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# HERPES PROGENITALIS

BY

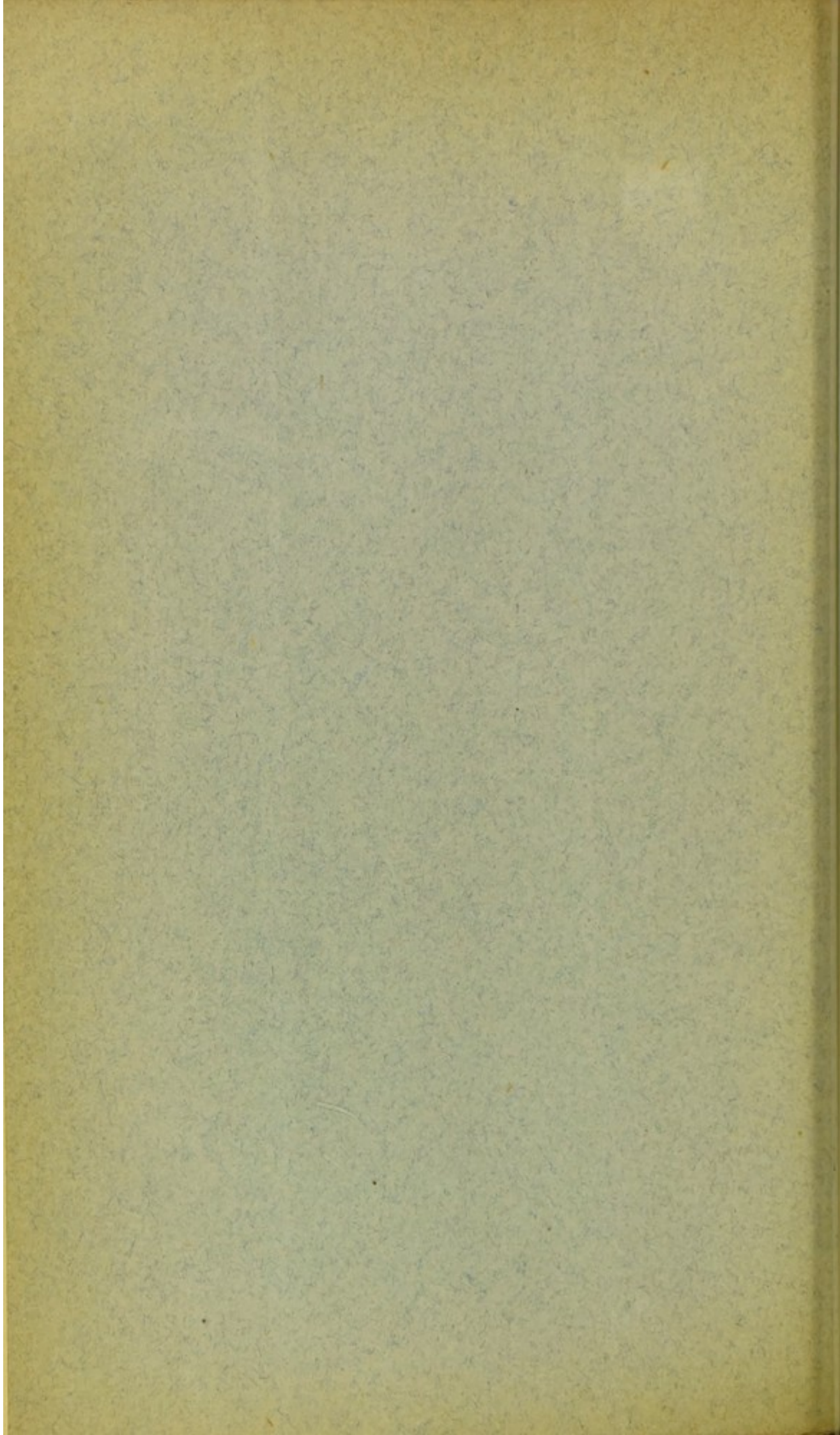
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## HERPES PROGENITALIS.\*

By F. B. GREENOUGH, A.M., M.D.,

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IF we investigate the subject of herpes progenitalis with reference to the gravity of the lesion, its duration, the amount of personal discomfort it causes, its prognosis, and its influence on the patient's future health and well-being, it seems a matter of trivial importance. On the other hand, if we take into consideration the frequency of its occurrence, its tendency to relapse, and the amount of mental anxiety it may give rise to, owing to its liability to be confounded with, or mistaken for, much more serious affections, not only by the patient, but also by the general practitioner, it assumes a much greater interest.

But it is as a mine of wealth to the unscrupulous quack, and one which he does not fail to work to the utmost, that herpes progenitalis is of importance to the physical and mental welfare of the public. In this respect I think it safe to state that it holds a second rank only to the prostatic secretion and deposits of amorphous urates, which the

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irregular practitioner uses as a means of depleting the pockets, and rendering wretched the lives, of his victims. A large proportion of individuals who honestly believe that they have been cured of syphilis by some advertising humbug, have simply had herpes progeneralis. I have personally known one instance where five hundred dollars was taken in four months from a small-salaried clerk, and he himself driven to the verge of desperation. Such patients are apt to stick to the quack as long as they can beg, borrow, or steal the wherewithal, and when that is no longer possible, seem to consider that the fact of their having been robbed entitles them to treatment from the regular physician at greatly reduced rates, if not gratuitously.

Moreover, leaving quackery out of the question, the general practitioner, with the best of intentions, is very prone to adopt a routine treatment with the cases of herpes progeneralis which come under his observation; namely, to apply the solid stick of nitrate to any little ulcer or abrasion of the penis, and wait for further developments. This is about the worst thing that could be done, as it not only aggravates the trouble, but also obscures the diagnosis.

In view of these considerations, the importance of the subject is so great that it is a matter of wonder that this affection has been so little studied and written about by the dermatologists and specialists in venereal medicine. It has struck me that the fact that it may be considered as belonging to either, or both, of these special branches of medical science, may be the cause of its not having been more fully treated of, as those interested in either specialty may have considered it as belonging to the other.

Strictly speaking, it is undoubtedly one form of cutaneous disease; but looked upon from the dermatologist's point of view, it is a very slight affection, running a short and always benign course (unless irritated by maltreatment or some influence outside of itself), and to him may seem hardly worth studying. To the syphilographer, however, owing to its intimate relation to the venereal act, its frequently having been preceded by one of the three venereal

diseases, and its resemblance at times to one of these, it is of much greater interest; but his interest in it is simply due to these facts, and beyond being able to differentiate it from the affections which properly come under his observation, he does not care to go; in fact, we find that while the authorities on cutaneous disease devote but a very small amount of time or space to herpes progenitalis, the writers on venereal disease confine themselves (when they mention the subject at all) to the differential diagnosis between it and the venereal forms of lesions of the cuticle or mucous membranes, and do not go into the nature, causes, etc., of this affection, in spite of the frequency with which it comes under their notice. Let us see how great this frequency is, relatively to other troubles.

I find that out of one hundred patients who have consulted me in private practice for venereal, or what they supposed to be venereal disease, seventeen had, while under my observation, outbreaks of herpes progenitalis. The hundred cases were taken from my case books, counting back from the present date until that number was obtained, and in that hundred were several whom I had seen only once in consultation, in which category, of course, no case of herpes progenitalis would be likely to come. This may seem a high percentage, but I doubt if it is any higher than most practitioners could report who see much venereal disease.

Out of 14,083 patients seen at the department for skin and venereal diseases at the Boston Dispensary, that is, out of the whole number of patients from the opening of the service up to June 30th of this year, I find 36 cases of herpes progenitalis. Of this total number of cases, 9,170 were cases of skin disease, so that if we regard herpes progenitalis as belonging to that class, we find that the percentage of its occurrence is a little under 0.4 per cent. On the other hand, 4,913 were cases of venereal disease, and consequently if we place the affection under consideration in that class, the percentage will be a little over 0.8 per cent. There would seem to be a great discrepancy between the frequency of the affection in private and in dispensary

practice, and there are several reasons to account for it. In the first place, the class of patients who resort to charitable institutions for medical advice, would not be apt to pay much attention to so trivial an affection as herpes progeneralis, unless they considered it a manifestation of something more serious, and, in fact, the great majority of the 36 cases looked upon the herpetic outbreak as a symptom of constitutional syphilis, or as an evidence of venereal infection. Again, owing to the manner in which the books at the dispensary are kept, only those cases of herpes progeneralis are recorded which existed at the time of the patient's first visit; in other words, there were 36 cases that came for medical advice and treatment for herpes progeneralis.

In private practice, however, any outbreak of herpes which might appear during the time that a patient was under treatment for some other trouble, would be entered on the case book. If we take these facts into consideration, the discrepancy between the two sets of statistics does not seem to be so extraordinary. That patients will not often seek public medical advice for herpes progeneralis, unless they regard it as of venereal import, is shown strikingly by the records of the out-patient practice in services confined to cutaneous medicine. Dr. J. C. White, in 5,000 cases seen at the Massachusetts General Hospital, reports only three; and L. Duncan Bulkley at the Demilt Dispensary, New York, in his three analyses, reports in the first set of 617 cases, two of herpes progeneralis; in the second of 1,000, and in the third of 774, none; making only two cases of herpes progeneralis out of 2,391 cases of skin troubles. This is, of course, strong proof of the statement I have advanced that herpes progeneralis is of greater practical interest to the venereal specialist than to the dermatologist.

I think, therefore, that we are justified in assuming that herpes progeneralis is of not infrequent occurrence, and that for the various reasons which I have endeavored to touch upon, it is worthy of more investigation and study than the trifling nature of the affection would seem to call for; and it is this fact that has emboldened me to offer this short

paper on the subject, of which I will only premise that what few deductions I shall draw will be from personal clinical observations, and that having no hobby to ride, where facts are silent I shall not attempt to supply their place with theories.

I have stated that the subject has hardly received the amount of attention from medical writers that it deserves, and before proceeding further it will be well briefly to recapitulate what is to be found regarding it in cutaneous and venereal literature.

By the earlier writers, the term "preputialis" is applied to this affection instead of that of "progenitalis." The latter, however, is the more correct, as the efflorescence is by no means confined to the prepuce; indeed, I doubt if it is situated there in the majority of cases, but on this point, I regret to say, I speak from memory alone, not having kept any statistical records of the exact seat of the eruption in my cases.

The earliest reference to this form of herpes, that I have been able to find is by Bateman, and as he is the first to describe it, I will quote what he says on the subject in full. On page 336 of the seventh edition, he says:

"This local variety of herpes was not noticed by Dr. Willan; but it is particularly worthy of attention, because it occurs in a situation where it is liable to occasion a practical mistake of serious consequence to the patient. The progress of the herpetic clusters, when seated on the prepuce, so closely resembles that of chancre, as described by some authors, that it may be doubted whether it has not been frequently confounded with the latter.

"The attention of the patient is attracted to the part by an extreme itching, with some sense of heat; and on examining the prepuce, he finds one, or sometimes two, red patches, about the size of a silver penny, upon which are clustered five or six minute transparent vesicles, which, from their extreme tenuity, appear of the same red hue as the base on which they stand. In the course of twenty-four or thirty hours, the vesicles enlarge, and become of a milky hue, having lost their transparency; and on the third day they are coherent, and assume an almost pustular appearance. If the eruption is seated within that part of the prepuce which



is, in many individuals, extended over the glans, so that the vesicles are kept constantly covered and moist (like those that occur in the throat), they commonly break about the fourth or fifth day, and form a small ulceration upon each patch. This discharges a little turbid serum, and has a white base with a slight elevation at the edges; and by an inaccurate or inexperienced observer it may be readily mistaken for chancre, more especially if any escharotic has been applied to it, which produces much irritation as well as a deep-seated hardness beneath the sore, such as is felt in true chancre. If no irritant be applied, the slight ulceration continues till the ninth or tenth day nearly unchanged, and then begins to heal, which process is completed by the twelfth, and the scabs fall off on the thirteenth or fourteenth day.

“When the patches occur, however, on the exterior portion of the prepuce, or where that part does not cover the glans, the duration of the eruption is shortened, and ulceration does not actually take place. The contents of the vesicles begin to dry about the sixth day, and soon form a small, hard, acuminate scab, under which, if it be not rubbed off, the part is entirely healed by the ninth or tenth day, after which the little indented scab is loosened and falls out.

“This circumstance suggests the propriety of avoiding not only irritative but even unctuous or moist applications in the treatment of this variety of herpes, and accordingly it will be found that, where ulceration occurs within the prepuce, it will proceed with less irritation, and its course will be brought within the period above mentioned, if a little clean, dry lint alone be interposed, twice a day, between the prepuce and glans.

“I have not been able to ascertain the causes of this eruption on the prepuce. Mr. Pearson is inclined to ascribe it to the previous use of mercury. Whencesoever it may originate, it is liable to recur in the same individual, and often at intervals of six or eight weeks.”

Some of the earlier writers refer to Willan as having described this variety of herpes, but in confirmation of the direct statement of Bateman that he had not recognized it, I have in vain looked for any reference to it in the three copies of Willan's work I have been able to obtain.

Bell notices quite fully balanitis and the excoriations of the glans and prepuce, but he does not mention herpes.

In an edition of Carmichael on venereal diseases, published in Philadelphia in 1825, edited by G. Emerson, M.D., I find a good description of the disease, which he says is very common. But the only light that he throws on what he considers the nature and causation of the affection is to be derived from the following statement: "The secretions of the internal surface of the prepuce and glans are acrimonious, and possibly may have occasioned the complaint: it is well to interpose lint between the surfaces."

Plumbe, in his work on skin diseases (1837), gives a short but full description of herpes preputialis, and refers to digestive derangement as its cause.

Pearson ascribes it to the use of mercury.

Copeland considers urethral stricture to be a frequent cause of herpes, regarding the latter as a manifestation of reflex irritation.

Tilbury Fox regards herpes progenitalis as a form of zoster. He recognizes, however, another variety, of which he says:

"Herpes preputialis is often syphilitic; in simple cases the patch scales over in a week or so; the scales fall off, leaving little ulcers the size of a pin's head or more, which quickly heal, the prepuce being irritable and red. If syphilitic, there are successive crops; the prepuce gets hard and indurated about the seat of the herpes; coition is sometimes painful. The mucous surface is more or less irritable, and the origin from bullulæ clear; the bullæ give place to little ulcerations which are close together and quickly scab over; in other cases the vesicles abort, desiccate and scale over; the little crusts fall off, leaving little pits, which presently heal."

It would seem that he had to do here with a primary syphilitic induration developing itself at the seat of a herpetic eruption. As evidence of irritation being a cause of herpes progenitalis through reflex action, he says:

"Herpes preputialis has come on after an emission, after connection regularly so as to leave no doubt as to the co-relation; and after other irritation of the urethral mucous membrane."

Wilson refers to the tendency of herpes progenitalis to relapse, and also states that it rarely occurs without some preceding irritation of the organ, either in the shape of gonorrhœa or chancre.

Berkeley Hill, on venereal affections, devotes a few lines to the subject, which he regards as a constitutional disorder. He states, however, that "an attack may be readily excited during hot weather in persons prone to it, and who are not cleanly, or if they have intercourse with a person who also neglects to keep herself clean."

So much for the English authorities. Of the French writers, Alibert speaks of the penis as being one of the situations where herpetic vesicles are developed, but makes no special remarks on this form of the eruption.

Gilbert practically quotes Bateman.

Bazin, as a matter of course, looks upon the eruption as a manifestation of a diathesis; and as showing how the judgment of an otherwise first-rate observer may be perverted by devotion to a pet theory, it may be worth while to translate what he writes on the subject. He classes together herpes labialis, preputialis and vulvaris, and devotes his description especially to the first-mentioned variety which, he states, at times appears in connection with febrile disturbances, in which case it can be regarded as a favorable crisis; or it is caused by an error in diet; or a bad state of the digestive apparatus. Under these circumstances it must be considered as "a pseudo-exanthematic idiopathic affection," but if this occurs repeatedly, and the duration of the efflorescence is prolonged, it must be considered as a symptom of a constitutional affection. He admits, however, that at times it is caused by some local irritant action. He goes on to say:

"Herpes preputialis is situated sometimes on the external and sometimes on the internal surface of the prepuce, and in the latter case its cure is generally more difficult than in the former. This herpes is caused by external influences, such as the friction of coarse clothes, or the action of sebaceous matter, which is so abundantly secreted between the prepuce and glans. On the other hand, it oftentimes follows chancres, and in such cases re-

lapses very frequently ; on this account several physicians have inferred, from the previous existence of a chancre, that this herpes was of a syphilitic nature, and that an antisiphilitic treatment was required in order to cure it. But from my point of view this interpretation is an erroneous one ; herpes preputialis is often preceded by a chancre, not because it is connected with that specific ulcer in the relation of cause and effect, but because secondary eruptions having appeared on the integument and necessitated a mercurial course of treatment, the appearance of a constitutional affection, which up to that time had been latent, has been called forth,—of an arthritis for example,—and the herpetic vesicles have taken the place of the syphilitic manifestations. I say taken the place of, as I do not admit the possibility of the transformation of one constitutional disease into another, and am entirely of the opinion of Pierre Frank, who declares that he would sooner believe that the pip of an apple could sprout into a cherry tree, than accept such a proposition."

Hardy does not recognize herpes progenitalis.

Ricord does not mention it. That so common an affection of the genital organs should have escaped the notice of this thorough observer, who not only observed, but followed his investigations with the inoculating lancet in his hand, seems almost incredible. I am convinced that many of the earlier writers confounded the superficial ulcerations of herpes with the erosions which are often seen in balanitis, but that Ricord should have done so I cannot believe, nor can I conceive of his not having, as a result of his many experimental inoculations, come to the conclusion that there was a class of small sores which were neither primary syphilitic lesions nor chancroids. The only conjecture by which I can explain it is that he regarded them as trivial cutaneous derangements, which were of no importance to the venereal student. But even in that case one would think that he would have seen their importance from a diagnostic point of view.

In the years 1877 and 1878 respectively, Dr. Charles Mauriac, one of the staff at l'Hôpital du Midi, published two quite exhaustive monographs on subjects closely allied to the one we are considering. The first was entitled

"Lectures on Neuralgic Herpes of the Genital Organs," and the second was on non-virulent ulcerations of these organs. In his introduction to the first he refers to several points of interest in connection with our subject, and I beg leave to tax your patience by translating the opening part of it. He says :

"Gentlemen, I shall devote the lecture which I am about to have the honor of giving you to-day to herpes of the genital organs. It is an affection which you will encounter frequently." (Please bear this adverb in mind.) "It is, therefore, useful that you should know it in all its details. Although it does not belong to one of the three great classes of venereal disease, nor have for its immediate cause any virulent contagious principle, many patients regard it as of suspicious origin. They imagine that it has either been given to them recently, or else that it is an indication of the relapse of some more or less imaginary old constitutional trouble, which they have not as yet entirely thrown off. In the case of persons with a tendency to hypochondria, such fears may seriously trouble their peace of mind and react disastrously upon their general health."

After referring to the points of similarity that exist between herpes progeneralis and some of the true venereal diseases, and the difficulty that at times is experienced in making a diagnosis, he goes on to say :

"The conditions relating to the diagnosis of this affection are therefore of great importance. But there is one point (côté) with reference to herpes progeneralis to which I wish most particularly to call your attention. It is that which has reference to its neuro-pathic pathogenesis, or at least to its connection with very various and extremely curious troubles of sensibility. I believe that this subject is new and has not yet been handled. Read what has been written on this affection and you will convince yourselves that the authors have either passed over in silence, or enumerated in a dry and incomplete manner, the painful phenomena which precede, accompany, or follow a herpetic eruption of the genital organs. They have either not seen or have misunderstood *one* of the most interesting varieties of genital herpes, the one which I propose to describe to you under the name of neuralgic herpes of

the genital organs. I have been the more astonished by this omission, as the cases of this nature, *few*, it is true, that have come under my observation, etc."

It will be noticed that while he states that herpes progeneralis is very frequent, one variety of it, the neuralgic, is quite rare. He reports fully and thoroughly four cases of neuralgic herpes progeneralis, and then by a very logical process of medical argument endeavors to show that these were in reality cases of zoster, and he certainly succeeds in making out his case. In his second monograph on the non-virulent ulcerations of the genital organs, which is equally well written, he treats of some few abnormal cases of ulcers, etc., of the penis he had observed, which were neither syphilitic nor chancroidal. In the preface to this work, after stating, in relation to any ulcer found on the genital organs, that the probability of its being the result of contagion (that is, either syphilitic or chancroid) was so great that it would not be one time in a thousand that such was not the case. He says:

"When I say one time in a thousand I do not take into consideration genital herpes, which holds a high rank, numerically, in the first place because it is of common occurrence, and still more so on account of its great tendency to relapse."

I have quoted Mauriac thus fully, because I shall again refer to his works in treating of the etiology of the subject.

By far the most complete monograph on herpes progeneralis that I have been able to find is a pamphlet of 136 pages (published in 1868 at Paris by Masson), by A. Doyon. It is a fine specimen of the best class of French special monographs, and treats of the subject mainly from a clinical point of view, with great thoroughness and system. So complete is it that to give a résumé of it would practically anticipate the object of this paper. Suffice it to say that he has been struck with the relapsing character of the affection to such an extent that he treats of it under the name of "relapsing herpes." Attention is also called to the fact

that a previous venereal trouble can be generally established. As a French writer, especially when we reflect that he wrote nearly twenty years ago, we are not surprised at his attributing the affection to the darts diathesis; but it is somewhat disappointing to find that the only conclusion that he deduces from his many observations and thorough investigations is, that the proper treatment for this trouble is a season or two at the baths of Uriage, of which baths he is the medical inspector. While this does not diminish the value of his clinical observations, which, I repeat, are the best I can find on the subject, it certainly does lessen the value of his work, as a whole, as a contribution to medical science.

Of the German school, Neumann simply describes the disease, and gives some points of differential diagnosis.

Kaposi [Maurice Kohn) calls attention to the relapsing tendency, and mentions that some patients claim an attack after every coitus.

Hebra makes a subdivision of the general group of herpetic eruptions, in which he places herpes progenerialis and herpes facialis. In treating of the relapsing tendency of both of these forms of herpes, he gets over his disinclination to admit any constitutional influence in the causation of cutaneous disease, by stating that all that can be said is that some individuals have a tendency to relapses.

Of our own writers, Bumstead and Taylor regard it as neurotic, and quote Mauriac.

Van Buren and Keyes devote half a page to a description of the disease, mentioning its relapsing tendency, and five lines to diagnosis,

Keyes, in his admirable monograph on syphilis, does not refer to it, nor does Sturgis in his useful manual on venereal diseases.

Damon, in his neuroses of the skin, says:

“From a careful study of these writers, together with our own observations of numerous cases, we feel assured that herpes zoster, phlyctænodes, labialis and preputialis, are only local varieties of a vesicular eruption, which is distributed upon the tracks and terminal filaments of the different cutaneous nerves.”

He admits, however, that herpes progenitalis is, in most instances, produced by local irritations, as retained sebum, etc. But, according to him, it is by the irritation of the terminal nerves, and, so to speak, through reflex action, that the eruption is produced.

Duhring makes herpes febrilis a division of herpes, of which he gives the following definition :

“Herpes febrilis (syn. hydroa febrilis, fever blister) is an acute inflammatory affection, consisting of one or several grouped vesicles, occurring for the most part about the face and genitalia.”

And, as his definition implies, subdivides this division into two, namely, herpes facialis and herpes progenitalis.

Such, then, is a summary of what has been written on this subject, and in looking back at the space I have taken in giving it, it strikes me that my statement to the effect that the authors had not given the attention to it that it deserves, may seem to be not borne out. But it must be remembered that I have referred to everything on the subject that I have been able to find, and that although quite a number of references to this affection have been found, they are really few compared with the number of writers on the general subjects to which herpes progenitalis belongs; and, moreover, that the majority of those quoted dismiss the subject with, at most, a half page or so. Few of them give more than one or two of the interesting characteristics of the affection, although most of these are referred to by some one or more of the writers. Those who enter into the subject of the etiology of the disease, are found to take one of three grounds: either that it is a constitutional affection due to a peculiar diathesis; or that it is an indication of some other disturbance, as a febrile attack, or a digestive disarrangement; or that it is a manifestation of some neuropathy,—in short, that it is a form of herpes zoster.

Let us now see what light can be thrown on the subject, and begin with a definition: herpes progenitalis is an acute vesicular affection, occurring on the genital organs. The vesicles are rarely less than two in number, or more than a



dozen ; usually from four to six. They vary in size from that of a pin's head to that of a small pea. When multiple they are apt to coalesce. They are usually bunched pretty close together, and it is rare that the distance between the two most remote ones is over an inch.

#### SITUATION.

Any part of the penis may be the seat of this eruption, but the parts most liable to be affected are the sulcus, the reflected mucous membrane of the prepuce, the glans, the margin or edge of the prepuce, and the skin on the shaft ; and from the cases I have observed I should say that with regard to the frequency of affection, the various regions mentioned stood in the order in which I have given them.

#### SEX.

Almost all writers state that the female genital organs may be the seat of herpes progenitalis, but I find no case reported. I have never seen but one ; in that there were five or six little ulcerations on the inner surface of one of the nymphæ, but I do not feel at all sure that it was not more properly a condition analogous to balanitis. There were considerable local congestion and œdema, and in three days the part was normal.

#### AGE.

This is a point to which I find no reference, but I do not hesitate to say that herpes progenitalis is essentially an affection of youth and early middle age. I have never seen a case in a patient over forty, and by far the largest number of such cases come between the ages of twenty and thirty. This fact seems to be of some value in treating of the etiology of the disease and I shall refer to it later in that connection.

#### SYMPTOMS.

The patient will usually have his attention first called to its presence by an uneasy feeling which is a compound of a slight itching and burning. On looking at the part he will notice a little redness and swelling. If the skin or mucous membrane of the prepuce is the part affected, he will prob-

ably see an oval patch of congestion rarely more than an inch in its largest diameter, which, besides being red, will show some œdema. On this patch a crop of vesicles will appear, at first containing nearly transparent serum, which almost immediately becomes purulent. This little group of vesicles may, however, be the first thing noticed. If situated on the mucous membrane, that is, in the sulcus, or on the glans, or reflected portion of the prepuce, the epithelial covering of the vesicles is broken down almost as soon as formed, and it is very rare in these situations, that the eruption is noticed before this has taken place, so that the usual appearance presented is that of superficial erosions instead of vesicles. The tendency of the eruption is toward healing (unless irritated), and in from one to two weeks the little ulcers will have skinned over. If the eruption is on the skin, the vesicles, if not disturbed, will turn into little crusts under which the process of healing goes on, and in about the same space of time, the scabs will fall off, leaving healthy skin. Such is about the course of an individual attack of herpes progenitalis in the majority of cases, but unfortunately this is not the whole story, as the tendency to relapse is a very marked one, and the patient may, as a rule, have several such attacks before he gets entirely relieved of it.

#### ETIOLOGY.

In treating of the possible causes of this affection, they may be classed under two heads, namely, local and general. I will commence with the former. Attention has been called by several of the writers on this subject to the fact that patients who suffer from herpes progenitalis are very apt to have a history of having previously been affected with one or more of the three great venereal diseases, chancroids, syphilis and gonorrhœa. I am inclined to go farther; I certainly have never seen a case where such was not the fact, and although I could not be absolutely sure, I should feel very confident that any patient who consulted me for a case of regular relapsing herpes progenitalis had at some previous time had one of the above-mentioned diseases. This is a point as to which I have been much interested and

have made especially careful investigations. I thought once, when a married gentleman, whom I had known well for years, and known to be a good husband and respectable member of society, came to me with a case of herpes progeneralis, that I had found my exceptional case. But on inquiry it turned out that, as a youngster, he had acquired a case of gonorrhœa which troubled him for over a year.

Doyon, who recognizes the frequent preëxistence of one of the venereal diseases, places them in order of frequency as follows: 1st, chancroid; 2d, gonorrhœa; 3d, syphilis. My experience would most decidedly reverse the position of the first two, as I find gonorrhœa as a precursor in a large majority of cases. It must, however, be admitted, that of the one hundred private cases I have taken for statistical purposes, relatively few were cases of chancroid. Exactly what influence the previous existence of one of the venereal diseases can have in the genesis of herpes progeneralis, I cannot pretend to say. If syphilis alone had this prerogative, we should of course look upon herpes progeneralis as a constitutional manifestation; but inasmuch as the other strictly local diseases have a much more frequent causative rôle, any such theory is untenable. In the absence of anything positive, we are forced to regard it as possible that these affections leave the parts with a tendency to this local eruption. Whatever the action may be, it is not without an analogy, as I consider that exactly the same condition obtains in the case of the condylomata acuminata or so-called venereal warts. I am aware that surgeons see instances of these papillary hypertrophies about the anus and in other situations of the mucous membranes in virgins, but if I see a patient from seventeen or eighteen to thirty years of age, with condyloma acuminata about the glans penis, I am almost certain that he has had some previous venereal trouble. I should not be willing to make so decided an assertion in this case as in that of herpes progeneralis, still it certainly is true often enough to establish an analogy between the two cases. There is no doubt that herpes progeneralis is oftener seen in cases where the patient has a long prepuce than where it is either naturally short or has been

removed and therefore a long foreskin may be considered, I think, with safety, as at least a predisposing cause. And surely, other things being equal, we can easily conceive that a given irritation or tendency, if you will, would be more likely to cause a crop of vesicles where the mucous membrane was soft, tender and macerated, than on tough epidermis. Still the fact that cases occur on the shaft of the penis proves that such is not always the case. The fact, also, that patients outgrow the tendency to herpetic relapses as they grow older and tougher, points to the influence, as a predisposing cause at least, of a tender condition of the parts. Balanitis is also mentioned as a probable cause of herpes progenitalis, and it is certainly often found with the latter disorder; but I should be more inclined to consider them both the result of some common cause, or condition of the parts, or, if there is any direct cause-and-effect relation between them, that the herpes excited the balanitis rather than the reverse. So much for the local causes which have been supposed to have an influence on herpes progenitalis. The influence of the venereal act as the immediate cause of herpes progenitalis has been mentioned, but I do not think it has been given the importance that it deserves. Doyon has noticed it more especially, but medical writers, as a rule, ignore it. In many subjects who are troubled with herpes progenitalis an outbreak follows every coitus, and, as can readily be imagined, this peculiarity adds most decidedly to the annoyance that the affection causes, more especially, as is often the case, if its victims look upon it as a venereal manifestation.

In considering the general causes that have been regarded as factors in the genesis of our subject, we at once enter the vast domain of theory, and here I shall endeavor not to linger. In the present condition of dermatology it cannot be necessary to do more than refer to the fact, that certain authorities, notably of the French school, and followers of Bazin, look upon it as the manifestation of a diathesis. Not so summarily, however, can that group of authors be dismissed who retain the idea of a constitutional cause, but regard this as being some acute or temporary

departure from the normal condition, such as a febrile attack or digestive disturbance.

Those who take this position regard herpes progenitalis as allied to herpes facialis, differing from it only in the locality of the manifestation.

Duhring may be taken as the exponent of this school, as he has summarized the subject in a concise and clear manner. As you will remember, he makes herpes progenitalis one subdivision of herpes febrilis, herpes facialis being the other. I have never been able in a single case of herpes progenitalis to find even a trace of preceding or accompanying febrile action or digestive irregularity, although I have made an especial point of carefully investigating the subject. That at times the herpetic eruption which occurs at the border of the lips is connected with constitutional febrile action there can be no doubt, but that every "cold sore" that disfigures young people is caused by "feverishness," is, I think, by no means so clear; but admitting that it may be so, and that the term herpes febrilis is an appropriate one, I contend that in the genital variety we have an entirely different disorder before us, and one which resembles the former only in the fact that it is vesicular. What factor is there in herpes facialis that takes the place of the almost constant preëxistence of some venereal trouble in the genital variety? What act or external influence can be found in the former to bring on an outbreak so regularly as it is known that coitus will the latter, in subjects predisposed to it? Do not these two almost constant factors, the existence formerly of a local affection and the irritation of the act of connection, point most decidedly to a local rather than a constitutional origin?

It remains to consider what claim this form of herpes has to be classed as a neurosis, or in short to be regarded as a variety of the general class of herpes zoster. You have seen that this is the position assigned it by several observers, and it must be confessed that among them, names appear that should carry great weight with them. Probably no branch of cutaneous medicine has received more and more valuable contributions of late years than zoster, and the

subject, certainly, has been very thoroughly studied and its characteristics noted. Let us see how the affection we are investigating fulfils the well-known symptoms, appearances, etc., of zoster. Mauriac reports in full four cases which he very laboriously attempts to prove were neither more nor less than cases of zoster, and he does prove it beyond all doubt; but what he does not prove at all is that they were cases of herpes progenitalis. Surely there is no reason why, out of the whole surface of the cutaneous covering, that of the penis should alone be exempt from an attack of zoster! Out of many cases of confessedly herpetic eruptions on the penis, he sees four which, from the neuralgic pain connected with them, he rightly judges to belong to the class of zoster; but is it a fair assumption to make therefrom, that the many cases in which this essential symptom did not exist, should also be considered as such? There is nothing in any of the four cases reported (except the fact of recurrence in one of them) that does not agree with a typical case of zoster, and I think there can be no doubt that any dermatologist would so consider them. But how is it with what we call herpes progenitalis?

To return to personal experience, I have never seen a single case where there was anything like neuralgic pain either preceding, accompanying, or following the efflorescence. I did receive a letter from a former patient, in which he described a crop of vesicles on the penis, extending on to the gluteal region and running up as high as the lumbar vertebræ, just along the line of the sacro-iliac synchondrosis. This attack was accompanied with decided neuralgia, and without doubt was a case of zoster. It may be said that the mere absence of pain would not be sufficient to exclude the diagnosis of zoster; and I should be the more inclined to allow this, as I have noticed clinically in a marked degree that the pain of zoster is apt to be in proportion to the age of the patient, and as most subjects of herpes progenitalis are young, they might escape it. (This connection between the severity of the neuralgia and the age of the subject, has not been, I think, much noticed.) But although the absence of pain in one individual instance

might not have much weight in excluding zoster, it is otherwise when we find it in a very large number of cases, in fact, in all, and when, besides, there are other points in which these cases differ from the type of zoster. If there is one marked and universally noticed characteristic of zoster, it is that it occupies only one half of the body, not extending beyond the median line. It is true that where the efflorescence comes up close to the median line, as at the spinal column, or *linea alba*, sometimes one or two vesicles are seen which seem to have overstepped the limit, and cases more anomalous are reported. Thus, I have seen a case where two well-marked zosteres existed, one on each side of the body, one being at the level of the sacro-iliac and pubic regions, and the other occupying the scapular, acromial and upper costal portion of the integument. These cases, however, are very exceptional. In herpes progeneralis, on the contrary, it is apparent at once that the median line has no part to play at all. The patch of vesicles is seen on any part of the penis, and in two of the most frequent of its situations, namely, in or about the sulcus on the dorsum, and in the neighborhood of the frenum, it almost always is found on both sides of the median line. Again, in most cases of zoster the distribution of the efflorescence follows, in a rude but still decided way, the course of some cutaneous nerve. I have seen cases of zoster where only one small patch of vesicles could be perceived, and in these cases they are generally found at the peripheral end—if I may so call it—of the nerve, especially near the median line in the abdominal region; but in the great majority of cases, some others will be found, perhaps only a single one, somewhere along the course of the intercostal nerve. Now, in herpes progeneralis nothing of the sort is ever seen; the vesicles are always bunched together, all of them being within a radius of an inch. Moreover, the longest diameter of the patch is almost invariably transverse to the axis of the penis, that is to say, instead of following the course of the nervous trunks up and down the organ, it seems to follow some transverse direction, such as the corona or sulcus, or a fold of the prepuce. I have stated that the tendency to re-

cur is one of the most marked and constant attributes of herpes progenitalis. Now, in zoster a second attack is most emphatically the exception. Although many able observers have devoted much time to the study of zoster, they have not been able to arrive at any definite conclusion as to its causes; most certainly, no common, remote or immediate local influence has been found to which the calling forth an outbreak can be attributed, which in any way resembles or even suggests those that we have seen play such an important and almost constant part in the causation of herpes progenitalis. I refer, of course, to the preëxistence of some venereal lesion and the act of coitus; and in exactly the same way as I endeavored to show that this form of herpes differed from herpes facialis, in these respects, may it be shown to be removed from zoster. It seems to me, therefore, that we must regard herpes progenitalis as a disease *sui generis*, not allied to any other, except as far as it belongs to the general group of vesicular eruptions. There is no evidence that would justify us in regarding it as resulting from any general constitutional cause; but there are certain local influences which do seem to play an important part in calling it forth. Exactly how these influences act we have no means of knowing, but the most probable inference seems to be that they modify the parts locally in some way, so as to cause a tendency to the formation of vesicles under certain conditions.

#### PROGNOSIS.

From what has been said in the description of herpes progenitalis it will be easily inferred that in a typical case the prognosis will be a most favorable one, the vesicles tending toward healing, which process will require from a week to ten days, and, as the efflorescence is a superficial one, not implicating the deeper parts of the cutis, no cicatrix is left behind. This is the usual course, but if from their situation, or from other influences (such as the coexistence of some other more serious troubles), they become irritated, their course may be prolonged much beyond this limit, and they may be the source of future discomfort by causing contraction of the prepuce, and consequent partial or per-



fect phymosis. When treating of the subject from a diagnostic point of view, I shall report a case where very serious discomfort and annoyance resulted from a simple attack of herpes progenitalis. In giving a favorable prognosis, however, one important possibility should be kept in mind, and that is, that some virus, either chancroidal or the syphilitic, may have been absorbed at or near the point where the vesicles have made their appearance, and that especially in the latter case the period of incubation may be comparatively a long one, and the consequent trouble may not manifest itself until the herpetic lesions are almost or even entirely healed. I have had a patient consult me with a typical example of herpes progenitalis, where the lesions were doing perfectly well for a week, when one of them ceased contracting and then began to increase in size; in a few days an indistinct hardness of the surrounding tissues appeared, which resulted in a primary syphilitic induration with glandular enlargement, and this was followed, after the proper interval of time, by the regular secondary symptoms.

Within a few days I have seen a young man who had balanitis and several herpetic vesicles in the sulcus, two of them occupying respectively each side of the frenum. He had been to a quack who had pronounced it one of the worst cases of syphilis that he had ever seen. This was within two or three days of the exposure. Under proper treatment the balanitis ceased, and the vesicles healed very quickly, with the exception of the two near the frenum which, when last seen (a little more than two weeks after exposure), had rather increased in size, showing a tendency to perforate the frenum, and, what was of much more importance, an indistinct hardness could be detected in the œdematous swelling at the part. It is possible that this is simply inflammatory, and that the two abrasions have become irritated from the fact of their position, but I should not be surprised if this, like the previous case, should turn out to be one where the virus of syphilis had entered the economy at the same point where a vesicle of herpes had developed itself and, after lying latent (as far as local symptoms go) for a little over two weeks, was just beginning to manifest

itself by modifying and changing the whole character of the herpetic lesion, which up to this time had been steadily progressing toward cure. In the same way I have seen lesions, which had every appearance of being herpetic, begin to increase in size and rapidly change into chancroids. Of this, however, I can more properly speak when referring to the diagnosis, merely remarking that where, out of a crop of eight or ten herpetic vesicles, one or two of them become evidently chancroids, while the rest run their natural course, it seems justifiable to conclude that chancroidal virus had been absorbed at these points. In such cases the period of latency is much shorter, being only a day or two. It may perhaps be assumed that the peculiar condition of the mucous membrane, whatever it is that renders it susceptible, under certain irritating influences, to have herpes called forth, may also facilitate the absorption of either of the above-mentioned principles of contagion. Of course, where there has been no exposure within the limit of latency of these venereal diseases, no such eventuality need be feared. But inasmuch as it is quite frequently the case that it is this very exposure which has called forth the herpetic attack, this possible eventuality should not be lost sight of. One other point should be mentioned, and that is that after the herpes is developed each efflorescence is an open door for contagion to enter by, and if the patient has been exposed since the appearance of the herpes, this may have taken place. Apart from these probabilities, the prognosis may be somewhat modified by the existence of irritating causes, such as balanitis, gonorrhœa, friction of the clothing, or daily wetting with urine, etc., all of which may, and frequently do, tend to prolong the duration and increase the discomforts of the affection.

#### DIAGNOSIS.

We now come to what is certainly the most, and what, undoubtedly, many would consider the only, important point of the subject, namely, the diagnosis. From the description of the herpetic vesicle it will be seen that it resembles a chancroid during its first stage, very closely; so closely, indeed, that from merely comparing the two

lesions no diagnosis could possibly be made. They both begin as vesicles, which break down, leaving little lesions of continuity. Strictly speaking, probably the pustule which precedes the chancroid is more pustular, from the start, than the herpetic vesicle, but the contents of the latter become purulent very quickly, and, in point of fact, it is rare that either of the two is seen during this stage. Clare admits that in certain stages the only means of making a diagnosis is at the point of the inoculating lancet. The number and distribution of the lesions, however, will give great help, for, although it is by no means uncommon to see multiple chancroids, they are rarely so numerous as some cases of herpes, and are not grouped together in the way the latter are. Moreover, as when multiple they are usually the result of auto-inoculation by means of their secretion, they will be of different ages, so to speak, and, consequently, of different size. The herpetic vesicles, on the other hand, come out at the same time and are about the same size, except when, as sometimes happens, two or more run together. That this has taken place can be detected from the irregularity of the outline. When there are only two vesicles, and especially when there is but one constituting the outbreak of herpes, for a day or two the diagnosis cannot be made; but here we can always depend on time, with perfect certainty of having the doubt cleared up, as in a very few days the lesion, if herpetic, will be evidently on the road to cure, whereas the chancroid will have become larger, more excavated, etc. The possibility of the herpes having been irritated must, however, be kept in mind. The diagnosis between herpes and the primary syphilitic lesion is, in one sense, much easier, and in another, much more difficult. The true syphilitic chancre rarely, if ever, begins as a pustule. It is generally a superficial erosion or abrasion that attracts notice. It is very seldom multiple (although I have seen eight), is at some time of its course decidedly indurated, is accompanied by glandular enlargements in both groins, and does not generally appear as such until some days after the exposure. I say "as such," because very frequently a tear or chafe or little abrasion

will be seen on the day following exposure, which heals, as the patient thinks, all right, but in the course of from two to four weeks an induration will slowly come on at that spot and gradually develop into the easily-recognized primary lesion. In all these respects, then, the primary lesion differs from herpes, and under the circumstances can be readily distinguished from it; but, as I have said before, all these characteristics may develop themselves on what has heretofore been considered a simple herpetic vesicle. In such cases I do not consider that the diagnosis of herpes was a mistaken one, but that a virus had been absorbed, which, later, changed the disease, or more properly, perhaps, substituted one disease for the other. One very important thing to be borne in mind is what I have already referred to, namely, the possibility of herpes being subjected to irritation. I need not more than refer to inflammatory induration as resulting from continued or severe irritation, and to distinguish this inflammatory hardness from the specific induration is, at times, a very difficult, if even a possible task. I will here, as briefly as possible, report a case which was most interesting to me, as it shows this difficulty of diagnosis under certain conditions, and also to how great an extent the usual favorable prognosis of herpes progenitalis may be modified by circumstances.

The patient, a young gentleman in the full vigor of early manhood, was a personal friend as well as a patient. He had consulted me several times for herpes progenitalis, which always annoyed him exceedingly, and was apt to come out after any coitus, but was not confined to such times in making its appearance. The outbreak in question was on the prepuce, which was quite long and was pretty well confined to the free margin—that is, the edge where it was reflected on itself in the usual condition of the penis, at the aperture of the foreskin, in short. One efflorescence was exactly on this edge, so that every time the prepuce was retracted it would be stretched in one direction, and there being inflammatory swelling enough to narrow the aperture, when it was retracted over the glans, it would stretch it in

the other. This latter force was sufficient to give the sore, in a few days, the appearance of a regular split or tear.

As a result of this irritation, sufficient induration was developed to cause a phymosis, and then the sore was exposed to the action of the urine on every act of micturition as well as to that of the secretion from an attack of balanitis which soon followed the phymosis, and the consequent cessation of the cleansing of the parts, except by means of a syringe, which could be used only occasionally, as it increased the irritation of the sore. An induration was developed that differed in no respect from a typical syphilitic lesion, and had I had the slightest doubt as to the assertion of the patient that there had been no possible chance of contagion within three months, I should have believed that such was what I had to deal with, especially as the inguinal glands began to be sensitive. The patient, of a rather nervous temperament, was naturally very anxious, and it was fortunate for his peace of mind that I could assure him that the whole trouble was local.

The balanitis got so bad that I decided to slit up the prepuce, and in doing it took out a wedge-shaped piece, which included the sore and all the surrounding induration. The operation was very successful, but I found that the inflammation had extended into the urethra; a severe urethritis followed, with cystitis, the urine being pretty heavily loaded with pus. The patient was laid up from three to four months, put to serious trouble in his affairs, and much run down, and all from an attack of herpes progenitalis.

This was about a year ago, and he has had but one very slight attack of herpes since, and no secondary symptoms. At one time a specialist who had seen him, without hearing the history, would at once have pronounced it a case of syphilis. This is an extreme case, but I have thought it worth quoting. Eczema may affect the penis alone; of course, where it occurs also on the scrotum, or in other places in the vicinity, the question of differential diagnosis between eczema and herpes could not arise, but I have seen cases that rather puzzled me at first sight.

I should say, in general, that an acute attack of eczema

of the penis was a much more severe affair than one of herpes was likely to be. The congestion and swelling is much greater and more general: the itching much more troublesome, it being especially intolerable; and the vesicles scattered over a much greater extent of surface and more numerous.

Herpes progenitalis may be confounded with the superficial erosions that are seen on the dorsum of the glans penis in severe cases of balanitis, and as the two (herpes and balanitis) are not infrequently found together, it is a matter of some interest to see which precedes the other. The erosions in balanitis are irregular or map-like in their outline, instead of round or oval, like herpes. They are usually—I was about to say always—found on the dorsum of the glans; they always look of a darker red color than the surrounding mucous membrane, and never have the yellowish look that a herpetic lesion has before the process of healing has begun. In spite of these differential points, I think some cases will be seen where one cannot be sure as to which of the two a certain case properly belongs. Luckily it is not a matter of any practical importance, as both prognosis and treatment would be the same in either case.

From these hurried remarks on the diagnosis, the following may be deduced: that sometimes at first sight we cannot determine whether what is before us is a case of herpes progenitalis or commencing chancroids; and that with regard to syphilis, although we can say that the lesion in question is not at the present time a primary lesion, we cannot say that such may not develop in the future.

#### TREATMENT.

The treatment in a mild typical case is very simple, the main indications being to keep the parts clean and not to irritate the lesions. The dilute liquor plumbi subacetatis, applied on a piece of soft linen or absorbent cotton, is often all that is needed. If balanitis accompanies the herpes it soon yields to this simple treatment; but occasionally the herpetic abrasions may need a little more stimulating applications. Calomel, sprinkled on them morning and night, is very useful; at times equal parts of calomel and the

oxide of zinc seem to be preferable. Now that by the use of vaseline, as a base for the various officinal ointments, the great objection of their liability to become rancid and consequently irritating has been overcome, they can be used to advantage. If the abrasions become indolent, or if they show a tendency to spread, iodoform will soon clean them up. The very great objection to the use of this agent may be greatly modified by making an ointment with vaseline or cosmoline, balsam of Peru and iodoform, in the proportion of a drachm to the ounce. On account of its great tendency to relapse, prophylactic treatment, if such can be used, is a matter of much importance. Cleanliness is of paramount importance in this respect, more especially in those cases where there is a long prepuce combined with a tendency to hypersecretion of sebaceous matter. From the fact that we find herpes with comparative rarity in cases where the prepuce is naturally short, or has been made so by an operation, it seems fair to infer that a soft, macerated condition of the mucous membrane favors relapses. The apparent immunity of elderly people, in whom the parts have become toughened, as it were, would also confirm this deduction. I think there can be no doubt that the constant use of an astringent wash on the parts has a beneficial influence on the frequency of relapses, and it is my habit to tell patients who are troubled in this way, that they may use a wash containing sulphate of zinc, tannic acid or carbolic acid, as regularly, as a matter of toilet, as they brush their teeth. In some severe cases circumcision seems to be the only means of relief, and in the cases where I have employed it the object has been attained, such patients rarely having more than an attack or two afterward. Whether the patient cares to submit to the operation is, of course, a matter for him to decide, and he will be influenced by the amount of inconvenience to which he is subjected by his trouble. If a man is going to lead a perfectly virtuous life, the fact of having a few vesicles occasionally appear on the penis will not be a serious matter; but if, on the other hand, he is going to be a free liver and exposed to contagion, he will save himself much anxiety of mind, to say the least, by having the operation performed.

What I have endeavored to call attention to in this paper may be briefly recapitulated as follows: Herpes pro-genitalis is a quite frequent ailment, which, although in itself a trivial matter, yet from its resemblance to more serious affections, and the ease with which it is confounded with them by the mass of the profession, deserves greater attention than it has received in the books. Hardly any of the authors on the special branches to which it belongs have devoted much space to it, nor have they, with few exceptions, made any mention of some of its most interesting and important characteristics. These are, its tendency to relapse, the very great frequency with which it will be found to have been preceded by the act of coitus, the fact that it rarely, if ever, is found in patients who have been perfectly free from all venereal trouble, and that it is confined to the periods of youth and early manhood.



