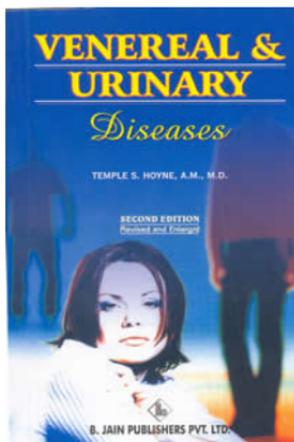


Temple S. Hoyne Venereal & Urinary Diseases

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Venereal Diseases

Venereal disease is a term used to denote affections arising primarily from sexual intercourse. The word 'venereal' comes from the Latin word '*veneris*', meaning that which relates to pleasure. In a more restricted sense however, the word is considered synonymous with syphilis or syphilitic. Some writers have proposed that those diseases should be called venereal which are produced by excess in

, and that the term syphilitic should be applied to those which are the result of impure connection. The custom is to include all affections arising from sexual intercourse under the heading of venereal disease. Hence, the terms venereal and syphilis are generally used as synonyms.

The venereal diseases are two, *viz.*; gonorrhoea and syphilis. The etiology of syphilis is unknown. It was supposed by Hunter and other eminent writers that all specific diseases arising from sexual intercourse were due to the same poison which affected different individuals in various ways. These views were, however, incorrect.

Syphilis, in brief, is a specific infectious disease acquired only by inheritance or due to sexual intercourse, and is communicable by coition, or by the contact of parts that are abraded or are only lined with a thin epidermis, as the lips, nipples, etc., and is characterized

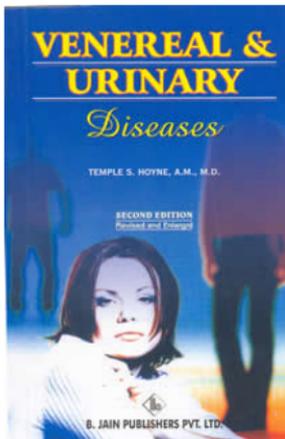
by periods of eruption and periods of repose of variable duration. In fact, the disease may at any times be communicated by the contact of a sound area with the secretion from a diseased surface. It is essentially a contagious virulent disease, of quite regular course, susceptible to cure, but liable to become an heirloom in the family, and be transmitted to the offspring. It manifests itself in a variety of ways, not always as a special affection, but impresses a peculiar form on all inflammatory diseases which it induces. The earlier symptoms are, as a rule, superficial, the later ones are visceral.

The definition just given is incomplete, but is the best that can be given without a thorough classification of all its phases. As a rule, it attacks a person once, although, there are numerous exceptions on the record. A subsequent attack is usually much lighter. Syphilis always makes its appearance in the form of a chancre, followed sooner or later by a bubo, and perhaps, by secondary or so-called constitutional symptoms.

The origin of syphilis is enveloped in great uncertainty. It was formerly claimed that the disease was introduced into Europe from America by Columbus at the end of the fifteenth century, and many hold this opinion to the present day, notwithstanding the fact that a Chinese writer who lived 2637 years before Christ, described two kinds of chancres, and gave a full description of the secondary stage. In ancient Hindu, Arabic, Greek, and Latin literature, similar descriptions are found. While the Bible does not anywhere give an accurate description of syphilis, we find numerous references to it, e.g., King David complained of sharp pains in his bones. We are satisfied that the disease is not a modern one to claim the honor of inventors. It is more than probable that in ancient times leprosy

Primary Syphilis

Primary syphilis is usually considered strictly as a local disease, consisting of a chancre (something which eats) or ulcer of the genital organs, with or without a bubo, or swelling of the lymphatic ganglions of the groin, sometimes ending in suppuration and other bad effects. We, however, consider it a constitutional disease from the start, and look upon the chancre simply as the local manifestation of the disorder. If we take a small quantity of virus and insert it with a lancet just below the epidermis, at the end of the first day we shall see little red speck, such as might follow any puncture of the skin. The part is slightly inflamed, hot, red, and itchy. The following day minute papule will be noticed, which changes into a vesicle about the fourth day, and is surrounded by an areola of a deep red hue. The next change is to that of a pustule on the fifth day, the pustule resembling that seen in small-pox, with the umbilicated appearance, and the distinctive areola. Now the structures about the pustule becomes hard from the deposit of plastic matter, and when pressed between the fingers feel like a mass of fibrocartilage. On the sixth day, at the time the induration just described occurs, the sore becomes possessed of the requisite properties for supplying infecting matter. The pustule now turns dark, its contents solidify, and a small, round, but thick scab forms,



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