

tionable than walking, and yet a long ride, even in a rail-car, often aggravates a gonorrhœa or induces a relapse when it is apparently cured. At home, and at the store or office, the recumbent posture should be maintained as much as possible. It is highly important, also, that the genital organs should be well supported by a suspensory bandage. The kind of bandage is immaterial, provided it supports well and equably the scrotal organs and does not chafe. Many different kinds of suspensory bandages are on sale, but the best of all can be made by the patient at home. All that is required is an old handkerchief or a soft piece of muslin folded in the form of a fillet, which is to support the scrotum like a sling. A piece of tape is tied round the waist; the ends of the fillet in front are brought under and over it and held fast by clasp-pins. Then the only difficulty likely to occur is from the sling slipping off. This is obviated by stitching a short tape to its centre, passing the same beneath the perinæum and between the buttocks and tying it behind to the tape round the waist. While the more acute symptoms continue the diet should be exclusively farinaceous, and meat, stimulants, asparagus, cheese, coffee, and acids be forbidden. The perusal of all books calculated to excite the passions, and the company of lewd women, even if no improprieties be committed, should be strictly interdicted. The last-mentioned caution is not generally given without good reason.

At the commencement of the treatment of a case of gonorrhœa in the acute stage it is well to administer an active purge, as five grains of calomel combined with ten of jalap, a full dose of Epsom salts, or three or four compound cathartic pills of the U. S. P. Care should be taken to keep the head of the penis free from any collection of matter lest balanitis be excited or the disease be aggravated by its presence. A pair of triangular-shaped drawers, like ordinary swimming drawers, worn next to the skin, affords the best protection to the patient's linen. Water, as hot as can be borne, is the most grateful local application that can be used. I have found that it generally affords great relief to the scalding in micturition and the local pain and uneasiness, and can fully indorse Mr. Milton's statement with regard to it. "The only direct application which I can safely say has never disappointed me, which is at once safe, simple, and useful, is that of very hot water to the penis. But to obtain the really good effects it offers, the water must be hot, not lukewarm. In fact we seldom see so much good ensue as when it is carried to the extent of producing some excoriation and faintness; thus applied, and especially in the early stages of the disease, the weight felt about the testicles soon disappears, the pain on making water and using injections is soothed, and the prepuce and glans rapidly regain a more normal temperature and color."<sup>1</sup> The best method of employing it is to direct the patient to immerse his penis in a cup of hot water for a few minutes before and after using the injection.

<sup>1</sup> MILTON on Gonorrhœa, p. 21.

After the operation of the cathartic, we may, in most cases, commence at once with copaiba or cubebs, rules for the exhibition of which will presently be given at length. If, however, the penis be still much swollen, and the scalding on passing water severe, we may defer the exhibition of the anti-bleorrhages for a few days, and administer alkalies or diuretics, either alone or combined with sedatives, for the purpose of rendering the urine less irritating by diminishing its acidity, or diluting its contained salts by increasing its quantity. Again, both these classes of remedies may be given at the same time. From one to two drachms of the bicarbonate, acetate, or nitrate of potash, or two or three drachms of liquor potassæ, may be added to a pint of flaxseed tea, and the patient be directed to take this quantity in the course of twenty-four hours. The following is also an excellent formula:

R. Potassæ Bicarbonatis, ℥j . . . . . 30.00  
Tincturæ Hyoscyami, ℥j . . . . . 30.00  
Mucilaginis, ℥vij . . . . . 250.00  
M.

A teaspoonful (15.00) every four hours.

Tincture of hyoscyamus and liquor potassæ are often given in the same prescription. Chemists say that this is a combination of incompatibles, and that the effect of the former is destroyed by a caustic alkali.<sup>1</sup> In practice, however, it is pretty generally admitted that this objection does not obtain. In this stage of the disease, Mr. Milton highly recommends the following:

R. Pulv. Potassæ Chloratis, ℥ij . . . . . 8.00  
Aquæ bullientis, ℥v . . . . . 150.00  
Misce et adde—  
Liquoris Potassæ, ℥iij . . . . . 12.00  
Potassæ Acetatis, ℥iij ad ℥v . . . . . 12.00—200.00  
Misce et cola.

One ounce three times a day.

If the bowels be not freely open, Mr. Milton adds powdered rhubarb to each dose of this mixture, in sufficient quantity (gr. v ad ℥j) to produce two or three loose stools daily. The following is another formula, recommended by Mr. Milton:

R. Potassæ Acetatis, ℥j . . . . . 30  
Spirit. Ætheris Nitrici, ℥iij . . . . . 12  
Aquæ Camphoræ, ℥vj . . . . . 200  
M.

One ounce three times a day.

Fournier's favorite formula is—

R. Sodæ Bicarb., gr. xlv-lxxv . . . . . 3.00—5.00  
Sacch. albi, ℥x . . . . . 40  
Spiritus Limonis, gtt. j-ij . . . . . 0.06—0.12

Dissolve in a pint or a pint and a half of cold water, and this quantity to be taken daily between meals.

<sup>1</sup> See Paris's Pharmacologia, ninth edition, p. 512. This fact has been brought forward as new, and confirmed by actual experiment, by Dr. GARROD, Medico-Chirurgical Transactions, Second Series, vol. xxiii., London, 1858.



An elegant and convenient method of administering an alkali is by means of Dunton's or Wyeth's compressed pills of bicarbonate of potassa, of which two or more may be given after each meal.

*Digitalis* was recommended by Beranger-Ferand<sup>1</sup> in the early stages of gonorrhœa, as quieting painful erections, and exercising a marked influence in the cure of the disease. Zeissl made a trial of it, giving from twelve to eighteen drops of the tincture four times a day, and, in several cases, found marked benefit. In other cases of *acute* gonorrhœa it seemed to produce hyperæmia of the neck of the bladder, as shown by frequent desire to urinate, blood mixed with the last drops of urine, etc. He found that the more rapidly the pulse was reduced to forty-eight or fifty per minute, the better the effect on the discharge. In any trial of this drug care should, of course, be taken that it is not carried to a dangerous extent. Jarowski says the inf. digitalis is his favorite prescription when the discharge has become purulent, and pain is felt in passing water and in erections.

If the penis be much swollen and florid, the meatus contracted by the distension of its walls, and the urethra very sensitive, the above general measures should constitute the only treatment, and no local remedies, with the exception of hot water, be resorted to, until the inflammation has somewhat subsided. In the majority of cases, however, especially when the patient has had gonorrhœa before, the local symptoms are not severe, even in the acute stage, and the point of a syringe can be gently introduced within the canal, without exciting much pain. When this is the case, an injection, containing glycerine and strongly opiated, will be found to afford relief to the local pain and uneasiness, and hasten the subsidence of the inflammatory symptoms, and the diminution of the discharge. I can speak very decidedly in favor of this application, and of its perfect safety; but the opium must not be added in the form of tincture, or the alcohol, which is an irritant, will counteract its effect, and the fluid is to be injected with gentleness, and not with such force as to painfully distend the canal. The following is the formula that I use:

R. Extract Opii, ℥j . . . . .	130
Glycerinæ, ℥j . . . . .	38.00
Aquæ, ℥iij . . . . .	90.00
M.	

Injection to be used after every passage of urine.

In many cases of a subacute form, half a grain or a grain of acetate or sulphate of zinc may be added to each ounce of the mixture, even at the outset, and there are but few cases in which it is not admissible in the course of a few days, whenever the inflammation, local pain, and scalding are found to be much improved. Half a drachm of Goulard's extract to four ounces of water is also an excel-

<sup>1</sup> Etude sur l'action antibleorrhagique de la digitale, Bull. gén. de thérap. lxxiii., 1867, p. 202.

lent injection as the inflammatory symptoms begin to subside. If the case continues to progress favorably, the quantity of the astringent may be gradually increased, and that of the opiate diminished, and the treatment should be continued according to the rules laid down for the third stage, to be mentioned presently.

While pursuing the treatment of the acute stage of gonorrhœa, care should be taken that antiphlogistic measures be not too long persevered with. It should be remembered that the natural tendency of the disease is to lower the tone of the system, and a condition of debility, in turn, reacts on the disease, and prolongs its duration. We often meet with patients who have treated themselves with low diet and daily purging for weeks, and yet who are no better of their gonorrhœa. An antiphlogistic course alone may relieve the more acute symptoms, but it will not cure the complaint, and, so soon as the pain in passing water has diminished and the local inflammation in a measure subsided, the patient should no longer be confined to his room, and should have a more liberal diet; nor, under any circumstances, should his confinement and abstinence be prolonged, if, after a reasonable time, they are found to produce no change for the better, or the pulse becomes feeble, the skin clammy, and the strength exhausted. Indeed, in some cases, in which the constitution is enfeebled by disease, debauch, or previous attacks of venereal, it is necessary to abstain from all measures calculated to lower the tone of the system, and resort to good living, and even quinine, iron, and other tonics, from the very outset.

*Treatment of the Stage of Decline.*—A marked diminution of the scalding in making water, and of the painful sensations in the penis, is, I believe, a better index of the subsidence of the inflammatory action, than the character of the discharge, which, independently of treatment, often continues copious and purulent after the third stage has fairly commenced.

In giving directions as to the regimen of a patient in the third stage of gonorrhœa, some regard should be paid to his usual mode of life. As a general rule, all indulgence in spirituous or malt liquors should be strictly forbidden, and total abstinence be practiced until the cure is complete, and for at least a fortnight afterward. You will meet with some patients, however, who have been free drinkers for years, and who will not well bear the total loss of their stimulus, without becoming so debilitated that their gonorrhœa is thereby prolonged and more difficult to cure. In these *exceptional* cases it is better to allow a glass of claret, sherry, or even brandy and water, to be taken with the dinner. In any case, malt liquors and champagne should be avoided, since they are decidedly more injurious than other liquors which contain a larger amount of alcohol. The patient may now return to a more generous but simple diet, though salt meats, highly-seasoned food, asparagus and cheese should still be avoided. The bowels are not to be allowed to become constipated, and this should be prevented so far as possible by regulat-

BIBLIOTECA FAC. DE MED. U.A.M.L.



ing the diet. One or two free stools a day are desirable. If the patient has been confined to the house during the acute stage, he may now be allowed to go out, but should be cautioned against walking or standing more than is necessary, and the genital organs should be well supported by a suspensory bandage. Patients often inquire whether the use of tobacco is injurious. I believe that it is, and that either smoking or chewing, especially in excess, weakens the genital organs and tends to keep up a urethral discharge. I have frequently been told by patients subject to spermatorrhœa that smoking during the evening would invariably be followed by an emission during the night, and I am satisfied that many cases of gonorrhœa are prolonged by the excessive use of tobacco. I therefore recommend entire abstinence, or, at least, great moderation, both in smoking and chewing, to persons suffering with this disease.<sup>1</sup>

The chief remedies adapted to the third stage of gonorrhœa are injections, and copaiba and cubeb. By far the more important of these are injections, which constitute our chief reliance in the treatment of this affection when it has arrived at this stage; and, in spite of all that has been written and said against them, I do not hesitate to say that the surgeon who voluntarily renounces injections deprives himself of his best weapon in contending with gonorrhœa, and is comparatively impotent in his attempts to conquer it.

The objections that have been raised against this mode of treatment need not long detain us. They are chiefly the following: 1. It is asserted that the injected fluid carries before it the mucus within the urethra, and thus extends the disease to the deeper portions of the canal. Supposing this possible in any case, it cannot take place if the patient pass his water before injecting, as he should always be directed to do. 2. It is said that injections may excite swelled testicle and other complications of gonorrhœa. This is only possible when they are used of too great strength or with undue violence. 3. It is supposed by some persons that there is danger of the injection penetrating the bladder. I formerly supposed that this was impossible with a syringe merely penetrating a short distance within the meatus; but, although I have since been convinced of my error by the fact that patients of mine suffering from cystitis have been able to wash out the bladder with an ordinary Davidson's syringe, its point only introduced within the meatus, yet this result can only be attained by practice, and is not at all likely to occur in the ordinary mode of using urethral syringes. Moreover, no harm would ensue even if a portion of the fluid should enter this viscus, for it would be immediately neutralized by the urine. The chief objection that has been alleged against injections is that they are a frequent cause of stricture of the urethra. This the opponents of injections have endeavored to prove by showing that most persons

<sup>1</sup> Dr. SHIPLEY has published two cases of gonorrhœa in which the discharge repeatedly disappeared on leaving off smoking, and returned on resuming it. (*Boston Med. and Surg. Journal*, Nov. 22, 1860.)

with stricture preceded by gonorrhœa were treated for the latter disease by injections. This is clearly a mode of reasoning, *post hoc ergo propter hoc*, and by no means proves the ground assumed. I have heard of some one who, to show its fallacy, instituted some inquiries among patients with stricture as to whether they had taken flaxseed tea for their previous gonorrhœa, and who was able to prove, if such reasoning be reliable, that flaxseed tea is a very fruitful source of stricture.<sup>1</sup> As Ricord justly states, it is much more probable that strictures are due to the chronic inflammation which, in cases of gonorrhœal origin, has usually preceded them for a long period, than to any influence exercised by injections. This well-known effect of chronic inflammation of a mucous membrane in producing an effusion of plastic material in the submucous cellular tissue, which by its contraction diminishes the calibre of the canal, is a strong argument in favor of this view. The objections to the use of injections are, I believe, founded on their abuse, on false reasoning, or on prejudice, and will not stand the test of examination. When properly used, these are the most valuable means within our reach for the cure of gonorrhœa, and are employed in the practice of all surgeons, with very few exceptions, who have had the opportunity of testing their value.

Injections are particularly adapted to the treatment of the first stage by the abortive method and to the treatment of the third stage of gonorrhœa; although, as already stated, in very many cases they may be used with safety and benefit in a weak form, even in the second or acute stage.

These remarks in favor of injections do not of course imply that they are infallibly successful, nor that they can be used indiscriminately in all cases. Under certain circumstances their effect is found to be injurious. If, in the course of treatment, the patient complain of a frequent desire to pass his urine, and other symptoms indicating irritation or inflammation of the neck of the bladder or prostate, injections should be at once suspended. Continuous pain in the penis, or any considerable amount of tumefaction of its tissues, also contraindicates the use of irritant or astringent injections.

Moreover, it should not be forgotten that injections will sometimes keep up a discharge through the irritation which they excite, however simple may be their composition. After the force of the disease has been subdued, they should, therefore, be used at gradually increasing intervals, or, from time to time, be altogether omitted, until the necessity of their continuance again becomes apparent.

The manner of using the syringe in the third stage is essentially the same as in the abortive treatment of the first stage. A larger syringe, however, should be employed, one, for instance, holding three

<sup>1</sup> An amusing instance of misconstruing the English language is given by M. Jullien, who quotes the author of this work as here stating that "*strictures following gonorrhœa have no other origin than the immoderate use of tea!*" (Jullien, *Mal. vén.*, p. 55.)

BIBLIOTECA

FAC. DE MED. U.A.N.L.

BIBLIOTECA

FAC. DE MED. U.A.N.L.

BIBLIOTECA

FAC. DE MED. U.A.N.L.



or four drachms; since there is now no necessity of limiting the action of the injection posteriorly, and, on the contrary, it is desirable to extend it as far back as possible, in order that it may reach the whole diseased surface. For this purpose the finger may be run along the under surface of the urethra from before backwards, as well as in the opposite direction (from behind forwards), as previously recommended, in order to insure complete distention of the canal and exposure of its lacunæ. The patient should always pass his water before injecting, and throw in two syringefuls at each application.

A great variety of substances have been recommended as the active principles of injections. A choice, to a certain extent, is doubtless desirable, since the same injection does not always succeed equally well in all cases. For instance, one of my patients, whom I have repeatedly treated for gonorrhœa, is always made worse by an injection of sulphate of zinc, and is benefited by a weak solution of nitrate of silver. Peculiarities of this kind are occasionally met with, but I believe that much time is wasted by young practitioners in changing from one to another of the many varieties of injections proposed in books, under the supposition that some specific effect is to be obtained from the contained ingredients; whereas, in most cases, success depends upon the thoroughness of the application, and attention to the general health and any existing complications.

My own preferences for an astringent in the third stage of gonorrhœa are very strongly in favor of the acetate of zinc, which is also the favorite injection of Sigmund of Vienna, Mr. Milton, and many other eminent surgeons. I have already spoken of the addition of a small quantity of this salt to the sedative injections of the acute stage, after the more inflammatory symptoms have been subdued. The proportion of the acetate may be increased and that of the opiate diminished, as the case progresses, and the latter finally be omitted altogether. The strength of the injection should be such that it may excite a slightly uneasy sensation in the urethra for five or ten minutes, but it must not be strong enough to cause severe or long-continued pain. As the case approaches a cure, the injection will cease to excite any unpleasant feeling whatever, and its strength need not be further increased. In most cases, we need not at any period exceed the proportion of the acetate in the following formula:

R. Zinci Acetatis, gr. xij . . . . . 80  
Aquæ, ℥iv . . . . . 120  
M.

Glycerin may be substituted for half an ounce or an ounce of the water. As to the frequency with which the injection is to be used, I usually direct the patient to inject after each passage of his urine, with the expectation that he will take four or five injections in the course of the twenty-four hours.

If the discharge do not materially diminish under the use of these injections, either alone, or combined with the internal administration of copaiba or cubebs, I usually resort to a solution of nitrate of silver

of the strength of from two to five grains to the ounce of water, and inject it myself for the patient, daily, or every two or three days, while at the same time he is directed to continue his injection of sulphate of zinc. The effect of an irritant like nitrate of silver should be closely watched, and its administration should not, therefore, be left to the patient himself.

The sulphate of zinc is nearly, though not quite, as valuable a remedy as the acetate, and the remarks above, made in favor of the latter, are, in a measure, applicable to the former. Indeed, if I were asked to name the simplest treatment of gonorrhœa, and the one best adapted to the largest number of cases, I should reply: A weak injection of the sulphate or acetate of zinc, containing from one to three grains to the ounce of water. Many men about town constantly carry in their pockets a prescription of this kind (generally with the addition of a little morphine, or a few grains of powdered opium), with which they sometimes succeed in arresting their frequent attacks of gonorrhœa, without resorting to the nauseous antibleorrhagics, or finding it necessary to consult a surgeon.

The sulphate of zinc was a favorite with Dr. Graves, who was in the habit of combining it with the impure carbonate of zinc, as in the following formula:

R. Zinci Sulphatis, gr. iij . . . . . 0.20  
Calaminæ, gr. x . . . . . 0.65  
Mucilaginis, ℥ij . . . . . 10.00  
Aquæ, ℥vj . . . . . 180.00  
M.

With regard to the addition of calamine, Dr. Graves says: "How the lapis calaminaris acts, unless on a mechanical principle, it is difficult to explain; but of its utility I am certain, having long used this combination, as recommended in Thomas's *Practice of Physic*."<sup>1</sup>

The chloride of zinc is a powerful caustic and irritant, which fulfils, although in a much less perfect manner, the same indications as nitrate of silver, and may, therefore, be used under similar circumstances.

The sulphocarbolate of zinc has been employed in about the same strength as the sulphate, but possesses no advantages over the latter, so far as I know.

Of the numerous other formulæ for injections sometimes employed in the treatment of gonorrhœa, the following are among the best:

R. Cupri Sulphatis, gr. xij . . . . . 0.80  
Aquæ, ℥iv-vj . . . . . 125.00—185.00  
M.

R. Liq. Plumbi Subacetatis, ℥ss-j . . . . . 16.00—32.00  
Aquæ, ℥iv-vj . . . . . 125.00—185.00  
M.

R. Aluminis, gr. xij-xxx . . . . . 0.80—2.00  
Aquæ, ℥iv . . . . . 125  
M.

<sup>1</sup> Clinical Lectures, London Med. Gaz., new series, vol. i., 1838-9, p. 438.

BIBLIOTECA  
FAC. DE MED. U.A.M.L.

BIBLIOTECA  
FAC. DE MED. U.A.M.L.

BIBLIOTECA  
FAC. DE MED. U.A.M.L.

BIBLIOTECA  
FAC. DE MED. U.A.M.L.

BIBLIOTECA  
FAC. DE MED. U.A.M.L.



Mr. Milton says of alum: "The absence of pain which follows its use, and its feeble curative power, have led me to assign to it only a secondary rank. I am, indeed, extremely doubtful, if it possesses any superiority over very mild injections of nitrate of silver or sulphate of zinc, and would, therefore confine its exhibition to those cases accompanied by severe pain, where it may, during a day or two, serve as a pioneer to the others."

In the following we have a combination of alum and sulphate of zinc:

R. Liq. Aluminis Comp., ℥j . . . . .	30 00
Aquæ, ℥iij . . . . .	90 00
M.	

The two following are excellent formulæ, much employed by Ricord:

R. Zinci Sulphatis,	
Plumbi Acetatis, āā gr. xxx . . . . .	2 00
Aquæ Rosæ, ℥vj . . . . .	180 00
M.	

R. Zinci Sulphatis, gr. xv . . . . .	1 00
Plumbi Acetatis, gr. xxx . . . . .	2 00
Tincturæ Catechu,	
Vini Opii, āā ℥j . . . . .	4 00
Aquæ Rosæ, ℥vj . . . . .	180 00
M.	

The "Injection Bru," a French proprietary article, which is much used by "men about town," is said by Hager to be made according to this last formula. The two, however, do not correspond in their color or in the amount of sediment in the bottle. That the injection Bru contains both sulphate of zinc and acetate of lead, is evident on chemical analysis. I have suspected that krameria was the vegetable astringent in the mixture, which may be closely imitated by using the following formula:

R. Zinci Sulph., gr. xv . . . . .	1
Plumbi Acetat., gr. xxx . . . . .	2
Ext. Kramerie fl.,	
Tr. Opii, āā ℥iij . . . . .	12
Aquæ ad ℥vj . . . . .	180
M.	

Vegetable astringents may be employed either alone or in combination with the salts of the metals, but are in general inferior to the latter.

R. Vini Rubri, ℥vj . . . . .	180 00
Acidi Tannici, gr. xvij . . . . .	120
M.	

R. Zinci Sulphatis,	
Acidi Tannici, āā gr. xij . . . . .	0 80
Aquæ, ℥iv . . . . .	120 00
M.	

Tannate of zinc is formed by decomposition of the sulphate.

R. Potassæ Permanganatis, gr. xxxvj . . . . .	2 35
Aquæ, ℥vj . . . . .	180 00
M.	

(Dr. John G. Rich, of Canada.)

The formula for the "Matico (?) injection," as commonly sold by that name, is as follows:—

R. Zinci Acetatis, gr. vj . . . . .	0 40
Morphiæ Acetatis, gr. j . . . . .	0 06
Acidi Tannici, gr. iij . . . . .	0 20
Aq. Flor. Aurantii, ℥j . . . . .	4 00
Aquæ, q. s. ad ℥j . . . . .	30 00
M.	

Injections of tincture of aloes are recommended by Gamberini,<sup>1</sup> of Bologna, who states that they excite only a momentary smarting sensation, and are very efficacious.

R. Tinct. Aloës, ℥ss . . . . .	15 00
Aquæ, ℥iv . . . . .	120 00
M.	

The subnitrate of bismuth is an excellent injection. It acts as a local sedative, and, deposited upon the walls of the urethra, serves to protect the diseased surfaces from contact. Of 52 patients treated exclusively with injections of subnitrate of bismuth, 36 recovered after an average treatment of twenty-two days.<sup>2</sup> I have found only one difficulty attending its use, viz., that it clogged up the urethra, and by its mechanical presence excited an uneasy sensation, which was only relieved by the passage of the urine. As it is not soluble in water, it should be suspended by means of common mucilage, or better still (on account of the liability of the former to become rancid) mucilage of sassafras or quince seeds, or glycerine, and the bottle be shaken before using.

R. Bismuthi Subnitratis, ℥j . . . . .	4 00
Mucilaginis Cydonii, ℥ss . . . . .	20 00
Aquæ, ℥vss . . . . .	165 00
M.	

Injections of clay-earth, as recommended by Hewson<sup>3</sup> and Godon,<sup>4</sup> must act chiefly in the same way as bismuth, by separating the urethral walls, and are open to the same objection, that of clogging the canal, unless sufficiently diluted.

Dr. Irwin (U. S. Army) relies upon an injection of chlorate of potassa (℥j ad aquæ ℥vij), repeated every hour for the first twelve hours, and gradually decreasing the frequency until the second or third day, when he states, "the disease will be generally found to have ceased."(?)

Mr. G. Borlase Childs employs an injection of the liquor hydrargyri nitratis (mss ad aquæ ℥j), repeated three times a day.

Western eclectics, so called, often use hydrastin, either alone or combined with leptandrin.

R. Hydrastin, gr. x . . . . .	0 60
Leptandrin, gr. iv . . . . .	0 25
Aquæ, ℥iv . . . . .	120 00
M.	

<sup>1</sup> Rev. de thérap. méd.-chir., Paris, Jan. 1, 1860, p. 13.

<sup>2</sup> VICTOR DE MERIC: Report to the Medical Society of London, April 30, 1860.

<sup>3</sup> Repts. Penn. Hosp., vol. ii., 1869.

<sup>4</sup> Am. J. Syph. and Derm., N. Y., 1874, p. 337.

BIBLIOTECA  
FAC. DE MED. U. A. N. L.

BIBLIOTECA  
FAC. DE MED. U. A. N. L.

BIBLIOTECA  
FAC. DE MED. U. A. N. L.

BIBLIOTECA  
FAC. DE MED. U. A. N. L.

BIBLIOTECA  
FAC. DE MED. U. A. N. L.