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LECTURES.

ON THE NON-VENEREAL CUTANEOUS AFFECTIONS OF THE GENITALS.

A LECTURE DELIVERED AT RUSH MEDICAL COLLEGE, CHICAGO, MAY 30,
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GENTLEMEN, — I desire to-day to consider briefly, and especially from the stand-point of ætiology, certain disorders, non-venereal in origin, which affect a special region of the body, the integument of the external genitals. Among the reasons for thus studying collectively the diseases of this region may be mentioned the circumstances which tend to impress upon it peculiar features, the characteristic mental anxiety they awaken in the patient, — an anxiety which is generally out of all proportion to the local trouble, — and the vulgar prejudice that these affections are necessarily of disgraceful origin. This last is allied to the wide-spread delusion that all chronic cutaneous disorders spring from the practices of immorality either on the part of the person or his progenitors. It is often a matter of vast importance to the welfare of the individual, the family, and society that you should be able to pronounce with confidence upon cases of this character.

In the integument and its appendages of the external genital organs we recognize all the anatomical elements found in the skin of other parts of the body, with the single exception of that modification of the epidermal cells which constitutes the nail. Often intensely congested at the moment of birth, the skin of this and the adjacent regions rapidly assumes the fresh tint, tonicity, and firmness of youth, to be succeeded by the pigmented, wrinkled, and relaxed conditions of later life and old age. In parts it is delicately fine and laxly superimposed upon subcutaneous connective tissue, as over the penis, and in other places it rests upon a cushion of fat, as upon the mons veneris. Lymphatic and blood vessels, nerves, sebaceous and sudoriparous glands, hair follicles, and contained hairs are supplied to it in abundance, and subjected to the influences which elsewhere operate to produce faulty innervation

congestion, inflammation, serous, purulent, hæmorrhagic, or plastic exudation, or the nutriment for parasites.

The function of these organs is largely, in the strict sense of the word, venereal, and such in truth are many of their diseases. I intend, however, by the term non-venereal to exclude from present consideration merely those of syphilitic or blennorrhagic origin. Looking at the others collectively we might be disposed to classify them in some such way as this: (1.) Those which exist indifferently in the genital and other regions of the body, including those which, as a rule, only when of general distribution affect the first-named locality. (2.) Those which exclusively or by preference involve the genital integument. (3.) Those which exist by preference elsewhere, but yet (in accordance with that law of exceptions for which we have ever to allow) are occasionally found in this region with and without other distribution. We might, for example, assign to the first class the exanthemata, eczema, intertrigo, and urticaria, diseases of the sebaceous and sudoriparous glands, pigmentary and vascular anomalies, and the lesions produced by scratching to relieve pruritus, — improperly named prurigo. Among those of the second class might be mentioned the scaly and incrustated forms of scrotal epithelioma called “the chimney-sweep’s cancer,” phtheiiriasis pubis, elephantiasis of the penis, clitoris, labia and scrotum, herpes pro-genitalis, and a few of the sub-varieties of the affections of the sebaceous glands. And we might find illustrations of the last class in psoriasis, lupus, keloid, and a few of the diseases occasioned by animal and vegetable parasites.

But a classification of this sort, while it might aid in recalling the relative frequency with which these disorders occur in a special locality, would possess but little practical value. For in the first class named we have evidently included much the larger number of these affections, as well as those of most common occurrence; while in the other divisions we have merely named genital species of a large family (their titles only serving to indicate their site), or those which in this connection require no consideration. The practical inference from all this is very clear. In studying the disorders of this locality we have to investigate chiefly those circumstances which here tend to modify the course and characteristics of cutaneous disease elsewhere. We shall thus have a key to the solution of most of the diagnostic, pathological, and therapeutic problems presented. Since, then, it will be impossible for me to describe a tithe of these affections in one hour, I ask you to limit your attention to the single portion of the field just indicated.

Among the most important of these modifying influences are heat, moisture, and friction; and I do not know how we can satisfactorily separate the three. For the natural temperature of the genital region is elevated by friction between contiguous tracts of integument, and

between the latter and the clothing. This fact was recently well illustrated by Dr. Sellerbecker,¹ who by friction induced axillary temperature in his own person from 107° to 114° F., having observed similar curious results in a female patient detected in attempts at malingering. Again, friction in the genital region produces more or less moisture, due to the stimulation of the secretion of the glands, while at the same time the effect of the elevation of temperature will largely depend upon the degree of coexisting moisture. Picture to yourselves the exuberant vegetation of a South American forest, and you will find an illustration of the potency of these great natural forces. But you will have a more homely illustration in the effects produced by the application of a common poultice. A cataplasm is valuable in proportion as it is moist and hot ; any medicament it may contain plays a secondary rôle.

It is heat and moisture which supply the chief characteristics of mucous surfaces. When these surfaces cease to be normally warm and moist (for example, the envelope of a completely prolapsed uterus or of a long-exposed external hæmorrhoidal tumor) they approach in condition the outer skin. And so, *per contra*, the outer skin, subjected to heat and moisture, will exhibit such quasi-mucous surfaces as we sometimes see where the scrotum or labia come in contact with the thigh, at the peno-scrotal, scrota-perineal angles, etc.

Now, as a rule, in cutaneous diseases of the genital region the skin and its lesions present either the features distinguishable after the application of a light poultice, or those of mucous or quasi-mucous surfaces. Eczema here is, as Vérité sententiously remarked in 1875,² a "dry disease in a humid locality." Erythema is distinct ; discharges are due to gland secretion ; crusts infrequent, always delicate, yellowish or grayish in hue, rarely greenish-black, horny or bulky. Infiltration and œdema are common complications. Vesicles and pustules rapidly change in appearance, the moistened roof-wall speedily removing by friction with the clothing or the fingers in scratching, leaving floor relics, from which a diagnosis must be determined. Often papules form from the resorption of their contents. Yet not infrequently these persist, just as we may see typically-maturing vesico-pustules of variola upon the velum palati. Ulcers and fissures often extend to the derma, not generally of the dry and deep variety seen in eczematous fissure of the hands, for example, but fissures which are wide, moist, and discharging. Papules are small, their summits frequently torn by the nails, or, when large, are broad, with flattened apices, rarely acuminate and projecting. The macerated epidermis, once removed, is irregularly reproduced, readily abraded or excoriated, and apt for the transudation of those acrid, sweat-containing, mucoid fluids which are characteristic of inter-

¹ *Berliner klinische Wochenschrift*, April, 1878.

² *La France médicale*, June 26 and July 3, 1875.

trigo. Urticarial wheals in this region are less fugacious than elsewhere, and tend to recurrence and chronicity.

Under the influence of heat and moisture, the parasite which produces ringworm of the body, the *tinea trichophytina*, often luxuriates in the genital regions, its visible effects isolated or superadded to other morbid conditions. Usually, as you know, the so-called *eczema marginatum* occurs upon the internal face of the thighs, where a peripherally-extending, elevated ring, made up of small papules or vesicles, or the sequelæ of either, incloses an unaffected centre. Hebra, Bärensprung, and others have noticed these lesions extend to the *mons veneris*, scrotum, penis, and external surface of the *labia majora*. I have, on several occasions, seen these itchy, scurfy rings upon the scrotal surfaces in contact with the thighs. In hot climates the same causes operate to produce the exaggerated conditions variously named Malabar and Tokelan itch, Burmese ringworm, etc. These are usually considered to be non-venereal disorders, but in one case, that of a gentleman who contracted his disease (ringworm of the scrotum and thigh) when visiting the late Centennial Exhibition in Philadelphia, the patient asserted that it had been acquired by suspicious intercourse, and I could not deny such a possibility.

Pruritus is nowhere more intensely distressing and obstinate than in the genital region. This is, of course, in large degree dependent upon the abundant supply of peripheral sensory nerves to the parts, but the severity of the attack is enhanced by friction and heat, especially the latter. Indeed, the self-suggested and self-applied remedies of most patients are intended to "cool" the affected surfaces, thus supplying us with a hint as to the appropriate therapy. The well-nigh irresistible inclination to scratch the integument is generally exaggerated at night when the body is covered with bed-clothing, and adds the wounds of the finger-nails to any preëxisting lesions. In pruritus there is really no lesion save that induced artificially, a fact frequently illustrated in practice. Thus a lady, sixty years old, exhibited to me the external genitals covered with minute, summit-torn papules, seated upon a reddened, excoriated, and weeping surface. Once effectually protected from the attacks of the fingers, the epidermis healed, but the disease was not at an end, for I had an opportunity of observing her afterward in what was a convulsive paroxysm of intense severity. She reclined upon her back, and the attendants restrained her hands from contact with the seat of the disease, but yet by the eloquent expression of her fingers as well as by her posture she indicated what a luxury it would be to bury her nails in her own flesh. The pruritus was a reflex result of one of the disorders I shall mention later. A gentleman, similarly affected, once told me he could think of no instrument so serviceable for his purposes as a steel-toothed rake. Paroxysms of this character

are usually relieved for a time⁹ by the slight serous discharge, solicited by friction of the wounded surface. The luxurious sense of relief thus afforded is dangerously allied to the sensation of sexual orgasm; and it is important for you to remember that in both sexes violent scratching of the genitals is liable to be followed by seminal or mucous discharges and the establishment of habits which are as degrading to the moral as to the physical nature.

The sensation of itching is a strongly marked subjective symptom of most cutaneous disorders in this region. Patients with herpes progenerialis often attempt to allay the burning and smarting pain by squeezing the glans penis between the palms of the two hands. In this affection, small, short-lived, and often abortive vesicles are followed by hyperæmic patches of corresponding size, crusts, excoriations, and even superficial ulcers, which readily heal when gently stimulated and protected. The contact of a congenitally tight, adherent, or redundant prepuce may be at fault here; and Dr. R. W. Taylor, of New York, and myself have relieved recurrent attacks of this sort by circumcision; but I have seen Jews, who had undergone their ritual of infancy, suffer as much as the uncircumcised.

With the friction due to clothing should be considered that arising from other mechanical contacts. Thus we find effective, in the adult, the saddle of the horse; in youth, the velocipede; in women, improperly adjusted napkins, pessaries and supporters with a vicious, extra-vaginal stem; in both sexes the truss, and in males the wearing of the suspensory-bag and the urinal. I have known each of the articles named to be efficient in the production of very disagreeable results. In males the constant wearing of the urinal requires that the penis and often the scrotum be habitually incased in oiled or rubber cloth. A young man with congenital malformation of the spinal cord in the lumbar region, accompanied by incontinence of urine and fæces, recently showed me large pemphigoid bullæ of the skin of the penis, with sodden and macerated walls, containing an ill-conditioned serum. Again, the opening for the penis in the ordinary suspensory-bag is often so small as to compress the organ injuriously, leading to cedema and congestion of the pendulous portion. This is a matter worthy of note, because patients with cutaneous lesions of the penis and scrotum will often apply to themselves a suspensory-bag, which aggravates the original disorder, especially if the capacity of the purse and its orifices be reduced by a lining of lint. Other injurious appliances are surgical plaster awkwardly applied in strapping the epididymis, bandages and wrappings tightly embracing penis or scrotum and secured in place by string, thread, tape, or an elastic rubber band.

Though we have not the time to-day to discuss the treatment of these affections, I should remark here that for cutaneous troubles the

female genitals are best dressed by the ordinary napkin or T-bandage, and the male by attaching a sufficiently long under-apron of muslin or other material above to the front of the under-clothing at the waist; it is loosely gathered up below and received into the drawers. This may include a rag saturated with a lotion or spread with an ointment or material to absorb discharges, which can be burned and replaced by a fresh piece at each dressing.

The injudicious employment of topical medicaments often enhances the severity or prolongs the course of otherwise simple disorders. Symptoms of insignificant import alarm ignorant people, who attempt to "burn out" the disease with vesicating collodion, nitrate of silver, nitrate of mercury, sulphate of copper, strong solutions of bichloride of mercury, and even nitric acid. I could illustrate the action of each with a case, and should add that too often the druggist is culpable. To this category belong the toilet soaps of the cheaper kind, highly scented, but containing small particles of bone or other irritating ingredients; and some of the toilet powders sold in the shops, adulterated with arsenic and other deleterious substances. It is the delicate and sensitive ano-genital region of the infant where the effects of these are best illustrated.

An exceptional history was recently narrated to me by my friend Dr. John Bartlett, of this city. A bridegroom of twenty-four hours was suddenly seized with painful vesiculation of the entire ano-genital region, and enormous oedema of the scrotum and penis. When the physician was summoned he found the indignant bride writing a letter to her parents, begging them to remove her forever from her unworthy husband of a day. Very close questioning of the latter elicited the fact, that, while approaching the city on his wedding tour, too modest to make use of the accommodations in the Pullman car, he had gone for a stool to the sheltered rear of an isolated way-station house. Unprovided with other material he had there applied to the anus the glossy leaves of a neighboring vine. Without question this was some variety of the rhus, probably the rhus toxicodendron, the induced eczema, in connection with the history, pointing to such a source.

Some of the ingesta may have similar local effects. Punctiform scarlet erythema, often mistaken for genital syphilides, is induced in some patients by the administration of copaiba. The sensation of itching may be occasioned by opium; the strangury of cantharides congests the genitals in both sexes. A physician, resident of this State, recently complained that he had "the itch." On examination I found acneiform pustules involving the sebaceous glands of the pubes, and discovered, by my questions, that two months before he had been rendered insensible by a missile which struck his head. He had relieved the subsequent pain by taking potassic bromide in large doses, and when this remedy was withdrawn the eruption disappeared.

Negligence of the simple laws of cleanliness, potent for mischief everywhere, is here of great significance. The secretions of a local hyperidrosis, especially if dyed flannel be worn next the skin; the healthy urine of the infant; the decomposed urine from the fistula of the adult (left upon the skin or the clothing); feculent relics of a former stool; retained menstrual and lochial discharges; serous, purulent, and bloody evacuations from the great natural outlets of the body in this vicinity, when not removed by the sponge, are capable of inducing disease of the integument. Rarely have I seen more formidable genital ulcers than those of a young mother, nineteen years of age, who had been forbidden by a grossly ignorant midwife to cleanse the passages for two months after delivery. It should be added that the careful drying of the external genitalia of the infant after its bath is a matter of importance, as a few drops of water left in contact with the skin may give rise to much trouble.

Many of the disorders we are considering are the direct or reflex results of changes in such important neighboring organs as the rectum, bladder, uterus, ovaries, prostate, testes, etc. Hæmorrhoidal tumors may excite first anal and then genital eczema; urticaria in the child may depend upon *ascarides* in the rectum, and I have seen genital eczema of the adult due to the same cause. Erythema papulatum of the labia is often associated with non-specific ulceration of the collum uteri. Pregnancy may occasion the numerous small, round, dull-red papules or slightly elevated, crimson patches which the gynæcologists call follicular vulvitis. Cancer of certain of the organs named may involve the skin, or induce secondary changes in it. Surgical deformities, diseases, and operations are not to be forgotten, as erysipelas and every stage of dermatitis to gangrene may follow external urethrotomy, prostatic abscess, urinary infiltration, varicocele, hernia, fistula, exstrophy of the bladder, and prolapse of womb and bowel.

Irregular, perverted, or excessive performance of function requires mention. Here, to be healthy, physiological and not absolute rest is requisite, — rest that results from regular and temperate satisfaction of desire. Hence, sexual excesses of all kinds, onanism and pæderasty, may lie at the foundation of even so simple a disorder as herpes. Vague neuralgias, originating in this way, are often mistaken for the pain of some local disorder of the skin. By heightened color alone the skilled eye can recognize recent immoderate and often moderate use of the genital organs. I recently treated a newly-married man for psoriasis, who candidly admitted his infraction of the laws of sexual hygiene. Two abundantly scaly patches, fully three centimetres in diameter, with distinct outline, showed upon the sides of the scrotum, while a curiously regular scaly ring surmounted the reddened and puffy lip of the prepuce. Elsewhere in his person the disease was present in smaller

patches, and this was the more remarkable because in the diffuse forms of psoriasis, when patches as large as the palm of the hand are to be seen upon the body, as a rule only the punctate or guttate forms are to be distinguished upon the genitals, and these characterized by less active scale formation.

Bromidrosis, as well as the odor from the genital sebaceous glands and anus, may in some instances be associated with cutaneous disorders of these parts. It has occurred to me that some of the animal parasites for this reason avoid the genitals. The *cimex lectularius* attacks the buttocks, the belly, and the thighs; rarely the labia, the penis, and the scrotum. Alone of its industrious family the *pediculus pubis* exhibits a preference for this field. The *sarcoptes hominis*, whose inroads occasion scabies, is found upon the genital region in infants, the parasite being transferred to this locality by the hand or arm of the nurse, upon which the child rests. When discovered on the penis of the adult, it is probably due to the handling of the organ, as the difference in the modern dress of the two sexes in civilized countries permits readier access of the hand to the genitals in the male than in the female. For, in woman, the mammary region is more often the seat of scabies than are the genitals. But these accidents will soon be a matter of tradition in Chicago, as here the disease is more and more rarely encountered. Professor White, of Boston, has called attention to its progressive infrequency in his city (but eight cases were reported in 1875, among the outpatients of the Massachusetts General Hospital¹); and it is my belief, based upon experience, that in Chicago, with its larger and extensively foreign population, a relative proportion of such cases could not have been collected in the same period.

Disorders of distant organs and of the general economy may excite genital pruritus and lesions. Among these are the condition of sub-oxidation of the products of digestive metamorphosis, gout, rheumatism, hysteria, gastro-intestinal and hepatic derangements, malaria, struma, Bright's disease, and, last but not least, the faulty innervation, faulty hæmatopoësis, and faulty propulsion of blood currents, which are the significant symptoms of advanced senility.

A few diseases of the skin in this region appear to have no relation to the agencies we have considered; for example, the little round, split-pea-sized, whitish or waxy tumors occasioned by disease, and the cysts formed by distention of the sebaceous glands. Occupying also a middle ground, between the venereal and non-venereal lesions, are the coxcomb or cauliflower excrescences, from a pin-head to a hen's egg in size, known as venereal warts. Often, indeed, these are implanted and

¹ Analysis of Five Thousand Cases of Skin Disease. Reprint from the Boston Medical and Surgical Journal, 1876. Consult also Variations in Type and Prevalence of Skin Diseases, by the same. Transactions International Medical Congress, 1876.

nourished by virulent juices, but I have, in a few instances, removed them from honest farmers, who were never open to the suspicion of marital infidelity.

Lastly, I call your attention to the singular misconceptions of those entirely healthy individuals who are tormented with the idea that they have cutaneous genital disease. Diday¹ has well described their mental condition. To the adolescent the genital apparatus becomes instinctively a source of interest, which may degenerate into a painfully morbid solicitude. By such, the dark border of the corona glandis is thought to denote incipient gangrene; the large, hairy follicles of the scrotum are mistaken for pustules; the myrtiform caruncles for excrescences. These patients should be treated neither with contempt nor ridicule. It is the part of the physician to instruct as well as to advise.

The therapy of the disorders we have hastily reviewed is that which you have learned in connection with the special study of each, guided by a knowledge of the important factors which engender or aggravate the genital varieties.

UPON THE TREATMENT OF STRUMOUS DISEASE BY WHAT MAY BE CALLED THE SOLFATARA METHOD.²

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IN former years I have repeatedly drawn the attention of the society to purely gynæcological points connected with the ætiology, symptomatology, and treatment of phthisis. A means of treatment will now, with a few additional words of introduction, be presented which during last fall was in London thought of sufficient importance for me to bring before the British profession.³ The question is one that bears not upon the relief merely, but the possible cure of consumption and other forms of strumous disease; a result that, as proved by dissection, has hitherto occasionally occurred by accident, but by our art has ordinarily not been effected. I shall merely present portions of the paper to which I have referred, and trust that sufficient interest may be excited by them to bring the new method into trial and perhaps practical use in this country.

For the four years 1872-76, and in part at the request of the American Medical Association, I was continuously engaged in investigating the relative claims of certain of the health resorts of Central and Southern Europe. The inquiry was made more particularly with reference to the needs of American invalids, who go abroad in so great numbers,

¹ *Thérapeut. des Malad. vén. et des Mal. cutanées.* Diday et Doyon. Paris. 1876.

² Read before the Gynecological Society of Boston, February 7, 1878.

³ Upon the Arsenical Atmosphere and Arsenical Hot Spring of the Solfatara at Pozzuoli, near Naples, in the Treatment of Strumous Disease. *Lancet*, September 29, 1877, page 456.