by an order in 1387, which was repealed the following year by act of parliament, expelled them from Brise-Miche Street.

Nicholas de Clémangis, Rector of the University of Paris, in the fifteenth century, in a work entitled *De Corrupto Ecclesiæ*, etc., has perhaps exaggerated when he says: "*Nam quid aliud sunt puellarum monasteria, nisi quædam, non dicam Dei sanctuariorum, sed veneris execranda prostibula, sed lascivorum et impudicorum juvenum ad libidines explendas receptacula, ut idem hodie sit puellam velare, quod et publice ad scrotandum exponere.*"

According to Sauval, Jean Tisserand, a monk of the Order of Saint Francis, converted two hundred dissolute women, who were placed by Louis II. in the Hôtel of Soissons. In 1226, the monastery of Filles-Dieu was founded for the reception of penitent and reformed prostitutes; and, in 1497, that of the Filles-Pénitentes was established with the same benevolent intention. The annals of the Franciscan monks relate that, in 1311, Queen Elizabeth opened a house for abandoned women who had renounced their profession; and that, in 1405, Saint Bernard gave in marriage, with a dowry, public women who had repented and reformed.

Sauval informs us that the prostitutes of Paris were formed into societies, governed by their own rules and regulations. Saint Louis was the first who obliged them to wear a particular dress to distinguish them from virtuous women, and this condition of things lasted until the states of Orleans, held under Charles IX.

In 1388, a regulation of the magistrates of Strasbourg prohibited public women from leaving their houses unless veiled, and wearing a black and white hat of a sugar-loaf shape.

These laws did not alone fix the hours during which the women could follow their avocation, but they required of the mistresses of brothels to watch them, and interdict *those who were diseased*, in order that they might not infect their visitors.

The following extract from a work by Mr. Turner, an English surgeon, published in London in 1724, and to be found in the Loganian Library of Philadelphia, is so quaint and amusing as to require no apology for its insertion here. The laws are taken from the office book of the court leet, within the manour of Southwark, in Surry, under the jurisdiction of the Bishop of Winchester, about the year 1430.

Item.—*The Stewards shall take of every Common Woman within the same Lordship, at each of the 4 quarters of the Year, 4 Pence; and at the LEET 4 Pence for his dinner.*

Item.—*The Bailiff shall have and take, etc., 3 Pence for every quarter.*

FEES TO THE LORD IN COURT.

Item.—*He shall have of every Woman that appeareth not in Court 4 Pence; and the Bailiff shall answer thereto under the Title—NUMMUS MULIERUM ABSENTIUM.*

Item.—*He shall have of every such Woman found within the Franchise on Holy Days, after or before the Hours allowed and limited in the Custumary, 4 Pence; which Money the Baillif and Constables are for to render, and thereof to certifye the Steward in the Court under the Title: NUMMUS RECEPTUS IN CURIA.*

Next follows the customary itself of the said lordship, relating to the stews, made of old time in several articles, which are to be inquired of at every court, the chief of which are these:—

ART. 2. Item.—*The Women that be at Common BORDEL, to be seen every day where they be; and a Woman that liveth by her Body, to come and goe when she list, only, according to antient Custom, she shall pay every week 14 Pence for her Chamber.*

ART. 4. Item.—*That no STEWHOLDER receive any RELIGIOUS, nor any Man's Wife, if it be known, but that they do the Officers to wete thereof, or in default pay 40 Shillings.*

ART. 5. Item.—*That if any Woman come unto the LORDSHIP, and would be kept private therein, and if it be not the STEWHOLDER'S Wife, they shall do the Officers for to wete, upon the pain of xi. Shillings: and the same Woman shall take and make a fine of xx. Shillings, and be set thrice upon the COKYNG-STOLE, and forswere the LORDSHIP.*

ART. 6. Item.—*That if any Man come unto the LORDSHIP to any STEWHOUSE, and leave any Money with the Wife, or with the HOSTILER, or any Woman therein, that he have Deliverance of his Moneys again at his going, or else the good man bring the HOSTILER, or the Woman who hath withdrawn hit, to Prison, and save the Moneys to my Lord, and make agree with the Partee: and if the HOSTILER or the Woman go away with the Moneys, the good Man shall answer therefore, and make a Fine of xx. Shillings.*

ART. 7. Item.—*If any Woman of the BORDEL let any Man of his way, but sit still at the Door, and let them go or come, and chose wider they wol: or if they draw any Man by his Gown, or by his Hood, or by any odir thing, she shall make a Fine to the LORD of xx. Shillings.*

ART. 8. Item.—*That if there be any STEWHOLDER'S wife that draweth any Man into her House without his will, her husband and she shall be amerced unto the LORD in xi. Shillings.*

ART. XI. Item.—*That no Woman living by her Body, be found within the LORDSHIP on Holy Days, from MICHAELMAS unto CANDELMAS, after 8 of the Clokke by the morning until xi. at noon: and that they be voyded by one of the Clokke at Noon unto vi. of the Clokke at Night, upon the Peyn contained in the CUSTUME of the MANOUR. And from CANDELMAS until MICHAELMAS, that they be not found there on the Holy Days from vi. of the Clokke by the Morrow, until xi. of the Clokke at Noon, and do not come there unto vi. of the Clokke at Night, upon the same Payn.*

ART. XII. Item.—*That there be no Woman living by her Body, hold any PARAMOUR against the use and CUSTUME of the MANOUR. If she so do, she shall be 3 weeks in the Prison, and pay a Fine of vi. Shillings and viii. Pence, and then be set upon the COKYNG-STOLE, and forswere the LORDSHIP.*

ART. XIV. Item.—*That if any Woman that liveth by her Body, chideth with any Man, or make a Fray, she shall lye in Prison 3 Days and 3 Nights, and make a Fine of xi. Shillings and viii. Pence.*

ART. 15. Item.—*That if any STEWHOLDER open his Doors on Holy Days, from the time of Matins until Noon, or from 1 of the Clok at noon, until between v. and vi. at Night, he shall be amerced every Time such Fault is found.*

ART. 16. Item.—*That if any Woman living by her Body be found within the LORDSHIP after the Sun be goe to Rest, the King being at WESTMINSTER, and holding there either Parliament or Council, until the Sun be up on the Morrow, after the CUSTUME of the MANOUR, she shall make a Fyne of every time she so doeth of vi. Shillings and viii. Pence.*

ART. XX. Item.—*That if any Woman living by her Body take any Moneys to lye with a Man, and shall not lye with Him till the Morrow, she shall make a Fyne of vi. Shillings and viii. Pence.*

ART. XXII. Item.—*If any single Woman hold or keep any STEWHOUSE within the LORDSHIP, against the CUSTUME of the MANOUR, she shall at each Court make a Fyne of xx. Shillings.*

ART. XXIII. Item.—*That no STEWHOLDER nor no Tenant within the LORDSHIP, keep any Woman that liveth by her Body, if she be known with child, after a reasonable*

warning, upon the Payn of paying to the Lord a Fyne of xx. Shilling, and the Woman to pay vi. Shillings and viii. Pence.

The last of the articles I shall mention, and on which account the rest have been here inserted, is article the 24th, which runs thus in Latin:—

“De His, qui custodiunt mulieres habentes nephandam informitatem.” Englished thus:—

Item.—*That no STEWHOLDER keep any Woman within his House that hath any Sickness of BRENNING, but that she be put out, upon Payn of making a Fyne unto the LORD of C. Shillings.*

Now that this sickness of *Brenning*, which is the same with burning, is also the same with our *Gonorrhœa*, so called within a century or little more past, and of late years the *Clap*, is very manifest from the writers of physic in those early times.

Sauval speaks of regulations, made in the twelfth century, for the government of the dissolute parts of Paris. Their object was to keep an oversight over women who were diseased, and prevent them from going out.

According to Doglioni, there were at Venice, in the beginning of the fourteenth century, abandoned women who communicated a disease called *vermoëane*—a malady sometimes inflicted on others by means of a curse.

The following statutes were made by Jane I., Queen of both the Sicilies and Countess of Provence, for the regulation of the public stews established at Avignon in 1347, and are in the language used at that time in Provence.

I. *L'an mil três cent quaranto et sét, au lueit dan més D'Arrous, nostro bono Reino Jano à permes lou Bourdeou dins Avignon; et vol que tondos las fremos debauchados non se tengon dins la cioutat, mai que sian fermados din lou Bourdeou, et que per estre counçigudos que porton une agullietto rogeou sus l'espallon de la man escairo.*

IV. *La Reino vol, que toudés los Samdés la Baylouno et un Barbier deputat das Consouls visitioun todos los filios debauchados, que seran au Bourdeou; et si sen trobo qualcuno qu'abbia mal vingut de paillardiso, que talos filios sian separados et longeados à part, afin que non las counougoun per evito lou mal que la jouinesso pourrié prendre.*

IX. *Que la Baylouno noun donnara intrado à jis de Jusious; que se per finesso se trobo que qualcun sie intrat, et ago agu counaissencé de caleuno dondo, que sia emprisonat per avé lou foué per touto la cioutat.*

Thus rendered in English:—

I. On the 8th of August, in the year 1347, our good Queen Jane gave leave that a public brothel should be set up at Avignon, and ordered that the wenches who plyed there should not walk the streets, but keep themselves confined within the brothel, and, by way of distinction, should wear a red aiguillette on their left shoulders.

IV. The queen commands that on every Saturday the women in the house be separately examined by the abbess and a surgeon appointed by the directors; and, if any of them have contracted any illness by their whoring, that they be separated from the rest, and not suffered to prostitute themselves, for fear the youth who converse with them should catch their distemper.

IX. Let the abbess admit no Jew into the brothel; and if any one find means by stealth to gain admittance, and lie with any of the wenches,* let him be imprisoned for this offence, and whipped publicly through the streets of the city.

It is therefore evident that, prior to the siege of Naples (in 1495), which period is by many assigned as the origin of venereal diseases, there existed public prostitutes, who frequently communicated to their lovers the maladies arising from debauchery.

The twelfth chapter of Leviticus refers to the purification of women after childbirth; and in the second, third, eighteenth, and nineteenth verses of the fifteenth chapter, we find the following words:—

“And the Lord spake unto Moses and Aaron, saying, Speak to the children of Israel, and say unto them, The man that hath an issue of seed shall be unclean.

“And then that he be judged subject to this evil when a filthy humor at every moment cleaveth to his flesh and gathereth there.

“The woman with whom he copulateth shall be washed with water, and shall be unclean until the evening.

“The woman who, at the return of the month, hath her issue of blood, shall be separated seven days.”

Which evidently prove that the great Jewish lawgiver must have had in view the prevention or cure of diseases liable to follow sexual intercourse at that time. This regulation was promulgated about 2400 A. M.

The fifth chapter of Proverbs consists entirely of an exhortation to fly unlawful lusts, setting forth their consequences; and the wisest of all the ancient monarchs advises his son to remove his way from a harlot, and come not nigh the doors of her house, lest his flesh and body be consumed.

In Ecclesiastes, Wisdom addresses the following language to her pupil:—

“Use not much the company of her that is a dancer, and hearken not unto her, lest thou perish by the force of her charms.

“Give not thy soul to harlots in any point, lest thou destroy thyself and thine inheritance.

* Peter de Marca, in *Append. Marc. Hispan.*, page 1038, has produced a deed made A. D. 1024, from which it appears that one Isaac, a Jew, was laid under a fine—*quòd adulterium exercuisset cum quâdam Christianâ.*

“He that joineth himself to harlots will be wicked; rottenness and worms shall inherit him, and he shall be lifted up for a great example.”

Astruc states, on the authority of Peter Paul Vergerius the elder, that Ubertinus of Carrara, the seventh of that name, and the third governor of that city, died at Padua, on the 29th of March, A. D. 1245, of a lingering disease of his private parts, occasioned by too much venery.

From the researches and labors of Hensler, Gruner, Jourdan, and Simon the younger, it appears impossible to deny that the venereal disease did exist before the siege of Naples; for these authors have found, in the ancient writers on medicine, and in those of the Middle Ages, in history, the chronicles and collections of the poets, proofs of the truth of an assertion which they maintain with all the force of honest conviction.

Balanitis and vaginitis were known to the ancients. They sometimes described these diseases under different names, or merely indicated their principal phenomena, without naming them. Lucius Apuleius certainly means balanitis when speaking of remedies for the *pruritus* and *burning* of the penis. Does not Oribasius designate *vaginitis* by this expression, “*mordicationes et pruritus vulvæ?*” Does not Aëtius refer to both diseases when he proposes remedies for erosions of the genital organs? These authors, and many others, say nothing of the discharge preceding the first stage of these maladies, and perhaps attached no more importance to them than we now do to the discharge following coryza, or the expectoration of bronchitis. Perhaps also the disease called dry gonorrhœa was then more common than at the present day. This is the opinion of M. Jourdain; and, in the language of this erudite author, “Physicians, anterior to the fifteenth century, admitted two species of this disease, according as it appeared on the glands, the orifice of the female genitals, or in the interior of the canal of the urethra. As they believe the origin of the disease different in these cases, so they attributed one to external and the other to internal causes. The first variety, designated under the name of burning (*ardor, calefactio, incendium*), belonged exclusively to the domain of surgery, whilst the other, called *ardor urinæ*, was the peculiar province of the physician.”

This word *burning* occurs frequently in the writings of Lanfranc of Milan, William of Salicetos, Guido de Cauliaco, and Argellata; and the expressions used by them, and other writers of the Middle Ages, sufficiently attest that these affections depended on cohabitation with public women. Those females who labored under affections of the genitals were considered as foul, impure, and unclean (*fætida, fœdæ, immundæ*).

According to Astruc and Girtanner, urethritis, in both sexes, appeared only about

the year 1550. They rely upon the authority of Gabriel Fallopius, who thus speaks: "The last symptom is the French gonorrhœa (*gonorrhœa Gallica*)." But Fallopius appears to have written two years before his death, which occurred in 1562, thus making the appearance of gonorrhœa in 1545 instead of 1550.

Discharges from the genitals, known to us by the names of balanitis, vaginitis, and urethritis, have been described by Ali-Abbas, Avicenna, Avenzoar, and Albucasis.

The *ardor urinæ*, designated by John of Arden under the names of *brenning*, *burning*, was described by Valerius, Constantine Africanus, Gariopuntus, Roger of Parma, and many other writers. Before their time, Celsus had indicated the urethral discharge, and called it *nimia profusio seminis*. Paul of Ægina attributed it to the presence of an ulcer in the urethra. It may be known, says this author, by the discharge of a purulent or sanguineous matter, which the patient passes without urinating.

To the same cause, Actuarius refers the urethral discharge, and supposes it to proceed sometimes from an ulcer in the urethra. Who can mistake urethritis in the expressions *puendorum putridines et fluxiones*, *puenda fluxione laborantia*, used by so many medical writers?

The accidents following neglected or maltreated urethritis, such as strictures and urinary fistulæ, were known to physicians before the siege of Naples. Avicenna, Guido de Cauliaco, Valescus, and Paul of Ægina, justly looked upon these as a most dreadful form of ulcer.

Celsus has described *orchitis*, that frequent concomitant of urethritis, and recommended the loss of blood and poultices for its cure.

Hippocrates gives the remedies for ulcers (*putridines puendorum*); and, when treating of the diseases of women, speaks of ulcers on the genitals, and their mode of treatment.

Oribasius speaks of *ulcers on the sexual parts*, and strongly recommends acetate of lead and oxide of zinc. Dioscorides gives the remedies for *malignant ulcers of the vulva, and ulcerations of those parts*. Scribonius Largus, and Placitus Seretus propose remedies for the *foul and cancerous ulcer* of the penis, and another kind of ulcer they called *anthrax*. Galen mentions ulcers of the testicles. Marcellus Empiricus speaks of *foul ulcers and chancres*, and recommends remedies *ad carbunculos inveretro; ad veretri et testiculorum ulcera tabida et humida; ad clavulos et ulcera veretri, ad carbunculos veretri serpentes*. Aëtius describes *foul ulcers* and *spontaneous exanthemata* of the genital organs. He proposes remedies for *carbunculous ulcers of the genitals, ulcers of the meatus urinarius, and several diseases of the vulva*. Paul of Ægina treats of ulcers on the anus and genitals, and *serpiginous ulcers*. In one place, he says:

Rimæ et sordida circa coronam ulcera, et maxime tetrahere præputium non possunt. He recommends remedies *ad rimas inflammatus et ulcerationes sedis cum fervore et morsu; ad cancrosa et maligna, et ad rubosis sedis ulcera, itemque ad inflammationes in pudendis et testibus.* So also Buhahylyha Byngeslas, Mesue, Albucasis, and Serapion.

As these writers make but little mention of the source of these diseases, it might be supposed that they were different from those now known; but the authors of the Middle Ages we are about to quote will remove this idea, by referring the ulcers of the genitals to commerce with a diseased woman or a public meretrix.

According to Moschion, *clavi* grow from the female genitals. He teaches us how to treat *ulcers of the penis, carbuncles, and ulcers and fissures that occur in the vulva.* Constantine Africanus, Trotula, Petrus Hispanus, afterwards known as Pope John XX., also treated of the *ulcers of the genital organs*, and external remedies for their cure.

Gulielmus of Plaisance describes the ulcers which occur around the prepuce from *connection with a diseased woman or public whore.* Gulielmus de Saliceto, Professor of Surgery at Verona about the middle of the thirteenth century, speaks clearly of the contagion of *ulcers, corruptions, white or red pustules of the penis and prepuce,* contracted with an *impure woman (fetidâ),* or with a *public woman (meretrix),* and in other ways. He recommends rest, blood-letting, diet, the use of astringents, and even of the actual cautery. Guido de Cauliaco, physician of Popes Clement II. and Urban V., at Avignon, mentions *ulcers on the genitals* occurring from *debauchery.* John of Gadesden not only alludes to the possibility of contracting *ulcers on the penis,* but mentions the precautions to be used to avoid contagion. "Primo notandum est ille, qui timet excoriationem et arsuram virgæ post coitum, statim lavet virgam cum aquâ mixtâ aceto, vel cum urinâ propriâ, et nihil mali habebit." Gordon, Arnaud de Ville-neuve, Petru, de Argelata of Bologna, and Valescus of Tarentum have described so accurately ulcers on the genitals that it is impossible to believe that they differed from those now known.

Gulielmus Varignana, Galeatus de Sancta Sophia, speak of the *tumors and ulcers of the penis,* and treat of *rhagades and fissures* supervening on excess of *coition.* John Michael Savonarola also describes *ulcers on the sexual parts.*

Were it necessary to search antiquity to strengthen this opinion, we might quote from Josephus the history of Apion. He died in horrible pain, caused by *ulcers of the genitals,* which had become *gangrenous.* Galerius Maximianus perished of *ulcers on the penis;* Herod, King of the Jews, met with a similar fate from the same cause; and it is difficult, says M. Jourdain, to suppose that these diseases were not the con-

sequences of cohabitation with women, although neither Pliny nor Josephus mentions this circumstance.

The Bishop Palladius, who lived in the reign of Theodosius the younger, in the fifth century, relates that Heronius, a hermit, had led a very holy life. He went to Alexandria, visited the circus and theatres, and spent his time in taverns, committing great excesses in wine and women, and indulging in the vilest debauchery. He had connection with a ballet-dancer, who communicated to him the ulcer (*ελκος*) with which she was affected. An anthrax came upon his glans (*ανθραξ κατα του βαλανου*), and in six months his penis dropped off *suâ sponte*.

If we now leave the authors of antiquity and those of the Middle Ages, and examine the writings of those who were cotemporary with the epidemic of Naples, to which, by a singular prejudice, in the sixteenth, seventeenth, and eighteenth centuries, all venereal diseases were referred, we will be convinced that the physicians who saw the Neapolitan disease speak of ulcers and other affections of the genital organs, without stating that they had any connection with the epidemic, and, like their predecessors, they had instituted no specific plan of treatment.

The observation of ulcers on the genitals must also have led to that of *phimosi*s and *paraphimosi*s. Galen has described both; and Celsus informs us how to remedy the former affection, which he calls *præputii clausum*. Guy de Chauliar treats particularly of accidental phimosi

Posthitis, so frequently complicated by *balanitis* and *ulcerations* in men who have a natural *phimosi*s, and in those whose glans is not readily uncovered, was frequently observed by the ancient physicians, and by those of the Middle Ages.

If it were true that *buboes* were only known in 1532 or 1540, according to Marsa and Stobern, Fallopius would certainly have mentioned the appearance of these diseases, which he has not done. They are described in Argelata, Gulielmus de Saliceto, Lanfranc, John of Arden, Theodori, etc. We are not now speaking of the plague bubo known to all antiquity, since almost all these authors derive it from the impression of the disease upon the sexual parts.

Many physicians have thought that the affection called *lues inguinaria* was syphilis; but this title belongs to the plague, properly so called. The plague of 542, which, originating in Ethiopia, spread over Egypt, Syria, Asia Minor, Constantinople, and a part of Europe, in the reign of Justinian, and which, during fifty-two years, desolated the countries over which it passed, was called *lues inguinaria*, on account of the buboes which appeared in the groins. Gregory of Tours says that it devastated Paris in 590. Is it not probable that the diseases which prevailed in 1483, 1485, and 1488, and known by the name of *pectis inguinaria*, were the affection we call the plague?

The ancients, says M. Jourdain, never had the least idea of referring the origin of the secondary affections which they saw to the genital organs. When they super-vened, which must have been less frequently than in our day, because more attention was paid to treating local diseases, they were attributed to the direct action of some external cause on the affected part, or, for want of some evident reason, to some internal cause suggested by the reigning theories. The ancients never employed internal remedies to correct the humors, although they admitted humoral diseases resembling our poisons. No signs of the condition called by the moderns constitutional affection are found in their works, and at most do they make mention of fever, or sometimes of pain, felt in the parts near the seat of the disease. Their various theories did not permit them to derive, as we do, from one source, epiphenomena which they easily explained in another manner.

When astrology ruled the opinions of the learned, this disease was attributed to a fatal influence of the stars, as believed by Coradinus Gilinos, Gaspar Torella, Massa, de Hutten, Fracertorius, and many others. Some physicians, however, ashamed to give credence to the idle assertions of the astrologers, thought to give it a more scientific origin in some peculiar distemperature or indisposition of the air.

Fallopious of Modena assigns as its cause poison thrown into the wells by the Spaniards, or lime mixed with the meal as food.

Cæsalpinus and Aretinus, the physician of Clement VIII., attribute it to wine poisoned by the blood taken from the sick in the Hospital of St. Lazarus.

Phioravanti says that, in the year 1456, during the war between Alphonsus V., King of Aragon, and John, the son of Regnier, Duke of Anjou, provisions being scarce both in the Spanish and French camps, the butlers of both armies, through a greediness of gain, privily cut in pieces the dead bodies of the slain, and dressed them in different forms of food, which they sold to the hungry soldiers at a dear rate, and, within a short time after, as many as had eaten of this dangerous meat, almost to a man, broke out in pustules, and were seized with severe pains, falling off of the hair, and, in a word, with the *venereal disease*; that the French, indeed, who had contracted this distemper, being obliged to quit the war and return into their own country, named the illness they had contracted in the kingdom of Naples the *Neapolitan disease*; but the Spaniards and Italians, not knowing the cause of the distemper, and persuaded that the ills they suffered arose from, and were communicated by, the French, called it the *French disease*, which name it yet bears, not only in Italy, but through all the coasts of Africa, and the whole Turkish empire, especially in all the ports of Asia adjoining the Mediterranean Sea. Even so learned a man as Lord Bacon countenanced this opinion.

Van Helmont thought it arose from lying with a diseased beast, and supports his idea with much pains and research.*

Others, in fine, have supposed it to arise from *Divine vengeance*, an *earthquake*, from a *malignity* of the *air* caused by an overflow of the Tiber, and not a few have attributed it to *celestial influence*, or the *malignant conjunction* of *Saturn* and *Mars* in the *sign Scorpio*. These idle conjectures are now exploded, and its true origin alone acknowledged, namely, *coitu cum fœda muliere aut meretrice*, except in a very few persons who occasionally are innocently infected, without impure connection, by occupying seats recently used by diseased individuals.

The theory and therapeutics of diseases of the genital organs were such as we have described them in the foregoing part of this essay, when an epidemic cutaneous affection appeared at Naples, and soon spread over Europe, scattering everywhere horror and dismay. According to some authors, it occurred in 1493, but a majority agree in placing it in 1494.

A disease which appears suddenly ; attacks, or threatens to attack, simultaneously a large number of persons ; and which, terrible from its rapidity, and hideous in its aspect, acquires strength and vigor with age, stupefies the physicians who first observe it, and strikes dread into the people about to become its victims. Ignorant, and consequently superstitious, the populace looks upon it as an effect of Divine vengeance, or the result of supernatural causes ; attributes it to the strangers who may be present at the time ; and conceives the most wild, ridiculous, and even infamous suppositions. If the medical faculty be long undetermined or divided in their opinions as to the origin, cause, and nature of the epidemic, the unhappy multitude are confirmed in their conjectures, and, terrified beyond measure, multiply incessantly the dangers of the scourge, and see no limit to its devastations. Such was the disease of Naples, its effects and its results.

As soon as it appeared, reason lost her empire ; imaginary causes were everywhere sought ; and the probable, if not real, origin escaped the observation of the most learned and wise physicians.

The character of the disease was as unknown as its causes. It resembled the most direful of the cutaneous diseases then known, and was hence compared to elephantiasis, leprosy, and the itch ; and the first names it received were those of *morbis pustularum*, *malæ pustulæ*, *gæle pustuleuse*, or *pustular itch*. Y. Gruenbeck called it *mentulagra* ; W. Hock, *mentagra* ; Torella, *pudendagra* ; Sebastian Brant, in 1496, *scorra pestilentialis*. It was afterwards known to the people by the names of

* Dr. Linden thought that it had its origin "in sodomy committed between men and monkeys, or the satyrs of the ancients."

gore, grande gore, and grosse vérole; to the Flemings and Picards by that of *poque*, derived from *poquette*, signifying the small-pox. The Lombards named it the *French disease*. The French called it *la grosse vérole, le mal Napolitain*. From the Germans it received the name of *grose blatten, die frauosen, die frauosischen pocken, morbus gallicus*; the English, *French pox*; the Dutch, *spaansche pocken*; the Spaniards, *las baus, les-bouels, or las bubas or buas*; the Indians, *baô ourâ*; the Moors and Africans, *morbus hispanicus*; the Portuguese, *morbus castellanus*; the Turks, the *disease of the Franks*; the Persians, the *Turkish disease*; the Russians, the *Polish disease*; and the Savoyards, *la clavela*. The French, who brought back the disease from the expedition to Naples, called it, with their natural gayety, a souvenir. Fallopius and Fernel designated it by the name of *lues venerea*. Fracastorius invented the name of *sypphilis*. Jaques de Bethencourt, in a book entitled "Nova Pœnitentialis Quadragesima, nec non Purgatorium in Morbum Gallicum sive Venereum," printed in Paris in 1527, was the first who described it under the title of *venereal disease*, now so generally used. Still it is worthy of remark that, although said to have been brought by Columbus from America, it was never called the *American disease*.

From Sauval we learn that, in the fourteenth century, the venereal disease received the name of *pelada*, on account of the number of persons who were "shaved clean without any razor."

In 1525, Jean Lemaire published an allegorical poem, in which he mentions the difficulties physicians encountered in choosing a name for the Neapolitan disease. This idea is contained in the following verses:—

"Ne seent on lui bailler propre nom,
Nul médecin, tant eut-il de renom.
L'ung le voulut Sahatati nommer,
En Arabie, l'autre a pu estimer
Que l'on doit dire en Latin *Mentagra*.
Mais le commun, quand il le rencontra
Le nommait Gore, ou la vérole grosse.
Que n'épargnait ni couronne ni crosse.
Poken l'on dit des Flamands et Piequarts
Le mal Français, le nomment les Lombards.
Les Allemands l'appèlent grose Blatter."

In the year 1530, Fracastorius (De Morbis Contagiosis, lib. ii. cap. 2, De Morbo Gallico) thus writes: "When it first broke out among us, it discovered itself by the following symptoms: the patient was less spirited, complained of weariness, and had a pale look; at last, for the most part, little ulcers appeared about the pudenda, which were extremely obstinate, and, after they were cured in one part, broke out in another.

Afterward, a kind of crusty pustules appeared upon the skin, beginning in some parts upon the scalp (which was most frequently the case), and upon other parts in others. At first they were only small, but increased by degrees, in a short time, to the size of the husk of an acorn, and had a good deal the same appearance, not unlike those scabs which appear on the heads of boys. Of these scabs there were several different kinds, some of them small and dry, others large and moist; some of a livid color, some of a palish-white, and some hard and reddish. All of them opened in a few days, and discharged a thick fetid matter; nor is it possible to express what the quantity of that matter perpetually discharged was, nor how nasty it was in quality. Afterward, the ulcerated parts became eroded in the same manner as those ulcers which are called phagedænic, and sometimes they infected not only the flesh, but likewise the very bones. When it attacked the head chiefly, it produced acrid rheums, which eroded sometimes the palate, sometimes the uvula, and sometimes the jaws and tonsils. In some, it destroyed the lips, in others the nose, in others the eyes, and in others the whole pudenda. Besides this, the limbs, in a great many, were disfigured with gummy tumors, which frequently grew to the size of an egg, or a small loaf, and, being laid open, discharged a white mucilaginous matter. That tough hardness appeared chiefly on the legs and arms, and sometimes became ulcerated; sometimes it continued entire until death. But, besides all the above-mentioned symptoms, as if they were only trifling, there occurred violent pains of the arms frequently, together with pustules, sometimes before, sometimes after, very obstinate and lasting, and excessively tormenting. They were most violent in the night, and the pain was not properly in the joints, but in the muscles and nerves. However, there were pustules sometimes without pains; and, in some, pains without pustules; but the greater part were affected with both. In the mean time, all the limbs became feeble, the body emaciated, the appetite quite lost. The patient had no sleep, but was either melancholy or very irritable, with a strong inclination to lying in bed. His face and legs swelled. Sometimes, though rarely, the disease was attended with a slight fever. Some had a pain in the head, which was lasting, and not to be subdued by any medicines."

During the following years, John de Vigo, Peter Maynard, Nicholas Massa, Fallopius, and others, make mention of the remaining symptoms, which are now universally recognized.

The following not less graphic account is taken from Joannes Fernelius, in his work "De Abditis Rerum Causis," Lugduni, 1548: "On whatever part of the body the lues first settles, there fixing itself, it excites a pustule, and soon after a small ulcer. Thence extending further, it fixes its roots, and sensibly penetrates the interior by a

forced unceasing action ; and, in fine, unless you shall have opposed to it some remedial measures, it devastates and commits ravages on the whole by its virulence. From this it is manifest that a *certain poison* constitutes the essence of the disease, creeping over or insinuating itself into the whole body, in no manner differing from the poison of the rabid dog or scorpion. The signs of it are various, depending on the nature of the parts over which it spreads. When the virus, for the sake of illustration, has its origin in copulation, from the private parts bedewed with moisture, it determines, first, pustules in those parts which are very obstinate, and then small ulcers which are difficult to treat, and are of rather a bad character. Then the vapor or effusion, creeping inward by the hollow canal of the pudendum (for it is not credible that any humor or fluid enters it), it impoverishes (labefactat) the blood of the vena cava, and the spirit contained in the larger artery, and then the bubo breaks out in the groin. Hence a gonorrhœa manifests itself from the diseased spermatic ducts and kidneys, by which this most foul virus is ejected as by belching. When this execrable disorder has invaded the liver and stomach, a certain slight abdominal flux breaks out, and soon after the blood is infected with the liver, by which all the veins of the body become implicated ; and in this manner disseminated in the limbs, muscles, and skin, it having been repulsed, breaks out silently, and worse than before. Livid and reddish pustules occur, ulcers covered with crusts and tethers ; in some persons, excavated and malignant ulcers, and, in bilious persons, phagedænic and corroding sores ; in the melancholic temperament, cancerous or cancerous ulcers ; and, in the phlegmatic, they are more superficial (leviori), but more foul, and discharging a fetid mucous humor ; and, in sanguineous persons, they are more thickly set, and resemble carbuncles. All, indeed, with very hard, indurated, tumid and inverted edges, which (ulcers), having eaten the flesh, feed upon the bones themselves ; at first, the thin bones (as, for instance, those of the palate and nose), then those of a more solid consistence, which, becoming putrid and carious, are thrown off. It follows, as a natural consequence, that when the head is attacked, or the brain is the seat of the disease, many pituitous humors, disproportionate to the condition of the part, collect, which, if shut up in the head, produce severe and considerable pain ; but if they point under the scalp, and should be determined toward the joints and limbs, they excite most dreadful and daily tortures, increased greatly at night ; or they excite very hard *tophi* and scirrhus tumors, by no means free from pain. Although the matter appears pituitous, nevertheless, being impregnated with this deadly matter of poison, it partakes of its acrid properties. Thus, hiding itself under the periosteum of the bones, it produces pain both by its acrimony and by distension. Penetrating the substance of the bones, as it were by minute tubes, it expands them and dilates them into tumors, which

(bones), at length being attacked with caries, become putrid. If the matter, being less biting and acrid, does not destroy the skin, its malignity, or noxious vapor, being poured out around the hair, occasions (in the language of Fernel) an effluvium; on which account the greater part appear without hair on the head, eyebrows, or body. But the hair may be reproduced.

“But its effects are not confined to the external parts alone: they extend to the internal parts, affecting even the viscera, which are found, as in exanthematous diseases, on dissection, covered with pustules and ulcers.”

Gruenbeck, who wrote in 1496, placed at the head of his book a woodcut representing a corpse covered with pustules.

The writers of that day touch but lightly on diseases of the genital organs; the skin, and particularly the face, appear to have been the parts chiefly affected by this disgusting malady. The following passage from the annals of the Franciscan Friars does not mention diseases of the genitals, but gives ample proof of the fear and dread inspired by this epidemic.

“Anno 1849, Joannes Piccapridius Papiensis, gravi febre et morbo gallico fœdissimo, quasi lepri specie exarticulari, et apostemate et pruriente undequaque corporis commixto oppressus. Ab eadem horrenda et ferre incurabili ægruetidine Paulinus de Rabeis ejusdem urbis post quam magnæ pustulæ per totum corpus erum peruit.”

The author states that these two persons and many others were cured by making a pilgrimage to the tomb of St. Bernard.

After having raged with great violence for several years, the severity of the disease of Naples abated. As the dread it had inspired lessened, its connections with affections of the genital organs became to be more observed; and the causes to which it had formerly been referred lost their credit and value. More direct and circumstantial causes were sought for, which nevertheless engendered many new errors, the impress of which is still not yet effaced.

The period of its appearance was fertile in extraordinary events; and, as always happens, each one, following his own opinion, sought in some of these occurrences the origin of the scourge which, after having devastated Naples, became the dread of all Europe. The physicians who lived in the first twenty years of the sixteenth century, remarked, with truth, that there was a singular coincidence between the date of the epidemic and that of several of the most remarkable events.

In 1493, Charles VIII, King of France, prepared an expedition for the conquest of Naples.

In 1493, Christopher Columbus added a new world to the dominion of Ferdinand and Isabella.

In 1492, Ferdinand, King of Spain, expelled from his kingdom those of the inhabitants who did not profess the Christian religion, to the number, according to some, of 170,000 souls. The Jews were called *Marannæ*, and the Moors or Mohammedans *Elches*.

To which of these events is the epidemic of Naples to be ascribed?

It is impossible that the epidemic could have been brought to Naples by the troops of Charles VIII., since it existed there in 1494, and the French arrived in that city on the 21st of February, 1495.

It had raged for a long time, when the opinion was advanced that it was imported from America, and consequently had been brought to Naples by the men who had accompanied Columbus. This error could not have maintained its ground for a moment, had the different circumstances on which it is based been examined, and had not Ovièdo, who was a page in the court of Isabella, and only fifteen years of age, at the return of Columbus from his first voyage, been interested in inventing this fable. Ovièdo, appointed six years subsequently to be governor of Hispaniola, sought, in the eyes of the bigoted and superstitious court of Spain, for a pretext to absolve himself from the cruelties he had exercised towards the natives of the island during his administration; and again, the Spanish army, under Gonzalvo of Cordova, which came to the assistance of Naples, reached that city only in 1495, when the epidemic had already existed a year.

In the work of Georgius Fabricius, is to be found the following passage: "*Hoc tempore (1495) morbus qui à Gallis, Neapolitanus, ab Italis passim, gallicus, dicitur principium habuit, quem alii ex Hispaniâ Neapolim importatum volunt, allatum ex insulis à Columbo repertis.*"

"History in hand, Hensler demonstrates," says M. Jourdan, "that syphilis did not come from America. His learned research, which left nothing unexamined pertaining to the subject, proves this proposition; and yet," he adds, "the partisans of ignorance pretend to believe that it is still in dispute." Few persons, at this day, advocate the American origin of venereal diseases. A very important essay, by Washington Irving, on the official papers and documents of those times, shows clearly that this assertion is merely a gratuitous and unfounded supposition.

By comparing dates, and following the course of events, it is undoubtedly more natural to refer the epidemic of Naples to the cutaneous diseases spread by the exiled Jews wherever they went, and especially at Rome, where Alexander VI. (Borgia), elected pope in 1492, pitying their distress, had permitted them to remain. For this reason, as related by Fallopius, the pontiff wrote to Charles VIII., desiring him not to pass through Rome, as it was then visited by a terrible and deadly pestilence.

Sprengel thinks that syphilis originated with the Marannæ. Isaac Abarbanel, a learned rabbi, and one of the Elches exiled from Spain, says that this disease arose in his time, having formerly existed among the ancient Jews; but his opinion is supported only by an obscure passage in the twelfth chapter of Zachariah.

The policy of governments, and the passions of men, frequently lead them away from the truth, even in matters of this kind. The French, who failed in an enterprise commenced under such brilliant auspices, attributed the disease to the Neapolitans, and the latter to the French. Neither was right in thus criminating the other. The Neapolitans were unjustly surprised at seeing the intensity of the disease increase during the stay of the French in their country. A vast assemblage of men, living in a different climate, in intemperance and debauchery, amidst fatigues and privations, will undoubtedly give to a disease additional virulence and intensity.

Again, it concerns not the question at issue whether the epidemic of Naples and the Marannic pestilence were one and the same disease, or whether the former was a recrudescence of a cutaneous affection, which arose spontaneously in a country where these diseases are common. From this period, the intensity, but not the origin, of these affections, takes its date, for it has been proved that they were described by the ancient writers, and those of the Middle Ages.

According to Martin Berler, it was brought into Alsatia by the lansquenets who returned from the expedition to Italy. It appeared at Strasbourg in 1495. He further informs us that many persons afflicted with the complaint made a pilgrimage to Waestricht, hoping to be restored by their devotion to Saint Filliach. This good priest regarded the disease as a judgment of God upon Charles VIII. for having abducted the Duchess Anne of Brittany, wife of the Emperor Maximilian, and refused his daughter, to whom he was betrothed. The saint, however, was in error, for the troops of Maximilian suffered equally with those of the French king.

The disease of Naples raged with great severity in Paris, even until 1514, as we learn from parliamentary edicts relative to the regulation of prostitution, and the establishment of hospitals, for the cure of the diseases engendered thereby, in various parts of the city.

At the same period, this hideous disease appeared in Switzerland, Cracovia, Germany, and the Low Countries. It spread over Italy in 1497, and visited England in 1498. But, according to Autenreith, it reached Wirtemberg only a century after its introduction into the rest of Germany, and with its invasion the leprosy disappeared.

In the year 1736, Astruc, physician to Louis XV., published his celebrated work on the venereal disease; and he is justly entitled to the credit of having written the most learned work of the day, and of having treated the subject in a methodical manner.

His work is divided into two parts: In the first, he describes the first stage, or local venereal diseases; in the second, he treats of the second stage, or confirmed pox, or, in other words, of general affections.

Under the first stage, he included: 1. Virulent gonorrhœa and all its consequences. 2. Venereal buboes. 3. Chancres. 4. Verrucæ and condylomata.

Under the second, or confirmed pox, he describes: 1. Diseases of the genitals. 2. Diseases of the skin. 3. Diseases of the mouth and nose. 4. Venereal pains. 5. Diseases of the bones. 6. Glandular and lymphatic tumors. 7. Diseases of the eyes. 8. Diseases of the ears. 9. Disorders of the functions.

Astruc was decidedly of opinion that venereal diseases were not known in Europe previously to the year 1493, when, he states, they were brought into Spain by the followers of Columbus on their return after the discovery of America. He quotes from the cotemporary writers to support his opinion, and states that venereal diseases were endemic in the Antilles, and especially in the island of Hispaniola, or St. Domingo, whence they were directly imported. He also cites various passages to prove that they are of native growth, and that the following places may be considered as so many hot-beds of the *venereal virus*: viz., the kingdom of Peru; New Spain; Florida; the midland part of Africa under the line; the Island of Java; the Moluccas; and China.

Astruc attributes the immediate source of the diseases in these countries to the nature of the diet, immoderate promiscuous intercourse, and the virulent acrimony of the menstrual flux. He also informs us that it was communicated by sexual intercourse to the Spaniards, who imported it into Europe; thence it spread among the Neapolitans. Soon afterward, he traces it among the French, who contracted it from lying with infected women at the siege of Naples, and it thence spread over the other countries of Europe.

In 1752, Sanchez wrote a book to contradict the opinion which the writings of Astruc had made popular, and came to the following conclusions:—

1st. That the venereal disease was known in France previously to the arrival of Columbus.

2d. That the Spanish army could not have given the disease to the French troops, as it did not come in contact with them.

3d. That it commenced in Italy, at the beginning of the year 1493, as an epidemic.

In the admirable work of the illustrious Hunter, in 1784, he declines investigating the origin of syphilis, as he thinks it could be of little practical benefit. Like Astruc, he admitted the existence of a venereal virus, and gave a graphic description of the disease; he, moreover, taught that this virus on which the venereal disease depended

might affect the system in two modes, primarily or locally, secondarily or constitutionally. By his experiments on inoculation, he proves that these divisions existed, and might easily be distinguished.

The same illustrious author believed that the primary effect of the venereal virus was twofold. When it came in contact with a mucous surface, a gonorrhœa resulted; when, on the contrary, it was placed in apposition with the skin, chancres would follow. Hence his classification of gonorrhœa and syphilis as the primary effects of one and the same virus.

He called public attention to the induration which he believed always attended true primary sores, and did not consider as syphilitic such primary ulcerations as presented no such appearance.

John Hunter further professed that the venereal virus in either of its two primary forms could give rise to constitutional effects, which he has so ably described in his valuable work, under the term *lues venerea*.

In 1782, Benjamin Bell brought forward his experiments and reasons for separating gonorrhœa from syphilis or chancre, and his views were afterwards adopted and confirmed, in 1812, by Hernandez of Toulon.

In 1815, the celebrated Broussais taught that syphilis is an irritation which affects the exterior of the body as does scrofula; that the physiological school of medicine ought only to note the form and degree of irritation in the different organs, and that it should alone occupy itself with the means to oppose it. Messrs. Jourdan and Richond, the pupils of Broussais, followed up the doctrine of their teacher, and denied the existence of a virus. "Call it what you will," said they; "but name it not virus." In 1826, M. Richond published a work entitled "De la Non-existence du Virus Vénérien." Practitioners of this school believe that venereal diseases depend upon simple inflammatory affections, resulting from the *mode* of the peculiar vitality of the organs primarily affected, and of their sympathetic power over certain parts of the economy.

In 1830, M. Ricord commenced his investigations on the causes and natural history of venereal diseases. The first result he obtained was to convince himself and the public that a special cause (perfectly independent of the sexual organs) gave rise to, and occasioned the propagation of, syphilis. He moreover attached a strict meaning to each term he employs, instead of that chaos of synonymous words which existed in the writings of preceding authors.

Considering the term "venereal diseases" in its most extended sense, he defines it to be "all those affections which are more or less directly or indirectly the consequence of sexual intercourse, in whatever way effected."

Venereal diseases, thus defined, he arranges in two orders:—

ORDER I. contains diseases depending upon common causes, independent of any special agent, reproducing themselves daily, and under all possible conditions; consisting of simple affections, in a word, non-virulent. We call them syphiloid diseases.

ORDER II. contains diseases depending upon a special principle, distinct from all the ordinary morbid causes; affections which give rise to special effects called virulent. We call them syphilis.

This second order has three distinct stages.

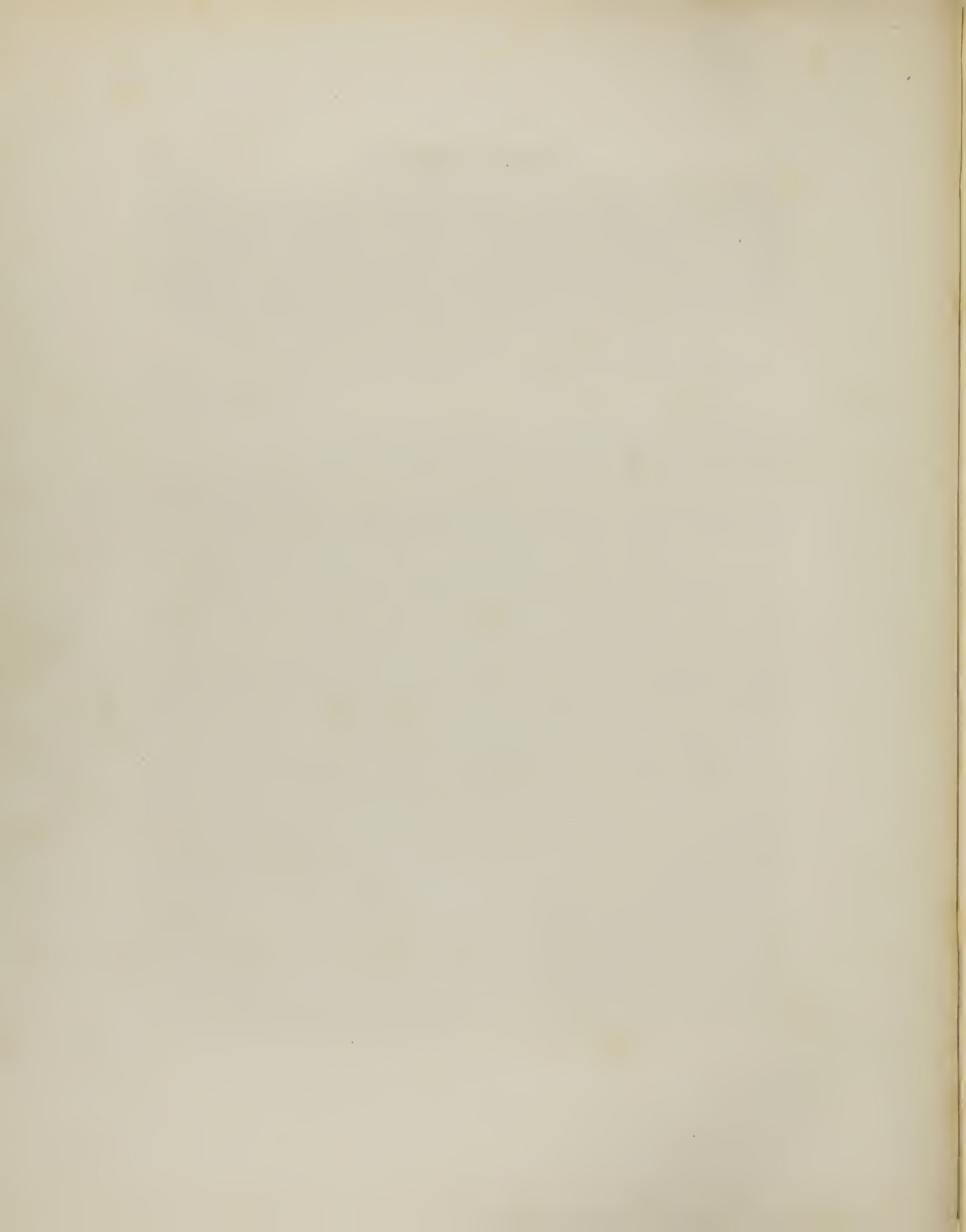
1st Stage includes primary symptoms which are the immediate effect of the morbid cause occurring on the spot where the *virulent* agent has been deposited; as, for example, chancre.

2d Stage comprehends *secondary* symptoms, which are the consequence of absorption into the system of the virulent cause. They are hereditary, but not capable of transmission by inoculation. Example, certain affections of the skin and mucous membranes, iritis, etc.

3d Stage comprises *tertiary* symptoms, not capable of being transmitted by inoculation, nor hereditary, but subject to pathological transformations and alterations of the sub-mucous and subcutaneous, or of the fibrous or osseous tissues.

Adopting, in conclusion, the language of Mr. Acton, whatever may be our prejudices, we must admit our ignorance of the exact date of the origin (for it must necessarily have had an origin) of syphilis. It can be traced as far back as the year 1494. Previously to that year, authors are not agreed; but it must be confessed that a disease closely resembling syphilis was known previously to that year, as may be gleaned from the authors quoted; and at the same time that we are ignorant of the first date of its outbreak, or those circumstances which first gave it birth, or in what country it first made its appearance. In this respect, the same lack of information reigns as in a vast number of other diseases, the origin of which we are equally unable, at the present day, to ascertain. The disease has had various phases; at one period, it has assumed a very mild character, in consequence of attention to cleanliness, and the prevalence of peace. On the other hand, in the time of war and famine, it has assumed aggravated forms depending upon evanescent causes; and the disease, though always smouldering, will work out again, and rival in intensity those symptoms described by Fernel and Fracastorius, should the world become the scene of the condition of society which existed in the sixteenth century. In proof of this, we need only cite Dr. Ferguson's account of the disease as it attacked the British troops in the Peninsula, who conferred upon it the title of the Black Lion of Portugal; and this opinion is further corroborated by the verbal reports of many of the medical staff of the Army of the United States which conquered Mexico.

The foregoing compilation, for it does not pretend to a more lofty title, is intended as a historical introduction to the magnificent work on the venereal disease now, for the first time, presented to the reader in an English dress, through the enterprise of the liberal publisher to whom the medical profession, in this country, is already so deeply indebted. It has been gleaned from many writers, and, where it was possible, the authorities quoted have been verified by a reference to their works.



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1498. Anthony Scanarolus, of Modena, undertook a defence of his master against the objections of Montesaurus. Bononia, 1498, in 4to.
- 1498 } Simon Pistor, of Leipsic, the first German writer on these diseases, published:—
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1501 } II. *Declaratio defensiva positionis de Malo Franco.* Lipsiæ, 1500, in 4to.
III. *Confutatio conflatorum circa positionem quamdam Extraneam et puerilem Doctoris Martini Mellerstad de Malo Franco nuper ventilatam in Gymnasio Lipsiensi.* Lipsiæ, 1501, in 4to.
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 Alexandri Benedicti Veronensis. *Libri de Pestilenti Febre*.
 Dominici Massariæ, Vicentini. *De Ponderibus et mensuris medicinalibus*, lib. 3.
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1519. Ulrich de Hutten, a German knight, though no physician, published a book in quarto, at Mentz, in 1519, called *De Morbi Galliei curatione per administrationem ligni guaiaci*. Most of which relates to his own case.
- 1500 }
 1525 } John Mannard, of Ferrara, composed, among other tracts, twenty books of medical epistles
 1532 } inscribed *Curix Medicæ*, of which part were printed at Paris in 1528, and the year
 1533 } ensuing at Argentina, when all were collected together and published at Basil, in 1540.
 1540 }
1520. Benedict Rinius, a Venetian, wrote a short treatise, *De Morbo Gallico*, but it was not made public until 1567.
1520. John le Maire, of Bavay, in Harmonia, amongst other conceits wrote the following poem :—

Mais en la fin, quand le venin fut meur,
 Il leur naissoit de gros boutons sans fleur,

Si trez hideulx, si laits et si énormes,
 Qu'on ne vit onc visaiges si difformes,
 Ne onc ne receut si tres mortelle injure
 Nature humaine en sa belle figure :
 Au front, au col, au menton et au nez
 Onc ne vit tant de gens boutonnez.
 Et qui pis est ce venin tant nuisible
 Par sa malice occulte et invisible
 Alloit chercher les veines et artères,
 Et leur causoit si étranges mystères,
 Dangier, douleur de passion, et goutte
 Qu'on n'y sauroit remede, somme toute
 Fors de crier, souppirer, lamenter,
 Plorer et plaindre et mort se souhaitter.
 Ne ne sceut onc lui bailler propre nom
 Nul Medecin, tant eut-il de renom.
 L'ung la voulut Sahafati nommer
 En Arabic ; l'autre a pu estimer
 Que l'on doit dire en Latin Mentagra.
 Mais le commun quand il la rencontra,
 La nommoit *Gore* ou *la Verole Grosse*,
 Qui n'espargnoit ne Couronne ne Crosse ;
 Doneques* l'ont dit les Flamans et Picquarts.
 Le *mal François* la nomment les Lombars,
 Si a encores d'autres noms plus de quatre.
 Les Allemans l'appellent *grosse blatter*,
 Les Espagnols *las Buas* l'ont nommée ;
 Et dit on plus que la puissante Armee
 De fors François à grant peinc et souffrance,
 En Naples l'ont conquise et mise en France,
 Dont aucuns d'eulx *le Souvenir* la nomment
 Et plusieurs faits sur ce comptent et somment.
 Les Savoysiens *la Clavela* la disent :
 Delà comment plusieurs gens en devisent
 Delà comment Amour, le jeune yvrongne
 A fait aux gens grant dommage et vergengne,
 Et ne sceut don pour ses cloux descloïier
 Bien bonnement à quel saint se voïier,

* Pocken.

Neantmoins aucuns par grace souveraino
 Ont imploré Madame Saincte Reine,
 Les autres out eu recours à Sainct Job
 Peu de gueris, en sont de mors beaucoup
 Car regne a ce trez cruel tourment
 Par tout le monde universellement.

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FORMULARY

OF

REMEDIES USED BY M. RICORD.

BY THE EDITOR.

DIVISION I.

CAUSTICS AND ESCHIAROTICS.

1. *Vienna Paste* is made by powdering together six parts of caustic potash and five parts of quicklime. When used, it is made into a paste with alcohol.
2. *Nitrate of Silver or Lunar Caustic*.—This is cast into sticks of a convenient form, or made into a saturated solution with water. It is a superficial caustic, seldom penetrating deeply enough to destroy a chancre.
3. *Acid Nitrate of Mercury*.—This is a more powerful caustic than No. 2, and is made by dissolving one drachm (ʒi) of crystalized nitrate of mercury in one ounce (ʒi) of nitric acid.
4. *Devergie's Caustic*.—This is an excellent caustic; preferred by me to all the others. It is made by pulverizing two drachms (ʒij) of crystalized *proto*-nitrate of mercury, and dissolving it in an equal weight of boiling distilled water; maintaining the temperature of the solution nearly to boiling, but not quite, and adding *guttatim* one drachm of nitric acid. The solution should be perfectly transparent.

DIVISION II.

INTERNAL REMEDIES FOR PRIMARY SYPHILIS.

1. *Van Swieten's Liquor*.—This is made as follows:—
R.—Hydrargyri chloridi corrosivi gr. viij;
Spiritûs vini rectificati ʒiiss;
Aquæ destillatæ ʒxivss.
M.—One fluidounce contains half a grain of corrosive sublimate. The dose is from two to

four teaspoonfuls *per diem*, taken in milk. Syrup of poppies may be combined with it when it offends the stomach.

2. *Sedillot's Pills*.—These pills are made by rubbing together two drachms and a half of strong mercurial ointment, two drachms of medicinal soap, and one drachm of liquorice powder; dividing the mass into five-grain pills, of which five or six may be given in twenty-four hours.
3. *Pills of Prot-iodide of Mercury and Opium*.

R.—Hydrargyri prot-iodidi ℥ss;
Extracti opii gr. v.

M.—Divide into twenty pills, of which three or four may be taken daily after eating.

4. *Poudre Tempérante de Stahl* is composed of pulverized sulphate and nitrate of potash, of each nine parts; bisulphuret of mercury or cinnabar two parts. The dose is from five to twenty grains in sweetened water.
5. *Dupuytren's Pills* consist each of from one-fifth to one-fourth of a grain of corrosive sublimate; from a fourth to a half a grain of aqueous extract of opium; and four grains of the resin of guaiacum.

DIVISION III.

INTERNAL REMEDIES FOR SECONDARY SYPHILIS.

1. *Ricord's Pills*.

R.—Prot-iodid. hydrarg.,
Lactucarii, āā ℥ss;
Ext. opii gr. iv;
Ext. cicutæ ℥ss.

M., and make twenty pills; one to be given three times a-day in a tablespoonful of compound syrup of sarsaparilla (*sirop de Cuisinier*).

2. *Solution of Per-iodide of Mercury*.—I have found this to be a most admirable remedy for the declining stage of secondary syphilis, and its transition into the tertiary condition.

R.—Deut-iodidi hydrargyri gr. iv;
Potassii iodidi ℥i;
Aquæ ℥vj.

M.—The dose is a teaspoonful, half an hour after each meal, three times a-day.

DIVISION IV.

INTERNAL REMEDY FOR TERTIARY SYPHILIS.

1. The only remedy relied upon for this stage is the *Iodide of Potassium*, of which from a half drachm to a drachm and a half may be given *per diem* in divided portions.

DIVISION V.

INTERNAL REMEDY WHEN SCROFULA COMPLICATES.

Give every day the following emulsion in three equal doses:—

R.—Iodini gr. iij;
 Olei amygdalarum dulc. ℥i;
 Pulveris acaciæ ℥i;
 Emulsionis amygdalarum ℥iij.

M.

DIVISION VI.

TISANES, DECOCTIONS, AND SYRUPS AS ADJUVANTS.

1. *Tisane of Guaiac and Sarsaparilla*.—This is best made by putting a teaspoonful of the compound fluid extract of sarsaparilla into a tumbler of water, or it may be made by pouring boiling water upon the bruised ingredients.

2. *Tisane de Feltz* is made as follows:—

R.—Rad. sarsæ incis. ℥iij;
 Pulv. gum acaciæ ℥ij;
 Sulphuret. antimonii ℥iv;
 Aquæ Ovj.

Enclose the antimony in a cloth and boil down to half. The dose is from three to four wineglassfuls daily, continued from two to six months. The patient is ordered to abstain from the use of *salt* in his food at the same time.

3. *Decoction Saponariæ*.—This is used by M. Ricord as a vehicle for the iodide of potassium in tertiary forms of disease. It is made by boiling the saponaria officinalis, or *bouncing Bet*, as it is vulgarly called, in a sufficiency of water. An ounce to the pint would be the right proportion.

4. *Decoction Zittmani*.—Zittman's decoction is a great favorite with many practitioners, although a ready substitute may be obtained for this cumbersome and disagreeable decoction. Two decoctions are made; the first is called No. 1, or the stronger decoction, and the second, No. 2, or the weaker decoction. The patient is directed to take a purgative the first day. Each subsequent morning he is to take a half pint of No. 1, drank warm and keep in bed. Each afternoon, a pint of No. 2, cold. Each evening, a half pint of No. 1, cold. This drenching is to be continued for four days, and a purgative substituted on the fifth.—On the sixth day he is to begin again (*Da Capo*), and go over the same ground. Then he is to rest a week, and go over it again, until either the disease is eradicated or the patient utterly disgusted with the remedy. The decoctions are made as follow:—

No. 1. R.—Rad. sarsaparillæ ℥xij;
 Aquæ Oij;
 Sulphatis aluminis et potassæ ℥ss;
 Hydrargyri chloridi mitis ℥ss;
 Hydrargyri bi-sulphureti ℥i;
 Foliorum sennæ ℥iij;
 Radicis glycyrrhizæ ℥ss;
 Seminorum anisi et fœniculi, āā ℥x.

Enclose the alum, calomel, and cinnabar in a cloth, and put them into the sarsaparilla and water after they have boiled for a quarter of an hour. Then boil down one-third, and add the remaining ingredients. When cold, strain for use.

No. 2. Add to the residuum of No. 1

Rad. sarsaparillæ ℥ij;
 Aquæ Oxxiv.

Boil together for a short time, and add lemon peel, cannella bark, cardamom seed, and liquorice root, of each three drachms. When cold, strain for use.

5. *Sirup de Cuisinier*.—This syrup is so effectually replaced by the compound syrup of sarsaparilla of the U. S. Pharmacopœia that it is not deemed important to give directions for making it.

6. *Syrupus Sudorificus*.

R.—Rad. sarsaparillæ,
 Lig. guaiaci ras., āā ℥vj;
 Aquæ Oxxiv.

Macerate for twenty-four hours, then simmer down to one-half, express, and add one or two pounds of loaf sugar. The dose is an ounce three times a-day.

DIVISION VII.

MOUTH WASHES AND GARGLES.

1. *Decoction of Lettuce and Alum*.—This is best made as follows:

R.—Lactucarii ℥ss;
 Mellis opt.,
 Aluminis, āā ℥ss;
 Aquæ ℥vj.

M.—This is used for a slight stomatitis.

2. *Mixture with Muriatic Acid*.—This is used, when ptyalism has commenced, to check excessive mercurial action on the mouth, and is best made as follows:—

R.—Acid muriatic gtt. xv;
 Lactucarii ℥ss;
 Aquæ ℥vj.

M.

3. *Mixture with Henlock and Corrosive Sublimate*.—An excellent mouth-wash when mucous plaques, or elevated white patches, appear on the tongue or gums.

R.—Ext. cicutæ ℥ss;
Hydrarg. chlorid. corros. gr. ij a iij;
Aquæ ℥vj.

M.

4. *Mixture with Cinchona and Opium*.—Used when gangrene, or a disposition to it, manifests itself on the inside of the cheek.

R.—Cort. cinchonæ rub. ℥ij;
Aquæ ℥xij.

M.—Boil to ℥vij, and add eight grains of extract of opium.

DIVISION VIII.

EXTERNAL DRESSINGS.

1. *Aromatic Wine (Vin Aromatique)*.—Various formulas have been published for this preparation, but I prefer one brought from Paris, by Dr. W. P. Johnston, as the best and easiest of preparation in this country. It is made as follows:—

Take of Sage, dried and bruised
Thyme do.
Hyssop do.
Spearmint do.
Wormwood do. of each, fourteen drachms;
Port wine four pints.

Macerate for two or three days, and then displace.

2. *Aromatic Wine and Opium*.

R.—Vin. aromatic ℔ij;
Ext. opii ℥i.

An excellent dressing for spongy and irritable sores.

3. *Aromatic Wine and Tannin*.

R.—Vin. aromatic ℔ij;
Tannini ℥ij.

Used principally to harden the skin of the glans when irritable or prone to herpes.

4. *Aromatic Wine and Quinine*.

R.—Vin. aromatic ℥iv;
Quinæ sulphat. ℥i.

M.

I have found this a most admirable dressing where a chancre or other sore is fungous, and furnishes a copious and somewhat aqueous secretion. It dries it up and promotes cicatrization. It may be used of half the above strength in some cases.

5. *Wash of Chloride of Soda.*

R.—Sodæ chlorid. liquid (Labarraque's) ʒi;
Aquæ ʒiij.

M.

6. *Iodine Wash.*

R.—Tr. iodini ʒi;
Aquæ ʒiij.

M.—Used chiefly to ulcerated buboes.

7. *Lotion of Tartrate of Iron.*

R.—Tartrat. ferri et potass. ʒi;
Aquæ ʒi.

M.

8. *Opiate Cerate.*

R.—Tr. opii ʒi;
Axungii ℥j.

M.—Used in painful and irritable sores.

9. *Ointment of Mercury and Opium.*

R.—Ung. opiat.,
Ung. hydrarg. fort., āā ʒss.

M.—This is used when the mercurial ointment alone proves too irritating.

10. *Pommade d'Albano.*

R.—Deuto-phosphat. hydrarg. ʒi;
Axungiæ ʒiss.

M.—Used and highly recommended for buboes when ulcerated.

11. *Ointment of the Iodide of Potassa.*

R.—Potassii iodid. ʒi;
Cerat. simp. ʒi.

M.—Applied to buboes to procure resolution on indolent glandular tumors of a strumous origin. This has been objected to on account of greasing the clothes of the patient. M. Durand, of this city, has obviated this objection by dissolving, with the aid of heat, ʒi of iodide of potassium in ʒi of opodeldoc. It makes an elegant liniment, produces the full effect of the remedy, is cleanly, and readily washed off.

12. *Frestel's Ointment for Chancre.*

R.—Chlorid. hydrarg. corros. gr. j;
Camphoræ pulv. ʒi;
Cerat. simp. ʒi.

M.—This is very useful to stimulate an indolent or fungous venereal sore.

13. *Ointment of Iodide of Lead.*

R.—Plumbi iodid. ʒij;
Adipis ʒi.

M.—Applied to indolent swellings of the glands or testis with happy effects.

14. *Plaster of Vigo cum Mercurio*.—This is a curious but very valuable compound much used by M. Ricord. It consists of

Lead plaster (or diachylon) ℥iiss.
 White wax,
 White resin, of each ʒij ;
 Gum ammoniac,
 Gum bdellium,
 Gum olibanum,
 Gum myrrh, of each ʒv ;
 Saffron ʒijj ;
 Mercury ʒxij ;
 Oil of turpentine ʒij ;
 Liquid styrax ʒvj ;
 Oil of lavender ʒij.

The emplastrum ammoniaci cum hydrargyro is a very good substitute.

15. *Powder to destroy Venereal Warts or Vegetations*.

℞.—Alumin. ust.,
 Oxyd. ferri sub.,
 Sabinæ pulv., āā ʒss.

The above powder recommended by M. Ricord is sometimes too severe, attacking the sound portions of the glans as well as the vegetations. Its place may be well supplied by the powdered bistort or tormentilla root, which I have found to act most admirably.

DIVISION IX.

BATHS.

These may be *gelatinous*, or *alkaline*, or *mercurial*.

For a gelatinous bath, two pounds of glue may be previously dissolved and diffused through a bathtubful of warm water.

An alkaline bath may be made by using from one to two pounds of subcarbonate of potash, and from half an ounce to three ounces of corrosive sublimate may be applied in the same way.

This FORMULARY includes nearly all the remedies used by M. Ricord, with an occasional modification which the extensive and familiar acquaintance of the editor with syphilitic affections has enabled him to suggest. Its proportions might have been materially extended, but in his opinion its practical value would have been impaired. In the vast majority of cases, syphilis in any stage may be cured with one tithe of the list here given, and to a practitioner of limited experience an enlarged materia medica proves not unfrequently a source of doubt and confusion.

TABLES OF WEIGHTS AND MEASURES.

NEW FRENCH DECIMAL WEIGHTS.

	Troy grains.				
Milligramme =	.0154				
Centigramme =	.1544				
Decigramme =	1.5444				
Gramme =	15.4440	lb.	oz.	dr.	gr.
Decagramme =	154.4402	=	0	0	2 34.4
Hectogramme =	1544.4023	=	0	3	1 44.4
Kilogramme =	15444.0234	=	2	8	1 24
Myriagramme =	154440.2344	=	26	9	6 0

FRENCH MEASURES OF CAPACITY.

	English cubic inches.		Wine measure.
Millilitre =	.061028	=	16.2318 minims.
Centilitre =	.610280	=	2.7053 fluidrachms.
Decilitre =	6.102800	=	3.3816 fluidounces.
Litre =	61.028000	=	2.1135 pints.
Decalitre =	610.280000	=	2.6419 gallons.
Hectolitre =	6102.800000		
Kilolitre =	61028.000000		
Myrialitre =	610280.000000		

ILLUSTRATIONS
OF
SYPHILITIC DISEASE.

PUBLISHER'S NOTICE.

THE reader will discover that there are apparently some pages wanted; but it is owing to an error in paging the annexed leaf 97 instead of 77. The volume is, therefore, perfect and complete without pages 77 to 96.

PLATE I.

PRIMITIVE FOLLICULAR ULCER—VIRULENT ADENITIS, OR BUBO— REGULAR INOCULATION.

C A S E .

Per—, aged 33 years, shoemaker, admitted January 28th, 1840.

THIS patient had never suffered from venereal disease in any form, previously to an attack of blennorrhagia, contracted at Laval, on the 26th of December last. The discharge soon became copious, with manifest symptoms of severe inflammation. Rest, diluent drinks, and the use of general antiphlogistics, soon effected considerable amelioration, when Per— came to Paris.

On the 9th of January, he again indulged in the pleasures of Venus, and, three days afterward, perceived a small ulcer on the superior surface of the glans penis, and on its right side.

The blennorrhagic discharge increased slightly, in consequence of his departure from the regimen before alluded to, and, after the lapse of six days, had passed nearly completely into the mucous stage. Two days after the discovery of the chancre on the glans, he felt a pretty sharp pain in the groin, and a bubo was developed, with all the evidences of great activity. Until the 28th of January, on which day Per— came under the care of M. Ricord, his treatment had been confined to general antiphlogistics, and tolerably strict diet.

At this time, there is a slight oozing from the urethra. On the glans is seen an ulcer with a grayish base, its edges eroded perpendicularly, and presenting all the characteristics of a follicular chancre. The red areola surrounding it is of limited extent, and seems to be almost confined to that portion of the tissue which, slightly elevated, is the seat of tension. Apart from this local symptom, the genital organs retain their natural color, without any appearance of inflammation.

In the fold of the groin, where the bubo is located, the skin is thin, adherent, and of a bright red color. Fluctuation is evidently felt, and the extent of the cavity occupied by the pus can be estimated by the space comprised between its well-defined edges, which can be easily traced by their remarkable resistance.

On the 29th of January, the bubo was opened, giving exit to a considerable quantity of badly-elaborated yellowish pus. The surface of the cavity is sprinkled with grayish points, and resembles precisely an ulcer in its progressive stage. The chancre on the glans appears stationary; its base still remains grayish. The right thigh was inoculated with some of the pus from the chancre.

A poultice was applied to the bubo, and the chancre dressed with cerate.

The diet consisted of one-fourth of the hospital allowance, and diluent drinks.

On the 30th of January, the left thigh was inoculated with some of the pus from the bubo.

On the 2d of February, the pustules of inoculation were well formed. The same dressing and regimen continued.

On the 3d, the pustule on the right thigh was broken open, and a drawing made of the characteristic ulcer produced by the inoculation. Its base was grayish. On the centre, is a gray point, similar to that in the chancre on the glans. A drawing was made of the bubo, of which the aperture presents ulcerated edges slightly everted. The cavity still remains in the state of progressive ulceration, and the attenuated skin covering it is of a violet-red color. The adjacent ganglia are slightly inflamed, and slightly sensible to pressure.

The chancre on the glans was cauterized with Vienna paste,* applied in a thin layer, and so as scarcely to extend beyond the edges of the ulcer.

A sketch was taken of the pustule produced on the left thigh by the inoculation with pus from the bubo; and, after having opened it, a drawing was made of its characteristic ulcer. The same treatment and regimen were continued.

On the 4th of February, the cauterization of the chancre on the glans has slightly exceeded the limits of the ulcer. A small, black, adherent eschar covers the parts. The ulcers produced on the thighs by inoculation have progressed regularly. A drawing was made of them, and they were then cauterized with Vienna paste, as had been previously done to the chancre on the glans.

He was put on half-allowance; cataplasms still applied to the bubo, which is suppurating freely.

* Vienna Paste consists of equal parts of caustic potash and quicklime, made into a paste (*pro re natâ*) with alcohol or Cologne water.

On the 8th of February, the black eschar produced by the cauterization on the chancre fell off during the night, and the bottom of the wound is of a bright red color. This would seem to indicate the destruction of the virulent principle.

The cavity of the bubo was cauterized with nitrate of silver, and dressed with charpie soaked in aromatic wine.*

Same regimen.

On the 10th of February, the ulcer produced on the glans by the caustic is still red and healthy; it is dressed with aromatic wine. On the thigh, the eschars, resulting from the application of the Vienna paste on the 4th of February, fell off on the 12th.

February 15th. The ulcer on the glans is nearly healed; those on the thigh are rose-colored and cicatrizing. Their virulent nature being completely destroyed by the caustic, they, as well as the bubo, are dressed with aromatic wine.

Same regimen.

20th. The wounds made by inoculation have entirely cicatrized.

The cavity of the bubo is contracting; suppuration much diminished.

Same regimen; same dressing.

On the 2d of March, in order to obtain granulations favorable to the regeneration of the skin covering the cavity of the bubo, which is gradually filling up, it was sprinkled with powdered cantharides.

10th. Still improving; the wound in groin is rose-colored, and covered with healthy granulations.

20th. Per—— was discharged cured; and not the slightest induration can be felt under the cicatrices of the ulcers, either in the glans or the thighs.

Under these circumstances, it was deemed inexpedient to have recourse to general treatment.

* The formulary for remedies used by Mr. R. will be found at the end of the work.

EXPLANATION OF PLATE I.

FIG. 1. Genital organs, from a drawing made on the 3d of February. On the glans is seen the ulcer resulting from the follicular inoculation which took place during the sexual connection on the 9th of January. Its edges are sharply defined, elevated perpendicularly, somewhat ragged, and slightly projecting. The bottom of the ulcer is grayish, and marked about its centre with a brown spot. In the fold of the groin, the edges of the incision made for the purpose of opening the cavity of the virulent bubo present the appearance of an inoculated wound. They are ulcerated, remain separated, and slightly everted. Above the inferior margin is seen a portion of the tissues attacked by ulceration, and presenting an appearance similar to that of the whole surface of the purulent cavity, the extent of which may be estimated by that of the violet coloring of the integuments. A drop of pus is escaping from the inferior angle of the wound.

FIG. 2. An ulcer produced on the right thigh by inoculation on the 29th of January, with pus from the chancre on the glans. The drawing was made on the 3d of February, at 10 o'clock A. M., immediately after having broken open the pustule.

FIG. 3. The same ulcer, drawn, on the 4th of February, at the same hour. It varies but little in extent. The red areola has lost some of its intensity. At the bottom is seen a brown spot similar to that indicated in the description of the ulcer on the glans.

FIG. 4. Pustule resulting from the inoculation performed on the 30th of January, on the left thigh, with pus from the virulent bubo. The pustule is regular; and we only remark that it has so developed itself as to bring the incision made by the lancet to the circumference. The drawing was made on the 3d of February, at 11 A. M.

FIG. 5. View of the ulcer covered by the pustule just described; the sketch taken at 2½ P. M. The inoculation is very regular in its progress. The ulcer, though small, presents the characteristic appearance.

FIG. 6. The same ulcer, drawn on the 4th of February. The ulceration has increased in extent, and its base become more gray; it resembles exactly the follicular ulcer of the glans.



Fig. 1



Fig 2



Fig 3



Fig 4



Fig 5



Fig 6

PLATE II.

PRIMARY ULCER OF THE NECK OF THE UTERUS.

C A S E .

IN the month of June, 1841, M. Ricord was consulted by a patient affected with an ulcer, bearing all the apparent marks of a chancre, on the left side of the anterior extremity of the glans penis. M. Ricord expressed his suspicion of the nature of the disease, and asked several questions in order to ascertain the origin of the infection; the possibility of which the patient strenuously denied, for he declared that, for a very long period, he had had connection with one person alone, who was beyond all reproach, and who, moreover, was declared to be perfectly sound, by an experienced physician, after a minute examination; lastly, an intimate friend of his had likewise had frequent connection with the lady and yet had contracted no infection. Notwithstanding the cogency of all his reasons, M. Ricord thought it his duty to neglect nothing in the pursuit of truth; and, therefore, the lady came to him for examination, secure, as she said, in her integrity; previously confirmed by a rigorous medical investigation.

M. Ricord then proceeded to the examination of the external genital organs: the genito-crural space, the labia majora and minora, the folds around the clitoris, the fourchette, the carunculæ myrtiformes, and the fissures separating them were successively inspected, with the most minute attention, without discovering any suspicious symptoms. There was no erosion; no apparent trace of morbid secretion. The meatus urinarius was sound, and pressure from behind forward, by means of a finger in the vagina, caused no abnormal discharge from the urethra. The anus presents the same healthy character. The speculum was applied; and the mucous membrane of the vagina, whether seen in front or as it unfolded from the pressure of the end of the instrument, or obliquely, as it fell in folds between its valves as the speculum was rotated, was perfect as far as the neck of the uterus: but here the cause of

the disease became apparent. In fact, about the centre of the extremity of the os tinæ, on the right side, was an ulcer presenting all the external characters of a primary syphilitic ulcer. It was scarcely four-fifths of a line in diameter; its edges were regularly rounded, perpendicular, with a grayish base; the mucous membrane appeared to have been removed with a punch; and around the ulcer was an areola, the bright red color of which extended over a space of nearly an inch. The remainder of the neck of the uterus was in a healthy condition.

With difficulty were seen some traces of the purulent secretion furnished by the chancre, constantly mingled with the uterine and vaginal mucus.

Lastly, the os tinæ was sound, and discharged some transparent mucus without admixture of pus.

We may remark that, during the examination, the patient felt no pain; and also that absence of all unnatural feeling during sexual connection had led her to believe in her integrity.

Direct pressure on the ulcer of the neck excited no disagreeable sensation.

M. Ricord informed the lady of the existence of the chancre, and desired her to communicate the fact to the physician by whom she had been previously seen.

After hearing M. Ricord's opinion, this gentleman applied the speculum, and ascertained the presence of the ulcer, which soon healed under the appropriate treatment.

It is important to observe that, previously to the patient being convinced of the reality of her disease, she continued to cohabit with the individual who had hitherto resisted inoculation. But this good fortune was of short duration, for some chancres appearing on him soon after served to confirm the diagnosis of M. Ricord.

We may say in relation to the peculiar character of the ulcer of the glans in M. Ricord's patient, that it precisely resembled that of Plate I., Fig. 1.; whilst the chancre on the neck of the uterus of the female was identical with the inoculated ulcer represented in the same Plate, Fig. 2.

EXPLANATION OF PLATE II.

THIS plate is intended to represent the genital organs of the woman, conveniently arranged for examination by means of the speculum. The drawing was taken at the moment at which the surgeon has entrusted the handle of the instrument to the patient, whose hand rests on the genito-crural space. Thus the presence of assistants, always disagreeable in such cases, may be dispensed with, and the attention of the patient being engaged, she is not likely to make any unseasonable movement. Moreover, this position is not very fatiguing, and need not be maintained for more than one or two minutes; long enough to use an injection, or to apply the cauterly, or dressing.

The woman is here laid upon the operating bed, the pelvis elevated, the thighs and legs flexed. The speculum is introduced, so that the point corresponding to its joint, a part of the instrument of which the diameter never varies, whatever may be the separation of its blades, is on a level with the vulvar opening, the sensibility of which must not be injured.

The arrangement of the blades permits of their being opened without contusing the flesh against the pubic arch, and the pressure is made against the inferior commissure, which may be done without inconvenience. In consequence of the same arrangement, the columns of the vagina are extended perpendicularly, so that the mucous membrane does not obscure the view of the neck of the uterus, by falling into the opening between the blades of the speculum.

On each side, are seen obliquely the folds of the vaginal mucous membrane, and, at the bottom, the neck of the uterus, projecting between the blades of the instrument.

On the right, at the extremity of the neck of the uterus, is seen a chancre, around which a red areola is marked on the mucous membrane, of which the color is elsewhere normal. The edges of the ulcer, of which the bottom is grayish, are rounded and perpendicular.

Some transparent mucus flows from the os tinæ over the posterior lip of the neck, and is collected on the blade of the speculum below it.

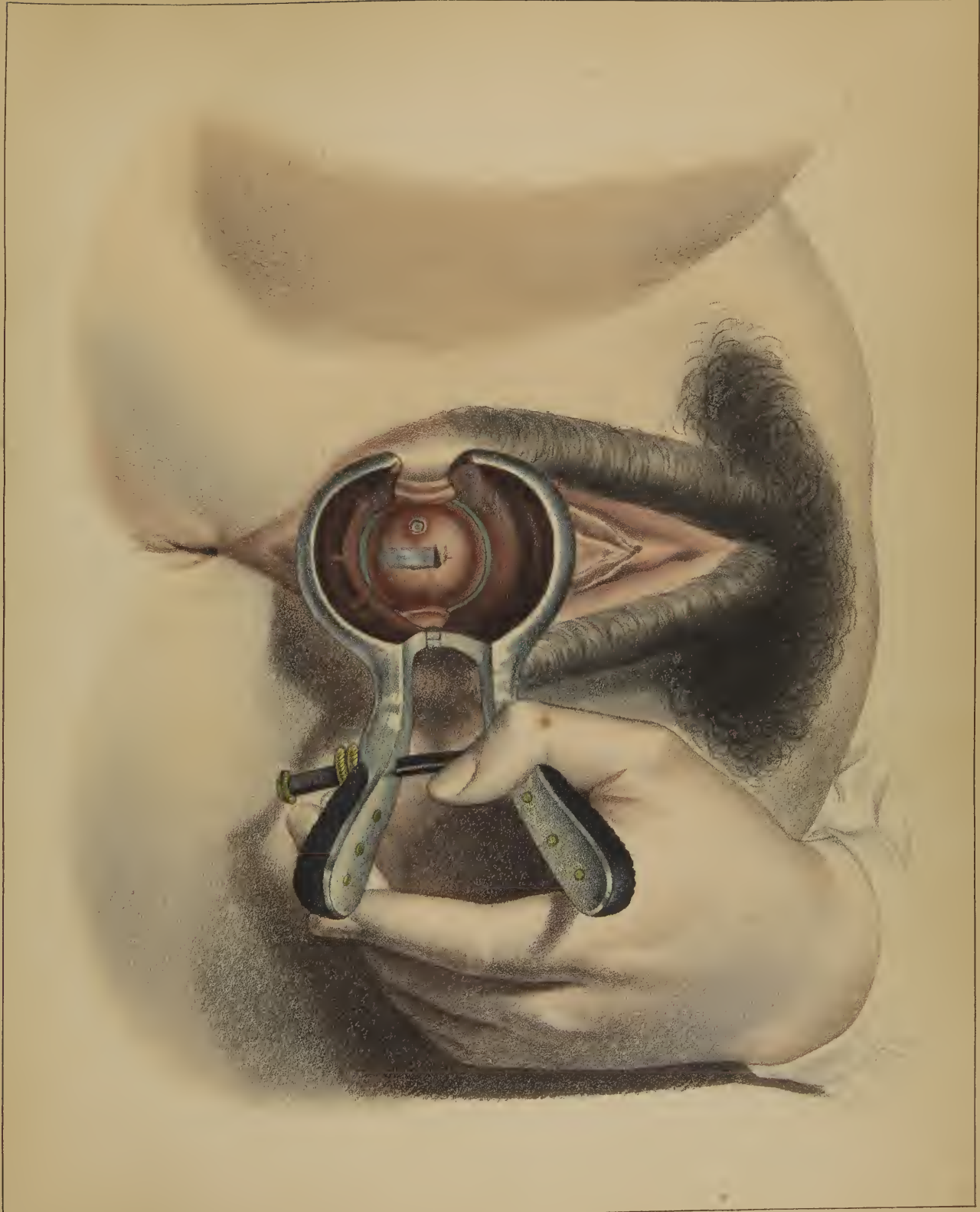




PLATE III.

PRIMARY ULCERS WITH PUSTULOUS COMMENCEMENT—REGULAR INOCULATION.

C A S E .

Fren—, 26 years of age, by trade a butcher, admitted January 31, 1840.

FOUR years ago, this patient contracted, for the first time, a blennorrhagia. The discharge was slight, and disappeared, after a lapse of eight days, without his having undergone any treatment.

The present disease, which the patient perceived four days after an impure connection, has existed for two and a half months. He was at first affected with severe pruritus; then three pustules appeared on the margin of the prepuce at its inferior part. They followed the usual progress of artificial inoculation; and, after their rupture, exposed to view three primary ulcers.

During a month, Fren— treated himself at home with wine of sarsaparilla, the reducing powder (*poudre tempérante**), and mercurial ointment. The ulcers, instead of healing, made rapid progress; and more posteriorly, on the sheath, there appeared other follicular chancres with pustulous commencement. These, being accompanied by some inflammatory symptoms, induced Fren— to apply at the hospital for advice. At the present time, the diseased parts are red and highly inflamed. There exists an incomplete phimosis, which, notwithstanding the œdema, allows the glans to be examined, upon which are seen, near the frænum, some ulcers with a yellowish-gray bottom, presenting all the characters of the period of progression. The

* *Poudre tempérante* of Stahl is composed of
Pulverized sulphate of potassa,
Pulverized nitrate of potassa, āā 9 parts;
Persulphuret of mercury 2 parts.

Mix. Dose, five to twenty grains in sweetened water.

B.

ulcerations on the margin of the prepuce, the original seat of the disease, exhibit already, on their circumference, a whitish ring, indicating the commencement of the period of reparation. Lastly, on the skin of the penis, in consequence of the inflammation, which is accompanied by erysipelatous swelling, the follicular ulcers with pustulous commencements have been complicated with partial gangrene. In the right groin is remarked a slight ganglionic tumefaction, and considerable pain is felt on pressure. They were washed with a concentrated solution of opium, and dressed with charpie soaked in the same solution.

Diluent drinks. Diet absolute.

On the 1st of February, the right thigh of the patient was inoculated with pus taken from the ulcer on the glans.

On the 2d, the wound resulting from the inoculation is regularly advancing, but more slowly than was to have been expected, if an opinion had been formed of the general condition by the symptoms just described. This fact deserves attention, inasmuch as it proves that the erysipelatous state of the genital organs was only the local result of the treatment unseasonably resorted to before the patient's admission into the hospital.

In order to prevent the rupture of the small pustule by any accident, it was covered with a watch-glass.

On the 3d of February, the pustule is complete. A drawing was made of it at 9 o'clock A.M.; the areola surrounding it being already clearly defined; the tissues, slightly tense, are somewhat elevated.

Continue the treatment and regimen.

February 4th. The pustule is progressing.

There is less inflammation of the genital organs, and the glans penis can be readily uncovered. The ganglionic tension of the right groin has yielded to rest and general antiphlogistics.

The use of the opiates was continued, as well as that of an infusion of dog's grass (*tritium repens*) and liquorice (*glycyrrhiza glabra*). He was allowed some soup and broth.

5th. The pustule is regularly developed in all its elements; the epidermis is everywhere elevated, and the umbilical shape ordinarily remarked has a tendency to disappear.

6th. The pustule has nearly thrice the size of yesterday. This development appears to be owing to the separation of the epidermis beyond the limits of the ulceration which generally attacks the whole thickness of the skin. The inflammatory condition of the genitals diminishes more and more. There is but little tumefaction.

The opiates are continued, and the patient allowed a fourth of the hospital diet.

7th. The progress of the pustule, which observes the same character, and is evidently extending by superficial separation. In order to ascertain the state of the tissues, the epidermis was lacerated, and the denuded parts present, in their centre, an ulcer with perpendicular edges occupying the whole thickness of the skin. Its extent is equal to that of the chancre resulting from the regular inoculation, and may be nearly equivalent to one-half of the surface which forms the whole base of the pustule. Around the ulcer, the portion of skin of which the epidermis has been detached by the pus presents the marks of superficial ulceration. The appearance of the penis has remarkably improved. But little tumefaction remains.

8th. The chancre on the thigh was cauterized, and the dressings are made with charpie soaked in aromatic wine, the mode of making which will be found at the end of this volume.

Same regimen.

10th. The ulcers on the penis present a healthy aspect. The superficial eschars produced by mortification in the pustules of the follicular inoculations of the skin of the penis are everywhere detached. Cauterization with nitrate of silver, and dressings with aromatic wine, are applicable throughout.

The diet was increased to one-half.

14th. In nearly every part the reparatory stage is progressing, or being established. On the limbus of the prepuce, the base of the ulcers presents a slight degree of ulceration. The calomel ointment was applied at this point; in addition, the dressings with aromatic wine, and cauterization with nitrate of silver.

18th. Cicatrization is advancing. The ulcer on the glans has healed.

Continue the treatment.

On the 22d, Fren—— was obliged to leave the hospital on business. He returned on the 25th.

The induration of the base of the chancre on the prepuce still continues, and they are not completely cicatrized. The dressing with the ointment is continued, with the addition of a pill of proto-ioduret of mercury daily, and sudorific syrup and infusion.

28th. The cicatrization is everywhere complete. The general treatment is continued.

March 4th. The induration of the prepuce has disappeared. There remains still a slight degree of hardness at the base of the chancre on the thigh.

M. Ricord is of opinion that it will be sufficient to apply to this place a piece of

lint spread with the plaster of Vigo cum mercurio, and continue for a short time the use of the pills in order to effect a perfect cure.

Fren—— left the hospital; and, at a subsequent period, coming under our notice, we were enabled to ascertain that he had been radically healed. The general treatment was continued for about a month after his discharge from the hospital.

EXPLANATION OF PLATE III.

FIG. 1. Front view of the genital organs. (Feb. 1.) On the margin of the prepuce, thickened and corrugated, are seen the ulcers, the first symptoms of the disease. Their centre presents the characters of the period of progress, whilst a whitish ring surrounding them indicates the commencement of the stage of reparation. Posteriorly is seen a gangrenous eschar resulting from the mortification which has attacked the pustule of a follicular chancre. Still further, is seen an entire pustule, surrounded by a brownish eschar. The anterior portion of the penis is in an erysipelatous condition, the intensity of which is especially remarked in that part of the prepuce projecting in front of the glans.

FIG. 2. Genital organs displayed so as to present in front the follicular chancres in the pustulous stage, as well as the projection of the prepuce in front of the glans. Near the margin is seen a blackish eschar, resulting from the mortification of a pustule; and laterally, a follicular inoculation of two days date. Lower down, is seen, in front, the large pustule with a gangrenous apex, represented in Fig. 1. Lastly, on the limits of the inflamed parts, is seen another follicular chancre which has produced an evident elevation of the skin.

FIG. 3. A regular pustule, resulting from the inoculation done on the 1st of February, sketched on the 3d, at 9 A. M. Around the circumference, is seen a slight oedema of the skin, the intensity of which decreases as we recede from the centre in the same proportion as the red coloring of the inflammatory areola.

FIG. 4. Drawing made on the 4th, at 9 A. M., showing a regular progress in the elements of the pustule.

FIG. 5. Drawing made on the 5th, at 9 A. M. Same regular progress. In the centre of the pustule may be seen the traces of the incision made by the lancet. The epidermis is greatly distended by pus.

FIG. 6. Drawing made on the 6th, at 10 A. M. The development of the pustule is greater than in the regular inoculation. This condition is owing to the loosening of the epidermis, distended by too great a quantity of pus.



Fig 1.



Fig 2.



Fig 3.



Fig 4.



Fig 5.

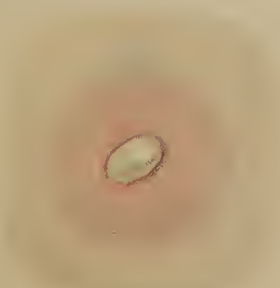


Fig 6.



Fig 7.



Fig 8.



FIG. 7. Drawing on the 7th, at 10 A. M. Same kind of progress. The pustule, protected by the watch-glass, remains unopened.

FIG. 8. Drawing on the 7th, at 11 A. M. The pustule has been broken, and its base presents, in its centre, an ulcer with perpendicular edges, invading the whole thickness of the skin, which is separated circularly to the extent of nearly a millimetre ($.03937$ of an inch). Without the ulceration, the portion of skin denuded by the separation of the epidermis is red, and superficially ulcerated, whilst the central ulcer is grayish. A whitish ring, formed by the fragments of the lacerated epidermis, marks the limits of the base of the pustule.

PLATE IV.

PRIMARY ULCERS OF THE GLANS AND PREPUCE—PHIMOSIS— IRREGULAR INOCULATION.

C A S E .

Barb—, 26 years of age, a terrace-maker, admitted June 10th, 1840.

THIS patient indulged in sexual connection for the first time, on the 2d of January, 1840. Three days subsequently, he had phimosis, which, in consequence of the rapid progress of the disease, soon assumed all the symptoms of the most acute inflammation.

The pain was constantly severe, but was greatly exacerbated by the flowing of the urine over the prepuce.

The affected parts were nearly doubled in size; externally, were of a violet-red erysipelatous hue; and the profuse suppuration gave notice of the inflammatory condition of the mucous surfaces.

Soon after, in front of the glans, a portion of the prepuce of a gimblet-shape, projected to the distance of ten or twelve lines; and the discharge became of a brownish sanious appearance, resembling that from ulcers complicated with gangrene.

In order to reach Paris, Barb— was obliged to walk for two days, being all that time without treatment, and using, as was his wont, alcoholic drinks.

His treatment, on the day of his admission, was limited to antiphlogistics, rest, diet, and anodyne applications.

January 13th, at 9½ A. M., the right thigh was inoculated with pus taken from the margin of the prepuce.

At 10 A. M., a sketch was made of the result of the incision. The inoculation appears to be more than usually rapid. M. Ricord remarks that, in this case, a general inflammatory condition existed, and that the cutaneous tissue appeared very irri-

table. In fact, in the left inguinal region, and the genito-crural fold of the same side, there was a pretty intense erythema caused by the contact of the pus with the parts on which the penis rested during sleep.

Continue the anodyne application and diet.

January 14th. The prognosis of M. Ricord was confirmed. Influenced by the general excitement, a pustule formed, in the centre of which was seen a deep-brown point, indicating partial mortification. The ulcers on the margin of the prepuce appeared to be attacked by a superficial gangrene, which, it may be readily foreseen, will modify their character.

The means employed not having arrested the progress of the gangrene and phymosis, the upper part of the prepuce was divided, on the mucous membrane of which, as well as on the glans, were seen several ulcers covered with a blackish sanies.

At 4 P. M., the brown spot occupying the centre of the inoculated pustule had become entirely black. Around it, the epidermis, elevated by the pus, is of a grayish color.

Continue the dressing. At night, two camphor pills are given to relieve the erections, which are very painful. Same diet.

15th. The pustule is extending. The ulcers on the glans and prepuce are contracting.

16th. Same progress. The central eschar of the pustule is less elevated than the surrounding parts.

The ulcers on the penis are rose-colored, and no part of the divided prepuce presents the appearance of an inoculated wound. Less swelling, and almost no pain.

Same dressing. Ordered soup and broth.

17th. During the night, the pustule was torn. The central eschar still adheres.

18th, at 10 A. M. The blackish crust covering the ulcer produced by the inoculation was removed, and it is seen that the skin alone is invaded. There is but little suppuration. The bottom of the erosion is of a roseate hue, studded with yellow points. The nature of the ulceration appears to have been modified by the gangrene.

Cauterize with nitrate of silver, and dress with charpie soaked in aromatic wine.

25th. The wound on the thigh is covered with granulations in the healing stage. The same is true of the ulcers of the prepuce and glans.

Dress with aromatic wine.

29th. Cicatrization advances rapidly. Some exuberant granulations were touched with nitrate of silver.

Dress with charpie nearly dry. Same diet.

February 7th. Barb—— was discharged cured. It may be remarked that, if the intensity of his disease was due to the inflammatory state which produced the gangrene, so, on the other hand, his rapid cure was the result of the destruction of the virulent principle in the ulcers of the glans and prepuce, which, in consequence of the mortification, although superficial, were transformed into simple wounds.

EXPLANATION OF PLATE IV.

FIG. 1. Genital organs, drawn January 11th. The glans is thrust backward in consequence of the contraction of the gimblet-shaped anterior portion of the prepuce. A copious discharge of pus appears through the opening, and the swollen mucous membrane is thrown into folds, the inner of which is covered with superficial ulcers. The glans and portion of prepuce covering it are tumefied; and, for two-thirds of the length of the penis, the erysipelatous skin is of a violet-red color.

FIG. 2. Result of the inoculation of January 13th. Already may be remarked a tumefaction of the tissues; and, in the centre, is seen the puncture made by the lancet surrounded by a reddish areola of small extent, almost confined to the projecting parts.

FIG. 3. Drawing made on the same day at 4 P. M. The inoculation is still more elevated. The areola is of a deeper color.

FIG. 4. Drawing on the 14th, at 9 A. M. The projecting parts appear clearly defined, and their base is of a deep red hue. On the summit, is seen a grayish point corresponding to the incision of the lancet. The inflammatory areola has comparatively greatly extended.

FIG. 5. Drawing on the same day, at 4 P. M. The pustule is formed. The grayish point of the morning has become completely black, and forms a small gangrenous eschar, around which the epidermis is elevated by the pus.

FIG. 6. Drawing on the 15th, at 10 A. M. All the elements of the pustule are progressing.

FIG. 7. Drawing on the 16th, at 10 A. M. General progress. We remark an irregularity in the periphery of the pustule, which, during the night, discharged some pus, and in the centre of which the gangrenous eschar is depressed, and appears to be adherent to the subjacent parts.

FIG. 8. Drawing on the 17th, at 10 A. M. General progress. The pustule is lacerated at several points, and appears to be free from pus.



Fig. 1.

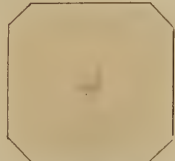


Fig. 2.

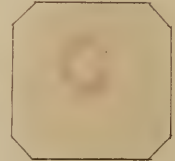


Fig. 3.

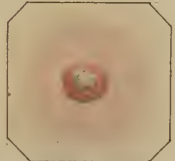


Fig. 4.

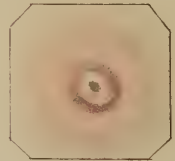


Fig. 5.

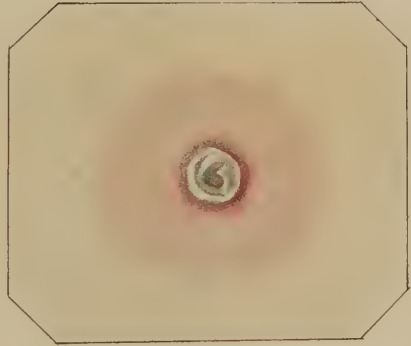


Fig. 6.



Fig. 7.



Fig. 8.

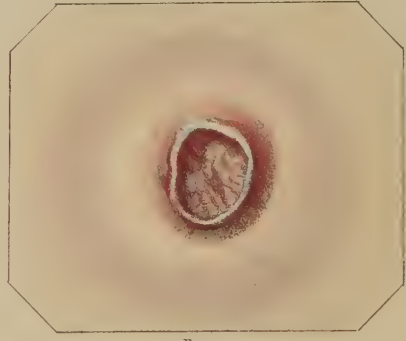


Fig. 9.

FIG. 9. Drawing on the 18th, at 10 A. M. General progress, with the exception of the inflammatory areola, which appears less intense. The irregular eschar covering the wound made by inoculation was removed, and beneath it is seen a roseate base studded with yellow spots. On the edges, which are scarcely separated, is seen a whitish border, formed by the elevated epidermis.

PLATE V.

PRIMARY ULCERS OF THE NECK OF THE UTERUS.

FIRST CASE.

Indurated Chancres.

MADAME B—, 26 years of age, of a lymphatic temperament; born of healthy parents; had always enjoyed good health. She had been vaccinated. She has been married for two years, but had no children.

When this patient came to see me, on the 22d of May, 1844, she had experienced, two months previously, nocturnal headaches, and some erratic pains in the vicinity of the shoulder and knee-joints. Gradually, she lost her hair; some crusts were formed on the skin of the scalp, and red spots appeared on different parts of her body and limbs. These spots, which were unaccompanied by pain or pruritus, were followed by small pimples.

As the husband of this lady had had, a short time previously, the venereal disease, she attributed her sensations to her commerce with him, and determined on consulting me. On examination, she was found to have several of the posterior cervical glans engorged. There was some embarrassment in the motion of the neck. The hair still continued to fall off. The skin of the head was covered with an impetiginous eruption, with brownish, convex, cracked, and adherent crusts. The rest of the skin was nearly entirely covered with a lenticular papulo-squamous eruption; the papulæ slightly projecting, of a well-marked coppery hue, and not disappearing under pressure; and the majority of them were surmounted with a very thin, grayish scab, which, when detached, left a layer of elevated epidermis, and a smooth surface of a dull copper color. The skin between the papulæ was of a clayey hue. The eyes had lost their brilliancy, and the pupils remained slightly dilated. A slight *bruit de souffle* was heard in the first sound of the heart. An analogous but intermit-

tent bruit was also heard over the course of the carotids. The menstrual blood was much paler than before the disease. There had never been any fever nor pruritus of skin.

The situation in which the husband of this lady had been, and the various symptoms just enumerated, caused me to recognize immediately a constitutional syphilis in the premature secondary stage. However, upon investigating the preceding history of the patient, she denied ever having had any disease on the genitals or elsewhere; no discharge, no ulcerations, nor glandular swellings. In fact, the most minute examination of the external genital organs and the anus revealed no traces of primary symptoms.

Had I remained satisfied with these data, I might have believed in this case, as some do, in primary constitutional syphilis, or, with those who do not regard forms with regard to the limits of the infection, in a tardy hereditary affection. But, being convinced that the general poisoning of this patient was due to a local cause, the *direct* and *immediate* result of contagion, I examined her with the speculum, and found two ulcers on the os tincæ; one on the anterior and one on the posterior lip. The posterior ulcer was larger, rounded, with perpendicular edges slightly everted; its bottom was grayish, and it was surrounded by a deep-red areola. The anterior ulcer was smaller, less deep, but its base was more salient. The pus exuding from these ulcers was not in sufficient quantity to appear externally nor to soil the patient's linen. The ulcers gave no pain. By the touch it could be easily recognized that they rested on a *base very evidently* much harder than the other parts of the neck of the uterus. There was no vaginal affection nor uterine catarrh. There were no erosions of the orifice of the neck, no granulations which might have been confounded with the two ulcers just described, which were at some distance and did not penetrate into the interior, as is the case with those which so frequently accompany chronic purulent uterine catarrh.

There were no glandular enlargements in the inguino-crural regions; but, on examination of the internal iliac fossæ, near the hypogastrium, on the left side, I found some swollen and indolent ganglia. Menstruation had always been regularly performed.

From what has been said, it may be understood that the patient must have been ignorant of the primary symptoms from which arose the secondary affection; and that, if she had consulted me at a later period, these symptoms might have disappeared without leaving any traces; cicatrices in these parts not being, in a great majority of cases, discoverable, especially as regards the indurated chancres, even very soon after the cure.

Analogous cases are more common than is supposed, and they are the more dangerous, insomuch that women, so long as the affection remains local and concealed, may thus transmit, in good faith, diseases which men contract, believing that the women with whom they have had connection were not diseased. This, again, is one source of error into which those have fallen who believe in the spontaneous origin of syphilis.

Apart from this question, the husband of this lady had had an indurated chancre of the meatus urinarius and the anterior third of the glandular portion of the urethra, accompanied by indolent engorgement of several of the inguinal glands. Five weeks subsequently, there had appeared a confluent maculated eruption. And lastly, when he came under my notice, he was affected with a strongly-characterized squamous syphilitic eruption. He had had connection with his wife fifteen days after having visited another woman. He had, indeed, perceived, two or three days after the first connection, a slight excoriation on the penis and oozing from the urethra; *but, as he had confidence in the female with whom he had clandestine congress*, he attached no importance to these symptoms, and thus communicated them to his wife.

The following is the treatment pursued in the lady's case:—

The ulcers on the neck of the uterus were cauterized with nitrate of silver, at intervals of five or six days. Every two or three days they were dusted with calomel.

She took, daily, three tumblers of a decoction of the leaves of the saponaria, with syrup of gentian. Every morning, four of Valet's pills. Every evening, three-fourths of a grain of protiodide of mercury. After the eighth pill, the patient being attacked with diarrhoea, the use of the remedy was suspended until the intestinal canal had recovered its natural state; but the same accident being reproduced, notwithstanding the addition of a large dose of opium as a corrective, the internal administration of mercury was abandoned, and it was used in form of friction, in the axillæ. At the end of a month, the ulcers of the neck of the uterus were entirely healed, leaving no traces of induration so as to mark the spots they had occupied. Three weeks subsequently, the constitutional symptoms had disappeared, except the engorgement of the cervical glands, which still remained after a treatment of four months. The circulation had become normal.

The patient took two tepid baths weekly, and washed with soap the parts to which the friction had been applied.

Twice, the treatment was suspended for eight days, on account of a slight salivation.

During the whole time, the diet had been nutritious without being stimulating.

After the cessation of the mercurial treatment, the patient took thirty grains of iodide of potash daily for six weeks; and, for a long time, continued the use of chalybeate waters.

C A S E II.

Chancre on the Neck of the Uterus, in the Period of Progression, with a Tendency to Phagedæna.

THE second figure presents an example of a chancre in the period of progression. The ulcer has even a tendency to diphtheritic phagedæna, which has destroyed some of its rounded form. Its base is gray, yellowish, and pultaceous. Its edges are ragged, and surrounded with a red areola. The os uteri is healthy. Some pus, taken from the surface of this ulcer, was inoculated on the internal surface of the left thigh and furnished positive results.

Non-indurated chancres of the neck of the uterus are often painful, especially on pressure and in sexual intercourse. They cause a sensation of weight at the fundament, and pain in the lumbar and hypogastric region. Like chancres in other places, they have a greater tendency to extend and assume a phagedænic form. The suppuration to which they give rise is abundant, sometimes sanious, may stimulate a vaginal discharge and give rise to a suspicion of blennorrhagia, and, subsequently, to the transmission of chancres to the male by a woman who had only a discharge. How many errors of this kind occurred before I had made the use of the speculum so familiar in the study of venereal diseases! How many errors are still committed by those who prefer basing their diagnosis on the *story* of the patient rather than seeking truth with more exactness.

NOTE.—It has occurred to me to verify many times the conclusions drawn from these two preceding cases. I have male patients come for advice to my office; and, on telling them that the sore exhibited was a chancre, they would instantly reply it was *impossible*, and even return stating that the lady was highly indignant and willing to submit to an examination to prove her purity. These examinations (by the speculum) have always resulted in the discovery of chancres, very much to the astonishment of the woman. It is well never to omit treating these apparently doubtful cases as promptly and efficiently as if they were admitted and acknowledged.

P. B. G.

EXPLANATION OF PLATE V.

Neck of the Uterus seen through the Speculum.

FIG. 1. Primary indurated ulcers of the os tincæ. The ulcer on the anterior lip of the neck is more salient, and further advanced in the stage of reparation. The specific gray bottom of the stage of progression is still very well marked in the ulcer of the posterior lip.

FIG. 2. Primary ulcer of the posterior lip. Stage of regular progress. Phagedænic tendency.

Positive inoculation on the left thigh with pus taken from the ulcer; seen on the second and fifth days.

Fig. 1.

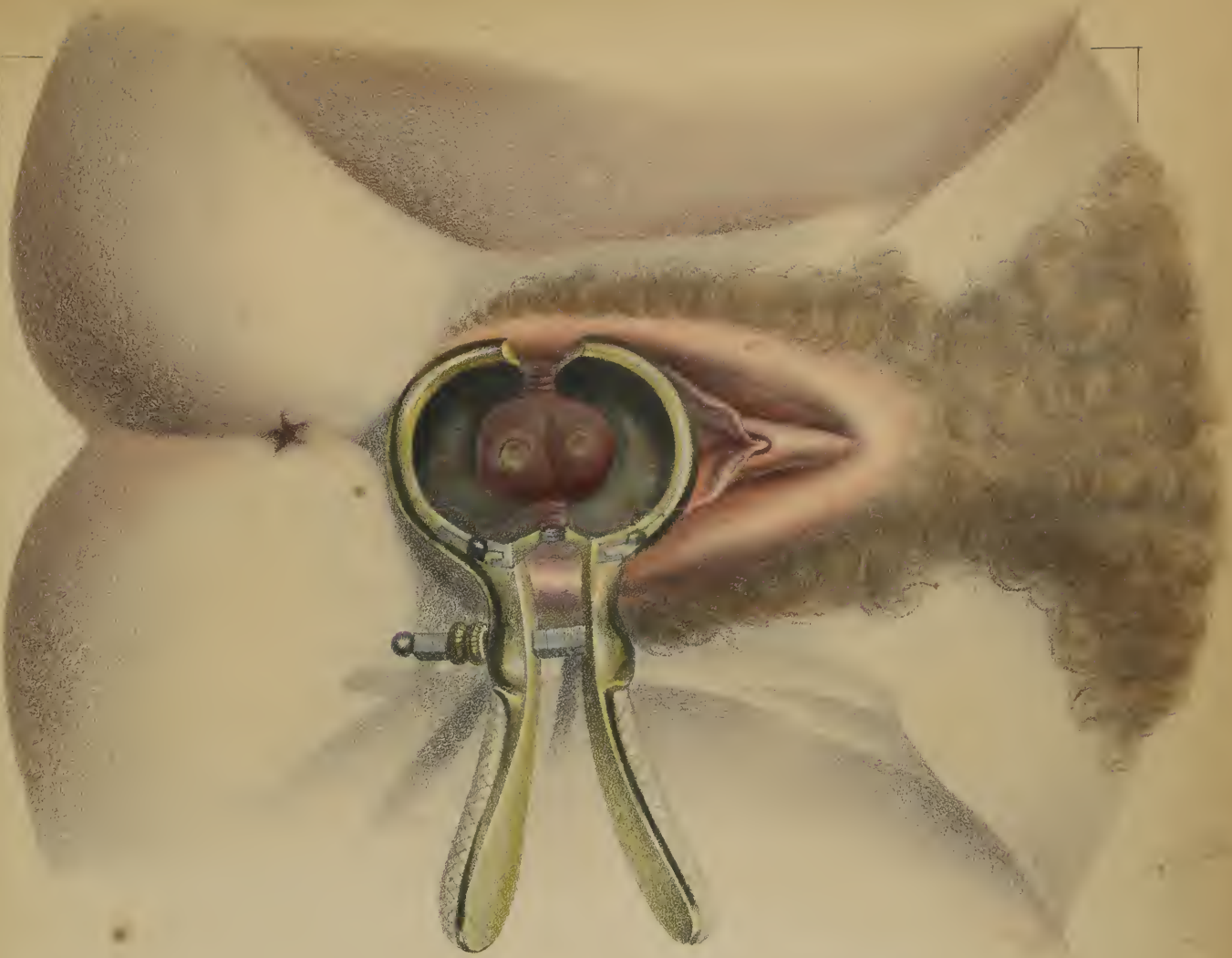


Fig. 2.

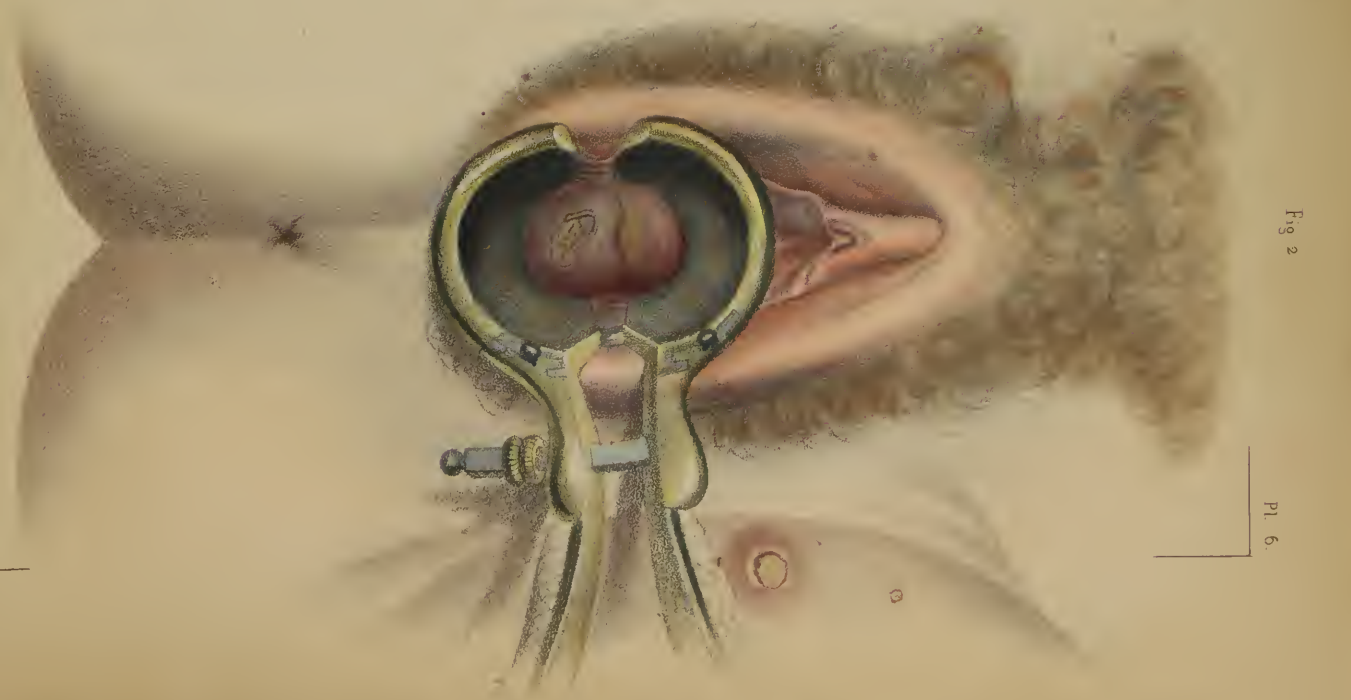




PLATE VI.

PRIMARY ULCERS OF THE BALANITIC PORTION OF THE URETHRA.
—PRIMARY ULCERS OF THE ENTRANCE OF THE URETHRA.—
PRIMARY FOLLICULAR ULCERS IN DIFFERENT STAGES; ECZEMA
OF THE GLANS.

CASE I.

Leg—, 19 years of age, a saddler, admitted May 26th, 1840.

THIS patient, being in the habit of visiting abandoned women, could give no exact data whereby the origin of the disease could be precisely determined. He has only observed that, two or three days after a sexual connection, which occurred some two weeks since, he felt an unusual pruritus at the end of the glans. Nevertheless, pressure over the track of the canal gave no pain, except toward the meatus urinarius; which, however, furnished no purulent discharge.

The patient at first took no notice of his symptoms, but continued his habits; but, eight days since, after a last connection, which gave him great pain, he observed a small tumor very painful on pressure. This tumor was situated in the course of the urethra, and six or seven millimetres (twelve-fifths or ten-fifths of a line) distant from the meatus. A perfectly similar tumor was situated at the base of the glans, against the right side of the frænum. Soon following the congress after which Leg— perceived the disease, the inflammation extending in consequence of the development of the small tumor at the base of the glans, the prepuce became œdematous, and nearly at the same time the tumor at the end of the glans discharged pus from an opening which took place over the course of the frænum. The end of the penis became very painful, and the patient, unable to follow his trade, applied for admission into the hospital.

At this date (May 26), the prepuce, which, in his case, usually covers the glans,

is externally of a deep-red color; but, although it is much swollen, it can be retracted, so as to examine the parts hidden by it, without much pain. The glans is red, and slightly tumefied, and pus is discharged from the opening near the meatus urinarius, at the point already indicated. At this point, likewise, was discovered a purulent cavity, which can be more readily emptied through the urethra than the external opening, which latter is very small; and a slight pressure from behind forward suffices to expel the few drops of pus it contains from the meatus; on separating the lips of which, on the mucous membrane, an ulcerated opening corresponding to the exterior perforation exhibits itself.

The history of the patient, and the progress of the disease, correspond perfectly with what we see in urethral chancres which arise from a follicle with the previous formation of a small follicular abscess.

The tumor at the base of the glans is fluctuating, and on pressure is, with some difficulty, emptied through the urethra.

Behind the diseased point just mentioned, the urethra is free from any abnormal sensation, and the pus flowing from it, simulating a blennorrhagic discharge, appears to proceed solely from the chancres in its course. There is no pain nor glandular swelling in the inguinal region.

The penis was wrapped in compresses soaked in an emollient and sedative lotion. He was ordered camphorated pills, and one-fourth allowance.

28th. The œdema of the prepuce has greatly diminished. The tumor at the base of the glans continues tense; the pus it contains is not readily discharged by the urethra. It was opened, and exit given to a few drops of purulent matter mixed with urine.

Continue the dressing and regimen.

29th. The patient's thigh was inoculated with pus taken from the opening in the tumor at the base of the glans.

Continue dressing and regimen.

June 2d. The inoculation has produced the characteristic pustule. The inflammation and swelling have everywhere remarkably diminished.

Continue dressing and regimen.

4th. After having taken a sketch of the pustule produced by inoculation, it was cauterized with Vienna paste.

It is remarked that no urine flows through the perforation of the urethra. This fact agrees with the observations we have made in cases of perforations of the urethra by primary ulcers. Here, in fact, the obliteration of the fistula is very often as rapid as it is tardy in ordinary cases of fistula of the corpus spongiosum urethræ.

Continue the dressings. Half allowance.

10th. Edema exists no longer. The inoculated pustule has been destroyed by the Vienna paste. The opening made in the tumor at the base of the glans has ulcerated, and the cavity thus exposed presents all the characters of a chancre.

He was dressed with charpie soaked in aromatic wine.

In order to dress the chancre adjacent to the meatus in the same manner, long slips of charpie soaked in aromatic wine were introduced into the canal. The external opening of the purulent cavity has disappeared.

Continue the regimen.

15th. The chancre at the base of the glans was cauterized with nitrate of silver. A perfect cicatrix exists in the place of the inoculated pustule cauterized by the Vienna paste.

Continue the dressing. Three-fourths diet.

20th. The chancre of the meatus is healing, and discharges but little pus. The chancre at the base of the glans has healed.

Cauterize superficially with nitrate of silver. Continue the aromatic wine.

26th. The chancre at the base of the glans has disappeared. A little pus is still discharged by pressing the extremity of the urethra.

Dress with slips of dry charpie. Same diet.

July 2. Leg—— was discharged cured.

C A S E I I .

God——, aged 18 years, a saddler, admitted Sept. 27th, 1839.

THE morning succeeding sexual connection, which took place ten days since, this patient felt some itching in the meatus urinarius, whence, two days subsequently, there flowed a few drops of pus. From that time, the morbid secretion has scarcely increased, and appears entirely furnished by ulcerations, which may be seen by opening the lips of the meatus, occupying, on either side, a semicircular surface of nearly equal extent. At the points attacked by these ulcers, which are nearly symmetrical, the mucous membrane is clearly divided; and, between slightly elevated edges, is seen a base covered with an adherent grayish secretion. Behind the ulcerated parts, the canal does not appear diseased; no uneasiness is felt on pressure; he does not suffer

during erection, and urinating gives pain nearly at a point corresponding to the ulcer. No symptoms of adenitis is seen in the inguinal region.

Sept. 28th. The chancres were cauterized with nitrate of silver, and some slips of charpie soaked in aromatic wine introduced into the urethra.

He was ordered three-fourths allowance.

Oct 1. The bottom of the ulcers, cauterized every alternate day, and dressed with aromatic wine, is becoming clean.

Continue the cautery, dressing and diet.

8th. The granulations of the stage of reparation are becoming red and healthy.

Cauterize superficially. Dress with dry charpie. Continue diet.

14th. The cicatrization is nearly complete. The base of the ulcers is free from induration.

Continue the dry dressing and regimen.

Oct. 18th. God—— was discharged cured.

C A S E I I I .

Pic——, 23 years of age, by trade a gilder, admitted Oct. 8th, 1839.

FROM this patient's account, he has been long subject to herpes præputialis frequently occurring, but generally disappearing without treatment, after a duration of seven or eight days. The disease under which he now labors has existed for three weeks, and was observed three days after sexual connection. The first symptom he perceived was an ulcer on the internal surface of the prepuce, and which now is in the stage of reparation. This was soon followed by other ulcerations, and follicular inoculation.

At this date, the glans is red, slightly swollen, and presenting on its surface several eczematous vesicles. On the corona glandis and the mucous membrane of the prepuce are numerous follicular ulcers resembling, for the most part, aphthæ. The earliest of the ulcers, also the most extensive, has reached the stage of reparation, and appears evidently due to the junction of several groups of ulcers. Its roseate base, already projecting beyond the adjacent parts, thus constitutes one of the varieties of ulcers designated by the term *ulcus elevatum*. The edges of some of the chancres in the progressive stage are perpendicular, and their gray base formed by an adherent

coat. Others, still in the incipient stage, having the vesiculo-pustular form, resemble so exactly the eczematous vesicles on the glans that an examination of their apparent characteristics scarcely marks the difference between them.

In this patient, a recollection of the order in which the symptoms appeared prove to us that the virulent pus, furnished by the first ulceration, has become the cause of two very distinct phenomena; on the one hand, by the infection of the follicles in the vicinity of the corona glandis, it has given rise to follicular chancres; and, on the other, by its acidity as an irritating substance, it has favored the development of the eczematous eruption on the glans.

The thigh of the patient was inoculated with pus from one of the vesicles on the glans, as well as with pus taken from one of the eczematous vesicles developed on the surface of the balanitic mucous membrane.

The chancres were cauterized with nitrate of silver, and dressed with charpie soaked in aromatic wine. The eczema of the glans was treated by a solution of nitrate of silver (1 part in 250 of distilled water).

Half-diet.

12th. The inoculation with the pus from the corona glandis has produced the pustule characteristic of the primary ulcer; it was torn open, and beneath the skin was found throughout cleanly divided by an ulcer with perpendicular sides and grayish base. The inoculation with the pus from the vesicle of the eczema has produced no result, and the distinction between the symptoms, so difficult on mere inspection, has thus been rendered certain by the artificial inoculation.

Three-fourths diet.

29th. The use of the nitrate of silver and aromatic wine has much improved the aspect of the chancres on the corona glandis. The ulcer in the state of reparation, of which the base was projecting, has become level with the surrounding parts; and the grayish coat, formed on the chancres in the progressive stage, has nearly disappeared. Cleanliness and the lotion of nitrate of silver will remove the eczematous vesicle from the balanitic mucous membrane.

Continue the dressings and regimen.

Nov. 6th. The ulcers are everywhere in the stage of reparation. They are superficially touched with nitrate of silver.

The dressings and regimen are continued; and, on the 15th, he was discharged well.

EXPLANATION OF PLATE VI.

FIG. 1. (CASE I.) Front view of genital organs. The penis is thrown back on the belly and the prepuce everted so as to display the glans, behind the base of which it forms an œdematous cushion. On the glans, slightly swollen, is seen, in the direction of the frænum, at a little distance from the meatus, the external opening of the ulcer perforating the urethra: a drop of pus just escaped indicates this opening. At the base of the glans, near the insertion of the frænum, on the right side, is seen the opening made in the small tumor, of which the interior presents the purulent cavity of the chancre communicating with the urethra. The edges of the incision have ulcerated, and remain separated.

FIG. 2. Pustule produced on the thigh of the patient by inoculation with pus taken from the chancre at the base of the glans.

FIG. 3. (CASE II.) The glans is so arranged as to present a front view of the opening of the meatus urinarius, the lips of which are separated and half everted, by the fingers of an assistant, to show the urethral ulcers symmetrically arranged opposite to each other. On the two lips of the meatus, the mucous membrane, cleanly divided, displays the bottom of the ulcers covered by an adherent grayish-yellow secretion. Behind the chancres is discovered a small portion of healthy mucous membrane.

FIG. 4. (CASE III.) The prepuce is drawn backward so as to show the follicular ulcerations surrounding the corona glandis. On the right side of the margin of the prepuce is seen the first ulcer perceived by the patient. It is now in the stage of reparation, and its roseate base, elevated above the adjacent parts, exhibits on its surface some of the congregated chancres which have united by ulceration.

On the right and left of the prepuce, as well as around the corona glandis, are seen several follicular chancres, on which may be studied the various degrees of the disease, from the small pustule resulting from the inoculation of the follicle, to the ulcer with perpendicular edges and base covered by an adherent gray coat. The glans is red, slightly swollen, and on its surface may be remarked several eczematous vesicles, of which the apparent characters resemble those of pustules produced by follicular inoculation.



Fig. 1.



Fig. 2.

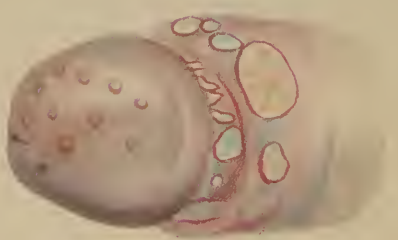


Fig. 3.



Fig. 4.

PLATE VII.

PRIMARY PHAGEDÆNIC DIPHThERITIC ULCER, WITH A SERPIGI- NOUS CHARACTER.

C A S E .

Ler—, 45 years of age, a cordwainer, admitted September 6th, 1839.

THIS, the first attack of venereal disease from which the patient had ever suffered, was contracted on the 4th of January, 1839, after connection with a prostitute; and only after the lapse of three days did he perceive an already well-formed pustule on his prepuce. Lastly, six days after the onset of the malady, the inguinal regions became painful, and a swelling appeared on both sides.

At first, he took no care of himself in any way; but, the disease progressing rapidly, *Ler*— entered the ward of M. Puche, to whose politeness we are indebted for the exactness of the details of the earlier stages of this case.

On the 29th of January, M. Puche recognized the existence on the prepuce of several ulcers, presenting the characters of the so-called Hunterian chancre. The lymphatic glands in the right and left inguinal regions were acutely inflamed.

The chancres were washed, morning and evening, with a solution of corrosive sublimate. During the day, they were dressed with dry charpie and poultices applied to the bubos.

He took, every morning, in a glass of common tisane, 12½ grammes (about ʒiij gr. x) of Van Swieten's liquor, with the addition of .7720 of a grain of corrosive sublimate.

February 2d. The left bubo was opened.

February 6th. The right bubo was opened.

Treatment continued.

On the 10th, M. Puche perceived on the frænum a chancre, which he distinguished by the name of *superficial corroding*.

27th. The Vienna paste was applied to the bubos, which, for several days, have been burrowing extensively. The ulcers on the groin were dressed with charpie and cerate; those on the penis with dry charpie. Six drachms and a half of Van Swieten's liquor were administered.

March 15th. The patient left the hospital without permission. The chancres were nearly cicatrized.

July 9th, 1839. Ler—— was readmitted into M. Puche's ward. Nothing is known of his treatment during the four months absence from the hospital.

The right bubo is healed. A phagedænic ulcer remains which has destroyed the frænum and a large portion of the substance of the glans, and a vast ulcer occupies the left inguinal region.

July 11th. The ulcers on the penis and groin were cauterized with nitrate of silver. Charpie and cerate were applied to the penis, and poultices to the groin. Every morning he took three drachms of Van Swieten's liquor, and two pints of infusion of sarsaparilla during the day.

July 24th. The left thigh was inoculated with pus from the phagedænic ulcer, which has been deeply cauterized every third day. This was again done, and six drachms and a half of Van Swieten's liquor directed.

27th. On the inoculated point there is seen a pustule of which the evolution has been very slow, and resembling, according to M. Puche, the pustule of ecthyma.

August 3d. The patient has a slight attack of inflammation of the gums. Van Swieten's liquor is discontinued. The extract of cicuta was given in the dose of one and a half grains in order to combat the swelling of the glans, of which the ulceration, in the opinion of M. Puche, has assumed a *cancerous aspect*. The inoculated pustule, *left to itself*, has become largely ulcerated.

On the 14th of August, three grains of cicuta were given. On the 17th, four and a half grains. On the 21st, six grains.

August 27th. The dose of cicuta was increased to nine grains. The cauterization was suspended, and dry charpie applied to the ulcers.

28th. The patient left without permission in a miserable condition. The ulcer produced by the inoculation, the chancre on the penis, and the ulcer following the opening of the left bubo have assumed a serpiginous character.

As yet no symptoms of constitutional disturbance have appeared.

Ler—— remained for a few days at home without any treatment, and entered M. Ricord's ward on the 6th of September. At that time, a large ulcer occupied the whole inferior surface of the glans, which it had excavated so as to resemble the lip of a flute. Together with half the substance of the glans, this ulcer had destroyed the

whole glandular portion of the urethra. Its base was formed by a kind of grayish, pultaceous, or semi-membranous matter, irregularly disposed, adherent, and transpierced—if we may be allowed the expression—here and there with ill-conditioned granulations of a violet-red hue, and bleeding very readily. The ulceration which had attacked the prepuce rested on a base of hard œdema, but not possessing the *specific* hardness. Its perpendicular edges were but slightly separated from the surrounding parts.

In the left inguinal region there existed an extensive and healthy cicatrix, at the exterior extremity of which might be seen an ulcer resembling the one first described, with this peculiarity, owing to its location, that its edges were separated. On the thigh were two ulcers produced by the inoculation; the first, of considerable extent, was divided in two by an imperfect attempt at cicatrization.

The most minute examination could discover no symptoms of constitutional syphilis.

He was dressed with anodyne cerate, and took eight grains of iodide of potash with three-quarters of a grain of iodine. Infusion of saponaria; half hospital diet.

A drawing was made of the ulcer.

10th. Somewhat less inflammation; nevertheless the pain retains all its intensity.

He took ten grains of iod. pot. The infusion and dressings were continued.

20th. The ulcers appear stationary, their base hardly clean; at least three-fourths remaining covered by the false pultaceous membrane of the diphtheritic ulcer. Twelve and a half grains of iod. pot. were administered.

Same dressing.

The patient complains loudly of hunger.

Three-fourths hospital diet.

30th. The ulcer on the glans is progressing, giving rise to acute pain. The ulcer on the groin has increased by one-fourth, and shows a disposition to separation (*décollement*). Twenty-three grains of iod. pot. were given.

Same dressing.

October 10th. Slight improvement. The surface of the chancres is less gray; and the indurated œdema of the glans has disappeared. Everywhere, however, the ulcers have extended. The digestive function is regularly performed; the secretion of urine slightly augmented.

The dose of iod. pot. was increased to half a drachm with one and a half grains of iodine.

The chancres were dressed with charpie soaked in aromatic wine.

15th. The surface of the chancre is roseate and presents scarcely any remains of false membrane, but the ulceration is progressing.

Same dressing.

20th. Condition the same. Forty-five grains of iod. pot. were given.

25th. The ulcer on the thigh was particularly observed to increase. The base of the wound in the groin rose above its edges, especially at the superior angle. One drachm of iod. pot. was given with two and a half grains of iodine.

Same dressing and diet.

28th. The ulceration is slowly extending. On the thigh, a portion of the cicatrix which divided the wound into two is detached.

The iod. pot. and infusion of saponaria were discontinued and replaced by pills of prot. iodide of mercury and cicuta, with the sudorific syrup and infusion. The Vienna paste was applied to the projecting portions of the ulcer in the groin. Some exuberant granulations on the thigh were destroyed by the same means, as also the dividing partition just mentioned.

Omit the dressings with aromatic wine.

November 1st. Repeat the application of the Vienna paste.

Same treatment and diet.

5th. The detached and projecting edges of the ulceration in the groin and thigh were destroyed by Vienna paste.

12th. The ulcer on the thigh was dressed with imbricated strips of the sparadraps of Vigo cum mercurio, disposed so as to exert a slight compression. The wound in the groin was cauterized with Vienna paste.

Same treatment; half hospital allowance.

16th. The chancre on the glans was very superficially cauterized with acid nitrate of mercury.

The groin and thigh were dressed with strips of the sparadraps of Vigo. Two pills of prot. iodid. of mercury were given.

25th. Improving. The base of the chancres is clean, and their edges present no separation.

Continue the strips as well as the internal treatment.

December 10th. The strips are discontinued. There is pain and some inflammation.

Same dressing and treatment.

December 25th. The ulceration has, extended but there is no longer any pain.

January 2d, 1840. Same condition. The chancres were cauterized with nitrate of silver.

15th. There is a tendency to reparation, especially in the groin.

Dress with the strips. Charpie with anodyne cerate to the glans.

February 10th. The patient has been very dull for several days, and eats but little. A slight elevation of the edges of the wound on the thigh may be observed.

20th. The ulceration on the glans and thigh has evidently progressed. That on the thigh has doubled in extent. Administer three pills of prot. iodid. of mercury. The dressings were made with sulphuric ether.

Same diet.

28th. Not much improvement. Great suppuration, especially on the thigh. The patient is very gloomy and begins to despair. Slight diarrhœa.

The pills, syrup, and infusion are suspended. He took rice water sweetened with syrup of comfrey (*symphytum officinale*).

March 4th. The internal treatment was resumed. The patient, being placed in a ward containing only two beds, has recovered his spirits.

20th. The separated edges of the ulcer on the thigh were cauterized with Vienna paste. The gums are slightly irritated.

Suspend the pills and the infusion.

April 10th. There is an evident improvement in the general condition. The patient begins to fatten. The ulcers are levelled by means of Vienna paste.

28th. A general tendency to cicatrization is remarked. The dressings were made with aromatic wine. The ulcers were slightly touched with nitrate of silver.

May 1st. The wound on the thigh has healed as well as that on the glans.

Continue the treatment and regimen.

10th. The groin has healed.

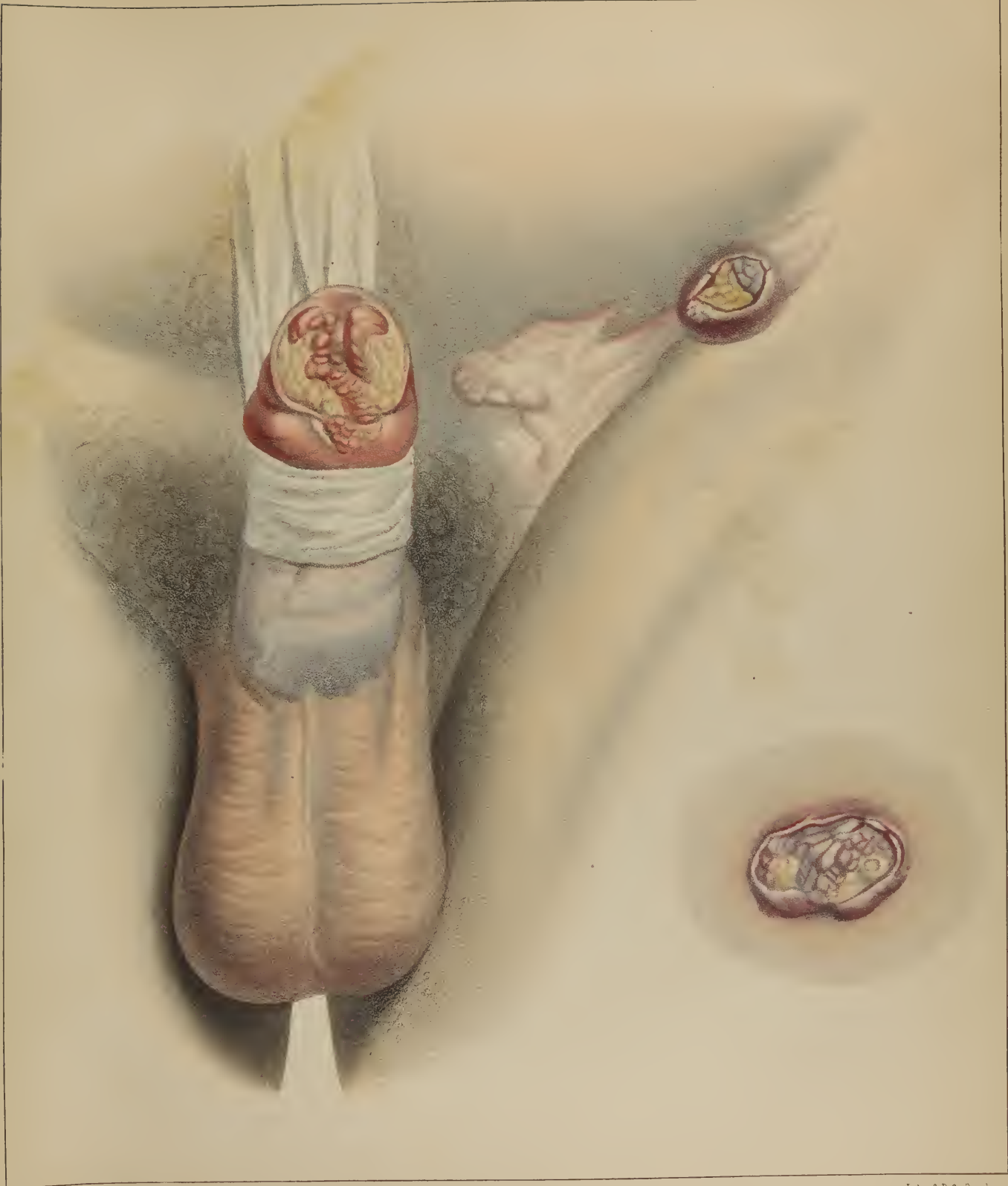
May 15th, 1840. The patient was discharged. The cicatrices of his chancres present no trace of specific induration, and the most minute examination can discover no symptom of constitutional syphilis.

EXPLANATION OF PLATE VII.

FIG. 1. The penis is held up by a ligature, and disposed so as to exhibit the chancre on the inferior surface of the glans. On the prepuce is likewise seen an ulcer corresponding to the point of insertion of the frænum, which it has completely destroyed. The outer edges of the chancre on the glans are sharply defined, while in the middle part, where the urethra has lost a portion of its inferior surface equal in extent to four lines and four-fifths of a line, are perceived several irregular granulations, and the flaps of the parts attacked by ulceration. Elsewhere, the surface of the ulcer is covered by a partly-adherent grayish false membrane.

In the left inguinal region, an irregular cicatrix may be observed, indicating the extent of the ulceration which has attacked this part. Higher up, toward the external angle, the tissues are still ulcerated, and present the appearance we described in the chancre on the glans. Here the skin is separated for some distance, and elevated by highly-developed granulations, which rose from the bottom of the ulcer.

FIG. 2. Chancre resulting from the inoculation effected in the left thigh, presenting the same characters as described in the ulcers of the glans and groin. In its median portion is found a bluish, unequal, and ill-conditioned cicatrix. The bottom of the wound will be found to resemble that of the chancre on the groin.



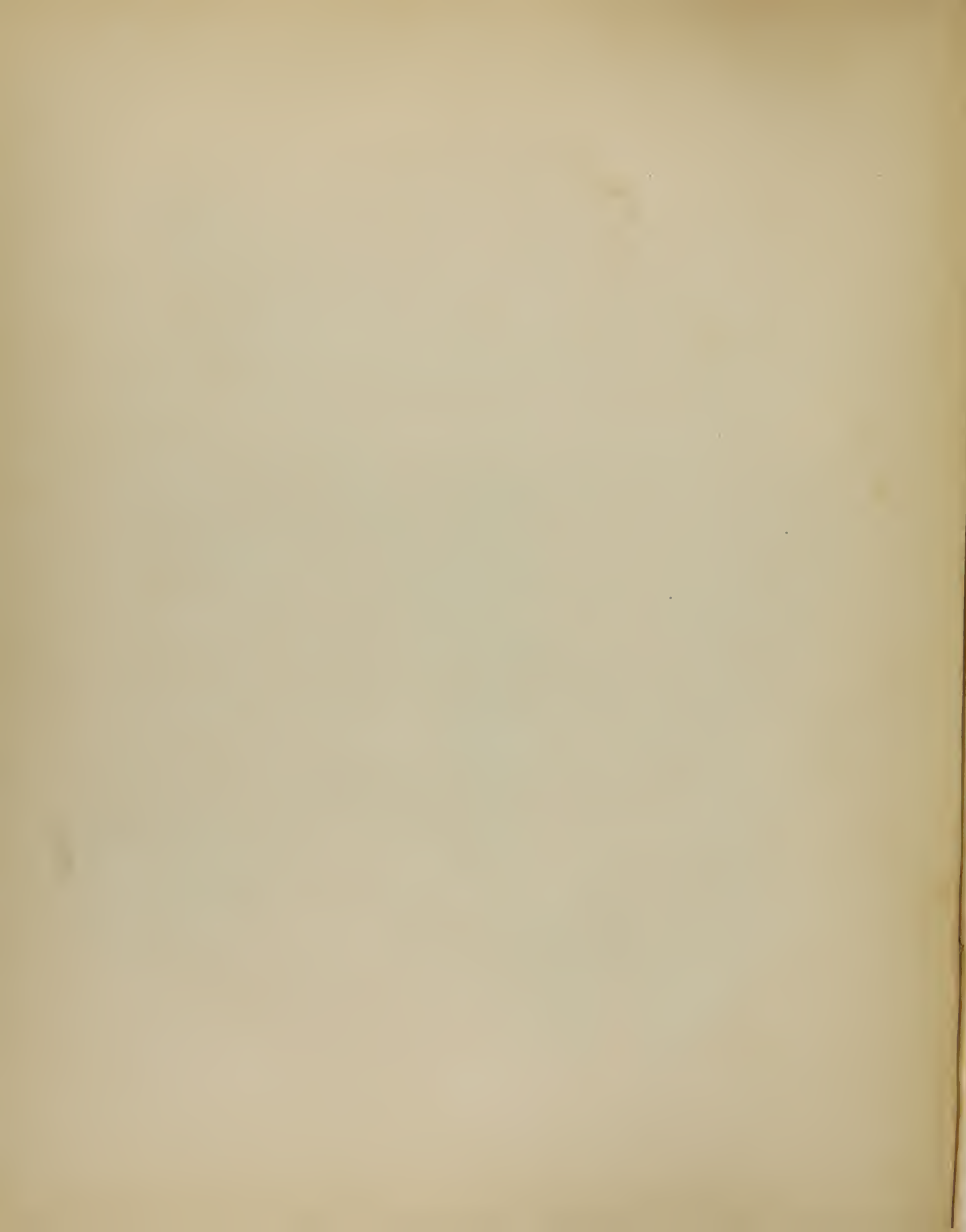


PLATE VIII.

PRIMARY ULCERS—ACUTE BALANO—POSTHITIS—PHIMOSIS— GANGRENE.

C A S E .

Duc—, 23 years of age, by trade a stone-mason, admitted on the 19th of May, 1840.

THIS patient, addicted to the abuse of spirituous liquors, had never been affected with venereal until six days previously to his admission. After sexual connection, he felt some sharp smarting on the glans penis; he did not, however, examine the parts very critically until the following morning. The prepuce and glans were already swollen, and some very painful ulcers were seated on the mucous membrane of the portion of the urethra in the glans.

The patient consulted an empiric, who ordered a dressing with some white powder, and an infusion which greatly augmented the urinary secretion.

The tumefaction of the parts increased rapidly. The anterior three-fourths of the penis doubled in size. It was impossible to expose the glans; and the pain became intolerable. *Duc*— then came to the hospital. At this date (May 19) there is a severe phimosis; the size of the diseased parts is trebled; and on the right side of the skin of the prepuce there is a semicircular blackish eschar. Everywhere else is remarked a reddish-brown hue. The margin of the prepuce is considerably swollen, but not so much as to hide the extremity of the glans. At its inferior part, the prepuce presents a remarkable projection, and forms in part of the glans a sort of sac filled with purulent sanies and gangrenous detritus. No morbid discharge takes place from the urethra; that escaping from the diseased parts coming wholly from the glans and prepuce. Erections give no pain throughout the track of the urethra, and the extremity of the penis alone then suffers severely from the pressure exerted on the glans by the prepuce. Likewise, to the prepuce and ulcerated glans alone the patient refers the pain he feels in passing his urine.

The inguinal regions, carefully examined, exhibit no glandular swellings, and no abnormal pain on pressure. Lastly, the purulent sanies escaping from the ulcers has given rise to an intense erythema of the parts which it touches; this is particularly remarked in the genito-crural space, on the scrotum, and inner surface of the thighs. Although the patient suffers severe pain, and has had acute fever for three days, he refused to submit to a division of the prepuce, which was absolutely required. Thirty leeches were applied to the groin. The penis is kept surrounded with compresses soaked in a concentrated solution of opium.

Diet: sulphuric lemonade; pills of opium and cauphor.

20th. A sketch was taken of the genital organs. There is less pain.

Continue the dressings with the solution of opium, and the diet.

24th. The swelling has greatly diminished.

Continue the opiate applications.

22d. The gangrened parts became detached, and a drawing of the organs in this condition was made. He is almost free from pain. The prepuce, at its upper portion, is pretty regularly destroyed in the direction of a line corresponding to the projection of the base of the glans, whilst below it forms an irregular flap, to which the eschar is yet adherent. On the glans is perceived the detritus of the gangrene. The whole of the mucous membrane of the glandular portion of the urethra is destroyed, but the organ itself is not deeply injured. He still passes water with facility. The fever has nearly ceased.

Continue the opiates, and same regimen.

23d. The gangrene has not progressed. As far as possible, the yet adherent portions of eschar were removed.

Same dressing and diet.

24th. Nearly all the gangrenous detritus has disappeared; but little swelling remains. The left thigh is inoculated with pus taken from the glans.

The opiate dressings continued. He was allowed broth and soup.

27th. The parts are rose-colored, and present nowhere any appearance of chancre. There is no more swelling. The inoculation has been ineffectual, and thus proves to a certainty that the gangrene has radically modified the specific nature of the primary ulcers. It is also important to observe that the pus mixed with gangrenous detritus, the contact of which had produced an erythema of the parts adjacent, did not furnish, on inoculation, the smallest symptom which it was possible to confound with those resulting from inoculation with the pus containing syphilitic virus, an agent indispensable in developing the regular phenomena always produced by its introduction under the epidermis, and which cannot be simulated by the more or less acrid secre-

tions furnished by the genital organs, whatever may be the degree of inflammation of the ulcers seated on them.

Dress with aromatic wine. One-fourth hospital diet.

28th. A small flap was removed in order to make the circumcision effected by the gangrene more regular.

Same dressing. Half allowance.

29th. Some granulations on the margin of the prepuce were touched with nitrate of silver.

June 1st. The cicatrization of the glans is completed, as well as that of the upper part of the prepuce. The non-cicatrized parts were lightly touched with nitrate of silver.

The dressing with aromatic wine continued. Three-fourths allowance.

6th. Cicatrization is nearly everywhere completed, and the flesh tolerably level.

Same dressing and diet.

June 9th. Duc—— was discharged cured.

EXPLANATION OF PLATE VIII.

FIG. 1. Front view of the genital organs; drawn on the 20th of May. The anterior three-fourths of the penis seen considerably swollen. On the right side of the prepuce is seen the superior extremity of a gangrenous eschar following a semi-circular direction toward the inferior portion. Elsewhere, the skin of the penis is of a reddish-brown color. At the upper part of the opening of the limbus of the prepuce are perceived the end of the glans and the meatus urinarius; lower down, the detritus of gangrene and sanious pus filling the sac formed by the prolongation of the lower lip of the prepuce.

FIG. 2. Same view as in Fig. 1; taken on the 22d. The prepuce, attacked by gangrene throughout three-fourths of its extent following the direction of the cushion formed by the base of the glans, is detached from above, is inverted and adherent below to an irregular flap. On the glans, the mucous membrane of which is everywhere destroyed by gangrene, are seen portions of slough and traces of ulceration attacking superficially the body of the organ, at the anterior extremity of which is seen the meatus urinarius. The parts are bathed in a red sanious pus, mixed with the detritus of gangrene.



Fig. 1

Fig. 2



PLATE IX.

PRIMARY ULCERS OF THE URETHRA AND BLADDER, WITH SYMPTOMATIC BLENNORRHOIDAL DISCHARGE.

CASE I.

Bois——, 52 years of age, a geographical designer, admitted April 2d, 1836.

THIS patient was attacked, at the age of 19, with venereal disease for the first time. A few days after sexual commerce with a girl of the town, a urethral blennorrhagia appeared, accompanied by a copious discharge. The pain whilst urinating was at first very acute, but these symptoms were relieved by rest, baths, diluent drinks, and absolute diet; and, about the 20th day, there remained only a slight running, which soon ceased.

Some years subsequently, he had two attacks, the precise dates of which he could not state; but he asserts that rest, herb teas, and diet effected a complete cure in less than a month at each time.

For the last eighteen years, *Bois*—— has enjoyed very good health, and the genital organs have never suffered, though frequently exposed to infection, until, about two months since, he contracted another discharge. At first, there was a slight urethral running and very little pain whilst urinating, but the disease progressed and the discharge became greenish and very copious.

He used no treatment, and, as previously, confined himself to diluent drinks.

The acute symptoms continued unmodified for nearly fifteen days. For the last three days he had less pain, when an epididymitis on the right side occurred.

This last complication had existed eight days when the patient was admitted into the hospital. There was also discovered an acute hydrocele, which was punctured.

April 3d. Twenty-five leeches were applied over the track of the spermatic cord, and poultices to the rectum.

Diluent infusions, an enema with sixty grammes of sulphate of magnesia. Diet.

6th. The tumor has somewhat lessened in size; but the pain, which had disappeared almost immediately after the puncture by which the tunica vaginalis was emptied, has returned with nearly its original intensity, and the effusion is reproduced. The fluid was again evacuated. Twenty leeches were applied to the cord.

Continue the infusion and poultices. Diet same.

10th. The tunica vaginalis is distended, for the third time, with serum. Notwithstanding the acuteness of the disease, M. Ricord decided upon injecting an infusion of red rose leaves. The patient did not complain of much pain from the operation.

The poultices were suspended. Continue the infusion. Ordered soup and broth.

12th. There is some tension of the tunica vaginalis, but little pain.

Same diet.

20th. The hydrocele has entirely disappeared. The size of the epididymis has much diminished. There is no pain. The blennorrhoidal discharge is still copious and appears frequently mixed with bloody striæ, particularly when the bowels are moved.

Continue the diluent drinks. One-fourth allowance.

21st. There still remains some hardness of the epididymis, but it appears to be regularly decreasing. The left thigh of the patient was inoculated with the urethral discharge, and twenty-four grammes of eubebs administered daily.

Diet, half allowance.

30th. The inoculation has produced the characteristic chancre, which was cauterized with nitrate of silver.

Suspend the eubebs and give Chopart's draught. Same diet.

May 10th. The cautery performed on the pustule has succeeded, and the eschar which fell off has left a simple roseate wound covered by healthy granulations. The discharge from the urethra is still copious.

Continue the copaiba. Same diet.

June 14th. No traces of the epididymitis remain. Although the use of the copaiba has been continued, and his stomach has borne the remedy well, the discharge is but slightly modified. At this period, Bois— was obliged to leave the hospital on business.

June 21st. He was readmitted.

For the last three days, in consequence of great fatigue, an epididymitis has occurred on the left side. The tunica vaginalis is greatly distended; and, as previously, the effusion is accompanied by acute pain.

M. Ricord, after having punctured the sac, introduced a mesh of fine charpie to prevent the reaccumulation of serum.

Twenty leeches were applied over the left spermatic cord. Diet, broth.

23d. A large quantity of serum has escaped from the opening in the tunica vaginalis. The mesh was withdrawn.

Cubebs were ordered in the dose of twenty-four grammes daily. Same diet.

26th. The epididymitis appears to be getting well. There is but little pain. The blennorrhoidal discharge is still copious and occasionally bloody.

Continue the cubebs.

Some filaments of pus are observed in the urine, which collect and form, in the *pot de chambre*, a greenish-white deposit. The patient is very restless, is emaciating, and complains of night sweats.

Same diet.

29th. Suspend the cubebs, and give Chopart's draught in the dose of three spoonfuls daily.

Same diet.

July 10th. All medication is suspended; the urethral discharge still continuing, and the condition of marasmus increasing daily. The urine is more and more mixed with pus. For some days the left testicle has become very painful, and the swollen epididymis communicates a very evident sense of fluctuation. There is complete loss of appetite.

Ordered soup and broth.

July 20th. The bowels not having been moved for four days, there was administered an enema containing sixty grammes of sulph. magnesiae, which brought away a small quantity of very fetid faeces. The prostration still increases. Night sweats continue. The urine deposits a great quantity of purulent matter.

The patient grew weaker daily, and expired on the 4th of August.

Autopsy.—The urethra and bladder being opened, the whole of the membranes, and part of the prostatic portion of the meatus urinarius, were found to be destroyed. The tissues were perforated by deep ulcers presenting all the characters of phagedænic primary ulcer. The prostate deeply involved. In front, a flap of the urethra, adherent by its base, detached from the subjacent parts, rounded and hypertrophied, floated in the pus. Posteriorly was another larger flap hard and thick. On the internal surface of the bladder were seen several rounded ulcers with perpendicular edges, presenting all the characters of primary syphilitic ulcer, and having destroyed the whole thickness of the mucous membrane. Some of these ulcers, the majority of which were in the progressive stage, were nearly cicatrized, indicated by a smooth and whitish depression toward the vesical triangle.

The left vesicula seminalis contained a purulent depot; its central portion was

destroyed, and communicated with the surrounding cellular tissue by rounded, well-defined apertures. On the same sides, the ductus ejaculatorius and vas deferens, ulcerated and full of pus, formed a purulent depot continuous with the suppurating epididymis, of which only the envelop remained. The pus had likewise invaded the testicles, on the surface of which were seen several bridges of false membranes, forming numerous adhesions between the folds of the tunica vaginalis, although, as has been seen, a simple puncture alone had been made. The right vesicula seminalis was healthy as well as the corresponding testicle. The remaining regions and organs offered nothing worthy of remark.

Finally, we deem it of importance to observe that antiphlogistics and balsamic preparations had alone been employed in this case, and that Bois—— had never used injections nor been sounded.

C A S E I I .

Bourd——, 18 years of age, a gilder, admitted August 16th, 1836.

IN a few days after coitus, this patient perceived a chancre on the corona glandis near the frænum. The ulcer was subjected to no treatment, and went on progressing.

The meatus urinarius was red and tumefied. At first, some bloody matter was discharged; then pus, which gradually increased until there was a copious blennorrhagic discharge. The pain during emission of urine was very acute.

In consequence of hard work and some excesses which Bourd—— indulged in, the prepuce, already narrowed, became œdematous, establishing a phimosis, which caused him to apply for admission into the hospital. It was attempted to divide the prepuce inferiorly, but the edges of the wound inoculated by the virulent pus ulcerated and became hard and thick. The disease progressed rapidly in spite of the treatment. The whole of the corona glandis became ulcerated, and the tips of the meatus urinarius were destroyed by a chancre.

On his admission, Bour—— appears to be very feeble in consequence of extreme emaciation. Nevertheless, his digestive functions are well performed. He has a slight cough. There is some dullness toward the upper part of the right lung, without any remarkable change in his respiration. No trace of syphilitic eruption can be

seen on his skin. The corona glandis, the meatus urinarius, and the edges of the wound made by the incision are ulcerated, and present the external characters of chancres in the progressive stage. The discharge is copious, slightly sanious. The emission of urine is very painful, especially toward the last, and the last drops of the fluid are accompanied by some blood. The act of defecation occasions pain toward the neck of the bladder.

The left thigh was inoculated with the urethral discharge. On the third day, the pustule was formed; it was deeply cauterized with nitrate of silver, and dressed with a concentrated solution of opium.

Diet, one-fourth allowance.

September 4th. The acute stage continues, with much pain. The pustule on the thigh has been destroyed by the cauterization.

Dress with calomel and opium. Same diet.

20th. The patient complains of incontinence of urine. The vesical tenesmus he has for some time experienced is more bearable. His emaciation increases, his debility is extreme, and he has a disgust for food.

During the months of October and November, the disease has progressed. The urine is constantly extravasated. Lastly, an obstinate diarrhoea set in. M. Ricord attributes the incontinence of urine to ulcers which have attacked the neck of the bladder.

In the early part of December, the case appears hopeless. The marasmus advances rapidly, and death closed his sufferings on the 20th of December.

Autopsy.—The urethra and bladder being divided, the ulceration of the meatus urinarius was found to extend to the depth of seven millimetres into the urethra; and posteriorly, another ulcer of twelve millimetres has destroyed the whole thickness of the mucous membrane. The membranous and prostatic regions, the neck of the bladder, and the prostate itself were occupied by a vast ulcer presenting all the characters of phagedænic chancre, with here and there rounded excavations. There scarcely remain any traces of the neck of the bladder. The lateral lobes of the prostate are occupied by two vast, irregular excavations, communicating under an isthmus of hypertrophied mucous membrane. The cavity of the bladder has diminished by one-half. The mucous coat seems to have disappeared, and is replaced by a mamillary surface resulting from a hypertrophy of granulations on a surface in the healing stage. The edges of the incision which divides the organ perpendicularly, are nearly thrice as thick as in the healthy bladder. On the corona glandis is seen a circular ulcer, of which some parts are in the stage of healing. The prepuce is slightly hypertrophied, and the edges of the incision made for the phimosis are

ulcerated; the chancre of the meatus presents the same appearance. There were no other lesions worthy of notice.

THE foregoing cases were the subject of a memoir presented to the Royal Academy of Medicine, and I think it my duty to republish, without change, the report of Messrs. Cullerier and Logneau.* This report, by two men who occupy an elevated position in science, and whose names are authority, contains the principal objections which can be made to my views concerning chancre and blennorrhagia, and which I can readily refute.

“M. Logneau read, in the name of the late M. Cullerier and himself, a report, upon a memoir addressed to the Academy, by M. Ricord, entitled: *The Difference between Blennorrhagia and Chancre, Urethral Chancre Constituting alone Virulent Blennorrhagia*. The question proposed to be settled by M. Ricord in this paper is one of the most important in syphilographic researches, inasmuch as it has for its object the two most frequent phenomena resulting from the commerce of the sexes: viz., blennorrhagia and chancre.

“M. Ricord says the reporters commence by establishing as a positive and incontestable fact that we are not agreed upon the identity or difference which may exist between blennorrhagia and chancre, and that the precise seat, as well as the possible alterations of tissue in the former of these diseases, are yet a matter of dispute among medical men. He then develops the principal points on which his opinion is founded, and which he so confidently defends, on questions involved in so much dispute.

“In the first place, says he, it is impossible, at this time, to recognize a sole cause for the two affections, although they are both propagated by coition; for he thinks, and this is the foundation of his new doctrine, that a chancre can alone give rise to another chancre, and, consequently, to secondary syphilis, by the application of its pus to the mucous membrane or to the skin. He regards this result as so constant that he does not hesitate to say that it presents the most positive distinguishing characteristic of this species of ulceration, the other signs of which generally admitted are far from possessing the same value. Here, in order to support this proposition, as new as it is bold, and the tendency of which is to deny to the humid

* Extracted from the Gazette des Hôpitaux, February 17th, 1842. Report of the session of the Royal Academy of Medicine of the 15th of February.

pustules, excrescences, and vegetations either dry or wet, and, in short, to all syphilitic symptoms excepting chancres the power of propagating the infection, M. Ricord points out the process he has followed in his researches upon inoculation. He affirms to have proven that the pus taken from a chancre at a given period necessarily reproduces a chancre by this operation.

“On the other hand, M. Ricord asserts that the muco-pus of blennorrhagia never gives rise to chancre unless an ulcer is somewhere co-existent. Chancre has sometimes resulted from the inoculation of matter flowing from the urethra or vagina; but, in this case, M. Ricord maintains that this fact alone determines the presence of some deep-seated chancres, and that the truth of his diagnosis will be confirmed by the speculum or post-mortem examination.

“Hence it follows that M. Ricord does not hesitate to found his opinion, as to the nature of the discharge, on the result of inoculation, if he finds an ulcer on the surface which furnished it; whilst, on the other hand, he looks upon it as merely simple pus or muco-pus in his wards, when it proceeds from simple blennorrhagia (that is when he finds no ulcers). It is proper to remark that this phenomenon constantly occurred in the experiments said to have been made by M. Ricord.*

“The author then inquires if these results, so marked and so positive, depend on the intimate nature of the disease, or if they are modifications owing to the location, or the nature of previous habitual secretions, or to the degree which the affection has reached at the moment of making the experiment. To this he answers that mucous surfaces, like the skin, may be affected with chancre; that if blennorrhagia were only a modification of the latter, dependent on the nature of the tissues, the matter flowing from it, applied to the skin, ought also to produce a chancre, which does not occur. Again, that blennorrhagic matter inoculated on a mucous surface never causes chancre any more than on the skin; and he is, therefore, astonished that it could be said that if the mucous surface affected with blennorrhagia did not ulcerate, *suâ sponte*, that it was because the virulent matter was surrounded and rendered less acrid by its admixture with mucus, when, on the other hand, it is admitted that this matter, applied to a healthy individual, may produce chancres. He finishes by concluding that it is more rational to say, from the positive knowledge which we now possess, and which confirms the above experiments, that when a person having a blennorrhagia has communicated chancres to another, it is because

* This paragraph, given in the language of the Gazette des Hôpitaux, requires explanation. The following is my opinion: Ulcers alone furnish *true pus*. Inflamed mucous surfaces, not ulcerated, furnish only *muco-pus*. The specific and *inoculable* pus of syphilis can only be furnished by primary syphilitic ulcers (chancres).

the latter individual was affected with some hidden ulcers, and because the tissues whence proceeded the discharge, gratuitously called blennorrhagia, had not been sufficiently examined.

“Here, continues the reporter, whilst allowing full justice to the zeal of M. Ricord, and the utility of his researches, we feel it our duty to remark that our learned colleague appears to assign too absolute and general value and application to the precept which naturally would seem to be derived from the above-mentioned experiments. We grant that there exist ulcerations of the urethra, and deep-scated mucous surface of the vagina, of which he has furnished two new conclusive examples; that in these cases, the ulcerations are the source of discharges which might readily be mistaken for simple catarrhal blennorrhagia, that is to say, the matter furnished by the inflamed and not ulcerated mucous membrane of the urethra; but we also believe that this species of chancre is very rare, although its existence has long been recognized by various authors, among whom may be named, Vesalius, Astruc, Morgagni, Swédiaur, Cullerier (the uncle), and Biett. One of us, whom an experience of forty years, and some essays on the subject, authorize to speak from his own knowledge, has always mentioned an ulcerated blennorrhagia as evidently constituting a syphilitic discharge.

“From these observations, and without regard to the explanations given by M. Ricord, it will be easily seen that the new facts produced by him entirely confirm a truth already known to science, and of a nature to set at rest a question which has been much controverted, on account of the rarity of pathological specimens which would throw light on the subject. They establish without contradiction that certain blennorrhagic or blennorrhagiform discharges may be the more certainly considered as venereal, inasmuch as they can certainly propagate lues, a fact no longer admitting of any doubt.

“This doctrinal point, long known—as has been shown—is moreover confirmed by the recent experiments of M. Ricord, and the pathological specimens presented by him to the Academy. Nevertheless, must it therefore be concluded that all cases of discharge which give rise to constitutional syphilitic infections are necessarily, as has been asserted by Dr. Reich of Berlin, and others before him, ulcerated blennorrhagia? Such is far from being our opinion. The reporter deems it his duty to lay some stress upon this point, as he has often seen cases of confirmed syphilis presenting the most serious characteristic symptoms supervening, on blennorrhagiæ not so evidently ulcerated as those of which Morgagni, Terraneo, and Litré found unequivocal evidence, and observed by M. Ricord himself. This is not surprising; and in fact on blennorrhagiæ, apparently very simple and mild, in which none of the symptoms described

by authors as indicating the existence of ulceration were found to exist, diseases have arisen. Hence it would seem to follow that, whilst admitting as proven the reality of ulcerated syphilitic blennorrhagia, we must also recognize syphilitic blennorrhagia without ulceration, that is, of a catarrhal form, as we see coryza, ophthalmia, and discharges from the rectum, which, although venereal and capable of propagating the infection, are nevertheless the product of the morbid and purely catarrhal increase of the mucous secretion of the Schneiderian membrane, or that of the conjunctiva or rectum—an increase determined by the mediate or immediate action of the syphilitic virus on these membranes—for they present in these peculiar, and I may say, rare and exclusive cases, no traces of ulceration.

“To return to the memoir of M. Ricord, and to conclude all that relates to this subject, we say that the results there announced as consequences of comparative inoculation with blennorrhagic mucus on the one hand, and pus from chancres on the other, have never failed to be similarly reproduced at different periods of those affections.

“The author then treats a question of vast importance, of which experiment has again furnished him a satisfactory solution; it is that relating to individual disposition and idiosyncrasy, by virtue of which the primary effect of contagion may be, under given circumstances, very different, although owing to an identical cause. Thus, nothing is more common than to find patients affected simultaneously with chancre and blennorrhagia, either arising from the same coitus or contracted at various dates and with different individuals. Even in those very peculiar cases, M. Ricord asserts that he always has obtained chancres by inoculation with the pus, whilst that with the muco-pus from the urethritis was followed by no similar result.

“From this explanation, which scarcely appears to elucidate all the facts presented by the union of the two morbid phenomena in one subject, a frequent result of sexual commerce, it seems useless, says our colleague, to insist upon the exclusive and yet well-known cases of women possessing one principle of contagion alone; that is, that although affected with blennorrhagia or chancre, they communicate sometimes one, sometimes the other of these diseases. In the two transmissions, each individual would have been affected, either with a discharge or with ulcers, by virtue of his peculiar predisposition rendering him more liable to the absorption of one of these contagious principles than the other.

“The theory here presented by M. Ricord is of a nature to excite opposition. We believe it applicable to a certain number of cases of this kind; but there are many others which, in our opinion, it cannot satisfactorily explain. We therefore hope that additional clinical observations will corroborate the opinion that facts

already known appear to establish, and these we may confidently expect from the persevering zeal of our colleague, and of many other physicians whose attention has been directed to this interesting subject. Nevertheless, and whatever may be the definite result of researches upon this topic, we declare that it seems very difficult to explain, by a single datum, all the well-ascertained facts of persons, having merely a discharge, communicating to some chancres, and to others only blennorrhagia; for whilst awarding our meed of praise to the results hitherto obtained by M. Ricord, we are far from believing them sufficient to account for all cases which may arise. One of us particularly regards them as admitting of numerous exceptions; he admits, for example, and does not fear to repeat it, the existence of discharges essentially syphilitic although of catarrhal form, that is to say, not furnished by ulcers in the urethra; and he is convinced that these discharges may give rise to general infection with all its consequences; as well as he believes in the manifestation, rare indeed, but in his opinion well proved, of blennorrhagia communicated by individuals having no syphilitic symptom but chancres. M. Ricord himself, yielding to the irresistible influence of clinical facts which frequently occur under his notice, does not reject absolutely the possibility of these discharges; but, swayed by the desire of generalizing the application of the rule he has so happily corroborated by the two beautiful cases of blennorrhagia, of which the infection was furnished by chancres, he thinks, in our opinion erroneously, he can explain its production by the mere contact of the pus of the chancres with a healthy mucous surface, acting only then, and probably by an exception which cannot be readily understood, as an ordinary irritant; undoubtedly like some chemical agent, and superficially. The disease in this case, according to him, would not be blennorrhagia, but a simple blennorrhoidal inflammation.

“Were it necessary to discuss this assertion, and reason on a hypothesis which we are far from admitting, we might inquire of our colleague by what symptoms it could be recognized that these discharges, emanating from true chancres, could nevertheless be mild, and capable of transmitting a general infection, and particularly if it would be correct to treat them by antiphlogistics alone, as is daily done with those resulting from simple leucorrhœa? A prudent physician will not hesitate under similar circumstances; he will always regard these blennorrhagiæ as essentially virulent, and, therefore, treat them specifically, when the inflammatory symptoms have subsided.

“We now come to another not less interesting part of the memoir. Induced by his first researches to repeat them on the genital organs of women, M. Ricord has ascertained, by repeated applications of the speculum, that chancres or syphilitic ulcers frequently existed deep in the vagina, and even on the os uteri itself. In

many cases, as we have ourselves frequently observed, slight excoriations only are found, in which the epithelium alone is removed, so as to represent merely patches more or less red than the rest of the mucous surface, as is so often seen in bastard balanitis or blennorrhagia, which generally have no syphilitic taint, and we are convinced that these excoriations are not more serious. But in numerous cases, likewise, our author has found true ulcers more or less excavated, with a grayish surface and perpendicular edges, sometimes elevated from the mucous surface like a mushroom; in that, resembling chancres elsewhere.

“This fact being once established—and it would seem to be no longer doubtful, many authors and your reporter himself having long since described similar ulcers—it follows naturally that similar ulcerations should be found in the urethra of men laboring under blennorrhagia more frequently than has been supposed, since the researches mentioned in the forty-fourth letter of Morgagni, although they are far from establishing, as has been erroneously supposed, that all diseases of this kind were purely catarrhal; for this author asserts on the contrary, in letters eight and forty-two, that he has sometimes found in the urethra ulcers and the cicatrices of old chancres; but these were exceptions. M. Ricord, in his turn, has been fortunate enough to find them, and many other physicians have made the same remark.

“But without stopping to discuss this important doctrinal point, M. Ricord adds: Is it not sufficiently proved by analogy, that on all mucous surfaces inflammation might excite ulceration when it had reached a certain degree, and in various conditions of date and duration; and that if others had made autopsies of persons who died of blennorrhagia without finding ulcerations, had not M. Lisfranc proved in his inaugural thesis that they could exist? and was not this the explanation of the contrary opinion attributed to Morgagni, and quoted to prove that blennorrhagia is not accompanied by ulceration, and again quoted to prove that the urethra may be the seat of cicatrices, as if these last could exist without previous lesion? Nevertheless, continues M. Ricord, simple, granulated, raspberry-like ulcers, resembling blisters, so common in balanitis and in the genital organs of women, which careful and repeated autopsies will also demonstrate in the urethra of men, and which may be a consequence of blennorrhagia, but which do not constitute it, still are not chancres. Their peculiarity was to furnish no results from inoculation, as I have experimentally proved (thus speaks the author), and as is proved by the results obtained by M. Gibert in a case of ulceration of the neck of the uterus; a case which was supposed to weaken my opinions, and which has only confirmed them.

“Therefore, that deep-seated chancres of the male urethra, or chancres hidden and masked under the guise of blennorrhagia, alone, according to M. Ricord, con-

stitute the virulent blennorrhagia of authors, was, in his opinion, proven by the result of inoculation, by the most exact analogy, and the closest logic. Pathological anatomy was still wanting to complete the triumph. This last crowning argument he has to-day brought forward for the second time. The specimen was taken from a young man, seventeen years of age, affected with chancres on the glans and prepuce accompanied by inflammation so acute as to cause phimosis. On his admission into the hospital, the phimosis was operated on by another physician, but the chancres did not heal. A blennorrhoidal or blennorrhagiciform discharge soon supervened, frequently bloody and painful. After several months of suffering, during which time no instrument had ever been passed into the bladder, incontinence of urine came on, and ceased only with death.

“A post-mortem examination discloses, in addition to the chancres already existing on the glans, an ulcer of the corpus spongiosum urethrae, of an inch in depth and eight lines in extent, of an elongated shape, and not involving the whole thickness of the mucous membrane; but, what was still more remarkable, the whole of that portion of the membrane behind the bulbous region, all the membranous and prostatic portions, the neck of the bladder, its cavity itself, exhibited the remains of a vast phagedænic chancre similar to that already shown by the author to the Academy, taken from a subject much more advanced in age, and who, without any ulcers externally, had only the symptoms of blennorrhagia.

“Our colleague adds: If, to these convincing proofs, it be added that the bubo which accompanies a blennorrhagia, the pus or muco-pus of which gives no results by inoculation, furnishes none in its turn when it suppurates, whilst the bubo, by absorption of the chancre, furnishes, like the former, an inoculable pus, we shall see a notable difference. If, on the other hand, that of the secondary symptoms of lues, chancre is the most constant and common precursor, and that blennorrhagic symptoms are rarely followed by constitutional disease, we will find an easy explanation and reason for maintaining opinions apparently discrepant, and yet in fact similar. The truth might be thus expressed: the primary symptoms of lues is chancre, the form and character of which cannot be the same in all the tissues, and which, concealed in the mucous membrane, may either simulate a blennorrhagia or be masked by it. Without a urethral chancre in blennorrhagia, secondary symptoms are impossible. The rarity of chancre in the urethra during a blennorrhagia, because the necessary predisposing causes are rarely found, explains the relative rarity of the true virulent blennorrhagia of authors, or what I call *chancre larvé*, compared with the numerous cases of mild blennorrhagia, and agrees with the observations of all good authors.

“These, continues M. Ricord, are propositions of great importance, which have arisen from close observation, and capable, undoubtedly, of great amplification, but which I have reduced in volume in order not to waste the time of the Academy.”

In answering this report, so conscientious, so replete with scientific courtesy, and calculated to incite me to the prosecution of my researches, I will first remark that whenever M. Lagneau advances an opinion contrary to mine, as peculiar to one of the reporters, this opinion is not that of M. Cullerier, who, on the different points in dispute, was latterly entirely of my way of thinking, as can be proven by the pupils of the Venereal Hospital.

Passing then to the objections arrayed against me, they may be summed up thus:—

Urethral chancres are rare.

M. Lagneau has seen *mild catarrhal* blennorrhagia followed by all the symptoms of constitutional syphilis.

M. Lagneau says that coryza, conjunctivitis, and discharges from the rectum may be syphilitic without the existence of ulcerations, and may be followed by symptoms of constitutional lues, or propagate syphilis.

He adds that, when I assert that the pus of chancre may produce non-virulent blennorrhagic discharges like other irritants, it is impossible for me to prove the assertion.

To conclude, the last objections are urged against the uncertainty and dangers of inoculation.

No one is more ready than myself to admit the rarity of chancres or primary syphilitic ulcers of the urethra, and, far from invalidating my doctrine, this proposition lends its valuable aid, for it is found to conform with the variety of blennorrhagia called virulent by authors, which is nothing else than masked urethral chancre with blennorrhoidal symptoms, or complicated with blennorrhagia, constituting another variety of which I shall treat hereafter. This variety of urethral chancre, and consequently of virulent blennorrhagia, in ordinary parlance, is perhaps even more frequent than is supposed by the honorable reporter; for blennorrhagia can be ulcerated without being irritant, and simple ulcers may accompany it or result from it.

M. Lagneau has seen *mild* blennorrhagia transmit syphilis and precede constitutional symptoms! This proposition, emanating from so experienced and accurate an observer, is important, and were we to consider alone the grammatical value of the words, would oppose not only the truths I have demonstrated, but would destroy the doctrines of M. Lagneau themselves. In fact, what does M. Lagneau understand by mild blennorrhagia? Does he mean that which is slight, subacute, or unaccompanied

by inflammatory symptoms? This must undoubtedly be the case; for certainly, in opposition to his doctrines, M. Lagneau, by preserving the exact sense of the word mild, which is the opposite of malignant, does not mean that blennorrhagia which has arisen distinctly from the specific cause of syphilitic affections, has become so spontaneously. He wished to express, certainly, that he had seen cases of blennorrhagia in which the rational signs of urethral chancre being absent, the discharge *called* simple or mild, could propagate the disease or be followed by constitutional symptoms. But M. Lagneau has merely reproduced the objection which I think I have fully refuted. I have never denied that discharges, *reputed* mild, have been followed by general symptoms; in fact, it is possible that the patient was not carefully examined, and thus the cause and origin of the disease remained undiscovered; the matter of the discharge may present no peculiar appearance, or may be apparently muco-purulent without being sanious; the urethra may present no exaltation of sensibility, either whilst urinating, to the touch, or the passing of a bougie; the separation of the meatus urinarius and the *problematical* speculum of M. Segalas may disclose nothing; the whole canal may preserve its elasticity and be free from induration, and yet a chancre may exist in the urethra; for a chancre, whatever be its location, does not necessarily produce sanious secretion; it may be indolent, and the tissues on which it is seated are not always engorged nor indurated. But, under these rare circumstances, when the objective and rational signs of urethral chancre are wanting, and to which M. Lagneau seems to refer when he speaks of mild blennorrhagia, there is a sign which never fails when timely and properly used—that is, inoculation. Now, in the cases quoted by M. Lagneau, this sign, the only one on which we can rely, the only pathognomonic one, for all the others may lead us into error, has not been appealed to, and his observations are, therefore, valueless, as well as those of M. Baume, of Lyons, of which we will speak hereafter.

As to the cases of conjunctivitis, coryza, or discharges from the rectum which can be syphilitic without the co-existence of ulceration, can M. Lagneau cite a single fact in his long practice in which a blennorrhagic ophthalmia, without primary ulcers of the eyelids or conjunctiva, has transmitted chancres; or a blennorrhagic discharge of any region to another individual, and subsequently constitutional syphilis? I have too much confidence in the learning of the honorable academician, and am too well acquainted with his admirable writings, to suppose he could advance me a similar objection. Coryzas and discharges from the rectum, in which the whole extent of the diseased tissues cannot be inspected, may be included in what has just been said of urethral blennorrhagia. Inoculation is the true distinguishing sign, and those who have not tried it cannot draw conclusions contrary to the principles I have advanced.

Now, M. Lagneau asks me how I can prove that the pus of chancres produces simple blennorrhagia like ordinary irritants, and without any exercise of its specific character? I answer that we daily see an isolated chancre existing at first on the glans or glandular portion of the prepuce, and exciting in its vicinity either other chancres or a catarrhal inflammation, in proportion as it acts as a specific agent or as a simple irritant. But in these cases, the pus furnished by surfaces merely inflamed and not ulcerated is never capable of inoculation, when we are careful to separate it from the adjacent virulent ulcers. I will add that when individuals affected with chancre have communicated to others either a blennorrhagia, or, at the same time, a chancre and blennorrhagia, the same events have occurred; the pus of the chancre alone is inoculable, and that of the blennorrhagia has given no results. It is to be understood that, in order that my observations might be conclusive, I should have to experiment at given times, and on tissues where direct inspection could precede and follow inoculation.

Now, no blennorrhagia which is uninoculable, *at the proper time*, is ever followed by constitutional symptoms, and this has been fully proven by ten years experience in the Venereal Hospital. That of which chancre is the exciting, and not the specific cause, in which case the symptoms of blennorrhagia are only present, ought likewise not to be followed by general infection.

Lastly, inoculation is uncertain and dangerous only in the hands of those who do not understand it, and despite the timidity of some, the ignorance and bad faith of others, my researches, encouraged by the Royal Academy of Sciences, and by the Royal Academy of Medicine, will, I hope, add some positive results to a branch of knowledge which has hitherto been enveloped in the most absurd and ridiculous mystery.

Without additional remarks, which will be more appropriate in another place, I will merely state the following propositions.

I. The syphilitic ulceration, at the specific period, produces an irritant pus, which, by inoculation, gives rise to a characteristic pustule followed by an ulcer identical with the former, and so on.

II. Whatever may be the apparent qualities of the pus furnished by an inflamed surface, without regard to the stage or degree of inflammation, if there is no *specific* ulcer, the inoculation is nugatory and unproductive.

III. No ulcer of not well-proved syphilitic origin, or no artificial ulcer simulating syphilis, can furnish inoculable pus.

IV. There is not a single symptom of primary syphilitic ulcer which may not be found in ulcers without a trace of syphilis, or which may not be artificially produced,

the most perfect assemblage of the symptoms, belonging to the true Hunterian chancre furnishing merely a rational diagnosis. The only absolute, unequivocal, and pathognomonic sign, which nature or art cannot imitate, is the character of the secretion demonstrated by the results of inoculation.

No one, more than myself, has shown the inconveniences and dangers of inoculation when I proved, contrary to many authors, that the pus of chancre not only necessarily reproduces chancres, but likewise an ulcer identical with the former. If the inoculation is performed on the same person, the varieties of chancre depend on individual conditions, and not on a variety in the specific cause, which is always the same.

I have also proved the danger of inoculation with pus reputed non-malignant, such as that of buboes, as was at first asserted by M. Cullerier, who has since entirely yielded to my opinion.

Whilst exhibiting all the cases to the numerous pupils attending my clinic, and publishing, consequently, all my researches, I have never concealed the dangers which might arise from the indiscriminate use of inoculation, but I have shown the advantages that practice and science might reasonably hope to derive therefrom.

Inoculation, performed with the proper precautions, is now one of the most innocent operations, because we can promptly arrest its effects after having obtained the information desired. Cauterization with Vienna paste, on the fifth day, at which period all the characters of the pustule and ulcer are sufficiently developed, always succeeds; and frequently the eschar, which results, leaves, in falling off, the subjacent tissues already healed; or, if it falls off at an earlier state, there remains only a simple wound, which cicatrizes rapidly.

EXPLANATION OF PLATE IX.

FIG. 1. Specimen taken from Bourd——, the second related case. The upper part of the urethra and bladder laid open. The division of the parts exhibits that portion of the urethra which was attacked by the ulceration. More posteriorly, is seen another oblong ulcer, which has destroyed the whole thickness of the mucous membrane. The membranous and prostatic portions, the neck of the bladder and prostate itself, are the seat of a vast ulcer, presenting all the characters of phagedænic chancre, with here and there rounded depressions with perpendicular edges. We see scarcely any remains of the neck of the bladder, on the left side of which is perceived a flap of hypertrophied urethral mucous membrane. Beneath, are remarked two irregular excavations occupying the situation of the lateral lobes of the prostate. The vertical cavity is diminished one-half. The mucous membrane of the bladder seems to have disappeared, and to be replaced by a mammillary surface resulting from a hypertrophy of granulations on an ulcerated surface in the healing stage. The edges of the section dividing the organs perpendicularly are nearly thrice as thick as in the healthy state.

FIG. 2. Extremity of the penis of the same subject seen before preparation. Around the corona glandis is seen a circular ulceration, some parts of which are in the healing stage. In the meatus urinarius is perceived the chancre which has destroyed its edges, and the surface of which has, at some points, begun to heal.

FIG. 3. Pathological specimen taken from Bois——, the first related case. The upper part of the urethra and bladder laid open. Nearly the whole of the corpus spongiosum urethræ appears unchanged; on its sides are seen the opposite edges of the perpendicular section dividing the gland and corpora cavernosa.

The membranous portion of the urethra is destroyed, which, as well as a part of the partitions and the tissues, are perforated by ulcers having all the characters of phagedænic primary ulcers. The prostate is deeply involved. In front of these parts a flap of the urethra adhering by its base, and detached from the subjacent parts, is rounded and hypertrophied. Posteriorly, is also seen a larger flap, thick and hard. In the interior of the bladder are several round ulcers, with perpendicular edges,

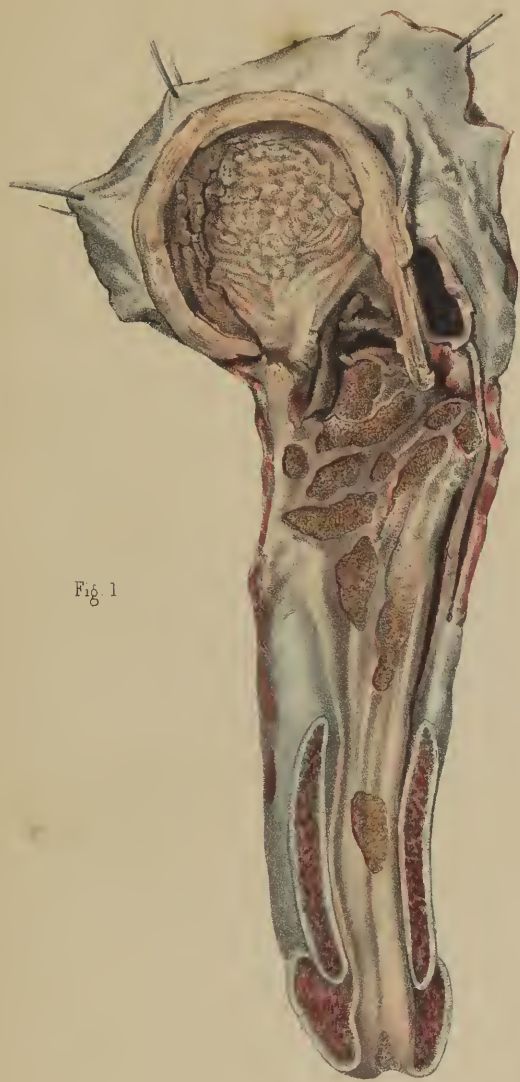


Fig 1

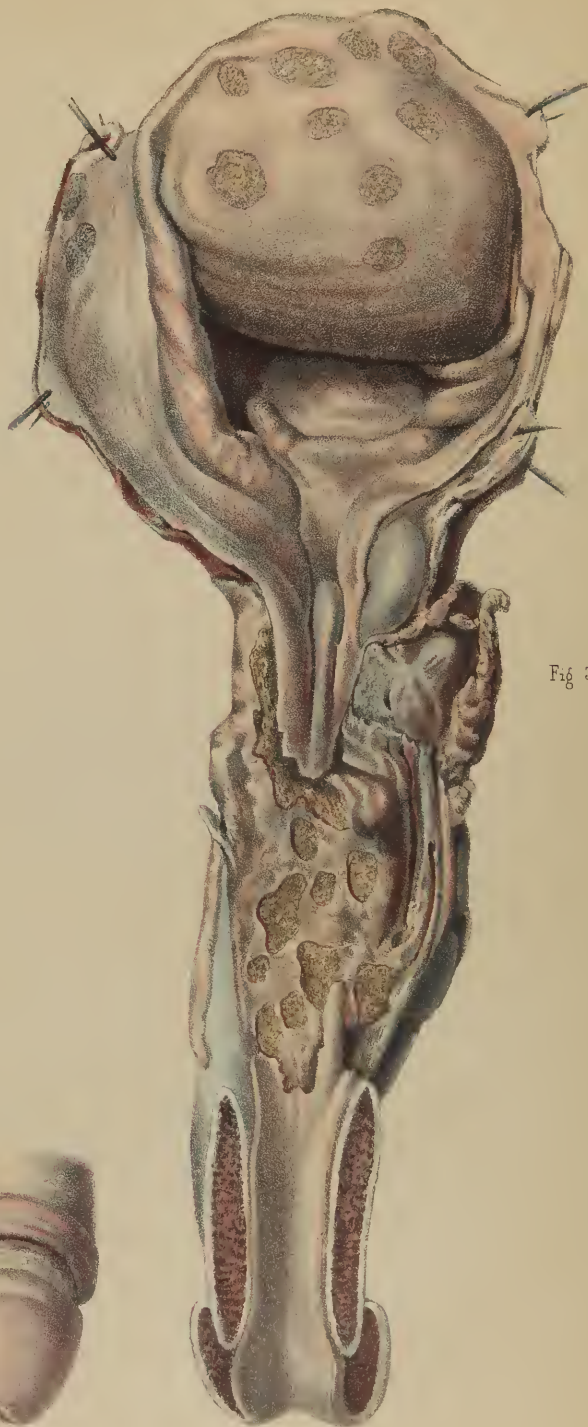
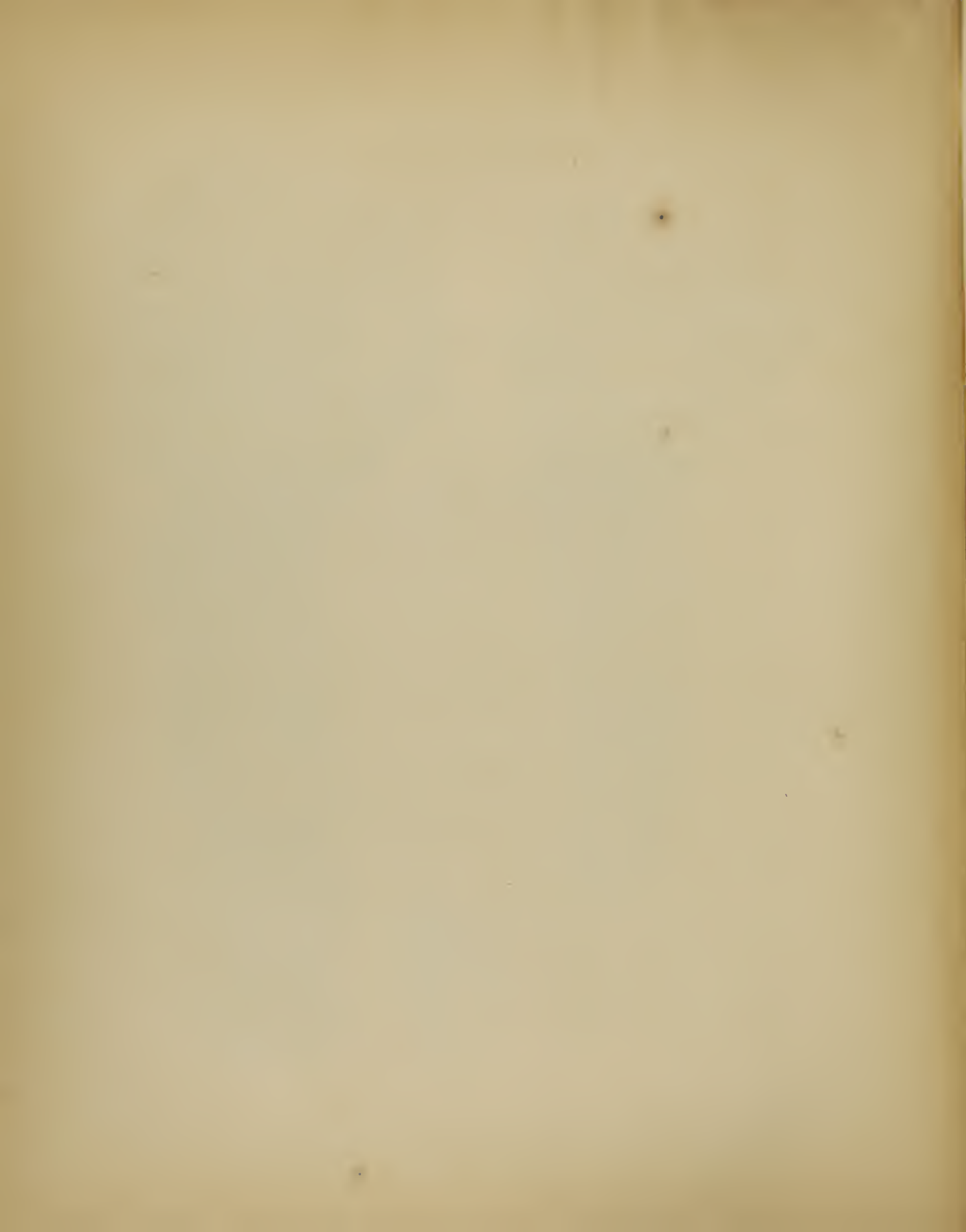


Fig 3



Fig 2



presenting all the characters of primary syphilitic ulcers, and having destroyed the whole thickness of the mucous membrane. Some of these ulcers, of which the majority are in the progressive stage, are nearly cicatrized. Toward the vesical triangle, some slight depressions with a smooth and whitish surface, indicate the seat of the cicatrized ulcers.

PLATE X.

INDURATED GANGRENOUS PRIMARY ULCERS—LYMPHITIS—ACUTE ADENITIS.

C A S E .

Bell—, 22 years of age, a tailor, admitted July 20th, 1841.

A MONTH ago, this man had connection with a girl of the town, and two days after that event perceived a small ulcer on the right side of the prepuce. He at first supposed it to be simply an excoriation, and took no care of it; but some excesses in diet now caused it to be irritated. The ulceration progressed, and, about the fifteenth day of the disease, a small and very painful tumor appeared in the left groin.

The tumor increased rapidly, and, in nine days, had nearly acquired its present volume. Until this time, the patient has been unable to follow any proper treatment, and has ceased working at his trade for only two or three days.

On the 21st of July, 1841, he presented the following appearance:—

On the right side of the penis there exists a remarkable thickening of the prepuce, with that peculiar and characteristic induration found at the base of certain chancres, and compared, by M. Ricord, to the elastic resistance of cartilage. At this point of the mucous membrane is an ulcer, which, from its appearance, should be ranged among the indurated gangrenous chancres. Its surface is covered by a grayish false membrane, in which is seen here and there a process of interstitial gangrene; and the acute irritation observed in the diseased tissues is undoubtedly to be attributed to the cause producing this latter complication; in fact, contrary to what we generally see in indurated chancre, the patient experiences acute pain. There is a lymphitis indicated by a red line crossing the median line on the dorsum penis. The bubo in the left groin presents the characters and progress of the adenitis which accompanies primary non-indurated chancres in the stage of progression. The integu-

ments are of a violet-red color, and fluctuation is easily felt throughout the tumor, which, not being deep, appears to have started from an isolated superficial gland.

No other morbid symptoms are present, and the organic functions are regularly performed. Poultices were applied to the inguinal tumor, and the chancre was dressed with a concentrated solution of opium.

Diet, one-fourth allowance.

July 23d. The irritation observed in the diseased parts has nearly entirely yielded to rest and the use of antiphlogistics. The inguinal tumor was opened by several small punctures, and dressed with charpie soaked in aromatic wine.

Continue the poultices and diet.

August 2d. The edges of the punctures have ulcerated from contact with the virulent pus, and the nature of the adenitis is very apparent. The chancre is no longer gangrenous. The inflammatory oedema of the surrounding tissues has completely disappeared, and the base of the ulcer has assumed the characteristic induration.

A pill of prot. iodide of mercury was given daily, with sudorific syrup and infusion. The ulcers on the penis and groin were touched with the tincture of iodine and dressed with aromatic wine.

Diet, half allowance.

August 10th. A remarkable improvement has taken place in the surface of the chancre of the penis; it is less grayish. The greater part of the skin which covered the bubo has been removed by ulceration, leaving the surface of the purulent depot exposed.

Touch with the tincture of iodine. Continue the dressings and treatment.

17th. The surface of the chancre of the penis is completely freed from the grayish membranous layer covering it. The progress of the ulcer in the groin is arrested.

Give two pills daily. Continue the treatment and diet.

August 27th. The chancre on the penis is cicatrizing. Its surface is covered with healthy granulations. The ulcer in the groin does not progress, but does not appear to take on the healing process. The chancre on the penis was lightly touched with nitrate of silver.

Dress with aromatic wine. Same diet.

The patient left the hospital on business, and returned on the 31st with but little change in his condition, excepting some excitement caused by a long walk.

The treatment already spoken of was resumed.

September 8th. The chancre on the penis has healed. The ulcer on the groin

is advancing towards cicatrization. Its surface was lightly touched with nitrate of silver, and dressed with aromatic wine.

Diet, three-fourths allowance.

15th. The ulcer in the groin has nearly healed.

Dress with dry charpie. Same diet.

September 21st. He was discharged cured.

PHAGEDÆNIC, GANGRENOUS, PRIMARY ULCER.

C A S E .

Frois——, 17 years of age, a sculptor, admitted September 14th, 1841.

THE frequent commerce with women of the town in which this young man indulges, prevents him from indicating precisely the day of infection, rendered still more difficult on account of a congenital phimosis.

His last connection dates twenty-one days since; but for a week he has had severe smarting in the region of the frænum. On the 6th of September, after a long walk, the extremity of the penis became swollen, and the aperture of the prepuce, which, until then, had discharged only some drops of pus, gave passage to a copious sanious secretion.

Three or four days rest in bed, and emollient applications, reduced somewhat the inflammation; but, the intense pain he felt preventing his following his occupation, he applied for admission into the hospital on the 14th of September, 1841.

15th. There exists considerable tumefaction of the prepuce, through the aperture of which escapes a copious sanious secretion mixed with gangrenous detritus. The fatigue undergone by the patient just before his admission has produced acute inflammation, and the extreme tension of the tissues threatens the extension of the gangrene unless the phimosis is removed.

It is true that, in general, we should resort to this operation as rarely as possible during the existence of chancres in the progressive stage, for the virulent pus does not fail to inoculate the edges of the incision, and thus extend the ulceration. But here we may remark that, in addition to the imperative indication resulting from the condition of the parts, we may hope that the specific character of the primary

ulcers, whose existence was suspected, has been modified by the gangrene, and mixed its detritus with the secreted pus.

September 16th. Circumcision was performed, not in the ordinary manner, on account of the condition of the parts just described, but as follows:—

One incision divided the upper surface of the prepuce along the median line; the second, on the side of the frænum, extended from its insertion into the glans to the margin. The flaps thus formed were seized with a dressing forceps and removed with a bistoury.

The glans being thus exposed, we discovered an ulcer which had destroyed at least one-third of its substance in the region of the frænum. This ulcer, at the base of which no specific indication exists, was attacked by gangrene, and here and there are seen on its surface tumefied granulations having a dark centre, indicating the commencement of mortification. The most minute examination exhibits no other symptom of constitutional syphilis.

The wounded parts were dressed with a concentrated solution of opium. Diet absolute.

18th. There is much less swelling, and the gangrene has not progressed.

Same dressing. He was allowed soup and broth.

23d. The lips of the incision are found not to have ulcerated, thus verifying the prognosis given as to the destruction of the virulent principle by gangrene. Nevertheless, in order to establish incontestably this point, some pus from the primary ulcer was inserted into the left thigh, and the right thigh was inoculated with pus taken from the superior angle of the division of the prepuce.

Dress with anodyne cerate. Diet, one-fourth allowance.

30th. The inoculations have had no effect.

Continue the dressing and regimen.

October 1st. The surface of the ulcer is red and covered with healthy granulations. The lips of the division of the prepuce have healed nearly throughout.

Cauterize lightly with nitrate of silver, and dress with aromatic wine. Diet, three-fourths allowance.

12th. Cicatrization is rapidly advancing.

Continue the dressing and diet.

19th. Cicatrization is complete, there remains only a slight, hard œdema of the prepuce.

Suspend the dressings. Same diet.

22d. The patient was discharged free from any specific indurations, or any symptom which it was possible to refer to constitutional infection.

EXPLANATION OF PLATE X.

FIG. 1. Genital organs of Bell——. The prepuce, which it is impossible to completely invert on account of the rigidity of the tissues dependent on the characteristic induration, is, nevertheless, thrown back so as to discover a portion of the ulcer of the mucous surface, and the grayish false membrane covering it. On the surface may be remarked small blackish points indicating the process of interstitial gangrene. On the dorsum penis, a red line, extending from the primary ulcer to the inguinal tumor, indicates the track from right to left of an inflamed lymphatic vessel. Lastly, in the left groin is seen the tumor formed by the suppurating adenitis. Here the integuments are of a violet-red color, and fluctuation is everywhere manifest.

FIG. 2. Genital organs of Fróis——, sketched on the 18th of September. The tumefaction of the tissues has diminished by one-half since the operation. On the lips of the incision may be seen the extent of the remaining swelling; and on the same parts, by the distinctness of the lips, and particularly the regularity of the angle of union at the upper portion, it may be observed that the divided tissues have not been inoculated by the pus from the ulcer on the glans.

In the region of the frænum is seen the whole of the left portion of the primary ulcer which has destroyed a third of the thickness of the glans. The red color of the edges is an index of the inflammatory process going on, and on its surface may be seen livid granulations rising through the gangrenous detritus, and a grayish, adherent membrane.

Fig 1.



Fig 2.



PLATE XI.

PRIMARY ULCERS OF THE MEATUS URINARIUS AND PREPUCE— VIRULENT SUPPURATING LYMPHITIS AND ADENITIS, FOLLOWED BY ULCERATION—ACCIDENTAL INOCULATION.

CASE I.

Gar—, 21 years of age, a horse dealer, admitted June 18th, 1841.

THIS patient had never been affected with venereal until, after a debauch, he passed a night with a prostitute with whom he had connection four times. Careless about the examination of his genital organs, he says he felt nothing unusual, until the lapse of three or four days, except a slight pruritus at the end of the penis.

Soon afterwards, he began to feel acute pain on urinating, accompanied by a discharge from the urethra. The lips of the meatus urinarius were swollen, and, by everting them, a urethral chancre was brought into view.

In a few days after the first appearance of these symptoms, for which the patient underwent no treatment, the prepuce became red and oedematous, and phimosis supervened with all the symptoms of acute inflammation. Nearly at the same time, ulcerations, produced by the inoculation of the virulent matter secreted by the primary ulcer of the meatus urinarius, appeared on the margin of the prepuce.

In this condition the patient, being unable to continue his occupation, applied to an apothecary, who at first had recourse to general antiphlogistics, and afterwards ordered some remedies, the nature of which we were unable to exactly ascertain.

From the 15th to the 20th day after the début of the disease, a lymphitis appeared on the right side of the penis, near the roots of which, over the course of the vessel, there formed a small tumor, which soon became fluctuating and opened spontaneously.

Emollient applications were applied; but the skin, already thinned, soon ulcerated and exposed a cavity presenting all the characters of a primary ulcer.

Contemporaneously with the appearance of the lymphitis, the glands in the right groin became painful, the adenitis advanced rapidly, and, ten or twelve days after the onset of the disease, opened spontaneously, discharging a large quantity of sanious pus. Lastly, soon after, in consequence of the patient, from habit, allowing the penis to rest on the right groin, the skin at the root of the scrotum, which was in contact with the chancre of the lymphatic, became similarly ulcerated.

The disease progressing, Gar—— lost all confidence in the treatment of the apothecary, abandoned all medication, and even indulged in occupations which greatly irritated the affected parts, and at last applied for admission into the hospital.

On the day of his admission, he was observed to be affected with an accidental phimosis. The contracted prepuce formed a considerable projection in front of the glans, and this œdematous and everted portion displayed a primary ulcer extending over the whole of the right side of the margin. The edges of this ulcer, produced by the union of several smaller ones which, originally separate, had formed in the folds of the prepuce, were irregularly defined. The entire thickness of the mucous membrane was cleanly divided, and the ulcerated surface covered with a grayish, adherent, false membrane, which, throughout three-fourths of its extent, exhibited small, red, closely-approximated points, produced by a sort of hemorrhagic transudation.

On the sheath, near the root of the penis, the chancre resulting from the lymphatic ulceration has all the characters of the progressive stage; its surface is covered by an adherent false membrane, pultaceous and grayish, and its perpendicular edges are circularly separated to an extent of two or three millimetres (four-fifths or six-fifths of a line).

More posteriorly, at the junction of the skin of the scrotum with that of the abdomen, the chancre resulting from the contact already spoken of presents, in a smaller extent, the most perfect resemblance with the ulcer just described, with this peculiarity, that here the separation is less considerable, and the pus burrowing beneath the skin has formed, in the cellular tissue, a virulent abscess, the narrow and ulcerated opening of which is seen at the distance of nearly a centimetre (four lines) in the direction of the fold of the groin.

In the right inguinal region, an ulcer with œdematous edges—slightly everted and surrounded with a violet-red areola, the extent of which corresponds nearly to that of the separation—marks the seat of the suppurating bubo. Nevertheless, the bottom of the ulcer is less uniformly gray than that of the last chancre just described, and is still more marked by the hemorrhagic transudation than the ulcer of the

margin of the prepuce. Its oblong form is due to the shape of the inguino-crural fold in which it is located.

June 19th. A cataplasm was applied to the groin, and the ulcers dressed with anodyne cerate.

He was allowed one-fourth hospital diet.

24th. The ulcers appear improved by rest and the dressing. A sketch was taken of the diseased parts.

Same dressing, Half diet.

28th. There scarcely remains any irritation, and the chancres look better; their edges are less elevated, and appear to be cleaning at the bottom.

30th. The patient left the hospital to appear before the military recruiting board.

July 2d. Gar—— was re-admitted.

The anodyne cerate was again used, and half diet.

6th. Suppuration is everywhere free, and the surface of the chancres is less gray.

Dressings with charpie soaked in aromatic wine. Same diet.

10th. The surface of the ulcers continues to clean. There is an evident tendency to reparation. The last chancre produced at the root of the scrotum has not progressed; its edges likewise are smaller.

Application of nitrate of silver.

14th. The grayish coat covering the surface of the ulcers appears firm at some points.

Suspend the dressings with aromatic wine. The chancres were touched with pure Tr. of iodine, and dressed with the same tincture diluted. Three-fourths diet.

17th. Improvement very evident, and the stage of healing decidedly commenced. The surface of the ulcers is covered with healthy granulations, and diminished by one-half. In the groin, the improvement is particularly remarkable, and not the least separation (*décollement*) is perceptible.

20th. The patient is obliged to leave the hospital to attend to his business.

He was directed to dress with aromatic wine.

Gar—— did not return until the 24th of August, at which time the various ulcerated parts exhibited perfect and non-indurated cicatrices. The prepuce alone was oedematous and contracted in front of the glans. Suppuration had entirely ceased.

August 25th. Circumcision was performed, and, on exposing the glans, it was seen that the lips of the meatus had been destroyed by a chancre which has now healed.

The penis was wrapped in compresses soaked in cold water. Diet.
 30th. The wound made by the operation has united at several points.
 Half diet.
 September 4th. Some exuberant ganulations were cauterized.
 Dress with aromatic wine. Three-fourths diet.
 14th. Gar—— was discharged cured.

BLENNORRHAGIC URETHRITIS—PRIMARY ULCER OF THE MEATUS
 URINARIUS—SUPPURATING LYMPHITIS AND ADENITIS—ARTIFI-
 CIAL INOCULATION AND ITS RESULTS.

C A S E I I .

Pic——, 25 years of age, a worker in bitumen, admitted September 24th, 1841.

THREE months and a half previously, this patient had a blennorrhagia which gave him but little pain. During the most acute period of the disease, erections even were not painful, and only whilst urinating did he feel some burning in the meatus. Ten or twelve days after its appearance, the slight discharge from the urethra was white and resembling the secretion of blennorrhagia. From the commencement, Pic—— had been treated by antiphlogistics. Twenty-five leeches were applied to the perinæum. Two camphorated pills were ordered to be taken every evening. He was directed to use cooling drinks, and to abstain entirely from stimulating food. Some days subsequently he was ordered capsules of copaiba and cubebs (twenty-five per diem). The discharge soon diminished so as to become a mere oozing, more or less marked in proportion to the frequency of sexual connection in which he still indulged. This condition lasted for nearly six weeks, when, after a debauch of some days' duration, Pic—— being unable to fix the exact date of the infecting coition, the discharge greatly increased, accompanied by sharp pains in the meatus. These new symptoms have existed for about ten days. Nearly at the same time the inguinal glands of the right side became painful and swollen.

Lastly, two tumors, which rapidly increased, and presenting all the characters of acute abscesses, formed, over the course of the lymphatic, on the right side of the

penis. That which appeared first was situated behind the base of the glans; at this moment it presents anteriorly a grayish ulceration invading pretty regularly the integuments, through the bottom of which the pus is partly emptied. The second tumor, near the root of the penis, has supplicated, and the skin covering it is much thinned but presents no opening.

The right inguinal region is the seat of a superficial, circumscribed, very painful, and fluctuating bubo, developed at the same time as the tumor just described, and resembling it in its progress.

September 25th. Apart from the symptoms just described, on turning back the prepuce, a red areola is seen around the meatus urinarius, the lips of which must be separated to display a small grayish ulcer occupying the superior commissure, the depth of which it is impossible to ascertain on account of the narrowness of the parts. By pressure on the urethra from behind forward a small quantity of sanious sero-purulent matter is discharged.

The right thigh was inoculated with the pus from the meatus by means of a single incision. A drawing was made of the parts.

26th. That portion of the ulcerated skin covering the tumor adjacent to the base of the glans separated spontaneously during the night, and the purulent cavity thus exposed presents all the characters of virulent ulceration in the progressive stage.

Several punctures were made in the bubo of the right groin. The suppurating lymphitis of the root of the penis was opened by a single puncture. Poultices were applied, and he was allowed one-fourth diet.

29th. The inoculation with the pus from the meatus has produced the characteristic pustule of primary syphilitic ulcer. The epidermis elevated by the pus was detached, and beneath was seen the skin perpendicularly divided, throughout its whole extent, by an ulcer with grayish base.

The openings made in the purulent cavities have ulcerated and increased. The skin is everywhere detached. The lips of the meatus are widely separated, and the ulcer of the superior commissure was cauterized with nitrate of silver.

Dress with calomel and opium cerate. Half diet.

30th. The ulcer on the thigh resulting from the inoculation of the 25th was cauterized with Vienna paste.

October 10th. A remarkable improvement has followed the use of nitrate of silver and dressings with aromatic wine, which have been employed for four days. The purulent cavities have become clean and look healthy; numerous red granulations are appearing through the grayish coat covering its surface. The portions of detached skin not destroyed by ulceration have adhered at several points to the subjacent

tissues. Lastly, the suppuration has diminished, and the pus appears to be more laudable.

No ulceration is perceived in the meatus, and the urethra discharges no more pus. The ulcer on the thigh, cauterized by the Vienna paste, is covered by a slightly-depressed crust. A sketch of it in this state was made on the 5th of October. At this date, it has desiccated and the subjacent tissues are cicatrized.

Same dressing and diet.

October 15th. The ulcers present at several points the characters of the stage of reparation. No more separation of the skin is observed.

Continue the dressings. Three-fourths allowance.

20th. The bottom of the ulcers is everywhere red and healthy. Their surface has diminished in extent one-half.

Same dressing and diet.

25th. The ulcers of the groin and root of the penis are nearly cicatrized. They were lightly touched with caustic, and dressed with dry charpie.

October 29th. Discharged cured.

EXPLANATION OF PLATE XI.

FIG. 1. Genital organs of Gar——. (CASE I.) The penis is thrown back on the left thigh, so as to present a front view of the various ulcerated parts.

The thickened mucous membrane of the prepuce is the seat of a hard œdema, and remains everted. On its side is seen an ulcer with irregular edges, the surface of which is covered by a grayish, adherent, membranous coat. At its middle part, the prepuce is contracted in front of the glans, which is seen projecting through the integuments.

Near the root of the penis is seen the ulceration resulting from the suppuration of the lymphatic, the edges of which are projecting and separated; here the grayish false membrane covering the surface of the ulcer is thick and unequal. Behind the suppurated lymphitis are seen two ulcerations produced by the inoculation with the pus of the ulcer just described. The larger is the result of the direct action in consequence of the contact of the parts; the smaller has been produced by the proximate and subcutaneous infiltration of the virulent pus in the cellular tissue.

In the inguinal region is seen the ulceration succeeding the virulent bubo. Near the thigh, the skin is more separated than elsewhere, and the extent of the separation is indicated by the bluish color of the edges. The surface of the ulcer is covered by an irregular, adherent, false membrane, similar to that of the other ulcers, but of a reddish hue, arising from a sort of hemorrhagic transudation frequently occurring in this kind of ulceration.

FIG. 2. Genital organs of Pic——. (CASE II.) Arranged as in FIG. 1.

The extremity of the glans is seen through the opening of the prepuce, on the lower lip of which is seen a drop of the purulent matter escaping from the meatus urinarius. Behind the base of the glans is seen a tumor developed over the course of a lymphatic; a portion of the skin covering it is ulcerated in consequence of the inflammation, which has produced a spontaneous opening, through which the purulent cavity is emptied with some difficulty.

Toward the root of the penis is seen a tumor resembling the one just described; it is fluctuating, and exhibits in its centre a very thin portion of skin, on which may

Fig 1.



Fig. 2.



be already remarked the first degree of change which frequently heralds spontaneous perforation.

The right inguinal region shows likewise a fluctuating tumor, which has followed the superficial suppurating adenitis.

The roseate color of the integuments indicates the extent of the purulent cavity, and fluctuation is everywhere complete.

FIG. 3. Lastly, on the right thigh is seen the eschar resulting from the cauterization of the pustule produced by inoculation with the pus taken from the meatus urinarius.

PLATE XII.

DIPHThERITIC PHAGEDÆNIC PRIMARY ULCER.

C A S E .

THE patient represented in FIG. 1 was affected with a diphtheritic phagedænic primary ulcer.

The ulceration arose from a laceration of the frænum, occurring during coition; it progressed rapidly, destroyed the frænum, and, in a month, attained the extent represented in the drawing. From its onset, this ulcer had been very painful; the patient complaining of a burning and insupportable itching. Erections increased the suffering.

When we first saw him, the whole thickness of the semi-mucous surface of the glans was eroded perpendicularly; the base of the ulcer was covered by a very adherent diphtheritic exudation; the edges were not separated, and were surrounded by an areola of a dull red color.

The prepuce leaving the glans exposed was slightly swollen.

This diphtheritic phagedænic chancre constitutes a variety which may be termed *decorticating chancre*, for it generally destroys only the covering of the glans, which happened in the subject of the present case.

Rest, diet, emollients, and sedatives had no influence over the progress of the disease. Mercurials, employed internally and in friction, only aggravated the affection. The internal and external administration of iodine was not more successful. The disease had continued for eight months, until five weeks of the following treatment effected a cure: infusion of bitter sweet (*solanum dulcamara*) and syrup of gentian. Three or four dressings daily with charpie soaked in the following liquid:—

R.—Decoction of poppy heads $\bar{3}$ viss;
Extract of rhatany $\bar{3}$ ss.

℞.

Every other day, a bath of bran water. Four rations of hospital diet.

Every alternate day the ulcer was cauterized with nitrate of silver as long as its surface remained diphtheritic. At a later period, the nitrate was employed only to keep down the granulations.

During the last fifteen days of treatment, the process of healing was temporarily arrested. The dressing with solution of rhatany was suspended and replaced by dry charpie, which completed the cure.

The cicatrization took place by small points, and not from the circumference toward the centre.

During the whole duration of the disease there was no tension of the inguinal glands, and when the patient left the hospital he evinced no symptoms of syphilitic diathesis.

After cicatrization, the glans had lost one-third of its size; it was withered and wrinkled, but the prepuce covering it entirely, concealed partly the deformity of the cicatrix.

ANNULAR, INDURATED, PRIMARY ULCER, WITH ECTHYMATOUS ORIGIN.

C A S E .

THE subject of this case (FIG. 3) perceived, two days after a doubtful connection, a slight itching on the skin of the penis and glans.

Three small pimples made their appearance on the part affected. Those on the glans soon changed into ulcers, which increased simultaneously in extent and depth.

The pimple seated on the skin of the penis increased for some time with rupturing. The pus it contained dried up; a blackish, projecting, adherent crust occupied its place, encased as it were in a ring of skin, thickened, indurated, and of a dull red color.

The patient had for a long time considered this pimple as a boil.

When the crust fell off, the ulcer which it covered was grayish, pultaceous, and here and there studded with hemorrhagic points. The base was slightly cedematous, the edges perpendicular, separated, and slightly everted; they formed a ring having all the characters of specific induration.

The ulcers on the glans had the same aspect, with this difference, that in the transition from the stage of progression to that of reparation their hard and projecting edges were no longer separated; and the pearly-gray hue of the stage of cicatrization had succeeded the dull red color. These ulcers were, moreover, indolent, and suppurated but little.

On the margin of the prepuce, at the time of taking the drawing, was seen an cethymatous pustule of only five or six days date, the onset of which had resembled that of the other ulcers.

An inoculation was made with pus from this pustule, as well as with that from one of the ulcers still in the stage of progression, giving rise to the characteristic pustule of chancre.

The disease had existed six weeks. Several superficial inguinal glands on each side were engorged but indolent. The cervical glands began to be affected, and the patient felt some uneasiness in the motions of his neck. He also complained of nocturnal headaches, but apart from this there were no other symptoms of secondary syphilis.

The pustule on the margin of the prepuce was cauterized with Vienna paste, and, after the fall of the eschars, its specific character was destroyed, and there remained only a simple wound which soon healed.

On the sixth day of their existence, the pathognomonic pustules of the inoculation were likewise cauterized and destroyed. The remaining ulcers were dressed with a cerate composed of four parts of calomel and thirty parts of opiate ointment.

The patient was treated with prot. iodide of mercury and the bitter infusion, the use of which he continued for three months.

DIPHThERITIC PHAGEDÆNIC PRÌMARY ULCER IN VARIOUS STAGES.

C A S E .

THIS case (FIG. 2) represents a diphtheritic phagedænic chancre in the progressive stage, with a gray, uneven base, coated with adherent pultaceous matter; the edges irregularly rounded, perpendicular, slightly separated, everted, and surrounded by a dull-red areola.

This chancre is precisely analogous to the decorticating ulcer represented in FIG. 1.

The prepuce, drawn behind the glans, exhibits an œdematous swelling constituting one of the varieties of paraphimosis (œdematous paraphimosis).

On one side is seen a large ulcer covered with very projecting granulations, a variety, according to some authors, of the *ulcus elevatum*, according to others, of the *granulating chancre*; but, in fact, it is merely a stage of unhealthy reparation, with exuberant granulations of an ulceration analogous to that still in progress on the glans.

Still more posteriorly, and on the skin of the penis, is found an extensive patch, with a grayish and granulated surface, projecting considerably, and resembling a group of mucous papulæ. This, however, was not a case of transformation *in situ*, or passage from primary to secondary stage; for the antecedent chancres had presented no specific induration nor any other concomitant symptoms indicating constitutional infection. There had been no consequent bubo. The disease had existed five months.

Cauterization with nitrate of silver, dressings with aromatic wine, baths, and four rations of hospital diet effected a cure in five weeks.

EXPLANATION OF PLATE XII.

FIG. 1. Diphtheritic phagedænic decorticating chancre.

FIG. 2. Diphtheritic phagedænic decorticating chancre of the glans in the progressive stage.

Paraphimosis.

Chancre, in the stage of unhealthy reparation, on the prepuce (granulating chancres, a variety of the *ulcus elevatum*).

Chancre, in the stage of unhealthy reparation, simulating a mucous patch on the skin of the penis.

FIG. 3. Annular, indurated chancres, with ecthymatous beginning. On the margin of the prepuce is seen a recent pustule of ecthyma.

The edges of the chancres on the glans are projecting and greatly indurated without suppuration, and have the pearly-gray hue of cicatrization. Their base does not appear indurated.

The edges of the chancre on the skin of the penis are perpendicular, and form a ring of specific induration, encasing a crust recently detached. They are separated, everted, and surrounded by a red areola still pertaining to the stage of progression. The centre of the ulcer does not appear to rest upon an indurated base.

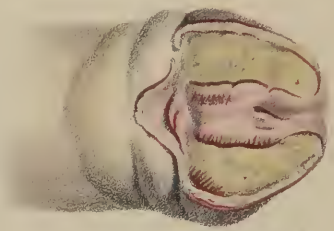


Fig. 1



Fig. 3



Fig. 2

PLATE XIII.

DIPHThERITIC PULTACEOUS PRIMARY ULCER—VESICULAR AND PUSTULO-CRUSTACEOUS ERUPTION.

C A S E .

Dum——, 33 years of age, a factor, admitted September 21st, 1841.

THIS patient is of medium stature, his muscular system is well developed, his eyes are dark, and hair is chestnut colored; skin white and complexion pale; he has been vaccinated.

From the history given by *Dum*——, the health of his parents has been always good, and there is no reason for supposing the existence of any hereditary disease in his family. He states that after much fatigue, or any errors in diet, he was frequently attacked with great itching of the skin, followed by vesicles, which soon ruptured and were succeeded by a thick crust, beneath which was a small ulcer. This eruption never required any medical treatment, and always disappeared in fifteen or twenty days.

At the age of eighteen, he contracted a blennorrhagia which was cured in three weeks by means of diluent drinks.

Since then, *Dum*—— has observed no precautions against the appearance of secondary symptoms, and yet none have manifested themselves.

From these considerations we may suppose that the blennorrhagia was not complicated with any primary syphilitic ulcer, or, at least, that there was no general infection.

On the 5th of August last, three days after connection, *Dum*—— perceived a small ulcer behind the corona glandis, on the middle superior portion. Two days subsequently, after a long walk, a swelling occurred in the right groin. The ulcer on the glans was cauterized with nitrate of silver, and poultices applied to the groin.

August 18th. The tumefaction in the groin had subsided, but the ulcer continued to increase, but without pain. The dressings were frequently changed, but without success.

Lastly, on the 25th and the 27th of August, a tumor appeared between the corpora cavernosa and skin of the penis, immediately behind the ulcer in the groove of the glans. The pain experienced by the patient was very acute; he could not sleep, and only obtained relief by local bathing in cold water.

Such was the condition of Dum—— when he applied to us for advice. It was then ascertained that the tumor on the penis had suppurated, was fluctuating toward its centre and on the side next to the ulcer in the groove of the glans. From its situation, and the rapid progress of the abscess, its formation was attributed to the passage of virulent pus into the subcutaneous cellular tissue. Here, in fact, in addition to a comparison easily made with the symptoms which occur when inoculable matter is extravasated into the tissues, it might be seen that the edge of the prepuce forming a bridle in front of the ulcer, the pus must more easily penetrate into the loose cellular tissue inclosing the corpora cavernosa, than find a passage externally through the opposing parts. Be that as it may, in the hope that a remission of the intensity of the inflammation would lessen the swelling of the parts, and, the strangulation forming the edge of the prepuce being then less severe, that the pus would find exit without an operation, we resorted to the application of compresses soaked in a concentrated solution of opium; and, to calm the irritation, he was ordered pills of camphor and opium.

From the first day of this treatment, his pain was greatly lessened, and he was enabled to sleep.

Eight days subsequently, the edge of the prepuce exerting less contraction, a great deal of sanious pus escaped. Emollient poultices were added to the opiated applications. The patient was kept quiet, and bathed daily. Notwithstanding his improvement, it was seen that the abscess emptied slowly. It increased in extent, and, although the antiphlogistic treatment was followed accurately, the inflammation reappeared with great intensity, and at the same time the ulcer attacked the corona glandis.

Dum—— was then admitted into the hospital on the 21st of September.

The treatment already indicated was continued in the expectation that rest in bed, and a more rigorous diet, would obviate the necessity of any incision, which might tend to increase the extent of ulceration by the action of the pus on the divided tissues.

28th. The inflammation continues. The ulcer visible on the corona glandis,

and which appeared covered with a greenish-yellow, adherent, false membrane, has assumed a livid hue. Gangrene has commenced, and the division of the strangulation is imperative. The prepuce was divided at its upper part in order to expose the ulcerated surface.

The corona glandis was found deeply ulcerated, and the corpora cavernosa denuded to a great extent, in consequence of the destruction of the cellular tissue uniting them to the skin. On the inner surface of the prepuce are likewise perceived large ulcers corresponding to those on the glans.

Continue the opiated applications and diet.

30th. The inflammation has much diminished, and the tumefaction is less; the constant pain felt by the patient has ceased; the passage of urine over the diseased parts occasions but little burning, although they are very sensible to the touch, and their appearance indicates that the specific character of the ulcer has not been destroyed by the gangrene, the sloughs of which, indeed, have been observed only on the points strangulated. Some small, red, salient points are seen on the anus and the left scapulo-humeral region. This eruption appeared without any perceptible prodromi, and is confined to the parts mentioned.

Continue the dressings. Ordered soup and broth.

October 6th. The tumefaction is reduced by three-fourths, but the ulceration progresses. The edges of the incision made to relieve the strangulation have become ulcerated from the contact of the pus. The eruption continues to spread actively; it is vesicular.

Dress with aromatic wine. Same diet.

8th. The aromatic wine has caused irritation.

Resume the opiated dressings. Same diet.

12th. The irritation caused by the aromatic wine has disappeared. The eruption progresses. Some vesicles are ruptured, and small scales or little crusts occupy their place. Others, having advanced to the stage of true pustules, on rupturing, leave the surface of the skin covered by larger or smaller crusts.

Dress with a solution of iodine, and touch with a brush dipped in tincture of iodine. Diet, one-fourth allowance.

14th. The ulcer still progresses.

Continue the iodine dressings, and give daily a pill of protiodide of mercury with cicuta. Infusion of hops with two grammes of iodide of potassium. Diet, half allowance.

16th. Suppuration still continues copiously. The ulceration on the glans and skin of the penis is still active. Dress one-half of the affected parts with solution of

iodine and the other with aromatic wine, so as to institute a comparison between these two modes of treatment. The eruption does not progress.

Continue the treatment and diet.

18th. On removing one of the crusts on the left arm, beneath was found an ulcerated surface covered with greenish pus, which was inserted into the right thigh by two punctures.

The aromatic wine has produced irritation; it is suspended, and the solution of iodine substituted. Continue the treatment and diet.

20th. The ulcers look better, and have assumed a healthy roseate hue. The eruption likewise is improving; the scales are falling off.

Continue the treatment and diet.

22d. The tissues attacked by ulcerations, which until now had preserved a kind of œdematous tension, without specific induration, begin to soften. There is a general tendency to healing, which seems to commence at the upper angle of the division of the skin of the penis.

Give two pills daily, and two grammes of iodide of potassium. Continue the dressing. Diet, three-fourths allowance.

25th. The inoculation has been of no effect. There is some diarrhœa.

Give thirty grammes of syrup of white poppies. Continue the treatment and diet.

28th. The cicatrization continues to progress, and the cutaneous eruption is healing. The larger crusts only remain.

Give three pills daily, and four grammes of iodide of potassium. Same diet.

31st. During the night, an erection ruptured a small artery on the middle and upper part of the penis, occasioning a small loss of blood. Cold applications did not arrest the hemorrhage, which was assisted by a remarkable want of plasticity in the blood, but it yielded to powdered alum.

The cicatrization advances, and the flesh is becoming level. It may be remarked here, as in the majority of patients laboring under phagedænic ulcers in this condition, that the corpora cavernosa have resisted better than the glans the ulcerative progress, and that the destruction of the skin is much more considerable on the dorsum penis than on the corresponding region of the urethra. The last crusts of the cutaneous eruption have fallen off, and the exposed tissues are perfectly cicatrized, but not depressed.

Continue the treatment and diet.

November 16th. The patient asks to go out and be treated at home.

19th. Dum—— was readmitted. There is recrudescence of the cutaneous erup-

tion; intense pain in the throat; and, on the right tonsil, some ulcers covered by a grayish-white membranous coat. There is no engorgement of the cervical glands.

In the region of the frænum, on the portion of the glans free from ulceration, is seen a small surface covered by a grayish, false membrane. Since the morning of the discharge of the patient it has trebled in extent.

Give a pill of protiodide of mercury with cicuta. Two grammes of iodide of potassium with infusion of saponaria. Gargle with bichloride of mercury in a decoction of cicuta and dulcamara. Cauterize the ulceration with nitrate of silver. Dress with solution of iodine. Diet, soup and broth.

25th. The cutaneous eruption has ceased, and the ulcers formed on the parts at first affected are now covered with more or less thick crusts. The pain in the throat has lessened. The appearance of the ulcers on the penis is better.

Continue the treatment and diet.

30th. There is no longer any pain in the throat, and the ulcers on the tonsils have nearly disappeared. Some crusts have fallen from the skin.

Same treatment. Diet, half allowance.

December 10th. The throat is perfectly well.

Continue the treatment and diet.

16th. There are no more crusts on the skin.

Same treatment. Diet, three-fourths allowance.

21st. The seat of the eruption is occupied by very depressed brown spots. The ulcer on the penis is cured. Dum—— left the hospital with directions to continue the treatment for a month. He was hardly gone when he ceased all treatment, and even indulged in some excesses of diet; and, on the 11th of January, 1842, again came under our care. There was a recrudescence of the eruption. On the arms, the cicatrices of the last eruption had ulcerated. Lastly, on the left cheek, were seen two yellowish, projecting, and irregular crusts.

He was directed to take pills of protiodide of mercury with cicuta, infusion of saponaria, and iodide of potassium.

This treatment was continued until the 1st of March, but so irregularly as to have no effect on the disease, and Dum—— returned to the hospital.

All that time, large crusts covered the majority of the spots on which the eruption had been seated. The crusts, particularly on the face, are of a clear greenish-yellow; and, when removed, disclose beneath a granulated reddish ulcer, the surface of which is more elevated than that of the healthy skin, surrounded by a small inflammatory circle. On the middle and anterior part of both arms, are seen two large ulcers, the scabs of which have fallen off some days since. On the right arm,

the edges of the ulcer are sharply defined, thin, and finely denticulated; they are of a rose color, whilst the centre of the diseased surface is grayish, and appears, in some places, to be covered by a kind of tomentose membrane which blackens on drying. On the left arm, the ulcer presents nearly the same aspect, except that its surface is nearly wholly covered by a thin, blackish scab formed by the desiccation of the species of membrane first spoken of.

We directed the resumption of the treatment with iodide of mercury and of potassium. Dress the ulcers with tincture of iodine. Diet, three-fourths allowance.

10th. The mercury has affected the mouth, and was suspended.

Continue the iodide of potassium in the dose of four grammes daily. Touch the gums with a brush dipped in hydrochloric acid, and gargle with cinchona. Same dressing. Soup and broth.

14th. The mercurial stomatitis has disappeared.

Continue the gargle. Give two pills of protiodide of mercury. Same treatment Half allowance.

20th. The scabs of the eruption have all fallen off without leaving any ulcers beneath, and the ulcerated patches are nearly healed.

Give three pills and five grammes of iodide of potassium. Continue the treatment and diet.

30th. The cicatrices marking the seat of the eruption are everywhere freely depressed, and of a brownish-red color. This depression is the deeper in proportion as the parts had been involved.

Continue the treatment and diet.

April 5th, 1842. The depression of the spots and cicatrices succeeding the eruption has not increased; it seems to have reached its acme.

The patient left the hospital.

We saw Dum— again on the 8th of April, 1843. No return of any of the symptoms had taken place, although he confessed he was not always very guarded in his diet.

EXPLANATION OF PLATE XIII.

FIG. 1. Sketch of the genital organs on the 25th of September, the day before the operation. The penis is so arranged as to exhibit a part of the ulcer which is destroying the corona glandis; it appears covered by a pultaceous, adherent, greenish-yellow, false membrane, on the surface of which are seen here and there remains of the gangrened tissues. The edges of the ulcer are highly inflamed. Behind the glans, the border of the prepuce causes a considerable strangulation, preventing the discharge of the pus contained between the skin and corpora cavernosa. At this point, there is a true abscess, and fluctuation is particularly sensible on the dorsum penis. The integuments of the organ, as far as the vicinity of its root, are greatly distended; their surface is smooth and of a livid red color.

FIG. 2. The same organs, after the incision, presenting a front view of the ulcer which has destroyed the corona glandis, and extended to the corpora cavernosa in consequence of the infiltration of the virulent pus into the cellular tissue of the skin of the penis. On the prepuce, considerably swollen, is seen the ulcer, which, prior to the division of the parts, was in contact with the primary ulcer.

FIG. 3. Specimen of the eruption on the right arm. A vesicle is seen surrounded by an inflammatory circle. Beneath it, a ruptured pustule, which, for four days, has been replaced by a central scab, around the circumference of which the elevated epidermis forms a whitish fringe, continuous with an inflammatory circle, of a deeper color than that of the vesicle. At the right is seen a scab.

FIG. 4. Eruption of the left arm. The scabs seen on the opposite extremities of the figure present nearly the same appearance as those on the right arm. Beneath is a small pustule, and, towards the upper part, a terminating patch depressed and brownish. This was drawn when the patient left the hospital for the second time.

FIG. 5 represents a vesicle, a pustule, and a thick, stratified scab, which has increased from its base by the progress of the ulcerated surface which it covers.

A—B. The letters A (FIG. 3) and B (FIG. 5) indicate two thick scabs which appeared on the patient's cheeks. These drawings were made on the 11th of February, 1842.

Fig. 1.



Fig. 2.



PLATE XIV.

RASPBERRY-LIKE VEGETATIONS, WITH PHIMOSIS AND PERFORATION OF THE PREPUCE.

C A S E .

B—, Jean Baptiste, 44 years of age, admitted July 2d, 1844.

FIFTEEN years ago, this patient had a blennorrhagia and adenitis terminating in suppuration. The blennorrhagia was treated by antiphlogistics, and lasted sixty-five days. The bubo was opened by caustic potash.

This man had a good constitution, and always enjoyed good health, both before and after the attack. He frequently had connection with his wife, who was never infected. About four months since, he saw a small white pimple, about the size of a millet seed, on the inner surface of the prepuce. He irritated this several times and excited inflammation and suppuration, which extended to the neighboring parts, and gave rise to the symptoms of a *balano-posthitis*.

The border of the prepuce, being pretty large, had always allowed the glans to be easily exposed, but it became highly inflamed, and, in fifteen days, produced a complete phimosis. Then the patient felt pain, an uncomfortable sensation of heat and itching, increased by pressure and the emission of urine. A puriform secretion began to escape. Gradually, the extremity of the penis increased in size, and the contracted and inverted border of the prepuce exhibited a surface covered with vegetations.

The disease continuing to progress, the skin, being exceedingly distended, red, and inflamed, became much more thin toward the lower part of the penis. A slough, which subsequently formed, in falling off brought away a mass of vegetations. A copious, sanious, and excessively fetid secretion escaped through the opening.

The pain then diminished.

In the foregoing condition, B— was admitted into the hospital. He had never had any lancinating pain. No symptom of constitutional syphilis had preceded or accompanied the disease, and he had never taken any mercurial remedies.

After having rested for eight days, and lived on a mild regimen, and used frequent baths, he was operated on.

The upper part of the prepuce was divided by means of a dissector and bistoury. Another incision was then made towards the base of the frænum. Two lateral flaps, resulting from these incisions, were then removed at their base. The vegetations were thus exposed, and, in their turn, removed by means of curved scissors. It was necessary to exhume, as it were, from this mass of epigenic tissues, the glans, which was found almost atrophied from the pressure it had undergone, and which, without care, might have become entirely degenerated. The base of the vegetations, and a great part of the prepuce, presented a scirrhus hardness, of a pearly-white color, radiated in some parts, and creaking under the bistoury. Under certain circumstances, these conditions might induce the belief in scirrhus or even carcinomatous degeneration, and give rise to error relating to chancres of the penis called *superficial*.

After the operation, the parts were enveloped in compresses soaked in cold water, and the patient took every evening thirty centigrammes of lactucarium and camphor divided into two pills.

The tissues gradually unloaded themselves without much suppuration, and cicatrization went on rapidly. Some vegetations were reproduced; some of them, being sessile, were cauterized with the acid nitrate of mercury; others, pedunculate, were removed by scissors.

The patient represented in PLATE XIV., FIG. 1, entirely resembled FIG. 2 (except the perforation of the prepuce), labored under congenital phimosis. He had never had any venereal disease; but, six months before he came under our care, he had violent itching of the glans and prepuce, followed by a fetid and muco-purulent suppuration. Vegetations supervened, which were neither contagious nor the consequence of contagion. The proof of this is that the only woman with whom he had had connection, until the excessive growth of the vegetations rendered the act impossible, had not been diseased. Since that time, he underwent no treatment, and no other symptom appeared.

He was treated precisely as the subject of FIG. 2.

EXPLANATION OF PLATE XIV.

FIG. 1. Congenital phimosis. Considerable swelling of the penis, occasioned by a mass of raspberry-like vegetations, incarcerated in the prepuce and analogous to those seen on its edge.

FIG. 2. Accidental phimosis. Great swelling of the penis. Perforation at the lower part of the prepuce preceded by a gangrenous slough, which, in falling off, gave exit to the mass of vegetations there represented.

Fig. 2.



Fig. 1.





PLATE XV.

ELEVATED INDURATED PRIMARY ULCERS (ULCUS ELEVATUM)— COMPLEX SUPERFICIAL INDOLENT ADENITIS.

C A S E .

Than——, 27 years of age, a tailor, admitted August 3d, 1841.

THREE years ago, this patient was affected with syphilis for the first time. The morning after connection with a girl of the town, he perceived a small excoriation on the middle and upper part of the edge of the prepuce. Three or four days subsequently, a tumor appeared in the left groin. From the commencement, it gave great pain, and the patient was obliged to keep perfectly quiet.

The excoriation of the prepuce soon became grayish; it increased in consequence of ulceration, and the surrounding tissues became much swollen simultaneously with the development of a pretty acute inflammation.

He was at first treated by antiphlogistics; anodyne applications to the ulcer; leeches and poultices to the inguinal tumor.

In the course of two weeks, there was no tumefaction in the groin or the prepuce.

The antiphlogistics were suspended, and the ulcer, dressed with aromatic wine, was several times touched with nitrate of silver.

The first attack lasted three months, and since that time no symptom of constitutional infection has appeared.

He contracted the second infection about the end of last June. *Than*—— exposed himself very frequently, and could not indicate precisely the origin of the disease; but he well remembers that, about the 3d or 4th of July, after some excessive drinking bouts, an acute pain caused him to examine the genital organs, and he discovered two small ulcers seated on the right side of the mucous surface of the prepuce.

For ten days he used only emollient lotions.

The pain ceased almost entirely, but the ulcers spread and became indurated. They were cauterized two or three times, and dressed with aromatic wine, without much improvement, either on account of the little care the patient took of himself, or a general irritation caused by prolonged watching. Lastly, frequent excesses in diet aggravated greatly the condition of the parts, and, a new ulcer appearing on the penis, Than—— entered the hospital on the 3d of August, 1841.

The ulcerated parts are red and swollen, and the patient experiences acute pain, which may be attributed to the accidental inflammation, inasmuch as indurated chancre naturally excites but little reaction, and always remains indolent.

The ulcer seen on the mucous membrane, after having invested the prepuce, appears much more advanced toward the healing stage than that on the skin of the penis. The surface of the former is everywhere of a beautiful rose color, whilst the other presents a livid aspect, produced by the interstitial gangrene which has complicated the progress of the ulceration. The two ulcers have an indurated base, but this characteristic induration is much more evident and elevated in that on the dorsum penis, which possesses all the characters of the *ulcus elevatum*.

It may be also remarked that, on the mucous membrane of the prepuce, the ulcer has extended crosswise, either from the pressure exerted by the corona glandis, or in consequence of being arrested by its groove. The ulcer on the skin of the penis, on the contrary, is regularly rounded, it being developed among homogeneous tissues.

The extension of the induration is particularly remarkable in the vicinity of the union of the mucous surface of the prepuce with that of the glans. The induration is also much greater at the circumference of the ulcer than on the penis. There exist in the groin some swollen glands, which have been slowly developed, and remained indolent. In the posterior cervical region are here and there several glands likewise tumefied. No other symptom of constitutional infection is apparent. The organic functions are healthy.

The ulcers were dressed with a concentrated solution of opium. Diet, one-fourth allowance.

August 10th. There is much less inflammation. The ulcer on the prepuce is advancing more and more toward the healing stage; but the interstitial gangrene continues on the surface of the chancre on the skin of the penis.

Same dressing and diet.

18th. The ulcers appear to be no longer under the influence of accidental inflammation. The surrounding œdema has entirely disappeared. The improvement already observed in the state of the chancre of the mucous membrane of the prepuce continues regularly, whilst the other ulcer remains stationary.

Suspend the solution of opium, and dress with opiated cerate. Diet, half allowance.

23d. A drawing was made of the diseased parts.

The lactate of mercury was given in the dose of two centigrammes daily. Same dressing and diet.

September 4th. The remedy has been gradually increased to four pills daily.

The free edges of the gums are red, and slightly inflamed. There is some salivation with metallic odor.

Notwithstanding these symptoms of ptyalism, five pills were given. Ordered a gargle of hydrochloric acid.

The ulcer of the prepuce is rapidly healing; it was touched with nitrate of silver and dressed with dry charpie. A great improvement is observed in the state of the chancre on the dorsum penis. The progress of the interstitial gangrene seems arrested. There is less tumefaction in the inguinal glands; those of the neck have resumed their normal state.

Continue the diet.

10th. The ulcer on the prepuce has cicatrized, and the extent of the induration is reduced by one-half. The chancre on the dorsum penis is everywhere in the healing stage. Its surface is red and granulated. As in the ulcer on the prepuce, there is a marked diminution in the induration of the tissues on which it is seated. There are no more swollen glands in the right groin, and but few on the left. The cervical region is healthy.

The patient takes six pills daily. The ulcer was slightly cauterized with nitrate of silver, and dressed with dry charpie. Diet, three-fourths allowance.

14th. There is no longer any glandular engorgement in the groin. The ulcer has cicatrized over three-fourths of its extent.

Give eight pills. Same dressing and diet.

15th. The patient's hands are seen to be affected with vesicles of itch, communicated by a person who visited him some two weeks since.

He was ordered baths of Barèges water and frictions with citrine ointment. Continue the treatment and diet.

17th. All the symptoms of the syphilis have disappeared, excepting a slight induration indicating the seat of the primary ulcers.

Continue the treatment and diet.

19th. The patient asked for his discharge.

The itch has not progressed.

INDURATED PRIMARY ULCER (VARIETY OF ULCUS ELEVATUM).

C A S E .

M—, 21 years of age, a butcher, seen August 10th, 1840.

THIS patient, born of healthy parents, is fat, well made, of medium stature, and rosy complexion. This is his first attack of venereal disease. Two weeks since, he had frequent connection with the same woman, when he perceived a small ulcer on the mucous membrane of the prepuce of the right side of the penis. It was at first treated with emollient lotions, then with various dressings, which did not improve its character; and, at last, M— came to consult us. At that time, he had, in the region already mentioned, a chancre resting on a base, of which the induration extended deeply into the tissues, so that, by inverting the prepuce to examine the diseased parts, the ulcers, circumscribed by a thick and hard ring, appeared to be located on a projecting, round surface possessing the elasticity of cartilage.

The affection had existed two months, when a drawing was made of the primary ulcer. It was then in the incipient stage of healing; on its circumference was seen a commencement of cicatrization; whilst another ulcer, irritated by some excesses in which the patient had indulged, presented the characters of the progressive stage complicated with some points of interstitial gangrene.

The chancre was dressed with an ointment of calomel and opium. A pill of prot.-iodide of mercury daily was prescribed, with sudorific infusion and syrup. This treatment was continued for two months, and the daily dose of the mercury gradually increased.

October 12th. All treatment was suspended. The ulcer had cicatrized twenty days since; but beneath the cicatrix there existed the characteristic induration. Toward the early part of November, the patient had some pain in his throat, and some elevated grayish pustules were seen on the tonsils.

The prot.-iodide of mercury, with the sudorific infusion and syrup, were resumed. Dry calomel was applied to the induration continuing on the prepuce.

November 19th. Give two pills daily. There is great improvement.

Lastly, on the 30th, there remained no traces of the affection of the throat, and the cicatrix of the primary ulcer was free from all induration.

INDURATED, GRANULATING, PRIMARY ULCER.

C A S E .

Just—, 38 years of age, a baker, admitted August 4th, 1840.

THIS patient, born of healthy parents, and free from all suspicions of hereditary taint, is of medium stature; his hair is flaxen, and his skin white. His muscular system is well developed.

At the age of eighteen, he had a blennorrhagia which was not regularly treated, and the duration of which he does not remember, on account of various relapses, caused by excesses in diet and sexual commerce, soon after the cessation of the discharge.

At all events, four or five years ago, he had scarcely any running from the urethra, when, in 1836, he contracted a new blennorrhagia, and, for the same reasons already mentioned, it lasted for more than a year. With the exception of these two blennorrhagiæ, and an attack of fever in 1822, Just— has always enjoyed excellent health. He had never any symptom of syphilitic infection until six weeks since. Two days after connection, he observed three small ulcers on the corona glandis, near the frænum, and on the frænum itself. He also said that, three or four days before this connection, he had scratched himself on the inside of the right thumb, and, whether the penis and thumb were infected simultaneously or not, the scratch on the thumb began to ulcerate.

The patient at first tried some dressings, of which he could not tell the nature, but, the progress of the disease preventing him from work, he applied for admission into the hospital on the 4th of August, 1840.

August 6th. On the corona glandis are seen three small, grayish ulcers, the greatest of which has destroyed the whole of the frænum; their base presents a deep-seated, elastic induration, which may be compared to the size of half a pea. The ulcerating tissues are nearly on a level with the surrounding healthy skin.

The chancre on the thumb presents likewise the characters of indurated primary ulcer, but the induration is here much more extensive, and the base is elevated as in the *ulcus elevatum*.

On the limbs and trunk, numerous finely-pointed, reddish maculæ, slightly projecting, particularly on the skin of the belly, and momentarily disappearing under pressure, indicate the onset of syphilitic symptoms depending on constitutional

infection. There are none on the face. This eruption has been observed by the patient for only four days; it occurred without observable prodromi. He has had neither fever, nor headache, nor itching of the skin.

The chancre was dressed with a concentrated solution of opium. Give a pill of prot-iodide of mercury daily, with sudorific syrup and infusion. Diet, one-fourth allowance.

August 8th. The syphilitic eruption has progressed. The number of maculæ has increased, and those which first appeared are of a deeper color, taking a yellowish color under pressure; and, at the same time, the epidermis, at these points, is more dry and resisting. The ulcers are no longer influenced by accidental irritation.

Dress with cerate of calomel and opium. Give two pills of prot-iodide of mercury. Half allowance.

16th. At several points, the maculæ have given place to thin scales, adherent in the centre, and of which the edges slightly elevated form a whitish circle, around which the epidermis, also detached, forms a circular fringe. The chancres on the penis are in the healing stage.

They were lightly touched with nitrate of silver. Give three pills. Same dressing and diet.

30th. The eruption has not progressed, but remains stationary. The ulcerations on the penis have disappeared, and their place is occupied by the characteristic induration. The elevation of the chancre on the thumb has much increased.

It was dressed with plasters of *Vigo cum mercurio*, and thereby slightly compressed. Continue the treatment and diet.

September 7th. A drawing was made of the chancre on the thumb. Its surface is covered with very large granulations covered by a rose-colored membrane, and generally smooth; its interstices are deep and copiously secrete pus. Around it is observed a sort of indurated ring, formed principally by the cutaneous tissue, which seems to have been turned back by an eccentric movement of expansion.

Give four pills. Same dressing and diet.

14th. The influence of the treatment on the disease is very marked. The cutaneous eruption is fading at several points, and the scales fall off, exposing surfaces of a slight brownish-rose color, but without remarkable depression. The ulcer on the thumb appears to be healing.

Continue the dressing. Diet, three-fourths allowance.

18th. There is some tendency to ptyalism. The free edge of the gums is slightly tumefied.

Suspend the pills. His bowels not having been disturbed for three days, he was

directed to take a bottle of Seidlitz water. Gargle with hydrochloric acid. Continue the dressing and strict diet.

20th. The pytalism has ceased.

Give two pills. Same dressing. Half allowance.

27th. The cutaneous eruption is gradually fading away. The desquamation is almost general. The maculæ which appeared last have vanished without being covered with scales. They have scarcely left a mark. The chancre on the thumb, the surface of which had been touched two or three times with nitrate of silver, is entirely cicatrized, and the induration of the base reduced by three-fourths.

Give five pills. Same dressing and diet.

29th. Just—went out on business, and returned on the 2d of October. Whilst he was out he has been much fatigued, and indulging in drink to excess.

Here and there, among the old spots, which are brownish and slightly depressed, are seen small salient papulæ, having a tendency to unite in groups, especially where the first eruption has not been.

Resume the treatment. Give two pills of prot-iodide of mercury daily, with sudorific infusion and syrup. Diet, half allowance.

10th. The eruption has slightly progressed.

Continue the treatment and diet.

16th. The disease appears but little modified by the treatment, which was continued with the addition of a fumigation with cinnabar and bath of Barèges water alternately.

Same diet.

20th. The condition of the patient has considerably improved. Numerous scales are falling from the points attacked by the new eruption, and the papulæ do not project so far.

Same treatment and diet.

29th. The papulæ project no longer, and the desquamation continues. The induration of the cicatrix of the ulcer on the thumb has completely disappeared.

Continue the treatment. Diet, three-fourths allowance.

November 10th. The last eruption has left everywhere brown spots, more depressed than those marking the seat of the first.

The patient left the hospital to return again on the 5th of April, 1842.

He asserts that he has contracted no new infection, although frequently exposed.

After having left the hospital, he discontinued the treatment for the time indicated to him as necessary to effect a perfect cure.

Notwithstanding this neglect, and his numerous errors of diet, it was only in

July, 1841, that Just— perceived an eruption, which his physician said presented the characters of mucous tubercle. It was seated in the folds of the anus and for some distance around it. He was subjected to a treatment which we could not very well understand. It lasted about a month, and the tubercle around the anus disappeared.

One or two months after, the patient had pain in his throat. He came to the hospital for advice, and was ordered pills of prot-iodide of mercury, with sudorific syrup and infusion.

This prescription, though irregularly followed, caused a remarkable improvement, and his health seemed re-established for some time; then, at various periods, he had pain in the throat. Lastly, on the 5th of July, 1842, when he was readmitted, there was observed an intense redness of the throat, and on each side, near the commissure of the lips, one or two grayish-white mucous patches. Some granulated tubercles were on the commissures themselves.

Give two pills of iodide of mercury daily, with sudorific syrup and infusion. Gargle with hydrochloric acid. Soup and broth.

10th. The throat is no longer red, and the rapidity of the disappearance of that symptom induces us to suppose that it was produced by the immoderate use of stimulating drinks in which the patient habitually indulged.

Continue the treatment. Half allowance as diet.

16th. The mucous patches have nearly disappeared. A few tubercles alone remain on the commissure of the lips.

Continue the treatment and diet.

20th. The buccal mucous membrane is everywhere free from the eruption. A small fissure alone remains at the right commissure.

Continue the treatment. Diet, three-fourths allowance.

27th. The syphilitic symptoms exist no longer.

29th. The patient left the hospital.

EXPLANATION OF PLATE XV.

FIG. 1. Genital organs of Than——. The prepuce has been thrown back in order to show the ulcer on its mucous surface. The induration by which it was attacked has deprived it of its natural softness; and it may be observed, particularly in the vicinity of the corona glandis, that it remains tense, and is not closely applied to the circumference of the penis.

The surface of the ulcer itself is slightly depressed below the level of the sound parts. It presents, both in its centre and irregular circumference, points which are easily recognized as the commencement of the healing stage. The ulcer on the skin of the penis is particularly remarkable, from its elevated base and the blackish points marking the interstitial gangrene, which has irritated the process of ulceration. Here is seen, around the ulcerated tissues, a sort of indurated ring; its surface is rugous, and the epidermis detached from it by small scales, exposing tissues on which is seen a kind of punctated injection.

The longitudinal swelling, occasioned by the glandular inflammation, is seen in the left groin; and, in the right, two small tumors owing to the same cause.

The skin covering these tumors has but slightly changed in appearance; it is merely more smooth, owing to its distension.

FIG. 2. Penis of M——. The prepuce is thrown back so as to exhibit the ulcer on its mucous surface.

The extent of the induration of the base may be appreciated by the projection of the ring circumscribing the ulcerated surface. On its sides are seen the folds formed by the mucous membrane, at the points where the sound tissues have preserved their softness, whilst those parts attacked by the induration remain uniformly tense.

Around the ulcerated surface is seen a whitish circle, indicating the commencement of cicatrization. In the centre, the character of the progressive period still exists, and some blackish points indicate the interstitial gangrene complicating the disease.

FIG. 3. Right thumb of Just——.

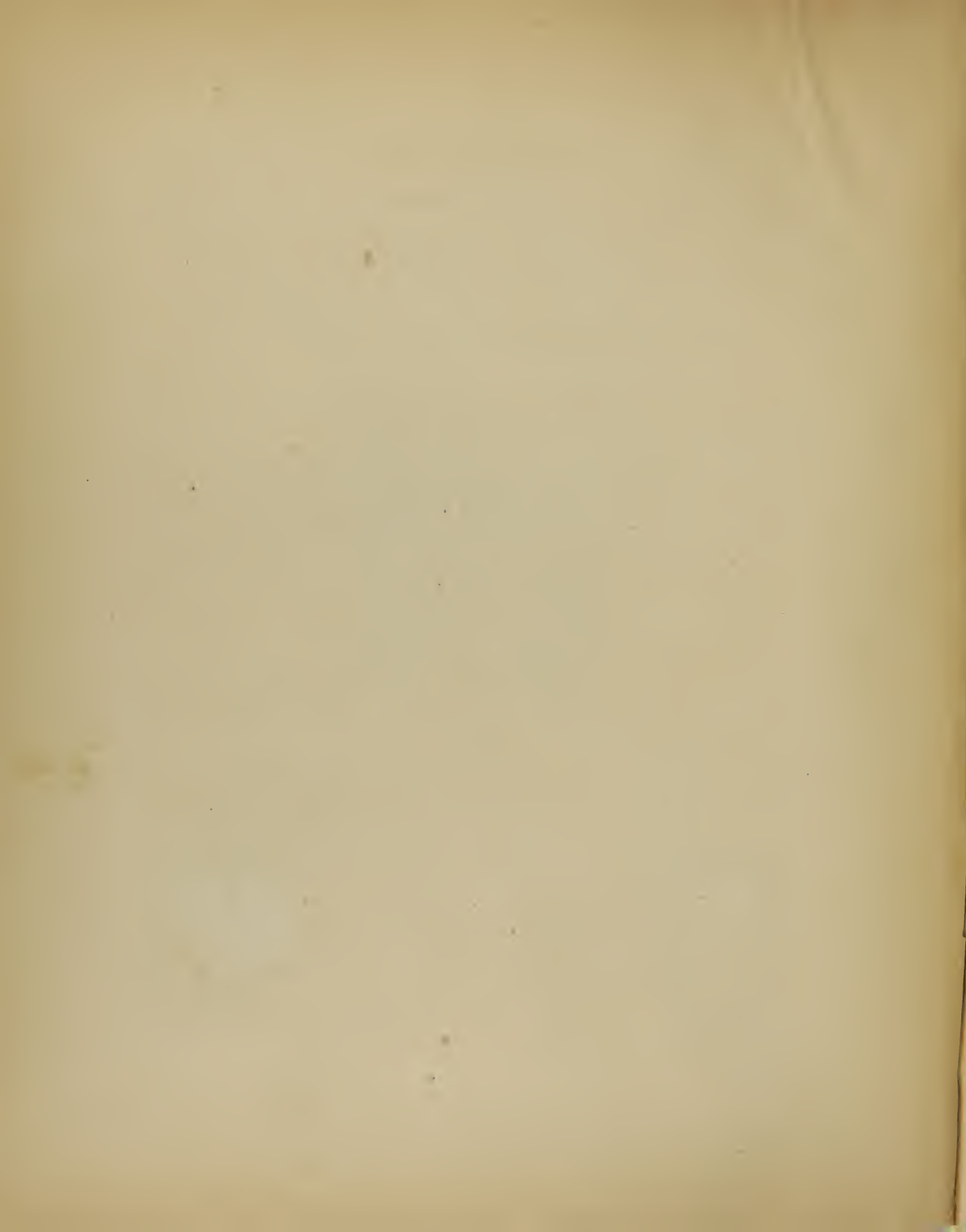
Drawing made on the 7th of September. The pus which soiled the surface of

Fig 1.

Fig 2

Fig 3





the ulcer was wiped off, so as to show the granulations which covered it, and gave it the appearance of a vegetating tissue.

Here the induration is evidently projecting and extensive. The transverse diameter of the chancre exceeds the thickness of the finger, and around the circumference is seen a ring formed by the indurated skin, and which seems to have been thrown back by an eccentric movement.

PLATES XVI. & XVII.

DIPHThERITIC NON-INDURATED PRIMARY ULCER—POLYmORPHOUS SYPHILIS AT VARIOUS STAGES.

C A S E .

Mel—, 18 years of age, a tailor, admitted August 17th, 1841.

THIS patient possesses a lymphatic temperament, with a delicate and very white skin, somewhat freckled, and red hair. His muscular system is well developed; he is nearly five feet nine inches in height; and has been vaccinated. All his functions are regularly performed.

Mel— had never had any venereal disease until five or six days after coitus, which now dates a month ago, when he perceived a slight urethral discharge, without much irritation of that canal. There was some smarting whilst urinating, but erections gave him no pain. Cotemporaneously with the urethral discharge, he felt some itching toward the peno-scrotal angle; and very soon there succeeded, to some pustules which he had ruptured by scratching, several closely approximated ulcers, which subsequently united by the process of ulceration, destroying the intervening portions of skin.

The patient followed his usual occupation, and merely washed the parts with a decoction of flaxseed, and took an infusion of dandelion and liquorice.

The disease progressed, and small follicular ulcers formed on the skin of the scrotum, which was constantly soiled by the purulent matter from the peno-scrotal ulceration. Lastly, about ten days prior to his admission, the inguinal regions became painful, and a glandular swelling appeared, more pronounced on the left than on the right side. For several days, the inflammatory condition of the diseased parts seemed to increase with great rapidity. The scrotum and penis were attacked with erysipelatous œdema.

Poultices were applied to the groin, and the patient, after eight days' rest, obliged to quit work, applied for admission on the 17th of August, 1841.

August 18th. Considerable tumefaction of the scrotum and penis is observable. The skin of these parts, from the effect of erysipelalous œdema, is red, smooth, tense, and pits upon pressure. In consequence of the swelling of the tissues, an œdematous phimosis has occurred, which, however, does not prevent us from ascertaining that there exists no ulceration of the glans or mucous membrane of the prepuce; the urethra discharges at most a few drops of muco-purulent secretion.

A primary ulcer is seen in the peno-scrotal angle, resulting, as we have said, from several ulcers at first distinct. This ulcer presents a large surface, covered by an adherent, false membrane, of which the left part is gray, whilst on the right, where there is more irritation, a hemorrhagic transudation may be observed traversing the grayish diphtheritic coat; at this point, the base is more elevated, but presents no specific induration. The edges of the ulcer are irregular, especially toward the penis, where may still be seen some remains of integument which separated at first the ulcers from each other. This is very perceptible toward the superior left angle, where the process of ulceration has destroyed the greater part of the skin which separated a small ulcer from the larger one.

On the right side, the ulcer appears to have felt an influence which frequently opposes a barrier to the advance of the disease in consequence of the different resistance of different tissues; the raphe seems to have arrested it.

Toward the raphe, at the superior angle of the ulcer, and in the half of its upper edge, the edges are slightly elevated above the base; everywhere else they are cleanly cut perpendicularly.

On the scrotum, we remark some small ulcers of the same nature as those just described. They result, as we have said, from the inoculation of the virulent pus from the peno-scrotal ulcer.

The left inguinal region alone presents a slight tumefaction with reddish coloring of the integuments. The principal seat of this tumefaction is one of the superficial glands and surrounding cellular tissue. Scarcely any is to be seen on the right.

The ulcers were dressed with anodyne cerate. Poultices were applied to the groin. Soup and broths.

25th. The erysipelalous œdema has greatly diminished. The surface of the ulceration is uniformly grayish, and its edges are free from inflammatory swelling. In the groin, there remains only a slight glandular tension.

Continue the dressings. Half allowance.

30th. The penis and scrotum have assumed their natural size. In consequence of the shrinking of the tissues, the extent of the ulcers seems less.

Cauterize with nitrate of silver. Continue the dressing and regimen.

September 1st. The skin, which, for eight days, appeared slightly mottled, now presents a polymorphous and peculiarly vesiculo-pustular eruption.

This characteristic symptom of constitutional infection was neither preceded by fever nor itching, nor, indeed, by any symptom which might be considered as precursory. The affection has rapidly progressed, and whilst here and there are still seen some incipient maculæ, we observe a great number of vesicles, varying in size from that of an almost insensible point to that of a pustule. In some spots, the eruption presents the characters of rupia. The epidermis separated at an early period, and left hard, thick, stratified, and irregular crusts.

Of the maculæ, some are obliquely projecting and papulous, whilst others seem like simple blotches, superficial and more or less red, disappearing momentarily under pressure. By lacerating the pustules, they discharge a serous pus, and around them is formed an areola less red, but more diffuse, than that surrounding the crusts of rupia. Lastly, on their removal, beneath are seen the tissues superficially ulcerated.

The surface of the peno-scrotal angle is cleaning. The other small ulcers of the scrotum have healed.

Although no anti-blennorrhagic remedies have been used, no discharge has taken place from the urethra for six days.

Cauterize the ulcer with nitrate of silver. Same dressing and diet.

5th. The peno-scrotal ulcer is rapidly improving; its extent is reduced by one-half, and its face and edges are on the same level.

Cauterize superficially with nitrate of silver. Dress with dry charpie. Diet, three-fourths allowance.

9th. The ulcer has entirely cicatrized and left no indurated base.

Same diet.

10th. The patient was subjected to the water cure. He took a tumbler of water every hour; and, in the twenty-four hours, four enemata of cold water, and two baths of three hours' duration each. After each bath, an hour of gymnastic exercise. The patient was then wrapped in a blanket, and his surface frequently wiped dry.

Same diet.

15th. The progress of the eruption is arrested. He bears the water cure well. It is continued.

Same diet.

20th. Decided improvement.

Continue the treatment and diet.

26th. Mel— went out on business, and seems to be in a fair way of recovery. A considerable number of spots of the stage of termination—slight brown and depressed, and not disappearing under pressure—are seen over his body.

Some days after his leaving, a new papulous syphilitic eruption having appeared, he was admitted into another hospital, where he took, for six weeks, pills of prot-iodide of mercury, an infusion of sarsaparilla, and fumigations of cinnabar, every two or three days.

Mel—, not getting well so fast as he wished, left the hospital and returned to us, and was readmitted on the 10th of December, 1841.

At this time, he had some pain in his throat. The roof of the mouth, the uvula and tonsils are slightly swollen, but the mucous membrane is free from ulceration. The brownish spots marking the seat of the first eruption appear to have escaped the recrudescence, and it is only at the points where the papulæ are closely approximated that these spots are found implicated in the projection of the adjacent tissues. This peculiar disposition is especially remarkable on the back and arms, where the papulæ are grouped and remarkably elevated. They are of a lively red color, and the flattened summit of a majority of them is covered by a thin scab, the whitish edges of which are slightly raised. Around the papulæ, the skin is scarcely discolored, for a small circular extent separating the edges of the scales from a whitish fringe, formed by the irregularly lacerated epidermis; but there exist no additional symptoms of alteration.

On the face, the first eruption had left no well-defined depressed spots; but at some points, the skin, preserving nearly all its thickness, had assumed a brownish color; at others, reddish patches, of unequal surface, indicated still the seat of the disease in the curative stage, when the patient left our hospital.

Here, again, the new eruption appears to have spared the centre of the brownish spots, but the recrudescence has shown itself on the red patches.

The papulæ of the syphilitic eruption of the face are smaller than those of the back and arms. Their apex is more rounded, and some are more projecting. The tendency they have to assume a circular form, although opposed by the accidents depending on the first eruption, is particularly observable on the sides of the forehead. Moreover, they appear, in their different degrees of development, from a scarcely visible elevation to the size of a grain of millet. On the chin, they are nearly confluent, whilst on the forehead are remarked only some of the circles of which we have spoken. Lastly, the disease appears to have now penetrated more deeply the cutaneous tissues, and tubercles are mingled with the eruption just described. But few traces of the eruption are seen on the anterior region of the trunk, the inferior two-

thirds of its posterior region, the arms, and lower extremities; the cervical glands are not affected; the hair does not fall out; and the digestive apparatus is healthy.

December 12th. He was directed to take a pill of lactate of mercury and the ordinary infusion. Diet, three-fourths allowance.

20th. No decided improvement in the condition of the patient.

Give two pills. Same diet.

28th. The dose of pills was increased to three. The disease does not progress nor improve.

Same diet.

January 5th. The eruption appears less projecting. The areolæ surrounding the papulæ have assumed a brownish tinge, and the latter are fading; but the eruption continues red and projecting on the shoulders and arms. Same diet.

10th. Give four pills. Same diet.

20th. But few papulæ remain on the face, and the tubercles seem to constitute nearly exclusively the eruption.

February 16th. The pills of lactate of mercury were suspended, on account of not affecting the patient actively enough, and he was ordered a pill of prot-iodide of mercury and cicuta; the sudorific syrup and infusion, fumigations of cinnabar, and baths of Barèges, alternately.

27th. The eruption appears throughout much modified. On the face and forehead there are scarcely any projecting papulæ, and the copper tint is more and more marked on the shoulders and arms. Many scabs have fallen from the spots at which the papulæ have shrunk away. The plaster of Vigo cum mercurio was applied to the shoulders.

March 1st. The cure is advancing. The shrinking of the papulæ is particularly observable where the plaster has been applied.

9th. Gave two pills of prot-iodide of mercury. The face is nearly clear of all traces of eruption. On the shoulders and arms, the diseased skin has nearly recovered its softness, but it preserves a rosy hue indicating the seat of the papulæ. Here and there are seen some new depressed spots, varying in color from dirty-white dotted with brown to clear brown.

16th. The cure is still progressing. The brownish depressed spots are multiplying.

22d. Mel— left the hospital, in a fair way of recovery. He was recommended to pursue the treatment for a month. This advice, however, was not followed, and, fifteen or twenty days after his exit, he perceived some papulæ on his chin. He nevertheless continued to indulge in excess of drink, which was soon followed by a recrudescence of the disease. In six days, it had reached its present condition.

After having used, for a month, infusions of some herbs, the names of which Mel—— did not know, without improvement, he applied for readmission on the 10th of June.

June 12th. The eruption is particularly marked by red, projecting papulæ, which appear more voluminous than those of the preceding eruptions. A central, adherent, thin, and brownish scab is seen on the apex of several of them. In several places, they are confluent, and constitute, on the anterior surface of the upper third of the arms, and chiefly on the chin, red, salient, and irregular patches. Numerous tubercles are seen among the papulæ, indicating a deeper alteration and the transition from secondary to tertiary symptoms.

Here, as we have before observed, the depressed brown spots have not been influenced by the recrudescence of the disease.

The digestive organs are in good condition, and the remaining functions are well performed. He was directed a pill of prot-iodide of mercury and three grammes of iodide of potassium daily; infusion of dulcamara, baths of Barèges, and fumigations of cinnabar alternately.

Diet, three-fourths allowance.

23d. There is a slight tendency to stomatitis.

The mercury was suspended. The potash, baths, and fumigations continued. He was ordered to use a gargle of hydrochloric acid.

July 1st. The condition of the patient is greatly improved. The papulæ are falling everywhere, and numerous scabs becoming detached.

14th. The mercurial pills were resumed, and the original treatment continued.

On the arms and shoulders, the papulæ no longer project; they have assumed a reddish-brown tint. On the chin, the patches formed by the confluent eruption, although somewhat improved, do not heal so rapidly. Everywhere the tubercles are diminishing.

17th. The patient complains of colic, and has serious diarrhœa.

Suspend the pills and continue the rest of the treatment. Rice water, syrup of poppies, thirty grammes.

25th. Almost universally, the seat of the papulous eruption is marked by slightly depressed spots; at most, there remain a few scabs where the papulæ are slow in fading away. The tubercles have disappeared, leaving brown spots more depressed than those of the papulæ. The diarrhœa has ceased for four or five days.

Continue the treatment and diet.

August 5th. He is entirely cured. The greater part of the brownish spots indicating the seat of the first eruption have disappeared, or else present slight depres-

sions whiter than the surrounding skin. The appearance of the marks left by the second eruption has been somewhat modified. Those left by the latter are of a reddish-brown appearance on the arms and shoulders. Scarcely any remains of the syphilis are to be seen on the face. Nevertheless, at various points, the seat of the tubercles may be recognized by very depressed brown spots, or still deeper cicatrices in the thickness of the skin.

Mel—— left the hospital. Will he have a recurrence of the symptoms which have already existed? Possibly. Will symptoms of another shape make their appearance? This is the more probable, inasmuch as Mel—— has but little disposition to use the necessary precautions.

EXPLANATION OF PLATES XVI. & XVII.

THE genital organs so arranged as to display the peno-scrotal ulcer.

The skin of the scrotum and penis is affected with erysipelalous œdema. The prepuce is much swollen, and its edges, irregularly folded in front of the glans, form an accidental phimosis.

At the root of the penis, in the peno-scrotal angle, is seen a vast ulcer covered by an adherent, pultaceous, false membrane, the left part of which is of a grayish color; whilst on the right side may be remarked a hemorrhagic transudation through the grayish diphtheritic layer. At this point, the base is slightly elevated; the edges of the ulcer are irregular; and some portions of integument may be seen separating the ulcers, of which the union has formed the surface just spoken of.

This is particularly observable toward the superior left angle, where the ulcerative process has destroyed the greater part of the skin separating a small ulcer from the larger one.

On the right side, a red line indicates, on the skin of the penis, the raphe which seems to have opposed a barrier to the progress of the ulceration. Throughout the whole of the ulcer, tinged with a reddish hue in consequence of hemorrhagic transudation, the œdema of the tissues has produced a marked elevation, and the edges adjacent to this part are on a level with the ulcerated surface. Everywhere else they are perpendicular.

On the scrotum may be seen small ulcers of the same nature as those of the peno-scrotal angle, covered likewise by a grayish, pultaceous, false membrane. The left inguinal region presents a slightly-projecting, longitudinal tumor, the integuments being colored red. But little swelling is seen on the right side.

On the thighs and limbs, various forms of syphilitic eruption are seen. Among numerous reddish maculæ, some of which project slightly, are seen vesicles varying in size. The vesicles and pustules are surrounded by an areola, the red color of which pales regularly from the centre to the circumference.

Lastly, at some points, true crusts of rupia, thickened, stratified, and irregularly









rounded, appear surrounded by an areola of a deeper color, and more clearly defined than at the circumference of the vesicles and pustules.

Fig. 1. Drawn February 12th, 1842. The brownish marks, indicating the seat of the first eruption, appear more particularly on the chin and alæ nasi. Their edges, and the intervals of skin between them, present papulæ and numerous tubercles, which seem irregularly arranged; whilst at other points, where their development has not been interfered with, the eruption has assumed a more or less complete circular form, isolated and concentric.

Thus, whilst the cheeks and sides of the forehead present regular concentric circles of tubercles, more or less projecting, they are scattered over the chin, of which the skin, at various points, is affected by eruptions elsewhere described.

The tubercles are not covered by the dry adherent scale which we pointed out as existing on the apex of the pustules. Here the eruption approaches the suppurative form, and presents on its surface very small irregular crusts, which seem to be formed by matter slowly secreted and dried by the air. These little crusts impart a rugose aspect to the tubercles.

PLATE XVIII.

INDURATED PRIMARY ULCER IN THE STAGE OF REPARATION—INDOLENT ENGORGEMENT AND INDURATION OF THE INGUINAL GLANDS—POLYMORPHOUS SYPHILITIC ERUPTION—MACULÆ—PAPULÆ—VESICLES—PUSTULES—SQUAMÆ.

C A S E .

Gill—, 25 years of age, clerk, admitted October 15th, 1839.

THIS patient, of good configuration, is of medium stature. His skin is white and delicate. He has been vaccinated.

He had never had previously any venereal disease, when, after connection which took place on the 30th of July, 1839, he felt some pain on the left side of the penoscrotal angle, and observed the presence of a *small, excoriated, and suppurating pimple*.

During the first few days, his treatment was confined to great cleanliness, and the disease did not make much progress.

From the 10th to the 11th of August, the diseased point became very painful. The skin was of a bright red for some distance around.

It was dressed with a decoction of marsh-mallows.

The ulceration soon spread with more activity, at the same time that an eczema attacked the skin of the penis and scrotum.

The same dressings were continued.

About the 10th of September, to the right and left, some of the inguinal glands were swollen, but not painful on pressure. At this period, the ulcer of the penis had an extent of nearly one-fourth less than that represented in the plate. Its base was throughout grayish, and its edges hard and detached. Lastly, on the trunk and limbs, the patient perceived numerous red spots, soon followed by vesicles. Three days afterwards, the throat became very painful. On the penis and scrotum, the

eczema, which for a long time had been stationary, appeared to have acquired new activity, and the cutaneous tissue it had invaded became swollen.

The dressings with marsh-mallow water were continued, and poultices applied to the buboes.

The disease still progressed, although Gill—— remained in great tranquillity and observed a very light diet. He then applied for admission on the 15th of October, 1839, presenting the following appearance:—

The left side of the sheath, the peno-scrotal angle, and the upper part of the scrotum at this point, were the seat of an ulceration irregularly rounded, and having a great diameter of more than four centimetres.

This ulceration, having at this time reached the complete stage of reparation, and furnishing no inoculable pus, presents everywhere a roseate base almost level with its edges. The latter, adherent throughout their whole circumference, incline toward the base, and furnish their share of the cicatrix, whilst a grayish-white circle which surrounds them has replaced the red areola of the stage of ulceration or progression. The skin of the other parts of the sheath and scrotum, slightly thickened, exhibits no traces of *eczema rubrum*, and its cellular tissue is indurated. In the right inguinal crural region are seen some engorged and indolent superficial lymphatic glands, but on the left, one of these glands has acquired some size, and adheres by its base; the skin covering it has changed color, cannot be moved, and is slightly painful to the touch.

The primary and succeeding symptoms still continued; but, having reached the period at which they either incline to heal or undergo the transformation which unites the chain of primary to that of constitutional symptoms, they are already followed by secondary symptoms. The skin, at divers points of the trunk, limbs, and face, presents a slightly confluent eruption, under the form of maculæ, resembling, in some places, flea bites, and at others, where they are more extended, the rubeola-like shade of a bright red color, regularly rounded, and disappearing under the pressure of the finger. Some of these spots are projecting and, as it were, papulous, whilst others remain on a level with the sound skin; meanwhile, another eruption has made its appearance, constituting only a more advanced degree, or a sort of termination by suppuration. This vesicular eruption, simple in some spots, and psudaceous with a papulous base surrounded by a red areola at others, already has a tendency to extend over several points where it is covered with squamæ or brownish crusts. On the forehead and shoulders, it would be thought to be an eruption of acne; but on the other parts of the body it certainly more closely resembles varicella.

No fever preceded or accompanied the eruption, which was likewise free from

pain or itching. The posterior cervical glands were slightly engorged without any crust-like eruption of the scalp or alopecia. The tonsils were grayish and slightly ulcerated; but, beyond the phenomena just enumerated, no other lesion or functional derangement existed.

October 17th. The peno-scrotal ulcer was dressed with an ointment of calomel and opium, and a pill of prot-iodide of mercury was prescribed daily, with sudorific syrup and infusion. Diet, one-fourth allowance.

24th. Influenced by rest, the oedema of the scrotum has greatly diminished. The eczema has nearly disappeared. The edges of the ulcer remain hard and projecting, but the base is more rosy, and here and there some granulations are shooting up. The cutaneous eruption has not progressed; it appears influenced by the treatment. The vesicles are disappearing, drying, and covered with slight scales.

Since October 21st, the patient takes three pills of prot-iodide of mercury daily. Continue the syrup and infusion. Same diet. Dress with calomel and opium.

29th. The oedema has entirely disappeared. There remains no trace of eczema. The induration of the peno-scrotal chancre has greatly diminished, and healthy granulations are forming. The edges of the ulcer are nearly level with the surface. In the right groin, the glandular tension has disappeared, and in the left, the inguinal tumor has lost two-thirds of its volume. The cutaneous eruption is fading everywhere. The areolæ surrounding the vesicles and papulæ have assumed a brownish tint, and several scales falling off expose the tissue beneath smooth and very slightly depressed.

The patient takes three pills of prot-iodide of mercury daily. Continue the sudorific syrup and infusion, and the dressing. His diet was increased to three-fourths allowance.

November 3d. There remains only a slight glandular tension in the right groin. The extent of the peno-scrotal ulceration is reduced by one-half, and the induration of its edges and base has nearly disappeared. In order to accelerate the cicatrization, it was superficially cauterized with nitrate of silver, and dressed with charpie soaked in aromatic wine.

The cutaneous eruption continues to fade. The parts from which the scales have fallen are discolored, the papulæ are paling, and the dropping of the scales continues; a few only remain on the trunk.

The patient takes four pills of prot-iodide of mercury daily.

1st. The gums were slightly reddened and swollen, but a gargle with chlorohydric acid arrested the progress of the stomatitis.

Continue the sudorific syrup and infusion, with the same diet.

7th. There remains in both inguinal regions no trace of glandular swelling. The peno-scrotal ulceration has cicatrized without induration. All the points of the cutaneous tissue attacked by the affection exhibit merely spots slightly brownish; and, in many places, where the eruption appears to have aborted, the brown color is scarcely sensible. The tonsils have assumed a healthy aspect, and digestion is well performed.

Continue the treatment and regimen.

11th. All the syphilitic symptoms of which we spoke have disappeared, and the brownish spots marking the seat of the eruption are gradually losing their color.

The patient left the hospital.

January 17th, 1840. Gill— applied for readmission. From the 11th of November, the date of his discharge, he followed no treatment, and had even resumed a fatiguing employment, when, toward the end of November, without any marked precursory signs, he perceived a recrudescence of the cutaneous affection. His throat became painful, the environs of the anus, as well as his lips, became sore, and superficial ulcers soon supervened on the cicatrix of the peno-scrotal ulcer. Lastly, a general eruption again broke out.

At this moment, the disease may be classed among the squamous eruptions of the trunk and limbs. Numerous mucous papulæ occupy the folds of the anus and adjacent skin; mucous patches are seen on the internal surface of the lips, the anterior half arches of the throat, and the tonsils; ulcerated mucous papulæ may be observed on the cicatrix of the peno-scrotal ulcer and the mucous membrane of the glans; and, lastly, there exists a crustaceous eruption of the hairy scalp, and the hair falls out readily.

The day after his admission (January 18th), the patient was put upon the use of pills of prot-iodide of mercury, and the sudorific syrup and infusion, and, at the same time, used a gargle composed of equal parts of a concentrated decoction of cicuta and dulcamara (200 grammes each), and 10 centigrammes of deuto-chloride of mercury.

28th. The patient appears to be improving. He has taken, for three days, two pills of prot-iodide of mercury. Under the influence of the dressings with calomel and chloride of soda, the mucous papulæ, in various places, have been remarkably modified, and there scarcely remain on the glans any traces of ulcerated patches. The gargle has so far improved the throat as to free it entirely from pain.

His diet was increased to one-half allowance.

February 10th. The mucous papulæ have nearly disappeared, and the cutaneous eruption is rapidly progressing toward a cure. A great portion of the scales have

fallen off, and the exposed tissues present brown and depressed points, indicating the extinction of the new eruption.

The treatment was continued, with the exception of dressing with calomel and chloride of soda. Diet increased to three-fourths.

19th. No scales now remain. The crusts of the hairy scalp disappeared three or four days since. In short, the eruption is everywhere extinguished.

The patient takes daily three pills of prot-iodide of mercury, with sudorific syrup and infusion. The digestive organs are healthy.

Continue the same diet.

28th. He was discharged cured.

EXPLANATION OF PLATE XVIII.

DRAWING made from the genital organs of the patient three days after the patient entered the hospital. The penis is turned to the right to show the ulceration at its root extending to the scrotum. The skin of this organ and the scrotum is the seat of an eczema, which has produced a considerable œdema of the subjacent cellular tissue.

The ulceration, irregularly rounded, appears to be in the stage of reparation; its base, rose-colored, is sloped off to the edges, these latter being adherent in the whole circumference, tapering to the base, and cicatrizing; a grayish-white circle which surrounds them showing the seat of a former areola existing in the ulcerative stage.

In the right groin is perceived a gentle swelling, due to the engorgement of some superficial inguinal gland; whilst, on the left, is seen a considerable enlargement, over which the skin is slightly colored.

The belly and thighs present a secondary syphilitic eruption in various degrees; some of the spots look like flea bites, and others, more extensive, have a measles-like appearance. Some of the blotches are elevated, whilst others have the same level as the surrounding skin. Moreover, they present the scales and brown scabs of the period of reparation.

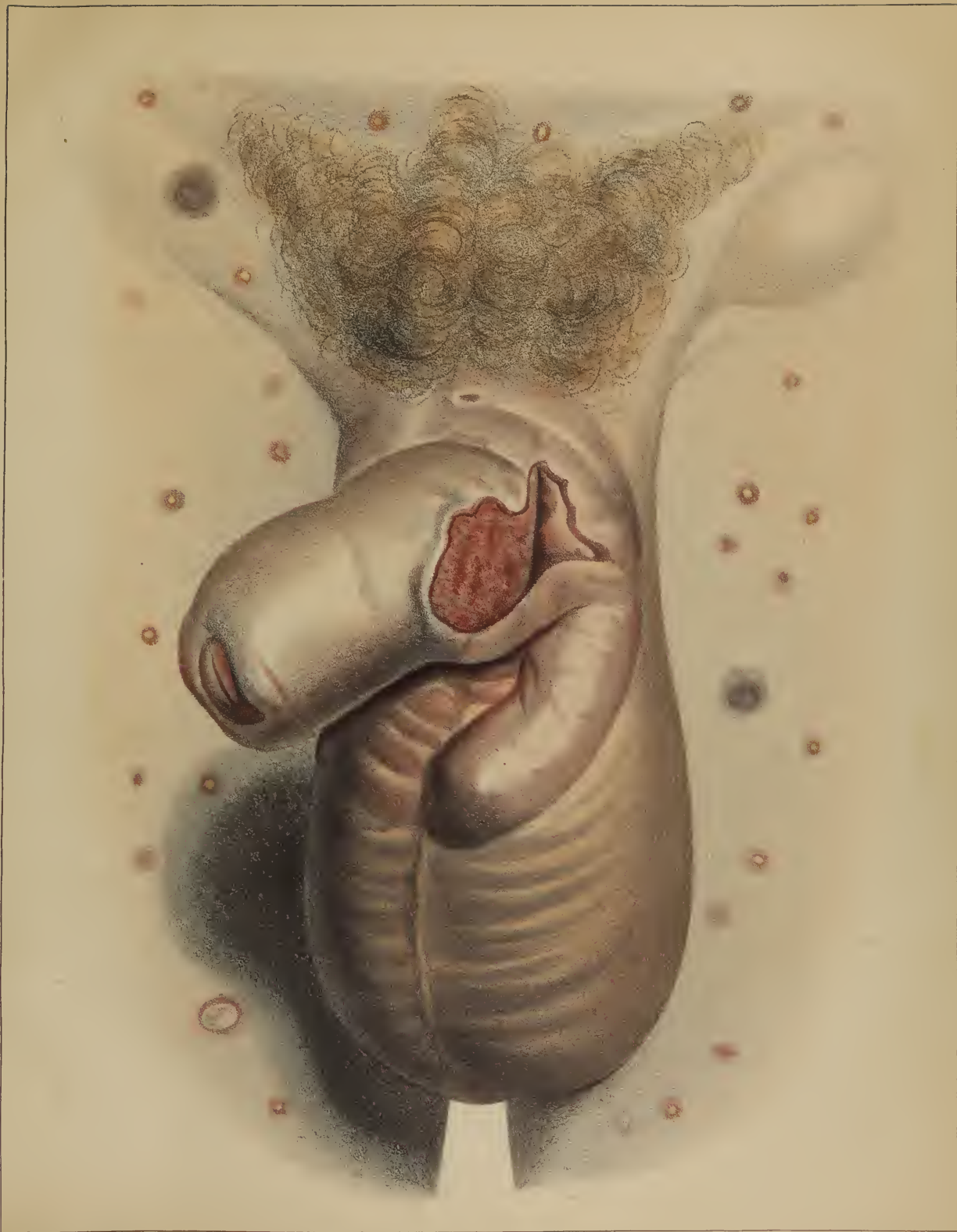




PLATE XIX.

DIPHThERITIC PRIMARY ULCER WITH NON-INDURATED BASE— BALANO-POSTHITIS WITH EROSIONS—SYPHILITIC ROSEOLA.

C A S E .

Ser—, 23 years of age, a hatter, admitted June 22d, 1841.

THIS young man could not give any precise information as to the origin of his disease. All he could say was that, having lived six months with the same woman, after an excessive indulgence in venery, he felt acute pain at the end of the penis. An examination of the parts was made with great difficulty, on account of the narrowness of the prepuce; he, however, discovered a grayish ulcer at the middle and superior portion of the corona glandis.

Ten days after the onset of the disease, Ser— applied for admission at the hospital. He was found to labor under a balano-posthitis with erosion, and the ulcer on the corona glandis was a diphtheritic chancre with an indurated base. Before his admission, he had used a lotion of a concentrated decoction of poppy-heads, and a pill daily of prot-iodide of mercury, with an infusion of dulcamara.

A drawing was made of the diseased parts on the 23d of June. The glans, almost wholly denuded of its epithelium, was of a violet-red color, resembling a blister, and secreting a greenish purulent matter. The mucous membrane of the prepuce was similarly affected. On the corona glandis was seen an ulcer covered by an adherent, thick and pultaceous false membrane. The base of this ulcer was indurated, and this specific induration differed greatly from the inflammatory tension of the adjacent parts by a kind of elasticity peculiar to it, and resembling that of certain cartilages.

The ulcer was dressed with calomel cerate, and the excoriated parts washed with a solution of nitrate of silver (two parts to thirty of distilled water), and the prepuce and glans kept from contact by the interposition of a strip of dry lint.

He was allowed half hospital diet, and the ordinary tisane.

July 1st. The inflammatory swelling has nearly disappeared, and the balanoposthitis is remarkably improved. Suppuration has greatly diminished, and appears to proceed only from the diphtheritic ulceration, and some erosions which still remain in the groove of the glans.

He was ordered a pill daily of prot-iodide of mercury, with the sudorific syrup and infusion. Continue the dressing and diet.

10th. The ulcer on the corona glandis has thrown off the pultaceous false membrane which covered it. The mucous membrane of the prepuce is free from erosions, and that of the glans presents only two or three very small excoriations.

A partial stomatitis has appeared since the last two or three days. It commenced on the mucous membrane surrounding the last molar of the lower jaw, and subsequently extended to the gum corresponding. We observe that it commenced on the right side of the mouth, being the side on which he habitually sleeps.

Same general treatment. Continue the calomel cerate, and touch the chancre with nitrate of silver. Suspend the lotion. Same diet.

15th. The stomatitis has increased. The free edges of the gums are red, swollen, and bleed easily. The mucous membrane of the cheeks, red and tense, is elevated by œdematous swelling. At the points corresponding to the edges of the teeth, it exhibits a longitudinal, irregular, and grayish mark, resembling aphthæ. The uvula is red and swollen, and the throat painful. Ptyalism considerable.

Suspend the mercury, and touch the gums with a pencil dipped in pure chlorohydric acid, and use a gargle of the same acid diluted. A bottle of Seidlitz water was directed to be given. Touch the chancre with nitrate of silver, and dress with aromatic wine. Diet.

21st. The ptyalism and pain in the throat have ceased.

Continue the gargle of chlorohydric acid.

The chancre, which, for two days, had been dressed with dry charpie alone, has healed; but, although its base is reduced to one-fourth, it is still indurated.

27th. Ser—— left the hospital. On the prepuce, and on the glans, the epithelium has recovered its natural appearance, and the balanoposthitis is entirely cured; but, in order to effect a radical cure, he was directed to take, for a month, pills of prot-iodide of mercury, with sudorific syrup and infusion.

August 20th, 1841. Ser—— was readmitted. He has not followed the treatment directed; and, considering himself well, was guilty of manifold errors in diet. From his account, in some twelve days after his exit, an excoriation was formed on the cicatrix of the chancre. He merely washed it with marsh-mallow water, and soon,

on the glans, the red spots were followed by small erosions, which suppurated. There was but little pain, but the disease steadily pursued an onward course.

21st. The surface of the primary ulcer is eroded, covered with small granulations. Some of the excoriations on the glans and prepuce, remarked by the patient and already mentioned, have a similar appearance. Lastly, here and there, on the mucous membrane, are seen very small reddish maculæ.

Several swollen glands are felt on the back of the neck. These glands, about the size of a small hazelnut, and movable under the skin, offer a sort of resistance, or elastic tension, and are perfectly indolent. The hair, dry and dull, falls off readily.

These are the only symptoms of constitutional disease.

A drawing was made of the affected parts.

Half hospital diet.

22d. Although the erosions of the glans and prepuce exhibit all the external characters which would class them with secondary affections, as Ser—— indulged in sexual connection some days after leaving the hospital, the left thigh was inoculated with some pus from the surface corresponding to the primary ulcer, in order to see if there had not been some new infection. The granulations on the glans and mucous membrane of the prepuce were kept down by nitrate of silver.

Dress with aromatic wine. Ordered a pill of lactate of mercury and the ordinary infusion. Half diet.

25th. The inoculation has been ineffectual. Under the use of the nitrate of silver, the granulations have withered, and the cauterized parts no longer project.

Continue the dressing with aromatic wine. Ordered two pills. Same diet.

27th. The patient feels some slight pain in the stomach. Continue, notwithstanding, three pills daily. The ulcers have cicatrized.

Suspend the dressing. Same diet.

29th. In proportion as the ulcers heal, the small reddish spots on the mucous membrane of the glans and prepuce, already spoken of, extend, assuming, at various places, a nearly circular arrangement.

The skin of the body and limbs, especially when the latter are flexed, exhibit, at this time, very evidently a confluent exanthematous eruption (roseola syphilitica), characterized by a large maculæ arranged in a circular form. This eruption—consisting of a capillary affluxus, which readily disappears under pressure and as readily returns—is of a dull rose color. Between the maculæ, the skin is clayey. It is important to remark that the eruption was unheralded and unaccompanied by fever or pruritus.

Continue the treatment and diet.

30th. The patient has had colic and some diarrhoea.

He was ordered rice water and syrup of poppies. Continue the treatment and diet.

September 2d. A drawing was made of the eruption. The diarrhoea has ceased. Same treatment. One-fourth hospital diet.

5th. The syphilitic eruption, which, for some days, appeared stationary, evinces a disposition to resolution, and has become generally pale.

Ordered four pills, and half diet.

On the 6th, five pills. 7th, six. 8th, seven.

9th. The swelling of the cervical glands no longer exists. The syphilitic eruption is becoming more and more pale, and the maculæ are scarcely visible on the body.

Continue the treatment and diet.

11th. He is still improving. The eruption on the penis has disappeared.

Gave him eight pills of lactate of mercury, and three-quarters diet.

15th. Some brownish spots alone remain on the penis.

Gave ten pills. Same diet.

20th. The cure of the syphilide appears perfect. The cicatrix of the primary ulcer exhibits no specific induration.

Continue the treatment and diet.

October 5th. Ser—— left the hospital.

EXPLANATION OF PLATE XIX.

FIG. 1. Indurated diphtheritic ulcer, and balano-posthitis with erosion. Sketched on the 1st of June, the day after his admission.

The swollen prepuce is drawn backward, in order to display, in the median and upper region of the base of the glans, the ulcer covered by an adherent, pultaceous, false membrane, and the whole upper surface of the glans eroded. These parts have been cleaned of the pus which concealed them.

FIG 2. Secondary ulcers, with projecting granulations and incipient maculæ. Drawn on the 21st of August. The parts are arranged as in the preceding figure.

The seat of the primary ulcer is covered by numerous granulations, and on the corresponding portion of the prepuce are seen two small longitudinal erosions. At the base of the glans, and near the meatus urinarius, are seen groups of granulations similar to those of which we have just spoken, and which, arising from the secondary excoriations, have a tendency to pass into the state of true vegetations. Here and there, on the mucous membrane, are seen very small reddish maculæ.

FIG. 3. Drawing made on the 2d of September, and so arranged as to exhibit the eruption, which has extended over the mucous membrane of the glans and prepuce. At the same time is seen, on the belly and thighs, the confluent syphilitic roseola, composed of brownish rose-colored maculæ, whilst those on the balano-præputial membrane are of a bright red. The annular form is much more remarkable in the latter, and the elements of their formation are more distinct. Some of them, regularly arranged in circular form, include small portions of healthy mucous membrane; whilst in others, which are healing from the centre to the circumference, the annular form is still more marked.

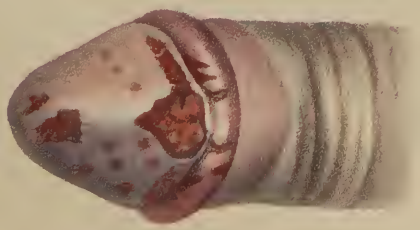
Fig. 3.



Fig. 1.



Fig. 2.



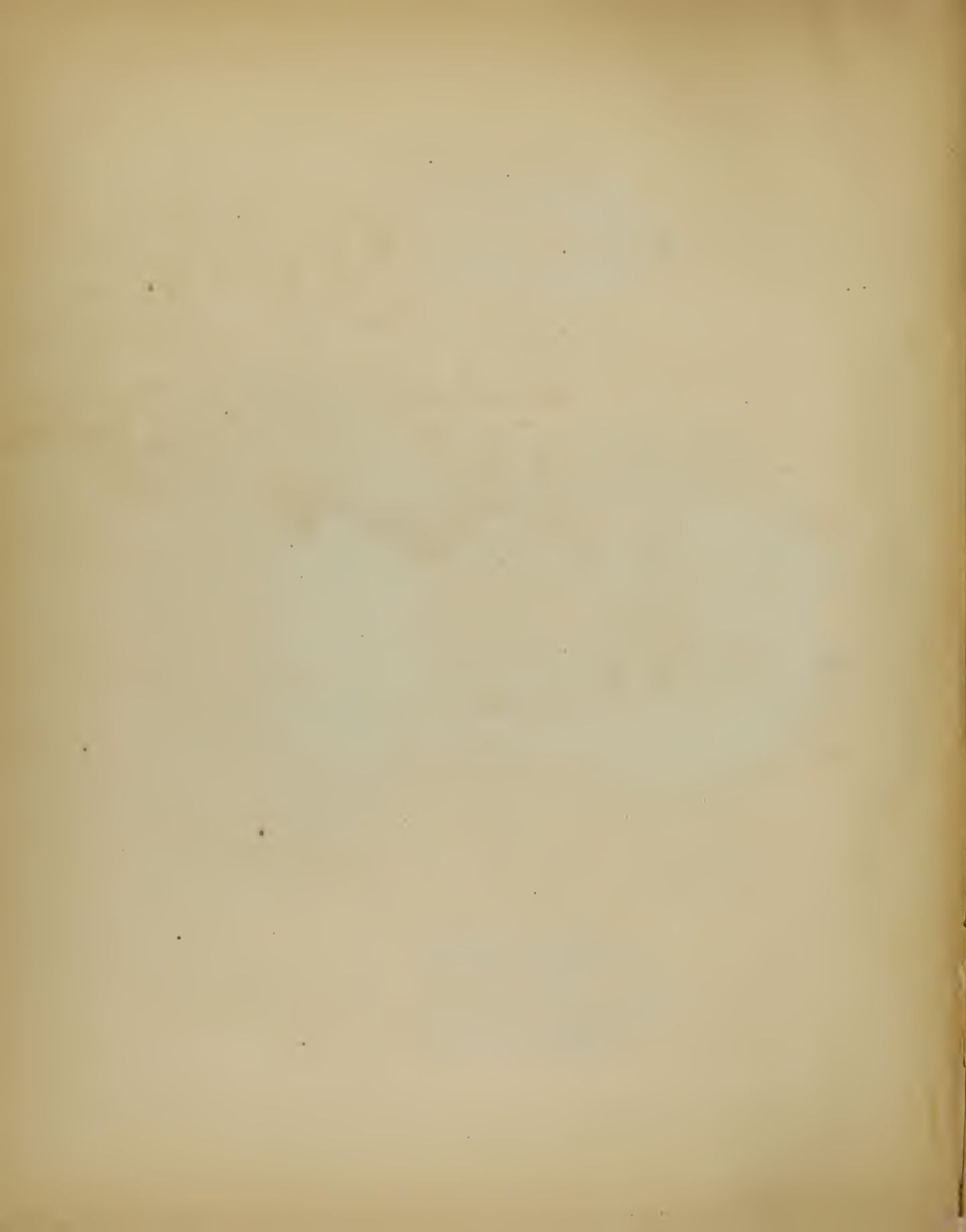


PLATE XX.

OBSTINATE INDURATED PRIMARY ULCER—PRECOCIOUS POLYMORPHOUS SYPHILIDE—MILIARY GROUPS.

C A S E .

Rich—, 23 years of age, admitted September 27th, 1844.

RICH— was born of healthy parents. He had had variola in infancy. He was of a nervous and bilious temperament, and had chestnut hair and gray eyes.

He had never been sick until three years since, when he contracted a blennorrhagia, which yielded to the use of cubebs, emollients, and injections with sulphate of zinc.

At this same period, he had an ulcer on the penis, which was cauterized, and healed in a few days without further treatment.

Four months ago, soon after connection, the patient perceived a small indolent ulcer on the back part of the prepuce. This ulcer progressed slowly, and became greatly indurated. Several superficial inguinal glands became engorged, but the engorgement continued stationary and indolent.

Four weeks had hardly elapsed, when the patient was attacked with nocturnal supra-orbital headache; the motions of his neck were embarrassed; the posterior cervical glands became engorged; and pain supervened in the throat accompanied by slight dysphagia. His hair began to fall off, and, at the same time, in the femoral tibial region, he had pre-articular and rheumatic pains.

Three weeks subsequently, the patient having undergone no treatment, there appeared general and confluent eruption, without any appreciable cause, unattended by itching or fever.

When we first saw Rich—, the primary ulcer had not yet cicatrized, and the above symptoms still remained. He had, in addition, an earthy and chlorotic complexion. The first sound of the heart gave a very manifest *bruit de soufflé*. A slight

bruit de diable was also heard over the track of the carotids. A humid, squamous eruption was seated on his forehead.

The trunk and limbs were covered by exanthematous, variegated spots, irregular in form and extent. These spots, of a dull red color, some of them disappearing under slight pressure, were intermixed with papulæ, already covered here and there by small, grayish, thin, and adherent scales.

At different points of the trunk, and particularly on the abdomen, the eruption presented an appearance we have frequently observed. It consisted of irregular islets, produced by an irregular development of the cutaneous and pilous follicles (miliary papulous syphilide) on a copper-colored blotch.

The following treatment was prescribed:—

Infusion of saponaria, sweetened with syrup of gentian. Daily, twelve of Valet's pills in three doses. A pill of prot-iodide of mercury, increased to two. The chancre was dressed with an ointment composed of calomel and opiated cerate. When it had cicatrized, a plaster of *Vigo cum mercurio* was applied.

The patient left the hospital on the 22d of October, 1844. The induration of the chancre, and the engorgement of the cervical and inguinal glands, still remained. On the forehead, there were also spots of a deep brown color, with a gelatinous condition and thinning of the skin at some points. These spots no longer disappeared under pressure.

Almost everywhere else, the eruption has left scarcely any remains, except in regions in which it had assumed the miliary grouped form, and where each small papula had been succeeded by a small brown punctated depression.

INDURATED PRIMARY ULCER IN THE STAGE OF RESOLUTION—
POLYMORPHOUS PRECOCIOUS SYPHILIDE—ICTERUS.

C A S E .

THE patient who furnished the subject of this plate had had, on the dorsum penis, an indurated chancre, which had undergone no treatment. Engorgement of the inguinal glands, without pain or suppuration, had supervened.

Two months after the cicatrization of the primary ulcer, icterus had suddenly

appeared; then nocturnal headaches followed, with engorgement of the posterior cervical glands.

These first symptoms were soon followed by a general eruption, under the form of exanthematous maculæ, difficult to be distinguished on account of the jaundice. To these maculæ succeeded papulæ, dry and squamous at some points, and semi-pustular at others (a variety of lenticulated pustule).

On the scrotum, were flat, humid scales, followed by superficial ulcers.

The prodromi, progress, and termination of this syphilitic eruption presented nothing remarkable, except their coincidence with icterus, which had communicated to it its peculiar color.

The patient took an infusion of saponaria, and pills of prot-iodide of mercury, and baths.

Under this treatment, the icterus disappeared long before the syphilitic eruption, which resumed its characteristic hue in proportion as the icterus disappeared.

THE following analogous case likewise possesses some interest.*

*Claude D——, a painter, 23 years of age, admitted into the Hôpital du Midi,
November 12th, 1844.*

IN infancy, this man had a severe fall on his head, giving rise to very serious cerebral symptoms. At the age of fourteen, he was attacked with a general and sudden prostration, in consequence of obstinate constipation, and had since always experienced some derangement of the entero-hepatic functions.

In September, 1844, he had connection with a public woman. Soon after, he perceived that he had the itch and an excoriation on the groove of the glans. This small ulcer, which daily increased in breadth and depth, had assumed, on October 16th, 1844, all the characters of indurated chancre complicated with molecular gangrene; and, in addition, there had supervened an acute balano-posthitis, occasioned by the irritation of the gangrenous ichor of the chancre.

There was also, in both groins, an indolent engorgement of several superficial glands.

Four days before his admission into the hospital, D—— was suddenly attacked with jaundice, in consequence of the agitation produced by losing his money at play.

* Reported by M. Eugene Dulac, my prosector, and formerly a pupil of the Hôpital des Vénériens.

Perhaps, also, the abuse of alcoholic drinks, which had certainly produced the gangrenous complication of the ulcers, had some share in the origin of the icterus.

When we saw the patient, he had no pain in his right shoulder; no appreciable change in the size of his liver; and the hepatic region was free from pain; but he was obstinately constipated.

The icteric hue was as intense as possible. All the secretions were of a deep yellow, especially the saliva; and the pus from the chancre and balano-posthitis looked like pure bile.

The fact of gangrene occurring long after the commencement of the chancre, and the existence of specific induration, rendered it certain that the syphilitic diathesis would soon be followed by secondary symptoms. However, before adopting any general antiphlogistic treatment, our attention was directed to the icterus, the itch, and primary symptoms.

The ulcer was dressed with charpie spread with opiated cerate. A solution of supertartrate of potassa was ordered as his drink, and, every other day, the psoric eruption was rubbed with citrine ointment, with a bath alternately.

The balano-posthitis soon disappeared under the use of a solution of a gramme of nitrate of silver in one hundred grammes of distilled water.

Every two or three days, the patient took two Scotch pills.

The psoric eruption did not last more than eight or ten days. The icterus only disappeared in the beginning of February, 1845. Until that time, except friction with citrine ointment, no mercurial treatment had been followed.

From the very deep yellow color of the skin, it was impossible to discover any trace of exanthematous syphilide. The posterior cervical glands were still engorged.

On the disappearance of the jaundice, at several different points, there arose a mixed papulo-squamous and lenticulated papulo-pustular eruption, resembling that figured in the plate. The hairy scalp was, at the same time, attacked by a disseminated impetiginous eruption. When the eruption was completely developed, the patient experienced cephalic and lumbar pains, accompanied by great oppression.

We thought for a moment that D—— would form an exception to the law that secondary symptoms always appear before the sixth month, when patients have not undergone any mercurial treatment; but, in him, the intensity of the color of the jaundice seems to have marked rather than retarded the syphilitic eruption.

In the former case, the less intense hue of the icterus had permitted an earlier discovery of the existence of the syphilide, and, perhaps, had less impeded its appear-

ance. Might it not be supposed, in similar cases, that the perturbation occasioned by the syphilitic intoxication might also act as a cause of jaundice?

The syphilitic symptoms yielded to the use of pills of prot-iodide of mercury, and the bitter infusion, and the patient was discharged cured on the 18th of January, 1845.

EXPLANATION OF PLATE XX.

FIG. 1. On the back of the prepuce is seen an indurated chancre in the healing stage. The specific induration is more extended than the ulceration it supports. It is semi-circular instead of being rounded, for the greater density of the cellular tissue of the glans has checked its progress toward the groove. The semi-mucous surface of the prepuce covering it is less vascular at this point, and seems distended by a fibro-cartilaginous tissue.

The hypogastric region presents a specimen of the general eruption with which the patient was affected. Here and there are seen incipient maculæ, irregular, more or less evident, and of a dusky red. An eruption of miliary papulæ, collected in groups, is seen in more extended patches.

FIG. 2. On one side of the penis is seen the rounded cicatrix of an indurated chancre in the stage of resolution. The ulcer which preceded it was likewise rounded, for it was seated on homogeneous tissues. The skin covering the induration, always more extensive than the cicatrix, is occupied by a papular eruption. On the rest of the body, the confluent eruption is at once papular, papulo-squamous, and lenticulated papulo-pustular.

The icteric hue has changed the special color of the eruption.

On the scrotum, are seen groups of ulcerated papulæ (flat, humid pustules).

Fig. 1.



Fig. 2.





PLATE XXI.

PRIMARY NON-INDURATED ULCER OF THE UPPER GUM.

C A S E .

THIS is a specimen of virulent primary ulcer of the gum, contracted by the application of the mouth to the genital organs of a woman affected with chancre.

This is the only case we have ever met with; proving that chancres of the gums are much more rare than those of the lips and tongue, which have several times fallen under our observation.

This ulcer, which did not last long, followed the ordinary course of non-indurated chancre. It was cured by repeated cauterizations with nitrate of silver, and dressing with aromatic wine.

Our object in adducing this example was to prove that the inoculable virulent syphilitic pus does not select any particular organ, and that it always acts locally wherever the conditions necessary for its development are found.

Moreover, as a proof that the severity of syphilis does not depend, as has been said, on the location of the primary disease, this patient had no constitutional symptoms, for he remained healthy long after the period at which they should have occurred.

PRIMARY NON-INDURATED CHANCRE OF THE FRÆNUM (PERFORATING CHANCRE OF THE FRÆNUM)—PARAPHIMOSIS.

C A S E .

CHANCRE is frequently found on the frænum or in its vicinity. The introduction and abode of virulent pus among the numerous follicles of these parts, the excoriation

of the epidermis, and the lacerations which occur during sexual commerce, are so many causes predisposing to the location of chancre. The homogeneous nature of the tissues of the frænum is another why the chancre which attacks it is generally *perforating*.

The portion which longest resists its destructive process is that inclosing the artery. It sometimes happens that the virulent ulceration is cicatrized before the frænum is completely destroyed; but then the cure is delayed, and the frænum, reduced frequently to a thread, may give rise to new accidents from its rupture. For this reason, it is always prudent to divide it, as was done in this case, in the following manner: the loose frænum is divided, with small scissors, at both points of its insertion. The subsequent hemorrhage must be carefully watched, for, although apparently trifling, its results may be serious. One of our colleagues, who performed this little operation on himself, nearly fell a victim to the consequences of a similar loss of blood.

The treatment of this disease consisted in cauterizing the ulcer with nitrate of silver, and dressing with charpie soaked in aromatic wine.

A superficial gland in each inguinal region likewise became acutely inflamed. These bubos suppurred, and the abscesses remained virulent, in spite of the mercurial treatment the patient had undergone before his admission into the hospital.

This treatment consisted of one hundred and ten of Dupuytren's pills, and infusion of sarsaparilla.

GANGRENOUS INDURATED CHANCRE—VESICULO-PUSTULAR SYPHILIDE—PRECOCIOUS SECONDARY SYMPTOMS.

C A S E .

THE patient who furnished the subject of FIG. 4, PLATE XXI., was eminently lymphatic. He had been vaccinated in infancy, and, until the age of twenty-five years, had never had any cutaneous affection.

The day following connection with a girl of the town, he perceived an excoriation on the edge of the prepuce; supposing it was of no consequence, he paid no attention to it. The excoriation became an indurated ulcer, and several glands in the adjacent inguinal region swelled, without giving much pain.

For three weeks, the ulceration remained indolent; it scarcely suppurred, and progressed but slowly.

It suddenly became highly inflamed and painful, in consequence of the abuse of spirituous liquors on the part of the patient. The swelling increased; the suppuration became more copious, and the ulcerated surface, hitherto grayish, was dotted over with black points evidently gangrenous.

The prepuce had always been movable over the glans, and habitually covered it; but the patient, desirous of displaying the ulcer, drew it, one day, entirely back; and, in consequence, he had a paraphimosis complicated with indurated oedema.

When the patient came under our care, the ulcer had existed six weeks. It was large and projecting. Its base presented the characteristic induration accompanied by oedematous engorgement of the adjacent parts. On its prepuce, granulations in the healing stage already appeared; and yet, at some points, were to be still seen the traces of the molecular gangrene which had existed.

We found, in the inguinal regions, several glands presenting the sensation of elastic induration; they were indolent, isolated, and movable under the skin.

The want of all treatment, the progress of the correlative symptoms, and the nature of the primary ulceration, gave good reason for supposing the existence of the syphilitic diathesis in this patient. The ulceration had indeed been gangrenous; but tardy gangrene does not prevent constitutional infection.

He was ordered an infusion of sarsaparilla, a mild diet, and baths. The ulcer was dressed with charpie covered with anodyne cerate.

Three weeks after the commencement of this plan of treatment, he was attacked with nocturnal supra-orbital pains, and vague distress in the vicinity of the articulations. There supervened, in addition, an engorgement of the posterior cervical glands, accompanied by uneasiness in the movements of the head. His complexion had become chlorotic. His circulation was undisturbed, with the exception of a slight *bruit de souffle* in the first sound of the heart. The skin, which until then had presented no peculiar appearance, was dotted with small red points resembling flea bites.

This eruption did not appear everywhere simultaneously. It was located on the trunk and limbs. It had been neither preceded nor accompanied by fever, and had occasioned no itching.

In addition to the foregoing, no additional symptoms had been discovered. These red maculæ, which disappeared under pressure, were soon succeeded by small miliary elevations, filled with a semi-transparent and grayish serosity which had raised up the epidermis. As they increased, they resembled the vesicles of *cezema*. They were surrounded by a roseate circle, the hue of which became deeper as the eruption progressed, and at last assumed the vesiculo-pustular form of conoidal varicella.

The eruption lasted more than six weeks, but did not observe everywhere the

various stages of development. A large number of the miliary or eczematous vesicles, which faded and were absorbed, left, after drying, only a slight desquamation of the epidermis without any permanent spots.

Where the eruption had most advanced, the purulent fluid was not absorbed; it formed, on drying, a large number of grayish or greenish scabs, some of which adhered for fifteen days. When they fell off, beneath was seen a smooth, reddish spot, surrounded by a gray fringe, produced by the removal of the epidermis. The scabs, which were prematurely removed, exposed a surface slightly ulcerated, and, after the desiccation of some of the pustules, slight depressions and cicatrices of the skin were found.

The primary ulcer cicatrized only after the disappearance of the cutaneous symptoms. It had been dressed with the following cerate:—

R.—Anodyne cerate thirty grammes;
Calomel three grammes.

M.

No local treatment had been adopted for the engorgement of the inguinal glands. In two months, this engorgement disappeared, followed by the removal of the induration of the chancre in another month, under the following general treatment:—

Daily, a little of a decoction of the stalks of dulcamara, sweetened with sixty grammes of syrup of gentian. Every evening, one of the following pills:—

R.—Prot-iodide of mercury,
Lactucarium, āā three grammes;
Extract of opium one gramme;
Extract of cicuta six grammes.

M., and divide into sixty pills.

The dose of the pills was increased by one every eight days, until three were taken daily.

At the same time, twelve of Valet's pills were ordered daily, and two baths per week. During the treatment, the bowels were kept soluble by the occasional use of Seidlitz water.

EXPLANATION OF PLATE XXI.

FIG. 1. Primary non-indurated chancre of the gum in the progressive stage.

FIG. 2. The ulcer (FIG. 3) seen after the section of the frænum.

FIG. 3. Primary non-indurated ulcer of the frænum (perforating ulcer of the frænum). Paraphimosis.

FIG. 4. Primary indurated ulcer with interstitial gangrene. Healing stage visible at several points. Vesiculo-pustular syphilide in various degrees of development.



FIG. 1.



FIG. 2.



FIG. 3.



FIG. 4.

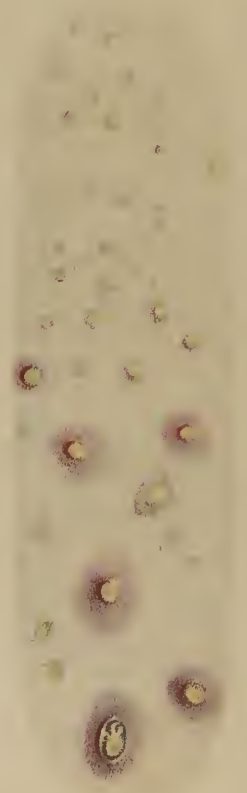




PLATE XXII.

GUMMY TUMOR OF THE SCROTUM (TUBERCLES OF THE CELLULAR TISSUE)—TERTIARY SYMPTOMS.

C A S E .

M—, fifty years of age, of a lymphatic temperament, and generally enjoying good health, contracted a chancre about ten years ago. This chancre was on the back of the prepuce. At first, it was hard and indolent, but, from excesses in regimen, it became painful and inflamed, and soon after complicated with phimosis. The inflammation progressing, gangrene supervened, destroying the prepuce in about three weeks after contagion. The inguinal glands were engorged without great tumefaction, and without pain or suppuration.

An antiphlogistic treatment alone having been followed, two months after the appearance of the primary symptoms, the patient was afflicted with nocturnal pains of the forehead; his hair began to fall off; some crusts arose on the skin of the cranium; and his body was covered with numerous red spots, without any manifestation of fever or itching.

These symptoms being recognized as syphilitic, he was ordered sarsaparilla and pills of deuto-chloride of mercury.

The patient took eighteen grains of corrosive sublimate in this way, and, all his symptoms disappearing, he thought himself cured.

A year subsequently, some groups of pimples, with a hardened base, appeared on one shoulder, on the loins, and the outside of one thigh. Beneath them, in several places, were deep and extended ulcerations. He was again treated by sudorific and mercurial frictions. The treatment, this time, lasted four months, and he was apparently cured; when, a year ago, he began to feel dull pains in the tibiæ, especially soon after going to bed. These, at first, merely amounted to uneasiness, which he sought to relieve by finding a cooler place in the bed. But they soon began

to be actual pains, which commenced to be severe about ten or eleven o'clock P. M., and ceased only toward three or four o'clock A. M. These pains increased by the slightest pressure, and were soon followed by circumscribed swellings on the anterior and internal surface of both tibiæ. At the same time, the patient perceived some hard tumors under the skin on the outer part of the left thigh, the forearms, and scrotum.

These tumors, about as large as a small filbert, were indolent. The skin covering them, and to which they adhered, had not changed in color, and they were movable in the cellular tissue beneath. They gradually increased in size, and lost their mobility. The spot they occupied became red and hot, with pain. Subsequently, they softened, became fluctuating, and opened through the skin, discharging, through one or several apertures, a badly-formed, ichorous pus. These openings were followed by large and deep ulcerations.

When I first saw the patient, I had a drawing made of the tubercle on the scrotum. It was large, with a deep base, embracing the spermatic cord as far as the origin of the epididymis. The skin which covered it was adherent, of a violet-red color, with an opening at its apex, leading to a deep cavity, whence escaped an unhealthy suppuration mixed with organic detritus.

The testicle and epididymis were sound. The lungs, lymphatic system, and prostate gland presented nothing worthy of remark.

The patient was put on the use of the bitter infusion and iodide of potassium (three grammes daily). The ulcers were dressed with a solution of iodine. The tumors which had not supplicated were covered with a plaster of *Vigo cum mercurio*, which was also applied to the exostoses on the tibiæ.

On the fourth day of the treatment, the pains in the bones had ceased, the ulcers improved, and such of the tubercles as had not supplicated began to diminish.

At the end of five weeks, all his symptoms had disappeared except the tumors of the tissue, which had lost half their size.

He was directed to pursue the same course for two months longer.

ALBUGINITIS (PLASTIC SYPHILITIC SARCOCELE)—GUMMY TUMOR OF THE SCROTUM (TUBERCLE OF THE CELLULAR TISSUE)—TERTIARY SYMPTOMS.

C A S E .

M. L—, 54 years of age, was admitted into the *Hôpital du Midi*, October 28th, 1845.

THIS man, of a good constitution, had always enjoyed good health. At the age of twenty-four years, he contracted a blennorrhagia and a chancre. He was admitted into the same hospital and treated by Cullerier (the uncle), who gave him one hundred and twenty doses of Van Swieten's draught, which he continued for some time after his return home.

No symptom appeared either during or subsequent to the treatment. Eight years after, he married. His wife had never been diseased. He has had two children. The first died at the age of two years, in consequence of disease referred to a tubercular degeneration of the mesenteric glands (*tabes mesenterica*). The other has had engorgement of the cervical glands, and a chronic swelling of the knee. Both children were tainted with scrofula; but at no time, either at birth or later, had they any symptoms which could be referred to secondary syphilis.

Since his first attack, this patient had never contracted any new primary symptoms, and had apparently always enjoyed good health, when, three years ago, he perceived a hard tumor deeply seated in the scrotum. He had not received a blow, could remember no recent cause, and chance alone led him to the discovery of this tumor, which had thus far given him no uneasiness. Gradually, the testicle swelled, became hard, and, in six months, acquired nearly the size of his fist. The tumor remained indolent and stationary for nearly eighteen months, without any treatment. Nevertheless, after having slightly increased in size, it became painful and uneven at one point. The skin covering it was more red, warm and adherent. This part softened, and an abscess formed which opened spontaneously. This was two years since the commencement of the disease. The opening in the abscess soon ulcerated, and the spreading of this ulceration induced the patient to ask our advice.

When we first saw him, the ulcer occupying the anterior third of the scrotum was irregularly rounded and deep. It had exposed the anterior surface of the testicle, and penetrated between it and the septum of the dartos. Its surface was of a grayish-yellow color, formed by an adherent coat, partly diphtheritic, traversed in various

directions by exuberant and almost fungous granulations, giving the ulcer a carcinomatous appearance. Beneath this ulcer, the testis could be felt forming a hard homogeneous tumor, in which the epididymis could not be distinguished from the body of the organ. The vas deferens was healthy. There were neither lancinating pains nor adjacent engorgements. The suppuration was evidently exterior to the testis, in the cellular tissue of the scrotum, which had been affected with tertiary tubercles, generally terminating in deep ulcerations more or less extensive; whilst plastic sarcocele never suppurates.

The patient was put upon the use of three grammes of iodide of potassium daily, and the bitter infusion. Diet, one-fourth hospital allowance. The ulceration was dressed with charpie soaked in a solution of iodine (four grammes of tincture of iodine to one hundred grammes of distilled water).

The ulcer improved during the first week, and became covered with healthy granulations. Its edges had approximated, and it was less deep. The testicle appeared lessened in size and hardness.

Two weeks subsequently, the dose was increased to four grammes daily; but, as some gastric disturbance arose, with slight fever and an eruption of *herpes labialis*, it was suspended, and resumed in a few days after the cessation of these symptoms.

Toward the end of November, the ulcer had healed. The treatment was continued until December 16th, at which period he left the hospital. The testis had lost perhaps one-third of its size, and adhered to the scrotum, but it had nearly regained its normal sensations, and could be distinguished from the epididymis.

EXPLANATION OF PLATE XXII.

FIG. 1. The prepuce has been destroyed by gangrene. Gummy tumor of the scrotum (tertiary symptom). Commencement of the purulent discharge. Adhesion and ulceration of the skin.

FIG. 2. Tertiary ulceration in consequence of the purulent discharge from a gummy tumor.

The irregular ulceration, with a granulated and diphtheritic base, rests on the testis and turns round it.

The engorged and indurated testis has not participated in the suppuration.

Fig. 2.



Fig. 1.





PLATE XXIII.

MUCOUS PAPULÆ OF THE VULVA—PRECOCIOUS SECONDARY SYMPTOMS.

C A S E .

Miss —, a laundress, twenty-five years of age, a blonde, and of very strongly-marked lymphatic temperament, had been vaccinated in infancy. She menstruated regularly, and enjoyed passable health, although she had been affected with leucorrhœa for some years.

Two or three days after a suspicious connection, she felt an itching in the vulva, to which was soon superadded a sensation of burning in the left nympha. Two days subsequently, an ulcer appeared on the upper part of the same nympha.

Miss — was satisfied with washing the diseased parts with a decoction of the roots of the marshmallow. The ulceration progressed. Its base became indurated, and an œdematous engorgement attacked the whole labium minor. The ulcer scarcely suppurated, and was not painful.

At the end of about fifteen days, there supervened a swelling in the left groin. Several glands became tumefied. They were indolent, isolated from each other, small, and movable under the skin, which had undergone no change.

Notwithstanding her doubts as to the nature of the disease, Miss — did not apply to a physician, and continued the same treatment for some six weeks. She began to feel pain in the vicinity of the joints, uneasiness in the movements of the neck, and the cervical glands swelled. These were followed by nocturnal headache, principally in the supra-orbital region.

The itching returned. The vulva became red, tumefied, and discharged a purulent and fetid matter. Such were the symptoms of the patient when we first saw her.

On the inner surface of the labia majora were superficial ulcerations, on which were seen confluent papulæ in various degrees of development. The majority of them

were miliary; but some of them, from their projection and volume, deserved the ordinary name of mucous tubercles. Their surface, of the color of lees of wine, was irritated, rough, and ulcerated, and furnished an excessively fetid secretion *sui generis*.

The primary ulcer, which had presented all these symptoms, had healed. Nevertheless, the *cartilaginoid* nodule of the specific induration could still be felt.

The patient did not complain of her throat, and yet, on the two anterior half arches, there was a slightly projecting mucous patch, the surface of which seemed to have been superficially and slightly touched with nitrate of silver. The skin was of a natural color, and there was no disturbance of the circulation. The complexion was not clayey, and all her functions were healthy.

The following treatment was directed:—

Three glasses daily of a decoction of the stalks of dulcamara sweetened with Cuisinère's syrup. Every evening, one of the following pills:—

R.—Prot-iodide of mercury,
Lactucarium, ʒʒ three grammes;
Extract of opium one gramme;
Extract of cicuta six grammes.
M., and divide into sixty pills.

At the end of eight days, the dose was increased to two pills. The vulva was washed, morning and evening, with the following lotion:—

R.—Distilled water one hundred and fifty grammes;
Labarraque's liquor fifty grammes.
M.

After each washing, the parts were dusted with powdered calomel, and covered with dry charpie. Two baths per week were ordered. Her diet consisted of broth, fried or roasted meats, fresh vegetables, and cooked fruits.

All the symptoms of the throat and vulva disappeared after two weeks' treatment; but the engorgement of the inguinal glands persisted for two months.

EXPLANATION OF PLATE XXIII.

Mucous papulæ of the vulva.

The extremity of the prepuce and left nymphæ still affected with specific induration and hard œdema.



PLATE XXIV.

- I. INDURATED CHANCRE OF THE BREAST (PRIMARY SYMPTOM) AND
EXANTHEMATOUS SYPHILIDE (SECONDARY SYMPTOM) IN A NURSE.
II. HUMID PAPULO-SQUAMOUS SYPHILIDE (SECONDARY SYMPTOM) IN
A CHILD.

C A S E .

ON the 25th of July, 1841, Dr. Mongeal, one of my colleagues, brought to me for examination a little girl of about six months of age. This child, of apparently good health, had a syphilitic eruption occupying the meatus and posterior part of the thigh.

The following is the history of her parents:—

Her father, thirty-eight years of age, had been affected in April, 1839, with a subacute phimosis, said to have been the consequence of a balanitis. By means of some injections, between the glans and the prepuce, of a solution of nitrate of silver, the swelling of the prepuce diminished so far as to expose the glans, on which was seen an ulcer. This ulcer was touched with nitrate of silver, and healed in a few days. About six weeks afterwards, a lenticulated, coppery, and squamous eruption appeared on the palms of his hands. No treatment being interposed, the eruption continued, and became very confluent in the month of September. The patient then consulted a physician, who prescribed pills of prot-iodide of mercury, with an infusion of sarsaparilla and Cuisinière's syrup. The eruption rapidly disappeared, but frequently recurred, to be again cured in like manner.

In December, 1839, M——, desirous of marrying, was uneasy about himself, and, by the advice of his physician, came to consult me. I ascertained the complete disappearance of all syphilitic symptoms, and concluded that the previous treatment had been sufficient.

M——, still continuing in apparently good health, was married in March, 1840.

His wife became pregnant the following month, but this condition was unaccompanied by anything peculiar. She had only a copious leucorrhœa and frequent eruptions of well-marked *herpes vulvaris*.

Toward the close of January, 1841, Mrs. — was delivered of a female child, small, but apparently in good health.

It was sent out to nurse in the environs of Paris. Six weeks afterward, the nurse informed the parents of the appearance of a papulous eruption about the nates and around the anus of the child. They took no notice of it; and, two months subsequently, the child was vaccinated by the family physician, to whom no mention was made of the eruption, and which he did not discover, as the diseased parts were covered by the clothes.

On the 17th of July, 1841, the mother, who, until then, had always enjoyed good health, learned that the eruption on the child still continued, that the nurse herself was sick, and that she asserted that her disease had been communicated by the child she was nursing.

I again examined the child's father; he had no trace of disease. I also examined the mother, and found upon her no marks of former or recent affection. The nurse and child were then brought to me, and I observed that the vicinity of the anus of the latter was affected with mucous papulæ; and, upon its nates and thighs, an eruption of copper-colored spots. Rounded papulous elevations, with a granular surface, surrounded by a dull red areola, and covered by a pultaceous, adherent, and grayish substance, were scattered here and there. Some of the elevations were depressed in the centre, giving them a complicated appearance. In short, this eruption might be referred either to a herpetiform syphilide, or to a humid squamous syphilide, or to a flat lenticulated ecthyma (mixed forms of constitutional syphilis in children).

I found the posterior cervical glands engorged, but no coryza, nor any symptom of venereal taint. The nurse asserted that the child had had, a short time previously, ulcers on the lips. Did she say the truth?

The nurse had, in the vicinity of the nipple, a deep ulcer, the irregular form of which appeared to have resulted from the meeting and junction of two ulcers in one. The perpendicular edges marking this ulcer were indurated. Its fundus was rose-colored, and exhibited granulations in the healing stage. The base, clearly defined, was hard and elastic, and presented all the characters of indurated chancre. The axillary glands were hard and swollen, but indolent. On the left labium major, was a recent cicatrix, beneath which there existed a deep induration having all the specific characters of indurated chancre. The inguinal glands on both sides were hard, swollen, and indolent.

The patient was, moreover, affected with an exanthematous eruption, confluent on the trunk and limbs, and offering all the characters of syphilitic roseola. The posterior cervical glands were hard, engorged, and indolent. Cutaneous papulæ were found on the hairy scalp. Several papulæ and exanthematous spots were seen on the breast.

This eruption, like that of the child, was free from fever or itching.

Two months after having taken this child to nurse, she had weaned her own, which had always been well.

The parents took the diseased child home. Each axilla was alternately rubbed with two grammes of double mercurial ointment; and, every two or three days, it took a bath of bran water. The general health of the child had been good during the whole of the treatment, and, toward the close of September, no traces of the disease were left.

A mercurial treatment was likewise prescribed to the nurse.

We meet frequently, in practice, with cases analogous to the preceding, and, as we do not always carefully inquire into their antecedent history, we form sometimes an opinion from fallacious appearances, and thus arrive at erroneous results.

Thus, in most cases, in order to decide the question whether the child has received the infection from the nurse, or the contrary, we are in the habit of attributing the fault to the individual in whom the disease first appeared, without remembering that, in a majority of instances, there is nearly a coincidence in the manifestation of the symptoms. For it frequently happens that a nurse, already constitutionally affected, takes to suckle a child likewise tainted. Thus, without supposing that one has infected the other, it will be readily understood that the evidence of the malady may appear, at the same time or at different periods, on one or the other.

The transmission of syphilis from the child to the nurse, and reciprocally, constitutes one of the most difficult problems of syphilitic pathology. Questions of morality are brought forward, false tales repeated, matters of interest interposed, a want of precise information as to the onset of the disease, and the unfortunately too common ignorance of the real progenitor, likewise lend their aid.

The following case will, I believe, corroborate my remarks:—

A young woman, accompanied by her husband, much older than herself, came to consult me concerning her infant, which was laboring under constitutional syphilis, communicated, as she asserted, by its wet-nurse.

I examined the child; it was affected with an almost universal humid squamous syphilide, and had ulcerated mucous patches around the anus and on the lips.

The child was six months old, and, according to the nurse's account, the symptoms of the disease had appeared at the age of six weeks.

The mother and *husband* declared that they had never been diseased, and the most minute examination revealed no traces of infection.

I examined the nurse, who appeared perfectly healthy. She had no ulcers, nor any marks of them, on the nipples or elsewhere. Her own child, which she suckled together with the diseased one, was perfectly well.

Thus was I much embarrassed as to the origin of the infant's affection, when, on the following day, I received a visit from an officer of dragoons, who came to consult me for a plantar and palmar syphilide. This officer questioned me anxiously concerning the disease of the infant I had seen the evening previously, and confided to me his share of the paternity; but, as he was ignorant of the laws of hereditary maladies, he was surprised to find that he was the father of a diseased child, as he supposed himself cured, and had no symptom of the disease when he knew the lady, who, on her part, had never been affected.

Many nurses, both in city and country, may frequently contract syphilis *extra matrimonium*, and thus infect their husbands. Then, to screen themselves, they do not hesitate to accuse the poor child, which has often sucked the poison from their breasts.

Again, nurses frequently have their fingers soiled by the dressings on their genitals, if ulcerated, and may themselves inoculate their nipples, often cracked, and thus communicate the ulcer to the child's mouth.

It was an ulcer of this kind which had occurred in the vicinity of the nipple of the nurse whose case I have detailed. And these ulcers are frequently, on account of their location, mistaken for secondary symptoms, which are supposed to be infectious; this error is the more readily made inasmuch as indurated chancre often borrows the physiognomy of mucous patches.

Another important fact touching the coincidence of the manifestation of symptoms of secondary syphilis in the nurse and child is this—that the mouth and nipple are already, in consequence of their structure, predisposed to the secondary appearances which so often are seen on them, and this predisposition is increased by the exaltation of vitality occasioned by sucking and lactation.

This result, of which the explanation is so simple and easy, has been considered as a proof of contagion by short-sighted and superficial observers.

They have also inferred the contagion by contact of mucous patches when seated on one thigh and then appearing on the other. The same remark applies when they are seen in the peno-scrotal angle, or in the genito-crural fold. But how can we sup-

pose contagion by contact when these patches appear successively in the axilla, or in the meatus auditorius of either side? Is it not more rational to admit that the same constitutional cause which led to their appearance on one side had also the same influence on the other?

It may be remarked upon facts so circumstantially detailed and related by Veralloni, Portal, etc., and since so readily adopted by the partisans of their doctrines: I. That the patients have been examined at periods more or less remote from the onset of the disease. II. That, under these circumstances, a retrospective diagnosis became necessary, founded rather on the accounts, frequently false, of the patients themselves, than on the nature of the primary disease, of which the traces may have disappeared, or undergone great change.

It has frequently happened to myself to meet cases apparently favorable to the opinion of those who believe in contagion from secondary affections. But whenever I have seen the infant and nurse in the commencement, which often occurs, I have been always able to distinguish the coincidence of secondary symptoms from true contagion produced by the contact of inoculable primary disease (or chancre).

As regards the child whose case has just been detailed, a recollection of the period after birth at which the symptoms occurred, and the form they assumed, will lead us to the conclusion that the disease was transmitted by the father, and that the appearance of the disease in the nurse was merely coincident.

Again, the advocates of contagion must admit that, in this case, it could only have been propagated from the nurse to the child, for she alone presented traces of primary disease. She had had an ulcer on the vulva.

Without here entering upon the important question of the transmission of syphilis from the parents to the child (which will form the subject of a work hereafter to be published), I will advance the following propositions, based upon a large number of cases:—

I. The father and mother may transmit the disease to their child indifferently, if either or both of them be affected.

II. Transmission may occur from the parents to the child, when they are affected with constitutional symptoms, or when a concealed syphilitic diathesis exists in them.

III. The absence or existence of constitutional symptoms in parents, at the moment of impregnation and conception, exerts no influence on the form of the disease which may afterward appear in the child. The distinction established by M. Caze-
nave between congenital and hereditary syphilis, and which is based on the absence or presence of constitutional symptoms in the parents at the moment of generation, or which have been developed in the mother during gestation, is totally erroneous;

and, indeed, M. Cazenave confesses that his opportunities of observing it have not been ample.

IV. The character and period of the manifestation of the symptoms in the child are governed by the stage to which the disease had advanced in the parents at the moment of generation. The treatment to which the parents were subjected may also retard, prevent, or modify the appearances in the child.

V. If the parents are both healthy at the time of generation, and the mother contracts syphilis during gestation, she may transmit the disease to her child. Of this I have seen several examples at various periods of pregnancy, even to the seventh month inclusive.

VI. When the venereal poison is transmitted from the mother to the child during pregnancy, infection takes place through the medium of the placenta, and, in this case, appears to occur after the fourth month of utero-gestation.

In abortions which are consequent on syphilis, if the father alone be diseased at the moment of generation, the abortion may occur at any period of pregnancy. If the mother alone be diseased at the time of conception, the abortion will not take place until after the fourth month.

VII. Children born of a father or mother affected with syphilis may escape infection; for a certain disposition to receive constitutional disease is necessary for the child as well as the adults, and this may be absent.

VIII. Observations made as accurately as possible seem to prove that constitutional syphilis may be transmitted from the child to the mother during utero-gestation.

EXPLANATION OF PLATE XXIV.

THIS plate represents: 1st. An exanthematous and humid papulo-squamous syphilide, seated on the nates and posterior part of the thighs of a child. 2d. An indurated chancre in the healing stage, near the nipple on the breast of a nurse, and an exanthematous and papulous syphilide covering the mamma.





PLATE XXV.

RASPBERRY-LIKE VEGETATIONS.

CASES.

THE patient represented in FIG. 1 was twenty-five years of age. He generally enjoyed good health; and, though he had frequently connection with women of whom he was not sure, he never remembers to have had any symptom of venereal disease.

He had never had any pain nor difficulty in urinating, until three months ago, when he observed that the jet of urine had suddenly become irregular, and that (to use his own words) "he pissed like the rose on a watering-pot." Most generally, in the intervals between the emission of urine, the lips of the meatus were agglutinated; nevertheless, there was no abnormal secretion. One day, on separating the lips of the meatus, he perceived a cock's-comb-like vegetation at the entrance of the urethra.

When the patient consulted us, this vegetation was grayish, dry, and like horn at its free extremity, whilst its insertion was red, granular, and very vascular.

It was effectually removed by a pair of scissors curved laterally.

THE patient represented in FIG. 2 was thirty years of age, and of a good constitution. He had had several attacks of blennorrhagia, which were treated by anti-phlogistics and balsams. He had never had any symptoms of syphilis.

His last blennorrhagia occurred six months ago. As it had resisted the use of ordinary anti-blennorrhagic remedies, a physician ordered Van Swieten's liquor, which the patient took for two months. He also used some injections with sulphate of zinc.

When we saw this man, he had had, for three months, some difficulty in urinating; the jet of urine was feeble, irregular, and bifurcated. At the same period, he

observed several vegetations, by forcibly separating the lips of the meatus urinarius. These vegetations grew rapidly, and embarrassed, more and more, the emission of urine.

They were removed by flat, curved scissors; but, the blennorrhoidal discharge continuing, as well as the difficulty of urinating, it became necessary to explore the canal, in order to ascertain if no other obstacle existed.

It was impossible to introduce a metallic sound of medium calibre; a gum-clastic bougie (No. 10 of the millimetric plate) would alone pass through the whole extent of the urethra. The point of the instrument was arrested in the corpus spongiosum, by a tissue easily lacerated, and pouring out a great quantity of blood.

This was, then, one of those cases of stricture owing to what the older writers called fleshy excrescences, or caruncles of the urethra.

They were destroyed in the following manner: a loop of silver wire was introduced into the urethra, having its ends inclosed in a metallic canula. As a vegetation was found engaged in the loop, it was excised by simply pushing forward the canula. This operation was several times repeated until they were all destroyed.

The blennorrhoidal discharge had increased during the whole time required by the operations; but, when the vegetations were all excised, it gradually lessened, and ceased entirely in two weeks.

THE patient represented in FIG. 3 was twenty-five years of age. He had frequently had a herpetic eruption on the glans and prepuce. He also had eczema of the scrotum shortly before he perceived the vegetations.

The glans was habitually covered, but the prepuce was sufficiently large to readily allow of its being displayed.

He had not indulged in sexual commerce for three months, when he felt for the first time some itching at the base of the glans, followed by redness and a slight abnormal secretion.

There soon appeared small, red, soft, friable granulations, bleeding at the slightest touch. These gradually became masses of raspberry-like vegetations represented in FIG. 3.

These vegetations were the seat of very disagreeable itching, and discharged a pretty copious fetid secretion. Their color was of a bright red, when they had been long covered by the prepuce. When exposed to the air, the red color diminished; they became grayish and hard, and the secretion likewise lessened.

The patient was free from pain, except when he attempted sexual congress, or was accidentally violently rubbed.

Until the period at which we saw him, he had undergone no kind of treatment. Simple excision of the vegetations cured him completely.

However, on account of his tendency to herpes, he took some saline purgatives, baths of Barèges water, and an infusion of dulcamara sweetened with syrup of fumaria.

EXPLANATION OF PLATE XXV.

FIG. 1. Cock's-comb-like vegetations, at the orifice of the urethra, not preceded by any venereal symptom.

FIG. 2. Vegetations occupying nearly the whole of the glandular and spongy portions of the urethra. Raspberry-like form, resembling that called by the older writers caruncles, or fleshy excrescences of the urethra.

FIG. 3. Raspberry-like vegetations of the glans and prepuce.

Fig 1.



Fig. 2.



Fig. 3.



PLATE XXVI.

GRANULAR, WART-LIKE VEGETATIONS.

C A S E .

L—, a stone-mason, twenty-six years of age, had always enjoyed good health, although he took but little care of himself. He had occasionally connection with women, and asserted that he never had had any venereal affection.

Six months before the period at which he came under our notice, he felt some itching in the right genito-crural region, where he habitually wore his scrotum. This itching was soon followed by burning, and a copious and fetid secretion.

Soon afterwards, the patient perceived several small pimples on the inner surface of the thigh and external part of the scrotum.

The itching and burning increased with the eruption. A physician, consulted by the patient, regarding the eruption as syphilitic, prescribed for two months, without any benefit, the use of Van Swieten's drink.

When L— came to the hospital, the eruption consisted of several small, solid, pale, sessile tumors, of a dark red color, forming confluent groups. In some places, they were denuded of the epidermis, and poured out a muco-purulent secretion, the fetor of which resembled that which is erroneously considered as peculiar to the mucous papulæ of this part.

This variety of warty eruption of the cutaneous follicles, which had originated from a simple intertrigo, could in no wise be referred to syphilitic infection.

We will observe, by the way, that this form of vegetation is very common in woman, and frequently leads to an incorrect diagnosis in those who are accustomed to consider as syphilitic nearly all the affections of the genital organs.

The following treatment was instituted:—

The vegetations were removed by flat, curved scissors. After the excision, compresses, soaked in cold water, were applied thereto. Two days subsequently, and

until the cure was completed, the parts on which the vegetating eruption had been seated were isolated, by means of compresses soaked in the liquor plumbi subacetatis dilutus.

Some slightly projecting groups were simply touched with the liquid acid nitrate of mercury.

EXPLANATION OF PLATE XXVI.

THIS figure represents groups of granular wart-like vegetations on the side of the scrotum and corresponding portion of the right thigh.

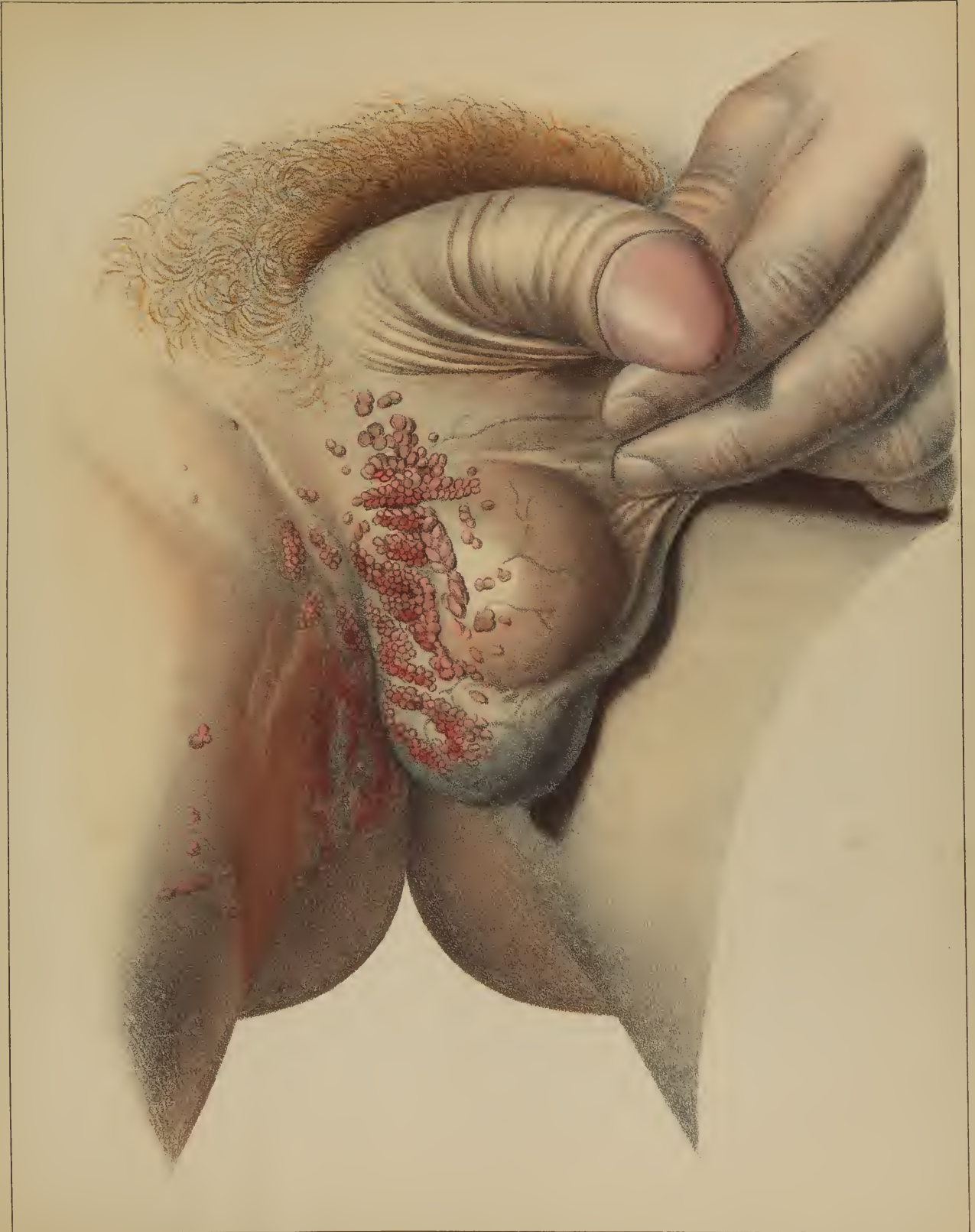


PLATE XXVII.

INDURATED PRIMARY ULCERS (CHANCRES) OF THE ANUS.

C A S E .

G—, twenty-five years of age, of a good constitution, and enjoying excellent health, consulted me on account of a recent cutaneous eruption, for which he pretended he could assign no cause. He had perceived it ten or twelve days since; it was almost general, confluent, without fever or itching, and presented all the characters of syphilitic roseola. It had been preceded, and was still accompanied, by infra-orbital neuralgic pains, and nocturnal prearticular rheumatic uneasiness. The posterior cervical glands were engorged, and his hair fell off.

The patient declared that he had never had any other symptoms, and that he had not had connection with a woman for more than a year. I examined the genital organs; they exhibited no former nor recent evidence of ulcers nor discharge. The inguinal glands were engorged, indolent, elastic, and movable; the most external and most internal were also the largest. On inquiring of the patient if he had no affection of the anus, he replied that he had labored under hemorrhoids which, for six weeks, had given him great pain. On examination, I found three ulcers in the anus. One was situated in the median line; one in the ano-perineal; and another in the ano-coccygeal region. Externally, they were semicircular, and extended toward the lower part of the rectum, as if they had been produced by those longitudinal fissures known, by those who desire to retain this faulty nomenclature, as *primary rhagades*. Their outer base was sharply defined, hard, elastic, indolent, and presenting a specific induration.* Their edges were perpendicular, grayish, without separation. The bottom was covered with red granulations, and suppurated but slightly. These ulcers had reached the stage of reparation. They were painful only during, and particularly

* In the anus, specific induration is generally not so well marked as elsewhere.

after, defecation. The patient, naturally constipated, felt at that time a sensation of laceration, followed by spasmodic contraction, resembling a case of simple fissure. The alvine dejections were sometimes tinged with blood. A third ulcer was located on the left side of the anus, but did not penetrate the intestine. It was rounded and further advanced in the healing stage, although it had occurred fifteen days after the preceding ones, owing to the circumstance of its not being disturbed by the efforts of defecation. The character of the ulcers, their peculiar location, the engorgement of the inguinal glands just described, the period elapsing before the appearance of the secondary symptoms which induced the patient to consult me, left no doubt as to the nature of the contagion. In fact, he admitted that, after a dinner-party, when too liberal a quantity of generous wine had made him lose his reason and forget his manliness, he had slept with a friend, and to whose beastly appetite he had sacrificed himself. He remembered having suffered greatly during the connection, and having passed blood on the following and subsequent days.

When I saw him, his only treatment had been bathing, and the use of lotions of the decoction of marsh-mallows root (*althæa officinalis*). The ulcers were then dressed with the following cerate:—

R.—White precipitate two parts;
 Extract of belladonna two parts;
 Opiated cerate thirty parts.

M.

The patient was directed to take a decoction of the leaves of saponaria, Cuisinier's syrup, and pills of prot-iodide of mercury, each containing three-fourths of a grain. At first he took one daily, then two, three, and four. Every other day he took a bath, and the bowels were kept soluble by castor oil and magnesia. Before defecation, he was directed to use a mucilaginous enema containing three or four tablespoonfuls of olive oil. The granulations were kept down by nitrate of silver.

In fifteen days, the ulcers were healed, the neuralgic and rheumatic pains had ceased, and, in two weeks more, the exanthema had disappeared. Four months of treatment were required to obliterate the engorgement of the cervical glands.

Primary ulcers of the anus either result from unnatural congress, or from the application of the venereal poison in some way, either by actual contact, or from the pus flowing over the anus, following the genito-crural space, as frequently happens in virulent bubo. Still more frequently, in women, it occurs from the proximity of chancres, which may be seated on the posterior part of the vulva. In some who have suffered from laceration of the perineum in delivery, the fusion of the rectum and

vulva sometimes prevents our being able to determine the starting point of the ulceration, and to what *act* it must be referred.

True, however, it is, that hemorrhoids, the various pruriginous affections of the anus, all solutions of continuity, are so many adjacent causes of contagion; especially lacerations on fissures so easily made in unnatural congress; and the *nearly absolute* seat of which may be determined by the anatomical structure of the parts, and in order of frequency—sometimes on the anterior, sometimes the posterior region of the anus, sometimes on both, as in the case just related. These lacerations are so frequent, and the subsequent inoculation so constant at the points I have indicated, that, although in truth primary ulcers may be produced otherwise, they throw considerable light over medical jurisprudence, when it is required to decide how a chancre in the anus has been communicated. These conditions are, in fact, much more important than infundibuliform appearance of the anus, which is seen only in those who have grown old in crime.

I may assert that, in nearly all the patients I have seen under the circumstances above described—and I must confess that the number of women far exceeds that of men—I have obtained an avowal of the fact. It may be laid down, contrary to what has been written in a treatise on syphilis, that the nearer the primary ulcer is to the orifice of the anus, the more deeply it penetrates into the inferior portion of the rectum, and especially when it is on the median line, the greater is the probability that it arose *preposterâ venere*. Ulcers otherwise produced are generally distant from the rectal orifice, and may be seen on any part of its circumference without that fatal identity of location which exists in others. The subject of the above case presented the two varieties of anal and preanal ulcer; and, in fact, the third ulcer on the left side of the anus, and which did not penetrate its orifice, appeared only some time after the first two, authorizing us to admit that it had not the same mechanical origin, but was produced by contagion from the vicinity.

Although primary ulcers of the anus may sometimes be confounded, by inexperienced persons, with non-syphilitic affections of the same region, the error is more readily committed in case of secondary symptoms and those of the transition stage.

This error is peculiarly common in the differential diagnosis of the varieties of mucous papulæ with primary ulcers, especially in the period of reparation.

We may add that, if chancres of the anus are almost constantly visible externally, ulcers may be more deeply seated in the rectum, constituting marked chancres, which again lead into error, and give rise to a belief in spontaneous constitutional syphilis, of which the following is an example:—

A lady consulted me for a well-marked constitutional syphilis, with an eruption,

the nature of which was unmistakable. I examined the vagina, vulva, and os uteri, without finding any marks of primary ulcer. I was about to despair of discovering the origin of this general affection, without, however, admitting the possibility of spontaneous constitutional venereal, when the patient informed me that during defecation she felt acute and violent pain, and asked me for relief. There was nothing to be seen about the anus; but, on touching by the rectum, I discovered, on a level with the superior sphincter, a small, hard, callous tumor, painful on pressure. This might be a simple fissure. Nevertheless, my attention being excited by the existence of general symptoms, I asked her a few questions as discreetly as possible. She became embarrassed. Upon reiterating the inquiry, with as much delicacy as I was master of, she confessed having had connection with her husband in this unlawful way, and that the first appearance of the pains she continually felt dated from that time. This little tumor was an indurated chancre of the sphincter ani!

The husband of this lady had chancres, and had communicated them to her *preposterâ venere*. He supposed that connection in this way prevented contagion. Unfortunately, the event did not justify his preconceived notions.

EXPLANATION OF PLATE XXVII.

PRIMARY ulcers of the anus. Period of reparation.

The two ulcers on the median line are the direct and immediate result of the unnatural congress.

The ulcer on the left side of the anus was produced at a later period, by *subsequent inoculation*.



PLATE XXVIII.

MUCOUS PAPULÆ.

C A S E .

Par——, 26 years of age, a sawyer, admitted November 20th, 1839.

THIS young man is strong and well formed; his hair is of a chestnut color, his skin white and delicate. Before the attack of his present disease, he had never perceived any venereal symptom.

His last connection with a woman took place on the 28th of August, 1839, and, on the 2d of September, he perceived a small ulcer in the groove of the glans, near the frænum, but, as it gave him but little trouble, he paid no attention to it.

About the middle of October, after some excessive drinking, the pain becoming more acute, obliged him to take care of himself. He then made use of mercurial ointment, and, in fifteen days, the parts were cured. Soon after, he felt an itching at the anus, the folds of which appeared swollen. He thought this was caused by piles, and merely applied occasionally compresses dipped in a decoction of flaxseed.

Considerable fatigue, and numerous excesses in diet, produced great irritation in the diseased parts; a copious purulent secretion soon supervened, and *Par*——, unable to follow his trade, was admitted into the hospital on the 20th of November, 1839.

At this time, the cicatrix of the ulcer in the groove of the glans is very apparent, and the tissues here preserve the characteristic induration which often remains at the base of indurated chancres.

Some of the posterior cervical glands are engorged, and very dry and dull-colored scabs, very easily broken or removed, are found in the hair. His face is pale, and the general appearance of his skin is dull, clayey, and of a straw color. The organic functions are regularly performed, yet the patient states that he has *greatly* emaciated in the last three months.

The anus and its vicinity, for a considerable extent, as well as the scrotum, exhibit one of the best-marked eruptions of secondary syphilis.

The papulæ constituting this eruption—at first isolated and slightly projecting beyond the skin, the follicles alone of which they occupied—were nearly throughout united in groups, pretty generally rounded, extending more and more, with flattened apices, and forming, in short, larger or smaller patches. These patches—the surface of which was unequal, granular, rough, almost vegetating in some parts, and divided by fissures at others, especially toward the anus—exhibited, here and there, erosions, or true ulcerations, in the parts most subject to pressure, and adjacent to the orifice of the rectum, and penetrating therein under the form of rhagades. The surface of these papulæ, unevenly clouded, of a brownish vinous red color, whitish or grayish at some points, was covered with a muco-purulent secretion, partially sanious, and even bloody after walking or an alvine dejection. This secretion, of a very fetid smell, was chiefly furnished by the surfaces nearest to the anus. On the circumference, the eruption was generally dry, and presented some isolated, smooth groups, covered with a thick epidermis, and, at many points, with small squamæ; in short, it was everywhere very evident that the eruption had not been preceded by any ulceration of the skin, as occurs in chancres which have undergone the transformation *in situ*, and in which are found the traces of the edges of the ulcer, whatever may be the projection and appearance of its fundus.

The patient suffered but little. He had severe burning during defecation, in consequence of the hardness of the fæces expelled and the distension produced by their volume at the moment of passing out of the rectum.

A drawing of the eruption was made on the 2d of December.

He was directed to take daily a pill of prot-iodide of mercury, with sudorific syrup and infusion. Diet, half allowance.

The diseased parts were washed, morning and evening, with the following lotion:—

R.—Distilled water one hundred grammes;
 Labarraque's liquor fifty grammes.
 M.

After each lotion, apply dry calomel.

10th. The mucoso-purulent secretion on the surface of the eruption has nearly disappeared, and the projection is much less considerable.

Continue the treatment and diet.

22d. There are no more scabs in the hair, nor eruption on the scrotum. The greater part of that around the anus has disappeared.

Same treatment. Diet, three-fourths allowance.

30th. The last traces of the eruption have vanished, and in their place the tissues have recovered their normal aspect and softness without any remains of a cicatrix. The general appearance of the patient is remarkably improved.

Continue the treatment and diet.

January 7th. Par—— was discharged cured.

EXPLANATION OF PLATE XXVIII.

THE anus and its vicinity, for a considerable extent, as well as the scrotum, covered by a well-marked eruption of secondary syphilis. This eruption is formed by papulæ, either isolated or united in groups or patches. The surface is less granular, and less rough and pale, in proportion to the advancement of the process of resolution.

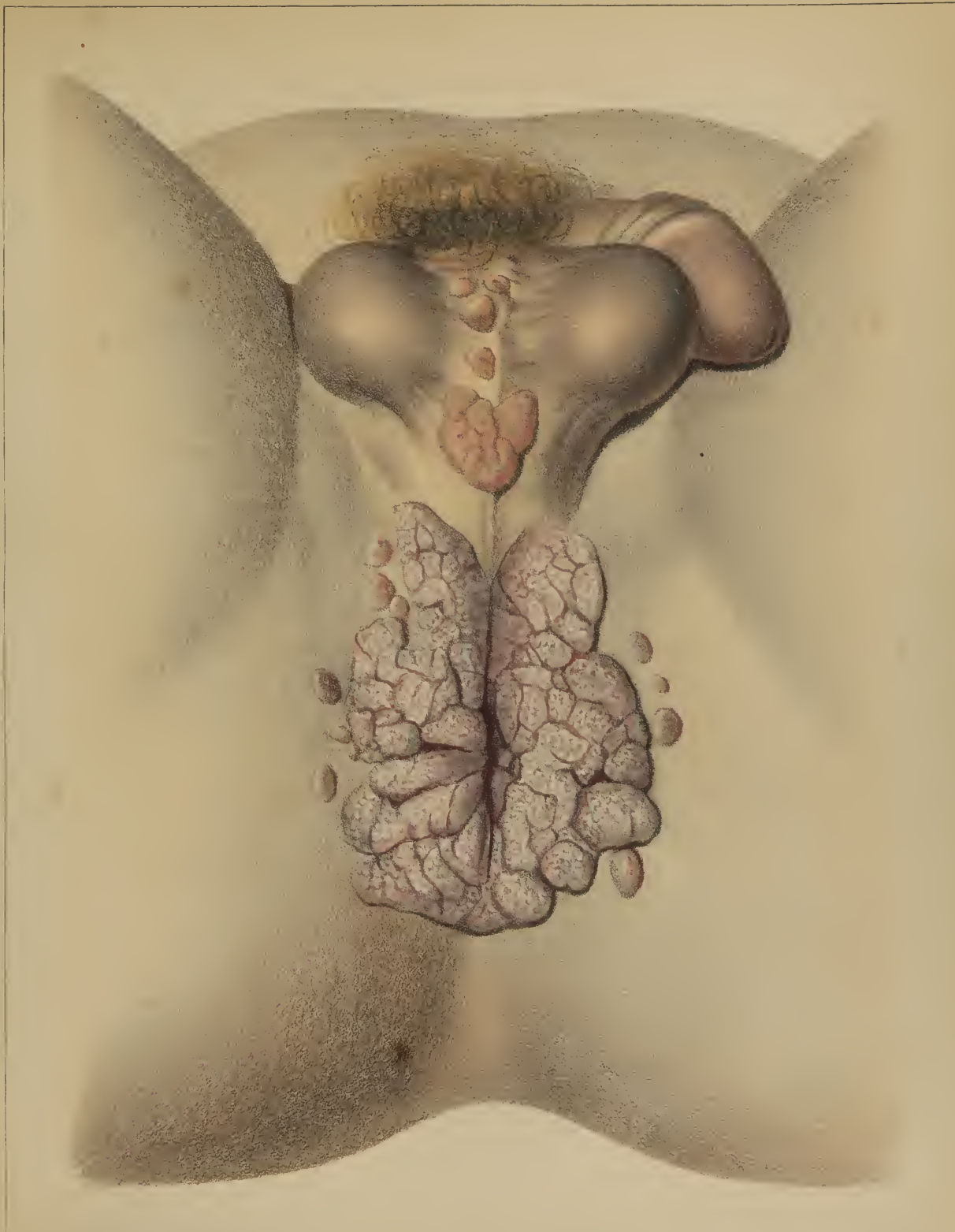




PLATE XXIX.

POLYMORPHOUS VEGETATIONS.

C A S E .

La—, 27 years of age, a playing-card maker, admitted December 26th, 1839.

THE parents of this young man enjoy good health; his brothers and sisters are well; and there is no reason for supposing the existence in the family of any hereditary disease.

He himself is strong and well made, his hair of a chestnut color, and his skin quite fair. He asserts that he had never had any venereal disease, or, at least, never perceived it. We questioned him most rigorously on this subject. He has not indulged in women for ten months, and does not remember any suspicious connection. His answers, frankly given, forbade the idea of a *prepostera venus*. Not the least mark can be found on his genital organs or elsewhere which can be referred to a cicatrix of a primary ulcer. The skin and mucous surfaces are free from secondary eruption, and the deep-seated tissues and osseous system evince no symptom of syphilitic infection. In short, his whole organism appears perfectly sound, excepting the affection about to be described.

La— cannot fix precisely the period at which the numerous vegetations around his anus first began; but he remembers that, during the month of May, after severe fatigue, he felt an itching at the anus, the folds of which tumefied. This condition excited an unconquerable desire to scratch so much as to produce excoriation.

No treatment was instituted, and even the necessary attention to cleanliness was neglected, which did not surprise us in a patient who confessed that he had not been in a bath for two years.

However, after some twenty days, the itching disappeared, or, at least, became less intense. But *La—* observed that a long walk, or excess in diet, would reproduce it.

Such were the prodromi of the present affection. Very small granulations appeared at first around the anus, the eruption then gradually spread, and at last assumed the form of a mass of vegetations, always bathed by a muco-purulent secretion, which the slightest friction of the diseased parts rendered bloody.

We may here recognize the characters assigned to various varieties of vegetations. Some, at first, are simple isolated granulations, produced by the extroversion of the mucous or cutaneous follicles; others, in a more advanced stage, are themselves covered by granulations more or less projecting, and the greater portion of them appear agglomerated in large sessile patches, or else simply pedunculated, and supported by a single stalk, more or less thick, from which radiate, in every direction, numerous branches. On the thighs, and parts where they are not freely developed, they resemble the cauliflower, whilst in the vicinity of the anus, being laterally compressed, they take the form of a cock's-comb or a raspberry.

Their consistence, and the thickness of the skin covering them, also vary as they are more or less exposed to the desiccative action of the air. On the folds of the anus, they are humid, friable, bleeding easily, and bathed in a copious muco-purulent secretion; but, as they recede from the central parts, they become paler, their surface is less granular, and they are more readily scratched. At some distant points, they sometimes present a consistence and dryness differing but little from that of the adjoining skin.

December 27th. There is a great deal of irritation in the diseased parts.

Dress with a solution of opium. Diet.

January 2d. The vegetations are free from inflammatory excitement, but appear to increase regularly.

Same dressing. Diet, one-fourth allowance.

4th. The vegetations were removed by scissors, and dressed with cold water. Diet.

6th. Some small vegetations remaining in the folds of the anus were removed.

Continue the cold application. Diet, half allowance.

12th. The skin around the anus has healed.

Dress with the liquor plumbi subacetatis dilutus. Diet, three-fourths allowance.

17th. La—— was discharged cured.

EXPLANATION OF PLATE XXIX.

THE patient is so placed as to exhibit the whole of the vegetations cleansed of the muco-purulent secretion which soiled them. On the median line near the anus—unembarrassed in their growth, compressed laterally, and less exposed to the air—they are seen flattened, and, at some points, in the shape of a cock's-comb. Their surface is there finely granular, of a bright red color, and constantly bathed by a copious muco-purulent secretion. The epidermis is wanting in several places.

As we recede from the parts just described, the vegetations become paler, the granulations are more developed, and covered by a firmer epidermis. Lastly, the elements forming the groups may be more easily distinguished.

Toward the coccygeal region may be seen the separate peduncles from which irradiate the branches. On the upper right part is seen particularly the appearance resembling the cauliflower, whilst on the same side, near the scrotum, is observed the disposition into sessile patches. On the left, some portions of vegetating tissue resemble closely the strawberry or raspberry.

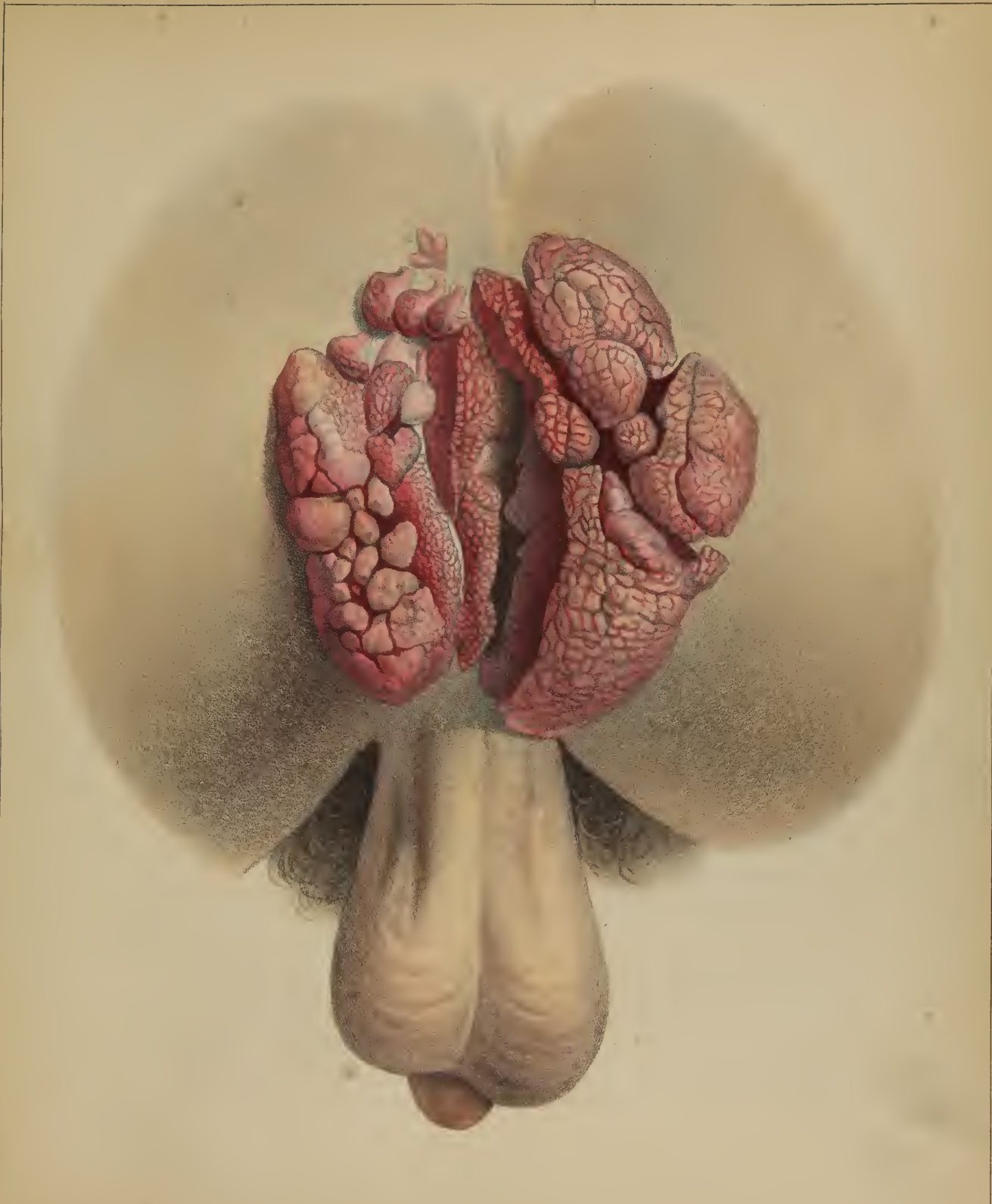




PLATE XXX.

ULCERATED TUBERCLES OF THE SUBSTANCE OF THE VELUM PALATI (TERTIARY SYMPTOMS).

C A S E . (FIG. 1.)

B—, thirty-three years of age, born of healthy parents, and vaccinated in infancy, contracted, at the age of fifteen, a chancre, which was seated on the base of the glans: no suppurating bubo followed, and, after a month of mercurial treatment, the ulcer was completely cicatrized.

Since the cure, he remained perfectly well until July, 1844, when he began to feel some discomfort in swallowing, and during the effort of coughing or yawning. He felt pain in the posterior nasal fossæ on blowing his nose. There supervened at the same time occipital nocturnal headache.

One day, whilst examining his throat, he perceived that the uvula was more pendulous than usual, and that the surrounding velum palati was swollen. As he was under no treatment, the swollen parts soon ulcerated, and he came to consult us at the hospital.

The following was then his condition: the middle of the velum palati and the uvula were occupied by a deep ovoidal ulcer, with perpendicular edges, its fundus coated with a grayish-yellow pseudo-membrane. The parts surrounding the ulcer were red and swollen. The uvula, resting on the root of the tongue, appeared to follow no longer the movements of the velum.

This was one of those ulcerated tubercles which are so frequently developed in the sub-mucous cellular tissue of this region. When these tubercles are misunderstood and improperly treated, they end by dividing the velum palati and destroying the uvula. What is especially to be feared in this affection, is its insidious progress: the purulent infiltration of the tubercle takes place between the mucous layers, which serve as its envelope: the ulcerative process may commence from behind, and nothing

betrays its presence to the inattentive or inexperienced observer, until the velum, by lacerating, displays the ravages of a disease until then unsuspected.

This case confirms the law of evolution of the successive symptoms of constitutional syphilis, and shows the influence of the mercurial treatment. This patient, after having cured the primary ulcer by a short mercurial treatment, was preserved from the secondary symptoms, and fifteen years elapsed between the appearance of his chancre and the occurrence of the tertiary symptom, the history of which we have just sketched.

He was subjected to the following treatment:—

Three glasses daily of a decoction of quassia amara, with a tablespoonful of syrup of gentian for each glass. Three grammes of iodide of potassium in solution. A gargle of the following liquid:—

R.—Distilled water two hundred grammes;
Tincture of iodine six grammes;
Iodide of potassium one gramme.

M.

After this treatment was continued for fifteen days, the ulcer was completely healed; but the patient continued it for fifteen additional days. He then left the hospital.

I saw this patient again on the 3d of June, 1848, and found that his health remained perfect. Scarcely could any remains of the ulcer be discovered, so regular had been its cicatrization.

EXCAVATED ULCER OF THE THROAT AND VELUM PALATI (TERTIARY SYMPTOMS).

C A S E . (FIG. 2.)

Ed——, twenty-seven years of age, born of healthy parents, and of a lymphatico-sanguineous temperament, had always enjoyed good health, when, in 1835, he contracted a chancre, the existence of which he perceived a few days after connection. This chancre soon became indurated.

Several inguinal swellings subsequently appeared, but the swollen glands were not painful, and did not suppurate.

No treatment was instituted, and six weeks after the appearance of the primary affection an eruption of red spots supervened. This eruption, free from itching, was preceded and accompanied by nocturnal headaches, with likewise a slight engorgement of the posterior cervical glands.

The patient was then subjected to a mercurial treatment for four months. In three months, the induration of the chancre had disappeared, but the eruption, which was an exanthematous syphilide, continued longer.

After the disappearance of the symptoms, the patient's health remained excellent until 1843. At this period, without any appreciable cause, or any urethral discharge, an indolent engorgement of the testes occurred: this engorgement was merely inconvenient from its weight in walking; and, from the description given to us, must have been syphilitic sarcocele. This affection was cured after an antiphlogistic and anti-syphilitic treatment of two months, as usually happens when the disease is taken in time.

In 1844, several gummy tumors of the subcutaneous cellular tissue invaded the calf of the left leg. One of these tumors was as large as a small filbert. They remained hard and indolent, and the color of the skin covering them was unchanged. Ed—— was treated in a military hospital, for this affection, with mercury, and in fifteen months was no better. Under the influence of the iodide of potassium, these gummy tumors completely disappeared in two months.

In 1845, the patient was attacked with a non-specific conjunctivitis, which yielded in fifteen days to antiphlogistics and astringent collyria. In May, 1846, without any other cause than the succession of affections we have related, he experienced some uneasiness in deglutition: then a swelling, which slowly became quite large, appeared on the right side of the back part of the throat. The prodromi of these symptoms, which had neither been preceded nor accompanied by fever, were occipital pains in the head, most intense during the night. The swelling gradually invaded the velum palati and uvula. All these symptoms had already existed three months, when the patient consulted a physician, who prescribed, without success, several applications of leeches. The disease continuing its ravages, Ed—— came to the Hôpital du Midi in November, 1846.

The following are the symptoms then observed:—

The right side of the back part of the throat was occupied by a deep ulceration, which had destroyed the tonsil, detached the posterior half-arch from the velum palati, and destroyed nearly one-half of the pharynx. The inferior edges of the ulcer could not be seen, nor could the superior be accurately defined. The bottom of the ulcer was irregular, and coated with a yellowish-gray pseudo-membrane. The surrounding

parts were swollen, and of a livid and reddish hue. The uvula had been destroyed, and traces of the ulceration were to be seen on the left side of the isthmus faucium.

The patient felt alternately uneasiness and pain, but only during deglutition. Food, and particularly liquids, frequently remained in the nasal fossæ. Phonation was altered, and he spoke through his nose. He was deaf of the right ear. The cervical and submaxillary glands were not swollen. He had no fever; his complexion was pale and clayey.

This vast ulcer, from the regular order of the appearance of the syphilitic symptoms, which might be referred to the tertiary class, both from the period of its manifestation and its anatomical location, determined me on adopting the following treatment:—

Three glasses, daily, of a decoction of quassia amara, each sweetened with a tablespoonful of syrup of gentian. Three grammes of iodide of potassium daily. He used the following gargle:—

R.—Distilled water two hundred grammes;
Tincture of iodine six grammes;
Iodide of potassium one gramme.

M.

This treatment was commenced on the 7th of November, and on the 22d of the same month the ulceration had healed. The rapidity of the cure did not astonish those who know how to treat this affection, formerly thought so dangerous.

The patient was advised to continue the same course for two months after his leaving the hospital.

TERTIARY AFFECTION OF THE THROAT.

C A S E . (FIG. 3.)

M. C——, who came under my care on the 27th of August, 1847, was thirty-six years of age, and of a moderately good constitution; born of healthy parents, vaccinated in infancy, he had always enjoyed good health until 1839, when he had a simple blenorragia, which yielded in a few days to antiphlogistics and copaiba.

In 1841, he contracted a chancre on the base of the glans, which soon became

indurated. Swellings supervened in the inguinal regions, but these swellings were small and almost indolent.

Their only treatment consisted in being dressed with simple cerate. Thus managed, the chancre healed slowly, and two months had scarcely elapsed when the patient was seized with nocturnal supra-orbital pains. The posterior cervical lymphatic glands swelled, and a crustaceous eruption of the hairy scalp supervened, and red spots were scattered over his whole body.

The patient was then subjected for three months to mercurial treatment (Dupuytren's pills), and all the symptoms disappeared.

Toward the close of 1845, he observed a deep ulceration in the posterior part of the pharynx. This ulceration was treated and promptly cured by iodide of potassium, the use of which was continued for three months. From that time he had no new symptom, when nocturnal pains in the occiput came on. Deafness of the left ear and uneasiness were superadded. Nearly at the same time, the substance of the glans, on either side of the meatus urinarius, became indurated, but without pain or any apparent evidence of ulceration.

The following was his condition when I saw him :—

The posterior part of the pharynx, behind the velum palati, was occupied by a deep ulcer, with irregularly defined edges, the bottom of which, of a grayish-yellow color, was coated by a false membrane. The limits of this ulcer could not be exactly defined, for its extent could not be discovered. On the left side of the ulcer was a considerable swelling, the cause, probably, of the deafness, for it seemed to have invaded the environs of the Eustachian tube. Deglutition was painful, and the lateral movements of the head gave some pain.

He was excessively emaciated; his complexion was clayey, his breath fetid, especially in the morning. His voice was unchanged.

In the substance of the glans, as has been observed, we remarked two rounded tubercles, perfectly circumscribed, and about the size of a small pea; they were indolent, and the semi-mucous membrane covering them appeared of a deeper color than in the adjacent parts. The inguinal glands were not swollen. Those tubercles were very analogous to the tertiary tubercles of the tongue, of which I have published cases. I have frequently seen similar ones in the substance of the neck of the uterus, although their existence there seems to have been hitherto unsuspected.

Notwithstanding the doubts which may exist concerning paternity, in spite of the legal precept "*Pater est ille quem nuptiæ demonstrant,*" I think it important here to point out what, in this case, bears on the question of transmission on the part of the father, and which relates to what may be observed in a more rigorous manner

when discussing transmission by inheritance from the mother to the child. Experience teaches us that in the stage of tertiary symptoms, parents may give birth to children presenting no traces of syphilis.

At the time of his marriage, in 1845, M. C—— had no syphilitic symptom, and in thirteen months his wife was delivered of a perfectly healthy child. This child still remains well. Nevertheless, M. C—— was under the influence of a syphilitic diathesis, for the first deep ulcerations of his throat appeared fifteen months after his wife's first accouchement, and, a remarkable circumstance, eleven months before the last recurrence of the tertiary ulcers in his throat, he had a second child, like the first, perfectly healthy.

Madame C—— has always enjoyed good health.

The following treatment was instituted :—

Daily, three glasses of a decoction of quassia amara, sweetened with syrup of gentian. During the first eight days he took a gramme of iodide of potassium, which occasioned an intense coryza, accompanied and followed by a violent discharge from the conjunctiva. These affections had but an ephemeral duration, and every eight days the dose of iodide of potassium was increased by one gramme, until it reached three grammes daily. He also used daily the following gargle :—

R.—Distilled water two hundred grammes;
Tincture of iodine four grammes;
Iodide of potassium fifty centigrammes.

M.

The ulceration of the throat healed in fifteen days after the commencement of this treatment. The deafness soon disappeared; but the same plan was pursued for three months, after which his embonpoint and signs of good health returned.

This case is another proof of the regularity of the successive evolution of syphilitic affections, and the persistence of the diathesis, in spite of the methodical treatment most appropriate to the different phases of the disease.

EXPLANATION OF PLATE XXX.

FIG. 1. Tertiary ulceration of the velum palati, and base of the uvula.

This deep ulceration, with perpendicular edges, and grayish bottom, followed a deep-seated tubercle.

FIG. 2. Deep ulceration of the throat and velum palati, succeeding tertiary tubercles.

FIG. 3. Deep ulceration of the upper part of the pharynx.

This ulceration succeeded a tertiary tubercle.

Fig. 1

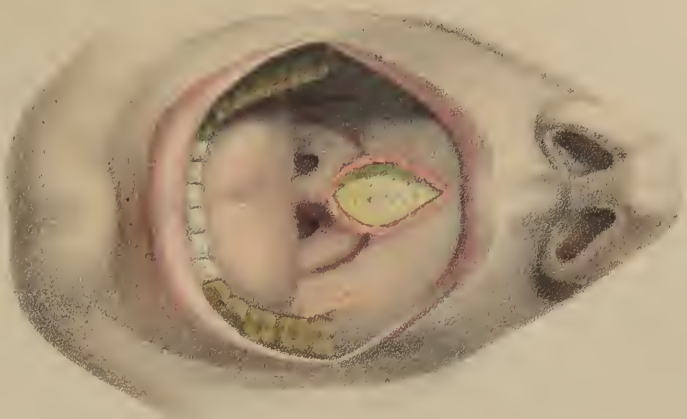


Fig. 2

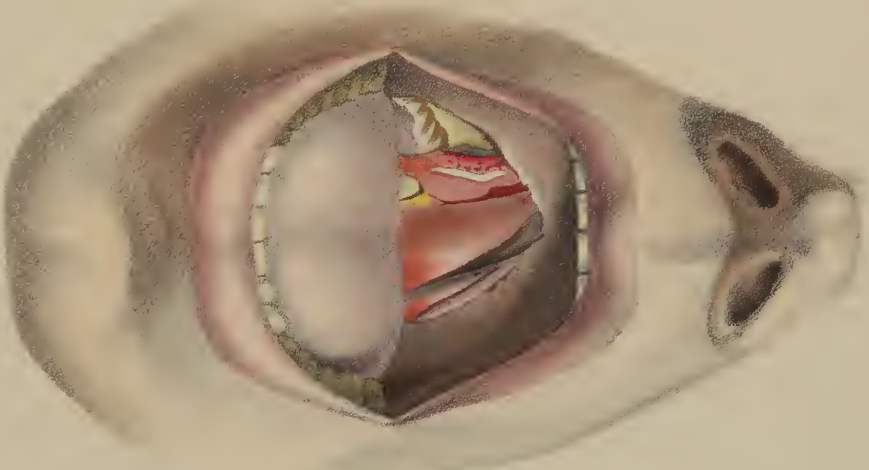


Fig. 3

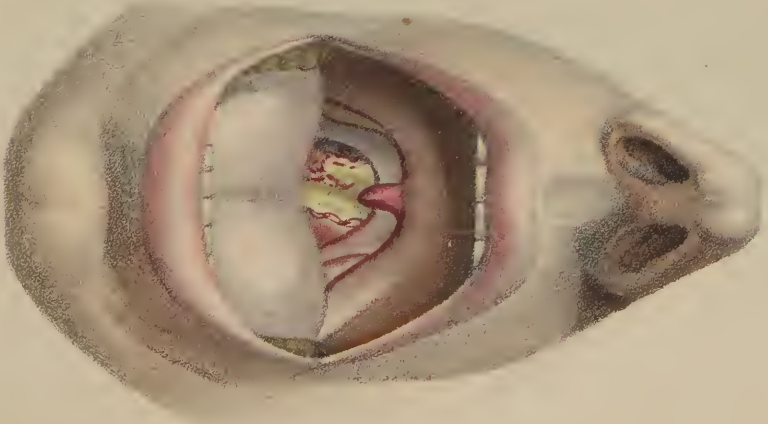


PLATE XXXI.

MUCOUS PATCHES OF THE TONGUE AND INNER SURFACE OF THE LIPS (SECONDARY SYMPTOMS).

C A S E . (FIGS. 1 and 2.)

P—, twenty years of age, of a lymphatic temperament, vaccinated in infancy, and generally enjoying good health, contracted, in the month of July, 1846, two chancres; one on that part of the semi-mucous membrane reflected from the glans to the prepuce, and the other on the lower and cutaneous portion of the prepuce.

He perceived these ulcers in a few days after connection with a girl of the town. They were not painful, and of inconsiderable extent, and healed in a month after being dressed with some ointment, the composition of which he did not know, and the use of mercurial pills.

P— thought himself cured, when, after a month had elapsed, he began to feel, toward evening, pains in the head, and difficulty in deglutition and the movements of the lips and tongue. Some scabs appeared on the hairy scalp. In this condition, he went to the Hôpital Saint Antoine; thence he was sent to the Hôpital du Midi, and admitted October 18th, 1846.

The following is his present condition:—

The chancres were completely cicatrized, but their cicatrix still presented the well-marked specific induration. Several of the inguinal glands, on both sides, were swollen, hard, elastic, indolent, and movable. The patient was ignorant of these swellings. The posterior, deep-seated, cervical glands were swollen hard, but little developed, and indolent, although the patient complained of uneasiness in the movements of his head. The intermittent and nocturnal headaches had become more intense. On the scalp were seen a large number of papulæ covered with impetiginous scabs.

An exanthematous eruption (roseola) occupied the trunk and limbs. The patient had not perceived the existence of this eruption, and yet it was well marked. He had had no fever nor itching. For a month only, he had felt a painful pruritus around the anus and between the toes. The parts were covered with mucous papulæ, agglomerated into ulcerated patches, and furnishing a copious and fetid pus, especially in the toes. He walked with difficulty.

Isolated mucous papulæ, at some points united in patches, were seated on the inner surface of the cheeks and lips, near the commissures, on the edges of the tongue, and anterior half arches of the velum palati and tonsils.

An examination of the cavity of the mouth exhibited the following different degrees of evolution: dark red maculæ; isolated papulous projections, then groups of projecting papulæ, with a grayish surface, resembling a mucous membrane recently and superficially touched with nitrate of silver. Where the eruption was most marked (on the lips and tongue), it could be easily seen that the grayish coat of the papulæ was merely a soft, adherent pseudo-membrane, analogous to the squamous secretions of the skin.

Between the papulæ and patches, the mucous surface was perfectly healthy. The diseased parts were but little painful, except during the night, when they occasioned a pricking sensation. A slight deafness existed, which had been preceded by ringing in the ears. The secretion of saliva was increasing, but without fetor. Deglutition was slightly difficult.

This case is an example of the regular evolution of syphilis which a mercurial treatment has not influenced. It also presents a more marked manifestation of the disease in the mucous membranes than on the skin, as well as the concurrence of the affections of the mouth and anus, frequently observed in this stage.

The following treatment was instituted:—

Infusion of saponaria. Pills of prot-iodide of mercury, in the dose of five centigrammes, increased gradually to ten and fifteen centigrammes, daily.

Twice daily, the anus and toes were washed with the following lotion:—

R.—Distilled water one hundred and fifty grammes;

Chloride of soda fifty grammes.

M.

After each lotion, the parts were dusted with powdered calomel, and covered with dry charpie.

The affection of the anus and toes disappeared, after continuing this treatment for ten days.

The following gargle was also prescribed:—

R.—Decoction of cicuta two hundred grammes;
Bichloride of mercury twenty centigrammes.

M.

When the patient left the hospital, on the 27th of November, 1846, all the symptoms we have described had disappeared; there only remained a small indurated spot in the chancre, and a slight swelling of the posterior cervical glands. He was directed to continue the same course for three months.

MUCOUS PAPULÆ OF THE LIPS, AND VEGETATING MUCOUS PAPULÆ
OF THE BASE OF THE TONGUE (SECONDARY SYMPTOMS).

C A S E . (Figs. 3 and 4.)

ADÈLE D—, ten years of age, born of healthy parents, and of a decided lymphatic temperament, had frequent attacks of sore throat, which caused a permanent hypertrophy of the tonsils.

Since 1842, she has had a swelling of the submaxillary and lateral cervical glands. In the early part of that year, as she was returning home alone, one evening, she was met by a stranger, who led her into a dark alley; and there, if she is to be believed, after an imperfect sexual congress, and particularly much handling with the fingers, she was inoculated with ulcers on the inner and superior edge of the labia majora. As these ulcers were not painful, the child said nothing to her mother until the lapse of a month. They were dressed with gray ointment, and healed rapidly. A month subsequently, pains in head, increasing toward evening, supervened. An eruption of red confluent spots appeared on the trunk and limbs, which was supposed to be rubeola, but the eruption continued, and, a month after, pimples appeared on the inner surface of the lower lip and base of the tongue. The disease progressing, she was brought to me on the 8th of May, 1842, that is, four months after the contagion.

The following was then her condition:—

The patient had all the physical signs of virginity. An induration, accompanied

by the specific characters, still remained in the site of the ulcers on the inner and upper surface of the labia majora.

The lymphatic glands on both sides were swollen and indolent. The pain in the head had ceased. The posterior cervical glands were swollen, indolent, and but slightly enlarged.

A syphilitic eruption, in the form of maculæ, papulæ, and squamous papulæ, appeared on the trunk and limbs. On the scalp, these papulæ were surmounted by impetiginous scabs. There was some alopecia.

On the inner surface of the lower lip was seen a group of projecting mucous papulæ, with a rough surface, and of a grayish color. The substance of the tissues was not affected, and the eruption was accurately bounded by a perfectly healthy mucous membrane. These papulæ, insensible to the touch, became painful by the contact of highly-spiced, acid, or salt food, uncooked fruit and sweetmeats.

Another group of papulæ was seated on the tongue, and appeared to originate from the highly-developed papillæ of this organ. This eruption was salient, mammillary, had a granular surface, and a bright red hue, and resembled sessile, raspberry-like vegetations; it was the first degree of mucous papulæ passing, as sometimes happens, into the condition of vegetations, which may be then confounded with excrescences of which the origin is not syphilitic. On the left side of the tongue, there was a superficial ulcer, with a grayish bottom and clearly-defined edges. This ulcer might be called a *syphilitic aphtha*, of which it is the characteristic to be less painful and more obstinate than common aphtha. It is frequently more extended, less circular, and generally deeper. It has a tendency to granulation, and sometimes constitutes, at a later period, papulæ, or mucous patches, or even vegetations.

In short, this young girl presented the symptoms of constitutional syphilis, in an early stage, the regular evolution of which had not been interrupted by medication.

The following treatment was instituted:—

Daily, three glasses of a decoction of hops with a tablespoonful of syrup of gentian in each. Twice daily, morning and noon, two lozenges of lactate of iron. In the evening, with the last glass of the decoction, a pill of two centigrammes of prot-iodide of mercury. On the eighth day, two pills were given, and, eight days after, three. This dose was not increased. A slight coating of calomel was applied daily to the lips. The eruption at the base of the tongue was touched with the liquid acid nitrate of mercury every three or four days.

In two weeks, the cutaneous eruption had nearly disappeared. There were no more scabs in the hair, and the alopecia was arrested.

In a month, the lip and tongue were completely cured. Nevertheless, the treatment was continued for three months, at which time, the submaxillary glands being still swollen, a gramme of iodide of potassium was given daily, in order to perfect the antisyphilitic treatment, and to overcome the strumous tendency. Two months subsequently, the cure seemed completed, with the exception of the hypertrophy of the tonsils.

EXPLANATION OF PLATE XXXI.

FIG. 1. Mucous papulæ united in groups on the edges of the tongue.

FIG. 2. Mucous papulæ united in groups on the inner surface of the lower lip and commissures of the mouth.

FIG. 3. A group of mucous papulæ on the inner surface of the lower lip.

FIG. 4. A group of vegetating mucous papulæ on the base of the tongue. On the left side of the tongue is seen a syphilitic aphtha.

Fig. 1.



Fig. 2.



Fig. 3.



Fig. 4.

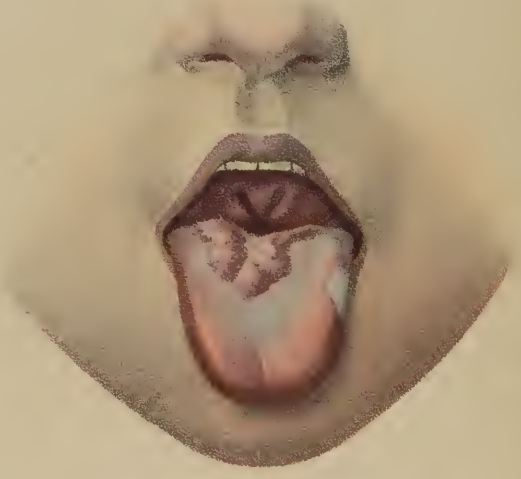


PLATE XXXII.

ULCERATED TUBERCLE OF THE TONGUE (SECONDARY SYMPTOM).

C A S E . (FIG. 1.)

G—, forty-three years of age, born of healthy parents, of a lymphatic temperament, and vaccinated in infancy, had, in 1837, a bubo on the right groin without any other symptom. This bubo suppurated, and was healed in thirty days under the influence of antiphlogistics, and dressings with aromatic wine.

In 1838, the patient, after a suspicious connection, had an acute inflammation on the glans and prepuce, which soon after produced phimosis. From the edge of the prepuce, there escaped some trifling suppuration.

On the left side of the base of the glans, a well-marked induration could be felt through the prepuce. There was, at the same time, a slight swelling of the inguinal glands on each side. M. Cullerier had charge of the patient, and treated him by mercurial frictions for forty days, after which the glans could be denuded. No remains of ulceration were then found, but the induration of which we have spoken was observed.

In 1839, soon after venereal congress, G— was attacked with an ulcerated balano-posthitis, for which he entered the Hôpital du Midi. This affection had lasted for eight days, and an inoculation was made with its pus, but to no effect.

He was cured by a lotion of two grammes of nitrate of silver dissolved in two hundred grammes of distilled water. After each lotion, dry lint was interposed between the glands and prepuce.

G— continued in good health until 1843.

At this period, he was attacked with sore throat accompanied by ulceration. He was treated at the Hôtel-Dieu, and cured in forty days. Three weeks subsequently, a slight swelling, without pain or ulceration, appeared at the base of the tongue. This gradually increased and formed inequalities. He took iodide of potassium for three

months, and all these symptoms disappeared. Three months afterward, the same thing recurred, and was again cured in the same manner.

G—— was admitted into the Hôpital du Midi in December, 1846. The following was then his condition:—

The upper and middle part of the base of the tongue was occupied by an elongated deep ulcer, with perpendicular and indurated edges. Its bottom was grayish and diphtheritic. In front of this ulcer, there was a tubercle of the lingual mucous membrane. This tubercle was hard. A similar tubercle had preceded the ulceration.

More posteriorly, and still on the base of the tongue, there were an analogous ulcer and tubercle. These ulcers and tubercles gave no pain, and suppurated but slightly. There was uneasiness in the movements of the tongue, and during deglutition.

The general health of the patient did not appear to have suffered. Some submaxillary glands were slightly tumefied; but this had existed since his infancy. This is important to remember, for affections of the tongue resembling those under consideration never cause swelling of the neighboring glands.

There were, in this patient, evidently syphilitic symptoms, tardily developed, or in the transition stage, the origin of which should be referred to the indurated chancre, marked by the phimosis, and accompanied by indolent glandular affections.

These symptoms had nothing in common with the idiopathic suppurating bubo which occurred a year before the chancre, nor with the ulcerated balano-posthitis which supervened a year after.

Moreover, a mercurial treatment of forty days had prevented the manifestation of secondary symptoms, without destroying the diathesis which produced the tardily developed symptoms, which we have seen yield sometimes to mercury and sometimes to iodine.

The patient was cured in the following manner:—

He took, daily, three glasses of a decoction of quassia amara, and sixty grammes of syrup of gentian. Three grammes of iodide of potassium in solution. During the first eight days, a pill of five centigrammes of prot-iodide of mercury, increased, after a week, to two. He used the following gargle:—

R.—Distilled water two hundred grammes;
Tincture of iodine four grammes;
Iodide of potassium one gramme.

M.

He was completely cured in a month, but was desired to continue the treatment for two months more.

DEEP-SEATED ULCERATED TUBERCLE OF THE TONGUE (TERTIARY SYMPTOM).

C A S E . (FIG. 2.)

M——, forty-seven years of age, and of a robust constitution, was subject to a herpetic eruption of the prepuce. His mother died, at the age of eighty, of cancer of the stomach. He had a sister, older than himself, who also had severe pain in the stomach.

The following were the symptoms, and antecedent history, of the patient, when he came under my notice, in February, 1846:—

In 1830, he had, on the penis, an ulcer with an indurated base. The inguinal glands did not suppurate. This was treated by mercurial pills, continued for four months.

In 1836, a tuberculo-crustaceous eruption appeared on one cheek, and the ala nasi of the same side. This lasted nearly three months, and was removed by Van Swieten's liquor administered for six months.

In 1838, without any assignable cause than those just mentioned, epileptic fits supervened, recurring at intervals more or less frequent. At the same time, he was seized with repeated attacks of hæmoptysis, and observed induration in the substance of his tongue. No osteoscopic pains were felt, nor did any nodes appear.

He was advised to use sulphurous baths and waters. The hæmoptysis and epilepsy disappeared, but the induration of the tongue continued to increase.

In the affected part, the tongue was very hard, perfectly indolent, more and more embarrassed in its movements, causing the patient to bite it. Here we may remark, that patients frequently attribute, erroneously, to bites, pre-existing indurations, which they had not perceived before the bite caused by the embarrassed movements of the tongue.

None of the neighboring lymphatic glands were swollen. He took iodide of potassium, at various times during two years, without benefit; and it was not properly administered.

In January, 1846, the indurations of the tongue, still more developed, became painful. The pain was not lancinating, and the patient merely experienced a pulsatile sensation. Gradually, the color of the mucous membrane changed, and became darker. The tumour softened, suppurated, and discharged on the dorsum

linguæ. A sanious pus escaped, succeeded by a deep ulcer with irregular edges, a grayish bottom, covered with a pseudo-membranous coat of organic detritus, and studded here and there with gangrenous points. The swollen base on which the ulcer rested no longer presented the induration of the tubercles, the purulent discharge of which it had succeeded. The edges had a tendency to fall in.

At this stage of the disease, mastication had become difficult, and the ulcers, frequently contused by the teeth, bled readily.

Forgetfulness of the antecedent history of the patient, and a careless examination, might have led to the belief in cancer of the tongue, particularly as his mother died of that disease. But those who know the extent of the symptoms which syphilis can produce, could have no doubt as to the specific nature of the disease. This was a case of tertiary tubercles of the substance of the tongue.

This case is remarkable from the regular evolution of the symptoms; primary affection; prolonged mercurial treatment; absence of early secondary symptoms; persistence of the diathesis; slowly-developed secondary symptoms; isolated end of the tuberculo-crustaceous form; epilepsy; hæmoptysis; treatment by sulphur, and cure of the last two symptoms.

The sulphurous treatment has had no effect on the tubercles of the tongue.

Were the hæmoptysis and epilepsy the consequence of the prolonged mercurial treatment? or were they to be ascribed to the syphilis which gives rise frequently to similar symptoms? or, lastly, were they foreign to both causes? Sulphurous waters are sometimes efficacious in mercurial affections, and in the slowly-developed manifestations of syphilis; but their want of influence on the tubercles of the tongue lead us to suppose that the hæmoptysis and epilepsy did not depend on the venereal infection, if, indeed, the credit of the cure is to be attributed to the sulphurous waters. What influence might have had the herpetic tendency already spoken of? At all events, the following treatment was instituted:—

Daily, three glasses of a decoction of quassia amara, with a tablespoonful of syrup of gentian in each. The iodide of potassium was administered successively, in the dose of one, two, and three grammes daily. He used the following gargle:—

R.—Distilled water two hundred grammes;
Tincture of iodine four grammes;
Iodide of potassium one gramme.

M.

After this treatment had continued for eight days, the ulcer on the tongue had perfectly cleaned. In a month, it was completely healed.

The patient was directed to persist in the same course for two months after his cure.

PAPULAR ERUPTION OF THE TONGUE (SECONDARY SYMPTOM).

C A S E . (FIG. 3.)

M—, twenty-eight years of age, born of healthy parents, vaccinated in infancy, and of a bilious temperament, had always enjoyed good health until 1837, when he contracted a simple blennorrhagia, which was treated by antiphlogistics and copaiba, and cured in six weeks.

In 1838, he had a urethral chancre without induration, with a blennorrhoidal discharge. This chancre gave rise to a bubo in a single superficial gland. This bubo suppurated, and its opening displayed a glandular chancre.

Although the affection was not of a nature to cause any fear of constitutional infection, the patient was subjected to a mercurial treatment which lasted only three weeks.

In March, 1843, eight days after connection, he perceived an ulcer in the vicinity of the frænum. This ulcer, suppurating slightly, had a hard and indolent base. In extent and form, it resembled a *split pea*.

Several of the inguinal glands, on both sides, were swollen, hard, elastic, indolent, and movable.

The ulcer healed in three weeks without any treatment.

Three months subsequently, in June, when I saw the patient, the specific induration remained, as well as the engorgement of the inguinal glands. The patient had complained, for a month, of nocturnal headaches in the supra-orbital region. Several of the posterior cervical ganglia were swollen, slightly voluminous, and indolent, although the movements of the neck were somewhat embarrassed.

Cutaneous papulæ were discovered on the scalp.

On the palms of the hands and soles of the feet was seen a confluent papulo-squamous eruption, without pain or itching, of a dull copper color, with grayish, not very thick, and slightly horny scales. These scales, when separated near the centre, displayed a papula with a smooth surface, accurately lenticulated, and surrounded by a curly fringe, formed by the detached whitish epidermis.

The dorsum linguæ presented an eruption precisely resembling that on the hands and feet. The papulæ appeared slightly more salient, of a bright red color, and nearly set in a healthy mucous membrane.

A group of these papulæ, occupying the base of the tongue, was covered by an

adherent pultaceous substance,* analogous, in mucous membranes, to squamæ in cutaneous eruptions.

The papulæ, which were isolated and circular, became oval by the elongation of the tongue. They were slightly painful on the contact of certain food; melons and sweetmeats particularly.

June 19th, 1843. The following treatment was commenced :—

Infusion of saponaria, Cuisinier's syrup, and daily five centigrammes of protiodide of mercury.

Eight days afterward, the dose of the pills was increased.

July 1st. Slight ptyalism having appeared, one pill only, per diem, was given, and a gargle of hydrochloric acid was ordered.

30th. The ptyalism having ceased, two pills were again given daily, and this treatment was continued until November 5th, 1844.

In the fourth week of treatment, the roseola had nearly disappeared, without desquamation, and without leaving any marks. The crustaceous eruption of the scalp no longer existed. The palmar and plantar eruption, which had desquamated several times, more superficially as the disease diminished, yielded only after a treatment of two months. About this time, the tongue also healed, so that the engorgement of the cervical glands was the only symptom which continued, although in a slight degree, to the end of the course.

This case, like all those carefully observed, corroborates the well-known laws, viz. :—

I. Blennorrhagia, not symptomatic of chancre, is never followed by constitutional symptoms.

II. When non-indurated chancre, whatever may be its location, is followed by a suppurating sympathetic bubo, it does not give rise to constitutional infection. *Indurated chancre*, on the contrary, generally accompanied by indolent sympathetic buboes, is certainly followed by general infection, the symptoms of which appear in a given time, when no treatment is interposed, and following a given order of evolution.

* I have found this substance, on microscopic examination, to consist of a mass of epithelial cells aggregated together, thus fully bearing out the author's comparison to scales of cuticle.—AM. ED.

EXPLANATION OF PLATE XXXII.

FIG. 1. Ulcerated tubercle of the lingual mucous membrane, tardily-developed symptom, in the stage of transition. On the base and upper part of the tongue are seen two deep ulcerations with perpendicular edges and a grayish bottom. These ulcers have succeeded tubercles analogous to those which exist in advance of each of them.

FIG. 2. On the anterior and lateral part of the tongue is seen a large and deep tertiary ulcer, the surface of which is covered by a pseudo-membranous secretion, here and there studded with gangrenous points. The edges of this ulcer, irregularly defined, and detached, have a grayish margin analogous to the bottom.

When the patient protruded his tongue, it always turned toward the commissure opposite the ulceration.

FIG. 3. On the dorsum linguæ, a series of papulæ are seen, some of which are grouped at the base. These papulæ are seated on the surface of the lingual mucous membrane, and do not interest its substance, as in the case of the tubercles.

The grouped papulæ on the base of the tongue are covered by a pseudo-membrane, which, in mucous surfaces, is analogous to squamæ on the skin.

Fig. 1.



Fig. 2.



Fig. 3.

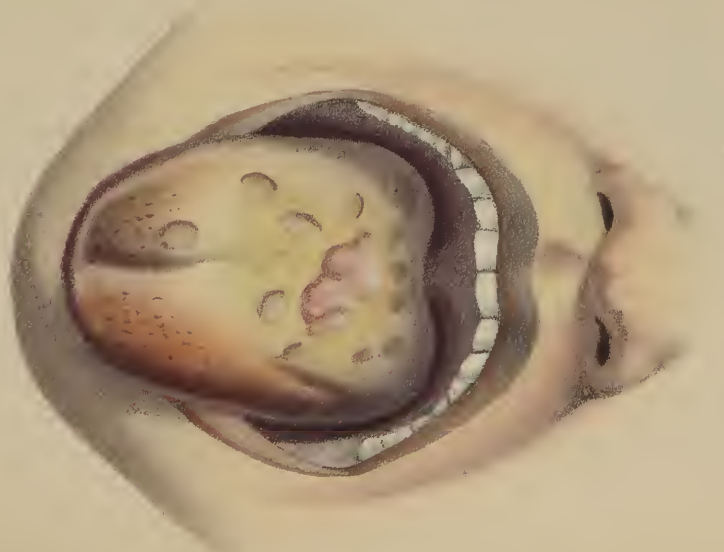


PLATE XXXIII.

EXANTHEMATOUS AND LENTICULATED PAPULO-SQUAMOUS SYPHILIDE OF THE PALMS OF THE HANDS AND SOLES OF THE FEET.

C A S E .

M—, twenty-six years of age, born of healthy parents, vaccinated in infancy, and of a bilious temperament, had been subject to rheumatism. He contracted, in 1838, a hemorrhagia, which was cured by balsams and antiphlogistics.

In 1839, he had an urethral chancre, followed by a suppurating bubo. He took mercury, and no bad symptoms followed.

In August, 1844, an ulcer appeared in the vicinity of his frænum; eight or ten days subsequently, several of the inguinal glands on both sides tumefied. The chancre was dressed with mercurial ointment, and healed in three weeks.

November 25th, 1844, M— came to me, affected, at that time, as follows: He had an obstinate induration at the seat of the chancre; several inguinal glands on both sides were swollen, but indolent. The posterior cervical glands were also swollen and indolent.

For six weeks the patient had been tormented with nocturnal supra-orbital headaches, and vague nocturnal pains in the vicinity of the joints, when an exanthematous confluent eruption broke out, especially on the front of the trunk, and the direction of the flexion of the limbs: it appeared almost simultaneously throughout with all the characters of lenticulated roseola; was free from any itching, and had not been preceded nor accompanied by fever. A similar eruption was likewise on the palms of the hands and soles of the feet, with this addition, that among the maculæ there could be distinguished papulæ covered by slightly hard and thick scales.

The back of the hands was free from eruption.

He was put upon the use of an infusion of dulcamara, and prot-iodide of mercury, in the dose of five increased to ten centigrammes daily. Every alternate day, he was

fumigated with twelve grammes of cinnabar. Every evening, the palms of the hands were rubbed with the following ointment :—

R.—White precipitate four grammes ;
Sulphur ointment thirty grammes.
M.

All his symptoms had disappeared in two weeks after the commencement of this treatment. Nevertheless, he was fumigated, in addition, twelve times, and continued the treatment for three months.

All the syphilitic eruptions may appear on the palms of the hands and soles of the feet ; frequently, as in the case just described, they are seen there simultaneously with other parts of the body, but they rarely occur in those parts alone ; and they may be there so distinct that patients have been known to have but one or two spots.

Palmar and plantar eruptions frequently produce fissures and painful chaps—rendered more painful by the movements which affect the rigid tissues.

It is also important to remark that the copper color peculiar to syphilides shows itself, in preference, on the palms of the hands and soles of the feet.

EXPLANATION OF PLATE XXXIII.

LENTICULATED exanthematous and papulo-squamous syphilide of the palms of the hands and soles of the feet.

The eruption on the hand is, at the same time, macular and papulo-squamous.

That on the foot is macular alone.



PLATE XXXIV.

ANNULAR PAPULAR SYPHILIDE.—PRECOCIOUS SECONDARY SYMPTOMS.

C A S E .

D—, twenty-three years of age, robust, of a sanguine temperament, with brown hair, and chestnut-colored eyes, was born of healthy parents, and had been vaccinated.

He had always enjoyed good health until he contracted a chancre in October, 1844. On the following morning, he perceived a small excoriation in the vicinity of the frænum, to which he did not pay much attention, but which gradually extended considerably, and became exceedingly indurated. The ulcer scarcely suppurated, and was not painful. The patient perceived no swelling in the groins. The ulcer was dressed with gray ointment, and healed in a month, without any other application.

Until the following January, his health appeared excellent, when, after some excess in drinking during very cold weather, he was seized with nocturnal headache. During the day, the movements of his eyes were painful, and when he raised them suddenly he became so giddy as nearly to fall over. In a few days, his skin was covered almost everywhere simultaneously with an eruption unaccompanied by fever or itching. He was supposed to have rubeola, and subjected to some mild treatment. The eruption, however, did not disappear, but, on the contrary, continued to extend. His hair began to fall off, and some scabs appeared on the scalp. The intensity of the headache had diminished, and the unpleasant feelings in his eyes completely disappeared. I saw the patient three months subsequently, about six months after the occurrence of the primary symptom.

The induration remained. Several inguinal glands, on both sides, were swollen, movable, and indolent, but had been unperceived by the patient. The posterior cervical glands were swollen, as well as those in the mastoid regions, and which had been supposed to be exostoses. The skin of the trunk and limbs was covered with a papu-

lar, projecting, hard, shining, brick-colored eruption. The papulæ, of about the size of a hemp-seed, were arranged more or less completely in rings, confluent, meeting and combining to form figures in which the curve line predominated. The papulæ were closely approximated to each other, and the intervening skin was of a normal color. At some spots were seen lenticulated patches resulting from agglomerated groups of papulæ. Long-continued pressure on those papulæ gave them a copperish-yellow color. There was no fever nor itching. A slight *bruit de diable* was heard in the carotids, and a *bruit de souffle* in the first sound of the heart.

The patient was put upon the use of a decoction of quassia amara, and took a pill of five centigrammes of prot-iodide of mercury every evening, and three grammes of tartrate of iron and potassa daily. In five days he took two pills of prot-iodide, then three and four. This last dose occasioning some colic and diarrhœa, thirty grammes of syrup of poppies daily were superadded.

After continuing this treatment for a month, the eruption began to disappear at several points, either by resolution, or with a pellicular desquamation of the apex of some papulæ which remained surrounded by a small fringe of thin, dry, and grayish epidermis. The eruption appearing stationary in certain spots on the arms and legs, the patient was, in addition, fumigated with twelve grammes of cinnabar every alternate day. At the twelfth fumigation, there remained only a few scattered maculæ, on a level with the sound skin, and of a dirty gray color. At no period had there been any suppuration, so that this was a case of an eruption originally exanthematous, and subsequently simply dry and papular, and not of a papular eruption consequent on one of the declining stages of a suppurative eruption.

The ferro-mercurial treatment was continued, in all, for four months. The induration of the chancre had entirely disappeared; but a slight swelling of the inguinal and cervical glands remained. The abnormal sounds of the circulation had ceased. The patient was recommended to take, for two months, additional, the iodide of potassium, in the dose of two grammes daily.

EXPLANATION OF PLATE XXXIV.

PAPULAR syphilide; type, annular and confluent. Some groups in patches.



Fig. 1. Hautausschlag

Lith. of P. S. Duval

PLATE XXXV.

EXANTHEMATOUS AND VESICULAR MILIARY SYPHILIDE—TYPE ANNULAR—IRITIS—PRECOCIOUS SECONDARY SYMPTOMS.

C A S E .

M. F——, twenty-eight years of age, tall, robust, with chestnut-colored hair, and gray eyes, was born of healthy parents, and had always enjoyed good health. He had been vaccinated.

At the age of twenty, M. F—— had had three attacks of urethral blennorrhagia, at intervals of three and six months. The second was followed by epididymitis. The treatment each time consisted in the use of antiphlogistics and balsams. No mercurial remedy was administered, and M. F——, entirely cured of his blennorrhagias, experienced no subsequent symptoms.

Four months previously to the patient coming under my notice (June 2d, 1843), he had had connection, in one week, with three different women. On the morning following the last, he perceived a small laceration on one side of the frænum, which, as early as the third day, had assumed a rounded form, and presented a grayish base. It was cauterized with nitrate of silver. When the eschar fell off, the base was rose-colored, and the ulcer cicatrized in a week without any further treatment.

Having visited another woman fifteen days subsequently, a new excoriation occurred in the groove of the glans, extending toward the back of the prepuce. The patient did not perceive this until two days after the last coitus. There was only a slight pruritus, and scarcely any suppuration. However, in eight days, an ulcer formed on the semi-mucous surface of the prepuce; its fundus was gray, its edges irregular, and it rested on a thick and slightly indurated base. There was some uneasiness in both inguinal regions. It was cauterized with nitrate of silver, but, as in the first case, the separation of the eschar did not leave a rose-colored surface, and

cicatrizization did not ensue. On the contrary, the ulcer extended; its base became harder, and several inguinal glands became swollen.

As this ulcer was nearly indolent, and as the successive engorgement of the glands gave but little pain, the patient paid no attention to it, and even continued his usual active and *very tonic* habits of life.

After the lapse of five weeks, by means of attention to cleanliness alone, and in spite of an exciting diet, the ulcer had healed, leaving a *cartilaginous* nodule, the glands continuing indolent. He was then attacked with supra-orbital pains, with a sensation of tension of the eyes, which he attributed to fatigue. He felt as though his eyes were starting from their orbits. They were most intense at night, from 11 P. M. to 3 or 4 A. M.; they then became *agonizing*. These pains were soon followed by stiffness of the neck, alopecia, and a confluent eruption of small scabs on the hairy scalp. These symptoms, of which the nature was misunderstood, had been treated by leeches to the anus, blisters behind the ears, and dressed with sulphate of morphia and sulphate of quinia, supposing them to be intermittent neuralgia; they were followed by lassitude, *prearticular* pains, slight febrile excitement, and soon by an exanthematous eruption, which was at first mistaken for an eruptive fever.

The eruption had existed two weeks, when I was called to see the patient. His fever had ceased. The nocturnal cephalalgia, and prearticular pains, were much more severe. The skin of the face, limbs, and trunk was covered by a confluent eruption, which did not itch, forming greater or smaller vesicles, regular where they were isolated, shapeless where they ran together or were confluent, and composed of miliary maculæ, which, in some parts, particularly on the back and great part of the limbs, were arranged in patches.

Nearly throughout, the eruption was of a dull red color, resembling that of *ham*. In the centre of the rings, and between their edges and the patches, the color of the skin was slightly yellow, or *semi-icteric*. In many places, this punctated *macular* eruption did not project, and disappeared entirely under pressure of the finger; in others, it was somewhat papular, and yielded less readily to pressure. Lastly, many circles or plates were composed of small distinct miliary vesicles, filled, in some, with a transparent fluid, in others, discolored and puriform. These small vesicles, surrounded by areolæ, which, by meeting, completed the circles or patches, gave the eruption, in many places, the appearance of herpes circinatus. The eruption had appeared throughout nearly simultaneously. The isthmus faucium was red, and the patient complained of slight dysphagia.

Six days ago, after a night passed in writing, the left eye became red and slightly suffused with tears. Light was painful. The headache had been more severe on the

side of the eye affected, which was in the following condition when I saw it: The conjunctiva was red, and the vessels of the ocular portion in particular injected. Well-marked injection of the vessels of the sclerotica. Præcorneal gray circle. Alteration of the color of the iris, a deep brown having replaced its naturally bluish-gray hue. A cushion-like swelling of the small circle projecting into the anterior chamber. Ovoidal malformation of the pupil; the small extremity upward and outward, the large downward and inward; precisely the reverse of what was once regarded as pathognomonic of syphilitic iritis. The field of the pupil cloudy, grayish, and pearl-colored; thicker at the upper and outer portion, evidently in the direction of the malformation. Sight of the left eye very imperfect, objects appearing as if covered with a veil. Tears hot and acrid, but no muco-purulent secretion of the conjunctiva.

The characteristic and unvarying antecedent of the patient (*indurated chancre*), the abortive treatment of which had not succeeded because it had not been timely applied, the absence of all *coercive* treatment, the period of manifestation, the order and mode of evolution, and the character of the various symptoms I have just described, could, in this case, leave no doubt as to the nature of the disease, and the existence of constitutional syphilis in the precocious secondary stage, uninfluenced by any medication. The fatigue of traveling, exciting food, and working by artificial light, had all proved adjuvants more or less powerful in determining the type and intensity of the first symptoms.

He was subjected to the following treatment:—

Being of a robust constitution, he was bled largely in the arm, and was directed to take a bottle of Seidlitz water, with very light diet. He took daily three table-spoonfuls of Cuisinier's syrup, in as many glasses of barley water. Every evening, one of the following pills:—

R.—Prot-iodide of mercury,
Lactucarium,
Extract of belladonna,
Extract of cicuta, ãã three grammes;
Extract of opium one gramme.

M., and divide into sixty pills. (This is the formula I use in the treatment of iritis.)

Frictions to the base of the orbit with equal parts of double mercurial ointment and extract of belladonna. The eye was protected from the light by a slight covering.

The eye not improving in three days, thirty leeches were applied over the left jugular, and he took two pills daily; then, every day, a pill additional. Having reached five, taken every three hours, the gums began to swell, commencing at the

wisdom tooth on the right side, as the patient rested on this side to abstract pressure from the affected eye. This swelling extended to the mucous membrane of the mouth and tongue, with salivation and fetid breath. As soon as the mercurial action was decidedly evinced, the inflammation of the eye rapidly declined. Eight days had hardly elapsed, and the redness had disappeared; the injection scarcely existed, especially in the deep-seated vessels. The pupil, dilated by the belladonna, and which had presented various forms, had again become round; the plastic exudation which altered its color was being absorbed. Sight was returning, and the larger circle of the iris had a tendency to resume its natural color at the same time that the swelling of the edge of the pupil was lessening. Eight or ten days subsequently, these symptoms no longer existed.

It was necessary, however, to moderate the action of the mercury on his mouth. The pills were reduced to two daily, and, when the eye was cured, the remedy was suspended entirely for ten days. Some ulcers had followed the stomatitis, for which the patient used nitric lemonade, and a gargle of fifteen drops of hydrochloric acid in one hundred and fifty grammes of lettuce water and fifty grammes of honey of roses. The ulcers on the inside of the right cheek and right edge of the tongue were touched, every alternate day, with pure hydrochloric acid.

The other symptoms had improved, or even disappeared. There were no scabs in the hair; the circles and patches of roseola and erythema had nearly departed, without leaving any traces. The greater part of the vesicles were absorbed, and left a slight furfuraceous desquamation; and, in many places, the desiccated suppuration had formed scabs which, on falling off, exposed either a small papula, a copper-colored macula, or a depressed cicatrix.

However, after the cessation of the mercurial symptoms, designedly excited as the best, and, indeed, the indispensable, treatment of the iritis, it became necessary to resume it; two pills were given daily, with a decoction of dulcamara, and Cuisinier's syrup. This treatment was continued for three months; after which, the patient took daily, during six weeks, three glasses of decoction of saponaria, with a table-spoonful of the following syrup in each: syrup of gentian five hundred grammes; iodide of potassium twenty grammes. This plan should always be followed as a supplement to a mercurial course in secondary affections, and as a prophylactic measure, to prevent the still possible tertiary symptoms.

Remains of the induration of the chancre were found six months after the completion of the cure.

EXPLANATION OF PLATE XXXV.

FIG. 1. Exanthematous and vesicular syphilide. The annular form prevails. Circles of roseola, and patches of erythema.

Miliary herpes circinatus in groups. Iritis on the left. Injection of the vessels of the sclerotica and conjunctiva. Præcorneal circle. Alteration of the color of the iris. Malformation of the pupil. Plastic exudation in the field of the pupil.

FIG. 2. Herpetiform vesicular syphilide. The eruption on the face is a fine specimen of herpes circinatus in groups. The only thing worthy of remark is that this patient had had only one chancre.

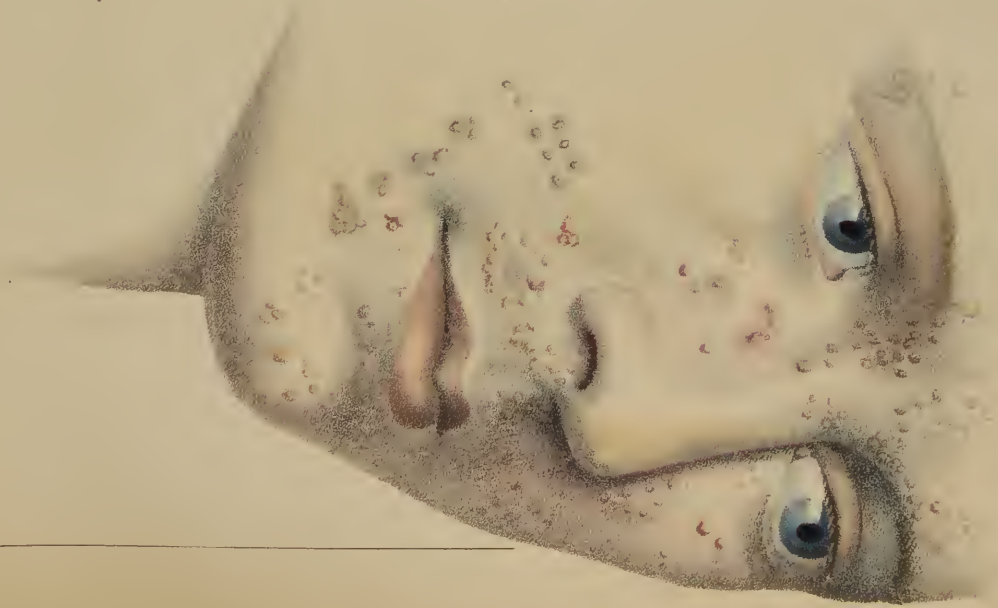
This form of syphilis, which, when its true cause was not so well understood, had been considered as very rare in hospitals devoted to diseases of the skin, is, nevertheless, quite common; for, in the last five months, the pupils of the Hôpital du Midi have had an opportunity of observing five well-marked cases.

In two of these patients—who concealed their antecedent symptoms, and thus left some doubt as to the true nature of their disease, or, according to an absurd doctrine, strengthened the idea of spontaneous constitutional syphilis—we found, as the originating cause, a chancre of the anus, the existence of which had been betrayed by the indolent engorgement of the external inguinal glands.

Fig. 1



Fig. 2



Carey & Hart Philad'a

Labn of P. S. Doyal

PLATE XXXVI.

TUBERCULAR SYPHILIDE—IRITIS; SECONDARY SYMPTOMS—PERIOSTITIS—OSTALGITIS—PLASTIC DEGENERATION OF THE MUSCULAR TISSUES AND MEDULLARY SUBSTANCE; TERTIARY SYMPTOMS.

C A S E.*

GARTINE, a young man, twenty-one years of age, with fair skin, blonde hair, lymphatic appearance, and a delicate constitution, contracted a chancre at the age of eighteen and a half years. He had never had previously any syphilitic symptoms, and had had subsequently no primary disease. This chancre was on the edge of the prepuce. It suppurated for two months, and was merely dressed with ointment of sugar of lead.

In the course of the month following the cicatrization of the chancre (middle of September, 1841), he was attacked with syphilitic roseola, complicated with an iritis of the same character, but very slight.

When admitted into the hospital, on the 1st of October, 1841, his eye was in good condition, but the skin of the trunk was studded with numerous red spots. His hair was falling off, and the epidermis of the scalp formed a copious pityriasis.† (Pills of prot-iodide of mercury, fumigations with cinnabar, sarsaparilla.)

After the 1st of October, on different parts of the skin of the face, trunk, and limbs, a thickening of the tissues was seen to follow the spots (exanthematous sypphilide), and, gradually, cherry-red, salient, rounded, and hard tubercles arose, without any discoloration of the surrounding skin. Some of them, however, were surrounded by a coppery-red areola, and others by a papular circle, communicating to the eruption a rainbow-like appearance.

* Reported by Dr. Bassereau, a former resident pupil of the Hôpital du Midi.

† From *πιτυριον*—bran.

At the same time that the tubercular eruption was thus being developed, the left eye, which had been affected with *erythematous iritis*, became the seat of more serious disease. The vessels of the sclerotica and conjunctiva were highly injected, and a brownish circle formed around the cornea. The color of the iris assumed a coppery hue, and the extent of the anterior chamber appeared to lessen from the tomentose inflammation of the iris, at the lower part of which appeared a deep red, salient tumor, touching the posterior surface of the cornea, and analogous to the cutaneous tubercle. The pupil was deformed in the direction erroneously supposed to be peculiar to syphilitic iritis; that is, presenting an ellipsis, of which the greater diameter was upward and downward and from within outward; it had lost much of its mobility, and was more dilated than that of the other eye. There was little photophobia, but he was affected with peri-orbital pain, with nocturnal exacerbation.

The patient was put upon the use of pills of prot-iodide of mercury, with the addition of five centigrammes of leaves of belladonna to each. Frictions were made, around the orbit, with an ointment composed of equal parts of extract of belladonna and mercurial ointment.

Toward the close of November, the eye had entirely healed. The tubercle of the iris was completely absorbed, and the pupil had recovered its shape and mobility. All the cutaneous tubercles had terminated by resolution; some with desquamation of the epidermis, and the continuance, for a longer or shorter time, of a whitish fringe. Depressed cicatrices, which preserved, for some time, a deep brown hue, succeeded these tubercles. As soon as the iritis had yielded, the use of the belladonna was suspended, and the fumigations with cinnabar, which had been suspended during the affection of the eye, were resumed. The patient left the institution, cured of these additional symptoms, on the 8th of January, 1841. A month subsequently, pustules, ulcerating the skin with great rapidity, began to appear on different parts of the body.

The patient returned to the hospital on the 5th of March, 1842. He then had some ten pustules on the trunk and limbs. These pustules commenced, like furunculi, by a large, painful, reddish induration. The apex of the tumor suppurated. Soon the whole base of the pustule ulcerated, and increased daily in depth and width.

During his stay in the hospital, an ulcer formed on his face.

For two months, the sores were dressed with a solution of iodine, and he took daily a pill of five centigrammes of prot-iodide of mercury, with three grammes of iodide of potassium in solution.

He left on the 5th of May, 1842, with cicatrices, some red, others of a violet color.

The cure only lasted a month. New deep ulcers, with a bleeding and grayish

bottom, supervened with extreme rapidity; the patient had some twenty on his shoulders, arms, and inferior extremities.

He was again subjected to mercurial treatment. He took alkaline and Barèges water baths, and the bitter infusion. His sores had cicatrized in two months, but he remained three under treatment, and left toward the close of September, 1842.

This new cure lasted only two weeks. He returned to the hospital on the 15th of October, 1842, with a large ulcer of the scalp on top of the forehead, and osteoscopic pains in the tibiæ, which exhibited, at their upper third, a slightly projecting tumor. (Two months' treatment by iodide of potassium, pills of prot-iodide, the bitter infusion, and alkaline baths.)

He left on the 28th of January, 1843, cured of his ulcers; but, during his stay in the house, the lateral cervical glands became swollen, as in scrofulous persons. The whole morbid force appeared to have been exerted on these glands for seven or eight months; they were enormous. He entered the Hôpital St. Louis in August, 1843, under M. Lugol. He was treated by iodine and ioduretted baths for two and a half months, and left the house as he had entered it.

During November, 1843, his nose began to be obstructed, and his nostrils discharged a thick and fetid mucus. In December, the velum palati became tense, painful, red, and a perforation took place on the 25th of December, 1843. In the course of January, numerous fragments of bone escaped through this perforation; amongst them were easily recognized the vomer and perpendicular plate of the ethmoid.

From this time, a copious suppuration flowed from his mouth. He was admitted into the Hôpital du Midi, on the 19th of January, in the following condition:—

Emaciation extreme; lateral glands of the neck forming on each side an elongated tumor, extending from the lobule of the ear to the middle of the neck, and equaling the fist in size.

Perforation of the velum palati, extending from the posterior part of the superior maxillary arch as far as the palatine bone, and large enough to admit the introduction of the index finger. Edges of the perforation rough, suppurating, and painful. Copious secretion of mucus mixed with pus from the perforation. Want of appetite. Tongue white. Fever every evening, prolonged partly through the night. Great debility; inability to leave his bed.

The disease made no sensible progress during February and March, but the patient continued to grow weaker. Toward the 15th of April, the fever became continued, with exacerbation in the evening.

April 28th, it increased with a chill, as also on the following morning. On the

subsequent days, he had several chills in the twenty-four hours. Considerable heat, with copious sweats, followed the chills, diarrhoea supervened, and death closed the scene, after great suffering, on the 4th of May, 1844.

During his last stay in the hospital, his condition had not permitted any active treatment.

Autopsy, twenty-four hours after death.

There is a large perforation of the velum palati. The palatine process of the superior maxillary bone, the horizontal portion of the palatine bone, the whole vomer and the vertical plate of the ethmoid are destroyed. The maxillary process is necrosed to a greater extent than the perforation; and, if the patient had lived a few months longer, all the bony parts forming the hard palate would have been destroyed.

The tumor on the right tibia appears more salient than that of the left; after the dissection of the skin, the thickened periosteum was removed, white and more difficult of separation than in the sound parts. The thickening of the periosteum is seen to be continuous with an analogous alteration of the enveloping aponeurosis of the posterior muscles of the leg. This aponeurosis is with difficulty separated from the muscles; its removal displays a yellowish lardaceous tissue, which is the muscular fibre thus transformed, for healthy fibres are seen continuous with fibres yet distinct by their direction amidst this yellowish lardaceous tissue, which occupies part of the muscles, and about the size of a pigeon's egg.

The tibia was divided on a level with this alteration of the muscles. The osseous tissue has undergone no sensible modification, except that the bony cylinder is somewhat thicker. The medullary canal is slightly dilated, and the contained medulla has undergone a change resembling that of the muscles on a level with the tumor; it is firm, yellowish, like the muscles just described, and differs from them only by the absence of fibrous tissue.

The node of the opposite side exhibits a thickening of the periosteum, diminishing from the centre to the circumference. This periosteum is very adherent; dissection separates it with difficulty, and, when removed, on the anterior osseous surface of the tibia is seen a slightly-salient circle, formed by small bony tubercles, projecting in relief from the bone. It would be supposed that the tibia at this part had been the seat of a morbid process resembling that which occurs on the skin when circular syphilide there supervenes. The tissue of the bone at this point was hypertrophied, the medullary canal slightly dilated, and the medulla in the condition above described.

The lateral glandular masses of the neck were composed of glands united together but distinct from each other, and individually of nearly the size of a walnut. They

were unaltered in structure, and merely hypertrophied. The majority of the mesenteric glands were hypertrophied like those of the neck; they were less pale. No ulcerations were found in the intestines.

On the lateral and posterior surface of the lungs were seen violet-colored spots, beneath which were indurated nodules, which at first resembled the small nodules of pneumonia, found in those who have died from absorption of pus. No pus was found in any of these nodules, which, on division, exhibited a deep red friable tissue. On the left lung, five small cavities were found, half filled with a whitish viscous, and a grayish pultaceous substance. The largest of them was about the size of a small walnut. They were near each other, in the lower and outer part of the lung.

The nature of these pulmonary alterations is uncertain, and it would be difficult to say if they are syphilitic, if these cavities contained tertiary syphilitic tubercles which have been softened and expelled, or if they were the result of purulent absorption.

The remaining organs were healthy.

EXPLANATION OF PLATE XXXVI.

A DISSEMINATED tubercular eruption is seen on the face. On the right side of the forehead, there is a tubercle surrounded by an areola and a circle of pimples (irised or iris-shaped).

On the left side of the forehead, some tubercles have desquamated, and are surrounded by an epidermic fringe. At the lower part of the iris of the left eye is seen a tumor analogous to the tubercles of the skin.



PLATE XXXVII.

IRISED PUSTULAR SYPHILIDE (SECONDARY SYMPTOM)—POLYMORPHOUS ERUPTION.

C A S E .

MICH. S——, born of healthy parents in Ireland, by trade a carpenter, twenty-six years of age, and vaccinated in infancy, had always enjoyed good health, and never had any cutaneous disease.

Six years ago (1840), he contracted a simple blennorrhagia, which was readily cured by antiphlogistics and balsams without any consecutive symptoms.

In February, 1846, eight days after connection with a prostitute, he perceived an ulcer at the base of the glans. This ulcer, almost indolent, suppurated slightly, and already exhibited a manifest induration, which rapidly increased. The inguinal glands, *on both sides*, were swollen, without being very large or painful. He underwent no treatment. When he was admitted into the hospital, on the 7th of April, 1846, he had been suffering for fifteen days with nocturnal prearticular rheumatic pains, *pains in the loins*, and supra and peri-orbital pains of the same nature. The posterior, cervical, and mastoid glands were swollen, resisting, and indolent. The movements of the neck slightly embarrassed. The general color of his skin was pale; his pulse was slow, and the pupils slightly dilated. A papulo-impetiginous eruption (crustaceous papulæ) covered the scalp, and on the trunk and limbs was seen a lenticulated distinct erythematous eruption, free from itching. The exanthema was of a bright red hue, and the maculæ disappeared under pressure, but returned on its removal. This eruption, which became more manifest by exposure to the air, had occurred everywhere simultaneously. Without the other symptoms which had preceded or accompanied it, it would have been impossible, from its form and color, to distinguish it from an ordinary eruption.

In the space of three weeks, and although the prot-iodide of mercury had been

used in the dose of five centigrammes daily, these maculæ were followed by a varioliform ecthymatous eruption; some pustules, indeed, exhibiting at the onset the umbilicated depression of genuine variola. It had at first the appearance of a papular development of the maculæ, then an elevation of the epidermis by a dirty purulent serum, assuming gradually the characters of pus, which, on drying, left deep, brown, rugose, flat, hard, and adherent scabs. These scabs were set in the skin with a fringe of grayish epidermis, itself surrounded by a sub-inflammatory areola of a deep claret-red color. The scabs which fell off prematurely exposed an ulcerated surface beneath; but in some parts of the lower extremities these ulcers penetrated more deeply, but with no tendency to spread. Where the scabs had remained longer, the exposed surfaces were smooth, of a claret-red, which did not disappear under pressure, or was succeeded by a tawny-yellow hue.

Simultaneously with the eruption, the patient was attacked with an erythematous *lamiopathy*,* with dysphonia and dysphagia, accompanied by shallow, rounded, grayish ulcers of the tonsils. There was also some deafness.

The prot-iodide of mercury, added to bitter infusion, was successively increased to ten, fifteen, and twenty centigrammes daily.

In two months, without the supervention of salivation, the patient was cured of all his symptoms. At that time, although he continued the treatment, he was attacked with an itching of the skin, which had the peculiarity of appearing only about 11 o'clock P.M. A cutaneous eruption, of ecthymatous type, having all the characters of the preceding, succeeded this itching. But this time the ecthyma was complicated with a circinated herpetiform vesiculo-pustular eruption, with concentric circles at some points, and enframing the ecthymatous pustules, giving to the eruption an irised appearance.

The herpetic vesiculo-pustules had formed slowly and gradually by an elevation of the epidermis, and, by the thick serum, soon become purulent. This eruption, based on a dull coppery-red foundation, had required a process of absorption for more than five weeks to give place to a thin, pelliculated, grayish desquamation, and to form, at other points, by the desiccation of the pus, rounded and brownish granulated scabs.

The use of the prot-iodide of mercury was continued in the dose already stated, with the addition of the three grammes daily of the tartrate of iron and potassa. The patient also alternately drank Barèges water, and was fumigated with cinnabar. In

* Derived from *λαίμος*—the throat, and *πάθη*—disease.

two months, all his symptoms had disappeared, but, as the induration of the chancre still continued, he was advised to persist in the course for some time.

The complex form of syphilide exhibited by this patient is not excessively rare. I have frequently seen it in persons who had been treated by mercury. It seems, in these individuals, as if the syphilis and mercury brought into play another element of cutaneous disease, which, under some circumstances, may be a contra-indication to the use of mercury. This is particularly the case in lymphatic subjects, and those predisposed to common affections of the skin, and is remarkably evident in chloro-anemic individuals.

Complex irised syphilides present several varieties. Sometimes, the central eruption consists in a squamous patch surrounded by a macular or papulo-squamous areola; sometimes, as in the above case, it is an ecthyma surrounded by herpetiform vesiculo-pustular or impetiginous circles; and sometimes, in short, the central tubercular, or pustulo-tubercular eruption, is surrounded by squamous papulæ, by superficial tubercles, or by the pustules of ecthyma.

EXPLANATION OF PLATE XXXVII.

IRISED ecthymatous and vesiculo-pustular syphilide.

On the trunk are seen the ecthymatous scabs framed in the skin with the white fringe of the epidermis which surrounds them, and their characteristic red areola. At the circumferences, and at a certain distance from the areola, is observed a herpetiform vesiculo-pustular circle.

At other points, the separation of the scabs has exposed a central superficial ulceration.

The arm exhibits groups of eruption, after the separation of the ecthymatous scabs, the desquamation of the herpetiform circles, and the maculæ of the closing stage of the disease.

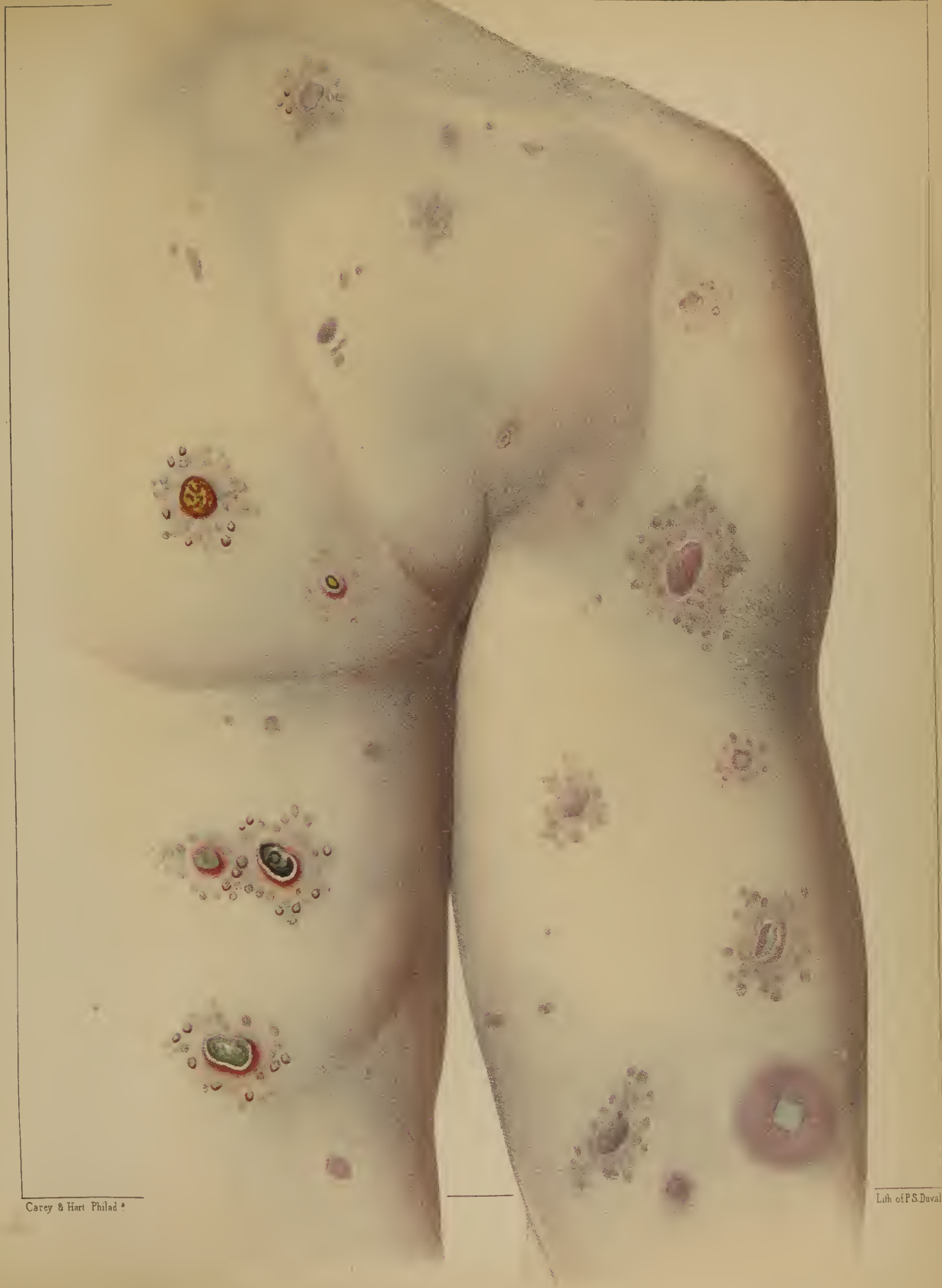


PLATE XXXVIII.

PUSTULO-CRUSTACEOUS ERUPTION, SUPPOSED TO BE SYPHILITIC,
A FORM OF ZONA.

C A S E .

B—, a mason, forty-seven years of age, has white skin, chestnut hair, a moderately-developed muscular system, and a strongly-marked lymphatic temperament. In 1826, he had a urethral blennorrhagia, which disappeared in eight days without any treatment.

This man was in the habit of visiting public women, and, in 1839, was affected with a swelling of the left inguinal glands, terminating in suppuration. The abscess was opened, but, no methodical treatment being followed, cicatrization did not occur until after the lapse of four months.

The patient observed no other symptom, either preceding or following the suppuration of the inguinal glands.

In 1842, without any prodromi, the eruption, the remains of which are represented in the plate, appeared.

Formed of small pustules, this eruption was seated on the left side of the thorax. It commenced on a level with the sterno-costal cartilages of the sixth and ninth ribs. The pustules were slowly developed. Surrounded by an areolâ of a bright red color, they extended gradually as far as the spine, always in the direction of the eighth and ninth ribs.

These pustules were followed by yellowish scabs, the most developed of which were no longer round. As the old pustules dried and the scabs fell off, some of them exposing superficial ulcerations of a scrofulous appearance and yellowish color, new pustules arose in the same manner and continued to form the zona. The two most salient and most projecting scabs were of a greenish color, having an appearance of rupia, very analogous to syphilitic rupia.

When the patient was admitted into the hospital, this affection was being spontaneously cured, for he had undergone no treatment. The two scabs of rupia alone remained; and, as for a moment the eruption had been supposed syphilitic, a mercurial treatment had been commenced; but, after applying poultices of starch for eight days, some baths, and using the bitter infusion, all the symptoms disappeared. We thence concluded, recollecting the foregoing history of the patient, that this was a case of ordinary pustulo-crustaceous eruption, depending on the lymphatic temperament of the patient, and having no relation to the venereal affections under which he had labored.

From analogous cases, may be easily made the history of virulent blennorrhagias, spontaneous buboes, and secondary symptoms, whatever form they may assume at indefinite periods, when the patients have undergone no specific treatment. But analysis soon leads to a rigorous diagnosis those who are acquainted with the regularity of the evolution of syphilitic symptoms, even if, previously to a close examination, any doubt had existed.

EXPLANATION OF PLATE XXXVIII.

ORDINARY pustulo-crustaceous eruption. A form of rupia analogous to syphilitic rupia. A form of zona.

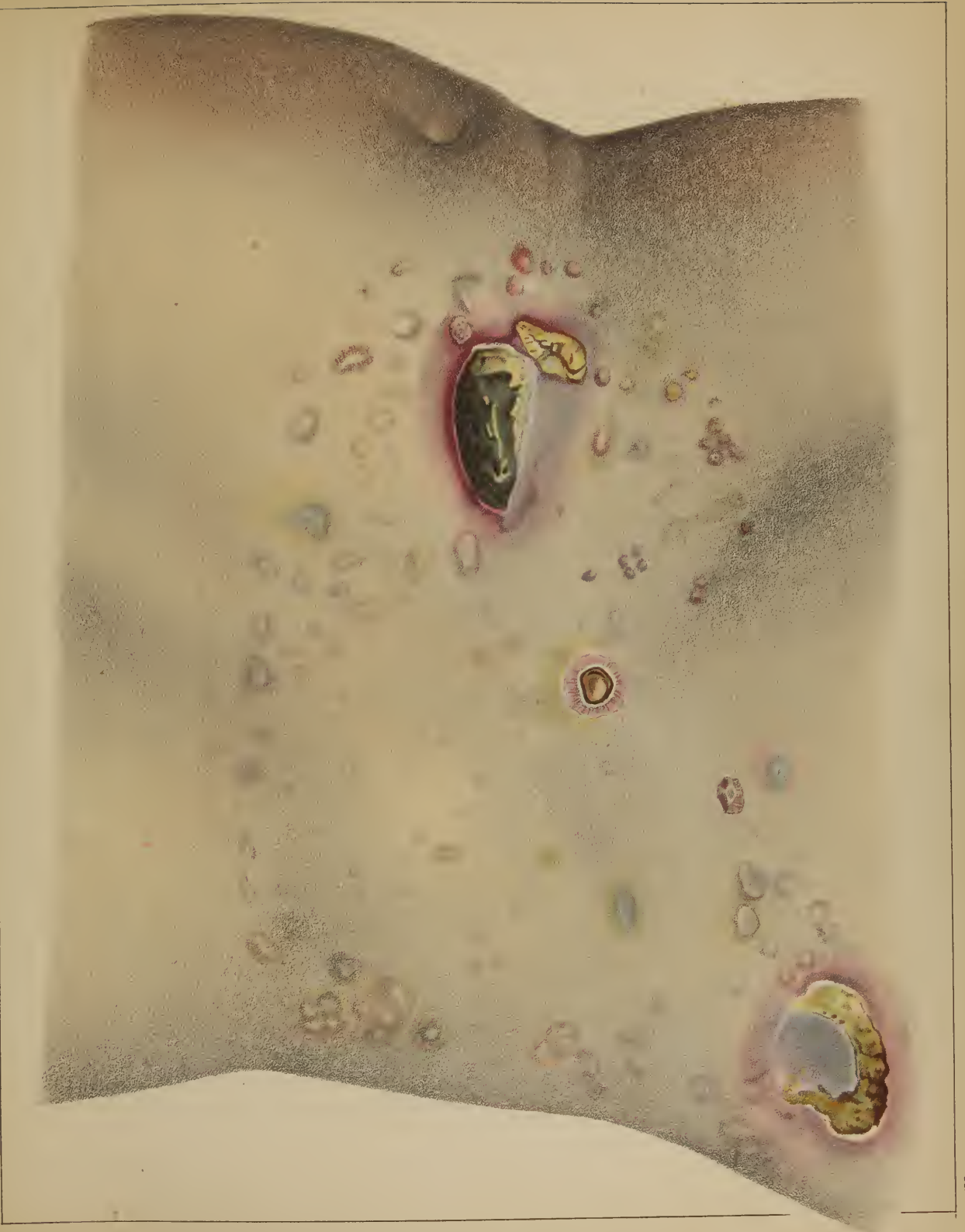


PLATE XXXIX.

RUPIA (A LATE SECONDARY SYMPTOM)—GUMMY TUMORS AND
SYPHILITIC SARCOCELE (TERTIARY SYMPTOMS).

C A S E .

J—, forty-seven years of age, was admitted into the Hôpital du Midi on the 12th of March, 1847. Of a sanguineous temperament and good constitution, he had always enjoyed good health until 1845, when he contracted a chancre on the base of the glans. This chancre was not painful; it did not extend far, and was accompanied with *induration*. The inguinal glands on both sides swelled, but did not suppurate.

The treatment consisted of *pills*, and he was not cured until after the lapse of five months.

Two months after the cicatrization of the chancre, he was attacked with pains in the forehead, particularly severe during the night, and not increased by pressure. His hair fell off in large quantities. Additional pains were felt in the vicinity of the joints, and, although J— was very sensible to the cold, it was only when he was in bed, and began to feel warm, that the pains were felt and became very severe; like those in the forehead, they were not increased by pressure. Simultaneously with these symptoms, mucous papulæ appeared between the toes, and ulcerated in several places, at the commissures constituting *rhagades*. These interdigital ulcers discharged copiously a fetid pus, and embarrassed greatly the patient in walking, who then came to the hospital.

He was treated with the prot-iodide of mercury, in the dose of five, ten, and fifteen centigrammes daily. He took an infusion of saponaria and syrup of gentian. The mucous patches and ulcers of the toes were washed twice daily with Labarraque's solution, reduced with three parts of water, then dusted with calomel, and kept separate by dry charpie.

In twenty days, all his symptoms had disappeared, and, thinking himself cured,

he wished to leave the hospital. He returned, three months subsequently, with ulceration of the nostrils and granular papulæ of the alæ nasi. Mercury was again administered and continued for six weeks only, for the patient would not consent to a longer use of the remedy.

In December, 1846, J——, who had been free from all uneasiness, was suddenly attacked with very acute articular pains in his knee (articular rheumatism). These pains differed from those he had previously felt, inasmuch as they were increased by pressure, by cold, and dampness; rest and warmth diminished them or made them disappear. About the beginning of January, 1847, J—— observed, on his thighs and legs, an eruption, which, at first not well marked, without pain or itching, spread rapidly, and gave rise to stratified, deep brown, projecting, conical, and dry scabs, adhering moderately, and covering completely the surface which produced them, which was about the size of a two franc piece; this was rupia. A slight accession of fever occurred toward evening. Pain, confined to the inner surface of the upper third of the tibia, appeared about the same time. This pain was at first intermittent and nocturnal, and exasperated by the least pressure; gradually, the tibia swelled at the point named, and the pain was nearly continuous with nocturnal exacerbations.

In addition to the symptoms just enumerated, small, regularly-rounded, hard, indolent, and movable tumors were developed in the subcutaneous cellular tissue of the lower and outer part of the left thigh. These tubercularform tumors, of the size of a large pea, when first perceived, gradually grew by raising the skin, and attained the size of a small walnut. One of these became painful, hot, more adherent to the skin, and of a violet-red color; it softened, and fluctuation became evident. The skin covering it became very thin, ulcerated, and discharged a sanious ill-formed pus, loaded with organic detritus, and of a fetid smell. After the emptying of the tumor, the aperture in the skin did not extend, but was covered with a thick salient scab, resembling those of the rupia in the vicinity.

This, however, was not the extent of the mischief done to our unhappy patient by this fell disease. The left testicle had gradually increased in size and become hardened, without his being able to state exactly when this alteration commenced. No pain had preceded the disease of the testis, either in the organ itself or in its *sympathetic regions*. He has recently had some trifling pain, free from any nocturnal character. The weight of the testicle caused uneasiness rather than pain.

The following was found, after an accurate examination, to be his condition:—

The left side of the scrotum, which exhibited no change in texture, color, or temperature, inclosed a tumor free from all adhesions, and twice as large as the right testis, which was sound. The epididymis could not be felt in this tumor. Evidently

composed of the substance of the testis and the tunica vaginalis, its shape was irregular and its consistency unequal. Below and in front there was fluctuation, and the transparency of the tunica vaginalis evinced the presence of serum. At other points, in the substance of the testis, there could be felt three nodules, hard, resisting, elastic, and apparently buried in the vesiculæ seminalis, of which a portion had remained healthy, and constituted, as it were, a kind of atmosphere. On handling the testis gently, no pain was felt, but the least pressure caused distress. This proved that the indurated parts were not of themselves painful, but that the surrounding sound tissues became so when compressed. The *vas deferens* was *perfectly healthy*. The genital function had lost some of its vigor.

The following treatment was instituted:—

He took daily an infusion of saponaria, ten centigrammes of prot-iodide of mercury, and three grammes of iodide of potassium.

In five days, the osteoscopic pains yielded to this plan. The scabs of the rupia separated rapidly; exposed ulcers, which readily healed under a dressing of calomel ointment. The subcutaneous gummy tumors, and the nodules, or plastic indurations of the testis, were very rapidly absorbed, so that the patient left the hospital in six weeks, without any traces of disease except the cicatrices of the rupia. The testicle had recovered its natural condition; shape, consistency, and function were perfect.

The case just detailed needs no commentary. It is one of those examples, so common, of the regular evolution of syphilis, in which the specific treatment, not continued sufficiently long, or in too small doses, cures the present symptoms without preventing others, and without disturbing the natural order of their appearance. It demonstrates the prompt efficacy of a rational medication, judiciously adapted to the nature of the symptoms and the stages to which they pertain. It proves, moreover, the necessity of prolonging the treatment to a reasonable period, if we wish to make a permanent cure.

ULCERS CONSEQUENT ON SUBCUTANEOUS GUMMY TUMORS (TERTIARY SYMPTOMS).

C A S E .

THE patient from whom were taken the drawings (FIGS. 2 and 3 of this plate) had had, ten years previously, an ulcer on the skin of the penis without any *suppurat-*

ing bubo. He had used Van Swieten's liquor for more than three months. No symptom had immediately followed. From that time he had had no new primary symptoms, when he perceived, five months previously to his admission into the hospital, small indolent tumors, movable under the skin, one seated on the inside of the left knee, and two others somewhat above the right internal malleolus. These tumors increased slowly, and only became painful about four months after their first discovery, which was not the precise date of their formation. There alone the skin covering them became adherent and red; it grew thinner; several openings took place, which united and exposed deep ulcers, with grayish perpendicular edges, slightly loose, and an irregular fundus, coated with a pultaceous substance and some detritus of gangrene. The ulcer on the outside of the knee, resulting from an isolated gummy tumor, was perfectly round, whilst that above the malleolus, and which had succeeded two continuous tubercles of cellular tissue, had lost this regularity.

These ulcers were not very painful; and the patient had scarcely taken the iodide of potassium for five or six days, and dressed the sores, thrice daily, with a solution of two grammes of tincture of iodine in one hundred grammes of distilled water, than they began to improve, and were healed in three weeks.

Gummy tumors, or tubercles of the cellular tissues, of which we have given other examples in this work, may be developed wherever cellular tissue is found. They are, however, more frequent in the subcutaneous and submucous cellular tissue than where it is more dense. They sometimes arise from the cellular element in which furunculi habitually occur; they are then adherent to the skin from the onset, and, in this case, may be compared to furunculi, from which they differ, however, by a slower progress, their rounded and not conical form, and their mode of suppuration, which never gives rise to the characteristic core of furunculus. They never reach sympathetically on the adjacent glands, as is frequently seen in furunculus. They excite no sympathetic fever. It is not true that they are more common on the upper than on the lower extremities. Their course is rarely acute. In some patients, they require several months to run their various stages; I have seen some existing more than a year without suppuration. They are indolent, until about to take on suppuration, which seems to be their inevitable termination, when a suitable treatment is not interposed. Then inflammation attacks them and the neighboring parts, and heat, redness, and pain supervene. Before this period, they are painful only by compressing the adjacent sound parts like foreign bodies. These tumors are generally isolated, but may be multiplied. They are sometimes in groups, and form a mass in consequence of the propagation of the inflammation of the tissues constituting their atmosphere. When these tumors suppurate, their suppuration always

originates in the tumor itself, and, as a general law, the inflammation of the surrounding tissues never effects the enucleation of these tumors without their previous softening or suppuration, which may be more or less complete. The skin, or mucous surface covering them, when attacked by inflammation, soon grows thin, and is perforated by the process of ulceration and gangrene which takes place.

EXPLANATION OF PLATE XXXIX.

FIG. 1. *Rupia prominens* seated on the lower part of the thigh and upper part of the leg.

Gummy tumors of the thigh in various degrees of development.

FIGS. 2 and 3. Ulcers consequent on gummy tumors.

Fig 2



Fig 3

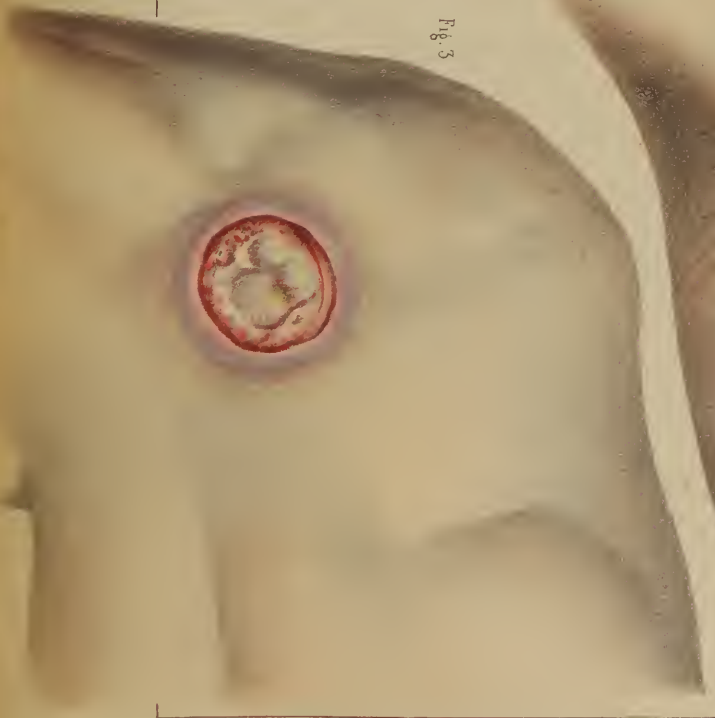


Fig 1



Carey and Hart, Plaid 79

Luik of P. S. Duesel



PLATES XL. & XLI.

POLYMORPHOUS TUBERCULAR SYPHILIDE—TRANSITION SYMPTOM.

C A S E .

GARILY—, C. C., thirty-three years of age, born at Clermont, in Auvergne, a butcher, of a lymphatico-nervous temperament, was descended from healthy parents. His mother had had twenty-one boys and one girl. Eleven of the boys died of cholera.

G— had had small-pox in childhood, but since that time had enjoyed good health.

In 1832, he had a urethral blennorrhagia and epididymitis, which yielded to antiphlogistics and the common anti-blennorrhagic remedies without the use of mercury.

Two months subsequently, he was admitted in the hospital with a blennorrhagic discharge symptomatic of an *indurated urethral chancre*. He was inoculated with the pus from the urethra, and the results were positive. This time he had no epididymitis, but an indolent tension of the inguinal glands was observed.

He was treated with the prot-iodide of mercury in the dose of five, ten, and fifteen centigrammes daily. In forty days he left the hospital cured.

In 1833, he was treated, in another hospital, for three months, for some cerebral affection. In the course of the same year, he returned to the Hôpital du Midi with an ecthymatous syphilide, and some scabs of the scalp, which yielded to mercury.

In 1834, it appears that he had a return of the cutaneous eruption, and, subsequently, a non-indurated chancre of the prepuce. He was treated in another hospital.

In 1835, he returned to the Hôpital du Midi with a blennorrhagia complicated with an epididymitis.

In 1838, he was again treated, in the same hospital, for an ecthymatous syphilide.

In 1839, he was twice or thrice in the hospital, for a short time, and left uncured of his constitutional symptoms.

Lastly, on the 6th of December of the same year, he again was admitted with the tubercular syphilide represented in PLATES XL. and XLI.

The patient had already experienced nocturnal headaches and prearticular rheumatic pains, when the eruption we are to describe appeared. It was at first seated on the pelvic and thoracic limbs, then on the face and scalp.

Distinct in some parts, in others grouped, rainbow-colored or serpiginous, it presented the following phases:—

Maculæ of a dull coppery-red, with thickening of the skin. Miliary granulations. Tumors more and more voluminous and surrounded by a dull red circle; some with the epidermis unbroken; others covered by cracked rugose and pearl-colored scales; others again, after having ulcerated and suppurated, were invested with stratified and greenish scabs. Here and there might be remarked some ecthymatous pustules on the apex of the tubercles. Where suppuration had taken place, after the spontaneous or artificial separation of the scabs, there was discovered an ulcer with a reddish base, and perpendicular and irregularly-rounded edges.

At the spots occupied by the scales, the tubercle, after their separation, had preserved its projection. Various circumstances had combined to render polymorphous the general aspect of this eruption, which had neither been preceded nor accompanied by fever. There had never been any itching except in the scalp.

The following treatment was then instituted:—

Daily, the bitter infusion, and iodide of potassium in solution in the dose of three grammes. Every evening, a pill of prot-iodide of mercury; afterward, two, three, and four.

After having previously detached, by means of starch poultices, the scales and scabs, the diseased parts were covered with plaster of Vigo cum mercurio.

Under this treatment, the ulcers promptly healed. The tubercles withered, grew wrinkled, and underwent a sort of gelatinous softening by the process of absorption. The cicatrices succeeding the ulcers were depressed and irregularly radiated. Where there had been no ulceration, there was found an indolent, hard, projecting, and gaufered tissue, closely resembling keloïdes. Generally, these cicatrices resembled those of burns or scrofulous ulcers; some of them, of the color of wine lees, remained vascular for a very long time.

After having remained fifty-five days in the Hôpital du Midi, G—— was discharged, apparently entirely cured. However, in 1843, he went to another hospital for some osteoscopic pains.

He returned to the Hôpital du Midi, on the 16th of February, 1846, in the following state:—

For the space of a month, he had very intense nocturnal osteoscopic pains, which deprived him of sleep. They occupied various points of the anterior surface of the right tibia, the upper part of the left ulna, and the humerus of the same side, and were increased by pressure and the warmth of the bed. At the spots they occupied there soon appeared hard tumors, adhering by their bases, without any change of the color of the skin, which continued movable. The tumors, resembling epiphysary exostoses, appeared to become less and less painful on pressure, as their size increased.

These new symptoms were treated with hop tea, and a solution of iodide of potassium in the dose of three grammes daily. The osseous tumors were covered with plasters of Vigo cum mercurio.

In three days, this treatment relieved the pains, and restored sleep to the patient.

In two weeks, the tumors had diminished, and they had nearly disappeared when the patient left the hospital, against our wishes, on the 23d of April, 1844. On the 26th of the same month he returned, to continue the treatment until the 3d of June.

Lastly, he was admitted, on the 17th of September, 1844, with the following symptoms:—

The supra-orbital regions of the two molar and frontal bones were very acutely inflamed, with severe pain, increased on pressure, and exacerbating during the night. Independently of these local pains, the patient had attacks of nocturnal cephalalgia, with disturbed vision of the left eye. Objects appeared to him multiplied and agitated. He was nearly deaf in the right ear.

The treatment adopted consisted of bitter infusion, with iodide of potassium.

At this date (November 27th, 1844), all the symptoms described have entirely disappeared.

EXPLANATION OF PLATE XL.

FIG. 3 represents a dull red, moderately-large tubercle, deprived of the thick and pearl-colored scale which covered it, and surrounded by an areola of small tubercles, giving it an irised appearance.

FIG. 4 represents a group of tubercles of serpiginous form. Two of them are covered by a thick and pearl-colored scale.

Fig 3

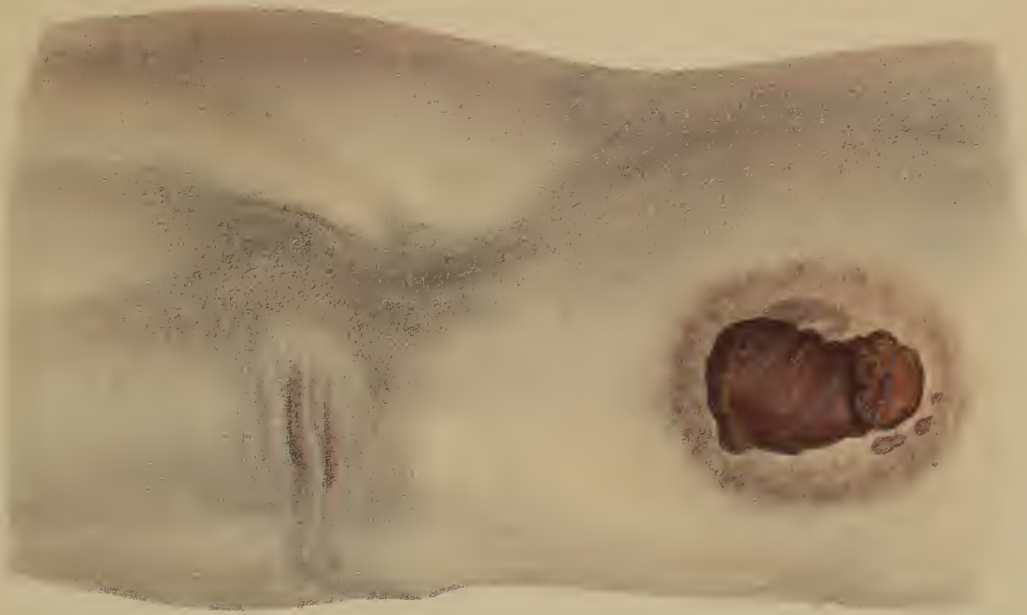


Fig 4



EXPLANATION OF PLATE XLI.

FIG. 1 represents various phases of the evolution of the tubercles. Maculae are seen on the cheek. Several small isolated tubercles on the upper lip and lower and outer part of the palpebral region. On the left side of the nose, confluent tubercles, which, more agglomerated toward the posterior part of the ala, form one single, large, and mulberry-like tubercle.

Upon the cheek, also, are seen two pustules of ecthyma with a tubercular base, and surrounded by a dull red areola. A scab is already appearing on the lower pustule.

FIG. 2. On the inside and lower part of the forearm is seen a group of tubercles, the most voluminous of which is covered by a thick and pearl-colored scale.

On the outside of the arm are seen two isolated crustaceous tubercles.

On the anterior part of the arm is seen a large suppurating tubercle, covered by a thick greenish scab, and surrounded by a red areola.

On the upper and outer part of the forearm was observed an ulcer with perpendicular edges, irregularly defined, and surrounded by a red areola. This ulcer was exposed by the separation of the greenish crust of a suppurating tubercle analogous to the preceding.

Fig. 1.

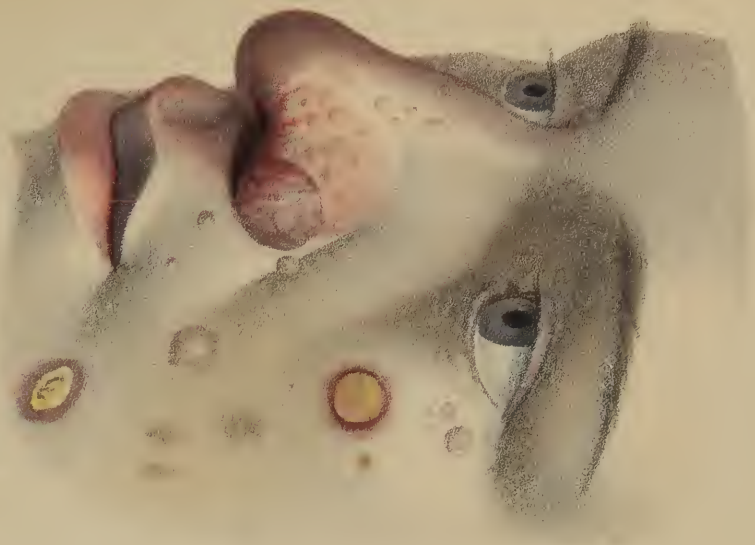


Fig. 2.

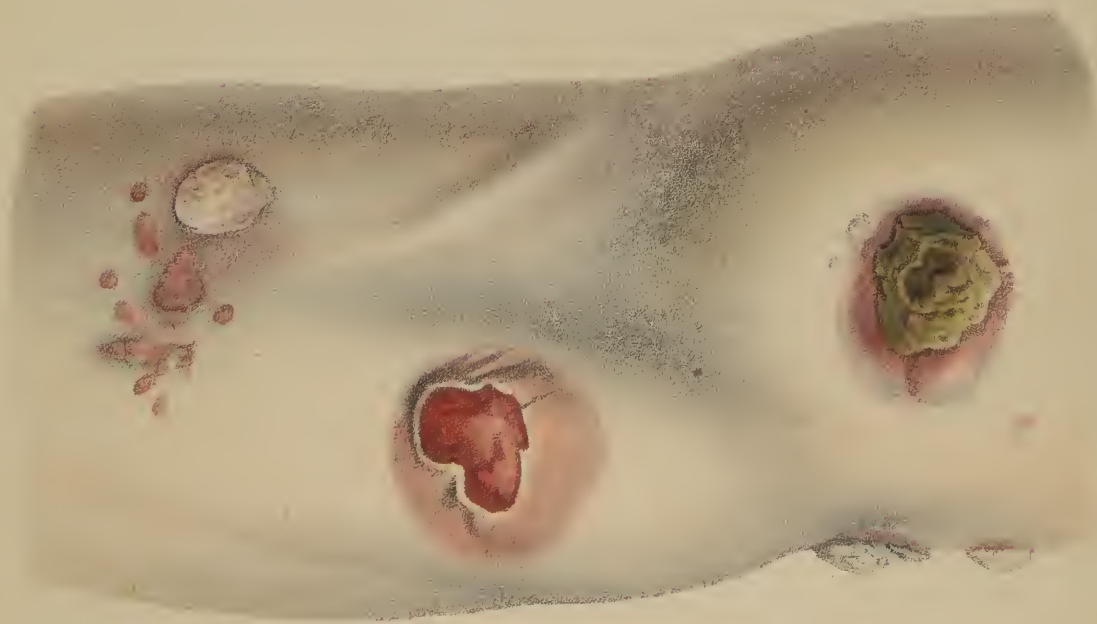




PLATE XLII.

TUBERCULO-CRUSTACEOUS SYPHILIS IN GROUPS—IMPETIGINOUS
CRUSTS—SECONDARY SYMPTOMS DEVELOPED AT A LATER
PERIOD, OR IN THE STAGE OF TRANSITION.

C A S E .

B—, VICTOR, thirty years of age, of medium stature, was born of healthy parents, and had been vaccinated in infancy. He had always enjoyed good health, with the exception of some attacks of blennorrhagia contracted in youth. These had been always treated by simples, and had been followed by no secondary symptoms.

Thirteen months previously to his admission into the hospital (July 4th, 1845), after venereal congress, he perceived an ulcer seated on the meatus urinarius, and penetrating the urethra. This ulcer was treated locally, for a month, with simple ointments. It was subsequently cauterized by the patient himself, who not only had not changed his ordinary mode of life, but likewise occasionally indulged in excess of drink. The ulcer, therefore, assumed the gangrenous phagedænic character.

After the lapse of a month, the disease progressing, and threatening the destruction of the glands, he decided upon consulting a physician, who recommended the application of a plaster of Vigo cum mercurio to the chancre, and the internal exhibition of pills of prot-iodide of mercury, and infusion of sarsaparilla.

The ulcer healed after four months of this treatment. The cicatrization having caused a considerable contraction of the orifice of the urethra, the patient came to consult me, and I then discovered, in addition to the contraction, a specific induration existing beneath the cicatrix which had succeeded the ulcer.

During three months, the patient was obliged to wear constantly a bougie, occasionally increased in size, and now and then withdrawn to give him some intervals of rest. Nevertheless, as the persistence of the induration gave some uneasiness as to the future welfare of the patient, and communicated a sort of specific character to

the contraction, I advised the continuance of the mercurial treatment for three months longer, thus making in all seven months, with the exception of a few days, during which the use of the remedy was suspended on account of the salivation it excited from time to time.

Until the month of March, 1845, no secondary symptoms had appeared, but he then felt such intense pains in the muscles and joints that he could not walk. These pains lasted for more than two months. The disease for which he was admitted was first observed at the commencement of June, in the shape of a small pimple above the root of the nose. This pimple, being constantly scratched, became irritable, and increased in size. Several other pimples formed successively around this one, constituting a group seated on the anterior part of the forehead. Fifteen days subsequently, a similar group appeared above the right clavicle. The eruptions were developed slowly, without pain or itching.

When I first saw the patient, the eruption had an irregularly rounded shape, and was formed by confluent tubercles invading the whole thickness of the skin, which was most adherent to the subjacent parts. The surface of these tubercles was papillary. Some terminated in pustules containing pus still liquid; but the majority were covered by thick, brown, greenish, arched crusts, very adherent, and more extended than the surfaces which had produced them. Other tubercles, on which there were no crusts, were of the color of the lees of wine. The eruption seemed, as it were, set in the sound skin.

The history of the patient, and the description of his disease, left no doubt that he was affected with a variety of tuberculo-crustaceous syphilis, constituting a slowly-developed secondary stage, in spite of a long-continued mercurial treatment, which had not presented the manifestation of secondary symptoms of the first form.

The following treatment was adopted:—

Disks of the plaster of Vigo cum mercurio, renewed every two or three days, were applied over the groups of eruption. The patient took a decoction of quassia amara sweetened with syrup of gentian. Daily, two pills of prot-iodide of mercury, of five centigrammes each, and, in addition, three grammes of iodide of potassium in solution and in three doses.

About the fifth day after the commencement of this treatment, there appeared an abundant eruption of psudaceous pustules, occasioned by the use of the iodide of potassium.

On the 11th of July, the patient was attacked with intense cephalalgia, pain in the right ear, and high fever. The treatment was suspended. He was dieted, ordered

diluent drinks, and bled in the arm. The pain in the ear continuing, leeches were applied twice to the mastoid process of the affected side.

On the 15th of July, a large quantity of pus escaped from the external meatus of the ear. The pain and fever had ceased.

The treatment was resumed, and the patient discharged cured on the 30th of August, 1845.

ANNULAR VESICULO-PUSTULAR SYPHILIS—VARIETY OF IMPETIGINOUS HERPES, FORM TARDILY DEVELOPED.

C A S E .

P—, twenty-three years of age, of a good constitution, and born of healthy parents, had been vaccinated, and always enjoyed good health.

Four and a half years ago, after sexual congress, he perceived several ulcers on the glans and prepuce. These ulcers were unaccompanied by suppurating buboes.

The patient was treated with mercurial pills. These produced slight salivation, which induced him to suspend the remedy after fifteen days.

Soon after, there appeared at his anus painful pimples, which became excoriated, and discharged fetid pus. These pimples continued for a long time, and only yielded to some additional pills which he took.

Accompanying the ulcers on the penis, he was affected with a urethral discharge, which was treated by astringent injections.

From this date, he enjoyed good health until three months ago, when he was attacked with the eruption for which he was admitted into the hospital. This eruption was seated on the skin of the penis, the scrotum, the internal surface of the thighs, and some parts of the trunk. It had commenced slowly by small maculæ, of a deep red, followed by small suppurating pimples, arranged in circles more or less complete, and approximating each other closely. The suppuration had dried, leaving arched, projecting, cracked crusts, more extended than the surface which had produced them, and of a brown greenish color. On their removal, beneath was seen an excoriated papulous surface, projecting beyond the sound parts, of a copper color, and surrounded by an areola of a dull vinous-red hue. In the centre of some of these

circles, there existed a crusty vesiculo-pustule, with a papulous base, and giving to the group the appearance of a cockade. The eruption presented at the same time the characters of herpes circinatus and impetigo annularis. It had extended throughout without itching, except in the scrotum, where the patient had felt, from the beginning, a slight pruritus which still annoyed him.

The tongue exhibited, toward its point, some projecting grayish papulæ with a shallow base.

Although this form of eruption is less characteristic than some others, and it is more difficult to specify its distinctive features, nevertheless, its frequent occurrence among persons affected with constitutional syphilis for some length of time, the regularity of the precursory signs, the peculiarity of the onset, progress, and physiognomy of which we have spoken, its persistence, and resistance of various treatments, in addition to the anti-syphilitic medication, authorize us to include it among the syphilides.

The patient, in consequence of these reflections, was submitted to the following treatment:—

He took an infusion of dulcamara, and pills of prot-iodide of mercury, each containing five centigrammes; at first, one daily; eight days after, two; and, after another week, three. The plaster of *Vigo cum mercurio* was applied to the eruption. He was ordered two baths per week, and, in a month, left the hospital entirely cured.

EXPLANATION OF PLATE XLII.

FIG. 1. TUBERCULO-CRUSTACEOUS syphilis in groups. Impetiginous crusts. Secondary symptoms developed at a late period, or in the stage of transition.

FIG. 2. Annular vesiculo-pustular syphilis. Variety of impetiginous herpes; form tardily developed.



PLATE XLIII.

ANNULAR TUBERCULO-CRUSTACEOUS SYPHILIS—SYMPTOM OF TRANSITION.

C A S E .

M—, a merchant, thirty-two years of age, of a brown complexion, medium size, and embonpoint, was born of healthy parents. He had been vaccinated, and enjoyed good health until six years since, when, eight days after connection, he perceived an ulcer at the base of the glans. This ulcer was then as large as a lentil, according to the patient's account, thus proving that it had existed prior to his discovery of it. Left to itself, it continued to progress. Swellings arose in both groins, but were indolent and small, and disappeared without suppuration. The ulcer, being of the same character, suppurated but slightly. The nucleus, forming the hard and projecting base on which it was seated, remained for a long time after its cicatrization.

Having undergone no treatment, he was attacked with general nocturnal headache, and uneasiness in the movements of his neck, after the lapse of six weeks. He was then affected with swellings of the posterior cervical glands, and a crustaceous eruption of the scalp, accompanied by an almost complete loss of hair.

A year after, a new eruption appeared upon his face, chiefly on the chin; it consisted of small, full, solid, resisting tumors, without pain or itching. These tumors did not project much, were free from crusts or ulceration, and occupied the whole thickness of the skin.

He took Van Swieten's drink for five months, after which all the symptoms disappeared.

After the lapse of two years, without any other assignable cause than a long walk, one of the inguinal glands began to inflame, terminating in copious suppuration. The patient had had no sexual commerce for six months. He took, during six weeks, alternately, Dupuytren's pills and Van Swieten's drink. He then remained two and

a half years in the enjoyment of apparent health, when another eruption (a new consequence of the only primary symptom with which he had before been affected) appeared on the left forearm, and presented the same characters as that on the face and chin. He again took Van Swieten's drink, and in two months all had disappeared.

After the lapse of four months, the eruption depicted in the plate made its appearance, and it had existed a year when the patient came under our notice. It occupied two-thirds of the right forearm, and had progressed from the centre to the circumference. Its annular appearance was owing to a series of groups of tubercles, of which the apex was covered with thick crusts, with shallow ulcerations beneath.

At the confines of this tuberculous ring, the skin was perfectly sound; whilst in the space it circumscribed, the thin cicatrix which had succeeded the tubercles was, as it were, irritable, and of a vinous tint.

The patient had never had fever, and this last eruption caused him neither pain nor itching.

He was subjected to the following treatment:—

The diseased parts were covered with a plaster of Vigo cum mercurio. He took daily three glasses of a concentrated decoction of saponaria, each glass containing a tablespoonful of the following syrup:—

Syrup of sarsaparilla five hundred grammes;
Iodide of potassium thirty grammes.

Every evening, during the first eight days, he took a pill of five centigrammes of protiodide of mercury. The number of pills was increased weekly until he took four daily, two in the morning, and two in the evening.

After the first week, the crusts had fallen, and the subjacent ulcerations were nearly all healed. In three weeks, the resolution of the tubercles was perfected.

Nevertheless, in order to effect a permanent cure, the treatment was continued for four months longer.

EXPLANATION OF PLATE XLIII.

FIG. 1 represents an annular crustaceous eruption seated on the forearm. It is formed by the reunion of several groups of tubercles, between which may be seen, here and there, some portions of sound skin.

FIG. 2 represents the appearance of the cicatrix soon after the cure.

Fig. 1.

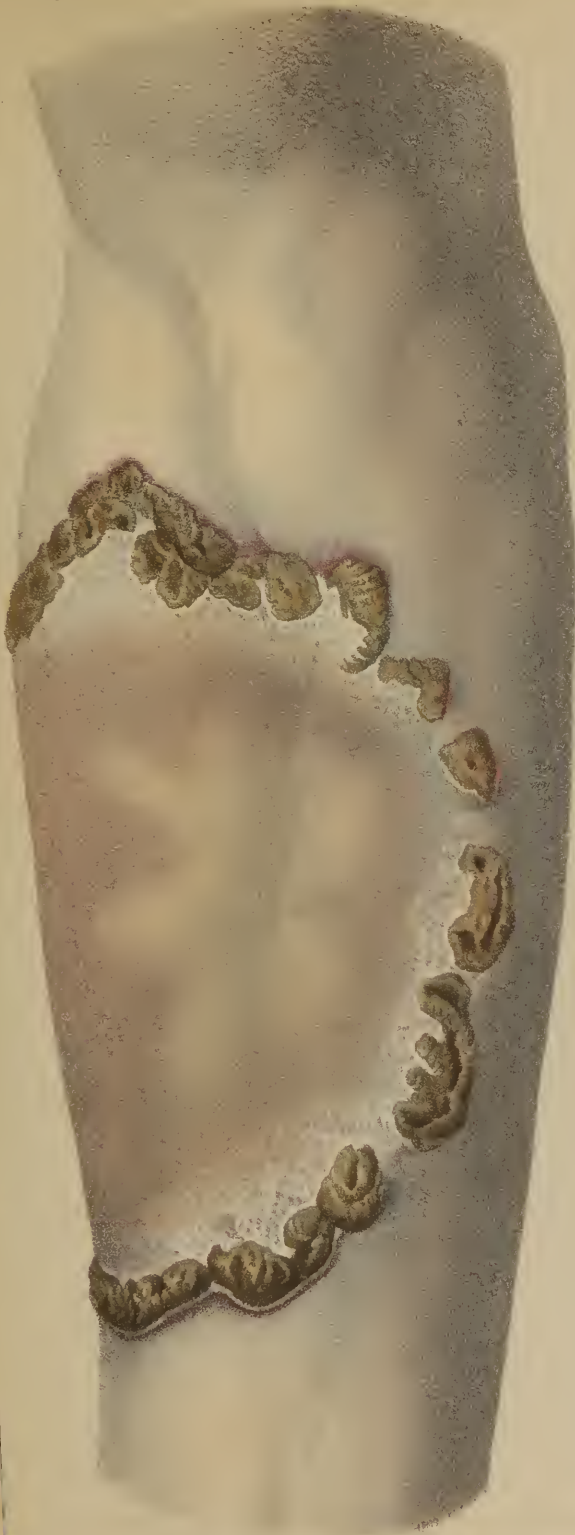


Fig. 2.

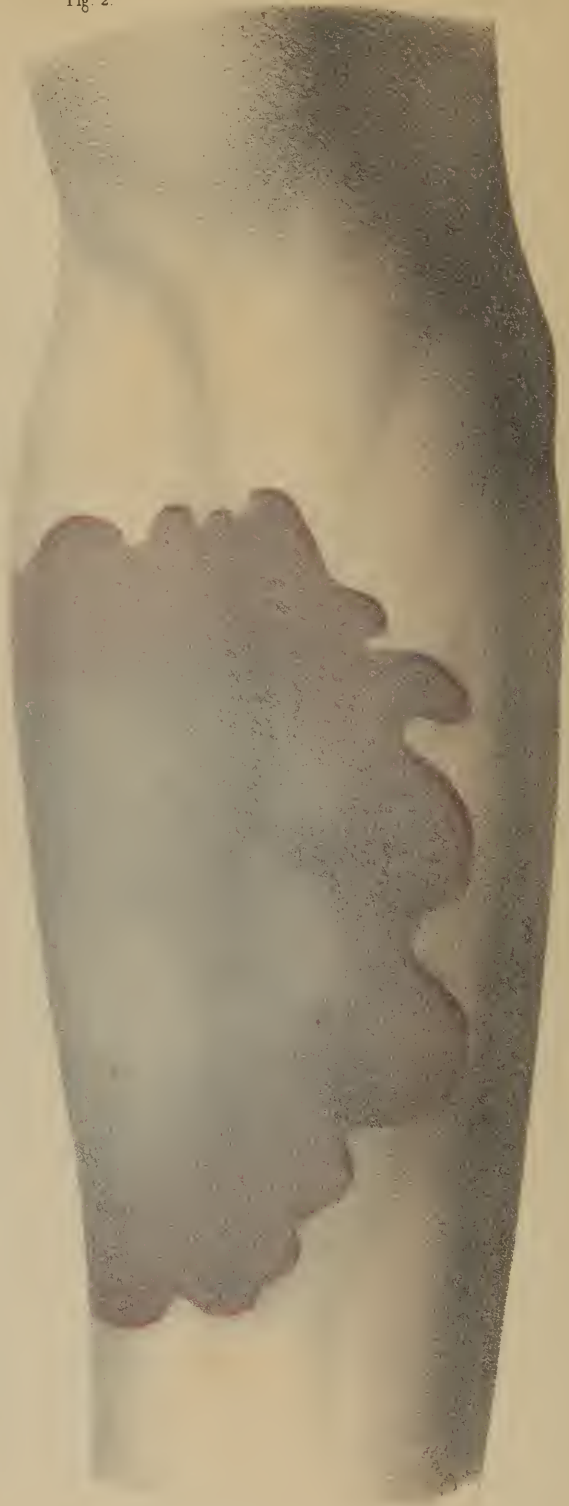


PLATE XLIV.

PALMAR PUSTULO-CRUSTACEOUS SYPHILIS—RECURRENCE OF SECONDARY SYMPTOMS.

C A S E .

P—, thirty-six years of age, a joiner by trade, and born of healthy parents, had been vaccinated in infancy. He had brown hair, a sanguineous temperament, and robust constitution.

In 1839, after connection with a courtesan, he contracted a chancre on the base of the glans. On the first day of its appearance, he applied to it tobacco ashes, but in vain; the ulceration progressed. He then dressed it with charpie spread with Neapolitan ointment.

This ulcer, the base of which was hard and projecting, suppurated but little, and was not painful.

In two months' time, it was completely cicatrized. Several indolent swellings of the inguinal glands, which had resulted from the indurated chancre, had also disappeared, nearly at the same time, without suppurating.

The patient believed himself cured, when he was attacked with nocturnal headache, soon followed by alopecia, and a crustaceous eruption of the scalp. His body was covered with red spots. This eruption had not been preceded nor accompanied by fever, nor ever caused him any itching.

A physician at that time prescribed the infusion of sarsaparilla and Van Swieten's drink.

This treatment lasted three months, and gave rise to slight salivation, but removed the first secondary symptom.

Until September, 1840, P— appeared to enjoy good health, and contracted no primary disease. But one day, whilst at his work, he felt, in the palm of his hand, an unusual tenderness, and discovered there several deep red spots. These spots,

confluent at some points, soon became brown and projecting, and suppurated. The soles of his feet were similarly affected. The eruption on the hands and feet was unaccompanied by pain.

When we first saw the patient, the skin of his palms was callous, and its epidermis horny; on them likewise appeared an eruption of pustules, isolated at some points, and aggregated at others. Where the pustules were least developed, the epidermis appeared thicker, softened, cracked, and elevated by pus beneath. Where the pustules had been confluent, true crusts, of a greenish-brown, were seen, thick and rugose, resembling horn. These crusts, by contracting, had caused the epidermis to crack, and the shriveled edges of this membrane formed a white fringe around them. Beneath these crusts were pale and superficial ulcerations; some of them, which had cicatrized after the fall of the crusts, were covered by a newly-formed epidermis, and, as it were, framed in by the old horn-like epidermis.

The following treatment was adopted:—

Every day, three glassfuls of a decoction of the leaves of saponaria, sweetened with Cuisinier's syrup. Every evening, one of the following pills:—

R.—Prot-iodide of mercury,
Lactucarium, āā grammes iii;
Thebaic extract gramme i;
Extract of cicuta grammes vi.
M., and divide into sixty pills.

The dose was increased daily by one pill, until he took four. At the same time, he was fumigated, every alternate day, with eight grammes of cinnabar. The eruption was covered with plaster of Vigo cum mercurio.

The eruption had completely disappeared in five weeks. Nevertheless, the treatment was continued for four months after the cure.

EXPLANATION OF PLATE XLIV.

PUSTULO-CRUSTACEOUS syphilis of the palmar region in various degrees of development. Pustules, crusts, and desquamation.



PLATE XLV.

BULLOUS SYPHILIDE—SYPHILITIC PEMPHIGUS—SECONDARY SYMPTOMS.

C A S E .

ALTHOUGH syphilis may give rise to all the known forms of cutaneous eruptions, some of them appear to be more peculiar to it; others occur but rarely; and some might have been supposed to be entirely foreign to it. To this last category belongs pemphigus.

Pemphigoid bullous syphilide appears to have been hitherto unobserved in newly-born children, and, indeed, the cases published may admit some doubt as to the correctness of the diagnosis.

The following case, for which I am indebted to the courtesy of my colleague, Dr. Cullerier, Jr., appears to me important, inasmuch as it is the first observed in an adult.

This was a young woman of twenty years of age, a brunette, robust, of a lymphatic temperament, having always enjoyed good health, and freedom from any cutaneous disease.

After sexual commerce, she was attacked with ulceration of the vulva. The ulcers did not become very large, but their base soon indurated.

When the patient applied for advice, the ulcers of the vulva had healed, but the specific induration was still observable. The inguinal glands did not appear to be engorged. The primary symptoms had existed nearly four months. She had not been treated, and the cutaneous affection had been present for two months.

She had had prearticular pains, nocturnal supra-orbital headache, and some stiffness of the neck. The posterior cervical glands were swollen. A very extensive impetiginous pustulo-crustaceous eruption, with large, greenish, spherical scabs, exceeding the *ulcerated* surface which produced them, occupied the scalp. On the chin were observed two projecting papular rings, covered with impetiginous brown

scabs, framed in a large patch of a *dull red copper* color, without itching, *œdemato-erythematous* tumefaction of the base or adjacent parts.

An eruption, in various stages of evolution, occupied the soles of the feet, affected simultaneously with the other parts. In some places, the disease was still in its commencement; here, small roseate maculæ disappearing under pressure; there, small vesicles, filled with a muddy purulent serum, surrounded by a small red areola; and, again, on larger surfaces, flat bullæ of different magnitude, confluent, and distended by *sero-pus*, resembling a blister from cantharides, or a burn in the second degree. Beneath the bullæ, the cutis was more than denuded—ulceration had commenced. Neither there nor elsewhere had there been any itching.

The patient was treated with prot-iodide of mercury, and discharged cured in two months; but she returned, six weeks subsequently, with a relapse of the plantar eruption, for which the same treatment was continued for twenty-five days.

EXPLANATION OF PLATE XLV.

PEMPHIGOID eruption in various stages of evolution. Maculæ; vesicles; isolated bullæ; aggregated bullæ. Portions of the skin, near the toes, denuded, ulcerated, and in the healing stage.



PLATE XLVI.

PUSTULO-CRUSTACEOUS SYPHILIDE—SECONDARY SYMPTOMS.

C A S E .

F—, twenty-six years of age, born of healthy parents, vaccinated, of a marked lymphatic temperament, with blonde hair, clear blue eyes, and a feminine appearance, contracted a chancre at the base of the glans, one year before he came under my observation. This chancre, at first moderately painful, became indurated, and some of the inguinal glands swollen. The patient did nothing but use some mercurial dressings, and a plaster of Vigo cum mercurio to the groins. The plaster gave pain, and the swelling increased. Leeches and poultices were then applied, and the inflammation yielded without suppuration. Two months subsequently, the patient experienced some rigidity in the neck; several of the posterior cervical glands became swollen, and he thought he had rubeola. The skin of the body and limbs was covered with red spots, without fever or itching. A physician who was consulted was in doubt as to the nature of this eruption, which did not yield to emollient remedies. After a treatment of more than a month, he took an infusion of sarsaparilla and Larrey's syrup. This course was followed for two months. The eruption had then disappeared, and the patient thought himself cured.

Three months had scarcely elapsed, when he was attacked with nocturnal headaches, some *dysphagia* and *dysphonia*, and the skin was again partially covered by an eruption.

This last eruption had existed nearly four months when I saw the patient. It was confluent on the trunk and limbs, and but slight on the face. It was composed at the same time of small maculæ, of a vinous red color, some of which disappeared under pressure; of vesicles of various size, distended by purulent serum, and surrounded by a deep red areola; others, in a more advanced stage, already formed true pustules in various degrees of development. As the pustules became larger, the

concrete pus formed a flattened, slightly-convex scab, resembling a watch-glass, set in a circle of epidermis, elevated by newly-formed and still liquid pus, and by a red inflammatory areola, to be subsequently elevated by suppuration, as the last circle desiccated. Thus new disks were successively produced, and the scabs increased from the centre to the circumference. Beneath these scabs were rounded superficial ulcers, with a bottom marbled in gray and red. Where the eruption was very confluent, the ulcers had lost their regular form; at other points, they had invaded the substance of the skin, and there presented thick, perpendicular, and slightly-everted edges.

From the simple macula to the highest degree of development, there was a series of forms, which alone might have constituted as many varieties of eruption, and deserved different appellations. Between the eruption, the skin was pale and slightly clayey. There was a slight *bruit de souffle* in the heart and carotids. Some fever came on toward evening.

The patient was directed to use an infusion of dulcamara and syrup of gentian. He took at first eight of Vallet's pills and a pill of five centigrammes of prot-iodide of mercury daily, and, after a week, twelve of Vallet's pills, and two of prot-iodide. The scabs were detached by means of starch poultices, and the ulcers dressed with the following ointment:—

R.—White precipitate two grammes;
Sulphur ointment thirty grammes.

M.

He was ordered two bran water baths weekly, and a nutritious diet.

After pursuing this treatment for two months, the eruption was cured; but it was continued for two more.

EXPLANATION OF PLATE XLVI.

ON the back and arms is seen an eruption in various degrees of development; maculæ, vesicles, vesico-pustules, and crustaceous pustules.

On the arm particularly can be observed the manner in which the eruption progresses from the centre to the circumference. The scabs are set in a circle of epidermis elevated by pus. This circle is itself surrounded by a red areola, the epidermis of which will also be elevated, and so on.

Behind the posterior edge of the axilla is seen a group of superficial ulcerations, exposed by the separation of the scabs.

At the base of the cheek, near the angle of the lower jaw, there is a deep ulcer, with projecting, perpendicular, and slightly-everted edges.



PLATE XLVII.

TUBERCULAR SYPHILIDE IN GROUPS (A TARDY SECONDARY SYMPTOM—NASAL OSTALGITIS (A TERTIARY SYMPTOM)).

C A S E .

PHILIBERT M——, twenty-five years of age, of a robust constitution, and generally enjoying good health, in 1836, contracted a chancre on the glands. The adjoining inguinal glands did not suppurate. His only treatment consisted in the use of Dupuytren's pills, and, until 1842, no other symptom occurred, and he contracted no new disease. But, in 1842, he experienced violent headaches, which grew worse during the night. He was directed to use Van Swieten's liquor. He took *four litres* of it, and the headaches disappeared. Some time subsequently, he had a stoppage in his right nostril, but without pain. The left nostril was then attacked, and the morbid symptoms of the nose have persisted ever since.

In March, 1845, M—— felt some pain in his throat and difficulty of swallowing. Nearly at the same time, the nose increased in size, and the skin covering it began to redden; there was no pain.

In the following month, a pimple appeared on the middle of the forehead; it was attributed to the pressure of his hat. He underwent no treatment, and all the symptoms we have enumerated persisted and augmented until the 25th of July, 1845, when M—— was admitted into the Hôpital du Midi.

The following was his condition at that time:—

Deep ulcers existed on the middle of the forehead, invading the whole substance of the skin; their fundus was grayish and pultaceous; their edges, of a bright red, were perpendicular and slightly detached. Three of these ulcers were soon lost in one. They resulted from the suppuration of tubercles which occupied the whole substance of the skin. These tubercles still remained, as if to attest the origin and onset of the ulcers which had arisen from the others. The skin surrounding the tubercles and ulcers was perfectly healthy.

The mucous surface of the palatine vault and velum palati was studded with deep ulcers, having the same character as those on the forehead. One of them, situated at the base of the uvula, had perforated the velum. He spoke through his nose, swallowed with difficulty and pain; fluids frequently returning by his nostrils.

The skin of the nose, in a sub-erysipelatous condition, was of a dull red color, and the nose was immensely swollen. Its increased size was owing to tumefaction of the bones themselves. No ulceration existed on the pituitary membrane, and no morbid secretion escaped from the nostrils. Throughout the whole nasal region, there existed a sensation of constriction and heaviness, and pressure caused pain. On the left side of the forehead, an osteoscopic and nocturnal pain, increased on the least pressure, had for several days deprived the patient of sleep. The digestive functions were disturbed. His complexion was clayey, and his eyes surrounded by a bluish circle gave him a quite peculiar appearance.

The following treatment was prescribed:—

Infusion of saponaria and syrup of gentian. Daily three grammes of iodide of potassium in solution. The ulcers on the forehead were dressed with the following solution:—

R.—Distilled water one hundred grammes;
Tincture of iodine three grammes;
Iodide of potassium fifty centigrammes.

M.

He likewise used the same solution as a gargle.

At the end of three days, the cranial osteoscopic pains had entirely ceased. In a week's time, the ulcers of the throat and forehead had cleaned; their fundus, formerly grayish, had become roseate; and granulations of the healing stage began to appear.

On the 8th of August, all the ulcers had cicatrized; the tubercles on the forehead had disappeared; the skin of the nose was less red; the swelling had considerably diminished; his appetite and sleep had returned, and with them the natural color of the face; his eyes had also recovered their usual brightness. In short, he was discharged perfectly cured, toward the close of the month.

The case just described is one of those seen, unfortunately, too often in practice.

The primary ulcer, *without suppuration* of the adjacent glands, is found here as it always exists when constitutional symptoms are about to supervene. The mercurial treatment, continued for two months, retarded the manifestation of secondary symptoms for six years; but the patient, who, during this period, had enjoyed apparently good health, was suddenly attacked, without any new primary symptoms, with nocturnal headache, which soon yielded to mercury. The diathesis continuing, other

symptoms appeared. The nostrils became obstructed, the nose swelled, and the disease advanced. Three months subsequently, the throat became diseased, and the forehead was covered with tubercles.

We may here advert to the obstinate tenacity of the syphilitic diathesis, which is frequently merely checked by the power of specific treatment to again burst forth as this power grows weaker.

The new symptoms which then supervene do not always appear in the regular order which is observed when no treatment has been interposed.

In the foregoing patient, the tertiary symptoms, seated in the bones of the nose themselves, preceded the evolution of the tardy secondary symptoms on the forehead.

In the face of similar facts of such common occurrence, it is difficult to understand how our learned colleague, M. Cullerier, in a memoir on the evolution of symptoms, has denied the influence of the interposition of specific treatment on the order of the manifestation of the symptoms consequent on the syphilitic diathesis. The cases which he advances in support of his assertions do not assist, as gracefully as he would persuade himself, in the explanation of the facts he alleges.

Superficial observers have likewise been in error in supposing that the appearance of one symptom was sufficient to characterize and class it among secondary or tertiary symptoms.

Something in addition to *the date of appearance* is necessary to characterize and define a symptom. It is important here to observe that the iodide of potassium exerts its curative power over tardy secondary symptoms, as well as over those of a tertiary nature for which it is a specific. This does not exclude the ordinary efficacy of the mercurial treatment in tardy secondary symptoms.

We were prevented from administering the mercury and iodide of potassium simultaneously to our patient, on account of the predominance of tertiary symptoms, and their peculiar location.

TUBERCULO-CRUSTACEOUS SYPHILIDE OF A SERPIGINOUS CHARACTER (TARDY SECONDARY SYMPTOM).

C A S E .

MADAME —, a midwife, fifty years of age, married and enjoying good health, contracted, in 1822 (whilst delivering a woman affected with recent chancres of the

vulva), a chancre on the right index finger near the nail. It gave but little pain, and soon healed, without any other treatment than dressing with simple cerate. The patient thought she remembered that there was a *slight hardness*. The axillary glands swelled without being painful.

Madame — thought no more of her finger, until, four months subsequently, she was attacked with nocturnal headache. Her hair began to fall, the scalp became covered with small scabs, and very soon the skin of the trunk and limbs was occupied by an eruption of red spots resembling rubeola. These symptoms continuing, the patient consulted a physician, who did not, at first, recognize the nature of the disease. However, as the remedies used caused no improvement, it was supposed to be syphilitic, and mercury was administered with Van Swieten's liquor for three months.

Madame — had never had a child; had always menstruated regularly, this secretion disappearing at the age of forty-nine. Until that time, no change took place in her health; but scarcely had four or five months elapsed after the cessation of that function when a small tumor of the size of a pea appeared below the lower jaw on the left side. This tumor was movable, and seemed to be owing to a thickening of the skin, and gave no pain. It grew slowly. At first of a delicate rose color, it became, gradually, of a dull red, softened at the apex, ulcerated, and became covered with scabs by the desiccation of the pus which exuded. This first tubercle continued to grow; it ulcerated still more deeply; the crust covering it became thicker; and, having reached a certain point, it healed, leaving in its place a deep cicatrix, resembling that of a burn. Other tubercles formed in the vicinity, and, following the same course, they extended over the cheek. Again, the nature of the disease was misunderstood. The patient had used nothing but bitter infusions and sulphur baths.

When the patient came under my notice, in August, 1848, the base of the jaw and left cheek was seamed with deep cicatrices, of a dead-white color where they were old, and violaceous and vascular where more recent. On the cheek were three salient, stratified, dry scabs, of a greenish-brown, and with an irregular margin. These scabs were surrounded by a dull claret-red areola. The surface which they covered, and to which they adhered with some firmness, was ulcerated to various degrees of depth, of a bright red in some places, and presenting a gray pultaceous coating in others. The whole substance of the skin was implicated. The disease had even invaded the subcutaneous cellular tissue, and the tubercles on the cheek thus projected into the interior of the mouth. By examining them on this side, a change in the color of the mucous membrane which adhered to them could be perceived.

The patient felt no pain unless the scabs received some violence. There was no itching. Her general health was good, all her functions being regularly performed.

There was no swelling of the neighboring glands.

The following treatment was advised:—

Daily, three glasses of a decoction of quassia amara, each containing a table-spoonful of the following syrup:—

R.—Syrup of gentian five hundred grammes;
Iodide of potassium thirty grammes.

M.

Every evening, a pill of five centigrammes of prot-iodide of mercury.

On the eighth day, no symptoms arising from the treatment, she took a pill morning and evening.

Starch poultices were applied to the scabs, and, when they fell off (on the second day), the ulcers were dressed thrice daily with the following solution:—

R.—Distilled water two hundred grammes;
Tincture of iodine six grammes;
Iodide of potassium one gramme.

M.

Her diet was composed of rich broths, roast meat, some vegetables, and claret and water.

Under this treatment, her cure progressed with astonishing rapidity—for scarcely had fifteen days elapsed when all was healed. But, as some tubercular induration existed beneath the cicatrices, I substituted for the iodine dressings plasters of *Vigo cum mercurio*. In two months, she was well, but I advised her to continue the same course for two months more.

The above case is a fine specimen of tuberculo-crustaceous syphilide of serpiginous character, with a tendency to perforation. This is a serious tardy secondary symptom, and, unfortunately, quite common, either preceded by another order of more precocious secondary symptoms, as in the present case, or when a timely but inefficient treatment of the primary disease has only prevented an earlier manifestation.

The mode by which contagion was effected in the case just detailed is not unfrequent; accoucheurs, midwives, and those who nurse patients affected with syphilis are not unusually thus infected. But inoculations on a part not the ordinary seat of the primary symptoms of syphilis, frequently lead to a misapprehension of the antecedents, and may, in some cases, pass unperceived or be misunderstood.

This happened in the case of our unfortunate colleague Howman, in whom ignorance, incredulity, or, at least, the want of an accurate examination, had given credence to the belief in a spontaneous constitutional syphilis, or an infection produced

by the transmission of syphilitic virus through an anatomical tubercle, existing on the finger with previous inoculation. Howman had contracted, in discharging his duties at the Hôpital de Lorraine, an indurated chancre of the finger. This *chancre*, the character of which I was enabled to ascertain, was soon followed by engorgement of the supra-epitrochcal glands, and the successive evolution of secondary and tertiary symptoms hurried our learned and industrious colleague to an early tomb.

I might relate several analogous cases which have fallen under my notice, and which might have given rise to false interpretations. I will content myself with the following:—

One of our distinguished colleagues of the School of Paris, and who has written upon venereal diseases, consulted me for a case of constitutional syphilis, the origin of which appeared to him opposed to the doctrines I profess. He had rubeola, mucous patches of the tonsils, and engorgement of the posterior cervical glands.

Many years before marriage, he had had a blennorrhagia without any other symptom. His wife had always been in good health, and since that time he had had no affection of the genital organs. Dr. Cazenave, consulted before I was, did not hesitate to attribute the existing constitutional symptoms to the blennorrhagia which had so long remained innocuous. The patient was also of this opinion when he came to me. He then presented no trace of former or recent cicatrix; he remembered no ulcer, and solemnly declared he had had no illicit commerce. However, convinced by the nature of the existing secondary symptoms that the infection must be recent, I sought for the *entrance* of the virus, by examining the lymphatic glands which generally feel its first effects. The right supra-epitrocheal gland was engorged, and I then asserted that an ulcer had existed, two or three months previously, on a finger of the hand of the same side. In fact, at this period our colleague was treating a female with chancres on the vulva, and remembered to have had an ulcer on the finger, to which he did not pay much attention, and had entirely forgotten.

In another patient, a young physician who frequently visited my clinic in 1847, and in whom Dr. Cazenave had diagnosed a spontaneous constitutional syphilis, and considered a rubeola as the primary symptom, the indurated chancre, the origin of the constitutional symptoms, was on the left cheek, and hidden by the beard. The submaxillary glands were engorged, and betrayed its existence.

It has been said that syphilis introduced into the system otherwise than *per vias naturales* is, other things being equal, much more serious. This is certainly a prejudice and an error. Wherever the primary symptom may be located, its consequences become serious only by reason of the general condition of the patient, and not of the part originally affected. If the contrary belief has obtained ground, it is because the

primary disease has frequently been misunderstood, and appropriate treatment has not been applied, and also because those who have been the *victims* of syphilis without having voluntarily exposed themselves have complained loudly and long.

The case of the midwife seems to confirm the opinion I think it my duty to oppose; but, when compared with the many more numerous and serious cases which have originated from the genital organs, and particularly with that figured on the same plate, nothing will be found to astonish the surgeon, or invalidate the law I maintain.

Another important point in the subject under consideration is, the influence apparently exercised by the critical period, the cessation of menstruation, or tardy manifestations of the disease. This influence, as an adjuvant cause, is incontrovertible, and is so frequently proven that M. Pattoux, a former resident of the Hôpital des Vénériens, in a thesis written under the inspiration of the physiological school, thought he was justified in attributing to that alone the symptoms which, in his opinion, were erroneously ascribed to syphilis.

EXPLANATION OF PLATE XLVII.

FIG. 1 represents a tubercular syphilide in groups on the forehead and nasal ostalgitis.

FIG 2. A tuberculo-crustaceous syphilide, of serpiginous character on the cheek.



Carey & Hart Philad

Lith of P. S. Duvai.

PLATE XLVIII.

IMPETIGINOUS TUBERCULO-CRUSTACEOUS SYPHILIDE—RELAPSE OF SECONDARY SYMPTOMS, TARDY FORM.

C A S E .

—, a shoemaker, thirty-two years of age, born of healthy parents, of a good constitution, vaccinated and married, had always enjoyed good health until two years ago, in an illicit commerce, he contracted a urethral blennorrhagia, which was followed by acute epididymitis.

Antiphlogistics and balsams (copaiba and cubeba) cured these affections in three months, without the appearance of any complication.

Six months after the cure, and this time without having had connection with any woman but his wife, he perceived an ulcer at the base of the glands. The diseased part was hard, indolent, and discharged but little pus. Several swellings, free from pain, and which subsequently disappeared without suppuration, were in the groins.

The patient was treated for these symptoms for three weeks. He took some mercurial pills, of which he did not know the formula.

Six weeks after the onset of the ulcer of the penis, nocturnal headaches supervened; there appeared a swelling of the posterior cervical glands, accompanied by uneasiness in the movements of the neck. After some great exertion, the patient perceived a crustaceous eruption of the scalp to be suddenly developed. A partial and disseminating alopecia, nocturnal pains of the limbs, which he took for rheumatism, then made their appearance.

These symptoms were treated by the bitter infusions and prot-iodide of mercury, in the successive dose of five, ten, and fifteen centigrammes daily.

The last quantity gave rise to a stomatitis, which momentarily suspended the use of the remedy. He was then put upon nitric lemonade, and took every morning

four grammes of flowers of sulphur with honey. He used, at the same time, a gargle containing hydrochloric acid.

The mercurial symptoms ceased after ten days of this treatment, and the metal was then resumed and continued for two months, at the end of which all the symptoms had disappeared.

— was formerly of opinion that all the symptoms we have enumerated were to be ascribed to the clap he formerly had, and, moreover, blamed himself for having communicated to his wife the disease we are about to describe, and of which the following is the history :—

Madame —, born of healthy parents, and twenty-nine years of age, had had variola in childhood. Since then she had enjoyed good health, except that, before the disease for which we were consulted, she had had for some time a purulent and chronic uterine catarrh. She had had six children.

Eight days after having had connection several times with a man (not her husband), she felt, whilst urinating, acute burning, and perceived an excoriation on one of the nymphæ. This excoriation was followed by an ulcer, which gradually increased, with a hardened base. Subsequently, there appeared an engorgement of the adjoining groin. The patient had consulted no physician for these symptoms; they had been cured by simple remedies.

Three months subsequently, she was attacked with pains in the throat, and afterwards some pimples appeared on her vulva. The cervical gland swelled, and scabs formed on the scalp.

When the patient came to us for advice, these symptoms had existed for six months, she had mucous pustules on the tonsils and vulva, and in the latter place they were confluent, highly-developed, and almost vegetating.

All these symptoms disappeared in three months, under the use of lotions of chlorine, powdered calomel, and pills of prot-iodide of mercury.

Madame — had concealed from her husband all the primary symptoms she had had, and began to complain only when the appearance of secondary symptoms betrayed her condition. Then she accused her husband with being the *author* of her disease, which was untrue, for, from her own confession, the ulcer on the husband's penis was discovered eight days after she had ascertained the existence of her own.

But to return to the husband. He thought himself cured six months since, when he experienced anew, during the night, some pain in the tibiæ. Spots of a dull red appeared on various parts of the face. These spots soon became salient, rounded, and were all covered with yellowish, spherical, and rugose scabs. After the

separation of these scabs, tubercles were seen, the surface of which was slightly ulcerated.

This tuberculo-impetiginous eruption, distinct at some points and grouped at others, had never been preceded nor accompanied by fever, but had frequently excited severe pruritus.

The patient took an infusion of dulcamara, and pills of prot-iodide of mercury as high as fifteen centigrammes daily. The eruption was rubbed every evening with the following ointment:—

R.—White precipitate four grammes;
Sulphur ointment thirty grammes.
M. S. A.

Under this treatment, the scabs separated and were not reproduced. Gradually, the resolution of the tubercles took place; but those on the chin, having become vegetating, were cauterized with the liquid acid nitrate of mercury.

ULCERATED IMPETIGINOUS SYPHILIDE (A VARIETY OF IMPETIGO RODEUS).

C A S E .*

Jean-François-Emmanuel Guillaume, 70 years of age, admitted April 8th, 1842.

THIS patient, in infancy and until the age of twelve years, had always been excessively pale and thin, but without any marked disease. At fifteen he had an abscess, probably scrofulous, of the thigh. Soon after, he felt acute pain in the hip joint. Resisting the action of the bitters, and repeated antiphlogistics, and the application of blisters, this articular pain has continued until the present time.

For nearly fifty years, Guillaume had been affected with acne sebacea of the face, and pityriasis nigra in extensive patches on his shoulders and back.

Two years ago, he had connection with a woman who had been for ten years his mistress, but whom he had lost sight of for a long time. Eight days after this con-

* Reported by M. Eugène Dulac, my prosector, and formerly a pupil of the Hôpital des Vénériens.

nection, he perceived a chancre on his prepuce. This chancre became indurated, and he entered the Hôpital du Midi on the 8th of April, 1842.

He was subjected to the following treatment:—

Infusion of saponaria, pills of prot-iodide of mercury in the dose of five to ten centigrammes daily.

A slight erythema which attacked his throat required in addition a gargle of a solution of alum. Six weeks after this treatment, he was discharged cured, without any appearance of secondary symptoms other than the persistence of the induration of the chancre.

On the 14th of February, 1843, G—— returned to the hospital with an eruption on the upper lip and right ala nasi. This eruption, of impetiginous appearance, had commenced by a small pimple near the nose. This pimple was soon covered with yellow, greenish, spherical, and rugose scabs, and, in a short time, other pimples of the same nature arose in the vicinity, and formed a crustaceous patch, invading the whole lip and nostril. At this point, the skin was thick, but it did not present the œdemato-erysipelatous doughiness which accompanies frequently ordinary impetigo.

The eruption was pretty accurately bounded by sound skin, without any inflammatory areola. The crustaceous exudation appeared more extensive than the surface furnishing it. At the junction of the lip and nostril, it was more thick and melicerous. It finally broke and exposed an ulcer, which, penetrating into the nasal fossæ, had separated the ala nasi from the lip. This eruption had neither been preceded nor accompanied by fever, and had been free from pruritus or acute pain.

The following treatment was instituted:—

Charpie, soaked in the following solution, was applied to the diseased parts:—

R.—Distilled water two hundred grammes;
Tincture of iodine six grammes;
Iodide of potassium thirty centigrammes.

M. S. A.

He took, daily, three grammes of iodide of potassium in three doses in an infusion of dulcamara. A pill of prot-iodide of mercury daily, then two until the end of the treatment.

He was discharged cured on the 28th of March, 1843.

He was seen in the beginning of January, 1848, and had had no relapse.

This patient had never had any engorgement of the cervical glands; and this fact deserves attention, for this engorgement, which is sometimes absent, becomes more and more rare after the age of forty.

EXPLANATION OF PLATE XLVIII.

FIG. 1. Tuberculo-crustaceous impetiginous eruption. Recurrence of secondary symptoms. Tardy form.

FIG 2. Spots of the closing stage of the eruption represented in FIG. 1. On the chin is seen a vegetating patch, which succeeded these tubercles, united in a group on the infra-labial region.

FIG. 3. Pustulo-crustaceous, impetiginous, ulcerated eruption (a variety of impetigo rodeus). Part of the eruption is still covered with scabs, but around the ala nasi their separation has exposed an ulcer ascending as far as the nostrils.



PLATE XLIX.

PUSTULO-CRUSTACEOUS SYPHILIDE (RUPIA PROEMINENS)—TARDY SECONDARY SYMPTOMS.

C A S E .

M. V——, thirty-two years of age, of a strongly-marked lymphatic temperament, belonging to a family in which strumous affections were hereditary. Born in Ireland, where he had always resided, he there contracted, in 1837, a chancre of the glans, which, as well as he remembers, was accompanied by *great induration*. There was no suppuration of the inguinal glands. He took, morning and evening, a spoonful of Van Swieten's liquor, and in six weeks the chancre was completely cicatrized. Although the treatment was continued, but in a less dose, the patient at last began to complain of his throat, and ulcers soon appeared on the tonsils and anterior part of the velum palati.

The physician who treated M. V—— erroneously attributed these symptoms to the use of mercury, and suspended the remedy. The affection of the throat then became more severe. Another physician was consulted, who advised mercurial pills with the happiest results. All the symptoms of the throat had disappeared in three weeks, the patient was supposed to be cured, and the treatment was discontinued.

Three months subsequently, a disseminated pustular eruption supervened on the right ala nasi, the left cheek, and legs. Brown salient scabs followed these pustules, exposing ulcerated and suppurating surfaces.

Alleging as an excuse the severity of the season, M. V——'s physician prescribed no treatment, and merely used greasy and emollient applications.

On the return of fine weather, the patient took Laffeteur's syrup, *but uselessly*, for three months.

Three months after, he returned to the use of sarsaparilla without any more

benefit. He again took mercurial pills, which, in a few weeks, gave rise to a stomatitis, without having modified the disease.

M. V—— then abandoned all medication for some time. Nevertheless, the pustular eruption and ulcers still progressed. Recourse was had to the decoction of Zittman, which, but slowly, effected a cure.

A month after, a pustule appeared on the nose, but was removed by the protiodide of mercury, which occasioned slight salivation.

The relapses, and the obstinacy of the symptoms, determined the patient to again use Laffecteur's syrup as a means of radical cure; it was given in full doses, observing all the severity of the regimen required. Nevertheless, after two months treatment, a pustulo-crustaceous eruption, as intense as the preceding, supervened. It appeared on the scalp, trunk, and limbs, as also on the right cheek, as represented in the plate. There the eruption was confluent, and covered nearly the whole cheek. Its centre was formed of thick, salient, conical scabs, of a deep brown color, adhering to the skin, and covering deeply-ulcerated surfaces. A large number of much smaller and less deep-colored scabs were disposed around like mosaic work. They were supported by the papular elevations of the skin. A similar, but less-developed, eruption occupied the left cheek.

There were also three groups of similar scabs on the right leg, and two on the left. When these crusts fell off (which soon happened), they exposed irregularly-rounded ulcers, with a grayish fundus, and violaceous edges, thickened, inverted, and bleeding readily. The suppuration flowing from them was sanious, fetid, and mixed with organic detritus, presenting, at the same time, the appearance of scorbutic, scrofulous, and syphilitic ulcers. To all these symptoms were added emaciation, debility, disturbance of the digestive functions, and slight fever, with exacerbation toward evening.

In this condition, M. V—— came to France, and fell under my care.

The following treatment was instituted:—

During the first week, the ulcers on the legs were covered with starch poultices. The patient took bran-water baths, mucilaginous drinks, and poultry.

After the first treatment, required by the fatigue of the journey, the ulcers were dressed with charpie soaked in aromatic wine. The patient took internally a decoction of hops with syrup of gentian. He took, in addition, daily, fifty centigrammes of iodide of potassium in solution, and a pill of five centigrammes of prot-iodide of mercury.

In ten days, the ulcers had begun to improve. The dose of the iodide of potassium was increased to a gramme daily. The ulcers were then dressed with plasters

of Vigo cum mercurio, renewed every alternate day. But their use was necessarily suspended, on account of the unhealthy appearance assumed by the ulcers, and the dressings with aromatic wine were resumed. The gums swelled, became violaceous and bleeding. The dose of the prot-iodide of mercury was diminished, and an astringent gargle prescribed. The decoction of cinchona was substituted for that of hops, and the dose of potassium increased to one hundred and fifty centigrammes daily.

Two weeks after this last plan, the ulcers on the legs were completely cleansed, and covered with healthy granulations. The plasters of Vigo cum mercurio were resumed, and, in two weeks more, the ulcers were healed.

The dose of the iodide of potassium was then increased to two and a half grammes daily.

The scabs on the cheek hardened, separated, and appeared about to fall off. They were gently removed by some douches of steam, and the subjacent tissues were perfectly cicatrized.

The dose of the iodide of potassium was again augmented to three grammes daily, and, in two months, all the symptoms had disappeared. The fever had vanished long since, and his embonpoint returned; nevertheless, to guard as much as possible against any relapse, the patient continued the treatment for two months more.

This case is remarkable for the successive and regular evolution of the symptoms, and even for their exacerbation during a treatment deemed specific. But when we remember the lymphatic temperament of the patient, his strumous tendency, and the scorbutic predisposition he evinced, we will not be surprised that a treatment, the forms and doses of which do not appear to have been always judiciously applied to the various stages of the disease, should have been inefficient and even injurious.

We also ascertained the absolute inefficacy of Laffeteur's syrup, so often observed before, although quackery has long vaunted it, and still continues to sound its praises. This remedy, administered during the existence of the symptoms, producing no amelioration, its use was abandoned for a more powerful medication, which effected a momentary cure.

During the interval of this ephemeral cure, the routine of blind prejudice again resorted to Laffeteur's syrup as a prophylactic against future symptoms; and then, during the administration of this medicine in full doses, with all the severity of regimen, the symptoms again recurred in all their virulence.

EXPLANATION OF PLATE XLIX.

PUSTULO-CRUSTACEOUS and papulo-crustaceous eruption. *Rupia proeminens* surrounded by crustaceous papulæ, a tardy symptom of secondary syphilis. The crustaceous papulæ are here merely a modified and abortive evolution of the central eruption (*rupia proeminens*).



PLATE L.

EXOSTOSIS OF THE CLAVICLE—ULCERATED TUBERCULO-CRUSTACEOUS SYPHILIDE OF SERPIGINOUS CHARACTER (TARDY SECONDARY AND TERTIARY SYMPTOMS)—THE INFLUENCE OF THE TREATMENT HAS CHANGED THE ORDER OF SUCCESSION OF THESE SYMPTOMS.

C A S E .

J—, the subject of this case, was a man of forty years of age, of a good constitution, and enjoying habitually good health. At the age of twenty-five (1823), he had had a chancre at the base of the glans, of which no remains exist. This chancre had not been accompanied by suppurating buboes. He was treated by Van Swieten's liquor, and, although cured in six weeks, the treatment was continued for three months.

J— contracted no other disease, and enjoyed good health until July, 1842. He then began to feel slight pains in the right clavicle. The contact of his braces on that side became painful, and soon insupportable. The slightest pressure increased the pain, which very soon assumed an intermittent nocturnal character of great severity, and increased by every motion of the arm. The painful part gradually swelled, and, in six months, the clavicle had nearly trebled in size. The pains, which at first occurred only at night, now began to be felt in the daytime, but with less severity. Lastly, when the bone seemed to have acquired its utmost development, they diminished greatly, and were nearly extinct when the patient came under my notice.

No methodic treatment had been followed. The patient had used some mercurial frictions and taken some pills, but irregularly, and without any benefit.

Five months after the commencement of the disease of the clavicle, the skin of the right sterno-clavicular region was attacked by a tubercular eruption, commencing

by indurated points in the skin, of a claret-red color, without pain or pruritus. Gradually progressing, this eruption became more salient; the apices of the tubercles ulcerated and were covered with thick blackish-brown scabs, which readily fell off and exposed ulcers with perpendicular edges, slightly detached, surrounded by a dull red areola with a grayish, yellowish, and pultaceous base. The greater number of these ulcers were not rounded, for the majority of them resulted from the ulceration of several adjacent tubercles. They had no tendency to spread, but, on the contrary, to cicatrize, but slowly. As the cicatrices formed, new tubercles formed at their periphery, or at other points of the neighboring skin, and observed the same stages, thus giving a serpiginous character to the eruption and consecutive ulcerations.

At some points, very deep ulcers had given place to cicatrices, depressed, *penetrating*, and adherent to the bones—particularly on the clavicle, sternum, and sterno-clavicular articulation. Without a knowledge of the development of the cutaneous disease, and an appreciation of the nature of the ulcers which existed when I saw the patient, these cicatrices might have been mistaken for the results of suppuration of the subjacent bones.

I saw the patient in August, 1843, in the condition just described. The right clavicle, three times as large as that of the opposite side, was hard, smooth, pretty uniform, but little painful to the touch, and gave still some uneasiness during the night. As far as could be ascertained by the touch, the swelling depended on a hypertrophy of nearly the whole bone. This parenchymatous exostosis, or, more correctly, this hyperostosis, had attacked the whole clavicle. On the skin of the sterno-clavicular region there were still nine ulcers, with irregular edges, and granulating fundus, covered with a thick and yellowish pus. These ulcers were separated from each other by bands of cicatrix in various degrees of formation.

The patient had never exhibited any other complications nor appearances of scrofula.

He was put on the use of iodide of potassium in the dose of three, and successively of four, five, and six grammes daily, and he took, at the same time, five, ten, and fifteen centigrammes of prot-iodide of mercury, increasing every eight days, until a slight swelling of the gums indicated that the quantity was sufficient. He took an infusion of quassia amara and syrup of gentian. Generous diet, and some wine. The ulcers were dressed three or four times daily with the following solution:—

R.—Distilled water two hundred grammes;
Tincture of iodine six grammes;
Iodide of potassium one gramme.

M.

Under this treatment, the ulcers cicatrized rapidly, and, in the third week, were

healed. The pains in the clavicle had ceased at the end of seven days, but the plan persevered in for three months only succeeded in dispelling one-half of the swelling of the clavicle, at that time perfectly indolent.

In the foregoing case, the tertiary symptom, which appeared only long after the primary disease, and without the intervention of precocious secondary symptoms, was followed by cutaneous symptoms, which generally precede. Cases of this kind have thrown a doubt upon the regularity of evolution of syphilis, and led to the assertion by some that constitutional syphilis might exhibit, as a primary symptom, an exostosis, and subsequently give rise to syphilides. They have also given to others (who are ignorant of the laws syphilis obeys) the impression that these symptoms were the consequence of so many contagions or new infections. These cases can always be easily understood and explained by the interposition of a treatment more or less efficacious against secondary symptoms, which it may entirely prevent or simply retard, without having so marked an influence on the tertiary symptoms.

In fact, the power of mercury in the secondary forms of syphilis is known, and long since it has been acknowledged to be much less salutary in tertiary affections; formerly, indeed, and even recently, it has been reproached with being the cause of the majority of tardily-developed symptoms, either *per se*, or by its admixture with the poisonous virus; but now that we know that these symptoms are essentially and solely syphilitic, that still

“Venus alone is loath to leave her prey;”

we can only infer an inferior potency, and sometimes an absolute want of efficacy against symptoms which demand another medication, and, above all, the use of the *iodide of potassium*.

As regards the affection of the clavicle, we may observe that it is one of the bones, the parenchyma of which is most frequently affected by syphilis, giving rise to true hyperostoses, contrary to the tendency it has to produce, in other regions, epiphysary exostoses, which so frequently follow plastic periostitis.

In our patient, as the exostosis advanced, and approached the period of ossification, the pains, at first very acute, were observed to diminish, and at last nearly cease. Therefore the treatment, commenced too late, was unable to restore the bone to its natural condition. This is not the case where the *iodide of potassium* is administered in the early stage of syphilitic affections of the bones. The *osteoscopic pains* rarely resist one or two weeks of the methodic use of this remedy; and, when the osseous tumors are attacked in the stage of plastic deposition (which always precedes ossification), perfect resolution is effected. There are even cases in which the patient may be said to have undergone a kind of atrophy after his cure.

CARIES AND NECROSIS OF THE BONES OF THE VELUM PALATI
(TERTIARY SYMPTOM).

C A S E .

W—, twenty-five years of age, a locksmith, was admitted into the Hôpital du Midi on the 25th of September, 1846. His constitution was good, his parents were healthy, and he had been vaccinated.

In 1840, he contracted a chancre on the glans penis. Well-marked induration soon followed. The inguinal glands on both sides swelled but did not suppurate.

Under a treatment by *pills*, the chancre healed in three weeks, but the induration remained, and traces of it existed six years subsequently. It is true that, at that remote period, it was difficult to distinguish between the inodular tissue and the specific induration.

In 1841, and without any new primary disease, W— perceived a swelling of the posterior cervical glands. Then superficial ulceration of the tonsils, and a confluent rubeola supervened. The rubeola was accompanied neither by fever nor pruritus.

Van Swieten's liquor was administered to the patient for three months. The ulcers in the throat were cauterized several times. In three weeks, the cutaneous eruption had disappeared, but, the patient abandoning its use, a double iritis supervened, with redness of the eyes, epiphora, and photophobia. He resumed the mercurial treatment, had leeches applied behind the ears, and a blister to the back of the neck. The ulcers of the throat healed in three months, and the affections of the eyes in five.

Apparent good health continued until 1843, when, without any cause other than the persistence of the diathesis, the right testicle suddenly became swollen and painful; and he was attacked, at the same time, on the side corresponding to the diseased testis, with lumbar pains, which increased at night.

W— was admitted into the hospital in the following state:—

The right testis had trebled in size; its shape was ovoidal, larger toward the base; it was heavy, equally dense throughout, and its surface smooth. The epididymis could not be felt, but the vas deferens and other constituents of the cord were unchanged. Pressure gave pain. The skin of the scrotum was natural, and the increase of size of the testis had taken place in two weeks.

Mercurial frictions on the scrotum, and five centigrammes of prot-iodide of mercury daily relieved these symptoms in a month.

The patient thought himself well, when, in December, 1845, the persistence of the diathesis occasioned very acute osteoscopic pains in the cranium. Exostoses followed, one on the forehead, another on the right orbital arch.

The same pains, nocturnal and increased by pressure, attacked the tibia. All these symptoms disappeared after two weeks' treatment with a solution of three grammes daily of the iodide of potassium.

Toward June, 1846, the patient supposed himself to be laboring under a coryza marked by the usual symptoms, and a muco-purulent secretion, which he removed with difficulty by blowing his nose. This secretion gradually increased, and became more liquid, and slightly sanious. Some uneasiness was, at the same time, felt in the velum palati. Pressure gave pain, and a small tumor soon appeared in the painful spot. This tumor, at first hard, softened, and presented the characters of a small abscess, which suppurated, and a communication was then established between the cavity of the mouth and nasal fossæ. Ulcers appeared, likewise, on the velum palati and posterior part of the pharynx.

W—— returned to the hospital in the following condition:—

Emaciation, clayey discoloration of the skin, debility of pulse, and slight febrile exacerbation toward evening.

An ulcer, extending from the incisor teeth to the base of the uvula, was seated on the velum palati. This ulcer occupied the whole substance of the mucous membrane, and had, in its centre, a longitudinal perforation, establishing a communication with the nasal fossæ, and through which could be felt the denuded bones.

In the velum palati were seen two small rounded ulcers, which seemed to result from the suppuration of two small sub-mucous tubercles. Other analogous ulcers were located on the posterior and upper part of the pharynx.

Notwithstanding all this, the patient experienced but little pain; but deglutition was difficult, and thin fluids regurgitated through the nasal fossæ. His voice was changed, and became sniffling. The suppuration of the nasal fossæ had greatly diminished since the occurrence of the perforation.

The following treatment was directed:—

Three glasses daily of a decoction of quassia amara, with sixty grammes of syrup of gentian. Solution of iodide of potassium daily in the dose of three grammes, afterward increased to six. Gargle thrice daily with the following solution:—

R.—Distilled water two hundred grammes;
Tincture of iodine six grammes;
Iodide of potassium one gramme.

M.

On the 9th of October, 1846, the ulceration of the velum palati had somewhat contracted, but a small portion of the vomer had separated. On the 10th of November, all was healed, with the exception of the central perforation. He left the hospital, with directions to pursue the treatment for two months.

This case, like all those we have published, shows the regularity of the laws governing syphilis. Thus, the successive evolution of the primary, secondary, and tertiary symptoms took place in the order indicated. The treatment of the primary symptoms, insufficient to cure the diathesis, retarded the manifestation of the secondary symptoms.

A new treatment dispelled the secondary symptoms, but, the diathesis persisting, the tertiary appeared in their turn. An important fact, and worthy of observation, is the suddenness with which the *sypilitic sarcocele* was developed. Generally, insidious in its onset, slow in its progress, indolent in its nature, requiring months and even years to run through its stages, it attacks only partially one or both testes; but, as in the case under consideration, it may affect the whole of the testis by a sort of acute affluxus; whence we may establish two varieties of syphilitic sarcocele—one acute, and the other chronic.

The first variety is most frequently accompanied by direct or sympathetic pains, easily confounded with those resulting from simple inflammatory orchitis, did we forget the origin of the disease.

The second variety may be confounded with *scrofulo-tubercular sarcocele*, and the various varieties of cancer of the testis, or, indeed, with hæmatocele, by inattentive observers. But the symptomatology we have established, and the signs we have laid down, will always lead to a correct diagnosis.

The caries of the velum palati of this patient is a symptom frequently seen. It is undoubtedly frequently preceded or accompanied by the symptoms observed in our patient, but it may occur without them. Without previous lesion of the nasal fossæ, it may commence in the velum palati, and run through all its stages, or it may first appear in the floor of the nasal fossæ, as was the case in this man.

Caries and necrosis, frequently combined in these regions, may result from a denudation of the bones, in consequence of tardy secondary ulceration of the mucous surfaces, or from the suppuration and consequent ulceration of tubercles of the sub-mucous areolar tissue. Generally, as proved by the present case, the disease commences with ostalgitis, and this ostalgitis, rarely plastic, excites suppuration, causing caries and necrosis.

In fact, we have found, in the detached fragments of bones, sometimes the calcareous portion alone, sometimes the sequestrum, exhibiting at once the organic tissue and the calcareous portion of the bone.

To deny to syphilis the separate or combined existence of caries and necrosis, is to require of nature more than she does under given conditions. It may also be advanced, contrary to the assertions of Delpech, Becquett, and others, that syphilis *per se*, having reached a certain stage of its existence, that is, after it has deeply contaminated the system, may excite all the symptoms just enumerated.

Our patient never evinced any appearance of scrofula, either acquired or hereditary, and had never had a mercurial symptom.

Perforations of the velum palati are sometimes so large that they can only be remedied by some of the different instruments adapted to that purpose. In some cases, a cure may be effected by autoplasty. Seven or eight years since, I succeeded, in an architect, a Swiss, by a method analogous to that of Skinner. The perforation, slightly elliptic, its large diameter being antero-posterior, was rather less than a centimetre in extent.

I first made, on the right and left of the perforation, at the distance of a centimetre, a longitudinal incision from before backwards, and two centimetres in length. From the two extremities of these two first incisions, I made four others at right angles, and dissected from without inward, leaving between them, on the median line, an interval of four or five millimetres. I thus dissected four small quadrilateral flaps, the inner edge of which remained adherent around the perforation. I then inverted them from without inward (their upper surface, separated from the velum palati, thus becoming the lower), and brought their bloody edges in contact. Their union was effected and maintained by means of *hooked forceps, made for me by M. Charrière*, and which resembled those M. Vidal (de Cassis) has just applied, in a more extensive way, to the reunion of wounds. These forceps, in a figure of 8, were opened by compressing the upper half, and then closed by their own elasticity. On account of the spot to which they were to be applied, their hooks were bent at a right angle, and in the small place which formed the spring there was a hole through which a thread passed to fasten them to the teeth, and prevent their falling into the throat. They were left on only twenty-four hours, and union was obtained.

The following cut represents the forceps.



EXPLANATION OF PLATE L.

FIG. 1. Hyperostosis of the right clavicle, and ulcerations of the serpiginous character. These ulcerations, consequent on a tubercular syphilide, are in the healing stage.

In the space between the ulcers are seen the depressed cicatrices adhering to the bones.

FIG. 2. Ulceration of the velum palati, with caries and necrosis of the bones.

Perforating ulcers of the velum palati and upper posterior part of the pharynx, consequent on the tubercles of the sub-mucous cellular tissue.

Fig 1



Fig 2.

