A CASE OF SUPPOSED VESICAL GONORRHOEA :—

AND ON THE NECESSITY FOR A MORE DISTINCTIVE NOMENCLATURE.

By R. G. MAYNE, M.D., Surgeon of the Lock Hospital, Leeds.

By this name—and, so far as the specific term is concerned, it is a very absurd one—is intended to be designated what I am induced to think was an example of so-called gonorrhœa, affecting the mucous membrane of the bladder; not simple cystitis, or what would be regarded as the sympathetic inflammatory affection caused by irritation in the urethra under that complaint, but actual *gonorrhœa* present in the bladder itself, producing from its internal surface a plentiful mucopurulent, or purulent discharge, in the same manner as it does from the urethra, and cured by the same treatment as is effectually pursued in ordinary attacks of that canal. I do not for a moment flatter myself that the correctness of this idea is beyond question; on the contrary, it cannot be more scrupulously regarded by others, than it has been hesitatingly adopted by me. Still, it seemed to possess sufficient importance, at least to warrant its being given expression to, in order that it may be fairly weighed, and disposed of according to its value. I have had only this one case of a marked character; and have not met with any allusion to another in authors who have written on the general disease. I beg, therefore, to be allowed to state everything as it occurred to me, so as to afford the best illustration in my power of the manner in which the impression referred to was received.

CASE. On 11th October, I was sent for, to a considerable distance, to see a young man, who had been rigorously confined to his bed for above six weeks. Arrived at my destination, I of course objected to see the patient, except in the presence of his ordinary medical attendant; but was informed that that gentleman, having declined to meet one whom he did not know, had been dismissed. I found my new patient to be about seventeen years of age, fair-complexioned, of the sanguineo-nervous temperament, sadly reduced in flesh, pallid, and emaciated; indeed, as if he were in advanced consumption. I could get no medical history of the case, owing to the circumstance already alluded to. From the patient and his mother, however, I learned that he had been complaining since shortly before the period mentioned, of uneasiness in the loins, and slight tenderness over the region of the bladder, for which his adviser had enjoined strict confinement to bed; that he had taken much medicine without benefit, and thought that latterly he had been getting worse; that on some anxiety being expressed about his wasting condition, the medical attendant had called a highly respectable physician into consultation, who agreed with him, it appeared, both as to the case and its treatment; but what they may have considered to be the nature of the one, or upon what indication they pursued the other, was not shewn to me. I only ascertained that the youth had passed *per urethram* a small calculus, some time before my having been called to him, and that thereupon a notion was imparted of there being probably another stone in the bladder, as the source of all the mischief. I further learned, that, for a considerable time past, his urine, on being allowed to rest for a few hours, had always deposited a large quantity of thick yellowish substance, amounting to about a

fourth or fifth of its quantity, which, on agitation, again mixed thoroughly with the urine, but if undisturbed seemed adherent to the bottom of the vessel; that inflammation of the bladder was reputed to be a part of his ailment, for which, indeed, he had had a blister applied over the sacrum, but without producing the slightest amendment; and that this formed the reason (as they believed) why he should not leave his bed, on pain of serious evils. The patient informed me that he had contracted gonorrhœa three months before, or about six weeks ere he was thrown upon his bed, and had been treated for it, by the same medical man who had latterly attended him for several weeks; but was now as bad as ever. Having patiently listened to these imperfect statements, I began to scrutinise for myself.

In all that had been recounted, I could discover no good cause for the spare diet, confinement to bed or even to the house, nauseated stomach, and their combined wasting effects. I found no tenderness, either of the renal or sacral regions, and only very slight uneasiness over the bladder, when strongly pressed on; but no other ailment whatever, save the urethral affection. There was neither cough, ache, nor pain; he could sit up, turn or move about in bed, or get out of it with such alacrity as the dwindled condition of his legs would allow, but without the slightest indication of suffering. Some difficulty was experienced in attempting to rouse him into a cheerful mood, so impressed was his mind with the notion of a fatal issue. When told to rise, get himself dressed, and take a little nourishing refreshment,—then, as the day was fine, to go out for a walk with some friend's help, return to a good meal, and repeat the same course as often as he pleased, only avoiding stimulating liquors, he looked bewildered and incredulous, as if he were mocked. Fixed as his whole thoughts had been upon a fate very different, he could scarcely believe me serious; and, in fact, as I afterwards learned, did not dare venture out of bed, till after long persuasion, on the following day. From that date, however, he persevered, rapidly improving in general health, without a bad symptom; on the third day afterwards, as will be seen, he paid me a visit at my own house.

So far as my patient and his mother understood the former medical attendant's opinion of the case, and the treatment pursued, his complaints were cystitis, or inflammation of the bladder, dependent, or not, upon the assumed presence of another stone in the bladder, and the urethral discharge. Of the first, there existed no marked symptom save the large deposit in the urine; which, however, if really the result of inflammation, was only likely to be an effect of chronic inflammation of long standing, and that it could not, in this case, be. The second was altogether conjectural. The existence of the last alone was indubitably demonstrable. I passed a sound into the bladder without being able to detect the presence of a calculus, but found the neck to be highly irritable; and my patient informed me, he had been for some time annoyed by an urgent call to pass his urine several times in the course of the night. On minute inquiry, I learned that eighteen months previously he had experienced slight uneasiness in the bladder, and noticed some turbidity of the urine, both of which had disappeared on his going to reside for a time with some friends in Ireland; but that soon after his return home, which occurred shortly before he con-

tracted the gonorrhœa, the uneasy sensations about the bladder, and the frequent desire to void its contents, began to be again felt. I further ascertained, that he had been treated for the urethral discharge by copaiba in some form, with slight improvement, for about a month before taking to bed, and for some time subsequently; that he had taken medicines, of one kind and another, till his stomach would bear no more; the deposit in the urine, which gradually appeared since the gonorrhœal attack, had latterly greatly increased; and his mother, seeing him getting daily worse, weaker, and thinner, had resolved on changing his medical attendant. His age and evidently sound constitution, together with the information obtained, precluding all idea of chronic cystitis as the cause of the copious deposit, it seemed wholly unaccountable, except on the ground assumed in the outset, that the case was one of so-called gonorrhœa affecting the mucous coat of the bladder.

I explained my views, as well as was practicable, and readily obtained consent to the employment of any measures which might be judged necessary. It was arranged that the patient should come to me in three days hence, for the purpose of commencing treatment.

October 14. The patient came according to appointment. I introduced into the urethra, and down into the neck of the bladder, a gum bougie, smeared with a strong and firm caustic ointment—fifteen grains of the nitrate of silver to one drachm of simple ointment—and desired the youth to return to me in a week; but did not yet supply him with any internal medicine, because of the weak state of his stomach.

Oct. 20. He returned with still a slight discharge; but, as the entire effect of the caustic might not have passed off, nothing further was done.

Oct. 25. The discharge had somewhat increased, and returned to more of a yellow colour, a circumstance contrary to usual experience of the abortive treatment thus pursued in the case of males. I therefore again applied the anointed bougie, as efficiently as I could, and desired him to come back on the fifth day thence, in order to commence with the use of medicine, which his bodily condition now fully permitted.

Oct. 30. He came accordingly, and took with him a week's supply of a copaibal mixture, containing four drachms of the balsam, to eight ounces of water, one ounce for a dose, three times a day.

November 7. The discharge was still persistent; had positively again appeared, after its second temporary subsidence having been effected by the caustic ointment. The occurrence was almost unprecedented and inexplicable, save by the diagnosis formed, which it thus unequivocally confirmed. In no other way was it conceivable that the urethral membrane, cured by the caustic application, as happens in other cases nearly without exception, should become again diseased, than that it had been reinfected by being subjected to the contagious influence of the muco-purulent or purulent discharge of the unhealthy vesical membrane. Acting upon this opinion, and judging that the copaiba had not yet had time (only one week) to make any very decided impression on the state of the bladder, I enjoined its steady continuance, and once more introduced the anointed bougie.

Nov. 14. On his appearance to-day, he reported that he had only seen a little watery discharge, and that the condition of the urine was

greatly improved, the proportion of deposit being considerably reduced ; as also the irritability of the neck of the bladder was less, so that he was not so often troubled to pass his urine. Directed to continue the *copaiba*.

Nov. 21. No discharge, but about a drop, or half a drop of transparent fluid (which is, in fact, the natural secretion in a state of health), and the deposit still less.

Nov. 28. Greatly improved in every respect, the deposit having diminished down to a mere shadow of a cloud, what would not have attracted notice in the case of any one who had not been similarly complaining. My patient was become as stout, full-faced, and comfortable in spirits and bodily aspect, as could be wished. He and his friends were desirous that he should speedily again repair to Ireland, where a situation of some importance was promised him ; and from a fear of relapse by stopping the treatment even a day too soon, I proposed, as a safeguard, to act on the mucous membrane of the bladder, by injecting a caustic solution into the viscus itself ; and it was agreed that my patient should pass a few days in Leeds for this purpose.

December 9. He and his mother called to inform me of their arrival, and gave me their address, the former being quite well in all respects, but nevertheless resolved to undergo what had been proposed.

Dec. 10. I waited upon him in his new abode, and having made him empty the bladder, I injected into it by means of a double catheter, a solution of one drachm of the nitrate of silver in four ounces of distilled water. When it had flowed out, I introduced a dilution of one drachm of tincture of opium in four ounces of water in its place, with the object of reducing any slight portion of the caustic injection that might remain, and of allaying undue irritation.

Dec. 11. Kept him to bed, having found all satisfactory.

Dec. 12. The same. No inconvenience from the caustic injection, save a little smarting on micturition.

Dec. 13. The same. I desired him to get up ; but this he chose to defer for another day.

Dec. 14. Walked out. Free from all uneasiness.

Dec. 15, 16, 17. No inconvenience whatever. Urine clear ; no desire to get up in the night. In perfect health.

Dec. 18. Took his departure, strong and robust ; as compared with his condition nine weeks before, like one snatched from death.

From the history of this case here given, I have ventured to draw the following conclusions.

1. That it was one of so-called *gonorrhœa*, directly affecting the entire mucous membrane of the bladder ; and therefore different from those comparatively rare complications of that affection with cystitis, that is, simple, or, as sometimes named, sympathetic inflammation of the bladder, arising from the irritation of urethral gonorrhœa, from acrid substances taken into the system for its cure, which act injuriously on the bladder, as cantharides, terebinthinate substances, or balsams ; or from irritating injections used too frequently or pushed too far.

2. That the preceding view seems to be borne out by the history, so far as ascertained ; by the case having obstinately resisted, and

even become worse, under all means attempted as remedies for cystitis, or whatever else it was supposed to be, during the six weeks preceding the adoption of treatment pursued in accordance with that view; and by the perfect success of such treatment; also by the fact, just alluded to, that cystitis is sometimes produced by the balsams taken into the system for the cure of gonorrhœa; therefore, had this been a case of simple inflammation of the bladder, it would have been aggravated by the copaiba, so freely exhibited as it was; whereas it steadily yielded, like a case of urethral gonorrhœa, to the curative influence of the balsam. Sir Astley Cooper pointed out in his lectures a mucous disease of the bladder, in which there was an enormous quantity of ropy mucus discharged with the urine, and for which he said—"The best remedy, however, is the balsam of copaiba." In the present case, however, the youth and healthy constitution of the patient were unfavourable to the supposition of a mere mucous disease of the bladder, so extensive and so suddenly lighted up, and spontaneously; for Sir A. Cooper does not state it as a consequence of gonorrhœa; while, on the other hand, the view taken is supported by the fact of the previously contracted urethral affection, by the discharge from the bladder having, to all seeming, been contagious, so as twice to *reinfect* the urethral membrane; and by this renewing of the infection having entirely ceased when the disease was controuled in the bladder itself. Again, had it been merely a mucous disease, would not the qualified general practitioner and the experienced physician who preceded me, have been sure to detect and easily cure an ailment so very simple?

3. The *rationale* of the encroachment of gonorrhœa upon the bladder—a circumstance certainly not common; for, so far as I am aware, it is not mentioned by authors, unless we may consider that the case or cases referred to by Sir Astley Cooper had such an origin; and the present forms the only example in my own practice—may be conceived thus: The patient had suffered once (eighteen months) before, from slight inflammation of the bladder, which was easily subdued; and he was again the subject of a similar attack (whatever the true nature and causes of that affection) at the very time when he contracted the urethral gonorrhœa. He had at that time to get up in the night to pass his urine, and had a considerable stinging sensation, particularly towards the root of the penis or neck of the bladder. This, I conceive, constituted the most favourable condition of parts for inducing the progressive advancement of gonorrhœal infection. The contagious muco-purulent or purulent discharge would glide along, invited, as it were, by, and mingling with the heightened secretion of the predisposed surfaces, to or into the neck; from whence in the same manner, as from the smallest portion accidentally placed upon the border of the conjunctival membrane in gonorrhœal conjunctivitis or upon the extreme margin of the urethral membrane, it would extend, slowly yet surely, over the whole.

4. The case tends to show that while the affection, which for want of a better term, I have called vesical gonorrhœa, cannot be cured by the means to be relied on (and, I must believe, put in exercise by my precursors on the occasion in question) in cystitis, or simple inflammation of the bladder, howsoever caused, it is directly amenable to the ordinary

treatment of common gonorrhœa; clearly indicating, not only their identity, but also that, contrary to the opinion of M. Ricord and certain of his ardent followers, there is a specific quality in the characteristic muco-purulent, or purulent discharge of so-called gonorrhœa, which distinguishes it completely from the suppurative effect of simple inflammation.

ON THE NECESSITY FOR A MORE DISTINCTIVE TERM FOR SO-CALLED GONORRHŒA. In committing the foregoing remarks to paper, I have experienced the trammels of an unpleasant awkwardness in using the verbal means available for the proper expression of my meaning. I have felt, as it were, a want of right tools to bring out the distinctive points of my subject. The same thing has repeatedly happened in dealing more at large with that subject in another form; and therefore, as by no means foreign to anything that has gone before, I would here with deference submit a few observations in explanation, and offer one or two propositions for the removal of the difficulties referred to, which, I cannot doubt, have occurred to others as well as to me. I allude to the numerous names and epithets bestowed on the disease egregiously miscalled, but most familiarly known by the term gonorrhœa.

It is a singular truth, that of the many words conventionally employed to designate that species of venereal disease, which may be said to consist in a peculiar inflammatory action which gives origin to, and causes to persist through an indefinite period, an infectious muco-purulent, or purulent discharge from the urethra in men, the vagina, often the neck of the uterus, but much less frequently, the urethra in women,—not one is truly indicative of the affection.

The oldest and most common of these names (leaving out of view for the present the abominable slang epithet *clap*) is *gonorrhœa*, γονή, the semen; ῥέω, to flow—a flow of semen; an appellation arising in old times out of a misapprehension of the nature of the complaint, and of course, now that its true nature is ascertained, misapplied in every instance of its employment to denote the disease in question. The inapplicability of this term has long been felt and regretted, and expedients have been adopted to mend the matter by coupling with it several expletives to characterise the virulence (notwithstanding the authoritative denunciations of M. Ricord and some of his English followers, I use this word) of the affection, *gonorrhœa contagiosa*, *gonorrhœa maligna*, *gonorrhœa venerea*, *gonorrhœa virulenta*, *gonorrhœa vitiosa*, etc. Still, the specific name itself remains as ill-adapted to the occasion as ever.

The next in frequency of use is *blennorrhagia*, a term invented by Dr. Swediaur as an improvement on its forerunner, gonorrhœa, and apparently esteemed as such by many, being that adopted by M. Ricord and other continental and British surgeons. "*Blennorrhagia*," says Mr. Acton, in his *Practical Treatise on Diseases of the Urinary and Generative Organs*, Second Edition, 1851, "from βλέννα, mucus, and ῥέω to flow, signifies a discharge from mucous membranes (consisting principally of mucus) and depending upon inflammation of those membranes, being to the urethra, vagina, or conjunctiva, what bronchitis is to the bronchi, with this difference only, that blennorrhagia most frequently depends upon, or is contracted in sexual intercourse."

With due submission, blennorrhagia does *not* mean a *discharge from mucous membranes*, but simply a discharge of mucus, coming from said membranes of course; but the word conveys not the slightest hint of this, and it bears no reference whatever to inflammation, or anything else as the cause on which the discharge depends. Mr. Acton, however, thinks, "the word blennorrhagia presents the fewest objections, although," he politely adds, "it may be cavilled at." If to expose the utter inefficiency of a word authoritatively put forward as an improvement upon, or as proper to supplant another, be to "cavil at" that word, then Mr. Acton has been correct in his expectation; but seeing that all have equal right of judgment with himself on a matter equally concerning him and them, his predication might better have been spared.

Blennorrhagia is quite as objectionable as any of the other names previously in use, — indeed more so, being not only unsuited to express the disease intended, but faulty in itself, as I will now endeavour to show. Blennorrhagia and blennorrhœa, employed indiscriminately by authors, are distinct from each other in their meaning and application. Both indeed signify a *discharge of mucus*, and so are as incorrectly used to designate the infectious disease, as is the old familiar, symbolical—it is nothing more—gonorrhœa itself. The former of the two, however, is an unsound term for any purpose; and if, for sake of their meaning just stated, one of them be thought worthy to be employed on any occasion, the choice ought to fall upon the latter. *Blennorrhœa*, from βλέννα, mucus, and ρέω, to flow, literally means a flow or gradual discharge of mucus, and although quite misused when applied to so-called gonorrhœa, is yet correct in itself in reference to every increased condition of a mucous secretion. But blennorrhagia, which is really from βλέννα, mucus, and ῥήγνυμι, or ῥήγνύω, to burst or break out, must be held to signify a profuse, sudden, and rapid discharge, a gushing or bursting forth of mucus; and therefore, even had it been otherwise unobjectionable, is badly chosen to denote the continual and insensible oozing of matter from the urethra, vagina, etc., which is characteristic of the disease we are considering: As I have said, it is an unsound term, being expressive of such a condition of a mucous secretion as never did, never can exist. The distinction sought to be explained will be more perceptible, perhaps, in comparing the similarly constituted terms *hæmorrhagia* and *hæmorrhœa*, the former of which can only be properly applied to a profuse, sudden, or rapid discharge, a gushing or bursting forth of blood from large wounded, divided, or open blood vessels, as in injuries, surgical operations, flooding, etc.; the latter, to any moderate, slow, or gradual oozing of blood, as from a slight wound, prick, scratch, or an abrasion of the skin, etc. Besides these objections to blennorrhagia, neither it, nor blennorrhœa, is one whit more correctly indicative of the infectious discharge under consideration, than gonorrhœa. That discharge is not composed of mucus any more than of semen, but of pus, or muco-pus; for the natural secretion, which is truly mucous, becomes increased and vitiated, or changed into muco-pus, or pus, as the effect of inflammatory action set up by *infection*, the result of impure contact, and then constitutes the infectious purulent discharge hitherto miscalled gonorrhœa, blennorrhœa, etc. Like the symbolical

name gonorrhœa, this, too, has been associated with other adjective terms in aid of its thus confessed deficiency, as *blennorrhagia venerea*, etc., an expedient, however, which answers no better purpose than in the instance of the former.

Of other names and epithets which have been applied to the same disease, only a brief consideration is necessary.

Fluor albus malignus, like those just mentioned, conveys an idea derived from the most prominent symptom of the affection when located in the vagina, and of the virulent nature of the discharge; but is defective, as they are, as to any indication of its contagious nature, or origin.

Simple venereal catarrh, in the same way, though more comprehensive, denotes only an increased mucous secretion from certain of the generative organs, of venereal origin indeed, but not, therefore, necessarily infectious.

Catarrhal primary syphilis was proposed by Mr. Wallace, of Dublin; but it goes to maintain the old misconception by which gonorrhœa and syphilis were held to be modifications of the same disease, and is now, therefore, out of the question.

Urina purulenta is also inappropriate, being merely an appellation either of the accidental appearance in the urine of pus, whether present in the urethra as the result of inflammation (venereal, or non-venereal), and washed out by the first discharge of the urine on emptying the bladder; or coming from the kidneys, or from the bladder itself, as a consequence of inflammation.

Brenning, an old term synonymous with burning, and founded on the symptom called *ardor urinæ*, is of course too meagre to serve to distinguish the affection.

Catarrhal inflammation is altogether too vague and indistinctive, being quite as applicable to the secretion of the Schneiderian, as to that of the urethral or vaginal membrane.

Venereal catarrh is also much too general to be useful for the purpose desired; a discharge or catarrh may be venereal, yet not at all of the character of that hitherto called gonorrhœa.

The Venereal, an indefinite and inapt term, affectedly used by some in a strain of would-be easy elegance, and also fitly adorning the lying puffs of the quack.

Clap, a low vulgar term, derived from *clapises*, an old French word for the abode of single prostitutes, and having no direct reference to the subject.

Chaude pisse, another French term, with which we have properly little to do, derived, like *brenning*, from the marked symptom *ardor urinæ*; its etymology is *chaude*, hot; *pisser*, to pass urine.

Pyorrhœa, πύον, pus; πέω, to flow; a flow of pus; a name given by a French author, and equally faulty with the rest, from its partial incorrectness as designative of the discharge, as well that it is not special in its meaning with respect to the disease itself, its seat and origin.

Mucite, as used in France (analogous to *mucitis*, to be presently noticed), does not indicate the discharge or disease in question.

The several terms formed of words which express the organs or parts of organs involved in the mischief, and *itis*, a dissyllabic terminal usefully recognised as the symbol of inflammation, viz. *mucitis*, a word

really meaning *inflammation of mucus*, but intended to mean *inflammation of a mucous membrane*, according to M. Ricord (*mucite*) and others; *urethritis*, *clitoriditis*, *vulvitis*, *vaginitis*, *utoritis*, etc., are all useless as to the slightest allusion they bear to the disease known as *gonorrhœa*. To give more point to their application, the word *venerea* has no doubt been tagged to most of them; but *urethritis venerea*, and other combinations of a similar kind, can only imply inflammation of the organ, or part, *venereal*, it is true, but not on that account *infectious*, and so cannot distinctly or intelligibly typify the disease before us, the one marked distinguishing quality of which—I write with perfect deliberation—is *infection*.

The object of the foregoing remarks is not to assume a merit in discovering and rectifying errors, but to fix upon some term as a fit and proper representative (to use political phraseology) in medical literature, of the infectious discharge from the urethra, or vagina, hitherto erroneously called *gonorrhœa*, *blennorrhagia*, etc. The desire for such a term has arisen, as premised, out of necessity. Having, then, exhibited the existing defects in so many examples, and being strongly of opinion that it is conducive to the improvement of medical science, and the elevation of medical intelligence, to call diseases, as well as other things, by right names, I humbly propose the word *baptorrhœa*, as a more distinctive title than any now in use, as a simple, and, so far as it is expedient to go, an expressive generic term for this disorder. It is derived from βαπτός, infected (βάπτω, to imbue, corrupt, poison, or infect); πέω, to flow; its literal meaning being an infected or *infectious flow*, which I hold to be the true character of the mucopurulent or purulent discharge in so-called *gonorrhœa*, or, rather, which constitutes the disease itself. It will supersede the varieties of pathological or anatomical expletives usually thought necessary to be attached to the hitherto received erroneous names.

It may be objected, that this term does not, any more than do the others which it is intended to depose, indicate the locality of the disease. The omission was intentional, because to embody such indication, must profitlessly encumber and mar the simplicity of the term. As it stands, it is complete *per se*, clearly distinguishing this disease as it exists in either sex, by expressing the uniform character of the discharge, in which this disease alone may be said to consist; and that discharge being in its origin peculiar to the urethra, vagina, and certain parts immediately connected with them, it is unnecessary to include a reference to the fact in the generic term. It may easily be made available for all ordinary purposes, by adhibiting certain distinctive adjectives, as urethral, vaginal, uterine, vulval, ophthalmic, or conjunctival baptorrhœa. Or an adjective may be formed from it, and we may say baptorrhœal urethritis, vaginitis, uteritis, ophthalmitis, conjunctivitis, etc., thus clearly pointing out, beyond the possibility of mistake, the special character and seat of the malady.

But it will be found that in lectures, or in composition illustrative of this disease, it is desirable and most convenient, if not indispensable, to have one or two other and more direct terms, by which to specify its different species or seats, as they occur in the organs of men, or of women. Accordingly, I further propose to employ the term *baptorrhœa* as the specific term for baptorrhœa in men, from βαπτός;

οὐρήθρα, the urethra; *πέω*,—an *infectious flow from the urethra*. It is longer than baporrhœa by only one syllable, and perhaps at first slightly uneasy of utterance; but it specially characterises this disease in the male urethra, a distinction that is complete, for its presence in the urethræ of women is rare, and, when it does occur, must always have been preceded by, or be coexistent with, the same affection in the vagina. It also supersedes the necessity of having recourse to other expletives, although an adjective formed from it will be useful, as baptrethorrhœal disease, discharge, rheumatism, ophthalmia, etc., at once denoting baporrhœa, its effects, or *sequelæ* in the male.

A corresponding term thus becomes requisite to distinguish baporrhœa in the female. For this purpose, *baptothecorrhœa* is offered; from *βαπτός*; *θήκη*, a sheath, and so the vagina; *πέω*. This word aptly expresses the affection in women, an *infectious flow from the vagina*; while, in like manner, an adjective made from it, will significantly distinguish the inflammatory action, or its consequences, in any organ, or part of an organ, which the disease has attacked, as baptothecorrhœal discharge, abscess, conjunctivitis, etc.

To bring these proposed new terms under one view—

1. BAPTORRHŒA, an infectious flow or discharge—in place of *gonorrhœa*, a flow of semen; *blennorrhagia*, a bursting or gushing forth of mucus; *blennorrhœa*, a flow of mucus; or any combination of these and other terms hitherto in use, as a generic term correctly designating the characteristic symptom of the infectious venereal disease, which they, or their combinations, do not at all denote.

2. BAPTRETHORRHŒA, an infectious flow from the urethra; as directly expressive of baporrhœa in men.

3. BAPTOTHECORRHŒA, an infectious flow from the vagina; as at once indicative of baporrhœa in women. From each of these an useful adjective may be formed by the addition of the letter *l*.

Leeds, February 1852.