

handling of the parts are necessary that, in case a contagious ulcer is present, the surgeon is in danger of becoming infected unless the epidermis of his hands is sound.

In the older cases of paraphimosis in which œdema is the chief, if not the only, symptom, rest, position, and warm dressings may be supplemented by the application of pressure and of strong astringent lotions. For such cases Keyes recommends the free use of collodion.

VENEREAL WARTS.

This title is applied to vegetations appearing upon the genitals and the genital region. The term is not strictly accurate, for, while these warts are commonly associated with venereal diseases, and are almost always the result of exposure of a delicate membrane to venereal secretions (görrhoeal, syphilitic, leucorrhœal, etc.), the lesions may spring from other causes (uncleanliness, warmth, and moisture). In pregnant women they are sometimes found bordering the vulva, where they are doubtless produced by irritating discharges. It is possible that these vegetations possess a distinct though feeble contagious element, but this contagiousness has never been demonstrated. In men the favorite location of venereal warts is in the sulcus back of the glans penis, but they are found over all parts of the glans and the prepuce, and occasionally within the urethra. They may also appear on any portion of the penis, scrotum, perineum, and inner surface of the thighs, and about the anus. In women they are commonly found over and about the vulva, over the perineum and anus, and sometimes within the vagina. They may be single, but they are usually multiple, and they vary in size from a single

filiform projection to a close aggregation of filiform or papillary elevations forming a mass as large as a hen's egg or even larger. Individual papillæ are usually acuminate, but may be rounded, club-shaped, or flattened. Instead of becoming aggregated in larger masses, they may appear as smaller but more numerous elevations; at times hundreds coexist upon the genitals and the neighboring regions. They may so fill the preputial sac as to cause phimosis, paraphimosis, or, rarely, gangrene. When situated on a free surface, where they are dry, they are firmer and have the color of the normal skin, but when protected and moistened they are softer, are pinkish or bright red in color, and are covered with a whitish or yellowish puriform mucus having a very offensive odor. The larger masses may be pedunculated or sessile, and form irregular-shaped vegetations resembling in appearance cauliflower or the comb of a cock. Under the influence of warmth and moisture they grow luxuriantly and rapidly by peripheral extension. When larger and flattened they may be mistaken for condylomata. The latter are broader and flatter than venereal warts, are not made up of so many small projections, and are found in connection with other evidences, or with a history, of syphilis. Papillary epithelioma may be distinguished from a venereal wart by the indurated base and border of the cancerous growth, its slower development, its tendency to degenerate and to form typical deep ulcers, and the infrequency with which it appears before the fortieth year.

Treatment.—Cleanliness is first in importance. In many cases, if the parts be kept clean and covered with a simple dusting-powder, the venereal growths gradually shrivel and disappear. The treatment recommended for

balanitis is often efficient; if necessary, the lotions and powders employed in that affection may be increased in strength. When persistent, pedunculated masses and small vegetations may be removed with the scissors or the curette, and the base cauterized with nitric or acetic acid, or with nitrate of silver in stick. After such treatment the surfaces should be kept clean and covered with iodoform, aristol, or similar powder. The large growths with a broad base will usually shrivel under the application of tannic acid or other astringent powder; if they persist, nitric or acetic acid may be applied once a week until the base is destroyed, a powder being used during the intervals. If the growth can be kept dry, bichloride of mercury in collodion (ʒj : ʒj) may be applied every second or third day. In using this preparation care must be taken to prevent its contact with other surfaces than those for which it is intended, and the possibility of balanitis following its use should always be borne in mind.

HERPES PROGENITALIS.

This disorder is not always venereal in its origin, but in many cases it follows local irritation or inflammation caused by venereal diseases, contact with irritating secretions, excessive venery, or sexual excitement. A long, tight prepuce and a gouty or rheumatic diathesis may act as predisposing causes. Neurotic individuals seem to be unusually susceptible to the disease.

Symptoms.—The disorder, which appears in the form of one or more groups of minute, pin-head-sized vesicles on an inflamed base, may affect any portion of the genital organs and the surrounding integument in both sexes, though it is much more common in men. In the

male sex it is most frequently found upon the inner surface of the prepuce, in the sulcus, or on the glans; in women, on the hood of the clitoris, on the labia minora, and on the inner face of the labia majora.

The eruption is accompanied, and may be preceded, by sensations of burning, pricking, or itching. There is usually but one group of vesicles, which contain a clear fluid. On the mucous membrane these vesicles rupture in a few hours, leaving sharply defined circular excoriations which, if unirritated, heal in two or three days without other treatment than cleanliness. The whole process lasts a week or less. When the vesicles are situated on the integument, the contents dry and form small crusts, which remain for a few days until healing is complete. Sometimes the first group of vesicles is followed by others, and the disorder is thus continued through several weeks. If the lesions be irritated (by coitus, severe treatment, etc.), balanitis may follow, and in rare cases there may result ulcerations simulating soft chancre, with inflammation of the inguinal glands. One attack of this affection predisposes to others, so that it is commonly recurrent, appearing periodically or at irregular intervals for months or for years. The persistency with which this simple disorder recurs is not only annoying but also peculiarly distressing when in consequence patients believe themselves to be subjects of syphilis. In the hands of the ignorant or the unscrupulous these deluded victims often undergo specific treatment for long periods.

Diagnosis.—The excoriations of herpes can usually be distinguished from those of balanitis by the circular outline of the herpetic lesions, which is rarely entirely lost even when the vesicles have coalesced, and by the

absence of more extended inflammation. When the excoriations suppurate and form superficial ulcers, it may be impossible to distinguish them from beginning chancre, but by cleansing the parts and keeping them covered with iodoform or aristol herpetic ulcers will at once begin to improve, and in a few days will be entirely healed. An initial sclerosis may appear as a small excoriation, but underlying induration can be detected; the sore is indolent, and is soon accompanied by characteristic enlargement of the inguinal glands. In making a prognosis it must be remembered that chancre may follow in the site of an herpetic lesion if the longest period of incubation of syphilitic chancre has not elapsed between the date of exposure and that of the examination.

Treatment.—The local treatment of herpes progenerialis is that of balanitis. Recurrences may often be avoided by improvement of the general health and by hygienic living, including abstinence from alcohol, tobacco, and highly seasoned food. In obstinate cases the surface of the glans and prepuce may be hardened by the long-continued use of tannic acid in powder or in solution of water and alcohol.

HYPOCHONDRIASIS.

THE morbid mental states produced by real or fancied venereal disease are numerous, and are equalled only by the hypochondriasis springing from ignorance and perversion of the physiological functions of the sexual organs. These morbid mental conditions are of occurrence in both sexes, far more frequently in men than in women, the subjects being generally near the puberal epoch. The symptoms presented differ in grade of severity, and when of marked character they may result in more physical distress than the maladies themselves, of which there is either slight evidence or a mere dread. For practical purposes the sexual hypochondriac and the patient in terror of a venereal disease, actual, possible, or wholly imaginary, may be considered in the same category.

It is a matter of common remark that the physiology of the generative organs of the male sex is less understood by the average physician than that of the corresponding functions in women. In the management of the youths, commonly unmarried, who are sufferers from the mental states here considered, it is important to recall the following facts:

Among the mammalia of the lower animals the sexual propensity is in general gratified with impunity in promiscuous relations, the young males copulating with in-