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## SYPHILIS

AND THE

## VENEREAL DISEASES.

## INTRODUCTION.

THE venereal diseases are for the most part transmitted from one individual to another in the contacts incident to the relations between the sexes. The day is long past, however, when a moral stigma could be affixed to the victim of such a malady by reason of the fact of infection. In the populous and crowded centres of modern civilization the innocent subjects of these disorders are numbered by hundreds and even thousands. They are in a special sense entitled to the encouraging assistance and the sympathetic service of the trained physician.

The great majority of the other victims are patients infected at a time of life when passion is most imperious, self-restraint less strenuously imposed, and the discipline which unfolds the deeper meanings of life is less understood and appreciated. The result is twofold: on the one hand are patients for the most part, fortunately, of an age and possessed of a vigor best capable of enduring without serious shock the perils of an intoxication



of the system, and in a social state least likely to burden others, such as a wife or a child, with the consequences of disease; on the other hand are the subjects of these infections, who, without fixed habits, are obliged to conform to the rules of best living when actually suffering from their ailments, and who learn lessons which at their time of life are often indelible. The most radical of moral reforms with the best of ultimate results is constantly wrought by the several accidents described in the following pages.

In the early part of this century the prejudices of the people of most English-speaking countries and the odium connected with the acquisition and inheritance of venereal disease extended even to the professional men interested in their treatment. As a consequence, this department of medicine was largely relegated to the charlatan, who, under the control of ignorance and avarice, contributed to the exaggeration and confusion which still cloud the minds of many when they consider the subject.

To-day the change in these particulars is noteworthy. Science has solved some of the profoundest problems and achieved some of its most brilliant bacteriological and pathological victories in the territory once abandoned as a plague-spot. Some of the most cultivated, learned, and distinguished of the physicians of the last quarter of the nineteenth century have been content to labor and to glean in the field that was thus once neglected and abhorred.

It has been well for the race that these men could thus with untiring industry and interest investigate the diseases commonly described as "loathsome." But many of them have paid a price for their courage. It is

impossible to give accurate statistics of the number of physicians innocently infected with the venereal diseases, and particularly with syphilis, when engaged in the practice of their profession as accoucheurs, surgeons, gynecologists, and those giving special attention to the affections of the genito-urinary organs of both sexes. Hundreds of them have been under our observation and care; thousands have thus suffered in every country. Only with the incessant precautions suggested by the later knowledge on the subject of the pathogenic micro-organisms can a physician hope to be successful in the management of these disorders and himself escape their defilement. Nor in his attempts to compass this end can he with safety rely only upon the products of pharmacy and the skill of the chemist. He must be, in his person, his instruments, and his entourage, an embodiment of scrupulous cleanliness.

The disorders usually classed under the general title of "venereal" are syphilis, the several forms of infectious urethritis, and the soft ("simple" or "non-syphilitic") chancre. In a stricter sense of the term, and in the light of modern investigation, there are other disorders described in these pages capable of transmission in the sexual act. The more important, however, of the group are without question those here named. It is probable, though exact statistics are wanting, that infectious urethritis is the most frequent, soft chancre (certainly in particular classes of society) next, and syphilis, in all classes, last. Further comparison teaches that while gonorrhoea is most often a strictly venereal disorder, syphilis is with greater frequency an affection of the innocent; while, as respects a fatal issue, gonorrhoea, in its ultimate results upon the deep urethra,



the bladder, and the kidneys, probably destroys more lives annually than does syphilis. Gonorrhœa more often than syphilis spares the subjects of tender age, and is further capable of indefinite recurrence in one subject; while for the immense majority of cases syphilis is a disease making but a single attack in the lifetime of the individual. The proposition once held cannot longer be sustained, that gonorrhœa and soft chancre are purely local diseases as contrasted with syphilis, which is admitted to have systemic effects. The generalized results of gonorrhœa are in many instances too striking to admit even of question; and in special cases the perpetuation of the soft chancre for years, with the damage resulting to rectum, vulva, abdominal wall, and thigh, with the production of marked cachexia, often renders that affection one even of greater severity than the milder cases of syphilis.

The questions relating to the history and antiquity of the venereal diseases have created a voluminous literature, with results not wholly satisfactory. The sacred literature of the Hebrews seems to bear record to the fact that blennorrhagic affections existed among the people of a remote antiquity, and that the gonorrhœal discharge was with them confounded with a seminal flow. Among the writings of Greek, Roman, African, and Spanish authors, both medical and literary, evidences are not wanting as to the existence of such a disease and its occasional confusion with other disorders of a venereal origin. Even as early as the beginning of the present century, English physicians confounded gonorrhœa, syphilis, and non-syphilitic chancre, and it was reserved for a comparatively recent date to distinguish definitely and finally between them.

For the remote antiquity of syphilis there are not wanting authors who find in the sacred writings of the Hebrews, in the sarcastic, poetical, and historical literatures of Greece and Rome, in the ancient documents of Egypt, China, and Africa, and in the volumes written during the Middle Ages, records among the people of those periods of the existence of chancres and of the systemic results of certain genital lesions. The evidence of bones exhumed and supposed to belong to a prehistoric era is also adduced in support of the assumed antiquity of syphilis. On the other hand, there are many who believe that syphilis existed among the American aborigines before the advent in 1492 of Columbus and his companions to the American coast, and that the Spaniards, becoming infected by contact with the natives, brought the disease to Europe, where it appeared for the first time after their return. In the subsequent campaign of Charles VIII. of France against the kingdom of Naples the disease appeared and spread among the nations of Europe to an extent and with a severity before then unknown.

In reviewing the entire subject many of the arguments in favor of the historical antiquity of these diseases are, it must be admitted, weakened by the indefiniteness of the descriptions given. The bones alleged to be both prehistoric and syphilitic are either lacking in the display of unmistakable lesions of that disease or cannot conclusively be demonstrated to be both of prehistoric sepulture and since then wholly undisturbed by the hand of man. The arguments in favor of a prehistoric syphilis in America and of its subsequent deportation to Europe are weighty, but not without flaw.



The conclusions are simple: the evidence of a remote antiquity for the venereal diseases in general is very strong. In the absence of the definite distinctions between them now established, and of a recognition of the pathological connection between the local manifestations of such diseases and their systemic effects, great confusion has existed in the past. Lastly, the venereal diseases have all, without question, been confused inextricably in the past, not merely with each other, but with a large number of dermatological affections, such as lepra, psoriasis, scabies, eczema, simple and venereal warts, and leucorrhœal and catarrhal discharges.

In the examination of patients affected with one or several of the disorders here considered, a systematic method is of as much value as in other departments of medicine. Besides ascertaining the name, age, residence, married state, occupation, and previous history of the patient, as well as the habits respecting the use of both alcohol and tobacco, it is desirable to know, for reasons that appear later, in the case of both man and woman, the record as respects living and dead children, miscarriages and abortions on the part of a wife, and the relative order of these, as well as the period in pregnancy when a series of abortions or miscarriages occurred. In securing the history of the family and of any antecedent disease it is necessary to record all facts respecting any prior disease of the skin, persistent headache, especially with nocturnal exacerbation, any attacks supposed to be rheumatic, and any persistent or ulcerative affection of the throat, eyes, scalp, or nails.

In the case of venereal disease it is important to know whether the patient can sleep at night without

rising from the bed to empty the bladder; whether there is pain on micturition, and, in the latter event, whether the pain occurs before, during, or after the passage of the stream.

In the physical examination of patients the several bodily organs should be investigated with care, the surface of the body, when found practicable, being searched for traces of any existing or past exanthem, and particularly for scars, each of which may throw light on the conditions existing. The superficial glands of the body accessible to the fingers should be searched with a view to determining any enlargement or induration. The mouth, nostrils, eyes, and ears require minute observation of lesions present; and even in the absence of the latter the nails may exhibit markings indicative of the character, and at times of even the date, of prior nutritional changes.

In the case of male patients the entire surface of the body may often be exposed for examination, and the genital region then requires detailed inspection. By the fingers and the eye the physician can usually determine the existence of pediculi or nits in the pubic region, an eczema or a psoriasis of the cutaneous surface of the penis or the scrotum, mollusca of the latter region, or the evidence of scabies. By manipulation it will be discovered whether there is an inguinal hernia, a non-descended testis, a left- or more rarely a right-sided varicocele, a gumma of the body of the testicle, or traces of an ancient epididymitis involving the globus minor or major as a sequel of a preceding blennorrhagia. By the fingers alone it will often be practicable to recognize a urethral stricture, a periurethral phlegmon, an enlarged prostate, a syphilitic or a chancroidal bubo, a



severe phimosis, a subpreputial sclerosis or other lesion, or a urethral chancre. In point of fact, a urethral sclerosis that cannot be recognized by the digit of the trained physician is among the greatest of rarities. Indeed, one might here enumerate the entire list of diseases of the ano-genital region, evidences of which the examining surgeon should not permit to escape his observant eye and trained touch.

In all classes of women the examination should be made with the special consideration to which the sex is entitled. A follicular or furuncular affection of the labia, a catarrhal discharge from the vulva, a sclerosis of the meatus or of the fourchette, or a stellate chancroid of the anal region, may often be determined by inspection alone. The physician must know to distinguish between a languette accompanying a syphilitic stricture of the rectum and a hemorrhoidal tumor. He must be capable of recognizing the marked differences between a pruritus of the vulva, which is simply tormented by scratching, and an eczema of the same part. By carefully inspecting the dry and "sticky" mouth of a woman it can be determined with reasonable probability, before subjecting the urine to chemical analysis, that an "eczema" of the vulva is due simply to a glycosuria. The fingers should differentiate an inflammation of the vulvo-vaginal gland due to gonorrhœa from a syphiloma of the labium. Scabies of the genital region in a woman will usually be an echo of characteristic burrows about the axillæ or the breasts. By the touch one should be able to discover a hydrocele of the canal of Nuck, a varicocele, a carcinoma, an elephantiasis, a contracture of the vagina, a laceration, an atresia of the hymen, or a vaginismus.

Nor should it be concluded in either sex that a determination of the virgin state precludes the possibility of venereal disease. The physician should ever be on the alert to recognize a chancre of the tonsil, an infecting sclerosis of the lip in the child who has kissed a syphilitic nursling, a gonorrhœa affecting the vulva or the eyes of an infant, a paralysis in the middle period of life due rather to a pachymeningitis than to an apoplectic effusion.

Lastly, the physician entrusted with an intimate knowledge of the sources of diseases that are viewed with shame, loathing, and remorse, often imperilling the life of the individual, the safety of the uninfected, and the happiness of a home, has a part to perform which demands a high order of intelligence and sympathy. His it is to protect the innocent, to guard sacredly the secrets confided to his keeping, to conserve the family relation, and at the same time to bring the sufferer to a successful termination of the disease. It is difficult to decide that any one of these functions has a higher importance than another. It is only as the physician discharges his full duty in all points that he ultimately wins that trust and confidence which are the foundation of the largest professional success.