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SYPHILIS IN THE INNOCENT

(SYPHILIS INSONTIUM)

CLINICALLY AND HISTORICALLY CONSIDERED
WITH A PLAN FOR THE
LEGAL CONTROL OF THE DISEASE

BY

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THE ESSAY TO WHICH THE COLLEGE OF PHYSICIANS OF PHILADELPHIA IN 1891, AWARDED THE ALVARENGA PRIZE, FOR THE BEST MEMOIR ON ANY MEDICAL SUBJECT

"Ardua molimur; sed nulla nisi ardua virtus."

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TO

ALFRED FOURNIER

AND

JONATHAN HUTCHINSON

WHO HAVE DONE MORE TO DEVELOP AND ENCOURAGE THE STUDY OF

SYPHILIS INSONTIUM

THAN ANY OTHER LIVING MEN

THIS VOLUME

IS

RESPECTFULLY AND AFFECTIONATELY

DEDICATED BY

THEIR FRIEND AND ADMIRER

THE AUTHOR.

SYPHILIS IN THE INNOCENT

INTRODUCTION

The following essay, the result of ten years' work, is presented as a contribution to the study of syphilis.

Syphilis is not essentially a venereal disease. It has been too frequently regarded as being only such, and consequently some of its important features have been overlooked. Many able writers describe well its clinical history, pathology, and treatment, as also its connection with prostitution; but the element of its non-venereal character, in many instances, has been relatively little considered, and no full presentation of the subject has ever been made. In the present essay the attempt is made to consider only this single aspect of the malady, namely its innocent occurrence and the modes of infection whereby it is innocently acquired, by means wholly unconnected with the venereal act.

Nor is the entire subject of innocent syphilis here compassed, for that would lead us much farther than proposed, and its consideration might well occupy many volumes such as this. As will be seen later, this would include hereditary syphilis, and that acquired in the ordinary relations of married life; subjects

which have been so fully treated by others that they are omitted from the present work.

But even this single branch of the subject is of such vast extent that I can hardly hope that the entire ground has been covered, or that all of the observations which have been made have been here utilized; and yet it is not too much to claim that this is the most complete monograph on this subject which has yet appeared.

In the preparation of the work, writings in a dozen languages have been consulted directly, in addition to certain quotations or translations which may have occurred in print from other sources.

Clinical records, more or less complete, are given of one hundred and sixteen original personal cases of extra-genital chancres, a greater number than has ever before been reported by any observer in the United States.

For the first time there is here offered a classification of the modes or methods of infection in *syphilis insontium*, describing over one hundred categories of transmission. These are grouped under three main heads, according as syphilis occurs, 1st, In connection with household and industrial life; or 2d, In the care of children; or 3d, In professional pursuits. This classification is based on the clinical observations which have been here gathered from literature, and has been educed synthetically as the work of collection of the data proceeded.

A Table is given of over 7,000 cases of chancre reported by various observers in venereal clinics, to show the relative proportion of extra-genital to genital chancres. Another Table has been prepared exhibiting the location of over 9,000 extra-genital chancres, which have been collected from the items given in the Analytical Bibliography.

Still another Table, as complete as possible, gives the epidemics of syphilis which have occurred from the year 1577 to the present time; this contains data relating to over 100 epidemics, great and small, affecting over 3,000 victims, in addition to the many instances where no definite statistics were given.

Accounts are also given of the various endemic diseases which, occurring in different times and countries, and under more than twenty different names, are now recognized as varied manifestations of syphilis.

I have made no attempt to include in the text reference to all who have reported cases or written upon the subject in hand, only the more interesting or striking cases or matter were selected; and the Synopsis of Facts and Literature, at the end of the work, as well as also the Analytical Bibliography, should be taken in connection with the text, in order to understand the subject completely.

The Analytical Bibliography contains references to over one thousand reporters of cases, several hundred of whom are referred to or quoted in the text. It has been my aim to make this Bibliography complete to January 1, 1893. The originals have been consulted wherever possible, but a certain number of references are taken at second hand, in which instance the second references are given in brackets; these latter are also often inserted even when the original has been consulted. as they may prove of value to those desiring fuller information than is here given, and who may not be able to consult the original.

I have to express my warmest thanks and acknowledgements for most valuable aid in the preparation of this work to my friends, Dr. Edward Preble, of Cleveland, Ohio, Drs. H. H. Whitehouse, Thomas L. Stedman, B. Lapowski, and Titus M. Coan, of New

York, and Dr. Valerius Idelson, of Berne, Switzerland; without their active co-operation this essay would have been less complete than it is.

Recognizing the limitations of the work, and the necessarily incomplete manner in which some great questions have been considered, the writer hopes that his labors may not be without interest to others, and may contribute to a more perfect knowledge of syphilis; it is thus hoped that it may aid in the advance of medical science and the good of mankind, and may assist in helping to check the innocent spread of the disease.

4 East Thirty-seventh Street, New York,
January 1, 1894.

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SYPHILIS INSONTIUM

CHAPTER I.

GENERAL CONSIDERATIONS.—SYPHILIS AS A DISEASE.—DEFINITION, ANTIQUITY, MODES OF DIFFUSION, PRESENT DISTRIBUTION OF SYPHILIS.

Syphilis is one of the most important diseases affecting the human race, and its study has occupied the thought and activity of observers almost more than that of any other one malady, while its literature probably exceeds that relating to any other single disease. The advances which have been made in the knowledge of the course, manifestations, and results of syphilis during the past fifty years are very great, and have done much to limit its extension by innocent means, and have also served to rob it largely of the terror with which it has been surrounded in earlier times. Much, however, undoubtedly remains still to be learned in regard to this protean malady, whose entrance into the system is often so unexpected and whose earliest symptoms are sometimes so trivial, and yet whose later results are frequently so disastrous and far-reaching, possibly even to many generations.

No attempt will here be made to consider syphilis in all of its many interesting and important aspects; the subject is one which presents an ever-widening field of study, while research into the literature relating to syphilis opens lines of investigation, and material for thought, almost boundless. The object of the present work is rather to develop the subject of syphilis

of non-venereal origin, which, as will be seen later, offers points well worthy of careful consideration, both from a scientific and a practical aspect, as well as from a hygenic, sanitary, and medico-legal point of view.

Syphilis is one disease, however it is acquired; one poison or virus, whatever it may be, whether a micro-organism or an animal product, is always present in every case, and is in some manner always transmitted to the person who acquires the disease. The modes and methods by which syphilis has been acquired, other than in sexual congress, are very numerous and varied, as will appear later; but in every instance it is one and the same disease, which may be again communicated, under proper circumstances, to any number of individuals.

Syphilis may be defined as *a contagious disease, chronic in character, due to the entrance of a specific virus into the system, which is capable of further propagation and transmission, both by inheritance and by inoculation with the blood and morbid secretions from the affected individual. In the course of the disease a variety of inflammatory and neoplastic lesions are produced, in a more or less regular and definite order, which may affect every organ and structure of the body. As a rule syphilis can be acquired but once during a life-time.*

The *antiquity* of syphilis has been the subject of much research and discussion by able writers, and very divergent views have been entertained in regard to the date when it first existed as a disease, a matter which is somewhat foreign to our present subject. It is, however, accepted by all that in the years 1494 and 1495 there occurred a sudden and very great spread of syphilis in certain countries of Europe, at a date closely following the discovery of America, and about the time of the invasion of Italy by Charles VIII. of France; and it is further agreed by all that our knowledge of syphilis, as a disease, dates almost wholly from that epoch.

Researches of modern times have, on the other hand, demonstrated beyond a doubt that syphilis has existed from the earliest periods of which we have any records; able scholars have recognized many allusions to the disease in the Bible, and according to Dabry,[1] perfect descriptions of chancres and of syphilitic lesions of the skin and mucous membrane are found in Chinese literature, some of it relating to more than 2000 years B. C. A recently

[1] Dabry. La médecine chez les Chinois, Paris, 1863, p. 251.

discovered Japanese book, dating back to the beginning of the ninth century, is said by SCHEUBE[1] to contain a full description of syphilis in all its forms, and to recognize their constitutional nature, and connection with local sores.

Whether or not syphilis existed in Europe previous to the date mentioned of its outburst in Italy, at the close of the fifteenth century, is still questioned by some, but recent writers have shown beyond a peradventure[2] that syphilis was known throughout Europe at a very much earlier period, as a constitutional disease, which was acquired through impure venereal contact. There is also evidence, from bones recently disinterred in France,[3] that the disease had occurred there occasionally before that date, and possibly even in very ancient or pre-historic times. Bones thought to be unquestionably syphilitic have likewise been discovered by Dr. JONES,[4] of New Orleans, and others in the indian graves of the United States, which are also apparently of equal or greater antiquity; it must be stated, however, that some[5] have doubted both the syphilitic character of the bone lesions, and the pre-historic origin of the same.

How or when syphilis originated is a matter utterly beyond human discovery, nor do we know much more of the dates and methods of its extension over the world, except in reference to certain countries within the last two or three hundred years. From what has been observed within this period, however, we may judge more or less correctly of the modes by which it has been spread in previous times, for in many instances we have very accurate accounts of the manner in which even large communities have been infected, as will appear more fully later.

Syphilis is everywhere seen to be a disease more especially belonging to communities, and flourishing most luxuriantly wherever there is a crowding or massing together of individuals, for the reason that thus the elements for its propagation become more concentrated, and opportunities for its communication more common; syphilis is, therefore, most abundantly met with in cities, and its frequency is commonly seen to diminish in a pretty direct

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[1] SCHEUBE. Virchow's Arch., 1883 XCI. p. 448 (Quoted by Hirsch, Handb. der hist. geogr. Path. Stuttgart, 1883, 2te Abtheil p. 467.)

[2] HIRSCH. Handbuch der histor.-geograph. Pathologie, Stuttgart, 1883, 2te Abtheil p. 42.

[3] JULLIEN. Traité pratique des Maladies Vénériennes, 2d ed., Paris, 1886, p. 454.

[4] JONES. New Orleans Med. and Surg. Journal, June, 1878, pp. 926-941.

[5] HYDE. A contribution to the Study of Pre-Columbian Syphilis in America. Amer. Jour. Med. Sciences, August, 1891.

ratio to the suburban or rural character of the people. There are many exceptions to this rule, however, as will appear later in the chapter on epidemic and endemic syphilis; it will there be seen that the disease has at times spread with great rapidity in country towns and among communities where there were none of the causes operating to which its extension is generally attributed; it is still thus increasing among the peasantry of certain districts, as in Russia, where gross ignorance prevails.

Prostitution undoubtedly stands foremost as a cause of syphilis, and far outweighs all other causes together, certainly at the present time. In addition to the ordinary spread of the disease in towns and cities by this means, it is likewise propagated very largely by sailors and soldiers, and consequently is particularly frequent in all seaport and garrison towns. Returning to their homes men of this class are also apt to carry infection with them, even to distant parts, and to communicate the disease to their families, and others, in thoroughly innocent manners; thus syphilis will often gain a foothold, and may even be widely distributed in rural districts.

Wars and migrations, as also market-gatherings, fairs, and festivals are frequently, in like manner, the means of spreading syphilis, from the license attending them; statistics abundantly demonstrate this, and it has been recently very clearly shown by MAURIAC,[1] in regard to Paris. Great public works, as the building of the dikes in Holland,[2] have likewise contributed largely to the extension of the disease, through the licentiousness attending the gathering of large bodies of men, unattended with their wives.

Even in recent times, especially in Russia, syphilis has been spread by means of pilgrimages, which often occupy weeks or months, and are attended with much laxity of morals; also the intimate mingling of the pilgrims, in an innocent manner, on these occasions serves to propagate the malady.

In later years, syphilis has spread along the lines of commercial intercourse, such as railways, rivers and canals; and manufacturing centres are often seen to afford the opportunity for the diffusion of the disease.

With the increase of syphilis by venereal excess there have always occurred necessarily a not inconsiderable number of cases

[1] MAURIAC. Leçons sur les Maladies Vénériennes, Paris, 1883, pp. 182-226.
[2] STRUVE. Ueber die aussatzartige Krankheit Holsteins, Altona, 1820, p. 26.

where the disease was acquired innocently, the ratio of the one class of cases to the other varying considerably in different localities and under different circumstances. In former times, before the nature of the malady was well known and the dangers of contagion understood, this mode of infection was really very common, and syphilis was repeatedly spread as an epidemic among certain communities; many descriptions of such visitations have been written and some of them will be considered fully in another chapter.

From one cause and another, therefore, syphilis has gradually become very widely distributed over the earth, and there is now hardly any portion of the known world where it has not been recognized, modified in certain localities by peculiarities of race, or climate, or soil. The subject has been very fully studied by HIRSCH,[1] LAGNEAU,[2] LANCEREAUX,[3] REY,[4] BURET,[5] and others[6] and brief reference may be made to the results of their work in connection with this subject.

EUROPE.

1. *Iceland.* Syphilis does not flourish here, for although repeatedly introduced from other countries it has very quickly died out. Thus, in 1756 it found its way to the weavers and spinners of Reykjavik;[7] but in 1763 it was a rare disease, and in 1774 it was extinct. In one or two other localities it has been similarly introduced and has in like manner died away.

2. *Norway and Sweden.* Introduced on the coast of Norway in 1709 or 1710, syphilis soon made great ravages, at first under the name of *Radesyge*, and has since extended very generally, though in a much milder form than previously.

3. *Russia.* According to LEINENBERG,[8] of Odessa, Russia has a peculiar though unenviable position among European states in regard to syphilis, where it is so common among the peasantry that it has long been regarded a scourge in the widest sense of the word; in some villages at least one-quarter of the inhabitants are infected.

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[1] HIRSCH. Handb. der histor.-geograph. Pathologie, 2te. Abtheil, Stuttgart, 1883.

[2] LAGNEAU. Recherches comparatives sur les maladies vénériennes, etc., Paris, 1867.

[3] LANCEREAUX. A Treatise on Syphilis, etc. Sydenham Society Ed. London, 1868, I; p. 45.

[4] REY. De la syphilis suivant les races et les climats. Ann. de Derm, et de Syphilig., 1880, p. 662.

[5] BURET. La Syphilis aujourd'hui et chez les Anciens. Paris, 1890.

[6] MAURIAC. Leçons sur les mal. vénér, Paris, 1883, p. 236; * * * JULLIEN. Traité pratique sur les mal. vénér, Paris, 1886, p. 472, etc.

[7] Iceland, by P. A. Schleisner, M. D., Brit. and For. Medico-Chir. Rev., Vol. 5, 1850, p. 459.

[8] LEINENBERG. Die Syphilis in Russland, Munchen, 1887, p. 2.

4. *Turkey.* Syphilis is very frequent in different sections of Turkey, known as *Frenga* in Servia, *Spirocolon* in Greece, and *Boala lumeasca* or *le mal qui court le monde* in Roumania, "where it has made great ravages in all classes of society. Its different forms are met with among almost all the inhabitants, young and old, infants and adults, both in the cities and in the country districts."[1]

5. *Italy.* Since the memorable outbreak of syphilis in Italy at the close of the fifteenth century, the disease has been present almost everywhere in considerable strength, at times appearing as an epidemic, as at Capistrello and elsewhere, or remaining endemically as in the case of the *Scherljevo*, *Facaldina*, and *Mal di Breno*, as will be mentioned in the chapter on Pandemic Syphilis.

6. *Spain and Portugal.* Syphilis is very common and severe in these countries especially in the southern part of Spain. In Portugal, FERGUSON[2] in 1812 stated that a large share of the population had become infected, through long neglect; by recent reports from the army records we learn that there are 182 syphilitics in each 1000 soldiers.

7. *France.* While syphilis appears to be increasing in the large cities of France, and, according to MAURIAC,[3] from 5000 to 8,000 persons acquire syphilis in Paris each year, it is relatively infrequent in the villages and country districts; although a number of epidemics of *syphilis insontium* have occurred in villages, in times past, as will be noted later. Marseilles seems to be the city where syphilis abounds to the greatest degree at the present time.

8. *Belgium and Holland.* After the great outbreak of syphilis of the fifteenth century, which extended to the lowlands, a "recrudescence" of the disease was described by EVERARDUS,[4] BLANCAARD and others, occurring in the island of Seeland, about the middle of the seventeenth century, from the custom of drawing breasts. From this and similar episodes, it is evident that *syphilis insontium* was not unknown in the Netherlands. Owing, however, to the prophylatic measures in force by the government in Belgium,[5] syphilis has become very much less frequent, so that the army reports show the smallest proportion of all the European states.

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[1] REY. La Syphilis suivant les races, etc. Annales de Derm. et de Syph., 1880.

[2] FERGUSON. Cited by Henry Lee, Lectures on Syphilitic and Vaccino-syphilitic inoculations, London, 1863, p. 214.

[3] MAURIAC. Cited by Jullien. Traité pratique des maladies vénériennes, 2d ed., Paris, 1886, p. 477.

[4] Die Neu-erweckte Säuger-Seuche in ihrer Vergleichung mit der Frantzosen oder Indianischen-Krankheit, etc. (German transl. of Blancaard, Sylvius, Sydenham, Wyer, and Everardus, Leipzig, 1689).

[5] LAGNEAU. Recherches comparatives sur les mal. vénér., etc., Paris, 1867, p. 13.

9. *Denmark.* In the Jutish peninsula, an epidemic form of syphilis was recognized and described by LILLIE in 1777, and by VAN DEURS in 1835, and since that time has been very prevalent in the maritime cities. In Schleswig-Holstein, on the western coast, a separate epidemic arose at about the same time, known as the *Marsh-disease*, and was confounded in part with leprosy. It was probably brought thither by the dike-builders.

10. *Prussia.* Endemics along the Baltic coast, especially in Lithuania, occurred at the time of the other endemics, and the disease is said later to have nearly decimated some districts. *Syphilis insontium* seems to prevail in Silesia, from the number and variety of cases reported from Breslau.

11. *Middle German States.* Bavaria and Wurtemberg were favored with numerous large epidemics from cupping, etc., about a century after the first European outbreak of syphilis. The disease has been prevalent there since that time, but was held in check by sanitary precautions, until, by a modification of the police restrictions, in 1861, the number of those infected rapidly doubled in Munich.

12. *Switzerland.* Like the preceding sections of Europe, Switerland has been the seat of numerous outbursts of the disease as is witnessed by frequent legislative enactments intended to check its diffusion; at present syphilis is said to be less common here than in many other European states.

13. *Austro-Hungary.* The eastern part of the empire was the seat of the first renaissance of syphilis, in 1577, in Moravia, in the shape of the *Maladie de Brunn*, from cupping. The eastern and southern portions are still more or less scourged by the endemics common to Russia on the one hand, and the Adriatic coast on the other.

14. *Great Britain and Ireland.* Syphilis first appeared here in 1496, and has steadily increased up to the present time. In the Scotch Highlands it has been known as *Sibbens* or *Yaws*, since the year 1690. It now prevails widely in the great cities and ports, favored by the neglect of all restrictions on prostitution. Dr. HOLLAND,[1] in reviewing the literature of prostitution in 1854, and the measures for the control of syphilis in several European cities and states, estimates that in the United Kingdom there were at least a million and a half persons infected with syphilis during

[1] Holland. British and Foreign Medico-chirurgical Review, Vol. XIII, 1854, p. 357.

each year. There can be no doubt that the disease was greatly diminished during the operation of the "Contagious Diseases Acts," from 1864 to 1881, as shown by official reports from the towns where they were enforced;[1] since their repeal it is on the increase in seaports and large cities.

ASIA.

1. *Siberia.* Syphilis is frequent and severe among the aborigines, and especially so in Kamtchatka. A special endemic has been described as the *Berreshoff Disease.*

2. *Japan.* The disease is reported as exceedingly frequent in Japan, under the name of *Feu de volupté* and *Mal portugias.* It has been stated by ELDRIDGE[2] that it is very exceptional to meet a male Japanese who will not acknowledge that at some time he has suffered from syphilis. In 1869, an investigation of the prostitutes in Yokohama revealed 33 out of 100 affected with constitutional syphilis, and generally with grave forms of the disease. Well organized sanitary police measures have, however, since that time greatly diminished the dangers from this disease.

3. *China.* Both the coast and interior of China are said to be saturated with syphilis, which is relatively mild among the natives, but severe among the unacclimated. The reason for the comparatively benign character of the disease among the Chinese is undoubtedly found in the protection afforded by previous race infection, the disease having existed here from the remotest period. In 1870, at the general hospital at Shanghai, where the ships of all nations send their sailors, syphilis formed 19 per cent. of all cases, and in Hong Kong, 16 per cent. of all cases were of syphilis, while in the French hospital at Tien-tsin in 1861, almost 30 per cent. of all cases were of this disease.

4. *Farther India.* Some interior tribes of aborigines are said to be exempt from syphilis, but on the coast, certainly among the Europeans, if not among the natives, syphilis is very common and grave. At Singapore sanitary restrictions have caused the disease, which was previously very frequent in this seaport, to diminish to a very great degree.

5. *Malay Archipelago.* In some of these islands the disease is extremely common and severe, both among natives and whites.

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[1] History and working of the Contagious Diseases Acts, by H. C. Sluggett, Tottenham, 1882.

[2] ELDRIDGE. Pacific Med. & Surg. Journal, Oct. 1881. N. Y. Med. Journal, March, 1882, p. 335.

The special features in this section of the world seem to be the severity of the general outbreak, and the prevalence of hereditary taint.

6. *India* (*Hindostan*). There is evidence here, as in China, of the great antiquity of the disease. It seems, however, to be diminishing in frequency in late years, so that while the average number of those infected with venereal diseases in the army in 1859 was 267 per 1000, in 1873 it was but 167 per 1000.

7. *Arabia.* Syphilis is said to be rare here, except along caravan routes, and at the seaports.

8. *Western Asia.* The inhabitants of the table-land surface comprising Afghanistan, Beloochistan, etc., are said to have syphilis extensively, but in a mild form. The exceptions to the latter are stated to be Armenia, where it is especially grave, and Persia, where syphilis is not very widely spread, and is said to present a remarkably benign character.

9. *Asia Minor.* Along the entire litoral, syphilis is prevalent and grave. The sedentary Mohammedans, coast-dwellers, etc., suffer far more than the nomads and inland-inhabitants. It is reported that it has affected the mountain districts of Syria only since the passage of the armies of Ibrahim Pacha.

AFRICA.

1. *Morocco.* "Syphilis is spread here among all classes; one cannot go far without meeting those exhibiting the marks of small-pox or syphilis."

2. *Algiers.* A special form of syphilis is that affecting the Algerine Arabs, known as the *Lépre Kabyle;* in 1868, out of 1000 patients in the hospitals of Algiers 113 were syphilitic. The disease is usually neglected and presents very grave conditions.

3. *Tunis.* Syphilis also prevails here very extensively; "those who do not have it are the rare exception;"[1] the notion of any venereal or scandalous element connected with the disease is, however, not present. It is, moreover, benign in character.

4. *Egypt.* "The disease here attains an extraordinary frequency, and is met with in all forms; the primary sores are quite as abundant as the secondary and tertiary lesions. From Alexan-

[1] Rubatel and Tirant. Lyon Méd. 1874, II. p. 249 (Hirsch Handb. der hist-geograph. Path. Stuttgart, 1883, 2 te Abtheil p. 54.)

dria to the second cataracts it is very wide-spread, and even to Kartoum, where there have occurred true epidemics of the malady."

5. *Nubia.* Although syphilis is prevalent in Nubia there seems to be more effort towards prompt, systematic treatment of the disease by the natives, and it is relatively mild.

6. *Abyssinia.* Syphilis is very wide-spread here[1] and Dr. BLANC estimates that nine-tenths of the Abyssinians are affected in different degrees; it is here mainly known as the *Mal* or *Lepre Kabyle.* According to Hirsch, syphilis was not introduced into the deeper valleys until the present century, and the inhabitants of Gallas have been free till within a few years.

7. *Eastern Africa.* In Madagascar some tribes seem to present a singular immunity from syphilis, even in spite of constant exposure, while others are much affected, even the children. In Zanzibar and the neighboring mainland syphilis is said to be so common that half of the patients applying for treatment are affected with some form of the disease.[2]

8. *South Africa.* The natives here are believed to be contaminated in proportion to dealings with Europeans.

9. *Western Africa.* In Senegal, Sierra Leone, etc., syphilis proper is very common and grave on the litoral. Among the natives, however, in past centuries and at present, there is the widely spread endemic of *Yaws* and *Pian*, and, while the pure African exhibits a certain immunity from venereal syphilis, he has a predilection for the disease yaws, to which the Caucasian is refractory.

10. *Central Africa.* As far as is known, the inhabitants are free from syphilis in proportion as they are of unmixed blood; those of mixed blood suffer in proportion to their admixture of European blood. Livingstone states that syphilis seems incapable of permanence in any form in persons of pure African blood anywhere in the center of the country.

11. *Sahara, Soudan, etc.* Conflicting reports are given from the oases and isolated regions explored. Some report lesions partaking of the nature of the *Mal Kabyle* of Abyssinia; others report a mild, wide-spread epidemic prevalence of ordinary syphilis.

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[1] REY. Annales de Dermatologie et de Syphiligraphie, 1880, p. 688.

[2] HIRSCH loc cit p. 53.

NORTH AMERICA.

1. *British America.* About a century ago, the litoral of the great lake chain was the seat of a grand epidemo-endemic of syphilis *(Maladie de la Baie de St. Paul)*, in which Indians and whites, of all ages, suffered severely. In 1874 it was reported by MAURIN that the cases of syphilis were numerous and grave among the Indian population.

2. *Greenland.* Syphilis has never been able to establish itself here; in Labrador the *Mal des Ottawas* is now known to be only secondary syphilis resembling the Norwegian radesyge.

3. *Alaska.* The natives here suffer in like manner with the Kamtchatkans. At Sitka syphilis is not rarely seen, but its character is not severe and it yields easily to treatment.

4. *United States.* Syphilis, as now spread throughout the States, is a result of infection during comparatively recent years, following in the line of commercial and industrial extension; it now prevails largely in all the great cities, unrestricted by any sanitary regulations, but is comparatively rare in rural districts. There are evidences found by Dr. JONES of New Orleans, as already mentioned, in exhumed bones, that the disease existed here many centuries ago, but it is questionable if the disease as it now exists is in any way traceable to this primeval source.

5. *Mexico, The Antilles, etc.* Among the highly complex populace of Mexico syphilis is so common that its venereal nature is ignored, and as a rule the malady is extremely grave. Some tribes of pure blood natives are yet free from disease. In the West Indies, the conspicuous form is *Yaws*, imported by and prevalent among the negroes. In Honduras an affection exists known as *Granos*, which appears to be syphilis.

SOUTH AMERICA.

Nearly the whole domain of the Spanish and Portugese conquest is the seat of widely spread and severe syphilis. The extraordinary spread of the disease, wherever introduced by the whites, may be due to the serf-like character of the aborigines and their rapid amalgamation with the colonists. In Brazil it is stated that in one hospital syphilitics composed almost 40 per cent. of the cases treated between the years 1861 and 1866.

AUSTRALASIA AND OCEANICA.

Some portions of these lands are yet free; others have been ravaged by the disease upon its introduction by the whites. In one of the Molucca Islands (Amboyna), a peculiar endemic prevailed early in the eighteenth century. A yaw-like disease (*Tonga*), has been noted in several localities.

HAWAIIAN ISLANDS.

Syphilis was first introduced here by Captain Cook's crew early in 1778, although FORNANDER[1] quotes Captain Cook as giving orders to prevent his men going freely on shore, saying, "that I might do everything in my power to prevent the importation of a fatal disease into this island, which I knew some of our men now labored under, and which, unfortunately, had been already communicated by us to other islands in these seas." Nevertheless syphilis gained a foothold and at once attained great gravity, and, owing to the very lax ideas of morality prevalent among the natives, the disease spread with very great rapidity; it is thought to have been one of the agencies which contributed largely to the well-known depopulation of the islands. It still exists there to a considerable extent,[2] although, as in so many other countries, it seems in a measure to have "worn itself out," and is now in a quiescent condition.

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[1] FORNANDER. An account of the Polynesian race. London, 1880, p. 161.

[2] GULICK. New York Journal of Med., March, 1855, p. 183.

CHAPTER II.

FORMS OF SYPHILIS.—I. AS A VENEREAL DISEASE (SYPHILIS PRAVORUM). II. AS A NON-VENEREAL DISEASE (SYPHILIS INNOCENTIUM OR INSONTIUM).—DIVISIONS OF NON-VENEREAL SYPHILIS: 1. SYPHILIS INGENITA: 2. SYPHILIS E COITU LEGITIMA: 3. SYPHILIS SINE COITU.

Although the disease is one and the same under all circumstances, syphilis may be conveniently studied under two grand subdivisions, according as it is acquired,

First. In connection with illegitimate sexual intercourse, *Syphilis pravorum*, or venereal syphilis, and

Second. As it occurs in a thoroughly innocent manner, *Syphilis innocentium (or insontium)* or non-venereal syphilis.

In actual practice these are, of course, very closely related, one to the other, and the person who has acquired the disease from sexual transgressions not infrequently communicates it in an innocent manner; and, conversely, one who receives the disease through innocent means may transmit the poison by venereal contact. As before stated, the disease is one and the same, however acquired; it runs the same course, presents the same symptoms, and requires the same treatment, which matters will not be here considered, as we have only to do with the mode of acquiring the disease.

A. SYPHILIS PRAVORUM. The first division, representing the disease as acquired in illegitimate venereal indulgence, is largely connected with the history of prostitution, and has been abundantly considered in the various treatises on venereal disease, as well as in special works on syphilis, and many on prostitution; in accordance with the plan of this work, this will not now be treated of, except incidentally.

B. SYPHILIS INSONTIUM. The second division includes cases where the disease has been acquired in a wholly innocent manner,

quite unconnected with any venereal transgression, and very frequently apart from any sexual relations. This second or *non-venereal* aspect of syphilis forms the basis of the present study, and it will be seen later that the disease, even acquired in this manner, occupies a conspicuous place in medical literature, and that *syphilis insontium* has been the source of untold damage to numberless inoffensive sufferers.

It is undoubtedly and sadly true, that in the enormous majority of instances syphilis is acquired in illicit intercourse, and that the cases which shall be referred to later on are relatively rare, when compared to the immense number of instances in which the disease is communicated in the commonly-known manner.

Since the date of the sudden and great spread of syphilis, toward the close of the fifteenth century, it has been known and classed as a venereal disease; and, although the exact connection between the initial lesion and the constitutional symptoms was not recognized until many years later, it was constantly observed and remarked, that this new disease, as it was called, was commonly acquired in connection with venereal transgressions, and earlier writers, as well as the laws of certain countries, contain constant reference to the fact.

So far, indeed, has this been regarded as its only or main mode of transmission, that syphilis is almost invariably included among venereal diseases, even in the treatises on general medicine and surgery, and the magnitude of its position as one of the most important and serious of the maladies which affect the human race has undoubtedly been undervalued, and its proper study has been retarded and hindered thereby. It may be stated without fear of contradiction, that in the minds of a large majority of persons, both in and out of the profession, the individual with syphilis is looked upon with suspicion, and the occurrence of the disease is still almost invariably associated with sexual errors; and, on the other hand, comparatively few appreciate, if indeed they know of, the various modes and occasions of the entrance of the syphilitic poison, in connection with which the recipient is entirely innocent.

From these and other facts it has resulted, therefore, that many afflicted with syphilis have been wrongly suspected, while, again, many cases of the disease have passed unrecognized, simply because of the failure to discover infection produced in the more common manner, in the genital region. How far its venereal

element is its only, or indeed its most important, aspect will be seen in the following pages.

While, as has been stated, syphilis commonly has a venereal origin, it is also true that very large numbers of cases have occurred where the disease has had its origin in a most unexpected and hitherto unknown manner, quite unconnected with any venereal or other error on the part of the person afflicted. The ways and methods by which this has occurred, far exceed anything which could have been imagined many years ago, and it is by no means probable that even now we know of more than a small proportion of the instances in which the disease has been thus acquired, nor do we yet recognize all the possibilities of non-venereal infection; cases illustrating new methods of communication are being constantly observed and reported, and the literature of the subject is very great, and rapidly increasing.

In looking at *syphilis insontium*, or, syphilis in the innocent, we find that the subject may be divided into three distinct heads, according to the mode in which the disease is acquired; these are:

1. *Syphilis ingenita;* or inherited syphilis;
2. *Syphilis e coitu legitima;* or marital syphilis, and
3. *Syphilis sine coitu;* mainly, extra-genital syphilis.

1. ***Syphilis ingenita.***[1] The subject of the hereditary transmission of syphilis has been so abundantly studied, and the facts concerning it are so well known, through the works of DIDAY[2], BAERENSPRUNG[3], HUTCHINSON[4], FOURNIER[5], and others, that it need not be considered in the present writing, and will only be alluded to incidentally, when bearing upon the subjects under consideration.

2. ***Syphilis e coitu legitima.*** Marital syphilis, or that acquired in lawful wedlock, is a subject which is second in importance to none in connection with the study of syphilis insontium, and here, alas, are some of the saddest cases to be observed; it is in the family relations that the physician often stands as a bulwark to protect the health, peace, and happiness of the home, and the subject demands the most careful consideration from everyone who

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[1] This is a better term than syphilis congenita, inasmuch as congenital syphilis may represent both the inherited disease and that acquired at birth, from any external source: *ingenita* signifies "inborn," a stronger expression even than "*hereditaria.*"

[2] Diday. A treatise on Syphilis of New-born Children. New Syd. Soc. Ed., London, 1859.

[3] Baerensprung. Die hereditäre Syphilis. Berlin, 1864.

[4] Hutchinson. A clinical memoire on certain diseases of the eye and ear consequent upon inherited Syph. London, 1863.

[5] Fournier. La Syphilis héréditaire tardive. Paris, 1886.

at any time may have syphilitic patients under observation and treatment; for, as will be seen later, a very considerable share of the women who have syphilis have acquired it in this manner. But this subject has been so thoroughly elaborated, through the labors of LANGLEBERT[1] and FOURNIER[2] and DIDAY[3], that there is little further need of work in this line, and it will not be considered especially in the present connection.

3. ***Syphilis sine coitu.*** The third group of cases belonging to syphilis insontium, namely, such as are acquired in other manners than those alluded to, and the primary lesions of which are commonly *extra-genital*, is perhaps one of the most important of all, and worthy the closest study and most thoughtful attention. The reasons for this are, that, on the one hand, the dangers extend to every one, married and unmarried, and even to innocent children; while, on the other hand, these dangers are but little known and appreciated by the profession, to say nothing of the gross ignorance and consequent carelessness of the laity in regard to the matter.

To develop this branch of the subject will be the aim of the succeeding pages.

The following table exhibits a classification of the various non-venereal modes of infection which have been actually reported in literature, arranged according to the various aspects of life in which they occur:

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[1] Langlebert. La Syphilis dans ses rapports avec le mariage. Paris, 1875.
[2] Fournier. Syphilis et Mariage. Paris, 1880.
[3] Diday. Le peril vénérien dans la famille Paris, 1881.

CLASSIFICATION OF THE MODES OF INFECTION OF SYPHILIS *

Syphilis
- I. Pravorum = e coitu illicita.
- II. Insontium
  1. ingenita, vel hereditaria.
  2. e coitu legitima.
  3. sine coitu.

(1, 2, 3) not considered in the present work.

SYPHILIS INSONTIUM SINE COITU

A. Syphilis pandemica
1. epidemica.
2. endemica.

B. Syphilis sporadica
1. economica.
2. brephotrophica.
3. technica.

A. SYPHILIS PANDEMICA

I. *Syphilis Epidemica*
1. From cupping.
2. " breast drawing.
3. " hand raising of infants.
4. " lactation.
5. " accouchement.
6. " circumcision.
7. " vaccination.
8. " eating and drinking, and domestic propagation.
9. " tattooing.
10. " glass blowing.
11. " eustachian catheterization.
12. " application of tongue to eye.

II. *Syphilis Endemica*
1. Sibbens.
2. Radesyge.
3. Disease of St. Paul's Bay.
4. Amboyna Pustule.
5. Morbus Dithmarensis.
6. Facaldina.
7. Scherljevo.
8. Mal di Breno.
9. Frenga.
10. Spirocolon.
11. Morula.
12. Mal Kabyle.
13. Yang-mey-tchoang.
14. Syphiloid of Courland, Jutland, Lithuania, Hesse, Klein-russland, etc.
15. (?) Framboesia, Yaws, Pian.
16. (?) Aleppo Evil, Biskra Bouton, Chancre du Sahara, Caneotica, Delhi Boil, Scinde Boil, Parangi, etc.

* The data in the Synopsis of Facts and Literature, and also the material of the body of the Essay, are arranged in accordance with this scheme, and the details of each feature may be found by referring to the same. (See Synopsis of Facts and Literature at end of volume.)

B. SYPHILIS SPORADICA

I. ***Syphilis Economica***

1. Domestic and Social transmission

- **1.** Eating and drinking and the use of Tobacco
  - **1.** Implements and vessels
    1. Spoons, knives, forks.
    2. Cups, glasses, jugs.
  - **2.** Tobacco, Troches, etc.....
    1. Tobacco-pipes.
    2. Cigars and cigarettes (mouth to mouth).
    3. Cigars (infected by makers etc.).
    4. Troches.
- **2.** Personal and household effects
  - **1.** Wearing apparel, etc.
    1. Shirts, drawers, etc.
    2. Masks.
    3. Plasters, bandages, lint etc.
  - **2.** Bedding ..... Pillows, sheets, etc.
  - **3.** Toilet articles.....
    1. Towels, sponges, etc.
    2. Combs.
    3. Tooth brushes, etc.
    4. Syringes.
    5. Sick-chairs, privy seats, etc.
    6. Other methods in family life.
  - **4.** Miscellaneous articles.....
    1. Handkerchiefs.
    2. Pins.
    3. Canes.
    4. Opera glasses.
- **3.** Active and temporary contact
  - **1.** Buccal
    - **1.** Kissing
      1. Reciprocal.
      2. Non-reciprocal.
    - **2.** Biting
      1. As a caress.
      2. For defence or assault.
      3. Accidental tooth wounds.
  - **2.** Digital
    - **1.** By contact
      1. Auto-infection (poison conveyed by own act).
      2. Hetero-infection (poison conveyed by another's act).
    - **2.** By nail-wounds
      1. Scratching.
      2. Pinching.
- **4.** Passive contact ..... 1. Contact in sleep. 2. Contact in carrying, supporting, etc.

2. Industrial transmission

- **1.** Buccal
  - **1.** By occupation requiring use of the mouth
    1. Glassblowers (pipes).
    2. Assayers (blowpipes).
    3. Weavers (spinklers).
    4. Musicians (wind instruments).
    5. Conductors (whistles).
    6. Servants (speaking tubes).
  - **2.** By necessary or unnecessary use of the lips.
    1. Cooks (tasting spoons).
    2. Furriers (thread).
    3. Upholsterers (tacks).
    4. Shoemakers (pegs).
    5. Clerks (pens, pencils, etc.).
    6. Cashiers and others (money, etc.).
    7. Druggists (labels, etc.).
    8. Artificial flower makers (needles, etc.)
- **2.** Digital — By substances infecting the fingers
  1. Laundresses.
  2. Old clothes dealers, ragpickers.

B. SYPHILIS SPORADICA (continued)

II. ***Syphilis Brephotrophica***

1. Acquired through nutrition of infants

- **1.** By lactation
  - **1.** Nurse infected by nursling
    - **1.** Nursling hereditarily syphilitic
      1. Nurse the mother (exception to Colles Law)
      2. Nurse not the mother.
    - **2.** Nursling having acquired syphilis
      1. Acquired in lactation.
      2. Acquired by kissing or otherwise per os.
      3. Acquired by vaccination, circumcision, etc.
  - **2.** Nursling infected by nurse or by another nursling
    - **1.** Nurse has primary lesion of the breast
      1. Child infected in lactation.
      2. Child infected by kissing and otherwise at nipple.
    - **2.** Nurse has recent syphilis but no chancre of the breast
      1. Child infected from mucous patches on nipple.
      2. Child infected from a nipple contaminated by soiled fingers, etc.
      3. By supposed infection through the milk.
    - **3.** Another nursling the syphilifer — Nipple the medium of transmission.
- **2.** By hand-feeding of infants
  - **1.** Adults infected
    - **1.** By new-born hereditarily syphilitic children
    - **2.** In weaning children with hereditary or acquired syphilis
      1. Nursing bottles.
      2. Artificial teats.
      3. Chewing the food for a child.
      4. Spoons, cups, and other objects.
  - **2.** Infants infected
    - **1.** By attendants
      1. Nursing bottles.
      2. Artificial teats.
      3. Chewing the food.
      4. Spoons, cups, etc.
    - **2.** By other child fostered with it — By use of same implements, nursing bottles, etc.

2. Acquired in connection with attendance on infants

- **1.** Mediate contact with soiled articles (infant alone infected)
  - **1.** Toilet articles
    1. Wash water.
    2. Sponges, etc.
    3. Combs.
    4. Syringes.
  - **2.** Coverings
    1. Diapers.
    2. Cradle clothing.
- **2.** Direct contact
  - **1.** Active, limited contact
    - **1.** Buccal
      - **1.** Kissing and fondling
        - 1. Reciprocal
        - 2. Non-reciprocal.

        — Adults or infants infected.
      - **2.** Dental inoculation
        - Accidental tooth wounds — Adults infected.
    - **2.** Digital
      - **1.** By contact
        1. Adult receives chancre.
        2. Infant infected by attendant.
        3. Distal infection by own soiled fingers.
        4. Infection by infant's soiled fingers.
      - **2.** By nail-wounds — Adults usually infected.
    - **3.** Aërial..... — By blowing or sputtering in infant's face.
  - **2.** Passive contact
    - **1.** In parturition — Infection per partum (infant alone infected).
    - **2.** During slumber (in bed) — Contact in bed (infant or adult infected).
    - **3.** By contact in arms
      1. Adult infected.
      2. Infant infected.

B.

SYPHILIS SPORADICA (continued)

III.

Syphilis Technica

- **1.** Operator the victim
  - **1.** Unnecessary exposure — Auto-inoculation (purely accidental)
    1. Operative.
    2. Cadaveric.
  - **2.** Necessary exposure
    - **1.** Manual (digital)
      1. Surgeons.
      2. Accoucheurs.
      3. Dentists.
      4. Attendants.
    - **2.** Cephalic
      - **1.** Buccal
        1. Breast drawing.
        2. Wound sucking.
        3. Inflating lungs of new-born.
        4. Applying tongue to eye
      - **2.** Facial
        1. Infection by own fingers.
        2. Direct contact.
        3. Aerial transmission (coughing in face, etc.).
- **2.** Operator the syphilifer
  - **1.** Direct contact
    - **1.** Digital contact
      - **1.** Infecting finger seat of chancre
        - **1.** Chirurgical manipulations — Infection by vaginal anal and other explorations.
        - **2.** Obstetrical manipulations
          1. Mother infected.
          2. Infant infected.
      - **2.** Infecting finger soiled by saliva, etc.
        1. New-born infected (at umbilicus).
        2. Infection by raising palate and like procedures.
    - **2.** Buccal contact
      - With a wound
        1. Wound sucking.
        2. Office of Fysille (circumcision).
      - Without a wound
        1. Breast drawing.
        2. Removing foreign bodies from the eye.
  - **2.** Instrumental contact — (Instrument soiled with operator's saliva)
    1. Tattooing (needle).
    2. Cupping (as done in Finland).
- **3.** Operator the medium
  - **1.** By means of transplantation and inoculation
    - **1.** Solid, organized substances
      1. Transplanting teeth.
      2. Skin grafting.
    - **2.** Liquid substances
      1. Vaccination (from primary or secondary syphilised vesicle).
      2. Variolation.
      3. Syphilisation.
  - **2.** By means of unclean instruments
    - **1.** Cutting instruments
      - **1.** Wound accidental
        1. Dental instruments.
        2. Infection in razor wounds.
      - **2.** Wound intentional
        1. Phlebotomy.
        2. Minor surgery.
        3. Wet cupping.
        4. Leech bites.
        5. Tattooing (needles infected from previous subject).
        6. Vaccination (soiled instruments, etc.).
    - **2.** Blunt instruments
      1. Eustachian catheterization.
      2. Sounds and specula.
      3. Serres fines, portes caustiques, and other apparatus.
      4. Tongue spatulas.
      5. Syringes.
  - **3.** By means of unclean substances
    - **1.** In suspension
      1. Wash water.
      2. In local therapeutics.
    - **2.** On bandages, lint, etc.
      1. In surgical dressings.
      2. In circumcision.

CHAPTER III.

SYPHILIS INSONTIUM SINE COITU.—CLINICAL CONSIDERATIONS.—MODES OF INFECTION: IMMEDIATE CONTAGION, MEDIATE CONTAGION.—LOCATION OF PRIMARY LESIONS.

The methods by which non-venereal syphilis may be acquired are innumerable, and relate to every conceivable circumstance and surrounding of life. As each new case or series of cases is reported, it becomes more and more probable that the number of instances in which syphilitic infection has thus occurred is far greater than is commonly supposed.

With a poison so virulent, and capable of being transported and introduced in so many different ways, endowed with the possibility, as far as is known, of being preserved for an indefinite period, the only wonder is, that cases of the *non-venereal* communication of syphilis to innocent victims are not even more common than they are now known to be.

The explanation of the relatively greater frequency of cases of *venereal* syphilis, is found in the nature of the virus, which requires a broken or abraded surface of skin or mucous membrane for its admission. This solution of continuity may be produced at the time of inoculation, or, infection may take place in the site of an old injury or abrasion; or, sometimes it would appear that the poison may itself cause an erosion of the surface, if long retained between folds of the mucous membrane.

When the conditions for its entrance are all present, it will be seen that inoculation rarely fails to take place on any and every portion of the body. But in the genital region the delicate character of the mucous membrane, and the frequent abrasions which occur during coitus, together with those arising from herpes, eczema, or other conditions, afford a ready entrance for the poison,

which is also further favored by prolonged contact, together with heat and moisture.

It will not be necessary to discuss here the nature of syphilis, or the physiological and pathological questions connected with its mode of entering the economy and development therein, nor need we enter upon the subject of any possible relationship between the chancroid and the chancre, or initial lesion of syphilis; these topics are somewhat foreign to our subject and have been abundantly considered elsewhere. It is here understood that we are dealing with true syphilis, which is a specific infectious disease, always communicated by the direct transference of a contagious principle, of whose real nature we know little, which induces a similar disease in another person. The point of entry of the syphilitic contagion is marked by a sore, called the *initial lesion* or *chancre;* this may and does present a great variety of appearances according to its location, the health of the individual, the treatment employed, and possibly other conditions which cannot be explained. In some instances it presents a striking, ulcerative surface, in others the lesion may be so slight as to have attracted little or no attention; it may remain for some considerable length of time, yielding only slowly to constitutional treatment, or again it may disappear rapidly under even the mildest local measures alone.

The only exception to the existence of the local sore as the first manifestation of syphilitic infection, is found in inherited syphilis, where the offspring receives the disease with its life or through its uterine nourishment, and also in the probable, though not wholly proven, infection of the mother through a fœtus, which has inherited syphilis from its father.

In studying the subject of the communication of syphilis, we find two methods of transference of the poison:

First, by *immediate infection*, or the direct contact of one person with another, and

Second, by *mediate infection*, where the infective principle of the disease is conveyed on some material object, in the same manner as vaccine virus is carried on a quill, or ivory point, or the lancet.

By these two methods alone can inoculation take place, and sufficient care in investigation will often, if not always, reveal the exact mode in which the accident has occurred. It is to be remembered that there is no occult manner in which the disease can be acquired, that it is not transmitted by the breath or through the

air, as are other infectious diseases, nor is the disease gotten by any simple nearness to the affected person, or by contact, unless there has been an actual transference of the poison from one indiviual to another.

1. ***Immediate infection.*** Of these two methods of communicating the disease, this is by far the more common, and is the mode in which most cases of venereal syphilis are acquired. Many cases of syphilis in the innocent are also caused thus by direct contact, as in the case of kissing, biting, etc., and also in the infection occurring between nurslings and nurses, and otherwise.

2. ***Mediate infection.*** While much less frequent, this method of infection is, in one sense, much more important than the former, because of its insidious character, the source of infection often being unsuspected until long after the disease has become fully developed in the victim. A large number of the cases of *syphilis insontium* occur through mediate infection, and the time of the deposit of the virus on the mediate article and its absorption by the victim are commonly unknown; much of the seemingly occult nature of many cases of syphilis may be thus explained.

In the greater proportion of instances of non-venereal syphilis, the virus comes from mucous patches, generally from those seated upon the lips and tongue; in some cases the material is taken directly from a chancre, and in a few instances the source of contagion is syphilitic blood: still more rarely the disease is acquired through pus or other products of the syphilitic process.

It is not believed that normal secretions, such as the *saliva*, *milk*, or *tears* can communicate the disease: in cases where this is supposed to have occurred, there have probably been mingled with the secretions some of the products of syphilis, as that from mucous patches or possibly blood, which have been the active agents in communicating the disease.

In regard to the *semen*, it is well recognized that this does transmit the poison to the product of conception, so that the child may inherit syphilis directly from the father, without the mother having actively acquired the disease; it is also an accepted fact that the mother does become in some manner infected or protected thereby, so that she is no longer capable of acquiring syphilis from her own child in nursing or otherwise, even although she may not herself have exhibited any signs of syphilitic disease; but to this so called "Colles' law" exceptions have been reported.

It is, however, by no means proven that the semen can convey syphilis otherwise than through the agency of conception, although certain cases have been reported of the alleged acquiring of the disease in this manner, and BÄUMLER[1] thinks it probable that infection can thus happen; it seems more likely that in these cases some secretion from a diseased mucous membrane, becoming mixed with the semen, had been the real conveyor of the poison.

In cases of *immediate contagion* the date and circumstances of the communication of the disease may commonly be made out, but in many cases of *mediate contagion* it is often extremely difficult to determine whence the poison is obtained, or exactly when the poison was absorbed; a striking illustration of this will be mentioned later on in connection with circumcision syphilis.

Extra-genital chancres. The subject of *extra genital chancres* has received considerable attention at the hands of many observers, and instances may be found where the initial lesion of syphilis has been seated on every conceivable portion of the body. While the topic under consideration is *syphilis insontium* rather than that of extra-genital infection, which latter, as is well known, may be of venereal origin, it may be well to briefly allude to the statistics accessible in reference to the location of extra-genital chancres, as indicating in some measure the relative possible frequency of syphilis insontium.

The following table is compiled from cases observed in the venereal clinics in the large cities of Europe, care being exercised to avoid duplication of statistics, which has occurred repeatedly in some of the published tables of like character. Separate special reports in regard to large numbers of cases of extra-genital chancres, affecting different regions alone, as on the lips, tongue, throat, eye, etc., have been excluded from these statistics, and will appear in another table (Table III.), as the object now is to show the relative frequency between *genital* and *extra-genital* chancres, in ordinary venereal practice.

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[1] Bäumler. Ziemssen's Handb. der spec. Pathol. u Therapie. Bd. III., T. I., 3d ed. Leipzig, 1886, pp. 46, 47.

TABLE I.

Proportion of Extra-genital to Genital Chancres.

Chiefly Venereal Clinics.	Total Cases.	Genital and Perigenital Chancres.	Extra Genital Chancres.	Lips.	Breast.	Fingers (hand).	Tongue.	Throat.	Nose.	Chin.	Eyelids.	Cheek.	Buccal Cavity.	Neck.	Forehead.	Unclassed.
Bassereau, Robert, Fournier, and Lefort—Hôp. du Midi, Paris. . .	1513	1445	68	38		3	8		1	6	2	2	1		1	6
Clerc,—Hôp. St. Lazare; and Martineau,—Lourcine, Paris. .	633	596	37	20	1		2	3	3		1		4	1	2	
Carriére, Burlet, Nodet—Hôp. Antiquaille, Lyon.	248	219	29	16	9				3		1					
Sigmund, Mraçek, Zeissl. — Allg. K. K. Krankenhaus, Vienna; and Lang—Innsbruck. . . .	1860	1732	128	76	7	29	5	8	1	1	1					
Pellizzari, — R. Arcesped. d. S. Maria Nuova, Florence; Breda, Padua; and Di Lorenzo,—Naples.	602	548	54	19	22		2	3			1	3	1	3		
Petersen,—St. Petersburg; Boglioboff, —Kronstadt; and Gredunier, Riga.—	2267	2230	37	15	2	1		2			1	1				15
Total, ...	7123	6770	353	184	41	33	17	16	8	7	7	6	6	4	3	21

In this table, comprising 7123 cases, we find the initial lesion is recorded as *extra-genital* in 353 instances, or almost five per cent. of the entire number, and the chancres are found on almost every portion of the body. But it is to be remembered that extra-genital chancres are really very much more frequent than would be indicated by the numbers here presented, for these data are furnished chiefly from venereal clinics, where those go mainly who are supposed to have diseases acquired in sexual intercourse. But in addition to the cases of extra-genital chancre which would be thus seen, casually, as it were, there are large numbers of innocent inoculations of syphilis, happening in foundling-asylums and elsewhere, in addition to the many which have been observed in special clinics, such as those for the eye, throat, skin-diseases, etc., which would not enter any general venereal statistics: it is probable, therefore, that the real percentage of extra-genital chancres would be very much increased, probably doubled by these additions, so that they would form possibly ten per cent. of the whole.[1]

The statistics in regard to the relative frequency of extra-genital chancres are found to vary greatly as given by different reporters, being always very much larger in cases of syphilis observed among females. The reason for this latter fact is probably found in the circumstance that it is frequently difficult to discover the primary lesion upon the genitals of females, it being often deeply seated, and more commonly overlooked, for various reasons; so that, the total number of *genital* chancres actually seen in this sex would naturally be much less than in an equal number of male syphilitics. On the other hand, *extra-genital* chancres would, if anything, be rather more likely to be complained of and noticed in females. To this must be added the additional risks of infection in the latter, especially in the matter of marital exposure, in lactation, and in the care of syphilitic infants.

Thus, among 2618 cases of chancre in the *male*, recorded by Bassereau, Robert, Fournier, Sigmund, Lefort, Pellizzari and Breda, there were 156 instances of extra-genital chancre, or a trifle under six per cent.; whereas among 926 cases of chancre in the *female*, recorded at the St. Lazare, Lourcine, and at Vienna,

[1] If any should think that this percentage is too high, let it be remembered that in a considerable proportion of cases of constitutional syphilis which come to any one for treatment, the actual site of the primary lesion is not known with certainty, especially in regard to women; since the attention of the writer has been especially directed to this subject, for ten years past, he has been greatly surprised at the number of extra genital (and mostly innocent) chancres that have been found by a little careful searching in his clinics.

Florence and Padua, there were 110 which were extra-genital, or nearly twelve per cent.

We have no means of forming an accurate estimate of the proportion of *non-venereal* cases among these 353 instances of extra-genital chancre given in Table I, but from what will appear later it is probable that a very large number were of this nature. FOURNIER[1] has recently furnished some interesting data bearing on this subject of syphilis insontium, from his private practice, which will aid us in understanding the relative frequency of this form of syphilis. Among 887 cases of syphilis in females, he found that in 842 cases the origin was sexual, and in 45 cases, or 5.07 per cent., the disease was acquired in a non-venereal manner.

These cases were as follows:

TABLE II.

Cases of Non-Sexual Syphilis in females in private practice (Fournier).

Cases of domestic contagion, derived from nurslings, children, wet-nurses, or nursery maids with syphilis (all the cases occurring in married women or young children),	12
Cases of infection transmitted to nurses by children hereditarily syphilitic,	8
Cases of hereditary syphilis,	7
Cases of midwives infected on the finger in the exercise of their profession,	5
Cases of syphilis acquired accidentally in infancy,	4
Cases of syphilis communicated by vaccination,	2
Cases of syphilis communicated by Eustachian catheterization,	2
Cases of syphilis communicated by rape,	1
Cases of unknown origin, but certainly non-venereal,	4
Total cases of syphilis insontium,	45

Among the remaining 842 cases there were 220 married women, and about an equal number whose social position was not recorded, some of whom might have been married: the remainder, 366, were unquestionably public characters. Of the 220 married women there were 56 doubtful cases, who were excluded, as either having contracted syphilis from a lover, or for other reasons, leaving 164 infected honestly and innocently, in their married relations; of the 164 husbands of these women, Fournier found that 82 had contracted syphilis before marriage, 39 after marriage, and in 41 cases the date of infection was not recorded. Thus, after the elimination of all doubtful cases, he found that of all the females

[1] Fournier. Annales de Dermatol. et de Syphiligraphie, tome VIII., No. 12 (1887), p. 757.

consulting him who had contracted syphilis from sexual intercourse, nearly 20 per cent. were married women, infected innocently, through no fault of their own. Adding this to the 5 per cent. of the first class, he states that, in his experience, in private practice, nearly 25 per cent. of the females contracted the disease innocently and undeservedly. In the discussion on the paper, Ricord stated that the matter had not been at all exaggerated, but that he himself had met with fully the same percentage.

My own statistics, although considerably smaller, tell a much sadder story. Taking 500 recent cases of syphilis, in private practice, there are found to be 339 males to 161 females, the latter forming about 32 per cent. Of these latter there were 120 who were married or widows, and 41 single, or children; among them were 20 cases of inherited syphilis. Of the 120 married or widowed women 10 had obtained their disease through extra-genital chancres, and two had late hereditary syphilis, leaving 108 to be accounted for by other means of infection. After a very careful examination of the histories of the patients, and the exclusion of all doubtful cases, I am positive that in over 50 per cent. of these married women the disease was contracted innocently from their own husbands: in a dozen or more instances the husband was either under my treatment or observation for syphilis, and recognized the source of infection. Adding together then, the 10 cases of extra genital chancre, 20 of hereditary syphilis, and 54 infected wives, we have 82 cases, or over 50 per cent. of all the females in private practice, in which syphilis was innocently acquired.

It will be seen later, that males are also exposed to *syphilis insontium*, and may acquire the disease quite as innocently as in the instances of females just cited: indeed among the personal cases recorded in Chapter IV. the male cases were actually in excess of the females. In the case of hereditary syphilis, and brephotrophic syphilis, male children are, of course equally exposed with female children, while in the ordinary domestic exposure males and females are alike liable to contract the disease; there are even some elements, such as the smoking of pipes and cigars, which increase the proportion of the males. Furthermore, many occupations and circumstances render men peculiarly subject to the contagion; thus, surgeons and accoucheurs are constantly exposed to the infection of syphilis, and a very considerable number, from first to last, have acquired the disease in their profession; many cases have

likewise occurred among glass-blowers, as also in some other trades. Syphilis has also repeatedly been given in tattooing, which is rarely practiced in females, while in earlier years it was also not infrequently communicated in circumcision.

It would seem therefore that putting these statistics and facts together, there must be at least ten per cent. and possibly a much larger proportion of cases of syphilis which are acquired in a perfectly innocent manner. The statistics just quoted from Fournier, it is to be remembered, are taken from his private practice alone, and are thus supposed to represent the better and more intelligent classes in Paris; it is altogether probable that among the more ignorant and careless communities of peasants, where the disease has sometimes spread over large districts, there is a very much greater proportion of cases of syphilis insontium, as may be judged from the facts developed in Chapter VI., in regard to epidemic and endemic syphilis.

LOCATION OF EXTRA-GENITAL CHANCRES.

We may now briefly allude to the localities where the infecting sore has been recorded to have occurred, and will present some statistics from which may be judged the relative liability of the various portions of the body to be infected. The following Table III. has been prepared by adding together the individual instances of extra-genital chancre reported by different observers in the countries there indicated, as presented in the Analytical Bibliography at the end of this work: the very greatest care has been exercised to avoid any possible repetition of cases, by consulting the original reports of the same, and excluding the statistics which have been at times tabulated by others: the cases here compiled are recorded by several thousand individual observers. It is not supposed that all of the cases on record are here tabulated, but enough have been collected to indicate both the large numbers of reported cases of extra-genital infection, and the relative frequency of the sore in different localities. The table presents the analysis of 9058 cases of extra-genital chancre. It would be very much larger if we could include multitudes of cases where the location of the sore is not accurately stated, such as those reported "from eating and drinking," "from care of children," and the very large numbers of infants infected in Russia and elsewhere "by means of nursing."

TABLE III.

Table of Localisation of Extra-Genital Chancres.

	Lips.	Breast and Nipple.	Buccal Cavity.	Fingers and Hand.	Eyelids and conjunctiva.	Tonsils.	Throat; deep oral and nasal.	Tongue.	Chin.	Cheek.	Trunk.	Nose.	Anus.	Peri-genital.	Leg and Thigh.	Forearm.	Neck.	Gums.	Forehead and Temple.	Ears.	Vaccination	Cupping and Phlebotomy.	Circum-cision.	Tattooing.	Total.
France, Belgium, and Colonies. . . .	777	236	165	109	159	132	97	89	88	66	36	53	69	21	37	23	32	18	14	17	368	—	10	19	2635
Russia, Poland, and Asia	229	345	447	50	70	56	107	19	16	9	47	13	8	10	9	4	4	5	6	—	13	311	119	—	1897
United States. . .	107	28	17	75	30	26	10	11	6	19	1	7	1	1	2	5	1	9	3	3	887	—	6	42	1297
Italy.	161	350	59	17	13	23	4	6	17	19	6	3	4	4	9	3	5	2	4	3	209	—	—	—	921
Austro-Hungary. .	233	18	19	110	18	22	9	11	12	7	6	6	1	2	3	11	1	—	5	2	121	180	32	—	829
Germany, Switzerland, and Holland. . .	169	107	7	35	26	11	22	2	5	12	1	7	4	36	6	4	1	2	2	2	54	254	5	—	774
Great Britain, Ireland, and Colonies. .	90	38	9	59	46	15	8	13	2	11	2	5	—	3	5	8	3	6	3	—	204	—	7	21	558
Denmark, Norway, and Sweden. . . .	39	23	11	5	1	22	5	5	—	—	1	1	—	—	2	—	—	—	—	—	7	—	—	—	122
Spain, Portugal, Mexico, Brazil, etc. . .	5	3	—	2	9	—	2	1	—	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	25
Total, . . .	1810	1148	734	462	372	307	264	157	146	145	100	95	87	77	73	59	47	42	37	27	1863	745	179	82	9058

We may now consider briefly some of the features presented by the figures here presented.

Chancre of the lips is seen, in this table to take the first rank, in point of frequency, reaching the great total of 1810 cases, or almost 20 per cent. of the entire number. It will be further seen that the preponderance of these cases come from France, Belgium, and Colonies, and of these a large share occurred in Paris, where much attention has been paid to extra-genital chancres.

Chancre of the breast comes next in frequency, with a total of 1148 cases, or 12.5 per cent. of the whole. Here Italy takes the lead, furnishing nearly one-third of the cases: Russia and Poland, and France also give large numbers, in all of which countries baby-farming is very prevalent. The numbers of cases of chancre of the breast would probably be very much greater if the instances of infection by nursing, mentioned in connection with epidemics and elsewhere could be included: but as the exact location of the site of infection is often not noted, these cases cannot be exactly located in this table.

Chancre of the buccal cavity forms the next most frequently reported locality, with 734 cases, or over 8 per cent.: of these 447 were from Russia and Poland. In these instances there was no more exact location stated, but it will be observed that there are several other columns, representing infection in the tonsils, throat, tongue, and gums, representing a total of 1504 cases; thus, in over sixteen and a half per cent. infection took place within the cavity of the mouth, which would place this locality next to the lips in frequency.

Combining these with the 1810 cases of chancre of the lips, we have no less than 3,314 cases, or 36.5 per cent. of the whole number analyzed, where infection occurred in the region of the mouth.

Chancre of the fingers and hand. This presents the next most frequently reported site of infection, with 462 cases, or over 5 per cent. of the total number analyzed. The majority of these cases were reported in accoucheurs and midwives.

Chancre of the eyelids and conjunctiva comes next on the list, with 372 cases, or over 4 per cent. of all. De Beck has written a very complete essay on the subject, in which he gives in tabular form the facts relating to 94 collected cases, including nine not previously published, one of them being his own: a number of these were in children, the youngest being eight months of age and the oldest

45 years, although several are spoken of as being "old." The causes and modes of infection were various: several cases were in physicians and midwives, who conveyed the poison to the eye by means of fingers; in two instances physicians received the infection from patients coughing in the face. In a considerable number the chancre was acquired in a manner similar to that mentioned in Chapter VI. (Epidemic No. 104), namely from the attempt to remove foreign particles from the eye with the tongue, the person performing the office being syphilitic.

Chancre of the tonsil. The tonsils, one or both, were reported to be the site of primary syphilitic infection in 307 cases, or just three and a half per cent. of all the cases of extra-genital chancre. Here again France leads the list, with 43 per cent. of the whole. The alleged causes of tonsillar chancre were many; from kissing, smoking pipes, glass blowing, tasting of feeding bottles, etc., and relatively very few were from improper practices.

Chancre of the throat, and of the deep nasal and oral passages. Of these we find 264 cases or nearly three per cent., the larger number coming from Russia and Poland: undoubtedly many of these, as also those previously noticed as in the buccal cavity, were chancres of the tonsil. In 1884 SCHADEK published a paper on the subject, giving 68 cases, three of them personal; PETERSEN and TSHISTJAKOFF the next year wrote also, and the latter counted up 104 reported cases. Almost every portion of the pharynx has been reported as the seat of the primary lesion of syphilis, including the posterior surface of the velum (ZEISSL) and the upper face of the epiglottis (KRISHABER[1]). The cases of inoculation from Eustachian catheterization come under this class.

Chancre of the tongue appears to be less frequent on this list than might be expected, there being only 157 cases, or about 1.7 per cent. In the older epidemics the tongue was frequently spoken of as a common site of inoculation, and possibly from its being a well recognized site of infection, observers have been less prone to report individual cases than those in less probable and more unusual situations. Writers on infantile syphilis often speak of infants at the breast receiving the infection in this location; thus, PELLIZZARI, out of 54 instances of infantile syphilis reports having found "the primary sore on the lips, tongue and gingival border" in 30 cases.

[1] Krishaber. Solis Cohen, Diseases of the Throat and Nose: 2d edit. Philadelphia, 1879: p. 17.

Chancre of the chin comes next in frequency, with 146 cases; *the cheeks* give 145 cases; *the nose* 95 cases; the *forehead and temples* 37 cases; and *the ear* 27 cases, a total of 450 cases on the exposed surface of the face, exclusive of the lips and eyelids. A very great variety of causes are given for the infection: many of them were from bites and scratches, the latter often from infants with inherited or acquired syphilis.

Anal and peri-genital chancres are, of course, very much more frequent than are indicated by the figures here given, 87 and 77 respectively; large numbers are found recorded in connection with venereal clinics, which are excluded here.

Vaccination is known to have been the means of the communition of syphilis in numbers of instances, there having occurred many epidemics of *syphilis insontium* from this source, as will be more fully dwelt upon in Chapter VI. The total number of victims here mentioned, 1863 is all that could be collected in actual numbers from literature, but in many instances the statement is made that "large numbers" were infected. During the late civil war in the United States groups of soldiers were known to be thus syphilized in several localities, and probably but a few of the occurrences were ever reported. FOSTER gives several of these epidemics, and summarizes the material bearing on the subject up to 1870, here and in other countries.

Cupping and phlebotomy, as practiced in olden times, and among ignorant communities, yielded a large number of cases of innocent syphilitic infection; the total number collected being 745, or over eight per cent. of the whole number here analyzed. From more recent reports from Russia and Finland these cases continue to appear from this cause from time to time.

Circumcision, more particularly ritual circumcision, and among the lower classes, has been recorded by a number of observers as having been followed by syphilis: of the total number collected, 179, it will be noticed that 119, or almost 70 per cent., came from Russia and Poland. These cases illustrate forcibly the fact that the site of infection in *syphilis insontium* may even come on the genital organs, as is also repeatedly shown elsewhere, in the instances where husbands acquire chancre of the penis from wives who had been infected by syphilitic nurslings.

Tattooing has repeatedly given rise to groups of cases of syphilitic infection: it is curious to notice that of the 82 cases here

collected, the United States furnished over one-half, the rest being from English and French sources. BERCHON[1] and LACASSAGNE[2] make no mention of syphilitic inoculation in their elaborate studies on the subject of tattooing, although the former very briefly refers to a case reported by HUTIN.

We have thus seen that every portion of the body has been the site of the primary lesion of syphilis, and if the exact and minute location of the sore, in every case which has occurred could be accurately determined, it would probably be found that not a square inch of the body has at one time or another escaped being the seat of a chancre. The methods by which this has happened will be more particularly studied in subsequent chapters.

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[1] Berchon, E. Histoire méd. du Tatouage. Paris, 1869.
[2] Lacassagne, A. Les Tatouages, Étude anthrop. et méd. lég. Paris, 1881.

CHAPTER IV.

CLINICAL CONSIDERATIONS.—PERSONAL CASES.—CHANCRES OF THE LIP, TONSIL, FINGER, BREAST, TONGUE, CHEEK, EYELID, CHIN, HAND, NOSE, EAR, TEMPLE, NECK, FOREARM, AND SACRAL REGION.

The clinical appearances presented by extra-genital chancres vary very greatly according to their location, their duration, previous treatment, and many other factors which cannot be determined. It would be beyond the scope of the present essay to attempt any complete description of the characters or appearance of the initial lesion of syphilis as it appears on various portions of the body, as the present work relates mainly to the danger and modes of innocent syphilitic infection and does not include a complete study of the disease in all its relations.

It may be interesting and instructive, however, to have some clinical pictures of syphilis as it has presented itself in connection with non-venereal infection, and I have, therefore, collected together the notes of the cases which have fallen under my observation and care, and present them somewhat in detail. While these cases may not exhibit absolutely every phase of extra-genital sores, enough can be learned from the clinical descriptions given to enable one to recognize such chancres in any location.

In examining the records of my public and private practice, I find more or less complete notes of over 2000 cases of syphilis extending back over a period of more than twenty years. The larger number of these patients came under my care on account of skin-lesions, during various periods of the disease, generally after the primary sore had disappeared, and in some instances even many years thereafter, and not more than one-third of them came on account of the local sore, or with its remains still present.

The figures, therefore, which are hereafter given fail to accurately represent the real frequency of *syphilis insontium* among these 2000 patients, or even the relative number of *extra-genital chancres* occurring among them; for, while these latter would commonly attract attention and were always noted when present, in the majority of the cases of syphilis no record whatever was made either of the location or the character of the primary lesion, or of the source of infection; indeed, in very many cases these matters were not known positively to the patient or myself. That there were many more cases of extra-genital chancres than are here mentioned there is not the slightest doubt, while the cases of true *syphilis insontium*, especially in women and children (including marital and hereditary syphilis), would probably number several hundred.

However, among these 2000 cases of syphilis notes of extra-genital chancres occur in 113 instances, or in over 5.5 per cent., excluding a number of cases seen casually, the notes of which are not at hand, or were not preserved. In addition to these instances of extra-genital chancres there were records of a considerable number of primary lesions seen in unusual situations on and about the genitals, such as those within the urethra, on the pubis, scrotum, etc.; these are excluded from consideration here, as belonging pretty certainly to the venereal class.

It will be seen later that in almost all the cases whose history is given the lesions were non-venereal in character and innocently acquired, and in most of them the nature of the disease was not previously suspected: fully one-third of the cases occurred in private practice and among those well to do in life.

These extra-genital chancres affected various localities, as shown in the accompanying table:

TABLE IV.

Location of Extra-Genital Chancres.

PERSONAL CASES.

Location.	Male.	Female.	Total.
Chancre of the lip, . .	20	30	50
" " " tonsil, .	8	7	15
" " " finger, .	13	2	15
" " " breast, .	—	7	7
" " " tongue, .	3	3	6
" " " cheek, .	5	—	5
" " " eyelid, .	3	1	4
" " " chin, .	2	1	3
" " " hand, .	1	1	2
" " " nose, .	1	—	1
" " " ear, . .	1	—	1
" " " temple, .	—	1	1
" " " neck, . .	—	1	1
" " " forearm, .	1	—	1
" " " sacral region,	1	—	1
Total, . . .	59	54	113

Of these one hundred and thirteen cases it will be noticed that 59 were in males and 54 were in females, giving the preponderance to the males; this is somewhat remarkable, for it has generally been supposed that extra-genital infection was much more common in females than in males. It has been already remarked that extra-genital chancres occurred with greater relative frequency in venereal clinics among females; in the present instance the statistics are drawn from skin clinics and from private practice in diseases of the skin. It would seem, therefore, that practically both sexes are about equally liable to this mode of infection.

The ages of these patients ranged from three years and ten months to 60 years, as shown in the following table, with the ages arranged in periods of five years.

TABLE V.

Ages of Patients with Extra-Genital Chancres.

Ages.	Males.	Females.	Total.
Under 5 years,	—	2	2
5 to 10 "	—	—	—
10 " 15 "	1	—	1
15 " 20 "	1	7	8
20 " 25 "	12	9	21
25 " 30 "	10	16	26
30 " 35 "	12	8	20
35 " 40 "	6	7	13
40 " 45 "	10	2	12
45 " 50 "	3	1	4
50 " 55 "	3	—	3
55 " 60 "	—	1	1
60 " 65 "	1	1	2
Total,	59	54	113

It will be seen that 80 of the patients, nearly three-quarters of the whole number, were between the ages of 20 and 40, the number in each five years in this period being nearly the same, the largest number, 26, occurring between the ages of 25 and 30. This is a time of life when, from the activity of the individual, one would naturally be exposed in many ways not so common among those in older or younger years. This corresponds also to the common experience in regard to syphilis in general: thus, in a large number of cases analyzed by the writer some time ago, 53 per cent. of all cases of syphilis occurred between the ages of 20 and 35 years.

As remarked in regard to the table of extra-genital chancres in the previous chapter, statistics vary greatly according to the source

from which they are taken, and another group of cases might present quite other relationships between the sexes and the ages, and would also probably exhibit a different relative proportion of chancres in various localities. It will be noticed that the tables present no instances of vaccination chancre, nor any where syphilis was acquired by circumcision, and contain but a single example of the probable communication of syphilis by tattooing ; breast chancres are also not very numerous.

Brief notes of the cases referred to may now be given, and the groups of cases will be considered in the order of the relative frequency of the primary lesions in various localities, as seen in Table IV.; for convenience of reference the histories will be arranged in the order of the ages of the patients in each group of cases. The notes will be given, as far as possible, in the language recorded at the time ; but, as many of the patients were seen in public practice, and some of them many years ago, there is necessarily a considerable difference in the fulness and exactness of the descriptions given, and in some instances the data found are less full and satisfactory than could be desired.

CHANCRE OF THE LIP.

This forms, as will be seen, nearly one-half of all the cases, namely fifty out of a total of one hundred and thirteen instances of extra-genital chancre. This large proportion of lip chancres is accounted for both by the relatively greater frequency of extra-genital infection in this location, and also by the fact that the cases occurred largely in dermatological practice; such lesions, often suspected to be epithelioma, would be more likely, therefore to present themselves than those about the eye, breast, cavity of the mouth, etc. Of these cases 20 were in males, and 30 in females. The sore occurred 16 times on the upper lip, 39 times on the lower lip, and once at the right labial commisure; the ulcer was situated on the right side of the lip in 13 patients, on the left in 12 instances, in the middle in 16 cases, and in 9 patients the precise location was not stated.

Case I. *Chancre of lower lip.* Z. A., a well developed little girl, three years and ten months of age, was brought to my clinic, April 13, 1889, with a well defined papular syphilide covering the entire body, but somewhat fading, and with mucous patches about the anus. The eruption was evidently not due to hereditary

syphilis, and the mother who came with the child was examined and questioned and found to be free from syphilis ; two others of her children, aged eight years and ten months respectively, were examined shortly after and found to be perfectly healthy.

In searching for the site of infection a well defined chancre was found on the lower lip, mostly on its inner surface, extending partly on to the vermilion border. The ulcer was about half an inch in diameter, nearly round, red, and slightly raw on the surface, sharply defined and decidedly hard to the touch. The glands beneath the jaw were swollen, and there was immense post-cervical adenopathy. The sore had existed for several months and had resisted various local applications. The child was under observation some little time, during which the eruption disappeared and the sore healed very rapidly, under active mercurial treatment.

The probable source of infection was traced to another child, who had sore mouth, and with whom she had played two weeks or so previous to the first appearance of the sore on the lip.

Case II. *Chancre of lower lip.* Z. B., a little girl, aged 4½ years, was brought to me on November 14, 1883, on account of an obstinate sore on the right side of the lower lip, which had existed for 2 or 3 months, and had refused to heal under various treatments: a general rash had appeared on the child's body two or three weeks previous to her visit, and was still present, it being a most characteristic erythematous syphilide. The lip was the seat of a somewhat protruding mass, about half an inch diameter, with a smooth surface of a vivid red color, giving forth a glairy secretion; it was somewhat indurated, owing possibly in part to cauterisations previously made by those who had seen her, and there was a painless enlargement of the glands beneath the jaw on that side.

Her mother, who brought her, had been for six weeks under my treatment for an early syphilis, some nine months previous, but had neglected her case; and when she returned with the child her own mouth was full of mucous patches, she was very hoarse, and had still the remains of her papular syphlitic eruption on the lower extremities; there could be no question in regard to the source of the infection from the mother, but whether directly from kissing, or by means of some mediate object could not be determined.

Case III. *Chancre of lower lip.* Miss Z. C., aged 17, applied at my clinic at the Post Graduate Medical School, February 10, 1893, for the treatment of sore lip.

Four weeks previous she had noticed a sore just to the right of the centre of the lower lip, which had refused to heal, and increased in size and distinctness up to the date of the visit. A week after its first appearance the sub-mental gland of the right side began swell, and two weeks later the throat became sore, and she also began to experience rheumatic pains and malaise.

The lip was found to present a hard mass, nearly circular, and about half an inch in diameter, covered with a dirty crust on its outer portion, and moist and exuding within: the glands beneath the chin were swollen, and presented a firm mass: there were mucous patches in the throat, but no eruption.

The origin of the trouble was believed to be from kissing a young man with sores in the mouth and an eruption on the face.

CASE IV. *Chancre of lower lip.* Miss Z. D., aged 18, applied for the treatment of a maculo-papular syphilide covering the body, head and extremities, including the palms and soles; it had existed four weeks at the time of her visit, October 18, 1890, and had been accompanied with headache, malaise, rheumatic pains, and sore throat.

For three months previous she had what she thought a "cold sore" on the lower lip, a little to the left of the median line, which she had picked from time to time, and which had gradually increased in size.

On examination the entire lip was seen to be much swollen, and on the left side there was a somewhat raised, hard, crusted mass, about three-quarters of an inch in diameter, easily bleeding when the crust was removed: the glands beneath the jaw were swollen, and mucous patches existed on the lips as well as in the throat.

She thought that the infection came from kissing a lady friend who had sore lips.

CASE V. *Chancre of lower lip.* Mrs. Z. E., aged 19, had had a sore on the right side of the lower lip eleven weeks, when first seen, April 13, 1887. It began as a "chap" which took the appearance of a "cold sore," and was irritated by biting off the crust which continually formed. She had tried to heal it with a plaster, but it had steadily increased in size until the time of her visit. It then presented a raw surface fully half an inch in diameter, involving the width of the vermilion border of the lip, partly covered with a crust, and partly bleeding, where this was

torn off: very little hardness could be felt, but the glands beneath the jaw were enlarged. A copious macular syphilide had appeared two weeks previous, with mucous patches in the mouth.

No history could be obtained of the manner of infection, but as she appeared to be a loose character, it was not difficult to understand its occurrence: she was lost sight of after a few visits, even before the chancre was fully healed.

Case VI. *Chancre of upper lip.* Miss Z. F., aged 19, was sent to my clinic by Dr. A. from a neighboring town, on February 12, 1890, on account of a sore on the upper lip which had proved rebellious to treatment locally applied. It had first appeared as a small crack, near the centre of the upper lip, six weeks previously, and had gradually increased in soreness, with the formation of a solid mass at the site, until the time of her first visit; for a few weeks it had had a superficially ulcerating surface, upon which a thin crust had formed. Two or three weeks after its first appearance she had noticed a painless swelling beneath the jaw, on the left side, and later some swelling on the right side.

As the girl denied all possible sources of infection, she was left without constitutional treatment for some weeks, when a most characteristic papulo-pustular syphilide appeared, covering most of the body and extremities.

Under active mercurial treatment the ulcer healed very rapidly, the eruption vanished, and the adenopathy disappeared; she was under observation and treatment for some months, and when last seen all active symptoms had ceased, though she still had a red, shiny patch on the lip, where the chancre had been.

No cause for the infection could be discovered, except possibly kissing.

Case VII. *Chancre of lower lip.* Miss Z. G., aged 19, was brought to my office by her fiancé, who was under my treatment for syphilis of eight months' duration, on August 29, 1887. Her eruption began two months previously, and consisted then of a somewhat fading, general, small, maculo-papular syphilide, with adenopathy. She then had the remains of a chancre situated in the centre of the lower lip, which dated back three or four months; it had partly healed, and was then quite superficial; there were also mucous patches in the mouth.

Very careful inquiry excluded the idea of any other origin of the disease than by kissing, and the sore had commenced about three

months previous to her visit, at a time when her lover had abundant mucous patches in the mouth.

Case VIII. *Chancre of lower lip.* Mr. Z. H., aged 20, an actor, on August 27th scratched the lip with his finger-nail, on the site of a red blotch left after a cold sore, and to heal it he applied some "face paint;" on September 2d the edge of the lip was cut by a barber, but only the patient's own handkerchief was applied to it. He then applied some liquid remedy for "barbers' itch," and on September 6th the lip began to ulcerate and to crust over, and about the same time he noticed some swelling of the glands beneath the jaw.

When he presented himself for treatment, September 22, 1888, there was a circular, protuberant mass, about half an inch in diameter, covered with a crust, near the centre of the lower lip, encroaching fully one-half on the cutaneous surface below the vermilion border; the sore was hard at its base, and well defined, but with some adjacent inflammation in the lip; the sub-maxillary glands were bilaterally enlarged, there was multiple cervical adenopathy, and slightly ulcerated mucous patches were seen on the tonsils, but no general eruption. Later, the most exquisite miliary syphilide appeared.

The lip chancre proved remarkably rebellious to careful local and general treatment, most faithfully carried out, and even four months after he was first seen there was still a very distinct, circumscribed, firm mass, quite circular in outline, and with a shiny, red surface, at the seat of the original sore.

Case IX. *Chancre of lower lip.* Mrs. Z. I., aged 20, wife of Mr. Z. K., Case XI., contracted a sore on the right side of the lower lip, seven or eight months after marriage, presumably from her husband, who was then under treatment for his lip chancre and mucous patches of the mouth; he had been cautioned in regard to the exposure of others, but being of a careless and rather dissolute character, he neglected the treatment of his case and the precautions for the safety of others. Following the chancre of the lip she had three miscarriages, at 7, 8, and $5\frac{1}{2}$ months respectively, and when seen from time to time had late tubercular and gummy lesions upon the soles and about the right knee. The scar of the initial lesion on the lip was still present, even two years after infection.

Case X. *Chancre of right commisure of mouth.* Miss Z. J.,

aged 20, an estimable young lady, had what was thought to be a "cold sore" at the right angle of the mouth, four weeks before her visit, June 22, 1893. This refused to heal and increased in size, was soon accompanied by swelling of the glands beneath the jaw, and two weeks before her visit a pretty general macular eruption appeared. During most of the time she had had much malaise, and for the last two or three weeks the throat had been sore.

On examination there was a large, indurated mass occupying the right angle of the mouth, protuding externally and extending back half an inch or more on the mucous membrane. The outer portion was irregularly oval in shape, one-half by three-quarters of an inch in diameter: it was raised above the surface, with tolerably sharply defined edges, and was distinctly hard. The surface was superficially eroded over its greatest part, and gave forth a glairy secretion. On the mucous surface the protuding mass could not be told from a hypertrophic mucous patch. The eruption and sore throat were characteristically syphilitic.

The source of contagion was believed to be from a young man to whom she had been engaged, who had a sore mouth.

Case XI. *Chancre of lower lip.* Z. K., a tailor, aged 21, husband of the above mentioned patient (Case IX.), was brought to my consulting room at the New York Hospital by a confrère, for diagnosis in regard to a rebellious sore in the centre of the lower lip, which had resisted local measures for several weeks. The sore presented the usual appearances already described, and was diagnosed a lip chancre, but as it did not give him much trouble he treated it rather lightly, and subsequently neglected treatment, until more annoying symptoms presented themselves; at the time when first seen, he had a swelling beneath the jaw, but, as he had been subject to enlarged glands in this location, this also caused him no uneasiness.

He afterwards returned for treatment, mainly because of his sore mouth, with malaise and loss of flesh, he having lost twenty-four pounds in three months; he then was transferred to my service, August 10, 1887. On stripping he was found to be covered with a fine maculo-papular syphilide, of which he seemed to be hardly conscious; he had also double inguinal adenopathy and a considerable number of mucous patches on the tongue and buccal cavity.

The lip chancre was supposed to have been contracted from a prostitute, with whom he had associated, but nothing definite could be learned; he had not seen her since. The disease ran rather a severe course, with abundant and persistent mouth lesions, and he still came for occasional treatment, even up to within a few months of the time of present writing.

CASE XII. *Chancre of the lower lip.* Mr. Z. L., aged 21, came to the New York Hospital November 12, 1892, on account of an ulcer of the lip, and a general eruption, which had just appeared.

He had first noticed a soreness of the lower lip on the left side, about three months previous: a month later the sore took on a different appearance, and assumed a definite outline, more or less circular and protuding from the lip. The eruption had appeared a couple of weeks before his visit.

On examination there was an inflamed mass on the lower lip, in about the middle of the left half, extending from the edge of the lip well into the mouth, measuring one-half by three-quarters of an inch in diameter. The surface was moderately raised, but the margin not very sharply defined: there was not much induration, although the mass was firm to the feel. On the free portion of the vermilion border it was covered with a brownish adherent crust; the inner portion was moist and succulent, bleeding easily. The sub-maxillary glands of that side were greatly enlarged, and somewhat so on the opposite side; there was some general adenopathy. The penis and genital region were carefully examined, and there was no trace of a chancre there or elsewhere, except on the lip. The general eruption was in the papular form, and very prominent on the face and head.

No definite clue could be obtained as to the source of infection, but he charged it to cigars, as the man from whom he bought them had active syphilis, and was very careless in handling them.

CASE XIII. *Chancre of upper lip.* Miss Z. M., aged 22, was first seen in November, 1879. The sore, which was on the left side of the upper lip, was first noticed four weeks before the visit, as two small "water-blisters," which soon became crusted, and the lip very sore; the glands beneath the jaw swelled two weeks later. When first seen, the sore was covered with a dark, firmly adherent crust, but at the second visit the crust had been removed, revealing a red, fleshy, irregular sore nearly an inch in diameter,

without marked induration; the surface was covered with a dried, glairy secretion, with a little pus in one point. One week later, the swelling of the glands was enormous, while the sore was healing rapidly from the sides, under mixed treatment. Three weeks from the time of her first visit, an abundant roseolous eruption appeared, with mucous patches in the throat: a week later it was recorded that the inflammatory element on the lip had largely subsided, and that the chancre then presented some induration.

The patient charged her disease to using the same cup with another girl, who had also a sore on the lip; confrontation could not be obtained.

Case XIV. *Chancre of lower lip.* Mrs. Z. N., aged 22, seen first April 12, 1882, charged her chancre on the lower lip to her husband. It had existed four and one-half months, and when seen was almost healed, presenting a smooth, shiny surface, with some induration: it had been ulcerated for three months, and had healed under anti-syphilitic treatment at other hands. She subsequently had mucous patches, periosteal tenderness, aphonia, etc.

Case XV. *Chancre of upper lip.* Miss Z. O., a domestic, aged 22, presented herself August 5, 1889, with a great swelling of the upper lip, which had originated from a "cold sore" five weeks previously: the little abrasion, she stated, had gotten worse and become harder after having kissed a friend, a few weeks before her visit to the Skin and Cancer Hospital.

When first seen there could be made out very distinctly, on the inner surface of the upper lip, to the left of the median line, an ulcer about three quarters of an inch in diameter, with quite sharply limited edges, and deeply infiltrated; there was sub-mental and cervical adenopathy, more marked on the left side. There was then no eruption, no headache, nor other sign of constitutional infection. The patient entered the Hospital, and under the free local use of calomel the inflammatory œdema of the lip rapidly subsided and the sore became more distinct, and within three weeks the lip was nearly well. Five weeks from her first visit, a maculo-papular eruption appeared, which yielded soon, but again a grouped papular lesion appeared two months later, which in turn disappeared under constitutional treatment.

Case XVI. *Chancre of lower lip.* Mrs. Z. P., aged 24, whose husband was subsequently under my care for syphilis, and died (under other hands) from probable syphilitic disease of the kidney,

gives a most clear history of chancre in the middle of the lower lip, occuring just after marriage, and almost seven years before she came under my personal care. The chancre of the lip was probably recognized at the time by a prominent physician in Chicago, who treated it accordingly; but it was still followed by early syphilitic symptoms, a general eruption, mucous lesions at the vulva and anus, loss of hair, etc.; I afterwards treated her for nodes in various localities and a papulo-tubercular syphilide.

The case is peculiarly interesting from the fact that her husband had been previously engaged to another patient of mine, whose case will be given later (Case LX.) to whom he had communicated a *chancre of the tonsil:* the date of the active stage of syphilis in the man, who at the time had many mouth lesions, corresponds exactly with the date of infection of his two fianceés. who developed their chancres not very long after each other. The occurrence of the syphilis in the other case, to be mentioned later, was the cause of the breaking of the engagement and subsequent attachment to this young lady, whom he married, and infected on the lip.

Case XVII. *Chancre of lower lip.* Mr. Z. Q., aged 24, first noticed a swelling of the right sub-maxillary gland, in the latter part of May, 1883, and about the same time he found a crack in the lower lip, near the right angle of the mouth. Five or six weeks later this was followed by a general eruption, which lasted until the date of his visit, August 25, 1883. He had had intercourse with but one woman during the year, and denied ever having any sores on the genitals, which were examined and found to be free. The chancre on the lip was still present and a general maculo-papular syphilide, together with mucous patches in the fauces.

The case was only seen once in consultation, and no record was made of any special mode of infection.

Case XVIII. *Chancre of upper lip.* Mr. Z. R., aged 24, applied August 5, 1891, at the New York Skin and Cancer Hospital, on account of a sore lip.

On examination there was on the upper lip, just to the left of the middle line, a circular, protruding mass, fully three-quarters of an inch in diameter, extending from the cutaneous edge, across the vermilion portion, and well into the mouth: the whole lip was considerably swollen, and the mass itself was very distinctly hard

and resisting. The exposed portion was covered with a bloody crust, that within the mouth was raw and exuding, bleeding very easily. There was very general adenopathy about the head, the left sub-maxillary glands being especially enlarged; the throat was much inflamed: a very general and well marked maculo-papular eruption existed about the mouth, chin, nose and forehead, and also very generally on the body and upper extremities.

He stated that a month previous a crack in the lip became sore, and this increased in severity, under various treatments, until the date of his visit. He could give no positive idea as to the mode of infection, but as he was a bartender, and in the habit of smoking the pipes of others, and also of kissing girls of questionable character, it is easy to account for the infection.

CASE XIX. *Chancre of lower lip.* Mrs. Z. S., aged 25, was under treatment for a syphilitic gumma of the tongue, when seen in consultation October 13, 1879. She gave a clear history of a chancre of the left side of the lower lip, four years previously, followed by sore throat, etc. Her husband had died two years before her visit, of some lung disease, and was said to have had venereal disease severely.

CASE XX. *Chancre of lower lip.* Miss Z. T., aged 25, first noticed a small tender point on the right side of the lower lip, toward the end of November, 1889: this she scratched, and it gradually got worse until she applied for treatment, January 25, 1890. The sub-maxillary glands had then been enlarged for two or three weeks.

When first seen, there was an oval, slightly elevated patch on the lower lip, to the right of the median line, something about one-half inch by three-quarters in diameter; it was crusted over and, presented a clearly defined solidity and hardness. A general maculo-papular syphilide had just appeared over the body and limbs, with mucous patches in the throat, and cervical adenopathy.

No cause for the infection could be learned.

CASE XXI. *Chancre of lower lip.* Miss Z. U., aged 25, seen on March 10, 1879, had had a sore on the lower lip for five weeks previous to the date of her visit. It was half and inch in diameter, nearly circular, flat, superficially ulcerated, of a greyish color, with well-defined edges, and exhibited a parchment-like induration: it had never been cauterized; there was sub-maxillary adenopathy.

No source of infection could be traced.

CASE XXII. *Chancre of lower lip.* Mr. Z. V., a painter, aged 25, applied for treatment March 1, 1882, with a well-developed chancre of the lower lip. No notes of this case are accessible, and no further data can be given than the above record, taken from the books of the Institution where the case was observed.

CASE XXIII. *Chancre of upper lip.* Mr. Z. W., aged 25, had an initial lesion on the upper lip, which had existed four weeks, when he applied for treatment, June 30, 1886: the sore was seated partly on the cutaneous and partly on the mucous surface. He had connection last on April 1, when he acquired a gonorrhœa. A general maculo-papular eruption appeared soon after his first visit. No cause of infection discovered.

CASE XXIV. *Chancre of upper lip.* Miss Z. X., a waitress, aged 26, was admitted to the Skin and Cancer Hospital, February 7, 1891, on account of a peculiar sore situated on the fleshy part of the upper lip, directly beneath the septum nasi. No satisfactory history could be obtained in regard to its cause or first appearance; it had been there some weeks, increasing from a small abrasion. The sore was sharply defined, slightly crusted over, and when this was removed the surface was slightly moist and depressed: it was not over one quarter of an inch broad, by three-eights in vertical diameter, and presented a certain amount of hardness.

As the sore was suspected to be a chancre, she was kept under observation, without treatment, and at the end of two weeks a macular-eruption appeared on the chest, and extended later to the extremities; it afterwards became somewhat papular. She was kept long in the Hospital under treatment, as she had planned an early marriage, which it was desirable to defer as long as possible. The primary sore soon healed, but in spite of active treatment she presented signs of constitutional infection for some time.

CASE XXV. *Chancre of lower lip.* Mr. Z. Y., aged 26, a cigar-maker, was first seen August 31, 1881. He gave rather an unsatisfactory history as to the first appearance of the sore on his lip, which had lasted some little time; he had had connection six weeks previous, and remembered kissing a woman of loose character, and using her handkerchief. When first seen, he had a distinctly indurated sore in the center of the lower lip, circular, and about the size of a ten-cent piece. The sore was of a yellowish color, secreted but little, and gave scarcely any pain. There was considerable swelling of the sub-lingual and sub-maxillary glands.

This patient was under observation and treatment for several years, off and on, and was last seen April 5, 1884. He went through as severe a course of syphilis as is often seen, with various skin-lesions, hoarseness, and abundant, persistent mucous patches, almost to the last.

CASE XXVI. *Chancre of upper lip.* Mrs. Z. Z., aged 26, applied for treatment at the Skin and Cancer Hospital, January 28, 1887: the patient had been married five years, and lost her husband two months previous to her visit. It was learned that at about the time of her husband's death she had had much to do with a female friend (Mrs. V. B., case CVI.), also under treatment at the Hospital, who had a chancre of the back of the hand, and mucous patches in the mouth,—whom she kissed repeatedly. About a month after this, the lesion on the lip began to develop and increased up to the time of observation.

When first seen there was a sore, about three-quarters of an inch in diameter, on the left side of the upper lip, circular, elevated, and with a distinctly sclerotic base, its surface being uneven and of a greyish-yellow color: the sub-maxillary glands on the left side were enlarged, and she had severe headache. Two weeks later a macular syphilide appeared, and subsequently mucous patches in the mouth. By May 20th the chancre had completely healed, but she had later signs of constitutional syphilis.

CASE XXVII. *Chancre of mucous surface, centre of upper lip.* Mr. Y. A., aged 27, had a sore on the inner surface of the upper lip about three months previous to his visit, May 10, 1893, which was slow in healing, and was soon followed by enlargement of the gland, beneath the right jaw, and sore throat. A few weeks after the sore became prominent he had a general macular eruption: the eruption disappeared, and the sore healed under the very active and efficient treatment which he had received from his physician. He was sent to me because of the fall of hair, which had lately been coming out in a patchy manner.

When seen the sore on the lip had quite healed, but there was still glandular enlargement beneath the right jaw: there was no trace of a primary sore on the penis, nor had he had any lesion there. The hair was thin, and falling irregularly in patches, as seen in syphilis, but he exhibited then no other sign of the disease, except the sub-maxillary adenopathy.

He charged the sore to kissing, but he was a smoker.

CASE XXVIII. *Chancre of lower lip.* Miss Y. B., a seamstress, aged 28, came to the Skin and Cancer Hospital April 6, 1888, for treatment of a general, fine, papular eruption, grouped in places, and situated principally on the back, thighs and legs, with ulcerative mucous patches on the tonsils.

The disease began some months previously, with soreness of the throat, pain in the head and general malaise, shortly followed by alopecia and a general eruption. The history of the case is very imperfect, but points to the beginning of the disease with an ulceration on the lower lip, near the centre of which there were the remains of a chancre, in the form of a well-defined purplish scar.

Nothing could be learned as to the real beginning of the sore or of the mode of infection.

CASE XXIX. *Chancre of lower lip.* Mrs. Y. C., aged 29, a lady of position, first noticed a swelling beneath the jaw on the left side of the face, in June, 1875, two months before her marriage; at the same time there was a little sore on the left side of the lower lip, which then hardly attracted attention, but which afterwards became indurated and proved rebellious to all efforts to heal it. When first seen, January 8, 1876, seven months after its first appearance, there were still some remains of the chancre, an induration being readily felt just beneath the border of the lip, on the inside, about midway from the centre to the angle of the mouth; the surface was entirely healed over.

Two or three months after the lump beneath the jaw was first noticed, there appeared a general rash, which also remained partially visible at the time of the visit; the nature of the disease had been recognized, or rather suspected, and she had taken iodide of potassium, iodide of iron, and a little mercury, which, however, was said to have made the eruption worse. Her syphilis ran rather a severe course, with recurrent eruptions. She was five months pregnant when first seen and had a still-born child at full term; but under active treatment she shortly bore a living child which remained perfectly healthy, and was over two years old when the patient was last seen, December 23, 1879.

No possible cause for the infection was discovered: her husband was said to be healthy and pure, and certainly had no visible signs of syphilis.

CASE XXX. *Chancre of upper lip.* Mrs. Y. D., aged 29, of doubtful character, first noticed a sore on the middle of the upper

lip, four weeks before her visit, March 7, 1891: there was a small scab on it which she pulled off, making it to bleed.

The sore on the lip presented a very characteristic appearance, being raised, moderately crusted, and surrounded by considerable boggy inflammation. She had sub-mental and other adenopathy, and developed a very characteristic macular syphilide. After a month's diligent treatment, including mercurial plaster to the sore, she had still a protruding, moderately hard mass in the centre of the upper lip, which, however, when last seen, very recently, had completely healed over, leaving a smooth, red, glossy surface.

She attributed the sore lip to smoking a cigarette, which, however, was a fresh one, from a package, and she had never smoked one from the lips of another person; but she also states that she was kissed afterwards by some one who bit the lip, but does not know of the existence of a sore mouth in that person or others of her acquaintance.

Case XXXI. *Chancre of lower lip.* Mrs. Y. E., aged 30, presented herself October 1, 1886, with the history of having acquired syphilis two-and-a-half years previously: the initial lesion was located on the lower lip in the middle line, where there was still a distinct cicatrix visible, with some induration. At the time of first observation she had a late papular syphilide on the palms and soles, headache, sore throat, and mucous patches on the tongue.

No source of the infection could be determined. The patient also brought her little girl with her, eighteen months old, but small for her age, also with a palmar syphilide.

Case XXXII. *Chancre of upper lip.* Mr. Y. F., a clerk, aged 30, was admitted to the Skin and Cancer Hospital April 28, 1890, on account of an ulcer on the middle of the upper lip. No definite history could he obtained in regard to the mode of its development, except that the sore had begun to attract his attention about the close of the preceding February, and had persisted, in spite of ordinary treatment, until the date of his admission.

The sore presented the usual appearances of a single, well-defined, almost round ulcer, crusting over easily, and bleeding when the crust was removed; he had mucous patches in the mouth and throat.

Under active mixed treatment, and chlorate of potash mouth-wash, the ulcer improved rapidly, so that in three weeks it was

entirely healed, and the mucous patches gone, and he left the Hospital. He afterwards returned to the out-patient department with recurrent mucous patches, adenopathy, and periosteal trouble.

Nothing could be learned in regard to the mode in which the chancre was acquired, but as he was dissipated, and subsequently returned with gonorrhœa, it is easy to understand that the lip infection took place in promiscuous intercourse.

CASE XXXIII. *Chancre of lower lip.* Mrs. Y. G., aged 30, came to my office October 24, 1891, for the treatment of a large mass of gummy syphilide, covering an area of nearly two inches in either diameter, on the chin: this had existed over a year, and had been treated as lupus, and showed already much scar tissue. She was a very intelligent lady, and as the diagnosis of syphilis had previously been considered and rejected, the matter was freely discussed; it was found that her husband had not had the disease, and no cause for the infection had been discovered.

On careful investigation it was found that ten years previously, and three years before her marriage, a sore had appeared to the right of the middle line on the lower lip, which had lasted at least two months, and was accompanied with greatly swollen glands beneath the jaw on that side; she was then feeling very miserably, and soon had a general eruption, and later some scattered tubercular lesions. The scar of the original lip chancre still remains very plain, it being almost circular, white, and slightly depressed, and nearly half an inch in diameter, situated near the center of the vermilion border of the lower lip.

No cause for infection could be ascertained, but she was living then in a mining region in a Western State, and undoubtedly acquired it by kissing.

The lesion on the chin yielded with wonderful rapidity to mixed treatment.

CASE XXXIV. *Chancre of lower lip.* Mr. Y. H., aged 33, had been occasionally at my office for psoriasis, for several years. On May 7, 1887, he noticed a sore spot on the right side of the lower lip, just as he was leaving on the steamer for Europe. On May 23, 1887, he saw a physician of eminence in Paris, who diagnosed a chancre, and gave him proto-iodide of mercury in pills, half a grain morning and evening. When seen, on his return, July 27, 1887, there was a hard, red, shining, button-like mass in the lower lip, depressed in the centre, and slightly protruding from the level of

the surface; the glands under that side of the jaw were moderately swollen. The entire body was covered with a maculo-papular eruption, intermingled with patches of his old psoriasis; he had much general adenopathy and some mucous trouble.

He knew of no special means whereby the sore had been acquired.

CASE XXXV. *Chancre of upper lip.* Y. I., a physician, 33 years of age, noticed a sore on the left side of the upper lip about six weeks prior to his visit, October 26, 1877. This failed to heal, and, about two weeks later, the right side of the upper lip also became sore, and both remained in this condition until his visit, the nature of the difficulty not being recognized. When first seen, the left side of the lip attracted attention by the presence of a clean-looking ulceration, very red, and giving off a sticky secretion; the sore was decidedly hard on palpation, and was half an inch long by one-third of an inch broad. On the right side there was another lesion of somewhat the same size and appearance, from which a white patch ran to the corner of the mouth. The glands beneath the jaw were slightly enlarged and painful. There was already a macular syphilide developing on the arms and back. For the past two weeks he had been feeling badly, with aching pains, and had lost flesh.

The diagnosis of chancre of the lip was made, and shortly after his visit he was seen by another physician in this city, especially acquainted with this class of affections, and the same diagnosis was made independently.

The only possible suggestion in regard to the mode in which the infection had been acquired, was that it came through the medium of cigars, he being an excessive smoker, and being conscious of carrying the cigar just where the sore was first noticed. About the same time when the case was observed, a case had been reported in Connecticut, where an operative in a cigar factory had for some time been rolling and moistening cigars on the lips, which were the seat of abundant mucous patches.

The patient, who was a very intelligent practitioner from a large town in Connecticut, was much interested in endeavoring to discover the source of the infection of the sore on his 'ip, and as he had been smoking Connecticut cigars very largely, we were quite satisfied that it probably occurred in the manner mentioned; this seems all the more probable in view of the very similar case

narrated later (Dr. Y. R., Case XLIV.), and also in consideration of the incident there mentioned, in regard to another syphilitic cigar-maker, who finished cigars with the lips and tongue covered with mucous patches, until obliged to desist, from the pain occasioned thereby.

Absolutely no other source of infection could be discovered, although we devoted much time and pains to the discovery.

Case XXXVI. *Chancre of upper lip.* Mr. Y. J., aged 33, had noticed a sore on the left side of the upper lip, near the angle of the mouth, about eighteen months previous to his first visit; he could not trace the infection, but had been greatly exposed, and had drank pretty heavily. The sore persisted for something over a month, and was shortly followed by mucous patches, and occasionally by later eruptions and nodes: but the disease was held well in check by treatment.

Case XXXVII. *Chancre of lower lip.* Mr. Y. K., aged 34, came to me April 23, 1887, for the treatment of a scaly eruption of the penis, with some maculo-papular lesions scattered over the chest. On searching for the primary lesion a sore was discovered on the inner side of the lower lip, on the right side, which had existed for six weeks; the following history was then elicited:

About March 1, he had noticed a fissure in the lip, which he attributed to smoking cigarettes; on February 27 or 28, he had intimate relations with a prostitute, and about March 15 he had noticed the lip-fissure to be more of a sore, and on March 23 he had some adenopathy beneath the jaw; this was thought to be mumps and was poulticed. There was no sore on the penis, nor elsewhere; the syphilis ran a mild course.

Case XXXVIII. *Chancre of lower lip.* Mrs. Y. L., aged 36, had been under my treatment for another difficulty, when, on February 12, 1880, she presented herself with a scattered papular syphilide with some mucous patches, and a sore on the lower lip which had existed for two months. It was about one third of an inch in diameter, presenting the usual appearance of primary lesions in this locality, and with swelling of the glands beneath the jaw. Her husband was of rather loose character, and it was supposed that she acquired the disease from him.

Case XXXIX. *Chancre of upper lip.* Mrs. Y. M., a trained nurse, aged 36, was sent to my office by a physician in a neighboring city, March 26, 1891; she gave the following history: On

January 12, she came from nursing a private case, and at that time she is sure the lip was healthy. But three days later, as the menses came on, the lip became sore, like a "cold sore," and on January 19, she went to nurse a bad case of scarlet fever, for six weeks. The sore healed, apparently, but on February 15, with the recurrence of the menses, the lip again became sore and has remained so since. The ulcer was treated with home remedies, and court-plaster applied, beneath which the sore increased very rapidly, and had been about in the condition seen, for two weeks.

When first observed there was a prominent, round mass, about half an inch in diameter, on the upper lip, just to the right of the median line; the surface was crusted, but on the removal of the crust a raw, pinkish, smooth surface was presented, bleeding easily, and quite solid on pressure; the sub-mental glands were enlarged. I subsequently learned that the sore had been already diagnosed as a chancre by a gentleman of this city well acquainted with this branch.

No cause of the infection could be learned; she claimed not to have had anything to do with anyone with sore lips or mouth, and was inclined to ascribe it to cigarettes which she had smoked between the 3d and 6th of February.

Case XL. *Chancre of lower lip.* Mr. Y. N., aged 37, a married gentleman, with five healthy children, was sent to me, by his physician, with a sore on the right side of the lower lip, November 20, 1884. The sore was almost circular, three-eighths of an inch in diameter, slightly raised, with a hard margin posteriorly; the surface was brilliant red, moist, and bled easily. He had some papulo-squamous syphilitic eruption about the body and limbs. He stated that he had first noticed the sore some six months before, and that it had never been treated; the eruption had been supposed to be eczematous, as his mother had had "salt rheum." Anti-syphilitic treatment was advised, but two full months later his physician stated that the sore was still present on the lip.

No satisfactory account could be learned as to the development of the sore, but he had been somewhat of a drinker, and had smoked greatly, up to two or three weeks prior to his visit.

Case XLI. *Chancre of upper lip.* Mrs. Y. O., aged 37, came to the Skin and Cancer Hospital, November 6, 1891, for the treatment of a sore lip, which was accompanied with soreness of the throat. The sore had been present for two months or more, and

had increased from a small point, until it was about half an inch in diameter, presenting the usual appearance of a red, glazed surface, giving off a sticky secretion.

She stated that she had had an eruption, beginning a month or so before her visit, but there was little then to be seen; she had, however, mucous patches in the throat and on the tongue. No history of infection could be obtained.

CASE XLII. *Chancre of lower lip.* Mr. Y. P., aged 38, a very intelligent man, occupied in electrical work, applied at the New York Hospital, on November 29, 1890, for the treatment of a sore lip which had refused to heal with local measures. Thinking it to be epithelioma, he had seen some surgeons of eminence, but they, apparently recognizing its nature, had refused to operate.

The history was, that he had had a crack near the centre of the lower lip for four years, off and on, worse in winter and almost or quite healing in warmer weather. A couple of months or so before his visit, he had noticed a change in the character of the sore place, it hardening up, and assuming more the character of a definite ulcer, giving off a sticky secretion; a week or so before his visit he had begun to have a general eruption.

When first seen there was a well-defined, round ulcer, protruding from the surface of the lip, about five-eighths of an inch in diameter, the surface a little depressed and covered with a crust; the ulcer was decidedly indurated. He had a very profuse papulo-squamous syphilide over the body, face, and extremities, and iritis of the right eye; he had most intense cephalalgia, which had prevented him from sleeping for several nights.

Under very active treatment the ulcer improved rapidly, the eruption faded, and the iritis ceased, though the latter returned later.

The probable mode of infection was very interesting. In testing electrical currents with the galvanometer he was accustomed to put a copper rod frequently in the mouth; and also in making entries he was in the habit of likewise holding a pencil between the lips. Working at the same occupation with him were a number of men whom he knew to be syphilitic, and they would often use the same copper rod before and after him, placing it between the lips, and frequently use the same pencil in common; it seemed, therefore, most highly probable that on one or the other of these the virus was conveyed to the crack on his lip, at or soon

before the time when he noticed a change in its character. He was a married man, with three children, and had never been exposed in sexual intercourse.

CASE XLIII. *Chancre of lower lip.* Mrs. Y. Q., aged 39, had a chancre of the lower lip which lasted three or four months. Her husband died of what appeared to be syphilitic paralysis. She had afterwards a tubercular syphilide, and gummy, ulcerative tumors; the notes of the case, which was one of the public cases, are imperfect.

CASE XLIV. *Chancre of lower lip.* Y. R., aged 40, a physician of great intelligence, stated that for ten or fifteen years he had had a fissure of the lip, which at times proved very troublesome, and again would remain healed for weeks. Six weeks before his first visit, he noticed that the fissure discharged a serum, which he had to wipe off frequently; two weeks later the glands beneath the right angle of the lower jaw became enlarged, and swelling of other glands followed later.

Soon after the changed character of the fissure occurred, he suspected infection, and cauterized the spot with chromic acid, 100 grains to the ounce; a few days later he cauterized it with nitric acid and commenced taking $\frac{1}{32}$ of a grain of bichloride of mercury, with four grains of iodide of potassium three times daily. He had made no local application since the nitric acid; the ulcer became greatly irritated and increased in size after this. He then saw a number of physicians who failed to recognize the syphilitic character of the sore, which was covered with a hard, glutinous scab, and secreted freely beneath it; at the advice of friends the sore was again cauterized with nitric acid daily for six days, and the anti-syphilitic treatment stopped, but the latter was soon resumed. At the end of the cauterization the sore had reached its fullest size, the lip was greatly swollen, the ulcer was the size of the thumbnail, and the glands under the right jaw were as large as a goose-egg; one week after returning to the mixed treatment the ulcer began to close at the edges. About the time the lip began to heal, and about ten days before his visit, a copious eruption appeared; first on the scalp, then on the forehead, face, and hands, and soon it covered the entire body.

When first seen, July 4, 1879, the eruption was in full bloom, and quite unmistakably syphilitic. On the lower lip, just to the right of the median line, a circular ulceration appeared, half an

inch in diameter, with a bleeding, granular centre and healed margin, which was very sharply defined; there was very little hardness, and but little swelling of the lip; the glands beneath the jaw were still enlarged.

In searching for the mode of infection, every possible element was gone into, and no direct source could be determined positively; the doctor had not been directly exposed in any way, had certainly not been with any suspicious characters.

But it was learned that some three months previous to the visit, he had treated a patient with sores on the penis, and this patient, who was a cigar-maker, had brought him cigars from time to time, which he had smoked; he thought that he had used a cigarholder, but was not positive. Remembering the case previously alluded to (Dr. Y. I., Case XXXV.) where in another physician the infection was attributed to cigars, and having just had under my care a cigarmaker with syphilis, who acknowledged to rolling the ends of the cigars on his lips, until the pain from his mucous patches caused him to desist and seek treatment, it seemed highly probable that in this instance, also, the cigars had become infected, either by the patient or others, and that from them the poison had been communicated to the lip.

Case XLV. *Chancre of lower lip.* Mrs. Y. S., a widow, aged 40, had always been in perfect health until July, 1882, when she had malaise, fever, and shooting pains, and, a few weeks later, deafness and sore throat. She had had a sore on the lip, which had been unnoticed until there occurred a swelling of the sublingual glands on the left side, which was shortly followed by an eruption.

When first seen, some three months after the occurrence of the first symptoms, there was found on the lower lip, about the middle of the left half, a slightly protruding, glazed mass, about the size of the little finger-nail, presenting a cartilaginous hardness; upon the face, forehead, and chin there was already a grouped papular eruption of characteristic appearance. There was also a pretty sharp iritis of the left eye and quite general adenopathy.

No source of the infection could be found.

Case XLVI. *Chancre of lower lip.* Mr. Y. T., a gentleman of somewhat free habits, aged 45, gives a very clear history of having had a chancre of the lower lip, seven years before he came under observation: this was followed very shortly by a general eruption,

and iritis which was recognized as syphilitic by a prominent oculist of this city; he then suffered from various later lesions, off and on, up to the time when first seen, April 6, 1880. At that time the scar of the chancre was plainly visible on the lower lip.

In searching for a cause of the lesion on the lip, it was found that he might have acquired it in kissing, as he was much exposed about that time: but it was also discovered that he had been a great smoker, and had always bitten off the cigars, and in smoking had been accustomed to rest the cigar just where the sore had been, on the lip; so that this might be another possible case where the poison was conveyed by means of cigars.

Case XLVII. *Chancre of upper lip.* Mrs. Y. U., a widow, aged 47, with five children, first noticed a sore on the left side of the upper lip about the beginning of August, 1888; this grew larger, and became harder, and ulcerated, and, about a month after its first appearance, the sub-maxillary glands on the left side became enlarged.

When first seen, the ulcer had healed, leaving a dark-red scar nearly an inch in diameter; there was then general adenitis, sore throat, alopecia, and headache, together with a small, grouped papular eruption especially on the forearms, which she stated was the first cutaneous manifestation of the disease.

No clue could be obtained in regard to the source of infection.

Case XLVIII. *Chancre of lower lip.* Mr. Y. V., aged 51, a miner, came from California to be treated for supposed cancer of the lip, in the Skin and Cancer Hospital, January 2, 1889. The disease had begun six weeks previously, shortly after a blow upon the mouth, whereby the lip was cut by the teeth. The lip began to harden in about a week, and ten days later he noticed swelling of the sub-maxillary glands: the sore had been cauterized repeatedly, and the lip became greatly swollen and inflamed.

When he first came under observation, the entire lower lip was greatly inflamed, and protruded considerably, rendering drinking and talking difficult and painful. Closer examination showed on the inner, central portion of the lower lip, a large, hard mass, a little over an inch in transverse diameter, and occupying the inner surface almost to the gum, and extending on to half of the vermilion border of the lip: it was ulcerated and raw, and secreted a watery, sticky fluid. While the entire mass was somewhat hard, the edge on the vermilion portion of the lip showed a very marked,

almost cartilaginous hardness. There was then poly-adenitis, and a maculo-papular eruption, which had been present for about one week.

Under active mercurial inunctions, and mercurial ointment, diluted, as a local dressing, the disease did remarkably well, so that within two weeks the eruption had disappeared, and the lip was practically healed; although mucous patches continued to develop in the mouth under treatment. Three weeks from the time he was first seen, it was recorded that there was only about one-half of the original induration left on the lip, the sore being entirely healed over: he then passed from observation for a while, but returned four months later, with mucous patches on the tongue.

No definite facts were obtained in regard to the mode of infection. He had lived a rough life in a mining district, had smoked various pipes lying around in an assayer's office, where he worked, and had kissed girls of doubtful character, before the sore appeared.

Case XLIX. *Chancre of upper lip.* Mr. Y. W., aged 53, consulted me first March 29, 1890, on account of a small sore in the centre of the upper lip. He had noticed it not more than two or three weeks previous to his visit, beginning as a "sort of a pustule;" he had not had any "cold sores."

When first seen there was a button-like mass, about one-third of an inch in diameter, and raised perhaps a line above the surrounding tissue. It was covered in part by a crust, and part of it was raw and exuding: on pinching it gently a very well defined hardness was perceptible. He was placed at once upon mercury and chalk internally, in full doses, and the sore improved rapidly, so that in three weeks it had become covered with epidermis and ceased to secrete: but it retained its perfect character and appearance as a button for at least two months. He had very moderate secondary symptoms, but occasionally mucous patches would appear in the mouth, and later an onychia affecting almost all the nails.

In searching for the source of infection, I found that he had repeatedly kissed a girl who had sore lips; the girl was brought to me and was found to have very active syphilis, alopecia, macular eruption, multiple adenopathy, and abundant mucous patches, in the mouth and throat.

Although cautioned strenuously in regard to the danger of infecting others, this gentleman brought me his own son, some

eight months later, with fresh syphilis, undoubtedly from infection through a chancre of the tonsil; this case will be mentioned later (Case LI.).

Case L. *Chancre of lower lip.* Mrs. Y. X., a respectable looking woman of 59 years, applied for the treatment of an extensive tubercular syphilide involving much of the face; three years previous she had had an eruption which had left scars on the arms. She gave a history of chancre of the lip, of which the scar could be seen in the centre of the left half of the lower lip.

Case L. (*bis*) *Chancre of lower lip.* As these pages are passing through the press, another case of lip chancre has come under my care. Mrs. J. H., aged 28, has a large protruding mass occupying the entire right half of the lower lip, an inch long by half an inch wide; the surface is smooth, deep red, and shiny; much adenopathy exists beneath the right jaw, and double post cervical adenopathy.

The sore started from the burn of a cigar about six weeks ago, and probably became infected by kissing, or possibly from smoking cigarettes belonging to others.

In addition to these fifty-one instances of chancre of the lip, there could well be counted four more personal cases in children; these were presumably infected in the mouth, by mothers who had chancres of the breast, obtained by nursing strange children, and whose cases will be mentioned later. The exact site of the primary lesion in these children was not recorded, as the cases were observed some time ago, and before my attention was very specially directed to this subject. It is possible that the primary sores could not be recognized, for, as is well known, these are apt to be very indistinct, and of relatively brief duration, in the mouths of children who acquire them in nursing.

CHANCRE OF THE TONSIL.

Fifteen cases of chancre of the tonsil are here recorded, or, over thirteen per cent. of all the cases; seven of these occurred in females, and eight in males. In most of the instances the primary lesion was carefully observed, and demonstrated to others; in a few of the cases the history was so clear and conclusive that the diagnosis was accepted as certain. In nine cases the right tonsil

alone was infected, in three cases the left tonsil alone, and in three cases both tonsils received the infection.[1]

CASE LI. *Chancre of right tonsil.* Master Y. Y., aged 11 years, the son of Mr. Y. W., Case XLIX., with chancre of the lip, was brought to me by his father, November 9, 1890, on account of the condition of his mouth; his father, a most intelligent gentleman, was acquainted with medicine, and, as he had been strenously cautioned in regard to the danger of infection, he had been on the lookout for any possible results in his family. It should also be stated that for particular reasons the servant girl, from whom the father had contracted his lip chancre, was still kept in the family, though under rigid care.

It seems that while in the country, in July, there was noticed a swelling of the right tonsil, with some soreness, but no attention was paid to it, and in August there was an enlargement of the glands beneath the jaw on that side, followed, before long, by a swelling of the glands of the other side. By the first of September the mouth began to be sore, and remained so until the date of his visit. No eruption had been noticed.

When first seen the buccal cavity was full of mucous patches, and at the corners of the mouth they presented a peculiar pouting condition exteriorly; the right tonsil was larger than the left, redder, and superficially ulcerated, and the left had abundant mucous patches. There was a very general adenopathy, submaxillary, post-cervical, cubital, and inguinal; there was no lesion on the penis, nor any other sore on the body, so that we were forced to believe that the infection had entered the tonsil, which indeed, had presented all the accompanying phenomena. He had also a peculiar, earthy look, and malaise. The lesions melted away, under quarter-grain doses of calomel every few hours, and within ten weeks had entirely disappeared, but returned somewhat later.

CASE LII. *Chancre of right tonsil.* Miss Y. Z., aged 19, a young woman of uncertain character, applied, on June 28, 1887, for the treatment of a general macular eruption, which was said to have lasted two weeks; it was fading somewhat at the time of the first visit. There was tenderness over the tibiæ and also painful periosteal swellings on the forehead. She utterly denied having

[1] See Clinical Notes on Chancre of the Tonsil, with analysis of fifteen cases. New York Medical Record, May 27, 1893.

any sores on any part of the body, and also denied ever having had connection; her occupation was that of a singer in an operatic chorus, and when questioned alone she seemed alive to the importance of the case, and truthful in her answers.

The throat was complained of as being sore, and on examination both tonsils were found to be large, very red, and eroded, and on palpation the right tonsil was found to present an almost cartilaginous hardness; the submaxillary glands were enlarged, those on the right side being the most affected. Under active specific treatment the eruption faded rapidly, and, by the end of three weeks, the throat was largely healed. She was lost sight of before the tonsillar induration had entirely disappeared.

No direct cause for the infection was learned, but from the life she led, and the character of many with whom she was associated, it can readily be understood that such an accident could happen from drinking vessels, etc.

Case LIII. *Chancre of right tonsil.* Mr. X. A., aged 19, applied at my clinic at the New York Hospital, June 17, 1891, for the treatment of a severe acne, mainly on the back, which had lasted for many months. During my absence he was placed upon proper treatment, and the eruption improved. About August 1 he complained of a soreness of the throat, and went to a throat clinic, where the trouble was diagnosticated tonsillitis, and an iron and chlorate of potash mixture ordered.

It was soon noticed that he had a general eruption, which was recognized as syphilitic, but no initial lesion had been discovered, until August 26, when I first saw the patient.

There was then much general swelling of the right side of the neck, and the right tonsil was found to protrude fully one-half across the pharynx; at the lower margin of it there was a raw surface about half an inch in diameter, sharply outlined, but irregular in shape. On palpation this was hard, and the hardness increased later: the left tonsil was not enlarged, and never hard. The right sub-maxillary gland was enormously swollen, the left less so, and the post-auricular and occipital glands enlarged, those on the right side especially so. The genitals were healthy, no urethral or other chancre. The fellow confessed to bestial practices, up to July 4, about the time when he first noticed the right side of the throat sore. The syphilis ran a moderately severe course and he is still under treatment.

Case LIV. *Chancre of left tonsil.* Miss X. B., a lovely young lady, of 21 years, came under treatment May 14, 1878; she had then a papular eruption upon both palms, the arms, thighs, legs, and body, with the history of its having made its first appearance about three months previously, after a period of malaise, with a sore throat and distressing neuralgia of the head. The young lady being an old personal friend of the family, the eruption was prescribed for, but no close investigation was made at the time as to the mode of infection; nor did I, at the moment, suspect that there had been an initial lesion on the tonsil, as I had not then had my attention particularly called to the frequency of the sore in this location.

Upon close questioning later, however, it was learned that about Christmas time she began to experience the first symptoms of sickness, in the way of a soreness on the left side of the throat, a stinging pain, with a swelling beneath the jaw; this was soon followed by the early symptoms above mentioned. It was further learned that the young gentleman to whom she was engaged at the time, was of dissolute habits, and had recent syphilis; and, also, that at the date when the chancre of the tonsil was acquired by her, he had a very great amount of soreness of the tongue and lips, which, however, was then attributed to smoking. The engagement was broken off soon after she became infected.

For various reasons the treatment for the disease was rather ineffectually carried out in this case, and at the expiration of even eight years from the date of infection, she still suffered greatly at times from nodes on the ribs, clavicle, radius and tibia, and occasionally had almost unbearable neuralgia.

Case LV. *Chancre of both tonsils.* Mr. X. C., an effeminate-looking man, aged 22, much broken down in health, applied on June 22, 1887, for the treatment of syphilis. He denied all infection by sexual intercourse, and there were no signs of a previous initial lesion on the penis, nor had he had any such. After some questioning alone, however, he gave the history of bestial practices, charging his trouble mainly to a young man of wealth.

In September, nine months before his visit, his throat became very sore, a couple of weeks after having been exposed, when both tonsils swelled and became covered with a white deposit, with enlargement of the glands in the throat. He then had fever

and malaise, and was treated for diphtheria, until the occurrence of a general rash over the body, limbs and scalp, suggested the nature of the throat affection; a month later mucous patches appeared on the penis and scrotum, together with inguinal adenopathy. He was then treated for syphilis and all trouble disappeared except the sore throat. When seen, the tonsils were enlarged, but nothing characteristic remained. Subsequently he had some of the later manifestations of syphilis.

Case LVI. *Chancre of left tonsil.* Mr. X. D., also aged 22, was another very similar case, seen some three years later, November 15, 1890. He was a thin, rather effeminate young man, who also acknowledged evil practices. He came for the treatment of a very general maculo-papular eruption, many of the lesions being also pustular: there was general adenopathy, neuralgia, malaise, etc.

On examination of the throat the left tonsil was found to be enlarged and very red, and about its centre there was a patch about half an inch in diameter, sharply defined, and distinctly ulcerated: on palpation the tonsil was of a very decided hardness; the glands beneath the jaw on that side were greatly enlarged. Examination showed the penis to be free from any sores, or signs of them, nor was there any initial lesion elsewhere on the body than on the tonsil.

Case LVII. *Chancre of left tonsil.* Mr. X. E., a printer, aged 23, first noticed a pain on swallowing, four or five weeks before his first visit, June 4, 1887; two weeks later he discovered that the glands in the neck were swollen.

When he came under observation the left tonsil was so large as to block up over one-half of the fauces: the surface was superficially ulcerated, of a livid color, and, at its upper portion especially, very hard to the touch. The patient, who was a very intelligent man, had often palpated his throat and of his own accord spoke of the tonsil being "as hard as a stone." This hardness was repeatedly noted, and was even more marked at a little later period in the case. The cervical glands of the affected side were nearly all enlarged, and matted together with cellulitis; there were a few mucous patches on the uvula and tongue, and some tenderness over the lower part of the crests of the tibiæ. Two or three weeks after his first visit, a most perfect macular syphilide broke out over the entire body, quite overshadowing the abundant tinea versicolor

which he had had on the back and chest for twelve years. The genitals were intact.

In regard to the mode of acquiring the disease in this case, no accurate knowledge could be obtained. He himself attributed it to drinking from the same cup with other workmen, he remembering having drank after one man with mouth-lesions; he had, however, also had intimate relations with a number of women, but knew of none to whom he could charge it.

Case LVIII. *Chancre of right tonsil.* Mrs. X. F., aged 27, whose husband was in the theatrical business, and had recent syphilis, came to my office April 7, 1891, on account of a pretty general, large, papular syphilide, which was freely distributed on the face, scalp, and neck, with some on the body and limbs. This had existed about seven weeks, and had been preceded by a great soreness of the right side of the throat, beginning six weeks previous, or about three months before her visit. The eruption had begun upon the face.

The right tonsil was found to be greatly swollen, extending high up behind the soft palate, and was all quite hard to the touch: on the lower portion there was an ulcerated and moderately excavated area: the left tonsil was about normal, with no hardness. She stated that a month or so previous the mouth was almost closed, and she could take only liquid food for several weeks. The glands beneath the right jaw were greatly enlarged, and there was some general adenopathy.

The eruption yielded rapidly to specific treatment, but the tonsil was noted as still hard at the end of three weeks: a week or two later, under very active treatment the tonsil had diminished greatly in size, and the chancre had somewhat healed, leaving a whitish, depressed, star-shaped scar. No particular mode of infection could be discovered.

Case LIX. *Chancre of both tonsils.* Mr. X. G., aged 28, came under my observation, March 8, 1893, under rather curious circumstances.

His wife had been sent to me in consultation, a few days previous, with a papulo-squamous syphilide, very general on the face, trunk, limbs, and palms. Her physician was uncertain as to the diagnosis on account of the absence of reasons for the contagion, as her husband was a proper man, and there was no reason to suppose that he had contracted syphilis. I learned, however, that

he had had a slight general eruption just before his wife, which had followed a severe and prolonged disease in the throat which had been called tonsillitis, and that he yet had a large swelling of the glands beneath the left jaw. I therefore asked to see him.

On investigation it was learned that he had been very actively engaged in a political club, leading the singing, and smoking various pipes, and drinking promiscuously after others, although never to intoxication. About the middle of October his throat had become very sore, with enlargement of the glands beneath the jaw on each side. He then had great malaise for several weeks, and a month or two later a general macular eruption appeared, of which there were traces still present; the great adenopathy of the left side had developed a week or two before his visit. He had never had any active treatment, but a mixed anti-syphilitic course had been instituted a week or so previously, as he himself suspected that he had syphilis, although he had certainly not been exposed venereally since his marriage, five years previously.

On examination the throat was red, and the left side particularly swollen; the right tonsil still showed a line of hardness, with the remains of an excavated ulcer; no marked hardness could be made out on the left side. The glands under the left jaw were greatly enlarged and matted together. The genital region was absolutely free from past or present signs of primary lesion, and there was no other lesion than that in the throat.

Case LX. *Chancre of left tonsil.* Miss X. H., a most estimable young lady, aged 32, of a good family, was sent to me, October 19, 1876, on account of a general papular eruption, which covered the entire surface of the body, head, extremities and even the palms; it was attended with much general aching pain, and with rapid loss of hair. The following history was then obtained: She had always enjoyed good health until on August 5, two months and a half before her visit, she noticed a soreness on the right side of the throat, followed shortly by swelling of the glands beneath the angle of the jaw of that side. Five weeks later the rash first began to appear and increased until the time of her visit.

When first seen, the eruption was a most typical papulo-pustular syphilide, very extensively distributed and very abundant. On examining the throat, the right tonsil was seen to be the seat of an ulcer which had produced a considerable flat excavation, the tonsil was felt to be decidedly hard on palpation, and

the whole throat and pharynx was intensely red and congested; beneath the angle of the jaw on the right side, there was an enlarged gland of the size of a hazel nut.

The subsequent history of the case is most interesting and distressing. After her first visit she returned to her home in a country town, and was under the care of her own physician, who was apprised of the nature of the disease and advised of the appropriate treatment. One month later she returned with a severe iritis of the left eye, which, in spite of active treatment, left the eye much damaged by adhesions. Specific treatment was carried out more or less regularly for about two years, without active manifestations of syphilis, other than occasional mucous patches, when she was lost sight of for eighteen months. I was then telegraphed for, to see her in consultation, at her home in the country at some distance, and found her in a most deplorable state. She was in bed and perfectly helpless from the enormous amount of ulcerative lesions which covered a considerable portion of her face, arms, chest, and back, with some on the legs. The lesions were so acutely inflamed and so extensive that I suspected other causes than the syphilis, and soon discovered that there was a combined eruption from bromide and iodide of potassium; and this eruption, which healed quite quickly on withdrawing the drugs and giving arsenic freely, left her so scarred, especially on the face, producing ectropion of both eyes, that her life is really blasted thereby.

At this time, and subsequently, I learned that a year before I saw her last, she had had some strange nervous attacks of partial paralysis, having difficulty in talking and walking. I also learned that she had been subject, almost since childhood, to slight epileptiform seizures, which, however, were very infrequent and slight until the past two years, when, under the influence of the syphilitic poison, they had increased in frequency and severity. She then consulted some advertising epileptic doctor, and under the influence of his medicines, the new eruption had first developed on the face, apparently as a bromide eruption, at first pustular and bullous. For this new manifestation of her syphilis, as it was supposed, iodide of potassium had been given in large doses by her physician, even until the day before I saw her.

The history of the contagion in this case is also interesting. Some time after my first seeing this patient, the lady, Mrs. Z. P.,

whose case has been reported as No. XVI., came under my care suffering from syphilis, acquired through a chancre of the lip; shortly after this date I had also under treatment, the husband of the last lady, who had been the means of giving the disease both to her and to the lady whose case is now under consideration; he subsequently died of kidney-disease, as already mentioned, supposed to be due to his syphilis, which was well defined in him. On comparing the dates given it was found that he was first engaged to this lady, at a time when his mouth was full of mucous patches; when she acquired the chancre of the tonsil the cause was suspected and the engagement broken off; he then at once paid attention to the second lady (Case XVI.), who received the chancre on the lip, and whom he afterwards married.

Case LXI. *Chancre of right tonsil.* Mr. X. I., aged 32, had what was supposed to be tonsillitis of the right side, six weeks previous to his visit, February 13, 1889. The swelling of the tonsil had not gone down, and a few weeks afterward a general eruption had appeared, covering much of the body.

When he first came for treatment the right tonsil was seen to be large, projecting half-way into the throat; the surface of it presented a superficial ulceration, the edges of which were quite prominent; the glands on the right side of the neck were enlarged, with a smaller amount of adenopathy on the other side. There was a maculo-papular eruption on the forehead and body, which was fading.

In order to observe the tonsillar lesion more carefully, he was left two weeks without specific treatment, and he was cautioned in regard to infection. On his second visit, one week after the first, it was noted that the margin of the ulcer was much more sharply defined, and that there was very decided hardness to the touch: he was given a strong chlorate of potassa gargle and the non-specific treatment continued. One week later he was placed on anti-syphilitic treatment, under which the tonsil gradually healed, and the swelling lessened. A ringed syphilide appeared around the mouth later, with abundant mucous patches.

No clue to the infection could be discovered; he drank beer rather freely, and thought that he might have smoked from another man's pipe. He had no lesions on the penis.

Case LXII. *Chancre of right tonsil.* Mrs. X. J., aged 32, married ten years, the mother of four children, three of whom died of bronchitis or other non-specific diseases, entered the Skin

and Cancer Hospital, February 28, 1890, on account of a diffuse, large papular syphilide, tending to become pustular on the scalp.

Her history is, that about two months previous she had a very severe sore throat, as her first symptom of ill-health, which continued up to the time she entered the Hospital, accompanied with malaise and aching in the bones: a few weeks after the throat became sore she noticed "pimples" in the scalp, with very rapid falling of the hair: soon the eruption appeared on the face and spread over the body.

On admission both tonsils were found to be greatly enlarged, almost meeting, and their surfaces seemed about equally raw, with mucous patches abundant upon the roof of the mouth, and elsewhere in the buccal cavity: there was much cervical adenopathy, and a large, papular syphilide, most abundantly developed about the central region of the face, also scattered thickly through the scalp, and less abundant on the neck and body, with few lesions on the limbs.

As the case was suspected to be one of tonsillar chancre, the genital region was carefully and deeply examined, without finding any trace of an initial lesion, although mucous patches were present, which had produced a soreness of the parts, a month or more after the first development of the trouble in the throat.

Under free mercurial inunctions, and a bi-chloride of mercury gargle, the throat rapidly improved, the eruption faded, and the genital mucous patches healed, under applications of calomel, dusted on; but it was not until March 21, three weeks after admission, that the tonsils improved so much that a positive diagnosis of chancre could be made by observation. The left tonsil had then subsided considerably, but the right one still stood out prominently, presenting a rather sharply outlined ulcer, and a very marked hardness to the touch.

No direct knowledge of the method of infection was obtained; her husband, from her description, probably had syphilis, but was never seen.

CASE LXIII. *Chancre of right tonsil.* Mrs. X. K., aged 33, a lady of refinement, came to my office, October 3, 1892, for the treatment of an eruption on the palms and soles which rendered movement difficult and painful; there were many scattered papules, some of them fissured, and there were discovered also remains of a papular eruption on the limbs.

The diagnosis of syphilis was readily made, and it was learned that this had been preceded in July by an eruption thought to be measles; there had been a previous period of malaise, and great falling of the hair since the eruption.

On searching for the point of entry of the virus, it was learned that in June she had been taken with a stinging pain in the right tonsil, which shortly enlarged, and which she soon noticed to be very hard to the touch, and accompanied shortly with swelling of the sub-maxillary glands of that side. This was called tonsillitis by a physician in the country, but she had always questioned the diagnosis, as the swelling of the tonsil remained until the time of her visit, some months. While there had been no real ulceration, she described a superficially raw, well defined surface at the lower edge, which had healed before her first visit.

When first seen the right tonsil was large and still hard, and the sub-maxillary and post-auricular glands on that side much swollen. No cause of infection could be learned, even after much questioning, and it was supposed that it occurred from a public drinking cup, as she travelled much in the cars, and drank often at the water cooler.

CASE LXIV. *Chancre of right tonsil.* Miss X. L., a most estimable young lady, aged 34, was sent to my office, May 24, 1889, on account of a very general, large, flat, papular syphilide, which was becoming scaly.

At the time I did not attempt to make out any history of the infection, but gave treatment, and cautioned her in regard to the danger of communicating the disease to others. The eruption faded rapidly, and her health, which was much depressed by the disease, improved greatly. A little later I learned that she had just formed an attachment to a gentleman, some years older than herself, and she consulted me very seriously in regard to the propriety of marrying, for I found that she felt pretty certain as to the nature of her complaint. The case was then gone into very carefully, and I took every opportunity of discovering the mode of infection. She had certainly never had sexual intercourse, and examination showed that there was no reason to believe that a chancre had ever existed in the genital region; there was, however, still a mucous patch or two, which had attracted her attention.

It was then learned that about January 26, she had suddenly

noticed a sore throat, soon after kissing, repeatedly, a cousin who had sore mouth and lips, which she then asserted were certainly from syphilis; she had repeatedly assisted him in bathing out the mouth. The right tonsil soon became enlarged and remained so. The eruption began to develop on April 1.

CASE LXV. *Chancre of both tonsils.* Mr. X. M., aged 46, came to me in consultation March 2, 1892, on account of an eruption which had appeared two weeks previous, first upon the forehead and scalp, and soon upon the body and limbs; the eruption was plainly a macular syphilide.

He had not been exposed sexually for fully ten months, and he and his physician were at an utter loss to account for the possible infection; the genital region was free from disease, and no trace of an extra-genital sore could be discovered on the exposed surfaces, or on the tongue or lips. The consultation being somewhat hurried he was given very active mercurial treatment without determining the site or mode of infection, and one week later there was a remarkable fading of the eruption, and he expressed himself as feeling 50 per cent. better: the intense malaise and general rheumatic feelings had quite passed away.

The case was now examined more carefully, and it was learned that two months previous to his visit he had noticed a stinging sensation, first in the right side of the throat, and thought that he was about to have another attack of "grippe": the throat had been quite sore, on both sides, ever since. On examination both tonsils were found to be enlarged and superficially ulcerated, the right one being most affected: both of them presented distinct hardness to the touch. The glands beneath the jaws on either side were enlarged, that on the right to the size of an almond: there was but moderate general adenopathy.

It could never be determined how the infection took place.

CHANCRE OF THE FINGER.

Fifteen cases of chancre of the finger are found in the preceding list: of these ten were in physicians, who contracted syphilis in the discharge of their professional duties; one was in a lady who acquired the disease while nursing a relative with an ulcerating lesion; one was in a washerwoman, who was supposed to have become infected from washing the clothes of a syphilitic; and three

were in men from unknown causes, although in one of these the infection on the finger appeared to be venereal in origin.

In nine cases the lesion was on the right hand, and in six on the left; the right and left index fingers were each affected in three instances, and the right middle finger in four instances.

Case LXVI. *Chancre of left index finger.* Dr. X. N., aged 29, a physician in active practice in a neighboring city, presented himself, March 21, 1887, with the following history: Four or five weeks before his visit he noticed a swelling of the glands in the left axilla, which enlarged to the size of a pigeon's egg, remaining so for a couple of weeks, and improving rapidly under the local use of iodine; he had noticed, for a little time before, a lesion on the back of the first joint of the left index-finger, which had not given him much trouble, and had quite healed at the time of his visit, without specific treatment. On January 26 he had delivered a syphilitic woman, who had had three abortions, and he remembers having had a crack in the skin in the location mentioned, the weather being very cold; the child died about two weeks after birth, with unmistakable syphilitic symptoms. He had attended many other confinements, but knew of no other syphilitic case.

On the subsidence of the glandular swelling in the axilla, on March 1, an eruption developed on the breasts, back and thighs, accompanied by severe nocturnal headache. At the time of his visit, the eruption had become very copious and affected much of the body, with some spots on the face; it consisted of large, flat, smooth papules, pretty evenly disseminated: he had also throat trouble.

The site of the chancre of the finger presented a livid discoloration, with vestiges of a minute central slough, covered with an epidermic pellicle, and when carefully palpated, a distinct, parchment induration could be detected. The subsequent history presents some interest; the eruption proved quite severe and relapses occurred, even under pretty active treatment: he afterwards suffered from heart trouble, said to be mitral stenosis, by an eminent auscultator, which greatly improved under more active anti-syphilitic treatment. His wife and one child, aged six years, have thus far escaped infection. As the chancre on the finger had not been recognized or treated, he must have exposed many others during the period before he came under observation, as he was in active general practice.

CASE LXVII. *Chancre of left third finger.* Dr. X. O., aged 31, first noticed a soreness about the base of the nail of the third finger of the left hand during the latter part of June; this increased in severity, until a chancre of some size developed, which remained, though partially healed at the time of his visit, September 25, 1884; it had been burned quite deeply with nitrate of silver, by a surgeon before he came under my direction. When first seen, the entire end of the finger was thickened and red, the nail was raised from its bed, and the almost healed ulcer presented a purplish, glazed appearance; the finger was not painful; he had had only local treatment, the application of nitrate of silver before referred to, poulticing, and a carbolic acid lotion, one to forty.

Ten days before his visit a slight eruption had appeared upon the forehead, which increased until he presented himself. At this time a characteristic erythemato-papular syphilide covered much of the body; there was also malaise with aching of the limbs, which he had considered malarial and treated with quinine; the throat was congested and had felt sore for several days; there was also pretty general adenopathy, cervical, cubital, and inguinal. He had not had much, if any, trouble from glandular swelling in the axilla, although his finger-sore had been of an ulcerating character almost from the first. This patient subsequently had quite severe iritis.

The cause of the infection was not traced satisfactorily, although he charged it to a confinement case, which he had had about a month previous to the appearance of the sore, when a hydrocephalic child was delivered, dead-born.

The subsequent history of this case is most interesting, from the fact that the patient infected his wife, who was also under my treatment, and whose case deserves special mention; we were, however, never able to trace the mode in which the disease was conveyed to her. The case is as follows, given mainly in the words of the report of her husband, a very intelligent physician:

Mrs. X. O., aged 30, was first seen March 17, 1885, almost six months after the first visit of her husband, the last-mentioned case. She was always rather delicate, suffering from indigestion and constipation, and occasionally with delayed menstruation; she had had malarial symptoms from 1878 to 1881. About December 1, 1884, full two months after her husband's first visit, she began to feel poorly, with general malaise, pain in the back and limbs,

loss of appetite, and some fever. These symptoms gradually increased until, on January 1, 1885, she was compelled to take the bed. She was confined to bed for about three weeks, with what was diagnosed by several physicians to be a light attack of typhoid fever; she was constipated during this time. A slight eruption appeared on the abdomen and chest, which was noticed, and regarded as an unusual form of typhoid exanthem. About February 1, she began to complain of sore throat, which remained in spite of ordinary remedies: about March 1 the glands of the neck commenced to enlarge.

When first seen the patient had a slight, general, fading eruption, maculo-papular in character, over the upper limbs, and about the mouth and chin: on the palm of the left hand there remained one hard, darkish papule: the glands of the neck and elbow were enlarged, and the throat covered with mucous patches, and very sore.

No clue could ever be found as to the method by which the poison was conveyed to her; she had no initial lesion on any external portion of the body, nor in the mouth; nor could any trace of a primary lesion be found in the genital region or vagina, even by a well-known gynæcologist, who examined deeply for it. The case might possibly lend weight to the supposed communication of the disease by the seminal fluid; her husband, who had studied the case carefully, suggested, however, that infection might have occurred through a pregnancy, as he thought that she might have had a miscarriage very early in conception, but of this they could not be certain.

Case LXVIII. *Chancre of right middle finger.* Dr. X. P., aged 32, in active general practice, bruised the knuckle between the first and second phalanx of the right middle finger, on January 10, 1889. The injury seemed to heal, but a crust formed, which came off several times, leaving a raw, unhealthy ulcer, which persisted until the time of his visit, March 14, 1889. A week after the injury he had a sharp attack of lymphangitis of that arm, and swelling and pain in the axilla: these passed off under local treatment, and the ulcer remained very quiescent thereafter, but refused to heal.

When he came to my office there was an indolent ulcer occupying the width of the finger, and about half an inch in long diameter. The edges were quite sharply defined, but there was not

the slightest suggestion of hardness; the sore was but little elevated, and had a grey, pultaceous base; there was no cubital adenopathy, but some axillary swelling remained. He was somewhat run down, but presented no marked malaise, there was no eruption, no mucous patches, no adenopathy, nor anything to indicate constitutional infection.

From the situation it was thought that the ulcer might have been kept open only by the movements of the finger; accordingly, the sore was protected by cotton, the finger splinted, and the diagnosis given that the sore was probably not the initial lesion of syphilis.

From letters received later, however, it was learned that very shortly after his visit full constitutional symptoms appeared, and the sore yielded rapidly to specific treatment; he has, moreover, suffered most severely from later manifestations, which have greatly undermined his health.

No possible cause for the infection was discovered.

Case LXIX. *Chancre of left middle finger.* Dr. X. Q., aged 37, first noticed a sore point on the end of the middle finger of the left hand, in July or August, 1884, and some remains of the sore were still visible when seen, sixteen months later, December 12, 1885. The lesion had been hard and wart-like, and had never ulcerated much; it had been burned several times with Paquelin's Cautery, and he had taken mercury off and on to meet syphilitic symptoms, which appeared four months after the sore developed on the finger. When seen, there were the remains of a tubercular syphilide on the forehead; the eruption, and also the remains of the finger chancre yielded rapidly to mixed treatment aided by mercurial plaster to the finger.

No special mode of infection could be made out; he was engaged in general practice and obstetrics.

Case LXX. *Chancre of right index finger.* Dr. X. R., aged 37, scratched the back of the last phalanx of the right forefinger, in an operation on a patient with active syphilis, and for two months the spot remained sore but did not present any clear signs indicative of a chancre; there were few, if any, glandular enlargements of that arm. While the finger was sore he had headache and malaise, which were relieved by mercury, and about two months later he had a macular eruption with sore throat and tongue. He took mercurials irregularly, always with great relief to all symp-

toms, and had continued to take the same off and on up to the time of his visit, November 22, 1890; he stated that he missed them when long omitted.

From the time of his infection he had had more or less symptoms of syphilis for four years, and when seen there were very characteristic groups of tubercular eruption over the left eyebrow, on the left fore arm and on the prepuce, all of which yielded rapidly to mixed treatment; there was also periosteal tenderness of the right tibia.

CASE LXXI. *Chancre of left third finger.* Dr. X. S., aged 40, performed an operation for phymosis, and also one for dead bone, on August 4, 1881; the latter patient had constitutional syphilis, there is no record in regard to the former. A few days after the operation he experienced septic symptoms, followed by abscesses in the axilla and elbow, some of which aborted and others were opened, about ten days after the operation. Three weeks after the operation, or five weeks before his first visit, September 30, 1881, he first noticed a sore on the end of the index finger of the left hand, on the ulnar side; at first it was flat and secreted a serous fluid. On the radial side of the ring finger he noticed another sore, on a level with the skin, which healed over, but had again opened, and bled easily at the time of the visit. There had been only local treatment, with cauterization and iodoform.

When first seen there were sores on the two fingers mentioned, the index and third fingers of the left hand. That on the end of the index finger, near the free extremity of the nail, presented a fungus-like appearance, suggestive of dead bone beneath; the mass was of oval shape, one-third by one-half inch in diameter, of a livid red color, and slightly ulcerating; it was not painful, and no induration could be perceived.

The sore on the third finger presented quite a different appearance; it was on the radial aspect, near the root of the nail, half an inch in diameter, circular, almost on a level with the skin, raw, and bleeding easily. There was no eruption on the body, and little, if any, glandular enlargement could be detected. He was placed upon mixed treatment, and in ten days the sores showed a most remarkable improvement; the fungus-like character of the ulcer on the index finger had almost disappeared, and that on the ring finger had nearly healed over, leaving a glazed surface. Some swelling of the glands was noted. Two weeks

later a fine, maculo-papular eruption appeared, which increased till it became very general, and mucous patches appeared, which were afterwards, at times, troublesome.

Case LXXII. *Chancre of right thumb.* Dr. X. T., aged 40, acquired a chancre beneath the nail of the right thumb, with enlargement of the cubital and axillary glands. Secondary symptoms followed at once, upon the skin and mucous membranes, and remained off and on until seen July 19, 1885, a year and a half after the chancre.

At this time the head, arms, and nearly the entire surface of the body was the seat of a late papular syphilide, rather prominent, with mucous patches in the mouth. On the left index finger, on its dorsal aspect, just below the root of the nail, there was a sore which was very suggestive of a chancre, but which proved to be but an ulcerated papule or group of papules, possibly the seat of further septic infection; it had existed three weeks, and when first seen extended across the width of the finger, and was perhaps one-third of an inch wide; the mass seemed infiltrated and was raw and sloughy, with no excavation nor raised edges. The general eruption yielded promptly to mixed treatment, but the sore on the finger resisted, showing, as remarked, signs of probable further septic infection, possibly with chancroidal virus.

Case LXXIII. *Chancre of right middle finger.* Dr. X. U., aged 42, consulted me on April 28, 1890, on account of a very general, maculo-papular eruption, tenderness over the sternum, and general adenopathy, which had existed for five or six weeks. Recognizing the syphilitic nature of the eruption he was closely questioned in regard to infection, of which he was entirely unconscious; he had certainly had no venereal exposure.

After some search there was found on the radial side of the right middle finger, by the side of the nail, a hard, red, shiny patch, which had been more or less sore, but which had not given much annoyance, and had not been specially treated, except by protective coverings. It was then found that there had been axillary adenopathy on that side, and since that had appeared he had felt weak and run down, but had not suspected the real nature of his complaint; he had paid little attention to his trouble until the eruption had extended to the face and hands, and caused him to seek relief; he must, therefore, have exposed many in his practice.

The infection was traced directly to a lady of wealth and position, whom he had confined January 24, of a baby which died syphilitic on April 9. The lady was seen by me in consultation, May 14, with a profuse general eruption, affecting also the palms, very great alopecia, and other signs of very active syphilis.

Case LXXIV. *Chancre of right index finger.* Dr. X. V., aged 43, first noticed a small papule, which he thought to be an insect bite, on the inner side of the right index finger, opposite the first phalangeal joint, about the first of August, three or four weeks before his first visit, on August 25, 1889; this spot inflamed, and ten days later it broke, as a pustule, leaving a raw surface, which had remained sore to the date of observation.

When first seen there was a round, sharply defined, slightly elevated, red patch, with a thin, epidermal covering, presenting some hardness on palpation: there was no adenopathy of that arm. He had seen several physicians who were doubtful as to the diagnosis, and advised abstaining from specific treatment until the appearance of constitutional symptoms; this advice was followed, although the sore was dusted with calomel.

He was next seen nearly eight months later, when it was learned that the sore had become more indurated, and had persisted two months or more, resembling a Hunterian chancre; he had had recurrent iritis, and, when seen, had the mouth very sore from mucous patches, which had existed three weeks.

The source of infection could not be traced; he had, however, had several confinement cases just before the first appearance of the sore upon the finger, and the husband of one of the women had symptoms suggestive of syphilis.

Case LXXV. *Chancre of right index finger.* Dr. X. W., aged 44, noticed a small pimple on the radial side of the root of the right index finger, at its junction with the hand, four weeks before his visit, May 27, 1893. This crusted over and refused to heal, increasing in size, and on May 20, one week before his visit, he noticed a macular eruption on the arms: this increased rapidly, so that when seen the body, legs, and arms were thickly covered, and there was one small papule in the right palm. There had been no sore throat, no general pains, and no general adenopathy.

The initial lesion was not over half an inch in diameter, red, indolent, with a small scabbed point in the centre: it presented a distinct hardness on palpation. The diagnosis was confirmed by

several other medical men acquainted with the subject in this city.

No particular source of infection was learned, but as he was much in obstetric practice, and this portion of the hand would be apt to rest against the soft parts, in digital examination, it was undoubtedly from this source.

We have now two cases of chancre of the finger in females, one of whom appeared to have acquired the primary sore in caring for a relative with a syphilitic eruption, the other in washing the clothes of a young man who had syphilis.

CASE LXXVI. *Chancre of right third finger.* Mrs. X. X., an intelligent lady, aged 64, came under treatment September 16, 1887, on account of a tubercular syphilide of the centre of the face and right lip, of five years duration: the eruption had aways been considered as lupus, and she had been under the care of several physicians in a neighboring city, and had been treated mainly by cauterization and by arsenic. The lesions were very characteristic of syphilis, and the eruption yielded to specific treatment with remarkable rapidity.

Upon very careful investigation into the history of the case it was discovered that twenty years before she had had a sore on the third finger of the right hand, which gave a perfect history of chancre; its healing was followed by constitutional symptoms, debility, bone aching, general eruption, etc. She had been taking all the care of a relative, who had an ulcerative disease about the eye, changing the dressings, etc., for six or seven months, during which period the finger became sore at the root of the nail, whereby the latter was lost; the site of the former sore was marked by a depressed cicatrix, with no attempt at nail formation.

CASE LXXVII. *Chancre of left index finger.* Mrs. X. Y., aged 38, was engaged in washing the clothes of a young man, said to have syphilis, in November, 1890, four months previous to her visit, March 27, 1891. Without any appreciable cause, the left index finger, on the radial side of the edge of the nail, began to be affected soon after she began the washing, and continued to be sore for fully two months; the surface became raw and painful, with exuberant granulations, into which a doctor cut down, without getting anything but blood. At this time she had swelling of the glands at the elbow and axilla, and much general malaise. The

first eruption she had noticed on the body was that for the relief of which she came, which had appeared about a month or so previous to her visit.

When first seen the finger had about healed, leaving a red, depressed scar, a third of an inch or so in diameter, near the root of the nail. On the body and limbs were the remains of a pustular eruption, unmistakably syphilitic, and brown stains left by preceding lesions.

The next three patients, males, presented most marked and perfect chancres of the finger, one of which, at least, was probably of venereal origin; the cases were seen very early in their course, and water-color drawings made, and they were watched for a considerable period thereafter.

Case LXXVIII. *Chancre of right middle finger.* Mr. X. Z., aged 24, gives very little history in regard to the first development of the sore on the finger, which had existed some weeks when he first presented himself for treatment, October 4, 1889; it had begun, apparently, as a hang-nail, on the ulnar-side of the middle finger of the right hand, and had become more and more inflamed until the time of his visit.

When first seen, the end of the finger was greatly inflamed and very sore, with an ulcerating surface around the entire base and sides of the nail, which was itself discolored and loosened; on the ulnar side there was an extension of the ulceration to the side of the finger. The cubital glands were not enlarged, but those in the right axilla were much swollen. There was just developing a large papular syphilide, which was remarked to be much more abundant on the right hand and arm than elsewhere; he subsequently had mucous patches and other signs of constitutional syphilis.

Nothing definite was discovered as to the source of infection; he was employed in a large dry goods house, where he used the same towel with many others, but he did not deny, also, mingling with women of loose character, and it was thought that the finger was possibly inoculated during sexual intercourse.

Case LXXIX. *Chancre of left index finger.* Mr. W. A., aged 25, came to the New York Hospital for the treatment of gonorrhœa, August 19, 1891, and in my absence was placed under treatment by my assistant.

The following week, while examining the state of the discharge, I observed some flat papular lesions on the glans penis, which led me to examine further; the entire body and limbs were then found to be the seat of a maculo-papular syphilide, which had become scaly in some places on the legs, and pustular in the scalp, with very general adenopathy. The man had not known of the eruption until his attention was directed to it.

Search was made for the primary lesion, but the genital region was found to be free from such, nor was there any evidence of a chancre about the mouth or throat. It was then noticed that the left index finger was bound up, the man explaining that he had injured it, and it was being treated with salve by a druggist.

On examination an ulcerating surface was seen involving all the tip of the finger, and extending beneath the nail, which was long and protruding: the surface was raw, moist, and shiny, but no hardness could be made out. There was very great adenopathy at the left elbow and some in the axilla, none in corresponding locations on the right side.

There was no explanation found for the infection; he had been fishing six weeks previously, and it was sore since that date. The ulcer yielded promptly to vigorous mercurial treatment.

Case LXXX. *Chancre right middle finger.* Mr. W. B., aged 26, injured the skin at the root of the nail of the right middle finger, seven weeks before his visit, by bruising it against a box. The abrasion failed to heal, and soon began to ulcerate, and continued sore until his visit; he had kept it poulticed much of the time.

When first seen, November 21, 1883, the end of the finger was greatly swollen, and the root of the nail was involved in a large ulcer extending well on to the base, rather more on the ulnar side, covering an area of over half a square inch; the tissues were soft and movable, and no induration could be made out. There was a large, painless gland, just below the right axilla, the size of an almond, and a smaller swelling in the left axilla; inguinal adenopathy also existed. The entire body was covered with a maculo-papular eruption, developed in some places into large, flat papules; the palms also were thickly covered. There had been no rheumatic pains or sore throat. The chancre on the finger proved very rebellious to treatment, and gave a great deal of pain in its further course; it did not heal for nearly three months, although

he was faithful in attendance, and active anti-syphilitic measures were employed, in addition to local treatment. The constitutional symptoms were pretty severe and prolonged, but finally all ceased, and when seen lately, over seven years after infection, he was in perfect health; he had had no treatment for several years.

CHANCRE OF THE BREAST.

Seven cases of chancre of the breast are here recorded: five of these occurred in nursing mothers, three of whom infected their own nursing children: one case occurred in a very excellent woman, in private practice, who was not nursing, and who probably acquired the chancre from her husband's mouth; they resided in a distant city, and he was never seen: the other case was in a young woman, on the skin of the breast, away from the nipple, probably from kissing.

CASE LXXXI. *Chancre of the breast.* Mrs. W. C., aged 26, presented herself, December 18, 1876, at the Demilt Dispensary, with well-marked chancre of the breast, which was acquired two or three months previous to her visit, by nursing a strange child who had sores about the mouth. Her own child, eight months old, was also brought at the same time to the clinic, with an abundant macular eruption, similar to that seen in acquired syphilis in older persons. The records are imperfect in regard to this case, and no statement is made as to where her child received the infection, it being only recorded that the child was born healthy, and that the eruption was of very recent development.

CASE LXXXII. *Chancre of the nipple.* Mrs. W. D., aged 27, had been bringing her child to the Dispensary at intervals for over a year, for impetiginous eczema, from the time when he was seven months old; she then presented herself, on February 11, 1877, with a well-marked chancre of the nipple. She remained under observation but a short time after this, and notes of the case have not been preserved.

CASE LXXXIII. *Chancre of left nipple.* Mrs. W. E., aged 29, a married lady, who had never had any children, was sent to my office on December 6, 1880, on account of a very general eruption of a large, scaly, papular syphiloderm, which was especially profuse and distressing on the face. The eruption had existed fully three months, and had been preceded by great malaise

and a very bad sore throat, she stating that she came very near having diphtheria.

In seeking to establish the mode of entrance of the poison, it was learned that she had first experienced a soreness of the left breast about five months previously, and shortly after this a lump was noticed under the left arm; this had been treated by poultices and the eruption soon followed. The breast lesion was very small at first, and discharged a little, but it gradually increased until it was an inch in diameter and involved all the nipple, the entire breast also becoming much swollen: the axillary adenopathy subsided without suppurating. She had had some specific treatment, as the nature of the disease had been suspected by her physicians.

When first seen there was an ulcer, about three-quarters of an inch in width, occupying the site of the left nipple, with sharply-defined edges, and a red, raw-meat looking surface, giving off a sticky secretion. Under active treatment much of the eruption, which was rather a peculiar one, with thick, succulent lesions, disappeared within a few weeks; the chancre also began to improve rapidly, and by December 28 was almost entirely healed, when she left for her home in another State: at that time some distinct hardness could be felt in the chancre, but previously this was hardly recognizable. She was seen on later occasions and exhibited palmar and plantar syphilides, throat lesions, etc.

It was never discovered exactly how the breast became infected, but it was supposed to be from her husband: he was never seen, as he was much occupied with his business in a distant city.

CASE LXXXIV. *Chancre of the nipple.* Mrs. W. F., aged 30, presented herself for the treatment of cutaneous gummata on various portions of the body. Some time previously she had taken a strange child to nurse, from an asylum: three or four weeks later an indurated sore had developed on the nipple, which was followed shortly by symptoms of constitutional syphilis, which were more or less continuous until she applied for treatment.

CASE LXXXV. *Chancre of left nipple.* Mrs. W. G., aged 32, a very intelligent patient, was obliged by the sudden death of her husband to take a strange child to nurse, when her own was but a few months old. Fearing contamination she very carefully kept the strange child on the left breast, while she sedulously gave the other alone to her own child. Within some weeks the foundling

died, with fully developed hereditary syphilis, and the mother then gave both breasts to her own child.

A short time afterward, the breast which had nourished the strange child became sore on the nipple, and the ulcer resisted treatment for a long time, so that after a while her own child ceased to nurse from it, and was kept on the other breast alone. Some weeks later she became affected with general symptoms, and when she applied for treatment, September 12, 1878, she had a well-marked papulo-tubercular syphilide.

Her child also developed the disease before long, and had various lesions on the skin, and subsequently suffered much from bone-syphilis, which produced considerable deformity in the tibiæ and ulnæ.

The child has been seen repeatedly, at various times, up to the age of thirteen years, though quite irregularly, and the mother has from time to time come for treatment of late gummy lesions.

Case LXXXVI. *Chancre of the nipple.* Mrs. W. H., aged 35, had noticed a sore on the nipple for some time previous to her first visit, October 13, 1876, but could give no definite history as to its origin. It was recorded as a typical hard chancre of the nipple, but the notes of the case are scanty. Her child, a girl aged thirteen months, was brought with syphilis, with the history that it was born healthy and had acquired the disease since its mother became affected, but no further record was made as to the existence of any buccal chancre on the child; we know, however, that in nursing children these are often very slight, and frequently escape recognition.

Case LXXXVII. *Chancre on side of breast.* Mrs. W. I., an actress, aged 22, came to the New York Hospital, for treatment, August 24, 1892.

On the skin of the left breast, fully an inch from the areola, there was a sharply cut, round ulcer, about three-quarters of an inch in diameter, with a reddish base, giving off a small amount of glairy secretion. When first seen it did not seem hard, but a week later this feature was well marked.

She had a pfetty general, diffused, small scaly syphilide, with mucous patches about the vulva and anus; mucous patches also in the throat. She attributed the ulcer on the breast to kissing.

Case LXXXVII. (*bis*). Yet another case of chancre of the breast should be added to this list. Mrs. O. O., aged about 19

years, seen once in consultation, had a chancre of the left breast, just above and to the left of the nipple. The sore had lasted a couple of weeks, presented some hardness, had a red, eroded surface giving off a glairy secretion, and already there was some axillary adenopathy of that side. No notes of the case were taken, and nothing could be learned of the source of contagion.

CHANCRE OF THE TONGUE.

Six cases of chancre of the tongue were met with, all of considerable interest. There were three in males and three in females; in three instances the sore was on the left side of the tongue, in one on the right side, in one the side was not recorded, and in one it was on the back of the tongue.

CASE LXXXVIII. *Chancre of back of tongue.* Miss W. J., aged 22, an estimable young lady, was referred to me, July 14, 1893, on account of an unusual papulo-pustular eruption, confined almost wholly to the arms and legs, with a very few lesions on the face. From its many peculiarities, and the absence of concomitant symptoms, it was not regarded as syphilitic, but as a peculiar folliculitis, possibly caused or increased by the iodide of potassium which she had been taking from a former physician on the belief that it was syphilitic. She was put upon pretty active non-specific treatment for four weeks, without producing much improvement in the eruption; she was then given mercury and chalk, every two hours, with the effect of almost instant improvement, and in two weeks the lesions had largely disappeared leaving only brownish stains.

On close investigation it was found that in February, six months before her visit, she experienced pain on swallowing, which increased greatly, confining her to the house for three weeks; she then was treated by a competent laryngologist, who said that there was a curious ulcerated patch on the root of the tongue, just to the right of the median line, different from anything he had before seen in that location. This sore lasted for a month more, finally yielding to active local medication, and some mild mercurial treatment, with iodide of potassium; the glands on both sides of the neck were swollen, and remained enlarged at the time of her visit to me, and thereafter. A month after beginning the throat treatment, and seven weeks after first noticing the sore, the

papulo-pustular eruption appeared; there had been great malaise which was supposed to be from the diphtheria, which her trouble was thought to be.

No clue could be obtained as to the probable source of infection; she was engaged to be married, but for certain reasons her fiancé could not be interviewed.

Case LXXXIX. *Chancre left tip of tongue.* Miss W. K., an intelligent and modest girl, aged 25, a sales-lady in a dry-goods store, applied at the New York Hospital, on October 31, 1888, for the treatment of a sore tongue, which she naturally feared to be cancer.

The history was, that about six weeks previously she had first noticed a small ulceration on the left side of the tongue, followed a few weeks later by swelling of the glands beneath the jaw on that side. The soreness increased continually up to the time of her visit, when it gave her very considerable pain in eating and drinking, and even in talking there was much discomfort.

When first seen, there was a small induration on the left side of the tip of the tongue, with a fissure through its centre. Two weeks later, when a water-color drawing was made, the lump had increased materially in size, the entire left half of the tongue was much reddened, and a star-shaped fissure was seen, nearly half an inch across, of a deep red, with whitish edges; the mass in the tongue was of a very decided hardness and the size of a hazel-nut. The under surface of the tongue, on the left side, was covered with mucous patches, which also existed in the throat and on the lips. The sub-maxillary glands on that side were greatly enlarged, but there was no general adenopathy, and as yet, no eruption. Later the post-auricular and other glands enlarged, and a ringed maculo-papular eruption appeared around the mouth. Under active treatment the sore began to improve, and the mucous patches disappeared, but it was not until about two months that the ulcer had healed, and the hardness remained for some considerable time longer.

After repeated questioning of her alone, I could not discover that she had been in any way exposed to syphilis; she lived quietly at home, and had no intimate male acquaintances. I was led, therefore, to accept the probability that the poison was conveyed by the means of *pins*, which injured and inoculated the tongue, as she was in the habit of placing them in that side of the mouth

regardless of where she had obtained them; she herself remarked that she must have been poisoned in this manner, as she was conscious of having thus wounded the tongue.

Case XC. *Chancre left tip of tongue.* Miss W. L., an intelligent girl, aged 26, of good appearance, applied on December 20, 1878, for the treatment of a ringed papulo-erythematous syphilide about the mouth, with a few patches of slightly scaly syphilitic eruption elsewhere, which had existed for two weeks: she complained of the throat, and on examination mucous patches were found on the palate and tonsils.

On the left side of the tip of the tongue was found an ulcerating sore, which, on questioning, was found to have existed some little time, and to have been the first lesion to attract attention. This ulcer was somewhere about half an inch in diameter, a little raised, sharply defined and very hard: the anterior cervical glands were much enlarged. She denied utterly having ever had sexual intercourse, and the contagion was traced, in all probability, to a female friend with syphilis also attending the clinic, with whom she had had much to do, using the same utensils, etc.

Case XCI. *Chancre of left side of tongue.* Mr. W. M., a married gentleman, aged 41, was brought to me in consultation October 6, 1888, on account of a sore tongue, which had refused to heal under ordinary local measures.

On examination, there was a small, round mass, hardly one-half of an inch in diameter, on the left side of the tongue, near the tip, which was sharply defined, decidedly red, shiny, and presented a marked, though not very great, hardness; the glands under the left side of the jaw were swollen. There was no other sore anywhere, neither on the penis, nor on any other portion of the body. The patient and his physician thought that he had no eruption, but, on stripping, the body was almost entirely covered with a distinct macular syphilide, which must have been of very recent appearance. I learned from his physician that he subsequently had many other manifestations of the syphilitic poison, and had not quite recovered when he passed from his care.

The exact source of the inoculation could not be learned. He had broken a bit from the front lower tooth five weeks previously, and the sharp edge had irritated his tongue: he then went to a strange dentist, of not very good practice, and had the tooth filled, and soon after that the sore had developed more prominently.

But he was also a great smoker, and he had likewise drank, more or less, in tasting beer in his brewery, from the same jug which his brewer had tasted, the latter having had syphilis, with sore throat, not very long before.

CASE XCII. *Chancre of side of tongue.* Mr. W. N., a bricklayer, aged 43, presented himself February 7, 1885, with a macular syphilide and mucous patches. At the first visit, no trace of the mode of entrance of the poison was found, possibly from the haste of the examination, but it is recorded that the penis was normal.

One week later, on careful examination, a healing chancre was found on the side of the tongue, with a very distinct hardness at its base. No clue was obtained as to the mode of infection; the patient had been drinking heavily some time before its occurrence.

CASE XCIII. *Chancre right side of tongue.* Mr. W. O., a gentleman of intelligence and position, aged 60 years, came to me September 11, 1884, on account of a sore on the tongue, which he feared to be a cancer. The history was, that he had first noticed a little point of soreness ten weeks before his visit, which had gradually increased in size, in spite of treatment at the hands of another physician, who apparently had not recognized its character, until, latterly, it had come to give him considerable annoyance, so that he was conscious of its presence at all times.

On examination there was found on the right side of the tongue, about an inch from its tip, a hard, inflamed mass, nearly half an inch in diameter, the centre ulcerating, and the edges somewhat everted, and presenting a little hardness when pinched; it was not painful except when irritating food or drink touched it. The two upper molars on that side were found to have sharp and rough edges, and he had been wearing a red rubber plate until recently. There was a small, enlarged and painful gland beneath the jaw on that side.

Thinking that the lesion might possibly be due to irritating local causes, he was given a soothing mouth-wash and an alkali internally. Five days later there was a marked improvement in the sore, he had had the roughened teeth smoothed off by his dentist, and had left out his set of artificial teeth. The ulcer then had a less angry look, but its edge presented a hardness suggestive of parchment, was more clearly defined, and the surface less ulcerated; the glands beneath the jaw were more swollen and hard.

The diagnosis of chancre of the tongue was then recorded, and the patient placed upon active anti-syphilitic treatment. Three days later it was noted that the ulcer on the tongue had improved, had diminished in size, and that the glands beneath the jaw were smaller and more distinct. He then called my attention to certain large, flat, red points on the palms, and these were found to be part of a general, maculo-papular eruption which had just appeared, and which covered much of the body; it was learned that he had had considerable malaise during the preceding month. The chancre healed rapidly and steadily under the specific treatment, with no local measures, and six weeks later it was recorded that there was only a scar, with very slight hardness at its base, and no swelling beneath the jaw.

In searching for the mode by which the syphilitic poison gained entrance, it was learned that during the month or so previous to the appearance of the sore, he had been, through the persuasion of a friend, under the care of a dentist of the cheaper, advertising order, who, he had noticed, was not at all cleanly in his person or instruments. He could not locate the date of injury of the tongue by the dental instruments, but work was done in that locality, and he remembered the instrument occasionally slipping, but did not recall having had the tongue injured. He was a married man, with a family, and had certainly not been exposed in sexual intercourse, nor in any other manner of which he was conscious; he was very intelligent and greatly interested in learning how he had acquired the disease. The probability is therefore very strong that the poison was conveyed on the dental instrument from some preceding patient who had active syphilitic lesions in the mouth.[1]

CHANCRE OF THE CHEEK.

Five cases of chancre in this locality, two of which are of very great interest, are recorded here; all of the cases were in males, and in all but one of the cases the virus probably found entrance through razor wounds, as also in the cases on the chin. In three instances the sore was on the left cheek and in two on the right.

CASE XCIV. *Chancre of left cheek.* Mr. W. P., aged 22, a plumber, applied at the New York Skin and Cancer Hospital,

[1] See paper by the author "On the Dangers arising from Syphilis in the practice of Dentistry." *International Dental Journal*, August and September, 1890.

January 10, 1893, for the treatment of a flat papular syphilide, very generally diffused over the face, body, and extremities.

Three months previously he had had what he called "a pimple" on the left cheek, near the corner of the eye, just below the malar prominence; this he had squeezed, and it refused to heal. It gradually became large and hard, and very shortly a swelling appeared beneath the ramus of the left jaw.

On examination the entire surface was pretty thickly covered with a large, flat, syphiloderm, already becoming somewhat scaly, with some general adenopathy. On the left cheek near the malar prominence was a dull red mass, somewhat oval, nearly an inch in its longest diameter, with the surface glazed, and presenting some hardness on palpation; beneath the left jaw the glands were fused into a large hard mass. He was most carefully examined, from head to foot, and no other evidence of a primary lesion was found than the one described. The genital region was absolutely free.

No clue could be obtained as to the probable source of infection.

Case XCV. *Chancre of left cheek.* Mr. W. Q., a druggist, aged 33, unmarried, came, on March 10, 1882, for consultation in regard to a general eruption of a papulo-squamous character, covering almost the entire body and extremities. Although he had been exposed he had never contracted any venereal disease, and at the time there was no trace of a chancre upon the penis, nor had there been any. But upon the left cheek there existed a sore which at once attracted attention and proved to be a chancre, with the following history:

He had always been shaved at a barber's shop by different persons, using the public brushes and cups indiscriminately. About two-and-a-half or three months before his visit, his cheek had been cut by a new barber, who, he noticed, was uncleanly in his habits, and who shortly left the employ. A pimple soon formed on the site of the injury, which was again cut from time to time by the razor, and the place covered with court-plaster; the sore enlarged, and the crust was allowed to remain upon it. About two weeks later, the spot had fully developed into an ulcer, he had a chill, followed by pains in the bones, for which he took quinine; he also noticed a lump under the left jaw shortly after the development of the ulcer, and a little later the general eruption appeared with which he presented himself.

When first seen there was on the left cheek, not far from the angle of the mouth, and about an inch from the angle of the jaw, an ulcerated mass about three-quarters of an inch in diameter, circular and slightly raised, and with a raw, succulent surface, in which many hairs still stood, partly covered with a crust; the lymphatic glands under the left jaw were as large as small almonds, and there were also some smaller ones in front of the neck. The entire body, scalp and limbs, were covered with a brownish, papulo-squamous eruption, of very characteristic appearance. The throat was also very sore, especially the right side, from abundant mucous patches.

The subsequent course of the disease was very distressing. The patient was obliged to conduct his drug store, with little or no aid at times, and the treatment was often interrupted and imperfectly carried out. Owing to his constant standing, he early had ecthymatous ulcerations on the lower extremities; he had much trouble with the eyes, choroiditis, quite incapacitating him at times. He also had several very strange nervous attacks; at one time on leaving my office he became lost, how, he never remembered, and was carried out of town and found himself in New Jersey; at a later period he exhibited perfect locomotor ataxia, which was removed by active treatment; and for a period of over two years, while under observation, he had as severe symptoms as are often seen, rendering him almost helpless on several occasions, although his symptoms would often yield fairly to well-directed and active treatment. The glands beneath the jaw were noted as still swollen, and the mark of the chancre still present on the left cheek six months after the first visit, or nearly nine months after the date of its first appearance.

Case XCVI. *Chancre beneath left jaw.* Mr. W. R.. aged 33, married and the father of two healthy children, was sent to my office, January 21, 1893, for the treatment of a very general maculo-papular syphilide, which had made its appearance about two weeks previously; the eruption was unmistakable and involved the face, trunk, and extremities, the palms and soles having also hard papules on them. The throat had been sore for over a month, and he had considerable malaise, with much nocturnal headache.

Although he admitted having been exposed in connection, he had never had any sore, nor was there any trace of an initial lesion on the penis, in the urethra, nor in the genital region.

A considerable enlargement of the glands beneath the left jaw, of which he complained, drew attention to that region, and on investigation it was learned that he had had a sore just under the left jaw, half way between the angle of the ramus and the centre line of the chin. This had begun about two months previously, as a small pimple which he had lanced and squeezed, but which did not heal for a long time, it remaining hard and sore. There was still the remains of a circular red lesion, about half to three-quarters of an inch in diameter.

In regard to the mode of infection, it was learned that he had been shaved on November 24, and had grown a beard since then. He was in the habit of playing on various violins, at his teacher's, and the sore was exactly where the violin rested beneath the jaw; but no clue could be obtained as to the exact source of the virus.

CASE XCVII. *Chancre of right cheek.* Mr. W. S., aged 40, a wine merchant, was sent to my clinic from another Hospital, September 26, 1883, with the diagnosis of sycosis parasitica on his card, and with the note that he had been applying corrosive sublimate and sulphide of zinc ointments, without benefit.

He then had a sore patch on the right cheek, the lower edge of it just above the edge of the jaw, nearly an inch in diameter, and almost circular. It was elevated, possibly an eighth of an inch, its centre being partly covered with epithelial cicatrization-tissue, and the margin about a quarter of an inch in width, more raw; the hairs had largely fallen or had been epilated, the sub-maxillary and sub-lingual glands were enlarged.

No history of the source of infection could be obtained; he had been shaved publicly and had noticed a papule on the cheek, which was shaved off, and kept increasing in size up to the time of first observation. As the sore had been greatly irritated, he was given a zinc ointment, and, although the diagnosis was recorded as chancre of the cheek at the first visit, the hairs were submitted to microscopic examination, which, of course, yielded negative results. Under the zinc ointment the crusts and epithelial covering came off, and most of the hairs fell out, leaving a red, raw and moist surface.

Three weeks later he began to have excessive alopecia, and a general, small papular syphilide covered the entire surface; some general adenopathy also occurred, he having been without specific treatment. Under active medication his symptoms all yielded

very rapidly, and while then under observation he had very few unfavorable features, except once a dimness of vision of the left eye, possibly from choroiditis, although no ophthalmoscopic examination was made; there was no iritis or external evidence of disease.

He was seen again later in my office, almost five years after his chancre, and, complaining still of dimness of vision, the eyes were examined by Dr. Knapp, who found a pigmentary retinitis from chronic choroiditis in both eyes; the sight improved very materially under specific treatment.

CASE XCVIII. *Chancre of right cheek.* Mr. W. T., aged 30, a seaman, came to my clinic on October 13, 1883, with a chancre on the right cheek, possibly acquired through shaving with the utensils of a comrade with syphilis. Unfortunately the case-paper relating to this case has become mislaid and details cannot be given, other than the record from the Hospital register given above.

CHANCRE OF THE EYELID.

Four cases are here recorded, three in males, all on the left eye, one on the upper and two on the lower lid; and one case in a woman, where the history pointed to a chancre of the left lower eyelid, which had been removed for an epithelioma.

CASE XCIX. *Chancre of left upper eyelid.* Mr. W. U., a waiter, aged 24, was under treatment for tinea versicolor and gonorrhœa, when, on January 16, 1886, it was noticed that he had a sore on the left upper eyelid. It was situated towards the outer angle of the eye, sharply defined, of a yellowish-white aspect, with a raw surface, and depressed in the centre; it extended from the edge of the eyelid almost three-quarters of an inch upwards, and was about half an inch in length. Under very active anti-syphilitic treatment, the ulcer rapidly healed, and he had very few syphilitic manifestations, except adenopathy, headache, and, later, a sarcocele which was thought to be gonorrhœal, but which yielded promptly to an increased strength of the anti-syphilitic treatment.

No source of infection was made out, but the man was of loose habits.

CASE C. *Chancre of left lower eyelid.* Mr. W. V., aged about 26, applied at my clinic for the treatment of a maculo-papular syphilide covering much of the body. On searching for the

primary lesion, it was discovered, seated on the outer half of the left lower eyelid. The characters closely resembled those presented by the case just described, a hard, whitish-yellow ulcer, one-half by one-quarter of an inch in diameter, seated directly on the edge of the lid. The full notes of the case are mislaid, but the case is still very vivid in my mind, and was recently recalled to my attention by one of the gentlemen who saw the case with me.

Case CI. *Chancre of left lower eyelid.* Mr. W. W., aged 28, first noticed a small red point on the lower eyelid three weeks previous to his visit, March 11, 1892. This had the appearance of a stye, and was lanced by an oculist one week before, of course without result; the sore point continued to enlarge to the time of observation.

When examined, the left lower eyelid was seen to be the seat of a tumor the size of a small chestnut, a little to the left of the median line, which nearly closed the eye: this was very hard, and on its surface there was a slight, superficial ulceration, giving it a glazed appearance, of a vivid red, and extending inside the lid. There was very marked pre-auricular glandular enlargement, and the sub-maxillary gland on that side was the size of a pigeon's egg.

It was thought that possibly infection took place through a towel, as he was a waiter in a hotel where there were 100 waiters who often used a towel in common; but possibly it occurred otherwise.

Case CII. *Chancre of left lower eyelid.* Mrs. W. X., aged 43, came under my care November 13, 1880, for an ulcerative syphilitic eruption on the lower part of the left leg, presenting also scars of other similar lesions on the left forearm and elsewhere: she had also an exquisite pigmentary syphilide on the neck.

She gave no history of syphilitic infection, but on close questioning it was learned that she had had a lesion on the left lower eyelid, some four years before, and her description of it answered so closely to the appearances presented by chancre in this locality, that it was believed to have been such, as it had immediately preceded the active syphilitic symptoms; it had been excised by some one for an epithelioma, after it had lasted some time. There existed a small superficial scar, involving about half of the lower lid, presenting perfectly healthy cicatricial tissue, without the slightest attempt at a return of the supposed epithelioma. The young age of the patient (38 or 39 years at the time of the opera-

tion), the perfect results after a relatively slight removal, coupled with the description of the original sore, seemed to leave no doubt but that it was the initial lesion of syphilis in her case: other cases are on record where chancres of the eyelid have been excised for epithelioma.

CHANCRE OF THE CHIN.

Four cases (one added since the tables were made), are recorded of the initial lesion on the chin; three of these were observed directly, and in the other case the history was so clear that it must be accepted as such, although the sore had occurred two years before observation.

CASE CIII. *Chancre on left side of chin.* Mrs. W. Y., aged 36, applied on January 15, 1889, for the treatment of an ulcer on the left side of the chin which had then lasted nearly two months.

She could give no very clear history of the formation of the sore, except that it had steadily increased in size from a small scratch or papule, until the time of her visit; she had been treated at different dispensaries, and by several physicians, but the sore refused to heal.

When first seen the ulcer was somewhat oval in shape, and rather more than half an inch in its longest diameter. The margin was sharply defined, and raised, but the centre somewhat depressed, and covered with a thin, shiny crust, beneath which the surface was raw and secreting; there was some adenopathy on that side; it is not recorded if there was any hardness to the ulcer. There was a maculo-papular eruption, just appearing on the neck and chest, and soreness of the throat.

Under active mixed treatment and a calomel ointment to the ulcer, it healed with remarkable rapidity, although the eruption continued to develop, and she had afterward much periosteal pains and headache.

Nothing definite could be learned in regard to infection; but her husband had recently returned after an eighteen-months' absence in Panama, with an eruption which was supposed to be syphilitic, and it is probable that a scratch became inoculated in kissing.

CASE CIV. *Chancre on left side of chin.* Mr. W. Z., aged 39, was sent to my office, February 6, 1892, for a very severe large papular eruption, which was particularly developed about the face, but also

very extensive on the body and limbs; it had existed for two or three months.

Some three or four months before his visit he had noticed a sore on the left side of the chin, three-quarters of an inch below the left corner of the mouth, which was accompanied with swelling of the glands beneath that side; this was soon followed by the eruption. There was no chancre on the penis or elsewhere.

The sore had healed under the treatment given previously, leaving a slightly depressed, oblong scar, about three-quarters of an inch in longest diameter, which was still considerably reddened, but not hard. It was supposed that infection took place through a razor cut, but he could never trace the source of the virus.

The syphilis ran a very severe course.

Case CV. *Chancre on right side of chin.* Mr. V. A., a married gentleman, aged 50, had not been exposed to venereal disease for twenty-five years, and had never had any lesions of the penis.

Two years before his visit, September 21, 1887, he had been cut by a barber on the right side of the chin, but could give no particulars in regard to the exact source of infection. The cut point refused to heal and became an ulcer, which lasted six weeks, and finally was cured by local caustic treatment alone, leaving a depressed cicatrix a third of an inch in diameter; he stated that he had taken no medicine internally for twenty years and was not conscious of having any eruption of the body prior to that for which he sought relief. This eruption was first noticed about two months before his visit, while bathing in the sea, it appearing first on the right upper arm, the other points following and increasing up to the time of observation.

When first seen, there was a characteristic, late, papulo-tubercular syphilide in the right eyebrow, on the right upper arm and thigh, and on the left wrist. The lesions were mostly distributed in circles and broken curves, and were moderately scaly. There was tenderness of both tibiæ, and some mouth lesions, although these were rather doubtful, as he was a great smoker. For the few months previous to being seen he had had pain in the front and top of the head, without cause. The eruptions all disappeared in the course of some months under anti-syphilitic treatment, but he was seen again eighteen months later, with large surfaces of quite deep and ulcerated tubercular syphilis, on different parts of the body.

CASE CV. (*bis*). *Chancre on left side of chin.* The following case, in private practice was overlooked in making up the preceding tables. Mr. G. F., aged 25, first noticed a pimple to the left of the median line of the chin, on February 22, which became sore, ulcerated, and lasted until May, finally healing under local treatment; when largest the ulcer was the size of the thumb nail. At the same time he had great swelling of the glands beneath the jaw, much malaise and shooting pains, and an eruption appeared about four weeks after the beginning of the ulcer; the hair then fell and he had sore throat later.

When first seen, December 4, 1891, he had the remains of a general, large papular syphilide, with general adenopathy. The scar of the chin chancre presented an oval, depressed surface one-half by one-third of an inch in diameter. There was no lesion on the penis, nor had there been.

No source of infection could be found; he was shaved frequently by a barber, but knew of no means by which he was infected.

CHANCRE OF THE HAND.

Two cases occur here, one on the back of the hand, and one at the base of the left thumb.

CASE CVI. *Chancre of back of left hand.* Mrs. V. B., aged 25, applied at the Skin and Cancer Hospital on September 1, 1886, for the treatment of a large papular syphilide, chiefly annoying on the forehead and cheeks, with mucous patches on the lips and tongue. There was also headache and alopecia. The initial lesion still existed on the back of the left hand, of the origin of which however, she could give no clue.

The history was, that two months previously a small lesion had appeared on the back of the hand, which was treated by her physician with nitric acid, and had gradually enlarged, refusing to heal.

When first seen there was a shallow, indurated ulcer, about the middle of the back of the left hand, circular in shape, and about half an inch in diameter: the eruption began to develop about six weeks after the appearance of the ulcer. This patient was the one who communicated syphilis to Mrs. Z. Z., already mentioned (Case XXVI.), by means of the chancre of the lip.

CASE CVII. *Chancre at base of left thumb.* Mr. V. C., aged 24, had been rooming for several months with a young man who had

been under my treatment for syphilis, when he came to my office on August 4, 1892, on account of an ulceration on the hand.

Three months previously, while scuffling with his companion, he had struck the part against his teeth and made a cut three-quarters of an inch long; the wound bled profusely, but refused to heal, and gradually developed into an oval ulceration, one-half by three-quarters of an inch in diameter. By a comparison with my notes of his friend's case I find that just at the time of the injury his lips and tongue were the seat of abundant mucous patches; he had been warned against giving infection, and, being an intelligent student, thought that his efforts had been successful, until the sore on his friend's hand occurred.

When first seen, three months after infection, the ulcer was beginning to heal, being covered with a crust: but it was very hard and sharply defined, and there was marked cubital adenopathy, as also glandular enlargement in the neck and elsewhere, with considerable sore throat, but no eruption, although some appeared later. The chancre healed very rapidly under mercury and chalk, one grain every two hours.

CHANCRE OF THE NOSE.

Case CVIII. Mr. V. D., aged 38, came to me, October 2, 1888, on account of a very great soreness of the left nostril, with some redness and inflammatory condition of the external tissues.

It was learned that about March 2, seven months prior to his visit, he had noticed a collecting and drying of mucus in the nostril, and had applied to a physician, by whom he had been treated frequently, ever since, by means of sprays and ointments; but the trouble had remained and increased until he presented himself at my office; the external lesions had appeared about three weeks before his visit. He had had no internal medication, as his disease had not been suspected to be syphilis.

There was then a great swelling of all of the left nostril, which stood open, and was covered interiorly, on its outer wall, with a dried crust, and on the margin there was some ulcerated surface free from crust; the outside of the nose was reddened and uneven from small nodular masses. There was no history whatever of preceding syphilis, and the lesion was suspected to be a chancre, rather than a later manifestation of the disease, but the diagnosis

was most difficult to substantiate at the first visit. He was given a mixed treatment with calamine and zinc ointment to be applied freely, outside and inside the diseased nostril.

One week later it was noted that the change in the condition of affairs was very great; much of the external redness and swelling of the nose was gone, and the ulcer within the nostril had healed over. At this visit he was carefully examined, and a fading maculo-papular syphilide was discovered; there was cubital adenopathy, and he afterward had mucous patches, etc.

Two weeks after his first visit the inflammatory element had about disappeared from the nose, and it was recorded that the left ala nasi presented an ivory-like hardness, which remained distinctly, and was noted each time when he was seen, even six weeks later; the ulceration of the primary lesion on the mucous surface of the ala, healed entirely in a few weeks from the first visit.

In searching for a mode of infection, it was found that, being a custom-house broker, he was accustomed to be much with seamen from the ships, using the same towels, etc.; it was therefore supposed that in some manner, in picking the nose, or possibly in wiping it with a towel, he had conveyed the poison to some abraded surface within or at the edge of the nostril. He knew of no other mode of infection, he had no lesions on the genitals, nor had he been exposed in sexual intercourse for two years.

CHANCRE OF THE EAR.

The following case of chancre of the left ear is interesting, as the man from whom he received the injury was known to have syphilis.

CASE CIX. *Chancre of left ear.* Mr. V. E., a printer, aged 33, applied at the New York Hospital, November 24, 1880, for the treatment of a greatly inflamed ear, which had been torn in a fight, three weeks previous to his visit, it having probably been bitten. The man with whom he had fought had early syphilis, with the mouth sore from mucous patches.

The surface had been much irritated by basilicon ointment and other applications, and when first seen the entire left auricle was greatly inflamed, with crusted exudation around a large ulcerated surface; the diagnosis of dermatitis was made, and

palliative and soothing treatment adopted. Two weeks later it was noted that the lesion had spread greatly, and then occupied a space three inches long by two inches wide, in front of the ear extending down towards the lobule. The surface was ulcerated and irregularly elevated, with considerable tumefaction of the edge; the ulcerative process extended on to the external auricle, which was red and œdematous, and also into the auditory meatus, which was occluded by the swelling. The pain in the sore was very great, especially at night; it was ordered to be poulticed, the poultice being made with a lotion of permanganate of potash, and, some laxative pills containing blue mass were ordered.

One week later the surface was suppurating freely, with large, florid granulations, but with an improved appearance; the pain was still intense at night, abating toward morning. The diagnosis of chancre was now made, and the poultices were stopped and a mild calomel ointment applied, and internally a mixed treatment given, with a mercurial purge. Three days later the ulcer was recorded as still about three inches long by two wide, with hard, everted borders, but with improvement in its general appearance; the pain soon lessened under this treatment, and on January 5, six weeks after his first visit, the ulcer was completely healed, leaving a red, scaly surface. A large papular syphilide had just appeared, covering most of the body and extremities. Later, mucous patches, bone-pains, and other syphilitic symptoms completed the history of constitutional syphilis.

CHANCRE OF THE LEFT TEMPLE.

CASE CX. *Chancre of left temple.* Mrs. V. F., aged 29, who worked with her husband in making artificial flowers, came to the New York Hospital April 18, 1891, on account of a very general, large, flat, papular syphilide, which was particularly well developed about the head and neck.

The history was that about the middle of January, three months previously, there had appeared on the left temple a small pimple, which was scratched, became crusted over, the crust was removed again and again, and the sore beneath it increased in size, almost to the time of the visit. Of late it had become more dry, and was healing over. A few weeks after the sore was first noticed the general eruption had appeared.

On examination a dusky red, slightly raised solid patch, an inch or an inch and a half in diameter, was seen on the left temple, partly within the hairy surface; there was not very much hardness, but the edges could be very distinctly felt, all around. The post-auricular and anti-auricular glands were large and hard on that side, and some moderate general adenopathy; mucous patches in buccal cavity. Later on she had double iritis, first on the left side, and also alopecia, etc., the syphilis running a very severe course.

In order to eliminate genital chancre I had her most carefully examined by the gynæcologist of the service, and no trace of a primary lesion could be found on the external or deepest parts. No clue was ever obtained as to the source of the infection, although she was an intelligent woman and aided me in my investigations.

CHANCRE OF THE LEFT SIDE OF THE NECK.

CASE CXI. *Chancre of left side of neck.* Miss V. G., aged 22, applied at the Skin and Cancer Hospital, September 4, 1891, for the treatment of a sore upon the left side of the neck: it was about the size of a walnut, rather hard, and protruding considerably from the surface, and with a red, slightly excoriated surface, with a little sero-purulent discharge.

As the nature of the lesion was doubtful, and suggested strongly a small sarcomatous tumor, excoriated by the dress, she was given a one-per-cent watery solution of fuchsine, to be kept applied to the surface: there was no internal treatment given, as it was desired to wait for further developments. One week later the tumor had softened some and was less elevated.

Two weeks after her first visit there was post-cervical adenopathy on each side, and three days later still, an abundant macular eruption of syphilis appeared on the body: the sore on the neck then appeared very much better, from the use of a mild mercurial lotion which had been given her on her second visit, when the true nature of the lesion had been suspected.

On close inquiry it was found that a few weeks before her first visit she had had a bee sting on the neck, which she afterwards scratched, and a lady friend had applied court-plaster to it, wetting it once or twice on her tongue; the small point had increased then steadily in size, up to the time of the visit. It was

supposed that the infection was thus given on the court-plaster, though nothing could ever be learned in regard to the person applying it.

CHANCRE OF THE FOREARM.

In one case, that of a very intelligent gentleman, the evidence pointed very clearly to the acquiring of syphilis by tattooing on the arm, some years before he came under observation.

CASE CXII. *Chancre of right forearm.* Mr. V. H., aged 43, came to my office for the treatment of leukoplakia, April 19, 1883: he was a great smoker, and had been particularly troubled with the mouth and tongue during the previous year.

When first seen there was little in the mouth to suggest anything beyond the condition often observed in those using tobacco excessively: the sides of the tongue, especially the right side, were the seat of pearly white patches, sharply defined, and there were also some patches on the insides of the cheeks. He denied having had syphilis, though he acknowledged a suppurating bubo twenty years before. With a diminution and occasional cessation in the smoking, and with a weak chromic acid solution applied locally, and alkalies internally, the white patches lessened very decidedly, and within three months had about disappeared.

When next seen, five months later, he had a well-defined, though not very prominent patch of tubercular syphilitic eruption on the scrotum, and also one on the thigh, and it was then noticed that he had dark stains here and there from what he had called boils, and on the side of the right middle finger there was an infiltrated mass which cracked. He was put upon a mixed treatment, and the lesions disappeared quite promptly, without local measures; a month later he had again a scattered tubercular eruption, this time on the palms. At later periods he had other scattered lesions. While he had previously considered himself in good health, he now noticed that there had been a marked improvement in his general condition under the use of anti-syphilitic treatment.

After establishing the diagnosis of syphilis we endeavored on several occasions to trace the source of infection, without avail, until I noticed a tattoo on the right arm, he having been a sea-captain; on close questioning I learned that about seven years previous to his first visit he had had the tattoo replaced by an old

sailor, as the former one had not been distinct. This second tattoo, he said, behaved differently from the former one, and from others he had seen, and was sore for some time, but his memory was not good in regard to the peculiar local features exhibited. Some three or four months after this second tattooing, he began to have the eruption on the palms, and he had noticed that since that date his tissues had behaved differently than they had previously done, not healing as before, when subjected to injury.

CHANCRE OVER THE COCCYX.

The following case exhibits the chancre in a most unusual locality and from a most uncommon cause.

Case CXIII. Mr. V. I., aged 45, a gentleman with a grown up family, was sent to me in consultation, from a distant city, September 20, 1887, on account of a diffuse maculo-papular syphilide, with general adenopathy. He was perfectly positive that he had had no venereal exposure in any manner whatever, and was shocked, as well as indignant, at the suggestion of the nature of his disease, he having only very recently cautioned his own son against sexual transgressions. He had no sore on the penis, and I searched for a long time to find the site of entry of the poison; for the eruption was manifestly of such recent syphilis that I felt confident that the chancre, or its well-marked remains, must be still present. The lips and cavity of the mouth were examined in vain, as also the fingers, and all other portions where one might expect to find such a sore.

On questioning still further, as to whether he had not had some ulcerating spot on any portion of the body, he then called my attention to the sacral region, where he said he had had a sore point for a number of weeks, which had been regarded as a simple ulcer, or as an epithelioma by his family physician; it had, however, been diagnosed as a chancre by a surgeon of prominence in another city, just before his visit, as the eruption had then just appeared. On examining the site, there was found an ulcer just within the fold of the nates, about an inch back of the anus. When the parts were separated, the ulcer was round, about half an inch in diameter, sharply defined, with red edges and a greyish-white, slightly ulcerating base; a distinct hardness could easily be made out. This patient was seen again in consultation, some eight

months after his first visit, and was still suffering from syphilitic lesions, mainly in the mouth.

The supposed and probable mode of infection was very interesting. The patient stated that he had long had some itching in that region, even for years, and at times there would be a little fissure along the crack between the nates, which, he said, existed also just before the new lesion developed. Some five or six weeks, perhaps longer, before his visit to me, he had been in bathing, and, quite contrary to his usual custom, he had worn a strange suit of bathing clothes; moreover, on account of the itching in that region he had rubbed and scratched the part vigorously through the bathing trousers. A few weeks after this an attendant in a bath had noticed the ulcer forming, which had persisted and increased in size up to the time of his visit.

The supposition is that some one, who had worn the bathing suit before him, had secreting mucous lesions about the anus, and had left the clothing soaked with the virus; this was then very thoroughly rubbed upon the already existing fissure, in the effort to obtain relief from the itching, by rubbing and scratching through the clothing. A more perfect opportunity for artificial inoculation could hardly be presented.

CHAPTER V.

DEMOGRAPHY OF SYPHILIS.—CAUSES AND METHODS OF THE SPREAD OF SYPHILIS IN THE PAST AND PRESENT. A. SYPHILIS PANDEMICA (INCLUDING SYPHILIS EPIDEMICA AND ENDEMICA). B. SYPHILIS SPORADICA (INCLUDING SYPHILIS ECONOMICA, BREPHOTROPHICA, AND TECHNICA).

The virus of syphilis is one of the most energetic and certain of animal contagions, and exerts its powers whenever and wherever it can find a suitable opportunity. When first introduced into a community, it develops and spreads in the most active manner, sparing neither age nor sex, provided it can gain access into the economy; this has been repeatedly shown in the past history of the disease, and will be more particularly described in the succeeding chapters.

It will be seen later that whole families have been infected, when, through ignorance of the danger, all have been exposed alike in the intimate relations of family life, especially among the peasantry of certain countries, where household utensils are largely used in common. The reason why any escape, is simply because a sufficient quantity of the active contagious element of the disease has not found access to the system through wounds or abrasions; it is questionable whether artificial inoculations would not invariably succeed in producing syphilis, if they were perfectly performed upon those who had not been previously protected by a former attack of the disease, or by hereditary influence, more or less remote. The virus resembles that of vaccinia more closely than any other, and it is expected that this latter can be produced with sufficient care in every newborn infant; the exceptions only serve to prove the rule. The same would undoubtedly be true of the syphilitic poison if tested in the same manner.

Such being the case, it is not surprising that the disease has spread with greater or less rapidity, until, as previously stated, it may now be found in almost every portion of the inhabited globe, and appears to be still increasing, certainly in the large cities; and much of this extension of the disease has taken place in later years, even with the increased knowledge of the pathology and treatment of syphilis, and in spite of the sanitary safeguards which have at times been thrown out against it, here and there, with greater or less vigor.

The reasons for the steady spread of syphilis are not difficult to discover. The disease stands alone, and cannot be compared with any other known malady, except, perhaps, leprosy, which many have labored to prove to be but an ancestor or progeny of syphilis. Syphilis differs in very many respects from the other infectious diseases, such as small-pox, scarlet fever, and measles, in its chronic character, wherein lies the source of its great danger. While these latter affections may at times sweep over a community, and attack those who have escaped previous incursions, and possibly a few others, the danger from those infected is ended in a comparatively short time; the disease runs a definite course, and with proper sanitary precautions, the danger of further spread of the contagion is averted, and after a certain, but relatively short period, the individual can no longer communicate the disease.

But with syphilis all is quite different. The patient may be quite ignorant of having acquired the disease, either by venereal relations or otherwise, until the virus has actually been in the system for some time; it may even be several weeks before the chancre or primary sore is sufficiently developed to render the diagnosis certain. During a part, at least, of this indefinite period, it is quite possible that others may have been inoculated from the already slightly abraded sore. This not infrequently happens in extra-genital chancres, the lesion existing for a very considerable time, and even running its course and being completely healed by local measures, without its true nature being recognized; indeed, it is often not until the appearance of secondary symptoms leads to the diagnosis of syphilis, that the point of entry of the poison is found to be some long-continued sore which has just healed. During this period any number of persons may have been most innocently inoculated.

Nor is this all, for the danger has only just begun. With the

development of the secondary symptoms comes the period, often long extended, when the fatal mucous patches, with their virulent, and often abundant secretion, multiply the sources of infection many fold.

The period of time during which this danger may last, has never been accurately determined, and perhaps never will be known, and undoubtedly varies in different cases; but according to the best authorities it may, and frequently does, last at least two years, possibly for a very much longer time in particular instances.

In neglected cases, these mucous patches may be very extensive, both in the mouth and elsewhere, and when patients are not acquainted with their danger, or are careless, they may and do furnish a prolific source of contagion; a very large share of all instances of *syphilis insontium* derive their origin from these mucous patches, as will abundantly appear elsewhere. But it must also be remarked, that cases differ very greatly in respect to mucous patches, and some patients may present very few during the entire course of the disease, while with proper care, they may be kept in abeyance almost entirely. The danger is, nevertheless, ever present, as in Case LXVII., Dr. and Mrs. X. O., mentioned in the previous chapter, where a physician who had a chancre of the finger, and was fully aware of the danger, finally infected his wife in some manner which was never recognized, possibly through pregnancy.

It has often happened that those guilty of sexual transgressions have been the first to introduce syphilis into a community, whereby the disease has gained a footing, and has been spread alike by the guilty and by the innocent. Looked at in its largest sense, however, syphilis cannot, in the light of present knowledge, be any longer regarded as essentially a venereal disease, but as a scourge, ever ready to attack all who may be exposed to its virus. The reason why it is so commonly communicated in the venereal act, is, as already suggested, simply because thereby is furnished the most ready and most frequent means of intimate personal contact, during which abrasions of the surface of the skin or of the mucous membrane occur, thus affording the avenue through which the poison gains access beneath the epithelial covering, and is absorbed into the system. The very common location of chancres upon the mucous membrane of the genitals, is also

explained by the great delicacy of the tissues, and their tendency to become abraded, either by friction, or by balanitis or herpes progenitalis or other causes.

Finally, patients affected with syphilis are more likely to communicate the disease through sexual intercourse than are those suffering from other infectious maladies, such as small-pox, scarlatina, or measles, because, it being a chronic affection, and frequently not interfering with the daily life and avocations, they are, from its long period of contagiousness, in a position to transmit it to others, with whom they come in contact. If those with the other contagious diseases, were to commit the same acts, these diseases would also be communicated in like manner; it frequently does happen, for instance, that scabies and the vegetable parasitic diseases of the skin are thus acquired, but they are never even then reckoned among venereal affections.

It remains for us now to consider more particularly some of the instances and modes whereby syphilis has been spread to communities and individuals, otherwise than by the sexual act.

We will first note the occasions on record, where the disease has affected large numbers, or even nations, in such a manner as to entitle it to the designation of a pandemic affection, A. *Syphilis pandemica.*

We will then consider B. *Syphilis sporadica*, where it appears only in isolated instances, or in small groups, as opportunities of infection present themselves. These subjects may be further sub-divided as follows, and will form the basis of the succeeding chapters:

A. ***Syphilis pandemica.*** This term is applied to the disease where it has extended in a short time so widely as to affect many individuals, or even a large part of the population of any district, even as other contagious diseases may become pandemic; this part of the subject may, for convenience of study, be further sub-divided into *epidemic* and *endemic* syphilis.

1. *Syphilis epidemica.* In the instances to be described later under this designation, syphilis has spread with great rapidity, and has affected many persons within a comparatively short time; the disease has often not been recognized at the outset, but later the source of the infection has been discovered, and the epidemic arrested.

2. *Syphilis endemica.* In other instances the progress has been more slow, and the disease has seemed to fasten on a people or nation, and to persist for a great length of time, presenting characters more or less peculiar, as will be noticed in the succeeding chapters.

B. ***Syphilis sporadica.*** In the large majority of instances syphilis occurs in an isolated or sporadic manner, the virus being communicated to separate individuals; it is very commonly, no doubt, confined to the person infected, otherwise the number of cases would be infinitely greater, even than at present. As already stated, it is not proposed to consider the venereal aspect of the disease, nor its transmission by heredity or marriage, and our further study of sporadic syphilis will relate wholly or mainly to *syphilis insontium sine coitu*, or syphilis acquired otherwise than by the sexual act.

An examination of the reported instances of the sporadic transmission of syphilis by non-venereal means, or of *syphilis sine coitu*, shows that the modes by which the disease has been acquired are as varied as are the relations of life; and yet we find that there is a certain uniformity in these cases, which permits of a very definite analysis, according to the classes of persons infected, and the agent or means by which the virus has been communicated. Thus they may all be grouped in three general classes, as follows:

1. *Syphilis economica.* Here the syphilitic poison is propagated among those having relations in common, through the bonds of common interest, in domestic and industrial conditions.

2. *Syphilis brephotrophica.* In this class the disease is spread among infants, and those having to do with their care and nourishment.

3. *Syphilis technica.* This group includes those cases where syphilis is communicated in connection with the various forms of body service, medical, surgical, or others of like nature.

The sporadic aspect of the disease, is the one which principally concerns us in the present study, because with the advance of knowledge in the recognition of syphilis, it is almost impossible for epidemics, in the strict sense of the term, to occur, and the disease is usually arrested before it has become widely extended in any section, or from any cause; it will be seen later, however, that even within quite recent times very great ravages have

occasionally been made, where syphilis has been spread in foundling asylums, or by a midwife, or among glassblowers, etc.

The earlier description of syphilis, and of the epidemics alleged to have been produced by it, are often very confusing, and much thought and ingenuity have been expended in time past in endeavoring to trace the diseases which were probably confounded with the eruptions caused by syphilis, or which modified its appearances; on the other hand, in all probability much has been ascribed to syphilis which had no such connection, while much that was caused by it was overlooked. *Scabies* seems to have been the disease which most frequently masked the lesions of syphilis, while it is certain that *leprosy* was very commonly mixed up with and mistaken for this disease. As a striking example of the confusion existing, it may be mentioned that quite a large volume,[1] published in 1578, purporting to be upon epidemic and contagious *purpura*, contains descriptions of unmistakable syphilis.

The complete demography of syphilis has yet to be written, but from the diligent researches of Hirsch, Lagneau, Lancereaux, Rollet, Rey, Mauriac, Jullien, and others, referred to elsewhere, our knowledge of the disease as it appears in different countries, has of late years been immeasurably increased. While syphilis has spread steadily, following the tide of human life, sooner or later into almost every region, there is no doubt but that it has in many localities lost much of its severity, and no longer produces the ravages observed in early times. But as a great disease, ever involving new lives, and continually acting as a degenerating force on the human race, syphilis has lost none of its interest for the humanitarian, and to-day, more than ever, calls for sanitary restrictions, which shall diminish the number of its victims.

[1] Joannis Coyttari. De purpura epidemiali et contagiosa. Paris, 1578.

CHAPTER VI.

A. SYPHILIS PANDEMICA.—I. SYPHILIS EPIDEMICA. II. SYPHILIS ENDEMICA.

As has been already shown in Chapter I., syphilis is now a very wide-spread disease, existing in almost all portions of the earth, in varying severity in different regions, and having existed, in all probability, from the most ancient times known to man. We will now briefly consider some of the modes by which it has thus become diffused, and some of the peculiar forms which it has assumed in different regions and among various communities.

Literature contains many accounts of a very wide-spread existence of syphilis in different localities, where it has at times broken out in such a sudden, severe, and general a manner in a community as to give rise to the designation *epidemic syphilis*, which has been applied to it by many writers.

In other countries or sections the disease has spread more slowly and insidiously, and frequently has been recognized to be syphilis only after it had affected very many persons; in many instances the disease has seemed to present features more or less different according to the country and climate where it has taken root. To this latter the name *endemic syphilis* has been given. Under these two heads we will consider the more or less general extension of the disease.

I. EPIDEMIC SYPHILIS.

The first general spread of syphilis of which we have record, in a form which at all merits the name of epidemic, was the severe and apparently sudden outbreak, in Europe, at the close of the fifteenth century, of what was looked upon as a new disease, and in regard to which so much has been written.

As is well known, it was almost universally charged that this "new disease," called variously the *Morbus gallicus*, *Mal français*, *Mal de Naples*, *Mal des Espagnols*, *Grosse verole*, etc., was imported by the followers of Columbus from the new world, and was carried and spread by the army of Charles VIII. of France, in his invasion of Italy; certain it is that the malady extended with frightful rapidity and manifested a severity which has hardly been equalled in any accounts of the disease before or since; thus, a writer in 1502, SABELLICUS,[1] states that at that time almost one-twentieth of the whole population of that and the surrounding sections suffered from the disease.

The extensive ravages of syphilis at this and other times, indicate its very frequent communication in an innocent manner, as well as through illicit intercourse; any other view would imply or presuppose an extent of licentiousness quite beyond the bounds of probability. This view is confirmed by the facts about to be alluded to in regard to subsequent sudden developments of syphilis in different localities, the instances given being largely, and in many instances wholly, non-venereal.

Since the date referred to, the number of occasions in which syphilis has occurred in epidemic form, to a greater or less extent, could hardly be imagined by one who has not especially considered the subject, and as the research extends, the number of instances multiply almost beyond belief. The following table shows a number of these epidemic outbursts of the disease, arranged chronologically, giving such data as may be of interest in connection with the same; the items of this table will be more particularly dwelt upon later in connection with the various modes of acquiring *syphilis insontium*.

No attempt has been made to include all the smaller groups of cases, sometimes spoken of as localized epidemics, in this table but some of them are placed with the larger epidemics to show the order in which the different methods of the innocent communication of syphilis have been recognized in different countries.

The references to all these, and also to other instances of the sudden outbreak of syphilis, may be found in the Analytical Bibliography at the end of this work, and the modes of infection classified in the Synopsis of Facts and Literature.

[1] Sabellicus: cited by Lancereaux. A treatise on Syphilis. Sydenham Edit. Vol. 1, 1868, p. 24.

TABLE VI.

EPIDEMICS OF SYPHILIS

Chronologically Arranged.[1]

First Period, 1577–1654: Central Germany and Switzerland.

Chief Source, Cupping.

Date.	Locality.	Reporters.	Source of Infection, etc.	Number Infected, etc.
1577 (1)	Brunn. (Moravia) Austria.	Jordanus. Sporisch. Ozanam.	CUPPING, BLOODLETTING by wet-cups and scarificators, in public, by the town barber—virus conveyed by unclean cups, etc.	180 in the town: others from outlying districts.
1592 (2)	Zürich, Switzerland.	Records of the Canton. (Meyer-Ahrens, Behrend's Syphilidologie).	CUPPING, SHELTERING WAYFARERS, and other modes. Authors cite Meyer-Ahrens, in regard to an episode at Zürich, 1592; but it is evident from numerous prophylactic enactments on record that this was but one of many epidemics before and after 1592, which were not confined to Zürich alone.	No figures.
1596 (3)	Altorf, (Bavaria) Germany.	(Soldius). Hornung. (Lammert).	CUPPING, PHLEBOTOMY, etc. but not in public; apparently from house to house, by itinerants; cases occurred over a large district,—no particular foci.—and the disease prevailed for three years (1596-1599), probably unexplained.	Very many; in one place mention is made of over 100.
1599 (4)	Nüremberg, (Bavaria) Germany.	Town-archives. (Endter). Lammert.	CUPPING—*Seitz*, the town bathmaster, cupper, etc., was prosecuted and punished by the town for allowing his clients to become infected through cupping.	Over 70 infected.
1603 (5)	Bamberg, Bavaria.	Snitzer. Lammert.	CUPPING—in all respects a duplicate of No. 4.	No figures: but many infected.
1608 (6)		Bourgeois. (Rosen de Rosenstein).	ACCOUCHEMENT—very few particulars, at second-hand.	35 families infected.
1615 (7)	Sommerach, Franconia. (now Bavaria)	Original (Court) archives. Geigel.	CUPPING—another instance similar to the Nuremberg and Bamberg episodes.	14 are prominently mentioned.
1624 (8)	Windsheim, Bavaria.	Widmann. Horstius.	CUPPING—not stated if from public bath, or from itinerant cuppers.	70 or more.

[1] The references to the source of information will be found in the Analytical Bibliography, at the end of the work, under the name of the Reporter here given.

TABLE VI. (*Continued*).

Second Period, 1654–1800; Over Most of Europe.

Chiefly connected with reproduction of the race, as Breastdrawing, Lactation, Accouchement, Hand-raising of Children, etc.

Date.	Locality.	Reporters.	Source of Infection, etc.	Number Infected, etc.
(Latter part of 17th Century.) 1654 (9)	Middlebourg, (Seeland) Holland.	Everardus.	BREAST-DRAWING—a woman infected many others, recently delivered; these infected their nurslings; the latter infected those who tended and hand-fed them, etc.	Very many; Everardus alone treated over 100.
(10)	Sorrento, (Naples) Italy.	Musitanus.	HAND-RAISING A FOUNDLING, which, congenitally syphilitic, was adopted into a convent, and tended and fondled by the Sisters, many of whom became infected.	No figures.
(11)	(Not Stated)	Vercelloni.	LACTATION—a congenitally syphilitic infant was wet-nursed by some compassionate ladies; the disease was spread, at first by lactation "until the whole village was infected."	No figures.
1727 (12)	St. Euphemie, France.	Bayer.	ACCOUCHEMENT—a midwife, first herself infected digitally, transmitted syphilis to many of her clients, these to their families.	50 parturient women together with 30 or more in their families.
1728 (13)	Cork, Ireland.	Barry.	BREAST-DRAWING—a small episode; some of the infected women transmit the disease to their infants.	No figures.
1737 (14)	—— Hungary.	Fuchs.	ACCOUCHEMENT—like No. 12; no further data.	No figures.
1746 (15)	——	Alberti.	BREAST-DRAWING—said to be related in an essay not accessible, entitled "De osculo morbifero et morbifico."	No figures.
1752 (16)	Nerac, (Lot et Garonne) France.	Raulin.	LACTATION—infected nursling; nursing mothers received the disease, and conveyed it to their families; epidemic known as "Pian de Nerac."	40 Nurses and nurslings: and members of families.
1770 (17)	Leeds, England.	Hey. (Lawrence).	BREAST-DRAWING—a blind woman, first professionally infected, in turn infected her clients—only a few cases given.	Not known.
1775 (18)	Paris.	Gardane. (Plouquet).	ACCOUCHEMENT—a midwife, first professionally infected, infected her clients.	No figures.
(?) (19)	Stockholm.	Bilguer. (Rosen de Rosenstein).	BREAST-DRAWING—said to be like the episode of Everardus, but no particulars.	8 infected.
1800 (20)		Heinecken.	BREAST-DRAWING.	No figures.
1844 (21)	Montmorenci, (Seine et Oise) France.	Portal. (Lugol). (Moraud and Lassonne).	LACTATION—a supposed prevalence of scrofula among nurslings, led to an investigation, and most of the nurses were found to be syphilitic.	No figures.

TABLE VI. (*Continued*).

Third Period, 1800–1858; Largely in Central Europe.

In addition to Modes of Communication recorded in the Second Period, are found Epidemics from Vaccination, Circumcision and Venesection.

Date.	Locality.	Reporters.	Source of Infection, etc.	Number Infected, etc.
1804 (22)	Groningen (town and province), Holland.	Munninks.	BREAST-DRAWING—subject of a monograph, but data not accessible, at either first or second hand.	No figures.
1805 (23)	Krakau, Poland.	Rust.	CIRCUMCISION—the fact of the mysterious occurrence of syphilis in male Hebrew infants, healthy at birth and of healthy parents, led to the discovery of this mode of transmission; in this case the psylle or mohel had syphilides in the mouth.	No figures—numerous cases probably in scattered foci.
1805 (24)	Villages in Silesia, Prussia.	Wendt.	CIRCUMCISION—this mode of communication was recognized by Wendt at about the same time as above, several small episodes occurring.	No figures: but victims numerous.
1811 (25)	Village in Silesia, Prussia.	Wendt (Walch).	ACCOUCHEMENT—not different from previous episodes.	Over 50 infected.
(?) (26)	Rhine provinces of Germany: towns in Polandand Austria.	Rust and Jaffé.	CIRCUMCISION—the cases in Silesia and Krakau were only a portion of the known victims: soon after, cases in some of the Rhine provinces led to an official investigation: while other episodes occurred in Warsaw, Wilna, and Lemberg.	No figures.
1814 (27)	Udine, Austrian Italy or Lombardy	Marcolini. Barbantini.	VACCINATION—first authentic cases: vaccinifer had inherited syphilis: forty vaccinated and a number infected.	No figures: but nearly all infected.
1816 1817 (28)	Andernach.	Klein (Ruthenburg).	VACCINATION—began as vaccino-syphilis and continued through domestic infection.	No figures.
1821 (29)	Cremona. Lombardy.	Cerioli.	VACCINATION—like No. 28.	40 directly infected.
1823 (30)	Two communes in Coblenz, Rhenish Prussia.	Settegast (Hacker).	LACTATION—prevailed some time as an endemic.	No figures.
1825 (31)	Condé (Cotes du Nord), France.	Bourgogne. (Fournier).	BREAST-DRAWING and LACTATION—nursing mothers infected by first method, nurslings, other nurses and their nurslings by second method.	12–14 by breast-drawing: 5 nurses by lactation; many infants.
1826 (32)	Wilbedessen (Westphalia) Prussia.	Düsterdorf. (Hufeland).	LACTATION—a strange nursling, bastard of a soldier, brought to the village by its mother, who could not nurse it: the nursing-mothers suckled it.	23, mostly nursing women.

TABLE VI. (*Continued*).

Third Period (*Continued*).

Date.	Locality.	Reporters.	Source of Infection, etc.	Number Infected, etc.
1828 (33)	Chavanne-Lure, (Haut-Saone), France.	Flamande. (Rollet.)	DOMESTIC — eating and drinking vessels: spread mostly among families allied by blood to the people first infected: a soldier brought the disease to the first family.	25 and more infected.
1830 (34)	Fredricksborg, Denmark.	Ewertzen.	VACCINATION vaccinifer syphilitic; all the vaccinnees infected except one midway in the line.	7 infected.
1832 (35)	Villages in Schleswick	Prehn (Bolschwing.)	SHELTERING WAYFARERS—a man with fresh syphilis crossing the country afoot, sharing board and bed with hospitable people, infected some of the latter, who diffused the disease.	No figures.
1833 (36)	Krakow.	Bierkowski.	CIRCUMCISION: over 100 infants infected.	Over 100.
1837 (37)	Villages in Sicily.	Gulli.	DOMESTIC—means not stated: the arrival of cholera did away for the time with police surveillance of prostitution. Syphilis then spread rapidly and many families were innocently infected.	No figures.
(?) (38)			CIRCUMCISION — several episodes are known to have occurred between 1830-1840, but no data can be furnished.	
About 1840 (39)		Brecker. (Jaffé.)	CIRCUMCISION.	Many infected.
1841 (40)	Grumello, Lombardy	Tassani.	VACCINATION—usual features: mothers, nurses and others indirectly infected: 56 vaccinated, 35 infected and from these mothers and nurses.	64 in all, of these 46 directly.
1841 (41)	R——, near Luxeuil (Haut Saone) France.	Aliés.	VACCINATION—(?) causes obscure: prevailed two years, and chief lesions genito-anal condylomata.	Nearly 80.
1844 (42)	Norway.	Hjort.	DOMESTIC—six families who were allied by blood and marriage visited the clinic in a body.	21 infected.
1847 (43)	Cologne (?) Rhenish Prussia	Canetta.	BREAST-DRAWING — particulars unknown.	32. directly infected.
1849 (44)	Coblenz, Rhenish Prussia	Wegeler.	VACCINATION — revaccination from a healthy child vaccinated for the purpose, from a syphilitic: the vaccinifer was not infected: the vaccinees were infected from its vesicle. Operator veterinary surgeon fined by a tribunal	19, directly infected, others indirectly.
1852 (45)	Frienfels, Bavaria.	Heine.	VACCINATION — small episode: usual features: operator Hübner, a homœopathic physician, fined by a tribunal.	8, directly infected.
1853 (46)	Alsembourg, Belgium.	Joly.	BREAST-DRAWING—a nurse, infected by a foundling, infects her 10-year-old son, who drew her breasts,—the son infected a number of nurses, resulting in a lactation-epidemic.	No figures: could not be less than a dozen, perhaps many more.

TABLE VI. (*Continued*).

Third Period (*Continued*).

Date.	Locality.	Reporters.	Source of Infection, etc.	Number Infected, etc.
About 1855 (47)	Rochechonart (near Limoges), (Haut-Vienne), France.	Bleynie. (Bardinet).	ACCOUCHEMENT—peculiar mode: newborn children only victims. Midwife applied her infected saliva by aid of fingers to stump of cord; her object being to recover the "lost cord," or to arrest hemorrhage.	No figures: but very many.
1856 (48)	Molise and Lupara, Naples.	Marone, (Bouvier).	VACCINATION—special features; tube-virus used, and numerous indirect transmissions.	23, direct—11 nurses, many others.
1857 (49)	Rufino, (Tuscany), Italy.	Galligo.	VACCINATION—no especial features.	14, directly infected.
1857 (50)	Capistrello, (Abruzzo Ultra), Naples.	Government Report: Demarchi and Tanturri (Ruggiere).	LACTATION—an infected wet-nurse brought the disease to the place, where it gained a footing by lactation; it then existed endemically for 8 years, spread chiefly by domestic contagion, and rendered a tenth of the inhabitants syphilitic.	300, in round numbers.

Fourth Period, 1858-1892: Over the Whole World.

Beside the features in the Third Period there is a reappearance of Cupping as a mode of infection; and new modes, Glassblowing, Tattooing, etc., etc.

Date.	Locality.	Reporters.	Source of Infection, etc.	Number Infected, etc.
1858 (51)	Hakola, Finnland.	——— (Hjelt.)	CUPPING—unlike the ancient cases, the operator is an itinerant, female, herself infected, and is believed to be the source of the infection, through cleansing the cups with her saliva.	200, in round numbers.
1858 (52)	Topparla Finnland.	——— Hjelt.	CUPPING—same nature as the preceding.	80 to 90 infected.
1858 (53)	Gratz (Styria), Austria.	Petry.	TATTOOING—soldiers infected by a syphilitic tattooer.	9 infected.
1860 (54)	Uleaborger Finnland.	Hjelt.	CUPPING—same features as Nos. 51 and 52.	20 to 30 infected.
1861 (55)	Rivalta (Piedmont Sardinia), Italy.	Pacchiotti. (Cerisi.)	VACCINATION—usual features: described more minutely than any before.	80, in all—46 children: 26 nursing women.

TABLE VI. (*Continued*).

Fourth Period (*Continued*).

Date.	Locality.	Reporters.	Source of Infection, etc.	Number Infected, etc.
1862 (56) (57)	Premezzo and Castellanza.	Ricordi.	HAND-FEEDING OF INFANTS.—two similar, small epidemics.	9 in one, 11 in the other.
1862 (58)		Otterson. (Foster.)	VACCINATION—troops in the Union army during the civil war; 300 vaccinations, of which only 80 succeeded.	Most of the 80 directly infected.
1862 (59)	Rive de Gier (Dep't. d. Soire), France.	Viennois. (Guinand.)	GLASS-BLOWING—simultaneous infection of the workmen.	20, directly infected, others in their homes.
1862 (60)	Torre del Buse (near Bergamo), Lombardy.	Quarenghi. Adelasio. Viennois.	VACCINATION—tube-virus: those indirectly infected outnumbered the others.	24; of these only 5 from vaccination.
1862 (61)	Csomad, Hungary.	Glatter.	VACCINATION—the operator, a midwife, infected in her calling, infects somehow the vaccinifer, her nephew.	72, direct.
1863 (62) (63)	Cazorezzo and Ubaldo.	Ricordi.	LACTATION—two precisely similar episodes in which (1) a foundling infects its wet nurse, (2) she infects other nurslings, (3) these infect other nurses, and so on to five sets of victims.	24 and 18, respectively; 42 in all.
1863 (64)	Near Milan.	Ricordi.	BREAST-DRAWING—usual features: nursing-women infected, and in turn infect their nurslings.	10 or 12 infected.
1863 (65)	Faymoreau (La Vende) France.	Guinand.	GLASS-BLOWING—few details known.	No figures.
1863 (66)	Fort Smith, Arkansas.	Bennett.	VACCINATION—soldiers inoculated from pustules upon one another.	"Hundreds."
1864 (67)	Marcalle.	Ricordi.	LACTATION—same features as Nos. 62 and 63.	16 in all.
1865 (68)	Rovello.	Ricordi.	LACTATION—same features as Nos. 62 and 63, except mode of origin unknown.	14 (nurses and nurslings).
1865 (69)	London.	Dunn.	VACCINATION.	53 infected.
About 1866 (70)	(?)	Jones. (Foster.)	VACCINATION—a great number of soldiers in the 12th and 16th Georgia regiments vaccinated themselves from a syphilitic comrade, choosing the worst looking pustules for the purpose; many were infected.	Over 100.
1866 (71)	(?)	Jones. (Foster.)	VACCINATION—on another occasion, 52 soldiers, vaccinated from an infected sailor, became syphilitic.	52 infected.
About 1866 (72)	Greenville, (Tennessee) U. S. A.	Jones. (Foster.)	VACCINATION—a Colonel in the Confederate army, seeking in vain to be successfully re-vaccinated, at last became inoculated with syphilis: many soldiers and sailors, eager to benefit by the supposed good virus, were inoculated from an ugly looking sore on the officer's arm, and a number became syphilitic.	No figures: but numerous.

TABLE VI. (*Continued*).

Fourth Period (*Continued*).

Date.	Locality.	Reporters.	Source of Infection, etc.	Number Infected, etc.
About 1866 (73)	(?)	Hubbard. Jones. Foster.	VACCINATION—great numbers of Federal volunteers and citizens appeared to receive syphilis through virus obtained from Southern deserters, which was certainly not vaccine.	"Hundreds."
1866 (74)	Aikin, (So. Carolina), U. S. A.	Percival. Jones. Foster.	VACCINATION—one hundred and fifty people of all ages, who had been vaccinated from a man with early syphilis, or from one another (93 revaccinations), were examined about the same time, and each presented a vaccine chancre in situ, with secondary symptoms, and were cured by specific treatment.	150 infected.
1866 (75)	Auray, Morbihan, France.	Depaul and Roger. Closmadeuc.	VACCINATION—performed by a midwife: 130 to 140 vaccinees: of these only a portion seen, but nearly all of these were infected.	44 known to be infected.
1866 1867 (76)	Cardeillac.	Clary and Guary. (Fournier.)	VACCINATION—of 22 vaccinated from one child, 13 acquired syphilis—2 of these cases communicated chancre of breast to a mother and a wetnurse.	13, and 2 chancres, breast, from laction.
1867 (77) (78)	Astragal and Calibera.	Cantilona.	LACTATION—infected nursling, from Trieste.	50 infected.
1867 (79) (80)	Castellafiume and Roccaviva. Lower Italy.	Tanturri.	LACTATION—a special investigation by T. of remote effects of former epidemics: the first was found to be an extension of No. 50: the second had been endemic for 20 years, and was known as "sheep-pox."	No figures.
1867 (81)	Vienna, Austria.	Von Pitha. (Jaffé.)	CIRCUMCISION—not known if from a single focus, or collated statistics.	Over 30 infants.
1868 (82)	Montluçon (Dept. Allier), France.	Dechaux. (Guinand.)	GLASS-BLOWING—investigated at the time by *Dechaux*. The same, two years later had added over 13 victims by extension of the original malady.	17, in all (11 workmen, 5 wives). Later report, over 30 in all.
1868 (83)	Montecatini di val di Nievole, Tuscany, Italy.	Balducci.	LACTATION—a number of nursing women had been infected by nurslings adopted or received from the Florence Foundling Asylum: here, as in the preceding, it is not clear whether the total is from epidemic or statistical aggregation.	11 nurses mentioned.
1869 (84)	Schleinitz and St. Veit (Styria), Austria.	Koçevar.	VACCINATION—an episode not unlike that of Rivalta, No. 55.	66 in all (31 vaccinees, 19 mothers, 11 other children, etc).
1870 (85)	Fiume, Austrian Italy.	Mori.	VACCINATION—Nothing unusual.	35, directly infected.
1870 (86)	Paris.	Fournier and others.	EUSTACHIAN-CATHETERIZATION: for 20 years, the office of Dr. B.—an otologist, was a focus for disseminating syphilis among his patients.	Over 70 known to be directly infected.
1872 (87)	Tavastehus, Finnland.	Hårdh.	CUPPING—same features as Nos. 51 and 52.	14 or more.

TABLE VI. (*Continued*).

Fourth Period (*Continued*).

Date.	Locality.	Reporters.	Source of Infection, etc.	Number Infected, etc.
1873 (88)	Bardella and Bergona.	Grancini and Dall'Acqua (Sormanni.)	VACCINATION.	No figures.
1873 (89)	Alexandria.	Peola.	VACCINATION.	16, directly.
1873 (90)	Abo, Finnland.	Spoof.	CUPPING—like No. 87.	17 or more.
1873 (91)	Brive France.	Bardinet.	ACCOUCHEMENT—midwife, who had been professionally infected: the first report gave 34 victims, only 15 being parturient women—a special investigation later revealed a far wider extension: some of the newborn appeared to be infected by the midwife.	Over 100.
1876 (92)	Lebus (Brandenberg), Prussia.	Freund.	VACCINATION—school-girls were revaccinated.	15 girls.
1878 (93)	Philadelphia U. S. A.	Maury and Dulles.	TATTOOING—soldiers infected by a syphilitic tattooer.	15 victims.
1879 (94)	Paris.	Josias.	TATTOOING—like the preceding.	9 infected.
1879 (95) (96)	London.	Hutchinson.	VACCINATION—two epidemics, in which 11 and 10 respectively were infected.	21 infected.
1880 (97)	Tourcoring, Dept. du Nord, France.	Anonymous (Leloir.)	BREAST-DRAWING—usual features.	20, in all.
1881 (98)	Algiers	Desjardins and Fonvielle. Layet.	VACCINATION—French and native soldiers: one vaccinifer.	58 infected.
1883 (99)	Aalborg, Denmark.	Heiberg.	GLASS-BLOWING—like the French cases, as far as known.	9, directly infected.
1883 (100)	Near Sheffield, England.	Hime.	ACCOUCHEMENT—30 married women infected by a midwife, 9 husbands then infected by their wives, and also two infants.	41 in all (30 women, 9 men, and 2 newborn).
1883 (101)	England	Booth.	ACCOUCHEMENT—midwife with chancre of finger infected a great many lying-in women, who in turn gave the disease to their husbands and children. Tried and condemned to twelve months at hard labor.	A great number.
1886 (102)	Königsburg, Prussia.	Burow.	EUSTACHIAN-CATHETERIZATION—small episode, common source.	6 in all.
1886 (103)	London.	Macnamara. Hutchinson.	CIRCUMCISION—transmitted by the unsuspected means of the lint, etc., in the box used for preserving the prepuce.	7 infected.

TABLE VI. (*Continued*).

Fourth Period (*Continued*).

Date.	Locality.	Reporters.	Source of Infection, etc.	Number Infected, etc.
1886 (104)	—— Wjatka, Russia.	Tepljaschin.	APPLICATION OF TONGUE TO EYE—by a female practitioner, herself infected from a client; to remove foreign bodies and heal trachoma. Numerous chancres of eyelids demonstrated.	68, total (34 direct).
1886 (105)	(?)	Wilcox. (Arthur.)	TATTOOING—usual features.	26 infected.
1888 (106)	London.	Barker.	TATTOOING — operator with mucous patches in mouth, wet the needles with his saliva.	12 soldiers.
1889 (107)	Russia.	Dutschinski.	ACCOUCHEMENT: in total population of 316, 36 infected (13 males and 23 females.	36 infected.
1890 (108)	Russia.	Poliataieff.	CUPPING: wet cupping by peasant woman producing chancres on the back.	11 infected.
1891 (109)	Russia (5 rural districts).	Jarotsky.	DOMESTIC: 2 small epidemics introduced by dry nurses—a laborer infects 8 of a family innocently.	8 and more.
1892 (110)		Blauchet.	EUSTACHIAN-CATHETERIZATION — all by the same operator.	27 cases infected.

Numerous other small epidemics might be added to this Table which would be mere repetitions of those already mentioned; many of them, however, being inferior to those given, by reason of lacking some feature in the accuracy of facts, or in reporting. It is not desired to give more small episodes of one kind than is necessary to illustrate the mode of transmission; otherwise, many small epidemics from lactation, breast-drawing and circumcision would be presented, such as those found in the writings of DRON, PELLIZZARI, TAYLOR, MATLAKOWSKI, KÉDOTOFF, and others.

It will be seen from this table that these occasions of the sudden spread of syphilis to a number of persons, forming miniature epidemics, each of which might have extended even more widely if the cause had not been recognized and removed, had as their basis or foundation, no less than a dozen different processes or operations, beginning with cupping and ending with Eustachian catheterization. It will be further seen that the total number of actual cases mentioned in this table, taking the lowest figures named in each instance, is considerably over 3,000 individuals affected; this number is, moreover, quite exclusive of those referred to in the statement so frequently made that a *large number* were infected, no actual figures being given. When we further consider that

these are only some of the accessible reports which have been published; and also that it is improbable that even more than a share of the instances of such epidemics have ever appeared in print; and finally that only a portion of the individuals ultimately infected could ever be counted, it can readily be understood how wide has been the spread of syphilis by innocent means, how many, many thousands have been the sufferers from *syphilis insontium* appearing now and again in epidemic form.

II. ENDEMIC SYPHILIS.

Syphilis may be said to be endemic now in almost every nation and race on the globe, but in different degrees in various localities; in some sections and races it has presented, and even to the present day exhibits, characters more or less peculiar, which have been and still are known by quite different names; these phases of the disease, moreover, have been and are yet considered by some writers to be entirely distinct maladies. In reality, however, syphilis is undoubtedly one disease, the world over, and, under proper circumstances, runs a more or less similar course and presents analagous phenomena. The poison is one and the same, lurking here and there, only awaiting the proper soil in which to germinate and flourish anew.

Endemic syphilis has resulted both from the continuance of the disease in a community, in a more or less masked and sporadic form, after and from epidemics such as have just been mentioned, and, also from the gradual and slow introduction of the poison by chance persons and methods, at times when the extending influence has been slight, and the circle affected has been more or less limited. But in one way and another syphilis has been propagated in different localities until large numbers have been infected, and until its manifold manifestations in various countries and among different people have finally been recognized and isolated from other diseases under particular names, relating very commonly to the place where the malady first appeared or where it was first recognized.

In many instances the true syphilitic nature of these epidemics and of the endemic diseases of different countries, as they have been called, have only been determined in later years, and it is more than likely that the future will still further develop the

subject. It is to be remembered that while earlier writers were frequently most careful observers and very accurate recorders, the synthetic knowledge of syphilis is of relatively recent date, and it is highly probable that yet greater advances and discoveries in syphilology will follow, even in our own day.

We may now briefly mention, as far as possible in chronological order, or in the order in which they have been described, some of the endemic occurrences of syphilis as they have been determined by later research. Some of the instances reckoned as endemic by certain writers have been included in the preceding table of Epidemics, more properly, as it is thought, and are therefore omitted here: such are the *Mal de Brunn*, 1577; *Mal de St. Euphemie*, 1727; *Pian de Nerac*, 1752, and *Mal de Chavanne-Lure*, 1828.

1. ***Sibbens*** (Siewens, Sivvens, 1690). The earliest to be observed of these endemic diseases which are now recognized to be syphilis is the Sibbens or Siewens of the west of Scotland, which was first noted in 1690. The mode of introduction of the disease is unknown, but all accounts agree in regard to the fact of its being most frequently communicated by eating and drinking from the same utensils with those affected, from smoking the same pipe, also in nursing, and by hereditary transmission. BELL,[1] who gives the fullest description of it, from personal observation, states that it rarely appeared on the genitals, and that it was not regarded as a venereal disease. At one time, says he, "The disease had spread to such an alarming extent that more than three-fourths of the inhabitants were infected and many of the more delicate, particularly young children, died under it. This had gone on for many years, when by the exertions of the clergyman of the parish, it was entirely removed in the course of a short time. He went personally to every individual in his parish and convinced them of the propriety of applying for medical assistance immediately on the disease breaking out, which they agreed to the more readily from their being sensible that all of them had got the disease in the most innocent manner." ADAMS[2] also studied Sibbens personally and gives a very thorough resumé of the writings of others; he concluded that it was not syphilis, or venereal

[1] Bell. A treatise on the gonorrhœa virulenta and lues venerea. 1792. Amer. Edit. Albany, 1814, p. 268.

[2] Adams. Observations on morbid poisons. London, 1807, p. 181.

disease, as the lesions were so rarely found on the genital region, and gonorrhœa was absent. He quotes from Mr. Hill the most perfect description of chancre of the lip, resulting "when the infection is communicated by a foul pipe or spoon."

2. ***Radesyge*** (1710). The earliest notice of this disease, which has long prevailed in Norway, is found in a letter of Von See, a physician in charge of the sanitary service at Christiansand; he reported to the government that during 1743 and 1744 he had treated a large number of patients with Radesyge at Egersund, a fishing village on the southwestern coast. In 1758, Honoratus Bonnevie was ordered to go to Egersund and Stavanger, 38 miles further north, to investigate the disease in question. He found that it had begun in the latter town, in 1709 and 1710, when a Russian war-vessel had wintered there, it being brought on shore by some Norwegian women who had venereal ulcers and virulent sore-throat; the peasants gave it the name of Radesyge, signifying foul disease. About the same time a Danish vessel coming from the East Indies brought the same malady to the other port, where it was named "Maladie d' Egersund."

Radesyge spread rapidly through Norway and Sweden, so that according to Boeck,[1] several parish priests reported from one to two hundred affected in each of the parishes, the disease being spread principally by nursing; one of them says, "The diseased infants have been nursed by healthy women, who have thus become immediately infected; or, women having the disease have suckled healthy infants, who, attacked in turn, have infected their parents." It was also recognized as communicated through the agency of the saliva, as on knives and spoons.

The great prevalence of the disease may be judged from the fact that during the five years preceding 1826, there were no less than 16,985 patients with syphilis and radesyge admitted to the government hospitals in Sweden;[2] the malady was still found to be communicated by other means than sexual intercourse in the larger proportion of cases, except in the military hospitals.

This disease has been the subject of much investigation and discussion, and its literature is considerable; in 1771 a Commission from the College of Medicine in Copenhagen, reported that, excluding cases of leprosy or spedalskhed, with which it had been

[1] Boeck. Traité de la Radesyge, Christiania, 1860.

[2] Behrend. Syphilidologie. Vol. 2, p. 449.

frequently confounded, true radesyge could always be traced to syphilitic infection, as BOECK, SPRAKEL,[1] and others[2] have since shown very conclusively. The symptoms of radesyge as described by BOECK and others correspond so closely to those seen in late and hereditary syphilis, that they need not be detailed here, and the pictures illustrating the disease which have been published by BEHREND, RUST, WILLIS, NOLTE, and others leave no doubt as to the identity of the disease in question with syphilis. HANS MUNK who had charge of a hospital in Stavanger, in 1799, states that under the name radesyge were included: 1. Syphilis insontium, or sibbens; 2. Spedalskhed or leprosy; and 3. Other malignant sores. He proposed to reject the name *radesyge* altogether and to employ the term *sibbens* to represent the secondary and tertiary phenomena of syphilis, which strictly speaking constitute that disease.

3. ***Amboyna pustule*** (Boutons d'Amboine; Pocken amboyneuse, 1718). In the year 1718 J. BONTIUS[3] described an endemic disease existing in Amboyna, and other islands in the Malay Archipelago, which from our knowledge of similar appearances in other countries, is now recognized as undoubted syphilis. It was thought then to resemble venereal disease, but this idea was excluded on account of its arising and being transmitted quite independently of sexual intercourse; it was, however, treated most successfully by the remedies employed in venereal disease, principally by mercury. BONTIUS says, "In its symptoms it resembles venereal disease, but there is, however, this difference, that the malady may arise and be transmitted quite independently of sexual intercourse. In this disease there are formed on the face, the arms, the legs, eruptions of tophus, that is, tumors, hard and scirrhous at first, and afterwards abundant on the entire body, and affecting the palms and soles; if the masses begin to ulcerate a viscid, gummy material exudes, which is acid and irritating, and a deep ulcer results with hard edges. This horrible and disgusting disease resembles the lues venerea except that there are not such great pains, and caries of the bones does not so readily occur, except in neglected cases."

The cause of the malady was ascribed to the climate, diet, and

[1] Sprakel. De morbo qui dicitur Radesyge. Hales Saxonum. 1864.

[2] See Lancereaux—A treatise on Syphilis. Sydenham Society Edit., London, 1868, Vol. I., p. 34.

[3] Bontius. Medicina Indorum: cited by Rayer. Traité theoretique et pratique des maladies de la Peau. Paris, 1835, p. 864.

other agencies, but no one reading the account of the disease can doubt that this was untreated *syphilis insontium*, a view taken by Rayer and other authorities.

4. ***Disease of St. Paul's Bay*** (Mal de la baie de St. Paul; Mal de chicot; Mal anglais, 1760). This disease is said to have appeared at first on the banks of Lake Huron, in 1760, and to have developed among the inhabitants at St. Paul's Bay on the St. Lawrence River, in 1780. It spread in a few years over the greater part of Canada, and committed great ravages among certain Indian tribes; in 1785 it was known that 5,800 persons were suffering from the disease.

The first symptoms, according to SWEDIAUR,[1] were small, aphthous sores on the lips, tongue, and cavity of the mouth, and more rarely on the genitals. The secretion from these sores had such virulence, that it infected those who ate with the same fork, or drank from the same glass, or smoked the same pipe; it was also communicated by the linen, clothing, etc. Fathers transmitted it to their children, and they to their nurses; when it once entered a family it rarely spared a single individual; both sexes and all ages were equally attacked. The disease was also communicated by coitus. The description given of the progress and symptoms of the disease as it affected individuals, corresponds closely to our present knowledge of syphilis, and resembles greatly the accounts given of the spread of syphilis by the writers of the fifteenth century.

5. ***Morbus dithmarensis*** (Marsh Krankheit; Marsksygdom; Maladie de Ditmarsh, 1785). In Holstein there appeared during the latter part of the eighteenth century, an endemic disease which had hitherto been unknown there and which slowly made extensive ravages. According to most of the reports of the Royal Sanitary Commission it appeared to have begun during and after the building of the crown prince's embankment, between the years 1785 and 1787; it was thought to have been imported by the foreign laborers who were then employed, probably by the Norwegians, as the malady resembled the radesyge which was then known to prevail in Norway.

The disease was soon found to be contagious and spread over the greater part of Holstein, attacking not only the lower classes,

[1] Swediaur. Traité complet sur les symptoms, etc., des Maladies vénériennes; 4th edit., Paris, 1801, Vol II., p. 371.

who lived in the low, marshy lands, and in squalor, but even affecting the well-to-do land owners and burghers. STRUVE,[1] who lived in Elmshorn, in Holstein, wrote extensively on the subject, and while he recognized the similarity of the malady to what was known as venereal disease, endeavored to show that it was a different affair, partly because although evidently contagious, it was most seldom spread by sexual intercourse. He saw whole families infected and recognized that "the disease was spread by intimate contact, through the use of the same eating and drinking utensils, by towels used in common, also by kissing and pipe-smoking." He also states that the disease appears to be acquired by hereditary transmission. The description and course of the disease, as he depicts it, leaves no question as to its syphilitic nature, modified quite possibly, as in the case of radesyge, scherljevo, and other of these endemic forms, by scorbutic, malarial, or other agencies.

6. ***Facaldina*** (1786). This endemic was first developed in a little town of 800 inhabitants on the border of the Tyrol, named Facaldo, from which it derived its name, and spread more or less rapidly to several neighboring villages. According to ZECCHINELLI,[2] who described it, it was believed to have been imported by a beggar woman suffering from venereal itch, warts, and ulcers of the genitals. Like many of the epidemics early described, this included a number of diseases, it being specially associated with scabies. Marriages especially contributed to spread the disease, which attacked adults and children, manifesting itself by deep ulcers of the skin and throat, serpiginous eruptions of the neck and shoulders, gummy tumors and osteocopic pains, but rarely exostoses. It was cured by a mercurial treatment, and SIGMUND[3] who studied the disease both in Vienna and in the regions where it is perpetuated, recognized it as syphilis. MARCOLINI,[4] writing in 1829, regarded it as a variety of the Scherljevo, next to be described.

7. ***Scherljevo*** (Malo di Scarlievo; Mal de Fiume, 1790). In the year 1800 a medical commission was sent by the Government at Fiume to the village at Scherljevo, three miles from the coast of

[1] Struve. Ueber die Aussatzartige Krankheit Holsteins.—Altona, 1820.

[2] Zecchinelli—cited by Lancereaux—A treatise on syphilis. Sydenham edit., London, 1868, Vol. I., p. 41.

[3] Sigmund—cited by Mauriac—Leçons sur les maladies vénériennes. Paris, 1883, p. 232.

[4] Marcolini—cited by Rayer—Traité theoretique et pratique des Maladies de la peau. Paris, 1835, t. iii., p. 862.

the Adriatic and eight miles east of Fiume, to investigate a new contagious disease of unknown character which had appeared there.

Several different accounts are given in regard to its first introduction, but all agree in referring it substantially to persons returning from the Turkish war in 1790; these communicated the disease first to those immediately around them, by whom it was further spread, not only in that village but also through the neighboring districts, where it remains more or less to the present day.

The Scherlievo propagated itself with such rapidity, that CAMBIERI, who was one of the Commission, states that out of 39,000 inhabitants in that district, there were no less than 6,000 affected in the highest degree, and almost 8,000 others affected in a milder degree. Large hospitals were established for the disease, and strict sanitary visitation was made, with a result of arresting its progress in a great measure. But, for various reasons the sanitary restrictions became neglected, and again the disease increased. Another strict surveillance was then made, when among 131,484 inhabitants there were found 2,972 cases of undoubted Scherlievo, and 1,194 in whom the disease was suspected. PERNHOFFER,[1] who was physician to the Scherlievo hospital at Portoré, reports that 14,395 cases had been received in the hospital from its opening in 1818 to 1859; the number of cases of the disease had steadily diminished, from about 1,200 yearly at first, to but 107 during the latter year. The disease was carefully studied by DR. CAMBIERI,[2] who was sent by the Government and from whose report the following description, as it first appeared, is abridged.

The disease is described as beginning with pains in the bones, worse at night; the voice becomes harsh, and deglutition difficult, the throat, tongue and tonsils are red and covered with aphthous patches, which give off a purulent secretion, others ulcerate and produce much destruction. A general eruption of pustules, or papules, of coppery color occurs, especially on the forehead, scalp, back of ears, also on the limbs and body; this eruption may be followed by one composed of tubercles, and serpiginous patches, covered with indolent crusts with a hard areola, and, later, caries of the bones may occur, etc. Mercury was found to be the most efficient remedy.

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[1] Pernhoffer. Untersuchungen und Erfahrungen über Scherlievo. Wien, 1868, p. 8.

[2] Cambieri—Rollet—Traité des maladies vénériennes. Paris, 1866, p. 460.

The poison was communicated by contact, by the use of utensils and clothes, and was also supposed to be given by the breath and by sleeping with those affected: MICHAHELLES,[1] writing in 1833, states that *it was not communicated by coitus once in a hundred cases.* It spared neither age nor sex, but was not observed to be acquired the second time. Nurses frequently gave it to infants whom they suckled. The disease has been observed and described by many writers, among them SIGMUND[2] in 1855, and is at the present time universally acknowledged to be syphilis, either in an acquired or hereditary form, as may be judged from the above original description. All agree, however, that, as is the case in regard to these common or popular names of disease, many other maladies are often included under that of Scherljevo, the more common of these being leprosy, scabies, lupus, scrofuloderma, and other skin-affections.

8. ***Mal di Breno*** (1790). About the same year in which the malady was observed at Scherlievo a very similar endemic broke out in the little town of Breno,[3] at the foot of the Rhoetian Alps, in Lombardy. According to MICHAHELLES it was brought there by a French pirate, but did not spread far beyond the valley in which Breno is situated. As the description is very like that just quoted of Scherljevo, we need not dwell longer on this affection.

9. ***Frenga*** (1810). In Servia[4] there has been known, since the year 1810, an endemic affection by the name of *frenga*, which must undoubtedly be classed with those already described. It is contagious, characterized by multiple ulcerations, rebellious in character, seated about the face, nose and buccal cavity, and accompanied by pain in the bones. SIGMUND,[5] in 1855, recognized frenga as old and untreated syphilis, possibly associated with scrofula: mercury and iodide of potassium formed the best treatment for the malady.

10. ***Spirocolon*** (Spyrokolon, 1820). Under this name, there prevailed a similar disease in Greece which was especially noticed between the years 1820 and 1825. This disease, which has since been recognized as syphilis,[6] was described as especially charac-

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[1] Michahelles. Das Mal di Scarlievo. Nürnberg, 1833, p. 32.

[2] Sigmund. Untersuchungen über die Skerljevo seuche, etc. Zeitschrift der K. K. Gesell. d. Aerzte. Wein, 1855—Rollet, l. c. p. 463.

[3] Oesterr. Medizin-Jahrb. V. Heft. ii p. 21—Lancereaux loc. cit, vol. I., p. 42.

[4] Gamberini. Manuale della malattie cutanee. Milano, 1871, p, 293.

[5] Sigmund. Zeitschrift der wiener Aerzte 1855, p. 23—Lancereaux, loc. cit., p. 42.

[6] Nouveau Dict. de Med. et Chirurg., T 34, 1883, p. 626—See also Lancereaux—Traité hist. et prat. de syph., 2me ed., 1873, p. 31.

terized by the abundance of ulcerated mucous patcnes about the anus; this, JULLIEN[1] remarks, need not cause surprise, considering the number of persons there, of both sexes, who were addicted to sodomy.

11. ***Morula*** (Button Scurvy, 1835). An affection, which has prevailed in Ireland for many years under the above name is described by CORRIGAN[2] as follows: Small papules arise, smooth, shiny, and slightly elevated, which become scaly and then enlarge until they form suppurating tubercular masses, covered with crusts: the mouth is also affected. The disease was contagious and was thought to be communicated by the use of clothing or of sleeping with those affected. It was universally treated with mercury. This disease was considered by WALLACE[3] of Dublin as identical with Sibbens and Scherlievo, and as undoubtedly a syphilis, which had become so modified as to lose its power of exciting certain of the phenomena commonly observed.

12. ***Mal Kabyle*** (Lépre Kabyle, 1862). This disease, which is frequent in Northern Africa, is thus described by VINCENT,[4] who was for two years resident physician at the hospital in Dellys, on the coast of Algeria. Beginning with nocturnal pains, deep ulcerations follow, on the arms, shoulders, back, and face, with coryza and destruction of the bones of the nose ; perforations of the palate occur, also exostoses of the tibia, etc. ; he expresses the opinion that the disease does not differ in any way, except in severity, from the *Mal Napolitain*, which the Italian physicians of the 15th Century had described under the name *Mal Français*, which we now know to have been syphilis, beyond a doubt. Other observers agree also as to its syphilitic nature.

Several writers speak of the great infrequency of primary sores among the Arabs of Algiers, and VINCENT states that the most frequent mode of communicating the Mal Kabyle was by the mouth, as on glasses and objects used in common; heredity was also recognized as a very frequent cause of transmission. ARNOLD,[5] who was associated with Vincent in the hospital at Dellys, regards the disease as almost entirely hereditary syphilis, it having been untreated and transmitted for many generations. He states that

[1] Jullien. Traité prat. des maladies vénériennes, Paris, 1886, p. 481.
[2] Corrigan. London Med. and Surg. Journal, July, 1835—Behrend's Syphilidol., Vol. V., p. 450.
[3] Wallace. Ueber die Nature, etc , der Syphilis—Behrend's Syphilidol. I., 475.
[4] Vincent. Exposé clinique des mal. des Kabyles, 1862. Rollet. Traité des mal.vénér.,p. 450.
[5] Arnold. Dermatologie Africaine; La lépre Kabyle, Paris, 1862, pp. 8, 46.

one-fifth or one-quarter of the patients were children, from those at the breast to the limits of adolescence. He, also, found primary sores very rare, and the lesions most commonly presented by lépre Kabyle were ulcerated gummata, situated mainly on the shoulders and extremities.

13. ***Yang-mey-tchoang*** (1863). In China[1] there has been known by this name, for an indefinite period, hundreds of years, a disease which is very contagious and may be communicated without venereal contact; but it is also recognized as resulting often from imperfectly-cured venereal disease. It commences with fever and pains in the limbs, followed by an eruption of papules, beginning in the groins and extending gradually over the entire body. At first small, these lesions increase insensibly in size, become covered with scales and blackish crusts, fuse together, and make masses which are likened to a raspberry (framboesia); in each group one tumor larger than the others may be recognized, from which flows a serous and fetid material, which forms the crusts. Mercury is recommended for the cure, both in the form of ointment and also by means of vaporized inhalations.

Excellent descriptions of chancres are given in the work of DABRY referred to, which is simply a translation of Chinese writings, ancient and modern, with the statement that in addition to the genital region they may also be found in the mouth, throat and nose; but syphilis as a disease does not seem to be understood, nor are the mucous patches about the mouth and throat, which are very accurately described, recognized as contagious.

14. ***Syphiloid*** (of Courland, 1757, of Jutland, 1777, of Lithuania, 1780, of Hesse, 1800, of Esthonia, 1805, Kleinrussische Syphiloid, 1858).

Under the name of *syphiloid*, there have existed endemic diseases in the regions above mentioned, and others, for many years, and, while they have been thought to resemble syphilis in many respects, they have generally been regarded as in some manner different; but in later years their identity with syphilis has been established beyond a doubt. Of these Courland, Lithuania, and Esthonia are Baltic provinces and adjacent to one another. BOLSCHWING,[2] who was a parish physician in Courland, describes very fully the disease as seen there, under the name "*Syphilis modificata*;"

[1] Dabry. La médicine chez les Chinois: Paris, 1863, p. 263.

[2] Bolschwing. Ueber Syphilis und Aussatz. Dorpat, 1834, p. 10.

he mentions as the first and principal distinguishing mark between this and ordinary syphilis, the fact that "chancre of the genitals occurs in such very exceptional cases, that the acquiring of the disease by sexual intercourse is a very unusual event." The "Kleinrussische or Polish Syphiloid," which has long prevailed in the inland provinces of Poltava, Tchernigon, and Kiew, in south of Russia, and also in Podalsk and Volhynia, and throughout Poland, has recently been described and portrayed by HÜBBENET,[1] and recognized unquestionably as syphilis, although presenting certain unusual features. He describes the disease as mainly consisting of mucous papules, whose origin is often unrecognizable, at least not attributable to any preceding chancre, and generally occurring alone and apparently without any other syphilitic symptoms; in some villages a large number were affected at once, and it was specially frequent among children.

The Syphiloid of Jutland is perhaps the most interesting of this group. In 1777 Dr. LILLIE[2] was sent to Denmark to examine the disease, and he thought that it was to be distinguished from true syphilis by the fact that gonorrhœa was rarely seen among those affected. In 1835 VAN DEURS,[3] of Aalborg in Denmark, made a careful study and report of the disease, and, while it was known to be communicated by sexual intercourse, he dwells upon the fact of its being constantly acquired by the common use of spoons, drinking glasses, pipes, etc.; young and old were infected, although young people and children seemed particularly susceptible to the disease. His description embraces almost all the well-known symptoms of syphilis, and need not be detailed here. He regarded the disease as analagous to Sibbens, Radesyge, and other affections above described: the name *syphilis insontium*, however, which had been applied by HANS MUNK[4] to Radesyge, he does not think as suitable an appellation as *syphiloid*, which, as he expresses it, "may not only reproduce itself as a syphiloid, but may, under certain conditions, give rise to primary cases of true syphilis, even as varioloid can occasion true smallpox."

15. ***Framboesia*** (Yaws, Pian). After a study of the disease-conditions thus far spoken of in this chapter, it is not very difficult to discern in all the descriptions of Yaws, given by different writers,

[1] Hübbenet. Die Beobacht. und das Exper. in der Syphilis. Liepzig, 1859, p. 80.
[2] Lillie—Cited by Rollet. Traité des Maladies vénériennes. Paris, 1866, p. 475.
[3] Van Deurs. Jour. for Med. og Chirurg.,1835. Behrend's Syphilidol.,Vol. V., 1844, p. 432.
[4] Hans Munk—Cited by Rollet. Traité des maladies vénériennes. Paris. 1866, p. 473.

data which point, almost incontestibly, to the fact that this affection is connected with or dependent upon the syphilitic poison. The subject is a large one, and the literature relating to it is extensive, and a full consideration of the disease and the opinions respecting it would lead beyond the scope of the present work; it must be stated, however, that while the French, and most of the German writers, regard it as undoubtedly syphilitic, many others, and among them some who have observed the disease personally, hold that it is an affection *sui generis* and different entirely from spyhilis. PONTOPPIDAN,[1] of Copenhagen, who has made one of the most recent personal studies of the disease, holds that it is non-syphilitic, and gives the following condensed description of the disease; which, however, is certainly suggestive of syphilis and of the eruptions previously described:

"Yaws is a contagious disease of the skin which appears without any essential disturbance of the general health, in the form of small papules appearing beneath the epidermis; when they reach the size of peas they become covered with an epidermal mass, and the round, elevated, nummular tumors acquire a thick, pulpy, adherent, yellowish crust much resembling a dirty ivory counter, or a smooth, round, cheesy button. When this crust is removed a moist, reddened but not ulcerated, elevated surface is seen, appearing like a mucous papule, and when it is much elevated and exuberant, or treated with irritating applications, it has a distinct resemblance to a raspberry. When the tumors are in the ano-genital region, they may resemble mucous patches of severe degree; but on places more or less exposed to the air, where they are principally situated, as on the face and extremities, they have always the dirty-yellow, smooth crust."

Yaws have been communicated by experimental inoculation, and when so induced, the wound inflames, and is thereafter covered with a brownish scab, beneath which there is a small sore depressed in the centre, with raised edges, giving out ichor.[2] CHARLOUIS,[3] a Dutch physician in the island of Java, has also made a recent study of framboesia there and believes it to be a separate disease distinct from syphilis; he had seen recent syphilis develop from a chancre in two cases (one of them experimentally

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[1] Pontoppidan. Archiv für Dermatol. und Syph., 1882, p. 201.

[2] Christie.—M'Call Anderson's Treatise on Diseases of the Skin. London, 1887, p. 395.

[3] Charlouis—Vierteljahresschrift für Dermatol. und Syphilis, 1881, p. 431.

inoculated), which presented lesions of a characteristic framboesia, previously existing.

More research is required to determine the matter with certainty, for from the description given of the malady by different observers, it is probable that several disease-conditions have at times been included under the designations framboesia, yaws, and pian; and one cannot help the conviction that many of the cases so named have been syphilis, modified, perhaps, as in other instances, by race, climate, etc.

16. ***Aleppo evil, Biskra bouton, Chancre du Sahara, Caneotica, Delhi Sore, Scinde boil, Parangi.*** Under these and other names there are known in the various countries of the East, as Syria, Northern Africa, Crete, India, and Ceylon, a disease or diseases, manifesting mainly cutaneous lesions, chronic in character, slowly ulcerating, and corresponding more or less perfectly to the well-known appearance presented by late syphilis. The pictures given by WILLEMIN,[1] of the Aleppo Evil, and by VANDYKE CARTER[2] of the Biskra Bouton, Caneotica, and Aleppo Evil, are certainly so strongly suggestive of late syphilis that it is difficult to believe that they are other than this protean disease, modified, as we have seen, in the above descriptions, by race, climate, etc. GEBER,[3] after spending some time in Aleppo, and studying clinically a considerable number of patients with the so-called Aleppo Boil or Evil, came to the conclusion that no such special endemic disease existed, but that the cases thus called were lupus, or the manifestations of syphilis, or scrofula, both of which were very frequent, modified by peculiarities in race, climate, etc. All researches go to show that syphilis is very prevalent in the localities named, as also in other parts of the world.

The above-mentioned endemic manifestations of syphilis by no means represent all of the instances where the disease has spread widely among a people or community; they are given rather as the best described examples of how syphilis may be introduced and gain a great footing long before its true nature is known. In the endemics here referred to a local name early became attached to the malady, which was not recognized to be syphilitic until at a later period; and of this, other similar instances could be

[1] Willemin. Memoire sur le Bouton d'Alep. Paris, 1854

[2] Vandyke Carter. On certain endemic skin and other diseases of India. London, 1876, p. 64.

[3] Geber. Vierteljahr. für Dermatol. und Syphilis, 1875, p. 445.

adduced, such as the *Boala* of Roumania, *Maladie de Berreshof* and *Lepra Siberica* in Siberia, *Tonga* in New Zealand, etc., etc. Syphilis is also widely recognized in many countries under its own proper name, or under equivalent designations, but in many, if not in most localities the date and method of its introduction and dissemination have not been specially recorded, if indeed they are at all known.

In looking over the accounts given of the disease, both those represented by the above abstracts, and the descriptions of syphilis as it has been observed in other lands, one is struck by the diversity of conditions under which it has spread and the variety of forms under which it has been observed; it is, therefore, only by the synthetic study of the disease, as occurring in different countries, with diverse influences of race, climate, food, and other circumstances, that a true and full knowledge of its course and manifestations can be obtained. Thus, in many places we find writers very positive that the primary sores were not often presented to their observation, and in very many localities the disease was known to be propagated almost wholly by non-venereal means. In some regions it has been observed to expend much of its virulence in the mouth and throat, especially in the colder climates of Scotland, Norway, and Canada, as observed in the Sibbens, Radesyge, and Disease of St. Paul's Bay; while in warmer regions the skin suffers most from its ravages, as in the Scherlievo, Mal de Kabyle, and Amboyna pustule, seen in Dalmatia, Northern Africa, and the Molucca Islands respectively.

In all of these epidemic and endemic developments of syphilis, a certain similarity can be discerned, and a more or less definite course has repeatedly been observed; it will be noted that many of those recording them report a certain resemblance of the particular outbreak to some other previous endemic affection occurring elsewhere, such as the Sibbens, Scherlievo, Framboesia, etc., and many writers compare the phenomena observed, to those reported in connection with the celebrated outbreak of syphilis at the close of the 15th century. As, in the epidemic in the 15th century, the disease became mitigated in severity, so that it did not retain the pestilential character for more than seven years,[1] so in the case of most of the subsequent epidemics and endemics,

[1] Lancereaux. A treatise on syphilis. London, Sydenham Soc. Edit. 1868, p. 27.

the malady seemed to die out gradually, as far as concerned its immediate and very frequent propagation; but, on the other hand, syphilis remained in a relatively mild and non-pestilential form, in many of the countries mentioned, and may still be observed in them, as indeed it now exists over a large portion of the globe.

The reason for this diminution in severity, in its epidemic and endemic forms, is readily understood in the light of our present knowledge of syphilis; the disease reaches, in a certain sense, a self-limitation, dependent on facts such as the following:

1. All are not equally susceptible to the syphilitic virus, and some persons, probably, never can be infected; 2. Many persons are never exposed to the disease, as it is communicated only by direct or indirect contact with the virus; 3. With rare exceptions, the disease can be acquired but once, and 4. The influence of heredity from syphilitic parents greatly limits the susceptibility to infection, and, it is believed, modifies the disease when acquired. Thus it can be seen readily, that in a virgin soil the disease might make great progress in a short time, and then, in a large measure, cease, owing to the infection of most of those directly exposed to it; it being further propagated only as chance shall bring it fresh victims, or as circumstances shall bring the poison to those who had previously escaped.

That the danger of such sudden extensions of syphilis by innocent means extends even to our own time, may be learned at a glance from the table of epidemics of the disease given in the first part of this chapter, where it is seen that certain of these have occurred even very recently. As a single example may be mentioned an epidemic which occurred in the village of Capistrello, not far from Naples, Italy, as late as 1857.[1] The disease had existed in the community unrecognized for eight years, and had consequently been untreated, and, when it was investigated by the sanitary officers, it was found that among a population of three thousand persons, no less than three hundred individuals, men, women, infants, and old men, had been infected. The epidemic had started from a single infant brought to the town with hereditary syphilis, who communicated it to its wet-nurse, and then to others who had relations with them, mainly through the agency of household utensils; no mention is made of any communication of the disease through illicit intercourse.

[1] Annales de dermatologie et de Syphiligraphie, 1867, p. 158.

In many of the accounts of epidemic and endemic syphilis we find descriptions mainly of the later tubercular and ulcerative lesions, and in some regions it is claimed that these are the only ones observed, no mention being made of the earlier phases, the macular, papular, and pustular eruptions, with which all are now familiar as commonly recognized in the disease. This may be explained satisfactorily on several grounds, such as the following: 1st, The earlier eruptions may have escaped the attention of the patient, and not have been presented to the physician, as is often the case at the present time; 2nd, The connection between the primary sore, the earlier eruptions, and the later manifestations of syphilis were not then generally known and recognized; 3d, It is quite possible that, for reasons unknown to us, the earlier expressions of the disease were much lighter in olden times or under special conditions, than they are apt to be now; 4th, Patients naturally applied for the relief of the more severe, chronic, and destructive lesions, leaving the earlier and more or less self-limited eruptions to their own course; and, 5th, Much of the disease, after a certain period, was acquired by heredity, and, being untreated, later, destructive lesions would result and call for treatment; it is to be remembered that the connection with, and significance of, the earlier manifestations of hereditary syphilis was not recognized or known until at a comparatively recent date.

The statements with regard to the absence of gonorrhœa and extensive genital lesions are, of course, perfectly understood, now that gonorrhœa and chancroid are recognized as entirely distinct diseases from constitutional syphilis.

An interesting point in this study is that in regard to the later effects of the syphilitic poison, both on the individual and in later generations, when the disease is left wholly uninfluenced by treatment; this we know to have been largely the case in many of the epidemics and endemics in earlier times, where it spread gradually, unrecognized, in different quarters of the globe. We have no means of solving the problem, as to how far this accounts for the appearances presented by syphilis in the descriptions quoted, but the question naturally arises whether the peculiarities presented by the supposed different diseases above mentioned in different countries, may not be thus accounted for. The same is true in regard to some of the eruptions still observed among the older nations, such as *Framboesia*, *Delhi boil*, *Aleppo evil*, *Bouton de Biskra*, *etc.*, and

the question is quite proper whether their peculiar features may not be owing to the implantation of syphilis in persons who had already had the disease by inheritance or otherwise, in earlier years, or who still were under a remote influence of the same, transmitted through former generations: JONATHAN HUTCHINSON[1] has recorded cases where the disease was acquired by those who had already suffered from hereditary syphilis, and in two of these instances, the lesions of the acquired disease, presented unusual features, in having ecthymatous ulcers within a few months after the primary sore; others[2] have also remarked upon the modified results of syphilitic infection which may be observed in those who have inherited the disease or have suffered from it previously. It is now, also, a well-established fact that syphilis may be transmitted to the third generation, what its later effects are we do not know; much that is often called scrofula is afterwards shown to be only late and indefinite manifestations of syphilis.

It would lead quite beyond the scope of the present work to fully discuss here many of the interesting points which might follow from a consideration of the data already given, and on record elsewhere, in regard to the epidemic and endemic spread of syphilis, some of which will be briefly considered later, in connection with other portions of our subject; a few words, however, may be added here in regard to the modes in which the disease has been spread in a general manner, the special methods of its extension being considered in subsequent chapters.

It is difficult for us, amid the civilization of the nineteenth century, to fully understand the circumstances and surroundings which led to the rapid and extensive diffusion of syphilis in years gone by, and amid the crude modes of living belonging to earlier times; but we can better understand it if we consider, for a moment, some facts relating to its more recent extension among some of the less civilized portions of the earth, as in certain parts of Russia, and elsewhere, where syphilis is certainly largely on the increase. HJELT[3] reports that in Finnland, where all venereal diseases are treated in the governmental hospitals, free of expense, and where a very large share of all cases of syphilis are thus collected, the cases of this disease had increased from 2,511 in 1851,

[1] Hutchinson. Syphilis—London, 1857, p. 387, 392.

[2] Lectures on syphilitic and vaccino-syphilitic inoculations, etc., by Henry Lee, London, 1863, p. 215.

[3] Hjelt. Die Verbreitung der vener. Krankheiten in Finnland. Berlin, 1874, p. 70.

to 8,629 in 1870; the total number of syphilitics treated during that period was 54,717 cases. The total population in 1870 was 1,773,612, and the number of cases treated during that year, namely, 8,629, was at the rate of one for every 204 persons. Presumably a large proportion of these cases were recently infected. In other portions of Russia, according to LEINENBERG,[1] the disease has made and is still making yet greater ravages, so that one writer states that there are at present five millions of syphilitics in Russia; in the cities it is spread largely by prostitution, with the attendant innocent inoculations, but outside of the cities it occurs by innocent methods, largely by family and industrial intercourse, as it is stated that the peasantry know no prostitution. BLOSFELD,[2] writing of the spread of syphilis in Kasan, in Eastern Russia, speaks of its very common spread by means of extra-genital infection.

The principal cause of the continual spread of syphilis, in this and other countries, lies in the ignorance of the people: 1st, As to the real nature of the disease; 2d, As to the dangers of infection, innocently or otherwise; 3d, As to the modes by which infection may take place, and 4th, As to the means and measures necessary for prevention.

It is, of course, not to be expected that the mass of persons will ever be able to recognize syphilis in all of its phases, or to know of and exercise the proper prophylactic measures necessary to avoid contagion; but in proportion as it is recognized that it is not uncommon for syphilis to attack those who are entirely innocent of sexual transgressions, by so much will the danger of the extension of *syphilis insontium* be diminished.

That these cases of the innocent inoculation of syphilis are still not very infrequent, at the present time, is evident from the fact that the present writer has observed in his own practice, and recorded in a preceding chapter, over a hundred instances of the same, in addition to the mass of other illustrations here set forth.

We will now consider more particularly the various modes and occasions by which the disease has been spread sporadically, as recorded in the literature of the subject.

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[1] Leinenberg. Die Syphilis in Russland. München, 1887.

[2] Blosfeld. Zeitschr. für Hyg. med. Statis. u. Sanitätspolizei, 1869, p. 442.

CHAPTER VII.

B. SYPHILIS SPORADICA—I. SYPHILIS ECONOMICA; INCLUDING, 1. SYPHILIS ACQUIRED IN DOMESTIC AND SOCIAL RELATIONS AND, 2. SYPHILIS COMMUNICATED IN INDUSTRIAL RELATIONS.

Having considered syphilis as a pandemic affection, occurring at times as 1, An Epidemic, affecting considerable numbers in a short space of time, and 2, As it has existed in an endemic manner, slowly attacking larger communities, we may now turn to a consideration of the methods and means by which it is communicated to individuals in a thoroughly innocent manner.

To this the designation SYPHILIS SPORADICA has been given, to indicate the individual character of the infection.

By reference to the classification of the modes of infection of syphilis, already given, it will be seen that this part of the subject is subdivided into three parts, relating to,

I. *Syphilis Economica*, where the infection occurs in domestic or social life, and in industrial relations;

II. *Syphilis Brephotrophica*, where the disease is communicated in connection with the nourishment and care of children; and,

III. *Syphilis Technica*, where inoculation takes place in the discharge of professional duties and body service.

These will be considered in turn in this and the two following chapters.

I. SYPHILIS ECONOMICA.

The sporadic transmission of *syphilis economica* may be studied as relates to,

1. Infection occurring in connection with domestic or social life, and,

2. Infection resulting from industrial relations.

In each of these two groups we will find a number of divisions and subdivisions, while the ultimate sections into which this class of infections may be divided is over forty, as shown in the classification which has preceded (pages 17 to 20); the data and references to the Bibliography relating to these will be found expanded fully in the *Synopsis of Literature.*

It will be seen that a very large share of these infections occur through the agency of the mucous membrane of the mouth, a few happen through sores on the fingers, and occasionally the disease will be conveyed by means of substances soiled by blood and secretions from various parts. We may now call attention briefly to some of the principal features relating to the modes of transmission in syphilis economica.

1. Infection in Domestic and Social Relations.

This great group may be divided again according as infection takes place through,

1. Eating and drinking utensils, and the use of tobacco, etc.;
2. By personal and household effects;
3. By active and temporary contact; and,
4. By passive contact.

I. ***Infection by eating and drinking utensils, and in the use of tobacco, etc.*** The two divisions of this section will be considered separately.

1. *Infection by implements and utensils* (spoons, knives, forks, cups, glasses, jugs, etc.). In very many of the accounts of epidemics of syphilis referred to in the preceding section, and also in the descriptions of the endemic forms of the malady, such as Sibbens, Radesyge, and the syphiloid eruptions, constant mention is made of the disease being communicated in eating and drinking; and more modern writers in some of the countries of Europe confirm these descriptions, even to this day, among the peasantry and the poorer classes in large cities. As these wholesale dangers can hardly be fully understood by those accustomed to the luxuries of wealth and western civilization, I may briefly quote the description given by Boeck,[15] of the manner in which infection still takes place in Norway. Says he, "In the country districts, it frequently happens that syphilis is communicated by the use of the same

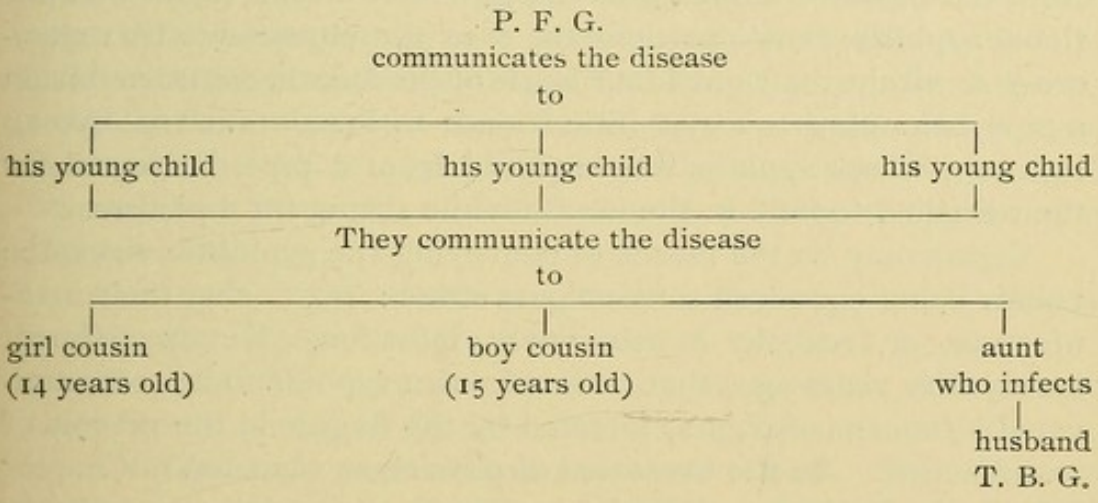
[15] These and following reference numbers refer to the consecutive numbers of separate books or journal articles under each author's name in the Analytical Bibliography; where no number is given the reference is to the single article or book mentioned.

spoon. In many places the members of the family do not eat together at the same time, and as each comes in turn to the table, a single spoon is used, which is not washed, but is licked off and laid aside. The spoon is a broad, rough, wooden affair, which is thrust so far into the mouth that the angles of the lips are stretched, and may even be injured by it. The fact is certain, that in many of the cases of innocently-acquired syphilis, the ulcerations commonly come in the corners of the mouth."

Instances of infection by eating utensils are reported by several recent observers; ROLLET[7] gives the case of a lady, who contracted a chancre of the lip, from carrying in the mouth a spoon used by her cook; and DIEMER[6] mentions one, where the contagion was acquired by the use of the same knife and fork on shipboard; ROUSSEL[2a] relates the case of a child, seven years old, who contracted a chancre of the right tonsil, by using a spoon after its mother, and KROWCZYNSKI[1] gives a similar instance; LEE[6] reports the case of a young female, seen with chancre of the tongue, acquired from a spoon used by another servant, who had syphilitic lesions in the mouth; the genitals were intact. Other cases could be cited, and many writers casually mention having observed the same. Cups and drinking vessels are frequently reported as conveying the poison, the first recorded case being the well-known one given by BOTALLUS in 1563, where a chancre of the lip was acquired from drinking after one infected; BUCHHOLZ repeated the observation in 1798, the patient acquiring the disease from a tankard in a beer-house, since which time dozens of similar cases have been placed on record, as seen in the Synopsis of Literature.

The so-called *Maladie de Chavanne-Lure*, belongs to this class of syphilitic transmission, and may be briefly mentioned. In the year 1829, M. FLAMANDE reported that in the community of Chavanne-Lure, on the east border of France, there had existed a malady for about twenty-eight months, which was considered contagious, and that up to that time, about twenty-five persons were known to be affected, although it was supposed there were many more also diseased, who from false modesty concealed their trouble; the description given is readily recognized to be that of syphilis. The first person to be affected was a man named Goudy, 28 years of age, who at that time had had the disease for over two years, with mouth and throat lesions as well as eruptions on the skin. He first communicated it to his three young children, all

of whom had sores on their lips and throat, but his wife, although living with him, escaped, and was the only individual in the family who was not infected. A young girl, a relative, aged 14, next acquired the disease, from frequently eating with these children, and her brother became similarly affected a short time after; their mother next acquired the disease from frequently visiting the house, and eating with the children first affected, and six months later she gave it to her husband. It is added that the people of the town were convinced, that the malady was especially propagated by means of eating utensils, which, it is remarked, is the more probable, because the inhabitants of the country eat one after the other, without the least precaution in cleansing the utensils. The man Goudy, who first brought the syphilis to the town, acquired it while a prisoner, from drinking from the same vessel with an Austrian soldier, who had the same disease on the lips. The beginning of this epidemic, put in tabular form, appears as follows:



One of the most definite and satisfactory of the single cases is that of SIGMUND,[16] where a gentleman was infected by his valet, as they traveled through the country; C. PELLIZZARI[11] also reports the case of a workman, who shared his lunch and a common drinking glass with a comrade, who had syphilitic placques on the lips. He had a fissure on the lip, and this became the seat of a chancre. TAYLOR[12] mentions the case of a female cigar-maker, who had an immense chancre of the lower lip, contracted from a drinking-cup in use in the factory.

Some time ago much interest was excited by GRUNER[1] in

[1] Gruner, Chr. Gottfried. Der Gemeinschaftliche Kelch, etc. Jena, 1785.

regard to the danger of the communication of syphilis by the chalice, or communion cup: although this means of infection is quite possible, I have not been able to find a single case in literature, the original writings of GRUNER, TRALL, and METZGER not being accessible.

2. *Infection by tobacco-pipes, cigars, troches, etc.* The earlier accounts of the epidemic and endemic manifestations of syphilis, as they are now known to be, contain frequent statements, that the disease was also constantly transmitted by a pipe, which in earlier times frequently did duty for many smokers, or a whole household. DENIS-DUMONT[1] mentions a case, where an officer was infected, under his own observation, in a hospital, from smoking the pipe of one of his colleagues who had placques muqueuses; GUIGNARD[3] reports a case from the service of FOURNIER, where a chancre of the tongue resulted from the use of a friend's pipe; BOECK[14] speaks of a case of chancre of the tongue resulting from the repeated smoking of the pipe of a friend, with constitutional syphilis; OTIS[4] mentions the case of a physician with a chancre just within the right inner angle of the mouth, contracted from a pipe belonging to a syphilitic friend; C. PELLIZZARI[15] records an instance, where syphilis was acquired from a pipe, borrowed for the occasion, to hold in the mouth while sitting for a picture.

Cigars may be the means of conveying the syphilitic virus, the poison being conveyed to the cigars either: 1st, during their manufacture, or, 2nd, by a subsequent infection. KLUGE claimed, nearly fifty years ago, that he had known syphilis to be communicated by means of cigars, infected by the fingers in the process of manufacture. In the two cases of physicians reported in Chapter IV. (Cases XXXV. and XLIV.), chancre of the lip was probably acquired from cigars, which had been infected in their manufacture, presumably by the act of finishing the cigars with the lips; this supposition was supported by a case, there referred to, as having been just seen and treated, where a cigar-operative was obliged to desist from this practice, on account of the soreness of the mucous patches on the lips, on which he had been moistening his cigars. A further possible means of infection is found in the alleged practice in Havana, of finishing the cigar by rolling it on the naked thigh, many of the natives in Cuba having syphilis. It is but just to remark, that SIGMUND,[1] at the direction of the

[1] Sigmund. Wiener med. Wochenschrift, 1862, No. 4.

Government, investigated certain cases of alleged infection of cigars in manufactories, and expressed his disbelief in the truth of the reports.

The second method of communicating syphilis by cigars, relates to their infection by others than those engaged in their manufacture. GAMBERINI[2] reports an interesting case, where a man received a chancre of the upper lip from a cigar, taken from the mouth of a woman, who had syphilitic lesions of the fauces. F. J. BEHREND[4] alleges, that he treated a patient with syphilis, who acquired the sore in the mouth from taking a cigar, which had been placed in the mouth of another person, and bitten off. RIZAT[1] reports a case, where a man acquired a chancre of the lip, after having cut the end off a cigar in a guillotine, which had just been used by a friend, who had moistened his cigar on the lips, before cutting it in the same machine. The most common method by which syphilis has been acquired by cigars, however, is that seen in smoking rejected cigar-stumps, cases of which have been reported or mentioned by a number of observers, AMBROSOLI, ENGLESTED, FINGER, DRYSDALE, and others. The report of AMBROSOLI,[1] is most complete and relates to two cases. ENGELSTED[2] states that he had treated a little boy, who was infected by a cigar-stump which his uncle, who had mucous patches of the lips, had thrown away.

Akin to this method of transmission is that reported by HARDY, and also by LELOIR,[13] where the infection occurred by means of a pastille, passed from mouth to mouth; since which similar cases have been reported by GRIFFIN, NEUMANN, TAYLOR, and others.

2. ***Infection by personal and household effects.*** This relates to 1. Wearing apparel; 2. Bedding; 3. Toilet articles; 4. Miscellaneous articles.

1. *Infection by wearing apparel* (underwear, bathing-suits, masks, plasters, bandages, lint, etc).

Numbers of cases have been reported by various observers, where articles of clothing have communicated the disease, none of them more striking than the original observation detailed in Chapter IV. (Case CXIII.); in this instance a gentleman acquired a chancre in the sacral region from a public bathing suit, he having had for some time an eczematous fissure in the fold of the buttocks, and scratching it through his garment. JULLIEN[4] quotes DIDAY, as having seen two cases of chancre of the anus, thus

communicated by clothing. Acton, Bell, Bondet, and others have also recorded cases.

Leloir[10] records a case where the virus was transferred on the finger of a glove, causing a chancre of the eye, and quotes Ricord as authority for the conveyance of syphilis by a mask. Henning[1] reports the disease communicated by means of a hat, and Polaillon a case where syphilis was acquired, apparently, from the injury caused by a nail in a borrowed shoe, giving rise to a phagedenic chancre of the foot.

Bandages, lint, etc., have been the means of conveying syphilis; thus Björkén[1] mentions the case of an adult who threw away a piece of emplastrum hydrargyri, which had covered a syphilitic lesion, and his little brother, on applying it to a wound on the back of the hand, was infected; a somewhat similar personal instance is related in Chapter IV. (Case CXI.) where the chancre appeared on the neck after the application of a piece of plaster to a scratch, the plaster being wet on the tongue of a friend. Ricordi[2] narrates the case of a woman who acquired a chancre on the breast, from the application to it of some dressings which had been used on a chancre of the nipple of a friend.

2. *Infection by bedding* (pillows, sheets, etc.). While it is more than probable that pillows, sheets, etc., have frequently conveyed syphilis, relatively few cases have been reported. It is most natural that secretions from lesions in the mouth, and elsewhere, should saturate bedclothing, and, during the prolonged contact of sleep, the virus could easily enter abraided surfaces. Jullien, Popoff, Salsotto, Taylor, and others, have reported cases of this nature.

3. *Infection by toilet articles* (towels, sponges, combs, tooth-brushes, syringes, sick-chairs, privy-seats, etc.). A variety of modes of infection is found in this group, relating to very different portions of the body, and diverse methods of transmission. Baum[6] records a case where a patient acquired a chancre in the corner of the eye, supposed to be due to infection from a *towel*, used in common with a man who had a chancre, and several writers allude to similar cases. C. Pellizzari[22] mentions a case where a son, with chancre and abundant mucous patches, infected his father while on a journey, occupying the same room and using the same *towel;* the father had two chancres of the face, one in the centre of the cheek, the other towards the ear. The same writer reports a case

in the clinic of PIETRO PELLIZZARI, where a *comb* was the means of transferring the syphilitic poison to a young child, producing a chancre of the hairy scalp; the comb had just been used on another child, with a pustular syphilide of the scalp; others have also reported cases where the same mode of infection seemed probable. SIGMUND[7] relates the case of a young girl, of good character, who acquired a chancre of the vulva, from a *sponge* used by a working girl room-mate, who had mucous placques in the genital region.

Infection by means of a *toothbrush*, was reported many years ago by BLUMENBACH; the case was that of a chamber-maid, who acquired a chancre in the mouth from using a toothbrush of an employer. The same method of transmission has been observed by BAXTER, TAYLOR, and HASLUND.[1] MACKEY reports a case where it was claimed that the poison was conveyed by a toothpick.

Syringes have conveyed the poison of syphilis, as in the cases reported by FOURNIER,[9] JULLIEN,[2] and LELOIR,[12] some of which occurred while the patients were in the hospital.

Public urinals, and *waterclosets*, as well as *commodes* and *sick-chairs*, are commonly accredited with being instrumental in communicating syphilis, but it is not a little singular, that but very few authentic instances of this kind have ever been recorded. Several writers refer to this method of acquiring the disease, and accept the fact as probable, but we find but six who have reported cases illustrative of this mode of infection; FALLOPIUS and HUNTER as quoted by RICORD,[1] and the case mentioned by LODER[1] are so old, and so briefly mentioned, as to be of little scientific value; more recent cases have been reported by FITZGIBBONS, MARC, RODDICK and TAYLOR.

3. *Infection by miscellaneous articles of convenience* (handkerchief, pins, opera-glass, cane). Many articles in common use could be, and undoubtedly have been, carriers of the syphilitic virus, but the instances on record are but few; the following serve as examples: LELOIR[11] mentions having seen a chancre at the commissure of the mouth, in a man, produced by cleansing the part with a *handkerchief* moistened with saliva, and states that Dr. BAUDRY has seen several chancres of the eye, produced in like manner; FALCONE reports a chancre of the right inner canthus, acquired by

[1] Ricord—Leçons sur le chancre. Paris, 1858, p. 26.

means of an *opera-glass*; Otis[1] mentions a *cane*, as the medium of contagion.

In the original case No. LXXXIX., Chapter IV., a chancre of the tongue was probably due to *pins* which the patient had been in the habit of picking up and placing in the mouth, just where the sore came on the tongue; from the frequent habit of picking the teeth with a pin it is more than probable that this article may some times afford a means of transmitting the virus of syphilis. Koch has reported the case of a chancre of the finger in the site of a wound made by a sharp drawing instrument, which had probably been infected by the saliva of some previous user of the instrument.

3. ***Infection by active and temporary contact.*** The cases occurring here may be divided into two classes, as the infection relates to the mouth or finger: 1. Buccal; 2. Digital.

1. **Infection by buccal contact.** This may again be divided into that acquired, 1. by Kissing, and 2. by Biting.

1. *Infection by kissing.* Next to the venereal act, kissing furnishes, probably, the most common and uniformly frequent mode of communicating syphilis, in all countries and under all conditions, and the number of cases to be found in literature, attributed to this cause, is really very large; the number of instances of this kind on record would undoubtedly be very many times greater were it not that this method of communicating the disease has so long been perfectly established, that cases are not reported, unless they present some curious or unusual feature. It may be safely said, that where one may be found reported, hundreds have occurred.

We find two classes of cases; 1st, Those which are here termed *reciprocal*, where the syphilis is conveyed from the lip of one person to that of another, and, 2nd, The *non-reciprocal*, where the lip of one person communicates the poison to, or receives it from, some other part, as the eyelid, cheek, nipple, etc. The cases illustrative of these conditions are found so abundantly in literature, that it is hardly worth quoting any at length; few cases, however, are more striking than the original one found in Chapter IV., where a widow (Mrs. Z. Z. Case XXVI.) acquired a chancre of the lip from another patient (Mrs. V. B. Case CVI.) who was then under treatment with abundant mucous patches of the mouth, as a result of syphilis from chancre of the hand. The first patient had

[1] Otis. Journal of cutan. and Vener. Dis. New York, 1886, p. 103.

recently lost her husband, and in her grief had much intercourse with the second lady, who was of her own age, and naturally they kissed each other frequently; as a result, after being thus exposed, a chancre of the lip developed, about one month after her husband's death.

As a striking instance of the communication from the lips to other parts, may be mentioned a case referred to by TAYLOR,[10] where he had prohibited a man who had contracted syphilis, from having connection with his wife. He obeyed the instructions, but, thinking it safe to suck her nipple, he gave her a chancre in that situation. DE BECK quotes many cases where chancre was acquired about the eye, by means of kissing.

2. *Infection by biting.* This may be considered,

1st. As it relates to a caress, as has repeatedly occurred in connection with the venereal act;

2nd. As it is used in defense or assault, and

3rd. As an accidental tooth wound.

These cases are not very infrequent, and research shows, that reports on the subject have been made by nearly seventy writers, with a total of at least 100 cases, as will be seen in the Synopsis of Literature. The only monograph on the subject, as far as is known, is that of LESAGE, which covers the ground very completely.

Many cases of the first variety are on record, and need not be quoted here. As illustrative of the second variety, that of infection by a bite in defence or assault, the original case of Mr. V. E., (Case CIX.) Chapter IV. may be referred to; here the entire left auricle was involved in a huge chancre, as the result of a bite, received from a syphilitic man, in a fight. ZEISSL[8, 9] reports several interesting cases, and LAVERGNE and PERRIN,[2] give five cases of this nature, from the service of FOURNIER; one of these is almost an exact counterpart of the last-mentioned case, the man having a monstrous ulcerative chancre of the left ear from a bite; in the other cases the cheek, the neck, the right arm, and the left middle finger, were the seat of chancres from bites.

Chancres are occasionally acquired from toothwounds, made accidentally. Of this we have an instance in Chapter IV., Case CVII: here a young man in play struck his hand against a roommate's teeth, and inflicted a tear nearly an inch long, upon which a chancre developed within a month. His friend was under my

treatment at the time, and had his mouth full of mucous patches, and was well aware of the danger of infection. HUTCHINSON[28] has twice seen chancres in policemen, who have become wounded in scuffles with infected men, and the Museum at the Hôpital St. Louis in Paris contains a model of a hand with a chancre on the knuckle, acquired from a blow on the tooth of a syphilitic man. Infants with hereditary or acquired syphilis, sometimes communicate the disease by bites, as in the case reported by DRYSDALE;[2] in this instance, a hereditary syphilitic yearling bit its nurse on the lip, and thereby infected her, and she in turn infected her sister, 13 years old, with whom she slept. SNOWBALL mentions a case where a young woman in playing with a young syphilitic child, was struck upon the nose by its incisor tooth, and a chancre developed in the spot, followed by constitutional syphilis. CLEMENTS reports an instance, where a husband bit his wife in play, and caused a chancre. ROLLET[19] states that he has on several occasions, known syphilis to be purposely communicated through biting, the person being actuated by malice, and desiring to give syphilis to the other.

2. **Infection by digital contact.** Two phases are seen here:

1st. When an individual acquires a chancre by digital contact (other than venereal); and,

2nd. When an individual inoculates another person by digital contact.

Most of these cases occur in the practice of medical and surgical men and midwives, and also in the care of infants; the subject will, therefore, be more treated of under syphilis brephotrophica and technica. But instances also occur among the laity, as when friends care for each other, or in family relations TAYLOR[24] reports a case of chancre of the index finger from dressing a friend's chancre, WOOD[2] records the case of chancre of the finger in a barber, and MOURE[1] relates a case of chancre of the septum of the nose in which the poison was supposed to be conveyed by the finger. Others have also reported cases of this nature.

Scratching and *pinching* afford some of the most striking instances of digital infection. BRYANT[1] gives the case of a man who received a chancre on the cheek from a scratch inflicted by a fellow workman; and PLUMERT[1] a case of chancre on the breast in a male, following a scratch made by a syphilitic room-mate. WEINBERG[1] mentions the case of a man who received a chancre on

the right cheek, upon the site of an excoriation, from a pinch, given by a room-mate who had a chancre of the penis.

4. ***Infection by passive contact, other than venereal.*** Several instances are on record where the virus has entered the skin at very unusual points, and from innocent contact with syphilitic lesions, in bed and otherwise. Some of these cases will be noticed in the next chapter, on *syphilis brephotrophica*, as many of the instances occur in connection with young children. HULOT reports the case of a man, who had a chancre in the region of the hip, from sleeping with a young man who had moist syphilitic lesions of the penis, with enormous paraphimosis; he was often conscious of touching him and of scratching the part touched, whereby the virus gained ready admission. MAURIAC[7a] records the case of a man, who, while avoiding having connection with his wife, on account of his recent syphilis, was still the means of giving her a chancre on the lower part of the lumbar region.

Many cases are on record of the communication of syphilis by the contact incidental to carrying and supporting infants, affected with the disease, which will also be more properly treated of in the next chapter. Certain other cases are, however, on record where the disease was acquired from carrying adults. PELLIZZARI[19] reports a chancre of the sub-maxillary region from contact with chancre on the chin, and a most striking one is reported by RIZAT,[1] who saw a patient with a chancre of the back of the neck, which resulted from carrying a woman astride the neck, she having vulvar syphilitic lesions.

We come now to the second great group of this class of *syphilis economica*, namely such infections as occur in connection with various industrial pursuits, to which the term *industrial transmission* may be applied.

2. INFECTION IN INDUSTRIAL RELATIONS.

This group may be conveniently considered as it relates to

1. Buccal infection,
2. Digital infection.

1. ***Buccal infection in industrial relations.*** This class may again be subdivided as it relates to 1. Occupations requiring the use of the breath, and 2. Occupations where necessary or unnecessary use is made of the lips.

1. *Industrial infection by occupations requiring the use of the breath* (glass blowers, assayers, weavers, musicians, conductors, housemaids).

In 1859 ROLLET [12] first called attention to the communication of syphilis from one *glass-blower* to another, and, in 1863 VIENNOIS published his celebrated memoir on the subject, collecting thirty cases, twenty of which were from the epidemic at Rive de Gier, where the first cases seen by ROLLET belonged. Numerous cases have been reported since that time, amounting to at least 162, in France, England, Denmark, and Austria. In 1881 GUINAND collected the data relating to the subject, and urged strongly the periodical sanitary visitation of the factories, as a means of the prevention of the spread of syphilis in them. In some of the epidemics the disease caused much havoc outside of the factories; at one time, when twelve or fifteen men were infected, there were also five or six of their wives, and many children, four of them new-born, who acquired the disease from them. Since the first announcement of this method of infection, numerous single cases or groups of cases have been recorded by at least thirty observers, and I am told that cases of this kind have been observed in New York city, but believe that the cases have never been published.

SIGMUND [11] narrates a case where a *chemist* received a chancre of the lip, from a *blowpipe* which had been used by an infected comrade, and mentions another instance, seen some years previously, where two persons had been infected in a like manner, from a single person. MARGONINER [2] reports a case where a *goldsmith* acquired a chancre of the hard palate by similar means.

F. J. BEHREND [1] states that the entire family of a *weaver* in Berlin became syphilized by all members using the same *tube* in the mouth for sprinkling cloth.

SIGMUND [16] reports the case of a man who acquired a chancre of the lip through the medium of a *bassoon*, his teacher having mucous patches of the lips; ARTHUR [4] also gives a case, contributed by GREENLEAF, of chancre of the lip in a soldier, acquired by means of a bugle used by another who had mucous patches of the lips, as shown by confrontation. Two cases have also been reported from the *clarionette*, by LESAGE [4] and POSPELOW,[6] and one by VIGUIER, from a *flute*.

A *whistle* is reported by GROS as having been the means of communicating syphilis to a railway-guard, who borrowed it from

a friend, to use in place of his own, and acquired a buccal chancre thereby; and TAYLOR also records a chancre from a *conductor's whistle.*

A case is mentioned by MARTINEAU, and quoted by GUINAND,[9] where a servant girl contracted syphilis through the mouth by means of a *speaking-tube* in the hotel where she was employed; and E. VIDAL reports a similar case.

2. *Industrial infection by the necessary or unnecessary use of the lips.*

Spoons as a medium of communication of syphilis, have been already referred to; cases have been reported, where cooks have been thus infected, which need not be detailed here.

A curious method of transmission of syphilis, has been recorded by PORAY-KOSCHITZ,[1] where three *furriers* acquired chancres on the lips, by means of the *thread* which was drawn through the lips and bitten off; the thread abraded the lips, and at the same time conveyed the poison.

An instance of chancre of the lip, arising through the agency of *upholsterers' tacks*, is reported by SPILLMAN.[2] A boy, 13 years old, worked in company with a man, who on confrontation was found to be syphilitic, with the mouth full of mucous patches. They both were accustomed to put a handful of tacks in the mouth, using such as were necessary, and returning the rest to a common receptacle; in this manner, tacks covered with saliva from his comrade, readily abraded and inoculated the lip. STEELE has recorded a similar case, and POSPELOW[7] one of a chancre of the tongue where the poison was conveyed by *shoemakers' pegs* held in the mouth. GÜNTZ[6] has reported a case, where a maker of *artifical flowers* was infected through the handiwork, receiving a large chancre of the lip.

Pens, pencils, coin, etc. Pens and pencils have been reported as the conveyors of the virus, by a dozen observers, DÄHNE, RICORD, SIGMUND, CLERC, OTIS, BANGS, ROHÉ, and others, and need not be specially mentioned here. LELOIR[13] narrates a case, where a merchant under his care had received a chancre of the lip, from a piece of lip-gum or paste, which had habitually been used by a clerk, affected with buccal syphilides.

ROBINSON[2] has recently mentioned a case, where a chancre of the lower lip was apparently acquired from *coins*, which the girl, who was engaged in a coffee tavern, was in the habit of biting, and holding in the mouth; he states that her lover was free from

syphilis, and that she had not been kissed by any other man for many months. As far as can be learned, but two cases are on record, by DESNOS[1] and FITZGIBBON,[1] of the supposed communication by bank notes, which is not a little surprising, considering the frequency with which the fingers are wet on the tongue, in handling paper money.

2. ***Digital infection in industrial relations.*** The next group of cases refers to the acquisition of syphilis, in an occupation, by means of substances handled, and relates mainly to *laundresses* and *handlers of cast-off clothing.* The dangers from washing the clothing of syphilitics is infinitely less than is commonly supposed, and relatively very few instances have been recorded, and none of these are much more clear or satisfactory, than the original observation recorded in Chapter IV. (Case LXXVII.). C. BOECK[11] is quoted by HOMOLLE, in regard to a young woman, who very probably contracted a chancre of the finger, from handling and washing the *soiled linen* of her brother, who had syphilis. CLERC[3] reports the case of a woman, who washed the clothing of "fast women," who had a chancre of the caruncle of the left eye; her husband was examined, and found perfectly healthy, and it was supposed that she had possibly wiped the eye with some of the soiled linen.

HAMANDE reports a similar case, of a chancre on the left lower lid, at the centre of the margin, in a washerwoman, employed in the laundry where the wash for the syphilitic wards was done. DORNIG records a case of chancre of the right under lid in a washerwoman, but does not indicate the mode by which it was acquired.

FOURNIER[40] mentions a case of a married man, 45 years old, who had not been exposed to contact, and was thought to have acquired a chancre on the right little finger, *from assorting rags.* The finger had been slightly injured, and he failed to protect it; he had noticed that some of the rags were stained with blood and discharges.

The only case which can be found among handlers of *cast-off clothing*, occurs in an old book by COYTTARUS[1] on epidemic and contagious purpura, as it was called. A female attendant in the sweating room, where venereal disease was treated, acquired the disease by working over clothing, to adapt it for herself, and her sister, with whom she slept, was also infected, the disease beginning on the hand.

In the groups of cases which we have been studying it is seen that syphilis has been communicated under the most varied conditions of domestic, social, and industrial life, and by means relating to every day life and occupation. The modes and methods whereby the poison has been transferred from one person to another were not such as would ordinarily be thought to be fraught with danger to health, and in the vast majority of cases no harm was feared and no danger suspected until the disease had already manifested its existence in the individual.

Our next chapter relates wholly to the communication of syphilis in connection with the nourishment and care of infants and small children, to which the name *syphilis brephotrophica* is given; here we will find even greater exposure, and if possible, still more frequent contamination with the disease under consideration.

CHAPTER VIII.

B. SYPHILIS SPORADICA (CONTINUED).—II. SYPHILIS BREPHOTROPHICA. 1. SYPHILIS COMMUNICATED IN CONNECTION WITH NUTRITION OF INFANTS. 2. SYPHILIS PROPAGATED BY ATTENDANCE ON INFANTS.

The material treated of in this chapter is divided into two great classes of cases:

1. Where syphilis is acquired in connection with the nutrition proper, of the child, and,

2. Where infection occurs in connection with the care of the child during its infant life.

Each of these classes will be seen to be divided into two groups, and each of these again into several divisions; these are then still further subdivided, until finally, we have nearly forty separate headings, relating to the different conditions or phases of the subject. These groups will now be considered in detail.

1. Infection in connection with Nutrition of Infants.

The section relating to nutrition of infants, embraces two divisions, relating to, 1st. Lactation, and 2d. Hand-feeding.

I. ***Syphilis communicated by Lactation.*** This may be considered under two main headings:

1. When the nurse is infected by a nursling, and,

2. When the nursling is infected by the nurse, or by another nursling.

Under each of these, there are a number of points to be considered which will be taken up in order.

It is not the purpose of the present study to enter into the subject of the transmission of syphilis by heredity, and the various questions connected therewith; these have from time to time

occupied the thought and labor of some of the ablest minds in the profession, and much has been written to sustain quite opposite views on many subjects, some of which cannot be considered as yet fully settled. This is not the place to discuss these matters, nor will the attempt be made to pass judgment in regard to the points which may be necessarily referred to. The object in view is to present the matter of *syphilis insontium*, from its clinical aspect, as related to the nourishment and care of infants. The reports of cases and statements of different observers, will, therefore, be given upon their own merit.

1. *Syphilis communicated to nurses in lactation.* When the nursling is hereditarily syphilitic, we have first to mention a few cases on record, where the nurse-mother is reported to have been infected by the child, in apparent contradiction to what is commonly known as "Colles' law." It should be stated, however, that what has been called "Colles' law," and which was formulated originally by DIDAY, as follows: "A child born syphilitic through the agency of its parents, never communicates the disease to its mother, who suckles it,"[1] was not stated in such strong language by COLLES. The latter only says,[2] "As yet I have not seen any instance, in which an infant infected by the mother, communicated a venereal ulcer of the nipple to her."

This subject has been recently discussed very fully by MICHAELSON,[3] who among other cases, quotes the following observed by DR. LÜTH, and reported by M. ZEISSL:[1] A man, aged 22, married in the full bloom of early syphilis; the wife remained healthy, and gave birth to an apparently healthy child, who at five months of age developed lesions of syphilis, with rhagades at the corners of the mouth. A month later, the mother, while nursing her child, developed a characteristic chancre of the left breast, followed by eruptions and other lesions of syphilis. GUIBOUT[5] reports the case of a woman who bore a syphilitic child, without herself showing signs of the disease. She nursed the child and acquired four chancres of the left breast, one of them indurated, as diagnosticated by FOURNIER. JULLIEN[12] gives an unpublished case of P. PELLIZZARI as follows: A syphilitic man had three children, all syphilitic, and all nursed by

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[1] Diday. A treatise on Syphilis in New-born Children, etc. Syd. Soc., London, 1859, p. 180.
[2] Colles. Practical observations on the Venereal Disease, etc. London, 1837, p. 286.
[3] Michaelson. Monatshefte für praktische Dermatologie. Bd. II. 1883, pp. 138, 179, 230, 366.

their mother. She was examined repeatedly and found perfectly healthy, until, while nursing the third child, she became affected with a true hard chancre on the breast, and characteristic adenopathy, followed, on the forty-fifth day, by a general eruption. Cases have also been reported by BERTIN, CAZENAVE, MERZ, SCARENZIO and others.

When the nurse is not the mother, there is no question in regard to infection readily taking place, and the instances of reported chancre of the breast given to healthy nurses, by children with inherited syphilis, are so innumerable that it is hardly necessary even to illustrate the subject. It may not be uninteresting, however, to refer briefly to the very carefully reported and conclusive cases of DR. EGAN,[1] which were published some years before RICORD accepted the doctrine of the contagiousness of secondary lesions; one of his cases is as follows: A woman, perfectly healthy, mother of three healthy children, her husband a man of irreproachable character, wet-nursed a child seven weeks old, apparently healthy at the time. A week later an eruption, afterwards recognized as syphilitic, appeared on the child, and mucous patches subsequently developed in the mouth; from these, a month later, the woman acquired a chancre of the left nipple, followed by severe constitutional syphilis.

When the nursling has an *acquired syphilis*, it may of course infect its mother, its wet-nurse, or others with equal facility. In these cases of acquired disease, the syphilis may have been gotten by the child in a number of ways: 1st. In lactation, by having previously suckled some other nurse, who was syphilitic; 2nd. The child may have acquired the disease by kissing, or from a nursing-bottle, or from other infection through the mouth; or 3d, The child may have become infected by vaccination, circumcision, or other inoculation through the skin.

Numerous examples occur in literature, of the transmission of acquired syphilis by lactation, and the history of epidemics of the disease, as portrayed in Chapter VI., is full of instances where a single child with syphilis, acquired in some innocent manner, and unrecognized at the time, has been the means of spreading the disease, far and wide, primarily through the agency of lactation. Some very striking illustrations of this will be given later, in connection with other modes of transmitting syphilis, such as vaccination; a single instance illustrative of the brephotrophic spread of

syphilis, reported by BARILLIER may be mentioned here. An hereditarily syphilitic infant communicated the poison to its wet-nurse, giving her a chancre of the nipple; she in turn transmitted it to two healthy nurslings, one of whom shortly died; the other infant communicated the disease to another nurse, who suckled it three or four times; and she, again, gave it to another child at her breast. For clearness this may be presented in graphic form, as follows:

C. F. (a syphilitic infant)
gave the disease
to
Its nurse (chancre of nipple)
she gave it to

Nursling, Marie S. (by lactation)
(child died)

Nursling, P. C. (by lactation)
who in turn gave it
to
Nurse, Cath. S. (chancre of the nipple)
who gave it to
Nursling, L. L. P. (infection per os)

Many illustrations could be cited, some of them even more striking than this, and instances are on record where large communities were infected with syphilis, starting from a single diseased infant, as may be seen in the table of epidemics in Chapter VI. The most extensive of these, perhaps, was that already alluded to at Capistrello in Italy; here a nurse was syphilized by suckling a foundling, and she gave the disease to the members of the family, through household utensils; in eight years, the disease had so spread, that, in the community of three thousand inhabitants, three hundred were estimated to be the subjects of syphilis.

A notable epidemic, the so-called *Pian de Nerac*, which occurred in 1752, and was reported by RAULIN, was of this nature; as it was of such peculiar interest, and has been so often only briefly referred to by writers, an abstract of its features may not be without interest.

The wife of a merchant in the town of Nerac, in the South-west of France, who was perfectly healthy, gave her child to be nursed by a woman, who was also healthy; at the end of six months, the wet-nurse being sick, one of her neighbors gave her breast to the child five times, and very shortly it became ill, and

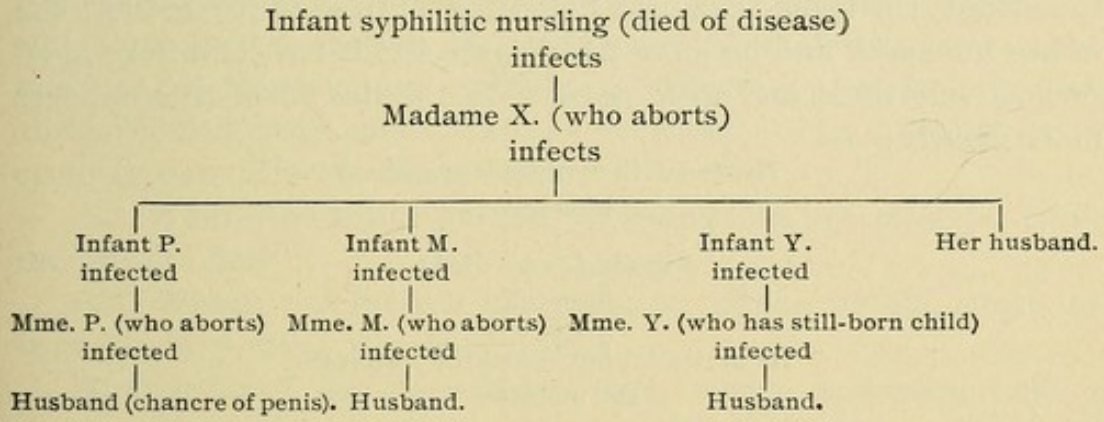
had an eruption. The parents then took the child away, and while suckling another wet-nurse, the child suckled also several women of the neighborhood; the child had many sores in the mouth, and very extensive and deep, pustular and ulcerative lesions on the body, one of which perforated the tracheal artery, and the child died. All the women who had nursed the child soon acquired sores on their breasts, and general eruptions, and their infants became similarly affected. The contagious nature of the malady was not suspected, and a number of other nurses suckled these children, and they, and their infants, became infected; so that, by the expiration of a year, there were more than forty women and children infected, in addition to a number of husbands, and also others, who did not disclose their malady, because it had become to be regarded as venereal. From the description given, it is probable that scabies was also mingled with syphilis, in some of these cases, on account of the short period which often elapsed after exposure, and the character of some of the eruptions, which also often presented very great itching; but some of the infants died, and from the mouth lesions, etc., there is no doubt but that the main disease was syphilis.

Other epidemics are reported of various proportions, where 16, 18, 23 and more individuals acquired the disease, started by a single syphilitic child, as may be seen by a reference to the Synopsis of Literature. One more single instance of a smaller epidemic may be given in detail from Dron,[6] as illustrative of the manner in which the contagion is spread.

Mad. X. obtained a nursling, which, at a later period exhibited syphilitic symptoms and died at three months of age. To ease her breast she gave suck, for a single night, to an eight-day old child belonging to a neighbor, Mad. P., and, as this infant did not satisfy her, she borrowed two or three more children in turn. Mad. P. acquired chancre of the breast, and she and her infant had syphilis; later she aborted, and her husband took the disease from her, through a chancre on the penis. The next child, that borrowed of Mad. M., was 4 months old, and took the breast but twice; this infant was infected, the mother had chancre of the breast, and her husband also acquired the disease. The third child borrowed, an eight-months boy of Mad. T., received a chancre on the tongue and infected its mother who bore a dead child at her next pregnancy, and who also infected her husband.

Mad. X., who was the first agent in introducing the disease, had a very protracted attack of syphilis, aborted at her next conception, and also communicated the disease to her husband; thus eleven persons acquired syphilis through the one child.

Put in tabular form this series of cases stands as follows:



It will not be necessary to further illustrate this portion of the subject; the disease is, of course, spread in the same, or similar manner, when the child acquires syphilis by kissing or in some of the various manners to be mentioned later on; the cases where the disease starts from vaccination, circumcision, etc., will be considered in connection with those subjects in the next chapter.

2. *Syphilis communicated to nurslings by nurses or by other nurslings.* Three main divisions occur here:

1st. When the nurse has a chancre or other syphilitic lesions on the breast.

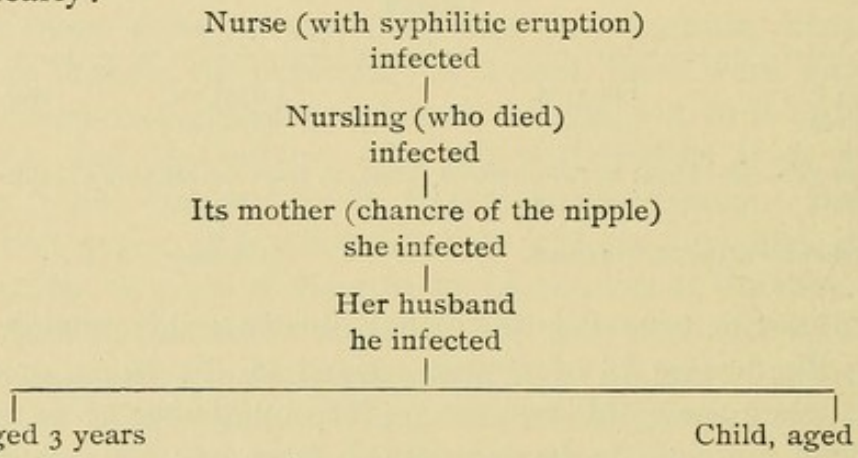
2d. When she has recent syphilis but no lesions on the breast, and

3d. When another nursling is the syphilifer, the nipple acting only as a means of conveying the poison left upon it.

The cases where the nurse has a breast chancre, from lactation, are naturally very closely connected with the preceding section and need not be noticed here. The chancre may also have been acquired by kissing, as indicated in the preceding chapter, and has also repeatedly occurred in consequence of breast-drawing, as will be developed and illustrated in the next chapter on *Syphilis technica.*

The lesion on the nurse's breast need not be a chancre, but may be mucous patches, dependent, perhaps, upon an ordinary venereal syphilis. Repeated instances have occurred where the

infected nurse has been the starting point of a group of cases, perhaps none more striking than one recorded by AMBROSE PARÉ, in 1575, long before modern syphilology had established many of the methods by which syphilis is propagated. A lady took a wet-nurse to share the labor of nursing her infant. This nurse infected the infant, the infant communicated the disease to its mother, she to her husband, and he gave the disease to his two children, aged respectively three and four years. In tabular form this appears more clearly:



When the nurse has not active lesions, and the nursling has acquired syphilis through her, it has been thought that the infection has taken place through the agency of the milk, and cases have been reported in support of this view, notably those of STEINBERGER and CERASI.[1] It seems hardly necessary to quote these, however, in view of the fact that all modern writers agree that syphilis cannot be communicated by the milk alone, as the following case, from LEE,[1] would seem to show pretty conclusively: A married woman took a strange child to nurse, giving it one breast and her own child the other, most carefully. She acquired a chancre on the breast given to the foundling, but although her own child continued to nurse the other breast for six weeks after she developed a syphilitic eruption, it entirely escaped infection. The subject has also been thoroughly studied by GALLOIS,[2] who arrives at the same conclusion.

The nipple sometimes serves as the mediate means of contagion, conveying syphilis from one child to another, without the nurse becoming infected. Of this an instance is recorded by BERTIN,[3] where a healthy mother gave her breast to the child of a

[1] Lee (8) cited by Bäumler—Syphilis-Ziemssen Handb. 2d Edit., Bd. III., 1886, p. 44.
[2] Gallois—Réchérches sur la question de l'innocuité du lait, etc. Paris, 1877.

syphilitic woman, and her own child became diseased at the age of three months, and showed many signs of constitutional syphilis, while the mother, who was under observation for a long period, escaped entirely.

II. ***Syphilis communicated through hand-feeding.*** (By feeding-bottles, sugar-teats, cups, spoons, etc.) The various implements which are used in feeding the infant may all, at times, serve as the medium for transmitting syphilis, and literature abounds in well authenticated cases where this has occurred. The infection may occur in two different directions.

1st. Where the foster-mother or attendants are infected from the infant; and

2nd. Where the infants are infected either by the adult, or from another child, who is syphilitic.

HUTCHINSON[22] has recorded a case, where a woman bore a number of syphilitic children, as a result of the disease acquired before marriage. Her husband escaped infection until he acquired a chancre of the tonsil, from his habit of starting the *feeding-bottle*, in the night, for his fourth child, who was at that time suffering from a syphilitic mouth. SPILLMAN[1] also reports a case of chancre of the tonsil, in a lady 59 years of age, acquired by always tasting the *nursing-bottle* of a syphilitic baby, whom she tended; and FOURNIER[31] mentions a case of HILLIARET'S, where a grandfather and grandmother both had chancres of the lip, from a *feeding-bottle* used by a syphilitic child, who had already infected its wet-nurse. He also relates the case of another grandmother, 65 years of age, who acquired syphilis from the *spoon*, with which she fed a child, always carrying it to her own lips first. GIBERT[4] gives an instance where a mother and her own infant acquired syphilis from a *nursing-bottle*, used by a foundling; and FOURNIER is credited by AUDOYNAUD[4] with a case, where the *nursing-bottle* was infected by a working-woman, who chanced to come in and taste the teat, she having secondary syphilitic lesions. PLUMERT[5] reports concerning a mother and child, who acquired syphilis from the same *sugar-teat*, infected by some unknown third person; and SIGMUND[16] records two children infected from a third infant, by the same means.

Spoons and cups are not infrequently the means of carrying the poison of syphilis among children, and their attendants, even more than occurs among adults. RICORDI[1] says, "It is the custom,

[1] Ricordi. Syphilide da Allattamento, etc. Milano, 1865, p. 36.

especially in the country, to give to the nurslings who have passed the fourth month, a pap of bread and milk. This duty is mostly reserved to the oldest people in the household, who carry the grandchildren in their arms, and before inserting the pap in the children's mouths, touch it to their own lips, to test the temperature of the food. Frequently the infants and other children are participants of the frugal meal, offered with the same spoon. So one is infected from others, mouth to mouth, and nursing children infect the nurses. This mode of infection I have seen many times, and it was the occasion of the epidemics in 1862 at Premezzo, where there were 9 victims, and at Castellanza, where 11 were infected." DIDAY[1] relates and quotes a number of cases, where the disease was acquired from spoons used in feeding syphilitic children: in one instance the nurse, her daughter, and her mother, three generations, were all infected by this means. ROUSSEL also quotes several instances from LAGNEAU and others. VIDAL DE CASSIS records an instance where he found four out of six little children, in a weaning establishment, infected by the single glass used for the six, in common with a syphilitic child, who had acquired the disease from her wet-nurse; he further quotes a case from LUCAS-CHAMPIONNIÉRE, where a mother and her two daughters acquired syphilis from the same spoon and glass, used by a two-year-old syphilitic foundling, whom she had taken in charge.

Another method of communicating syphilis to small children, which has been reported by BOECK,[15] relates to a practice common in some localities, of chewing the infant's food before putting it in its mouth, and also warming milk in the mouth before giving it to the child: BATASCHOFF and COLD have reported similar cases.

2. INFECTION THROUGH ATTENDANCE ON SYPHILITIC INFANTS.

We come now to the second great section of this class of cases, namely, *infection through attendance upon syphilitic infants*. Here we find an infinite variety of modes, whereby the poison can be transferred from one to the other; the innumerable acts of care and attention bestowed upon the new-born child, all serve, on proper occasions, to favor inoculation, while the tender nature of its tissues, favors the abrasions which allow of infection. The subject may be considered under two great divisions, according as the infection takes place:

1st. Through *mediate* contact.

2d. Through *direct* contact.

I. ***Infection by mediate contact*** (wash-water, sponges, syringes, combs, napkins, clothing, cradle-lining, etc.). KÖBNER[3] reports a rather doubtful case, where a child 2½ years of age, was infected after bathing in water used by her father, recently syphilitic, with lesions between the toes; the communication of the disease by *wash-water*, however, appears not improbable from instances to be cited in the next chapter.

Sponges, have been reported as conveying the infection, by several observers. CULLERIER[2] records a case where a woman affected with chancres of the vulva, communicated them to her daughter, three years old, by washing her with a *sponge* which she had just used for herself. HUGUIER[2] reported a case where a mother, with mucous patches on the vulva, inoculated her two little daughters by the use of the *sponge* which she had used in her toilet. PONTET[1] gives a case from the service of FOURNIER, where an infant, born at the "Maternite," was infected by being washed by an inmate, with a *sponge* which had served in the ward for other infants affected with syphilis.

Syringes are reported as conveying syphilis between children, but no cases are at hand sufficiently clear for illustration. This method of communication has been illustrated in the preceding chapter. The case of infection by a *comb*, reported by PELLIZZARI, has been given in the preceding chapter. The same author[3a] reports the case of an infant infected with a chancre of the anal region, by means of a *piece of cloth;* similar cases are reported by DIDAY, LAVERGNE and PERRIN; PETER BOLSCHWING[5] gives the case of an infant who was repeatedly placed in the *cradle* of a child of other parents, with a suspicious eruption, and who shortly developed sores on the mouth, from which its nursing mother received a chancre of the breast; and CUSACK reports the case of infection of an adult by the bedding of a syphilitic child.

II. ***Infection by direct contact.*** This section, as in the preceding chapter, is divided into,

1st. Infection by active and limited contact, and,

2d. Infection by passive contact.

1. **Infection by active and limited contact.** Here again three divisions may be made according as the infection is 1. Buccal; 2. Digital; 3. Aërial.

1. *Infection by buccal contact.* The principal method of giving and receiving syphilis directly by the mouth, in the case of infants, as already seen in the case of adults, is through *kissing;* this may happen in three directions: 1st. Adults infected by children,; 2d. Children infected by adults; 3d. Children infected by other children. As in the case of adults, already mentioned in the preceding chapter, the lesions may occur on the lips, or on other parts of the body. The cases of chancres of the lips, caused by transmission of syphilis between infants and adults, are so numerous, and the subject is so well understood, that it is hardly necessary to develop the matter here. We may mention, however, the instance of ROLLET'S,[9] quoted by ROUSSEL, where an infant of 15 months, who was kissed by a prostitute, and infected thereby, communicated syphilis to her two brothers, her two sisters, and her grandmother. The same writer quotes a case of CUNIER, where a child received a chancre of the eyelid, likewise from a kiss by a prostitute, who had a chancre of the lip. EGAN[3] reports a case of a chancre of the neck, on a nurse 60 years old, on the site of a scratch; she had been accustomed to have a syphilitic infant go to sleep with its mouth just over the scratch; EGAN[4] also gives a case where a woman, acting as a dry-nurse to a syphilitic child, acquired a chancre of the lip, she acknowledging that she both kissed the child, and more than once applied her lips to sores which the child had about the anus. Chancres from accidental tooth-wounds given by children, have been mentioned in the preceding chapter.

2. *Infection by digital contact.* This may occur in two different directions, and under several different conditions: 1st. The adult being infected from a child, and 2nd, The child receiving the infection from the adult; of each of these many instances are on record. First we will consider the subject of chancre on the finger, in the adult. It is generally considered that wet-nurses acquire chancres only on the breast, but AUSPITZ quotes SCHÜLLER[1] in a case, where the syphilis of the nurse began with a lesion on the finger; and, as illustrating the other aspect of the proposition, we may refer to SIGMUND[9,10] who records an instance where a midwife with chancre of the finger infected her own child with a chancre in the angle of the lips, by inserting the finger to cleanse its mouth.

There are still other series of cases, which illustrate the operation of the finger as a *mediate* object, in conveying the syphilitic

poison, between infants and adults. These cases may be grouped into four categories: 1st. The adult free from syphilis becomes infected by means of the finger; 2nd. The adult syphilitic infects an infant; 3d. A healthy infant infects itself from an adult, by the finger; 4th. A syphilitic infant infects an adult. The first of these will come more properly in the next chapter, on *syphilis technica*. The second division is well illustrated by two cases reported by BAUDRY;[1,2] in one of them a child, 25 months old, received a chancre of the right lower eyelid; the child having conjunctivitis, the nurse's sister-in-law rubbed its eyelids with her finger, moistened with her own saliva, her mouth being found full of mucous patches. In the other case, a child, 4 years old, received a chancre on the left upper lid from her syphilitic mother, who, with mucous patches on the mouth and tongue, did the same action. Other somewhat similar cases are reported.

The third variety of infection is illustrated by a curious case reported by PONTET,[3] from FOURNIER's clinic. A child, 18 months old, acquired a chancre of the tongue, from its habit of poking its own finger into the mouths of others and then into its own mouth; the nurse to whom it was occasionally committed was found to have mucous patches at the corners of the mouth, and in the throat. BÄRENSPRUNG,[3] records a case, where an infant, 16 months old, recovering from varicella, scratched himself, and inoculated the inguinal region, from mucous patches existing on the genital and anal region of its mother, with whom it slept.

As an illustration of the fourth variety of infection, we may refer to the following case reported by STURGE:[2] An infant with syphilis, was in the habit of putting its fingers into its own mouth, and then into the mouths of others, and in this manner inoculated its father, mother, god-mother, and several others, who received chancres of the lips or tongue.

3. *Aërial transmission of syphilis.* Mention has been made by writers, of syphilis having been communicated by blowing or sputtering in the face, the virus coming with the saliva from mucous patches in the mouth, but no satisfactory cases can be quoted; although in the next chapter instances will be mentioned where infection has taken place by aërial transmission of the virus.

2. **Infection by passive contact** (during parturition, innocently in bed, and by contact in carrying). The cases coming under this

class may be placed in three groups:

1st. Infection in parturition (from the mother);

2d. Infection during slumber;

3d. Infection by contact in arms.

Although many have questioned, if the infant could be infected from the mother's parts during parturition, several cases have been reported which seem to point to its possibility. GUIBOUT[1] describes the mode of its occurrence minutely, as though he had seen it himself, and BENJAMIN BELL[2] states that he has known different instances of the same. RICORD[3] also acknowledged its possibility. WEIL[1] reported a case of chancre of the root of the nose four weeks after birth, from a mother suffering from condylomata of the labia; CARRERAS records an instance of chancre of the inner angle of the eye in a new-born child, and THIRY[6] a chancre on an infant acquired during accouchement. GRÜNFELD[1] gives a case, where a child eight weeks old was found with a chancre on the scalp, the mother having lesions on the genitalia, she having received her syphilis in the middle of pregnancy; and PONCELET reported a case of similar infection, said by the reviewer (ZEISSL) to be complete in detail.

Numerous instances are on record, of syphilis being transmitted between adults and infants in bed, one of which was just noticed in connection with scratching. TROUSSEAU[1] mentions one case, where a little boy, of 4 months, had a chancre on the buttocks, acquired from mucous patches on his mother's vulva, he being in the habit of going to sleep with the buttocks against her abdomen. P. PELLIZZARI[2] records a case where a nursling acquired a chancre of the lower eyelid, from contact with the secretion of mucous patches in its mother's mouth; the mother had recent syphilis, and had exercised great precaution against the infection of the child, and the infant had slept with her but a single night; on this night, however, she fell asleep on the child's side, and, on waking, found its forehead bathed in her saliva, which moistened the bed-covering continually, she having an incredible number of mucous patches in the mouth: many other instances are found in the Synopsis of Literature.

Infection by contact with infants in the arms has occurred not

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[1] Guibout. Nouvelles leçons cliniques sur les Maladies de la Peau, Paris, 1879, p. 158.

[2] Bell. A treatise on Gonorrhœa virulenta and Lues venerea, Albany, 1814, Vol, II., p. 9.

[3] Ricord. Lettres sur la Syphilis, Paris, 1863, p. 200.

infrequently, both in the case of, 1st. Adults infected by infants, and, 2nd. Infants infected from adults. WALLER[6] speaks of the case of a woman, 70 years old, who contracted a chancre on the left cheek, and one on the left neck, the points where she was accustomed to hold a syphilitic infant, in quieting her to sleep. C. PELLIZZARI[4a] reports the case of a girl of 16 years, who carried to the Dispensary a syphilitic child, and upon her right cheek she received a chancre, just where the baby rested when asleep. ORY[14] relates two instances, from the clinic of HARDY, where girls contracted chancres of the forearm, from mucous patches on the anus of the child. DOWSE records also the case of a girl, with a chancre of the forearm, from holding a syphilitic child; in the end the case in the girl proved fatal, from nervous lesions. CUSACK[8] gives a case where a chancre on the thumb occurred from carrying a syphilitic child, and KEYES[1] one where the arm was so affected.

In addition to the methods of communication of syphilis between adults and children which have been here mentioned, there are, of course, many more which have either not been recorded, or have escaped detection; many cases are reported, where the simple fact of the transmission of syphilis is recorded, but no definite data are given, while in many more the exact methods of infection could never be determined. Sufficient has been given, however, to quite justify FOURNIER's remark,[1] that "nothing is so dangerous to its surroundings as a syphilitic infant."

[1] Fournier. Syphilis et Mariage. Paris, 1880, p, 211.

CHAPTER IX.

B. SYPHILIS SPORADICA (CONTINUED).—III. SYPHILIS TECHNICA
1. OPERATOR THE VICTIM: 2. OPERATOR THE
SYPHILIFER: 3. OPERATOR THE MEDIUM.

In the third great group of cases of syphilis, where the disease is communicated in connection with the various forms of body service, medical and surgical, or of like nature, we find a ready division into three classes:

1st. Where the operator is the victim;

2nd. Where the operator is the syphilifer; and,

3d. Where the operator is the medium.

These classes are again divided and subdivided, until, as in the preceding chapters, we find a large number of ultimate final divisions, there being here nearly fifty subjects about which cases can be grouped: they will be considered under the three main divisions already mentioned.

1. Operator the Victim of Syphilitic Inoculation.

Here we find, first, two classes of cases, according as the infection occurs, accidentally,

1st. From unnecessary exposure; and,

2nd. From necessary exposure.

In all of these cases, the exposure is in a measure unnecessary, resulting in some degree from carelessness, either in wounding a part, or in having an abraded surface unprotected, through which the virus may enter; but in the second class of cases, a certain amount of exposure may be necessary, from the nature of the service rendered, and often inoculation occurs in a manner which was quite unforeseen and unpreventable. A large number of cases are reported, simply as "professional infection," without details, while certain cases have been reported more fully.

HUTCHINSON somewhere speaks of having seen over 100 cases of syphilis thus acquired by physicians, and PAGET is quoted as having seen 50 cases, of which 5 were fatal.

1. ***Professional infection by unnecessary exposure.*** Two classes of cases are included here: 1. Accidental wounds in surgical operations; and, 2. Infection from the cadaver.

1. *Operative infection.* One of the most interesting cases of this kind is that of Mr. COOTE,[3,4] who twice inoculated himself in operations, at an interval of twenty-two years: the first inoculation may have been chancroidal, although some secondary symptoms were reported; the second was clearly syphilitic. HARDIE (in the same report of the English Commission, p. 162) mentions the case of a physician where a second infection took place, the chancre occurring on the finger as the result of a wound, received in dividing a stricture of the rectum in a recent syphilitic. ZEISSL[13] was inoculated in opening a bubo in a syphilitic subject, and SCARENZIO[6] was also infected with syphilis by a digital chancre: the late DR. NOTT, quoted by LYDSTON[2] and a number of other physicians in this country, are known to have acquired syphilis in operations upon syphilitic patients: some of the original cases reported in Chapter IV. were of this nature.

2. *Cadaveric infection.* A number of writers speak of infection of anatomists, in dissections made on syphilitic cadavers: thus, JULLIEN[1] quotes SWEDIAUR as having seen anatomists infected from the dead body, and the same is reported by SÖMMERING, and also by HOWARD; the latter gives the case, in detail, of a surgeon who wounded the finger on a splinter of bone in a syphilitic corpse. One of the most interesting cases claimed for this source of infection is that quoted by LAGNEAU,[2] of HOURMANN, physician at the Lourcine Hospital, who died from the effects of syphilis, received on the index finger of the left hand, which was wounded on a cadaver. RUMPF[3] and TAYLOR[20] have recently reported cases of this nature.

2. ***Professional infection by necessary exposure.*** The next group of cases relates to such as occur from the greater or less necessary exposure to syphilitic infection, in the performance of acts incident to a profession or calling, and includes surgeons, accoucheurs and midwives, dentists, attendants, etc. The infection may be, 1. Manual (or digital); and, 2. Cephalic.

[1] Jullien. Traité prat. des mal. vénér. 2nd Ed., 1886, p. 589.

1. **Infection by manual (or digital) contact.** In this the infection may occur on the hand, or be carried by the finger to other parts.

1. *Physicians and surgeons in manipulative procedures.* In the ordinary palpation of genital chancres, as well as in the examination of primary and secondary lesions in the mouth, and elsewhere, also in vaginal and rectal explorations, physicians and surgeons have repeatedly been infected, and the subject is so well recognized that it need not be dwelt upon here. Some of the original cases of finger chancre detailed in Chapter IV. were acquired in this manner. A very interesting case is related by JULLIEN.[13] An eminent specialist had a slight, bleeding lesion on the finger, and was called upon to examine a chancre upon the upper surface of the glans penis. He held the wounded finger carefully aloof from the sore, but, during the examination, he found that there was a second chancre of the scrotum, which had just come in contact with the abrasion which he had striven to protect. Recognizing the danger, he at once washed carefully, and cleansed the part thoroughly; but all in vain, a chancre formed on the wounded part and the syphilis ran its course. JULLIEN argues from this, that absorption begins the moment that perfect contact takes place. CHURCHILL reports the case of a chancre on the palmar surface of the thumb, in a medical student, who frequently palpated venereal sores, and took no precautions against infection, but boasted of his continued escape. Many cases of this kind are found in the Synopsis of Literature.

The infection may be by mediate objects. CULLERIER[6] reports the case of a pupil of his, who contracted a labial chancre, "in consequence of a bad habit, which he continued, in spite of my advice, that of placing between his lips, the pen used in recording cases, and which was soiled by his own fingers, that had been placed on all sorts of ulcerations." JUMON[4] records a case, from FOURNIER's Clinic, where a physician used a paper-cutter as a tongue-depressor, on a syphilitic case with confluent mucous patches; neglecting to cleanse it he shortly placed it in his mouth, and acquired a chancre of the lip.

2. *Accoucheurs and Midwives*, afford by far the largest number of cases of infections of this class, and, as will be seen in the next section, they have sometimes been thereby the innocent means of propagating syphilis, among others, even to a very distressing extent. In Chapter IV are given several cases of physicians who

became thus infected, one of whom subsequently communicated the disease to his wife. LEE [9a] gives an interesting case, where a medical man, in performing craniotomy, had his finger between the bones of the fœtal head when a pain came on ; the finger was injured thereby, and a chancre followed, with a protracted course of secondary symptoms; CAIRNS reports a case where a physician, recently recovered from severe scarlatina, acquired a chancre of the finger, which required amputation and was followed by galloping syphilis.

In certain of these cases of obstetrical syphilis, the chancre on the finger may be so slight as actually to escape observation, its presence being indicated, only by a remaining adenopathy, and the secondary symptoms. HUTCHINSON[1] and PELLIZZARI[2] mention such cases, and I have met with two instances of the same. Midwives have frequently been reported as acquiring digital chancre in their calling, and it is not a little interesting to note that, according to LEE,[3] this mode of infection is mentioned in the first treatise published in the English language upon the *lues venerea*, by WILLIAM CLOWES, one of Her Majesty's Chirurgeons, in the year 1596: he says "I have known, not many years past, three good and honest midwives infected with this disease, called lues venerea, by bringing abed three infected women, of three infected children; which infection was chiefly fixed upon the midwives' fingers and hands."

3. *Dentists* occasionally acquire chancres of the fingers, in their profession, although the reported cases are relatively few. HUTCHINSON[11] gives a plate representing "a well-marked, circular, indurated sore, on the pulp of a finger of a dentist; it had been produced by a scratch on a patient's tooth." NEUMANN [8] also reported a similar case, followed by severe syphilis, and LESAGE[6] and TAYLOR,[11] report instances of the same; an ANONYMOUS[3] case has also been reported in Boston. A case has recently been reported to me by DR. BALDWIN, of Columbus, Ohio, where a dentist wounded one of his fingers, with an instrument called a "plugger," while filling a tooth; a chancre developed at the site of injury, which was still present, accompanied with full signs of secondary syphilis.

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[1] Hutchinson. Syphilis. London, 1887, p. 132.
[2] Pellizzari. Della transmisione accident. della sifilide. Milano, 1882, p. 65.
[3] Lee. Lectures on Syphilis. Philadelphia, 1875, p. 35.

4. *Infection of attendants.* Chancres have also been produced in attendants (and likewise in physicians) on the eyelids, nostrils and lips, by conveying the virus on the fingers to the parts infected; of these, numerous instances have been reported, which need not be here detailed. WENDT[3] cites the case of an old attendant, who carried about in his arms a syphilitic patient, with severe secondary eruption, who acquired on the face, not far from the nose, a primary syphilitic sore, of phagedenic nature.

2. **Infection by cephalic (buccal or facial) contact.** Breast drawing and wound sucking have been the means of acquiring syphilis, by those who have performed these offices; but, as these have also been fruitful sources of the communication of syphilis, to those on whom the action is performed, the subject will be deferred for full consideration in the next section, where the *operator is the syphilifer.*

A single case only, has been found, where syphilis was acquired in the operation of inflating the lungs of the new-born. WIGGLESWORTH[1] reports such a case, in a physician, who had attended a woman in confinement, who bore a syphilitic child: the child being partially asphyxiated, he placed his own mouth to its lips, and thus acquired a chancre of the tonsil.

Cases have been reported, where the syphilitic virus has been carried directly from the patient to the physician, by means of expired air in coughing, etc., without the intervention of any mediate object. DESMARRES[1] reports such an instance, where a young physician was engaged in swabbing, or cauterizing a patient's throat, in which were pharyngeal mucous patches: the patient gagged, and projected some drops of saliva into the physician's face and eyes, and a chancre of the eyelid followed: LELOIR[9] states that he has seen an example of this kind, and quotes FOURNIER to like effect.

II. OPERATOR THE FURNISHER OF SYPHILITIC INFECTION.

The next section (*Operator the syphilifer*) refers to those cases where the operator, having syphilis, communicates the disease to others in various forms of body service. Here we find two main groups:

1st. Where the infection is produced by direct contact with the subject: and

2nd. Where the infection is produced through a mediate agency, the operator infecting the instrument.

1. ***Infection by direct contact.*** The cases belonging to the first group are further divisible into those produced, 1st. By Digital contact; and, 2nd. By Buccal contact, which will be considered separately.

1. **Infection by digital contact.** The finger may be the means of transmitting syphilis under two conditions:

1st. When the infecting finger is the seat of a chancre; and,

2nd. When the infecting finger is soiled by secretions, saliva, etc.

1. *Syphilis conveyed in chirurgical manipulation.* HUTCHINSON[31] records a case where an obstetric physician with a chancre of the finger, examined a lady for piles, before he had suspected the true nature of his own sore; as a result of this examination, a chancre was produced on one of the nates, "exactly where the finger had probably rested in opening the parts;" she afterwards suffered from constitutional syphilis. CLOSSIUS[2] quotes the case of inoculation from the finger, soiled with infected saliva, introduced into the mouth, for the purpose of raising the uvula. BROICK[1] and KRELLING[2] record cases where infection was produced by the application of the finger, wet with saliva, to an erysipelatous surface.

2. *Syphilis conveyed in obstetrical manipulation.* The communication of syphilis by accoucheurs and midwives, occupies a prominent place in the literature of the disease, and is such a well-established fact, that it needs but little illustration here. In all the accounts of the endemic appearances of syphilis, as detailed in Chapter VI., we find it constantly noted, that the disease was communicated in this manner, and the table of epidemic syphilitic visitations, found in the same chapter, contains many similar instances.

The celebrated epidemic at Saint-Euphemie, in France,[1] was of this nature. A midwife acquired a chancre of the right index finger, followed by a full attack of constitutional syphilis: she still exercised her calling for four months, in spite of, and during the existence of, the chancre, and communicated syphilis to more than fifty women, and through them at least thirty other persons were attacked. Very recently Dr. HIME reported an epidemic in England, where thirty married women, nine husbands, and two infants contracted syphilis directly or indirectly, from a diseased

[1] Rollet. Traité des mal. vénér. Paris, 1866, p. 454.

midwife; BARDINET[6] records an epidemic in France, where over one hundred were infected.

A remarkable instance is recorded by COLLES,[5] where an accoucheur, two years after having had a chancre of the finger, and after having undergone mercurial treatment, (even to a greater degree than usual), infected a number of women, from a secondary sore on the finger, caused by an accidental injury in a window sash. HUTCHINSON[24] mentions a case where a young woman acquired three chancres, on the labia, from a midwife who had a chancre of the finger.

A curious mode of communicating syphilis in connection with accouchement, was observed by BLEYNIE. A woman was in the habit of wetting her fingers in her mouth, when handling the umbilical cord, to recover it when retracted, and in this manner, a very considerable number of infants were infected with syphilis.

It may be interesting to note, that, while in surgeons and accoucheurs, the primary lesion has commonly been reported upon the finger, and, in the latter, most frequently on the index finger, in midwives the larger number of cases occur on the thumb and elsewhere (BRAMBILLA, PLUMERT, and others, on the thumb, NEUMANN, on the hand, BARDINET, on the middle finger, ENGELSTED, one on the third finger, and two on the fourth finger, etc.).

2. **Infection by buccal contact.** Under this category come cases in which infection occurs:

1st. With an open wound; and,

2nd. Without any known wound.

1. *Buccal infection through an open wound.* Here are included cases referring to wound sucking, and the practice of staunching the blood by the mouth, after ritual circumcision.

Sucking of recent wounds, has on many occasions, given opportunity for the entrance of the syphilitic virus, and a number of cases are on record, where sucking the part, to prevent a "black eye" from a blow, has given rise to a chancre; an interesting case is reported by BERKELEY HILL:[1] A man aged 33, received a blow on the cheek in a fight, which drew blood; to prevent a black eye the wound was sucked by his antagonist, and quickly healed, and all trouble disappeared. Six weeks later, flat tubercles appeared on the part, which crusted over, and were accompanied by enlarged lymphatic glands, at the angle of the jaw on that side; constitutional symptoms soon followed. His wife was infected within

two months, and she infected her nursing child, through mucous patches found on the right breast, the child receiving a chancre in the left side of the mouth.

A curious instance is reported from FOURNIER's service by JUMON,[1] where a young woman was cut on the calf of the leg, by a bursting champagne bottle. Fearing lest glass should have remained in the flesh, a companion sucked the wound, and a chancre, followed by constitutional syphilis, resulted: the friend was examined, and found to have mucous patches in the mouth. ANDERSON, MEIGHAN, ROBBINS, and VAN HARLINGEN have also reported chancres from sucking wounds.

Ritual circumcision, has frequently been followed by the inoculation of syphilis, and as will be seen in the table of epidemics, this practice has sometimes been the occasion of very extensive spread of the disease.

The earliest record accessible in regard to this subject, is that given by RUST,[3] and as it details the method in which he made the discovery of the source of infection, it may not be without interest. In 1805, a number of new-born children in a Jewish institution, were found to have ulcers of the penis. Called to investigate the matter, RUST found that this trouble was confined entirely to male infants, and that almost every one circumcised at that time, acquired what he recognized to be a chancre, resulting from the circumcision wound. The mothers, nurses, and attendants were examined, but no cause for the matter could be found. Recognizing that the sores could not come from venereal contagion, he concluded that it was connected with the ritual act, and he watched the man who performed the service; he found that, after excision, he placed the wounded part in the mouth, previous to dusting on a drying powder. Examining the man carefully at once, he found that his mouth and throat were full of venereal sores, (mucous patches). WENDT[2] mentions cases of the same nature, stating that the operator is obliged, by a law in the Talmud, to suck the blood from the cut part. ALBERS[1] refers to a case, under the care of BIETT, of a Jewish boy who had been circumcised by a syphilitic Rabbi, and who became syphilitic thereby, beginning with an ulcer of the penis. Since this time, numerous cases have been observed in different localities by TAYLOR,[1] KÉDOTOFF, and over a dozen others, and quite recently, JAFFÉ has considered the subject in reference to anti-

septic surgery. He quotes PITHA in the statement, that, in Vienna thirty boys were infected in a short time by one operator; and also mentions, that VANIER was once consulted by an old operator in this rite, on account of painful aphthæ in the mouth, and that he saw also a boy, who had been recently operated on by this man, and who had been infected with syphilis from him.

HUTCHINSON[23] has recently advanced the idea that in cases of ritual circumcision the infection was not always acquired from the mouth of the operator (psylle or mohel), but was conveyed by other means; in a group of cases, which he investigated, he believed that the poison was retained in some lint, which the operator carried in his surgical case, where he was accustomed to lay the excised prepuce, in order to take it home that it might be ceremoniously buried; this lint was afterwards used as an application to other circumcision wounds. The operator was found to be free from syphilis, and, moreover, he never sucked the penis to staunch the blood. It may be stated, that other observers have often failed to find syphilitic lesions in the mouth of the operator. On the other hand, as already detailed, many observers have seen the disease communicated in the manner described, and so well recognized was this manner of transmitting syphilis, that it was the subject of judicial inquiry in France, and RICORD[1] was finally instrumental in having the practice of staunching the blood by the mouth abandoned in Paris.

2. *Buccal infection with apparently unbroken surface.* Two quite different operations come under this category.

1st. Breast-drawing; and,

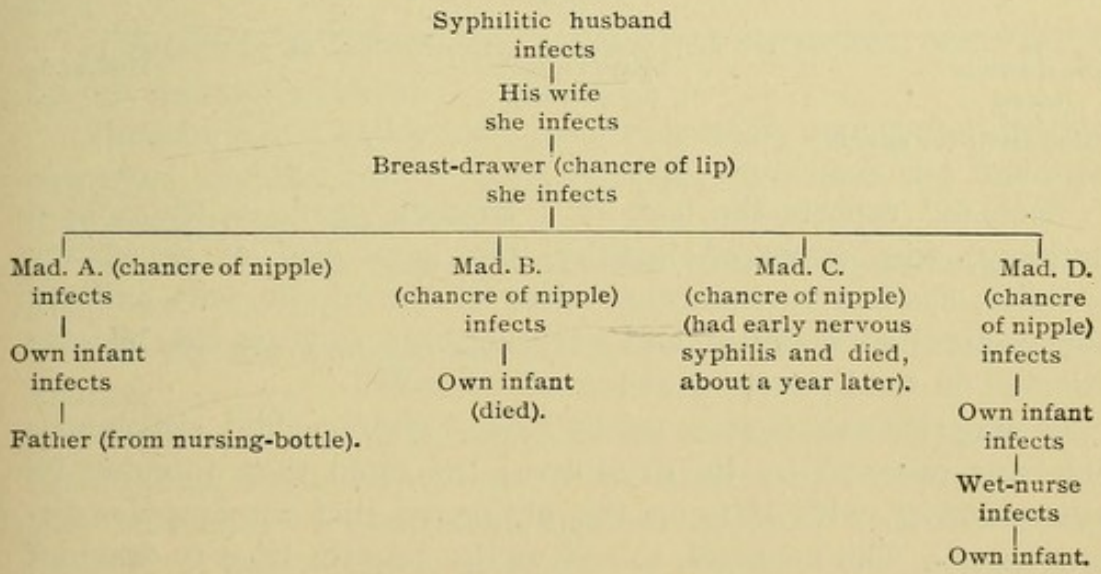
2nd. Removing foreign particles from the eye.

Each of these practices have, at times, given infection to a considerable number of persons.

1. *Breast-drawing*, as a means of conveying syphilis, has been known for many years, indeed, some of the earliest epidemics of the disease were caused in this manner. Thus, EVERARDUS, of Middelbourg, records an epidemic in Holland in 1654, where a professional breast-drawer infected many patients with chancres of the breast; these in turn infected their nurslings, and these communicated the disease to nurse-maids and servant-girls, from chewing pap, kissing, etc. The most recent epidemic of this nature, occurred in 1880, and is found recorded by LELOIR.[7] A

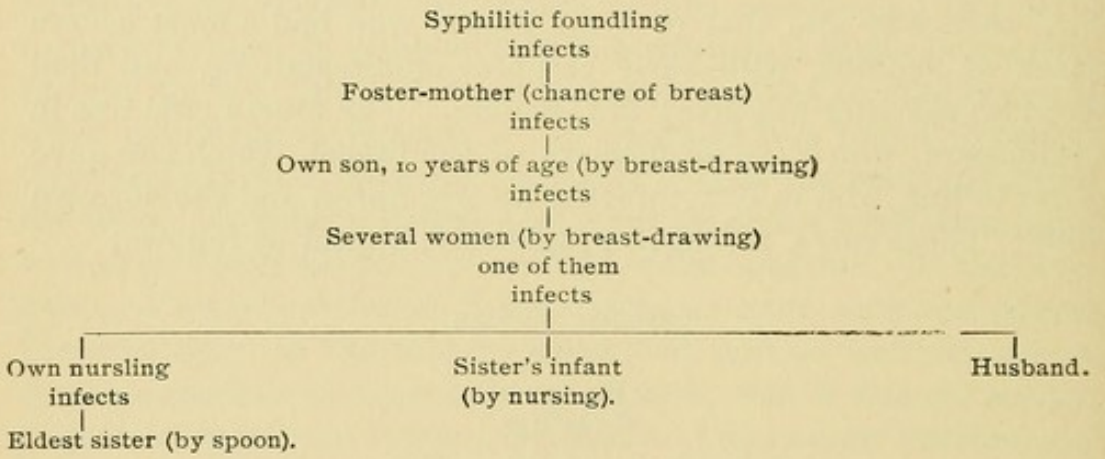
[1] Ricord. Lettres sur la Syphilis. Phila., 1852, p. 114.

woman, engaged in breast-drawing, received a chancre of the lower lip from one of her clients whose husband was syphilitic. Ignorant of the importance of her complaint, which she attributed to a burn from a hot potato, she continued her calling without seeking medical advice, and infected successively many women whom she had attended. Certain of these cases came under the care of the physician who wrote the account to LELOIR, which presented the following facts: The first woman acquired a chancre of the nipple (base of the left), her child became syphilitic, and her husband also acquired the disease, through the child's nursing-bottle. The second case was in a multipara, whose child died syphilitic: the third case was also that of a multipara, who had a most severe attack of syphilis, with early cerebral manifestations, and died about a year after acquiring the chancre. The fourth case was in a primipara, who acquired chancre of the breast, which she gave to her infant, who in turn infected its wet-nurse, and she her own child. These cases, arranged graphically, appear as follows:



Occasionally, the function of breast-drawing is performed by some other person than the professional, such as a member of the household, husband, friend or child, and cases are on record where syphilis has thus been disseminated. DURKEE[3] reports an instance, under the care of Dr. BIGELOW, of Boston, which is full of interest. A wet-nurse lost her child suddenly, and her breasts were distended; to relieve them she engaged a female friend and her daughter, aged 14, to draw the milk by the mouth several times

daily, and they both became syphilitic. Joly reports a case, where a syphilitic foundling infected a wet-nurse. Her own son, aged 10, then drew her breasts and became syphilitic; several other women were also in need of aid, and the boy performed the same office for them, and several of them became infected from him: one of these women infected her own child, and her sister's infant from the sore on the breast, of the nature of which she was ignorant; her eldest daughter also became infected, by means of eating utensils used for the infant, and her husband acquired the disease from her. Put in tabular form, these cases stand thus:



Rollet[1] reports the case of a woman, aged 30, who took a nursling, who appeared healthy, but later died of hereditary syphilis; she had an indurated ulcer of the nipple, with axillary and pectoral adenopathy, and her daughter 10 years old, became infected on the lip from drawing off the milk.

A singular case is reported by Rupp,[2] where a child, six months old, was infected by its dry-nurse; the child then infected its nurse-mother, with sores on the nipple, so that nursing was discontinued. The husband, to relieve the breasts tried to draw off the milk through the bowl of a clay pipe, and acquired syphilis, beginning in the throat.

2. *The application of the tongue to the eye* for the purpose of removing foreign particles, has on repeated occasions been the means of communicating syphilis, and on one occasion, at least, was the cause of a small epidemic. Tepljaschin, a government physician in Wjatha, reported, that in two small villages in Russia, having 81 families with a total population of 532, he found 68 individuals

[1] Rollet. Recherches clin. et experim. sur la syphilis, etc., Paris, 1861, Obs. xviii.

infected with syphilis, 23 males and 45 females: about one-quarter of them were under 10 years of age. One-half the entire number were infected by a female quack, who had followed the industry of removing foreign bodies, and treating trachoma, with the tongue. This practice is said to be still very common among the ignorant, Russian peasants, and to be employed in various eye diseases. This woman became infected in her calling, and pursued it with the results mentioned.

Nearly a dozen writers have reported cases of syphilis transmitted by this same method, several of them occurring in this country; two of these recorded by MONTGOMERY, may be of special interest. A patient had spilled pepper into her eye, and a servant-girl, said to be badly diseased, had tried to remove it by sweeping the tongue over the conjunctiva; a chancre of the left upper lid resulted. The second case, was that of an hostler, who had a small foreign body in his eye, which a "chum" removed with his tongue: a chancre of the middle of the left upper lid resulted; ANDREWS has recently reported a similar case occurring in this city.

2. ***Infection by instrumental contact*** (the instrument being soiled by the operator's saliva).

Tattooing and *Cupping* have been repeatedly reported as having conveyed syphilis, and in each of these operations the infection may occur in two manners:

1st. By a soiling of the instruments with the operator's saliva; and,

2nd. By the transference of the poison from one subject to another.

It will be seen that the second class of cases belong to the next main group, where *the operator is the medium;* but for convenience they will both be considered together here, for it is often very difficult to determine exactly as to whether the poison was furnished by the operator, or by another subject.

1. *Tattooing.* As seen in Table III. of extra-genital chancres, in Chapter III., records have been found of 82 instances which have been reported, where syphilis has been conveyed by the process of tattooing, while a number of writers speak of the same in general terms, referring to "many cases." TARDIEU[1] states, that a soldier, with syphilitic lesions in the mouth communicated the

[1] Tardieu. Étude médico-legale sur les maladies prod. artificiellement, etc. Paris, 1879, p. 263.

disease thus, to "a large number of his comrades." ROLLET[1] remarks that many military surgeons have cited cases of syphilis from tattooing, observed in Africa, where the practice is very common. In most of these cases, the syphilis has been derived from mucous patches in the mouth of the operator, through the practice of wetting the needles with saliva during the operation, or of using the saliva to moisten the pigment introduced: GEIGEL,[2] however, in referring to certain cases reported by POILROUX, considered that they were probably caused by the use of the same needles on both infected and healthy subjects, as will be seen to be the case, occasionally, in vaccination.

The most complete and interesting account of syphilis communicated by tattooing, is found in the careful and exhaustive report of MAURY and DULLES, who give a minute detail of fifteen persons who acquired the disease in this manner from one operator. The man who had pursued the practice had been operating in many cities, and it is supposed that he inoculated a much larger number of individuals; he was arrested in Philadelphia, and at the time of the report he was detained in the House of Correction; his mouth then presented active mucous lesions, which had existed for six months or more, as the investigation showed from the records of institutions where he had been treated from time to time.

2. *Wet-cupping* has, on a number of occasions, been the cause of epidemics of syphilis, sometimes of considerable extent; this has happened mainly, of course, among the more ignorant, peasant communities of Europe, where the practice was often carried on by itinerant persons, or occasionally in bathing establishments. In many of these cases the virus was supplied by the operators, who wet the cups with their mouths; in others the contagion was given from one person to another, by the scarifying instruments or cups.

The celebrated *Maladie de Brunn*,[2] in Moravia, in 1578, was of this nature, and during the space of two or three months 80 persons were attacked in the village, and nearly one hundred in the neighborhood, besides others in the surrounding country. HJELT[1] describes an epidemic occurring in the village of Hakola, in Finnland, in 1858, where almost 200 persons were infected, the operator being a woman suffering from syphilis; he also mentions

[1] Rollet. Annales de Derm. et de Syph., I. (1869), p. 403.
[2] See Rollet. Traité des Mal. vénér., Paris, 1886, p. 459.

several other smaller epidemics, amounting to over 100 more infections, and quotes Dr. GRAULUND, as having seen many instances of the same. The latter writer believed that the virus was conveyed by means of the cups, which were made of horn, and which so absorbed the poison that no cleansing could remove it; he, therefore, advocated using glass cups instead.

We come now to speak of the third group of cases, in which the operator acts as the medium, conveying the virus on some instrument or object from one person to another.

III. OPERATOR THE MEDIUM OF SYPHILITIC INFECTION.

Here there are three general classes found:

1st. Where there is some intentional transference of solid or liquid substances, which are found to contain the poison;

2nd. Where unclean instruments act as the medium; and,

3d. Where unclean substances act as the medium.

1. ***Infection by means of transplantation and inoculation.*** These may be either,

1. Solid, organized substances; or,

2. Liquid substances.

1. *Solid organized substances, the medium of syphilitic infection.* This includes,

1. Transplantation of teeth; and,

2. Skin grafting.

1. *Transplantation of teeth* has been the means of conveying syphilis, as shown in the cases of HUNTER,[5] W. WATSON, and others; as this operation may yet occasionally be performed, as reported by MILLER[1] and others, these observations are not without practical interest.

2. *Skin-grafting* is reported by DEUBEL, as having caused the inoculation of syphilis: A man, 49 years old, had a large ulcerated surface, consequent upon gangrenous erysipelas, and upon this surface, forty-five epidermic grafts were inserted. Thirty-three of these took, and at a later period, forty-three more grafts were applied. The cicatrization proceeded rapidly for a while, when a small greyish spot appeared, an inch in diameter, and very shortly the whole surface became involved in a large ulcer; this remained open for three months, and at the end of this time, an erythematous eruption and other syphilitic phenomena appeared; the

[1]Miller. Implantation of human teeth: the limits of its success. Journ. Amer. Med. Assoc., X (1888), p. 354.

original ulceration then healed under specific treatment. Just before the eruption appeared, the son of the patient, who had furnished some of the grafts, came under DR. DEUBEL'S treatment for ulcerations at the anus, which were found to be mucous patches.

2. *Liquid substances the medium of syphilitic infection.* Under this head are included infection in the operations of,

1. Vaccination;
2. Variolation; and,
3. Syphilization (so called).

1. *Vaccinal Syphilis.* The subject of the conveyance of syphilis by *vaccination*, is a very large one, and could alone fill many books, with the data which have been recorded in connection therewith. The memorable debate, in the French Academy of Medicine in 1865,[1] marked an epoch in the development of the subject, which is now well-recognized, and the principles connected with it belong to the common knowledge of the profession. HEYD[2] has made a careful study of the matter, and gives a very full bibliography of the subject; also KJERNER,[3] PETIT,[4] FREUND,[5] and FOURNIER[6] have written exhaustive essays upon the same. FREUND gives a chronological list of authenticated cases up to the year 1880, with abstracts of the data; the cases foot up to about 400, with a large number of additional infections from them; he, however, does not refer to any episodes occurring in this country.

As will be seen from Chapter VI., vaccination has at times given rise to many epidemics of syphilis, almost more than those from any other single cause; the first of these occurred in 1814, since which time groups of cases, from the same cause, have been reported almost to the date of writing; during the late civil war in this country, syphilitic infection occurred in a large number of instances, estimated even as high as a thousand persons. A number of the episodes were reported, and the actual cases mentioned amounted to nearly four hundred, as collected by FOSTER,[1] who has presented the subject very strongly.

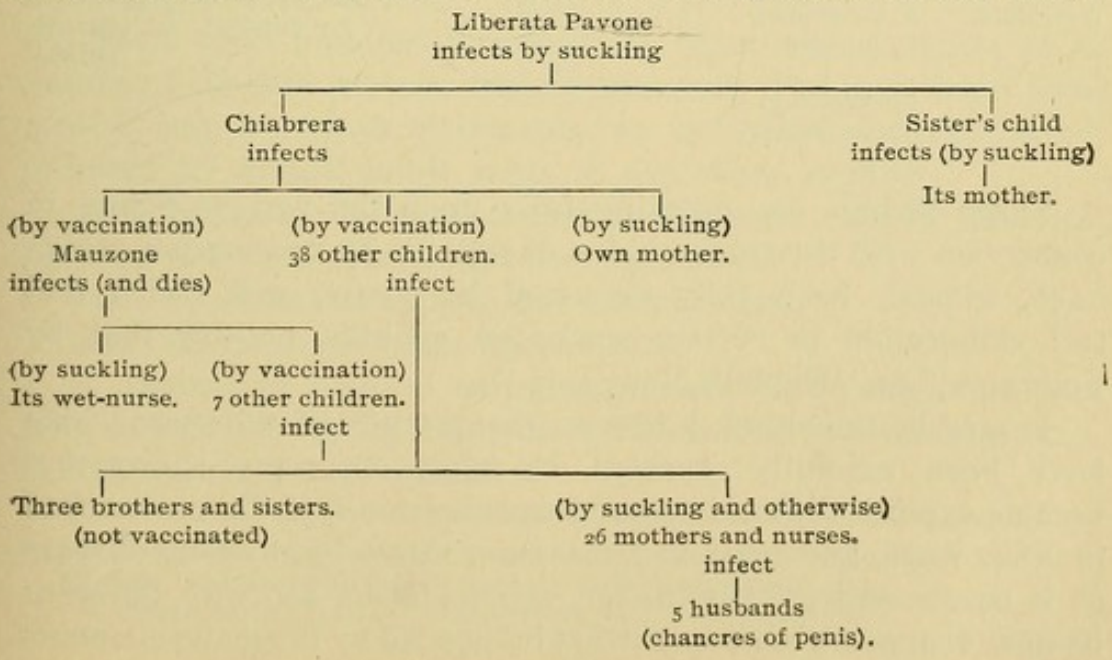
One of the largest, as well as the most perfectly reported single

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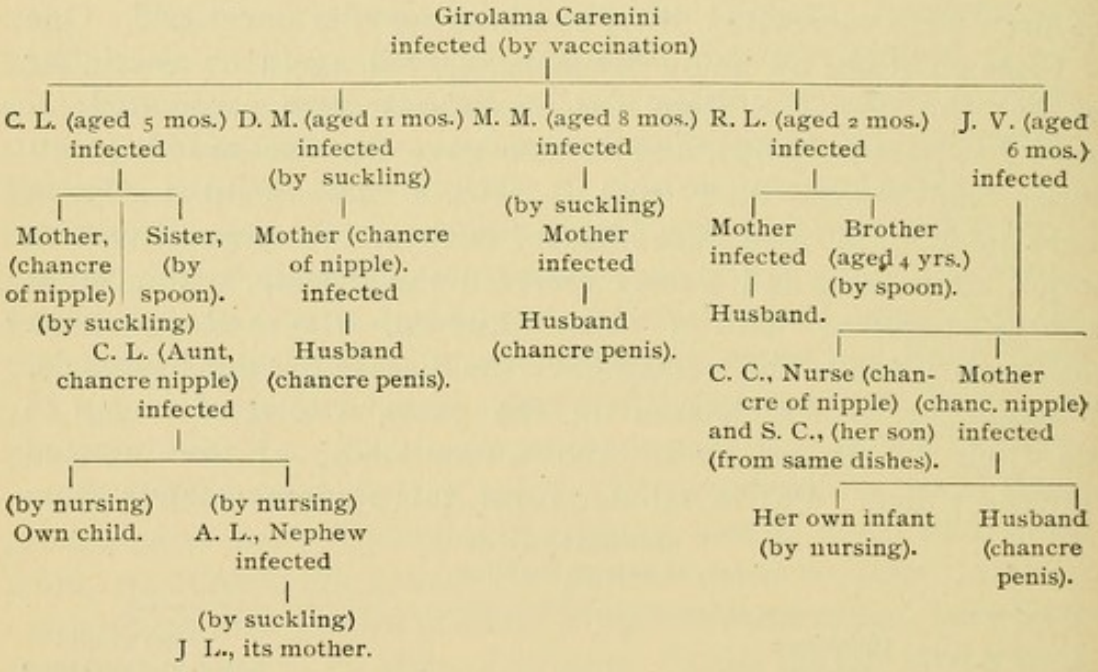
[1] De la syphilis vaccinale, etc., Paris, 1865.
[2] Heyd. Zur Frage der Uebertrag. d. Syph. durch. d. Schutzpockenimpfung, Stuttgart, 1867.
[3] Kjerner. Om Syphilis vaccinalis, Stockholm, 1866.
[4] Petit. Transmission de la syphilis par la vaccination, Paris, 1867.
[5] Freund. Zur Prophylaxe der Impfsyphilis, etc., Breslau, 1880.
[6] Fournier, Leçons sur la syphilis vaccinale, Paris, 1889

epidemic of vaccinal syphilis, is that recorded by PACCHIOTTI,[1] as taking place in the year 1861; this occurred in the town of Rivalta, in Italy, a village of about 2000 inhabitants, where 80 persons were syphilized, either directly or indirectly, through vaccination. The first vaccination was practised on a child named Chiabrera, eleven months old, with vaccine-matter in a tube from the public institute at Acqui; the child was supposed to be perfectly healthy, but it was afterwards learned that he had been infected with syphilis, two or three months previously, by a woman whose breasts he had drawn, after the death of her own child. This same woman infected her sister's child, in the same manner, and she, in turn, infected her mother.

From this first child, Chiabrera, on the 10th day, 46 healthy children were vaccinated, in 39 of whom syphilis developed. One of these children, by name Mauzone, served again as vaccinifer on the 10th day, and from him 17 infants were vaccinated; of these 7 acquired syphilis, and he also gave the disease to his wet-nurse, and himself died from it, within three months. From these 46 children, who were infected in these two series of vaccinations, 26 mothers and nurses received the disease, within eight months, together with 3 other children, who had not been vaccinated; five of the women gave the disease to their husbands, it beginning with a chancre on the penis, a total of 80 up to the time of the report of the Commission; of the infected children 7 died. Put in tabular form, this epidemic stands thus:



Another very striking, though smaller epidemic, spread largely by vaccination, is that reported by ADELASIO,[1] which occurred near Bergamo, in Northern Italy, in 1862. Six children were vaccinated from a child, Girolama Carenini, who, although apparently healthy, had had a very mild eruption, which was afterwards regarded as syphilitic; of these six vaccinees, five had syphilis, and from them six nursing-women acquired chancres on the nipple, and four other persons were infected in various ways. Four husbands were subsequently infected by their wives, besides three other children, from nursing; one of these again communicated syphilis to another nursing mother, a total of twenty-three persons from the original vaccinifer. In tabular form, these cases appear as follows:



Space forbids ou · entering fully upon the various points in connection with the transmission of syphilis by vaccination, which have, indeed, been fully discussed by many, and which find full elaboration in certain works on syphilis, notably that by FOURNIER,[60] on "Syphilis Vaccinale."

It may be remarked, however, that a study of the cases which have been carefully reported by many observers, shows that vaccino-syphilis differs in some respects from syphilis transmitted in other ways, and may, in a measure, throw light on the disease as it occurs endemically, under various forms and with different names. It appears to be somewhat influenced by the many elements

of race, climate, and other causes, so that sometimes it has not been recognized until after long and patient study, in the light of later observations. In vaccino-syphilis the incubation of the disease is certainly hastened, so that, as appears also in the epidemics cited, the vesicle, even by the eighth day, can develop syphilitic virus sufficient to inoculate many others, and this again on the eighth day may repeat the process. Again, the syphilis may be so latent that the child may appear to be in blooming health and still serve as a syphilifer.

2. *Variolation.* The operation of *inoculating for variola*, has been charged with conveying also syphilis,[1] but no authentic cases are accessible.

3. *Syphilization*, in the strict sense of the word, namely, the inoculation of an individual free from syphilis, with the blood or morbid secretions from a syphilitic person, will almost, if not quite invariably, be followed by a development of the disease; it is this, of course, which takes place in every case of infection. Occasionally this has been done intentionally, as in the well-known experiments some years ago, in the study of syphilis, by WALLACE, WALLER, PELLIZZARI, BIDENKAP, and others. Occasionally the poison has been introduced accidentally in the so called process of syphilization, or the repeated inoculation with chancroidal virus, which was advocated so strongly some years ago, by SPERINO[2] and BOECK.

An interesting case was reported by DANIELSSEN,[3] where a leper had been inoculated with "virus of a soft chancre, to the extent of nearly four hundred inoculations, when the secretion of an indurated chancre was accidentally inserted. The inoculated point healed, but a month afterwards an indurated sore appeared, followed by unmistakable signs of secondary syphilis."

2. ***Infection by means of unclean instruments.*** Under this category we find cases where infection took place:

1st. By means of cutting instruments; and,

2nd. By means of blunt instruments.

1. **Infection by means of cutting instruments.** Two classes of cases may be found here, according as 1. The wound is accidental; and, 2. The wound is intentional.

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[1] De la syphilis vaccinale. Communications a l'Acad. de méd., Paris, 1865, p. 209.

[2] Sperino. La Sifilizzazione studiata qual mezzo curativo, etc. Torino, 1853.

[3] Danielssen: cited by Lee.—Lectures on Syphilis, etc., Phila., 1875, p. 164.

1. *Infection by accidental professional wounds.* The only instances which have been found of this description, are those relating to *dentists' instruments*, and those given by the *razor* in shaving.

1. *Dental instruments.* In Chapter IV. an original case, No. XCIII., is given, where a chancre of the right side of the tongue resulted from a wound by a dentist, the poison being almost certainly furnished at the same time.[1] LELOIR[15] mentions the case of a man with infecting chancre of the gum, in which the contagion seemed to have been produced by the process of preparing and filling a decayed tooth; LANCEREAUX[8] relates a case of chancre of the gum in a woman, after extraction of a tooth and other dental work, and GIOVANNINI,[2] of Bologna, has reported a chancre of the lip apparently from a dentist's instrument; OTIS[5] speaks of a case of a chancre just within the angle of the mouth, on the right side, appearing characteristically about three weeks after a morning spent in a dentist's chair; and DULLES[2] has reported the case of a "woman who was inoculated with syphilis of the most malignant type while under a dentist's hands."

RODDICK,[6] of Montreal, Canada, a most careful and competent observer, has recorded a very interesting case of chancre of the gum, resulting from infection by means of dental forceps, whereby the gum had been much lacerated, in the extraction of a tooth. The patient was the wife of a physician, aged about 30, and a careful study of every detail led to the conclusion that, "in all probability the instrument used by the dentist was made the vehicle of contagion, by being brought into contact with a mucous patch in the mouth of a syphilitic person, previously operated upon."

2. *Razor wounds.* While these have been frequently reported to be followed by the initial lesion of syphilis, no case has been found which proves that the infection occurs by means of the razor itself, indeed, it is most probable that such is never the case; the frequent sharpening and cleansing of the razor would suffice to effectually remove any adhering virus. The inoculation possibly either takes place in the subsequent manipulations by the hands of the barber, from the towel, or from other means at the time, or, more frequently from a later introduction of the poison. In Chapter IV. will be found characteristic illustrations of infection received through this means (Cases XCV., XCVI., XCVII.,

[1] Bulkley.—Dangers from Syphilis in Dentistry. Internat. Dental Jour., 1890.

XCVIII.). Nearly fifty different observers have reported cases of this kind, the first, perhaps, was that of VALLAURI, in 1836. LADOIRE-YVER reports the case of an officer, in whom the barber of the regiment, in order to check hemorrhage from a razor-cut, pressed firmly on it with his thumb, and a chancre developed on the cheek in the site of the cut; "when examined, the barber presented a chancre of the same kind as the victim."

In many or most of these cases, the shaving was done at a public establishment. ALLEN[2] has recently mentioned a case, where a man cut himself while shaving with a razor borrowed from a friend, and in the site of the cut a chancre developed; the friend had an eruption on the face and body, and was said to be suffering from syphilis, but there was no confrontation.

2. *Infection by intentional professional wounds* (phlebotomy, minor surgery, wet-cupping, tattooing, vaccination, etc.).

1. *Phlebotomy.* In view of the great frequency of bleeding in former times, and the recklessness with which it was done, often in large numbers together and in succession, it would not be at all strange if syphilis were often conveyed to the wound. We find, however, but little reference to the subject. BONORDEN mentions having seen a case, where a large chancre developed in a wound made by a lancet; an instance is quoted from ADAM A LEBENWALD, where five healthy persons were bled with a lancet, which had been recently used on a syphilitic, and all five were infected; there is some doubt, however, in regard to the infection here, as it is stated that all the five died, which could hardly be expected from syphilitic infection.

2. *Minor surgical operations*, have sometimes been followed by syphilitic infection. LANG[1] reported a case, where a gentleman, aged about 40, had a furuncle on the forehead which was incised; instead of healing, a chancre formed, followed by constitutional symptoms; KÖBNER[10] mentions a case, where the opening of an axillary abscess was followed by a chancre, and another, where the operation of scarifying the scrotum, for "gonorrhœal hydrocele," was succeeded by an indurated chancre, with constitutional syphilis. ROBINSON[1] relates the case of a boy, six years of age, of healthy parents, who was circumcised for congenital phymosis, and who developed thereon an ulcerating lesion, followed by a mucous patch on the tongue, and a rose-colored rash. HOMOLLE states that the incision of a furuncle on the buttocks, and the

excision of vegetations, have both given occasion for the entrance of syphilitic poison. MOES has reported a chancre of the eyelid following the incision of a stye.

1. *Wet-cupping*, *tattooing* and *vaccination*, have been already treated of, and need not be again considered; they are mentioned here in connection with instruments, as the virus has been sometimes conveyed in this manner.

2. **Infection by means of blunt instruments** (Eustachian-catheters, surgical sounds and specula, serres-fines, porte-caustiques, syringes, and other apparatus).

1. *Eustachian catheterization.* One of the most interesting and deplorable instances of the communication of syphilis professionally, is by this now well-known method of infection. The first published case was by E. FOURNIÉ, in 1862, and RICORD, who was called in consultation, stated, that he had seen four similar cases previously. Since this date, nearly forty observers have reported cases, amounting in all to more than 100 victims; of these over 60 were said to have been traced to the practice of a celebrated ear specialist, Dr. B., in Paris, now dead. Others have been reported in Germany, Austria, Russia, and in this country, as seen in the Synopsis of Literature, and Bibliography.

The method of infection in these cases is easy to understand; the insertion of the sound, or catheter, into the throat of one person after another, without proper cleansing, can most readily convey the poison from the freely secreting mucous membrane of an occasional syphilitic patient, to the readily abraded mucous membrane of a healthy subject. From the description given of the lesions of the throat, in many of these cases, (there often being a vast ulcer, occupying much of the vault of the pharynx), something may be learned, regarding the earlier epidemic and endemic extensions of syphilis, such as Sibbens and some of the Syphiloids occurring along the Baltic Sea, and other places, where much stress is laid upon the throat lesions. The descriptions given of some of these Eustachian cases, resemble very greatly those of the affections referred to, in that they exhibit unusual severity and precocity, with absolute loss of any distinction between primary, secondary, and tertiary lesions; in some cases there occurred periostitis, destructive ulcerations and perforations, almost from the start. The primary lesion in these cases, is generally seated on the posterior pillar of the fauces, or on the

upper surface of the soft palate, or, on the posterior wall of the pharynx, near the fossa of Rosenmuller, or finally, at the edge of the Eustachian tube.[1]

1. *Surgical sounds* and *specula*, are accredited by many with having been the means of transmitting syphilis, but no definite statements, or cases illustrative of this, can be found; TARDIEU,[2] however, alludes to "a most regretable case, which made a great stir, where syphilis was transmitted by means of a speculum." The same author mentions a case where a young man, who had never had sexual intercourse, was inoculated with syphilis by means of *serres-fines*, which were used after an operation for phymosis.

2. *Caustic holders, etc.* LELOIR[16] narrates a case, where the syphilitic poison was supposed to be transferred, by means of nitrate of silver, which had been previously used to touch buccal lesions; a chancre developed upon a slight burn which was touched with the same. I have been told by a physician that he believed, that he had communicated the disease in this same manner; he remarked, however, correctly as I believe, that the disease was probably not conveyed by the caustic itself, but by the holder; the piece of nitrate of silver was very short, and he supposed that the holder touched the parts and conveyed the poison. TAYLOR[20] has recently recorded a similar case. C. PELLIZZARI[20] reports a case where a chancre, on the leg of a child with infantile paralysis, was produced by the employment of an *electric brush*; the lesion was at first thought to be tropho-neurotic, but the later phenomena proved it to be the primary sore of syphilis. The transmission of syphilis by means of *syringes*, has been already considered, under domestic syphilis, in Chapter VII.

3. ***Infection by means of unclean substances.*** A case is reported by MOTY, where a man acquired a chancre on the left upper eyelid, which was attributed to using the same wash-water which had been used by venereal patients; the man had conjunctivitis, and dipped the cloths used to moisten his eyes in the water. Another instance of supposed infection by wash-water is mentioned in the previous chapter, under brephotrophic syphilis. Mention has already been made of the fact, that in certain cases of circumcision-syphilis HUTCHINSON concluded that the poison had been conveyed by means of the lint, soaked in the blood of the prepuce, which had been removed.

[1] Baratoux. De la Syph. de l'oreille. Paris, 1886, p. 77.

PELLIZZARI[25] records a case where infection took place in a remarkable manner. A woman, who had been syphilitic but a few months, but cured of any active manifestations of the disease, was operated on for piles. The overseer of the infirmary, a man aged 65, held the fragments of tissue removed in a rag, collecting and holding them during the operation, his whole right hand becoming covered with blood. Some time afterward, a small wound was noticed between the nail and the pulp of the right index finger; this was not recognized at first, but soon became a deep and livid sore, with axillary engorgement, and was followed by constitutional syphilis, and four years later he had hemiplegia.

PROFETA[7] published an observation which is considered very probable by JULLIEN, where a chancre was situated in an interdigital space of the right hand, and which the most minute research seemed to point to an *acarus scabiei* as the mode of conveying the syphilitic contagion. DIDAY is quoted as having been the first to call attention to this method of transmission of syphilis by parasites. In view, however, of more recent cases reported by DU CASTEL,[1] FOURNIER,[67] FEULARD,[2] LALLIER,[2] and POLLAESIK, of chancres occurring on the arms and elsewhere in patients who were under treatment for scabies, it would seem more probable that the poison gained entrance during the manipulations, from uncleanliness, rather than from the conveyance of the virus by the insect: at any rate this illustrates and explains the very frequent occurrence of scabies and syphilis in some of the epidemics and endemics of syphilitic infection, where, from the descriptions given, scabies appears certainly to have been present.

We have seen in this chapter that syphilis may be acquired by the person rendering a professional service; further, that the disease may be communicated from the operator to others; we have also seen that the operator may only act as the agent, transferring the disease from one person to another by means of his own person, or by instruments or objects bearing the virus.

Undoubtedly further research would disclose a yet greater variety in the forms and methods of infection than has been presented in these pages, and in the accompanying Synopsis and Analytical Bibliography, and unquestionably further experience will add new data with each successive year.

No amount of human wisdom could possibly have foreknown, or even have suspected, many of the facts which have been detailed in this and preceding chapters, nor could any reasonable amount of care have prevented many of the sad events here recounted. The syphilitic poison is an agent whose effects are known only after the damage has occurred, and thus, prophylaxis becomes of the utmost importance, greater, if possible, than in reference to any other disease known to man.

A short consideration of the means of controlling the unnecessary spread of a disease which can cause such damage to innocents, would, therefore, seem appropriate in this connection.

CHAPTER X.

PROPHYLAXIS: HYGIENE AND MEDICO-LEGAL CONSIDERATIONS.—PLAN FOR THE LEGAL CONTROL OF SYPHILIS.

From what has preceded it may readily be understood that syphilis is a disease which inflicts great injury upon the public health; for it imperils not only those who have been guilty of sexual transgressions, but also those who are quite innocent.

While an exaggerated idea of its perils might be obtained from the material presented in the preceding chapters, it is impossible to shut our eyes to the fact that it presents a real and considerable danger to the innocent, as is evidenced by the thousands of cases referred to in this book. No amount of reasoning or argument can do away with the facts which I have cited from the highest medical authorities, and from my own recorded cases. Not only does this infection occur in the daily intercourse and occupations of life, but also in the most varied relations, in the care of children, in industrial pursuits, and in professional callings.

Our considerations, therefore, in regard to its prophylaxis, including the legal control of the disease, will be largely based upon the dangers relating to its innocent transmission and the necessity of arresting the progress of a malady which is capable of doing so much harm.

Although the present work has to do mainly with syphilis insontium as acquired by extra-genital infection, it may be well to consider very briefly two other aspects from which a legal control of the disease is demanded: these relate to marital syphilis and hereditary syphilis.

The subject of *marital syphilis* has been very fully discussed by a number of writers, and all acquainted with the subject know well

that this mode of infection stands prominent in connection with the innocent acquiring of the disease. While men occasionally contract syphilis in lawful wedlock, even, indeed, from wives who have acquired it in nursing or in some other innocent manner, it is principally the wives who suffer from the sins of their husbands, before or after marriage, and on them falls a large share of the burden of "innocent syphilis."

Reference has already been made to the studies of FOURNIER, who came to the conclusion that fully 25 per cent. of all females affected with syphilis acquired it honestly, in lawful marriage relations: also that RICORD thought that this proportion was too low. Among the married females in FOURNIER'S private practice, in 75 per cent. the disease was unmistakably traced to the husband. I stated also that in my own private practice fully 50 per cent. of the females with syphilis, acquired it in a perfectly innocent manner, while among the married females the percentage would be 85, or more.

Surely then there is reason in the plea that something should be done to prevent the wholesale infection of these innocent victims of marital syphilis. But if this aspect of the subject seems dark, that of hereditary syphilis is yet darker, and calls even more strongly for relief.

The literature of *hereditary syphilis* is very large and the facts related thereto are well known and accepted by all; the pages of this book contain references indicating abundantly both the hereditary aspect of the disease and the dangers arising from contact with the child inheriting syphilis.

We may for a moment refer to the effect of the poison upon the viability of children born of syphilitic parents. I cannot do better than to refer to some very striking tables given by STURGIS in an appendix to DIDAY'S work on infantile syphilis[1]; they are from the records of births of syphilitic children at the Moscow Hospital, Russia, from 1860 to 1870. During these years there were 2,002 births, and 1,425 deaths, or, 71 per cent. of the children born there of syphilitic parents died. KASSOWITZ[2] gives the percentage of still-births of syphilitic parents at 33.6, and that of infants dying within six months at 24.3; these two make almost 58 per cent. dead born, or dying within six months after birth.

[1] Diday. Syphilis in New-born Children, etc. New York, 1883, p. 265.

[2] Kassowitz. Die Vererbung der Syphilis, Wien, 1876, p. 122.

It is to be remembered also, that just as syphilis can diminish the viability of the product of conception, and cause the death of the child, just before or soon after birth, so it causes loss of life earlier in conception, giving rise to abortion, even in the very earliest periods of utero-gestation; in the same manner, going further back in the life-history of procreation, it is also a not infrequent cause of sterility, both in the male and in the female.

If, therefore, the effects of syphilis were limited solely to a destruction of life in the new-born, or in the products of conception, there would be strong reason for the introduction of measures to check the spread of the disease, from its loss to the State.

But this is only a portion of the ills wrought by syphilis in connection with generation, and it would be better that children of syphilitic parents should thus fail of life, rather than be born with an inheritance which often proves such a curse.

Tarnowsky[1] has recently, in writing on the subject, given us many interesting facts, among which the following may be mentioned. In three families, born of syphilitic parents, there was a total of twenty-two births: of all these there came only one healthy adult man. Of thirteen who survived some years, eight were incapable of self-support, from mental or physical defects, and the other five were weakly, nervous, and totally unfit for further procreation. He states that the families in which this occurred belonged to the intelligent class of society, with no other cause than syphilis for these disastrous results. He quotes further from Tschistjakow[2] the case of a man who had severe syphilis in early life, destroying the palate, of whose nine children two were idiots, one was deaf and dumb, and one died in infancy. The works of Hutchinson and many others give abundant testimony as to the direful effects of syphilis on the progeny of those thus affected.

Thus the army of innocents swells in size and pleads for the restriction of a disease, which, it is now believed, may sometimes be inherited even to the third generation. What the later effects of syphilis may be, in producing some of the conditions commonly known as scrofula, and in inducing race-degeneration, cannot now be answered positively; we know, however, that it

[1] Tarnowsky. Prostitution und Abolitionismus. Hamburg und Leipzig, 1890, p. 164.

[2] Tschistjakow. Ueber die Syphilis in der bauerlichen Bevölkerung. St. Petersburg, 1834, p. 55.

has at times decimated our Indian tribes, and has wrought unspeakable havoc in Russia, in the Hawaiian Islands and elsewhere.

The individual with syphilis, therefore, is not only in danger of communicating the disease in marital relations, and constantly does so, but is also likely to transmit more or less of the taint to the offspring, if they survive. He is likewise a constant menace to society, by virtue of the contagious character of the disease, in some of its manifestations, even for a long time, as has abundantly appeared in the preceding chapters.

It is quite true that the dangers of infection from syphilis and of its hereditary transmission, are greatly diminished by careful and proper care and treatment; but every one who has had much to do with the disease in hospital and dispensary practice knows how commonly it is neglected as soon as there cease to be annoying symptoms. There are continually hundreds of syphilitics with contagious lesions, who are either ignorant or careless of the dangers to which they are subjecting others in their daily lives; and this is even seen in private practice. Innocent extra-genital infection is much more common than is generally supposed. Physicians are constantly meeting with cases of syphilis where the origin of the disease is a mystery; as the facts relating to innocent infection come to be more generally recognized, the mystery attending many cases will pass away.

It has been already shown, in preceding chapters, that syphilis is now very widely diffused. It is undoubtedly on the increase, owing to the utter lack of sanitary control over it in the greater part of the world. There are no data obtainable to show its relative prevalence in different countries, except those relating to the armies of various nations, some of which have been already referred to. In many instances even these returns are not available, inasmuch as they frequently report "venereal diseases" in general, and not syphilis distinctively.

In this country, as I learn from the Surgeon-General's office, no reliable information exists in regard to the prevalence of syphilis: our army even furnishes no data. According to STURGIS[1], however, there were in the army, in the Department of the East, in the five years from 1870-1874, 1488 cases of syphilis, or 4.22 cases per 100 men: in the mercantile marine of the United States, during 1872 and 1873, there were 3,779 cases of

[1] Sturgis. Relations of Syphilis to the Public Health. Trans. Amer. Med. Ass'n., 1877.

syphilis, or 15.33 per cent. of all sailors treated in the hospitals: while in the city of New York, 16.19 per cent. of all cases of sickness in the mercantile marine service were syphilitic. From the data furnished by the books of a number of dispensaries and hospitals in New York city during the year 1873, Dr. Sturgis estimates that the number of patients treated for syphilis during that year cannot be far from 50,000.

Some idea of the frequence of syphilis in this country may be learned from the statistics collected by the American Dermatological Association, from different cities in the United States during the past fourteen years. Fully one tenth of the cases reported were those of syphilis, it coming next to eczema in frequency. In some respects this presents, perhaps, one of the best means from which to judge of its comparative prevalence; for, as syphilis rarely fails to manifest itself on the skin at some period during its course, cases of this disease are more likely to be observed and studied in dermatological practice than in other departments of medicine. These data were collected from private and public dermatological practice, and not from venereal clinics.

Syphilis is a disease worthy of the most serious thought and consideration by the physician and sanitarian. It stands second to none in pathological importance. The fact that in so large a share of cases it happens to be communicated through sexual contact, and in so great a proportion of these it is from unchaste venereal relations, by no means warrants its relegation wholly to a class of affections the very mention of which is to be tabooed in good society.

In regard to the means of prophylaxis against syphilis, these relate, first: To the protection of the individual; and, second, To public measures, or the legal control of syphilis.

I. INDIVIDUAL PROPHYLAXIS

Individual safety will result from a better and more widespread knowledge, on the part of the profession and the laity, of the manifestations of syphilis, its dangers, and the modes by which the disease has been transmitted.

In the history of all epidemics of this disease, large and small, it is constantly stated that the true nature of the difficulty was not recognized, or that the dangers of infection were not known or appreciated until large numbers were affected. As

our knowledge of syphilis widens, and as the synthetic history of the disease is formed, so much less will be the danger of its communication by innocent means.

A glance at the clinical history of *syphilis insontium*, as given in the preceding pages, shows this very conclusively. Thus, the dangers of its communication by vaccination were never thought of until a considerable number of cases of vaccinal syphilis had been reported; and undoubtedly multitudes of other cases had occurred which were never known. The possibility of inoculation by means of Eustachian catheterization was not suspected, until a considerable number of cases of syphilis from this cause were traced to the practice of one physician in Paris. Ritual circumcision had been practiced for thousands of years before it was demonstrated that syphilis could be communicated in the operation; and so on.

Now, however, that the many dangers are more or less widely recognized, we no longer have so many of these lamentable events to record as are found in earlier years. Infection by lactation and by other recognized accidents is yearly becoming less frequent, and in most countries such general outbreaks of syphilis as the Maladies de Brunn, de St. Euphémie, de Chavanne-Lure, the Pian de Nerac, and many others which have been mentioned, are now well nigh impossible.

Yet if we should conclude that innocent syphilis is really becoming less frequent of late years, we should make a serious mistake. Such is not the fact. In Chapter IV., of this essay I have recorded over one hundred original cases of extra-genital infection; and these do not include the scores or rather hundreds of cases of innocent infantile and marital syphilis that I have seen. The same may also be learned from the multitudes of recent cases of *syphilis sporadica*, or scattered and isolated instances of innocent syphilis, detailed or alluded to in other chapters, and in the Synopsis and Bibliography.

The ground, therefore, upon which personal safety from syphilis must rest, has yet to be reached; for, while the disease is allowed to spread freely by venereal contact, so long will cases of *syphilis insontium* continue to abound. This is evidenced by the innumerable instances where the disease has been acquired, both in necessary and unnecessary contact with those thus diseased. A single instance of this may be recalled from the first portion of

the preceding chapter. In this instance a syphilitic man infected his wife, she infected the breast-drawer; through her ten others became infected, and several of them died from syphilis. How much farther the disease spread was not recorded, but it is very certain that it could not have ended there. Many, yes hundreds or thousands of instances could be found where one guilty member of a family has introduced syphilis into the home, and where there have been numbers of innocent victims; these have been both among those belonging to the family and those having social or industrial relations with them.

II. LEGAL CONTROL OF SYPHILIS

While syphilis commonly occurs as a "venereal" disease, its prophylaxis, or legal restraint, by no means relates entirely to the restriction of venereal diseases; the limitation of the spread of syphilis should be considered from a much broader and higher standpoint, namely, from that of defending the public health and that of individuals against a malady which affects the innocent and guilty alike, and which comes not only when its dangers are anticipated, but also when they are the least suspected.

In the matter of legal protection against syphilis, therefore, the subject of prostitution becomes a secondary consideration. The first question is not one of "regulating prostitution," or of inspecting, licensing, or legalizing the "social evil," or of protecting those engaged in it. The legal control of syphilis has a much higher aim, namely, the prevention of the unnecessary extension of a disease which produces a vast amount of sickness, misery and death, not only among the guilty, but also among the perfectly innocent.

That the spread of syphilis can be checked is self-evident, as has been conclusively proven by the fact that all the epidemics, large and small, which have been mentioned above, were arrested when the cause was recognized, and sufficient measures introduced to prevent the further transference of the poison from one person to another. It is also abundantly shown in those instances where foreign governments, in certain cities or localities, have enforced stringent measures looking in this direction.

We know positively that the virus does not develop *de novo*, but that it is always communicated from one individual to another. We know also that within a certain period the disease ceases to be

contagious in each individual; so that, if no new infection is introduced into a community, and the members of that community are guarded against acquiring the disease from one already infected, until that safe period is reached, the malady will cease to exist.

Such precautions are exercised both by the public and by individuals against other contagious diseases, such as small-pox, scarlatina, measles, diphtheria, yellow-fever, etc. ; is it not eminently proper that syphilis should be placed in the same category, and protection should be afforded against it? Syphilis counts its victims by thousands, where other diseases count hundreds. More deaths are ultimately caused by syphilis than by small-pox, while the injury to health and interference with life-work is much greater in the former than in the latter. The conclusion is absolute; syphilis should be placed, like other contagious diseases, under the control of the health authorities.

Literature is full of matter relating to the medico-legal aspect of venereal diseases, and of syphilis in particular, and even a brief abstract of the subject would occupy much more space than can be given here; while a transcription of the laws and enactments bearing thereon, in other countries, would fill volumes. The subject of the legal control of syphilis is indeed a most difficult one to handle, and one which has occupied the attention of many able physicians and jurists. It has been studied especially in France, Belgium, and Germany, and it is in these countries that the most effort has been made by the governments to stay the progress of the disease.

In Paris there is a certain police inspection of public women, and statistics show[1] that from 1877 to 1881, between 800 and 1,200 women were each year sent to the prison-hospital of St. Lazare with syphilis. The number of individuals who might be infected from these syphilitics can hardly be computed. In many cities in Europe[2] there is exercised a certain control over public women infected with syphilis, and a varying amount of protection from the disease is afforded.

In England, as is well known, a reaction took place against the "Contagious Diseases prevention acts," and they were finally

[1] Vibert. Nouveau Dict. de Méd. et de Chirurg. prat., Vol. 34, 1893, p. 916.

[2] Parent-Duchatelet. De la Prostitution dans la Ville de Paris, 1857. Vol. II , p. 395 ; Mireur. La Syphilis et la Prostitution, etc. Paris, 1875 ; Reuss. La Prostitution au point de vue de l'hygiéne, etc. Paris, 1889.

repealed, in 1886, as already mentioned; and no effort is now made there, I believe, to control the development of syphilis.

In this country, as far as is known, there are no sanitary safeguards against the spread of syphilis, and there are very few hospital advantages for those thus affected. While in most cities in Europe there are large accommodations for this class of cases, amounting in Paris to between one and two thousand beds, New York has but a relatively small service at the City Hospital, while the vast majority of syphilitic patients are treated at the dispensaries, and are allowed to go about, often with lesions of a most dangerously infective character. It would be difficult to convey any idea of the carelessness and indifference of some of these patients when informed of the dangers attending their disease. Many, indeed the far larger share of them, disappear from treatment long before their syphilis is cured; and generally, even, long before they have ceased to have lesions which may convey the disease to others.

The amount of damage a single unrestricted syphilitic patient may do, can be judged from a recent statement by TARNOWSKY,[1] of St. Petersburg. He says that a syphilitic woman, who had come under his observation, had succeeded in contaminating with syphilis no less than 300 men, within a period of ten months. This represents merely the primary transmission of the disease; its later effects on others can hardly be computed. Imagine one small-pox patient being allowed to give the disease freely to three hundred individuals!

The republican ideas of this country would probably never endorse or submit to such sanitary police inspection and restraint as is exercised in certain European cities; but the question naturally arises, if there is not some way in which the end can be reached, of arresting the spread of this dangerous disease? Can there be no safeguards thrown out which shall prevent its extension here, as it has spread in certain countries in Europe, notably Russia, where, as we have seen, whole communities have been syphilized, and Portugal, where the disease is almost universal?

The first step toward accomplishing the legal control of syphilis would undoubtedly be found in placing it among other contagious diseases which come under the jurisdiction of the health officers; legitimate means could then be devised and executed to check its

[1] Tarnowsky.—Cited in N. Y. Med. Record, Mar. 9, 1889, p. 279.

spread, as in the case of the contagious diseases ordinarily recognized. The late J. Marion Sims alluded to this subject, in his address before the American Medical Association[1], some years ago, using these words: "There can be no difference of opinion among us, regarding the two following propositions. 1st. We want a system of sanitary inspection and control, which will enable us to prevent the importation of syphilis from abroad. 2d. We want a system of sanitary inspection and control, which will enable us to take charge of the subjects of syphilis at home, and prevent them from spreading it through the community."

The profession is undoubtedly unanimous, in regard to the desirability of having such a restraining influence exercised upon syphilis, as is here indicated. The only question is—what is the best method of carrying it into effect?

If syphilis were first recognized as one of the great contagious diseases, against which it is the duty of the government to protect the community, the details of that protection would follow with time; and as the public became aware of the dangers arising from the disease, and the benefits accruing from its restriction, there would be no difficulty in securing proper laws relating to the subject.

It would be out of place here to present any detailed plan of operation, for the subject is of such vast importance, that it could not be compassed within the limits of this essay, even if the writer were prepared to formulate such a scheme.

The suggestion, however, is most earnestly put forward, that the time has certainly come, when the dangers of syphilis, and especially the dangers to innocent persons, should be fully recognized. It is too late in the history of science and of humanity to stigmatize the disease as "venereal," and on that account to withhold scientific protection from thousands of innocent sufferers. Among babies, nursing women, persons infected in dental or surgical operations, and in dozens of other manners, syphilis can no more be described as a "venereal" affection than any other contagious disease. The time has come to place it under the control of the proper health officers, and to make it quite as *criminal to transmit syphilis wittingly* as it is to communicate small-pox, scarlatina, or diphtheria.

It would then become the public duty of each one to guard against the disease, and, as now in the case of the other contagious

[1] Sims. Trans. Amer. Med. Assoc., 1876.

diseases mentioned, those would be culpable who were the means of disseminating the same. The hotel proprietor who wittingly allows a small-pox patient to infect others, or who should not exercise due precautions after a patient with scarlet fever had occupied a bed or room, would receive punishment. The keeper of a brothel, as I understand the existing law, would be subject to like punishment, if his guest were allowed to sleep in a bed previously occupied by a patient afflicted with small-pox, scarlatina, or diphtheria, without subsequent sanitary precautions.

If, now, syphilis were included with these infectious or contagious diseases, something would certainly be accomplished toward checking its extension; for such a person would then see that all the inmates of the house were free from syphilis, and would also be very careful that no one entering the place should introduce the disease. If the males did not carry syphilis into houses of ill-repute, the disease would not appear in them.

The plan of making it criminal, or a misdemeanor, to be instrumental in communicating syphilis, would operate favorably in many ways.

It would do away with the necessity of officially examining, inspecting, or licensing any one, for it would be for each one's interest to keep free from the disease, lest at any time legal action should be taken against them. Instead of examining the women publicly, those connected with the nefarious business would see that they were already in a healthy condition. They would then *examine the men.*

This again would operate advantageously. For many would hesitate against going to houses of ill fame, if they knew that they were to be thus examined: and those that were syphilitic would exclude themselves.

Furthermore, this would operate more or less against clandestine prostitution. For not only would every one fear lest they should acquire the disease (because it would be known that outside women would be more likely to be syphilitic), but the men would fear that, if they infected others outside, they would be subject to legal penalties.

I believe, therefore, that such a law would not only greatly diminish the frequency of syphilis, but would also be in the direct line of breaking up licentiousness When the step is once taken of placing syphilis among the contagious diseases, subject

to law, the details necessary to enforce such a law will naturally follow. The force of the argument rests on the necessity of *examining the men instead of the women;* for any proposition looking to the latter has always met with resistance at the hands of many classes in every community, who urge the degrading character of police inspection.

That a person may legally be held liable for communicating syphilis is abundantly shown by the many cases occurring in the literature of foreign countries. The works of TARDIEU,[1] FOURNIER,[2] and others are full of accounts of legal action taken, and fines and imprisonment imposed, for the willful or careless transmission of syphilis; and in some instances the actions were against physicians who had exercised every possible precaution. In our own country syphilis has sometimes been the subject of judicial action; in a recent case before the Court of Appeals, of Kentucky,[3] it was decided that syphilis pleaded in answer to an action to recover damages for breach of promise of marriage, is a complete defence; this followed the decision of the Supreme Court of North Carolina, in which the same defence was interposed and sustained in a similar action.

One of my own patients recently received five thousand dollars from the man who infected her with syphilis; in this instance the case did not come to court, though it was settled through legal counsel.

How far the matter can be carried in regard to the restraint of syphilitics from exposing others, cannot now be decided. Much enlightenment of the community is yet necessary in regard to this subject, and much thought will be requisite to determine exactly the best methods of checking the slow but steady extension of syphilis which is now taking place. These matters can safely be left to future consideration. The first step is now to be taken by the legal recognition of syphilis as one of the contagious diseases which are dangerous to the life and health of the nation —as a pest against which society has the same right as in the case of other contagious diseases, namely, to protect itself by scientific treatment and by legal penalties.

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[1] Tardieu. Étude Medico-legale, etc., Paris, 1879.

[2] Fournier. Nourrices et nourrisons syphilitiques, Paris, 1878.

[3] Journ. of the Amer. Med. Assoc., Oct. 8, 1892, p. 445.

SYNOPSIS OF FACTS AND LITERATURE*

RELATING TO

SYPHILIS INSONTIUM

ARRANGED IN ACCORDANCE WITH THE

CLASSIFICATION OF MODES OF INFECTION

(*See Pages 17 to 20*)

Syphilis pravorum = e coitu illicita (venereal syphilis)
Syphilis insontium ingenita (hereditary syphilis)
Syphilis insontium e coitu legitima (marital syphilis)

} not considered in present work.

SYPHILIS INSONTIUM SINE COITU.

A. SYPHILIS PANDEMICA.

I. SYPHILIS EPIDEMICA.

The various kinds of epidemics are given in a chronological order, relating to the successive appearance of new modes of transmission. After the reporter's name is placed the year of the epidemic, or of its observation. Individual cases illustrating many of these will also be found later on under proper headings.*

1. CUPPING.

GEIGEL[1] (1615). HÅRDH, J. O. (1872). HJELT[1,2,3] (1858, 1858, (?) 1860). HORNUNG (LAMMERT) (1596-9). HORST[3] (SNITZER) (1603). JORDANUS (1577). LAMMERT[1] (1599, 1603). MEYER-AHRENS (1592). POLIATAIEFF (1890). SPOOF (1873). WIDMANN (HORST[4]) (1624).

*The full references to these facts are found in the succeeding Analytical Bibliography, under authors' names, alphabetically arranged. The small figures relate to the number of the separate observations, chronologically arranged.

2. BREAST-DRAWING.

ALBERTI (1746). BARRY (1728). BILGUER (ROSEN VON ROSENSTEIN) (1775?). BOURGOGNE[1] (FOURNIER) (1825). CANETTA (1847). EVERARDUS (1654). HEINECKEN (1800). HEY (1770). JOLY (1853). LELOIR[7] (1880). LEO (1892). LODER[2] (1798). MUNNINKS (1804). RICORDI[1] (1863).

3. HAND-FEEDING.

MUSITANUS (late in 17th century). RICORDI (1862).

4. LACTATION.

BALDUCCI (1867). BARDINET (1841). BARRY (1728). BERTHERAND[2] (1873). BOUCHACOURT (1841). BOUCHUT[3] (1867). CANTILONA (1867). DEMARCHI (1858-67). DEPAUL[1] (1849). DURANTE (DEMARCHI, TANTURRI) (1867). DÜSTERDORF (1826). FACEN (1849). FRIEDLANDER[1] (1884). GIBERT[1] (1837). LUSITANUS (1554). PANCRITIUS[3] (1881). PELLIZZARI, C.[8] (1882). PORTAL (MORAND and LASSONNE; LUGOL) (1844). RAULIN (ROLLET) (1752). RICORDI[4,5] (1863, two[6], 1864[7], 1865). RUGGIERE (DEMARCHI, TANTURRI) (1867). SELLI (DEMARCHI, DURANTE, RUGGIERE, TANTURRI) (1867). SETTEGAST (HACKER) (1823). SNELL[1] (1882). TANTURRI[1,2] (1867). VERCELLONI (late in 17th century). VIANI (DEPAUL) (1849).

5. ACCOUCHEMENT.

BARDINET[6] (1873). BAYER (1727). BLEYNIE (BARDINET[7]) (1855). BOOTH (1883). BOUDINET (1878). BOURGEOIS, or BURGESIUS (ROSEN VON ROSENSTEIN) (1608). COHANSEN (1744). COLLES[5,8] (HEALEY) (1837). DUTSCHINSKI (1889). FUCHS (1737). GARDANE[1] (1775). HIME (1883). PRICE, J. H.[4] (GROSS) (1886). SWEDIAUR[2] (1801). WENDT[1] (WALCH) (1811). WIGGLESWORTH[2] (1879).

6. CIRCUMCISION.

BIERKOWSKI (KOSINSKI, LUBELSKI[1], MATLAKOWSKI) (1833). BRECKER (JAFFÉ) (1840). KÉDOTOFF (1884). HUTCHINSON[23] (MACNAMARA) (1886). NOWAKOWSKI (KOSINSKI, LUBELSKI, MATLAKOWSKI) (1864-5). VON PITHA (JAFFÉ) (1867). RICORD[23] (1852, 1862). RUST[3,4] (1805). SOLOMON (in Hamburgh) (1846). WENDT[2] (1805).

7. VACCINATION.

ADELASIO[1,2] (QUARENGHI, VIENNOIS) (1862). ALIÉS (doubtful: 1841). BENNETT, J. E. (1863). CERIOLI[1] (BARBANTINI[1], VIENNOIS) (1821). CLARY and GUARY[1] (1866-7). DEPAUL and ROGER[6] (CLOSMADEUC) (1866). DESJARDINS (LAYET) (1881). DUNN, EULENBERG (FREUND) (1872). EWERTZEN (1830). FREUND (1876). GALLIA (1885). GALLIGO[1] (1857). GLATTER (1862). GRANCINI and DALL' ACQUA (SORMANNI) (1873). HEINE (ESCHERICH, HEYFELDER, HÜBNER) (1852). HUTCHINSON (1879). JONES (FOSTER, HUBBARD) (several episodes during the civil war 1861, 1866). KLEIN[1] (RUTHENBERG) (1816-17). KÖBNER[14] (table of principal vaccinal epidemics). KOÇEVAR (1869). LACHEZE (1862). MARCOLINI (BARBANTINI[1], VIENNOIS) (1814). MARONE[1] (BOUVIER[1]) (1856). MILLARD[1] (1865). MORI (1870). OTTERSON (FOSTER) (1862). PACCHIOTTI[1] (CERISI) (1861). PEOLA (1873). PERCIVAL (JONES, FOSTER) (1866). POLIN (1882). SIGNORINI (1888). TASSANI (CERIOLI[2], VIENNOIS) (1841). WEGELER (VIENNOIS) (1849).

8. EATING AND DRINKING AND DOMESTIC PROPAGATION.

BASSEREAU[2] (1852) (family). BATASCHOFF[1] (1890) (local epidemic in Russian villages). BOECK, W.[2] (1852) (family). CAZENAVE[9] (1850-1) (family). COLD[1,2] (1859) (family). CUSACK[1] (1837) (family). DEMARCHI (RUGGIERE, TANTURRI) (1857) (family). DEPAUL[1] (1865) (family). DRON[6] (1870) (family). ESTLANDER (1870) (family). FLAMANDE (ROLLET) (1828) (eating and drinking). FOURNIER[30] (1880) (family). FRIEDLANDER[8,9] (1884) (family). GARSON (1848) (family). GULLI (1837) (family). GÜNTZ[13] (1883) (family). HJÖRT (1844) (family). HOFFMANN[2] (1739) (family). JAROTSKY[2,3] (1891) (family). KÖBNER[8] (1862) (family). LAGRANGE (1863) (family). LANG[6] (1884) (family). MEYER-AHRENS (1844) (sheltering wayfarers). MORGAN[4] (1872) (family). PARÉ (1585) (family). PORAY-KOSCHITZ[2] (1881) (family). PREHN (BOLSCHWING) (1832) (sheltering wayfarers). ROUSSEL[2] (1881) (family). RUST[1] (1823) (family). SIMON[2] (1858) (family). STEFFENS (1841) (family). STURGE[2] (1877) (family). TAYLOR[25] (1891) (family). VELTEN (1830) (family).

9. TATTOOING.

ARTHUR[2] (WILCOX) (1886). BARKER, F. R. (1888). JOSIAS (1879). MAURY and DULLES[1] (1878). PETRY (1858). WHITEHEAD (1889).

10. GLASS-BLOWING.

DECHAUX (GUINAND[2]) (1867-9). GUINAND (1863). HEIBERG (1883). VIENNOIS[12] (GUINAND) (1862).

11. EUSTACHIAN CATHETERIZATION.

BLAUCHET. BUROW (1886). FOURNIER and others (1862-1882). MARTIN[3] (1876).

12. APPLICATION OF TONGUE TO EYE.

TEPLJASCHIN[1] (1886).

II. SYPHILIS ENDEMICA.

The endemic affections now recognized as syphilis are given in the order of their appearance; the names of the most authentic and accessible authorities are appended.

1. SIBBENS.

ADAMS, J.[1] (1807). BELL, B.[2] (1792). GILCHRIST (1769). HACKER[2] (1851). HIBBERT (1826). MILTON (1879). ROLLET[17] (1881). SKAE (1844). WILLEMOES (1810). WILLS (1844). WRIGHT (1855).

2. RADESYGE.

ANONYMOUS[2a] (BEHREND) (1837). ARBO (1792). BANG (1778). BOECK, W.[7a] (1860). BONNEVIE (1758). CEDERSKJÖLD (1814). CRAIGIE (1836). HACKER[2] (1851). HENSLER (1799). HJÖRT[1] (1840). HÜNEFELD (1828). LANCEREAUX[5a] (1869). MUNK (1799). ROLLET[9a] (1866). SPRAKEL (1864). STEFFENS (1774).

3. AMBOYNA PIMPLE.

BONTIUS (1718).

4. DISEASE OF ST. PAUL'S BAY.

ADAMS (1807). COCHRAN (1854). FUCHS[1] (1840). STRATTON (1835). SWEDIAUR[4] (1801).

5. MORBUS DITHMARENSIS.

BRANDIS (1813). DÜHRSEN (1832). FRANCKE (1838). GENTERS (1878). HELWEG (1821). HÜEBENER (1821). MICHAELSEN (1842). STRUVE (1820).

6. FACALDINA.

FACEN[2] (1849). HACKER[2] (1851). MARCOLINI[2] (1839). SIGMUND[8a] (1855). VALENZASCA (1840). ZECCHINELLI.

7. SCHERLIEVO.

BOUÉ (1814). CAMBIERI (1812). HACKER[2] (1851). JENNIKER (1819). LORENZUTTI (1830). LORINSER (1865). MICHAHELLES (1833). MOULON (1834). OZANAM. PERNHOFFER (1868). SIGMUND (1855). ZEISSL, M.[2] (1887).

8. MAL DI BRENO.

ANONYMOUS[13] (LANCEREAUX). MICHAHELLES (1833). SIGMUND (1855).

9. FRENGA.

GAMBERINI (1871). SIGMUND (1855). WIBMER[2] (1841).

10. SPIROCOLON.

HACKER (1851). LANCEREAUX (1868). OLYMPIOS (1840). POLLIS (1842). QUITZMANN. WIBMER[1] (1841).

11. MORULUS (BUTTON SCURVY).

CORRIGAN (1835). WALLACE (1838).

12. MAL KABYLE.

ARNOULD (1862). VINCENT (1862).

13. YANG-MEY-TCHONANG.

DABRY (1863).

14. SYPHILOID OF JUTLAND, LITHUANIA, HESSE, AND ESTHONIA.

ALBERS (1836). BOLSCHWING (1839). HACKER[2] (1851). ILISCH (1822). LILLIE (1777). OTTO (1839). SCHNUR (1837). TILING (1833). VAN DEURS (1835).

15. ? YAWS, PIAN, FRAMBOESIA.

ADAMS (1807). CHARLOUIS (1881). CHRISTIE (1887). FOX, T. (1876). HACKER[2] (1851). HIBBERT (1826). LANCEREAUX (1868). MAXWELL (1839). MILROY (1873). PONTOPPIDAN (1882).

16. ? ALEPPO EVIL. (DELHI BOIL, BOUTON DE BISKRA, CHANCRE DU SAHARA, CANEOTICA, ETC).

ALTOUNYAN (1885). BERTHERAND (1854). CARTER (1876). FOX, T. (1876). GEBER (1875). RIGLER (1854). RUSSELL (1856). WILLEMIN (1854).

B. SYPHILIS SPORADICA.*

I. SYPHILIS ECONOMICA.

This section has two main divisions, relating to, A. Infection in domestic and social life; and, B. Infection in industrial pursuits.

A. Infection in domestic and social relations, including, 1. Infection by eating and drinking and use of tobacco, etc.; 2. By personal and household effects; 3. By active and temporary contact; 4. By passive contact.

1. INFECTION BY EATING AND DRINKING AND BY MEANS OF TOBACCO, etc. 1. By implements and vessels; 2. By smoking, etc.

1. ***Infection by eating and drinking utensils.*** *a.* By spoons, knives and forks; *b.* By drinking vessels. (The majority of individual cases recorded fall under Section II., Syphilis brephotrophica).

a. Infection by spoons, knives and forks.

BOLSCHWING[2]. DIEMER[6]. FROELICH[5], tonsil. GLÜCK[4], lip. KROWCZYNSKI[1], palate. LEE, H.[6], tongue. NEUMANN[27], tonsil. PORAY-KOSCHITZ[35], tonsil. POSPELOW[13], fauces. RODDICK[5], tonsil. VIENNOIS[4], tonsil.

b. Infection by drinking vessels: cups, glasses, jugs, faucets, flasks, etc.

ARTHUR[3] (FITZ), lip (faucet). BOECK, C.[9], tonsil (glass). BOTALLUS, lip (glass). BRYCE, lip (flask). BUCHHOLZ (glass). COOPER, A.[6], lip (cup). CULLERIER, A.[8] (HILLAIRET), lip (glass). DIXWELL (vessel). FOURNIER[56] (bottle). GIRODE, gum (glass). GOTTHEIL, lip (cup). GRIFFIN[1], lip (pail), [8] lip (flask). GRUNER (glass). GUIBOUT[1] (ORY)[8], lip (glass). GÜNTZ[1], lip (glass). JULLIEN[6] (VERNEUIL), tonsil (glass). KOGAN, lip (glass). LASCH, chin and lip (glass). LYDSTON[5], lip (cup). MCGUIRE[1], lip (vessel). MRAÇEK[2], tongue (vessel). PELLIZZARI, C.[13], lip (glass), [14] lip (public fount). POLOTEBNOFF[7] (cup). RICORD[2], fauces (glass). TAYLOR[8], mouth (cup), [12] lip (cup). VIDAL, E. (ORY)[7], lip (glass).

c. Eating and drinking, in a general way, with or without express proof of individual cases or utensils employed.

BELL, B.[1] (drinking ware) [2] "Sibbens." BELL, J., tongue (pipe or dishes). BOECK, C.[6], tonsil (table-ware). BOLSCHWING[1], lip (cup and spoon) [9] "Syphiloid." BUCHANAN, throat (spoons and pipe) "Sibbens." CULLERIER, M. (RENARD), (cup and spoon) references unknown. DANIELSSEN also (HJÖRT, COLD, STEFFEN), probable infection by eating and drinking. DEMARCHI, epidemic at Capistrello and Castellafiume, eating and drinking utensils chief agents. EVERARDUS, also (BLANCAARD), in an account of "Lues nova recrudescens" in Seeland (see epidemics), mention eating and drinking-ware categorically. FLAMANDE, account of the Mal de Chavanne-Lure spread by eating and drinking. GLATTER (family utensils). GRAARUD, tonsil (glasses or pipes). HEISLER[2], tonsil (eating or drinking-ware). HJELT, description of promiscuous drinking among the Finns. LANZ, tongue (table-ware). LEIDENBERG, Syphilis among Russian peasants, largely by eating and drinking. MANASSEIN, lip (mess

* In attempting to make an analytical synopsis of the facts and literature relative to various modes of transmission, it is of course impossible to exercise any critical judgment in regard to the correctness of the statements made; the alleged methods of infection are given for the convenience of those wishing to make further studies in any one direction.

utensils). NEUMANN[17], tonsil (table utensils), [22] (table-ware). NEWSKY, tongue (table-ware). OSTROÛMOFF (utensils). PELLIZZARI, C.[11], lip (utensils). PLUMERT[2], lip (eating or drinking-ware). PREHN (by wayfarers, eating and drinking). PROFETA[3] (utensils). WEINBERG[3] (utensils). ZAKHAREVITCH, fauces, etc. (spoons, tumblers, etc.).

2. ***Infection by means of smoking, and substances taken into the mouth.*** *a.* By tobacco pipes; *b.* By cigars infected by mouth; *c.* By cigars infected otherwise; *d.* By cigarettes; *e.* By chewing gum, etc.; *f.* By other substances.

a. Infection by tobacco pipes passed from one to another.

ARTHUR[6]. BARLING, lip. BAUM[2], lip. BEHREND[6]. BESNIER[6], tonsil. BOECK, W.[14], tongue. BOLSCHWING[7]. BUMSTEAD[6]. DENIS-DUMONT[1]. DIEMER[5]. GUIGNARD[3], tongue. HUFELAND. KEYES[3,6], lip. LANCEREAUX[2]. LLOYD[2], lip. OHMANN-DUMESNIL[1], palate. OTIS[4], mouth. PELLIZZARI, C.[15], lip. PROFETA[5]. QUINQUAUD and NICOLLE[1], lip. RODDICK[1], lip. WALLACE[3], lip.

b. Cigars, passed from one to another, often from stumps picked up.

AMBROSOLI[1], fauces. CAMPANA[3], buccal cavity. DRYSDALE[6]. ENGELSTED[2], lip. FINGER[3], lip. FROELICH[8], lip. GAMBERINI[2], lip. KIRKPATRICK, lip. NEUMANN[23], corner mouth. PRICE, J. H.[2].

c. Cigars infected indirectly by various methods.

BEHREND[4] (cigars bitten off and returned to the box). BULKLEY[1] (infected on lips in manufacture). GOTTHEIL (same). HENNING[2] (same). KLUGE (infected by the hands in manufacture). MAUNSELL, lip. RIZAT[1], lip (cigar punch).

d. Cigarettes infected by previous smoker.

BÛDÛGOFF[1], lip. CONTÉ, lip. JAKOLEFF[2] (corner mouth). KREUNDEL, lip. LEWY and GOLDBERG[8], lip. NEUMANN[34], lip. POPOFF[3]. SERDUCKOV[2], tonsil,[3] palate. TCHISTJAKOFF[5], inside cheek. TZITRIN.

e. Chewing-gum, troches, etc., passed from mouth to mouth.

EVMENIEFF (meats, breads, sweets, etc.). GRIFFIN[2], tonsil (candy). HARDY[1], tonsil (lozenge). LELOIR[13], lip (chewing-gum), [11] lip (candy). NEUMANN[10], tonsil (candy). TAYLOR[2] (chewing-gum). VALCOURT, tonsil (lozenge).

f. By other substances.

GIOVANNINI[3], lip (gnawing a bone after a syphilitic).

2. INFECTION BY PERSONAL AND HOUSEHOLD EFFECTS; *a.* By wearing apparel, etc.; *b.* By bedding; *c.* By toilet articles; *d.* By miscellaneous articles.

1. ***Infection by wearing apparel.*** *a.* By shirts, drawers, trousers, etc.; *b.* By masks; *c.* By plasters, bandages, etc.

a. Infection by wearing apparel proper.

ACTON[3] (pantaloons). ALBINUS, BARBANTINI[2] (mother's chemise). BELL, B.[3], scrotum (trousers). BONDET, scrotum (trousers). BOTALLUS, BULKLEY (bathing suit). CALDERINI (31 infected through unclean linen). CLERC[3], scrotum. DZONDI, groin (under-garment). FRACANZIANUS, genitals (under-garment).

HENNING[1] (hat band). HILDANUS[1] (pantaloons, [3] stockings). JULLIEN[1], neck. LELOIR[10], eye (from glove). POLAILON, foot (from shoe). PROFETA[10], foot (from shoe). TAYLOR[20] (bathing suit, drawers).

b. Infection by masks.

RICORD. ROBERT, M.

c. Infection by plasters, bandages, etc., in domestic use.

BJÖRKEN[1], hand (plaster). BULKLEY, neck (court-plaster, original case No. CXI.). FOURNIER[46]. GUIGNARD[5], forehead (dressings). PELLIZZARI, C.[18], cheek and subclavicular region (plaster). RICORDI[2], nipple (dressings). RIGHTER, ear (court-plaster). TAYLOR[20] (plaster).

2. ***Infection by bedding.*** *a.* By pillows; *b.* By other bedding.

a. Infection by pillows, drenched with saliva or pus.

JULLIEN[3], neck. SALSOTTO[4], cheek. SAUVAGES, head. TAYLOR[20].

b. Infection by sheets, or anything except pillows.

DANIELSSEN. GUYON. MASSA[5]. POPOFF[31]. PUCHE[2] (ACTON)[2] (prison cot).

3. ***Infection by toilet articles.*** *a.* By towels, sponges, etc.; *b.* By combs and brushes; *c.* By tooth-brushes; *d.* By syringes; *e.* By privy seats, etc.

Infection by towels, sponges, etc.

ARNING[2], nostril (towel). BARKER, E. (towel). BAUM[6], eyelid (towel). BLANC[2], cheek (towel). FENWICK, eyelid (towel). FROLOFF, eyelid (towel). HILL[3], gum (towel). HUTCHINSON[7], finger (towel). OSTROÜMOFF[f] (towels). POSPELOW[18], nose (towel). PRICE, J. H.[6] (SIMS[3]), eye (towels and basins). RONA[4], eyelid (towel). SIGMUND[7], labia (sponge). STANLEY, lip (towel). TAYLOR[9, 20] (towel).

b. Infection by combs and brushes.

BOURGOGNE[3] (comb). ELLIOTSON (comb). HORTELOUP, P.[4] (brush). PROFETA[9], scalp (comb). TZITRIN (combs).

c. Infection by tooth brushes, etc.

BAXTER (tooth brush). BLUMENBACH (tooth brush). BUMSTEAD[4] (tooth brush). HASLUND[1], tonsil (tooth brush). KNIGHT[1], tonsil (tooth powder). MACKAY (toothpick). PENNY[2], gum (tooth brush).

d. Infection by syringes.

FOURNIER[9]. JULLIEN[2]. LELOIR[12].

e. Infection by privy seats, etc.

FALLOPIUS, buttocks. FITZGIBBON[2], thigh. LODER[1]. MARC[2]. RODDICK[10], penis. TAYLOR[20].

4. ***Infection by miscellaneous articles of convenience.*** *a.* By handkerchiefs, napkins, etc.; *b.* By pins, etc.

a. Handkerchiefs, napkins, aprons, etc.

AGASAROFF (handkerchief). ATKINSON[5], nostril (handkerchief). LELOIR[1], commissure (handkerchief). PETERSEN[13], lip (napkin). POSPELOW[16], eyelid (apron). TAYLOR[20] (handkerchief).

b. Infection by pins, etc.

Bulkley, tongue (original case No. LXXXIX). Koch, finger (drawing instrument soiled with saliva).

c. Infection by canes.

Otis[a] (mention of such mode of infection).

d. Infection by opera glasses.

Falcone, eyelid.

e. Infection by other methods in family life.

Evmenieff (playthings). Galippe (toys). Griffin[5], lip (rouge). Kleiner, lip (vaseline). Profeta[6] (bread, etc.).

Other instances of domestic infection, in which the methods are not specified.

Anonymous[q, m]. Atkinson[4], cheek (from parents). Belousow[1], breast, lip, tongue, soft-palate, tonsils[2, 3, 6, 10]. Biett[2] (infant infects mother). Boeck, C.[5]. Boeck, W.[3] (by mother)[4]. Bronson[1], tonsil (from mother). Bryant[1], lip (from father). Chambay (child by mother). Colles[4], lip, breast (family epidemic). Drysdale[2] (room-mate). Eltzina[1]. Emser. Faguer, tonsil. Feulard[6], cheek (from uncle). Fournier[46, 51]. Fox, T. C., lip. Gemma[1]. Griffin[7], lip (from husband), [9] tongue (from husband), [11] lip (from husband). Hauner[3] (from father or mother), [4] (from grandmother). Hayward[4] (grandmother). Henrot (mother from infant). Herzenstein[1]. Hoffman[1], nose (from servant). Jarotsky[1]. Jelzina[1]. Junquet[2, 3]. Karamanenko[2, 3, 4]. Kaverin[3]. Kolokolow, lip. Lazansky. Leblanc[1]. Lee, H.[4, 5]. Lubinsky[1, 5]. McGuire[4], tonsil. Marjoline. Marlow, eyelid. Marmisse. Massa[4]. Mauriac[3]. Michel[1], eyelid. Mikhailoff[2]. Monnet[1, 2, 3], cheek, lip and mouth (by mother). Morgan[1], mouth. Nasse[2], gum. Neumann[1], tongue. Ory[7]. Pacchiotti[4], tonsil. Pellizzari, C.[3], tonsil, [4, 7] angle of mouth, [12, 16]. Petersen[3], lip. Petrini[12]. Polotebnoff[1, 4, 5, 6]. Pontet[5], lip. Popoff[1, 3]. Poray-Koschitz[7], tonsil, [13] lip, [13] mouth, [15] tonsil, [17] palate, [29] buccal, [32, 33, 34] fauces. Pospelow[10], fauces, tonsil. Price, D. Price, J. H.[1]. Rafinesque. Reiche. Robert, A. Roche[2, 3]. Roger[1]. Rollet[8], tonsil. Romanoff. Roussel[4], throat[9, 10]. Sabinin. Schnur. Selenew[1], tonsil. Shand[2], mouth. Sims[2]. Soler[2], lip. Sotchara. Ssabinin. Stein. Stoll[1, 2, 3]. Sturgis[3], cheek. Tardieu[9, 10]. Taylor[2], lip[25]. Theobald[1], lip. Toujan[2], lip (from husband). Trevisanello[1], tonsil. Van Dugteren and Van Walsem[2], tonsil (from father), [3] lip. Van Harlingen[2]. Verneuil[5]. Viennois[5, 9]. Wallace[2], throat. Waller[2, 7]. Weil[2]. Wildbore. Wildhagen[2], lip (room-mate). Wilson[1].

3. Infection by active and temporary contact, in domestic and social life; 1. Buccal; 2. Digital.

1. **Buccal infection, by contact in domestic and social life;** 1. By kissing; 2. By biting.

1. ***Infection from active and limited contact,*** in kissing; *a.* Reciprocal; *b.* Non-reciprocal.

a. Infection from reciprocal kissing, lip to lip.

Alberti ("de osculo morbifero, etc.," known only by title). Anonymous[a], mouth. Arthur[5]. Atkinson[1], lip. Bærensprung[2], lip. Barduzzi[3], lip.

Bassereau[3], lip. Baum[4], lip. Bell, B.[1]. Bertherand[1], tonsil. Biett[4, 5] (Cazenave), lip. Boeck, C.[4], tonsil. Botallus. Büdügoff[2], tonsil. Bulkley. Bush, lip. Capuron[4], lip. Cassidy, lip. Cazenave[6], fauces. Chisholm, lip. Chrestien[3] (Simoneau), tongue. Colles[1]. Cullerier, M.[2], lip[3] (Cazenave), lip. DeMeric, tonsil. Draper, lip. Drysdale[7], lip. Elliot, fauces. Erichsen[1], tongue[2]. Eustachius[3], tongue. Fabre, fauces. Faught, gum. Fernelius[2], lip. Fox, G. H.[8], lip. Froelich[9], lip. Gabalda, lip. Galligo[2]. Gamberini[1], lip. Gay, A. H.[3]. Gibert[6], tonsil. Glück[6], tonsil. Gratia[1], lip. Griffin[6, 10, 12, 13], lip. Gross[1], lip[3]. Güntz[7, 10], lip[16]. Haslund[3], tonsil. Heisler[1], chin. Henry[1], lip. Hulot, gum. Jakoleff[1], lip. Keyes[2, 5], lip. Lallemand[4], lip. Lang[7], lip. Langenbeck. Langlebert[3], lip. Lavergne and Perrin[8], lip. Lee, H.[6], tongue. Lefeuvre, lip. Lewin[3], lip, [5, 6] lip. Lindestolpe. Lydston[3], tongue. McGuire[3]. Manganotte, lip. Marc[1] (Roux), tonsil. Margoniner[1], lip. Mauriac. Minot, lip. Morgan[2], lip. Mraçek[1], lip. Neumann[21], lip, [22] lip. Notta, lip. Ory[6] (Lailler), lip. Oströumoff[f]. Otis[3, 8], lip. Pancritius[5], lip, [6] tonsil. Partridge, lip. Petersen[6], gum. Popoff[3]. Poray-Koschitz[8], lip. Porter, W. H. (Pratt), tonsil. Pospelow[11], fauces. Price, J. H.[3] (Gross), [4] lip. Rénard, tonsil. Reumont, lip. Ricord[22], lip. Roddick[4], lip. Rollet[6]. Saleneuve, tongue. Schlegel. Schneider (Plouquet), "per salivam osculum". Shoemaker, lip. Sigmund. Stirling[1]. Stukowenkow[1], tonsil. Sutton. Temple, lip. Thomas[1], lip. Van Harlingen[4], lip, [7] tongue. Victorius, lip. Vidal, E.[4], tonsil. Viennois[3], lip. Walter[2, 3], lip. Willi.

b. Non-reciprocal kissing, lips to other parts.

Abadie (Viguier[2]), eyelid. Alexander[1], eyelid. Audoynaud[2] (Fournier), breast. Ayres (De Beck), eyelid. Barduzzi[4], cheek. Benson, eyelid. Bloom[2], angle jaw. Boucheron[1], eyelid. Bryant[5], nipple. Bumstead[2], nipple. Davis (nurse, nursling). Dupré, eyelid. Fournier[14], nipple. Gratia[1], eyelid. Herard[2], nipple?. Johnson[1], nipple. Lavergne and Perrin[7], breast. Leloir[1], toes. MacKenzie, W.[2], conjunctiva. Mraçek[4], behind ear, [8] nipple. Neumann[24], cheek, [25] chin, [31] nipple?. Pospelow[3], chin. Renault, neck. Richon, eyelid. Ricord[11], breast. Salsotto[4], eyelid. Sattler (De Beck), conjunctiva. Tenneson, cheek. Touchaleaume, eyelid. Watson, S.[1], cheek. Wecker[2], conjunctiva. Zabolotski, eyelid. Zeissl, H.[5], cheek. Zucker, ear.

2. ***Infection from biting:*** *a.* As a caress; *b.* In defence or assault; *c.* Accidental tooth wounds.

a. Biting as a form of caress.

Baum[7], cheek. Blaschko, lip. Boyer[2], nipple in male. Browne, cheek. Buzenet[2], tongue. Clements, lip. Dunn[2], lip. Fournier[16], neck. Froelich[7], nipple. Gamberini[4], cheek. Herard[2], nipple?. Kaposi[1], lip. Neumann[21], lip, [31] nipple?. Rollet[4, 10], lip, tongue. Taylor[11], nipple in male, [21] lip. Van Harlingen[1, 2], lip, [6] mouth, [9] nipple. Zeissl, H.[9], breast.

b. Biting in defence or assault.

Arthur[7], lip, chin. Baratoux, ear. Beauvais[1], finger, [2](Gery), hand. Berbez (Guignard[7]), finger. Blachez, neck. Brinton (Rohé[1]), nose. Brown,

F. T., finger. Bucci, finger. Bumstead (Sturgis[1]), cheek. Campart[5], eyelid. Carriere, thumb. Finger[4], nose, ear, thumb, toe. Froelich[6], wrist. Gamberini[4], neck, [7] (Bucci), finger. Giovannini[10], finger. Guignard[4], nose. Henry[3], cheek. Horteloup, P.[2] (Simonet)[1], cheek. Hutchinson, J.[29]. Jones, S., hand. Kaposi[4], chin. Lavergne and Perrin[2], cheek, neck, ear, arm, finger. Lesage[1] (Fournier), thumb, [3] (Brouardel[3]), finger, [6] (Fournier, Lavergne and Perrin), cheek, [7] (Hermet, Lavergne and Perrin), ear. Molliére (Jullien), finger. Morel-Lavallée[2], eyebrow, [5] (Fournier), cheek. Neumann[4], thumb, [9] hand, [30] hand or finger. Pellizzari, C., chin, cheek, neck. Petersen[4], cheek, [8] finger. Poray-Koschitz[3]. Profeta[1, 2], cheek. Robbins[4]. Roddick[3], neck. Salsotto[4], cheek. Soler[3], cheek. Tarnowsky[3], hip. Tchagin[3], cheek. Vvedensky[1], finger. Walter[1], lip. Zeisse, chin. Zeissl, H.[8], thumb.

c. Tooth-wounds accidentally inflicted.

Bulkley, hand (original case No. CVII.). Chochlow[2], finger (blow on teeth). Fournier[38]. Gazet, forehead (from dog-bite). Hutchinson, J.[3], knuckle (fighting)[28]. Lesage[2] (Fournier), finger (policeman). Lünkevitch, finger (fighting). Maclaren[1], finger. Speransky[1], nose (fighting). Viguier[4], cheek (in play). Wood[1], knuckle (blow on tooth).

2. Digital infection in domestic and social life; 1. By contact; 2. By nail wounds.

1. ***Infection by contact of finger;*** *a.* Self inoculation; *b.* Inoculation of others. (Many of these cases are found also in other sections).

a. Auto-inoculation by means of finger.

Bryant[6], finger (direct contact). Galezowski[5], eyelid. Gratia[2], eyelid (venereal). Hunter[1], lip. Lang[10], thumb (from own penis). Lawrence[4], thumb (direct contact). Lee, H.[10], finger (direct contact). Leloir[10], eyelid. Lustreman, eyelid. Morfan, septum nasi. Marston (Lee, H.[6]), face. Mazet, eyelid (from own penis). Michel[3] (Stellwag von Carion), eyelid. Moure[1], septum nasi. Neumann[6], finger. Ohmann-Dumesnil[2], lip (from own penis). Peter[2], finger (from own penis). Popoff[2]. Ricord[4], eyelid. Sigmund[6], finger (direct contact). Suchanek[5], lip. Taylor[24], finger. Wood[2], finger (in barber).

b. Inoculation of others by means of finger.

Plumert[7], breast (scratch by brother). Tchistiakoff[14], head (wound infected by barber).

2. ***Infection by nail wounds;*** *a.* Scratching; *b.* Pinching.

a. Infection by scratching.

Allen, C. W.[7], behind ear. Bryant[7], cheek. Cooper, A.[4] hypogastrium. Niece, elbow. Roddick[7], forehead. Rollet[15], chin. Taylor[26], forehead. Vaughan, scalp.

b. Infection by pinching.

Weinberg[1], cheek.

4. Infection by passive contact in domestic and social relations; *a.* Contact in sleep; *b.* In carrying or supporting.

a. Non-venereal contact in bed.

Bergh[2], gluteal region. Bertherand[3] (Guyon). Broich[12], thigh. Cazenave[7] (Lagneau, Lucas-Championiére, Biett). Colle. Corrigan ("button scurvy"). De Beck[1], eyelid. Drysdale[2], vulva. Friedlander[3]. Hauner[6]. Hildanus[2]. Horst[1]. Hulot, trochanter. Lancereaux[4] (Rayer[2]). Lavergne and Perrin[4], thigh. Mauriac[4], back. Mraçek[7], wrist. Osiander. Pospelow[19], chin.

b. Contact in carrying, supporting, etc.

Fontanus (mere contact). Fournier (Jumon[5]), front thigh (holding woman in lap). Pellizzari, C.[19], sub-maxillary region (contact with chancre of chin),[26] tonsil, neck, cheek, arm, chin, chest, mouth, anus (all from contact). Rizat[4] (Simonet[2], Chipier), nucha (carrying woman),[6] abdomen (contact). Tarnowsky[3], arm (contact with chancre of hip).

B. Infection in industrial relations; 1. Buccal infection; 2. Digital infection.

1. Buccal infection in industrial relations; 1. By occupations requiring the use of the breath; 2. By necessary or unnecessary use of the lips.

1. ***Industrial infection by occupations requiring the use of the breath;*** *a.* Glassblowers; *b.* Assayers; *c.* Weavers; *d.* Musicians; *e.* Conductors; *f.* Housemaids.

a. Infection of glassblowers.

Anonymous[6], lip. Aubert[1], lip. Bazin[2]. Bernard, A.[1]. Besnier[3a, 3b]. Chassagny. Dechaux (Guinand[2]). Deffernez. Desmet[2]. Diday[10, 12], lip. Dron[7], lip. Gailleton. Gamet[1]. Gromier, lip. Guinand[4, 5]. Heiberg. Hervier. Lagrange. Mason[2], lip. Niobis. Perroud[1], lip. Ravogli and Rasori[3]. Roddick[8], lip Rollet[5], lip[12]. Sigmund[11], lip (four cases). Viennois[2], lip, [8]lip, [9]tonsil, [10]fauces[11]. Villard, lip.

(Statistics of Hosp. Antiquaille, Lyons, from 1858 to 1872, furnish 82 cases; many included in the above. Besnier, Dron, Gailleton, Perroud, Rollet).

b. Infection of assayers by use of the blowpipe.

Margoniner[2], palate (goldsmith's blowpipe). Sigmund[11a], lip (three cases, two of them infected from same person).

c. Infection of weavers.

Behrend[1] (entire family infected by mouth sprinkling-pipe).

d. Infection of musicians from wind instruments.

Greenleaf, lip (cornet). Güntz[5]. Lesage[4] (clarionette). Mason[3], lip (cornet). Pospelow[6], gum (clarionette). Roussel[5] (cornet). Sigmund. Tedenet, lip (cornet). Viguier[7], inside cheek (cornet), [8]tonsil (flute).

e. Infection of conductors of street conveyances or others using signalling whistles.

Gros, lip, (bus conductor). Taylor[2].

f. Infection of domestics or others using speaking-tubes.

MARTINEAU[2], lip. VIDAL, E.[2], lip.

2. ***Buccal infection in industrial relations, from the necessary or unnecessary use of the lips:*** *a.* Cooks; *b.* Furriers; *c.* Upholsterers and Shoemakers; *d.* Clerks; *e.* Cashiers; *f.* Other occupations.

a. Infection of cooks from the use of the tasting-spoon.

JULLIEN[4 b]. ROLLET[7], lip. SCHIRAJEW[1], tonsil. TCHISTIAKOFF[6], inside of cheek.

b. Infection of furriers from common use of thread in mouth.

PORAY-KOSCHITZ[1], lip (three men infected from a fourth).

c. Infection of upholsterers and shoemakers from tacks or pegs held in mouth while at work (the surplus being thrown into the common receptacle).

POSPELOW[7], tongue (from shoemakers' pegs). SPILLMAN[2], lip. STEELE, lip.

d. Infection of clerks and others, by writing implements, etc., held in the lips.

BANGS (FOX, G. H.[7]), gum (pencil). CALMETTE, tonsil (pencil). CULLERIER, A.[6], lip (pencil). DAEHNE, lip (quill-pen). FOURNIER (JUMON[4]) (paper-knife). GLÜCK[5], lip (pencil). MOREL-LAVALLÉE[6], tonsil (pencil). OTIS[6], lip (pencil). RICHERAND (quill-pen). RICORD[18], lip (quill-pen). ROHÉ[2], tongue (pencil). SIGMUND (brush-holder).

e. Infection of cashiers and others from coins and bank-notes held in the lips.

DESNOS[1], tongue (bank-notes). FITZGIBBON[1], lip (bank-notes). ROBINSON, T.[2], lip (coins).

f. Buccal infection in other occupations.

AUDRY, lip (gunsmith). BESNIER[2 a], lip and tongue (from brush of workman). GÜNTZ[6], lip (flower maker). KARAMANENKO[2] (fieldwork). POPOFF[3] (military service).

2. DIGITAL INFECTION IN INDUSTRIAL RELATIONS: *a.* Laundresses; *b.* Dealers in old clothes, ragpickers and others.

a. Infection of laundresses and chambermaids.

ANONYMOUS[i], finger. BOECK, C.[1], finger. BOTTEY, hand. DORNIG, eyelid. FROELICH[3], arm. GÜNTZ[12]. HAMANDE, eyelid. MACLAREN[2], thumb. NEUMANN[16], arm, [30] hand. RODDICK[9], wrist. TCHAGIN[1], eyelid.

b. Infection of handlers of old clothing and ragpickers.

COYTTARUS (two sisters from cast-off clothing). FOURNIER (BOUILLY[2]), finger (in a rag-sorter).

II. SYPHILIS BREPHOTROPHICA.

This section, relating to the acquiring of syphilis in connection with infant life, has two great subdivisions: A. As acquired by the child or others, through nutrition; and, B. As acquired in connection with the care of infants, either by them or by others. Some of the subdivisions will be found to be the same as in the preceding section, and some references are interchangeable.

A. Infection in connection with nutrition of infants, subdivided into, 1. Infection by lactation; and, 2. Infection by hand-feeding.

1. INFECTION BY LACTATION, relating to, *a.* Infection of nurse; *b.* Infection of nursling.

a. Nurse infected by nursling; 1. From nursling with hereditary syphilis; 2. From infants with acquired syphilis.

1. ***Infection of nurse (one or more), by a nursling with hereditary syphilis;*** including, *a.* Mother infected (exception to Colles' law); *b.* Nurse infected by nursling.

a. Mother infected by own child with hereditary syphilis (exception to Colles' law).

BERTIN[5]. CAZENAVE[11]. GUIBOUT[5]. MERZ[2] (ZINGALIS). PELLIZZARI, P. (JULLIEN[12]). RANKE. SCARENZIO[5]. TOMMASI-CRUDELI. ZEISSL, M.[1] (LÜTH).

b. Nurse (not the mother) infected by nursling with hereditary syphilis.

ABERNETHY[1] (WATSON of *Stourport*). ACTON[5] (family infection and lawsuit). ALBERS[3]. AMBROSOLI[2]. APPAY[3, 4] (FOURNIER)[1, 2, 6] (LE DENTU). ARCARI[2]. AUDOYNAUD[1] (FOURNIER)[3, 7] (BROCA[2]), [5] (BAZIN[1]), [8], (TRIBOULET)[9], (SIMONET[3]), [10] (CHARPENTIER), [6] (SIREDEY). AUXIAS-TURENNE[1]. BARDINET[2, 3, 4]. BARILLIER. BARNES. BAUM[10]. BAUMÉS[1, 2]. BEHREND[2, 3]. BELL[2]. BERGERET. BERTIN[4, 6] (LEBLANC). BLONDEAU. BOECK, C.[1]. BOECK, W.[1, 6]. BOERHAVE[2, 3]. BOUCHUT[1] (RAYER[1]). BOYER[1]. BREDA[1, 2]. BULKLEY. BURY. BYRNE. CAMPANA[1]. CAMPBELL. CARADEC. CARLE. CASPARY[1, 2]. CAZENAVE[2, 10]. CHABRELY. CHADZYNSKI. CHRESTIEN[1] (NIEL), [2] (MÉNARD[1]), [5] (DALMAS). CLARY and GUARY[2]. CLERICI. COLLES[6, 7]. CULLERIER, M.[1]. CULLERIER (nephew) (LUCAS-CHAMPIONNIÉRE[1]), (DIDAY[2]). CUSACK[1a]. DANIELSSEN[1, 7]. DE AMICIS[3]. DEASE. DELORE (FOURNIER[28]). DEVAUX[2]. DRON[1, 2, 3, 4, 5]. DRYSDALE[4, 8]. DUPUYTREN (ROGNETTA), also eyelid. DURKEE[1] (BENNETT, J. H.)[2]. EBRARD. EGAN[1, 2]. ENGELSTED[4, 5]. FARRE. FORESTUS. FORTIN. FOURNIER (earlier cases of [13] APPAY,[8] AUDOYNAUD, [29] HULOT, etc.)[48, 51]. GAMET[3] (GUINAND[1]). GARDANE[2]. GAUTHIER. GAVIN. GILBERT (VASSAL[3]). GUILLERY. HAASE[1, 2]. HABENSTREIT. HEBRA, F. VON. HERZENSTEIN[1]. HJÖRT[2]. HOFMANN[2]. HUNTER[2]. HUTCHINSON, J.[14]. JOLY. KEYES[4]. KLINK. KORTÜM[2]. LAGNEAU, G.[1, 3] (DEFAUCAMBOURGE). LALLEMAND[1, 2] (SOUCHIER). LAWRENCE[5]. LEE, H.[8]. LELOIR[3, 5]. LEONESIO. LETORSAY. LEWIN[4, 8, 9]. LOWDELL[1]. LUZINSKY[2, 3, 6]. MANNINO. MARMISSE. MENSINGA. MONTEGGIA. MORA and SORESINA[1, 2]. MORGAN[3]. NEUMANN[5, 15, 31]. O'CONNOR[1, 2, 4, 5]. ORY[10] (LAILLER). PELLIZZARI, C.[1, 4, 5, 6, 21]. PELLIZZARI, P.[6] (ROSTER[2]). PETRINI[1]. PLUMERT[1, 8]. POLAK. POSPELOW[5]. PRICE, D. PROFETA. PUTEGNAT[1, 3]. RAVEL. RICORDI[8, 14, 15].

Rizat [7]. Rizzi. Rollet [1]. Sadoul. Sherwell [2]. Sigmund [3, 5, 14, 18]. Smith, J. L. Sperino [1]. Sturge [1]. Suchanek [1, 2]. Tardieu [1, 2, 6, 7, 8, 9, 10, 11, 12]. Taylor [3, 4, 5]. Thiry [3]. Trousseau [2]. Tchistiakoff [7, 12]. Valery. Vassal [1, 2, 3].

In the following class of cases, nurse (not the mother) infected by nursling, it is impossible to ascertain whether the infants in each case were subjects of hereditary or acquired syphilis.

Anonymous [l, m, r]. Anstie. Archambault [1] (Pontet [4]). Axenfeld. Bardinet [1]. Belousow [2, 3]. Berger. Berti. Beurmann. Biett [3]. Bigelow [1]. Bottex. Bouchut [2]. Boys-de-Loury. Broick [3]. Capuron [1]. Cataneus. Chaboux [1]. Cheminade [2]. del Chiappa [1]. Clarke, A. Cocchi. Cullerier, A. [1]. De Amicis [1]. Des Molines. Diday [1, 2]. Ellis. Eltzina [1]. Fernelius [1]. Foucart. Fournier [18, 19, 20, 21, 22, 26, 28, 44, 56, 59, 68]. Fredet [1, 2]. Froelich [1]. Gailleton. Galezowski [1]. Gemma [1, 2]. Giovannini [4]. Guerrier. Hamerton [1]. Hårdh, C. W. Hayward [1]. Hebra, H. Henri-de-Saint-Arnould. Herzenstein [3]. Horteloup, E. and P. Jacquet. Jelzina [1]. Johnson [2]. Junquet [1]. Karamanenko [1]. Kehrer. Kobylin. Komin [1, 2]. Langlebert [1]. Lee, H. [7, 13]. Lefevre. Lewi [1, 2]. Lindstrom [2]. Linné. McCraith [6]. Manassei. Marianelli [2]. Merz [1]. Michel, J. Mikhailoff [1]. Moore [3]. Musitanus. Oedmansson. Pacchiotti [2]. Parker [2]. Perroud [2]. Petersen [7]. Petreni. Plinatus. Poggio. Polotebnoff [2, 3, 4] (Stein), [5] (Sotchara). Popoff [3, 5]. Poray-Koschitz [19, 23, 24]. Quinquaud [1]. Rabl. Ravogli and Rasori [2]. Razumoff [1, 3]. Reiche. Reichebach [2]. Rhodius. Ridley. Riverius. Roché [1, 2, 3, 4]. Roddick [2]. Roger [4]. Sabinin. Salsotto [3]. San Juan. Sartorius. Scarenzio [1]. Skinner. Soffiantini. Soler [2]. Speransky [6]. Stepanoff [1, 2]. Tanturri [3]. Torella. Townsend. Trevisanello [4]. Tuilier (Bardinet). Turati. Ussas [4]. Velschius. Verneuil [1, 4, 5]. Viennois. [1] Violet [2]. Waller [4, 7, 8] (Suchanek). Weil [2]. Wildhagen [4]. Wiltshire. Zarewiez (Glück [1]).

2. ***Infection of nurse by a nursling with acquired syphilis:*** including infant acquiring syphilis: *a.* From lactation; *b.* From kissing, etc.; *c.* From vaccination, etc.

a. The infant's syphilis acquired in lactation.

(In this section belong many cases in essential lactation-epidemics, where nurslings infect their own mothers and other nurses, and but few separate references can be made).

Brassavola (nurse mother). Friedlander [2] (?). Gibert [3] (nurse mother). Lees (nurse mother) (Hutchinson [18]). Obédénare (?). Pease [1] (nurse mother). Pospelow [5] (nurse mother). Schmalz [2] (nurse mother). Soler [5] (nurse mother). Wilson [2] (nurse mother).

b. The infant's syphilis acquired by kissing or otherwise per os.

Guenzberg [2]. Kilian [3]. Lewi [3]. McCraith [2]. Payne [2]. Poray-Koschitz [20]. Ricordi [10, 12]. Rupp [2]. Taylor [7]. Theobald [2]. Tuholske.

c. The infant's syphilis acquired by vaccination, circumcision, etc.

(In this section belong those cases found in epidemics of vaccination,

circumcision, etc., where the children have infected mothers and nurses, and few separate references can be given).

Albers[2] (circumcision). Clary and Guary (vaccination). Depaul[7]. Friedlander[2] (?) (vaccination). Glatter (vaccination). Laroyenne[1] (vaccination). Middleton[2] (vaccination). Moseley (vaccination). Perrin[3] (vaccination). Poray-Koschitz[21, 22] (vaccination). Rodet[3] (vaccination). Solomon, J. V.[3] (vaccination).

b. Nursling infected by nurse or other nursling; 1. Nurse has chancre of breast; 2. Nurse has recent syphilis, but no chancre of breast; 3. Nipple serves as medium, from another nursling.

1. ***The nurse, having been infected in lactation, has a chancre of the nipple.***

a. Nursling infected directly from nipple.

Ambrosoli[2]. Baumés[2]. Behrend[3]. Boeck, W.,[6] lip, [7] lip, [8, 9] lip, [11] tongue. Bottex. Bouchut[2]. Bulkley. Caspary[1]. Colles[2]. Cullerier (nephew) (Lucas Championniére[1]). Danielssen[1]. De Amicis[2]. Dron[4]. Engelsted[5]. Fournier[44]. Galezowski[2], lip. Hayward[2]. Karamanenko[1]. Lagneau, G.[1]. Lewin[4, 9]. Lowdell[2]. Luzinsky[2]. McCraith[3, 5]. Monteggia[1], lip[5]. Polotebnoff[5]. Pontet[4] (Archambault[2]). Price, D. Ricordi[9], [13] lip, [16] tongue. Rollet[3], lip. Tanturri[3]. Trevisanello[4, 5]. Verneuil[2]. Waller[5]. Weil[2].

2. ***The nurse has recent syphilis but no chancre of breast.***

a. Nursling infected from mucous patches on breast.

Agostini. Alison. Arning[1]. Barillier. Bergeret. Boerhaave[2]. Brassavola. Bruneau. Capuron[2]. Cerasi[2, 3]. Chrestian[1] (Ménard[2]). Coote[1]. De Amicis[4]. Diemer[3]. Donné. Eustachius[1] (?). Forestus. Fournier[25, 30, 49] lip[52, 58, 59, 61]. Friedlander[2] (?). Gibert[2], lip. Guenzberg[1], tongue[3]. Hamerton[1]. Heister. Hill[2, 4]. Lanoix[1]. Lee, H.[12]. Legrand[1]. Lister. Luzinsky[1, 3, 6]. Meyer (in *Mindern*). Mikailoff[3]. Monteggia[2, 3]. Moore[5]. Obtulowicz. Paré. Pellizzari, C.[2, 4, 6, 7, 10]. Portal. Putegnat[2]. Roger[5]. Rosen v. Rosenstein[1]. Roster[3]. Schirajew[2]. Schmalz[1]. Shand. Sigmund[12], lip. Soler[4], tongue. Stahl. Stoll[3]. Thiry (Charpentier). Tchistiakoff[7]. Van Swieten. Venot. Vidal-de-Cassis. Waller[1]. Winters[1].

b. Nursling infected from nipple contaminated with soiled fingers, etc.

Cullerier, A. (Ricord), (nurse contaminates nipple with finger from vulvar syphilides).

c. Nursling infected by supposed transmission through the milk.

Cerasi[1]. Manssurow[2]. Nunn[2] (Morris). Steinberger.

3. ***Nipple the medium, another nursling the syphilifer.***

a. Nipple of the nurse the medium of transmission.

Bertin[3]. Stoll[2] (nurse had not syphilis herself, but one child infected by another through the same nipple).

2. Infection by Handfeeding: relating to: *a.* Adults infected; *b.* Infants infected.

a. The attendant is infected by the child; including 1. Handfeeding of new born infants, generally with hereditary syphilis; and 2. Weaning of children, generally with acquired syphilis; considered together.

a. Infection from the nursing bottle (by tasting it in connection with feeding the child).

Appay[5] (Gondonin), tonsil. Bolschwing[3], fauces. Drysdale[3], throat. Fournier[3] (Hillairet). Hutchinson[32]. Gibert[4]. Köbner[5]. Lang[8], tonsil. Lesser[1]. Macdonald, tonsil. Ryan, C. S.[2], lip. Spillman[1], tonsil.

b. Infection from the artificial teat.

Plumert[5]. Polotebnoff[3] (sucking horn).

c. Infection from chewing child's food.

Bataschoff[2], lip. Boeck, W.[15]. Cold[2].

d. Infection from spoons, cups, etc.

Bardinet (Diday). Bertherand. Köbner[1], pharynx (spoon). Lagneau, G.[4] (spoon). Loret, family epidemic (spoon). Lucas-Championnière[2], family epidemic (spoon and cup). Monteggia[6] (spoon). Rollet[11], tonsil (spoon). Roussel[2a], tonsil (spoon). Todd, throat (spoon).

b. Infection of infant during feeding; including, 1. Infection by a syphilitic attendant; and 2. Infection by children fostered with it.

1. *Infant infected by syphilitic attendant, through handfeeding.*

a. From tasting the nursing bottle.

Anonymous[c]. Audoynaud[4] (Fournier). Ostroümoff[f].

b. From tasting and inserting the artificial teat.

Plumert[5]. Polotenboff[3] (sucking-horn).

c. From chewing infant's food.

Boeck, W.[15]. Boettger. Chaboux[2]. Kilian[2]. Rosen von Rosenstein[2]. Wolf[1].

d. From warming its pap in the mouth.

Van Deurs.

e. From feeding with spoon or cup alternately with self.

O'Connor[3] (spoon). Vidal-de-Cassis (tin cup). Wilson[3], fauces (spoon).

2. *Infant infected from other infants fostered with it:* (by common feeding-spoon, cup, sugar-bag).

Sigmund.

B. Infection by attendance on syphilitic infants (other than in connection with nutrition): referring to, 1. Mediate contact; 2. Direct contact.

1. INFANT INFECTED BY MEDIATE CONTACT, CHIEFLY FROM ITS ATTENDANT, IN CONNECTION WITH ITS TOILET, CLOTHING, ETC., relating to, 1. Toilet articles; 2. Coverings.

1. ***Infection by toilet articles:*** including, *a.* Washwater; *b.* Sponges; *c.* Combs; *d.* Syringes.

a. Washwater.

KÖBNER[3].

b. Sponges.

CHAUMIER, anus. CULLERIER, A.[2], vulva. FOURNIER[24] (PONTET[1]), vulva. HAUNER[5], anus. HUGUIER[2], pudenda.

c. Combs.

PELLIZZARI, P. (PELLIZZARI, C.[9]), scalp.

d. Syringes.

2. ***Infection by clothing, bedding, etc.***

a. Cloths, napkins, etc.

DIDAY (JULLIEN[4a]), anus (towel or napkin). LAYERGNE and PERRIN[6], near anus. PELLIZZARI, C.[31-2], anus. PETER[1], vulva (diaper used as towel by father).

b. Bedding, etc.

BOLSCHWING[5] (cradle clothes). CUSACK[4] (adult infected). PELLIZZARI, C.[22], eyelid (pillow). PELLIZZARI, P.[2], eyelid (pillow with saliva).

2. INFECTION BY DIRECT CONTACT, IN CARE OF CHILDREN; divided, as in Syphilis economica, into 1. Active; and 2. Passive contact.

1. Infection by active and limited contact; divided into, *a.* Buccal; *b.* Digital; and *c.* Aërial.

a. ***Infection by buccal contact, (lips, tongue, teeth):*** including, 1. Kissing and fondling; and 2. Dental inoculation.

1. *Infection by contact in kissing and fondling*, divided into *a.* Reciprocal; and *b.* Non-reciprocal.

a. Reciprocal kissing, lip to lip.

a. Adults infected from children.

BOERHAAVE[1] (several women from one child). DAVIS. EICHMAN. LEE[3], lip. LE GENDRE[3], tonsil (HULOT). LYDSTON[1], lip. MUSITANUS (nuns in convent). NEUMANN[1, 7], chin[11]. PELLIZZARI, C.[12]. ROLLET[9], lip. STOLL[3].

b. Children infected by adults.

BAUM[1]. BERTIN[1]. BRYANT[8], lip. CAPURON[3], lip. CHARRIÉRE. COOTE[1]. DIETERICH, lip. FEULARD[5], lip. FOX, G. H.[1], tongue. KÖBNER[4]. KOPP, C.[2]. LAVERGNE and PERRIN[5]. MCCRAITH[1], lip. MIREUR. NEUMANN[1]. PAYNE[1]. PELLIZZARI, C.[12] ROGER[2], lip. ROMANOFF[1]. STIRLING[3], lip. STOLL. SZADEK[3], tonsil. TAYLOR[7]. TUHOLSKE, lip.

c. Children infected from children.

Coote[2]. Griffin[3]. Guéniot (Pontet[2]). Neumann[1].

b. Non-reciprocal kissing, lips to other parts.

a. Adults infected.

Egan[3], neck (infant's lips to site of pin-scratch),[4] tongue (kissing about nates).

b. Children infected.

Breyer (Cunier[1]), eyelid. Cunier[4]. Despagnet[2], eyelid. Eltzina[2], finger. Küdriashoff, penis. Mackay, eyelid. Ryan, J. P., forehead. Schurig. Thomas[2], forehead.

2. *Infection by dental inoculation.*

Drysdale[2], lip (bite of child). Snowball (Bird[1], Ryan, C. S.[1]), nose (bite of nursling).

b. ***Infection by digital contact:*** including, 1. Simple contact; 2. By nail wounds.

1. *Infection by simple contact* (attendant or child infected).

a. Adults receive chancre of finger.

Schüller[1], finger,[2] hand. Sigmund (a number of cases in old attendants). Ussas[1], palm of hand.

b. Infants infected by attendants.

Baudry[1], eyelid (saliva on attendant's finger), [2]eyelid (saliva on mother's finger). Bertin[2], vulva (bathing with saliva by mother). Cullerier, M.[2], lip (bathing with saliva). Leloir[4], groin (from wetting with saliva). Pellizzari, P.[2], eyelid (saliva of mother). Sigmund[10], mouth (by finger of midwife). Wecker[4], eyelid (mother's saliva).

c. Distal infection by own soiled fingers.

d. Infection by child's soiled fingers.

Biett[7] (Cazenave), lip (forcing secretion of mucous patches upon fingers into mouth of six-year-old brother). Fournier (Pontet[3]), tongue. Sturge[2], lip, tongue.

2. *Infection by nail wounds.*

Denti, eyelid (in nurse from scratch of nursling).

c. ***Aërial transmission*** by blowing or atomizing saliva.

Solomon, J. V.[1], eyelid (child infected by aunt, sputtering in the face).

2. Infection by passive contact; 1. In parturition; 2. During slumber; 3. By contact in arms, etc., as in Syphilis economica.

1. *Infection of infant from mother during parturition.*

Bell, B.[1]. Carreras-y-Arago, eyelid (?). Grünfeld[1], scalp. Guibout. Poncelet. Thiry[6]. Weil[1], nose.

2. *Infection from contact in bed.*

Acton[4]. Bryant[9]. Colles[6]. Cooke[2]. Diemer. Friedlander[3]. Hauner[7]. Lesser[3]. Luzinsky[6]. Neumann[32], umbilicus. Peatson. Pellizzari, C.[29], inguino-scrotal fold. Pellizzari, P.[2], eyelid. Swediaur[1]. Trousseau[1], buttocks. Violet[1], vulva. Voege. Waller[3].

3. *Infection from contact in carrying children; a.* Attendant infected; *b.* Infant infected.

a. Attendant infected.

Cusack[3], thumb. Dowse, forearm. Ford, shoulder. Hardy[5], forearm. Hulot, eyelid. Keyes[1], arm. Pacchiotti[5], forearm. Pellizzari, C.[4 1-2], cheek. Soler[6], arm. Waller[6], cheek and neck.

b. Infant infected.

Hulot, neck (from nurse). Richet (Ricord[2]) (contact with hand of nurse). Roger[3].

Miscellaneous instances of brephotrophic infection; a. Attendants infected; *b.* Infants infected.

a. Adults infected by children.

Baum[8], chin. Boeck, C.[8], tonsil. Boeck, W.[7], lip. Breda[1], tonsil. Broick[4], palate. Bucholz, tonsil. Castelnau (Robert). Colles[3]. Cripps[2], eyelid. Cusack[2], peri-anal. Danielssen[5], tonsil. Dron[8], lip, tonsil. Düsterdorf (case in epidemic) (Hufeland). Edlefsen. Fournier[53], lip. Friedlander[4], tongue[5, 6]. Grigorow, tonsil. Gurovitch[1], lip. Haslund[2], tonsil. Hunter[3, 4]. Hyde, thumb. Joly (case in epidemic). Jullien[1]. Köbner[7], palate. Komin[3], mouth. Lancereaux[3]. Lecoq[2], tonsil. Lee, H.[1], lip. Lemonnier. Lipp[3], eyelid. Luzinsky[1, 2, 3, 5, 6]. Mannino. Manssurow[1], lip. Mentzel. Morgan[4], mouth. Neumann[1], tongue. Pospelow[8], tongue, [12] fauces. Ricordi (cases in epidemics). Rinecker[1]. Rust[1]. Schirajew[3], tonsil. Snell[2], eyelid. Stark, tonsil. Tchistiakow[2], throat. Thomaschewsky[1], tonsil. Wildhagen[3].

b. Children infected by adults and by one another.

Boeck, W.[7], lip, [13] tongue. Bolschwing[6] (father syphilitic). Bulkley (mother syphilitic). Danielssen[6], mouth. Diemer[3]. Engelsted[6]. Feulard[1], anus, [4] (Grancher) cheek. Fournier[23], tongue, [46] (statistics in 42 cases: 19 from parents, 8 from nurses, 4 from attendants, 2 from other children). Friedlander[10], lip[11, 12, 13]. Garson (four children infected by parents). Güntz[14, 17]. Hauner[2]. Henrot. Hjört[2]. Holm. Kaverin[1, 2]. Köbner[6]. Krowczynski[2]. Luzinsky[1, 2, 3, 4, 5, 6]. Ménard[2]. Moore[4]. Paul, lip. Pellizzari, C.[1]. Peterson[1]. Popoff[3]. Rollet[3], lip. Rosen von Rosenstein[1, 3]. Rupp[1]. Scarenzio[2, 3, 4]. Secheyron[1]. Sturgis[2], eyelid, [3] cheek. Tchistiakow[4], forehead. Trousseau[4]. Veré-Delisle, anus. Wallace[1]. Waller[1, 2, 4, 5, 7].

III. SYPHILIS TECHNICA.

This section, relating to the acquiring of syphilis in connection with body-service, has three great divisions: A. Where the operator becomes the victim of syphilitic inoculation; B. Where the operator, being syphilitic, conveys his own disease to others, in body-service; and C. Where the operator, or his instruments, serves as the medium of syphilitic inoculation, from one patient to another.

A. Operator the victim: 1. From unnecessary exposure; 2. From necessary exposure.

1. INFECTION FROM UNNECESSARY EXPOSURE: *a.* In performing surgical operations; *b.* In making post-mortem examinations.

a. Operative, received in course of surgical operations.

ABERNETHY[2], finger. AUSPITZ (ZEISSL, H.[13]), self, finger. BRUSH, thumb. BULKLEY. BUMSTEAD[7], finger. CAVAZZANI[2], finger. CAZENAVE[3]. COOTE[3, 4], self, finger. DELPECHE[1] (LAWRENCE[1]), finger. GALVIN, finger. HARDIE, finger. LYDSTON[2], finger (case of DR. NOTT). OTIS[2], finger. PELLIZZARI, C.[25], finger. SCARENZIO[6], self. SCHNITZLER, finger. WILKS, finger. WILLIAMS, A., finger (operation of fistula in a horse?).

b. Cadaveric, from post-mortem examinations.

HOURMANN (LAGNEAU, G.[2], CAZENAVE, VIDAL-DE-CASSIS). HOWARD, hand. MORGAGNI. PAULINI (pulverized bone). RUMPF[3] (VOGEL). SÖMMERING. SWEDIAUR[2]. TAYLOR[20].

2. INFECTION FROM NECESSARY PROFESSIONAL EXPOSURE; *a.* Manual infection; *b.* Cephalic infection.

a. Manual (digital) infection; chiefly from exploration of cavities, etc.; *a.* Surgeons; *b.* Accoucheurs and Midwives; *c.* Dentists; *d.* Attendants.

a. Infection of surgeons, in manipulative procedures.

ARTHUR[8], finger. AUGAGNEUR[2], finger. BELL, B.[1]. BLOOM[5], finger, [6]thumb. BRANDIS, finger. BROICK[2], finger. BULKLEY. BURET[3], back (auto-inoculated by finger). CAIRNS, finger. CHURCHILL, thumb. COESFELD, finger. COOPER, S., finger. GASCOYEN, thumb. GOODELL[1], finger. GROSS[2]. GÜNTZ[4]. HOLTHOUSE, finger. JULLIEN[13], finger. JUMON[3] (FOURNIER), hand. LAWRENCE[2], thumb. LEE, H.[2], [9 1-2], finger. MASON[5], finger. MORGAN[5], finger. ORY[4], finger. OTIS[1, 7], finger. PAGET, J.[2], finger[3]. PANCRITIUS[1], finger. PELLIZZARI, C.[24]. PORAY-KOSCHITZ[25], thumb, [26]hand. RICORD[6], finger. ROSENTHAL[1] (LEWIN), hand. RUMPF[2], hand (PIERSON). SIGMUND[4], finger. SIMS[1], finger. SWEDIAUR[2]. SYMONDS, finger. TAIT, finger. TAYLOR[23], finger. WHITE, J. C.[1] ZEISSL, H.[2], arm.

b. Infection of accoucheurs and midwives.

ANONYMOUS[h], finger[15]. ATKINSON[3], thumb. BARDINET[6, 7]. BAYER. BELL, B.[1]. BERNARD, A.[4], finger. BIETT[6]. BORGARUTIUS, finger. BOUDINET, finger. BOURGEOIS. BRAMBILLA, finger. BROICK[2], finger, [9]finger. CAMPANA[2]

(Mayer). Cazenave [4, 5] (Biett). Clowes [1] (Lee, H.) [11]. Cohansen. Cohn. Dawosky [1], finger. Denis-Dumont [2], finger. Devaux [1], finger. Engelsted [1], finger. Fernelius [3], finger. Fuchs [2]. Galligo [3]. Gallus (Lecoq). Gardane [1]. Glatter, arm. Goodell [2], finger [3]. Güntz [3, 15]. Hamerton [3], palm of hand. Hardy [3] (Ory) [12]. Hutchinson [2], thumb. Köbner [9], finger. Kopp, J. H. Lawrence [3]. Minkevitch, finger. Neumann [3], hand. Palfyn. Pellizzari, C. [23], hand (of P. Pellizzari). Pettman, finger. Pick [1], finger. Plumert [6], thumb. Pospelow [2], finger. Protzek, finger. Riedlin. Saulsay, finger. Schubert [2]. Sigmund [9], finger. Simon [1]. Suchanek [3], finger. Swediaur [2]. Taylor [25], finger. Wedekind. Wendt [1], finger. White, J. C. [2], finger. Wolff (Weiger), finger.

c. Infection of dentists.

Anonymous d, finger. Bumstead [3]. Fournier (Lesage [5]). Hutchinson. Neumann [8], finger. Taylor [11].

d. Infection of attendants, students, etc.

Bronson [2], thigh. Burtzeff, hand. Diemer [4]. Kaposi [3], finger. Leloir [2]. Thomaschewsky [3], tonsil. Vyshogrod, finger. Zeissl, H. [6], finger.

b. Cephalic infection; including 1. Buccal; 2. Facial.

1. ***Buccal Infection;*** *a.* By breast-drawing; *b.* By wound-sucking; *c.* By inflation of lungs of new-born; *d.* By applying tongue to eye.

a. Infection from breast-drawing.

Alberti. Barry. Bigelow [2, 3], throat (Durkee [3]). Bilguer (Rosen von Rosenstein). Bourgogne [1] (Fournier). Canetta. Everardus. Hamerton [2], lip. Heinecken. Hey, lip. Joly (Seutin). Lawrence [6], lip. Leloir [6], lip [7]. Leo. Loder [2]. Marone [2], lip and tongue. Munninks. Ricordi [1]. Rupp [3], fauces. Viennois [1].

b. Infection from wound-sucking.

Leloir.

c. Infection from inflating lungs of new-born.

Wigglesworth [1], tonsil.

d. Infection from applying tongue to eye.

(In many of the instances quoted on page 231, the operator had first acquired chancre of the tongue in the practice referred to).

2. ***Facial infection;*** *a.* By own fingers; *b.* By direct contact; *c.* By aërial transmission.

a. Infection by own fingers, etc.

Anonymous g, eyelid. Binet [2], cornea. Boucheron [2], eyelid. Buret [2], eyelid. Campart [2], eyelid. Del Monte [1, 2], eyelid (Sbordone). Desmarres [2], eyelid. Dietlen, eyelid (Michel). Esof (amniotic fluid). Hardy [7], eyelid, nostril, lip. Hutchinson, lip (inoculation of a scratch). Meighan [2], eyelid. Mason, lip. Rasori [2], nostril. Ricord [7], cheek. Stanley, lip. Tarnowsky [4] (amniotic fluid). Vvedensky [2], temple. Watson, S. [3], nostril.

b. Infection by direct contact.

WENDT[3], cheek.

c. Infection by aërial transmission, coughing in the face, etc.

ALEXANDER[2], eyelid. DESMARRES[1] (MICHEL[4]), eyelid. FOURNIER[15] (SAVY), eyelid. HARDY[6], eyelid. LELOIR[9], face.

B. Operator the syphilifer; 1. Infection by direct contact; 2. Infection by instrumental contact.

1. INFECTION BY DIRECT CONTACT, WITHOUT THE INTERVENTION OF INSTRUMENTS: including, *a.* Digital contact; *b.* Buccal contact.

a. Infection by digital contact; *a.* Infecting finger seat of a chancre; *b.* Infecting finger soiled by saliva, etc.

a. Infecting finger seat of a syphilitic primary lesion; 1. Chirurgical manipulations; 2. Obstetrical manipulations.

1. *Infection by chirurgical manipulations.*

a. Vaginal, anal, and other examinations.

COSTÉ (in *Berlin*), rectum, HUTCHINSON, anus (examination for hemorrhoids).

2. *Infection by obstetrical manipulations; a.* Mother infected; *b.* Infant infected.

a. Mother infected by accoucheur's hands.

ANONYMOUS[15]. DAWOSKY[2]. FOURNIER[51, 56]. HUTCHINSON[24]. LELOIR[17]. MAURIAC[12].

(See also Epidemics, Accouchment).

b. New-born infected by accoucheur's hands.

BARDINET[6] (Some of the children showed syphilis before their mothers, in the epidemic of Brive).

b. Infecting finger soiled with saliva of operator.

a. Obstetrical infection.

BLEYNIE (BARDINET[7]) (A midwife infects a number of children by applying her saliva on her finger as a hæmostatic to the stump of the divided cord).

b. Medical and surgical infection.

ANONYMOUSP (CLOSSIUS[2]) (a woman who was a sort of lay practitioner infects a patient in "raising the uvula" which had probably been "swallowed." BROICK[7], nose (application of saliva to an erysipelas). KRELLING[2], nose (application of saliva to heal an erysipelas).

b. Infection by buccal contact; 1. With a wound; 2. Without an open wound.

1. *Buccal infection through an open wound; a.* In wound-sucking; *b.* In circumcision.

a. Infection by wound-sucking.

ANDERSON, cheek. FOURNIER (JUMON [1]), calf of leg. HILL [1], cheek. MEIGHAN [1], eyelid. ROBBINS [1], hand. VAN HARLINGEN [10], eyelid.

b. Infection in circumcision.

ALBERS [1]. BIERKOWSKI. JAFFÉ. KÉDETOFF. KOSINSKI. LUBELSKI. MATTLAKOWSKI. MULTANOWSKI. NOWAKOWSKI. ROBBINS [2]. RUST. SOLOMON (in Hamburgh). TAYLOR [1]. WENDT [2].

(See last section, and also EPIDEMICS.)

2. *Infection without an open wound; a.* In breast-drawing; *b.* In removing foreign particles from the eye, by the tongue.

a. Infection by breast-drawing.

ALBERTI. BARRY. BILGUER (ROSEN VON ROSENSTEIN). BLOCH. BOURGOGNE [1] (FOURNIER). CANETTA. EVERARDUS. GAILLETON (ROUSSEL). HEINECKEN. HEY. JOLY. KYLL. LANZONI. LELOIR [7]. LEO. LODER [2]. MUNNINKS. PARKER [1]. RICORD [11]. RICORDI [1]. ROLLET [2]. SYDOW. TAYLOR [10]. WINSLOW.

b. Infection by application of tongue to the eye, to remove foreign bodies, etc.

ANDREWS, eyelid. BUCH, eyelid. EDES, eyelid. GALEZOWSKI [6], eyelid. ([7] LAVERGNE and PERRIN), eyelid. LEE, C. G., eyelid. MONTGOMERY, conjunctiva. MURZIN, eyelid (to cure stye). POSPELOW [17], eyelid. SZOKALSKI, conjunctiva. TEPLIASCHIN (LANGLEBERT [4]).

2. INFECTION BY INSTRUMENTAL CONTACT (instruments soiled with operator's saliva). *a.* By tattooing needle; *b.* By cupping instruments.

a. Infection by tattooing; needle or pigment moistened with infected saliva.

ARTHUR [2] (WILCOX). BARKER, F. R. CARLETON. HUTIN. JOSIAS. LECKIE and CARLTON. MAURY and DULLES. MOFFET [1, 2, 3]. PETRY. PORTER, R. ROBERT. ROBINSON, F. ROLLET. STIRLING [4]. TARDIEU. TROTTER. VIENNOIS [6]. WHITEHEAD.

b. Infection by cupping.

In several of the Finnish epidemics it is stated that the cupper (a woman) was syphilitic—once at least that the disease was professionally received—and that the transmission was by means of saliva on the finger, used each time to clean the cup, etc., before using.

HÅRDH, J. O. HJELT [1, 2, 3]. RESHETNIKOFF, neck. SPOOF.

c. Operator the medium; 1. By transplantation and inoculation; 2. By unclean instruments; 3. By unclean substances.

1. INFECTION BY TRANSPLANTATION AND INOCULATION; 1. Of solid substances; 2. Of liquid substances.

1. Infection by transplantation of solid substances; *a.* Of teeth; *b.* Skin grafting.

a. Infection by transplantation of teeth.

HAMILTON [1]. (LETTSOM [2]). HUNTER [5]. KÜHN (LETTSOM [3]). LETTSOM [1]. WATSON, W. (HUNTER, SWEDIAUR).

Besides the above, FRANK, J., MERKEL, and others less known, wrote on the subject.

b. Infection by skin grafting.

Deubel (Fereol).

2. Infection by inoculation of liquid substances; *a.* Vaccination; *b.* Variolation; *c.* Syphilization.

a. Infection from vaccination.

Adelasio [2]. Amoroso. Auxias-Turenne [2, 3, 4]. Bardinet [8] (Depaul). Bohn. Boudais. Caillard. Carter, R. B. Ceccaldi. Cerioli [3]. Chassaignac. Cheadle [1]. Clement (in *Frankfurt*). Cory (Hutchinson [22]). Costé (in *Paris*). Crawford. Creighton. Demaux (Laroyenne [1]). Depaul [2, 3, 4] (Zallonis [5]), (Vicherat [6]). Devergie. Drysdale [1]. Eulenberg [1, 3]. Feulard [1]. Foster [1]. Fournier [46, 51, 56, 62, 63, 64, 65]. Fränkel. Frézoul. Friedlander [2] (?). Gautier. Guévin [1]. Hauff. Haydon. Herard [1]. Hervieux (?). Herzenstein [2]. (Tchorznicki, Tchistiakoff, Vukoloff). Houghton. Hutchinson, J. [4, 8, 10, 11] (Tay), [12, 13, 14, 15]. Köbner [12, 13]. Korver. Lang [5]. Langenbeck, B. von. Lanoix [2]. Laugier. Lecoq [1] (Guyenot). Lee, H. [9]. Leppmann. Lever. Lodge (?). Lotz. Mason [8]. Middleton [1]. Monell. Morax (Bouvier [2]). Moseley. Nayler [1, 2]. Ollier (Bouilly [1]). Orlandini. Parola. Passani. Pellizzari, C. [17]. Perrin [2] (Zuriaga). Pitton. Pollock. Popoff [2]. Poray-Koschitz [21, 22]. Poumeau-Delille. Prettyman. Ricord [21]. Ricordi [3]. Rinecker [2]. Robert, M. [3]. Robert, P. Robinson, E. (?). Rodet [2]. Rosenthal [2]. Salsotto [2]. Scott (Purdon). Sebastian (Blot). Smith, T. Solomon, J. V. [3] Startin [1, 2] (Nayler). Trousseau [3] (Sistach). Vanmerris. Viani. Vidal (Ory [3]). Whitehead (in *Manchester*).

(See also Epidemics, 7 vaccination, p. 210).

b. Infection by inoculation of variolus pus.

(Introduced into Europe in 1721, it is said by Depaul to have been accused of transmitting syphilis—no references nor cases given).

c. Infection from the so-called syphilization.

(In performing auto-inoculation for the purpose of so-called syphilization, as a cure, it has occurred that patients who previously had only chancroids became inoculated with syphilis).

Lee, H. [12 1-2] (Danielssen).

2. Infection by means of instruments soiled by previous use. *a.* By cutting instruments; *b.* By blunt instruments.

a. Infection by sharp or cutting instruments; 1. Wound accidental; 2. Wound intentional.

1. ***Infection by accidental wounds with sharp instruments;*** *a.* By dental instruments; *b.* By razor wounds.

a. Infection in wounds by dental instruments.

Barclay, lip. Bulkley [4], tongue. Dulles [2], lip. Giovannini [2], lip. Lancereaux [8], gum. Leloir [15], gum. Lydston [4], gum. Otis [5], angle of mouth. Pease [2]. Roddick [6], gum.

b. Infection in razor wounds.

AGASAROFF. ALLEN[2], cheek. ANONYMOUS[16]. AUBERT[3] chin. BOVERO. BROICK[11], chin. BROUSSE. BULKLEY. CARRE (MARTIN[4]). CHEMINADE[1], neck. CHOCLOW[1], cheek. CHUDNOSKI[11], chin. CRIPPS[3], chin. DELPECHE[2], chin. DESPRES (COCHEZ), chin. FEDCHENKO[2], chin. FEIBES, cheek. FLEISCHER, chin. FOURNIER[37], chin (DUBREUILH in *Paris*, ZWETITCH, MOREL-LAVALLÉE[5]). GIOVANNINI[6], cheek. GLÜCK[3] (naso-labial fold). GOLDENBERG[4], cheek. HENRY[1], lip. IDELSON, chin. KOLTSCHEWSKI, chin. LADROIRE-YVER, cheek. MAURIAC[6], lip, cheek. MOREL-LAVALLÉE[5], cheek. MORROW[1], chin. NEUMANN[25], chin. NIKOLSKI, D. P.[1], angle of jaw. OESTREICHER, cheek. PELLIZZARI, C., (inclined to accuse lather brush). PENNY[1], lip. ROBBINS[3]. TARNOWSKY[1], chin. TAYLOR[13], chin[20]. TCHUDNOWSKY, chin. TZITRIN. VALLAURI. VAN HARLINGEN[8], face. VIGUIER[9], chin. WINDHEUSER, chin.

2. ***Infection by intentional wounds***; *a.* In phlebotomy; *b.* In minor surgery; *c.* In wet cupping; *d.* In leech bites; *e.* In tattooing (needles infected from previous subject); *f.* In vaccination wound (soiled instruments).

a. Infection in phlebotomy.

BELL, B.[1] BONORDEN. DAGUERRE (CAZENAVE[8]). LEBENWALD. RICORD[3] (ACTON[1]).

b. Infection in scarification and other minor operations.

BASSEREAU[4] (JUMON[2]). BEHREND[5]. DIEMER[2]. FOURNIER[9]. FRITZE. HOMOLLE, scrotum. KÖBNER[10], axilla (cutting furuncle), [11]scrotum (scarifying). LANG[1], forehead (opening furuncle). MAES, eyelid (incision of stye). ROBINSON[1], penis (phymosis operation). SPERINO[2]. SWEDIAUR[3].

c. Infection in wet-cupping.

CORNARIUS. GEIGEL[1]. HORNUNG (LAMMERT). HORST[2, 3] (SNITZER). JORDANUS. LAMMERT[1]. MEYER-AHRENS. POLIATAIEFF. RONA[6]. WIDMANN (HORST[4]).

d. Infection in leech bites.

ANONYMOUS[14]. STEINBACH, temple.

e. Infection in tattooing (needles infected from previous subject).

POILROUX (GEIGEL[2]).

f. Infection in vaccination wound (soiled instruments, etc.).

BONNIÉRE. BOURDON (ORY[2]). JENKINS. LORAIN. TAYLOR[6].

b. Infection by blunt instruments; *a.* Eustachian catheters; *b.* Probes, sounds, catheters and specula; *c.* Serres-fines, porte-caustiques, etc.; *d.* Tongue spatulas; *e.* Syringes.

a. Infection by Eustachian-sounds and catheters.

Belhomme and Martin [3]. Blauchet. Bousquet. Brouardel [1, 2] (Bucquoy [1], Cullerier). Bucquoy [2] (Danyon, Cullerier). Burow. Cohen. Coutagne, tonsils. Cozzolino [2], nose. Diday [9]. Fournié, pharynx. Fournier [5], tonsil [6, 10, 45, 51, 56]. Gosselin [3] (Jullien [7]). Gubler [2] (Soucher), [3] (Ricord). Hardy [2], tonsil. Hillairet [1, 2, 3]. Laboulbene [1]. Lailler [1], nostril and throat. Lancereaux [6] (Besançon [7]). Le Gendre [7], tonsil. Lortet. Moure [2] (Dupond [1]). Müller. Pujol. Raynaud (Lancereaux [1]). Secheyron [2] (?). Seweke, tonsil. Solis-Cohen. Tardieu [5] (Ricord). Vadja [2]. Vigla. Zeissl, H. [3], fauces. Zewecke, tonsil.

b. Infection by probes, sounds, catheters and specula.

Tardieu [3] (vaginal speculum).

c. Infection by serres-fines, porte-caustiques, etc.

Del Greco (Pellizzari, C. [20]), leg (from brush electrode). Fournier (Tardieu [4]) (serres-fines). Leloir [16], finger (porte-caustique). Taylor [20], (caustic holder).

d. Infection by tongue spatulas, laryngoscopes, etc.

Jumon [4] (tongue spatula, physician infected himself), (Fournier). Taylor [20] (tongue scraper).

e. Infected by syringes (vaginal).

Fournier. Jullien [2]. Leloir [12].

3. Infection by means of unclean substances; 1. In suspension; 2. On bandages, lint, etc.

1. Infection by virus in suspension; *a.* In wash-water; *b.* Local therapeutics.

a. Infection by wash-water.

Moty, eyelid. Neumann [28], ala nasi.

b. Infection in connection with local therapeutics.

Castel du [1], arms (in treatment for scabies). Fournier [67], penis (scratching in scabies), [69] (Feulard) [2], arm (treatment for scabies). Lailler [2], penis and scrotum (treatment for scabies). Pollaesik (after scabies). Profeta [7], between fingers (in scabies). Rona [3], forehead (in eczema; hospital infection).

2. Infection by virus on bandages, lint, plaster, etc.; *a.* In surgical dressings; *b.* In circumcision.

a. Infection in connection with surgical dressings.

Bernard, P., arm. Hutchinson, J. Jr. [1], occiput, [2] heel. Sigmund [8], neck and shoulder.

b. Infection through lint, etc., in connection with circumcision (many unexplained cases are inserted here).

Biett[1] (Albers[1]). Brecker (Jaffé). Fischer (Jaffé). Goldenberg[2]. Jaffé. Kaposi[2]. Kessler. Klein[2]. Kotzyn. Lewentauer. Lubelski[2]. Obalinski (Jaffé). Poray-Koschitz[6]. Rollet (statement of the probable presence of circumcision syphilis in the Mahometan races of North Africa) Segel (Jaffé). Sonsino. Taylor[1]. Vanier.

(See also Epidemics, 6 circumcision, p. 210).

Note: As there are names in literature whose cases cannot be discovered, so there are vague references to places, the seat of epidemics for whom no authors can be found. Jaffé speaks of cases at Vilna, Warsaw, and Lemberg, soon after the episodes of Rust and Wendt. Leppman (1883) of one recently present at Neisse, in Silesia, and one in the suburbs of Paris in 1867.

SUPPLEMENTARY INDEX.

Reported cases (not included in preceding) where location is stated, but not the mode of infection; also statistical reports.

Cephalic.

Arcari[3]. Caby (Fournier). del Chiappa[4] (multiple). Dubreuilh in *Bordeaux* (Bracquehave) (multiple). DuPont. Kilian[1] (multiple). Lallemand[3]. Pacchiotti[3] (multiple). Stourme. Thiry[1] (Spaack).

Scalp.

Glück[2]. Kaposi[6]. Lloyd[3].

Forehead.

Paliard. Pauly[2]. Poray-Koschitz[18]. Ricord[8]. Trivet (Fournier).

Eyelid and Conjunctiva.

Adams, J. E. (Alexander). Arlt (Wiethe[2]). Astruc[2]. Aubert[4] (Stourme). Badal[1, 2]. Barthélemy[2] (Fournier). Baudon. Bernard, E. Brinchen. Brocq[1] (Parinaud[2]), (Besnier). Broick[6] (Krelling[1]). Bulkley[3h]. Bull. Bumstead[5]. Campart[1, 3, 4]. Castelo. Claeys. Clerval. Closa. Cooper, J. F. Critchett. Cullerier, A.[3, 4] (Mackenzie, W.[1]). Cunier[3]. Dardel (Clerc). Delapersonne[3] (Barthélemy[2]). Demets. Desmarres[3]. Despagnet[1]. De Vincentiis (Profeta). Dixon. Doe (De Beck). Dubreuil. Dulles[3]. Fano[2] (Touchaleaume). Fenwick (Cline). Fernandez. Fienzal. Fitzgerald. Fonseca. Fortuniades. Galezowski[3, 4]. Gay, A. H.[3]. Giovannini[8]. Goldenberg[3]. Gosselin[2] (Guignard[6]). Gräfe. Grandmond. Gratia[3]. Griffith. Gubler[1] (Ricord[15]). Hairion (Cunier[2]). Hock

(Boeck). Holmes [1, 2]. Horand (Jullien). Horteloup, P.[1]. Huguier [1]. Hutchinson, J.[6, 25]. Juler (De Beck [3]). Knapp. Laskiewiez. Lavergne and Perrin [3]. Lawrence [7]. Lawson. Leber (De Beck). Lesser [4] (Krelling [1]). Lipp [2]. Loring [1] (Sturgis [2]). Lubinsky [1, 2]. Mackenzie, W.[1] (Michel [2]). Mason [4] (Lee, H.). Mastin. Mauriac [11]. Michel [6] (Ricord). Mittasch. Moura. Nâgel (De Beck). Nélaton (Laroyenne [2]). Nettleship [2]. Neumann [29]. Neves-da-Rocha. Noyes. Ottava. Panas (Delapersonne [1, 2]). Pfluger [1, 2]. Pospelow [15]. Randall (De Beck). Ricord [9, 13, 29]. Ring. Robert, M.[2]. Rollet [13]. Rona [5]. Sabolotsky. St. Martin. Seeley (De Beck). Serdukov [1]. Smith, W. P. Streatfield [1, 2] (De Beck). Thiry [2]. Ussas [5]. Valentine. Viguier [1]. Watson, S.[4]. Wecker [1] (Michel [5]). Wherry. Wiethe [1] (wound in dance). Wolfe. Zeissl, H.[7].

Ear.

Bulkley [3j]. Cullerier, M.[4]. Guranowski, middle of ear. Jullien [5]. Rasori [1].

Cheek.

Atkinson [2]. Barthélemy [5] (Zwetitch [3]). Bulkley [3f]. Caramitti [3]. Clément in *Lyons*. De Amicis [5]. Düring [1]. Farriols. Fedchenko [3]. Fournier [30]. Friedlander [14]. Gay, A. H.[3]. Giovannini [6]. Gould. Guignard [2] (Vincente). Hutchinson, J.[36]. Kaposi [7]. Leprovost (Horteloup). Loring [2] (Sturgis [3]). Marey (Fournier). Marianelli [1]. Mitchell. Monnet [1]. Pauly [1, 2]. Poore. Rollet [16]. Roussel [8] (Aubert). Sheild [2]. Stukowenkow [2]. Treves (White, J. W.).

Nose and nares.

Aubert [2] (Stourme). Baumés [3] (Ricord). Bierchen [1] (Rosen v. Rosenstein). Biett [8] (Martins, Ricord). Bird [2]. Bonnet (Rollet [14]). Boulangier. Bulkley [3i]. Caramitti [2]. Cooper [1]. Cutter. Fournier [32]. Froelich [2]. Gay, A. H.[3] Gémy [1]. Gibier-de-Savigny. Gosselin [1] (Dulac). Guévin. Jullien [9] (Hillairet), [10] (Lailler). Laurent. MacCarthy. Morel-Lavallée [3] (Fournier). Morrow. Moure [4]. Nettleship [1]. Neumann [28]. Poncet [1]. Prewitt. Quinquaud and Nicolle [6], also temple. Ryan, C. S.[1] (Bird [1], Snowball). Viguier [3].

Lip.

Adams, J.[2]. Allen [1, 3, 5]. Anonymous [f, k]. Aubert [1] (Stourme). Barduzzi [2]. Baum [3, 5]. Bayle. Besnier [1, 2b, 2c] (Horteloup) [4]. Bierchen [2] (Rosen v. Rosenstein). Björken [3]. Blair [1]. Blanc [1]. Bloom [4]. Bloxam. Boeck, W.[12]. Bourcy (Mauriac). Boys-de-Loury and Casthilhes. Broca (Fournier). Broick [1, 8]. Bryant [1, 2, 3]. Bulkley [3a]. Buret [1] (Soler y Buscalla). Buzenet [1]. Calvo. Caramitti. Cayla. Cazenave [1] (Biett). Cehak. Cénas [1] (Stourme). Chartier. Chauvet (Ballet). del Chiappa [2, 3]. Chiari [1]. Clarke, B. Cooke [1] (Mason). Coote [5] Corcelet (Diday). Cordier (Stourme). Couper. Cullerier, A.[7]. Cunier [4]. Demange. Dickinson. Diday [5, 6] (Gorcelet) [7, 8], (Bodet) [12]. Dolbeau.

Dubois, H. Dubois, P. Düring[1]. Fano[1]. Farlow. Finger[1] (Zeissl, H.[10]). Fisher. Fournier[3, 4, 11, 32, 42, 60]. Fox, G. H.[3]. Froelich[2, 3]. Gamberini[5]. Garreau. Gaudichier. Gay, A. H.[3]. Gémy. Gilbert[4]. Giovannini[1]. Guévin[2]. Guibout[2] (Zwetitch[1]). Guinand[3, 6]. Güntz[2, 8, 11]. Guttceit. Hardy[4] (Ory[11]). Harsant. Henry[2]. Heurtaux. Heylen-de-Herenthals. Hulke. Hutchinson[16, 21, 34]. Kaposi[8]. Kortüm[1]. Labbé (Ory[13]). Lacroze. Lang[3, 4]. Langlebert[5]. Lefort (Jullien). Leonard. Lesser[2]. Lewin[7, 17, 11]. Lewy and Goldberg[1, 4, 5, 6, 10]. Lindstrom[1]. Lindwurm. Lipp[1]. Lorut (Fournier). Lucas. MacCarthy. McGuire. Marianelli[3]. Mason[1] (Watson, S.[2]). Maunder[1]. Mauriac[1, 5]. Massarosh. Mikulicz and Michelson. Millard[2] (Budor). Moffat. Monnet[2]. Moore[2]. Morel-Lavallée[4] (Fournier). Morozoff. Morpian. Nassans (Fournier). Nasse[1] (Ruthenberg). Neumann[2, 12, 13], and nose[14]. Nunn[1]. Ory[1] (Besnier)[15] (Lailler). Owen. Pajet, J.[2]. Pancritius[4]. Pauly[1]. Pellizzari, C.[27]. Pellizzari, P.[4]. Perroud[1, 3]. Petersen[9]. Pick[2]. Piogey (Arnal). Plumert[4]. Poisson[1]. Poray-Koschitz[9, 11, 12, 14, 27, 28]. Pospelow[9]. Posselt (Walter[4]). Protopopoff. Proust (Chauvet). Quain. Quinquaud and Nicolle[1]. Rabinovitch. Ravogli and Rasori[1]. Redner. Regoby[2] (Martineau). Reichebach[1]. Ricord[10, 17]. Rizat[2]. Rodet[1] (Diday). Roussel[3]. Rumpf[1, 4]. Sarda (Chrestien[4]). Serdukov[4]. Sherwell[1]. Sigmund[1, 2, 16, 17]. Soler[1]. Sommerbrodt (Chiari[2]). Speransky[2]. Stanch. Stirling[2]. Strauss. Sturgis[4]. Tarnowsky[2]. Tchagin[1, 2]. Tchistiakow[10, 11, 13, 17, 19]. Toujan[1]. Tourner. Trevisanello[2]. Turner. Vadja[1]. Van Harlingen[5]. Viguier[3, 5]. Villeneuve. Waller[10]. Wildhagen[1]. Woillez[1] (Ory). Zeissl, H.[1, 11]. Zeleneff[2].

Chin.

Augagneur[1] (Stourme). Barduzzi[1]. Baum[9]. Beyran. Bulkley[38]. del Chiappa[1]. Cooper, A.[5]. De Amicis[6], also nipple. Fournier[39]. Gamberini[3]. Gay, A. H.[3]. Giovannini[5]. Ladriet-de-Lacharrière. MacCarthy. Marianelli[3]. Mauriac[1, 10]. Mraçek[3]. Ory[1] (Besnier). Pellizzari, C.[18, 19]. Plumert[5]. Quinquaud[7]. Regoby[1] (Tillaux). Rizat[3]. Taylor[17]. Trélat. Zeissl, H.[4]. Zwetitch[2] (Fournier).

Neck.

Fedchenko[1]. Fournier[17, 50]. Hermet (Fournier[43]). Langlebert[6]. Le Gendre[10] (Fournier, Hulot). Viguier[10, 11].

Throat.

Aubert[5] (Stourme). Belousow[5, 6, 10]. Besnier[1]. Cavazzani[1]. Cullerier, M.[5, 6]. Danielssen[8]. Dufour (Fournier). Fournier[32, 41]. Gay, A. H.[3] Krishaber. Lagneau, L. V. Lewy and Goldberg[2]. Moure[3] (Dupond). Oesterlen. Ory[9] (Vidal). Poray-Koschitz[4, 31, 32]. Pospelow[9, 14]. Speransky[3, 4].

Buccal cavity.

Belousow[7, 8, 12]. Cénas[2] (Stourme). Fournier[50, 54, 55]. Fox, G. H.[4]. Guibout[4]. Jakoleff[3]. Lloyd[1] Lorenzo. Monnet[3]. Poray-Koschitz[30]. Sheild[1]. Van Harlingen[3].

Gum.

Cayla[2]. Cordier (Stourme). Fox, G. H.[2]. Gillebert. Kinsman. MacCarthy. Poncet[2]. Salsotto[4].

Palate—hard and soft.

Anonymous j. Astruc[1]. Aubert[6] (Stourme). Barthélemy[1] (Le Gendre[14]). Belousow[9]. Lancereaux[5]. Lewi[4]. Neumann[26]. Tchistiakoff[16].

Tonsil.

Allen[6]. Anger, B. (Morel-Lavallée[1]), (Le Gendre[11]). Anger, Th. (Le Gendre[3], Brocq[3]). Belousow[11]. Boeck, C.[2, 3, 7, 10]. Borovsky[1, 2]. Broick[10]. Bulkley[3d]. Bumstead[1] (Knight[2]). Colombini. Cordier (Stourme). Cullerier, A.[5] (Le Gendre). DeMeric. Diday[3, 13]. Donaldson. Duguet (Le Gendre[8], Lannois). Düring[2]. Favier. Foster[2] (Fox, G. H.[6]). Fournier[34] (Guignard[8]). Gauducheau. Gay, A. H.[1]. Gibert[5] (Putegnat). Gilles-de-la-Tourette and Hudelo. Glauert. Goodell[4]. Guibout[3] (Le Gendre[11]). Haslund[4, 5]). Hutchinson, J.[20]. Inell (Malm[2]). Jadassohn. Jakinovitch. Laboulbéne[2] (Le Gendre[2]). Le Gendre[4] (Merklen)[9, 10, 13] (Fournier, Hulot)[15] (Mauriac, Rizat). Letnik. Lewy and Goldberg[7, 11]. Lindstrom[3]. Malm[1, 3]. Martel (Le Gendre[5]). Martelliére[1, 2]. Mauriac[8]. Molénes. Neumann[18, 27]. Ohmann-Dumesnil[3]. Péan (Hue, Le Gendre[6]). Pellizzari P.[3]. Petersen[5]. Pirandran. Polotebnoff[8]. Poray-Koschitz[16]. Quinquaud and Nicolle[3]. Rabitsch. Razumoff[2]. Reynier (Sardon). Rizat[8]. Rona[1]. Schirajew[1]. Selenew[2]. Sturgis[5]. Szadek[1, 2, 5, 6, 7, 8]. Taylor[15, 16, 19]. Tchistiakow[3, 8, 9] (Lewy). Thiry[5]. Thomaschewsky[2]. Trevisanello[1]. Tur. Ussas[6]. Viguier[8]. Yakimovitch. Zeleneff[3].

Tongue.

Blair[2]. Bulkley[3c]. Buzenet[3]. Cooper, A.[3]. Fournier[35]. Grünfeld[2]. Hutchinson, J.[9, 19]. Jullien[8] (Horteloup, P.). Kaposi[5]. Kenny. Kolomensky. MacCarthy. Mauriac[7]. Maurin (Vidal). Mraçek[2]. Musset. Pajet, J.[1]. Pospelow[2]. Quinquaud[2]. Quinquaud and Nicolle[6]. Tchistiakow[15]. Thiry[4]. Tillaux (Rizat). Vidal, E.[1, 3]. Viguier[6]. Weinberg[2]. Zeissl, H.[12].

Shoulder.

Puche[3]. Suche.

Arm.

Bryant[4]. Bulkley[3l]. Fournier[35, 70]. Gay, A. H.[3]. Goldenberg[1]. Pellizzari, P.[1]. Quinquaud and Nicolle[8]. Ricord[19] (Trousseau). Tardieu[13].

Fingers and hand.

Allen[4]. Anonymous e. Bird[3]. Bloom[3]. Bulkley[3b, 3k]. Castel du[2]. Coyttarus[2]. Fournier[12, 32]. Gay. Gay, A. H[3]. Hallopeau[2]. Henry[4]. Holsten. Horteloup, P.[3]. Hutchinson, J.[5, 17, 26, 33, 35]. Jelzina[2]. Lang[9].

Lewin [12]. MacCarthy. McGuire. Maunder [2]. Mauriac [9]. Mraçek [5, 6]. Neumann [30]. Ohmann-Dumesnil [4]. Pajet [2]. Pancritius [2]. Pellizzari, P. [5]. Pospelow [1, 2]. Price, J. H. [5] (Sims). Ravogli [1, 2]. Ricord [5]. Rizat [5]. Russell, C. P. Sigmund [13]. Sirski. Solovioff. Stevens. Symonds. Taylor [22]. Thomaschewsky [5]. Trevisanello [3]. Viguier [12]. Zwetitch [4] (Mauriac).

Trunk (in general).

Besnier [5]. Bogoslovsky. Bulkley [3m]. Fournier [50]. Gay, A. H. [3]. Giovannini [9]. Mason [6]. Mauriac [13]. Moore [1]. Mraçek [9]. Ricord [16]. Tchistiakow [18].

Breast and nipple.

Bloom [1]. Bulkley [3c]. Claude. Cooper, A. [2]. De Amicis [6], also chin. Desmet [1]. Dimey. Düring [3]. Fournier [32]. Gay, A. H. [3]. Lewy and Goldberg [3, 9]. Marianelli [3]. Morel-Lavallée [7]. Pellizzari, C. [28]. Profeta [8]. Quinquaud and Nicolle [18]. Taylor [18].

Perineum, anus, and pudenda.

Fournier [50]. Gay, A. H. [3]. Hallopeau [1]. Hutchinson, J. [30]. Mauriac [13]. Milbank. Moore [6]. Roussel [7] (Dron). Viguier [12].

Buttocks.

Hutchinson, J. [3]. Marianelli [3], Mraçek [9].

Leg and thigh.

Gay, A. H. [3]. Giovannini [7]. Klotz. Leloir [8] (Fournier, Lavergne and Perrin). Mason [7]. Mauriac [2, 13]. Mraçek [9]. Quinquaud [4]. Rona [7]. Viguier [12].

Foot.

Hutchinson, J. [27]. Poisson [2].

Statistical Reports.

Abelin. Anonymous [n, q, r]. Arcari [1]. Arthur [1]. Bærensprung [1]. Barnes. Bassereau. Belousow [2, 3, 4]. Bergh [1]. Besnier [3b]. Bidenkap [1, 2]. Boeck, C. [1]. Boeck, W. [10]. Bogolubow [2]. Bohn. Bonnaric (Carriere). Breda [1, 2]. Bureau. Calderini. Clerc [1, 2, 3]. Cripps [1]. Desnos [2]. Diday [4, 11]. Diemer [1]. Dimey. Dron [5, 7]. Eltzina [1]. Engelsted [6]. Evmenieff. Feulard [1, 3]. Fournier [1, 2, 7, 46, 51, 56, 57]. Groedinger (Petersen). Herzenstein [1]. Hulot (Fournier). Jarotsky [1]. Jelzina [1]. Klink. Kopp, C. [1]. Lang [2]. Lavergne and Perrin [1]. Luzinsky [4]. Mackenzie, M. Manassei. Martin [2] (Burlet). Martineau [1] (Binet [1] Des Molines). Migneco. Mikhailoff [1, 2, 3]. Morel-Lavallée [5] (Fournier). Nikolsky [2], D. P. Nikolsky, V. J. Nivet [1, 2]. (Fournier). Nodet. Ostroumoff [a, b, c, d, e, f]. Pavlov [1, 2, 3, 4]. Pellizzari, C. [1]. Peter [1] (Lassar). Petersen [2]. Popoff [1, 2, 3, 4, 5].

Pospelow [4]. Protzek. Puche [1] (Fournier). Rassler [1]. Razumoff [1]. Ricord [1]. Robert, M. [1]. Rona [2]. Roster [1]. Roussel [1]. Sabinin. Salsotto [1]. Schubert [1]. Sigmund [5, 17, 18]. Speransky [5, 6]. Sperck. Ssabinin. Stourme. Suchanek [4]. Tchistiakow [1]. Thomaschewsky [4]. Van Dugteren and Van Walsem [1]. Veslin [1]. Wirpscha.

Infection per os.

Bogolubow [1]. Bolschwing [4]. Broick [5]. Cordier [1]. Köbner [2]. Lewin [1], lip and throat [2]. Popoff [5]. Sabinin. Schubert [3], fauces. Ussas [2, 3]. Wolf [2].

Coitus preternaturalis.

Buzenet [1], lip, [3] tongue. Descroizilles, anus. Düring [4], anus. Fournier [46]. Griffin [4], tonsil. Hartley, rectum. Massei, tonsil. Peter [1], mouth. Plumert [3], lip. Reynolds, tonsil. Solari, Eustachian tube. Waller [3], anus.

ANALYTICAL BIBLIOGRAPY

OF

SYPHILIS INSONTIUM*

Abadie.

Case, chancre, inner angle of eye, from kiss (see VIGUIER*).

Abelin, H. Stockholm. Children's Hospital and Poliklinik.

Nord. med. Ark., Bd. xi , 1879, No. 1. (Viertelj. f. Derm. u. Syph., xiii., 1881, p. 158).

Statistics, 1868–1878, incomplete—17 cases of acquired syphilis.

In Hospital, under 1 year, 2 cases acquired syphilis (112 congenital).

In Hospital, over 1 year, 8 cases acquired syphilis, (1 congenital).

At Poliklinik, with bone disease, 7 cases acquired syphilis (15 congenital).

Abernethy, J. London. Surgeon to St. Bartholomew's; formerly assistant to JOHN HUNTER.

"Surgical and Physiological Works," 6th ed., London, 1825.

1) Case, lactation syphilis of WATSON, of Stourport. (Vol. I., p. 188).

2) Case, finger inoculation in a medical student. (Vol. I., p. 194).

Acton, W. London. Islington Dispensary; a former assistant to RICORD.

"A complete practical treatise on venereal diseases, etc." London, 1841. (Abstracted also in Behrend's Syphilidologie, Vol., III., 1841).

1) Case of RICORD'S, chancre at site of venesection, p. 227.

2) Case of PUCHE, infection from a prison-cot, p. 229.

3) Case of HILDANUS, infection from wearing another's pantaloons.

Proceedings Westminster Med. Soc., Apr., 1844. (Cazenave's Annales des mal. de la peau, etc., t. ii., 1845, p. 95).

4) Case, syphilis in 8-year-old girl, probably contracted by innocent contact in bed.

Lancet, London, Aug. 3, 1846, p. 127.

5) Case, nurse infected by syphilitic nursling.

Adams, J. London.

Observations on Morbid Poisons, Chronic and Acute. 2d edit., London, 1807, p. 181.

1) Syphilis, Yaws, Sibbens, Elephantiasis, etc.

Lancet, Nov. 12, 1861, II., p. 474; and MASON, q. v. obs. iv.

2) Case, chancre of the lip, mistaken for epithelioma.

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* The larger share of the articles here quoted have been examined individually; where the reference is taken from another, credit is given; in instances where there is question as to the correctness of the reference, an asterisk * has been inserted.

Adams, J. E. London. Ophthalmologist to London Hospital.
"Trans. Ophthalmol. Soc. United Kingdom," 1883, Vol. III., p. 4. (Cited by ALEXANDER, "Syph. und Auge," Wiesbaden, 1888, p. 22).
Case, chancre of upper eyelid, source unknown.

Adelasio, G. I. Bergamo, Northern Italy. Vice-conservator of Vaccine.
"Relazione sopra casi di sifilide, letta al consiglio provinciale di sanita," Bergamo, 1864. ("Syphilis Vaccinale," by Acad. de Méd., Paris, 1865).
1) Epidemic, Torre del Buse, near Bergamo, 1862; five cases of vaccino-syphilis, and 19 others infected (p. 303). (See Epidemics).
2) Three cases, two of vaccino-syphilis, at Almé, near Bergamo (p. 308).

Admiralty Commission of the Army and Navy of Great Britain. Report on Venereal Diseases. London, 1867.
(The material and evidence collected in reference to syphilis insontium, is presented in this Bibliography under the names of those testifying).

Agasaroff, B. G.
Proceedings of the Caucasian Med. Soc. for 1888.
Numerous cases of extra-genital chancres from common use of handkerchief, shaving by syphilitic barber, etc.

Agostini, A. Milan.
"Stranguria quæ venerea dicitur mercurii potest esse aliquid effectus." Venetiis, 1753. (GIRTANNER. "Abhandl. über die vener. Krankheit." Göttingen, 1793, Vol. III. Bibliography, No. 1239).
Case, infection in infancy from a wet-nurse.

Albers, J. F. H. Bonn. Assistant at the Medical Clinic of the University; formerly with BIETT, Hôp. St. Louis, Paris.
"Ueber die Erkenntniss und Kur der syphilitischen Hautkrankheiten." Bonn, 1832.
1) Case, of BIETT's, syphilis occurring from ritual circumcision (p. 17).
2) Case, lactation, infant with acquired syphilis infects mother (p. 17).
3) Four cases, nurses infected, without details (p. 17).
"Ueber das Vorkommen der Lustseuche in Ostpreussen und Litthauen." Med. Zeit'g vom Verein f. Heilk. in Preussen, 1836, No. 22 und 23.*
4) Description of Syphiloid of Lithuania.

Alberti, M. Halle, Magdeburg. Professor of Medicine.
"Systema Jurisprudentiæ Medicæ." Halæ. 1723–1747; also with J. HEUTSCHEL. "Dissertatio de occulo morbifico et morbifero," Halæ, 1746. (GIRTANNER, Nos. 849 and 992, and RUST, "Helkologie," Berlin, 1842, p. 246).
Cases of infection by kissing: brief reference by LANCEREAUX. "Treatise on Syphilis," Vol. II., p. 236. Also breast-drawing. (See Epidemics).

Albinus, B. Frankfurt a. d. Oder. Professor of Medicine, ob. 1721.
(Cited by OELFFEN in CLOSSIUS, "Ueber die Lustseuche," 2d ed., Tübingen, 1799, pp. 41, 42, note).
Case, infection of a child through wearing-apparel.

Alexander. Aachen. Eye Institute, Director.
"Syphilis und Auge," Wiesbaden, 1888.
1) Case, chancre, inner angle of eye, from a kiss (p. 6).
2) Case, chancre of lower lid, in a physcian, from spraying a patient with syphilitic ozœna.

Aliés. Luxeuil.
"Memoire sur une epidémie de pseudo-syphilis." Gaz. méd. de Paris, 1844. (Rev. méd. de Paris, Jan. 15, 1865).
Epidemic near Luxeuil, 1840 and 1841, 80 infected (p. 154).
(Probably through vaccination). (See Epidemics).

Alison, R. H. Philadelphia. Infirmary for Nervous Diseases, services of Dr. WEIR-MITCHELL.

"Syphilitic Chorea." Amer. Journ. Med. Sci., 1877, ii., p. 75.
Case, girl of 7 years, infected as infant from mother's nipple.

Allen, C. W. New York. Surgeon to Charity Hospital.
Journ. Cutan. and Vener. Dis., New York, 1885, p. 65.
1) Two cases, chancre of the lip, origin unknown.
2) Case, chancre of the cheek, in site of a razor cut.
Journ. Cutan. and Vener. Dis., New York, 1888, p. 314.
3) Case, chancre of upper lip, unmarried woman, 38 years old.
Journ. Cutan. and Vener. Dis., New York, 1889, p. 147.
4) Case, Chancre of ring finger, man, 35 years old.
New York Med. Record, Jan. 2, 1892, pp. 7–8.
5) Case, chancre of lower lip, in 19-year-old girl, origin not stated.
6) Case, chancre of tonsil, in young married woman, origin not given.
Trans. N. Y. Derm. Soc. 218th Meeting. Journ. of Cutan. and Genito-Urin. Dis., Vol. XI., 1893, p. 29.
7) Case, chancre behind the ear at border of hair, probably inoculated by scratching with an infected finger.

Allingham, W. H. London. Surgeon to St. Thomas' Hospital.
"Communicability of Secondary Syphilis," Med. Times and Gaz., 1864, ii., p. 633.
Two cases of supposed infection by semen; proof very defective.

Altounyan, A. A.
Journal of Cutaneous and Venereal Diseases, Vol. III., 1885, p. 61.
An article on Aleppo button in which the author does not consider it identical with syphilis.

Ambrosoli, C. Milan. Surgeon to the Ospedale Maggiore, Venereal Division.
"Di una maniera non ancora descritte, etc.", and "Trammenti di clin. Sifil." Giorn. ital. di malattie veneree e d. pelle, 1867.
1) Two cases, chancre of fauces, from cigar stumps (p. 259).
2) Case, lactation, nurse infected by nursling, infects own infant (p. 35).

Amoroso, G. Naples. Docent in Medicine, University.
"Contributo alla trasmissione della sifilide." Il Morgagni, Feb'y, 1881.
Case of vaccino-syphilis (p. 99).

Anderson, W. London. St. Thomas' Hospital.
British Journal of Dermatology, Jan. 1889, p. 73.
Case, chancre under right eye, from a friend, through wound-suction.

Andrews, J. A. New York. Charity Hospital, Surgeon.
Journal of Cutaneous and Venereal Diseases, New York, 1891, p. 217.
Case, chancre of right lower eyelid, from attempt at removal of foreign body by the tongue.

Andronico, C. Messina.
Archiv di patologia, inf., Napoli, 1886, iv., p. 49.*
Acquired infantile syphilis.

Anger, B. Paris. Surgeon to Hôp. Lariboisiére.
Case, chancre of tonsil (see MOREL-LAVALLÉE[1] and LE GENDRE[11]).

Anger, Th. Paris. Surgeon to Hôp. Cochin.
Case, chancre of tonsil (see LE GENDRE[3] and BROCQ[3]).

Anonymous.
1) Noveau Traité des Maladies Vénériennes. Amstelod, 1751, Vol. I., p. 183.
a) Case, infection in mouth, in 12-year-old girl, from kissing.
2) Froriep's Notizen, Weimar, June, 1829, No. 525.
b) Case, nurse infected by nursling, infects a second nurse.
c) Case, chancre of fauces; a four months' old foundling, infected by a 12-year-old girl by tasting the bottle (see RUTHENBERG, Obs. x. and xi.).
2a) Edinb. Med. and Surg. Journ., 1837, p. 133 (BEHREND's Syphilidologie, 1840, Vol. 2, p. 449).

Extract of an official report upon Radesyge and Syphilis by the physicians in the Swedish hospitals.

3) Boston Med. and Surg. Jour., 1859, Vol. 59, p. 38.
d) Case, chancre of middle finger, dentist from operation.

4) Westminster Hospital.
Lancet, London, 1860, I., p. 573.
e) Case, chancre of right middle finger, followed by buboes at the elbow and axilla, papular eruption; source unknown.

5) Rendiconto Setti mestre dei mal. ven., etc.—Dispen. di Lorenzo in Napoli—Giorn. ital. d. mal. ven., etc. Milan, 1866, I., pt. II., p. 91.
f) Case, chancre on the right angle of the lip, in a child of 4 years.

6) Revista Med. Quirurg. de Mexico, 1883, I. (Prensa Nacional, Review of Native Works, Seical), Nos. 11-14.
g) Case, chancre of eyelid, in a physician, from pus of a bubo (said to be the only case of chancre of eyelid known in Mexico).
h) Case, chancre of finger, in a midwife.
i) Case, chancre of finger, in an attendant in hotel, from soiled garments.
j) Case, chancre, velum palati, cause unknown.
k) Two cases, chancre of lip.
l) Several cases, chancre of the nipple in wet-nurses.

7) A report of Zemsky medical men on "Syphilis in the Vladimir Government" (Russia), 1884, p. 23.
m) Among 333 cases of syphilis, 213 were infected per os; 57 through family life; 8 through suckling; 26 by heredity; and only 29 by coition.

8) Trans. of the third General Meeting of the Sarator Zemsky (Russia) Medical Men, in 1887.
n) Statement: the proportion of syphilitic patients (infected chiefly in a non-venereal way) amounts to from 8–10 per cent. of total number of patients observed.

9) "Société des Sciences Méd. de Lyon." Journ. des Mal. Cutan. et Syphilis, Paris, Vol. II., 1890, p. 355.
o) Case, chancre of lower lip, in a glass-blower; the same workman had previously infected three others.

10) Auszüge aus dem Tagebuch eines ausübenden Aerztes, Theil I., p. 40.
p) Case, infection of patient by finger moistened with saliva of operator (an old woman) used to raise a fallen uvula.

11) Report of District Medical Society. The Simbirsk Zemstro Herald, 1890.
q) Statements: In the district of Simbirsk, East Russia, syphilis is acquired through family life and other non-venereal ways in males, 71.6 per cent. of cases, in females, 73.4 per cent.; inherited in males, 7.6 per cent. of cases, in females, 11.1 per cent. of cases; per coitum in males, 20.8 per cent. of cases, in females, 15.5 per cent. of cases.

12) Propagation of syphilis by nurslings in Italy. British Med. Journ., Feb. 28, 1891, p. 499.
r) The Italian Minister of the Interior sent a circular, dated Feb. 6, 1891, to all the prefects of the kingdom, calling their attention to the fact that "cases of the diffusion in communes of the kingdom, of syphilitic infection, epidemic in character, depending on the suckling of nurslings suffering from that disease, are of not infrequent occurrence."

13) Oester. Med. Jahrb., v., Heft ii., p. 21* (quoted by SIGMUND; Lancereaux Traité, etc., p. 42).
s) An account of "Mal di Breno."

14) "Ansteckung (syphilitische) durch Blutegel." Westphälischer Auzeiger. Froriep's Notizen, Weimar, 1827, No. 381.*
t) Syphilitic infection by means of a leech.

15) "Mittheilung von der syphilis an und durch Hebammen." General-

bericht d. k. rheinländischen Med. Colleg., über d. Jahr, 1828. Froriep's Notizen, Weimar 1832, No. 757.*

u) Syphilitic infection of and by midwives.

16) "Syphilisinfection beim Rasiren." Wiener Med. Blätter, 1886, ix., p. 1339.*

v) Syphilitic infection by shaving.

Anstie, F. E. London. Westminster Hospital.

Med. Times and Gazette, 1862, p. 534.

Case, nurse infected by nursling.

Appay, C. Paris.

"Transmission de la syphilis entre nourrices et nourrissons syphilitiques, et notamment par l' allaitement, avec considerationes medico-legales." Paris, 1875, pp. 48-66, and 98-115.

1) Case, forensic, arrêt de la cour de Lyon, 1852 (p. 93). Nurse infected by nursling, damages recovered from nurse-bureau.

2) Case, forensic, arrêt de la cour de Dijon, 1868, (p. 94). Nurse infected, physician in charge not mulcted.

3) Case of FOURNIER'S (MICHEL), Lourcine, 1874, (Obs. I., p. 98), chancre of breast in a wet-nurse.

4) Case of FOURNIER'S, Lourcine, 1874, (Obs. II., p. 102), chancre of breast in a wet-nurse.

5) Case of GONDONIN, of Argentan, 1867, (Obs. V., p. 105), chancre of tonsil in a wet-nurse from bottle.

6) Case of LE DENTU, Hôp. St. Louis, 1869 (Obs. VII., p. 113). Nurse infected by nursling.

(Other cases previously published).

Arbo, N.

Afhandl. om Radesygen eller Saltflöd. Kjöbenh., 1792. Translated from Danish by HENSLER, Altona, 1799.

Arcari, A. Milan. Ospedale Maggiore (special division for venereal diseases); Instituto di St. Corona (syphilitic out-patient service). "La medicazione di SMIRNOFF nella cura della sifilide." Giorn. ital. d. mal. vener., etc., 1886, p. 266.

1) Statistics of 71 cases, during year October, 1885-1886.

2) Four cases, chancre of breast in nurses.

3) Two cases, cephalic chancre.

Archambault. Paris. Hôp. des Enfants-malades.

1) Case, nurse infected at breast by nursling.

2) Case, chancre of lip (infant of above) (see PONTET[4]).

Arlt, Ritter von. Vienna. University Prof. of Ophthalmology.

Case, chancre of conjunctiva (cited by WIETHE[2], q. v.).

Arnal, Jean. Paris.

Compte rendu de la Soc. Med. du 2e Arrondissement, May 11th, 1854 (Union Médical, 1854, p. 508).

Case, chancre of the upper lip (case of PIOGEY).

Arning, E. Hamburg.

"Mittheilungen aus der Universitätsklinik u. Poliklinik für Hautkrankheiten u. Syphilis," des Prof. NEISSER. Viertelj. f. Derm. u. Syph., 1883, Vol. XV., p. 95.

1) Case, infection of nursling by its mother.

2) Personal communication; chancre of nostril from towel, used in common with brother, with abundant mucous lesions.

Arnould, J.

Dermatologie Africaine. La Lèpre Kabyle, Paris, 1862.

Arthur, G. A. U. S. Naval Service, Surgeon.

"On the Infrequency of Secondary Syphilitic Infection," New York Medical Record, Dec. 18, 1886, p. 674.

1) Statistics comprising the experience of 175 physicians in military, naval, and civil practice; of 37,000 cases of syphilis treated, but 41 instances of secondary contagion were reported.
2) Facts of WILCOX; epidemic of tatooing, 26 infected. (See Epidemics).
3) Case of FITZ, transmission by a drinking faucet.
4) Case of GREENLEAF, transmission by a cornet.
5) Four cases, transmission by kissing.
6) Two cases, transmission by pipes.
7) Two cases, inoculation by bites.
8) Case, chancre of finger in a physician.

Astruc, J.
De morbis veneris libri novem. Venetiis, Vol. I., 1760, (Annal. de Derm. et de Syph., 1888, p. 719).
1) Mention of a sore on the palate, p. 285.
De morbis veneris libri novem. Venetiis, Vol. I., 1760. (Allegem. Wien. Med. Zeit'g, 1877, p. 309).
2) Mention of a sore on the eyelid, p. 291.

Atkinson, J. E. Baltimore. Prof. of Pathology, and Clinical Prof. of Dermatology, University of Maryland.
"Extra-genital infecting chancre," Maryland Medical Journal, 1883–4, x., p. 2.
1) Case, chancre of lower lip, in young woman, from kissing.
2) Case, chancre of cheek, in 48-year-old man, no cause stated.
3) Case, chancre of thumb, in a physician, midwifery.
4) Case, chancre of inner surface of cheek, in 6-year-old child, acquired from her parents.
5) Case, chancre of nostril, in an old woman who was in the habit of wiping the nose of a syphilitic grand-daughter with her own handkerchief.

Aubert. Lyons. Hosp. de l'Antiquaille.
Cases reported by STOURME, q. v. pp. 76-82.
1) Twelve cases, chancre of the lips, two in glass-blowers.
2) Case, chancre of the nose.
3) Case, chancre of chin, after shaving.
4) Case, chancre of eyelid.
5) Case, chancre of the throat.
6) Case, chancre of the soft palate.
Cases reported by ROUSSEL, q. v.
About a dozen cases of acquired infantile syphilis during 1878-9.

Audoynaud, J. H. Paris.
"Étude de la syphilis communiquée par l'allaitement, avec considerationes médico-légales." Thèse de Paris, 1869.
1) Case, FOURNIER'S, 1863, nurse infected (Obs. I., p. 14).
2) Case, FOURNIER'S, chancre, female breast, from a kiss. (Obs. II. p. 17).
3) Case, BROCA'S, Hôp. d. l. Pitié, nurse infected. (Obs. III., p. 19).
4) Case, FOURNIER'S, infant infected by nurse, through bottle. (Obs. IV,, p. 21).
5) Case, BAZIN'S, Hôp. St. Louis, 1868, nurse infected. (Obs. V., p. 22),
6) Case, SIREDEY'S, Hôp. Lariboisiére, nurse infected. (Obs. VI., p. 25).
7) Case, BROCA'S, Hôp. d. l. Pitié, nurse infected. (Obs. VII., p. 26).
8) Case, TRIBOULET'S, Hôp. St. Eugénie, nurse infected. (Obs. VIII., p. 28).
9) Case, SIMONET'S, Hôp. du Midi, nurse infected (p. 29).
10) Case, CHARPENTIER'S, nurse infected (p. 29).

Audry.
Reported by STOURME, q. v., p. 57.
Case, chancre lower lip, left side, in a gunsmith.

Augagneur, V. Lyons.
Reported by STOURME, q. v., p. 57.
1) Case, chancre of chin, cause unknown.
Thèse de Lyon, 1879, p. 94 (Roussel "De la syph., tertiare," etc., 1881, p. 127).
2) Case, chancre of finger in medical man, from professional exposure.

Auspitz, H. Vienna. Poliklinik, venereal service.
Obituary notice of H. VON ZEISSL. Viertelj. f. Derm. u. Syph., XVI., 1884, p. 547.
Case, PROF. ZEISSL, chancre of finger, auto-inoculation in opening a bubo.

Auxias-Turenne. Paris.
Procés-verbaux de la Societé Méd. du Pantheon, Séance Feb. 13, 1856.
1) Case, forensic, nurse infected by nursling (p. 19).
Courier Médicale, Mai 30, 1863.
2) Three cases of vaccino-syphilis in infants, in 1852.
3) Case, vaccino-syphilis, from a pustule at the eleventh day.
"Observations et Experiences de Syphilis Vaccinale," in "Syphilis Vaccinale," by the Acad. de Méd., 1865, p. 385.
4) Two cases of vaccino-syphilis in adults.

Axenfeld. Paris. Hôp. St. Louis, interne, service of CAZENAVE.
Notes of a group of lactation syphilis (cases published by CAZENAVE, q. v.).

Ayres, S. C. Cincinnati, U. S. A.
Case, chancre of eyelid, from kissing (see DE BECK).

Badal. Bordeaux. Faculty Professor of Ophthalmology.
Mem. et Bull. d. l. Soc. Méd. et Chirurg. de Bordeaux, 1886, p. 242.
1) Case, chancre of lower eyelid.
"Syphilis Oculaire," Journ. de Méd. Bordeaux. 1891, p. 379 (Viertelj. f. Derm. u. Syph., Vol. 24, 1892, p. 166).
2) Four cases, chancre of the eylid.

Bærensprung, F. von. Berlin. Charité Hospital, University Prof.
"Mittheilungen aus der Abtheilung u. Klinik f. syphilitische Kranke." Third Report, 1860, p. 71.
1) Statistical, 15 cases chancre of lip, in six years.
2) Case, chancre of upper lip from kissing.
"Ueber hereditäre Syphilis." Berlin, 1864, pp. 151-179.
3) Numerous cases of acquired syphilis in children.

Bajanoff, D. N.
Syphilis in the Tscheriugov government (South Russia) Russkaja Medic, 1888.
Statements: "Syphilis is a family disease," "infection mainly extra-sexual," "women and children infected more frequently than men," "the proportion steadily increases."

Balducci, A. Florence.
"Rapporto al Sindaco di Montecatini di Val di Nievole sui Casi di sifilide per allattamento in una sezione di quel commune, etc." Florence, 1868, (Notice in Giorn. ital di mal. ven., etc., 1868, II., p. 382).
Epidemic of lactation-syphilis caused by adoption of foundlings from the Florence Brefotrofio. (See Epidemics).

Ballet. Paris. Hôp. Lariboisiére. (Interne).
Case, chancre of the lip (See CHAUVET).

Bang, L.
Member of the Royal Commission appointed in 1778 to procure efficacious measures against Radesyge in Norway* (quoted by Boeck, "Traite d. l. Radesyge, etc.," 1860, p. 10).

Bangs, L. B. New York.
Case, chancre of gum, from lead-pencil. (See FOX, G. H.).

Baratoux, J. Paris.
"Syphilis de l'oreille." Paris, 1886.
Case, chancre of external ear, from a bite, (p. 56).

Barbantini, N. Lucca.
"Del contagio venereo, trattato istorico-teorico-pratico." Lucca, 1820-24.
1) Said to contain first reported cases of vaccino-syphilis, those of MARCOLINI and CERIOLI.
2) Case, infection of a little girl from her mother's chemise (cited by PROFETA, "Trattato pratico," etc., 1888, p. 417).

Barclay. Pittsburgh.
Soc. Proceed. Allegheny County Med. Soc., Dec. 15, 1891. Journ. of the Amer. Med. Ass'n. Vol. XVIII., 1892, p. 167.
Case, chancre of lip, in young girl, probably from dental instrument.

Bardinet. Limoges. Professor of midwifery.
"De la Syphilis héréditaire et de sa transmissibilitie," Paris, 1852. (Bull. de l'Acad. de Méd., 1852, xviii., p. 274, and article in Journ. de Méd. de chirurg., et pharm., 1853, p. 611).
1) Case, forensic, at Tulle, 1841, nursling infects two nurses.
2) Case, nursling infects nurse.
3) Case, same.
4) Case, same.
5) Small, lactation-epidemic.
"Syphilis communiquées par le doigt d'une sage-femme," Bulletin de l'Acad. de Méd., Paris, 1874, p. 15.
6) Obstetrical epidemic at Brive, 1873.
7) Obstetrical epidemic at Rochechonart, about 1855, facts by BLEYNIE. (See Epidemics).
"Un Vaccinifére Syphilitique," Revue Médicale de Limoges, 1869, No. 5.
8) Discussion on vaccinal syphilis by DEPAUL, q. v.

Barduzzi, D. Pisa. University Clinic for Skin Diseases and Syphilis.
"Se iniezioni ipodermiche mercuriali nella cura della sifilide," Giorn. ital. del mal. vener. e del. pel. 1884, p. 84.
1) Case, chancre of chin, male, age 47 years (Obs. II. p. 89).
2) Case, chancre upper lip, soldier, age 35 years (Obs. III., p. 89).
"Sulla sifilide ereditaria." Giorn. ital. del. mal. vener. e del. pel., 1887, p. 134.
3) Case, chancre of lip, in husband, causing
4) Case, chancre of cheek in wife.

Barillier. Bordeaux. Hôp. des Enfants.
Journ. de méd. de Bordeaux, 1860. (TARDIEU; Étude medico-lég., 1879, p. 211).
Group ; two nursing women and three nurslings infected by lactation.

Barker, Edgar.
Med. Times and Gaz. London, 1857, p. 594.
Case, chancre lower lip, from a towel.

Barker, F. R. Portsea. Surgeon British Army.
British Medical Journal, May 4, 1889, p. 985.
12 cases of chancre of the forearm, in soldiers, from tatooing, all by same operator who had mucous patches in the mouth and used the saliva to wet the needles and mix the colors. (See Epidemics).

Barling, G. Birmingham. Birmingham General Hospital, Assistant Surgeon.
Birmingham Medical Review XXVII, 1890, p. 169, and British Medical Journal I, 1890, p. 428.
Case, chancre of lip, in man, 26 years old, supposed infection from tobacco-pipe.

Barnes, R. London. St. Thomas Hospital, Accoucheur.
Report of Army and Navy Commission on Pathology and Treatment of Venereal Diseases, 1867, pp. 475-480.
Statistical, personal experience ; had seen syphilitic children of parents who seemed wholly free ; in a few cases, children seemed to have infected their wet-nurses.

Barry, E. Dublin (Professor of Medicine) and London.
"Account of a malignant lues venerea, etc.," Med. Essays of Edinburgh, 1735 and 1752, 8°, III., pp. 297-304 (COLLES' Pract. Observ. on the Vener. Dis. and Mercury, London, 1837, p. 19).
Epidemic from breast-drawing and lactation, Cork, 1728 (See Epidemics).

Barthélemy, F. Paris. Physician to Hôp. St. Louis.
Annales des malad. de l'oreille et du larynx, VI., January, 1880, p. 316.
1) Case, chancre of fauces; source unknown (cited by LE GENDRE, 1884, q. v.).
Archiv. d'ophthal. 1881.
2) Case, chancre of eyelid (from service of FOURNIER).
Cited by ZWETITCH, Obs. V., q. v.
3) Case, immense chancre of cheek, in a female.

Bassereau, L. Hôp. St. Louis et du Midi. (Interne).
Traité des maladies de la peau, symptomatique de la syphilis. Paris, 1852.
1) Statistics of own observations, total about 372, of which 20 were extra-genital; labial, 13; lingual, 4; gum, cheek and thumb, each 1.
2) Family epidemic (p. 201).
a) Case, chancre of lip and tongue, in a man.
b) Case, chancre of lip, in his mistress, from her husband.
c) Case, chancre of lip, in 7-year-old daughter of above.
3) Case, chancre of lip, in a man, from kissing (p. 326).
4) Case, chancre upon site of incision by foul instruments (see JUMON[2]).

Bataschoff, J. S. Talojina.
"On Non-venereal Syphilitic Infection in Country practice." Meditzinskoie Obozrenie, No. I., 1890, p. 18. (London Medical Record, May 20, 1890, p. 187).
1) Local epidemic of syphilis in Russian villages.
Meditzinskoie Obozrenie, No. 12, 1892, p. 1121.
2) Case, chancre, middle of upper lip in woman of 50, from grand-child to whom she fed chewed food with her finger.

Baudon. Nice.
Recueil d'ophthalmologie, Paris, Nov. 1885, p. 673.
Case, chancre of conjunctiva bulbi, source unknown.

Baudry, S. Lille. Professor of Surgical Pathology.
"Contrib. à l'étude d. chan. d. paupiéres." Archiv. d'ophthalmologie., V., No. I., 1885, p. 172. (Cited by G. DE BECK, q. v.).
1) Case, chancre of eyelid, 2-year-old child, from saliva on attendant's finger (p. 55).
2) Case, chancre of eyelid, 4-year-old child, from saliva on mother's finger (p. 58).

Baum, S. Prague. Prof. Pick's Division, Skin Diseases and Syphilis of the Poliklinik.
"Zur Kenntniss der Extra-genital Sclerose." Viertelj. f. Derm. u. Syphilis, 1885, pp. 97–116.
1) Case, chancre of lower lip, from kissing (Obs. I., p. 98).
2) Case, chancre, lower lip, from a pipe. (Obs. V., p. 100).
3) Four cases, chancre, lower lip, cause unknown. (Obs. II., III., IV., VI).
4) Case, chancre, upper lip, from kissing. (Obs. VIII., p. 102).
5) Case, chancre, upper lip, cause unknown. (Obs. VII., p, 102).
6) Case, chancre, eyelid, from a towel. (Obs. IX., p. 103).

7) Case, chancre, cheek, from a bite (?). (Obs. X., p. 104).
8) Case, chancre, chin, from tending an infant. (Obs. XI., p. 105).
9) Case, chancre, chin, cause unknown. (Obs. XII., p. 105).
10) Five cases, chancre of breast, from lactation. (Obs. XIII.-XVII.).

Baumès, P. Lyons. Surgeon-in-Chief to the Hosp. Antiquaille.
"Précis theorique et pratique sur les malad. vénér." Paris, 1840.
1) Case, nurse infected by nursling, at nipple (p. 169).
2) Case, nurse, infected as above, infects her own nursling (p. 171).
3) Case, chancre of the nostril, cited by RICORD.

Bäumler, Chr.
Handb. der chronischen Infectionskrankheiten; Erster Theil—Syphilis. Leipzig, 1886.
Speaks of the identity of syphilis and radesyge, syphiloid, Sibbens, skerljevo, etc.

Baxter, E. B. London. Blackfriars Skin Hospital.
Lancet, May 31, 1879, p. 769.
Case, syphilitic inoculation, child, 3 years old, by tooth brush.

Bayer, J. J. Altorf (?).
Acta. Nat. Cur. III., obs. 26.
Epidemic, obstetrical, known as "Mal de St. Euphemie." (See Epidemics).

Bayle.
"Observations sur un ulcére chancreux à la lévre inférieure." Journ. de méd., chir. et pharm., Paris, 1767, XXVI., pp. 256-260.
Case, chancre of lower lip.

Bazin, X. Paris. Hôp., St. Louis.
1) Case, nurse infected by nursling. (See AUDOYNAUD [5]).
2) Two cases, of glass-blowers syphilis. (See VIENNOIS [2]).

Beauvais, A. G. Paris.
Soc. de méd. de Paris. Lyon médicale, 1866, p. 209.
1) Case, chancre of finger, from a bite: amputation.
2) Case of GERY, man inoculated his mother by biting her hand.

Behrend, F. J. Berlin.
BEHREND'S "Syphilidologie," Leipzig, 1839-1846.
1) Family epidemic, industrial, weavers, from use of sprinkling tube. (Vol. III., 1841, p. 512).
2) Case, lactation, nursling infects nurse. (Vol. IV., 1843, p. 621).
3) Case, nursling infects nurse, at breast, and she her own child. (Vol. I., new series, 1858, p. 326).
4) Case of infection through cigars held in the lips, but replaced in dealers stock. (Vol. IV., p. 325).
5) Statement, undocumented, of infection by lancets. (Vol. V., 1844, p. 164).
6) Statement, "has seen many cases of transmission by pipes."

Belhomme, L. Paris. (See MARTIN, A.).

Bell, B. Edinburgh. University Professor of Surgery.
"Treatise on Gonorrhœa Virulenta and Lues Venerea," 1792, American edition. Albany, 1814.
1) Statements, undocumented, of infection *per partum;* infection of midwives; auto-inoculation of surgeons; infection by kissing; by drinking-ware; and by blood-letting with a lancet, used previously to open a bubo. (Part II., p. 9).
2) Statements of eye-witness, but also undocumented, of infectiousness of Sibbens, its diffusion among families, between children, etc. (Part II., pp. 268-281).
3) Case, chancre of scrotum, from soiled trousers.

Bell, J. Hong Kong.
Lancet, Aug. 4, 1888, p. 241.
Case, chancre of tongue, from pipe or dishes.

Belousow, P. Odojew, Russia.
Medicinskoie Obosrenie, 1887, No. 21 (Abstract in St. Petersburger Med. Wochenschrift, No. 11, 1888, p. 97).
1) Family infection; 3 cases, chancre of mamma; 1 of lower lip; 1 of upper lip; 2 of the tongue; 1 of soft palate; and 3 of the tonsils: total, 11.
Zeitschr. f. Gericht. Med. u. Allgem. Hyg. Bd., IV., 1885 (Russian). (Archiv f. Derm. u. Syph., 1889, p. 236).
2) Statistics of 334 cases: family infection, 77 per cent.; lactation, 1.8 per cent.; hereditary, 10.12 per cent.
Arbeiten des II., Congreses Russischer Aerzte in Moskow, 1887, p. 20. (Archiv f. Derm. u. Syph., 1889, p. 236).
3) Statistics of 2765 patients: family infection, 66.3 per cent.; lactation, 2.2 per cent.; hereditary, 5.4 per cent; per coitum, 26 per cent.
4) Statistics, in Rjasan; extra-genital infection, 74 per cent.
Trans. of the 2d general meeting of Russian medical men at Moscow, 1887, Vol. II., Div. 5, p. 20.
5) Three cases, chancre of fauces, father and sons 8 and 6 years, source unknown.
6) Case, chancre, left faucial arch, in a woman from her syphilitic child of 11 months; the latter infected by a syphilitic relative.
7) Case, chancre, mucous membrane of mouth, near angle of lips, in man of 22 years.
8) Case, chancre, mucous membrane of mouth, near angle of lips, in boy of 8 years, whose father and sister were syphilitic.
9) Case, chancre of uvula, in 18-year-old boy, from his nephew.
10) Case, chancre, left faucial arch, in 22-year-old woman, from her 1-year-old boy; the latter infected by a cook.
11) Case, chancre, left tonsil, in married woman of 23, from neighbors.
12) Case, chancre, near corner of mouth and on both lips in a boy of 12 years; living with syphilitic laborers.

Bennett, J. E. Fort Smith. Arkansas.
Southern Practitioner, 1883 p. 103.
Epidemic of vaccino-syphilis at Fort Smith, 1863—hundreds of soldiers and civilians inoculated from pustules upon one another. (See Epidemics).

Bennett, J. H. Edinburgh.
Journ. of Med. Sciences, Edinburgh. (Vol. XIV., 1852, p. 570).
Two cases of syphilis acquired by two nurses from the same infant.

Benson, A. Dublin.
Transactions Academy of Medicine, of Ireland. (Vol. I., 1883).
Case, chancre of eyelid, from kissing (p. 367).

Berbez. Paris. Hôp. Cochin, interne, service of DESPRÉS.
Case, chancre of little finger, from tooth inoculation. (See GUIGNARD[7]).

Berger, F. H.
"De pseudo-syphilide," Inaug. Dissert., Gryphiæ, 1832.
Case, nurse infected from nursling.

Bergeret. Paris.
Moniteur des hôpitaux, Nov. 29, 1853:
Group: three nurses and two nurslings, infected, *seriatim*, the first nurse from an heredito-Syphilitic nursling.

Bergh, R. Copenhagen. Physician to General Hospital, Division for Skin diseases and Syphilis.
"Ueber Anst. u. Ansteckungswege bei Syphilis," Monatsh. f. prakt. Derm., 1888, p. 197.

1) Statistics; from 1872-1886, among 252 chancres in prostitutes, there were only 5 extra-genital; of these, lip 3, breast 1, calf 1.
2) Case, chancre gluteal region, from sleeping with comrade, with general pustular syphilide.

Bernard, A. Liverpool. Lock Hospital.
Liverpool Med. Chirurg. Journ., Jan., 1885.
1) Four cases of syphilis in glass-blowers (pp. 183-6).
2) Personal communication: case, chancre of finger in a physician, obstetrical.

Bernard, E. Amiens.
Bullet. de la Soc. Méd. d' Amiens, 1875, XIII., XIV. pp. 104-8.
Case, chancre of the eyelid.

Bernard, P. Lyons. Chief of Clinic for Skin Diseases and Syphilis.
Journ. des mal. cutan. et syph. Paris. (Vol. II., p. 339).
Case, chancre of left arm, in site of wound by a piece of stone, which was dressed by compresses which had been in use previously by others.

Bertherand, A. Paris. Chief Physician, French Armies.
"Précis des Maladies Vénériennes," 2d. ed., Paris, 1873.
1) Case, chancre of tonsil, from kissing (p. 204).
2) Small lactation epidemic, Paris, (p. 335). (See CAZENAVE[2]).
3) Case of GUYON's, transmission by contact in bed (p. 20).

Bertherand, E. L. Lille.
Notice sur le chancre de Sahara. Gaz. des Hôp., 1854, pp. 293, 301.
A discussion concerning the nature of "Biskra button."

Berti, G. Bologna. Maternity Hospital.
"Considerazioni pratiche d' igiene intorno alla sifilide da allattamento."
Archiv. di patol. infant. Napoli, 1888, 3 (pp. 105-119).
Seven nurses infected by lactation.

Bertin, X. Paris. Hôp. des Vénériens, Surgeon.
"Traité de la mal. vénér. chez les enfants nouveaux-nés, les femmes enceintes, et les nourrices," Paris, 1810.
1) Case, child infected by mother, through kisses, or dishes (p. 27).
2) Case, infant infected at vulva by bathing with saliva (p. 78).
3) Case, nursling infected mediately by the nipple, nurse, who was suckling an infected baby, escaping infection (p. 149).
4) Case, nurse infected by nursling (p. 152).
5) Case, infant infects mother's nipple (exception to COLLES' law) (p. 163).
6) Case, of LEBLANC, nursling infects nurse (p. 187).

Besançon, M. Paris. Hôp. de la Pitié. (Interne).
Case, Eustachian sound inoculation. (See LANCEREAUX).

Besnier, E. Paris. Physician to Hôp. St. Louis.
Cited by ORY, q. v. "Syph. malig. precoces." Thèse de Paris, 1875.
1) Three cases, labial and faucial.
Journ. de méd. et de chirurg. pratique, 1880. (Annales de Derm. et de Syph., 1880, p. 566).
2) Three cases:
a) Double chancre of lip and tongue, in workman, from fellow workman, through brush used in common.
b) Chancre, lip, in young girl.
c) Case of HORTELOUP's, eleven chancres, labial and genital.
Bulletin de l'Acad. de Méd. de Paris, XIV., 1885, p. 12.
3) Report of committee on the award of the *Prix Vernois*, BESNIER, chairman, recommending work "Syphilis des Verriers," of GUINAND's of Rive-de-Gier, Paris, 1881.
a) Two cases, syphilis, in glass-blowers through medium of the tube.
b) Statistics, 41 glass-blowers treated for recent syphilis in the Hosp. de l'Antiquaille, Lyons, from 1874-1882; from 1882-1885, not a single case.

Annales de Derm. et de Syph. Vol. X., 1889, p. 101.
4) Case, chancre, middle of upper lip.
Annales de Derm. et de Syph. 1889, No. 5, p. 463.
5) Case, chancre in subclavicular region in a man, whose wife had mucous patches in mouth and on genitals.
Journ. de méd. et de chirurg. pratiques, LXI., 1890, p. 496.
6) Case, chancre of tonsil in a man, infection probably from common use of a tobacco-pipe.

Beurmann.
"Chancres mammaires commnniqués à des nourrices par leurs nourrissons." Annales de Derm. et de Syph. Vol. I., 3d series, 1890, p. 424.
Three cases, mammary chancres, all wet-nurses at l' hospice des Enfants-Assistés.

Beyran, T. M. Paris.
"Paralysis syph. d. motor-ocul. ext." Bulletin de l' Acad. de Méd., 1860, t. XXV., p. 363.
Case, chancre of chin, cause not stated.

Bidenkap, T. L. Christiania. Rigshospital.
Klinisk Aarbog, for 1886.
1) Statistics, etc., on non-venereal syphilis.
2) Statistics, negative, on vaccino-syphilis.

Bierchen, P. Stockholm. President College of Physicians of Sweden.
(Cited by ROSEN VON ROSENSTEIN[3], q. v., p. 752).
1) Case, apparently a primary lesion of nostril, in 20-year-old youth.
2) Case, chancre of lip, in a twelve year old girl.

Bierkowski, L. J. Krakow.
"Choroby syfilityczne czyli weneryczne oraz sporoby ich leczenia," Krakow, 1883. (Orignal account cited by KOSINSKI, 1867: the latter's account again in 1880, by LUBELSKI, and also by MATLAKOWSKI, q. v.).
Circumcision epidemic, Krakow, over 100 infants infected.

Biett, L. T. Paris. Hôp. St. Louis, Senior Physician.
(Cited by ALBERS, q. v.).
1) Case, syphilis from ritual circumcision.
2) Case, infant with acquired syphilis infects its mother.
3) Four cases, nurses infected at the breast.
(Cited by CAZENAVE, q. v.).
4) Case, chancre of lip, in a man, from kissing, infects next case,
5) Case, chancre of lip, his niece, 12 years old.
6) Case, midwife infected in calling.
7) Case, chancre of lip, in 6-year-old boy, from 8-year-old brother.
(Cited by RICORD, from work of MARTINS).
8) Case, chancre of nostril.

Bigelow, H. J. Boston. Prof. of Surgery, Harvard University.
Boston Med. Journ., Jan. 6, 1859. (Also in DURKEE, "Treatise," etc., 1864).
1) Case, nurse infected at nipple, infects
2) A woman, who drew her breast, and also
3) Her 14 year-old-daughter (both in the throat).

Bilguer. Berlin. Prussian Military Service, Surgeon-General.
"Traité de l'hypochondrie," pp. 71, 75. (ROSEN VON ROSENSTEIN, 1769-98, p. 728).
Epidemic, or cases from breast-drawing. (See Epidemics).
(Episode said to resemble that described by EVERARDUS).

Binet, P. Paris. Hôp. de Lourcine. (Interne).
"Contribution à l' étude du chancre infectant du vagin." La France Mèdical, 1881, I., pp. 38-50.

1) Statistics, of MARTINEAU, Hôp. Lourcine: 128 cases; lips 8; vault of palate 1; tonsil 1; breast 1 (double chancre, one on nipple).
"Du rôle de la syphilis dans le cécité." Thèse de Paris, 1883.
2) Case, chancre of cornea, in a medical student.

Bird, F. D. Melbourne.
Australian Medical Journal, July 15, 1886, p. 304.
1) Case, of SNOWBALL, q. v., and RYAN, C. S.[1], q. v.
Australian Medical Journal, 1889, XI, No. 9, p. 427.
2) Case, chancre of nose, no particulars given.
3) Case, chancre of finger, dorsal aspect of inter-phalangeal joint, source unknown.

Bjorken, T. Upsala. Univ. Prof. of Surgery.
"Syphilidolog. Antekningar" Upsala läkar, Forh., 1869.
(Review by BERGH, in Virchow u. Hirsch Jahresbericht, 1869, II., p. 560).
1) Case, chancre, back of hand, from a plaster previously worn on a syphilide.
2) Numerous other non-venereal cases, not given by the reviewer.
"Primar. Syphil. im undre läppen" Upsala läkar, Forh., 1878, XII., p. 452.
(Virchow u. Hirsch Jahresbericht).
3) Known only by above title.

Blachez, E. Paris. Surgeon to Hôp. Lourcine.
"Deux cas de chancre . . . . . du cou" by FOURNIER. Annales de Derm. et de Syph., 1876, p. 66. (Notes by BLACHEZ).
Case, chancre of neck, from tooth inoculation.

Blair, L. E. Albany. Swinburne Dispensary.
Detroit Lancet, 1883-4, N. S. VII., p. 305.
1) Two cases of chancre of lip, in men 24 and 26 years old.
2) Case, chancre of tongue.

Blanc, H. W. Tennessee.
New York Med. Journ. Vol. LV., 1892, p. 287.
1) Three cases, chancre of lip, two on lower and one double, on upper and lower.
2) Case, chancre, right cheek, in female, probably from soiled towel.

Blaschko, A.
"Ein Fall von Lippensyphilis." Berlin. klin. Wochenschr., 1890, No. 27, p. 620. (Viertelj. f. Derm. u. Syph. Vol. II., 1890, p. 185).
Case, chancre of upper lip, right side, patient 31 years old, from a bite.

Blauchet, M. Paris.
Quoted by ROBBINS, in Phila. Med. News. Vol. LX., 1892, p. 263.
Author infected 27 individuals by Eustachian catheterization.

Bleynie. Prof. d'accouchements à l'École de Limoges.
(See BARDINET). Bull. de l'Acad. de méd. Paris, 1874, p. 319.
Several infants infected by a midwife, rubbing umbilical cord with fingers moistened with saliva. (See Epidemics).

Bloch, M. E. Berlin.
"Geschichte einer Ansteckung durch Aussäug. d. Brust." Med. Bemerk., Berlin, 1774 (GIRTANNER).
Case, chancre from breast-drawing.

Blondeau, L. Paris.
"Un cas de syphilis congéniale." Gaz. des Hôp., 1886, No. 71.
Case, lactation, nursling infects nurse.

Bloom, I. N. Louisville, Ky. Dermatologist Louisville City Hospital.
"Extra-genital and other chancres." Medical Progress, 1891, VI., p. 287.
1) Case, chancre, mamma in widow 46 years old, source unknown.
2) Case, chancre, angle of jaw, in lady 22 years old, from a kiss.
3) Case, chancre, left index finger, in man 22 years old, source unknown.
4) Case, chancre, upper lip, in a prostitute, source unknown.

5) Case, chancre, left index finger, in a physician, source unknown.
6) Case, chancre, right thumb, in a physician, source unknown.

Blot.
Case of vaccino-syphilis. (See SEBASTIAN).

Bloxam, J. A. London. Lock Hospital, Surgeon.
Session Med. Soc., London, Jan. 24, 1887. British Med. Journ., 1887, I., p. 212.
Case, chancre of both lips.

Blumenbach. Göttingen. University Prof. of Medicine.
BLUMENBACH'S "Bibliothek für Aerzten," 3te. Bd., p. 197.
Case, infection of a chamber-maid, by a tooth-brush.

Boeck, C. Christiania. University Clinic for Skin Diseases and Syphilis.
Tidskrift f. prakt. Med., 1883, No. 2. (Archives of Derm., 1883, XV., p. 665).
1) Statistics, lactation, from 1875-8; four nurses, chancre of nipple.
Tidskrift f. prakt. Med. 1883, No. 13. (Archives of Derm., 1883, XV., p. 647).
2) Case, chancre of tonsil, virgo intacta.
3) Case, chancre of tonsil, simple mention.
4) Case, chancre of tonsil, from kissing.
5) Case, chancre of tonsil, from common table-ware.
6) Case, chancre of tonsil, from common table-ware.
7) Case, chancre of tonsil, simple mention.
Tidskrift f. prakt. Med., 1885, No. 15-16, (Monat. f. prakt. Derm., 1885, p. 456).
8) Case, chancre of tonsil, from tending a syphilitic child.
9) Case, chancre of tonsil, from a drinking-glass.
10) Case, chancre of tonsil, source unknown.
(Cited from HOMOLLE).
11) Case, chancre of finger, in young girl who washed her infected brother's linen.

Boeck, W. Christiania. Rigshospital.
Norsk. Mag. Vol. VI. (Gunezberg's Zeitschr. f. klin. Med., Bd. V., Hft. II., p. 137).
1) Case, nurse infected by nursling.
"Klinisk over Hudsygdome og Syphil. Sygdome, for 1852." Reprint from Norsk. Mag., Vol VII.
2) Family epidemic; seven infected (pp. 74-76).
"Syphilisationsforsog," 1853.
3) Case, syphilis in child of 15, infected, by mother, at 6 (p. 28).
4) Case, syphilis in woman of 24, infected when 8 years old (p. 36).
"Syphilisation studieret ved Sygesengen," 1854.
5) Two cases, Obs. IV. and XI., evidently non-venereal.
"Syphilisation as a mode of treatment, etc." Behrend's Syphilidologie, 1858.
6) Case, nurse-mother, infected by nursling, transmits to own child a chancre of lip (Obs. XLV., p. 567-572).
7) Case, nursling infected by strange nurse, with chancre of the lip, transmits labial chancre to mother (Obs. LVI., p. 577).
Traité de la Radesyge (syphilis tertiaire), Christiania, 1860.
Contains much of the literature of this subject.
"Ueber Syphilis der Kinder." Behrend's Syphilidologie for 1862.
8) Case, nursling, infected by a nurse (p. 515).
9) Case, nursling, infected by a nurse, chancre of lip (p. 516).
"Recherches sur la Syphilis, etc." Christiania, 1862 (in French and Norwegian).
10) Statistics; several thousand cases of chancre. (Many cases of syphilis

insontium are detailed, but it is difficult to distinguish them from those already reported).

"Ueber syphilitische Infectionweisen," etc. Archiv f. Derm. u. Syph., 1869, p. 168 (cites cases from his work, "Recherches," and adds)

11) Case, chancre of tongue, in nursing infant, from mother's breast (p. 171).

12) Case, chancre, lower lip, male, 36 years old (p. 175).

"Erfahrungen über Syphilis." Stuttgart, 1875.

13) Case, chancre of tongue, in an infant, mother syphilitic (p. 108).

14) Case, chancre, tip of tongue, from a pipe (p. 109).

15) Case, child infected by nurse, who chewed its food (p. 137).

(Quoted by HOCK, q. v.[2]).

16) Case, chancre lower eyelid.

Boerhaave, H. Leyden. Professor of Medicine.

"Prælectiones Academicæ de lue Venerea." Franqueræ, 1751 (p. 6).

1) Small epidemic among women, who kissed an infected infant (§ XI.).

2) Case, a mother and her nursling infected, through the latter having had the breast of a strange woman (§ XIV.).

3) Case, lactation, nursling infects a nurse (§ XV.).

Boettger. Dresden.

Memorabilien, II., 1878, xxiii., p. 63.

Case, child 9 years old, with tertiary acquired syphilis, infected by syphilitic nurse, who chewed its food.

Bogolubow, N. F. Cronstadt. Marine Hospital, Surgeon.

Med. Pribav. k. Morsk. Sbornikü Med., May, 1884, pp. 51–58. (Archiv f. Derm. u. Syph., 1889, p. 237).

1) Five cases of syphilitic infection *per os*.

Med. Pribav. k. Morsk. Sbornikü Med., 1885, Nos. 3, 4. (Same reference).

2) Statistics, 753 cases of syphilis: lips 2; eyelid 1; tonsil 1.

Bogoslovsky, G. I.

Meditzinskia Pribav. k. Morsk. Sbornikü Med. (British Journ. of Derm., Sept., 1889, p. 383).

Case, chancre of abdomen, near navel, inoculated through an abrasion.

Bohn, A. Königsberg. Private Docent to the University of Königsberg.

Schmidt's Jahrbücker, 1863, CXX, pp. 97–109.

General review of vaccinal syphilis; Cases of CECCALDI, CERIOLI, GLATTER, HAYDON, HÜBNER, LEE, MARCOLINI, PACCHIOTTI, PITTON, RINECKER, VIANI, VIENNOIS, WALLER, WEGELER, WHITEHEAD, etc.; of a total of 312 persons vaccinated, 219 were infected with syphilis.

Bolschwing, T. von. Dorpat. Hospital at Riga.

"Ueber Syphilis und Aussatz." Dorpat, 1839.

1) Case, chancre of lip, common use of cup and spoon. (Obs. 4, p. 55, 56).

2) Case, infection per os, common use of spoon. (Obs. 5, p. 56, 57).

3) Case, infection per os, fauces(?), from a nursing-bottle. (Obs. 6, p. 57).

4) Case, infection per os, exposure to syphilitic relative. (Obs. 7, p. 58).

5) Case, infection in infancy, through common use of cradle. (Obs. 8, p. 59).

6) Case, infant infected, father syphilitic. (Obs. 9, p. 60).

7) Case, infection per os, from a pipe. (Obs. 10, p. 62).

8) Seven other observations, comprising numerous cases of family syphilis, which could equally be of venereal and hereditary nature (p. 62-74).

9) A treatise on the relation of the Syphiloid of Lithuania, Jutland, etc., to Syphilis and Leprosy.

Bondet. Lyons. Prof. of Internal Pathology.

ROLLET. "Traité etc.," 1866, p. 617.

Case, chancre of scrotum, from infected trousers.

Bonnaric. Lyons. Hosp. de l'Antiquaille, female service.
ROLLET. "Traité, etc.," 1865, p. 705.
Chancre; Statistics collected by CARRIER, interne, for ROLLET's treatise.
See CARRIER and ROLLET.

Bonnet, J. Lyons.
Cited by ROLLET. "Traité des mal. vénér.," 1865, p. 693.
Case, chancre of nose.

Bonnevie, H.
Appointed in 1758 to study Radesyge in Egersund and Stavanger (quoted by LANCEREAUX "Treatise on Syphilis (New Syden. Soc. 1868)" Vol. I., p. 35).

Bonniére. London.
London Lancet, June 18, 1870.
Case, vaccino-syphilis, from soiled needle.

Bonorden, H. F. Berlin.
"Syphilis." Berlin, 1834.
Case, chancre at site of incision for venesection (p. 41).

Bontius, J.
Medicina Indorum., Lugd. Batav., 1718 (quoted by RAYER "Traité theor. et prat. d. mal. d. l. peau.," 2d edit., Paris, 1835, Vol. III., p. 864; and by ROLLET, "Traité, etc.," 1866 (p. 481).*
An original account of Amboyna pimple.

Booth. Sheffield, England.
"Epidemic of Syphilis caused by a midwife." Fortschritte der Medicine, March 1, 1883, Beilage 5 (p. 34).
A midwife had a chancre of the finger, and, in spite of a command to the contrary, continued to practice, covering the finger with a glove. She infected a great number of lying-in women, who in turn gave the disease to their husbands and children. The midwife was condemned to 12 months, at hard labor.

Borgarutius, P. Paris. Physician to Henry II. of France.
"Methodus de morbo Gallico." Patavii, 1566.
Case, chancre of finger, in a midwife.

Borovsky, V. K. Kiew.
Vratsch., 1892, No. 11. p. 274.
1) Case, chancre of left tonsil, in a man, source unknown.
2) Case, chancre of both tonsils, in a man, source unknown.

Botallus, L. Piedmont.
"Von der Frantzosen-Krankheit und ihrer Cur." Nürnberg, 1676; from the latin ed. of 1563.
Case, chancre of lip, from a drinking-glass (p. 41).
(Mentions also infection by clothing, kissing, etc.).

Bottex, P. Lyons. Hosp. de l'Antiquaille.
Behrend's Syphilidologie, Vol. I., 1839, p. 536.
Case, nursling infects nurse, and she her own child.

Bottey, F. Paris. Interne du Hôp. Midi.
Annales de Derm. et de Syph., 1883, II., Ser. IV., p. 435.
Case, chancre back of hand, from washing linen of patients.

Bouchacourt, A. Lyons. Faculty Professor.
"Consultation médico-légale sur une cas de syphilis communiquée de l'enfant à sa nourrice par l'allaitement." Revue méd française et etrangére (CAYOL), 1841, t. II., pp. 228-235.
Family epidemic from lactation.

Boucher, de la Valle-Jossy. Paris. Hôp. du Midi. (Interne).
(Contributor to FOURNIER's statistics, in the "Étude sur le chancre cephalique," 1858, q. v.).

Boucheron. Paris.
L'union médicale, 1879, No. 6, Vol. XXVII.
1) Case, chancre, eyelid (plica semil.) from kissing (p. 529).
2) Case, chancre, eyelid, in prominent surgeon, from auto-inoculation with the fingers (p. 533).

Bouchut, E. Paris. Hôp. des Enfants-Malades.
"Memoire sur la transmission de la syphilis des nouveaux-nés aux nourrices." Mem. de la Soc. de biol, 1849. (Gaz. méd. de Paris, 1850, p. 296).
1) Two cases, nurses infected by nurslings (RAYER, q.v.).
"Traité pratique des maladies des nouveaux-nés," 5th ed., Paris, 1867.
2) Case, lactation, nursling infects nurse, she her own child (p. 1057).
3) Case, epidemic of lactation-syphilis (p. 1058).

Boudinet.
Bulletin de l' Acad. de méd., Paris, 1878. (Cited in Archiv f. Derm. u. Syph., 1889, p. 237).
Case, midwife with chancre of finger, infected lying-in women.

Boué.
Essai sur la maladie de Scherlievo, Paris, 1814.*

Bouilly, G. Paris. Hôp. Beanjon, Prof. Agrégé.
Arthropathies, rheum., scrof., et syph. Thèse d' aggregation, Paris, 1878.
1) Sequel of case of vaccino-syphilis, reported by OLLIER, q. v.
2) Case, rag-picker infected on right little finger. (See FOURNIER'S "Leçons tabes d'orig. syph.," p. 414).

Boulangier.
La Clinique, Bruxelles, Jan. 26, 1888, p. 51. (Monats. f. prakt. Derm., 1888, No. 8, p. 387).
Case, chancre of the nose.

Bourcy, P.
Cited by MAURIAC. "Syphilose du rein," Paris, 1887, p. 21, without references.
Case, chancre of upper lip in a man of 23 (Obs. 21).

Bourdais, Eugene.
Contrib. a l'hist. des accid. gràv. conséc. aux vaccinations faites par une sage-femme. Thèse de Paris, 1869, p. 36.* (Cited by ROUSSEL. "Syph. tertiaire," Paris, 1881, p. 205).

Bourdon. Paris. Hôp. d. l. Charité, Physician.
Cited by ORY. q. v., pp. 26–7.
Case, Charité, 1875; vaccino-syphilis in female, age 53 years, scarifier was not cleaned, blood carried from one to the other.

Bourgeois, Madame Louise (Burgesius). Paris. Midwife to Marie de Medicis.
"Traité des accouchements," 1608, II., 42. (ROSEN v. ROSENSTEIN "Kinderkrankheiten." Göttingen, 1798, p. 728).
Epidemic of obstetrical syphilis, thirty-five families infected. (See Epidemics).

Bourgogne, F. (pere). Lille and Brussels.
"Contag. des mal. vénér. des enfants trouvées et leur nour." Lille, 1825, and "Consid. gén. touchant les dif. modes de contag. et de transm. accid. de la mal. vénér (syphilis)." Journ. de méd. de Bruxelles, 1866, pp. 97, 217, 322.
1) Epidemic at Condé, 1822-4. (See Epidemics).
a) Nurse, from hospital foundling, infected
b) Breast-drawer, she infected
c) Fourteen nursing women, these infected
d) Their fourteen nursing infants, these infected
e) Five nurses, these infected
f) Five of their own children.

2) In addition to the above.
a) Nurse, from adopted foundling, who then infected
b) A second adopted foundling.
c) Two nurses, infected by adopted foundling.
3) Case. young lady, infected by a comb, used by syphilitic friend.
(Note: These cases are referred to by GÜNTZ. ("Verhütung d. Syph." pp. 26-62, as of recent date, but correspond to the epidemic at Condé).

Bousquet.
Canstatt Jahresbericht, 1865 (ZEISSL; "Lehrb. der Syph.," 3d. edit. 1875, pt. II, p. 37).
Three cases of Eustachian sound infection.

Bouvier. Paris.
"Syphilis vaccinale." Acad. de méd., Paris, 1865, pp. 162-172.
1) Epidemic, MARONE'S, of vaccino-syphilis, at Lupara, 1856. (See Epidemics).
2) Case of MORAX'S, vaccino-syphilis.

Bovero, Rinaldo.
Giorn, ital. d. mal. ven. e della pelle XXVII., Mar. 1892, p. 37.
Case, chancre from cut by razor, in man of 41 years.

Boyer, P. Paris. Hôp. St. Louis, Surgeon.
Gaz. méd. de Paris, 2d series, VIII., Nov., 1840, pp. 753-769. (BEHREND'S Syphilidologie III., 1841, pp. 299-322).
1) Case, chancre of nipple, in a paraplegic woman, infected 23 years before by a nursling (p. 322).
2) Case, chancre of nipple, in a male, by a bite (p. 317).

Boys-de-Loury, J., and **Barthélemy.**
Annal. d' hyg. pub. et de méd. lég., Paris, 2d ser., 1869, XXXI., pp. 423-430.
Case, nurse infected by nursling.

Boys-de-Loury and **Costhilhes.**
Gaz. méd. de Paris, 1847, 3d ser., II., p. 275.
Case, chancre lower lip in a girl, source unknown.

Brambilla, G. A.
Gaz. med. ital., Lombarda. Milano, 1877, 7th ser., IV., No. 24.
Case, chancre of finger, professional infection of a midwife.

Brandis.
De morbo in Holsatiæ nonnulla regione grassante contagioso ex genere lepræ observationes. Hall. Allg. Litt. Zeitung, 1811. Bibliothek for Laeger, 1813, I. (Quoted by BOECK "Traite d. l. Radesyge," etc., 1860, p. 46).*
Treats of the morbus Dithmarensis.

Brandis, B. Aachen. Geh. Sanitätsrath.
"Grundsätze bei der Behandl. d. Syph.," 3d ser., 1886.
Case, chancre of finger, in a medical man (p. 37).

Braquehaye, J. Bordeaux. Prof. DUBREUILH'S clinic for Skin and Venereal diseases.
Annales de la polyclinique, 1889, p. 124.
Case, multiple chancre of face; one each on cheek, lip, and chin.

Brassavola, A. M. Ferrara.
Tractatus de morbo Gallico, 1551. (See *Aphrodisiacus*).
Case, nursling, infected by a nurse, infects its mother.

Brecher, G.
"Die Beschneidung der Israëliten," etc., Wien, 1845, 8°-7 1-2 Bogen. (Cited in JAFFÉ, "Die rituelle circumcision," 1886, p. 31).
Case, circumcision-syphilis, one of many infected together. (See Epidemics).

Breda, A. Padua. University Clinic for Skin diseases and Syphilis.
"Rendiconto clinico." . . . . . (May, 1878 to Dec. 1880). Giorn. ital. d. mal. vener., etc., 1881, p. 27.
1) Statistics; lip 3, tongue 1, buccal cavity 2, tonsil 1, cheek 1, nipple 5.=13. Of these, six were in nurses, five with chancre of nipple, and one chancre of tonsil, all from nurslings.
"Manuel de Malattie Vener. e sifil." Padua, 1887, p. 239.
2) Statistics, from Dec. 1880 to May 1886; lip 11, cheek 2, neck 3, nipple 11=27. Grand total from May 1878 to May 1886=40.

Breinlinger, Konrad.
Impfsyphilis. Inaug. Dissert. Würzburg, 1882, p. 22.*

Breyer, J. F. Brussels.
Cited by CUNIER, q. v., in his "Annales d'ocul."
Case, chancre of eyelid, girl 3 1-2 years old from fondling and kissing.

Brincken, von. Angeln.
"Ulcus durum auf der Innenfläche der oberen Augenlider." Zehender's klin. Monatsbl. f. Augenheilk., Stuttgart, 1884, XXII., p. 371.
Case, chancre, inner surface of upper eyelid.

Brinton, W. Baltimore.
Case, chancre of nose, bite-inoculation, reported by ROHÉ, q. v.

Bristowe, J. H. London. St. Thomas Hosp., Senior Surgeon.
"Report med. off. Gov't. Board, 1883, XII., p. 46.
Official report of Commisssion on Dr. CORY's Auto-inoculation. See CORY and HUTCHINSON.

Broca, P. Paris. Hôp. de la Pitié, Physician.
1) Two cases, chancre of lip, in FOURNIER's "Chancre cephalique," 1858.
2) Two cases, lactation syphilis for AUDOYNAUD, q. v.[3, 7].

Brocq, L. Paris.
Annales de Derm. et de Syph., 1883, p. 362.
1) Two cases, chancre of conjunctiva. (Service of FOURNIER).
Annales de Derm. et de Syph., 1887, p. 209.
2) Case, chancre of lachrymal caruncle, left eye; boy 2 years old. (Service of BESNIER).
3) Two cases, chancre of the tonsil. (Service of TH. ANGER and LABOULBÉNE). See LE GENDRE.

Broick, J. Bonn. Prof. DOUTRELEPONT's University Clinic.
"Ueber extra-genital Initialsclerosen." Inaugural Dissertation, Bonn. 1888.
1) Eight cases, chancre of lip, six females and two males.
2) Six cases, chancre of finger, 3 in surgeons and 3 in midwives.
3) Three cases, chancre of nipple, nurses from nurslings.
4) Case, chancre, left arch of palate, in female, from infected foster child.
5) Case, infection per os, in a male.
Reported by DR. KRELLING, q. v. in DR. LESSER's clinic.
6) Case, chancre, inner canthus of eye, in a male, source unknown.
7) Case, chancre of nose, from infected saliva, in an eysipelas abrasion.
"Ueber extra-genital Syphilisinfection." Archiv f. Derm. u. Syph. Vol. 22, 1890, p. 497.
Statistics: 215 cases of syphilis 11 of which were extra-genital.
8) Seven cases, chancre of lip, five females and two males.
9) Case, chancre of finger, in a midwife.
10) Case, chancre of tonsil, in a female.
11) Case, chancre of chin, from a razor cut.
12) Case, chancre, inner surface right thigh, from sleeping with syphilitic.

Bronson, E. B. New York.
Journal of Cutaneous and Venereal Diseases, 1889, p. 67.

1) Case, chancre of tonsil, 8-year-old girl, from mother.
Trans. N. Y. Dermatol. Soc., 218th meeting. Journ. of Cutan. and Genito-Urin. Dis. Vol. XI., 1893, p. 28.
2) Case, probable chancre, front of thigh, in hospital nurse, who attended syphilitic patients, and inoculated herself presumably by her soiled finger, through a scratch.

Brouardel, P. Paris. Physician to Charité.
Clinique médicale de la Charité, 1874.
1) Two cases, Eustachian infection, in children, one fatal.
2) Case of Eustachian infection, reported by Bucquoy, q. v.
3) Cases of chancre from bites, reported by Lesage, q. v.

Brousse. Montpellier, France.
L'union médicale, 1890, Vol. L., p. 450.
Case, seven hard chancres on the face, man 32 years old, presumably from razor cuts.

Brown, F. T.
Journal of Cutaneous and Genito-Urinary Diseases, Vol. X., June, 1892, p. 235.
Case, chancre of ring finger, right hand, in young man, from a bite.

Browne, Lennox.
Brit. Laryngolog. Ass'n. Revue de Laryngol. (Journ. des mal. cutan. et syph., Vol. IV., 1892, p. 211).
Case, chancre of cheek, in girl of 18, from bite by a man with a sore throat.

Bruneau, E. Paris.
"Transmission d. l. syphilis d'un nourrisson." Gaz. des Hôp., 1864.
Case, nursling infected by wet-nurse (p. 150).

Brunelli. Rome. (See Cerasi).

Brush, E. N. Philadelphia, U. S. A.
"Session Phila. Neurolog. Soc., April 26, 1887." Phila. Med. News, July 9, 1887 (Vol. LI., No. 2).
Case, chancre of thumb, in a medical man, later developed nervous syphilis (p. 49).

Bryant, T. London. Guy's Hospital.
"Chancres in adults and children, in unusual situations." Lancet, 1868, p. 525.
1) Two cases, chancre, upper lip, source unknown.
2) Two cases, chancre, lower lip, source unknown.
3) Case, chancre, angle of mouth, source unknown.
4) Case, chancre, forearm, source unknown.
5) Case, chancre, nipple, in a female from kissing.
6) Case, triple chancre of finger, direct contact.
7) Case, chancre of cheek, from finger-nail wound.
8) Case, chancre of lip, boy of 7, from his father by kissing.
9) Two cases, children, boy slept with infected relative.
10) Case, infection, child of 4 years, source unknown.
11) Two cases, chancre of lip, aged 7 years and 10 months, father syphilitic.

Bryce, C. A. Richmond, Va. Editor of the Southern Clinic.
"Syphilis from accidental causes." Southern Clinic, 1883, VI., p. 266.
Case, chancre, lower lip, in young man, from drinking repeatedly from a whiskey flask, after a man with constitutional syphilis.

Bucci, A. Bologna. Osped. di St. Orsola.
Giorn. ital. d. mal. ven. etc., 1885, p. 267.
Case, chancre of finger, from a bite.

Buch, M. Finland.
Findska Lakares. Handb., 1888, No. 6, p. 303. (St. Petersburg, med. Woch. 1888, No. 30, p. 261).
Three cases, chancre of upper eyelid, from application of tongue or finger moistened with saliva to the eye, by a female quack.

Buchanan, G. Glascow. Professor of Surgery.
"Case of Sibbens." London Med. Gaz., 1836, XIX, p. 44.
Infection in throat after using same pipe and spoon with infected person (corresponds exactly with description of cases of Eustachian infection and throat chancre).

Buchholz, W. H. S. Hofmedicus at Weimar.
Annotations to LODÉR'S translation of ROSEN v. ROSENSTEIN'S work on diseases of infancy, 6th ed., Göttingen, 1798.
Case, infection per os, from a drinking glass (p. 728).

Bucholz, I.
Tidskrift for prak. Med., Kristiania, 1888, p. 305. (Archiv f. Derm. u. Syph., 1891, p. 328).
Case, chancre of tonsil in old woman who had cared for a syphilitic child.

Bucquoy. Paris. Hotel-Dieu.
L'union méd., 1865, XXVII., p. 189.
1) Case, Eustachian infection, in a youth of 21.
(This case also under observation of BROUARDEL and CULLERIER).
2) Case, of DANYON'S and CULLERIER'S, Eustachian infection; patient infected her husband.

Budor, G. Paris. Hôp. Beanjon. (Interne). Service of MILLARD.
"Paraplegie syphilitique." Annal. de Derm. et de Syph., 1887, p. 188.
Case, chancre of lower lip, followed by tabes dorsalis (see MILLARD).

Budugoff, A. I. St. Petersburg.
Vratsch No. 1, 1892 (St. Louis Med. and Surg. Journ., June, 1892).
1) Case, chancre, lower lip, in man of 23 years, from cigarette smoking.
Vratsch No. 10, 1892 (St. Louis Med. and Surg. Journ., June, 1892).
2) Case, chancre, right tonsil, in young recruit, who, in leaving the village, had, as is the custom, kissed every one of the inhabitants.

Bulkley, L. D. New York. Skin and Syphilis Clinic, New York Hospital.
1) "Two cases of chancre of the lip, infection from cigars." Archiv. of Derm., 1879, pp. 343, 372.
2) "Non-venereal Syphilis." Trans. New York State Med. Soc. 1886, p. 393.
"Syphilis as a non-venereal disease." Journ, Amer. Med. Asso'n, Dec., 1888, p. 865. All cases included in
3) "Unusual methods of acquiring Syphilis." Phila. Med. News, Mar. 2 and 9, 1889.

a)	Chancre of the lip,	male	13	female	18	total	31.
b)	" " " finger,	"	6	"	1	"	7.
c)	" " " breast,	"	—	"	6	"	6.
d)	" " " tonsil,	"	2	"	3	"	5.
e)	" " " tongue,	"	3	"	2	"	5.
f)	" " " cheek,	"	3	"	—	"	3.
g)	" " " chin,	"	1	"	1	"	2.
h)	" " " eyelid,	"	2	"	—	"	2.
i)	" " " nose,	"	1	"	—	"	1.
j)	" " " ear,	"	1	"	—	"	1.
k)	" " " hand,	"	—	"	1	"	1.
l)	" " " forearm,	"	1	"	—	"	1.
m)	" " " sacral region,	"	1	"	—	"	1.
			—		—		—
		Total,	34		32		66

4) "On the dangers arising from syphilis in the practice of dentistry." Internat. Dental Journ., 1890, May and June.
Case, chancre, right side of tongue, man aged 60, from dental operation.
5) "Clinical notes on chancre of the tonsil with analysis of fifteen cases." Trans. Med. Soc. of the State of New York, 1893.
Fifteen cases, chancre of tonsil, among total of 111 personal cases.

Bull, C. S. New York.
Amer. Journ. Med. Sciences, Oct., 1878, p. 407.
Case, chancre of conjunctival surface of upper eyelid.

Bumstead, F. J. New York.
"The Pathology and Treatment of Venereal Diseases," New York, 1861, 4th ed., 1879, with R. W. TAYLOR; 5th ed., 1883, by DR. TAYLOR, after death of Dr. B. References to 4th edition, representing
1) Case, chancre of tonsil.
2) Case, chancre of nipple, from kissing by husband.
3) Dentists infected in practice of profession.
4) Syphilis, probably communicated by tooth-brush (p. 432).
5) Two cases, chancre under surface of eyelid (p. 695).
Humbold Med. Archivès? St. Louis, Mo. (Journ. Cut. Med., London, Vol. IV., 1871, p. 152).
6) Syphilis acquired from smoking a pipe.
7) Case, chancre of finger, in a surgeon, from operation on syphilitic necrosis. See also KNIGHT, STURGIS, and TAYLOR.

Bureau. Paris. Hôp. St. Lazare. (Interne).
CLERC, Traité pratique des mal. vén., 1886.
Statistics: 19 extra-genital chancres among 113 cases.

Buret, F. Paris.
Journ. des mal. cutan. et syph. Vol. III., 1891, p. 646.
1) Two cases, chancre of lip, mistaken for epithelioma, from SOLER y BUSCALLA "exposicion de varios casos de sifilis, Barcelona," 1890.
2) Case, chancre of eye, in a surgeon, after handling a syphilitic.
Weekly Med. Review, Feb. 20, 1892, p. 144.
3) Case, chancre of back in a physician, who, when partly dressed from a bath, examined a friend with a chancre; he inoculated himself by scratching a pimple.

Burgesius. (See BOURGEOIS).

Burlet. Lyon. Hosp. Antiquaille. (Interne). (See ROLLET).

Burow, J. Königsberg, Prof. of Laryngology.
Monatsh. f. Ohrenheilk., etc., 1885, No. 5, pp. 129-138.
Small epidemic, six cases, Eustachian infection, traced to one physician. (See Epidemics).

Burtzeff, P. A.
Meditz. Pribav. K'Moskomü Sbornikü, July, 1889, p. 66. (British Journ. of Dermatology, Nov., 1889, p. 451).
Case, chancre back of hand from washing a syphilitic patient.

Bury.
Medico-chirurg. Review, London, 1829, Vol. II., p. 464.
Case, chancre of nipple, nurse from nursling.

Burzew, P. (See BÜRTZEFF).

Bush, J. F. Boston. City Dispensary.
New York Med. Journ., Vol. XXXII., 1880, p. 298.
Case, chancre of lip, from kissing.

Buzenet, J. J. A. Paris. Hôp. du Midi. (Interne). Service of RICORD.
"Chancre de la bouche," Thèse de Paris, 1858.
1) Twenty-one cases, chancre of lip, source either from abnormal coitus, or undetermined.

2) Case, chancre of tongue, from a bite. (Obs. II.).
3) Two other cases, chancre of tongue, one from unnatural exposure, the other undetermined.

Byrne, T. Dublin. Lock Hospital.
"Report of Army and Navy Commission," etc., London, 1867, p. 484.
Case, nurse infected by nursling.

Caby, E. Paris. Hôp. St. Lazare. (Interne).
FOURNIER, "Étude sur la chancre cephal.," 1858.
Seven cases of cephalic chancre, included in FOURNIER's statistics.

Caillaud, A. L.
"Des accid. syph. conséc. à la vaccin., etc." Thèse de Paris, 1863* (FOURNIER, "Leçons sur la syph. vacc.," Paris, 1889, foot note p. 144).

Cairns. Edinburgh.
"On the dangers of obstetricians, etc." Edinburgh Med. Journ., April, 1875, p. 887.
Case, chancre of finger, in a medical man, professionally inoculated.

Calderini, A. Milan. Osped. Maggiore.
"Prospetto clinico sopra la malat. vener.," Milan, 1835 (Schmidt's Jahrb.).
Statistics, of between 1000 and 1100 patients, thirty-one were infected through unclean linen.

Calmette.
Case, chancre of tonsil, from a soiled pencil (see MOREL-LAVALLÉE[6]).

Calvo. Paris.
FOURNIER, "Étude sur la chancre cephalique," 1858.
Case, chancre of the lip.

Cambieri.
Malattia di Scherlievo. Giorn. di med. prat.; compilato dal Prof. BREDA, Padova, 1812, Sept.-Oct., Fasc. V., p. 167. (Annali universali di med., Nos. 34, 35, 36; 273).*
First writer upon Scherlievo.

Campana, R. Genoa. Clinico Dermo-Sifilopatica.
"Sifilide e sifilitiche in uno triennio di clinica," 1882.
1) Seven cases, chancre of breast, in nurses (p. 37).
2) Case, chancre in a midwife (case of MAYER) (p. 38).
3) Case, chancre of the buccal cavity, from cigar-stumps (case of TANTURRI) (p. 38).

Campart. Paris. Hôp. d. Quinze-Vingt. Eye Clinic.
Bulletin d. l. clinique nat. ophthal. d. l'Hosp. d. Quinze-Vingts. Vol. II., 1884.
1) Case, chancre left upper eyelid, male aged 22, source unknown, (p. 87).
2) Case, chancre inner angle right eye, midwife, professional exposure, female aged 29, (p. 88).
3) Case, chancre right upper eyelid, female aged 33, (p. 89).
Bulletin d. l. clinique nat. ophthal. d. l'Hosp. d. Quinze-Vingts. Vol. III., 1885.
4) Case, chancre left lower eyelid, male aged 20, source unknown, (p. 48).
5) Case, chancre left lower eyelid, male aged 38, from a bite, (p. 49).

Campbell, J. Edinburgh.
London and Edinburgh Med. Journ., 1844, p. 515.
Case, chancre, nursling infects nurse.

Canetta. Cologne.
Köln. centr. Blatt, 1847, No. 90. (Prag. Viertelj., 1848).
Epidemic from breast-drawing, thirty-two nurses infected. (See Epidemics).

Cantilona.
Cited by DEMARCHI, L'imparriale, 1868, Sept. 1. (Annal. de Derm. et de Syph., 1869, I, p. 158).

Epidemic of lactation syphilis, at Astragal and Calibera. (See Epidemics).

Capuron, J. Paris.
"Aphrodisiographie," 1807. (CLERC "Traité prat. des mal. vén." Paris, 1866, p. 129).
1) Three cases, chancres, nurses infected by nurslings (pp. 276-291).
2) Case, chancre, child infected by the nurse (p. 290).
3) Case, chancre of lip, in a nursling from kissing (p. 276).
4) Case, chancre of lip, in a girl, by forced kissing (p. 113).

Caradec, T. Brest.
Bullet. gén. de thérap, Dec., 1851, t. 41, p. 505.
Case, chancre, nursling infects nurse (published by DEBOUT).

Caramitti, A. Bologna. (Prof. GAMBERINI's Clinic).
Giorn. ital. d. mal. ven. etc., 1882, p. 129.
1) Four cases, chancre of lip.
2) Case, chancre, naso-labial fold.
3) Case, chancre of cheek, toward ear, woman of 35 years.

Carle. Lyons.
Lyon méd., 1878, p. 417.
Case, chancre, nursling infects nurse.

Carleton, P. M. Surgeon U. S. Army.
British Med. Journ., 1887, No. 12, p. 1379.
Case, double chancre of forearm, infected by the saliva of a tattooer with tertiary syphilis.

Carre, M. Avignon.
Gaz. méd. de Lyon, 1866, No. 9.
Case, chancre developing in a razor cut.

Carreras y Arago, L.
Revista de med. y cirurg. prac't. Madrid, 1878, II., p. 241–246.
Case, chancre inner angle right eye, new-born child.

Carriere, G. Montpellier.
Gaz. hebdom. d. Montpellier, July 14, 1888, p. 327.
Case, chancre of thumb from a bite.

Carter, H. Vandyke.
FOX and FARQUHAR "On certain Endemic Skin and other diseases of India and hot climates generally, including notes on Pellagra, Clou de Biskra, Caneotica, and Aleppo Evil." London, 1876.

Carter, R. B. London.
Med. Times and Gazette, London, May 23, 1863, I., pp. 532–605.
Case, chancre, vaccino-syphilis.

Caspary, A. Königsberg.
Article in refutation of the statements of GUENZBERG, Vienna Foundling Hospital, that syphilis neonatorum was not transferred to nurses. Berlin klin. Wochenschr, 1875, No. 41.
1) Case, nursling infects nurse, she her own child (Obs. II.).
2) Two cases, similar, nurses infected (Obs. I. and III.).

Cassidy, J. J. Toronto.
New York Med. Record, Jan. 29th, 1887, p. 125.
Two cases, chancre of lip, in young women, from their fiancés.

Castel, du. Paris.
Annales de Derm. et de Syph., 1891, p. 404.
1) Case, multiple chancres on arms, following treatment for scabies.
Model in Musée de l'Hôp. St. Louis. (Annales de Derm. et de Syph., Vol. III., Aug., 1892, p. 946).
2) Chancre of right thumb.

Castelnau, H. de. Paris. Hôp. St. Louis.
"L'observ. et interpret. des faits en syphiliogr." CAZENAVE's Annales des mal. de la peau, t. I., p. 8.
Case, infant infects its grand-mother and aunt, who tended and hand-fed it. (See ROBERT, A).

Castelo.
Revista esp. de obtalmol. syph., etc., Madrid, 1880, I., p. 114.
Case, chancre of right upper eyelid.

Cataneus, Jacob de.
Trat. de morbo gallico, 1505. Also LUISINUS "De morbo gall." Lugd. Bat., 1728 (BOUCHUT, "Malad. des nouveau-nés, 5th ed., 1867, p. 1056).
In 1523 CATANEUS said: "I have seen many nursing infants infect their nurses."

Caubotte. Paris.
"Observ. sur la contagion des maux vénériens." Journ. de med. de chirurg. et de pharm., 1781, LV., p. 227.
Cases of syphilis insontium (original article inaccessible).

Caudelon, J. F. Paul.
"Des diff. modes de transm. de la syph. chez le nouveau-né." Thèse de Paris, 1852, p. 28*.

Cavazzani.
La Riforma med. Jan. 1891, p. 171. (Annales de Derm. et de Syph., 1891, p. 625).
1) Case, chancre, anterior pillar of fauces.
2) Case, chancre of finger, in a physician, 50 years of age, after operation on syphilitic.

Cayla, A. Paris. Hôp. Cochin, service of MOUTARD-MARTIN.
La France médicale, 1881, II., p. 532.
1) Case, chancre of lip.
"Deux observ. de l'arthrite syphil. second." Annales de Derm. et de Syph., Paris, 1887, p. 341.
2) Case, chancre of gum, source unknown (service of FOURNIER).

Cazenave, A. Paris. Hôp. St. Louis.
"Traité des Syphilides," Paris 1843.
1) Four cases, chancre of lip (two of BIETT) (pp. 108, 109, 486).
2) Two cases, nurses infected by nurslings (pp. 110, 281).
3) Two cases, physicians infected in operations (pp. 81, 491).
4) Two cases, physicians infected in obstetrical practice (pp. 81, 112).
5) Case, midwife infected in obstetrical practice (BIETT) (p. 492).
6) Case, probable chancre of fauces, woman from husband (p. 386).
7) Cases, infection from sleeping with syphilitics (cases observed by LAGNEAU, LUCAS CHAMPIONIÉRE and BIETT) (p. 385).
8) Epidemic, in Switzerland, by charlatan bleeding with lancet cleansed with saliva (DAGUERRE) (p. 113).
Annales des mal. de la peau et de la Syph., Vol. III., 1850-1, p. 283.
9) *a.* Nurse, infected by nursling; *b.* She infects a second nursling; *c.* This child infects its mother; and also *d.* Infects her sister, aged 3 years.
Revue de méd. de Paris, 1852, p. 409.
10) Case, nurse infected by nursling.
(Cited by DIDAY, "Infantile Syphilis," Sydenh. edit., 1859, p. 179).
11) Suspected exception to Colles' law; mother, ulcers on nipples after nursing her own syphilitic child; father syphilitic.

Ceccaldi. Constantine.
Rev. medico-Chirurg. de Paris, Feb., 1853, XIII., p. 121.
Three cases, vaccinal syphilis, two children of one family, and a third, from the same vaccinifer, 1845.

Cederskjold, P. G.
Utdrag ur Sammandrag of Berättelser infran Läkarne i hela Riket om veneriska Sjukdomen dess Förändringar och urarter. Stockholm, 1813.* (Quoted by BOECK, "Traité d. l. Radesyge," 1860. p. 44).
A study of Radesyge.

Cehak, F.
Verhandl. der Wien. Derm. Gesell., Sitz., Mar. 11, 1891. Archiv f. Derm. u. Syph. Vol. XXIII., 1891, p. 821).
Three cases, chancre of lip, two of upper and one of lower.

Cénas.
Cases reported by STOURME, q. v., pp. 45-47.
1) Three cases, chancre of lip, one in a woman, from husband.
2) Case, chancre, mucosa of cheek.

Cerasi, F. Rome.
"Communication of syphilis by the milk." Giorn. Med. di Roma, 1866, (Giorn. ital. d. mal. ven., etc., 1866, II., p, 47).
1) Case, nurse in florid syphilis, infects two nurslings, as author contends, through her milk (p, 47, Obs. I. and II).
2) Case, mother recently infected, her nursling gets the disease. (Obs. III).
3) Case of BRUNELLI's, same nature as foregoing.
Lo Sperimentale, 1877, XL., 117.
Same subject as above.

Cerioli, G. Cremona.
Annali universali di med., Milan, 1824 t. XIX. (De la syph.-vaccin. L'Acad. de méd., Paris, 1865, p. 222).
1) Epidemic of vaccino-syphilis at Cremona, 1821. (See Epidemics).
"Della possibilita di commun. la sifil. col. mezzo di vaccin," 1846. (De la syph. vaccin. L'Acad. de méd., Paris, 1865, p. 222.
2) Epidemic of vaccino-syphilis at Grumello, 1841. (See Epidemics and also MARCOLINI and TASSANI).
Gazette méd. de Milan, Oct., 1843.* (Quoted by PETIT, "Trans. d. la syph. par la vaccin.," 1867 p. 10).
3) Vaccino-syphilis.

Cerisi, L.
"Syph. commun. par la vacc." L'union méd., Paris, 1861, No. 134, p. 259.
"Nouveaux reseignm. sur les accid. de prop. syph. par la vacc. . . . . a Rivalta." L'union méd. Paris, 1862, No. 21, p. 322, and Gaz. hebdom, Paris, 1862, No. 16.
Accounts of the vaccino-syphilitic epidemic at Rivalto, reported fully PACCHIOTTI, q. v.

Chaboux, F. Paris.
Thèse de Paris, 1875, Obs. XIII.
1) Case, chancre, nurse from nursling.
2) Case, weanling from preceding, its mother, infected per os, through pre-mastication of its food.

Chabrely, B. Bordeaux.
Journ. de méd. de Bordeaux, Jan., 1859, 2d Series, IV., pp. 19–31.
Two cases, nurses affected by nurslings.

Chadzynski. Lembourg, Galizia.
(RIZAT, "Manuel des mal. vénér.," Paris, 1882).
Case, nurse infected by nursling, acquires multiple chancre of the breast and areola (p. 310).

Chambay, E. Paris.
"Gaz. des Hôp.," Paris, 1865, No. 178, p. 45.
Case, child infected by its mother.

Charayron, C. Paris.
Thèse de Paris, 1877, p. 11.
Case, child infected at age of 8 months (service of E. VIDAL).

Charlouis.
Viertelj. f. Derm. u. Syph., 1881, p. 431.
On "Yaws."

Charpentier. Brussels. (Prof. THIRY).
La Presse méd. Belge., Bruxelles, 1868, XX., 14.
Two cases, nurslings infected by nurses.

Charrière. Paris.
Archiv. gén. de méd., 1862, t. II., p. 327 (cited by FOURNIER, "Syph. et Mariage," (p. 39).
Case, two-year-old child, infected per os, from father, kissing.

Chartier. Paris. Hôp. St. Louis. (Interne). Service of FOURNIER.
Published in MORIN'S Thèse de Paris, 1888, p. 87.
Case, chancre of lip, at commissure.

Chassagny, M.
"De la prophylaxie de la contag. des accid. prim. et second. de la syphilis chez les ouvriers Souffleurs de Verre." Gaz. hebdom. de méd. et de chir., Paris, 1862, IX., p. 793.
Review of subject of glass-blowers' syphilis, no cases.

Chassaignac. Paris. Hôp. St. Antoine, Surgeon.
Bull. de l'Acad. de méd. de Paris, 1869, XXXIV., p. 783. Also (Trans. London Obstetrical Society, Vol. V., p. 196).
Case, three chancres of arm, in two-year-old child, from vaccination.

Chaumier, E. Tours.
Le Poiton médical, 1891, No. 5, p. 103.
Case, chancre of anus, infant 17 months, from sponge.

Chauvet, C. Paris. University Professor Agrégé.
"Sur l'influence de la syphilis sur les maladies du système nerveux centrale." Thèse d'aggregation, Paris, 1880.
Case, chancre of lip (PROUST, BALLET, Lariboisiére, 1879) (p. 64).

Cheadle. London. St. Mary's Hospital.
(Cited by JULLIEN, from Lyon médicale, 1872, I., p. 409).
1) Case, vaccino-syphilis.
"Three cases of late or tertiary syphilis in children," British Med. Journ., London, 1880, I., p. 204.
2) Case, infection in child.

Cheminade, G. Bordeaux. Hôp. St. Jean. (Interne).
Annales de Derm. et de Syph., 1888, Vol. IX., p. 535.
1) Case, chancre of right lateral cervical region, from razor cut.
L'union médicale, 1889, XLVIII., No. 93, p. 157.
2) Case, chancre of breast, nurse from nursling.

del Chiappa, G. B. Pisa. Assistant to the Skin and Venereal Clinic.
"Il primo triennio della clinica Dermo-sifilopatica di Pisa, diretta dal Prof. CELSO PELLIZZARI." Milan, 1890. (Giorn. ital. d. mal. ven., etc., 1889, p. 139).
1) Three cases chancre of the breast and one of the chin, observed in the clinic during the years, 1885-6-7 (p. 10). In all, eight women were seen who had acquired syphilis from infants whom they were nursing; of the children, four were from private families, and four foundlings (p. 19).
Report of cases treated in the Dermo-syph. Clinic in Pisa, in 1880. Riforma med., Nov., 1891. (Monatsh. f. prakt. Derm. Bd. XIV., No. 8, p. 322).

2) Case, chancre upper lip.
3) Case, chancre lower lip.
4) Multiple chancre of forehead, lower eyelid, and chin.

Chiari, O. Vienna. Prof. of Pathological Anatomy.
"Laryngoscop. Befund bei d. Frühform. d. Syph." Archiv f. Derm. u. Syph., 1882.
1) Case, chancre of lip, no mention of origin (p. 499).
2) Case, of SÖMMERBRÖDT's, chancre of lip (p. 500).

Chipier. Paris. Hôp. du Midi. (Interne).
(RIZAT, "Manuel prat. d. mal. vén." Paris, 1882).
Case, SIMONET's, Hôp. du Midi., chancre of nuchal region, from direct exposure in carrying a person (p. 346).

Chisholm, J. Baltimore.
Maryland Med. Journ., June, 1882, p. 81.
Case, chancre of lower lip, in a young girl, from a kiss.

Chochlow.
(Seen in clinic of Dr. MAURIAC.) Vratsch., 1881, No. 35, 43.
1) Case, chancre of cheek, from razor cut.
2) Case, chancre of index finger, left hand, from blow on the teeth of an assailant who had syphilis.

Chrestien, H. Montpellier. Prof. of Therapy.
(These cases cited by LEGRAND, "De l'or et du mercure," probably from "La methode iatroliptique," 1811).
1) Case, of NIEL's, nursling infects two nurses (LEGRAND, Obs. 129).
2) Case, of MÉNARD's, woman infected in pregnancy; new-born child infects nurse; mother infects her next youngest (Obs. 178–180).
3) Case, of SIMONEAU, chancre of tongue, from kissing (Obs. 377).
4) Case, of SARDA, chancre of lips (Obs. 392).
5) Case, of DALMAS, nursling infects nurse (Obs. 403).

Christie, James.
McCall Anderson's Treatise on Diseases of the Skin. London, 1887, pp. 285, 393.
"Delhi boil," "Framboesia," etc.

Chudnoski. Tiflis.
Proceedings Med. Soc. of the Caucasus (London Lancet, 1886, II., p. 988).
Case, chancre of chin, developing in a razor cut.

Churchill. London. Westminister Dispensary.
Medical Times and Gaz., 1872, I., 160, 190.
Case, chancre of thumb, in a medical student, from palpation of sores.

Claeys, G. Ghent.
Annales de la soc. méd. de Gand, 1883, LXI., p. 206.
Case, chancre of eyelid, etiology unknown.

Clarke, A. London. Middlesex Hospital, Surgeon.
Lancet, London, 1872, Aug. 2, p. 153.
Case, nurse infected by nursling, chancre left nipple.

Clarke, B. London. St. Bartholomew's Hospital.
Lancet, London, 1882, II., p. 702.
Case, chancre of lip.

Clary and Guary.
Bull de l'Acad. imp. de méd., 1866-7, p. 1039. (Cited by FOURNIER, "Syphilis Vaccinale," 1889, p. 219).
1) Epidemic of vaccino-syphilis at Cardeillac, 1866: Of 22 vaccinated from one child, 13 acquired syphilis. (See Epidemics).
2) Two cases, chancre of the breast, from above children, one in child's mother and one in a wet-nurse.

Claude.
"Étude sur la syphilis du sein." Thèse de Paris, 1886. (Annal. de Derm. et de Syph., 1886, p. 774).
Case, chancre of breast, in 65-year-old woman, removed as an epithelioma.

Clement. Frankfurt.
Deutsche Klinik, 1853, p. 157.
Case, of vaccino-syphilis.

Clément. Lyons.
Gaz. méd. de Lyon, 1865 (XVII), p. 528.
Case, chancre of the cheek.

Clements, B. A. United States Army Service, Surgeon.
Amer. Journ. Med. Sciences, 1861, vol. XLII., p. 40.
Case, chancre of lip, husband infects wife by a tooth-wound.

Clerc, F. F. Paris. Hôp. St. Lazare.
Traité des mal. vénér., Paris, 1866.
1) Statistics, St. Lazare; in 113 chancres, 19 extra-genital; lip 11, nose 3, forehead 2, tongue 1, fauces 1, neck 1 (collected by BUREAUX).
2) Disp. de salub. publ.; among 403 chancres, 7 extra-genital; lip 5, tongue 1, eyelid 1.
3) Personal cases, in 21 years, about 50 extra-genital; lip 30, eyelids 8, tongue 2, chin 2, cheek 1, gum 1, fauces 1, septum nasi 1, scrotum 1 (from wearing apparel).

Clerici, G. Milan. Osp. St. Catarina, Director.
Annal. univer. di med., Feb., 1885, July, Aug., Sept., 1856 (Schmidt's Jahrb.).
Twenty-seven nurses infected by nursing, in Osp., 1854.

Clerval. Paris. Hôp. Quinze-Vingt.
Bull. d. l. clin. nat. ophthal. d. Hôp., 2—V., 1887, V., 90.
Case, chancre of eyelid.

Cline. Montreal.
Canada Med. and Surg. Journ., Aug., 1875.
(Report of case of FENWICK, q. v.)
Case, chancre of eyelid.

Closa.
"Chancro sifilitico del borde libre del parpádo"—Oftalmol. prát.—Madrid, 1882-3, I., p. 151-153.*
Case, chancre of the eyelid.

Closmadeuc, G. and **Denis.** Auray. Dep. of Morbihan.
DEPAUL, Bull de l'Acad. de méd., XXXII., p. 1039, and "Examen. crit. des docum. rel. á l'épidémie de syph. vac d'Auray," 1866, Paris, 1871 (FOURNIER[1], "Syph. vaccin.," p. 221).
Epidemic of Vaccino-syphilis at Auray.

Clossius, C. F. Tübingen.
"Ueber die Lustseuche," 2d ed., 1799.
1) On p. 41 *et seq.* are found many references to ALBINUS, SÖMMERING and others.
2) Case, inoculation by the finger used to raise a fallen uvula (p. 49).

Clowes, Wm. London. St. Bartholomew's; Surgeon to the King.
"New and approved Treatise concerning the cure of the French Pokes," 1575.
1) Three cases of midwives, professionally infected.
2) Case, seemingly of syphilis acquired in infancy.

Cocchi, B. Milan.
Gaz. med. Lombard, 1858, No. 10.
Two cases, nurses infected by nurslings.

Cochez. Paris. Hôp. Cochin (Service of DESPRES). (Interne).
Paris médicale, 1880, No. 78, also cited in GUIGNARD's Thèse de Paris.
Two cases, chancre of chin, each in site of razor wound; one a triple, the other a double chancre.

Cochran, A. W.
Notes on the measures adopted by Government between 1775 and 1786 to check the St. Paul's Bay disease. Trans. Lit. and Hist. Soc., Quebec, 1854, IV., 139-148*.

Coesfeld.
Deutsch. med. Wochenschr. Berlin, 1884, X., (p. 404).
Case, chancre of tip of right index finger.

Cohansen, S. E. E. Treves. Univ. Prof. of Medicine.
"Lues venerea per manus obstet. propagata." Acta Nat. Cur., 1744, VII., 251 (GIRTANNER, No. 987).
Epidemic of obstetrical propagation of syphilis.

Cohen, J. Solis. Philadelphia.
"Diseases of Throat and Nose." Phila., 1879, 2d ed.
Case of Eustachian-catheter infection, ending fatally (p. 19).

Cohn, H. Breslau. University Professor of Ophthalmology.
SCHUBERT, "Syphilit. Augenkrank." Berlin, 1881, p. 82.
Case, midwife infected in delivery.

Cold.
Ugeskrift for Laeger, 1859, No. 24.
1) Family epidemic, involving three infants and four adults, one of them
2) Old woman, infected by chewing food of infant.

Colle, J. Padua. University Prof. of Medicine.
"Notitia et medela singularis adversus Neotericos, de morbo Gallico . . . et ejus sympt." Venetiis, 1628.
Case, one of the counts of Fano, supposed to have been infected by his brother, from sleeping in same bed during his illness.

Colles, Abr. Dublin.
"Practical observations on the Venereal disease, and on the use of mercury." London, 1837.
1) Case, medical man infects his betrothed, by kissing (p. 13).
2) Case, nurse infected by nursling, infects her own infant (p. 271).
3) Case, servant girl, aged 13, from infant.
4) Family epidemic, five infected, four chancres of lip, one of breast (p. 294).
5) Surgeon infects several parturient women, from secondary sore on finger, excited by trauma, (p. 14). (HEALEY).
Dublin Med. Press, Oct., 1844. (Annales de mal. de la peau, 1845, pp. 222, 308).
6) Case, infection of child from sleeping with a syphilitic woman.
7) Case, infection, nurse from above child.
8) Infection of several women from a syphilitic accoucheur, (p. 308) (probably same as 5).

Collier, S. R. Wimbledon, England.
British Medical Journal, 1889, I., p. 1114.
Two cases, mother and sister, aged 12, infected by a syphilitic woman, or her child.

Colombini, P.
Del sifiloma iniziale dell amigdale. Riform. med., 1892, 50, 51.* (Archiv f. Derm. u. Syph.,. Vol. XXIV., 1892, p. 692).

Conte, E.
Il Progreso medico, Dec. 1, 1889.
Case, chancre of the lip, from cigarette, lighted by a syphilitic.

Cooke, T. W. London. Westminister Hospital.
Lancet, Aug., 1857 (also MASON, q. v., Obs. II).
1) Case, chancre of lip.
Med. Times and Gaz., 1860, I., p. 563.
2) Case, boy, 7 years, infected by mother, who occupied same bed.

Cooper, A. London. Surgeon Westminster General Dispensary.
"Note on extra-genital contagion." Lancet, 1890, II., p. 866.
1) Case, chancre alæ nasi, girl 10 years old, no history of contagion.
2) Case, chancre right nipple, child 2½ years old.
3) Case, chancre left side of tongue, man 28 years old.
4) Case, chancre of hypogastrium; no exposure for 7 months; had scratched himself there when in public bath, two weeks previously.
5) Case, chancre of chin; alleged re-infection; syphilis seven years previously.
6) Case, chancre of lip, from drinking beer after companion with mucous patches.

Cooper, J. Foster.
Guy's Hosp. Reports, London, 1872, 3d series, XVII., p. 257.
Case, chancre upper eyelid, in male of 20 years.

Cooper, S. London. University Hospital.
"Lectures on Syphilis" (Behrend's Syphilidol., I., 1839, p. 358).
Case, chancre of finger, in a medical man, professionally exposed.

Coote, H. London. St. Bartholomew's Hospital.
A report . . . . . treatment of syphilis, London, 1857.
1) Case, infant infected from nurse (p. 132).
5) Case, girl, aged twelve, infected from kissing sister, hereditary syphilis.
Report, Army and Navy Commission on Venereal Disease. London, 1867.
3) Case (COOTE, himself), inoculated, right middle finger, opening a bubo (p. 343).
4) Case, own re-infection, twenty years later, left forefinger (p. 343).
Clin. Soc. Transactions (Lancet, 1861, I., p. 288).
5) Case, chancre upper lip.

Corcelet. Grenoble.
(See DIDAY, "De la reinfection syphilitique," 1862, p. 17).
Case chancre of the lower lip.

Cordier. Lyons. Hosp. de l'Antiquaille, Surgeon.
Cases reported by STOURME, q. v., pp. 71–76.
Cases, chancre of the lip 7; of tonsil 3; of gums 1; per os, locality not given, 1. Total 12.

Cornarius, J. Frankfurt. Univ., Prof. of Medicine (at Jena and Marbach).
"Liber Tonsil. med. . . . . seq. observ. med." Lipsiæ, 1595. (GRUNER'S, "Dé morbo Gallico scriptores," p. 258).
Case, inoculation by wet-cupping, chancre in situ, observed before 1558.

Corrigan. Dublin. Physician to the Charitable Infirmary.
London Med. and Surgical Journ., 1835, VII., p. 715.
Clinical lecture on a case of "button scurvy," said to have been acquired by sleeping with a man with syphilis.

Cory, R.
Reported by HUTCHINSON[14] (see also FOURNIER, "Syph. vaccinale" (p. 15), (foot-note), inoculated himself, after three unsuccessful attempts, with syphilis, with vaccine lymph from syphilitic child.

Costé. Berlin.
"Observations pratiques sur les malad. vénér.," Berlin, 1760.
Case, chancre of rectum, from introduction of an infected finger.

Costé. Paris.
Gazette d. Hôpitaux, Dec. 11 and 16, 1873.
Three cases of vaccino-syphilis.

Couper. London. London Hospital.
Lancet, London, 1870, II., p. 603.
Case, chancre of lip.

Coutagne, E. Lyons.
Gaz. méd. de Lyon, Mar. 1, 1866.
Case of Eustachian infection; probable chancre of both tonsils.

Coyttarus, J. Paris.
"De febre purpur. epidem." Parisiis, 1578, cp. III.
1) Case, servant, infected through cast-off clothing of a syphilitic person. (pp. 28, 29).
2) Case, chancre of thumb in her sister.

Cozzolino, V.
1) "Sifilosi delle tonsille." Bollett. d. clin., Milano, 1888, V. pp. 97-107.*
Riv. clin. dell. Université di Napoli, 1889, 1-2. (Archiv f. Derm. u. Syph. Vol. XXI., 1889, p. 598).
2) Chancres of the nose, mostly from unclean instruments, especially from Eustachian catheterization. (No cases given).

Craigie, D. Edinburgh.
Elements of the pract. of phys., Edinb., 1837, I., 668-726.
Treats of Sibbens, Yaws, Radesyge, etc.

Crawford, C. H.
Medical Times and Gazette, London, 1873, I., p. 531.
Case, vaccino-syphilis.

Creighton, C.
The natural history of cow-pox and vaccinal syphilis, London, 1887.

Cripps, H. London. St. Bartholomew's.
"Proc. Med. Soc. of London," Jan. 24, 1887. British Med. Journ., 1887, I., p. 212.
1) Statistical, in 1886; saw 14 chancres in unusual sites.
2) Case, chancre of eyelid, one of above, a 70-year-old lady, from her grand-child.
British Med. Journ., Apr. 16, 1892, p. 815.
3) Case, chancre face, between lip and chin, in middle aged man, from razor cut.

Critchett. London. Moorfield's Eye Infirmary.
Med. Times and Gazette, London, Sept. 1857, p. 272.
Case, chancre lower eyelid.

Cullerier, Auguste (1805–1874), son of F. A. G. Paris. Hôp. Midi and Lourcine.
"Mem. sur la contag. syph. entre l. nour. et l. nourrissons." Paris, 1854. (Also L'union méd., 1854, pp. 459, 463, 471).
1) Case of syphilis alleged to have been contracted from nursing.
"Précis. iconograph. des mal. vénér." Paris, 1862–1866 (BUMSTEAD'S transl., Phila., 1868).
2) Case, chancre of vulva, from mother, by use of same sponge (p. 43).
3) Two cases, chancre of eyelid (plate 41, figures 2 and 3).
4) Case, chancre of eyelid (seen by MACKENZIE in C.'s clinic).
5) Case, chancre of tonsil (reported by LE GENDRE, from notes by MARTEL).
6) Case, chancre of lip, in medical student, from infected lead-pencil (p. 48).
7) Case, chancre of lip.
8) Case, chancre of lip, from drinking-glass (case of HILLAIRET).
(See BEYRAN, BUCQUOY and MARTELLIERE).

Cullerier, F. A. G. (1782-1841), nephew of MICHAEL CULLERIER. Paris, Hôp. des Vénériens, Surgeon-in-Chief.
See LUCAS-CHAMPIONNIÉRE, who published C's cases in his "Traité, etc." 1836.

Cullerier, Michel (oncle, 1758-1827). Paris, Hôp. des Vénériens, Surgeon-in-Chief.
Journ. gén. de méd. de chirurg., et de pharm., 1816 (LV), p. 32. (Cited by ROUSSEL: "De la syph. tertiare," Paris, 1881, p. 64).
1) Case, chancre, nurse from nursling (1797).
2) Case, chancre of lip, from an attendant, through kissing or bathing with saliva (1816), (p. 33).
Reported by CAZENAVE.
3) Case, chancre of lip, from kissing.
Also see RENARD, LUCAS-CHAMPIONNIÉRE ("Traité," etc., 1836), DIDAY, etc., (Dictionnaire des Sci. méd. par une Soc. de méd. et chir. Paris, 1813, IV.).
4) Case, chancre external auditory meatus (p. 516).
5) Case, chancre of pharynx with necrosis of vertebræ (p. 527).
6) Case, chancre on thyroid cartilage (p. 528).

Cunier, F. Brussels. Founder of the Annales d'oculistique.
"Recherches stat. sur les mal. ocul.," Annales d'ocul.
1) Case of BREYER, chancre of eyelid in child 3½ years old, received from caresses of a woman (t. iv., p. 238).
2) Case of HAIRION, q. v., chancre of eyelid.
3) Case, chancre of eyelid in a 17-year-old woman (t. XVI., p. 166).
4) Case, chancre of eyelid in infant from kiss of prostitute with a chancre of the lip (t. XVI., p. 208).

Cusack, J. Dublin. Lock Hospital, Surgeon.
Dublin Quart. Journ., 1846, p. 337 (also COLLES "Treatise," 1837, p, 273).
1) Family epidemic.
a) Case, chancre of breast, from nursling.
b) Case, infant infected by wet-nurse.
c) Case, child infected per os, from mother.
d) Case, child infected per os, from mother.
e) Case, servant-maid, infected per os.
2) Case, chancre, peri-anal, 18-months child, infected by nurse.
3) Case, chancre of thumb, from carrying a syphilitic child.
4) Case, infection through bedding of above child.

Cutter, J. C. Philadelphia.
Phila. Med. Times. 1879-80, X., p. 299.
Case, chancre within nostril.

Dabry, P.
La médicine chez les Chinois, Paris, 1863, p. 263.
Syphilis among the Chinese. "Yang-Mey-Tchonang."

Daehne, J. G. Leipzig.
"Osservachione pratiche sopra il mal. veneree." German edition. Wien, 1791 (notes by CIRILLO).
Case, chancre of lip, from holding infected quill-pen in mouth (p. 9).

Daguerre.
(Cited by CAZENAVE, q. v., without references).
Group of cases, infected by venesection, scalpel cleansed with operator's saliva.

Dall'Acqua.
Epidemic of vaccino-syphilis (see GRANCINI and DALL'ACQUA).

Dalmas. Montpellier. University Professor.
Observation in CHRESTIEN, q. v. and LEGRAND. (Obs. 403).
Case, nursling, congenitally syphilitic, infects nurse.

Danielssen, D. C. Bergen. Commun Hospital.
"Syphilisation anvendt mod Syphilis og Spedalsked." Bergen, 1858.
1) Case, chancre, woman infected by nursling; later, own child receives disease (p. 47–50).
2) Case, recent syphilis in child of 6 years; parents syphilitic a year before (p. 50).
3) Case, recent syphilis in a young woman, assigned to infected bedding (p. 50).
4) Case, recent syphilis in young woman; in service where the people were syphilitic (p. 51).
5) Case, probable chancre of tonsil in an old woman who had been fostering an infant (p. 57).
6) Case, infant who infected preceding and had received chancre of mouth from a midwife who first fed him (p. 58).
7) Case, chancre of nipple, wet-nurse of preceding (p. 59).
8) Case, recent syphilis, in servant, began in throat; her mistress syphilitic (p. 61).
9) Case, recent syphilis in 1-year-old infant; mother same (p. 63).

Danyon. Paris.
Case, Eustachian infection (see BUCQUOY[2] also CULLERIER).

Dardel, A. Aix-les-Bains.
(Statistics (personal) of CLERC, q. v., "Traité etc., 1866; p. 104).
Case, chancre of eyelid.

Davis, C. E. Chicago.
Chicago Med. Journ. and Examiner. 1876; p. 440.
Case, nurse infected by kissing her nursling.

Dawosky. Dresden.
"Mittheilungen aus der Syphilis Praxis." Memorabilien, Heilbronn, 1876. No. 10.
1) Case, chancre of finger in a midwife (p. 435).
2) Two cases, syphilis from the same midwife above mentioned (p. 433).

DeAmicis, T. Naples. University, Prof. of Dermatology and Syphilis.
Il movemento med. chirurg., 1877 (IX.), No. 33.
1) Case, nurse infected by nursling, infects
2) Case, nursling, her own child.
3) Case, nurse infected by nursling, the child of case 1.
"Sulla Syph. ossea e muscolare," etc. Il movemento med. chirurg., 1880, II., p. 460.
4) Two cases, adults with bone syphilis infected in infancy by wet-nurse.
Annales de Derm. et de Syph., 1881, p. 786.
5) Case, chancre of left cheek.
6) Case, chancre of nipple and chin in same woman.

Dease, W. Dublin. St. Nicholas and Catharine Hospitals, Surgeon.
"Heilart der Lustseuche," translated by MICHAELIS, Jena, 1790.
Case, nurse, infected by nursling (p. 133).

DeBeck, David. Cincinnati.
"Hard chancre of the eyelids and conjuctiva," Cincinnati, 1886.
1) Case, chancre, right lower eyelid, from contact in bed with male friend.
2) Tabulated details of 85 cases from literature.
3) Tabulated details of 8 cases, from personal communications, from AYRES, 1; GALEZOWSKI, 4; JULER, 2; SATTLER, 1. q. v.

Dechaux. Montluçon.
Gaz. méd. de Lyon, 1867, Nos. 15-16.
Epidemic of glass-blower's syphilis at Montluçon, 1868-1869. (GUINAND[2]).

Defaucambourge. Gien.
Case, nurse infected by nursling. (G. LAGNEAU[3], q. v.).

Deffernez. Jumet, Belgium.
Bulletin de l'Acad. Royale de méd. de Belg., Bruxelles, 1885, 3d series, XIX., pp. 364 and 476.
Syphilis in glass-blowers.

Deguerre, J. J. S.
Essai sur l'inocul. du virus syph. Thèse de Paris, an. XI. (1803) p. 43.*

Delapersonne. Paris, Hotel Dieu, Chief of Surgical Clinic.
Archiv. d'ophthalmol., 1880-1881, p. 499.
1) Case, chancre of eyelid, involving caruncle.
2) Case, chancre of left lower eyelid. (Service of Dr. PANAS).
3) Case, chancre of right lower eyelid. (BARTHÈLEMY[2]).

Del Chiappa, G. B. (See DEL CHIAPPA).

Del Greco. Florence.
Case, chancre of leg, inoculation by an electric brush (see PELLIZZARI, C.[20]).

Del Monte, M. Naples. Professor Ophthalmology at University.
Il movimento med.-chirurg., 1882 (DE BECK, p. 42).
1) Case, chancre of eyelid, medical man (p. 155).
2) Case, notes by SBORDONE, medical man, chancre of eyelid, digital auto-infection (p. 157).

Delore. Lyons. Hôp. de la Charité.
(FOURNIER "Nourrices et Nourrissons," p. 9).
Case, chancre, nurse infected from nursling: nurse in turn infects her husband.

Delpeche, E. Montpellier. Univ. Prof. of Surgery.
Clin. chirurg. de Montp., 1826 (LAWRENCE, "Lect. on Surgery," 1830).
1) Case, surgeon infected on finger, from rectal operation.
(Cited by OESTERLEN, "Ven. Contagion," 1843, p. 67).
2) Case, chancre of chin, in site of razor wound.

Demange, E. Nancy. Prof. of Medicine.
"Chute spontane des dents et crises gastriques—chez les ataxiques." Revue de méd., 1882 (FOURNIER, "Period. preatax. du tabes").
Case, chancre of lip, ataxia 30 years later.

Demarchi.
L'Imparziale, Sept. 1. 1868. (Annales de Derm. et de Syph., 1869, p. 158, Giorn. ital. d. mal. ven., etc., 1869, I., p. 243).
Epidemic of Capistrello and Castellafiume (see also TANTURRI, RUGGIERE. DURANTE, SELLI, also Epidemics).

Demeaux. (See LAROYENNE).

De Meric, V. London. Royal Free Hospital.
"On some peculiar modes of transmitting syphilis in married life." British Med. Journ., Jan. 24, 1874.
Case, chancre of tonsil, husband infected from wife.

Demets, A. Ghent.
Annales de la Soc. Méd. de Gand, 1884 (t. LXII), p. 147.
Two cases, chancre of eyelids, etiology unknown.

De Molines. See DES MOLINES.

Denis. (See CLOSMADEUC).

Denis-Dumont. Caen. Professor École Militaire.
"De la Syphilis," Paris, 1880.
1) Case, infection of a military man through a tobacco-pipe (p. 76).
2) Case, chancre of the finger, in a midwife (p. 186).

Denti.
Annali d'ottalmologia, XII., 1883, p. 567 (DE BECK, p. 44).

Case, chancre of lower cul-de-sac of left eye, from a nail-wound of a syphilitic nursling.

Depaul. Paris. Director of vaccine service.
"De la Syph. Vacc." Acad. impér. de méd, Paris, 1865, pp. 59, 84, 200.
1) Family and lactation epidemics of VIANI, RODET, MARONE, HERARD, and CHASSAIGNAC, q. v.
Bull. de l'Acad. de méd., 1866, p. 1047 (FOURNIER, "Syph. vacc.," p. 191).
2) Nine cases of vaccinal syphilis.
Bull. de l'Acad. de méd., Paris.
3) Twenty-three cases of vaccinal syphilis, 1867 (p. 619).
4) Two cases, vaccinal syphilis, reported by Dr. ZALLONIS, of Greece, 1869 (p. 1017).
5) Case, vaccinal syphilis reported by Dr. VICHERAT, of Nemours.
6) Case, vaccinal syphilis in a child, from nursling, nursed by
7) Case, chancre of breast in mother of last case; subsequently her husband and three other children were infected, 1869 (p. 1103).
Discussion on vaccinal syphilis, defending BARDINET's work on "Un vacc. syph.," 1869 (p. 1171).

Depaul and Roger.
Bull. de l'Acad. de méd. de Paris, XXXI., p. 888.
Epidemic of vaccinal syphilis at Morbihan, 44 infected. (See Epidemics).

Descroizilles.
La France médicale, 1887, I., p. 838.
Case, chancre of the anus, in boy 12 years old, pederastic.

Desjardins. A. Algiers.
L'Akbhar. (Journ. d'hygiene, 1881, p. 399).
Epidemic of vaccinal syphilis, fifty-eight soldiers inoculated from a single vaccinifer. (See Epidemics).

Desmarres, L. A. (père).
Traité theorique et pratique des mal. des yeux." Paris, 1854, t. I., p. 621.
1) Case, chancre of eyelid, medical man from coughing of a syphilitic.
2) Case, chancre of eyelid in midwife.
3) Case, chancre of eyelid in an adult; in both, cause unknown.

Desmet, E. Brussels. Univ. Prof. of Dermatology and Syphilis.
La presse méd. Belg., 1881 (XXXIV) (p. 73).
1) Case, chancre of breast.
"Ueber die Syph. der Glasblöser" La Clinique, Bruxelles, 1887 (November). Monatsh. f. prakt. Derm., 1888, p. 386).
2) Case, chancre in a glass-blower, infected per os.

Des Molines. Paris. Hôp. Lourcine. (Interne). (Service of MARTINEAU). Statistics of 128 cases; lips 8, fauces 2, nipple 2 (see MARTINEAU and BINET).

Desnos, E. Paris.
L'union méd., 1889, I., p. 454.
1) Case, chancre of the tongue, in cashier from infected bank-notes.
Dict. de méd. et de chirurg., prat. VII., p. 149 (Compt. rend. Soc. Méd. d. Lyon, 1861-2, pp. 45, 70).
2) Statistics; out of 77 chancres of the mouth, there was only one chancre of the tonsil.

Despagnet, F. Paris.
Receuil d'ophthalmol., 1881, p. 521.
1) Case, chancre of eyelid.
2) Case, chancre of conjunctiva in a nursling, from adult, kissing.

Després, A. Paris. Lourcine and Hôp. Cochin.
(See cases reported by COCHEZ and GUIGNARD ?).

Deubel.
Gaz. méd. de Paris, 1881, III., p. 628 (Annales de Derm. et de Syph., 2d series, Vol. III., 1882, p. 129).
Man 49 years old infected by skin grafts from own son (see FÈREOL).

Devaux, J. Paris.
Translation with notes of MUSITANUS (q. v.) Paris, 1710.
1) Two cases, chancre of fingers, in midwives.
"Art de faire les rapports en chirurg." Paris. (GIRTANNER gives date 1727; PLOUQUET, 1743).
2) Case, or cases of lactation-syphilis. (PLOUQUET).

Devergie, A. Paris. Hôp. St. Louis.
Bull. de l'Acad. impér. de méd. Paris, 1862, Vol. XXVIII, p. 664.
Case, vaccino-syphilis, in young man, 15 years old.
De la. Syph. Vacc., Acad. impér. de méd. Paris, 1865, p. 136.
Discussion on vaccinal syphilis.

De Vincentiis. Palermo. Univ. Prof. of Ophthalmology.
(PROFETA q. v. "Trattato prat. d. mal. ven." 1888, p. 425).
Case, chancre of the eyelid.

Dibon, R. Paris. 1759.
"Effet singul. du mal. vén. sur toute un famille." Journ. de méd., chir., pharm., etc. Paris, 1759, X., p. 415 (GIRTANNER, No. 508).
Case of lactation syphilis starting a family epidemic.

Dickinson, W. London. St. George's Hospital.
Med. Times and Gaz., 1874, I, p. 476.
Case, chancre of upper lip.

Diday, P. Lyons. Hospice de l'Antiquaille.
Traité de la syph. des nouveau-nés, Paris, 1854. (Edit. Wood's Library, 1883).
1) Two cases (personal), chancre of nipple (pp. 150, 185).
2) 25 cases, BARDINET 3; BAUMES 1; BERTHERAND 1; BOUCHUT 2; CAZENAVE 1; CULLERIER 4; DOYON and DRON 1; LALLEMAND 1; LORET 1; PARÉ, A. 4; PETRINI 4; PRICE 1; SPERINO 1.
"Étude sur la chancre de l'amygdale." Mem. de la Soc. de Scien. méd. de Lyon, 1861-2, t. I., (p. 45).
3) Five cases, chancre of tonsil.
"Reinfection Syphilis." Archiv. gén. de méd., 1863.
4) Statistics of 60 primary lesions (in 30 cases re-infection), there is mention of 4 extra-genital chancres.
5) Case, personal, chancre of the lip (p. 33).
6) Case, chancre of lower lip (GORCELET), (p. 40).
7) Case, chancre of lip (BODET), (p. 41).
8) Case, chancre of lip, re-infection in above case (BODET), (p. 41).
Gaz. méd. de Lyon, Aug., 1866.
9) Case, chancre by Eustachian infection.
Gaz méd. de Lyon, 1867.
10) Case, chancre from glass-blowing (GAMET).
"Histoire naturelle de la Syph., Annal. de Derm. et de Syph., 1882, pp. 521, 637.
11) Statistics, 90 cases of recent syphilis; of these 5 extra-genital.
12) Four cases, chancre of lip, 3 of them in glass-blowers (pp. 528, 640, 641).
13) Case, chancre of tonsil (p. 527).

Diemer, L. Aachen.
"Abhandlung über die Heilwirkung der Aachener Schwefelthermen." Aachen, 1862, p. 1.
1) Statistics of 257 syphilitics treated by D. at Aachen, 1854-1862, nine (about 3 per cent.) were infected innocently.
2) Two cases, inoculated through surgical operations.

3) Two cases, children, infected by nurses and attendants.
4) Case, attendant, infected by his syphilitic patient.
5) Case, infected through use of a tobacco-pipe.
6) Case, infected on shipboard, through messing outfit, probably knife (p. 2).
7) Two cases, mode of infection unknown.

Dieterich, G. L.
Die Krankheits Familie Syphilis. Landshut, 1842, vol. 1, p. 188.
Case, chancre of lip, child 2 years, from kisses of mother.

Dietlen, H. Erlangen.
"Casuistische Beiträge für Syphilidologie des Auges." Inaug-Dissert., Erlangen, 1876.
Case, of MICHEL'S, chancre of conjunctiva, lower cul-de-sac, in medical man, from auto-infection with fingers, (p. 4).

Dimey, J.
"Étude sur les chan. syph. du sein." Thèse de Paris, 1891 (Annales de Derm. et de Syph., 1891, p. 895).
Among 139 extra-genital chancres, in Paris cliniques, in 4 years, there were 18 of the breast (5 in men).

Dixon, T. London.
Med. Times and Gaz., May 9, 1861.
Case, chancre of eyelid.

Dixwell, J. Boston.
Boston Med. and Surg. Journ., 1881, CV., p. 482.
Case, infection per os, possibly from a drinking vessel.

Dolbeau. Paris, Hôp. Lourcine, Surgeon.
Bullet. de thérapeutique, LXXII., 1867.
Case, chancre of lip, in a man of 60.

Donaldson, F. Baltimore.
Phila. Med. News, 1885, XLVII., I., p. 173.
Case, chancre of tonsil.

Donné.
"Mothers and Infants, Nurses and Nursing," Boston, 1859, p. 104 (N. Y. Med. Record, Vol. XXX., 1886, p. 511).
Case, infection of child from wet-nurse.

Dor, H. Lyons.
(Personal communication from DE BECK to author of this book; source unknown.
Nine cases of chancre of the eyelid, seen between 1868-1883.

Dornig, G. Laibach.
Wiener med. Wochenschr., 1885, XXXV., p. 330.
Case, chancre of right lower eyelid in a laundress; etiology not given, but most likely from soiled clothing.

Doutrelepont, H. Bonn. Univ. Professor of Dermatology and Syphilis.
Eighteen cases of extra-genital chancre, given by VON BROICH, q. v.

Dowse, T. S. London.
Lancet, 1877. I., p. 482.
Case, chancre of forearm in a girl nine years old, from holding a syphilitic infant.

Doyon, A. (See DRON).

Draper, W. H. New York.
Archives of Dermatology. New York, Vol. II., p. 230.
Case chancre of the lip, from kissing, wife infected by husband.

Dron, Achille. Lyons. Hosp. de l'Antiquaille (female service).
(DOYON, A. and DRON, A.) Gaz. hebdom. de méd., Paris, 1854, Nos. 30, 31.

(Tardieu, "Étude méd-legal, etc.," Paris, 1879, p. 226-229).
1) Six cases, nurses infected by nurslings.
(Doyon, A. and Dron, A.). Rev. thérap. du Midi, Montpellier, 1859, XIII, pp. 373, 401.
2) Cases of transmission of syphilis from nursling to nurse.
Annales de Derm, et de Syph. 1870, p. 161.
3) Twelve cases, nurses infected by nurslings.
4) Five cases, nurses become infected, and also infect other nurslings.
Lyon médicale, 1870, p. 512.
5) Statistics; 106 nurses, infected by nurslings, transferred from Charité to l'Antiquaille, 1860-1870.
6) Extensive family epidemic of syphilis.
Lyon médicale, 1877, Nos. 26, 28, 30, etc.
7) Statistics of chancre of the lip, 1870-1875, chiefly in glass-blowers: 8 to 10 cases yearly.
Cited by Rollet, "Traité des mal. vén." Paris, 1866 (p. 617).
8) Case, woman, aged 70 years, infected, lips and tonsils from the care of her grand-child.
(Dron's cases have been freely referred to by others, see Audoynaud, Diday, Fournier, Rollet, Roussel, Viennois).

Drysdale, C. R. London.
British Med. Journ,, Apr. 25, 1868, (with R. W. Dunn).
1) Case, vaccino-syphilis.
Lancet, 1869, II, p. 639.
2) Case, chancre of lower lip, girl, aged 19, from bite of a young syphilitic child; patient then infects her sister, girl, aged 13, chancre of vulva from sleeping with her.
Lancet, 1870, I, p. 482.
3) Case, chancre (?) in throat, from nursing bottle.
4) Case, chancre of nipple, from same child.
5) Case, infection (?) of child of case 4.
British Med. Journ., Nov. 16, 1872.
6) Case, infection from cigar stump.
"Syphilis, its nature and treatment" London, 1872.
7) Two cases, chancre of lip, from kissing.
8) Three cases, nurses infected by nurslings.

Dubois, P. Paris.
Bouchut. Traité prat. des mal. des nouv.-nés, 1st edit., p. 878.
Case, chancre of lip, in pregnant woman.

Dubois, Havenith. Brussels.
Presse Méd. Belge., 1890, XLII, 9, p. 129.
Two cases, chancre of lower lip, in a woman 60 years old and her daughter.

Dubreuil, A. Montpellier.
Gaz. hebdom. de Montp., 1888, No. 9, p. 100. (Annales de Derm. et de Syph., Vol. IX., 1888, p. 597).
Case, chancre external angle of right eyelid.

Dubreuilh, W. Paris. Hôp. St. Louis, service of Fournier. (Interne).
Case, chancre of chin from razor cut (see Zwetitch).

Dubreuilh, W. Bordeaux.
Case, multiple chancre of face, (see Braquehaye).

Dufour, C. Paris. Hôp. du Midi. (Interne).
Two cases, chancre of fauces, (Fournier "chancre cephalique," 1858).

Duguet.
Case, chancre of tonsil, see Le Gendre[8].

Dührsen.
Pfaffs Mittheilungen aus dem Gebiete der Med. Chir. u. Pharm., Bd. I.,

Hef. 3, 1832 * (quoted by BOECK Traité, d. l. Radesyge, etc., 1860, p. 47). Treats of the Morbus Dithmarensis.

Dulac, P. Paris. Hôp. St. Louis, service of BAZIN.
"Étude sur la syphilis contracté a un age avancé.," 1878, p. 58.
Case, chancre, septum of nares (service of GOSSELIN q. v.).

Dulles, C. W. Philadelphia.
1) Cases of syphilis from tattooing (see Epidemics, and MAURY and DULLES).
Phila. Med. and Surg. Reporter, Jan. 5, 1878, XXXVIII., p. 4 (Amer. Journ. of Med. Sciences, 1878, p. 62).
2) Case, chancre of lip, received from a dentist.
Archives of Dermatology, New York, VII, 1881, 144.
3) Case, chancre of eyelid.

Dunn, R. W. London. Farrington Dispensary.
Brit. Med. Journ., 1865, II., p. 600.
1) Fifty-three cases of vaccination syphilis.
Report of Army and Navy Commission, London, 1867, p. 506.
2) Case, chancre of lip, man infects sweetheart by a bite (this is undoubtedly same as DRYSDALE'S).

Dupond, G.
"Étude sur la syphilis du nez et des fosses nasales," Thèse de Bordeaux, 1887, Paris.
1) Case, Eustachian-sound inoculation.
2) Case, chancre of fauces (both in service of MOURE), pp. 22, 32.

Du Pont.
On the contagiousness of secondary forms of syphilis, and on chancre of the head. Presse méd. Belge, Bruxelles, 1859, No. 26, 32*.

Dupré, Achille.
Thèse de Paris, 1857.
Case, chancre of the eyelid, from kissing (p. 11).

Dupuytren. Paris. Hotel Dieu, Senior Surgeon.
Case, double chancre of breast and eyelid, in a nurse from a nursling (reported by ROGNETTA, q. v.).

Durante. Capistrello. Dispensary Physician.
(Notes of the progress of the endemo-epidemic in Capistrello. See TANTURRI, DEMARCHI, and Epidemics).

Düring, E. von.
Monatsh. fur prakt. Derm., XIII, 1891, p. 471.
1) Seven cases, chancre of lip and cheek.
2) Three cases, chancre of tonsil.
3) Case, chancre of right breast.
4) 31 cases in neighborhood of anus from pederasty.

Durkee, S. Boston, U. S. A.
Boston Med. and Surg. Journ., LIX., 1859, p. 460.
1) Two cases, nurses from same nursling (same as reported by BENNETT q. v.).
"Treatise on Gonorrhœa and Syphilis," Phila., 1864, p. 278.
2) Case, wet-nurse infected by moribund nursling, at nipple (Massachusetts Gen. Hosp., Mar., 1853, service of BIGELOW).
3) A mother and young daughter drew the breasts of this patient, and each received, beyond all question, chancre of the throat.

Düsterdorf. Willebadessen. District Physician.
Hufeland's Journal, 1826, LXII, I., p. 114.
Epidemic from lactation (see Epidemics).

Dutschinski, A. A. Staro. Konstantinov.
Vratsch, June, 1889, p. 167 (Brit. Med. Journ., 1889, p. 427).

Epidemic from midwifery inoculation; 36 infected (13 male, 23 female) in total population of 316. (See Epidemics).

Dzondi, K. H. Halle. Prof. of Medicine.
"Neue zuverlassige Heilart der Lustseuche" Halle, 1826.
Case, chancre of the groin, in a woman 80 years old, infection through an undergarment (p. 5).

Ebrard, E. Paris.
"Neuroses syphilitiques." Gaz. méd de Paris, 1843, Feb. 25, p. 120. (LAGNEAU, fils "Mal. syph. du syst. nerv." Obs. 123).
Case, woman infected by nursling; cerebral syphilis.

Edes, R. T. Boston. Prof. Therapeutics, Harvard University.
Boston Med. and Surg. Journal, 1881, CV., p. 250.
Case, chancre of eyelid, from application of tongue to eye.

Edlefsen. Keil. Prof. in Chief of the Medical Poliklinik.
"Casuis. Beitr. zur Frage von Contag. der hered. Syph., Berlin. klin. Wochenschr. 1876, No. 5, p. 60.
Case, grand-mother acquired syphilis from infant which she tended; site and mode unknown.

Egan, J. C. Dublin. Surgeon, Westmoreland Lock Hospital.
Dublin Quarterly Journ., May, 1846; London Lancet, Aug. 22, 1846.
Cases of extra-genital infection, afterward embodied in "Syphilitic Diseases," etc., London, 1853, p. 296.
1) Case, chancre of left breast, from nursing syphilitic infant.
2) Case, chancre, both breasts, from nursing syphilitic infant.
3) Case, chancre on neck, site of pin scratch, inoculated from mouth of syphilitic infant, (p, 302).
4) Case, infection, probably on tongue, from kissing syphilitic infant in the mouth, and about nates, (p. 304).

Eichman.
Schmidt's Jahrbücher, LXXXIII., p. 184.
Case, woman infected by kissing an infant relative.

Elliot, G. T. New York. Skin and Cancer Hospital, Ass't Physician.
Journ. of Cutan. and Genito-urinary Diseases, 1888, p. 334.
Case, faucial chancre in a young girl, from lover.

Elliotson, J. London.
"On secondary syphilitic transmission," Med. Times and Gaz., London, Sept. 4, 1858.
Case, possible transmission by a comb; first symptoms being a localized syphilide of scalp (such cases have occurred).

Ellis, E. London. Victoria Hospital for Sick Children, Physician.
"Pract. Man. of the Diseases of Children," New York, 1879 (3d ed., in Wood's Library for 1879).
Case, nurse infected by nursling.

Eltzina, Z. J.
Vratsch, 1882, Nos. 50-51.
1) Statistics from rural districts of Russia: of 55 syphilitic peasants, observed in the Krapivna district, 45 were infected extra-genitally; 43 through family life; and 2 through suckling (most of the cases were in children) only two by coitus.
Vratsch, 1889, p. 155 (Brit. Journ. of Dermatol., 1889, p. 424).
2) Case, chancre, left little finger, girl aged 13 months; parents and family healthy; infected by caress of stranger.

Emser, H. Ulm. Chaplain to George of Saxony, 1504.
"Miracula St. Bennonis. . . Acta sanctorum," Rome, 1521, (Fuch's "Die Aelteste Schrifts. u. Leusts." Göttingen, 1843, p. 330).
Account of numbers with *Morbus Gallicus*, miraculously cured by St. Benno; among these, many from the same family, and many children.

Engelsted, S. Copenhagen. Kommunspital.
"Veneriske Sygdome." Copenhagen, 1876.
1) Three cases, chancre of finger, in midwives (p. 34).
2) Case, chancre of lip from a cigar stump (p. 33).
3) Case, a two-year-old child, with acquired syphilis, and cerebral softening (p. 239, case 37).
4) Case, an adult heredito-syphilitic, had a hospital record of infecting his wet-nurse in infancy (p. 326).
5) Case, similar, with addition of nurse infecting own child (p. 305).
6) Statistical; children with acquired syphilis in Comm. Hosp. (p. 324).

Erichsen, J. E. London. Westminster Hospital. Surgeon to the Queen.
Report of Army and Navy Commission, etc., London, 1867.
1) Case, infection from kissing, probable chancre of tongue (p. 430).
2) Case, similar to above, infection per os, kissing (p. 430).

Escherich.
"Zur Untersuchung gegen Dr. Hübner in Hollfeld wegen fahrlässiger Körperverletzung durch Impfang" Arztliches Intelligenzblatt 1854, No. 25, p. 198.
Hübner inoculated directly 8 children, and 9 indirectly, with syphilis by vaccination (see HÜBNER).

Esof.
Vierteljahr. f. Derm. u. Syph., 1889, XXI., p. 253.
Case, chancre of eyelid in a woman, from the entrance of amniotic fluid.

Estlander, J. Helsingfors. Eye-clinic.
Klin. Monatsblatt. Zehender's, 1870, 259. (HOCK, q. v.).
Family epidemic, discovered through a gumma of conjunctiva in one member, ten years later.

Eulenberg. Berlin.
"Uebertragung der Syph. durch Vaccination." Berliner klin. Wochenschr., 1872, No. 38 (p. 461).
1) Case of vaccino-syphilis, 7 months after vaccination. (See Epidemics).
Handb. des öffentlichen Gesundheitswesens, Bd. I, Berlin, 1881. (Article: Beschneidung) Archiv f. Derm. u. Syph., 1883 (p. 289).
2) Circumcision syphilis.
Tageblatt der Naturforscherversammlung zu Leipzig (Archiv f. Derm. u. Syph., 1883, p. 543).
3) Vaccination syphilis.

Eustachius, Rudius. Padua, Univ. Prof. of Medicine.
"De morbo gallico libri v." Venetiis, 1604. (Edited by MUNDINUS). (GIRTANNER., "Bibliogr." and SIMON "Die Leustseuche," etc.).
1) Case, nurse infects two nurslings (probably the converse was the case). Lib. I., cp. VIII).
2) Case, chancre of tongue from kissing.

Everardus, A. Middelbourg, Seeland.
"Die Neu-erweckte Säuger-seuche in ihrer Vergleichung mit der Frantzosen oder Indianischen Krankheit, etc.," (from the Latin edition of the author : bound with BLANCAARD, and other Dutch and English authors, Leipzig, 1689). (See also ROSEN VON ROSENSTEIN "Kinderkrankheiten "Göttingen, 1798, p. 728).
Epidemic, afterwards endemic, in Seeland, 1654, which began from breast-drawing. (See Epidemics).

Evmenieff, V. A.
A report of syphilis in the Ostrogoshsk Voronej Govern., 1885-1886 (Med. Beseda, 1888, p. 7-10).
Statement: Among 2653 cases of syphilis observed among the peasants, 1246 or 46.9 per cent. were affected through domestic propagation, 80 by inheritance, 390 by coitus, and in 937 cases, the mode was undetermined. Extra-genital syphilis is especially spread by children,

with play-things, common meats, breads, sweets, etc.—infection through the mouth is most frequent.

Ewertzen. Fredricksborg. District and Batallions Physician.
Froriep's Notizen, Weimar, 1832, No. 745, from Dänish Bibliothek f. Läger.
Epidemic of vaccino-syphilis, Fredricksborg, 1830. (See Epidemics).

Fabre, P. Paris.
"Traité des malad. vénér." Paris, 1775.
Case, probably faucial chancre, conjugal, in wife (p. 9).
"De la syph. chez les femmes enceintes chez les nour. et chez les enfans." Bibliothèque de méd. prat. Paris, 1848, VIII. (p. 610-654). (Proksch, "Die Litteratur über die Vener-Krankh. Bonn. 1891, 3te Bd. p. 26).

Fabricius de Hilden.
Obs. chir. et méd., 1716, centur. i, obs. c. (LANCEREAUX—"A treatise on Syphilis, etc." New Sydenham Soc. London, 1869, Vol. II., p. 246).
Case, infection of girl of 15 years from wearing the drawers of a male friend in a carnival.

Facen, J. Milan.
Gaz. med., Lombard., Mai, 1849 (Gaz. méd. de Paris, 1849).
1) Small lactation epidemic.
2) An account of "Facaldina," (No. 21, p. 183). (Quoted by LANCEREAUX Treatise on Syph., etc., 1868, p. 41)*.

Faguer.
Four cases, chancre of the tonsil in one family. (See ROLLET[8]).

Falcone, T. Naples.
"Contrib. di patologia e clinica Dermatosifilopatica." Giorn. ital. di mal. vener. etc., Milano, 1887, XXVIII., No. 3.
Case, chancre, inner canthus right eye, from use of an opera-glass (p. 142).

Fallopius, G. Padua and Pisa. Prof. of Anatomy.
"Tract. de morbo Gallico." Edited by Peter Angelus, Patavia, 1564. (GIRTANNER, 151).
Case, chancre of buttocks in an old man from the privy-seat of a house where several syphilitics were lodging.

Fano. Paris. Hôp. du Midi. (Interne).
FOURNIER "Chancre céphalique." 1858.
1) Two cases, chancre of the lip.
Jour. d'oculistique et de chir., Mar. 25, 1874, (cited by TOUCHALEAUME, q. v., p. 14).
2) Case, chancre, bulbar conjunctiva.

Farlow. Boston.
Boston Soc. for Medical Improvement, Nov. 28, 1892. Boston Med. and Surg. Journ., Jan. 5, 1893.
Case, chancre, upper lip, man, mode of infection not stated.

Farre, A. London.
Report of Army and Navy Commission, etc., 1867
Cases, no documents, of nurses infected by nurslings, p. 472.

Farriols, A. Barcelona.
Gaceta san. de Barcelona, 1888-9, I., p. 152 (known only by title "Chancro sifilitico en la mejella derecha").
Case, chancre of right cheek.

Faught, G. G. Philadelphia.
New York Medical Record, 1891, XL., p. 511.
Case, chancre of the gum, in a woman 19 years old, from kissing a man with syphilitic mouth lesions.

Favier. Lyons.
ROLLET "Traité d. mal. vén." 1865, p. 617.
Case, chancre of tonsil.

Fedchenko, N. P.
"Three cases of chancre after shaving," Medezinskoje Obozrenie, 1890. No. 1, p. 19, (Vratsch, 1891, No. 44, p. 989).
1) Case, chancre on the neck, below the left lower jaw.
2) Case, chancre on the chin, in a student, after cutting a comedo with a razor recently bought.
3) Case, chancre on the angle of the lower right jaw.

Fedotow, A. A. See KÉDOTOFF.

Feibes, E. Aix-la-Chapelle.
Berliner klin. Wochenschr., 1889, No. 23, p. 519.
Case, chancre of the cheek, in a man 25 years old, after shaving by barber.

Fenwick, G. Montreal.
Canada Med. and Surg. Journ., Aug., 1875 (Reported by CLINE).
Case, chancre of eyelid, source unknown, unless from towel used by room-mate.

Fèreol.
Progrés méd., 1881, No. 46, p. 916. (Annales de Derm. et de Syph. 1882, p. 129).
Case, syphilis, communicated by epidermic grafts (DEUBEL's case, q. v.).

Fernandez, J. S.
"Observacion clinica di un chancro indurado del párpado superior del lado izquierdo recogida en la sala de Sante Tomás del doctor Lailler" — Anfiteatro anatom. Madrid, 1875, III., p. 433.*
Case, chancre, upper eyelid.

Fernelius, J. Paris. Physician to the King of France.
"De abditis rerum causis, lib. II., 1548, II., cp. XIII. (also GIRTANNER 152).
1) Nurses infected on the breast by syphilitic nurslings.
2) Infection on the lip, by kissing.
3) Midwives, inoculated on the finger, by professional exposure.

Feulard, H. Paris, Hôp. St. Louis, Chef de clinique.
Annales de Derm. et de Syph, 1890, p. 320.
1) Statistics of extra-genital chancres at clinic in 1889: 34 in all (excluding multiples); lips 19, tongue 3, tonsil 1, chin 1, breast 3, finger 3, arm (vaccination) 2, anus (infant) 1, abdomen and inguinal 1.
Annales de Derm. et de Syph., 1891, p. 220 (Soc. de Derm. et de Syph.).
2) Case, chancres on both arms, acquired in hospital, during treatment for scabies (see FOURNIER).
Annales de Derm. et de Syph., Vol, III., 1892, No. 7, p. 805.
3) Statistics from FOURNIER's clinic, Feb. 1, to Nov. 1, 1891: 75 cases extra-genital chancre, 48 men, 24 women, 3 infants; 86 chancres altogether presented, of these 68 were cephalic as follows: upper lip, 25, lower lip, 14, labial commissure, 7, tongue, 4, tonsils, 6, cheek, 2, chin, 10, the remaining 18 as follows: breast, 5, anus, 4, umbilicus, 1, forearm, 3, fingers, 4, thigh, 1.
Trans. Soc. de derm. et de syph., Séance, Nov. 10, 1892 (Annales de Derm. et de Syph., Vol. III., 1892, No. 11, p. 1156).
4) Case, chancre, left cheek, in male infant of 2 years; infection probably from neighbor in whose care the child was left (service of GRANCHER).
5) Case, chancre lower lip, near left angle of mouth in little girl of 3½ years, from syphilitic mother.
6) Case, chancre, left cheek, near outer part lower eyelid, in boy of 4 years, infection from maternal uncle.
7) Statement: the last three cases were observed in a period of less than

4 months, among 11 cases of infantile syphilis observed in the clinic since Dec. 1891.

Fieuzal, J. Paris.
Bullet. de la clin. nationale ophthalmol. des Quinze-Vingts, T. I., Paris, 1883.
Case, chancre of eyelid, source unknown (p. 158).

Finger, E. Vienna. (Prof. ZEISSL's and Prof. NEUMANN's Clinics).
"Ueber ein const. nerv. störung, etc.," Viertelj. f. Derm. u. Syph,, 1881, p. 273.
1) Case, chancre of upper lip, left side.
Aerztl. Bericht. d. k. k. Allg. Krankenh., Wien (1882), 1883, p. 132.
2) Frequency and seat of syphilitic primary lesions.
"Die Syphilis u. d. venerische Krankheiten, Wien, 1886.
3) Case, chancre of lip, from cigar stump, p. 14.
4) Four cases of infection from bites; chancre of nose, ear, thumb, toe.

Fischer, H. Breslau. Univ. Prof. of Surgery.
Case of circumcision syphilis. (See JAFFÉ).

Fisher, C. I. Supt. State Alms House, Tewksbury, Mass.
"Necessity of social and statute recognition of syphilis." Boston Med. and Surg. Journ., July 31, 1890.
Case, chancre of lip, in female domestic, cause not stated.

Fitz. U. S. Military Service.
Case, chancre of lip, in a soldier from a comrade, through drinking from the orifice of a faucet. (See ARTHUR).

Fitzgerald, T. A. Dublin. Dublin Eye Infirmary.
(DE BECK q. v. personal communication, from Dr. F.).
Two cases, chancre of eyelid, personal, and one not elsewhere mentioned, seen 1868, at LAILLER's Clinic, Hôp. St. Louis.

Fitzgibbon, H. Dublin. President Royal Coll. Surg., Ireland.
Pres. address, "Syphilis," Dublin, 1888 (Edinb. Med. Journ., 1889, XXXIV., p. 854. Also London Med. Rec., 1889, No. 15).
1) Case, chancre of lower lip, banker, counting roll of bank bills, stolen by a prostitute and hid in her vagina.
2) Case, chancre of right thigh, in a girl of 14, in the site of chafe from riding saddle, from exposure to seat of a railway water closet.

Flamande.
Journ. complém. d. Dict. d. sci. méd., V., p. 135.
Domestic epidemic at Chavanne-Lure, 1828. (See Epidemics).

Fleischer, A. Kiew. Prof. in the University.
Proceed. Soc. of Physicians of Kiew, 1885-86, p. 73, (London Lancet, 1886, Vol. II., p. 988).
Two cases, chancre of chin, in site of razor cut.

Fonseca, L. da. Lisbon.
"Cancro prim. syphilitico da palpebra," Archiv. ophthalmo-ther. de Lisboa, 1881, II., p. 60.
Case, chancre of eyelid, source unknown.

Fontanus, N. Amsterdam. Prof. of Anatomy.
"Respons. et curat. medic.", 1637 (GIRTANNER No. 386).
Case of syphilitic infection by mere contact.

Foot, Jesse.
"Important researches upon the existence, nature, and communication of venereal infection in pregnant women, new-born infants and nurses, by the late P. A. O. MAHON. These are contrasted with the new opinions of the late JOHN HUNTER upon this subject, together with observations thereon." London, 1808, 8°, pp. IV, 5-110*.

Ford, W. H.
St. Louis Med. and Surg. Journ., 1881, XL., p. 158.
Case, chancre on shoulder of nurse, from syphilitic child.

Forestus, P. Leyden. Univ. Prof. of Medicine.
"Observ. et cur. med. et chirurg., libri XXXII.," Lugduni-Batavorum, 1591-1606 (GIRTANNER No. 146) (ROSEN VON ROSENSTEIN "Kinderk." Göttingen, 1798, p. 728).
Case, triple infection, of nature of family epidemic; nurse from nursling, infecting her own two children.

Fortin. Paris.
"Transmission de la syphilis d'un nourrisson a un nourrice." L'Union médicale, 1866, 135, 136.
Case, syphilis communicated from a nursling to nurse.

Fortuniades.
"Étude sur le chan. syph. des paupières." Thèse de Paris, 1890 (Annales de Derm. et de Syph., 1890, p. 838).
Review of subject; making chancre of eyelids, 3 per cent. of extra-genital chancres.

Foster, F. P. New York. Chief of Vaccine Department, N. Y. Dispensary.
Amer. Journ. of Syph. and Dermat., Vol. I., 1870, pp. 189, 293; Vol. II., 1871, p. 40.
1) An able review of the reported cases of vaccinal-syphilis to date.
2) Case, chancre of tonsil (reported by FOX, G. H.,[6] q. v.).

Foucart, A.
Gaz. des Hôp., Paris, 1844, No. 11, p. 41.
Case, chancre of nipple, from syphilitic nursling.

Fournié, E. Paris. Institution for Deaf and Dumb.
L'Union méd., 1863, XVIII., p. 583.
Case, chancre of pharynx, Eustachian infection, first case on record.

Fournier, A. Paris. Hôp. Lourcine and St. Louis.
L'Union méd., 1858, and "Leçons sur la chancre," Paris, 1858-60. Appendix.
1) 19 cases, extra-genital chancre, personal, (service of RICORD), (p. 247-250).
2) 58 cases, extra-genital chancre (PUCHE, 28, p. 246; CABY, 7, p. 250; and others, 23).
"De la contagion syphilitique." Paris, 1860.
3) Case, chancre of upper lip, man 23 years old (p. 54).
4) Case, chancre of lower lip, man 21 years old (p. 56).
Archiv. gén. de méd., Paris, 1863, Ser. VI., Vol. II., p. 237.
5) Case, chancre of tonsil, Eustachian tube inoculation.
"Soc. méd. des Hôp.," L'Union méd., 1864, XXIV., p. 264; also, ibid., No. 129, p. 216.
6) Two cases, chancre from Eustachian tube inoculation.
Dictionnaire de méd. et de chirurg. prat., 1867, VII., p. 75.
7) Statistics, of two hundred cases of cephalic chancre.
(Reported 1869, by AUDOYNAUD, q. v. Thèse de Paris).
8) Two cases, chancre of nipple, nurses from nurslings.
"Leçons sur la syph. étud. plus partic. chez la femme." Paris, 1873 (Clinic of the Lourcine).
9) Three cases, chancre from using syringe and infected instruments (p. 55).
10) Case, chancre in female child, Eustachian tube inoculation (p. 55).
11) Case, chancre of lip (p. 56).
12) Case, chancre of the finger in a girl (p. 52).
(Reported, 1875, by APPAY, q. v.).
13) Case, chancre of right nipple, nurse from nursling (p. 98).

14) Case, chancre of left nipple, female, aged 18 years, from kiss by lover (pp. 60, 102).

(Reported 1876, by SAVY, q. v. Thèse de Paris).

15) Case, chancre of eyelid, in physician, from saliva (p. 63).

Annales de Derm. et de Syph., Vol. VIII., 1876.

16) Case, chancre of neck, in man 22 years old, from a bite (p. 64).

17) Case, chancre of neck, in a female (p. 66).

Gaz. des Hôp., Paris, 1877, p. 1109.

18) Case, chancre of both nipples, nurse from nursling, patient 27 years old.

19) Case, 23 chancres of both nipples, (16 on right, 7 on left,) patient 26 years old.

(Reported by A. STURGE, q. v.) Med. Times and Gaz., London, 1877, II., p. 116.

20) Case, chancre of right nipple, from nursling; A. M., female, 32 years old.

21) Case, chancre of left nipple, from nursling; E. C. B., female, 34 years old.

22) Case, chancre of left nipple, from nursling; A. B., 28 years old.

23) Case, chancre of tongue, child from its nurse.

(Reported, 1878, by A. PONTET, q. v. Thèse de Paris).

24) Case, chancre of vulva, child seven weeks old, from a sponge (p. 10).

25) Case, chancre in a child, 18 months old., from its nurse (p. 15).

"Nourrices et Nourrissons Syphilitiques," Paris, 1878.

26) Case, nurse infected by nursling (p. 9).

27) Case, syphilis in husband of above nurse (p. 9).

28) Case of DELORE (p. 9); four cases of DRON (pp. 66-67); six cases before tribunals, nurses from nurslings.

(Reported by HULOT q. v.) Annales de Derm. et de Syph., Vol. X., 1879, p. 29.

29) Eighteen cases, from service of FOURNIER.

"Syphilis et mariage." Paris, 1880.

30) Case, nursling, infected by nurse, infecting its mother, grandmother, and two nursery maids (p. 211).

31) Case of HILLAIRET (p. 211), infant infects both grand parents by nursing bottle.

32) Nine cases, extra-genital chancre; lip 4, finger 2, nose 1, Eustachian tube 1, breast 1 (pp. 231-264).

(Reported, 1880, by JUMON, q. v. Thèse de Paris).

33) Four cases, extra-genital chancre.

(Reported, 1882, by GUIGNARD, q. v. Thèse de Paris, pp. 24, 53).

34) Cases, chancre of nose and one of tonsil.

Semaine méd., Paris, 1882, II., p. 125.

35) Seven cases; tongue 1, forearm 1, and five with site not mentioned.

(Reported by LAVERGNE, q. v.) Annales de Derm. et de Syph., 1884, pp. 332, 380.

36) Statistics; 27 extra-genital cases.

(Reported, 1884, by ZWETITCH, q. v. Thèse de Paris).

37) Four cases, chancre of chin, presumably from shaving.

(Reported, 1885, by LESAGE q. v. Thèse de Paris).

38) Two cases, chancre from tooth wounds.

"Leçons sur la période preataxique du tabes d'orig. syph." Paris, 1885.

39) Case, chancre of chin (p. 331, Obs. 85).

40) Case, chancre of right little finger, man of 43 years (pp. 228, 414). (See BOUILLY).

41) Case, chancre of throat (p. 332, Obs. 88).

42) Case, chancre of lip, man 21 years old (p. 353, note V).

Annales de Derm. et de Syph. Paris, 1886, p. 87.

43) Case, chancre in furrow behind ear in woman of 24 from husband. (Case of HERMET).

Semaine méd., 1886, No. 49.

44) Two cases, infection, nurse from nursling, one infected her own child.

"La Syphilis héréditaire tardive," Paris, 1886.

45) Case, infection in a girl, by Eustachian catheter. (p. 590).

46) Statistics, of own private practice, family infection: sources of infection in 42 cases; 19 from parents, 8 from nurses, 4 from attendants, etc., 2 from children, 2 from vaccination, 1 from medical contagion, 4 from criminal attempt, 2 unknown (p. 594).

47) Case, infection of a child by its mother (p. 606).

48) Case, infection, nurse from nursling; infecting her own daughter (pp. 607, 632).

49) Case, chancre of lower lip, nursling from nurse (p. 610).

50) Cases, chancres; mouth 5, cheek 4, neck 4, abdomen 1, perineum 1 (p. 599).

Semaine médicale, 1887 (Le Practicien, Oct, 31, 1887).

51) Statistics of 27 years private practice; 8 infection from nursing, 5 midwife, 12 domestic, 4 syph.-acq., 2 vaccination, 2 Eustachian tube, 4 unknown.

Gaz. hebdom. de méd. et de chir., Paris, 1887, No. 45, (pp. 726-727).

52) Case, infection, nursling by nurse, infecting

53) Case, chancre lower lip, mother, infecting her husband by coitus.

54) Case, chancre of mouth, in grand-mother 60 years old.

55) Two cases, chancre of mouth in sisters, virgines intactæ.

Extrait de Bull, de l'Acad. de méd., Séance, Oct. 25, 1887 (Annales de Derm. et de Syph., 1887, p, 757).

56) Statistics; 887 cases of syphilis in women, of which 45 were non-venereal, 7 hereditary, 4 infected in childhood, 8 from nursing, 5 from midwives, 12 from domestic propagation, 2 from vaccination, 2 Eustachian catheter, 1 drinking from unclean bottle, 4 source unknown.

(Reported, 1887, by NIVET q. v. Thèse de Paris).

57) Statistics; 47 cases of extra-genital chancre in year 1885-6, public and private practice; 595 cases in FOURNIER's entire public and private practice of about 30 years.

Gaz. hebdom. de méd. et de chir., 1887, No. 45 (Monat. f. prakt. Derm., 1888, p. 1160).

58) Case, infection, nursling from wet-nurse, infecting five other persons.

Réun. clin. hebdom. de l'Hôp. St. Louis (Annales de Derm. et de Syph., Vol. X,, 1889).

59) Case, infection, nursling from nurse infected from a nursling (p. 568).

60) Case, chancre of lower lip, female 29 years old (p. 806).

"Leçons sur la syph. vaccinale." Paris, 1889.

61) Case, infection, nursling from nurse; infecting mother, grand-mother, father, and two nurses (p. 26).

62) Two cases, chancre of forearm, from vaccination (p. 72).

63) Group of five cases, from vaccination (p. 83).

64) Group of several cases, one of them treated by FOURNIER (p. 89).

65) Group of six cases, from vaccination (p. 93).

66) Cases of ADELASIO, p. 27; CERIOLI, p. 30; CORY, p. 15; CLOSMADEUC, p. 52; DEPAUL, pp. 11, 31; DENIS, p. 32; GALLIGO, p. 31; HUTCHINSON, pp. 90, 102; HÜBNER, p. 38; JONES, p. 89; LECOQ, p. 88; LORAIN, p. 155; MILLARD, p. 9; ORY, p. 155; TROUSSEAU, p. 42; VIENNOIS, A., p. 30; WEGELER, p. 22.

Réunion clin. hebdom. de l'Hôp. St. Louis (Annales de Derm. et de Syph., Vol. X., 1889, p. 204).

67) Case, chancre of glans and prepuce from scratching in scabies.

Bull. de la Soc. de derm. et de syph. Séance, Apr. 12, 1890 (Archiv f. Derm. u. Syph. Vol. 23, 1891, p. 789).

68) Case, chancre of nipple, nurse from nursling.

Annales de Derm. et de Syph., 1891, p. 405.

69) Case, chancre of forearm, hospital infection.

New York Med. Journ., 1891, Vol. XII., No. 16, p. 457. (Paris Letter).
70) Case, chancre of each forearm, from accidental contagion.

Fox, G. H. New York.
"Oral chancre, cases and comments," N. Y. Med. Journ. XXXI. 1880, p. 145.
1) Case, chancre of end of tongue in a child two years old, acquired from a visitor with mucous patches of lips.
2) Case, chancre of lower gum, below left incisors, father of above.
3) Case, chancre of lower lip, eight-year-old daughter of above.
4) Case, chancre of mouth, mother of above children.
5) Hereditarily syphilitic child of above, died at about six months.
6) Case of FOSTER'S, chancre of right tonsil.
7) Case of BANGS', chancre of gum.
Photogr. illustr. of Cutan. Syph., New York, 1880, p. 36.
8) Case, chancre of upper lip, from kissing.

Fox, Tilbury and **Farquhar.**
On certain endemic skin and other diseases in India, etc., 1876.
Yaws, Delhi sore, Biskra Bouton, etc.

Fox, T. C. London. Physician to the Skin Department, Westminster Hosp.
Trans. of the Clinical Soc. of London, 1888, XXI., p. 281.
Case, chancre of upper lip, boy 5 years old, from syphilitic baby brother.

Fracanzianus, A. Padua.
"De morbo Gallico liber," Bononiæ, 1564.
Case, girl, aged seven, acquired genital chancre from an adult female, through an undergarment.

Francke, C. M.
Morbus Dithmarsicus. Dissert. Inaug. Kiliae, 1838.

Fränkel, B.
"Beobacht. d. angeblich durch Vaccinat. syph. inficirten Kinder." Medicinische Gesells. Berlin. klin. Wochenschr., 1872, IX., p. 474.
A study of vaccino-syphilis, no new cases.

Fredet. Clermont, France.
Archiv. d. tocologie, 1888, No. 4: also, L'Union méd. 1888, No. 99, p. 209.
1) Case, nurse, chancre of both nipples, from syphilitic foundling.
2) Case, nurse infected by nursling.

Freund, M. B. Breslau, Docent at the University.
"Zur Prophylaxe der Impfsyphilis u. des Impferysipels" Habilitations-Thesis, 1880. (Aerztl. Vereinsbl. 1879).
Epidemic of vaccino-syphilis at Brandenburg, 1876, 15 school-girls inoculated. (See Epidemics).

Frézoul, Paul L. H.
"Des vaccinations précoces et de la syphilis vaccinale." Thèse de Paris, 1862, pp. 40*.

Friedlander, M. Breslau, (Prof. NEISSER'S Klinik).
"Zur Aetiologie der im jugendlichen Alter vorkommenden Syphilis" Inaug. Dissert. Breslau, 1884.
1) Case, double lactation episode, two nurses and one nursling infected (Obs. I.).
2) Case, nurse infected by nursling having acquired syphilis, contracted either from a nurse, or by vaccination (Obs. II.).
3) Case, girl of 9 years, syphilitic after sleeping with a housemaid (Obs. III.).
4) Case, chancre of tongue in a girl who tended an infant (Obs. V.).
5) Case, sister of preceding, infected from same source (Obs. IV.).
6) Cases, two children, 9 and 10, infected from a foster-child (Obs. VI., VII.).

7) Case, boy of 5, infected by mother, who had relapse of syphilis (Obs. VIII.).
8) Family epidemic, originating from a nursling (Obs. IX., X., XI.).
9) An episode analagous to preceding (Obs. XII., XIII.).
10) Case, chancre of lip in an infant, probably infected by mother (Obs. XV.).
11) Case, recent acquired syphilis, in boy of 5, source unknown (Obs. XVI.).
12) Case, recent acquired syphilis, in boy of 8, source unknown (Obs. XVII.).
13) Cases, two young infants, sisters, acquired syphilis, mother syphilitic (Obs. XVIII., XIX.).
14) Case, chancre over zygoma.

Fritze, F. Berlin.
Annalen, X., 116-118 (PLOUQUET).
Case, inoculation of a patient by phymosis operation.

Froelich, J. Vienna. Prof. Neumann's Clinic.
Allgem. wien. med. Zeit. 1889.
1) Case, chancre, right nipple, nurse from nursling, p. 79.
2) Case, chancre, upper lip and right ala of nose, in female of 20 years, p. 79.
3) Case, chancre, lower lip, female 38 years, source unknown, p. 79.
4) Case, chancre, right forearm in female of 24, from washing soiled linen, p. 79.
5) Case, chancre, left tonsil in female of 30, from a spoon, p. 79.
6) Case, chancre, right wrist in a man from a bite (not personal).
7) Case, chancre, nipple, 15-year-old virgin, from a bite (not personal).
8) Case, chancre, lip, from chewing cigar stumps (not personal).
9) Case, chancre, lip, from kissing (not personal). (See NEUMANN).

Froloff. St. Petersburg.
Vratsch, No. I., p. 21. (Annales de Derm. et de Syph., 1891, p. 237).
Case, chancre, right lower eyelid, near outer canthus, in man of 23 years, probably from a towel.

Fuchs, C. H. Göttingen. University Prof. of Medicine.
"Krankhafte Veränd. d. Haut. . . . . ". 1840.
1) An account of the Disease of St. Paul's Bay, (p. 751).
2) Epidemic of Syphilis in obstetrical practice, 1737, Hungary (p. 770). (See Epidemics).
"Die ältesten Schriftstellen über die Lustseuche in Deutschland," Göttingen, 1843.
3) Contains many statements of various writers regarding extra-genital infection.

Gabalda, F. Paris.
"De la contagion de la syphilis secondaire," Paris, 1859.
Case, chancre upper lip from kissing, woman infects lover (p. 4).

Gailleton, A. Lyons. Surgeon-in-Chief, Antiquaille.
Cases of lactation and glass-blowers syphilis. (See ROLLET, ROUSSEL).

Galezowski, X. Paris.
". . . . Amblyopies et amaur. syph." Archiv. gén. de Méd., 1871, I., (p. 177).
1) Case, chancre of nipple.
2) Case, chancre of lip, child of preceding.
Journ. d'Ophthalmol., Paris, 1872, I., p. 308.
3) Case, chancre of eyelid, source unknown.
Receuil d'Ophthalmol., Paris, 1882, p. 604.
4) Case, chancre of eyelid and globus oculi.
Reported by DE BECK q. v. p. 50 (personal communication).

5) Two cases, in 1882 and 1885, chancre of eyelid from contamination of fingers.
6) Two cases, 1882, 1886, chancre of eyelid, contamination of tongue.
7) Three cases, possibly the above, LAVERGNE and PERRIN q. v.[3].

Galippe. Paris.
Annales d'Hygiene publ., 1879, I., p. 243.
Refers to the possible transmission of syphilis by means of toys, blown with the mouth, after others with mucous patches, but gives no cases.

Gallia. Turin.
Congress Italian Physicians, Peruggia, 1885 (Monatsh. f. prakt. Derm., 1885, p. 434).
Epidemic of vaccino-syphilis, from a congenitally syphilitic nursling.

Galligo, I. Florence.
Trattato teor.-prat. sulle Mal. Ven., Firenze, 1864 (also Gaz. hebdom. de Paris, 1860, July 27, Aug. 10).
1) Epidemic of vaccino-syphilis at Rufino, 1856, p. 746. (See Epidemics).
2) Case, infection from kissing, (p. 733).
(Cited by PROFETA without reference).
3) Case, midwife infected professionally.

Gallus, A. (or **Lecoq**). Paris.
"De ligno sancto non permiscendo," 1540; Aphrodisiacus, ed. 1728, p. 463. (ROSEN VON ROSENSTEIN "Kinderkrankheiten," Göttingen, 1798, p. 728).
Inoculation of midwife professionally.

Galvin, Geo. W. Boston.
New York Med. Journ., June 11, 1887.
Case, inoculation own left index finger in sewing wound on syphilitic.

Gamberini, P. Bologna. Osp. St. Orsola; and Univ. Clin. for Vener. Dis.
"Manuale delle malattie cutanee," Milano, 1871, p. 293.
A brief description of "Frenga."
"Rapporto di un decennio di clinica." Giorn. ital. d. mal. ven., etc., 1875 (p. 227, 228).
1) Case, chancre of lip in a youth, from kissing.
2) Case, chancre of upper lip, in male, from a cigar.
3) Case, chancre of chin.
Giorn. ital. d. mal. ven., etc., 1878, p. 365.
4) Two cases, chancre of right cheek, and of the neck, from bites.
5) Case, chancre upper lip, about to be removed for cancer.
Giorn. ital. d. mal. ven., etc., 1882, p. 129-137.
6) Six cases, extra-genital chancres, reported by CARAMITTI (q. v.).
Giorn. ital. d. mal. ven. etc., 1885, p. 267.
7) Case, chancre of hand, from a bite, reported by BUCCI (q. v.).

Gamet. Givors.
Reported in Gaz. méd. de Lyon, 1867, by DIDAY,[10] and GUINAND [1] (q. v.).
1) Case, of glass-blower's syphilis.
2) Case, child of the above.
3) Case, nurse from above nursling, causing suit for damages, award of 1500 francs.

Gardane, J. J. Paris, Chief of Bureau of Nurses.
Gazette, 1775, p. 30 (PLOUQUET, Index Lit. Med. Digesta).
1) Epidemic, obstetrical, midwife infected, infects clients. (See Epidemics).
2) Case, nurse infected by nursling, recovers damages

Garreau, M. Paris.
(See FOURNIER "Chancre cephalique," 1858, cases furnished by thirteen physicians, mostly ex-internes of venereal hospitals).
Case, chancre of lip.

Garson, G. London.
"Contagion of secondary syphilis." Lancet, Dec., 1848, II., p. 640.
Family epidemic, four children infected by parents.

Gascoyen, G. London, Lock Hospital, Surgeon.
Méd.-Chirurg. Transactions, 1875, LVIII. (Cases of reinfection).
Case, chancre of thumb (physician ?), from contact with patient, case IV.

Gaudichier, H. J. Paris.
"De l'échéance des accidents cérébraux de la syphilis," 1886.
Case, phagedenic chancre of lip, followed shortly by hemiplegia (Obs. III., p. 126).

Gauducheau.
"Un cas de chancre syph. de l'amygdale droite" Journ. de méd. de l'ouest. Nantes, 1887, 3d ser. I., p. 88-95.*

Gauthier, L. P. A. Lyons. Hosp. de l'Antiquaille, Surgeon.
"Observ. prat. s. l. mal. vénér., trait. par l'iod. de potass." 1845
Case, nurse infected by nursling.

Gautier, Eugène.
"Sur la syphilis vaccinale." Thèse de Paris, 1866 (p. 36).*

Gavin, H. Belfast.
Lancet, July 18, 1846. II., p. 62.*
Case, nurse infected by syphilitic nursling (see EGAN[4]).

Gay.
Boston Med. Soc., Jan. 25, 1858; Boston Med. and Surg. Journ. Vol. 58, p. 163.
Case, chancre of the end of finger.

Gay, A. H. Kasan, Russia.
Protocol. first congr. Russian Phys., St. Petersburg, 1886 (p. 43-45).
1) Two cases of chancre of tonsil, seen in 14 years.
"Lectures on syphilitic and venereal diseases," Kasan, 3d ed., 1888. (Viertelj. f. Derm. u. Syph., 1890, p. 501). (See also British Journ. of Derm., Vol. I., 1889, p. 424).
2) Statistics of extra-genital chancre: 8.9 per cent. (males 3.8; females 18.9).
3) Total personal cases 118: lips 39, eyelids 4, nose 4, cheeks 2, chin 2, pharynx 14, breast 13, trunk 32, legs 4, fingers 2, arm 1, anus 1.

Gayet. Lyons, Surgeon to Hosp. de l'Antiquaille.
Case, chancre of forehead, in site of a dog bite (JULLIEN, 1886, p. 588).

Geber, E. Vienna.
Viertelj. für Derm. u. Syph., 1875, p. 445.
"Aleppo boil": a term used to represent chronic ulcerative lesions, largely syphilis, lupus or scrofula.

Geigel, A. Würzburg.
"Bernard Holzheuser, etc.," Viertelj. f. Derm. u. Syph., 1871, p. 397.
1) Epidemic of syphilis from cupping, 1615, at Sommerach, Franconia; reproduction of the forensic documents.
"Geschichte, Pathologie und Therapie der Syphilis," Würzburg, 1867.
2) Cases of POILROUX, earliest known of infection by tattooing (p. 223).

Gemma, A. M. Verona, Italy.
Giorn. ital. d. mal. ven. e d. pelle, 1873, p. 207; 1874, pp. 22, 344; 1875, p. 153; 1876, pp. 3, 203; 1877, pp. 141, 235.
1) Twelve cases of syphilis insontium, mainly from nursing and family propagation.
Giorn. ital. d. mal ven. e d. pelle, 1883, p. 294.
2) Case, nurse infected by nursling.

Gémy. France. Prof. Medical College of Algeria.
Annales de Derm. et de Syph. Vol. I., ser. III., 1890.
1) Case, chancre of left nares, source unknown (p. 571).
2) Case, chancre of lower lip, source not stated (p. 579).

Genters, W.
Der Morbus Dithmarsicus. Dissert. Inaug., Kiel, 1878.

Géry. Paris.
Case, chancre of the hand, from bite (see BEAUVAIS[2]).

Gibert, C. M. Paris. Hôp. Lourcine; Hôp. St. Louis.
"Manuel pratique des malad. vénér." Paris, 1837.
1) Small family epidemic from lactation (p. 325).
2) Case, nursling infected by nurse, chancre of lip (p. 637).
3) Case, nursling bites mother's nipple and a chancre develops; at same time infant shows signs of syphilis (p. 638).
4) Case, syphilis d'émblée in woman, bottle-feeding an infected child; own child, chancre of lip (p. 638).
Bull de l'Acad. de méd. Paris, Sept. 28, 1852. (Reference of PUTEGNAT).
5) Case, chancre of tonsil, in a pregnant woman.
"Traité prat. des malad. d. l. peau et de syph." 3d ed. Paris, 1860.
6) Case, chancre of tonsil, from forcible kissing (p. 14).

Gibier-de-Savigny. Paris. Hôp. du Midi (Service of HORTELOUP).
L'Union méd., 1880. 3d Ser., XXX., No. 127, p. 523.
Case, chancre of the septum narium.

Gilbert, A. Paris. Hôp. des Vénériens.
Case, nurse infected by nursling (reported by VASSAL[3], q. v.).

Gilchrist, E.
"An account of a very infectious distemper prevailing in many places." Essays and Obs. Phil. Soc., Edinb,, 1771, iii., 154-177* (quoted by BOECK, "Traité d. l. Radesyge," etc., 1860, p. 49).
A personal account of Sibbens.

Gillebert-D'Hercourt, fils. Paris.
Annales de Derm. et de Syph., 1880, p. 746.
Case, chancre of upper gum, between median incisors.

Gilles de la Tourette and **Hudelo.**
Annales de Derm. et de Syph., Vol. III., June, 1892, p. 686.
Case, probable chancre of tonsil in man of 37, cause not stated.

Giovannini, S. Bologna. Prof. GAMBERINI'S Univ. Clinic for Skin and Venereal Diseases.
"Contribuzione alla Statis. dei Sifilomi inizioli Extra-genitali." Lo Sperimentale, 1889, No. 9 (p. 262). (Archiv f. Derm. u. Syph., Vol. XXII., 1890, p. 276).
1) Ten cases, chancre of the lip.
2) Case, chancre of lower lip, from wound by dental instrument.
3) Case, chancre of lower lip, in woman, from gnawing chicken bone after her syphilitic son.
4) Seven cases, chancre of breast, nurses from nurslings.
5) Four cases, chancre of chin.
6) Two cases, chancre of cheek, one of which was from razor inoculation.
7) Two cases, chancre of thigh.
8) Case, chancre of lower eyelid.
9) Three cases, chancre of the trunk.
10) Case, chancre of finger from a bite.

Girode. Paris. Hôp. St. Louis. (Service of LAILLER).
"Chancre syph. développé sur les lesiones d' une Gingivite phosphorèe," France Médicale, Paris, 1888, I., p. 397.
Case, chancre of gum, in 22-year-old girl, working in match factory, from drinking-glass.

Girtanner, Chr. Göttingen.
Abhandl. ü. d. vener. Krankh., Göttingen. Vol. I., 1797 (3d edit.). Vol. II., III., 1793 (2d edit.).
The last two volumes consist of an analytical bibliography of 1912 works arranged chronologically, and numbered consecutively: these numbers are referred to when quoting GIRTANNER.

Glasunowski, V.
Wratchebnyja Wiedomosti, 1882, No. 507 (Russian) (Archiv f. Derm. u. Syph., 1889, p. 240).
Statement; among 3012 syphilitic patients in the district of Voronesch (South Russia), there were 331 boys and 332 girls, from one to ten years of age affected with mucous patches.

Glatter.
Oesterr. Zeitschr. f. prakt. Heilk., 1862, VIII. 4. (Schmidt's Jahrb., 1863. Vol. CXX., p. 106).
Epidemic of vaccino-syphilis at Csomad, Hungary.
Midwife, chancre of arm, infected grand-child: many vaccinated from child became syphilitic, many nursing mothers acquired chancres of breast, and others from family utensils; finally, 72 persons became syphilitic. (See Epidemics).

Glauert.
Berlin. klin. Wochen., 1882, No. 49, p. 751.
Case, chancre, right tonsil, in man of 25 years, source unknown.

Gluck. Cracow. Univ. Clinic for Syphilis.
Wiener med. Presse, 1881, No. 32.
1) Statistics, Hôp. St. Lazare, 1873–8: chancre, breast, 8 cases. (Service Prof. ZAREWICZ, q. v.).
Wiener med. Presse, 1888, Nos. 27, 28.
2) Case, chancre of hairy scalp,
3) Case, chancre, naso-labial fold, both from shaving by syphilitic barber.
4) Case, chancre of lip, 5-year-old child, from neighbor's spoon.
5) Case, chancre of lip, boy of 9, from chewing lead pencil of class-mate.
6) Case, chancre of tonsil, woman, from kissing female friend.

Gnocchi, G.
Indipendente, Torino XXXIII. p. 145–157.
Epidemic at Romentino di Novara, 1880-1 (known only by title).

Goldenberg, H. New York.
Scientific meeting of German Physicians of New York, Nov. 28, 1890. New Yorker med. Monatschrift, Feb. 1891.
1) Case, chancre of elbow, after trauma.
Scientific meeting of German Physicians of New York, Nov. 1891. New Yorker med. Monatschrift, Mar., 1892.
2) Case, chancre, prepuce and glans penis after circumcision.
Scientific meeting of German Physicians of New York, Mar., 1892. New Yorker med. Monatschrift, Aug., 1892.
3) Case, chancre, left lower eyelid, cause not ascertained.
Presented at the Scientific Meeting of German Physicians of New York, Sept. or Oct., 1890 (unpublished).
4) Case, chancre, cheek, after shaving.

Gondonin, A. Argentan.
L'Union méd. Paris, 1869 (p. 553).
Case, chancre of tonsil, nurse from nursling (see APPAY[3]).

Goodell, Wm. Philadelphia. Prof. of Gynecology, Univ. of Penn.
"The danger of Syphilitic Infection by Gynecologists." Annals of Gynecol. and Pediatry, 1890, III., p. 262.

1) Case, chancre of finger, in student, acquired while working in venereal wards.
2) Case, chancre of finger, in physician, from delivering a syphilitic woman.
3) Two other cases, syphilis in physicians, from midwifery practice.
4) Case, chancre of tonsil, in a lady, source of infection unknown.

Gosselin. Paris. Surgeon to Charité.
1) Case, chancre of septum narium (see DULAC).
2) Case, chancre of eyelid (see GUIGNARD[6]).
3) Case or cases, of Eustachian-infection, according to JULLIEN[7] and others; not known if ever reported.

Gottheil, W. S. New York.
New York Med. Journ., Mar. 19, 1892, p. 327.
Case, chancre, upper lip, in girl of 19 years, cigar finisher, acquired probably in drinking from same cup with another girl with a similar sore on the lip. Both finished the cigars by moistening the ends with saliva.

Gould, A. P. London.
Lancet, 1882, II., p. 777.
Case, chancre of cheek.

Graarud, P.
Tidskrift for prakt. med., 1886, No. 20, Aug. 5. (Viertelj. f. Derm. u. Syph., 1887, p. 385).
Family infection; a family of three receive each chancre of throat, from pipes or glasses.

Grafe-Samisch's Handbuch der Augenheilkunde, 1875, Bd. IV., p. 417.
(Archiv f. Derm. u. Syph., Vol. XX., 1888, p. 16).
Case, chancre of eyelid.

Grancini and **Dall'Acqua.**
"Il vaccino animale ed il vaccino umanizzato," Milan, 1879. (Cited by SORMANNI, q. v.).
Epidemic of vaccino-syphilis; 1873 at Bardelle, Bergona and other places. (See Epidemics).

Grandmond, G. de.
Journ. de Méd. de Paris, 1886, No. 12.
Case, chancre of conjunctiva, woman 26 years old, source unknown.

Gratia, V. Brussels. Hôp. St. Pierre (Prof. THIRY).
Presse méd. Belges, Bruxelles, XXX., 1878, pp. 257-281.
1) Case, chancre of eyelid in woman; husband, chancre of lip, commissure—infected by kissing.
2) Case, chancre of eyelid, probably from digital auto-infection after venereal exposure.
3) Case, alleged multiple chancre on different regions of body, one on eyelid.

Greenleaf. United States Military Surgeon.
Case, chancre of lip in a musician, from mouthpiece of a cornet. (See ARTHUR[4]).

Griffin, E. H. New York.
Reprint from N. Y. Med. Record for Aug. 22d, 1891 and Oct. 1st, 1892 (p. 393).
1) Case, chancre lower lip near centre in boy of 9 years, drinking from tin beer pail used in common by several workmen (p. 3).
2) Case, chancre right tonsil in 12-year-old brother of above from stick of candy sucked by the former (p. 5).
3) Case, chancre middle of upper lip in 15-year-old sister of above boys from kissing them (p. 6).

4) Case, chancre of right tonsil in boy of 8 years from unnatural practices (p. 7).
5) Case, chancre lip in actress of 24 years from rouge used in common with fellow-actress with syphilitic sore mouth, it was rubbed on the lips with the finger (p. 7).
6) Case, chancre lip in girl of 18 years from kissing (p. 7).
7) Case, chancre lip in young married woman of 23 years, husband had fever blisters (p. 7).
8) Case, chancre upper lip in man of 42 years, drinking whiskey in common from flask (p. 8).
9) Case, chancre under surface of tongue in female, husband had mucous patches in mouth (p. 8).
10) Case, chancre upper lip in married woman of 28 years, from husband by kissing (p. 8).
11) Case, chancre lip in woman, from her husband (p. 8).
12) Case, chancre lip in female cook, from kiss of lover (p. 8).

(The above twelve cases were total number extra-genital chancres observed among 1,200 cases of syphilis examined).

13) Case, chancre lip in woman from husband by kissing (p. 15).

Griffith, A. H. Manchester, Assist.-Surg. Royal Eye Hospital.
"Syphilitic lesions of the eyelids." Med. Chron., 1886. Vol. IV., No. 3 (p. 193). (Jahresber. f. Ophth., 1886, XVII., pp. 250-441).
Nine cases, chancre of eyelid.

Grigorov, S. W. Moscow, Mjasnitsky Hospital.
Protoc. d. Conf. d. Aerzte d. M. Krankenhaus, 188c.
Case, chancre of right tonsil, in an attendant.

Groedinger, R. Riga. Royal Alexander Hospital.
Report of Syphil. Division of the Hospital, Riga, 1885. (Cited by PETERSEN, q. v.).
Statistics among 231 cases: chancre of lip 2, of finger 1.

Gromier. Givors.
(Cited by GUINAND, q. v., from original mention in DIDAY's Gaz. méd. de Lyon).
Three cases, chancre of lip, in glass-blowers, Givors, 1875. (Seen by GROMIER and DIDAY).

Gros, F. Nancy. Prof. Clinical Surgery.
"Sur le chancre de la bouche." Rev. méd. de l'Estrange, 1879, XI. (p. 145).
Case, chancre of lip, in an omnibus conductor, from use of whistle.

Gross, S. D. Philadelphia, U. S. A. Prof. of Surg., Jefferson Med. Coll.
Address in Surgery. Transac. Amer. Med. Assoc., Vol. XXV., 1874, p. 255.
1) Case, chancre of lip in young lady, from her betrothed, afterwards husband.
2) Two cases, medical men professionally infected and in turn infected their wives.
3) Statement, without documents; has seen many cases of infection from kissing.
4) See also PRICE, J. H.

Grunfeld, J. Vienna.
"Ueber Vererbung u. Uebertrag. von Syph. bei Neugeborenen, "Wiener med. Presse, 1879, XX., p. 1492.
1) Case, chancre of scalp in an infant, mother infected about middle of pregnancy; child infected from mother's parts during parturition.
Verb. d. Wien. derm. Gesellsch. (Viertelj. f. Derm. u. Syph., 1892 p. 181).
2) Case, chancre of tongue, man of 45 years.

Gruner, C. G. Jena.
"Die ven. Ansteck. d. gemein. Trinkgesch., u. durch den gemein. Kelch., etc." Leipzig, 1787 (ROSEN VON ROSENSTEIN "Kinderkrankheiten," Göttingen 1798, foot-note, p. 729); also Almanach f. Aerzte u. Nichtaerzte, Jena, 1785.
Several cases of infection from drinking-glasses.

Gubler. Paris. Univ. Prof. of Therapy.
"De la syphilisation, etc." Acad. de méd., 1853 (p. 284). (Cited by RICORD, q. v.).
1) Case, chancre of eyelid.
L'Union méd., Paris, 1864, No. 129 (p. 217) (Soc. méd. des Hôp.).
2) Two cases, chancre, from Eustachian catheterization (one with SOUCHARD).
3) Two cases, chancre, from Eustachian catheterization (one with RICORD).

Guéniot. Paris. Hôp. des Enfants.
Case, infant infected by kissing another infant. (See PONTET).

Guenzberg, C. Moscow. Royal Foundling Hospital.
Oesterr. Jahrb. f. Pädiat. II., 1872. (Viertelj. f. Derm. u. Syph., 1873, p. 604).
1) Case, chancre of the tongue in a nursling.
2) Case, another nurse infected by preceding nursling.
3) Three nurslings, infected from a single nurse.

Guerrier.
Ann. d' hyg., Paris, 1881, 3d Ser., VI., p. 64.
Case, nurse infected by nursling.

Guévin, A. Paris.
Bull. de l'Acad. de méd. de Paris, 1869, XXXIV., p. 512. (Gaz. des Hôp., July 15, 1869).
1) Case, chancre of the arm in a child from vaccination.
Models in Hôp., St. Louis. (See GUIGNARD).
2) Case, chancre of lip, 1868; chancre of nose, 1870.

Guibout, E. Paris. Hôp., St. Louis.
1) Case, chancre of lip, from a drinking-glass. (See ORY[8]).
2) Three cases, chancre of lip. (See ZWETITCH).
3) Case, chancre of tonsil. (See LE GENDRE[1]).
Models, Hôp. St. Louis. (See GUIGNARD).
4) Case, chancre, angle of mouth, 1871.
"Nouv. Leçons clin. sur les mal. d. l. peau," 1879, p. 154.
5) Case, mother infected by own child, hereditarily syphilitic. (Exception to COLLES' law).

Guignard, C. Paris.
"Contribution a l'étude des chancres syph. extragén." "Thèse de Paris, 1882, No. 97.
1) List of the models of extra-genital chancre at the Hôp. St. Louis (p. 15, 21, 24, etc.).
2) Case, of VICENTE, chancre in centre of each cheek (pp. 17, 19).
3) Case of MERICAMP, chancre of tongue, from a tobacco-pipe (pp. 19, 21).
4) Case of FOURNIER, chancre of nose, from a bite (p. 24).
5) Case of MERICAMP, chancre of forehead in site of wound by a board; probably infected by one who dressed it (p. 26).
6) Case of GOSSELIN, chancre of eyelid, source unknown (p. 27).
7) Case of DEPRES, chancre of little finger, from bite (p. 47).
8) Case of FOURNIER, chancre of tonsil, young virgin, source unknown (p. 53).
9) Case of MARTINEAU, chancre of mouth from speaking-tube (p. 17).

Guillery. Brussels. Univ. Prof. of Forensic medicine.
Gazette Obstetricale, 1879, p. 103.
Case, nurse infected by nursling.

Guinand, J. Rive-de-Gier.
"De la Syphilis des verriers, hyg. et prophyl. par la visite sanit." Paris. 1881.
1) Cases of GAMET of Givors, reported by ROLLET, 1867: child of one of the workmen, infected a wet-nurse, who recovered damages, 1500f., at the tribunal St. Etienne (p. 29).
2) Epidemic of Montluçon, cases of DECHAUX, q. v.: in 1868, new cases appeared, but only in the wives or new-born children, as the community were on their guard (pp. 29-31).
3) Two cases, at Rive-de-Gier, 1872, each chancre of lip: sanitary visits were instituted at this factory and no further cases occurred (pp. 31-33).
4) Case, infection of glass-blower per os, 1875, at Rive-de-Gier (p. 33).
5) Three cases of same at Givors, 1875. Dr. GROMIER; seen in consultation by DIDAY (p. 33).
6) Case, chancre of lip, at Rive-de-Gier, 1879 (p. 33).
(See BESNIER, remarks when prix Vernois was awarded this essay).

Gulli, A. Palermo.
"Prostituzione in Sicilia." Vol. I. Palermo, 1863: Vol. II. Torino, 1865. (noted in Giorn. ital. dell. mal. vener. e d. pelle, 1865, I., 157; 1866, I., 286).
Epidemic character of Syphilis in Sicily during the cholera of 1837.

Güntz, J. E. Dresden.
"Bericht über die ersten fünf Jahre des Bestehens der öffent. Polik. f. Hautk. u. Syph." Dresden, 1869-1874.
1) Case, chancre of lip, in 6-year-old boy, from drinking-glass.
2) Seven other cases, chancre of the lip.
"Ueber Verhütung der Syphilis," Leipzig, 1870.
3) Case, infection of a gynecologist (p. 59).
4) Case, infection of a physician from a newly-delivered child (p. 59).
5) Case, infection from a musical instrument (p. 90).
6) Case, chancre of the lip, in a flower-maker (p. 92).
7) Case, infection by kissing (p. 25).
Deutsche med. Wochenschr., June 28, 1879, p. 337.
8) Case, chancre of lip, in a 9-year-old girl.
"Ueber die Syphilis der Schulkinder." Memorab., Heilbronn, 1879, XXIV., No. II. pp. 503-507.
9) Eight cases of acquired syphilis in school-boys.
"Chromwasser-behandl. der Syphilis," Dresden, 1883.
10) Case, chancre of lip from kissing. (Obs. 91, p. 125).
11) Three cases, chancre of lip, source unknown. (Obs. 215, 272, 387).
12) Case, inveterate syphilis, ascribed to infection from washing foul linen. (Obs. 223).
13) Family epidemic one of the victims a boy of 13 years,(Obs 225).
14) Case, child of 4 years, infected 3 years before by her sister. (Obs. 299).
15) Case, midwife professionally infected, lung syphilis after 10 years. (Obs. 356).
16) Case, infection of a girl per os, from kissing. (Obs. 361).
17) Case, infection of an infant by its mother, seen 9 years after. (Obs. 369).

Guranowski, L.
"Przypadek Shankra u uchu Szednim." Gaz. lekarska, Warsaw, 1886, 2d Ser. VI., pp. 390-393.
Case, chancre in the middle ear (case criticised later by HEIMAN, Viertelj. f. Derm. u. Syph. 1887, p. 387, as not chancre but tertiary disease).

Gurovitch, S. A. Odessa.
Meditzinskoie Obozrenie, 1892, No. 6, p. 521.
1) Case, chancre of lip in 19-year-old nurse, from nursling.
2) Statement: observed several cases of acquired syphilis in children.

Guttceit, H. von.
"Geschichte eines (primär-syphilitischen) Lippen geschwüres." Med. Zeitz.-Russlands. St. Petersb., 1852, No. 41.*
Case, chancre of lip.

Guyenot, J. F. Lyon.
"De l'inoculab. de la syph. constitu." Thèse de Paris, 1859.
Two cases of LECOQ of Cherbourg, Vaccino-Syphilis.

Guyon, L. Lyon.
"Le miroir de la beauté," 1615, T. II., p. 22 (CAZENAVE, "Traité des Syph.," 1843, p. 114).
Four apprentices infected from master, through bedding.

Haase, C. F. Dresden.
"De syphilidis recens natorum pathogenia," Dresden, 1828 (Allgem. med. Annal., 1829, p. 194).
1) Case, nurse receives from nursling lesions which were probably syphilitic (p. 17).
2) Case, nurse infected by nursling (p. 19). (Reported by RUTHENBERG, q. v.).

Hacker, H. A. Leipzig.
1) "Literatur der syph. Krankh. vom. J. 1794-1829." Leipzig, 1830 (intended as a continuation of GIRTANNER's Bibliography).
Many citations in present Bibliography are on authority of HACKER.
2) "Die Ansteckungsf. Syph. secund . . . . . Syph. modificata," Schmidt's Jahrb., 1851, LXXII., p. 103.
Treats of various forms of modified syphilis, in different countries; Syphiloid of Van Deurs, Radesyge, Scherlievo, Facaldina, Frambœsia, Sibbens, Spyrocolon, etc.

Hairion, F. Lourain. Prof. of Ophthalmology.
"Bubo preauricular, a new diagnostic sign in venereal ophthalmia." Ann. d'oculistique, 1846, XV., pp. 156, 236.
Case, chancre of eyelid (see CUNIER [2]).

Hallopeau.
Model in Musée de l'Hôp. St. Louis (Annales de Derm. et de Syph., August, 1892, p. 951).
1) Case, chancre of anus, developed upon site of hemorrhoids.
2) Case, chancre, back of hand.

Hamande. Brussels.
Archiv. méd. Belges, Bruxelles, 1879, 3 S., XV., 194-197.
Case, chancre of lower eyelid in a laundryman, employee in laundry of syphilitic ward.

Hamerton, C. Dublin. Surgeon to Castletown Dispensary.
Dublin Journ. of Med. Science, Mar., 1841, No. 55, p. 34.
1) Two cases, mother and child from nursling and nurse, her sister.
2) Case, chancre of lip, in servant of above, from drawing her breast.
3) Case, chancre, palm of hand, in midwife, during delivery of No. 2.

Hamilton. Dublin.
1) Case, syphilitic inoculation by tooth implantation (see LETTSOM [2]).
Dublin Med. Journ., 1848, XX., p. 511.
2) Case, syphilis acquired in infancy.

Hardh, C. W. Wadstena. Hosp. for venereal diseases.
"Observ. nonnullæ medico-pract." Londini Gallorum 1797, HACKER (p. 13).
Statement: women and children are infected thrice as often as men, on account of promiscous lactation.

Hardh. J. O. Tavastehus, Finnland.
"Nagra Fall of Syphilisinfection genom Koppening" Finnska läk, Sallsk., Helsingfors, 1873, XV., p. 51.
Epidemic from wet-cupping, at Tavastehus, 1872, fourteen infected. (See Epidemics).

Hardie, G. Surgeon-Major, Army of Great Britain.
Report of Army and Navy Commission, 1867.
Case, chancre of finger, in medical man, from operation for fissure in ano (p. 162).

Hardy, A. Paris. Hôp. St. Louis and Charité.
Gaz. des Hôp., Paris, 1865, p. 445.
1) Case, chancre of tonsil from lozenge (see VALCOURT and MURRAY).
Gaz. des Hôp., Paris, 1878, No. 105, pp. 833-835.
2) Case, chancre, right tonsil, in man 35 years old, probably by Eustachian catheterization.
(Reported, 1875, by ORY, q. v. Thèse de Paris).
3) Case, syphilitic inoculation of a midwife.
4) Case, chancre of the lip.
Traité prat. et descr. des mal. de la Peau, Paris, 1886.
5) Two cases, chancre of forearm, in nurses (p. 1008). (See ORY[14]).
6) Case, chancre, inner angle of eye, in physician, from patient with ulcerated throat lesions, coughing in the face.
7) Statement, no documents; has seen infection at eye, nostril, lip, from pus, etc., on the fingers (p. 118).

Harsant, W. H. Bristol.
Bristol Medico-Chirurg. Journ., 1883, I., p. 97.
Case, chancre of the lip.

Hartley, F. New York.
Journ. Cutan. and Gen. Urin. Dis., Vol. IX. 1891, p. 218.
Case, chancre in rectum, male, 32 years old, from pederasty.

Haslinger, A.
Medical Times and Gaz., 1884.
Ten cases of extra-genital chancre.

Haslund, A. Copenhagen. Kommunhospital.
"Syphil. infect. gjennem Svælget." Hosp. Tidende, Copenhagen, 1885, 3 R., III. (p. 629) (Monatsh. f. prakt. Derm., 1885, p. 456).
1) Case, chancre of tonsil, in 20-year-old virgin, from a tooth-brush.
2) Case, chancre of tonsil in 40-year-old woman, from tending hereditarily syphilitic child.
3) Two cases, chancre of tonsil, from kissing.
Hosp. Tidende, 1887, V. (p. 217) (Viertelj. f. Derm. u. Syph., 1888, p. 642).
4) Case, chancre of tonsil in 11-year-old child, source unknown.
5) Case, chancre of tonsil in a chambermaid, source unknown.
Beret. om Kommun. Hosp. (Viertelj. f. Derm. u. Syph., 1888, p. 641).
6) Among 44 syphilitic children, seven had acquired syphilis.
Kommunehospitalets 4, Afdeling I., 1890 (Archiv f. Derm. u. Syph. Vol. 24, 1892, p. 108).
7) Nineteen cases of syphilis insontium were treated during the year 1890.

Hauff. Besigheim.
Hufeland's Journ., Berlin, July, 1834.
Case of Vaccino-syphilis.

Hauner. Munich. Children's Clinic.
"Ueber Syphilis der Kinder." BEHREND's Syphilidologie, New Ser., 1858, (p. 376).
1) Statistics: syphilis during decennium, 1845-1855.
2) Three cases of syphilis acquired from foster-mother. (Obs. 5, 6, 60).
3) Four cases, acquired from father or mother. (Obs, 22, 50, 51, 52).

4) Case, acquired from grand-mother. (Obs. 45).
5) Case, supposed infection at anus from sponge. (Obs. 16).
(All the above from one to three years old).
6) Case, from sleeping with infected person. (Obs. 11).
7) Three cases, children slept with a servant.

Haydon, N. J. Bovey Tracey, England.
Med. Times and Gazette, London, 1862, I., p. 316.
Two cases of syphilis, in previously healthy children, after vaccination from a syphilitic child.

Hayward, Jr. Boston.
Boston Med. and Surg. Journ., Vol. LIX., Jan. 6, 1859, p. 457.
1) Case, chancre of left nipple, nurse from nursling.
2) Case, infection of child of the above.
3) Case, chancre of wrist in the grand-mother.

Healey. Dublin.
Philosophical Magazine, Vol., XXXIX., p. 90. (COLLES, q. v.[5], "Pract. Observ.," 1837, p. 14).
Surgeon infects several parturient women, from secondary sore on finger.

Hebenstreit, E. B. Leipzig.
Translation of BELL's treatise on "Ulcers," Leipzig, 1793, note, pp. 311-312.
Case, or cases of nurses infected by nurslings.

Hebra, F. von. Vienna. Allgem. K. K. Krankenhaus.
"Dermatol. Abtheilung," Allg. wien. med. Zeit. 1861.
Case, nurse infected by nursling.

Hebra, H. von. Vienna.
Verh. wiener derm. Gesellsch., Viertelj. f. Derm. u. Syph., 1891, p. 831.
Case, nurse infected by nursling.

Heiberg, J. Surgeon-in-Chief of the Armies of Denmark.
Hygien. meddelser (Virchow-Hirsch Jahresbericht, 1883).
Epidemic at Aalborg, from glass-blowing, nine infected. (See Epidemics).

Heine, J. Bamberg.
"Beitr. zur Lehre von der Syph.," etc., Würzburg, 1854, 8°, p. 67.
Epidemic of vaccino-syphilis at Frienfels, Bavaria, 1852, the "process HÜBNER," in which HEINE was witness for the state. (See ESCHERICH, HEYFELDER, HÜBNER, and Epidemics).

Heinecken.
Hufeland's Journal, Vol. VI., 433.
Epidemic from breast-drawing. (See Epidemics).

Heisler, I. Budapest (Clinic of S. RONA).
Orvosi Hetilap., 1891, No. 8 (Monatsh. f. prakt. Derm. XII., 1891, p. 419).
1) Case, chancre of chin, in 23-year-old virgin, from a kiss.
2) Case, chancre of left tonsil, in 10-year-old boy, from eating or drinking ware.

Heister, L. Helmstadt. Univ. Prof. of Medicine.
"Compend. Med. Pract." Venetiis, 1763 (GIRTANNER, 978).
Syphilis acquired from a nurse.

Héliodore, R.
"Des différents modes de transm. de la syph. chez les Nouveaux-nés" Thèse de Paris, 1852, 48.*

Helweg.
Dissertatio de sic dicta Pseudo-Syphilide, præsertim ea, quæ nonnullis Morbus Dithmarsiensis audit. Acta regiæ soc. med. Haven, Vol. VI., p. 277 (quoted by BOECK "Traité d. l. Radesyge" etc., 1860, p. 47).*

Henning, J.
Horn's Archiv., 1822, Bd. 42, p. 403 (HACKER, p. 132). (DIETERICH "Die Krankheits Familie Syphilis," Landhut, 1842, Vol. I., p. 137).
1) Case, alleged transmission by a hat band.
2) Case, alleged transmission by cigars, infected by the cigar-rollers.

Henri-de-Saint-Arnould. Paris.
(Cited by VELPEAU, Bull. de l'Acad. de méd., 1853).
Case, nurse infected by nursling.

Henrot, H. Reims. Faculty Prof. of Therapy.
Union méd. et scient. Nord-est, Reims, 1881, V., p. 243.
Case, infant infected by dry-nurse; also the mother of infant, from the child.

Henry, M. H. New York. State Emigrants Hospital.
American Journ. Syphilog. and Dermatol., 1874, p. 354.
1) Case, chancre of lower lip from kissing, man infected by mistress, site of razor cut.
2) Case, chancre of lower lip, source unknown.
3) Case, chancre of cheek, from a bite.
4) Case, chancre back of hand, source unknown.

Hensler, Ph. G.
"Geschichte der Lustseuche," etc., Altona, 1783.

Hentschel, J. G.
"Diss. de osculo morbifico et mortifero." Halæ, 1746. (See ALBERTI).

Herard. Paris.
Gaz. des Hôp., 1863, p. 497.
1) Case, chancre at site of vaccination.
Annales de Derm. et de Syph., 1887, p. 36.
2) Case, chancre of nipple, in 63-year-old man, from kissing or bite.

Hermet. Paris.
Annales de Derm. et de Syph., 1886, p. 87.
Case, chancre in furrow behind ear in 24-year-old woman; infection from husband. (Service of FOURNIER).

Hervier. Rive-de-Gier.
(VIENNOIS, q. v., "Recherches sur le chan. prim." Thèse de Paris, 1860, p. 65).
Case, of glass-blower, inoculated by comrade through blow-pipe, seen in 1853.

Hervieux. Paris.
Bull. de l'Acad. de méd., 1888, XXII., p. 116 (L'Union méd., 1889 (48), p. 226).
Five cases of vaccinal syphilis: a later report (La Semaine méd., 1889, No. 50; Viertelj. f. Derm. u. Syph., 1890, p. 692), declares that these were not syphilis, but simply ulcerative, with impetiginous sequelæ.

Herzenstein, G. M.
Vratsch. 1891, No. 18, p. 456 (Monatsh. f. prakt. Derm. XIII., 1891, p. 49).
1) Of 21,808 nurslings, in foundling asylum, 207 had hereditary syphilis; from 1881-85, 33 nurses acquired chancre of the breast, and 8 members of their families became infected; of 44,728 children in the families sending out the other children to nurse, 111 became infected extra-genitally.
"Syphilis in Russia," St. Petersburg, 1885, Vol. I. p. 436.
2) Statement: syphilis is sometimes spread through vaccination. Dr. TCHORZNICKI recently saw a long series of such cases; of 1995 consecutive cases of syphilis observed by a physician of Rylsk, 4 were of vaccinal origin; two cases of the kind were reported by a practitioner of Tatij; one by Dr. TCHISTIAKOFF; several by Dr. VÜKOLOFF. The

Svetsch (1882, No. 9) reports the case of an advocate of Kiew who contracted syphilis through vaccination, the vaccinator was fined.

Report of Commission to protect nurses and nurslings against syphilis (Vratsch., No. 6, 1891, p. 185).

3) Statement: syphilization of wet-nurses a most common occurrence in private foundling homes in Russia.

Heurtaux. Nantes.

Gaz. méd. de Nantes, 1883-4, II., p. 83.

Case, chancre of the lip, removed for epithelioma.

Hey, T. Leeds.

Medico-Chirurgical Transactions, Vol. VII.

Small epidemic from breast-drawing, 1770-71: a blind woman acquiring chancre of the lip in her occupation, infected others. (See LAWRENCE[5]).

Heyfelder, O. Russian Military Service, Surgeon-General.

"Uebertragung von Syph. durch Küsse." Heidelberger med. Annalen., 1842, H'ft 4 (PROKSCH "Die Litteratur über die vener. Krankh." Bonn., 1891, Erster Bd., p. 327).

(Reported by HEINE, q. v.).

Episode of vaccino-syphilis at Frienfels, 1852, reported at the trial of the vaccinator HÜBNER. (See ESCHERICH, HÜBNER, and Epidemics).

"Ulcère syph. des paupières." Annales d'oculistique, Bruxelles, 1855, XXXIV., pp. 92-100. (PROKSCH. "Die Litteratur über die vener. Krankh.," Bonn, 1891, 3te Bd., p. 351).

Heylen de Herenthals. Antwerp.

Annal. d. l. Soc, Méd. d'Anvers (Gaz. des Hôp., Paris, 1845, p. 315).

Syphilis in a four-year-old girl, probable chancre of upper lip.

Hibbert.

Historical remarks on Yaws and Sibbens, considered as identical affections. Edinb. Journ. Med. Sci., 1826, I., 287-290.*

Hildanus, F. Berne.

(Cited by ACTON, BEHREND's Syphilidologie, Vol. III., 1841, p. 513).

1) Case, chancre, acquired from wearing infected pantaloons.

(Cited by ROSEN VON ROSENSTEIN "Kinderkrankheiten," Göttingen, 1798, p. 727).

2) Case, infection from sleeping with a syphilitic man.

3) Case, infection of young chambermaid from wearing stockings of a syphilitic child.

Hill, B. London. Lock Hospital, Univ. Prof. of Surgery.

Lancet, London, 1864, I., p. 696, also "Syphilis and local contagious disorders," Phila., 1869 (p. 57).

1) Case, chancre of cheek, from inoculation of wound by suction to prevent a black eye.

2) Case, nursling infected by nurse.

"Syphilis and local contagious disorders," London, 1881.

3) Case, chancre of gum, from using a towel (p. 34).

4) Case, chancre of mouth, nursling from infected nurse-mother (p. 70).

Hillairet, J. B. Paris. Hôp. St. Louis.

Soc. méd. des Hôp., discussion on Eustachian infection. L'Union méd. XXIV., 1864 (p. 216).

1) Case, of Eustachian infection, in a pharmacist.

2) Case, of same in an old lady, over sixty.

3) Three other cases, not particularized.

(For other cases of HILLAIRET, see A. CULLERIER, FOURNIER, and JULLIEN).

Hime. Sheffield.

"Extensive diffusion of Syphilis traced to a midwife," Brit. Med. Journ., 1883 (p. 128).

About 30 married women infected by a midwife: 9 husbands then

infected by their wives, and also two infants (the same epidemic in the courts) p. 335. (See Epidemics).

Hjelt, O. Helsingfors. Univ. Prof. Legal Medicine and Hygiene.
"Die Verbreitung d. vener. Krank. in Finnland," Berlin, 1874.
1) Epidemic of syphilis from cupping at Hakola, 1858 (p. 14).
2) Epidemic of same at Topparla, about the same time.
3) Epidemic of same at Uleaborger, 1860. (See Epidemics).

Hjort, J. J. Christiania. Rigs Hospital.
Bidrag til Kundskob om de Endemiske Hudsygdomme. Norsk. mag. f. Laeger, 1840, I., 1-25. (Trans. in Zeitsch. f. d. ges. med., Hamb., 1841, XVI., 1-22, also quoted in BOECK "Traitè d. l. Radesyge," etc., 1860, p. 23).*
1) A full description of Radesyge.
Norsk mag. f. Laeger, Vol. IX., 1844, p. 97.
2) Epidemic of family-syphilis; in one day H's clinic was visited by 21 syphilitics, who were members of six families.

Hock, J.
Wiener Klinik, 1876, II., Heft 3-4, p. 65-118.
Statement by BOECK: among 2344 cases of syphilis there was only one case of chancre of the eyelid.

Hoffman, F. Halle. Univ. Prof. of Medicine.
"Medicinæ Rationalis Systematicæ." t. IV., 1739, p. 173.
1) Boy of 12 years, with recent syphilis, probably chancre of nose, from a man-servant with recent syphilis.
2) A whole family infected from a nurse.

Holl, J. S. Halle. (See STAHL, G. E.).

Holm, N. Copenhagen. General Hospital. (Service of Dr. ENGLESTED).
"On the course of temperature in syphilitic children." Hosp. Tidende, 2, R. VII., 2, 3, 1880 (Viertelj. f. Derm. u. Syph., 1881, p. 148).
Eight cases of acquired syphilis in infants.

Holmes, E. L. Chicago. Prof. Diseases Eye and Ear, Rush Med. College.
Chicago Med. Journ. and Examiner, 1885 p. 296.
1) Two cases, chancre of upper eyelid, source of infection not known.
2) Case, chancre of caruncle, in young physician, mode of infection not stated.

Holsten, G. D. Brooklyn, N. Y.
Brooklyn Dermatol. and Genito-Urin. Soc. Meeting, April 1, 1892. (Monatsh. f. prakt. Derm., Vol. XV., 1892, p. 194).
Case, chancre, tip of little finger of left hand in a man.

Holthouse. London. Westminster Hospital.
Lancet, London, 1860, I., p. 573.
Case, chancre of the finger.

Homolle, G. Paris. Hôp. St. Louis.
"Syphilis." Nouveau Dict. de Méd. et Chirurg. prat. 1883.
Inoculation of syphilis by opening furuncle—by excising vegetations. Names and references not given (p. 672).

Horand. Lyons. Chief Surgeon, Antiquaille.
(Reported by JULLIEN, Traité des mal.vén., Paris, 1886, p. 586).
Case, chancre of left upper eyelid.

Hornung, J.
"Cista medica," 1624, p. 423 (see LAMMERT).
Epidemic of syphilis from scarification, during 1596-99, about Altdorf. (See Epidemics).

Horst, G. Ulm.
"Observ. Medicinal. Surg." lib. II., "de morb. contag." Ulm. 1628, (GIRTANNER p. 198).

1) Case, a servant-maid, who slept with the mistress of a man, was infected by direct contact or through bedding.
2) Case, a citizen of Ulm, 1622, was infected at a bathing establishment, by the cup-head or scarificator.

"Epistol. medicinal" . . . . . de malitura scarificationis."

3) Report of epidemic from cupping, seen by SNITZER in 1603.
4) Report by WIDMANN,[4] q. v. of epidemic from cupping, in 1624; over 70 persons infected.

Horteloup, E. and **P.**

Bull. de l'Acad., Paris, 1877-8; 1879, V., p. 64-88. (Ann. d'hyg. pub. et de méd. lég., Paris, 1877. XLVIII., p. 126-151).

Case, nurse infected by nursling.

Horteloup, P. Paris. Hôp. du Midi.

La France méd., Paris, 1881, II., pp. 133, 146, 157. (See LEPROVOST).

1) Case, chancre of inner angle of eyelid.
2) Case, chancre of left cheek, from bite. (SIMONET).
3) Case, chancre of left thumb.
4) Infection of 3-year-old child by using brush of his father (quoted from "an American Journal," no reference).

(See also cases cited by GIBIER, JULLIEN, and VIGUIER).

Houghton, J. H.

British Med. Journ., London, 1866. p. 223.

Case, syphilis after vaccination in a child 4 months old.

Howard, J. London.

"Practical Observ. on the nat. hist. and the cure of the ven. disease," London, 1806. Vol. I., p. 156.

Case, chancre of the hand in a medical man, from necropsy (on the penis of the deceased body was a chancrous excoriation).

Hubbard, G. H. Late Brev't-Col. and Surg., U. S. Army.

Med. and Surg. Reporter, Phila., 1866, XIV., p. 103.

Epidemic of vaccinal syphilis; more than 500 soldiers infected. (See Epidemics).

Hübner. Frienfels.

"Erfahrungen uber Vaccine an syphilitisch Krankens mit Rucksicht auf die Angelegenheit des Gerichtarztes," Wien, 1855. Nouveau Dict. de méd. et de chir. prat., Paris, 1883, Vol. XXXIV., p. 673 (Gaz. hebdom., 1855, May 9, p. 176).

Epidemic of vaccino syphilis: 13 children were vaccinated in 1852, of them 8 were infected, and from these their nurses and mothers; two mothers had chancres of left forearm from contact; several nurses acquired chancres of the breast; an old servant, chancre of the face; from one of the non-infected children 25 more were vaccinated and only one became infected. Dr. H. was tried in court and was sentenced to prison for six weeks—the first trial in court of a physician for vaccino-syphilis. (See ESCHERICH, HEINE, HEYFELDER, and Epidemics).

Hue, A. Paris.

La France méd., 1883 (p. 752). (Annales de Derm. et de Syph., 1884, pp. 55-57).

Case, chancre of right tonsil in a man (service of PÉAN).

Hüebener, E. A. L.

1) De morbi dithmarsici natura de indole. Dissert. Inaug., Kiliæ, 1821.
2) Erkenntniss und Cur der soganannten Dithmarsischen Krankheit, Altona, 1835.

Hufeland, C. W. Berlin. Univ. Prof. of Medicine.

"Art of prolonging life," London, 1797 (from the original "Makrobiotik," 1796. RUST, Helkologie Berlin, 1842, p. 246).

Case, syphilis acquired from a tobacco-pipe (Vol. II., p. 103, note).

Huguier, P. Ch. Paris. Hôp. de Lourcine.
"Leçons sur les malad. vénér. chez la femme" (BEHREND's Syphilidologie Bd. V., p. 590).
1) Case of bilateral chancre of ocular conjunctiva.
Discussion of Soc. de Chirurg. de Paris, Bulletin de la Soc., 1844. (Cited in BEHREND's Archiv f. Syph. u. Hautkr. B. I., 1846, p. 157).
2) Two cases of infection of little girls at pudenda, from use of infected sponges.

Hulke. London. Middlesex Hospital.
Med. Times and Gaz., London, 1875, II., Oct. 21, p. 462.
Case, chancre of lower lip.

Hulot, A. Paris.
Annales de Derm. et de Syph., 1879, p. 29.
Notes of 19 cases of extra-genital chancre, seen in FOURNIER's clinic in 1877: chancre of tonsil, 3; nose, 3; neck, 3; finger, 2; cheek, 1; chin, 1; eyelid, 1; gum 1; external ear, 1; breast, 1; abdomen 1; over trochanter major, 1.

Hünefeld, L.
Die Radesyge oder das scandinavische Syphiloid, Leipzig, 1828.
Contains a full bibliography of the subject.

Hunter, J. London. St. George's Hospital.
"Treatise on the Venereal Disease," with ADAMS' Commentary; American edit., Phila., 1818.
1) Case, chancre of lip (prolabium) in a man, "probably from auto-infection by the fingers" (p. 199).
2) Case, chancre of breast, nurse from nursling (p. 357).
3) Case, nurse infected by child of last case (p. 358).
4) Two nurses and two children infected from one syphilitic child (p. 359).
5) Two cases of infection from transplanting teeth (p. 361).

Hutchinson, J. London. Surgeon to London and Royal London Ophthal. Hosp.
Med. Times and Gaz., London, 1856, Oct. 11, pp. 366-71.
1) Fifty cases of infection from the fœtus to the mother.
Lancet, London, 1862, II., p. 327.
2) Case, chancre of right thumb, in a midwife.
Med. Times and Gaz., London, 1871, II., p. 705.
3) Case, chancre of right knuckle, in a policeman, by fighting.
Transact. Royal Med. and Chir. Soc., London. Vol. IV., 1871.
4) 19 cases, ten chancres and nine infections after vaccination (pp. 2, 16).
Med. Times and Gaz., London, 1872, II., p. 515.
5) Case, chancre of finger, in a man 31 years old.
Med. Times and Gaz., London, 1872, I., p. 432.
6) Case, chancre of right upper eyelid, in a man 27 years old.
Med. Times and Gaz., London, Nov., 1872 (Amer. Journ. of Syph. and Dermat. Vol. IV., 1873, p. 165).
7) Case, chancre of the finger, from using a towel.
Med. Times and Gaz., London, 1873, I., p. 126 (also Lancet, 1873, I., pp. 169, 175).
8) Two cases, chancre and infection after vaccination.
Med. Times and Gaz., London, 1877, I., p. 307.
9) Case, chancre of the tongue, in a woman.
"Illustrations of Clinical Surgery," Fascic. VI., London, 1877.
A masterly presentation of the subject of Vaccinal-Syphilis, reviewing six series of personal cases, with four plates illustrating vaccination chancres.
10) First series; twelve vaccinated, ten infected (p. 115).
11) Second series; many vaccinated, nine infected, suspicious symptoms in six others (under care of Mr. WAREN TAY, q. v.) (p. 122).
12) Third series; several vaccinated, one infected, man aged 46 (p. 125).

13) Fourth series; three vaccinated, one infected, woman aged 46 (p. 126).
14) Fifth series; two infants infected, one of them infects its mother at nipple, and she her husband on penis (p. 128).
15) Sixth series; one case, a lady, vaccinated in India (p. 129).

Lancet, London, 1879, I., p. 619.
16) Case, chancre of upper lip.

"Syphilis." London, 1887.
17) Eight cases, chancre of the finger (pp. 96, 132, 134, 386, 473).
18) Three cases, chancre of nipple (pp. 101, 118, 120) (LEES' Case).
19) Three cases, chancre of the tongue (p. 101; plate 112).
20) Two cases, chancre of the tonsil (p. 101).
21) Two cases, chancre of the lip (pp. 152, 468).
22) About 26 cases, infection after vaccination (pp. 104, 107, 109) (Case of Dr. C.).
23) Seven cases, infection after circumcision (p. 115) (MACNAMARA'S Case).
24) Three cases, infection in lying-in women, by physician or midwife (pp. 101, 105).
25) Two cases, chancre of ocular conjunctiva (p. 101).
26) Case, chancre of palm of hand (p. 101).
27) Case, chancre middle of sole of foot (p. 101).
28) Two cases, infection, policemen from injuries (p. 102).
29) Case, chancre in several places, in a sailor, from bites (p. 102).
30) Case, chancre on one labium, child one year old (p. 118).
31) Case, chancre on one of the nates (p. 134).
32) Case, chancre of tonsil in man from feeding-bottle (p. 382).

British Med. Journ., 1888, II., p. 1199.
33) Case, chancre of the knuckle.

Archiv. of Surgery, 1890, Vol. I., p. 53.
34) Case, chancre of the lip, in a man 30 years of age.

Archiv. of Surgery, 1891, Vol. II., p. 170-237.
35) Two cases chancre of the finger.

Archiv. of Surgery, 1892, Vol. III., p. 252.
36) Case, chancre of cheek, a little external to the left commissure of the lips. Mode of infection, sex, and age of patient not given.

Hutchinson, Jonathan, Jr. London.

International Med. Annual, 10th year, 1892, p. 481.
1) Case, chancre of occiput.
2) Case, chancre of heel. (Infection in both by means of dressings to small wounds).

Hutin, J. M. Felix. Paris. Hotel des Invalids.

"Réchérches sur les tatouages," Paris, 1853 (p. 10). (Les Comptes rendus de l'Académ. de méd. t. XVIII., p. 349).
Case, soldier inoculated by tattooer with primary syphilis, at Hôp. Val dé Grace, 1823.

Hyde, Jas. Nevins. Chicago, U. S. A.

Chicago Med. Journ. and Exam., 1878, XXXVII., p. 457.
Case, chancre, radial border of right thumb in 14-year-old nurse from nursling.

Idelson, I. S. Krytchev, Russia.

Annual of Med. Sci., 1888, Vol. II., p. 454.
1) Case of VVEDENSKI, q. v.[1], three chancres of left fore-finger.

Vratsch, 1891, No. 14, p. 374 (St. Louis Med. and Surg. Journ., June, 1891, p. 365).
2) Case, chancre of the chin, acquired in a barber shop.

Ilisch, J. J.

"Die gewöhnlichen Krankh. des menschl. Körpers, mit besond. Beziehung auf die Landbewohner der Ostseeprovinzen u. d. russ. Reiches." Dorpat u. Riga, 1822 * (HÜNEFELD "Radesyge etc.," 1828).
Study of Russian "Syphiloid."

Inell.
Three cases, chancre of the tonsil (see MALM [2]).

Jacquet, B. Laibach. Univ. Prof. of Surgery.
Nov. Act. . . . Acad. Nat Cur., VI., Norimb., 1778. (Obs. 64, p. 302). (GIRTANNER, No. 1556).
Case, nurse infected by nursling.

Jadassohn.
Verhandl. der Schlesischen Gesellsch. f. Vaterländ. Cultur, 1890. Archiv f. Derm. u. Syph., Vol. 23, 1891, p. 788.
Case, chancre of tonsil, in 28-year-old patient, source unknown.

Jaffé, J. Leipzig.
"Die rituelle Circumcision." . . . Leipzig, 1886.
Circumcision inoculation: cases of BRECKER, VANIER, VON PITHA, SOLOMON, SEGEL, FISCHER, and OBALINSKI (p. 31-32).

Jakinovitch, N. N. St. Petersburg.
Vratsch, 1891, No. 1, p. 21 (Journ. of Laryngology, July, 1891, p. 279).
Case, chancre of the left tonsil, in man 22 years old, source unknown.

Jakoleff, S. S.
Verhandl. der russ. syph.-derm. Gesellsch., St. Petersburg. Vratsch, 1890, No. 18, p. 426 (Monatsh. f. prakt. Derm. 1890, Vol. XI., p. 69).
1) Case, chancre of lower lip, in 14-year-old girl, from kissing.
Verhandl. der russ. syph.-derm. Gesellsch., St. Petersburg, Sitz., Apr. 27, 1891. Vratsch, 1891, No. 18 (Monatsh. f. prakt. Derm. 1891, Vol. XIII., p. 48).
2) Case, chancre, left corner of mouth, in 38-year-old woman, probably from a cigarette.
3) Case, chancre, right corner of mouth, in 21-year-old man.

Jarotsky, A. I. Tikhvin, North Russia.
Vratsch, 1892, No. 4, p. 74.
1) Statistics; among 2540 miscellaneous cases in 5 rural districts, (total inhabitants 9879) 1.47 per cent were syphilitic, mainly from family life.
2) Small family epidemic of syphilis, introduced by dry-nurses.
3) Cases, laborer infects 8 of a family, innocently.

Jégu, G. Paris.
"De la syphilis de l'oreille," Thèse de Paris, 1884.
Case, chancre of the ear. (See LAVERGNE and PERRIN [2]).

Jelzina, S.
Vratsch, 1882, Nos. 50-52; Vratsch, 1884, Nos. 8-9 (Archiv f. Derm. u. Syph., 1889, p. 242).
1) Among Russian peasantry, the spread of syphilis is generally by extra-genital means: thus, of 55 syphilitic women, only 2 were infected by coitus 2 from nursing, 45 from family life, and 2 hereditarily.
Russian dermat. and syph. Soc. Jan. 28, 1889 (Archiv f. Derm. u. Syph., 1889, p. 243).
2) Case, chancre of finger, in a 13-months-old child.

Jenkins, J. O. Newport, Ky., U. S. A.
Phila. Med. News, Aug. 30, 1887.
Case of vaccino-syphilis, vaccination with barber's razor.

Jenniker.
Geschichtlich. administrativer Hauptbericht über die Skérljevo Heilanstalten zu Fiume und Portoré. Med. Jahrbüchern des österr. Kaiserstaates, 1819, 1820, Bd. V., 2 St.*

Johnson, G. Cambridge, England.
British Med. Jour., Aug., 1860.
1) Case, chancre of nipple, in woman from kiss by lover (p. 649).

2) Case, nurse infected by syphilitic infant, case before civil tribunal in France (p. 713).

Joly, L. Brussels.
Journ. de méd. de chir. et de pharm. de Bruxelles, 1853, p. 92.
Epidemic of syphilis at Alsembourg, 1853. Notes of individual cases by SEUTIN, including the case of the breast-drawer, a ten-year-old boy, with chancre of the tonsil, from his mother's nipple, she having been infected by a nursling. (See Epidemics).

Jones, J. Nashville, Tenn. Prof. of Phys. and Path. Univ. of Nashville.
"Researches on Spurious Vaccination," 1867 (Nashville Journ. of Med. and Surg., New Ser., Vol. II., 1867, pp. 1, 81, 161).
Three epidemics of vaccino-syphilis, occurring among soldiers of the Confederate armies. Also account of epidemics observed by PERCIVAL and HUBBARD. (See Epidemics).

Jones, S. London. St. Thomas Hospital.
Brit. Med. Journ., March 1872, I., p. 313.
Case, chancre of left hand, from a bite in a man of 42 years.

Jordanus, T. Brunn. Archiater of the Province.
"Brunno-Gallicus seu Luis novæ exortus, etc.," 1578 (cited in GRUNER'S "De Morbo Gallico Scriptores," pp. 496-582).
Epidemic at Brunn, Moravia, 1577, from cupping, described in the year following the outbreak, (See Epidemics).

Josias, A. French Military. (Service of SIMONET).
Progrés Médicale, 1877, p. 205.
Epidemic from tattooing, nine soldiers inoculated by a syphilitic tattooer. (See Epidemics).

Juler, H. E. London. Ophthalmologist, St. Mary's Hosp. and Royal Westminster Ophthalmic Hosp.
Two cases, chancre of conjunctiva, in young women (see DE BECK[3]).

Jullien, L. Paris.
"Traité des malad. vénér." 2d ed., Paris, 1886.
1) Statement: He has "seen more than one grand-mother victim of her affection for her grand-child."
2) Case, woman infected from a syringe of a syphilitic friend (p. 506).
3) Case, chancre of neck, from bed clothing.
4) Cases of DIDAY'S, unpublished:
a) Two cases of anal chancre in infants from towels or napkins, etc. (p. 507).
b) Case of infection, by a kitchen spoon, which is parallel with ROLLET'S case (p. 507).
5) Cases of chancre of external ear; JULLIEN saw "two or three" at the Antiquaille.
6) Case, chancre of tonsil, service of VERNEUIL, in an old woman from drinking-glass (p. 583—woodcut).
7) Case or cases of GOSSELIN, from Eustachian infection (p. 506).
8) Case of HORTELOUP'S, phagedenic chancre of tongue (p. 581).
9) Case of HILLAIRET, chancre of nose (p. 584).
10) Case of LAILLER, chancre, septum nasi (p. 585).
11) Case, chancre of back of neck, from clothing (p. 507).
12) Case of P. PELLIZZARI'S (unpublished) chancre of breast in mother from own child (exception to COLLES' law) (p. 1086).
13) Case, chancre, finger, in physician, contact with chancre of scrotum (p. 537).
Cited in TILLMANN'S Lehrbuch der allgem. Chirurg., Leipzig, 1888, (Archiv f. Derm. u. Syph., 1890, p. 501).
14) Proportion of extra-genital chancre, 5 to 6 per cent. in men and 25 to 26 per cent. in women.

Jumon, L. Paris.

"Étude sur la syphilis ignorée." Thèse de Paris, 1880.

1) Case of FOURNIER'S, young woman, chancre, calf of leg, in site of wound which was sucked by a youth (p. 26).
2) Case of BASSEREAU'S, chancre in site of wound made in excising gonorrhœal vegetations.
3) Case of FOURNIER'S, chancre of hand in a physician.
4) Case of FOURNIER'S, infection per os of a medical man, by paper-knife used previously as tongue depressor on a syphilitic (p. 30).
5) Case of FOURNIER'S, chancre of anterior femoral region, from holding a lightly clad woman in lap.

Junquet. Montpellier.

Gaz. méd. de Montpellier, Aug., 1859.

1) Two nurses infected by nurslings
2) One of these infects her mother-in-law.
3) The other nurse infects her husband and child.

Kaposi, M. Vienna, Royal Imperial Gen. Hosp. Div. for Skin Diseases.

"Syphilis der Schleimhaut," Wien, 1866.

1) Case chancre of lower lip in a girl, from bite of lover (p. 63).

Syphilis der Haut und d. angränz. Schleimhaüte, Atlas, Wien, 1873.

2) Two cases, chancre of penis in Jewish infants from circumcision.
3) Case, chancre of finger in hospital attendant
4) Case, chancre of chin from a bite. (Both latter in ZEISSL'S Atlas, 1875).
5) Two cases, chancre of tongue, in old woman, and young girl, source unknown.

"Pathol. und Therap. der Syph.," Stuttgart, 1881.

6) Case, chancre of the hairy scalp (p. 61).
7) Case, chancre of left cheek, in an old man (p. 62).

Archiv f. Derm. u. Syph., Vol. XXIV., 1892, p. 842.

8) Case, chancre of lower lip in a man, cause not given.

Kapustin.

Arbeit des 2 te Gouv. Congr. der Kursk' Landsch., Lief I., Kursk, 1884.

Cited by HERZENSTEIN, "Syph. in Russland" (Archiv f. Derm. u. Syph., 1881, p. 243).

Largest percentage of extra-genital syphilis is in children from one to ten years of age, or 23 per cent.

Karamanenko, S. Odessa.

Zemsk. Med. Khersonskoi Guberni, 1888, p. 251.

1) Four women infected through nursing; one infected own child.
2) Peasant, married man, aged 24, infected by fellow-laborer during field work; he shortly infected his father aged 60, brother aged 11 and three sisters aged, 18, 16 and 6.
3) Above little girl, aged 6, infected a neighbor's child during play.
4) Peasant woman and her two children infected by neighbor's child.

Kaverin, V. Uijni. Korotchan, Voronej Gov., Russia.

"Concerning public prophylax. of Syph." Meditz. Beseda, 1887, No. 9 (p. 219).

1) Nurse infected two children.
2) Nurse infected one child.
3) A cook infected two children, the latter transmitted the disease to its father and mother.

Kédotoff A. Cronstadt. Phys. imper., Russian Marine.

Annales de Derm. et de Syph., Paris, 1884, p. 526.

Small epidemic of circumcision syphilis; three infants infected, each communicates disease to mother by lactation.

Kehrer, F. A.

Prakt. Arzt., Wetzlar, 1883, XXIV., p. 49.

Infection of nipple.

Kemme, Johannes Christlieb, and **Milloradovics, Petrus Gabrielow.**
"Dissertation inaug. de innocenti infectione venerea. Halæ Magdeburgicæ, 1767 (p. 24).*

Kenny. Melbourne.
Australasian Med. Journ., 1889, XI., No. 9, p. 428.
Case, chancre on under surface of the tongue.

Kessler. Dorpat. Univ. Prof. of Midwifery.
Vratsch, No. 34, 1883, (p. 540) (Canstatt Jahrbuch).
Case of circumcision syphilis, infant aged 28 days.

Keyes, E. L. New York. Surgeon to Charity Hospital.
"A practical treatise on . . . . . and Syphilis." (Van Buren and Keyes), N. Y., 1874.
1) Case, chancre of right arm from carrying syphilitic infant (p. 514).
2) Case, chancre of lip, from kissing fiancée (p. 522).
3) Case, chancre of upper lip, from tobacco-pipe (p. 523).
Archives of Dermatology, 1878, p. 126.
4) Case, multiple chancre of breasts, from nursling.
"The Venereal Diseases." New York (Wood's Library, 1880).
5) Two cases, chancre of lip from kissing (p. 88).
6) Case, chancre of lip, from tobacco-pipe (p. 88) (same as above?).
Journal of Cutan. and Ven. Dis., New York, 1886, p. 22.
7) Case, syphilis accidentally acquired.

Kilian. Bonn. Univ. Prof. of Obstetrics.
(Published by Ruthenburg, q. v.).
1) Case, nursling, chancre of eyelid and lip, source unknown unless from dry-nurse.
2) Case, nursling infected through dry-nurse, who chewed its food.
3) Case, nurse from preceding nursling, by lactation.

Kinsman, D. N.
Cleveland Med. Gaz., 1885-6, I., 494.
Case, chancre of gum.

Kirkpatrick, Robt. C. Montreal, Canada. Asst. Surgeon, Montreal Gen. Hosp.
New York Med. Journ., Vol. LVI., No. 27, p. 745.
Case, chancre left side lower lip, in married man of 42 years, from a cigar made by a syphilitic.

Klein. Andernach.
(Reported by Ruthenburg, q. v., Obs. iv.).
1) Epidemic at Andernach, 1816-17, beginning as vaccino-syphilis, and continued through domestic infection. (See Epidemics).
"Die rituelle Circumcision, eine sanitäts Frage" Allgem. Med. Central Zeit'g, Berlin, 1853, No. 39, p. 311.
2) Mention of several cases, infection after circumcision.

Kleiner, M.
New York Med. Record, Vol. XL., 1891, p. 302.
Case, chancre of lip, from applying to chapped lip vaseline used upon a chancre.

Klink, E. Warsaw, Poland.
Gazet lecarska, 1880, No. 1.
Statistics: combined figures of hard and soft primary sores, total 2846; breast 24, fingers 4, nose 2, "head" 2, tongue 1, foot 1.

Klotz, H. G. New York.
Journal of Cutan. and Genito-Urin. Diseases, N. Y., 1891, p. 298.
Case, chancre, front aspect of the lower third of left thigh, in 28-year-old patient, source unknown.

Kluge, C. A. F. Berlin. Surgeon-in-Chief and Director of Charité Hospital.
(Quoted by Behrend in "Syphilidologie," Bd. IV., 1843, p. 325).

Statement: KLUGE believed that cigar-makers infected the cigars not by saliva, but by hands soiled with secretions. (No individual cases cited).

Knapp, H. New York. Prof. of Ophthal., Coll. of Phys. and Surgeons.
DE BECK, q. v. "Hard chancre of the eyelids," etc., 1886.
Cases, chancre of the eyelids. (No notes given).

Knight, C. H. New York.
New York Med. Journal, 1884, XXXIX., p. 662.
1) Case, chancre of tonsil, in a woman, from using same dentrifice with her syphilitic nephew.
2) Case, chancre left tonsil (BUMSTEAD).

Köbner, H. Breslau. Univ. Clinic for Skin Dis. and Syphilis.
"Klin. u. experiment. Mittheil. aus der Dermatol. u. Syph.," Erlangen, 1864. (Reprint of articles in Deutsch Klinik, 1862, 1863).
1) Case, chancre, back wall of pharynx; from spoon-feeding her infant nephew (p. 54).
2) Case, infection per os of a 6-year-old boy, whose mother was suffering from a relapse of former syphilis (p. 58).
3) Case, acquired syphilis in a 2½-year-old child, from bathing in water used by syphilitic father with intertrigo (mucous patches) of toes (p. 58).
4) Case, infant of 1 year, infected by mother's kisses (p. 61).
5) Case, the above infant infected its grand-mother through bottle-feeding.
6) Case, infant infected by its foster-mother, method not stated (p. 61).
7) Case, chancre of arch of palate, infected by her grand-child (p. 61).
8) Family epidemic of syphilis, occasion of suit for damages (p. 63).
9) Case, chancre of finger in a midwife from professional exposure (p. 64).
10) Case, patient infected by opening axillary boil with soiled lancet (p. 65).
11) Case, patient infected by scarifying scrotum for epididymitis with soiled instrument (p. 65).
Archiv f. Derm. u. Syph. III., 1871, pp. 133, 507.
12) Case of vaccino-syphilis, in a young physician (p. 139).
13) Case of vaccino-syphilis, child 2 years old, died 6 months later (p. 144).
14) Table of principal epidemics of vaccinal-syphilis (p. 159).

Kobylin, W. A. St. Petersburg. Kalinkin Hosp.
(Cited by PETERSEN, monatsh. f. prakt. Dermat. 1888, p. 309).
Six cases, chancre of the breast, among 77 cases of recent syphilis seen during 1880.

Kocevar. District-Physician of Cilli, in Styria, Austria.
"Zur Impfgeschichte vom S. Marien." Ann. Rep. for 1869, Allg. Wien. Med. Zeit'g, 1870, No. 21 (p. 266) (Viertelj. f. Derm. u. Syph. II., p. 453).
Epidemic of vaccino-syphilis in two parishes, remarkable for the number and variety of infections: 31 infants infected, from these 19 mothers and 11 other children were in turn infected. (See Epidemics).

Koch.
Wiener med. Blatter, 1887, No. 52, (p. 1644) (Archiv f. Derm. u. Syph., 1888, p. 838).
Case, chancre of finger in site of wound made by a drawing-instrument, probably infected by the saliva of some unknown person.

Kogan, E. A. St. Petersburgh.
Vratsch, No. 40, 1890, p. 925.
Case, chancre of upper lip, in a woman from drinking-glass.

Kohn, Moritz. (See KAPOSI).

Kolokolow, W.
Meditsinskoe Obosr., Moskow, 1888, XXIX., p. 700.
Two cases, of chancre of the lip, domestic infection.

Kolomensky, A. Moscow.
Proto. d. Gesell. Russ. Aerzte, 1888 (Archiv f. Derm. u. Syph. 1889, p. 243).
Case, chancre of the tongue.

Koltschewski, K.
Vratsch, 1883, No 45 (Canstatt Jahresbericht for 1883).
Case, chancre of the chin, in site of razor-cut.

Komin.
Trans. of the 2d St. Petersburg Gov. Sanitary Meeting, 1877, pp. 123-140.
1) Case, chancre near left nipple, nurse from nursling (from a "home").
2) Case, chancre right areola, nurse from nursling, infecting her own boy of 5 years.
3) Two peasant girls aged 12 and 7 years, infected per os, from hand-feeding a syphilitic infant.

Kopp, C. Breslau. (Prof. NEISSER's Clinic).
Archiv f. Dermatol. u. Syph., 1885, pp. 55, 183.
1) Statistics: of 125 cases of recent syphilis, treated by the hypodermic method, four males are mentioned, as having chancre of the lip.
2) Case, child 3 years old, infected by its mother.

Kopp, J. H. Frankfurt-am-Main.
"Aerztliche Bemerkungen veranlasst durch eine Reise in Frankreich und Deutschland." Frankfurt, 1825 (Froriep's Notizen, Weimar, 1825, No. 243).
Case or cases of infection of midwives.

Kortüm, C. G. T. Stolberg.
"Beiträge zur prakt. Arzneiwissensch.," Göttingen, 1795, p. 336.
1) Case, chancre of the lip.
Hufeland's Journal, Berlin, XX., 1805, St. III., p. 31.
2) Case, nurse infected by nursling.

Korver, J. M.
Akadem. Proefschrift, Amsterdam, 1880, p. 80.*
Vaccinal-syphilis.

Kosinski, J. Warsaw. University Prof. of Surgery.
Congress of German Surgeons, 1867.
Cases of circumcision-syphilis. (See BIERKOWSKI, and NOWAKOWSKI).

Kotzyn, I. B. Kovno, Russia.
Russkaya Meditsina, 1890, No. XXV., p. 391.
Case, chancre in a circumcision wound in a child 10 weeks old. (The man who performed the operation was healthy, but it was supposed that the virus was carried on his instruments, which were seldom cleaned).

Krelling, M. Leipzig. Prof. LESSER's Univ. Clin. for Skin and Ven. Dis.
Archiv f. Derm. u. Syph., Wien., 1888, p. 9.
1) Case, chancre of the eyelid in a youth from a public woman.
2) Case, chancre on ala of nose, in a woman of 35, from a woman with mucous patches, who applied her saliva to heal an erysipelas.

Kreundel. St. Petersburg.
Verhand. der russ. syph.-derm. Gesell. in St. Petersburg, Sitz., Apr. 6, 1891. (Monatsh. f. prakt. Derm., Vol. XIII., 1891, p. 17).
Case, chancre of upper lip in a soldier from a cigarette.

Krishaber. Paris.
"Conférences cliniques sur les maladies du larynx," 1877 (Annales des mal. de l'Oreille, 1877).
Case, chancre of the epiglottis (p. 121).

Krowczynski, J. Lemberg and Cracow.
Przeglad lekarski, 1877 (Virchow-Hirsch Jahresb., 1877, Bd. II., p. 528).
1) Case, chancre of palate from a spoon.
Przeglad lekarski, 1887.
2) Case, a man aged 64, infected in infancy.

Kudriashoff. St. Petersburg.
Vratsch, 1892, No. 31, p. 783. (Journ. des mal. cut. et syph., Vol. IV., Oct., 1892, p. 577).
Case, chancre of penis in boy 2 years and 10 months old, probably infected from its nurse's mouth, the latter being syphilitic.

Kühn. Philadelphia. U. S. A.
Case, inoculation from tooth implantation. (See LETTSOM [3]).

Kyll, J. B.
"Ueber syphilitische Ansteckungen von Wöchnerinnen durch Milchsaugerinnen." Zeitschr. f. d. Stattsarzneikunde v. A. HENKE, Erlangen, 1837, Heft 2.*
Syphilitic infection of lying-in women by breast-drawers.

Labbé. Paris. Hôp. de la Pitié.
(Reported 1872 by ORY, q. v.[13], notes by COYNE, interne).
Case, chancre of upper lip, in a man or 52 years.

Laboulbène, A. Paris. Charité Hospital.
L'Union méd., 1865, p. 191.
1) Case, Eustachian infection, in an aged clergyman.
2) Case, chancre of the tonsil. (See LE GENDRE [2]).

Lacheze.
L'Union méd., Paris, 1862, No. 112, p. 576.
Epidemic from vaccination; two children and their families.

Lacroze. Paris.
(Notes furnished FOURNIER for his study on cephalic chancre, 1858).
Case, chancre of the lip.

Ladreit-de-Lacharrière. Paris.
"Des paralysies syphilitiques," Thèse de Paris, 1861.
Case, chancre of the chin (p. 22).

Ladroire-Yver, E. Paris.
Thèse de Paris, 1854.
Case, chancre of cheek in razor-cut; officer from camp-barber, following pressure with finger to check hemorrhage.

Lagneau, G. (fils).
Annales d'hyg. publ. et de méd. lég., Paris, 1855, 2d Ser., Vol. V., pp. 21, 68, 241, 298.
1) Case, nursling infects nurse, she her own child.
" Malad. syphil. du system nerveux," Paris, 1860, p. 508.
2) Case of HOURMANN, infected either from a necropsy, or examination of a prostitute (LAGNEAU, SR., took notes at the time; the same case also given by CAZENAVE, VIDAL and others).
Bullet. de la Soc. de méd. légale, Seance April 5, 1875 (Annales d'hyg. publ. et de méd. lég., 1875, XLIV., p. 161).
3) Case of DEFAUCAMBOURGE of Gien, nursling infects nurse.
Revue d'hyg. et de police sanitaire, 1879, p. 301.
4) Case, infection of a young girl, from spoon-feeding a foster-infant.

Lagneau, L. V. Paris. Hôp. des Vénériens.
" Traité prat. des mal. syph.," 6th Edit., Paris, 1828.
Two cases, chancre of the throat (pp. 49, 51).

Lagrange, (father and son). Chalous.
(Reported by VIENNOIS, 1863; also GUINAND, 1881).
Several cases of syphilis from glass-blowing; a family epidemic added.

Lailler, C. Paris. Hôp. St. Louis.
L'Union médicale, XXIV., 1864, No. 120, 129.
1) Case, woman of 47 years, chancre apparently both at nostril and in throat.
(Cited by JULLIEN, "Traité prat. des mal. vén," Paris, 1886, p. 498).
2) Case, multiple chancre penis and scrotum, acquired while under treatment for scabies.
(For other cases see GUIGNART, and ORY).

Lallemand, C. F. Montpellier. Univ. Prof. of Clinical Surgery.
Journ. universelle. . . . XXVII., p. 132.
1) Two nurses infected by the same nursling. (See also LEGRAND, Obs. 344, 345, 346).
2) Case reported by SOUCHIER, q. v., multiple chancre breast, nurse from nursling. (Cited by LEGRAND).
Clinique méd.-chirurg. de Montpellier, 1845, p. 15.
3) Mentions having seen a dozen cases of cephalic chancre.
4) Chancre of the lip in three youths from same woman, by kissing.

Lammert.
Virch. Archiv., XXIV., 1862, p. 297.
1) Epidemics from cupping, at Nürnberg, 1599 (unpublished); also several others of that epoch, published at the time. (See HORNUNG).
2) Edict in 1661, of Duke George Frederick, against syphilitics mingling at weddings, feasts, bath-houses, etc., and also against syphilitic children being nursed by healthy persons, or being allowed in school, etc.

Lancereaux, E. Paris. Hôp. de la Pitié.
"Traité historique et pratique de la syphilis." Sydenham Society Edit., London, 1869.
1) Case, of RAYNAUD'S 1863, Eustachian infection. (Vol. II., p. 244).
2) Case of infection from a tobacco-pipe (Vol. II., p. 246).
2*a*) Case of VERCELLONI, chancre of hand from contact with genitals. (Vol. II., p. 233).
3) Case, child 6 years old, infected by nurse, infects its mother. (Vol. I., p. 94).
4) Case of RAYER'S, a young virgin with recent syphilis; her room-mate was syphilitic. (Vol. II., p. 232).
4*a*) Epidemic vaccino syphilis, 8 out of 13 infected. (See HÜBNER and SÉE).
5) Case, chancre of the uvula; no details.
5*a*) A study of Sibbens, Yaws, Radesyge, Amboyne Pimple, Disease of St. Paul's Bay, Sherlievo, etc.
"Traité histor. et prat. de la syphilis," 2d edit., Paris, 1873, p. 493.
Collected statistics of vaccinal-syphilis.
L'Union méd., 1886, No. 40, p. 469. (Reported by BESANÇON).
6) Case, Eustachian infection in male 53 years old.
Bullet. de l'Acad. de méd., 1889, XXII., p. 447. (L'Union méd., 1889, XLVIII., p. 655).
7) Case, Eustachian-sound inoculation, in man 55 years old.
8) Case, chancre of the gum, by dental operation, in 36-year-old woman

Landolt. See WECKER.

Lang, E. Innsbruck. Univ. Clinic, Skin and Venereal Diseases.
Archiv f. Derm. u. Syph., 1878, p. 535.
1) Case, chancre of forehead, from opening a furuncle with an unclean lancet.
Bericht. der syph. derm. Klinik, for 1882. Innsbruck, 1883.
2) Statistics: of 19 primary lesions, 4 were extra-genital.
3) Two cases, chancre of upper lip.
4) Two cases, chancre of lower lip.
5) Case of vaccino-syphilis (p. 35).
"Vorlesungen über Syphilis," Weisbaden, 1884-6.
6) Family epidemic of syphilis (p. 70).

7) Case, chancre, lower lip from a kissing game (p. 200).
8) Case, chancre, tonsil, woman of 59 years, from feeding-bottle of heredito-sypnilitic child (p. 200).
9) Case, chancre of thumb (p. 490).

Wiener derm. Gesell., Sitz. Apr. 6th, 1892. (Archiv f. Derm. u. Syph., Vol. XXIV., 1892, p. 869).

10) Case, chancre of thumb in a man, auto-inoculation from his penis.

Langenbeck. Berlin.

"Nosol. u. Therap. d. chirurg. Krankheiten" Bd. II. (Cited by OESTERLEN, "Ven. Contag.," 1836, p. 200).

Case, infected by fiancé, kissing.

Langenbeck, B. von. Berlin. Charité Hospital.

Berlin. klin. Wochenschr., 1872, No. 39, p. 474 (Archiv f. Derm. u. Syph., 1872, p. 575).

Two cases of vaccino-syphilis.

Langlebert, E. Paris.

Gaz. des Hôp., 1860, XXXIII., pp. 338, 374.

1) Case, chancre of right nipple, from sucking.

"La syphilis dans ses rapports avec le marriage," Paris, 1873.

2) Cases of CAMPBELL, p. 244; DIDAY, p. 245; and TARDIEU, pp. 306, 313,

"Lettres à Émile," Paris, 1880.

3) Case, chancre of lip, in a man, from kissing (p. 32).

"Traité pratique de la syphilis," Paris, 1888.

4) Many cases (1-10 of the population), chancre of the upper eyelid, by tongue of a syphilitic woman (p. 18) (TEPLIASCHIN, q. v.).
5) Case, chancre of the lip (p. 58) (personal).
6) Case, chancre on the neck (p. 62).

Lanoix, G. Paris.

Essay on vaccinal-syphilis, New York, 1872, 8° (pp. 6-8). (From La Tribune Médicale, 1869).

1) Case, infection of nursling from nurse, producing by vaccination,
2) Ten other cases (seen by RICORD, and BOUCHUT).

Lanz, A. J. Moscow.

Mittheilung in d. Mosk. med. Gesell., Nov. 15, 1886 (Archiv f. Derm. u. Syph., 1889, p. 244).

Case, chancre of the tongue, from using table-ware in common.

Lanzonus, J. Ferrara. Prof. of Philosophy and Medicine.

"Opera omnia" Lausann, 1738, 4to. The book "De saliva" also separately published at Ferrara, 1702 (GIRTANNER, 645).

Cited by authors as reporting cases of syphilis insontium.

Laroyenne, L. Lyons. Antiquaille. Prof. of Gynecology.

Gaz. méd. de Lyon, 1864, No. 16, p. 292. (VIENNOIS "De la syph. vacc.," 1865, p. 174).

1) Case of vaccino-syphilis in girl of 5 months infecting mother, chancre left breast.

Gaz. méd. de Lyon, 1865, p. 530.

2) Three cases, chancre of eyelid, service of NÉLATON and DESGRANGES.

Lasch, Otto.

Archiv f. Derm. u. Syph., Vol. XXIII., 1891, p. 76.

Case, chancre of chin and lip, in man of 32, from common use of drinking-glass.

Laskiewicz, W. J. Charkow. Univ. Prof. of Clinical Medicine.

Przeglad lekarski, 1877.

Case, chancre of left lower eyelid, of unknown source.

Laugier. Vienne. (Isère, France).

VIENNOIS "De la syph. vaccin.," Paris, 1865, p. 303.

Case, chancre of arm, from vaccination lancet.

Launois, M. Paris.
Case, chancre of tonsil, service of DUGUET. (See LE GENDRE [8]).

Laurent, E.
Gaz. méd. de Paris, 1887, 7th Ser., IV., p. 605.
Case, chancre at root of nose, in man 23 years of age.

Lavergne, F. and **Perrin, L.** Hôp. St. Louis. (Internes). Service of FOURNIER.
Annales de Derm. et de Syph., 1884, pp. 332, 380.
1) Statistics: 27 extra-genital chancres, 21 in males, 6 in females; lips, 10; eye and eyelids, 5; cheek, 2; anus, 2; nose, 1; ear, 1; neck, 1; arm, 1; finger, 1; breast, 1; thigh, 1; leg 1.
2) Five cases of chancre from bites; cheek, neck, left ear, right upper arm, finger (pp. 334. 340).
3) Six cases, chancre of eyelids or conjunctiva (one 18 months before visit). Source of infection not ascertainable (pp. 380-386).
4) Case, chancre in Scarpa's triangle, from non-venereal contact in bed; wife infects husband (p. 334).
5) Case, chancre of lip in child of 3 years, infected by mother (p. 333).
6) Case, chancre near anus, child of 3 years, infected from parents (p. 333).
7) Case, chancre of breast in a female from contact of husband's lips (p. 333).
8) Case, chancre of lip, in child of 12 years, from kissing (p. 334).

Lawrence, W. London. St. Bartholomew's Hospital.
London Medical Gazette, Vol. V., 1830.
1) Case, chancre of finger in medical man, from contact with an ulcerated fissure (p. 772) (DELPECH).
2) Case, chancre of thumb, in medical man from professional exposure (p. 772).
3) Case, infection of a medical man, from exposure in delivering a low woman (p. 772).
4) Case, chancre of thumb, from venereal exposure (p. 771).
5) Case, chancre of nipple, in two wet-nurses, from same nursling (p. 808).
6) Case, chancre of lip, from breast-drawing (p. 808) (HEY).
"Treatise on Venereal Diseases of the Eye," London, 1830.
7) Case, chancre of upper eyelid (p. 331).

Lawson. G. London.
Lancet, London, 1865, Vol. I., p. 478.
Case, chancre of the eyelid, in an infant, source unknown.

Layet.
"Traité prat. d. l. vaccin. animal," Paris, 1889 (SIEPE, "Ueber extragen. lokal. Initialsclerosen," Inaug. Dissert. Bonn, 1892, p. 21).
58 soldiers infected through vaccination, from a nursling aged two months. (See Epidemics).

Lazansky, L. Prague. Univ. Clinic of Prof. PICK.
Archiv f. Derm. u. Syph., 1878, p. 47.
Case, child aged 5 years, infected by mother.

Lebenwald, A. Styria.
"Venæsectis noxia." Ephem. Acad. Nat. Cur., Decu. II., ann. 5, Norimberg, 1687, Obs. 51, p. 93. (GIRTANNER, 598).
Case, a surgeon bled five persons hastily with a phlebotome, which had just been used upon a syphilitic; all were infected.

Leber, T. Göttingen. Univ. Prof. of Ophthalmology.
(Personal communication to DE BECK, q. v., 1886, p. 52).
Cases of chancre of the eyelid, but no notes.

Leblanc, R. F. Paris. Hôp. des Vénériens.
"Sur les mal. vén. des enfants nouveau-nés, etc." Thèse de Paris, 1803.
1) Group of 4 children infected in one family, ages 10 months to 8 years.
2) Case, chancre of breast from nursling. (See BERTIN [6]).

Leckie and **Carlton.**
"Communicability of Syphilis through the Saliva," British Med. Journ., Dec. 24, 1887, p. 1379.
Case, infection by tattooing, chancre of both forearms.

Lecoq. See GALLUS.

Lecoq, J. Cherbourg. Surgeon-Major, Marine Infantry.
Gaz. des Hôpitaux, 1859, Dec. 24, p. 598.
1) Two cases, vaccino-syphilis in soldiers. (See GUYENOT).
(Cited by DIDAY, "Chancre de l'amygdale").
2) Case, chancre of tonsil, nurse from nursling.

Le Dentu, A. Paris. Hôp. St. Louis, Surgeon.
Case, nurse infected by nursling. (See APPAY).

Lee, C. G.
Liverpool Med.-chir. Journ., 1886, VI., p. 226.
Case, chancre of left upper eyelid, from licking to remove foreign body.

Lee, H. London. Surgeon to St. George, and Lock Hospitals, etc.
Medico-Chir. Transac., 1860, Vol. XLIII., p. 57.
1) Case, chancre of upper lip, in an old woman, from her grand-child.
"Lectures on syphilitic and vaccino-syph. inoculation," 2d ed., London, 1863.
2) Three cases, chancre of finger in medical men (p 252).
3) Case, chancre of upper lip, from kissing grand-child (p. 256).
4) Case, infection of a child, from its father (p. 256).
5) Case, infection of a child and its mother by a destitute girl (p. 258).
6) Two cases, chancre of tongue, from using a spoon, and kissing (pp. 260-261)
(Also cases of HUNTER 2, MARSTON 1, ROLLET 2, WATSON 1).
Lancet, London, 1865, II., p. 623.
7) Case, chancre, nurse from nursling.
Lancet, London, 1868, I., p. 748.
8) Case, chancre of left breast, wet-nurse from heredito-syphilitic infant.
"Lectures on Syphilis," Philadelphia, 1875.
8*a*) Case of WATSON, W. W., q. v.
9) Case, chancre from vaccination (p. 32).
9*a*) Case, chancre finger in physician, from wound in performing craniotomy (p. 33).
10) Case, chancre of finger, after a suspicious intercourse (p. 41).
11) Mention of three cases of infection of midwives from W. CLOWES' "Lues Venerea," London, 1596, p. 35.
12) Case, nursling infected by nurse, infects four others (p. 35). (PARÉ, AMBROSÈ, quoted by CLOWES, case XI.).
12*a*) "Syphilization," by DANIELSSEN (p. 164).
"System of Surgery," HOLMES, T. "Syphilis," revised by J. N. HYDE, Vol. I., p. 176.
13) Case, chancre of nipple, nurse from nursling (p. 206).

Lees, D. B.
(Reported by HUTCHINSON "Syphilis," p. 118).
Case, chancre of nipple, mother from own child. (See HUTCHINSON [18]).

Lefeuvre. Paris.
"Hemiplegie faciale syphilitique." Bull. gén. de thèr., 1866.
Case, chancre of lower lip, in wife of man suffering from a relapse of pre-nuptial syphilis.

Lefevre.
(Cited by CAZENAVE, "Syphilides," 1843, p. 136).
Case, nurse, infected by nursling.

Lefort, L. Paris. Hôp. du Midi, Prof. of Surgery.
(Cited by JULLIEN, "Traité, etc.," 1886, p. 527).
Five cases of chancre of lip, in total of 464 cases.

LeGendre, P. Paris.
"Contrib. au diag. du chancre syph. de l'amygdale." Archiv. gén. de méd., Paris, 1884.
1) Case, chancre of right tonsil, in man of 25 (p. 68) (GUIBOUT).
2) Case, chancre of right tonsil, in man of 21 (p. 71) (BROCQ. L., service of LABOULBÈNE).
3) Case, chancre of right tonsil (p. 74) (BROCQ. L., service of BUCQUOY, and ANGER, Th.).
4) Case, chancre of left tonsil, in man of 64 (p. 75) (MERKLEN, service of PETER).
5) Case, chancre of tonsil (p. 292) (the same given by CULLERIER, claimed by MARTEL).
6) Case, chancre of right tonsil, in man of 37 (p. 292) (HUE, A. service of PÉAN).
7) Case, chancre of right tonsil, in woman of 63, from a Eustachian catheter (p. 294).
8) Case, chancre of left tonsil, in man of 30 (p. 295) (LÄUNOIS, E. service of DUGUET).
9) Case, chancre of right tonsil, in man of 23 (p. 297) (FOURNIER, HULOT).
10) Case, chancre of right tonsil, in a woman, her daughter had chancre of the neck (p. 297) (FOURNIER, HULOT).
11) Case, chancre of left tonsil, in a virgin (p. 297) (MOREL-LAVALLÉE, service of ANGER, B.).
12) Case, chancre of right tonsil, in woman of 59 (p. 298) (SPILLMAN).
13) Case, chancre of left tonsil, in woman of 27, from a child with a chancre on the labial commissure (p. 299) (FOURNIER, HULOT).
14) Case, chancre on arcus palato-glossus, in man of 28 (p. 300) (FOURNIER, BARTHÈLEMY).
15) Case, chancre of both tonsils, in man of 25 (p. 306) (MAURIAC, RIZAT).

Legrand, A.
"De l'or et du mercure." Paris, 2d Edit., 1842.
1) Case, infant infected by nurse (p. 171).
2) Cases of CHRESTIEN, LALLEMAND, SOUCHIER, MÉNARD, NIEL, DALMAS, etc.

Leloir, H. Lille. Clin. of the Med. Coll. and of the Hospital St. Sauveur.
Annales de Derm. et de Syph., 1882, 2d Ser., Vol. III., pp. 546-548.
1) Case, chancre between 2d and 3d toes of right foot, in medical student of 25 years.
"Leçons sur la Syphilis," Paris, 1886.
2) Two cases, infection in Hospital at Lille (Ward of ST. CÔNCE) (p. 44).
3) Case, chancre left nipple, nurse from nursling (p. 47).
4) Case, chancre of groin, child of above nurse, by wetting with her saliva (p. 47).
5) Case, seven chancres of the breast, nurse from nursling (p. 47).
6) Case, chancre lower lip, from sucking the breast of a syphilitic confined woman by an adult woman (p. 54).
7) Cases, infection of more than twenty women, by the above-mentioned woman in the same way (Dr. X., of Tourcoing) (p. 54). (See Epidemics).
8) Case, chancre over Scarpa's triangle (p. 56) (service of FOURNIER, LAVERGNE and PERRIN).
9) Case, chancre on the face, from coughing of a patient (p. 57).

10) Case, chancre, left angle of eyelid, in a man by a glove (p. 59).
11) Case, chancre of buccal commissure, from handkerchief (p. 60).
12) Case, infection by a syringe, in a woman (p. 60).
13) Case, chancre of lip, in a man from chewing-gum (p. 61).
14) Case, chancre upper lip, in child, from candy from the mouth of syphilitic mother (p. 62).
15) Case, chancre of gum, from dental instruments (p. 62).
16) Case, chancre of middle finger, in man of 30, from using porte-caustique applied previously to syphilitic persons (p. 63) (service of FOURNIER).
17) Case, infection of a confined woman, by a medical student (p. 65).
18) Case of LAILLER, q. v.[2] (p. 66).

Lemonnier, F.
Annales de Derm. et de Syph., 1886, p. 598.
Case, woman aged 54 years, infected by infant whom she was hand-raising; in three months she infected her husband by coitus.

Leo, L. Bonn.
Zeitschr. f. Mediz. (Jan. or Feb. '92) (Journ. de mal. cut. et syph., Vol. IV., Feb. '92, p. 93).
Four women infected by a midwife who drew their breasts, two of their husbands became infected; legal process, resulting in imprisonment of midwife for six months.

Leonard, B. (1563).
(Cited in Archiv f. Derm. u. Syph. Vol. XXI., 1889, p. 59).
Case, chancre of lower lip.

Leonesio. Milan. Osped. St. Catarina. (Foundling and maternity).
Some of the reports given yearly in the Annali universali di med., etc. Milan (RICORDI, "Sif. da Allatt.," 1865, q. v., p. 45).
Statistics: 475 nurses infected by nurslings from 1854-1863.

Leppmann, A.
Archiv f. Derm. u. Syph., 1883, pp. 289, 551.
Many references to vaccinal and other modes of syphilitic infection.

Leprovost. Paris. Hôp. du Midi. (Service of HORTELOUP).
La France médicale, 1881, p. 147.
Case, chancre of the cheek.

Lesage, E. Paris.
"Chancre par morsure." Thèse de Paris, 1885.
1) Case, chancre right thumb from bite (FOURNIER) (p. 11).
2) Case, chancre of finger, policeman, from bite (FOURNIER) (p. 18).
3) Case, chancre of finger from bite (BROUARDEL) (p. 19).
4) Little girl and mother infected from mouth-piece of a clarionette (p. 26).
5) Case, chancre, dentist from bite of a patient (FOURNIER) (p. 18).
6) Case, chancre of cheek, from bite (FOURNIER, LAVERGNE and PERRIN) (p. 9).
7) Case, chancre left ear, from bite (HERMET, LAVERGNE and PERRIN) (p. 13).

Lesser, E. Leipzig.
"Ueber Syphilis maligna." Archiv f. Derm. u. Syph., 1882.
1) Case, man, infected probably per os, from infant's pap-bottle (p. 642).
2) Case, chancre lower lip, in a man, source unknown (p. 646).
"Ueber einige Fälle erworbener Syphilis bei Kindern." Breslauer Aerztl. Zeitschr., 1880, II., p. 277.
3) Three children of one family, from syphilitic housemaid, all slept together.
"Lehrb. der Haut u. Geschlechtsk.," 6th Edit. p. 112.
4) Case, chancre, inner angle of right eye. (See KRELLING).
"Syphilis auf Island." Archiv f. Derm. u. Syph., 1891, p. 37.
5) A letter of Dr. SCHIERBECK's in Reykjavik, upon syphilis in Iceland.

Letnik, L. M.
Vratsch, 1881, No. 2, p. 29.
Case, chancre of left tonsil, in policeman, of 28 years, from room-mate.

Letorsay.
Bull. gén. de thérap., Paris, 1855, XLIX., p. 130.
Case, nurse infected by nursling.

Lettsom, J. C. London. Physician to London Dispensary.
Trans. London Med. Soc., I., 1787, pp. 137-149.
1) Case of inoculation through implantation of a tooth.
2) Case of HAMILTON's, fatal result after a short interval, from tooth-implantation (if syphilitic, atypical) (p. 148).
3) Case of KÜHN's, local and general symptoms, from tooth-implantation; said to have ceased upon removing the tooth, which need not prejudice the diagnosis (p. 145).
In the "Literatura Medica Digesta," of PLOUQUET, occurs the following meagre reference to LETTSOM: "Syphilis—Infectio—per Vulnera—" Med. Commun., Edinburgh, Bd. III., p. 310.
4) Case or cases of inoculation of syphilis by trauma.

Letulle, M. Paris. (Service of C. PAUL).
La France Méd. Paris, 1878, XXV., pp. 65, 81.
Case of acquired infantile syphilis. (See PONTET).

Lever. London. Guy's Hospital.
"Syph. vaccinale," Acad. de méd. de Paris, 1885, p. 175.
Cases of vaccino-syphilis.

Lewentaner, M. Constantinople.
Monatsh. f. prakt. Derm., 1887, p. 904.
Case of circumcision-syphilis.

Lewi, H. J. St. Petersburg.
Vratsch., 1891, No. 15, p. 390.
1) Case, chancre of nipple in wet-nurse of 25 years,
2) Case, chancre of nipple, wet-nurse aged 25 (both at the Dom Nursery).
3) Case, chancre of both nipples, from her own child, who was infected by two syphilitic children.
Vratsch, No. 14, 1892. (St. Louis Med. and Surg. Journ., June, 1892).
4) Case, chancre, right side of soft palate, in a virgin of 16 years, a laundress.

Lewin, G. Berlin. Charité Hospital and Fried.-Wilh. University.
"Behandlung der Syphilis durch Sublimat. Einspritzungen," Berlin, 1870; Amer. Edit., 1882.
1) Case, infection per os, probable double chancre of lip and throat, source unknown (case 19).
2) Six cases of infection per os, location not always given, and nothing of etiology (cases 20-25).
3) Case, chancre, lower lip, in girl from lover's kisses (case 26).
4) Case, woman infected at nipple by nursling; infects own child per os (case 27).
Berlin. klin. Wochenschr., 1874.
5) Case, chancre, both lips, from kissing (p. 313).
6) Case, chancre of lip, from kissing (p. 313).
7) Case, two chancres of the lower lip (p. 314).
8) Case, chancre, right nipple, nurse from nursling (p. 313).
"Ueber Infectio sine coitu." Archiv f. Derm. u. Syph., 1875, p. 373.
9) Case, chancre of breast, nursing mother infected by nursling; infects own nursling.
Deutsche med. Wochenschr., 1889, p. 1073. (Archiv f. Derm. u. Syph., 1890, p. 164).
10) Case, chancre of lower lip, in 25-year-old girl.

Archiv f. Derm. u. Syph., 1891, p. 1000.
11) Case, chancre of upper lip, in 25-year-old man-servant.
Berliner dermatol. Verein., Sitz. Dec. 3, 1891. (Archiv f. Derm. u Syph., Vol. XXIV., 1892, p. 508).
12) Case, chancre, index finger, in a young man, cause not stated.

Lewy and **Goldberg.** St. Petersburg.
Vratsch No. 10, 1892 (St. Louis Med. and Surg. Journ., June 1892).
1) Case, chancre, lower lip, in man of 30 years, cause not stated.
2) Case, chancre, left anterior pillar of fauces, in woman of 35, from an infant.
3) Case, chancre, left nipple, in married woman of 35 years, cause not stated.
4) Case, chancre, upper lip, in unmarried woman of 33 years, cause not stated.
5) Case, chancre, upper lip, in married woman of 35 years, cause not stated.
6) Case, chancre, upper lip, in unmarried woman of 32 years, cause not known.
7) Case, chancre, left tonsil, in unmarried woman of 26 years, cause not known.
8) Case, chancre, upper lip, in married man of 40 years, from cigarette stubs picked up in the street.
9) Case, chancre, both nipples, in married woman of 25 years, no cause given.
10) Case, chancre, lower lip, in married man of 28 years, no cause given.
11) Case, chancre, left tonsil, in unmarried woman of 50 years, no cause given.

Lillie.
(ROLLET, "Traite," etc, p. 473).
In 1777 LILLIE was sent to Jutland to study "Syphiloid" which prevailed there.

Lindestolpe. Upsala. Swedish physician of 18th Century. (Not mentioned by GIRTANNER).
Work on venereal disease (p. 35). (ROSEN VON ROSENSTEIN, p. 727).
Case, youth infects his sister by kissing.

Lindstrom, A. A. Kiew.
Milit. ärztl. Zeitschr., 1889. (Archiv f. Derm. u. Syph., 1890, p. 700).
1) Three cases, chancre of the lip.
2) Case, chancre of breast, nurse 25 years old, from nursling.
3) Two cases, chancre of tonsil; soldier aged 28, and boy aged 11.

Lindwurm.
"Ueber Syphilisation," Aerztl. Intelligenzblatt, München, 1860, Nos. 13-14, p. 175.
Case, chancre of upper lip in 17-year-old girl, source unknown.

Linné.
Nutrix noverca. Amoenit., ac. III., 1756, p. 267. (Cited in Monatsh. f. prakt. Derm., 1888, p. 200).
Cases, of lactation syphilis.

Lipp, E. Gratz.
Allgem. med. central. Zeit'g, Berlin, 1879, XLVIII., p. 673.
1) Two cases, chancre of upper lip, source unknown.
Verein der Aerzte in Steiermark, Weiner med. Wochenschr, 1889.
2) Case, chancre inner angle of right eyelid, in a man; source of infection not stated (p. 558).
3) Case, chancre right lower eyelid in woman 54 years old; infection probably from caring for a syphilitic child (p. 895).

Lister, M. York. Physician to Queen Anne.
"Tract. de quibusdam morb. chron." London, 1737. (ROUSSEL, "Syph. tertiare," 1881, p. 203).
Child infected by nurse.

Lloyd, P. A. Carlisle, England.
Lancet, London, 1890, II., 123.
1) Case, chancre at left angle of mouth, in recently married woman of 25 years.
2) Case, chancre lower lip, in a soldier, attributed to smoking another's pipe.
3) Case, chancre on left brow, just at edge of scalp, in married woman of 44 years.

Loder, J. C. Göttingen.
(ROSEN VON ROSENSTEIN "Kinderkrankheiten," 6th Edit. Göttingen, 1798).
1) Case, man infected by a privy-seat, just vacated by one with lesions of the privates (p. 729, foot note).
2) Many women infected from breast-drawing by a dissolute female, with venereal sores of the lips (p. 729, foot note).

Lodge, J. W.
Phil. Med. Times, 1871, I., p. 150.
Case, syphilitic (?) eruption, after vaccination.

Loew, A. (With WEDEL, G. W.).
"De lue venerea." Inaug. Dissert., Jenæ, 1682.
(Cases of PETRONIUS, and RIVIERUS).

Lorain, P. Paris. Hôp. St. Antoine.
(Reported by PETIT, "Transmis. de la syph. par la vaccine." Thèse de Paris, 1867, p. 15).
Case of vaccino-syphilis, in which infection occurred through blood transferred to the vesicle-floor by the needle.

Lorenzo, G. di. Naples.
Giorn. ital. d. mal. ven., etc., 1866, Vol. II.,p. 91.
Case, chancre, right angle of mouth, child 4 years old, from mother.

Lorenzutti.
"Specimen inaug. med. de peculiare syphilidis quadam forma nomine luis Fluminensis sive morbi de Scherlievo nota." Patavia, 1830.*

Loret.
"Procès verbale d. Congrès. d. Nantes." (DIDAY, q. v., "Inf. Syph.," p. 175).
Family epidemic; nurse, her mother, and her daughter, three generations, infected through use of spoon used in feeding a foster-child.

Loring, E. G. New York. Eye and Ear Infirmary.
(Notes of cases published by STURGIS, q. v.).
1) Case, chancre, right lower eyelid, child 22 months old.
2) Case, chancre of cheek, six-year-old sister of the above.

Lorinser, F.
"Ueber die Skérljevo-Krankheit im österreichischen Küstenlande, Wiener med. Woch., 1865, Nos. 93, 94.*

Lortet. Lyons. Professor of Natural History.
Gaz. méd. de Lyon, June 11, 1864.
Case of Eustachian infection in a lady.

Lorut. Paris.
(Cited by FOURNIER "Chancre cephalique," 1858).
Case, chancre of the lip.

Lossius, L. Giessen.
"Dissert. de lue venerea," 1668, c. 2, § 3.
By this reference PLOUQUET cites Lossius, under the caption, "Per Salivam—Osculum—Suctum."

Lotz. Basle.
Report of sanitary com. to Swiss Council. (Cited by FOURNIER, "Syph. Vacc.," p. 52, note).
Estimates 750 known cases of vaccinal-syphilis up to 1880, as follows: Italy 300, France 120, Austro-Hungary 68, England 36, Scotland 1, Denmark 7, Prussia 85, Bavaria 17, America 1.

Lowdell, G.
London med. Gaz., 1842, p. 467.
1) Two cases, chancre of nipple, nurses from nurslings.
2) Case, nursling infected by nurse (its mother).

Lubelski, G. Warsaw.
Medycyna, 1880. (Rev. d'hyg. et de pol. sanit., Paris, 1881, p. 577).
1) Epidemics of circumcision-syphilis, past and recent. (See MATLAKOWSKI).
Annales d'hygiène, 1881, VI., p. 157.*
2) Syphilis communicated by circumcision.

Lubinsky, A. Cronstadt.
Klin. Monatsbl. f. Augenheilk., April 1878, p. 166.
1) Case, chancre of left inner canthus of the eye.
Med. prib. k. Morsk. Sborn., 1880, XX.
2) Case, chancre of upper left eyelid.

Lucas, R. C. London. Guy's Hospital, Surgeon.
"Practitioner," 1882, p. 352.
Case, chancre of upper lip.

Lucas-Championnière, P. Paris.
"Recherches prat. sur la thérap. de la syphilis" (from observations in service of CULLERIER, neveu, Chief of the Hôp. des Vénériens). Paris, 1836.
1) Case, nursling infects nurse, she her own nursling (p. 9).
2) Family epidemic, all infected through a foster-child, by using the same spoon and cup (p. 10).
3) Several cases of syphilis in infants acquired from adults with pustular syphilides. (Cited by CAZENAVE).

Lünkevitch, M. V. Tiflis.
Proc. of the Caucasian Med. Soc., 1887, No. 7, p. 162. Prov. Med. Journ., 1887, p. 422.
Case, chancre of the finger, from fighting.

Lusitanus, (Amatus).
"Curat. med. cent. sept.," 1554, C. I., No. 49. (In "APHRODISIACUS"). (Cited by AUDOYNAUD, 'Syph. comm. par allaitement." Thèse de Paris, 1869, p. 9).
Nurse infected by nursling, infects her husband and two other nurslings, who infect their mothers.

Lusterbourg. Lyons.
(Case reported by BOTTEX, q. v.).

Lustreman. Prof. l'École du Val-de-Grace.
(Cited by RICORD "Lettres sur la syphilis," Paris, 1863, p. 86).
Case, chancre, lower eyelid, in a lawyer, infected by finger.

Lutaud.
"Note sur deux cas chancres indurés extra-génitaux." Journ. de méd. de Paris, p. 276. (SZADEK, Index bibliog. syphilidol., Jahrg., 1886, p. 18).

Lüth. Burtschied, Austria.
(Case reported by M. VON ZEISSL, q. v.).

Luzinsky. Vienna. Kinder-Krankeninstitutes zu Marishilf.
Wiener med. Wochenschr., 1856, VI., pp. 134, 149, 167.

1) Case of syphilis, child infected by wet-nurse, infects older sister and mother.
2) Case of syphilis, wet-nurse infected by a suckling infant, infects another nursling after the first one died.
3) Case of syphilis in a child, thought to be acquired from a syphilitic nurse; mother infected by child gave birth to a syphilitic infant, who in turn infected its nurse.

Allgem. Wiener med. Zeit'g, 1884, No. 15.

4) Statistics; conditions of syphilis in infants and children.
5) Two children infected by a nurse, infect their mother.
6) Case, child infected by a nurse, mother sleeping with child was infected, and bore syphilitic child which infected another nurse.

Lydston, G. F. Chicago.

New York Medical Record, 1884, p. 39.

1) Two cases, chancre of the lip, aunt and grand-mother, from caressing heredito-syphilitic infant.

"Lectures on Syphilis," Chicago, 1885.

2) Case, surgeon, late Dr. NOTT, chancre middle finger, from operating on a syphilitic (p. 22).

Journal Amer. Med. Ass'n, 1886, p. 652.

3) Case, chancre of tongue, from kissing.
4) Case, chancre of gum, from dentist.

Medical Register, Philadelphia, 1888, p. 194.

5) Case, chancre of lip, supposed to be from drinking-cup on railway train.

Lyle, A. New York.

New York Medical Record, 1891, p. 158.

Case, acquired syphilis in 4-year-old child, possibly from rape.

MacCarthy, D. J. Paris. Hôp. du Midi. (Interne).

"Du diagnostic et de l'enchainement des symptômes syphilitiques." Thèse de Paris, 1844.

Cases, chancres, lip 3, chin 2, tongue 1, gum 1, nostril 1, hand 4.

McCraith, J. Smyrna, Asia.

Med. Times and Gaz., 1859, I., p. 289.

1) Case, infant infected by kiss of maid-servant.
2) This infant gave chancre of breast to its wet-nurse.
3) This wet-nurse infected two of her own children.
4) The maid-servant had acquired the disease from a young girl, and in the village from which they came, syphilis was found to be epidemic.

Med. Times and Gaz., 1877, I., p. 323.

5) Two cases, nurslings infected by nurses.
6) Case, chancre of nipple, nurse from nursling.

Macdonald, A. Glasgow.

Edinburgh Med. Journ., 1873, July, XIX., p. 30.

Case, chancre of tonsil, in middle-aged man from nursing-bottle of an infant.

McGuire, J. C. Washington, D. C.

Amer. Practitioner and News, Louisville, 1886, p. 257.

1) Case, chancre of lip from drinking-vessel.
2) Case, chancre of lip, in a man, who infected
3) His wife, by kissing, who infected
4) Her six-year-old son, chancre of tonsil.
5) Case, chancre on end of thumb.

Mackay, G. Edinburgh.

Med.-chirurg. Soc. of Edinburgh. Edinburgh Med. Journ., XXXIV., No. 3, Sept., 1888, p. 262.

Case, chancre of upper eyelid, in 6-year-old boy, from kiss by its

mother; the latter claimed to have been infected by tooth-pick used by syphilitic boarder.

Mackenzie, Morell. London. Metropolitan Throat Hospital.
"Diseases of Throat and Nose," Philadelphia, 1880, p. 100.
Statistics: has seen seven cases, chancre of tonsil, 6 women and 1 man; no particulars (total personal experience).

MacKenzie, W. Glasgow. Univ. Clinic for Eye Diseases.
"Pract. Treatise on Diseases of the Eye," London, 1855, 4th Ed., p. 161-2.
1) Case, chancre of eyelid, 7-year-old boy, from an adult room-mate.
2) Case, chancre of conjunctiva, thought to have followed kissing in situ.

Maclaren, P. H. Edinburgh. Lock Hospital. (Surgeon).
"Atlas of Venereal Diseases," Edinburgh, 1886.
1) Case, chancre of finger, from tooth-inoculation. (Plate X).
2) Case, chancre of thumb, from infant grand-child, with hereditary syphilis, from washing clothing, etc. (Fascie V., no plate).

Macleod, J.
"De syphilitide insontium," Dissert. Inaug., Edinburgh, 1805, pp. 90.*

Macnamara, C. London.
(Reported by HUTCHINSON "Syphilis," London, 1887, p. 116).
Epidemic of syphilis from circumcision.

Maes.
Deutsche med. Woch., 1891, No. 34, p. 1017.
Case, chancre of eyelid after incision of a hordeolum.

Malm, O.
Norsk Mag. for Lægevidenskab, 1886, 4, R. I., p. 714. (Archiv f. Derm. u. Syph., 1887, p. 385).
1) Two cases, chancre of tonsil.
2) Three cases, chancre of tonsil. (See INELL).
3) Seven cases of French authors.

Manassei, C. Rome. Univ. Clinic for Skin Diseases and Syphilis.
Report of Dispens. of S. Maria Gallicano. Giorn. ital. d. mal. ven., etc., 1877, p. 354.
Statistics, 1874-6, of 73 cases of syphilis: chancre lip 2, breast (nurses) 2.
Also cases reported by RASORI and RAVOGLI assistants (q. v.).

Manassein, M. P. St. Petersburg.
Medtsinskoe Obozrainie, 1889, XXXI., No. 4, p. 407.
Case, chancre lower lip in a soldier, probably from eating or drinking-utensils; mess-mate had "bad disease."

Manganotti, Orsino.
Giorn. ital. d. mal. ven. e della pelle, XXVII., Mar. 1892, p. 32.
Case, chancre right angle of lower lip, in man of 37, from a kiss.

Mannino, L. Palermo. Ospizio d'Trovatelli.
"Una piccola epidemica d. sifilide," etc. Palermo, 1886 (from L'Ingrassia, Palermo, 1885, p. 347).
Nurse and her parents, old people, infected by a foundling by lactation, hand-feeding, etc.

Manssurow, N. Moscow.
"Syph. der fibrösen Gewebe," etc. Archiv f. Derm. u. Syph., 1881, p. 391.
1) Case, chancre of lip, in dry-nurse, age 29 years, from infant (p. 412).
Klin. Sammelsch. f. Derm. u. Syph., Moscow, Feb., II., 1887, pp. 59-67 (Archiv f. Derm. u. Syph., 1889, p. 881).
2) Two children infected by wet-nurse; infection supposed to be conveyed through the milk.

Marc. Paris.
(Acad. de Méd., 1852, "Syphilisation," etc., reported by ROUX, q. v.).
1) Case, chancre of fauces from kissing.
(Reported by PROFETA, q. v., "Tratt. prat.," etc., Palermo, 1888, p. 417).
2) Case, infection from a privy-seat.

Marcolini. Udine.
"Sulla complicaz. d. vaccina," Milan, 1823. (Annali universali di med., 1824, XIX., and BARBANTINI, q. v.[1]).
1) Epidemic of vaccination-syphilis, 1814. (See Epidemics).
Memoire méd. chirurg., Milano, 1829, p. 18 (quoted by RAYER, "Traite," etc., 1835, p. 862).*
2) Treats of Facaldina.

Marey. Paris.
(Cited by FOURNIER, "Chancre cephalique," (q. v.), Obs. 17, cp. V.).
Case, chancre of the cheek (notes by MAREY).

Marfan, A. B. Hôp. Necker. Chief of Clinic (service of Prof. PETER).
Annales de Derm. et de Syph., Vol. I., 3d Ser., 1890, p. 499.
Case, chancre right septum nasi, in 17-year-old man; virus probably conveyed to nose on finger, from vulva of a woman.

Margoniner, J. Berlin. Prof. ROSENTHAL's Policlinic.
"Beiträge z. d. Primäraffect. d. Syph.," Monatsheft f. prakt. Derm. VI., No. 11, 1887.
1) Case, chancre upper lip, woman 21 years old, from kissing (p. 491).
2) Case, chancre of hard palate, in a gold-smith, 45 years old from blow-pipe infected by a colleague (p. 497).

Marianelli, A. Assistant in the Clinica Dermo-sifilopat. of Pisa.
"Resoconto sommar. dei casi occorsi dal 1 Nov., 1887 al 31 Dicemb., 1888." (Reprint from Riforma Med. Aug., 1890).
1) Case, chancre at angle of jaw, in man 26 years old (p. 17).
2) Eleven cases of syphilis in nurses, five contracted from nurslings in private families, and six from foundlings (p. 29).
"Resoconto sommar. dei casi occorsi nell'anno, 1889." Milan, 1891. (Reprint). (Giorn. ital. d. mal. ven.,etc., Mar. 1891, p. 74).
3) Four cases of extra-genital chancre, observed in the Clinic of C. PELLIZZARI; lower lip 1, chin 1, nipple 1, and 1 at upper end of natal fold in a girl of 15 months (p. 9).

Marjoline. Paris. Hôp. St. Eugénie. Surgeon.
Bull. de la Soc. de Chirurgie, 1871, p. 259.
Mother and infant infected about same time, when latter was 4 months old; source not given.

Marlow, F. W. Syracuse, N. Y. Prof. of Ophthal. in Med. Dep. Univ. of Syracuse.
New York Medical Journal, 1890, LI., p. 237.
Case, chancre of upper eyelid in a woman, 49 years old, from a grand-child with inherited syphilis.

Marmisse.
Gaz. des Hôp., Paris, 1862, No. 16, p. 62; 1863, pp. 441, 454.
Case, chancre of nipple, nurse from nursling; she in turn infects her husband.

Marone.
l'Imparziale, 1862, No. 5.
1) Epidemic of vaccino-syphilis, 1856, Lupara and Molise. (See BOUVIER [1], and Epidemics).
2) Cases, described in series and type, few singly; among latter is 10-year-old girl, chancre lip and tongue, from wet-nurse, through breast-drawing.

Marston, J. A. Assistant-Surgeon Royal Artillery.
Lancet, London, 1862, II., p. 232.
Case, chancre on face, inoculation by patient's finger. (See H. LEE[6]).

Martel. Paris.
Case, chancre of tonsil. (See LEGENDRE[5], and CULLERIER[4]).

Martellière, E. D. Paris.
"De l'angine syphilitique." Thèse de Paris, 1854.
1) Case, chancre of tonsil, in a domestic (Obs. X., p. 43).
(Cited by LEGENDRE, Archiv gén. de méd., 1884, p. 65).
2) Three cases, chancre of tonsil (seen by MARTELLIÈRE).

Martin, A. Paris. Hôp. St. Lazare. (Interne).
"De l'accident primitif de la syph. constitutionelle." Thèse de Paris, 1863.
1) Statistics collected by BUREAU. (See CLERC[1]).
With BELHOMME, L. "Traité des malad. vénér." 2d Ed., 1876, p. 77.
2) Statistics compiled for the work of BURLET and ROLLET (q. v.) (p. 119).
3) Family epidemic from Eustachian infection.
4) Case, chancre, developing in a razor-cut. (CARRE, q. v.).
"De l'infection spyhilitique de la ville des Tanniens," Paris, 1863, p. 14.*

Martineau, L. Paris. Hôp. de Lourcine.
1) Cases reported by BINET and DESMOLINES (q. v.).
"De la propag. de la syph. et de sa prophylaxie," Paris, 1881. (L'Union méd., Paris, 1881, 3d Ser., XXX., p. 580).
2) Case, chancre of lip, in chamber-maid, from employers, by mouth-piece of a speaking-tube.

Martins, C. F. Paris. Hôp. St. Louis. (Interne, service of BIETT).
"Mem. sur les causes gén. des syph.," 1838. Revue méd. franc. et étrang., Paris, 1838, I., pp. 24-74, 184-235.
Case, chancre of nose. (See BIETT[8], reported by RICORD).

Mason, F. London.
St. Thomas' Hosp. Reports, Vol. IV., N. S., 1873.
1) Three cases, chancre lower lip, source unknown.
2) Case, chancre lower lip, in a glass-blower.
3) Case, chancre lower lip, in a cornet player.
4) Two cases, chancre of eyelid (personal communication, H. LEE).
5) Case, chancre of finger, in medical student, professional exposure.
6) Case, chancre, abdominal wall, male aged 24 years.
7) Case, chancre of thigh, Wm. T., aged 29.
8) Case, chancre left upper arm, from vaccination.
(Cases of AMBROSOLI, BRYANT, CHURCHILL, COOKE, COOTE, COUPER, CRITCHETT, DIDAY, DRYSDALE, FOURNIER, HARDY (MURRAY), HILL, HOLTHOUSE, HUTCHINSON, JONES, LEE, MAUNDER, PAGET, QUAIN, SIGMUND, SKINNER, STANLEY, WATSON).

Massa, N. Venice.
"De morbo Neapolitano." Basel Collection, 1536, pp. 104-5.
1) Statement: has seen many infected without lesions of genitals.
2) Statement: prevalence in children, too old for lactation, too young for coitus.
3) Statement: frequency of transmission, by eating and drinking-vessels, kissing, common bedding, etc.
4) Three cases, within a year, children aged 3, 6, and 11 years.
5) Case, infection by exposure to unclean bed-linen.

Massei, F. Naples.
"Pathol. u. Therap. des Rachens, der Nase, u. des Kehlkopfs," (Germ. trans. Leipzig, 1892. Dr. EMANUELS FINK, p. 205).
Case, chancre of tonsil, (coitus præternaturalis) observed by GÜNTZ, q. v.

Mastin, W. M. Mobile, U. S. A.
Gaillard's Medical Journal, 1880, XXX., p. 14.
Case, chancre of the eyelid.

Matlakowski, W. Warsaw, Poland.
Article on Circumcision Syphilis (seven observations) Medycyna, 1880, VIII., p. 401.
1) Cases of BIERKOWSKI, q. v.
2) Cases of NOWAKOWSKI, q. v.
3) Cases of KOSINSKI, q. v.
4) Cases (personal).

Maudon, J. A.
"Histoire de la syphilis des nouveau-nés et des enfants à la mamelle."
Thèse de Paris, 1853, with plate.*

Maunder, C. F. London. London Hospital.
Lancet, London, 1861, II., p., 475; Med. Times and Gaz., Feb. 1, 1862, p. 110, and in MASON, q. v.
1) Two cases, chancre of lip, removed for epithelioma.
2) Case, chancre of finger.

Maunsell, J.
Lancet, London, 1877, I., p. 633.
Case, chancre of lower lip, in a cigar-maker.

Mauriac, C. Paris. Hôp. du Midi.
Gaz. des Hôp., Paris, 1874, Nos. 81, 82, p. 642.
1) Cases, three chancres of the lip, and one of the chin.
2) Case, chancre on the thigh in boy 10 years old.
3) Case, infection of sister of preceding boy.
"Leçons sur la syph. prim.," Paris. (Also in La France méd., 1880, XXVII., pp. 137, 345).
4) Case, chancre on the back, female (p. 323).
"Leçons sur les mal. vénér.," Paris, 1883.
5) Six cases, chancre of lip (pp. 326, 442, 443).
6) Four cases, chancre from shaving; upper lip, 2, cheek, 2 (pp. 262, 272, 329, 394).
7) Four cases, chancre of tongue (pp. 271, 327, 443, 444).
7*a*) Case, chancre lower part lumbar region in woman from husband (p. 271).
8) Three cases, chancre of tonsil (pp. 328, 443).
9) Four cases, chancre of fingers (pp. 323, 445, 446).
10) Three cases, chancre of chin (pp. 327, 443).
11) Case, chancre of eyelid (p. 445).
12) Several women infected by an accoucheur (p. 272).
13) Cases, chancre, abdomen, p. 445; thigh, p. 956; anus, p. 447.
(See also RIZAT, VIGUIER, and ZWETITCH).

Maurin. Paris. Hôp. St. Louis. (Service of VIDAL).
Case, chancre of tongue. (See VIDAL).

Maury, F. and **Dulles, C. W.** Philadelphia, U. S. A.
Amer. Journ. Med. Sci., Jan., 1878, LXXV., p. 44.
Fifteen persons infected from tattooing, by a syphilitic tattooer. (See Epidemics).

Maxwell, J.
"Observations on Yaws and its influence in originating Leprosy," etc., Edinb., 1839.

Mayer. Berlin.
"Merkwürdige Infectionsweise der Syphilis." Journ. f. Chir. u. Augenheilkunde, Berlin, 1839, 28, pp. 460-465.*

Mazet.
Journ. des mal. cutan. et. syph., Vol. IV., Mar., 1892, p. 113.

Case, chancre, right upper eyelid, in man of 24 years, who at the same time had a chancre of the penis.

Meighan, T. S. Glasgow.
Glasgow Med. Journ., Sept., 1883, 4th Ser., XX. (Med. Times and Gaz., 1885, I., p. 5).
1) Case, chancre, left lower eyelid, inoculation through having a "black eye" lanced, and the wound sucked by a syphilitic (p. 211).
2) Case, chancre of eyelid, in a youth, infection probably from dressing sores of a room-mate with recent syphilis (p. 212).

Ménard.
(Cited by LEGRAND, "De l'or et du Mercur," Obs. 178-180, p. 188).
1) Case, chancre of breast, nurse from nursling.
2) Case, yearling child, infected by mother who had just borne previously mentioned child.

Mensinga.
Internat. klin. Rundschau, Wien, 1888, II., p. 1486.
Nurse infected by nursling of second generation, with secondary syphilis.

Mentzel, J. C. Physician to the King of Russia.
Ephem. Acad. N. C., Dec., III., Nümberg, 1706 (GIRTANNER, p. 332).
Case, woman 60 years old, infected from tending her son.

Meric, Victor de.
British Med. Journ., 1874, I., p. 105.
Case, chancre, left tonsil, married man, wife mucous patches in mouth.

Mericamp, J. P. Paris. Hôp. St. Louis. (Interne, service of FOURNIER). (See GUIGNARD).

Merklen, P. Paris.
Annales de Derm. et de Syph., 1881, p. 673.
Case, chancre, left tonsil, simulating epithelioma, in woman of 64 years.

Merz, L.
Archiv de tocologie, Jan. 1890.
1) Two cases, nurses infected by nurslings.
2) Case, chancre of breast, mother, from nursing own child, exception to COLLES' law. (Also a similar case cited from TOMMASI-CRUDELI, q. v.).

Messarosh, P. I. Astrakhan.
Meditsinskoe Obozrainie, 1891, XXXVI., No. 17, p. 426.
Case, chancre, upper lip, in a man 20 years old, with chancroid on penis.

Metzger.
"Ueber den gemeinschaftlichen Kelch." GRUNER'S Almanach f. Aerzte u. Nichtärzte. Jena, 1786, pp. 110-114.*

Meyer. Mindern.
"Verbreitete Syphilis durch eine syphilitische Amme." Med. Zeit'g, (herausg. v. vereine f. Heilkunde in Preussen) Berlin, 1838, June 13.*
Syphilis spread by a nurse.

Meyer-Ahrens. Zurich.
Schweitz. Zeitschr. f. Nat. u. Heilk., N. F., Bd. III. (BEHREND'S Syphilid., 1844, p. 552).
First appearance of syphilis in Switzerland, and laws to prevent its spread by cupping, sheltering wayfarers, etc.

Michaelsen.
"Identität der sogenannten Dithmarsischen Krankheit mit den geralteten allgemeinen Syphilis." OPPENHEIM'S Zeitschr. f. die gesammte Medicin, Bd. XXI., 1842, p. 433. (Quoted by BOECK, "Traité d. l. Radesyge," etc., 1860, p. 47).*
He considers the morbus Dithmarensis as a syphilis inveteré.

Michahelles, G. C. C. W.
"Das malo di Scarlievo," Nuremb., 1833.
Also a brief mention of "Mal di Breno" (p. 21).

Michel. Erlangen.
"Krankh. der Lider" GRAAFE u. SAEMISCH's Handb. d. gesammten Augenheilk., Leipzig, 1876, p. 417.
1) Case of SOLOMON, J. V. (q. v.), chancre lower eyelid, in 8-months-old child, from its aunt.
2) Case of MACKENZIE, W., chancre of lower eyelid.
3) Case of STELLWAG VON CARION (q. v.), chancre inner angle eyelid, contaminated by finger.
4) Case of DESMARRES (q. v.[1]), chancre of eyelid in medical man, coughing in face.
5) Case of DE WECKER, L. (q. v.), chancre of lower eyelid.
6) Case of RICORD, chancre external angle of eyelid.

Michel, J. Paris. Hôp. Lourcine. (Interne, service of FOURNIER).
(Case reported by APPAY, q. v.[3]).
Case, chancre of breast, nurse from nursling.

Middleton, F. Santiago.
Bolet. de med., Santiago, 1884-5, I., p. 383.
1) Case of vaccino-syphilis in a nursling.
2) Case, infection of wet-nurse by above nursling.

Migneco, R. Catania, Sicily. Dermo.-syph. Institute of Catania.
"Relazione clinica per l'anno, 1890." Edit. Galati, Catania, 1891 (Archiv f. Derm. u. Syph., Vol. XXIV., 1892, p. 114).
Statistics; among 89 chancres observed (77 men and 12 women), only one extra-genital, a man with a chancre in the inguinal region.

Mikhailoff, N. F. Moscow.
Trans. of the 4th gen. meeting of Russian medical men at Moscow, 1891, No. 8, p. 271.
1) During 1884-86, 28 wet-nurses contracted syphilis in the "Moscow Foundling Home."
2) Six Zemsky practitioners, report in 3 years, 105 peasant women infected by infants sent from above "Home" to rustic farmers.
3) They also report 20 cases of infants infected by wet-nurses.
(These 153 cases, had not been previously reported).

Mikulicz, and Michelson.
"Atlas der Krankheiten der Mund u. Rachenhölle" (SIEPE, "Ueber extragenital lokalisirte Initialsclerosen." Inaug. Dissert., Bonn, 1892, p. 11).
Case, chancre of upper and lower lip, in man of 23 years.

Milbank, R. New York.
Archives of Pediatrics, 1884, I., p. 161.
Case, chancre of genitals in a child, source unknown.

Millard, V. Paris. Hôp. Beanjon. Physician.
L'Union méd., 1865, No. 147.
1) Group of seven cases, of vaccino-syphilis, from same vaccinifer. (Reported by BUDOR, q. v.).
2) Case, chancre of lip, followed by tabes dorsalis.

Milroy, G.
"Leprosy and Yaws in the West Indies," 1873.* (FOX and FARQUHAR, "Skin and other Diseases of India," etc., 1876, p. 5).

Milton, J. L. London.
"A History of Syphilis," London, 1879, p. 66. (Reprinted from the Edinb. Med. Journ.).
An account of SIBBENS and other endemic syphiloids.

Minkevitch, J. J. Tiflis.
Proc. of the Caucasian Med. Soc., 1887, No. 7, p. 162. (Prov. Med. Journ., 1887, p. 442).
Case, chancre of finger, midwife from delivery.

Minot. Boston.
Boston Med. and Surg. Journ., 1889, CXXI., p. 608.
Case, chancre of lip, in a husband, the disease communicated to wife.

Mireur, H. Bordeaux.
"Essai sur héréd. de la syph.," Thèse de Paris, 1867. (Cited by FOURNIER, "Syph. et Marriage," p. 39).
Case, child 2 years old, infected by its father's kisses.

Mitchell, H.
Lancet, London, 1887, I., p. 622.
Case, chancre of cheek.

Mittasch, H.
"Die syphilitischen Erkrankungen der Augenlider." Dissert. Würzburg, 1883, p. 42. (Archiv f. Derm. u. Syph., Vol. XX., 1888, p. 17).
Case, chancre of eyelid.

Moffat, A. D. Glasgow.
British Med. Journ., 1888, II., p. 1198.
Case, chancre of lip, no particulars as to mode of infection.

Moffet, G. E. Surgeon, English Army.
"Communication of syphilis by tattooing," Lancet, 1887, II., p. 910.
1) Case, chancre of left forearm, C. M., aged 21 years.
2) Case, chancre of right forearm, T. G., aged 15 years.
3) Case, chancre below the insertion of right deltoid, W. C., aged 21 years.

Molénes, Paul de. Annales de Derm. et de Syph., 1891, p. 378.
Case, chancre of right tonsil; case of reinfection after 3 years.

Molliére, D. Lyons.
(Cited by JULLIEN, "Traité des mal. vén.," 1886, p. 589).
Case, chancre of forefinger, from a bite.

Monell. New York.
New York Med. Times, 1854, p. 404.
Case of vaccino-syphilis.

Monnet.
Journ. des mal. cutan. et syph., 1891, p. 268.
1) Case, chancre of cheek, child one year old.
2) Case, chancre of upper lip, child 5 years old.
3) Case, chancre left commissure of mouth, child 7 years old.
(All infected by mother).

Monteggia, G. B. Milan.
"Annotazioni pratiche sopra i Mali Venerei," Milan, 1794.
1) Case, nursling infects nurse; she her own infant, who received a chancre of the upper lip (p. 244).
2) Case, nurse infects nursling of 16 months (p. 244).
3) Case, nurse infects nursling of 10 months (p. 244).
4) Case, nursling infects nurse (p. 247).
5) Case, nurse infected by own son, infects a nursling (p. 250).
6) Case, old woman infected in spoon-feeding a foster-child (p. 255).

Montgomery, H. B. Chicago.
Transactions Illinois State Med. Assoc. for 1885.
Two cases, chancre of conjunctiva, from contamination by the tongue, in seeking to remove foreign bodies.

Moore, W. D.
Med. Times and Gaz., London, 1866, I., p. 88. (Extr. from Norsk Maga-

zin for Lægevidens., XIX., No. II., Christiania, November, 1885, Dr. OWRE, q. v.).

1) Case, chancre of umbilicus in a male.
2) Two cases, chancre of lip in girls.
3) Four cases, chancre of breast, nurses from nurslings.
4) Case, infection of child by woman with secondary syphilis who took care of it.
5) Case, infection of child, nursling from nurse.
6) Two cases, chancre of penis in boys aged 4 and 6 years, no coitus.

Mora, A. and **Soresina, G. B.**

"Contr. clin. relat. al met. d. Pr. Scarenzio per la cura d. syph. const.," Giorn. ital. d. mal. ven. e del. mal. d. pel., 1870, p. 286.

1) Case, chancre of nipple, nurse from nursling, G. M., aged 23 years.

Giorn. ital. d. mal. ven. e del. mal. d. pel., 1871, pp. 266, 268.

2) Two cases, chancre of nipple, nurses from nurslings.

Morand and **Lassonne.**

(Cited by LUGOL "Researches on Scrofulous Dis.," New York, 1845, p. 100).

Lactation epidemic at Montmorenci; "most of the nurses in this province were affected with syphilis." (See Epidemics).

Morax.

Cases of vaccino-syphilis (reported by BOUVIER, q. v.).

Morel-Lavallée, A. Paris. Hôp. St. Louis, Chief of Clinic.

Annales de Derm. et de Syph., 1883, p. 39.

1) Case, chancre of tonsil, female, V. P., aged 22 (Hôp. Lariboisiere, B. ANGER, q. v.).

Annales de Derm. et de Syph., 1886, p. 85.

2) Case, chancre of eyebrow, E. G., aged 42, from bite (Hôp. Lariboisiere, SIREDEY, q. v.).

Annales de Derm. et de Syph., 1887, p. 701.

3) Case, chancre inside left nostril, B. C., aged 39 (Service of FOURNIER).
4) Case, chancre upper lip, female, M. P., aged 24 (Service of FOURNIER).

Annales de Derm. et de Syph., 1888, p. 375.

5) Statistics, FOURNIER's clinic 1887-8: extra-genital chancres, 45; chancre of lip (upper, 9, lower, 7), total, 16; chin, 6 (two in razor-cuts); tongue, 2; eye, 2; cheek, 2 (one from razor, one from bite); nose, 2; tonsil, 1; breast, 8; anus, 2; abdomen, 2; thigh, 1; hand, 1; finger, 1; thumb, 1.
6) Case, chancre, left tonsil from pencil, T., aged 18 (Case of CALMETTE's).

L'Union méd., Paris, 1887, XLIV., p. 1.

7) Case, chancre right nipple, source unknown (one of the above).

Morgagni, J. B.

De sed. et causis morborum, Nona ed. cur. Chaussier et Adelon VI., 1822, pp, 210-216 (Ep. XLIX., 32) (Montash. f. prakt. Derm., 1888, p. 203).

Syphilitic infection from a cadaver.

Morgan, J. Dublin. Lock Hospital.

Med. Press and Circular, London, July 28, 1869, p. 77.

1) Case, chancre, angle of mouth, grand-mother from grand-child.

"Pract. Lessons on the Nat. and Treat. . . . contag. dis.," London, 1872.

2) Two cases, chancre of lip, girls from kisses, betrothed.
3) Two cases, nurses infected by nurslings.
4) Family epidemic; among the victims, an old lady was infected per os from tending her grand-child. (See above article).
5) Case, chancre of finger, surgeon, from an infant.

Mori, R.

L'Ippocratio, Fano, Forli, 1871, XXXIV., Nos. 14, 15, p. 451.

Epidemic of vaccino-syphilis at Fiume, 1870; thirty-five victims with many secondary infections. (See Epidemics).

Morozoff.
The Sci. I Kwai Medical Journal, Oct., 1890, p. 164-5.
Case, chancre of upper lip.

Morpain. Paris. Hôp. du Midi. (Interne).
(FOURNIER "Étude sur la chancre ceph.," 1858).
Case, chancre at labial commissure, in woman of 25 years. (Obs. 12).

Morris, Henry.
Case of infection by the milk of wet-nurse (?) (See NUNN, T. W.).

Morrow, P. A. New York. Surg. to Charity Hosp., Univ., Clin. for Ven. Dis.
Journ. Cutan. and Ven. Dis., 1884, p. 149; 1889, p. 148.
1) Case, chancre of chin in razor cut.
2) Case, chancre root of nose (seen in Mexico).

Moseley, B. Chelsea.
"A Treatise on the Lues bovilla," London, 1805.
Of 504 cases of "lues bovilla," some are probably vaccino-syphilis; one infant afterwards infected its mother by lactation.

Moty. Säida. Hôp. Militaire.
Gaz. des Hôp., Paris, 1881, LIV., No. 128, p. 1020.
Case, chancre of eyelid from wash-water used in moistening dressings on a venereal subject.

Moulon, de.
"Nouvelles observations sur la nature et le traitement de Scherlievo," Milan, 1834.* (Presse méd., 1837, Mai, No. 35).

Moura. Rio Janeiro.
"Chancro infect. d. palpebras," Rio, 1889.
(Known by title only).

Moure, E. J. Bordeaux.
Revue de laryngologie, July 1, 1887 (Annales de Derm. et de Syph., Vol. IX., 1888, p. 596).
1) Case, chancre on septum nares, supposed contagion by fingers.
(Reported by DUPOND, q. v., Thèse de Bordeaux, 1887).
2) Case, Eustachian-sound infection.
3) Case, chancre of fauces.
"Un nouveau cas de chancre induré de la fossa nasale." Feret et Fils, Bordeaux, 1892.
4) Case, chancre left nasal fossa in man of 25 years, mode of infection not given.

Moutard-Martin. Paris. Hôp. Cochin.
(See CAYLA [1]).

Mracek, F. Vienna. (Venereal clinic, SIGMUND).
Wien. med. Woch., 1879, Nos. 18, 44; Allg. Wien. med. Zeit'g, 1879, No. 43. (Cases repeated in following article):
Wien. med. Presse, 1880, XXI., pp. 9, 47, 87, 113, 142.
1) Eight cases, chancre of lip, mostly from kissing.
2) Two cases, chancre of tongue, one from drinking-vessel.
3) Case, chancre of chin, source unknown.
4) Case, chancre behind right ear, from a kiss.
5) Case, chancre of finger, nurse in syphilitic ward.
6) Case, chancre back of left hand.
7) Case, chancre right wrist.
8) Case, chancre right nipple, from kiss.
9) Chancre of abdomen, 2; right nates, 1; left thigh, 1.

Müller. F. W. Leipzig.
"Grundriss der Pathol. u. Therap. d. vener. Krank.," Leipzig, 1882.
Case of Eustachian infection, without particulars.

Multanowski.
Medycyna, 1880, No. 26. (Archiv f. Derm. u. Syph., 1889, p. 247).
Eight cases of circumcision-syphilis, by application of mouth to prepuce.

Munk, Hans.
"Om Radesygen i Stavanger Sygehus," 1799. Todés med.-chir. Journ. Vol. V., No. 1.* (Quoted by BOECK, "Traite d. l. Radesyge," etc., 1860, p. 21).

Munninks. J. Groningen.
"Hist. d'un mal. . . . a Groningæ en 1804." Dissert. Inaug., 1805.
Epidemic from breast-drawing. (See Epidemics).

Murzin, L. N. Moscow. Miasnitsky Hospital for Syphilis.
Meditsinskoe Obozrenaie, 1890, No. 1, p. 26.
Two cases, chancre upper eyelid, infection from saliva applied to the eye for the cure of a stye.

Musitanus, C. Naples.
"Waag. Schaale der Venus-Seuche," Hamb., 1700, p. 64.
Infant adopted into a Sorrentine convent, infected a wet-nurse and later nearly all the nuns, by kissing or tending it. (See Epidemics).

Musset, H. Paris.
L'Union méd., Paris, 1852, p. 587.
Case, chancre of tongue in a pregnant woman.

Muys, Joh.
(Observation reported by SCHURIG, q. v.).

Nägel, E. Tübingen. Univ. Prof. of Ophthalmology.
(Reported by DE BECK, "Hard chancre of eyelids and conjunctiva," 1886, p. 52).
Statement: has seen cases, chancre of the lids and conjunctiva, no notes.

Nassans, A. Hôp. du Midi. (Ex-interne).
(Reported by FOURNIER, "Chancre ceph," 1858).
Case, chancre of lip, in 25-year-old subject. (Obs. 16).

Nasse, F. Bonn. Univ. Prof. of Clinical Medicine.
(Reported by RUTHENBURG, q. v. Obs. II., III.).
1) Case, chancre of lip, in a young virgin.
2) Case, chancre of gum, in a child of six months, probably from mother.

Nayler, G. London. Surgeon to Skin Hosp., Blackfriars.
British med. Journ., 1865, I., p. 359.
1) Three cases of syphilis following vaccination, chancres in site of inoculation.
"Diseases of the Skin." 2d Edit., London, 1874.
2) Two cases, of vaccinal syphilis (seen with Mr. STARTIN, q. v.).

Neisser, A. Breslau. Univ. Clinic for Skin Diseases and Syphilis.
(Cases published by FRIEDLANDER, KOPP, LESSER, ARNING and others, q. v.).

Nélaton, A. Paris.
(Reported by LAROYENNE[2], q. v.).
Three cases, chancre of eyelid.

Nettleship, E. London. St. Thomas' Hosp., Eye Clinic, Surgeon.
British Med. Journ., 1875, II., p. 363.
1) Case, chancre, within the nostril.
(Related in HILL and COOPER'S "Syphilis," etc. London, 1881, 2d Edit.).
2) Case, chancre of left lower lid, in child 3 years old.

Neumann, Isidor. Vienna. Gen. Hosp., Div. for Skin Diseases and Syphilis.
Allg. Wien. med. Zeit'g, 1886, p. 57.
1) Case, child infected by servant's kisses, infects

a) Its mother; *b*) its grand-mother, chancre of tongue; *c*) its sister, aged 4 years.

Allg. Wien. med. Zeit'g, 1883.

2) Three cases, chancre of lip (lower, 2; upper, 1) (pp. 297, 307).
3) Case, chancre of hand, midwife, professional inoculation (p. 307).
4) Case, chancre ball of thumb, from bite.
5) Case, chancre of nipple, nurse from nursling.
6) Case, chancre second finger, auto-inoculation (p. 308).
7) Case, multiple chancre of chin, man from caressing syphilitic infant (p. 297).

Allg. Wien. med. Zeit'g, 1884, p. 62.

8) Case, chancre of finger, dentist, from extracting tooth from syphilitic.
9) Case, chancre of hand, from bite (see above, 4).
10) Case, chancre of tonsil, child from candy sucked by a syphilitic.

Wien. med. Blätter, 1883 Nos. 18, 19.

11) Case, old woman, infected by kissing grand-child.

Atlas der Hautkrankh., Wien, 1885, L., IV., Taf. 55.

12) Case, chancre upper lip in a female. (Plate).

Aerztl. Ber. des K. K. allg. Krankenh. zu Wien., 1888 (publ. 1890), p. 103.

13) Case, chancre upper lip and right ala nasi, girl aged 20.
14) Case, chancre lower lip, right side, woman aged 38.
15) Case, chancre breast, wet-nurse from nursling.
16) Case, chancre forearm, woman 24, from washing clothes of syphilitic.
17) Case, chancre left tonsil, married woman of 30, probably from using table-utensils in common with a syphilitic.
18) Case, chancre right tonsil, man aged 35.

Wien. klin. Wochenschr., 1890, III., pp. 282, 307, 323, 344, 386.

19) Statistics: 613 cases from literature summarized according to location.
20) Statistics: 86 personal cases, extra-genital chancre, during ten years.
21) Cases, chancre, upper lip, 18; one from bite, one from drinking-glass, rest from kissing.
22) Cases, chancre, lower lip, 28; three women from kissing, one from table-utensils, one woman from grand-child with inherited syphilis, sucking on her lip, the rest from kissing.
23) Cases, chancre corner of mouth, 8; one from smoking old cigar stump.
24) Cases, chancre of cheek, 2; both from kissing.
25) Cases, chancre of chin, 5; in four, infection probably from a razor.
26) Case, chancre, pharynx and soft palate, source unknown.
27) Cases, chancre of tonsil, 2; in one, from spoon previously used by syphilitic.
28) Cases, chancre, ala nasi, 3; in one case a woman, washing a vessel used by a syphilitic for local bathing, frequently rubbed an excoriated place on the ala nasi.
29) Two cases, chancre of eyelid.
30) Cases, chancre, fingers and hand, 11; one acquired while washing infected linen, one from a bite.
31) Cases, chancre of nipple, 4; one from a bite, one from kiss of a syphilitic man, and two from diseased nurslings.
32) Case, chancre of umbilicus in a child from sleeping with its mother, who had been infected by her husband in eighth month of pregnancy.

Verhand. der Wiener Dermatol. Gesell., Sitz. Mar. 23, 1892. (Archiv f. Derm. u. Syph. Vol. XXIV., 1892, p. 855).

33) Case, chancre middle of upper lip in cigarette girl, infection possibly from cigarettes.

Neves da Rocha.

"Cancro duro da palpebra." O Brazil medico, 3.* (SZADEK, "Index bib. Syph.," 4th Jahrg., p. 33).

Newsky, A.
Meditsinskoe Obosren., 1884, No. 21, p. 779. (London med. Recorder, 1885, p. 111).
Case, chancre of tongue in virgin, probably from table-ware.

Niece, Ch.-de la. Paris. Hôp. St. Louis. (Service of FOURNIER).
Annales de Derm. et de Syph., 1886, 2d Ser., VII., p. 225.
Case, chancre right elbow, infection probably by scratch with soiled finger.

Niel, J. G. Montpellier.
(Cited by LEGRAND, "De l'or et du Mercur," p. 167).
Two cases, nurses infected by same nursling.

Nikolsky, D. P. St. Petersburg.
Vratsch., 1891, XII., 987. (Monatsh. f. prakt. Derm., 1892, p. 113).
1) Case, chancre right side of face, near angle of jaw, from shaving.
2) Statement: among the peasantry of Russia 50 to 90 per cent. of cases of syphilis are by extra-genital infection.
3) Statistics from literature.

Nikolsky, V. J. Tambow Gouvernment. Physician.
Vratsch., 1886, No. VII., pp. 735-738.
Statistics: five years in peasantry of his district; 15.7 per cent. of all cases of sickness due to syphilis.

Niobis. Rive-de-Gier.
(Cited by LANCEREAUX, "Treatise on Syphilis," London, 1869, Vol. II., p. 245).
Ten cases of syphilis in glass-blowers, seen before 1858.

Nivet, X. Paris. Hôp. St. Louis. (Interne, service of FOURNIER).
"De la freq. relat. des . . . . chan. syph. extra-genit." Thèse de Paris, 1887 (Annales de Derm. et de Syph., 1887, p. 813).
1) Statistics: 47 extra-genital chancres during year 1886, Hôp. St. Louis.
2) Statistics; 595 extra-genital chancres in FOURNIER's public and private practice during about 30 years; lip, 268; tongue, 37; tonsil, 29; gum, 6; palate, 3; uvula, 2; pharynx, 1; mouth, 1; chin, 31; eye and eyelids, 15; cheek, 11; nose, 11; neck, 8; ear, 4; face, 2; temple, 1; forehead, 1; submaxillary region, 1; breast, 34; fingers, 31; hand, 5; clavicle, 2; arm, 1; elbow, 1; forearm, 1; anal region, 50; abdomen, 20; thigh, 12; buttocks, 3; great trochanter, 1; calf, 1; malleolus, 1.

Nodet, L. Lyons. Hospice de l'Antiquaille. (Service of ROLLET).
"Étude sur les div. espec. du chancre." Thèse de Montpellier, 1863.
Statistics: of 65 cases of syphilis, there were six extra-genital chancres; lip, 4; eyelid, 1; nostril, 1.

Noekentved. Franekjær, Denmark.
Hospitalstidende, March 1, 1893.
1) Case, chancre lower lip, in a man, whose pipe was smoked by another with mucous patches.
2) Three additional cases of syphilis, acquired probably through the common use of pipes or table-utensils, from the infecting agent in the first case.

Nott, J. C. New York.
Auto-infection, chancre of finger, from operation. (See LYDSTON).

Notta, M. Paris.
La France Médicale, 1885, II., p. 1486.
Case, chancre, upper and lower lip, in a 20-year-old man, probably from kiss.

Nowakowski. Warsaw, Russia.
(Reported by KOSINSKI, 1867; LUBELSKI, 1880; and MATLAKOWSKI, q. v.²).
Epidemic of circumcision-syphilis, Warsaw, 1864-5.

Noyes, H. D. New York. Bellevue College, Prof. of Ophthalmology.
(Reported by De Beck, "Hard chan. of eyelids and conjunct.," 1886, p. 52).
Statement: has seen cases of chancre of eyelids, but no notes.

Nunn, T. W.
Lancet, London, Dec. 26, 1891, p. 1435.
1) Case, chancre of lower lip, near angle of mouth.
2) Case of infection by milk of wet-nurse (Henry Morris, q. v.).

Obalinski. Krakow. Univ. Prof. of Surgery.
(Reported by Jaffé, q. v.).
Two cases of circumcision-syphilis.

Obédénare. Bucharest.
Proc. Soc. de Chirurg. de Paris, 1875, p. 141. (Cited by Roussel, "Syph. tertiaire," Paris, 1881, p. 155).
Case, chancre of both nipples, probably infected by own child.

Obtulowicz, F. Krakow. Clinic of Prof. Rosner.
Virchow-Hirsch Jahresb., 1876, II., p. 545.
Case, nursling infected by mother (a case similar to that of Arning, q. v.).

O'Connor, D. C. Cork, Ireland. Workhouse Hospital.
Dublin Quart. Journ., June, 1846 (Lancet, London, June 20, 1846).
1) Case, infection, nurse from nursling.
2) Case, chancre of nipple, in mother of preceding nursling.
3) Case, infection, child of nurse, through spoon-feeding the nursling. (This episode the cause of a court trial, see Egan, "Syphilit. Diseases," p. 294).
Dublin Quart. Journ. of Med. Scien., 1858, XXVI., p. 205.
4) Case, chancre of nipple, nurse from nursling.
5) Case, infection of a nurse by nursling.

Oedmansson, E. L. Stockholm. Univ. Prof. of Syphilis.
Nord. Med. Ark., 1869, I., 4, p. 1 (plate).
Case, infection of a nurse by a nursling.

Oesterlen, Fr.
"Hist.-kritische Darstellung des Streits über die Einheit oder Mehrheit der venerischen Contagien," Stuttgart and Augsburg, 1836.
Case, chancre of fauces, in girl of 18 years, virgin with undeveloped genitals (p. 182). (See Reich and Langenbeck).

Oestreicher.
Berlin. derm. Verein., Sitz., Nov. 5, 1889; Archiv f. Derm. u. Syph., Vol., XXIII., 1891, p. 837.
Case, chancre of left cheek, from razor-cut, in man of 30 years.

Ohmann-Dumesnil, A. H. St. Louis, U. S. A.
St. Louis Med. and Surg. Journ., LV., 1888, p. 354 (Annales de Derm. et de Syph., 1888, p. 718).
1) Case, two chancres, hard palate, near gum, man aged 54, from smoking a pipe used by others.
Monatsh. f. prakt. Derm., 1888, p. 877 (N. Y. Med. Record, 1888, p. 590).
2) Two cases, chancre of lip, coincident with chancre of prepuce.
St. Louis Clinique, Vol., IV., No. 2, p. 67.
3) Case, chancre of tonsil.
International Clinics, Oct., 1891, p. 188.
4) Case, chancre of the thumb.

Ollier, L. Lyons. Prof. of Clinical Surgery.
"Traité expérim. et clin. des os," etc., Paris, 1867, Vol. II., p. 46 (Cited by Roussel, "Syph. tertiare," p. 129).
Case of vaccino-syphilis (also described in part by Bouilly, q. v.).

Olympios.
Correspondenzbl. Bayr. Aerzte, 1840, p. 185* (Lancereaux, "Traité," etc., p. 42). Speaks of "Spirocolon."

Orlandini, C. Milan.
Gaz. Med. ital. Lombardia, Milan, 1865, No. 18.
Case of vaccino-syphilis.

Ory, E. Paris.
"Contrib. a l'étiol. d. syphilides malignes précoces," Thèse de Paris, 1875.
1) Three cases of BESNIER, St. Louis, 1875; two chancres of the upper lip and one of the chin.
2) Case, BOURDON, Charité, vaccino-syphilis, from unclean scarifier.
3) Case, VIDAL, Academy vaccination, malignant syphilis, 1870.
4) Case, chancre of finger, in a physician; no particulars.
5) Case, WOILLEZ, Lariboisiére, 1873, chancre of upper lip.
6) Two cases, LAILLER, fiancées, afterwards married, each chancre of lip, man infected woman.
7) Case, VIDAL, St. Louis, 1874, chancre upper lip from drinking-glass.
8) Case, GUIBOUT, St. Louis, 1875, chancre upper lip from drinking-glass.
9) Case, VIDAL and LAILLER, St. Louis, 1871, probable chancre of fauces, 1863.
10) Case, LAILLER, St. Louis, two nurses infected by nursling.
11) Case, HARDY, unpublished, chancre upper lip, near time of confinement.
12) Case, HARDY, St. Louis, 1865, midwife infected on hand.
13) Case, LABBÉ and COYNE, Pitié, 1872, chancre upper lip, man aged 52.
14) Two cases, HARDY, girls, chancre forearm, carrying child (p. 25).

Osiander.
"Denkwürdigkeiten," Bd. II., 1, p. 100. (PLOUQUET).
Syphilis insontium "per occubationem in eodem lecto."

Ostroümoff, Fedor V.
"Statistics of Syphilis in the Tcherepovetz Üiezd" (Novgorod Government, North Russia). Tcherepovetz, 1889.
a) Syphilis prevails endemically in 90 per cent. of villages.
b) Attacks especially garrison soldiers, then follows clergy (16.6 per cent. of the total number of syphilitics).
c) Children, under 5 years of age, constitute 15.3 per cent. of total of syphilitics.
d) Congenital syphilis more frequent in male than in female infants, all other forms more frequent in women than in men.
e) Syphilis is spread mainly in a non-sexual way.
f) Little children infected mostly, through feeding bottles, etc.; subjects of other ages from family life, towels, utensils, etc.; clergy through ritual kissing during Easter service, and some other ceremonials, peculiar to the "Orthodox" religion.

Otis, F. N. New York. Prof. Ven. Dis., College of Physicians and Surgeons.
"Clin. lect. on phys.-pathol. and treat. of Syphilis," New York, 1881, p. 101 (New York Med. Record, Aug., 1878, XIV., p. 128).
1) Three cases, chancre right forefinger in medical men.
2) Case, surgeon, chancre right forefinger, from puncture of spicula of bone, while amputating leg of syphilitic.
3) Case, chancre of lower lip, from fiancé, kissing (p 102).
4) Case, chancre, right angle of mouth, physician, from pipe.
5) Case, chancre, angle of mouth, from dentist.
6) Case, chancre lower lip, from lead pencil.
"Pract. clin. lessons on Syphilis," etc., New York, 1883. Vol., I.
7) Eight cases, chancer of finger in medical men (including above four) (p. 38).
8) Case, chancre lower lip, man aged 38, from kissing.

Ottava, Ignatz. Buda-Pesth. Univ. Eye Clinic. (Assistant).
Szemészet, No. 3, 1882 (Monatsh. f. prakt. Derm., 1887, p. 284).
Case, chancre upper eyelid, girl aged 22.

Otterson, W. C.
New York Med. Times, 1863, N. S., IV., No. 23, June 6, p. 267.
Epidemic of vaccino-syphilis; 80 soldiers inoculated out of 300. (See Epidemics).

Otto.
Trans. Provin. Med. Assoc., 1839, VII., p. 212.* (Hirsch, Handb. der histor. geograph. Path. Stuttgart, 1883, II., p. 74).
Report on "Syphiloid" of Jutland.

Owen, E. London.
Lancet, London, 1881, p. 378.
Case, chancre of lip.

Owre.
Eleven cases extra-genital chancre. (See MOORE, W. D.).

Ozanam.
Traité des mal. épidém., t., IV., p. 282.* (Quoted by ROLLET, "Traité des mal. vén.," p. 460).
Upon the subject of Scherlievo.

Pacchiotti. G. Turin. Surgeon, Univ. Clinic.
"Sifil. trasmessa p. mezzo d. vaccinat. in Rivalta," Torino, 1862.
1) Forty-six cases, infection from vaccination (pp. 19-27). (See Epidemics).
2) Twenty-six cases, infection, nurses from nurslings (pp. 46-48, 66).
3) Case, chancre of lip and tonsil, in boy of 11 years (p. 51).
4) Case, chancre of tonsil, in girl of 13 years, sister of one of above-mentioned vaccinated children (p. 51).
5) Case, chancre of forearm, in girl of 12 years, sister, from carrying one of the vaccinated children (p. 52).

Paget, Sir J. London. St. Bartholomew's Hospital.
Lancet, London, Oct. 15, 1870, p. 536.
1) Case, chancre of tongue.
Report of Army and Navy Commission, etc., 1867.
2) Statement: has seen plenty of cases of chancres on lips and fingers; the latter especially in medical men (p. 395).
Quoted by MARION SIMS, q. v.; reference not given.
3) Over fifty cases in medical men, from professional infection.

Paget, Stephen. London. Sen. Assist. Surg., Metropolitan Hosp., and West London Hosp.
"Chancre of the lip," Lancet, London, April 16th, 1892, p. 856.
Statistics collected from various sources and mention of two cases without details.

Palfyn, J. Ghent.
"Heelkondige ontleedning von menschen lichnam," Leyden, 1718., (GIRTANNER, No. 810).
Cases of midwives professionally infected.

Paliard. Lyons.
Lyon méd., 1872, IX., p. 36; X., p. 481.
Case, chancre of forehead.

Panas. Paris. Univ. Prof. of Ophthalmology.
(Cases related by DELAPERSONNE, q. v.[1, 2]).
Two cases, chancre of eyelid.

Pancritius, F. W. T. Berlin. Geheim. Sanitätsrath.
"Ueber Lungen-Syphilis," Berlin, 1881.
1) Case, chancre of finger, in a physician, by vaginal exploration (Obs. I., p. 72).
2) Case, chancre of finger, cause not given. (Obs. 68, p. 205).
3) Family epidemic from wet-nursing. (Obs. 4, p. 223).
4) Case, chancre of lip, source not given. (Obs. 10, p. 234).

5) Case, chancre of lip, from kissing. (Obs. 18, p. 245).
6) Case, chancre of tonsil, in a woman from her affianced. (Obs. 2, p. 291).

Paré, Ambrose. Paris. Surgeon to Henri II., and III., Francis II., and Charles IX., of France.
"Oeuvres completes," 1585, 4th Edit., p. 701. (Cited by AUDOYNAUD, "Syph. commun. par allaitement," Thèse de Paris, 1869, p. 11).
Family epidemic, introduced by an infected wet-nurse.

Parinaud, H. Paris.
Case, chancre of eyelid. (Reported by BROCQ, q. v.[2], (service of BESNIER).

Parker, Langston. Birmingham. Queen's Hospital, Surgeon.
Lancet, London, 1858, I., pp. 526, 606.
1) Two cases, chancre of nipple, from breast-drawing.
2) Case, wet-nurse infected by nursling.

Parola.
"La dottrina vaccinica," 2d Edit. p., 179.* (Cited by PACCHIOTTI, "Syph. per mezzo d. vacc.," Torino, 1862, p. 4).

Partridge, E. L. New York.
New York Med. Journ., 1880, p. 303.
Case, chancre of lip from kissing.

Passani.
Gazetta medicale di Milano, Oct. 14, 1843. (Cited by LEPPMANN, Archiv f. Derm. u. Syph., 1883, p. 543).
Cases of vaccinal syphilis.

Paul, C. Paris.
(Reported by LETULLE, q. v.).
Case, chancre of lip in boy of 6 years, from mother.

Paulini, C. F.
Obs. med. phys., in Append. Eph. Nat. Cur., Ann. 5 (GIRTANNER, p. 278).
Alleged infection from pulverized bone of syphilitic subject (?).

Pauly, R. Lyons.
Annales de Derm. et de Syph., Vol. III., June, 1892, p. 690.
1) Case, chancre lower lip, in man of 38 years, in whom 14 years later two chancres appeared on left cheek. (Service of CORDIER).
Soc. de sciences méd. de Lyon, Nov., 1891. (Journ. des mal. cut. et syph., 1892, p. 342).
2) Case chancre of forehead in man of 48, wound inoculation; 6 weeks later a chancre appeared on right cheek. (Service of CORDIER).

Pavlov, P. S. Moscow.
Medits. Obozrenaie, 1890, No. 1, p. 12. (Archiv f. Derm. u. Syph., 1891, p. 327).
1) Statistics: 45 cases of extra-genital chancre.
2) Among 1236 syphilitic men, 10 cases (0.8 per cent.) were extra-genital; tonsils, 2; nose, 2; upper lip, 3; lower lip, 1; tongue, 1; back of hand, 1.
3) Among 165 syphilitic women, 12 cases (7.27 per cent.) were extra-genital; breast, 6; lower lip, 2; tonsil, 1; soft palate, 1; upper gum, 1.
4) Among 43 children, 23 cases extra-genital chancre.

Payne, R. L. Lexington, N. C., U. S. A.
North Carolina Med. Journ., 1879, IV., p. 119.
1) Case, syphilis in infant, from syphilitic cousin, by kissing.
2) Case, chancre of breast, in mother of preceding, from nursing.

Péan. Paris. Hôp. St. Louis, Surgeon.
Case, chancre of right tonsil (reported by HUE, q. v.).

Pease, W. A.
Cincinnati med. and dental Journ., 1886-87, II.

1) Case, chancre of nipple, nurse-mother from nursling (?) (p. 294).
2) Two cases, infection after tooth extraction (p. 297).

Peatson. Manchester.
British med. Journ., 1860, II., p. 594.
Case, infection of child of 4 years by parents; it had slept with its mother.

Pellizzari, C. Pisa. Univ. Clin. of Dermatology and Syphilis.
Giorn. ital. d. mal. ven., etc., 1879.
1) Statistics: wet-nurses, 69; infants, 54 (30 buccal chancres); adults, extra-genital, 70 cases (chancre of lip, 30).
2) Case, infection nursling from nurse (p. 328).
3) Case, chancre of tonsil, mother from nursling (p. 324).
"Della transmissione accidentale della syphilis," Milan, 1882 (also Giorn. ital. d. mal. ven., etc., 1882, pp. 193, 257, 323).
3a) Case, chancre of anus in an infant, from a piece of cloth (Brochure, p. 33).
4) Five cases, infection, nurses from nurslings, infect their own and other children (p. 209).
4a) Case, chancre right cheek, in girl of 16, from carrying a syphilitic infant (Brocure, p. 52).
5) Five cases, infection, nurses from nurslings (p. 209).
6) Case, infection, nurse from nursling, infects its mother (p. 209).
7) Case, infection, nursling from nurse, infecting his four-year-old brother (chancre on left angle of mouth) (p. 214).
8) Cases, lactation epidemic; nurse infected by infant, infects her own and three other children, these infect three mothers and aunt (p. 200).
9) Case, chancre of hairy scalp, from a comb, infant (case of P. Pellizzari) (p. 219).
10) Case, infection, nursling, from mother (p. 221).
11) Nine cases, chancre of the lip, from common use of utensils.
12) Case, infection of a child, from kissing, infects its mother (p. 215).
13) Case, chancre of lip, workman using his comrade's glass (p. 260).
14) Case, chancre of lip, pregnant woman, drinking at public fountain (p. 261).
15) Case, chancre of lip, in student, from a pipe held only a moment (p. 263).
16) Cases, infection of four persons by eight-year-old girl, infected by coitus (p. 219).
17) Case, chancre, right arm, in child of 4 years, from vaccination (p. 223).
18) Case, chancre of chin, in man of 48, infecting his wife, chancres on cheek and sub-clavian region, by means of plaster fallen from sore (p. 273).
19) Case, chancre, right submaxillary region, from contact with chancre of chin (p. 274).
20) Case, chancre of leg, in child with infantile paralysis, transmission by the brush electrode (case of Del Greco) (p. 271).
21) Case, chancre of breast, nurse from nursling, infecting
22) Husband, and 9-year-old boy, chancres on the eyelids (p. 276).
23) Case, chancre, right hand, in Prof. P. Pellizzari himself, while performing version (p. 279).
24) Case, infection of a medical man, from professional exposure (p. 279).
25) Case, chancre, right index finger, from assisting at operation on syphilitic man (p. 281).
26) Cases, chancre of tonsil, 4; neck, 1; cheek, 1; arm, 1; chin, 1; chest, 1; mouth, 1; anus, 2 (from contact).
La Nuova Clin. Dermosifil. di Siena, 1884
27) Case, chancre, lower lip, in woman of 27 years (p. 83).
28) Case, chancre of nipple (p. 82).

Giorn. ital. d. mal. ven., etc., 1884, p. 173.
29) Case, chancre, right inguino-scrotal fold in 16-months-old child, sleeping with parents (p. 9).

Pellizzari, P. Florence. Univ. Prof. of Dermatology and Syphilis.
Lo Sperimentale, Florence, 1862, No. 4 (British med. Journ., May 10, 1862, p. 415).
1) Case, chancre left arm, Dr. BARGIONI, from inoculation of blood from syphilitic woman (experiment failed on Drs. ROSI and PASSAGLI).
"Can Syphilis be transmitted by the milk?" Giorn. ital. d. mal. ven., etc., Vol. II., 1866.
2) Case, chancre of eyelid in child, from sleeping with syphilitic mother; contact with her saliva (p. 219).
Report of Clinic, 1873-74 (Giorn. ital. d. mal. ven., etc., 1875).
3) Five cases chancre of tonsil (p. 316).
4) Three cases, chancre of lip (p. 316).
5) Case, chancre of finger (p. 316).
6) Case, chancre of nipple, nurse from nursling (p. 317).

Penny, W. J. Bristol, England.
Bristol Med.-Chir. Journ., 1888, p. 46.
1) Case, chancre of lip, from shaving; probable re-infection.
2) Case, chancre of gum, sailor aged 32; thought to be from tooth-brush.

Peola.
"Relazione al Consiglio Sanitario Provinciale di Alessandria," 1874.
Epidemic of vaccino-syphilis at Alexandria, 1873; sixteen directly inoculated. (See Epidemics).

Percival. Aiken, S. C., United States.
(Reported by JONES, q. v.).
Epidemic of vaccino-syphilis, during American Civil War; about one hundred and fifty victims. (See Epidemics).

Pernhoffer, Gustav von.
"Untersuchungen u. Erfahrungen über das Krankheitsübel Skérljevo, etc.," Wien, 1868, p. 156.
Complete treatise on Scherlievo, with many references.

Perrin, L. Marseilles.
Annales de Derm. et de Syph., 1884, pp. 332, 380.
1) Twenty-seven cases of extra-genital chancre. (See LAVERGNE).
Annales de Derm. et de Syph., 1890, p. 654.
2) Case of vaccinal syphilis; infant of 3 months, infected
3) Its mother, chancre of right breast.

Perroud, L. Lyons, France.
Lyon Médical, 1869, III., p. 417.
1) Three cases, chancre of lip, two in glass-blowers.
2) Four cases, chancre of nipple in wet-nurses.
3) Case, chancre of lip in wet-nurse.

Peter. Berlin.
Dermatolog. Soc. of Berlin, Dec. 1, 1892. (Medical Press, Dec., 1892).
1) Had observed in LASSAR's wards, during the past year, 20 cases extra-genital syphilis: upper lip, 8; lower lip, 4; mouth, 2 (from coitus per os); 1 each on neck, finger, lumbar region, thigh, and labium major in infant of 8 months, from its father, by using child's diaper as a towel.
Dermatolog. Soc. of Berlin, Dec. 6, 1892. (Le Mercredi Médical, Dec. 28, 1892).
2) Case, chancre left index finger in young man, auto-inoculated from a chancre on his penis.

Petersen, O. V. St. Petersburg. Royal Alex. Hosp., Venereal Division.
St. Petersb. Wochenschr., 1880, No. 47.
1) Case, 2-year-old child, infected by dry-nurse.

Vratsch., 1886, Nos. 23, 24. (Also in Monatsh. f. prakt. Derm., 1888, p. 307).
2) Statement: in inland villages of Russia, 75 per cent. of infections are extra-genital.
3) Eleven cases, chancre of lip, in young apprentices, 9 to 14 years of age, living in common.
4) Case, chancre of cheek, from tooth inoculation.
5) Case, chancre of tonsil, man, who infected
6) His wife, chancre of gum.
7) Case, nurse, infected by nursling of above.
Vratsch., No. 44, 1889, p. 980.
8) Case, chancre of left forefinger, man from bite.
Vratsch., No. 18, 1890. (Monatsh. f. prakt. Derm., 1890, Vol. XI., p. 69).
9) Case, chancre, mucous surface middle of upper lip.
Vratsch., No. 49, 1891, p. 1114.
10) Case, chancre lower lip, man from a napkin.

Petreni, M.
Lo Speriment., Feb., 1871 (Giorn. ital. d. mal. ven., etc., 1871, I., p. 238).
Case, female, syphilis acquired by nursing.

Petrini. Turin.
Il raccogl. med. Forli, 1850. (Gaz. des Hôp., Paris, 1852, No. 5).
1) Two cases, chancre of nipple, nurses from nurslings, infecting
2) Their two children and husbands.

Petronius, A. Trajan.
"De morbo Gallico," c. 22. (Cited by LOEW, 1682, q. v.).
Case, infection of a respectable matron, source unknown.

Petry. Gratz.
Allgem. Wiener med. Zeit'g, 1859, V., No. 14.
Epidemic from tattooing; nine soldiers victims, though only four were seen, inoculated from tattooer. (See Epidemics).

Pettmann, P. B. Frankfort.
Nov. Act Physico-Med. Act. Nat. Cur., 1767, III., Obs. 96, p. 497. (GIRTANNER, No. 1323).
Case, chancre of finger in a midwife.

Pfluger. Bern.
Klin. monatsbl. f. Augenh., 1876. (Archiv f. Derm. u. Syph., 1876, p. 638).
1) Case, chancre both eyelids, left eye, man aged 72 years.
Augenklinik in Bern, Bericht, 1877. (Archiv f. Derm. u. Syph., 1889, p. 248).
2) Case, chancre both eyelids, right eye, woman aged 59 years.

Pick, F. J. Prague.
Allg. Wiener med. Zeitung, 1880, XXV., p. 79.
1) Case, chancre of ring finger, in a midwife.
Allg. Wiener med. Zeitung, 1883, XXVIII., p. 18.
2) Case, chancre of lower lip, in girl aged 22 years.
(See also BAUM, LAZANSKY, and PLUMERT).

Piogey, Gerard. Paris.
Soc. méd. du 2me arrondissement de Paris, Seance May 11th, 1854 (CLERC, "Traité prat. des mal. vén.," Paris, 1866 p. 128).
Case reported by ARNAL (q. v.).

Pirandran.
"De la syphilis des amygdales," Thèse de Paris, 1884. (Archiv f. Derm. u. Syph., 1889, p. 248).
Case, chancre of tonsil.

Pitha, F. von. Vienna.
Wiener med. Presse, 1867, No. 14 (Cited by JAFFÉ, q. v.).
Epidemic from circumcision; thirty boys infected by one operator. (See Epidemics).

Pitton.
Journ. des connais. med. chir., Dec., 1844 (Amer. Journ. of Syph. and Derm., Vol. I., p. 194).
Two cases of supposed vaccino-syphilis.

Plenck, J. J.
"Doctrina de morbis venereis," Viennæ, 1779, Vol. I., p. 154 (Roussel, "De la syph. tertiare," 1881, p. 204).
Case, 13-year-old girl, infected by nurse.

Plinatus, I. St. Petersburg.
Medizinskij Wjestnik, 1873, No. 19 (Monatsh. f. prakt. Derm., 1888 p. 310).
Thirteen cases chancre of breast, from nurslings, in foundling asylum, from 1870 to 1873.

Plouquet, W. G. Tübingen. Univ. Prof. of Medicine.
"Literatura Medica Digesta," 1809, Vol. III., M-Z.
Cites numerous references in literature, to syphilis insontium; under headings, obstetrix, nutrix infecta, propagata, per salivam infectam, oscula, pocula, vulnera, scarificationem, etc.

Plumert, A. Prague. Univ. Clin. for Skin dis. and Syph. (Prof. Pick).
Allgem. Wiener med. Zeitung, 1879, Nos. 49, 50, 51.
1) Four cases, chancre of breast, from lactation. (Obs. I-IV.).
2) Case, chancre, upper lip, in woman; her sister syphilitic; infected by eating or drinking-ware. (Obs. V.).
3) Case, chancre, upper lip, in man, abnormal exposure. (Obs. VI.).
4) Case, chancre, lower lip, source unknown. (Obs. VII.).
5) Case, chancre, right angle of mouth, in woman of 40 years, from pap-bag of an infant; this infant infected about same time, chancre of chin, source unknown. (Obs. VIII., IX.).
6) Case, chancre of thumb, in midwife, professional exposure. (Obs. X.).
7) Case, chancre, male breast, from scratch by older brother. (Obs. XI.). (All the above during year 1878-79).
Allgem. Wiener med. Zeitung, 1880, No. 4.
8) Case, chancre of breast, from nursing strange infant.

Poggio, R. H.
Gazeta med. (?) (Lancet, London, April, 1850).
Case, chancre of nipple, nurse from nursling.

Poilroux, J.
Journ. de méd. et de chir. prat., Paris, 1841, XII., Art. 2337.
Tatooing inoculation; operator the medium only, victim inoculated from another tattooed subject, through needle.

Poincy, F. A. R. de.
"Étude prat. sur la syph., infant. héred. et acquise." Thèse de Paris, 1877.*

Poisson. Paris. Hôp. du Midi. (Service of Ricord).
(Fournier "Étude sur la chancre ceph.," 1858).
1) Four cases, chancre of lip.
2) Case, chancre of foot.

Polaillon. Paris. Hôp. de la Pitié.
La France méd., 1881, I., p. 445.
Case, chancre sole of foot, girl aged 15 years, in site of a wound made by a peg in a second-hand shoe.

Polak, J. E. Vienna. Foundling Asylum.
Wiener Rundschau, Nov., 1870, (Archiv f. Derm. u. Syph., 1871, p. 446).
Case, nurse infected by nursling.

Poliataieff, P. St. Petersburg.
Vratsch., 1889, No. 40. (Archiv f. Derm. u. Syph., 1891, p. 327).

Epidemic of syphilis from cupping; eleven victims, chancre on the back from wet-cupping by a peasant woman. (See Epidemics).

Polin, H.

"Contrib. à l'étude du rôle de la syph. dans la vaccinat.," Gaz. hebdom. de méd. et de chir., Paris, 1882, XIX., p. 308).

Of 471 vaccinated, 61 with success; among the latter 48 children were infected, presenting marks of syphilis, either in themselves or in their parents from their infection.

Pollaesik, S. Buda-Pesth. Clinic of Dr. S. RONA.

Orvosi Hetilap, 1890, No. 15 (Monatsh. f. prakt. Derm., Vol. X., 1890, p. 520).

Multiple chancres after scabies.

Pollis.

Omodei's Annali universali di med., Apr., 1842.*

Description of "Spirocolon."

Pollock.

Lancet, London, 1866, I., p. 424.

Case, syphilis in child 8½ years old, possibly from vaccination.

Polotebnoff, A. G. St. Petersburg.

Trans. first St. Pet. Gov. sanit. meeting, 1875, Feb. 6, pp. 3-9.

1) "Foundling home" prolific source of syphilis of peasantry. who take infants to nurse.
2) Group of cases, chancre of nipple, infected in "foundling home."
3) Great numbers of peasant women, infected by nursing or by taking "sucking horn" into mouth (DRS. KANIN, ROSHTCHININ, STROMBERG, ROSOFF, THATKOVSKY).
4) Eight cases, chancre of nipple, contracted in "foundling home;" on return home they syphilized upwards of 60 relatives and neighbors (Dr. STEIN of Gdov., q. v.).
5) Case, chancre of nipple, wet-nurse, on return home infected own infant and husband (DR. SOTCHARA, q. v.).
6) Syphilis insontium spread by female servants (DRS. SOTCHARA, BERTELS, and ALABÜSKEFF).

Protoc. d. russ. syph. u. derm. Gesell., 1885, p. 27 (Archiv f. Derm. u. Syph., 1889, p. 249).

7) Case, boy, infected probably from drinking-cup in school.
8) Case, chancre, right tonsil, adult female.

Poncelet. Bruxelles.

Presse méd. Belges, 1884, No. 31. (Virch.-Hirsch Jahrb., 1884).

Case, chancre, new-born infant, from mother's parts.

Poncet. Lyons. Surgeon to Hotel-Dieu.

Soc. de sci. méd. de Lyon, Annales de Derm. et de Syph., 1881, p. 115.

1) Case, chancre of nasal septum in a young girl.
2) Case, chancre of gum, above a large molar tooth.

Pontet, A. Paris.

"De la syphilis infantile acquise." Thèse de Paris, 1878.

1) Case of FOURNIER'S, Hotel-Dieu, 1866, chancre of vulva in a 7 weeks infant, from an infected sponge. (Obs. I., p. 10).
2) Case of GUENIOT'S, Hôp. des Enfants-Assistes, infection per os of a 6-year-old boy, from kissing another child (p. 14).
3) Case of FOURNIER'S, chancre of tongue, in an infant, who infected itself from its nurse, by its fingers. (Obs. II.,[2] p. 15).
4) Case of ARCHAMBAULT'S, Hôp. des Enfants-Malades, 1878, nurse infected at breast by nursling, own infant acquires chancre of lip. (Obs. III., p. 16).
5) Case of C. PAUL'S, notes by LETULLE, chancre of lip, in boy of 6 years; his mother was syphilitic. (Obs. VIII., p. 32).

Pontoppidan. Copenhagen.
Archiv f. Derm. u. Syph., 1882, p. 201.
Upon the subject of "Yaws."

Poore. London. Brompton Hospital.
Lancet, London, Jan. 10, 1880.
Case, chancre beneath right eye.

Popoff, K. D. Kürsk, South Russia.
Proceed. of Kürsk Med. Council for 1884.
1) Of 338 syphilitic peasants in Kürsk township, only 54 were infected by coitus, 44 inherited and 240 (85 per cent.) from family infection.
Trans. 2d gen. meeting of med. men at Moscow, 1887, Vol. II., Sec. VI., pp. 106-117. (See also Monatsh. f. prakt. Derm., 1887, p. 856).
2) During 1884-5, medical men in Kürsk registered 11,749 syphilitics, (5038 males, 6711 females; of these 2231 children under 5 years). Mode of infection ascertained in about one-third of cases as follows:

	NUMBERS.			PERCENTAGE.		
	Males	Females	Total	Males	Females	Total
Innocent contact,	1400	1808	3208	35.40	44.	78.50
Hereditary,	267	309	576	6.49	7.51	14.00
Vaccination,	1	1	2	0.024	0.024	0.048
Coitus,	217	108	325	5.27	2.62	7.89

3) Infection, from members of patients' own family, 1229; from neighbors, 103; from suckling infants, 50; in military service, 21; from domestic servants, 19; from dry-nurses, 15; from using a stranger's utensils, 11; from lodgers, 4; from kissing, 3; from a beggar woman, 1; at school, 1; from a cigarette, 1; from a publican, 1; at a public bath, 1.
"Erster Vers. einer Erfors. ü. d. Verbreit. d. Syph. in Kürsk'schen Kreise nach d. Kartensystem f. d. J. 1888" (Archiv f. Derm. u. Syph., 1889, p. 249).
4) In government Kürsk, 85 per cent. extra-genital infection.
5) In government Wladimir, 91.3 per cent. extra-genital; of these, infection per os, 63.9; hereditary, 7.7; and nursing, 2.4 per cent.

Poray-Koschitz, W. Charkow, Russia. Univ. Clinic for Syphilis.
Sitzungsb. der med. Gesellsch. zu Charkow, 1875, Moscow, Med. Gaz., 1875, No. 8. (Archiv f. Derm. und Syph., 1876, p. 660).
1) Three cases, chancre of lip, from syphilitic fellow-workman, by passing the same thread through the lips of each of them.
Zdorowje, 1881, Vol. VII. (Archiv f. Derm. u. Syph. 1889, p. 249).
2) Domestic epidemic of syphilis; eight victims.
Russkaja Medicyna, 1885, No. 48.
3) Case, chancre by tooth inoculation.
4) Case, chancre of the fauces.
Monograph on Topography of Syphilitic Chancre, 1890, p. 149. Also in Wiestnik sud. med. y hyg., Oct. 9, 1889. (Archiv f. Derm. u. Syph., 1890, p. 929).
5) Forty-eight cases extra-genital chancre during 1870-1890 (lip, 3; forehead, 1; tongue, 3; pharynx, 4; buccal cavity, 16; breast, 7; trunk, 1; arm, 2; finger, 1).
6) Case, chancre of foreskin, in Jewish boy of 15 months, from circumcision.
7) Case, chancre right tonsil, in 6-year-old sister of above.
8) Case, chancre of lower lip, man 23, from kissing a gentleman friend.
9) Case, chancre lower lip, boy of 3 years, source unknown.
10) Case, chancre lower lip, in Jewish virgin of 15, from brother.
11) Case, chancre lower lip in married woman of 28, source obscure.
12) Case, chancre lower lip, in boy of 2, source obscure; infected
13) His sister of 6 years through the mouth.
14) Case, chancre upper lip, in boy of 10, source unknown.

15) Case, chancre both tonsils, boy of 3, from maid-servant with labial ulcers.
16) Case, chancre both tonsils in priest of 40, source obscure.
17) Case, chancre hard palate, in girl of 7 years from mother.
18) Case, chancre forehead, in sculptor of 25, source unknown.
19) Case, chancre of areola of breast, external to nipple, in Jewess of 23, from nursing syphilitic infant of her cook, having too much milk for her own infant.
20) Case, chancre left nipple, from suckling her own child, which was occasionally fed from mouth to mouth by a syphilitic maid-servant.
21) Case, chancre left nipple, in lady of 29, from suckling own child, which was vaccinated when 9 months old, and contracted chancre at site of vaccination.
22) Case, chancre both nipples, from suckling own child which was vaccinated when 4 months old and contracted chancres at sites of vaccination.
23) Case, chancre left areola, in young wet-nurse from nursling.
24) Case, chancre both areolæ, in married woman of 19, wet-nurse from nursling.
25) Case, chancre right thumb, about nail, in physician of 30, while reducing a para-phymosis in which there was chancre within prepucial sac.
26) Case, chancre back of hand, in medical student, from handling syphilitic patients.

Medycyna, 1890, Nos. 53, 55, 56 (Journ. of Laryng. and Rhinol., London, Nov., 1890, p. 463, and London Med. Rec., 1890, p. 396).
27) Case, chancre upper lip, man aged 29 years.
28) Case, chancre lower lip, lad aged 16 years, who infected
29) His brother, aged 9, chancre buccal cavity.
30) Case, chancre, inner surface right cheek, man aged 28 years.
31) Case, chancre of fauces, man aged 35 years.
32) Case, chancre of fauces, boy aged 3, son of above, from playmate.
33) Case, chancre of fauces, little sister of above, from him.
34) Case, chancre of fauces, mother of above children.
35) Case, chancre, left tonsil, from spoon of syphilitic comrade.

Portal, A. Paris.
"Obs. sur l. nat. et traitem. d. l. phthisie pulm.," 1792.
A prince inoculated when 19 months old, by a nurse.

Porter, R.
British med. Journ., 1887, II., p. 1277.
Case, two chancres on forearm from tattooing; infection from operator, by use of saliva.

Porter, W. H. Dublin. Prof. of Surgery, Royal College of Surgeons of Ireland.
Dublin Quart. Journ. of Med. Sci. 1857, XXIII., pp. 88, 257; XXIV., pp. 75, 287.
Case, chancre of tonsil, in woman from husband (reported by Mr. PRATT in Dublin Med. Press, Oct. 5, 1853).

Pospelow. A. Moscow. Univ. Prof. and Chief of Mjassnitzky Hospital.
Protoc. d. conf. d. Aerzte d. Mjass. Krankenh. in Moskau, 1878.
1) Case, chancre of thumb, man 54 years old.
Protoc. d. phys. med. Gesells. an d. Univ. Moskau, 1881, I.
2 Case, chancre of tongue, shoemaker, aged 28 years.
Protoc. d. Gesellsch. russ. Aerzte in Moskau., Apr. 4, 1881.
3) Case, chancre of chin, girl aged 18 years, from kiss.
Archiv f. Derm. u. Syph., 1889, pp. 59, 217.
4) Statistics: from 1878 to 1887, extra-genital chancre, 198 cases; breast, 69; lip, 49; fauces, 46; finger, 5; eyelids, 3; tongue, 3; gums, 1; nose, 1; chin, 1; arm, 1; buttocks, 10; anus, 5; lower extremities, 4.

5) Of the 69 breast cases, 56 were from hereditarily syphilitic infants and 13 from own nurslings previously infected.
6) Case, chancre of gum, clarionet player, from common use of instrument (p. 76).
7) Case, chancre of tongue, shoemaker, from shoepegs (p. 77).
8) Case, chancre of tongue, in 34-year-old female, nurse from nursling (p. 78).
9) Case, chancre of fauces, female from another with chancre on lip (p. 88).
10) Case, chancre of fauces, virgo intacta, 18 years, from her mother, infected with a chancre of the tonsil (p. 88).
11) Case, chancre of fauces, girl 10 years of age, from kissing (p. 89).
12) Two cases, chancre of fauces, nurses from nurslings (pp. 89, 90).
13) Case, chancre of fauces, from common use of wooden spoon (p. 89).
14) Four cases, chancre of fauces, girls 14 and 15 years of age (p. 89).
15) Case, chancre right upper eyelid, coal dealer, aged 33 years (p. 228).
16) Case, chancre inner angle of eyelid, rubbing with a soiled apron (p. 229).
17) Case, chancre upper right eyelid, from application of tongue by a syphilitic (p. 229).
18) Case, chancre of nose, from a towel, in man of 26 years (p. 229).
19) Case, chancre of chin, female, sleeping with a syphilitic (p. 230).
20) Case, chancre of finger, musician, aged 45 years (p. 230).
21) Two cases, chancre of finger, midwives (p. 231).

Posselt, C. Munich. Univ. Docent in Syphil.
Two cases, chancre of lip. (See WALTER).

Post, Abner. Boston.
Boston Med. and Surg. Journ., Feb. 4, 1892, p. 118.
Saw six cases of non-venereal contagion in two weeks.

Pottcher, J. F. Königsberg.
"Bemerk. über med. Verf. Hosp. und Kurarten," Königsberg, 1800. (Dieterich, "Die Krankheitsfamilie Syphilis," München, 1842, Bd., I., p. 137).
Statements (with or without cases) as to the contagion of secondary syphilis, and the not infrequent infection of families (pp. 86, 91).

Poumeau-Delille, A.
"De la transmission de la syph. par la vaccination." Thèse de Paris, 1869, 48, p. 42.
(No original cases, only review of CERIOLI, WEGELER, HÜBNER, epidemic in Lupara, LECOCQ VIENNOIS, epidemic in Rivalta, TROUSSEAU, DEVERGIE, HERARD, SEBASTIAN, DEPAUL, MILLARD, epidemic in Lot, CLOSMADEUC and DENIS, SCHULE (DEPAUL), GUERIN, q. v.).

Pratt.
Dublin Med. Press, Oct. 5, 1853. (Cited by PORTER, q. v.).
Case, chancre of tonsil, woman from husband.

Prehn.
Pfaff's Mittheilungen aus d. Gebiete d. Med. Chir. u. Pharm., Kiel, 1833, p. 471.
Epidemic from a wayfarer, in 1832, who put up at six places, *en route*, sleeping and eating in company; a number were infected. (See Epidemics).

Prettyman, J. S. Jr.
Med. Record, New York, 1886, XXX., p. 516.
Case of supposed vaccino-syphilis.

Prewitt, T. F. St. Louis, U. S. A.
St. Louis Courier of Med., 1881, VI., p. 308.
Case, chancre of the nose in a pregnant woman.

Price, D. Margate, England.
Lancet, London, Aug. 1846, p. 197.
Two cases, chancre of nipple, nurse from nursling; one of them infects her own nursing child and her husband.

Price, J. H.
New York Med. Monthly, 1886-87, I., pp. 97-101.
1) Infection of father, mother and three little children, source unknown.
2) Statement: has seen several cases, chancre of lip, among smokers.
3) Case, chancre of lip, young woman, from kissing. (GROSS).
4) Fifteen women, 9 children, 10 men, infected through a midwife (GROSS).
5) Two cases, chancre of finger, cook and chambermaid. (MARION-SIMS).
6) Four children infected by their mother, towels and wash bowls (?)

Profeta, G. Palermo. Univ. Prof. of Skin Diseases.
"Sulla sifilide par allattamento," Firenze, 1869 (work not accessible).
"Trattato pratico delle malattie veneree," Palermo, 1888.
1) Case, infection by tooth-inoculation (p. 413).
2) Case, five chancres of cheek, from a bite (p. 413).
3) Infection of fourteen persons in one family from common utensils (p. 417).
4) Cases of FALLOPIUS, and MARC, q. v. (p. 417).
5) Mention of cases, from common use of tobacco-pipes (p. 418).
6) Mention of syphilis transmitted to children by means of bread, etc.
7) Case, chancre between fingers, youth with scabies, through itch-mites (p. 418).
8) Case, chancre of nipple in a male (p. 424).
9) Case, chancre of scalp from a comb (p. 425).
10) Case, chancre, dorsum of foot, through shoe (p. 425).

Proksch, J. K. Vienna.
"Die Litteratur über die venerischen Krankheiten." 3 volumes, Bonn, 1889, 1890, 1891.
A complete bibliography of syphilis to the end of 1889.

Protopopoff, P. S.
Vratsch., 1880, I., p. 139 (Archiv f. Derm. u. Syph., 1889, p. 250).
Case, chancre upper lip, in 24-year-old man, excised by PROTOPOPOFF for microscopial study.

Protzek, E. V.
"Ueber extragen. primäraffecte," etc. Dissert., Breslau, 1891 (Archiv f. Derm. u. Syph., 1891, p. 788).
Extra-genital chancres, Breslau Derm. Clinic, 1879-90; largest number on lip, finger, 5 (2 in midwives); cheek, 3; eyelid, 2; tongue, 1; tonsil, 1; ear, 1; several on the breast.

Puche, P. Paris. Hôp. du Midi. Surgeon.
(Cited by FOURNIER, "Leçons sur la chancre," 1858, p. 240).
1) Cases, chancres, upper lip, 13; lower lip, 5; tongue, 5; tongue and upper lip, 1; lower lip and index finger, 1; labial, 1; naso-labial furrow, 1; face, 1.
2) Case, chancre, from prison cot vacated by prostitute (see ACTON).
L'Union méd., Paris, 1853, No. 10.
3) Case, chancre, left shoulder.

Pujol. Paris.
"De l'influence des malad. du nez, et de la gorge, sur la production des mal. de l'oreille," Paris, 1881.
Two cases, Eustachian infection in a youth, and old lady, aged 63 (p. 131).

Purdon, H. S. Belfast. Physician to Skin Hospital.
Med. Press and Circular, Jan. 29, 1873.
Case of vaccino-syphilis (see SCOTT).

Putegnat. Lunéville.
"Hist. et thérap. de la syph. des Nouv.-nes," Paris, 1854.
1) Case, nurse infected by nursling.
2) Case, nursling infected by own mother (p. 126).
3) Two nurses infected by same nursling (p. 130).

Quain, R. London, Univ. College Hospital.
Med. Times and Gaz., 1859—Mason, q. v. (also Brit. Med. Journ., 1860, I., p. 145).
Three cases, chancre of lip, mistaken for epithelioma.

Quarenghi. Torre de Busi.
(Cited by Viennois from Adelasio "Syph. vaccin. com. a l'Acad.," Paris, 1865, p. 303).
Epidemic from vaccination, near Bergamo (see Adelasio).

Quinquaud, Ch. E.
Model in Museé de l'Hôp. St. Louis (Annales de Derm. et de Syph., Vol. III., Aug., 1892, p. 944).
1) Case, chancre of breast.
Model in Museé de l'Hôp. St. Louis (Annales de Derm. et de Syph., Vol. III., Aug., 1892, p. 945).
2) Case, double chancre of the tongue.

Quinquaud, Ch. E. and **Nicolle.**
Annales de Derm. et de Syph., Vol. III., 1892, pp. 1228-1243.
1) Fourteen cases, chancre of lip (11 lower, 3 upper); cause given in only one case, that of a man of 25 years, chancre lower lip from smoking brother's pipe.
2) Case, chancre left breast in female of 18, no cause given.
3) Case, chancre right tonsil in female of 21, no cause given.
4) Case, chancre over Scarpa's triangle in female of 21, cause unknown.
5) Case, chancre right naso-labial furrow and right temple in man of 22, cause unknown.
6) Case, chancre tip of tongue in female of 20, no cause stated.
7) Case, chancre of chin in man of 26, cause unknown.
8) Case, chancre right forearm in woman of 36, cause unknown.

Quitzmann.
"Deutsche Briefe über den Orient." Lancereaux, "Traité," etc., p. 42.
Notice of "Spirocolon."

Rabinovitch, M. F.
Provincial Med. Journ., April, 1892, p. 211.
Case, chancre, upper lip.

Rabitsch, J. Cairo.
Gazz. d. ospit., Milano, 1883, p. 218 (Berlin. klin. Wochenschr., 1887, No. 17, p. 306).
Case, chancre, left tonsil, in man aged 42 years.

Rabl, J. Vienna.
Semaine méd., 1889, p. 23.
Case, nurse infected by nursling.

Rafinesque, G.
"Contribution à l'étude de la syphilis infantile," Archiv. de toxicologie, 1874, p. 333.
Twenty-seven cases of syphilis in infants, after birth; mother, father, or both syphilitic.

Randall, B. A. Philadelphia.
(Personal communication to De Beck, and by him to author).
Case, chancre of eyelid.

Ranke. Groningen.
Med.-chirurg. Centralblatt, Wien, 1879, XIV., p. 374.

Case, nurse-mother, chancre of nipple, from own nursling (exception to COLLES' law).

Rasori, E. Rome. Clin. for Derm. and Syph. (Prof. MANASSEI).
Gaz. d. Osp. d. Milano, 1883, IV., p. 653.
1) Case, chancre of external ear.
Deutsche medicin. Zeit'g, 1885, I., p. 137 (Archiv f. Derm. u. Syph., 1888, p. 17).
2) Case, chancre of nostril.
(See also RAVOGLI and RASORI).

Rassler, A. Kiel.
Beitrag zur Aetiologie des Morbus Gallicus, Inaug. Dissert., Kiel, 1891 (Archiv f. Derm. u. Syph., 1892, p. 155).
1) Statistics of 12 years: among 630 cases of syphilis, there were 34 cases (5.3 per cent.), of extra-genital chancre.
2) Chancre of lip, 23: breast, 3; tongue, 2; genitals (without coitus) 3.

Raulin, J. Paris. Physician to the King.
"Observ. de méd. . . . . " Paris, 1754 (p. 250) (ROLLET, "Traité des mal. vén.," 1866, p. 455.
Epidemic of syphilis at Nérac, 1751, known as Pian de Nérac, beginning from lactation; more than forty nurses and nurslings affected, and later members of their families. (See Epidemics).

Ravel.
(Cited by BOUCHUT, "Traitê des mal. d. nouv.-nes," 5th Edit., 1867, p. 1057).
Case, nurse infected by nursling; 5,000 fr. for damages.

Ravogli, A. Cincinnati, U. S. A.
Phila. med. News, Vol. LXI., 1892, p. 80.
1) Case, chancre beneath nail of right 3d finger, cause unknown.
2) Case, chancre of right thumb in a man, cause not stated.

Ravogli, A. and **Rasori, E.** Rome. Univ. Clin. for Derm. and Syph. (Prof. MANASSEI).
Giorn. ital. d. mal. ven., etc., 1880, p. 384.
1) Two cases, chancre of lip.
2) Case, chancre of breast, nurse from nursling.
3) Two cases, infection of glass-blowers.

Rayé, Alph.
"Schanker an mehreren Stellen des Körpers," etc. Presse méd. Belges Bruxelles, 1858, No. 28.*

Rayer. Paris. Court-Physician.
Gaz. méd., 1850. (Reported by BOUCHUT, q. v.).
1) Two cases, nurses from nurslings.
2) Case, young virgin, syphilitic from room-mate. (See LANCEREAUX).

Raynaud, M.
(Personal communication to LANCEREAUX, q. v.[1]).
Case, Eustachian-sound inoculation, 1863.

Razumoff, V. J. Moscow.
Trans. 2d gen. meeting of Russ. med. men at Moscow, 1887, Vol. II., Sec. VI., pp. 59, 62.
1) Statistics: among 895 wet-nurses examined, 179 (20 per cent.) were syphilitic; among them,
2) Case, chancre of tonsil.
3) Three cases, chancre of breast, nurses from nurslings.

Redner.
Verhand. der deutsch. derm. Gesell., Sept. 17-19, 1891 (Monatsh. f. prakt. Derm., Vol. XV., 1892, p. 135).
Case, chancre lower lip.

Regoby, P. Paris.
"De la syphilis chez les personnes âgiés," Thèse de Paris, 1887. (Annales de Derm. et de Syph., Paris, 1889, Vol. X., p. 168).
1) Case, chancre of chin, in man 66 years old (service of TILLAUX) (p. 21).
2) Case, chancre lower lip, in woman 61 years old (service of MARTINEAU) (p. 51).

Reiche.
(Cited by OESTERLEN, q. v., "Ven. Contagien," 1836, p. 100).
Domestic infection; family of man, wife, nursling and two-year-old child, with recent syphilis; wife had sores on nipples.

Reichebach. Göttingen.
Mittheil. aus d. syph. Abtheil. d. Ernst-Aug. Hosp. z. Göttingen, 1889, p. 14.
1) Nine cases, chancre of lip.
2) Case, chancre of breast, from lactation.

Reid.
(See PLOUQUET "Liter. Med. Digest," 1809).
Diseases of the army and Navy.

Rénard, L. Nevers, France.
L'Union Méd., 1862, XVI., p. 578.
Case, chancre of tonsil in newly married woman; husband mucous patches in mouth.

Renault, Alex.
Annales de Derm. et de Syph., Vol. III., 1892, p. 1275.
Case, chancre right side neck, in girl of 16, from a kiss.

Reshetnikoff, I. P. St. Petersburg.
Vratsch., No. 5, 1892, p. 118 (St. Louis Med. and Surg. Journ., June, 1892).
Case, chancre back of neck in man from wet-cupping by a Finnish woman with "whitish crust on her lips."

Reumont, A. Aachen.
"Syphilis und Tabes," 1881, p. 63, Obs. XI.
Case, chancre of lip from husband.

Reynier. Paris. Hôp. St. Louis.
(Reported by SARDON, q. v.).
Case, probable chancre (FOURNIER) right tonsil.

Reynolds, H. J. Chicago.
Philadelphia, Med. Times, 1888, XVIII., p. 321.
Case, chancre left tonsil, in man of 45 years from unnatural practices.

Rhodius, J. Padua.
"Observ. med. cent. tres.," Patavia, 1657 (GIRTANNER, p. 234).
Infection by lactation (PLOUQUET).

Richerand. Paris.
(Cited by CLERC, "Traité prat. des mal. vén.," Paris, 1866, p. 15).
Case, infection per os from a pen held in the mouth.

Richet. Paris.
(Cited by RICORD, q. v., L'Union Méd., Paris, 1851, p. 201).
Case, an infant infected by supporting it in the hand.

Richon. Hôp. Militaire de Belfort.
Gaz. des Hôp., 1881, No. 78, p. 620.
Case, chancre lower eyelid from kissing, in man of 22 years.

Ricord, P. Paris.
Traité pratique des maladies vénériennes," Paris, 1838.
1) Statistics: among 588 chancres, 24 extra-genital; lips, 7; fauces, 3; various locations, 14 (pp. 525, 526).
2) Case, chancre of fauces, from drinking-glass (p. 500).

(Cited by ACTON, q. v., "A complete treatise on ven. dis.," London, 1841, p. 227).

3) Case, chancre after venesection.

Annal. d'oculistique, Vol. XXIV., 1850, p. 233.

4) Case, chancre lower eyelid, lawyer, from rubbing eye with his soiled finger.

"Clinique iconographique," Paris, 1863. Amer. Edit., Philadelphia, 1852.

5) Case, chancre of right thumb (plate 15, fig. 3).

"Lettres sur la syphilis," Paris, 1863 (also in L'Union Méd., 1850, No. 10, p. 145; 1851, No. 11, p. 131).

6) Case, chancre of finger in physician (p. 65).
7) Case, chancre of left cheek in medical student (p. 88).
8) Case, chancre upon the sinciput (p. 88).
9) Case, chancre of eyelid (p. 88).
10) Three cases, chancre of lip (pp. 89, 183, 199).
11) Two cases, chancre of nipple, one in a man from contact with lips of woman; second from husband, breast-drawing.
12) Case, infection, child from contact with diseased parts (p. 201) (RICHET).

"De la syphilisation et de la contag. des accid. second. de la syph.," communication à l'Acad. nationale de méd., Paris, 1853.

13) Two cases, chancre upper eyelid (p. 335).
14) Case, infection of a child, source unknown (p. 337).

Bull. de l'Acad. de méd., 1853.

15) Case, chancre of eyelid (GUBLER) (p. 284).
16) Case, chancre of back (p. 303).

"Du chancre de la bouche et son diagnostic diff.," Gaz. des Hôp., Paris, 1858, XXXI.

17) Nine cases, chancre of lip (pp. 503, 504).
18) Case, chancre of lip, female from pen used by syphilitic son (p. 503).

"Leçons sur la transm. de la syph. par la vaccin.," Gaz. des Hôp., Paris, 1862.

19) Case, chancre left arm, female (TROUSSEAU), No. 7, p. 25.
20) Case, chancre lower eyelid, No. 12, p. 46.
21) Case, chancre of forearm from vaccination, No. 11, p. 41.
22) Case, chancre of lip from kissing, No. 11, p. 42.
23) Infection of nine children after circumcision, No. 11, p. 42.

Ricordi, A. Milan. Osped. Magg. and Instit. di S. Corona.

"Sifilide da allattamento," Milano, 1865.

1) Infection of 4 or 5 nurses, from breast-drawing, they infecting own nurslings (p. 33).
2) Case, chancre of nipple, from applying dressing from a syphilitic woman (p. 34).
3) Case, infection from vaccination (p. 37).
4) Epidemic at Casorezzo: 23 infected, starting from a hereditarily syphilitic child; nurslings, 10; nurses, 8; spoon-feeding, 3 (p. 49).
5) Epidemic at Uboldo: 18 infected; nurses, 9; nurslings, 9 (p. 65).
6) Epidemic at Marcallo, 16 infected (p. 78).
7) Epidemic at Rovello, 14 infected (p. 78).
8) Case, chancre of nipple, nurse from nursling, infecting
9) Infant, chancre of mouth, infecting
10) Nurse-mother, chancre of nipple, from nursling (p. 86).
11) Case, infection, source unknown, infecting
12) Mother, chancre of nipple, from nursing (p. 87).
13) Case, chancre of lip, nursling from above nurse (p. 87).
14) Case, chancre of nipple, nurse from above nursling (p. 87).
15) Case, chancre of nipple, nurse from nursling (p. 88).
16) Case, chancre of tongue, nursling from nurse (p. 88).

Ridley, H. London.
"Observ. med. pract.," 1703. (Cited by PLOUQUET under "per mammas, lactationem, vice versa.")
Infection by lactation.

Riedlin, V. Ulm.
"Linearum med. per singul. mens. contin. duct.," 1695-1702 (GIRTANNER, p. 297).
"Lues venerea a pariente infecta in obstetricem translata" (III., Feb., Obs. 12).

Righter, W. H. Topeka, Kansas. Prof. Gen. Urin. dis. and Derm., Kan. Med. Coll.
Kansas Medical Journal, 1890, Vol. II., p. 648.
Case, chancre, external ear, from application of court-plaster to a burn.

Rigler.
"Die Turkei und deren Bewohner," Wien, 1852.
Syphilis, "Aleppo Evil," etc.

Rinecker, F. von. Würzburg.
Verhandl. d. phys.-med. Gesellsch. in Würzburg, 1852, I., p. 117; III., 375.
1) Case, dry-nurse, aged 20, infected by infant.
Wiener med. Presse, 1877, No. 42, p. 1359 (also Archiv f. Derm. u. Syph., 1878, p. 265).
2) Case, vaccino-syphilis, chancre, left upper arm, in a child born with hereditary syphilis.

Ring, H. W. New Haven, Conn.
New York Med. Record, Vol. XLII., 1892, p. 535.
Case, chancre, right upper eyelid, in 17-year-old girl, cause not stated.

Ritter, Paul. (Dentist).
Deutsch. Monataschr. f. Zahnheilk., X., Jahrg., Feb. (Monatsh. f. prakt. Derm., Vol. XV., 1892, p. 316).
Syphilitic affections of the mouth and the transmission of syphilis by operations upon the mouth and upon the teeth.

Riverius, L. Montpellier.
"Observ. med. et curat. insignes," Paris, 1646 (Cent. I., 91; II. 95; IV., 91). (PLOUQUET).
Nurse infected by nursling, etc.; three observations.

Rizat, A. Paris.
"Manuel pratique des maladies vénériennes," Paris, 1881.
1) Case, chancre of lip, infection through cigar-guillotine, used just previously to cut cigar, moistened in another's mouth (p. 68).
2) Three cases, chancre of lip (lower 2, upper 1) (pp. 66, 68, 69).
3) Case, chancre of chin (p. 73).
4) Case, chancre of nucha, from carrying woman on shoulders (p. 77).
5) Three cases, chancre of fingers (p. 78).
6) Case, chancre of abdomen, from contact (service of MAURIAC) (p. 81).
7) Case, infection, nurse from nursling (p. 248).
Annales de Derm. et de Syph., 1885, p. 115.
8) Case, chancre of both tonsils.

Rizzi, M.
Gazz. med. di Milano, April, 1846, No. 14.
Case of lactation syphilis.

Robbins, H. A. Washington, U. S. A.
Medical News, Phila., March 5, 1892, pp. 263, 264.
1) Case, chancre of hand, in girl of 7 years, from sucking wound by uncle with mucous patches.
2) Case of circumcision syphilis; mucous patches in mouth of rabbi.
3) Several cases, infection from razors in shaving.
4) Case, infection from bite of a man.

Robert.
Anna.es de Derm. et de Syph.. 1879, p. 417.
Tattooing inoculation; three soldiers from same operator.

Robert, A. Paris. Hôp. Beanjon.
Two women, grand-mother, aged 70, and aunt of an infant, infected by the latter. (See CASTELNAU).

Robert, Melchoir. Marseilles. (Ex-Interne Hôp. du Midi, Paris).
Traité des malad. vénér., Paris, 1853, p. 192.
1) Statistics: among 202 chancres in service of RICORD, 25 extra-genital; lip, 7; chin, 6; tongue, 1; gum, 1; eyelid, 1; cheek, 1; forehead, 1; finger, 1; anus, 4; region of trochanters, 3.
Nouveau Traité des mal. vén., Paris, 1861, p. 321.
2) Case, chancre external angle of eye.
L'Union méd., Paris, 1862, No. 47, p. 150.
3) Review of vaccino-syphilis; statistics of 219 collected cases.

Robert, P. Montréjeau.
Archiv. de Tocologie, 1874, I., p. 756.
Case, syphilis acquired through vaccination, chancres at points of insertion.

Robinson, Edmund. Birmingham, England. Public Vaccinator.
"Vaccino-syphilis," Lancet, London, 1873, I., p. 321.
Cases of supposed chancre at site of vaccination, but patients previously syphilitic.

Robinson, F.
British Med. Journ., 1882, II., p. 632.
Case of infection from tattooing.

Robinson, T. London. St. John's Hospital.
"Diagnosis and Treatment of Syphilis," London, 1886, p. 29.
1) Case, chancre penis, from use of a foul scalpel in phymosis operation, 6-year-old boy.
2) Case, chancre lower lip, cashier of a shop, through coin held in mouth.

Roché (fils). Strasbourg.
Journ. des connais. méd. chir., Feb. 16, 1851 (Ann. d. mal. d. la peau, 1850-51, p. 194).
1) Three cases, chancre of nipple, nurses from nurslings (pp. 95-96).
2) Case, chancre nipple, nurse from nursling, infecting her three daughters, 15 months, 4 years and 15 years of age (p. 96).
3) Case, chancre nipple, nurse from nursling, infecting her child of 18 months, and her sister, of 2½ years (p. 96).
4) Case, infection, nurse from nursling.

Roddick, T. G. Montreal. Prof. Clin. Surgery, McGill University.
Canada med. and Surg. Journ., 1880, VIII.
1) Case, chancre lower lip, A. B., 27 years, from smoking pipe of syphilitic (p. 486).
2) Case, chancre left nipple, woman of 27 years (p. 487).
3) Case, chancre of neck, from a bite (p. 488).
4) Case, chancre upper lip, from kissing, female of 30 (p. 489).
5) Case, chancre right tonsil, from common use of spoon, woman of 42 (p. 490).
Montreal med. Journ., 1888, XVII., No. 2, p. 93.
6) Case, chancre of gum, in married lady of 30, by forceps in extraction of a tooth.
7) Case, chancre forehead, from scratch, during altercation with a man having syphilis.
8) Case, chancre lower lip, glass-blower, fellow-workman syphilitic.
9) Case, chancre palmar surface of wrist, washerwoman's daughter.

10) Case, chancre dorsum of penis, midway between glans and root in a young boy, probably from watercloset.

Rodet. Lyons. Surgeon-in-Chief, Hosp. de l'Antiquaille.
Gaz. méd. d. Lyon, May 5, 1862.
1) Case, re-infection, chancre of lip (reported also by DIDAY).
Gaz. méd. d. Lyon, Jan. 16, 1865, p. 35.
2) Case, infection from vaccination.
3) Case, infection, nurse from same nursling, vaccinifer.

Roger, H. Paris. Hôp. des Enfants.
"De la syphilis chez des enfants," L'Union méd., Paris, 1863 (and Gaz. des Hôp., 1863, Nos. 118, 119).
1) Case, infection of a child by its mother (p. 5, No. 118).
2) Case, chancre upper lip in child of 2 years, from kissing its syphilitic mother who had a chancre of the lower lip (p. 7, No. 118).
3) Case, infection of a child of 11 months, from contact, dry-nurse (p. 23, No. 119).
"Étude clin. d. l. syph. infant.," Paris, 1864.
4) Case, infection, nurse from nursling, producing
5) Case, infection, nursling from nurse (p. 91).
With DEFAUL, q. v., Bull. de l'Acad. de méd. de Paris, XXXI., p. 888.
6) Epidemic, of vaccino-syphilis at Morbihan; 44 infected. (See Epidemics).

Rognetta. Paris. Hotel-Dieu. (Service of DUPUYTREN).
Revue méd., 1833 (1832 ?), II., p. 383 (Cited by YVAREN, "Metamorph. de la syph.," Paris, 1854, p. 138).
Case, chancre of breast and eyelid, from nursling. (See DUPUYTREN).

Rohé, G. H. Baltimore, United States.
Archives of Dermatology, New York, 1878, p. 217.
1) Case, chancre of nose, man 22, from bite. (See BRINTON).
Chicago Med. Journ. and Exam., July, 1878.
2) Case, chancre, tip of tongue, from lead pencil.

Rollet, J. Lyons. Hosp. de l'Antiquaille.
"Récherches cliniques et expérim. sur la syphilis," Paris, 1861 (also, Archiv. gén. de méd., Paris, 1859, 5th Ser., XIII., pp. 129-417, and Gaz. hebdom, 1861, p. 589.
1) Ten cases, chancre of nipple, nurses from nurslings (pp. 251-258, 261).
2) Case, chancre of nipple, from suction by a syphilitic woman, infecting
3) Case, chancre of lip, nursling from above nurse-mother (p. 270).
4) Case, chancre upper lip, from a bite (p. 273).
5) Two cases, chancre of lip, glass-blowers; one of them had two chancres on upper lip and one on the lower (p. 276).
6) Four cases, chancre of lip, from kissing (pp. 279, 280, 284, 285).
7) Case, chancre lip, from using a spoon of a female cook (p. 282).
8) Four cases, chancre of tonsil, in one family (grand-mother, two sisters, one brother) (p. 286).
9) Two cases, chancre lip, in same family (child 15 months, and brother 18 years; child infected by kissing (286).
"Traité des maladies vénériennes," Paris, 1866.
9*a*) A very full description of Radesyge (p. 471).
10) Cases, chancres of lip and tongue, from bites (p. 606).
10*a*) Case of WALLER (q. v.[6]) (p. 613).
11) Case, chancre both tonsils, nurse from nursling, using common spoon (p. 617).
12) Mention of fifteen cases, infection of glass-blowers, from 1858-1864; also of a large number seen after that date (p. 619).
13) Two cases, chancre of eyelid (p. 693).
14) Four cases, chancre of nose (p. 693).

15) Two cases, chancre of chin, medical men, from scratching with infected fingers (p. 693).
16) Case, chancre right cheek, house-keeper (p. 693).
17) "Sibbens d'Ecosse." Dict. encycl. d. Sc. méd., Paris, 1881, 3, s., IX., 522-526.*

Romanoff. Viatka.
Sbornik. Meditz. Departamenta, 1876, Vol. I., Part II.
1) Case, infant of 2 months, infected by a nurse of 12 years, by kissing.
2) Same infant infects its two sisters, 3 and 14 years old, a brother of 8, and their mother.

Rona, S. Buda-Pesth.
Orvosi Hetilap., No. 18, 1889. (Monatsh. f. prakt. Derm., 1889, p. 192).
1) Case, chancre of right tonsil, five-year-old child.
"Extra-genital Syphilisinfection mit Rücksicht auf die heimischen (ungarischen) Verhältnisse." Gyogaszat, 1890, No. 50, a. c. t. (Monatsh. f. prakt. Derm., Vol. XII., 1891, p. 459).
2) Statistics: forty-six cases extra-genital chancre; lip, 26; tonsil, 8; finger, 3; forehead, 1; eyelid, 1; conjunctiva, 1; face, 1; abdomen, 2; right groin, 1; anus, 1; multiple chancre, 1.
3) Case, chancre of forehead, in site of moist eczema; patient in hospital and had assisted nurse dress a syphilitic.
4) Case, chancre right lower eyelid, probably from a towel.
5) Case, chancre left ocular conjunctiva, boy aged 4 years.
6) Case, multiple chancres (four) from cupping-glasses in public bath-house.
Soc. royale des méd. du Budapest, Séance, Oct. 31, 1891. Weiner med. Presse, 1891, pp. 1716, 1753. (Annales de Derm. et de Syph., Vol. III., Mar. 1892, p. 315).
7) Case, chancre beneath crest of ilium, in a man of 35 years.

Rosen von Rosenstein, N. Stockholm.
"Underrätelse om bjarnssjükdom," Stockholm, 1764. (German Edit., "Anweis. zur Kenntn. u. Kur d. Kinderk.," Göttingen, 6th Edit., 1798; with notes by LODER and BUCHHOLZ).
1) Family epidemic in Stockholm, introduced by a nurse, eight persons infected (p. 728).
2) Case, 2-year-old child, infected by servant's chewing her food (p. 737).
3) Cases, two children, sisters, infected by nurse (p. 738).
(Also under proper heads, cases of the editors, LODER and BUCHHOLZ, and two cases cited by BIERCHEN).

Rosenthal, O.
Verhand. der Berliner dermatol. Verein, Sitz., Jan. 5, 1891. (Archiv f. Derm. u. Syph., Vol. XXIV., 1892, p. 513).
1) Case, chancre of hand in a physician; one of three which he has observed (cases of LEWIN).
Berliner med. Gesell., Sitz, Feb. 3, 1892 (Monatsh. f. prakt. Derm., Vol. XIV., 1892, p. 332).
2) Case of vaccino-syphilis in a girl of 12 years.

Roster, G. Florence. Hosp. S. Maria Nuova (Clinic of Prof. PELLIZZARI).
Giorn. ital. d. mal. ven., etc., 1868, II., pp. 65, 136.
1) Statistics: of 156 chancres during 1867, 13 extra-genital; lip, 3; eyelid 1; tonsil, 1; fauces, 1; female breast, 6.
2) Twenty-six cases, nurse from nursling (pp. 160, 163).
3) Two cases, nursling from nurse (p. 150).

Roussel, A. Paris.
"De la syphilis tertiaire dans la seconde enfance et chez les adultes," Paris, 1881.
1) Statistics: infantile acquired syphilis, Lyons civil hospitals; 1876, 7 cases; 1877, 10; 1878, 7; total, 24.

2) Family epidemic, nurse infected by nursling, infects another nursling, the infant infects mother, and she her husband (p. 59).
2*a*) Case, chancre of right tonsil, in child of 7 years, from using a spoon after mother (p. 70).
2*b*) Case of TROUSSEAU (p. 71).
3) Case, chancre lip, child 2 years of age, source unknown, infects
4) Two other children (chancre of throat) and grand-mother, who infects her husband (service of DRON) (p. 78).
5) Case, infection, boy 9 years, from mouth-piece of cornet, used by some unknown person (service of AUBERT) (p. 89).
6) Case, infection, child 2½ years, source unknown (service of DRON) (p. 102).
7) Case, chancre penis, child 15 months, source unknown (service of DRON) (p. 102).
8) Case, chancre, inner surface of cheek, child 9 years, source unknown (service of AUBERT) (p. 103).
9) Case, girl 18, infected by mother in infancy, she from strange child (service of AUBERT) (p. 196).
10) Case, infection, child 12 years, from mother in infancy (service of AUBERT) (p. 198).
(Other cases claimed as syphilis acquise, are not here quoted, as data in regard to infection are wanting).

Roux.
Gaz. méd. de Paris, 1852, p. 64 (also Mém. de l'Acad. méd., 1853, p. 331).
Case, chancre of tonsil, woman aged 50, from kissing her son.

Ruggiere.
Epidemic of syphilis at Capistrello. (See DEMARCHI and TANTURRI).

Rumpf, Th. Bonn.
"Die syphilitischen Erkrankungen des Nervensystem," Wiesbaden, 1887.
1) Case, chancre of lip, man 44; syphilis of brain (p. 264).
2) Case, chancre of hand, medical man 26 years; tabes dorsalis (PIERSON) (p. 387).
VOGEL, Archiv f. klin. Med., Bd., XX., p. 32.
3) Case, infection at an autopsy (p. 183).
CHARCOT and GOMBAUT, Archiv. de physiol, norm. et path., 1873, p. 143.
4) Case, chancre of lip in female of 19 years (p. 316).)

Rupp, J.
"Syphil. Ansteckung ohne Beischlaf," Zeitschr. d. Nord-deut. chir. Verein f. Med. etc., Magdeburg, 1848, II., 6.
1) Case, infection, nursling from dry-nurse.
2) Case, infection, nurse-mother from preceding.
3) Case, chancre fauces, husband of preceding, by breast-drawing through pipe-bowl.

Russell, Alexander.
"Nat. hist. of Aleppo evil, ... particularly of the plague, with methods used by the Europeans for their preservation," London, 1856.*

Russell, C. P.
Journ. Cutan. and Ven. Dis., 1884, II., p. 240.
Case, chancre of right index finger.

Rust, J. N. Berlin. Charité Hospital, Surgeon-in-Chief, etc.
Rust's Magazin, Berlin, 1823, XIII, p. 542.
1) Family epidemic of syphilis, starting from 4-year-old infant.
Jahresber. Charité Krankenh., 1834. (Cited in BOLSCHWING "Syph. und Aussatz," p. 34).
2) Statistics: of 820 venereal cases, 6 infected, sine coitu.
"Helkologie, etc.," Berlin, 1842, p. 246.

2*a*) Buccal propagation by tobacco-pipes. (See HUFELAND's Makrobiotik, 444).
2*b*) Buccal propagation by kissing. (See ALBERTI).
3) Epidemic of circumcision syphilis in Cracow, 1805; first recorded instance, p. 247. (See Epidemics).
4) Similar epidemic in Rhine provinces, official investigation, p. 247 (See Epidemics).

Ruthenberg, A. Bonn.
"De syphilis ab aliis atque a partibus genitalibus exeunte; observationes quædam," Inaug. Dissert., Bonn, 1830.
Eleven observations: of WOLF; NASSE (two); KLEIN; KILIAN (two); VELTEN; KOPP; HAASE; ANONYMOUS (two). (All of which see)

Ryan, C. S. Melbourne.
Australian Med. Journ., July, 15th, 1886, p. 305.
1) Case, chancre of nose. (See BIRD and SNOWBALL).
2) Case, chancre of lip, in an old lady from preparing the feeding-bottle of her syphilitic grand-child.

Ryan, James P. Melbourne. Surgeon Skin Dept., Melbourne Hosp.
Trans. Intercolonial Med. Congress of Australia, Second Session in Melbourne, Victoria, 1889, p. 994.
Case, chancre of forehead, in 3-year-old girl, probably infected by kisses of mother who had mucous patches in the mouth.

Sabinin, A. Kh. (See SSABININ). Voronej, Russia.
Trans. of the 4th meeting of Zemsky Med. men of Voronej Gov. 1882, p. 40, et seq.
Statistics: among 3098 consecutive cases of syphilis; 121 children infected per os by their mothers; 54 children infected per os by other persons; 15 nurses infected by nurslings; 243 infected by family life; 4 infected by contact with neighbors.

Sabolotsky, A.
Medicinskoe Obozrenaie, 1884, p. 466. (Archiv f. Derm. u. Syph., 1889, p. 251).
Case, two chancres on right eyelid.

Sadoul, L. Strasbourg.
"De la transmiss. de la syph. du nourrisson a la nourrice," Thèse de Strasbourg, 1848.
Case, nursling infects nurse.

St. Martin. Paris. Hôp. d. Quinze-vingt.
Bull. de la clinique nationale Ophthal. d. Quinze-vingts, 1884, II., p. 33.
Two cases, chancre of left upper eyelid.

Salleneuve. Paris.
"Sur la valeur semieotique des affect. ganglionnaires," Thèse de Paris, 1852.
Case, chancre of tongue, from prostitute.

Salomon (father). Hamburg. Jewish Rabbi.
Proc. deutsch. Rabbin. Versaml., Breslau, 1846. (Cited by JAFFÉ).
Epidemic of circumcision syphilis, from buccal lesions of psylle.

Salsotto, G. Turin.
"Sifilomi extra-genitali ed epidemie di sifilide," Torino, 1892.
1) Statistics: private and public practice from Jan. 1st, 1884 to July 31, 1892, 201 cases extra-genital infection, as follows; breast, 108; lip, 61; arm, 12; chin, 3; finger, 3; anus, 2; groin, 2; upper eyelid, 2; cheek, 2; tongue, 2; thigh, forehead, back and gum, each 1.
The 108 cases with chancre of the breast communicated the disease to 109 children and 66 adults: included in these were:
2) 12 cases, vaccinal syphilis, one infected by saliva of operator (p. 4).

3) Lactation, 105 nurses infected by nurslings; all of these but 31 propagated the disease further to 226 persons (p. 10).
4) Among accidental cases; *a*) 2 of eyelids from kissing, p. 14-15, *b*) cheek, from bite, p. 15); *c*) cheek in girl from contact with pillow; p. 15; *d*) upper gum in a barber, p. 16, etc.

San Juan, M. Madrid.
Revista esp. d. oftalm., etc., Madrid, 1883, VII., p. 145, and Bolet. de med. naval., San Fernando, 1883, VI., p. 198.
Case of lactation syphilis.

Sarda. Montpellier. Health-Officer.
(Cited by LEGRAND, "De l'or et de mercure . . . ." 1884, p. 439).
Case, chancre of lip.

Sardon, G. Paris. Hôp. St. Louis. (Interne, service of REYNIER).
"Gommes du couturier," Annales de Derm. et de Syph., 1887, 2d Ser., VIII., p. 406.
Case, FOURNIER, probable chancre of right tonsil. (See REYNIER).

Sartorius, P. Strasbourg. Hospital for Venereal Diseases, Surgeon.
"Frantzosenarzt . . . . ." 1645. (GIRTANNER, p. 215).
Cases of lactation syphilis.

Sattler, R. Cincinnati.
(Personal communication to DE BECK, q. v.).
Case, chancre of conjunctiva from kissing.

Saulsay, Nicolais du. Fourgeres.
Journ. d. méd. chir. pharm. etc., Mar. 1759, p. 232 (GIRTANNER, No. 1184).
Case, chancre right middle finger in obstetrician; professional exposure

Sauvages, F. B. de. Montpellier. Univ. Prof. of Medicine.
"Nosologia methodica," etc., Venet., 1764, p. 781 (ROSEN VON ROSENSTEIN, "Kinderk.," p. 727).
Case, infection of medical man from resting head on pillow of patient; probably infected through saliva.

Savy, Claude. Lyons.
"Éruptions de la conjunctive," etc., Thèse de Paris, 1876, p. 63.
Case, chancre of eyelid in medical man, infected by patient coughing in face. (See FOURNIER).

Sbordone, G. Naples.
Il Movimento med.-chir., 1882, Nos. 3 and 4, pp. 155-160. (Giorn. ital. d. mal. ven., etc., 1882, p. 361).
Case, chancre of eyelid in a physician. (See DEL-MONTE [2]).

Scarenzio, A. Pavia. Univ. Prof. of Skin Diseases and Syphilis.
Giorn. ital. d. mal. ven.,.etc., 1866, II., p. 12.
1) Case, nurse infected by nursling.
2) Case, infection of an 8-year-old, per os, by mother.
3) Case, infection of a nursling, per os, source unknown.
4) Case, infection of a 15-year-old, per os, from family.
Giorn. ital. d. mal. ven., etc., 1880, p. 16.
5) Case, infection of mother by own nursling (exception to Colles' Law).
(Reported by JULLIEN. Also Annales de Derm. et de Syph., 2d. Ser., V., 1884, p. 77).
6) Inoculation of SCARENZIO, himself, source not stated.
(See SOFFIANTINI).

Schirajew, P. Moskow. Mjasnitzki Hosp. (Service of POSPELOW).
St. Petersburg med. Woch., 1880, No. 39, p. 323. (Archiv f. Derm. u. Syph., 1881, p. 127).
1) Case, chancre left tonsil, girl aged 28, from fellow-cook.
2) Case, nursling infected by wet-nurse.
3) Case, chancre, left tonsil, mother from above nursling.

Schlegel, J. H. G. Jena.
"Material f. d. Staatsarzneiwissensch. u. prakt. Heilkunde," Jena, 1804, IV.
Syphilis insontium by buccal secretions, "oscula pocula" (PLOUQUET).

Schmalz, C. L. Leipzig.
"Seltene chirurg. u. med. Vorfälle," Leipzig, 1784, 8°, pp. 162-164.
1) Case, nursling infected by nurse.
2) Case, mother of above from own nursling.

Schneider.
"De catarrhis," p. 415. (PLOUQUET, "per salivam, osculum").

Schnitzler, J. Vienna. Univ. Prof. Dis. of Respiratory Organs.
"Lungensyphilis und . . . . Lungenschwindsucht," Wien, 1880 (Wiener med. Presse, 1879, XX.).
Two cases, chancre of finger, in medical men. (Obs. V. and p. 20).

Schnur.
"Ueber die Lustseuche in Litthauen u. ihre Behandlung," Med. Zeitsch. d. Verein f. Heilk. in Preussland, 1837, Nos. 50, 51.
1) Syphiloid of Lithuania.
"Med. Zeitsch. d. Verein f. Heilk. in Preussland, 1839, Nos. 17, 18; 1841, Nos. 2, 3.
2) Petty epidemics of family syphilis.

Schubert, P. Nürnberg. Eye and Ear Clinic of H. COHN, Breslau.
"Syphil. Augenkrankheiten," Berlin, 1881.
1) Statistics, of 35 histories; 2 extra-genital (?).
2) Case, midwife professionally inoculated (p. 82, obs. 20).
3) Case, possible infection per os, fauces (p. 112, obs. 35).

Schüller, M. Vienna.
Wiener med. Wochenschr., 1861, No. 8, (Jahrb. f. Kinderheilkunde, 1861, No. 4).
1) Case, chancre of finger, in 6-year-old attendant, from nursling.
2) Case, chancre back of hand, in wet-nurse, from nursling.

Schurig, M. Dresden.
"Sialogia histor. med.," Dresdeæ, 1723. (Monatsh. f. prakt. Derm., 1888, p. 199).
Case, child infected on an abraded surface, by kiss of nurse.

Scott, J. M. J. Belfast.
Med. Press and Circular, Jan. 29, 1873, I., p. 84.
Case of vaccino-syphilis (in practice of PURDON, q. v.).

Sebastian. Beziers. Maternité, Physician.
Gaz. des Hôp., Oct. 22, 1863.
Case vaccino-syphilis (reported by BLOT, q. v.).

Secheyron, L. Paris.
Annales de Derm. et de Syph., 1886, VII., p. 75.
1) Case, weanling, from foster-mother.
2) Infection of child under 5 years from foster-mother, or possibly Eustachian infection.

Sée.
Gaz. hebdom. de méd. et de chir., Mar. 9, 1855.
Epidemic of vaccino-syphilis. (See LANCEREAUX [4], and HÜBNER).

Seeley, W. W. Cincinnati. Med. Coll. of Ohio, Prof. Ophthalmology.
Case, chancre of eyelid. (See DE BECK).

Segel.
PITHA-BILROTH, Handb. d. Chirurgie. (Cited by JAFFÉ, q. v.).
Case of circumcision syphilis.

Selenew, J. Th.
Verhand. des Kiewschen Militärhosp., Mar. 1891, Vratsch., 1891, No. 15 (Monatsh. f. prakt. Derm., Vol. XIII., 1891, p. 32).

1) Case, chancre right tonsil, in 21-year-old married man, infection probably from neighboring syphilitic family.
2) Case, probable chancre of tonsil, in a 22-year-old man.

Selli.
One of the investigators of the endo-epidemic at Capistrello. (See DEMARCHI, TANTURRI, DURANTE, RUGGIERE).

Serduckov, A. S. St. Petersburg.
Voyenno-Meditsinsky Journal, June, 1890, p. 119 (St. Louis Med. and Surg. Journal, Sept., 1890, p. 235).
1) Case, chancre upper eyelid in a wet-nurse.
Vratsch., No. 14, 1892 (St. Louis Med. and Surg. Journ,, June, 1892).
2) Case, chancre right tonsil, in man of 23 years, from smoking cigarettes in common.
3) Case, chancre right side soft palate, in man of 25 years from cigarette smoking.
Vratsch., 1892, No. 18, p. 462.
4) Case, chancre middle of upper lip, in a boy of 15 years, source unknown.

Settegast. Coblenz.
Rust's Magazin, Berlin, 1823, XV., p. 146 (HACKER, "Lit. der Syph." Leipzig, 1830, p. 144).
Epidemic of lactation syphilis, in two communes near Coblenz. (See Epidemics).

Seutin. (See JOLY).

Seweke, W. Prof. TARNOWSKY'S Clinic (assistant).
Russkaja Medicina 1886, No. 42. (Archiv f. Derm. u. Syph., 1889, p. 251).
Two cases, chancre of tonsil from Eustachian catheterization.

Shand, J. C. Phys. for Dis. of Women and Children, Glasgow Public Dispensary.
Med. Press and Circular, London, 1882, N. S., 33, p. 135.
1) Case, nursling infected by nurse.
2) Case, chancre of mouth in the mother.

Sheild, A. M. London.
British Med. Journ., 1887, I., p. 274. (Monatsh. f. prakt. Derm., Vol. VIII., 1889, p. 208).
1) Case, chancre at angle of mouth, in 32-year-old woman.
British Med. Journ., Jan. 30, 1892, p. 228.
2) Case, chancre left cheek in widow of 34 years, source unknown.

Sherwell, S. Brooklyn, N. Y.
Proceed. N. Y. Dermat. Soc., Journ. Cutan. and Ven. Dis., 1886, p. 84.
1) Case, chancre lower lip, in girl of 20 years.
Proceed. N. Y. Dermat. Soc., Journ. Cutan. and Genito-Urin. Dis., 1887, p. 311.
2) Case, chancre both nipples, from nursing 6-months-old hereditarily syphilitic infant.

Shoemaker, J. V. Philadelphia.
"Diseases of the Skin," 1888.
Case, chancre of lip, from kissing. (Plate, p. 153).

Sick. Muskan.
"Seltene Arten von syphilitischer Ansteckung." Med. Zeit'g, herausg. v. Vereine f. Heilkunde in Preussen, Berlin, 1837, No. 13.*
Unusual methods of syphilitic infection.

Sigmund, Carl von. Vienna.
"Ueber die syph. Ansteck. durch Cigarren-Rauchen," Wiener med. Wochenschr., 1853, III., No. 10, p. 145.
1) Case, chancre, lower lip, in a man.
2) Case, chancre, both lips, in a woman.

Wiener med. Wochenschr., 1854, No. 9, p. 132.
3) Case, chancre of nipple, nurse from nursling.
Wiener med. Wochenschr., 1854, No. 16, p. 241.
4) Eleven cases, chancre of finger, from professional exposure.
5) Case, chancre of nipple, nurse from nursling.
6) Case, chancre of finger, from contact.
7) Case, chancre of the vulva, from washing with a sponge.
8) Case, chancre on the neck, and shoulder, from bandaging.
8a) Zeitschr. der Wiener Aerzte, 1855, p. 87.* (Cited by ROLLET, "Traité," etc., 1866, p. 465).
A personal study of Scherlievo, Facaldina, etc.
8b) Zeitschr. der Wiener Aerzte, 1855, p. 33.* (Cited by LANCEREAUX, "Traité," etc., p. 42).
Personal account of "Mal di Breno," and "Fienga."
Wiener med. Wochenschr., 1863, Nos. 18, 19, 21, p. 290, 291.
9) Case, chancre of finger, midwife, infecting
10) Child, chancre at right angle of mouth.
11) Four cases, chancre of upper lip, in glass-blowers.
11a) Three cases, chancre of lip, from blow-pipe.
12) Case, chancre at angle of lip, nursling from nurse.
Wiener med. Wochenschr., 1865, p. 1430.
13) Mention of 29 cases, chancre of finger.
14) Mention of 5 cases, chancre of nipple.
15) Statistics: 75 cases extra-genital chancre; lip, 40; tonsil, 5; tongue, 2; nose, 1; finger, 27 (p. 1445).
Wiener med. Wochenschr., 1868, p. 137.
16) Four cases, chancre of lip.
17) Statistics: 73 cases, chancre of lip, from 1861-67.
Wiener med. Wochenschr., 1878, p. 562.
18) Statistics of chancre acquired late in life: finger, 9; mouth, 7; nipple, 1; by sucking, 8; total, 25.

Signorini, Mario. Florence. Univ. Clinic for Syphilis.
Lo Sperimentale, 1888, p. 249. (Giorn. ital. d. mal. ven., etc., 1888, p. 220).
Seven cases of vaccinal syphilis: 15 children vaccinated from same infant; first 6, from clear vesicles, not infected.

Simon, F. A. Hamburg.
"Antwortschreiben auf RICORD's Briefe." Hamburg, 1851, I., p. 9.
1) Case, obstetrician, professionally infected; life-long invalid therefrom.
"Kritische Geschichte der Syphilis," Hamburg, 1858, II., 1, p. 133, note.
2) Family epidemic of syphilis in Hamburg; physician sued for damages.
"Kritische Geschichte der Syphilis," Hamburg, 1860, II., Theil, II., abstract, p. 103.
3) Five cases of LEBENWALD, from bleeding with a lancet. (LEBENWALD, q. v.).

Simoneau. Florensac.
(LEGRAND, "De l'or et du mercure," 1846, 2d Edit. Obs., 377).
Case, chancre of tongue from kissing.

Simonet. Paris. Surgeon to Hôp. du Midi.
1) Case, chancre of cheek, from bite. (See HORTELOUP and LEPROVOST).
2) Case, chancre of nucha, direct contact. (See CHIPIER and RIZAT).
3) Case, chancre of nipple, wet-nurse. (See AUDOYNAUD).

Sims, J. Marion. New York. Surgeon to the Woman's Hospital.
Transact. Amer. Med. Ass'n, Vol. XXIV., 1876, p. 104.
1) Two cases, chancre of finger, in medical men, professionally infected.
2) Family epidemic, husband infects wife and four children; towels, basins, etc.
3) Case, mother infected in the eye, from towels of son.
(See also PRICE, J. H.).

Siredey. Paris. Hôp. Lariboisière.
(See AUDOYNAUD and MOREL-LAVALLÉE).

Sirski, K. L. Moscow. Clinic of POLOTEBNOFF.
British Journ. of Derm., Oct., 1889, p. 424.
Case, chancre of finger, in a man.

Sistach.
Gaz. méd. de Paris, 1863, p. 1.
Case, chancre left arm, female 18 years from vaccination. (Service of TROUSSEAU).

Skae, D.
"Condyloma, a primary form of venereal disease identical with Sibbens."
North. Journ. Med., Edinb., 1844, I., pp. 89-104.*

Skinner, T. Liverpool, England.
British Med. Journ., 1864, I., p. 595; 1865, I., p. 111.
Case, chancre of breast, from a syphilitic nursling.

Smith, J. L. New York.
New York Medical Journal, 1857, p. 341.
Case, nursling infects nurse.

Smith, T. London.
Trans. Clin. Soc., London, 1871, p. 53.
Case of vaccino-syphilis.

Smith, W. P. San Francisco.
Western Lancet, San Francisco, 1872, I., pp. 33-38.
Case, chancre of eyelid.

Snell, S. Sheffield.
Lancet, London, 1882, I., p. 522.
1) Epidemic from lactation.
British Med. Journ., 1882, II., p. 1252 (also Trans. Ophthal. Soc. of Great Britain and Ireland, 1883, p. 4).
2) Case, chancre inner canthus of eye in young woman, from manifold exposure to a five-months-old infant.

Snitzer, S. Bamberg. Archiatrus (Physician-in-Chief).
Describes the epidemic from cupping at Bamberg, 1603, in a letter to LIBAVIUS, published both by HORNUNG and HORST (q. v.).

Snowball, W. Melbourne, Australia.
Austral. Med. Journ., July 15, 1886, p. 305.
Case, chancre ala of nose in a dry-nurse, from a tooth wound by a nursling.
(See RYAN, C. S.[1] and BIRD).

Soffiantini, G. Pavia. Clinic of SCARENZIO.
Giorn. ital. d. mal. ven., etc., 1885, pp. 12, 142.
Thirteen cases, nurses infected by nurslings.

Sokoloff.
Archiv f. gerichtliche Medizin. St. Petersburg, 1867, No. 2.
An article on the Berreshof Disease, a "Syphiloid" of Siberia.

Solari, B. T.
Circulo Medico Argentino (St. Louis Med. and Surg. Journ., 1890, LIX., No. 4, p. 225).
Case, chancre of right Eustachian tube in a prostitute, aged 32 years, acquired probably through unnatural practices.

Soler-y-Buscalá, Juan. Spain.
Revista de las Ciencias Médicas. (Provincial Med. Journ., 1890, IX., p. 43). Also "Varios casos de sifilis," Barcelone, 1890).
1) Case, chancre of lip in a man, mode of infection not given.
2) Case, chancre of lip, laborer, from wife, who had contracted the disease in wet-nursing.

3) Case, chancre of cheek, infection from a bite (Practice of Dr. Homs, of Mogas).
4) Case, chancre of tongue in an infant, suckled by another woman after mother's milk failed.
5) Case, chancre of nipple, in mother of above infant; he slept with her and used to suck her empty breasts at night.
6) Case, chancre of arm in the grand-mother of this infant; from carrying it.

Solis-Cohen, J. Philadelphia.
"Diseases of the Throat and Nose," Philadelphia, 1879 (2d Edit.).
Case of Eustachian-sound inoculation (p. 119).

Solomon, J. Vose. Birmingham. Queen's College, Prof. of Ophthalmology.
British Med. Journ., 1863, p. 236.
1) Case, chancre of eyelid, in 8-months-old child, from saliva "sputtered" into its face, by its aunt who had buccal lesions.
2) Case, chancre of nipple in mother of above child, developed after buccal lesions were present in child's mouth.
British Med. Journ., 1869, II., p. 645.
3) Two cases of probable vaccination syphilis.

Solovioff.
London Medical Recorder, July 1890, p. 266.
Case, chancre of little finger.

Sommerbrodt, J.
Wiener med. Presse, 1870, p. 413 (Archiv f. Derm. u. Syph., 1882, p. 500).
Case, chancre of lip, in a girl.

Sömmering.
"De morbis vasorum absorbentium." (Clossius).
Case, or cases of infection of anatomists from syphilitic cadavers.

Sonsino, Prosper.
Imparziale di Firenze, 1870, Apr., and May. (Annales de Derm. et de Syph., Vol. II., 1870, p. 449).
Discussion on circumcision syphilis.

Sotchara.
Trans. of the 1st St. Petersburg Gov. sanit. meeting; Feb. 6, 1875, pp. 3-9.
Case, chancre of nipple, nurse from nursling; she in turn, infected her own infant and husband. (See Polotebnoff).

Souchier.
(Cited by Legrand "De l'or et du mercure," 2d Edit. Paris, 1842, p. 174).
Case, multiple chancres of breast, nurse from nursling.

Spaack. Brussels. Prof. Thiry's Clinic.
Presse méd. Belges, 1862, No. 48.*
Article on cephalic chancre.

Sparks, E. J. London. Charing Cross Hospital.
Lancet, London, 1874, II., p. 869.
Case of acquired syphilis in a child 12 years old, of healthy parentage.

Speransky, N. S. Moscow.
Russkaja Medicina, 1888, No. 39, p. 624 (Archiv f. Derm. u. Syph., 1889, p. 251).
1) Case, chancre of nose, from a bite during a quarrel.
Meditzina, 1889, No. 52, p. 1.
2) Case, chancre, lower lip, in girl of 15.
3) Case, chancre, both fauces, in girl of 14.
4) Case, chancre of fauces, in girl of 15.
(All seamstresses in same house, from common use of utensils).
Vratsch., 1891, No. 7, p. 207 (Annales de Derm. et de Syph., 1891, p. 419).
5) Statistics: 80 to 90 per cent. syphilis in country districts, extra-genital;

in Miasnitskaja hospital, Moscow, in 1888, males, 4.78, females, 8.86 per cent.; in 1889, males, 6.87, females, 12.15 per cent.; in 1890, males, 6.88, females, 18.15 per cent.; total, 313 cases of extra-genital infection, among 3258 cases.
Meditzinskoe Obozrenaie, 1892, No. 1, p. 90.
6) Five cases, chancre of nipple, nurses from nurslings, in Oct. and Nov., 1891.
(All nurses from nurse bureaus, of which there are over 50 in Moscow; syphilis is thus daily increasing and infection of nurses or nurslings is an "every day occurrence").

Sperck.
(Cited by PETERSEN, Monatsh. f. prakt. Derm., 1888, p. 309).
In Kalinkin hospital in St. Petersburg, 24.3 per cent. extra-genital infection in syphilitic women.

Sperino, C. Turin.
"La sifilizzazione studiata qual mezzo Curat. . . . ." Torino, 1853.
1) Case, nurse infected by nursling (p. 25).
2) Three chancres produced by puncture with unclean lancet, used seven months previously for syphilization inoculations (p. 97).

Spillman, P. Nancy.
Rev. méd. de l'Est., 1878, p. 292 (Annales de Derm. et de Syph., 1879, p. 79).
1) Case, chancre, right tonsil, woman aged 59, from foster-child, through nursing-bottle.
2) Case, chancre lip, upholsterer's apprentice, from fellow-workman; saliva on tacks held in mouth.

Spoof, B. Abo, Finnland. Hospital of Abo.
Upsala läk., For., 1873, VIII., p. 352.
Epidemic from cupping; 17 received at hospital, claiming this source for their disease. (See Epidemics).

Sprakel, H.
"De morbo qui dicitur Radesyge," Hales Saxonum, 1864.

Ssabinin. (See SABININ).
(Cited by HERZENSTEIN, "Syph. in Russl." Bd., I., p. 492, and BELOUSSOW, Arbeit des II., Congr. russ. Aerzte, 1887; Archiv f. Derm. u. Syph., 1889, p. 252).
Statistics: in Gov. Woronesch, of 865 syphilitics; 201 by coitus; 219 hereditary; and 445 from family life.

Stahl, G. E. and **Holl, J. S.** Halle.
"Dissertatio de requisitis bonæ nutricis." Halae, 1698.
Case, girl seven years old, syphilitic, probably from lactation.

Stanch, F. A. St. Petersburg.
Vratsch., No. 14, 1892 (St. Louis Med. and Surg. Journ., June, 1892).
Case, chancre of lower lip, in man of 37 years, cause not stated.

Stanley, E. London. St. Bartholomew's Hospital, Surgeon.
British Med. Journ., June 20, 1857. (See also MASON).
Case, chancre of lip, in a nurse attendant on syphilitics; probably through digital auto-infection or through a towel.

Stark, J. Edinburgh.
Edinburgh Med. and Surg. Journ., 1851, p. 366.
Case, probable chancre of tonsil, elderly dry-nurse from nursling.

Startin, J. (Senior). London. Hospital for Skin diseases, Blackfriars.
Discussion, Royal Med.-Chir. Soc., 1871.
1) Statement: had seen 30 cases of vaccinal syphilis in as many years.
British Ass'n Med. Journ., 1870, 1871 (NAYLER, "Dis. of the Skin," London, 1874, p. 355).
2) Two cases of vaccinal syphilis (seen with Mr. NAYLER, q. v.).

Steele, F. London. Resident Medical Officer, Bloomsbury Dispensary.
Medical Press, 1891, LI., p. 270.
Case, chancre, upper lip, woman 31 years, in site of crack in lip, attributed to having held tacks in the mouth.

Steffens. Christiania.
Norsk. Mag. f. Laegevidensk., 1841, p. 1.
Epidemic of family syphilis.

Steffens, M. M. H. Christiania.
One of three appointed to investigate Radesyge in Norway; results reported April 30, 1774, as regards the disease in Christiansand. (Cited by BOECK, "Traité d. l. Radesyge," etc., 1860, p. 6).

Stein. Gdov, Russia.
Trans. of the 1st St. Petersburg Gov. sanit. meeting, Feb. 6, 1875, pp. 3-9.
Eight cases, chancre of, or about nipple, nurses from nurslings; these infected upwards of 60 relatives and neighbors (see POLOTEBNOFF).

Steinbach.
Internat. klin. Rundschau, 1887, p. 366. (Archiv f. Derm. u. Syph., Vol. XXI., 1889, p. 284).
Case, chancre of temple in physician, following application of leeches; source of infection unknown.

Steinberger.
Busch's neue Zeitsch. f. Geburtsh., 1834, II., p. 108. (Cited by DIETERICH, "Die Krank. Fam.," etc.).
Five cases, nurslings infected by nurses. (Author supposes this to occur through the milk).

Stellwag von Carion, Carl. Vienna.
Die Ophthalm. vom naturwissensch. Standpunkt, 1858, Bd., II., p. 954.
Case, chancre of eyelids, from contamination with fingers.

Stepanoff, A. D. St. Petersburg.
Vratsch., 1890, No. 40, p. 625; No. 44, p. 1012. (Monatsh. f. prakt. Derm., Vol. XI., 1890, p. 549).
1) Case, chancre both breasts, in wet-nurse aged 32, in foundling hospital.
Vratsch., 1891, No. 1, p. 21.
2) Case, chancre left nipple, nurse from nursling.

Stevens, J. G. B. London.
British Med. Journ., 1890, II., p. 1477; Lancet, London, 1890, II., p. 1334.
Case, chancre ulnar side of last phalanx, middle finger, married man aged 50; mode of infection not discovered; disease communicated by him to a second person.

Stirling, R. A. Melbourne, Australia,
Austral. Med. Journ., Apr. 15, 1885, p. 158.
1) Two cases, chancre of lip, in young ladies from kissing.
2) Case, chancre of lip, in a man.
Trans. Intercolonial Med. Congr. of Australia, Second session, Melbourne, Victoria, Jan. 1889, p. 991.
3) Case, chancre lower lip, in child 6 months old, possibly from recurrence of old syphilis in mouth of the father.
Austral. Med. Journ., 1890, XII., No. 3, p. 127.
4) Case, syphilis acquired through tattooing; operator at the time was free from ulcerative lesions in the mouth, though with annular syphilide on the body.

Stoll, M. Vienna. Univ. Prof. of Medicine.
"Ratis medendi," etc. Vienna, 1777-90, III., p. 392.
1) Two children aged 9 and 10 years, from father (possibly late hereditary syphilis).
"Prælectiones in diversos morb. chron.," 1787, pp. 101-2.

2) Nursling from another nursling, through the nurse.
3) Family epidemic: nursling infected by nurse; mother and rest of family from nursling through kissing.

Stourme, A. Lyons.
"Essai sur la progn. du chan. céphal. indur.," Thèse de Lyon, 1889.
One hundred and three cases, cephalic chancre from service of AUBERT, 17; AUDRY, 2; AUGAGNEUR, 1; CÉNAS, 4; CORDIER, 12; DIDAY, 6; FARRE, 1; GAILLETON, 44; GUILLAUD, 7; PONCET, 4; ROLLET, 5; q. v.

Stratton.
Edinb. Med. and Surg. Journ., Vol. LXXI., p. 276 (cited by LANCEREAUX, "Treatise on Syphilis," 1868, Vol. I., p. 40).
St. Paul's Bay Disease.

Strauss, Arthur.
Dr. UNNA's Clinic in Hamburg. Monatsh. f. prakt. Derm., Vol. XV., No. 10, p. 509.
Case, chancre lower lip, cause not stated.

Streatfield, J. F. London. Surgeon to Ophth. Hospital, Moorfields.
Brit. Med. Journ., 1882, II., p. 634.
1) Case, chancre, inner canthus left eye.
(Reported by DE BECK, q. v.).
2) Several cases, chancre of eyelid, but no particulars given.

Stricker, W.
Virchow's Archiv, Berlin, 1861, XXII., p. 285.
Review of vaccinal syphilis, giving large number of references, but no original cases.

Struve, L. A.
"Ueber die aussatzartige Krankeit Holsteins, allgemein daselbst die Marschkrankheit genannt. Ein Beytrag zur Kenntniss der Pseudo-syphilitischen Uebel," Altona, 1820.
An original and full account of Morbus Dithmarensis.

Stukowenkow, M. J. Kiew, Russia.
Protoc. d. Sitz. Kiew'schen Aerzte, 1885, p. 54; 1886, p. 45. (Archiv f. Derm. u. Syph., 1889, p. 252).
1) Case, chancre of tonsil, probably through kissing child.
2) Case, chancre, right cheek, married woman, aged 24.

Sturge, A. London.
Med. Times and Gaz., 1877, II., p. 116.
1) Three cases, nurses infected by nurslings.
2) Family epidemic: infant infected by nurse, communicated chancres of lips or tongue to mother, father, grand-mother, and others, by means of its fingers put into their mouths.

Sturgis, F. R. New York. University, Prof. of Venereal Diseases.
New York Med. Record, 1868, p. 530.
1) Case, chancre right cheek, man aged 38, from a bite (case of BUMSTEAD'S).
Amer. Journ. Med. Sci., Vol. LXV., 1873, p. 102.
2) Case, chancre, right lower eyelid, infant aged 22 months.
3) Case, chancre of left cheek, sister of preceding, aged 6 (cases of LORING).
American Specialist, 1881, II., p. 65.
4) Case, chancre of lip, in young woman.
5) Case, chancre of tonsil, source unknown.

Suchanck. Prague. General Hospital, service of WALLER.
Prag. Viertelj., 1849, XXIII., pp. 48, 49.
1) Among 472 cases of chancre in women; right nates, 1; right groin, 2; finger, 1.
2) Among 234 cases of chancre in men; upper lip (auto-inoculation) 1.

Prag. Viertelj., 1853, XL., p. 93.
3) Case, nurse infected by nursling.
Prag. Viertelj., 1854, XLI., p. 55.
4) Case, nursing mother, infected by foundling.
5) Case, chancre right index finger, in a midwife, in 1845.

Suche, S.
L'Union méd., Paris, 1853, VII., p. 37.
Case, chancre of left shoulder, in man 19 years old.

Sutton. R. S. Pittsburg, U. S. A.
Journ. Amer. Med. Ass'n, 1886, p. 642.
Two cases, infection by kissing.

Swediaur, F.
"Traité complet . . . des mal. syphilitiques," Paris, 1801.
1) Two children, sisters, infected from sleeping with syphilitic servant (p. 89).
2) Statement: has seen many examples of midwives and surgeons infected; one midwife infected over one hundred women (p. 96).
3) Statement: many examples, infection by lancets and surgical instruments.
4) An account of the Disease of St. Paul's Bay (p. 371).

Sydow.
Geffleberg's Hala. Läkar. For., 1879, No. 6.
Two cases, chancre of nipple, nursing-women, from a male breast drawer.

Symonds, C. J. London.
Brit. Med. Journal, 1890, II., p. 1477.
In discussing a case of chancre of finger, stated that he had seen many similar cases, five in medical men.

Szadek, K. Kiew, Russia.
"Primitive syphilitic sclerose of throat" (Russian), Kiew, 1884 (Medicinsk. Westnik., 1884. Nos. 28-30, 36-40).
1) Case, chancre left tonsil, soldier aged 21 (p. 16 of reprint).
2) Case, chancre right tonsil, soldier aged 23 (p. 19).
3) Case, chancre tonsil, child aged 3, from kissing nurse (p. 22).
(Reference to 65 cases from literature).
Provincial Medical Journal, Sept., 1887, p. 422.
4) Review of Russian cases of extra-genital chancre.
St. Louis Med. and Surg. Journ., 1891, LX., I., p. 9.
5) Case, chancre right tonsil, in a married man 32 years old.
6) Case, chancre right tonsil, in an unmarried man 40 years old.
7) Case, chancre right tonsil, in a laboring man 40 years old.
8) Case, chancre right tonsil, man 25 years old.
(No cause given for the above four cases).

Szokalski. Warsaw.
Pamietnik Zowarzys. Lekar., 1880, p. 917.
Case, chancre, conjunctiva of eyelid, from removal of eyelash by the tongue.

Tait, L. Birmingham England.
"Syphilitic Hemiplegia," etc., Med. Times and Gaz., Feb. 27, 1869.
Case, chancre of finger, in medical man, professional exposure.

Tanturri, V. Naples.
Il Morgagni, 1869, XI., p. 100. (Giorn. ital. d. mal. ven. . . . . etc., 1869, I., p. 243).
1) Epidemics at Capistrello, and Castellafiume, previously reported by Demarchi, q. v. (See Epidemics).
2) Epidemic at Roccavivi; disease had existed 20 years under the name of *schiavino* (or *vajnolo ovino*).
(Cited by Profeta "Tratt. prat. delle mal. ven.," Palermo, 1888, p. 419).

3) Case, chancre of nipple, mother infects own infant.
(See also CAMPANA and DE AMICIS).

Tardieu, A. Paris. Prof. Legal Medicine, Faculty of Medicine.
"Étude sur les mal. provoq. ou communiq.," etc. Paris, 1864.
(Cases reproduced in the following work):
"Étude médico-lég. sur les mal. prod. accident. ou involontaire.," Paris, 1879.
1) Case, chancre left breast, nurse from nursling (p. 160).
2) Two nurses infected by same nursling (p. 166). (Seen with ADELON, and DEVERGIE).
3) Inoculation of patient with unclean vaginal speculum (p. 272).
4) Inoculation of young man in operation for phymosis by serre-fines (Service of FOURNIER). (p. 272.)
5) Eight cases of RICORD's from Eustachian-sounds (p. 272).
6) Case, nurse infected by nursling; 5,000 francs damages (p. 175).
7) Case, chancre left breast, nurse from nursling; culpable reticence of Dr. B. (p. 191).
8) Case, nurse infected by nursling; defendants sustained (p. 195).
9) Case, nurse infected by nursling, infects husband; 400 francs damages (p. 198).
10) Case, nurse infected by nursling, infects husband; 3,000 francs from child's father (p. 199).
11) Case, nurse infected by nursling (p. 203). (Reported by Dr. DE CASTELNAU).
12) Case, nurse infected by nursling (p. 214).
13) Boy, aged 10 years, inoculated experimentally, right arm, from secretion of mucous patches; visiting physician fined 50 francs, and interne 100 francs (p. 274).

Tarnowsky, B. St. Petersburg. Univ. Clinic for Syphilis.
Wojenko-Medicinski Journ., Feb., 1881, pp. 95-96.
1) Two cases, chancre of chin, soldiers from razor cuts.
2) Five cases, chancre of lip, in pupils of military school.
Traité histor. et pratiq. de la syphilis, by LANCEREAUX; translated by TARNOWSKY (p. 620).
3) Case, chancre, upper third, inner side of right forearm, from a chancre on the left hip, which in turn was caused by a bite.
Proc. of the Russian Dermat. Soc., 1886-87, p. 135.
4) Two cases, chancre of eyelid, in women, from contact with amniotic fluid during labor.
(All cited in Archiv f. Derm. u. Syph., 1889, p. 252; see also cases reported by TSCHISTIAKOW, and ZEWECKE).
5) Personal communication, 1892: chancre of lip, 45; mouth (cavity), 24; finger, 15; tongue, 3; pharynx, 3; eyelid, 2; chin, 2; abdomen, 2; anus, 2; nose, 1; neck, 1.

Tassani. Cremona, Italy.
Gaz. med. di Milano, 1843, II., No. 4 (Cited by BOUVIER, "Syph. Vacc.," Acad. de méd. de Paris, 1865, p. 162).
Epidemic of vaccino-syphilis at Grumello: 56 vaccinated, 35 infected, and from these, 29 mothers and nurses, total, 64; 8 children and 2 women died. CERIOLI, q. v., described same epidemic, later stage. (See Epidemics).

Tay, W. London. London Hospital, Surgeon.
See HUTCHINSON's second series of cases of vaccino-syphilis

Taylor, R. W. New York.
New York Med. Journ., Vol. XVIII., 1873, p. 563.
1) Four cases, infection after circumcision, operator healthy, source unknown.

"Syphilitic lesions of the osseous system in infants and young children," New York, 1875, p. 27.

2) Case, chancre lower lip, girl, from her sister's child, congenitally syphilitic.

Archives of Dermatology, New York, Vol. II., 1876. (Also Amer. Journ. of Obstetrics, N. Y., 1875, VIII., p. 436).

3) Case, chancre right nipple, nurse 38 years, from nursling (p. 32).

4) Case, chancre left nipple, nurse 19 years, from nursling (p. 34).

5) Case, chancre left nipple, nurse McNally, 19 years, from nursling (p. 33).

6) Case, infection after vaccination from unclean scarifier (p. 205).

7) Case, chancre of mouth, child from kissing, infecting its nurse-mother with a chancre of nipple (p. 230).

Archives of Dermatology, New York, Vol. V., 1879, p. 374.

8) Case, chancre of mouth, sailor, from drinking-cup.

9) Case, infection, young man, from a towel.

"The Pathology and Treatment of Venereal diseases." BUMSTEAD and TAYLOR, Phila., 1883.

10) Case, chancre of nipple, from suction by husband (p. 464).

11) Mention of infection of dentists, known personally (p. 464).

12) Case, chancre, lower lip, female cigar-maker, from drinking-cup (p. 467).

13) Case, chancre of chin, from shaving (467).

14) Case, chancre left nipple, male, from bite (p. 468).

15) Mention of two cases, chancre of tonsils (516).

New York Med. Journ., May 24th, 1884.

16) Three cases, chancre of tonsil.

"Atlas of Venereal and Skin Diseases," Phila. 1888, p. 108.

17) Two cases, chancre of chin, female and male.

18) Two cases, chancre of male breast, infected by woman.

Journ. Cutan. and Ven. Dis., 1889, p. 66.

19) Case, chancre of tonsil, in a man.

Journ. Cutan. and Genito-Urin. Dis., New York, 1890, p. 201.

20) Fifteen cases of non-sexual chancres: probable modes of contagion; chewing gum, necropsy, caustic holder, handkerchief, bathing suit, syringe, pair of drawers, adhesive plaster, water closet seat, conductor's whistle, tongue scraper, towel, pillow, and razor.

Medical News, Philadelphia, 1891, p. 214.

21) Case, chancre upper lip, man 23 years old, from a bite.

New York Med. Record, 1891, XXXIX., p. 69.

22) Case, chancre right index finger, in man 22 years old, source not stated.

23) Case, chancre left index finger, in medical student, source not stated.

24) Case, chancre right index finger, in woman, from dressing chancre of penis in her lover.

25) Family epidemic, starting from chancre on finger of midwife; mother, father and four children infected.

Trans. New York Dermatolog. Soc., 218th meeting (Journ. Cutan. and Genito-Urin. Dis., Vol. XI., Jan. 1893, p. 28).

26) Case, chancre forehead near hairy border, in young man, inoculated by scratching mosquito bites with infected finger.

Tchagin, A. A. St. Petersburg.

Protoc. Russ. Syph. Derm. Soc., 1888, Vol. II., p. 133 (Brit. Journ. of Derm., 1889, p. 347).

1) Case, chancre left eye (canthus), woman, from washing brother's linen; he had chancre of lower lip.

Vratsch., No. 18, 1890, p. 496.

2) Case, chancre upper lip, just beneath left nostril, man aged 20 years.

Russ. Syph. Derm. Soc., Dec. 22, 1890 (Vratsch., No. 1, 1891, p. 21).

3) Case, chancre left cheek, man aged 24, from bite.
Leicester Provincial Med. Journ., Mar. 1891, p. 174.
4) Five cases of extra-genital chancres.

Tchistiakow, M. A. St. Petersburg. (Clinic of TARNOWSKY).
Protoc. Sect. f. Syph. I. Congr. russ. Aerzte in St. Petersburg, 1885, p. 41 (Archiv f. Derm. u. Syph., 1889, p. 254).
1) Statistics: percentage of extra-genital chancre; lower lip, 30; upper lip, 15; tongue, 3; throat, 3; buccal cavity, 24; lower eyelid, 2; chin, 2; neck, 3; nose, 1; finger, 14; finger and lower lip, 1; abdomen, 2; anus, 2.
2) Case, chancre of throat, nurse from nursling.
Protoc. russ. Gesellsch. f. Derm. u. Syph., 1887, p. 9 (Archiv f. Derm. u. Syph., 1889, p. 254).
3) Case, chancre right tonsil, man aged 28.
Vratsch., 1889, No. 5, p. 133 (Virch.-Hirsch, Jaresber., 1889, p. 634).
4) Case, chancre of forehead, child 8 months, from nurse.
Bolnitchnaya Gazetta Botkina, 1890, Nos. 7, 8. (Leicester Prov. Med. Journ., 1890, p. 306).
5) Case, chancre inside of cheek, woman from cigarette.
6) Case, chancre inside of cheek, lady from spoon used by syphilitic cook.
Vratsch., 1890, No. 18, p. 426 (Monatsh. f. prakt. Derm., 1890, Vol. XI., p. 69).
7) Four cases, nurses infected by nursling, the latter infected by previous wet-nurse.
Vratsch., 1890, No. 40 (Monatsh. f. prakt. Derm., 1890, Vol. XI., p. 549).
8) Case, chancre both tonsils, child two years old.
9) Case, chancre left tonsil, girl of 15 years (case of LEWY).
10) Case, chancre lower lip, man 38 years old.
11) Case, chancre upper lip, girl 23 years old.
12) Case, chancre nipple, nurse from nursling, from foundling asylum.
Vratsch., 1891, pp. 21, 159 (Annales de Derm. et de Syph., 1891, p. 238).
13) Case, chancre lower lip, prostitute of 17 years.
Vratsch., 1891, No. 11, p. 300.
14) Case, chancre left side of head, in site of contusion; student, aged 21, infection by barber (?).
Vratsch., 1891, No. 18 (Monatsh. f. prakt. Derm., Vol. XIII., 1891, p. 48).
15) Case, chancre dorsum of tongue, in woman aged 21 years.
16) Case, chancre at junction of hard and soft palate, man aged 34; being subject to throat affections, he had used atomizers of syphilitic patients.
Vratsch., 1892, No. 18, p. 462.
17) Case, chancre lower lip, in married man of 38, source unknown.
18) Case, chancre abdomen left of median line, four fingers' breadth above pubes, in married man of 34 years, source unknown.
Vratsch., 1892, No. 14. (St. Louis Med. and Surg. Journ., June, 1892).
19) Case, chancre upper lip in student of 20 years, origin not stated.

Tchudnowsky.
Proceed. Caucas. Med. Soc., 1886, p. 161 (Archiv f. Derm. u. Syph., 1889, p. 254).
Case, chancre of chin in site of razor cut.

Tédenat. Lyons. Faculty Prof. of Clinical Surgery.
(Cited by ROUSSEL, "De la syph. tert. d. l. sec. enf." . . . 1881, p. 90).
Case, chancre of upper lip, in 2-year-old boy, from father, by mouthpiece of cornet.

Temple, W. F. Boston.
Boston Med. and Surg. Journal, July 2, 1891.
Case, chancre upper lip, in a young girl from kissing.

Tenneson. Paris. Hôp. St. Louis.
Annales de Derm. et de Syph., Vol. X., 1889, p. 791.
Case, two chancres on cheek of young girl, from kissing.

Tepliaschin, A. P. Wjatka Gouv., Russia. District-Physician.
Vratsch., 1887, No. 17 (Monatsh. f. prakt. Derm., 1887, p. 770).
Epidemic of syphilis, from applying tongue to the eye; 34 persons directly infected, and 34 others from them; total, 68. (See Epidemics).
(La France méd., Feb. 7, 1888, mentions epidemic of same character at Glastikow, Roumania, ascribed to TEPLIACHNIS; evidently the same episode).

Theobald, S. Baltimore, U. S. A.
Amer. Journ. Med. Sci., 1873, Vol. LXVI., p. 423.
1) Case, chancre of lip, infant from servant.
2) Case, mother of above infant, infected by nursing.

Thiry, A. Brussels. Prof. and Surgeon to Hôp. St. Pierre.
Presse méd. Belges, Bruxelles, 1862, No. 48.
1) Cases of cephalic chancre, reported by SPAACK.
Presse méd. Belges, Aug. 4, 1878 (Archiv f. Derm. u. Syph., 1879, p. 472. Virch.-Hirsch. Jaresber., 1878, Bd. II., p. 535).
2) Two cases, chancre of eyelids.
Presse méd. Belges, 1881, XXXIII., p. 193.
3) Case, nurse infected by nursling.
Presse méd. Belges, 1885, p. 409; 1886, p. 9.
4) Case, chancre of the tongue.
5) Case, chancre of left tonsil.
6) "Contam. chanc. d'un enfant pendant l'accouch.," etc. Presse méd. Belges, 1884, XXXVI., pp. 241-246.*

Thomas. Pittsburgh.
Soc. Proceed. Allegheny County med. Soc., Dec. 15, 1891 (Journ. Amer. Med. Ass'n, Vol. XVIII., 1892, pp. 165-166).
1) Case, chancre of lip, in a man, from kissing, infecting
2) Case, chancre of forehead, his 2-year-old son, by kissing.

Thomaschewsky, S. P. Kiew, Russia. Military Hospital.
Russkaja med. voskresensk., 1885, pp. 346, 367, and Wiener med. Presse, 1886, 27, p. 969; 30, 36.
1) Case, chancre left tonsil, virgin of 15½ years, attendant on infected child.
2) Case, chancre right tonsil, soldier of 26 years, source unknown.
3) Case, chancre left tonsil, in an attendant, 25 years old, in syphilitic ward of hospital.
London Med. Recorder, Oct. 1890, p. 396.
4) Case, chancre of finger.
(Unpublished cases, personal communication, 1892).
5) Statistics: chancre of pharynx, 7; lip, 6; eyelid, 4; buccal cavity, 4; forehead, 1; temple, 1; cheek, 1; finger, 5; breast, 4; arm, 1.—Total, 34.

Tiling, R.
"Ueber Syphilis und Syphiloid," Mitau, 1833.*

Tillaux. Paris. Hôp. Lariboisière.
(Cited by RIZAT, "Man. pratique des mal. vénér.," Paris, 1881, p. 71).
Case, chancre dorsal surface of tongue.

Todd, R. H. Dublin. Surgeon to Dublin Hospitals.
Dublin Hospital Reports, 1819, II., p. 182.
Case, infection of woman aged 70, from spoon of syphilitic grand-child; probable throat chancre.

Tommasi-Crudeli. Turin.
Instituz. di Anat. Patol., 1882. (Cited by MERZ q. v.).
Case, mother infected by nursing own child (exception to Colles' Law).

Torella, G. Rome. Physician to Pope Alexander VI.
"Tractatus de pudenagra cum consiliis," 1497. (Cited by AUDOYNAUD, "Syph. comm. par l'allaitement," Paris, 1869, p. 8).
Statement: had often seen an infant infect many nurses.

Touchaleaume, A.
"Étude sur le chancre syphilitique de la conjunctive." Thèse de Paris, 1889.
Case, chancre conjunctiva, right upper eyelid, youth of 19 years from a kiss. (Service of Prof. DIANOUX).

Toujan. Toulouse.
Annales de Gynéc. et d'obstét., July, 1892 (Brit. Med. Journ., Sept. 3d, 1892, p. 39; epitome of current literature).
1) Case, chancre lower lip in married man, infecting
2) Case, probable chancre of lip in the wife.

Tourner, G. R.
Lancet, London, 1887, Vol. I., p. 218.
Case, chancre of lower lip.

Townsend, W. E. Boston.
Boston Med. and Surg. Journ., Vol. LIX., 1859, p. 456.
Case, chancre of breast, acquired from a syphilitic nursling.

Trélat. Paris. Hôp. de la Charité, Surgeon.
(Cited by JULLIEN "Traité des mal. vénér.," Paris, 1886, p. 552).
Case, double chancre of chin.

Trevisanello, G. Florence. Clinic of Prof. P. PELLIZZARI.
Giorn. ital. d. mal. ven., etc., 1875, p. 307.
1) Five cases chancre of tonsil; one in a girl of 15 years, from infant nephew, child of a syphilitic soldier.
2) Three cases, chancre of lip.
3) Case, chancre of finger.
4) Case, chancre nipple, nurse from nursling, infecting another nursling.
5) Case, infection, nursling from nurse.

Triboulet. Paris. Hôp. St. Eugénie, Surgeon.
(Cited by AUDOYNAUD "Syph. comm. par l'allaitement." Thèse de Paris, 1869, p. 28).
Case, chancre of breas., nurse from nursling.

Trivet. Paris. (Service of FOURNIER).
Thèse de Paris, 1887. (British Journ. of Dermatology, 1889, p. 426).
Case, chancre of forehead.

Trotter, Spencer.
Philadelphia Med. Times, 1885-86, XVI., p. 125.
Case of inoculation by tattooing, saliva on needle.

Trousseau, A. Paris. Hôp. Necker and Hotel-Dieu, Physician.
Gaz. des Hôpit., 1854, p. 358; 1855, p. 497.
1) Case, chancre buttocks in baby, from contact with mother in bed.
L' Union méd , 1857, p. 207.
2) Two nurses infected by same nursling.
Gaz. des Hôpit., 1862, p. 25 (also "Syph. vacc.," Acad. de méd., Paris, 1865, p. 69).
3) Case, infection from vaccination, woman aged 18 years. (See SISTACH).
(ROUSSEL "De la syph. tertiaire," Paris, 1881, pp. 142-143).
4) Case, infection of girl of 7 years by a nurse.

Tuholske.
(Cited in the Archives of Gynecology, 1891, No 6, p. 347).
Case, chancre of nipple, young married woman, from her infant with chancre of lip, acquired by kiss of a young man with syphilis.

Tuilier. Limoges. Limoges Hospital. Physician-in-Chief.
Some of the cases of lactation syphilis reported by BARDINET (q. v.), were in the hospital under the charge of TUILIER.

Tur, M.
Russkaja Medycyna, 1885, No. 39 (Monatsh. f. prakt. Derm., 1887, p. 41).
Case, chancre right tonsil, followed by scorbutus-like syphilis.

Turati, A. F. Milan. Institute d. St. Corona. Division for Syphilis.
Annali universali di med., 1875 (PROFETA "Trattato pratico d. mal. ven.," etc., 1888, p. 414).
Cited as reporting cases of lactation syphilis.

Turner, G. R. London. Guy's Hospital.
British Medical Journal, 1887, I., p. 212.
Case, chancre of lip.

Tzitrin.
Voyenno-Sanitarnoië Dielo, St. Petersburg, 1887.
Observed several cases of soldiers, contracting syphilis from the common use of razors, combs, and cigarette stumps.

Ussas, M. S. St. Petersburg.
Proceed. Russ. Syph. Derm. Soc., 1888, Vol. II., p. 29 (British Journ. of Derm., Vol. I., No. 4, p. 133).
1) Case, chancre left palm, on site of burn; from attending a syphilitic child, who had been infected by a wet-nurse.
Vratsch., No. 18, 1890 (Monatsh. f. prakt. Derm., Vol. II, 1890, p. 69).
2) Case, infection of girl of 16, probably in mouth.
3) Case, infection of an engineer, in same manner.
4) Case, nurse infected by nursling.
London Med. Recorder, Aug. 1890, p. 304.
5) Case, chancre upper eyelid.
Vratsch. No. 10, 1892 (St. Louis Med. and Surg. Journ., June, 1892).
6) Case, chancre right tonsil, in married woman of 41 years; origin not stated, but husband syphilitic.

Vadja, L. Vienna. Assistant, Clinic of SIGMUND.
Archiv f. Derm. u. Syph., 1875, p. 180.
1) Case, chancre lower lip, man aged 20.
Bericht der Klinik f. Syph., von SIGMUND (Archiv f. Derm. u. Syph., 1876, p. 124).
2) Case Eustachian infection, girl aged 27.

Valcourt. Paris.
Gaz. des Hôp., Paris, 1865, p. 445.
Case, chancre of tonsil, from a lozenge. (Case of Prof. HARDY, reported by several observers).

Valentine, E.
Revista espec. de oftalmolog., derm., etc., Madrid, 1886, 9, pp. 353-363. (Bibliog. Syph., SZADEK, 1888, p. 20).
Case, chancre of eyelid.

Valenzasca.
Annali universali di medicina, No. 93, fasc., I., Venet., 1840.* (Cited by LANCEREAUX, "Treatise on Syphilis," 1868, p. 41).
A description Facaldina.

Valery, Chas.
"De la transm. des accid. second. du nourrisson à la nourrice, et de celle-ci à son nourrice." Thèse de Paris, 1856.*

Vallauri, G. Piedmont.
Rep. med. chir. del Piemonte, 1836. (Cited by DIETERICH, "Krank. Fam. Syph.," 1842, p. 147).
Case, chancre in site of a razor wound.

Van Buren, W. H. New York. (See KEYES).

Van Deurs.
Journ. de méd. et de chir., June, 1835.* (BOECK, "Traité de la Radesyge," p. 47).
Description of syphiloid of Jutland.

Van Dugteren and **Van Walsem.** Amsterdam. Clinic of Prof. D. VAN HAREN-NOMAN.
Mitth. aus der Klinik, etc., Bericht ü. d. in d. J. 1886-7, etc., Haarlem, 1889.
1) Statistics: chancre of lip, 35; breast, 3; nose, 1; tonsil, 1; of 372 syphilitic women and children, 131 or 35 per cent. were innocent.
2) Case, chancre of tonsil, child, from syphilitic father.
3) Two cases, chancre of lip, brother and sister, from mother.

Van Harlingen, A. Philadelphia, U. S. A.
Philadelphia Med. Times, 1884-5, XV., p. 80.
1) Case, chancre lower lip, in woman of 52, from a bite.
2) Chancres of upper and lower lip, in girl of 14, said to be from a bite; this girl infected her infant sister, who then infected her mother and brother.
3) Case, chancre, angle of mouth, man 30 years old.
4) Case, chancre lower lip, woman 23 years old, probably from kissing.
5) Case, chancre upper lip, in woman of 24, source unknown.
6) Case, chancre, angle of mouth, man of 43, from a bite by a prostitute.
7) Case, chancre of tongue, probably from kissing.
8) Case, chancre of face, in man of 53, contracted in shaving.
9) Case, chancre nipple, young woman, from bite by young man with sore mouth.
10) Case, chancre lower eyelid, in a man, site of a blow; tumefaction punctured by a penknife and sucked by a friend with mucous patches in the mouth.

Vanier.
(Cited, without reference, by JAFFÉ, "Die rituelle circumcision," Leipzig, 1886).
Case of circumcision syphilis.

Vanmerris, H. C.
"De la transm. de la syphilis par l'opération de la vaccine." Thèse de Strasbourg, 1863, (pp. 41.)*

Van Swieten, G. Vienna.
"Abhandlung von der Liebesseuche," Frankfurt, 1727, p. 20.
Case, infection of a nursling by a diseased wet-nurse.

Vassal, P. A. Paris. Hôp. des Vénériens.
"Mém. s. l. transm. d. virus vénér. d. l. mère à l'enfant." Thèse de Paris, 1807.
1) Case, the second child of syphilitic parents infects nurse (LEGRAND, Obs. IV.).
2) Case, similar, second child infects nurse (Obs. VIII., IX).
3) Case, prematurely born child lives long enough to infect nurse (Case of GILBERT'S; Obs. VII.).

Vaughan, B. E. New York.
Trans. N. Y. Dermatolog. Soc., 218th meeting (Journ. Cutan. and Genito-Urin. Dis., Vol. XI., 1893, p. 28).
Case, chancre front part of scalp, in married man of 35, inoculated presumably by finger-nail wound, in a fight.

Velpeau, A. Paris.
Memoir of the Academ. of Medicine on Syphilization. Discussion, 1852, p. 302, et seq.

1) In debate VELPEAU recapitulates certain of RICORD's cases (p. 321), and cases of BARDINET, soon afterwards published.
2) Case of HENRI-DE-SAINT-ARNOULD (p. 363, q. v).

Velschius, G. H. (See WELSCH).
Observ. med. episag. cent., etc., Ulmae, 1667. (Cited by PLOUQUET).
Lactation syphilis.

Velten.
(Cited by RUTHENBURG "De syph. ab aliis atque a part. genital.," Diss., Bonnae, 1830).
Domestic epidemic, spread among families; introduced by a child who had been at a religious festival (Obs. VI.).

Venot, J. Bordeaux. Hôp. St. Jean.
L'Union méd. Paris, 1852, p. 472.
Case, nursling infected by nurse.

Vercelloni, J. Rome.
"De pudend. morbis. . . ." Astae, 1716, p. 205 (Cited also by VAN SWIETEN, "Abhandl. von d. Liebesseuche," Frankfurt, 1727, p. 21).
1) Epidemic involving an entire village, which began from two nurslings. (See Epidemics).
2) Case, chancre of hand, cited by LANCEREAUX (q. v.).

Veré-Delisle. Paris.
Acad. gén. de méd., Paris, April, 1830, p. 566.
Case, chancre of anus in infant, whose mother was infected three months after delivery.

Verneuil, A. Paris. Hôp. de la Pitié.
Bull. de la soc. de chir., July 25, 1855. (Cited by TARDIEU "Étude méd.-lég.," etc. Paris, 1879, p. 216).
1) Case, chancre left breast, nurse from nursling.
2) Case, infant of above nurse, infected by nursing.
Gaz. des Hôpit., 1879, p. 106.
3) Case, acquired infantile syphilis.
L'Union méd., Paris, 1888, p. 297.
4) Case, nurse infected by nursling.
5) Case, nurse infected by nursling, infects her two children.

Veslin, L. Paris. Hôp. St. Louis. (Externe).
Statistics of extra-genital chancre, 1888: 26 cases (15 males, 11 females); chancre of lip, 10 (lower, 9; upper, 1); tonsil, 4; tongue, 2; eyelid, 1; breast, 2; abdomen, 2; thigh, 1; anus, 4.

Viani. Piedmont.
Gaz. med. Lombard., 1849. (Journ. de méd., Paris, 1849, IV., p. 874).
Family epidemic, nursling infects three nurses, and one of them infects another nursling; the first child then infects two uncles by vaccination.

Vicherat. Nemours. (See DEFAUL[3]).

Victorius. Padua. Univ. Prof. of Medicine.
"Liber de morbo gallico." Florentiæ, 1551.
Case, chancre of lip, young man from kissing.

Vidal, A. (de Cassis). Paris. Hôp. du Midi.
Traité des malad. vénériennes, Paris, 1853, p. 522.
Four children, in weaning house, infected through tin cup, by infant who had been infected by nurse.

Vidal, Emile. Paris. Hôp. St. Louis, Surgeon.
Annales de Derm. et de Syph., Paris, 1889, X.
1) Case, chancre on dorsum of tongue, man aged 27 (p. 213).
2) Case, chancre lower lip, girl 21 years, from speaking-tube (p. 337). (also in Journ. de méd., June, 1889).

3) Case, chancre right side, tip of tongue, man aged 26 (p. 455).
4) Case, chancre left tonsil, wife of the above (p. 454).

Viennois, A. Lyons. Hosp. de l'Antiquaille. (Service of ROLLET).
"Réchérches sur les chan. prim. et les accid conséc. prod. par la contag. de la syph. second." Thèse de Paris, 1860.
1) Ten cases, nurses infected by nurslings; one infected her husband by coitus, another her daughter, by breast-drawing.
2) Case, chancre lower lip, glass-blower (p. 65).
3) Case, chancre both lips, from kissing husband, infects
4) Child, 7 years, chancre tonsil, from using spoon, and
5) Another son; no particulars given (p. 66).
6) Mention of several infections from tattooing at Val-de-Grace (p. 29).
Archives générales de méd., Paris, June, 1860 et seq., (Reprinted in "Syph. vaccinale," Acad. de méd., Paris, 1865, pp. 220-358).
7) A very extensive study of vaccinal syphilis, with very many valuable quotations and references, but giving no orginal cases.
"De la syph. contractée par les verriers dans l'exercise de leur prof.," (Extrait du compt-rendu, méd.-chir. de Rouen, 1863).
8) Four cases, chancre of lip, in glass-blowers; one excised for epithelioma.
9) Three cases, chancre tonsil, in glass-blowers (one reported eight others infected); one infected his wife.
10) Case, chancre of fauces, glass-blower.
11) Three cases, infection of glass-blowers.
12) Epidemic at Rive-de-Gier, 1862, twenty victims. (See Epidemics).
13) Cases of BAZIN, HERVIER, LAGRANGE, ROLLET, q. v.

Vigla.
L'Union méd., Paris, 1864, No. 129, p. 217.
Case, chancre from Eustachian infection.

Viguier, E. Hôp. du Midi. (Interne, service of MAURIAC).
"Étude sur les chancres infect. extra-génit.," Thèse de Paris, 1888.
1) Case, chancre, free border of left upper eyelid, female, cause unknown.
2) Case, chancre inner angle of eye, from husband's kiss. (Service of ABADIE, q. v.).
3) Case, chancre nose, upper and lower lip, male.
4) Case, two chancres of cheek, from bite in play.
5) Five cases, chancre of lips.
6) Three cases, chancre of tongue.
7) Case, chancre inside right cheek, from mouth-piece of cornet.
8) Two cases, chancre tonsil and throat; one from a flute.
9) Case, chancre of chin, from razor-cut.
10) Case, chancre neck, level of thyroid, male aged 24. (Notes by J. HUGUET).
11) Case, chancre over mastoid bone, male aged 20. (Notes by J. HUGUET).
12) Chancre of anus, 3; thigh, 1; calf of leg, 1; finger, 2.

Villard. Lyons, France.
Lyon Médical, 1890, LXV., p. 196.
Case, chancre lower lip, glass-blower; fellow-workman blowing tube immediately before patient, had mucous patches in mouth; three other workmen also acquired syphilis from same man.

Villeneuve. Marseilles.
Marseille Médical, 1890, No. 6, p. 366.
Case, chancre lower lip, man 25 years old, mode of infection unknown.

Vincent.
"Exposé clinique des maladies des Kabyles," Paris, 1862. (LANCEREAUX, "Traité," etc., p. 42).

Violet, J.
"Étude pratique sur la syph. infantile," Thèse de Paris, 1874.
1) Case, child of 6 years infected by father, contact in bed (p. 28).
2) Case, chancre of breast, infected by nursling (p. 35).

Voege, F. H. Würzburg. Poliklinik, Children's Diseases.
"Ueber Syphilis der Kinder." Inaug. Dissert., Würzburg, 1869.
Case, infant of 4 months, infected by woman, with whom it slept.

Vvedensky, A. A. St. Petersburg.
Proceed. Russ. Syph. Derm. Soc., 1885, p. 12. (Provin. Med. Journ., 1887, p. 422.)
1)Case, three chancres, left forefinger, man aged 35, from a bite.
Vratsch., 1889, p. 980.
2) Case, chancre right temporal region, man, hospital infection.

Vyshogrod, I. Vladikavkaz, Russia.
Russkaja Meditzina, Dec. 17, 1889, p. 729.
Case, chancre palmar surface right little finger, at meta-carpo-phalang. joint, in hospital waiter, aged 24.

Walch, F. A. Jena.
"Praktische Darstellung d. vener. Krank," Jena, 1811 (Cited by WENDT, "Die Lustseuche in allen ihren Richt.," Breslau, 1825, p. 11).
Obstetrical epidemic, over 50 infected (See Epidemics).

Wallace, Wm. Dublin.
"Lectures on Ven. Dis," Lancet, London, 1835-6 (BEHREND's Syphilidologie, I., 1839, p. 193).
1) Case, boy 8 years old, infected by mother.
2) Case, feeble minded boy of 17, infected by mother, probably in throat.
3) Case, chancre of lip, man, from pipe of comrade.
4) Description of "Morulus" or "button scurvy" of Ireland, (pp. 475, 485).
Medico-Chirurgical Trans., Vol. XIII., 1838, p. 469.
5) Three cases of Morula; one illustrated by a plate.

Waller, A. Prague. General Hosp., Director.
Prager Vierteljahrreschrift, 1851, t. I. (Annales des mal. de la peau et de la syph., t. III., 1850-51).
1) Infection of two-year-old girl by nurse, (p. 177.)
2) Infection of three infants, 2 to 3 years of age, by their respective mothers (p. 178).
3) Three cases, infection by pederasty in boys; one infects younger brother, by contact in bed (p. 178).
4) Case, nurse from nursling (foundling), infects
5) Her own infant (p. 180).
6) Mother of above nurse, aged 66, chancre left cheek and side of neck, from contact in carrying grand-child (p. 180).
7) Woman infected by foundling at breast; communicates the disease to her own four children (p. 180).
(Reported by SUCHANEK q. v. service of WALLER, 1853).
8) Case, nurse infected by nursling.
Prager Vierteljahrreschrift, 1859, p. 153.
9) Infection of servant-maid, from her employers (Obs. 16).
10) Case, chancre of lip, in a servant-maid.

Walter, L. Würzburg. Julius Hospital. (Interne or pupil).
"Ueber einige selt. Fälle v. Syph.," etc. Inaug. Dissert., Münnchen, 1880.
1) Case, chancre, lower lip in a girl, bitten by a stranger. (Obs. I., p. 11).
2) Case, chancre lower lip, in student, from kissing. (Obs. II., p. 15).
(Two following cases seen at Münich in Hospital).
3) Case, chancre lower lip, in servant girl, kissing. (Obs. III., p. 16).
4) Case, chancre lower lip, in man, no history. (Obs. IV., p. 17).

Watson. Stourport, England.
Case, lactation syphilis, nurse infected at nipple. (See ABERNETHY).

Watson, Spencer. London. Kings College Hospital.
Lancet, London, 1865, I., pp. 119, 519.
1) Case, chancre cheek, from husband with buccal lesions.
2) Case, chancre lower lip, female aged 19. (See MASON).
Medical Times and Gaz., 1881, I., p. 428.
3) Case, chancre nostril, nurse from nursling.
British Med. Journ., 1881, I., p. 721.
4) Case, chancre lower eyelid, source of infection unknown.

Watson, W. London.
Trans. Coll. Physicians, III., 1785, p. 325. Also see "Lectures on Syph.," etc. Phila., 1875, p. 20.
Case, inoculation of syphilis by transplanting a tooth. (Given also by HUNTER, and SWEDIAUR).

Wecker, L. de. Paris.
"Traité compl. d'Ophthal.," Paris, 1880, Vol. I.; DE WECKER and LANDOLDT. (Cited by DE BECK, q. v.).
1) Case, chancre left lower eyelid (p. 69).
2) Case, chancre conjunctiva left eye, from kissing (p. 409).
3) Case, chancre conjunctiva left eye, from kissing.
4) Case, chancre conjunctiva right eye, from cleaning eyelids with spittle, by mother.

Wedekind, Geo.
"Fragmente über d. Erkentniss d. ven. Krank.," 1790. (GIRTANNER, No. 1855, and CLOSSIUS).
Cases, infection of midwives (p. 21).

Wegeler.
Med. Zeit. d. Verein d. Heilk. in Preuss., 1850. (FOURNIER, "Syph. vacc.," Paris, 1889, p. 197).
Epidemic of vaccinal syphilis; 19 infected at K., in 1849. (See Epidemics).

Weiger. Strasbourg. (See WOLFF).

Weil, A. Heidelberg. Univ. Prof. Dermatology and Syphilis.
Wiener. med. Presse, 1877, p. 1483. (Archives of Dermatology, New York, Vol. V., 1879, p. 92).
1) Case, chancre root of nose, new-born child; claimed infection per partum.
"Ueber. . . . Vererbung der Syph." VOLKMANN's Samml. klin. Vortr., No. 130, 1878, p. 892.
2) Case, chancre both breasts, nurse from nursling; infects own child and husband.

Weinberg, J. Vienna.
Sitzungsber. d. K. K. Gesell. d. Aerzte zu Wien, Nov. 8, 1878.
1) Case, chancre, cheek, from room-mate, nail inoculation.
2) Case, chancre of tongue, woman, source unknown.
Mittheil. d. Wiener med. Doct. Colleg., V., No. 1, 1879 (Wien. med. Presse, 1879, p. 21).
3) Case, infection per os, father by son, common use of utensils.

Welsch. (See VELSCHIUS).

Wendt, J. Breslau.
"Die Lustseuche in allen Richtungen," etc., 3d edit., Breslau, 1825.
1) Epidemic of obstetrical syphilis, from chancre on finger of midwife; many infected in one of provinces of Silesia, (p. 11). (See Epidemics).
2) Epidemics of circumcision syphilis in two towns in Silesia; many infected (p. 11). (See Epidemics).
3) Case, chancre cheek, in attendant on a syphilitic, whom he had carried in arms, with his cheek resting on his own (p. 214).

Werfel, F. G.
"Dissert. Inaug. med. inquirens quæstionem au morbi, qui dentium translocationem sequuntur vener, sint, nec ne?" Halae 1792, (pp. 30).*

Wherry, G. Cambridge, England. Univ. Prof. of Surgery.
Trans. Ophth. Soc. United Kingdom, 1892, p. 8 (Brit. Med. Journ., 1882, I., p. 120).
Case, chancre conjunctiva of lower eyelid.

White, Jas. C. Boston. Prof. Dermatology, Harvard University.
Boston Med. and Surg. Journ., February 4, 1892, p. 107.
1) Statement: has notes of 15 cases of physicians inoculated in discharge of professional duties, and knows of other cases.
2) Once saw midwife, who had delivered 32 women, with an open primary lesion on finger.

White, J. Wm. Philadelphia. Surgeon Univ. Hospital.
Univ. Med. Magazine, 1890, II., p. 263.
Case, two chancres of left cheek shown by Mr. FREDERICK TREVES, of London.

Whitehead. Manchester, England.
Third Report Clinical Hospitals of Manchester, 1859.
Fourteen cases alleged vaccinal syphilis, between 1856-1859.

Whitehead, H. R. England. Surgeon British Army.
British Med. Journ., 1889, II., p. 601.
Five cases, syphilitic infection from tattooing (out of a dozen operated upon) in Landour, India; tattooer had mucous patches on tongue and gums, and used saliva to cleanse the surface from blood, when water was not accessible.

Wibmer, C. Munich.
"Das Spyrokolon; eine neue Krankheit im nördlichen Griechenland." —Schmidt's Jahrbücher, 1841, XXX., p. 305.
1) Report of 20 cases of "Spirocolon."
Schmidt's Jahrb., 1841, XXX., p. 306 (Hirsch, Handb. der hist.-geograph. Path., Stuttgart, 1883, p. 66.
2) A mention of "Frenga."

Widmann, M. Isny, Suabia.
(Letter published by HORST, q. v.).
Epidemic from cupping, at Windsheim, 1624. (See Epidemics).

Wiethe, Theodore. Vienna. First Asst. to Dr. JAEGER.
Allg. Wien. med. Zeitung, 1882, No. 23, p. 249.
1) Case, chancre right lower eyelid, girl aged 18, from blow during a dance (wood-cut illustration).
2) Case, chancre eyelid. (Service of ARLT, q. v.).

Wigglesworth, Edw. Boston, U. S. A.
Archives of Dermatology, New York, 1879, p. 374 and New York Med. Journ., 1884.
1) Case, chancre tonsil, physician, from inflating lungs of new-born.
Boston Med. and Surg. Journ., Feb. 4, 1892, p. 116.
2) Refers to a midwife who infected 17 women in Boston, and then went to Nova Scotia and infected several more there.

Wilcox. U. S. Military Service, Surgeon.
(Observation published by ARTHUR, q. v.).
Epidemic of syphilis from tattooing; 26 soldiers infected. (See Epidemics).

Wildbore, F. Brighton, England.
British Med. Journ., 1861, I., p. 464.
Case, syphilis from secondary inoculation, "infection of wife and offspring."

Wildhagen, F. C. Drammen, Norway. City Physician.
"Sypilisation udfort i Drammens Sygchuus," Norsk. Mag. for Laegevid., Christiania, 1860, p. 938 (BEHREND's "Syphilidologie," N. R., 1862, p. 325).
1) Case, chancre upper lip, female aged 19.
2) Case, chancre upper lip, female aged 30, room-mate of previous case.
3) Case, dry-nurse, aged 36, infected by infant.
4) Case, chancre left breast, nurse from nursling.

Wilks. London. Guy's Hospital.
Phila. Med. News, Vol. LX., 1892, p. 264. (Reported by ROBBINS).
Case, infection of a surgeon who cut finger while operating upon a syphilitic.

Willemin.
Memoir sur le Bouton d'Alep., 1854.*

Willemoes.
"Afhandling om den i Skotland herskende Sibbens v. Syphilis insontium med. Hensyn til den norske Radesyge," Biblioth. f. Laeger., Kjøbenh., 1810, II., 25-42* (quoted by BOECK, "Traité d. l. Radesyge," 1860, p. 49).
A comparison of Sibbens with Radesyge.

Willi, J. V. Colmar.
"De morbis castrensis internis," Hafniæ, 1679 (GIRTANNER, No. 525).
Case, syphilis acquired by kissing.

Williams, A.
St. Louis Med. and Surg. Journ., 1881, XL., p. 424.
Case, chancre right middle finger, man aged 48, alleged to be from operation on fistula in a horse.

Willams, R. Liverpool.
Liverpool Medico-Chirurgical Journ., 1884, IV., p. 195.
Case, chancre conjunctiva bulbi; nurse infected by nursling, her niece.

Wills, D.
"Remarks on Sibbens." Month. Journ. Med. Sci., Edinb., 1844, IV., pp. 282-289, also, Dublin Quart. Journ. Med. Sci., 1844, XXV., pp. 346-354.*

Wilson, Wm.
Journal of Cutaneous Medicine, 1871, p. 259.
1) Case, infant infected by nurse, its aunt, and infects
2) Its mother, chancre of breast, and
3) Three cases, two sisters and brother, probable chancre of fauces, from spoon feeding.

Wiltshire. London. Royal Infirmary for Sick Children.
Report of British Admiralty Commission, 1867, p. 364.
Nurses infected by nurslings. (No exact data supplied).

Windheuser, E. Münstermaifeld.
"Ueber Initialsclerose am Kinn." Inaug. Dissert., Bonn, 1890.
Case, chancre of chin, in man of 60, from razor-cut (p. 22).

Winslow, R. Baltimore, U. S. A.
Maryland Med. Journ., 1883-4, X., p. 731.
Case, chancre of both breasts, from sucking by syphilitic husband.

Winters, J. E. New York.
New York Med. Record, Vol. XXX., 1886, p. 510.
1) Case, nursling infected by nurse.
2) Case of DONNÉ (q. v.).

Wirpscha, G. F. Ssamara, Russia.
(Cited in Archiv f. Derm. u. Syph., 1889, p. 255).

Statistics: of 5396 cases of syphilis, 249 (4.61 per cent.), were extra-genital; of these, males, 50; females, 99; children, 100.

Woillez. Paris. Hôp. Lariboisière.
(Reported by ORY, q. v. "Contrib. . . . syph. malignes précoc.," Thèse de Paris, 1875).
Case, chancre upper lip.

Wolf.
(Reported by RUTHENBERG q. v. "De syph. ab aliis atque a part. genit.," 1830).
1) Case, child infected by dry-nurse, from chewing its food.
2) Case, mother of above child, infected per os.

Wolfe. Glasgow. Anderson College, Prof. of Ophthalmology.
"Diseases and Injuries of the Eye," 1882 (2d edit).
Two cases, chancre of the eyelid.

Wolff, A. Strasbourg.
"Syph. hered. tarda." VOLKMANN's Samml. klin. Vortr., 1886, No. 273.
Case, chancre index finger, in midwife (service of WEIGER) p. 2517.

Wood, Wm. C. Gloversville, N. Y.
New York Med. Journ., 1888, XLVII., p. 184.
1) Case, chancre of finger in a barber.
2) Case, chancre knuckle, from blow on mouth of a syphilitic (personal communication).

Wright, W.
"Syphilis in Canada, as denoted by Sibbens." Med. Chron., Montreal, 1855, II., pp. 299-303.*

Yakimovitch, N. N.
Russian Derm. and Syph. Soc. Meeting, Jan. 3, 1891 (Annales de Derm. et de Syph., 1891, p. 237).
Case, chancre right tonsil, source unknown.

Yvaren. (See ROGNETTA).

Zabolotski. Moscow, Russia.
Med. Obosrenaie, 1884, No. 5, p. 466 (Cited by DE BECK, q. v.), also (Revue génér. d'Ophthalm., 1884, p. 325).
Case, chancre of right upper eyelid, from kiss, male 33 years of age.

Zakharevitch, V. M. Kharkov, Russia.
Trans. Kharkov Med. Soc., 1887, Vol. II., 1888, p. 10 (St. Louis Med. and Surg. Journ., 1889, LVI., p. 106).
Eighteen cases of syphilitic infection through promiscuous use of spoons, tumblers, etc.; in most of the cases, the primary lesion was in the oral or faucial region.

Zallonis, John A. Syra, Greece.
Bull. de l'Acad. de méd., Paris, 1867, p. 1017. (See DEPAUL).
Two cases of vaccinal syphilis.

Zarewiez. Krakau. Hosp. St. Lazarus.
Eight cases, chancre female breast. (See GLÜCK).

Zecchinelli.
Annali universali di medicina, Nos. 39,335* (Cited by ROLLET "Traite," etc., 1866, p. 464).
An original account of Facaldina.

Zeisse.
Allgem. Wiener med. Zeit'g, 1877 (WINDHEUSER "Initialscl. am Kinn," Inaug. Dissert., Bonn, 1890, p. 19).
Two cases, chancre of chin, one following a bite, the other from a kiss.

Zeissl, Hermann. Vienna. Univ. Prof. of Syphilis.
Wochenbl. der K. K. Gesells. d. Aerzte in Wien, 1861, Nos. 48, 49. (Lehrb. der Syphilis, 3d Edit., Stuttgart, 1875, p. 25).

1) Case, chancre of lip, in a soldier.
2) Case, chancre of arm, physician, inoculation from above case.
3) Case, Eustachian-sound infection, chancre of fauces, perforating velum palati, (Part II., p. 37).
4) Case, chancre chin, man aged 22.
5) Case, chancre right cheek, from kiss.
6) Case, chancre right index finger, back of last phalanx, attendant aged 65, in Foundling Asylum (plates of last three).

Allgem. Wien. med. Zeit'g, 1877, p. 309 (De Beck, q. v., p. 7).
7) Statistics: among 40,000 syphilitic patients, two cases chancre of eyelid.

Allgem. Wien. med. Zeit'g, 1878, Nos. 2-7.
8) Case, chancre ball of left thumb, man aged 28, from bite.
9) Case, chancre left breast, from bite.

(Reported by Finger q. v. Archiv f. Derm. u. Syph., 1881, p. 273).
10) Case, chancre upper lip, soldier aged 50.

Allgem. Wien. med. Zeit'g, 1882.
11) Case, chancre of lip, (p. 54).
12) Case, chancre of tongue, (p. 314).

Archiv f. Derm. u. Syph., 1884, p. 547.
13) Infection of Prof. Zeissl, May, 1870; chancre of finger from wound in opening bubo.

Zeissl, Maximilian. Vienna.

Allgem. Wien. med. Zeitung, 1882, p. 396.
1) Case, chancre of nipple in mother, from her own hereditarily syphilitic child; exception to Colles' Law (case of Lüth q. v.).

Archiv f. Derm. u. Syph., 1887, p. 298.
2) Personal account of "Skerljevo" mostly late syphilis, frequently with history of being acquired in early life.

Zëlëneff.

London Med. Recorder, Oct. 1890, p. 397.
1) Nine cases, extra-genital infection.

Vratsch., 1891, p. 212 (Journ. of Laryngology, July, 1891, p. 277).
2) Case, chancre of lip, in a soldier.
3) Case, chancre of the tonsil in a man.

Zewecke, V. A. St. Petersburg. Clinic of Prof. Tarnowsky, (q. v.).

Russkaja Medizina, 1886. (Cited as Leweke, in Monatsh. f. prakt. Derm., 1888, p. 314).
Two cases, chancre of tonsil, Eustachian-catheter infection.

Zingalis.

(Cited by Merz, Journ. des mal. cutan. et syph., Vol. II., 1890, p. 56).
Case, infection of mother by child; exception to Colles' Law.

Zucker, J.

Zeitschrift f. Ohrenheilkunde, 1884, p. 167.
Case, chancre of external ear from tongue.

Zuriaga, M. Valencia, Spain.

La Crónica Medica, 1891, XIV., p. 321.
A study of vaccinal syphilis, citing cases from Signorini, and Perrin.

Zwetitch, M.

"Sur la chancre syph. hypertroph.," Thèse de Paris, 1884.
1) Four cases, chancre of lip (Guibout, 3; Fournier, 1).
2) Three cases, chancre of chin (Fournier).
3) Two cases, chancre of cheek (Barthélemy, and Mauriac).
4) Case, chancre of finger (Mauriac).

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* This index does not refer to material in the "Synopsis" or "Bibliography," which should also be consulted for complete information.

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