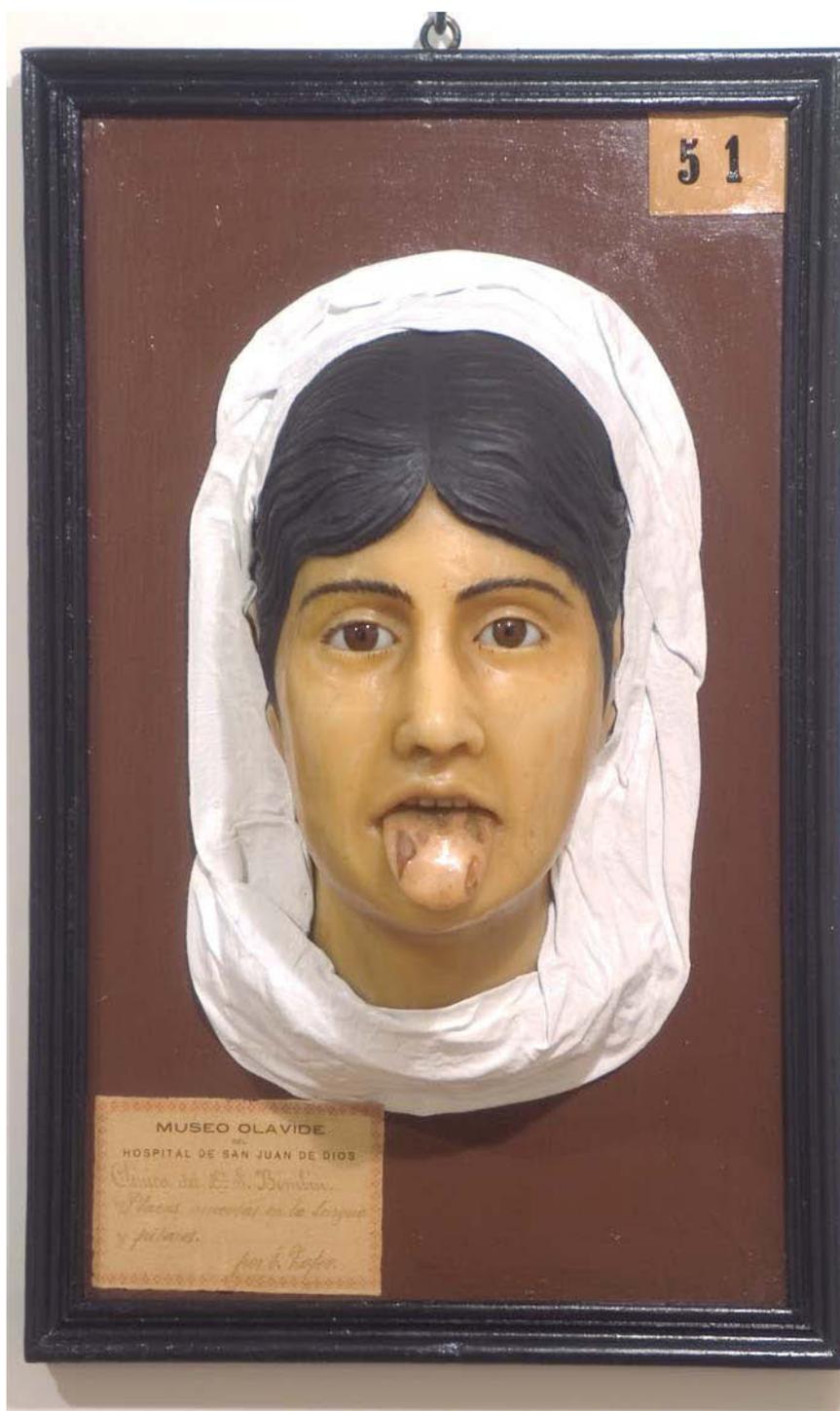


OLAVIDE MUSEUM

Mucosal Plaques on the Tongue and Pillars of the Fauces

Sculptor: Enrique Zofío. Clínica Dr Bombín (Olavide Museum Figure 51, Hospital de San Juan de Dios, Ward 5, Bed 21)



Dr. Colomo

Clinical History

Observation

NS, aged 21 years, unmarried, born in Seville, of nervous temperament and good constitution, with no history of hereditary diseases reported that, having had her first menstrual period at age 12, at which time she embarked on a life of licentious pursuits, she contracted various diseases. Some were the result of casual encounters to satisfy her sexual urges and others the result of her licentious profession. In this manner she reached the age of 20, at which time she was admitted to this clinic with a syphilitic ulcer of the fourchette. She was treated and cured after approximately 2 months, but continued to place her reproductive organs at risk in order to satisfy her sexual appetite. She was again seen in the hygiene department and admitted to this clinic, where the wax molding was taken and the following information recorded.

Supine Decubitus

Her general condition was quite poor. A bruised-looking purple area encircled her lower eyelids, her eyes were sunken, and her nose was thin and sharp. Her appetite was good, but she had difficulty swallowing because of a deep ulcer with raised edges on the upper surface of the tongue; she also had 2 ulcers on the uvula—1 on either side and with a dirty base—that approached each

other such that said organ would ultimately become detached from the soft palate. She also had deep ulcers on the pillars of fauces. Attempts at speech were very painful for her and her voice was hoarse because of difficulty producing sounds. On the sides of her neck and in the parotid region there were several areas of necrosis. In the gluteal region and the margins of the anus we observed a reddish swelling. Examination of her sexual organs revealed loss of tissue in the fourchette as a result of the syphilitic ulcer she had suffered, and production of a drop of opalescent and rather corrosive pus from the urethra when pressure was applied from back to front. Her pulse was rapid and strong, and her breathing was also rapid. Her secretions and excretions were suppressed and accompanied by pathological products. In view of these symptoms, we applied the following treatments.

Treatment Plan

Considering the patient's serious condition, she was prescribed a diet of broth and sherry wine; 60 g of mercuric potassium iodide, 30 g to be taken at 12 noon and the rest at 6 in the afternoon; and 3 hypodermic injections daily with 10 g calomel, 10 g water, and 1 g finely pulverized gum arabic, in suspension. In addition, a mixture of tannin, water, and wine was injected into the urethra. She was to gargle with a mixture of van Swieten's liquor and water in equal parts. The plaques were cauterized with melted silver nitrate for 2 days, and afterwards with mercuric nitrate and water in equal parts. This simple and appropriate treatment achieved healing of the plaques and cured the patient, who was discharged.

Commentary

This is another story of the kind that remains indelibly engraved in the memory, partly because the description is so vivid, and partly because it is sad to think of a young girl beginning her working life at such a tender age and in a trade that exposed her to such high risk, as her history shows.

The mention of treatment and follow-up of infected prostitutes by the hygiene department shows that this is one of the periods during which regulations regarding

venereal disease were in place. Azúa was a strong proponent of the prevention of sexually transmitted diseases, and the content of the "health warnings" he published could be fully endorsed today. In addition, his treatment is highly illustrative of how venereal diseases were treated at that time, and how mercury was used in different forms. The calomel ointment to which the text refers consisted of mercurous chloride.

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