

diet, including plenty of fat ham and bacon, quinine in five-grain doses three times a day, an aperient pill containing colchicum to keep the bowels open, the bimeconate of morphia if a sedative is required, and a sulphur fume-bath occasionally, to be followed by a vapor bath!

In many cases iodide of potassium in quite large doses is very efficacious. I frequently prescribe this remedy, with an alkali, as follows:

R. Potassii iodidi, ℥viiij	10/40
Potassæ tart., ℥j	30
Aquæ, ℥viiij	240
M.	

One tablespoonful three or four times a day in a wineglass of water.

The iodide may be increased in quantity if necessary. In cases in which many joints or synovial sheaths are involved, much benefit follows the use of the mercurial bath taken every day, or second or third day.

When the eye becomes inflamed, local depletion by means of leeches or cups to the temple may be called for. If the conjunctiva be involved, the strictest cleanliness should be maintained, by frequent bathing with tepid water. Astringent collyria are less frequently called for than in conjunctivitis independent of any rheumatic taint; if used, their effect should be carefully watched, and if they fail to afford relief, they should be omitted. When the iris is implicated, the pupil must be dilated by atropine, and mercurials administered, as in other forms of iritis.

CHAPTER XXII.

VEGETATIONS.

VEGETATIONS are papillary growths springing from the skin or mucous membrane, chiefly in the neighborhood of the genital organs, and identical in their nature with the warts which are so common upon the hands. They are not, strictly speaking, venereal, since they are not necessarily connected with either of the diseases originating in sexual intercourse. It is true that they are most frequently observed in men and women who have been affected with gonorrhœa, balanitis, chancroids, or syphilis; but this is simply because the skin or mucous membrane has for a time been moistened with an acrid secretion which has favored the abnormal development of its papillæ. They are found in young children, with regard to whose purity there can be no suspicion; and also in adults who have never suffered from any venereal disease whatsoever. Again, they are not unfrequently met with during pregnancy; the increased secretion from the vagina and the determination of the blood to the pelvis at this time being highly favorable to their development.

The importance of these growths has been very much exaggerated. Thus, they have been regarded as syphilitic, and as an indication of the necessity for specific remedies; and this, too, in spite of the generally recognized fact that mercury has no effect whatever in their removal. Their only connection with syphilis is when they spring from the surface of a chancre, mucous patch, or other general lesion, upon which they are a merely accidental formation. The sore which serves as their base may require a mercurial course, but the superadded vegetation in itself presents no such indication.

Again, it is often said that they are contagious; and some semblance of truth for this supposition has been found in the fact that when situated upon one of two opposed surfaces, as the labia or upper and inner parts of the thighs, similar growths not unfrequently spring up upon the opposite; and somewhat doubtful cases have been reported in which, as alleged, vegetations have appeared upon men after connection with women who were similarly affected.¹ But such instances are readily explained on the ground that the acrid secretion from vegetations when applied to neighboring parts, and, possibly, when

¹ Thus, long since the above was written, we read in Zeissl (op. cit., 3d ed., 1875, t. i., p. 150), that he has frequently observed the development of vegetations in persons who had for some time had intercourse with the opposite sex affected in the same manner. He also quotes Dr. Lindwurm, of Munich, as having successfully inoculated vegetations. Yet Zeissl does not believe that there is anything specific in these excrescences.

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transferred to another individual, acts in the manner already explained and gives rise to others. The very fact that their supposed contagion takes place upon the person affected, is sufficient to prove that they are not dependent upon the virus of true syphilis, the lesions of which are not auto-inoculable; and there is no reason whatever for ascribing them to the poison of the chancroid. Moreover, they present the same aspect, follow the same course, and are amenable to the same treatment, when occurring in young children and pregnant women who are otherwise healthy, as in persons affected with venereal disease.

Several varieties of vegetations have been admitted, especially by the French, founded upon their resemblance to various objects in nature. Thus, Alibert, who believed that vegetations were syphilitic, admitted them as one of three principal forms of the syphilodermata; and divided them into six varieties: "La syphilis végétante framboisée;" "en choux fleurs;" "en crêtes;" "en poireaux;" and "en verrues;" to which he added the truly syphilitic lesion, mucous patches, under the head of "condylomes."

No useful purpose, however, is attained by this classification, which serves only to confuse the mind; since the form of vegetations is solely dependent upon accidental circumstances, as their position and the pressure of neighboring parts. It is sufficient to know that they are sometimes flat and but little elevated above the surface; while at others they are attached by means of a pedicle of variable diameter; and that they are chiefly developed in whatever direction they meet with the least resistance. When exposed to the air they are often dry and hard; when protected by an opposed surface, they are soft and smeared with a highly offensive secretion.

Their microscopical appearances are thus described by Lebert: "A feeble power shows their internal vascular structure and numerous sebaceous follicles about their base. With a high power, the papillæ appear to be composed of an outer rind consisting of concentric layers, and of an internal substance; the two differ from each other only in density; for, besides their vascular element, they consist only of epidermic cells. In the outer layers, these cells are more densely packed and present a longer and narrower outline, which, at first sight, gives them a fibrous appearance. The internal portion is also composed of epidermic cells in close juxtaposition, but round and finely dotted on their surface. Vegetations are nothing else than a development of the papillæ of the cutis, and, in their anatomical composition, do not differ much from certain papilliform warts."

Vegetations are most frequently met with upon the internal surface of the prepuce directly back of the furrow at the base of the glans; they are also found upon the margin of the meatus, or within this orifice upon the walls of the fossa navicularis; upon the vulva in women, and especially in the neighborhood of the *carunculæ myrtiformes*; and, in both sexes, around the anus, upon the tongue, *velum palati*, and even within the larynx.

TREATMENT.—The treatment of vegetations consists simply in their removal by the knife, scissors, Volkmann's spoon, caustic, or ligature, and the destruction of the base from which they spring. With the vegetations upon the internal surface of the prepuce, I have found it most convenient to touch them with glacial acetic acid or with fuming nitric acid, and repeat the application upon the fall of the eschar as often as may be necessary; or, when prominent and pedunculated, they may be snipped off with scissors, and their base thoroughly cauterized, although, when cutting instruments are used, the hæmorrhage is sometimes a little troublesome; hence, when practicable, a ligature is to be preferred. Indeed it can almost be stated as a general rule, in the treatment of these warty growths, that where strangulation can be performed by ligature, it should be done. A small Volkmann's spoon with a cutting edge is also useful in the removal of vegetations whether prominent or flat, and has the advantage of not being formidable to the patient. It, however, removes only the outgrowth and does not attack the root, which will still require the application of caustic. As soon as the tenderness produced by the application of caustic has subsided, it is desirable to keep the glans uncovered, in order to harden the internal layer of the prepuce by exposure to the air and friction; and, unless the preputial orifice is very narrow, this may generally be accomplished by wearing for a few days a narrow bandage round the penis posterior to the glans. Special attention should also be paid to removing any collection of the *smegma præputii*, and keeping the parts perfectly clean.

The above acids act so favorably, that I have seldom resorted to other caustics, with the exception of chromic acid, which has come into favor within a few years.¹ A solution of this acid (one hundred grains to the ounce of water) is a powerful escharotic, and is especially useful in those obstinate cases in which the vegetation repeatedly returns after removal; but it should be applied with caution, simply moistening the surface of the morbid growth and sparing the healthy tissues in the neighborhood, or otherwise it is apt to induce severe pain and inflammation.

Again, a solution of corrosive sublimate in collodion (ʒj ad ʒj) may be applied over the whole surface of the growth.

In vegetations of considerable size, it has been suggested to inject into the substance of the tumor by means of a hypodermic syringe from half a drop to several drops of strong acetic acid.

The perchloride or persulphate of iron is often of service. It is sufficient in many cases to give the patient a prescription for the liquor ferri persulphatis and direct him to apply it once or twice a day to the growth. White heat, applied either by the actual cautery or by Paquelin's cautery, is also very efficacious.

The tincture of *Thuja occidentalis* as a local application has been recommended especially by Dr. J. R. Leaming, of New York. The

¹ See Dublin Quarterly Journal of Med. Science, vol. xiii., p. 250; Ranking's Abstract, vol. xxv., p. 149; New Orleans Med. News, Nov., 1857.

homeopaths administer the same internally in doses of one drop while using it locally.

For the removal of flat, horny vegetations Zeissl advises an ointment of arsenious acid or of the iodide of arsenic, as in the following formulæ:

R. Acidi Arseniosi, gr. ij 12
Unguenti Hydrarg., ℥j 4
M.

R. Arsenici Iodidi, gr. ij. 12
Unguenti Hydrarg., ℥j 4
M.

The same author confirms the statement made by Dr. Peters, of Prague, that vegetations which have resisted all forms of cauterization and even excision will sometimes disappear under the simple application of cold poultices. I have seen at the Charity Hospital, very extensive and exuberant vegetations rapidly diminish by the application of water.

In many cases of extensive pedunculated warts, particularly in the female, I have been successful with the application of a powder composed of salicylic acid, one part, and precipitated chalk, one hundred parts. When warts occur in crevices of the skin or on parts where two folds are in contact, lint or absorbent cotton must be interposed after the application, whatever it may be, has been made.

Vegetations about the vulva may be treated in the same way as those upon the prepuce. When situated around the margin of the anus, they are generally of considerable size, and require to be snipped off with scissors before the application of acid to the base.

Vegetations during pregnancy may appear at quite an early period; they grow very rapidly, and often attain an immense size. I have seen a mass as large as a man's arm, extending from the mons veneris to the sacrum, and surrounding the vulva and anus. During gestation no operative procedure is admissible; but the pain, itching, and offensive odor may be palliated by careful attention to cleanliness and lotions of diluted Labarraque's solution, followed by the application of calomel or of some astringent powder, as equal parts of savin and burnt alum. After delivery, they often disappear spontaneously, or may be removed by the knife or caustic; but when the mass is very large, only a portion should be attacked at a time.¹

Vegetations situated upon a chancre or mucous patch cannot always be distinguished from those upon the sound integument; but the history of the case, and especially the coexisting symptoms, will determine when mercury is required to combat syphilitic infection of the general system.

Urma² speaks highly of the continuous application of a mercurial ointment containing five per cent. of arsenic. I am, as yet, unable to express an opinion as to the efficacy of this remedy.

¹ Monats hefte für prakt. Derm., No. 3, 1882.

² A résumé of the articles which have appeared upon vegetations in pregnant women may be found in the Gaz. hebd. de méd., Paris, Feb. 8, 1861.

CHAPTER XXIII.

HERPES PROGENITALIS.

WE apply the term herpes progenitalis to an inflammatory vesicular affection, which occurs upon various portions of the genitals of both sexes, and which has incorrectly been called herpes preputialis. In the male it occurs most commonly on the inner layer of the prepuce, and less frequently on the glans and on the integument of the penis. In the female, the inner surface of the labia majora, both surfaces of the labia minora, and the integument around the vulva are its favorite seats.

The number of vesicles varies; frequently there is but one, and again they are quite numerous and grouped together often in a circle or arc of a circle. The eruption may or may not be attended by any unpleasant sensation; usually, however, a slight burning heat and itching are felt at the outset. A small, red, inflamed spot appears, upon which the vesicles rapidly form. In some cases there is a marked inflammatory areola, which in other instances is a mere rim of redness. The vesicles vary in size from a pin's head to half a pea. When unruptured, we find a rounded, translucent vesicle, containing clear serum. Usually, however, owing to the thinness of the epidermal covering and the moist condition of the membrane, rupture takes place very early. Exceptionally, and especially when seated on the integument, the vesicles remain for several days, and their contents, gradually becoming turbid and drying, form a brownish scab. Rupture of the vesicle leaves a shallow exulceration, corresponding in size to the vesicle. Its floor is at first of a deep rosy red, with a finely uneven surface. Its edges are sharply cut as if punched out, and sometimes a little undermined, but not as a rule to the same extent as seen in the chancre. There is usually no tendency of the ulceration to progress, but the sores may fuse together. In exceptional instances, however, the contrary is true, and more or less troublesome ulcerations occur. This is not unfrequently seen in the early stage of syphilis, when the exulceration of herpes may take on all the characteristics of chancroids and run a similar course. They may even be found to be auto-inoculable, and also give rise to a bubo. When they are seated upon an inflamed prepuce, and when irritated by contact with gonorrhœal pus, more or less destructive tendency is also apt to show itself.

The amount of inflammation accompanying these vesicles varies; in some cases there is but little heat, redness, and swelling, while in others these are well marked. We have sometimes observed the vesicles to be preceded and accompanied by severe pain, limited

sharply to their area. Again, we have found the ulcerations covered with a very thin, yellowish-white film, which remains for a considerable time in an indolent condition, interfering with healing. The duration of herpes varies from a few days to two weeks.

Under the name of neuralgic herpes, Mauriac¹ has described an affection of considerable gravity, in which, besides the herpetic eruption, there is an accompanying neuralgia of various branches of the sacral plexus of nerves. In one case related by this author, a patient, who for eleven days previously had felt a slight sensation of heat in the prepuce, was suddenly attacked by a severe prickling and intense itching in the part. Mere pressure of the clothes became insupportable, and the patient could not sleep at night, so great was the suffering. Four or five days later he was attacked by darting pains down the leg, and in the perinæum, buttocks, and scrotum. There was perversion of sensibility in the same parts, anæsthesia passing into hyperæsthesia and the reverse, which was almost unbearable. Two years later the patient had another attack, only one vesicle being present. He at this time suffered from boring pains, neuralgia of the urethra, and disturbances of sensibility.

In a second case observed by Mauriac, there were, for forty-eight hours before the appearance of a single vesicle, paroxysmal pains, radiating through the penis and perinæum, and subsequently darting up and down the leg. A short time after, a vesicle appeared at the orifice of the meatus, accompanied by hyperæsthesia of the urethra, painful micturition, and pain in the bladder. I have also seen several cases of vesicles on either lip of the meatus, attended by neuralgia of the bladder and urethra. The canal itself was of a deep red color, was somewhat swollen and bathed with a copious mucous secretion, in which no pus-cells could be detected. The affection lasted about a week and was for the first few days very painful.

The following is a well-marked case of neuralgic herpes, occurring in our own practice:

The patient was a man 35 years old, thin and pale, but of average general health. His father and his sisters had for years been subject to sciatica and other forms of neuralgia. When 15 years old our patient was attacked with sciatica, which has returned as often as four times a year for the last twenty years. The attacks are sometimes preceded by gastric disturbance. The pain begins just above the knee and extends upwards to the gluteal region. Generally about the fourth day, he has a sensation of heat and burning on the side of the penis corresponding to the sciatica, and very soon a group of vesicles appears, which is quite painful. He also suffers from burning in the urethra, and mild strangury and pain on the same side of the scrotum as the sciatica. The herpes coexists with the sciatica in seven out of ten of the attacks.

Herpes progenitalis is very prone to relapse at longer or shorter intervals, sometimes with distinct periodicity. It is usually unattended

¹ Leçons sur l'herpès névralgique des organes génitaux, Paris, 1878.

by any change in the inguinal ganglia, but in some severe cases the latter are slightly swollen and painful for a few days. In a few instances, when the vesicles become ulcerated, suppurating buboes occur. We have seen these several times, especially in syphilitic subjects, and we think that most authors are too positive as to the immunity of these glands in herpes progenitalis.

This affection must be regarded as neurotic in its nature, and its exciting cause peripheral irritation of the nerves of the penis. Thus it is often developed for the first time after the cure of a chancre, and some think especially in those cases which have been treated by active canterization. A long prepuce and the low grade of balanitis, which so often accompanies that condition, are quite common causes, while frequent sexual intercourse, excessive alcoholic indulgence and rich food are known to produce relapses. The vaginal secretion of some women has been known to cause outbreaks of this eruption. I can recall the case of a gentleman, who, prior to his marriage, had had intercourse with many women with impunity, but who was attacked by herpes after each act of coitus with his wife. We know little of the influence of a rheumatic or gouty diathesis as causes of this eruption, although they are recognized by some physicians as such. The neuralgic form of herpes is undoubtedly of central origin and merely an accompaniment of the neuralgia occurring in persons of a neurotic tendency.

The diagnosis of herpes in most cases is readily made, yet the exulcerated vesicles sometimes closely resemble either a chancre or chancre. In general, the burning and itching sensation attending the invasion of herpes, the superficial character of the ulcer, its less profuse secretion and less undermined edges, will establish the diagnosis, while, in many cases, the history of frequent relapses will point directly to it.

The syphilitic chancre may resemble exulcerated herpes very closely, not only in its solitary but multiple form. Fournier very aptly says that herpes will rarely be mistaken for a chancre, but that the latter may be mistaken for herpes, and we are convinced that this is frequently the case. The chancreous erosion is an exulceration, but its color is of a deeper and duller red, sometimes even coppery; its surface is smooth and shining without any unevenness or granulations. There is no undermining of its edges, and the surrounding areola is very slight and of a deep, dull-red color; in short there is a characteristic absence of inflammation. Although in chancre there may be but slight œdema of the base for a few days resembling herpes, distinct induration is soon felt. Any subjacent hardness of herpes disappears day by day, while that of the chancre increases. Then too in syphilis we soon have induration of the inguinal ganglia. The heat and burning, felt either prior to or during the evolution of herpetic vesicles, is also a valuable diagnostic sign.

As its name denotes, the "multiple herpetic chancre" presents

features resembling those of exulcerated herpes in groups. The distinguishing signs of the two will be given in the chapter on chancre.

TREATMENT.—The first indication is to remove any peripheral irritation which may exist. Hence, in cases of a long and tight prepuce circumcision is necessary, and we have often seen a permanent cure from this operation. Even in the absence of a long and tight prepuce, there may be such an abundant irritating secretion in the balano-preputial fold as to require careful attention to cleanliness, and the interposition of lint, either dry, which we prefer, or wet with a mildly astringent wash. When herpes follows sexual intercourse, immediate ablution and immersion of the penis in an astringent liquid will be of service. In all cases of a gouty and rheumatic tendency, and in cases of dyspepsia, appropriate remedies should be used. For the local treatment of the ulcerations we would recommend the interposition of dry lint, or the application of dry calomel, or some other absorbent powder. As washes we sometimes use the following:

R. Argenti Nitrat., gr. v	30
Aquæ, ℥j	30
M.	
R. Zinci Sulphat., gr. vj	36
Spt. Lavandulæ Comp., ℥ss	2
Aquæ, ℥ij	60
M.	
R. Acidi Carbolici, gtt. xx	130
Glycerinæ, ℥ij	12
Aquam ad ℥ij	60
M.	

In cases in which there is much circumferential hyperæmia the ordinary lead-water is very useful. In those instances in which the neuralgic pain persists in spite of the ordinary lotions, the surest mode of giving relief is by immersions of the penis in hot water and by thorough cauterization of the sores either with the fuming nitric acid or by the actual or galvano-cautery. This may be followed by the application of lotion number two, just given, to each ounce of which a drachm of the wine of opium may be added with benefit. When ulceration is persistent, a powder composed of iodoform, one part, and calomel, three parts, will soon induce healing. Again, in other cases, I have found that an ointment composed of iodoform, one part, and vaseline, ten to twenty parts, have induced a cure when other remedies had failed. Iodoform is often very beneficial in allaying the neuralgic pain accompanying herpes progenitalis.

CHAPTER XXIV.

STRICTURE OF THE URETHRA.

HAVING considered the complications of gonorrhœa, it remains to speak of one of the most frequent and important results of the same disease, urethral stricture.

ANATOMICAL CONSIDERATIONS.

An acquaintance with the anatomy of the urethra—including the character of its lining membrane, the fibrous, muscular, elastic, and erectile tissues which surround it, its dimensions and direction—is essential to a proper appreciation of the pathology of stricture and the skilful execution of operative procedures requisite in its treatment.

The male urethra is naturally divided into three portions, viz., the prostatic, membranous, and spongy.

The *prostatic urethra* is the portion included in the prostate gland, and generally, but not always, traverses this body at the union of its middle and upper thirds. Its length in the adult is about one inch and a quarter; its posterior boundary is a prominence of the mucous membrane, called the *uvula vesicæ*; its cavity is fusiform, largest in the centre, and somewhat contracted towards either extremity. Upon its floor, a short distance in front of the uvula, is an abrupt elevation of the mucous membrane and subjacent tissue, which forms a ridge three-fourths of an inch in length, and which gradually subsides as it approaches the membranous urethra. This prominence is known as the *veru montanum*, *crista urethræ*, or *caput gallinaginis*. It contains erectile tissue, connected with that of the corpus spongiosum, and is adapted to assist in the closure of the urethra at this point, and prevent the passage backwards of the semen during coitus. Directly in front of the summit of the *veru montanum* is a small sac or pouch, three or four lines in depth, which is called the “sinus pocularis,” and, also, from its probable homology to the womb, the “uterus masculinus.”¹ The ejaculatory ducts traverse the walls of this cavity, and open upon its margin. On each side of the *veru* is a depression called the “prostatic sinus,” in which are found the orifices of the prostatic ducts, from twenty to thirty in number.

The *membranous urethra* extends from the apex of the prostate to the bulb, and is nearly or wholly included within the two layers of

¹ The most recent philosophical anatomists confirm the homology between the prostatic vesicle and the uterus. For an able résumé of this subject, see Simpson, *Obstetric Memoirs and Contributions*, vol. ii., p. 294. Philadelphia, 1856.