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Lecture Oct. 7th 07.
Inflammatory conditions
that may affect penis,
Phymosis.

Is a condition in which
the prepuce cannot be re-
tracted over the glans.

It is present in fact
all male children at
birth and remains so
until 5 or 6 years of age.

Phymosis is very frequently
a temp. condition due to
some inflame. cause
such as gonorrhoea, chancres
+ chancroid, and it
may be due to a balanitis,
+ a balanopostitis.

The phymosis that you
see most commonly

called upon to treat is
that due to inflammatory
causes. It frequently
happens that in children
it continues to exist
indefinitely when it
is due to adhesions between
the prepuce & glans
these adhesions may be
very strongly organized,
so that they cannot be
broken down except
by a sharp cutting dissection
Sometimes in small
children the preputial
opening is so small that
the urinary flow is
obstructed the symptoms
of phimosis are mainly

those of the conditions
producing it, & the

If phymosis is mainly

those of the conditions
producing it, & the
treatment will depend
upon cause.

Those due to Inflamm,
causes, such as gon.
Chancres, & Chancroid
The prepuce etc,
should be irrigated daily
by a 1/2000 H₂O₂ solⁿ or
2% carbolic acid sol.
If there is much irrita-
tion present, lead water
& boric acid may be
used in addition.
Or the penis may be
washed in hot water.
This usually over comes
the phymosis.

If phymosis is due to Chancroid

which is producing
rapid return of
flap or prepice.
It will be necessary
to split the prepice
down the dorsum in
order to get at the
sore & stop its return of
it. Whenever it
is possible these oper-
ations should be post-
poned because your
line of incision
nearly always becomes
infected. In phymosis
occurring in children
& giving rise to symptoms
such as diff. in urina-
ting or to new warts

symptoms caused by
phymosis a circumcision

strong adhesions

symptoms caused by
phymosis a circumcision
should be advised.

In circumcising these
children you generally
find adhesion between
the prepuce & glans.
These must be care-
fully broken down,
& you must be care-
ful to get the sulcus
behind the corona exposed.
All cases of phymosis should
be circumcised.

Remembering that cir-
cumcision should not be
done thru inflammation
if possible.

Circumcision is performed
in the following way

The prepence is drawn
slightly over the glans
& a clamp placed on it
and with the blades
parallel to the coronal
sulcus, the tissue is
cut off with a knife
or sharp scissors & the
clamp removed
this allows the skin
to retract, but leaving
a hood of mucous membrane
still covering the glans
This hood is ^{split} ~~split~~
down the dorsum ^{up to} ~~up to~~
 $\frac{1}{2}$ inch of its reflection
on to the corona.
This then leaves two
flaps of mucous membrane

which should be trim-
med all the way around

flaps of mucous memb.

which should be trim-
med all the way around
 $\frac{1}{2}$ inch from its re-
flexion onto the glans.
The bleeding points
should be tied with very
fine cat gut, & the
first suture should be
placed thru the raphe
& the frenum of the
mucous memb.

The next suture is placed
in mid line on the
dorsum & the remain-
ing sutures are placed
as needed. In small

children fine cat gut
~~interrupted~~ ^{stitches}
should be used. In an

adult interrupted suture
of horse hair may be used

The dressing should
be as light as possible.
If it is properly done
healing should be pretty
well done in a week.
In adults may use a good
local anesthetic. In
children must use a gen. anesthetic.
Paraphymosis,

Is a condition in
which the prepuce
is retracted behind the
glans & can't be brought
forward. It may be
congenital or it
may be due to inflammation.
Conditions, such as
gon. Chancroid & Chancres

Paraphymosis very
Painful & causes the

gon. Chancroid & Chancres

Paraphimosis very frequently occurs in small boys from retracting a small prepuce skin over the glans with inability to draw it forwards the prepuce being drawn backward over the glans & being tighter than normal causes an edema, & this aggravates the paraphimosis & the paraphimosis the edema.

Appearance of paraphimosis. you will find just behind the glans a large glistening wall of mucous membrane, & just back of this a deep sinus

and back of this another
roll, & then a sulcus,
this may be repeated
the tis. about the
frenum are swollen
& edematous. The
pain may be very severe
depending upon the
amt. of constriction, if
it is very tight. Then
the tissue in front
may become gan-
guenous. As a rule
the constriction bands
relieve before gan-
guenous results. The
Bld. circ. is improved.
Treatment

If these cases are seen
at all

Treatment

If these cases are seen
before much edema
^{settles in}
the fore skin can often
be drawn over the glans
& condition be relieved
A flat substance such
as the handle of a scalpel
may be passed under the
foreskin & then drawn over
the prepuce over it. or
the glans may be seized
between the thumb &
finger & prepuce drawn
over. Where there is
edema you may
make multiple punctures
or hot applications
may be applied
unless inflammation
be reduced in a few

hours divide the
constricting bands.
+ Then the paraphimosis
can be reduced.

As soon as the edema
has disappeared the
patient should be
circumcised.

Balanitis +

Is an inflam. of the
glans + Balanopost
hitis is an inflam.

of the glans + the
mucous surface of
the prepuce.

Balanoposthitis is caused
by irritant substances
etc being allowed to

remain within con-

ops being allowed to

remain within con-
tacts with these surfaces
such as gonorrhoea
pus & chancre or if
sinus is allowed
to remain in the
prepuce for sev-
eral days & is most
frequent cause.

It gives rise to, a red and
inflamed condition
of the mucous membrane
& itching & swelling
of prepuce. In re-
flected cases there
may be some
suppuration.

In severe cases
the glands in the groin

may suppurate.
The treat is cleanliness.
Wipe the soe
several times daily
with a mild antiseptic,
 & apply a thin
layer of cotton between
the pieces & sores.
The dressing should
be changed several
times a day. Healing
is very prompt when
cleanliness is properly
served.

Herpes procutis
is a condition in
which small vesicles
develop on the human

on skin surface
penis. The sores

Develop on the human

on skin surface
pains. They develop
on an inflamed base
In a few days the
vesicles rupture leav-
ing little excoriated
areas. They vary in
number from a few
to a great many & when
they rupture they frequently
coalesce. Several
crops may develop before
the condition gets well
& if neglected a ulcer
of considerable depth
may be formed.
The symptoms may be
mild & at times
there is neuralgic
pains.

Treatment: Is clean
lines. The affected
area should be
frequently washed
+ treated with zinc
+ bismuth in equal
parts. When worked
all old powder should
be removed.

When there is pain
touching up the part
with tincture of
the 30, usually
healing is prompt.
Kupfer has the same
cause as leucitis.

There are two kinds.
One simply little
papillary growths

that occur on the

are simply little
papillary growths

that occur on the
mucous surface of
penis in the

at times they develop
on the skin surface
sometimes about the urethra &
frequently on Mucous Membr. of prepuce,
Venerene warts as a
rule are thread like
papillary growths
with a thread like
attachment. They vary
from 1 or 2 to several
hundreds of them;
where numerous there
is frequently a fine
branchage, they are
common after a
long attack of gon

They may follow an
attracted herpes,
they are due to hyper-
trophy of papillary
layer of skin
Best treatment is to
snip the warts off
with a pair of
scissors & then
touching the base
with carbolic acid,
where the surface
is thickly set shave
the surface with a
sharp knife & then
touch it with a
caustic. Can be
removed by circum-

cising. If an operation
is used the surface

removed by circum-

cising. If an operation
is refused, apply jarre
band to the wart, but
do not let it get
to the mucous surface
& the wart will drop
off. These warts usu-
ally occur between 15-
& 30 years of age.

Lecture Oct, 21st 07.

Cancer of Penis.

The most frequent form
is epithelioma. Rarely
carcinoma.

Carcinoma runs
rather a rapid course,
involving the inguinal
glands in a short time &
usually fatal.

Epithelioma is by far
the more common.
It usually begins after
mid life, commonly
begins as an innocent
looking venereal wart
or as a superficial eleva-
tion either on glans or
prepuce. In time it
gives rise to consider-
able induration of
tissues & an irreg-
ular ulceration & leads to
a cauliflower ^{like} growth.
In time the lymphatic
glands become involved
which may be rapidly
in some cases, but
in the majority of in-
stances the epithelioma

remains localized.

It is to be distinguished from

in the majority of instances the epithelium

remains localized.
This is brought about
by the peculiar anatom-
ical relations. There
is a dense fascia between
the glands & corpora
cavernosa.
There may be some
pain present after
the operation. None,
these growths invari-
ably kill unless
operation is early.
If seminal glands
have become involved
the patient will die
in spite of operation.
The diag. of epithel.
from chondroid may
be difficult.

but in the majority
of instances, a wound
on the penis of a
man of middle life
a part which does
not heal, ^{rapidly under prop. med.} is malig-
nant. A venereal
wart appearing
alone in a middle
aged man should
make you think of
malignant trouble
the treat. is surgery
the portion involved
should be cut away
& inguinal glands
should be dissected out
if there is any doubt
of their involvement.

Where you amputate
the penis you should

if there is any doubt
of their involvement.

Where you amputate
the penis you should
cut the spongy
portion about $\frac{1}{2}$
in. longer than the
corpus cavernosum.
Urethra
Anatomy. The urethra
the urethra is a
tube lined with M.M.
whose walls are in
contact when not in
use. It is about 8 in.
long. It begins at
the Blod. & ends at
the meatus. It div.
into ant. & post.
urethra. The ant.
urethra begins at
ant. surface of ant.

A ligament. & it
extends to the meatus
& is 6 in. long (about.)
The Ant. portion is
subdiv. into the
pendulous. or that
portion which extends
from ^{to the} ~~the~~ ^{parallel junction} meatus
is from the ~~the~~ ^{the} ~~bulbous~~
the scrotal junction
& then the bulbous
portion, which is
surrounded by the bulb
the, post. ureth. is
divided into 2 parts
ions. The penis which
lies between the 2 liga-
ments. is about $3/4$
in. long, & prostate
gland which tunnels

the upper ^{central} portion
of prostate & is 1/2 in.

giving rise to the
junction which tunnels

the ^{central} upper portion
of prostate & is 1/4 in
long

V urethra is lined
with M.M., which
is continuous with the
bladder post. & gland, and
the M.M. of urethra
digs down into the
ducts of glands that open
into the urethra.

The epithelium lining
urethra is columnar
except at meatus &
fossa navicularis, at
which points it is
squamous. The urethra
is not a tube of uniform
calibre. It has 3
points of dilatation

1st prostatic ureth.
2nd Bulbous
3rd begins at ant layer of
A lig.
3rd & 4th ossa navicularis
which is 1 in. behind
the os pubis. The urethra
is the narrowest
part of ureth. and
the bulb, is the
next narrowest.
The ureth has a no.
of glands opening into
it ^{from its upper surface} & there is one
large opening spoken
of as the lacuna
magna which opens
into the roof of the
navicular portion
of ureth.

It is large enough to
engage the point of

maxillary position
of mouth.

It is large enough to
engage the front of
small sounds.

There are a good no.
of glands, opening into
vagina, which are compound
racemose with average
ducts. & also there
are some along the
floor. These glands
are very imp. to you.
They are known as
Petters glands,
there are two glands
lying on each side
of memb. with
between a lig.
their ducts open
into the bulbous urethra.
They are Cowper's glands.

The bulbous urethra
begins at ant. portion
of ant. Δ lig.

Compens. Glands are
of very great import
because of the fre-
quency of imp. in young
they give rise to deep
seated abscess which
do not show on sur-
face & are hard to
locate.

Prostatic urethra,
contains the open-
ing of prostatic sinuses
& of the vas deferens
The penile urethra
is surrounded by
striated muscles for

two layers a circ &
longitudinal + these

surrounded by
striated muscles for

two layers a circ &
longitudinal & these
are important as sphin-
cters of blood they
are spoken of as
ext sphincters & the
internal sphincter
around prostate with
this ^{portion around ureth.} is spoken of as
compressor mechanism
also as cut of ureth.
Inflam. of ureth.
= Urethritis.

Urethritis may be
produced by a no.
of causes. It may
be due to rough
sounding ^{= mechanical} & the in-
jection of chem.

Erythema erythema
may result.

Erythema following
chemotherapy or gonorrhea
it disappears rapidly
on disappearance of dis.

Connection with
female during the
menstrual or with leu-
corrhea may cause
irritative erythema.

It usually gets better
soon & is due to
sepsis. Sometimes they
are resistant to treat.

& they may run a
prolonged course which
resists treat.
Another variety, it

Gonorrhea, is worse than
all the others.

Another variety, is

Gon, is worse than
all the others,

It specific to the
most common form
Gon, is an acute
infective disease
which may attack
any of the tr. but
is limited to the,
lined with columnar
epithel. In most
cases it is contrast
from injury,
sexual congress.
It may be con-
tracted in innumerable
ways by females. It
is very ~~prevalent~~ rarely
involved in the
male,

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Methine. all four are
not gone.

The great majority of cases
are gon. in origin.

Gon. is an infectious dis.
involving the m. m. &
ureth. as a rule. &
transmitted in vast
majority of instances,
by sexual approach.
Gon. is due to the action
of gonococci. Discovered
by Neisser.

It is a diplococcus &
stains by most any of
aniline dyes, Gentian
violet, Methylene blue
& Carbolfuchsin are
3 most popular stains.

There are few other m. m.
which closely resemble

+ Carbogel. Thionine are
3 most popular stains.

There are few other dyes,
which closely resemble
gonococcus but are not
specific. These react
differently to Grams.
The gonococcus is decolor.
by Gram's, i.e. where there
is any doubt always apply
Grams method.
Even when this method
is attended with 3 or 4%
of failures, it is to be a
100% sure resort
to cultural methods.
They are absolutely
characteristic. It is unnecessary
for gonococcus to be
introduced into the
method. From that
you can see ^{how} very

seldom it is transmitted innocently. In the female however, she may use contaminated articles, as soap, and transmit the gon. to the vulva. The gonococcus is placed upon the m. m. & it rapidly multiplies & extends down to deeper layers of M. M. until subcutaneous region is reached. By their action & the toxins they produce they give rise to irritation which causes infiltration of lss & this is converted into pus.

And by the mech. action of the pus the superficial

this is converted into
foss.

And by the mech. action
of ν plus the superficial
layer of epithelium
is pushed off mesh.

These pushed off areas
are replaced by squamous
epithelium. In that
way gon. is cured
because gonococci do
not attack squamous
epith., except in rare
instances. For this
reason the adult
female vagina is
not often attacked
the ureth., being usually
attacked in female.
This squamous epith.
accounts for the B
not being attacked.

The gonococci always
extend down the crypts
of glands
that open into the
urethra, & into the
subglandular epith.
& produce inf. of these
glands, which frequently
results in occlusion
of gland ducts. & sear-
ing being retained
gives rise to urethral
abscess which is quite
frequent. This gon-
orrheal infection
extends along the
ducts of Cowper's glands
giving rise to deep
sealike abscesses which
we run across in gon.

& presence of these glands
is very important because

we run across in gon

& presence of these glands
is very imp. because
the gonococci are har-
bored there for a long
time, & it is right that
dis. on slight provocation

Gon is the most
frequent cause of
stricture. It is said
to be in 75-80% of strict.
Causes of Strict.

1. Gon.
2. Chancroid (which only
occurs at the urethra)
3. Traumatism, e.g.
injury of ureth.

Gon. is always the
cause of stricture, deep
in ant. ureth., unless
the pati. has had ureth.
injury.

Incubation period of
gon. In most cases
is from 2-5 days.
But not longer than
24 hrs + there in
other rare instances
10-14 days. In a very
virulent inoculation
of gon. with lowered
resistance you may
get incubation in
24 hrs. As a rule
where syngis. appear
very soon after water
course or a long
time afterwards you
should have doubt
as to whether it is
gon. or not.

Prodromal period
D. gon.

gon, or not,

Prodromal period
of gon.
Is usually charact.
by a little itchy
feeling about the
meatus or something
that causes the part
to exam. the meatus
from time to time
mainly a bothered
conscious. Then
for a short while you
may have uneasiness
or irritation

At the end of 2-
5 days there will
be a beginning reddening
of the meatus.
Perhaps some swelling
& a little stinging or

mination. & a very
light musc-jointed
discharge. This discharge
as time passes grows
more profuse & becomes
thicker & frequently
greenish yellow in
color, due to a little
tinge of blood. This
discharge continues
to grow about 2 weeks
at the end of that
time you have a con-
stant drop, then it
remains on a stand
still for 2 wks. & then
begins to decline,
becoming thinner
in appearance & losing

its yellowish stain.

in appearance & losing

it is yellowish stain
& gradually assumes
a mucopurulent
appearance again
& finally fails to appear
as mucus, but for
a time after the appear-
ance it is still found
in small amounts,
but sticks to the m. of
mucus, & is washed
away with each urina-
tion or it may
happen that during
the night when the
urine is not passed
for a long while a suf-
ficient amount of pus
accumulates & appears
as a morning drop

In the beginning you
is in the ant. pelvis,
White & Martin say that
you extends into the
post. ureth. in most
all cases, But that
is found in front of
the compressor ureth.
mus. appears at the
urethrus. Behind the
under 1. mus it trick-
les back into the B
Andor Urinae or
burning or irritation
This appears very soon
after the discharge
disappears is often
excessively painful
and V scalding is
most intense.

due to contact of
acid urine with the

and V scolding is
most intense.

due to contact of
acid urine with the
flamed m. m.
This burning unless
treated keeps up for
3 or 4 wks & only gets
better in the stage
of decline. This may
be prevented by taking
potassium citrate!
This renders the urine
alk. This ac. infl.
condition excites sex-
ual instincts causing
erections which are
very painful. This pain
is due to the fact that the
inverted m. m. &
peri ureth. tis. are infl.
& infiltrated & must

stretch to accommodate
themselves to the
increase in length
of the corpora cavernosa
This is worse at night
after jmt. gets to bed
& gets warm & tries
to sleep, & frequently
deprives him of rest
where the infl. is
exceedingly intense
There is a condition
brought about called
Chordee, which is a
bending of the organ
during the erection.
Pathology of Chordee
is as follows.
The trabeculae of the organ

body becomes filled
with inflammation and

The structure of young

body becomes filled
with inflammatory exudate
due to the intensity
of the infl. & because
of the presence of the
head, the spongy
body cannot elongate.
& when the corpora
cavernosa become
engorged & elongated
the spongy body
acts as a hindrance
& bends it over.
The convexity being
upward & concavity
downward or it
may be reversed,
when the corpora cavernosa
are filled
with infl. exud.

It may be later
when one side
is filled with infl.
and, Besides one
excessive pain free
& deprive these joints
of needed rest.
We have frequent urina-
tion with the gonorrhea
where the gon is
confining to art, with
frequency of urination
is not a marked symptom
but when the joint
with becomes in-
volved with frequ-
ent & urgent urina-
tion becomes a
urination is frequently

accompanied with
most intense gyno-

Urination is frequently

accompanied with
most intense gripping
& pain when the infl.
extends to the trigonum
you have the urge
to urinate every
few minutes &
after agonizing pain
& gripping only a few
drops of pink pass.
Happily in the majority
of cases sympt. are
less intense, when
the infl. extends to
post. ureth. a few
drops of bld may pass
with the last drop of
urine, this bld comes
from the congested
prostatic ureth.

& is forced out
by gripping. During
the height of rage you
get more albumen
in the urine than
can be accounted
for by the pus.
Occasionally there
are constitutional
symptoms of some severity
Especially when the
first attack is involved
you may have
Pain in the
back & headache
etc. This is not pre-
sent in all cases
Gon. is a dis. of many
complications.

~~Which are~~
Complications of

Gon. is a dis. w/ many complications.

~~Which are~~
Complications of
ant. ureth are pain
urethral abscess,
Balanitis, Balano-
prosthitis, pain ureth-
ritis, Syngchagitis.
Of Post ureth.
Epididymitis, Gon.
rheumatism, Sympse
neurasthenia, Vesicu-
litis, Prostatitis.

Prognosis: Is favorable.
Usually it gets worse
for about 2 wks.
remains on a stand
still 2 wks, & then
begins to get better
for an indefinite
period of time.

When you have an
early stage of decline
it lasts from 2-4
wks. Making the
course in all 6-8
wks. in favorable
cases.

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Course of an ordinary

Lecture Nov 4th 07.

A course of an ordinary uncomplicated ac. case of gon is 6-8 weeks.

A symptom in an untreated case grows worse for about 2 wks. then they remain at a stand still for 2 wks. then they decline for about 2-4 wks. It is very common for gon. to run a much more protracted course.

Treat of ac. gon.

Is divd into prophylactic abortive & gen. treat.

The proper method of treat. is to prevent it. The only safe method

of prophylaxis in those
who expose themselves
is wearing of some
improvised covering,
& then after intercourse
a thorough washing with
an antiseptic such as
1/1000 Hg Cl₂.

The improvised covering
is usually dispensed with
and considerable reliance
is placed on antiseptics,
washes & injections,
1/1000 Hg Cl₂ is sufficient
for wash, but the injection
should be 1/10000, and
only 1 qt in. or 2 quarts
should be injected.
This will prevent many
an attack of gon.

Abortive Treat of Gon
Gon. Can be aborted
if you get it in time.
But you have to get
hold of it before the
gonococ. have penetrated
to deeper layers of
epithel. If a patient comes
to you with these sympt.
a little drop of discharge
appearing at times,
& a burning or tickling
during urination & the
presence of gon. during
discharge & all the
gonoc. are extracellular
then the patient is a
fit subject for abortive
treat. But if there
is a little well formed

bottle and each
time your bottle
becomes half empty
you fill it with sterile
Dist. 13. of this sol. is
injected into V rect
4 times a day & this
is kept up for 3 or 4 days
you will sometimes
shoot a cone of gonorrhea
in this way

The silver salts cause
a desquamation of
V epithel. & about
treat. is sometimes
carried out by copious
irrigation. Mark by
weak antisept. sol. of
16000 KMNO₃ is good

Copious irrigation of
antisept. sol. with 16000

Absorbent cotton in
the crack & it
absorbs the discharge.
Where the skin
is very long you may
put a little cotton in
the cavity & fasten
the opening so that it
is kept from slipping
out. A patient suffering
from gonorrhea should
keep as still as pos-
sible. If they can afford
it a wheel stool for
it to rest in bed is very
valuable, but the
great majority of patients
will not go to bed.
They should be advised
to keep off their feet as

much as possible
to avoid all severe
excitement of all
kind & their
diet must be looked
into carefully. If you
can put a foot into
a chest of skinned
muck he will escape
many complications
such as cholera, and
prostatic abscesses.

Meats especially fat
meats should be taken
very sparingly.

Alcoholic beverages
should be abstained
from absolutely.

Beer is one of the most
harmful drinks.

from absolutely

Beer is one of the most
harmful drinks a man
can take. If it becomes
necessary for appear-
ances sake a little
light wine should be
allowed as the least harm-
ful. Tobacco in moderat-
ion in moderation
is not harmful, and
really acts in a soothing
manner on the
system. Tea & coffee
can be taken in moderation
but are harmful.
Highly seasoned foods
and pickled asparagus
is harmful, in particular.
The urine should be
rendered just as bland

as possible,
Render the urine
less acid or either
neutral or alk.

Rx. To render urine alk

K Oxalate $\$ 3.6$

to Hyoscyamus $\$ 3.4$

same g. sol $\$ 3.3$

sig. 4 times a day.

Advise the patient to
drink lots of water.

A little acetic
can be added to these
prescript. A little
~~acetic~~ veratrum

Divide. + Na HCO₃

K Citrate + Na Brane

frequently given.

There is severe

asthma & treatment

frequently given.

There are several
methods of treating
gonorrhea, you will find
each author confident
his method is the
best. There are 3
gen. methods.
1st Consists of hyper-
-ic treat & int. medica-
-tion during the ac-
-ute stage, & supplemented
by antiseptic inject-
-ions & stage of decline.
2nd method, put
them on a diet & put
them to bed.

many men that
you will do bet-
ter when nothing
but 'int. med.' is
used during these
stages.

There are several
drugs which when
administered exercise
a curative action on
the infl. in the
muc. of these ducts
& balsamic prep.
stand first.

Such as oil of sandal
wood, cubeb & copai-
ba. An exceedingly
good prescript. is

Salol 3T

Ol. Sandalwood 3T

Peppermint gr 10.

Should be put up
in about 8 cap. or
cashes, and one of
these given 4 times
a day. Cubeb &
Copaiba are more
frequently used in the
declining stages of
gon. because they
st. irritate urethra
in the stages.

Ol. Sandalwood M. 3

Balsam Copaiba M. 3

Salol gr III

Ol. Cinnamon M. 1

Put in cap. & give
one of these 4 or

5 times daily.

To these balsamic
prep & seal up
the part. & then
you may use again
or they may give
me to avoid pain
in & back and to
irritation of K,
if ~~the~~ Copalva not
infrequently causes
a rash. When this
occurs you should
institute ~~not~~ stop
give $7\frac{1}{2}$ gr 4 or 5
times daily.

5 or 10 gr Boric
acid may be given
4 times daily

In earlier stage ^{of gon}
you depend upon oil

acid may be given
4 times daily

In earlier stage ^{if you} legend upon oil
of Sandal wood & sage
In declining stage
cubels & coysaid
me of benefit.
Something should be given
to render urine
bland "an alk"
structure is indicated
Where urine is highly
acid. If urine is alk
at beginning it
will do harm.
These patients should
drink plenty of H₂O.
If sp. gr. happens to
be high, they should
drink sufficient to
dilute the urine.

with round smooth
nipple, which will
hold 2 or 3.3 V
inject to make after
each act. of insertion
forcing the inject.
into & retreat until
a sense of fullness
is felt the V. perineum
the inject is re-
tained for about
5 min. when it
is allowed to flow
out. Any inject that
prod. more than
a slight sense of
discomfort is too strong.
With these little
hand syringes you
can't force the

inject into the
cut off sinus,
As it case improves
as it discharge becomes
less profuse & inject
are made less freely
during the course
to 1 or 2 per day &
then stopping entirely.
There are times
- and other days
used for inject
1-9 cc 1-5000 or
1-10000 is used
an inject of KMnO₄
1-6000 up to 1-1000
is used

Prescript.
Azcol & 95"
Carbolic acid for

6-12 gms.

Sulphur carbonate of
Zinc from 12 grains
to 60 g.

Boroglycine 25 g
3 III

Aqua dest. g. s. ad 3 III

This injection is unique
in any stage of gonorrhea.

The strength can
be varied.

In declining stage
where most of
pus has disappeared

it is chiefly mucous.

A strongstringer
is indicated.

Prescript for same

Extr of Hydrastis 3 VI

Bismuth sub carbonate 3 VI

25 g. of Boroglycine 3 VI

Aqua dest. g. s. ad 3 VI

25% of Potassium 3VI
Bismuth subcarbonate 3VI

25% of Bowglycide 3VI
Aqueous dent. sol. 3VI
This is used as an
inject from 1-3 times
per day.

Another good
astringent inject.

Recipe for Injection
(Brown)

In SD 4	gr 15
Ph acetate	gr XX

L. opium

L. catechu aa 3 II

Aqueous dent. sol. 3VI

Another good astring-
ant inject. →
L. lymanii

In SD 4	gr XX
Pulv. Alum	gr 6-12
Carbonic acid	gr 4

Specimen at 3 PM
The antiseptic agent
should always be
used when it goes
occasionally
after discharge
has become
irritated
for discharge
small than you
use the ant
septic,
10 times as much
is better for
int. need, than a
capsule the S. stands it
better

Lafayette mixture
Blackman & Co's

Lafayette mixture
Bleedon of Copsin
Compulsory Shenkei
Spiritus citrius ether aa 3 ss
Siquor Potassii 3 ss
O.C. Guethia 3 Tl
Mucilage Acaciae
q.s. ad 3 Tl
White & Martin says
it is a very good prescript
Give Tl 3 or 4 times
a day. As a rule
a dose of gr. will
run its course in
3-6 wks.

Some medical
surgeons think that
they should make
injections from the
beginning with.

They think they get better results with this than

with the

3rd method, give

same method.

Use copious

irrigations of V

with weak

antiseptic inject.

The vast majority

of cases of gon.

involve the pos.

not soon after

V beginning. When

you use it flush

ing. V. uterine cervical

canal is irrigated.

When you are cer-

-tain of ant. ut.

is all involved

in that position

should be irrigated

1-6000 of the ^{most popular}
used. Use
1-6000 & gradually
increase fully, reach-
ing 1-2000.

Protargol can be
used in same strength
Hyller put up in
normal saline sol-
in a strength of 1-10000
or 1-20000 & 2%
used.

Method of irrigation.
You require a rubber
douche bag with
a rubber tubing about
8 ft long at end
of which we have
a tip to fit & insert.
Every thing must be aseptic.

For each treat about
1 quart of sol in the

A tip to fit & means
Every thing must be aseptic.

For each treat about
1 quart of sol is put
in the douche bag.
& if only antiseptic
is to be irrigated,
the bag is elevated
about 3 ft. above
the urethra. As soon
as the patient feels ten-
sion in perineum
the fluid is emptied
& refilled again.
In majority of instances
the post op. is inflected
also. Now when you
want to irrigate
the entire rectum the
~~bag~~ douche bag is
elevated about 5 or
6 ft. The point is

fitted and V means
the part is to be
struck as tho he
wanted to pass, but
H.D. This lets V
fluid flow right into
V bladder & when
it is distended he
is instigated to
urinate. & the
fld. passes out
V B should be filled
about twice at
each treatment.
Should have rubber
cyrans for both of you
Dringations should
be given about twice
per day. morning
night, after

dis. begins,
Lymph does not follow
a clear cut course.
Chancres as a
primary lesion.

Dr. Logan
Type & Location of Lesions

beginning they should
be rapidly or slowly
decreased depend-
ing upon progress
of the case until
they are discontinued
entirely.

During epididymitis
you should suspend
all local treatment.

Lecture, Nov. 18th 1907.

Conditions wch. contrain-
dicate local treat.

1st ac. Epididymitis
2nd ^{Very} ac. post. orchitis
renders local treat. so
painful as to contrain-
dicate it.

When local treat causes

~~Symptoms disappear~~
There will continue
in rock. There is
no symptom present.
rock, may last from
a few months to 2
yrs. or it may last
for the rest of life.

6. Tertiary Period
In rock. Lesions
are deep seated and
ulcerative in char-
acter, and there
symptoms may come
on at any time
during the life
but the more
common from two
to 4 yrs after

There is a
withdrawing of the

very intense pain it
should not be employed
but in a majority of
instances local treat.
is very beneficial & should
be employed, where
gon. lasts longer than
8 or 10 weeks it is
spoken of as ch. gon.
or gleet, ch. gon. me.
due to strict continence
1 month or to a narrow-
ing of the ureters.

It me. due to info.
of the follicles & ducts
that open into the
ureth. It me. due
to faulty treatment &
part of the surgeon.
It is very often due to

no days or time,
delayed 3 mon,
then we have a
4th period of sec-
ondary syphilis. This
period begins as
soon as constant
syphilis make their
appearance and
it lasts as long
as the syphilitic lesions are
superficial.

VCh. is on an aver-
-age 12 mon to
2 yrs, or time
shorter or longer
5. ~~In the~~ we may
have an intermit-
tent period.
after 2 secondary

no stage in the
development of
man to woman

failure to observe hygienic
rules by the female,
+ then V ch. gon.
ure. due to steps up
by constitutional
dis. such as gonit + the
this is Ch. gon.
Ch. gon is dis. into
V ant. + post varities
1st Ch. ant. urethritis.
Partl. changes of Ch.
ant. urethritis. are
due to round cells
infiltration beneath
the m. m. of V ureth.
+ about 1 duct + glands
that open into V
ureth. are met
with a thickening of
V m. m.

2. have 1 period of
primary sympt^s,
wh. includes 1
period of chan,
+ 1 enlargement
of 1 gland nearest
it chan.

Then we have 1
3. period of secondary
incubation wh.
of course includes
1 period of primary
sympt. and it
lasts from 1 time
1 chancre appears
until 1 chan^{disappears}, +
1 constant sympt.
After this period
is about 42 days
some as short as

of the ~~throat~~ ~~throat~~
throat & pharynx

So there are some localized ulcerations & little watery like growths. They occur anywhere along ant. ureth. Chygon, is most fully located in bulbous portion of ureth, & condition may occur as localized patches here & there or it may occur as diffuse catarrhal infl. of ureth. (ant. entire). The symptoms are exceedingly mild a purulent discharge when all that is present. This discharge is so slight that it

deep seated in lesions appear early & be severe

most type.

Tertiary lesions
develop early
& be severe & fatal,
may die early in
attack.

For convenience
syphilis divided
into several periods
1. Period of primary
incubation, which is
the period between the
time of infection & the
development of the
chancre. This is an
average 3 wks,
it varies between
to 10 days and
3 months usually
& 3 wks. The etc

each case in ^{order} of ^{importance} & the others

is not seen in V
day time, but it
occurs as V morning
begins. The urine washes
it away in V day,
so it remains only
a slight gluing
together of V material
in V morning,
and nothing left
shreds appear in V
urine, these clay
shreds are made
up of strands of mucus
containing ^{epithelial} cells
they are thrown off
from irritated
areas, & little
plugs of mucus &
epithel. which comes

more energy. and
v mild form there
will be a skin
eruption that yields
very rapidly to
treatment. There will
be a few mild
recurrences of eruption
and perhaps some
raw throat & v
mild erythematous
yields very rapidly to
treatment after that
the three ~~measures~~^{as long as you do}
further remedy.
v ~~part~~^{region} m. show
a tendency to be
very active from
v ~~and~~ start.
the this is v truly

from old meat that
open into & with,
the thrown off.
These claps shed in
contain gonococci
& pus cells. Fish
few claps shed out
of & urine & put them
on a slide & stain
them like you would
gon. pus the exacer-
bations are very rare.
There are symptoms
attended with burn-
ing on miction.
These sympt. subside
rapidly, regaining &
ch. symptoms.
You must differentiate
the between ch. and

more on ch. than

Types of typh.
Typh may be very
mild.

1. Mild Form

In v mild form
v pat. may have v
cham, there may
no skin eruption
or it may be so mild
that it escapes v
pat. notice. They
bracket the pat very little
there may be a cham.
or v erupt. may be so
slight as not to
call v pat. attention
to it. There may
be later on tertiary
lesions of a serious
nature.

mediate wife,
ex. using a rope
That has been used
for shaving a rypk,
person, & drinking
from a cup that
a rypk. drank from,
a rypk. may loan
some one his pipe.

Medicine
12/2/20
to ch. post urethrit
This is done by 2 two
glass test. In ch.
ant urethrit & V
first urine that
is passed is cloudy
& urine passed
in 2nd glass is
not cloudy but is
clear. In order
to be certain urine
are & ant. ureth
thoroughly by passing a
sterilized rubber
catheter back &
out not thru the
compressor ureth
urine, & then urine
are the ant. ureth
copiously. This dislodge

course,

✓ gynecologist or
✓ obstetrician

exam. a syph. pat.
may contract a
chancre of V finger,
a surgeon who also
inoculate himself
by sticking with a
needle,

a syphitic person suf-
fering from various
patches of V mouth
may inoculate
by kissing.

then syph. inf. m.e.
contracted by un-
natural practice.
Syphitic inf. m.e.
~~can~~ conveyed by

all $\sqrt{}$ from $\sqrt{}$ ant
meth. Then have
 $\sqrt{}$ part. part
water & say $\sqrt{}$ 1st
mine is clear only
 $\sqrt{}$ ant. meth.
is involved. But
if it is cloudy after
this $\sqrt{}$ part. which
is involved.

Ch. Post. method
Frlly. gives rise to almost
no sympathy at all. It
may cause some frequency
& urgency of $\frac{1}{2}$ act of
urination, & discharge
from it will not
appear at $\frac{1}{2}$ month
but flows backward
into $\frac{1}{2}$ bladder.

~~very common~~, common,
Contagion of syph.
lives about 2 yrs.
very seldom over 3 yrs.
and there has never
been a case on
record where it has
remained 5 yrs after
original sole,
power of transmis-
sion to heredity lasts
longer than this.
Active treat. will
kill & contagion
modes of contag.
are, either mediate
or immediate.

The Immediate
method is nearly
always by sexual inter

of discharge is very
slight. It merely
remains in V with
x. it worked away
by each act of
urination. The
majority of cases of post
urethritis get better
without much trouble
but they are very
bothersome.

V m. m. becomes
infiltrated with round
cells, each is usually
very superficial but
the infiltrate may
extend deeper.

Surrounding the open-
ings of V by glandular
substance of the prostate

from & character,
& in & secretion
from & numerous pat-
ches, from & bed,
and from & sec-
ondary lesions or
skin eruptions.

& in fact is not
present in & phys.
secretions unless
they happen to be
contaminated from
matter that is foreign
to them. & phys.
secretions do not
contain & contag-
ion, such as milk
reuben, and, etc.
& reuben does con-
tain & power to infect.

seminal vesicles & next into
the prostate gland.
If this deep infiltrate
becomes organized it
may occlude the open-
ings of the prostate
seminal vesicles & the ejacu-
latory duct. This
may have its pressure
on the nerves giving
rise to nervous symptoms
& reflexes. We are
describing under the
term sexual neuritis.
Therein, they are very
pitiful cases.
In the majority of in-
stances these cases
get well.
Prognosis is good as a rule.

syph.
1. Those who have
suffered from ac-
quired syph.

2. Those who have
inherited syph.

Profetas: immu-
-ty.

3. A mother who
has given birth to a
syph. child. - Colles
law. is immune
even tho she shows no
evidence of syph.

So a syph. mother gives
birth to a child that
is not syphilitic.

there are infections

Contagion of Syph.

Residence & exposures

(Ch. urethritis)

Treatment of Ch. urethritis. (Ant) you must see that V method cause is not structured.

If V means will not admit a 2.6 French sound you should enlarge it, = Meatus. Vag. & then one treatment directed toward V healing of V local areas of infect. & toward V healing of V gen. cond. & whole condition of V ureth. Irrigations are imp. here. The same irrigations used in ac. ureth.

unless perhaps we
except Spirocheta
pallida of Shauder.
this mis. was dis-
covered about 2 yrs.
ago. & it has been
very nearly definitely
fixed as cause
of syph. 1 attack
gives immunity
gives against short-
er. Certainly
burning & secondary
& primary stages
and in nearly
all cases for
life. there are a
few second attac-
ks. The following are
immune against

of soft & ductile
in original condition

into me turned
only stronger.
When the one
was aged about 100
years. can only be
discovered by X-ray
scope. ^(X-ray) The appa-
ratus is of X-ray
type is followed
by good results.
They are applied thru
X-ray scope &
inflated points being
touched with X-ray
1-10% strength.
or = parts of carbon
and boron. or
with Hg Cl₂ 1-200
These points are
touched with a

to me. ~~Trans~~ trans-
mitted by heredity,
character by development
of a chancre &
General lympho-
is enlargement,
and by ~~the~~ super-
ficial eruption
of skin and mucous
and later by deep-
seated either circums-
cribed or diffuse
round celled infl.
Syphilis almost cer-
tainly due to some
poison, numerous
poisons have been
accused from time
to time but none
have been proven
guilty

20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 851. 852. 853. 8

little pledge of common
\$0.01 worth of heating
fuel. If vegetation
are present,
you can collect
with a good water content
of brown them of
in a vast number
of instances. These
typical applications
are not necessary
blue there is a direct
condition of the entire
market. The
Ag 100, 1-2000
to 1-1500 for
and with it
for post with
about 1-3000
Ag 100.

parent web is
nearly always the cause.
you pack the place
and allow it to heal
up. If you do dissent
it glows but before
they ^{they} suppurate you should
catch all & bleed
ing points. These
wounds require care-
ful after treat. you
place a small drain
(rubber tube in r
wd) or iodoform gut.
If r wd. entirely
recovers in 4 or 5
wks. you consider
it ^{very} fortunate,
Syphilis,
is an ~~life~~ infection

meanly cheap this one.
I got it

Nov 25th 07.
St. St. happens that
Ch. within does
not improve ^{under irrigation} & then
we resort to instilla-
tion. The drugs used
are 1st Ag 1/2 strength
2nd 1-10 %.

Protargil same strength
Equal parts of 1-10
of Iodine & Salicylic
acid.

these are the main
remedies used for
instillation

& they are applied
to growths by the
means of an irriga-
tor, or ordinary
syringe & rubber cath

break down and
suppurate and
if it also happens to
be unilocular & pus
should be evacuated
then a small open-
ing, then inject
20 to 30 per cent emulsion
into the cavity,
if you can cure it ^{operatively} without
unfortunately a lye,
no. glands are usually
involved. In these
cases it is well to
make a free incision
over the most prom-
inent portion of
the gland and dissect
them out. ^{early if it is time it is safe} they ^{dissect out}
and if pus is

Back down and
upward and

etc may be used
instead of instillator
With your instilla-
tor properly inserted
you force about
10 drops into the
nostril: you usually
begin with a 10%
sol. of AgNO₃ & grad-
ually up in strength
AgNO₃ to the best.
Your instillation
should each time
be preceded by a
copious irrigation.
They are practiced
about 2-3 times
per wk.

The other medicines
are used in L

Handwritten text on lined paper, likely a medical note or prescription:

+ Hg = parts. or
comp. Doline inst.
as much pre. as
possible should be
made by means
of a cloth to band-
age over a copious
dressing. If under
your treat. & glands
don't get better you
can be almost
certain they are
beginning to break
down. Hb. & vires
A few drops 10%
carbolic acid into
these glands will pre-
vent & develop. of
abs. but this is
rare. If & glands.

For soap. 1000
2. 1000 = 1000

Same way & the
bladder should
have a certain amount
of fluid in it to
rehydrate the muscle.
Bladder must not be
full & distended.
It is an instrument
does not contain urine
etc. Rx -

O.C. Theobromine 13.
Cerulean flava 10.
Og 1003 15.
Paeon Perm 10.
This instrument is
melted over a
water bath & while
melted a sound
is dipped ^{in it} & then
it is allowed

To destroy chan ^{and} ^{growths}
conting ^{thoroughly}
provided you can
be complete. This
will very often pre-
vent & develop of
tubo. After an
inquisitorial enceph.
when has begun
& put. should be
put to bed & &
chanoid should
be treated. The put.
& bowels should be
removed freely. Hot
applications should
be applied. & & glands
if you put, refuses
to go to bed you
should use some
oil. ichthyol &

To destroy the growth of
cancerous growths
V. 11

to cool on & sound
& harder. The
sound is then
passed into & with
allowed to remain
in the wound
of the body until
the sound is
applied to the
sound. To
any part of the sound
you want to
you may apply it
to the whole sound
where whose matter
is to be medicated.
Perhaps a better method
of applying a
sound by means
of a catheter with a
open end, a strong

Lecture. Jan. 20th 88.
Inguinal Buboe is
very com. after chancre.
Bubo comes on one
or 2 wks after the
beginning of sore.
It may come on after
sore has ~~be~~ cicatrized.
It is very com.
to meet with enlarge-
ment of ~~the~~ pelvic
glands. They communicate
thru ~~the~~ femoral open-
ing and thus cause
enlargement.

Where to
treat of inguinal
Bubo.

In all cases of chan.
oroid you should

See also. Jan. 20. 1895.
Dental Bridges in

fitting obturator
piece from the
medial side of
catheter into
mouth.

Recipe of creolin
Rx Creolin 15 - 15 gr
Camolin 3 1,
Sweet Oil, 4 4,
make an oint.

out of this and
apply to mouth
or you may use
a good infusion of
Creolin. There
are many other
drugs used.

presence is important
in treatment of
metastasis.

the piece of a full
sized wound is
inserted in the tract
of both and report
functioning. & there
is an especially
arranged dilator
so arranged that
when the wound
is in place you
turn a screw &
this causes an
increase in size
of the wound.
The application
of hot or cold water
to the prostate ure
thra is fully of great
benefit to these cases.

you may apply this

benefit to these cases.

you may apply this
by a sound or rather
by two rubber tubes
arranged so that a con-
stant flow of hot or cold
water is kept circulating thro't.

Boys & Female
Boys in & female
attacks the ^{by preference} ~~men~~.

next to ureters, then
to cervix & uterus,
then to fallopian
tubes & lastly to
vagina.

Boys of & vagina is
least prone to
may occur in
young children
& young girls,
but it is in &

part and spread
in another,
you may have
v skin of abd.
destroyed and
v testicle said
to bare, you may
have this condition
continuing in
definitely, you
may give v part,
an anesthetic
and cauterize
if this also begins
to spread, you
may give ^{when v. u. spreads slowly} ~~give~~ ^{not} ~~give~~ ^{do} you
hot fomentations and
nutritious diet.

~~female guinea pigs~~
female guinea pigs rise
to sympt. similar
to those in males
only they are milder
and may not be noticed.
There are follicles
growing into 1 follicle
met. just as in
male & the wife
of these keeps it
longer going. The
two most important
of these open into
it met., just
within the meatus
on the floor.
The sympt. are
like those in
males but may
be so mild as to

crowd.

Duration is from
7 - 12 wks.

If you can control
it then you can
get them well in.

10 - 12 days.

They do not

If your chancre
ulcer becomes
plagiarism you
may have very
rapid dentition.
You may find
this condition
wherever health is
run down.
You may find
the same thing

be over looked.

Treat, same as
in 2 rule.

The duration is
not so long &
dis. does not so
ply become ch.
Gon. very common
ly attacks & vul-
va & gives rise to
a sense of heat
or soreness,
& by some exco-
riation & consid-
erable pain & not
imply venereal
glands, these attacks
& vulva.

These symptoms. shew
by ac. & gonorr.

majority of these
cases of line of
your incision
will become chan-
-croidal. You
should never
circumcise in
presence of
chancroids, be-
cause you will
get a entire
line of your
circumcision in-
fection, for
circumcision
give a general
infection, and
thorough cutting
is nec, then oper-
-ate wide of chan-

unfolding 12 lines
of 12 lines

rather short
course as a rule,
but may affect
1 gld of 12 bottles
giving rise to either
in de, or ch, con-
dition & ac, con-
dition may be asso-
ciated with an
absence of consider-
able size. In 1
ch, variety we
usually get an
induration about
1 gland. In 1
ac, absence you
open it up &
draw & pack it
In 1 ch, variety
you freq. have to dis-

Hydro or black
was or 2 1/2 to 5 carbolic
to apply every
hour, or he
must sit in
a hip bath; In
the majority of these
cases swelling
will subside
but in ~~some~~
condition be-
comes worse.
It will be neces-
sary to slit & drain
if I prepare
thoroughly antiseptic
& line of incision
& then treat &
Chancroid as direc-
ted. In a good

you must
irrigate tree,
beg. with your
antisept. Then
put a bit of cotton
in 1-4000 & 7000
and place ^{over} ~~over~~

well, you may
have to fasten on
by a mill, burlap
and this dressing
must be changed
every time to pre-
vent.

If 1 part has phy-
moo is from 2
above the prepu-
-cine sac must
be irrigated every
2 or 3 hrs with

Don't stop
your lab

Lecture 12/2/07
Complications of
gon.

Proctitis & Balano-
posthitis, are frequently
due to gon. & their
sympt. & treat. are
the same as when due
to other causes.

Gonorrhea get phymosis
& paraphimosis
either one of these
due to gon. The
prepuce ply becomes
very edematous,
The sympt & treat.
are the same as
when due to other
causes. In a case
of phymosis due to

~~#~~ 2 1/2 No.

If you are going
to apply a dressing
it must be chan-
ged every time
~~up~~ the part minutes.

If the part has a
long bare skin
a simple dressing
can be placed on
it and a
bare skin made
to hold it.

A wet dressing
is a great deal
better than a
powder.

Black wash makes
an excellent
application.

You you may have a
difference between
that due to you, &
that due to chance
& Chancroid

Folliculitis of peri-
rectal ab. follow
a complicated gon.
Folliculitis is simply
due to gon. infect spread
ing down the duct
of glands that open
into perianth.

1 follicles are most
numerous in 1
12 inch of pancreas.
therefore we more
freq. get follicles
present in this

the time if you can't
retrace all info.
You had better use
cleanliness and
a time pris. you
may use powder,
such as Toxopon,
Calomel, bismuth
Toxopon is best
If you are going
to use powder you
must clean &
use five or 6 times
per day you must
never let it
soak or be before
behind you must
wash face with
1-1000 or 1-2000
carbolic acid

the size of gonads
percent of gonads
more than 1000

region, they may
very am. extend
ing back into V
bellhous with
V lining, memb.
of 2 duct becomes
swollen & occludes
it so that V goes
joined due to
this infl. is con-
fined. And if V
duct does not
open an ab. will
develop. web may
ingress into it
with web is 1 cm.
way of behaving. Or
it may ingress exter-
nally, V duct remain-
ing occluded or it

1st cleanliness
and antisepsis.
If you can thoroughly
sanitize & chloroform
it will change
it from a chancre
to a simple one.
You must saniti-
zied & tis, for a
little way about
the nec, and you
~~must~~ use no half
way measures.
You must use
actual cautery
or HNO₃, for either
carbolic or argol
go deep enough,
It should be done
under a local anes-

may mysture both
int. and ext giving
rise to a pituitary
these are fly. very
difficult to cure
Vlacuna of
muth. may become
involved (the ^{same} ~~same~~)
duct very seldom
becomes occluded
but it may keep
up a discharge for
along time
∴ in cases of follicle
-itis that occur
further back
an abs. may form
which may burrow
into V corpora
cavernosa, and

glands, then, & int-
saphenous open-
ings and are invol-
ved ^{secondarily} ~~separately~~ if
they have lymphat-
ic channels, ^{even} ~~with~~
run from & penis
St. we get a lymph-
angitis as a rule
& lymphatics carry
& poison to glands
without becoming
involved. occasion-
ally we find a sup-
puration on & later
course of & penis
due to infection of lymph
vs. ^{Chancr. is found in} ^{clares, none of them}
^{over 75% of cases} ^{have 75% of cases}
Treat of Chancroid

of the ...
- ...
- ...

or both giving rise
to a great deal of
round celled meph-
tration of that body
there ob, may but
now for a consider-
able distance on
- ...
giving rise to a
fringe of ...
this ob. usually
mysteries ext. it
left alone & its
trace commonly
heals. It may
give rise to a good
deal of deformity
of the corpus spong-
iosum or to a
spongy body of

no. points or it
may burrow and
ridder & grow
with sinuses
which may persist
indefinitely.

After & pelvic glands,
become enlarged,
that lie along

& course of testis.

Also. 10 or 15% of
all cases of Bubo.

be associated with
pelvic adenitis.

But fortunately
these pelvic glands
very seldom suppur-
ate. they either
communicate
with & vaginal.

no running from
the condition

has infiltrated it,
It will cause
permanent chon-
dee which is rare,
Or it may destroy
the circulation
to such an extent
as to prevent com-
munication of blood
between a position
in front of & that
position behind valve.
These follicular
& pericardiac ab-
scesses give rise to pain &
fever and a rapid
pulse & constitution
as sympt. you would
expect.

me. I understand
If there be a lge,
no. there will ^{be} per-
haps as many
foci as there
are involved foci.
If there glos, are
left to themselves
& to separating them
one broken down &
one lge. as. be joined
ed rock will break
down & then and
discharge its con-
tents and go on
to a rapid repro-
duced one.
It very often hap-
pens that a foci,
breaks through in a

me. I must
be there at 10

perineal abscess
should always be
thoroughly drained as
soon as ^{presence of} pus is restored
is cured.

If you can make
perineal abscess
rupture into V
which you will
obviate V wounds
from fistula.

If you can't do that
by massage you
should open V
incision & pack
with gauze & make
it granulate ^{internally} in
the rectum ob. system
re into V incision
mine in fundus

as your first there will
ply be ^{some} temp. the
pain is. very
intense. on the
other hand it is,
cause a little
discomfort.

As long as the glands
are surrounded by
their dense cap,
and the pus is con-
fined under pressure
the pain will be
rather severe.

but when they
break & pain is
less severe.

If only 1 or 2 glands are involved,
the pain is not severe.

Glands are involved
in ^{multicentric} ~~multicentric~~ abs.

How far the
high level is
from the

way into the ab-
cavity & give rise
to extrusion of
mucous & other
of most serious
conditions you
meet with in all
fields of surgery.
Corpus glands &
become infected,
Corpus glands are
deeply seated &
infl. of them gives
rise to a deep seat-
ed throbbing pain
which is intense
& because they are
confined between
two unyielding layers
& swelling to what

of glass lying just
below and parallel
to Poyan's light - one
vines involved.
Generally only one
side is affected but
you may have both
one above, one
below buds.

In alge. No of v
cases v glass ap-
parent.
Only one or 2 glass
one, come in.
Involved, but as a
rule a lge. no. are
~~repeated~~ affected.
Swelling is marked
Then just a mark
in v grain as big as

of the feet
and the feet
are very
sore

well marked
there is a great deal
of tension & hence
if pain is severe,
the feet will usually
experience a throbbing
big pain to one
side of the head &
the tenderness
to pressure will be
very marked, there
will be very little well
being and redness,
there will be consti-
tutional symptoms
such as sweat,
fevers, the treat-
ment of this con-
dition is by day
incision into the

The drainage of the
In gonorrhea
& condition is very
readily recognized
& treated, as if
due to other causes
with & treat of nec,
additional.

Inguinal adenitis
or Buboes is exceedingly
ly com. from chan-
croid. It may de-
velop in 1st few
days of chancroid.
It may develop
any time in &
chancroidal state,
or it may occur
after the chancroid
becomes cicatrized
as a mere chain

The drainage of this
ab results in rapid
recovery as a rule,
but prostate may
become involved
due to either a sym-
physeal or a sym-
physeal infection, it may
spread down into
it from abscess of
glad. It usually
gets better without
dissection it
may form either
a nodule, or a large abs.
It may point into
the rectum & rupture
or it may point
into the scrotum or
it may spread

ingest & excrete

and secretions
are retained &
necrosis & are
retained & may
cause sloughing.
It purifies.
It may prod. destr
uction of glands,
& in some parts
that are run
down & nec.
me. ~~become~~
phagedenic or
instantiate ulceration
In chancreoid ^{with}
plasmoid & ingo
nial glands are
more early involved
than where drainage
& perfect.

and occuring
the most of

up into & pelvis
out in bulge into
& perineum. It
must be evacuated
if you form.
The most com-
plication of gon-
orrhea is epi-
dyinitis. It usually
develops not
earlier than 2
3rd or 4th wk.
It develops in
1st wk.
Epididymitis does
not develop until
the infl. gets back
into the post ^{urethra} ~~urethra~~.
The infl. spreads
up the vas deferens

on r glans,
In a pot whose
prepuce is rather
tight & edema
brings about an
inability to retract
r fore skin.
You find a purulent
discharge appear-
ing at prepuce
opening and
you may think
r pot has gonorrhea
so that you have
to differentiate
between gonorrhea
& phymosis due
to chancroid.
If the swelling
is unabsorbed

and gets into
epididymis.

It usually occurs
on one side, but
shows no preference
as to which ^{testis} will
be first symptomatic
usually be a feeling
of aching and
drooping along
course of cord
& there will
often be considerable
local tenderness.

Before epididymis
becomes involved
In other cases, the
first symptom
noticed is in
epididymis. Cord

gynecologist may have
gyn. chancroid of
finger. It may attack
any time.

It not only
attacks & enters
of & female from
infective discharge
flowing back
from & urethra.

& complications
are ^{phymosis} paraphimosis
and inguinal aden-
itis & sometimes
there is ~~some~~ lymph-
angitis.

In Phymosis we
very early have &
redness & various
stages of & prepuce

19th March 1891
The following is a list of the
specimens of the

growing part,
normal. In other
cases the growth
is ^{intermediate} between
normal and lower
form of the plant,
generally in 24 &
48 hrs after any
other growth
begin to develop
shows its self in
a sort of epiphyse
minis. The epiphyse
minis is usually
hard & wedge
shaped. The ^{of wedge} point
is backwards.

It spreads round
the central & you
will usually

turning around &
nec. h. v. very
closely simulates
& branding of
chance,

Chancoid area
well is situated
on & glans about
& perianth it
is very common
coronary sulcus,
and on the
of prep. & gen-
ity. In some cases
you will find
them on skin,
and involving
meatus. This
lead to strict.
of meatus.

over the
lower part
of the body

find the hairy and
tender skin with
insignificant curls.

After a moment
intense pain
will be right
where I stand
comes then I
everything.

The swelling
vary in size from
an inch in diameter
in 2 to 3 of 1
epididymus. To a small
size of 1/2
you two first.
The skin of the
scrotum which
becomes dusky,
and thick.

before you remember
were increased
at some time
But for more fully
due to fact that
new points of injury
have occurred. It is
not auto-inoculation
inoculable, the pus
re-infects new tissue
from a old lesion
they are not asso-
ciated with resolu-
tion, no hardening
of tissue around & rec,
In some very ac-
cuse. or in some
cases where canter-
ization has been
persistent there
is infl. hard.

vaginitis not infrequently
becomes distended
with fluid & an
ac. hydrops.

It is in these
conditions may
vary from a slight
discomfort in
urination to
a very intense
pain & a
thickening of the
urine. It is very
much worse than
just not walking
& constitutional
dysuria is not
very unusual
you often see a

Then again, if V
is linear and V
will be linear
in $\log t$,
or at an V point
it will be circ,
in $\log t$,
so, there is a high

sharp point, & V
will vary in size
depending upon
 t age and V and t ,
I determine of tissue
which it has caused
for V age.

As a rule there
is more than
one chancoid.

This multiplicity
is due to the fact
that several points

Maclean cut
see me to the lion

sign with a target
from 100 to 10 ft,
St. V. target are
absent, they
may lead you
to suspect serious
pelvic pain
St. V. target of appendix
when it is ^{put} down
24 - 36 hrs will
always clear this
up. St. V. target
uniting, as on
V other hand
by my one, 200
find that just
will hardly answer
you.

George Washington
20-9-1860

small, just in
with - very rapidly
rupture leaving
a sharply punched out
piece of skin with
undermined edges
and above
covered with slough
flesh, called chamois
skin slough,
there is a good deal of
necrosis known as
gangrene or nec-
rosis, the shape of the nec-
rosis depends upon
its position & upon
the shape of the lesion
that it infers. was
engrafted upon.

but for large - you
remember, some

Lecture Jan. 6th 07
If the constitutional
symptoms are very light
or they are very ^{marked} ~~marked~~
temp. runs 102-105
may have chills and
vomits. The symptoms
will vary between
very mildest &
most severe. As a
rule these symptoms
will persist for sever-
al days. after which
the symptoms grad. get
better. It requires
considerable time
for the epididymis to
get better & a large
% of cases there will
be a little residual in

higher common ancestor

Some think it is
due to pus forming
cocci.

Lecture Jan. 13th 08,
Chancroid (contd).

It perhaps due to
r Bac. Ducrey,
Some claim it is
due to pus forming
organ, the cause
is usually a species
in organ.

It has ^{marked} no period of
incubation.

It makes its appearance
on 1st 3rd to 5th day.

It may be postponed
to 7 or 10 days, yet
it only begins as a

2081 1740 1741 1742 1743

hymen and ovary
4.5. 2. 2. 2.

Globus minor & test.
will persist for a few
wks. to forever. Usually
it will not give rise
to any pain or dis-
comfort. but it
blocks up & beginn-
ing of 1 vas. & 1 test.
That side is sterile.
It is in a very large
no. of cases the test.
& epididymis is
bilateral & part
remains sterile.
fortunately in
most cases it is
unilateral.
The test. does not
atrophy. The vas is
blocked. & part is sterile.

may; it is possible
rech. developed due
to an impure inter
course. or to enter
- course with a person
suffering with chan
croid. The cause
is maintained &
be due to ^{some specific} ~~some~~
organism and by some
to be due to, for some
- ing organisms.

Ducroix describes
a virus. To which he
finds present in
nearly all cases
of chancroid & he
believes it to be the
cause. Some
believe it is due
to a specific virus.

W.C. Woodcock & Co
To a member of the

treat: It varies with
the severity of the dis. In
some cases all that
will be required is to
put a suspensory
band on as to lift the
weight off the cord
regulate the bowels
& diet and let
the patient go to work.
In most cases
it is necessary
to put the patient to bed
and elevate the testis
by a small pillow
or chief of adhesive
plaster. Then either
apply hot fomentations
reapplying every hr.
or apply Pb 1420 and

years after 1 attack
of gon. Strict is not
caused by injections,
Round cells collect
and organize into
fibrous tissue, &
forms scar tissue.

Strict. of ureth. is
caused by gon. and
injury of 1 ureth.
wch. is not very
fx. It is caused
by chancre or chan-
croid occurring
in 1 ureth. Strict.
is incurable, and
is easily relieved,
for a time.

Chancroid,
Is a venereal sore.

longer joining in
which I am
now i will wash

Landmann com-
monly. If pain
is very severe you
may require to give
an opiate and keep
bowels open and
restrain & diet
If where there is
considerable hydro-
cele great relief is
obtained by making
several punctures on
anterior portion
where hydrocele fluid
is. Cold applications
are used. Phos-
phate & land. are the
most soothing
as soon as it be-
gins to have relief

that it is not ~~to~~ be -
ant. R, K & me
used Iygelin
1/24 gr doses may be
used. If suppuration
develops the joint
will have to be drain-
ed. Recently gon. R
has been treated by
means of vassines.
The main sequel is
stricture of the urethra.
Most of the cases of
Ch. gon. are followed
by strict. of urethra.
It is most common
at the bulbo-membran-
ous junction it
will come on in
from one to 10 or 15

that it is not the
same as the one
in the box

included and the excise
ing tendency
has begun to mislead
resolution can
be hastened by
trapping wild
-herne fatter
traps, the hair ^{should} ~~be~~
first be shaved
and affected test,
draw down to
bottom and
round one
punched up,
a string of holes
pasted it passed
round & sewing
above & affected
test, sufficiently
tight to prevent

my indoor job

than in ac. art. R,
The joints involved
in Jm. R. a fever
& urticarial lesion
should be carefully
looked after and
cured as rapidly
as possible. The joint
should be put to
rest and fixed
by means of splints
and then use
applications of
Rb water & sand,
or then ant.
Such as ichthol
& mercury
you should give
the salicylates
until you see

208 1X45 014 R-01483

The following is a
summary of the
test.

Test, escaping then
and passing up, then
apply other strips
overlapping the first,
then apply reverse
recurrent strips,
apply firmly.

In a course of 48 hrs
swelling will
have disappeared
to such an extent
that re-trapping
is necessary,
a piece of rubber
bandage can be
passed around
V test, and forti-
fied with adhesive
plaster, pass it
circ. around V

small vesicles 110

not tendons of
thumb and of
great toe. An infl.
of bursa in
front of tendo
Achilles may occur.
You may get
you meningitis
and endocarditis
there you infl.
are more in
form of gon. rep.
to cecum, the joint
involvement is by
for the most p.
one. I diag. of Gon
R. is often very hard
to make from
that of ac. artic. R.
Ventriculitis is more

2081 IX 10 1911 R-541283

if you jump
in to see

test. under some
tension,

Ointments can
be used. Mercurial
and B.D. Mercurial
and Icthyol
= joints. there is
a form of rupture
very bad, the web,
can be closed very
tightly & after the
part gets up, this
should be worn for
a considerable time
It usually runs
its course in
from 10 days to 2
wks. & part. may re-
fer an ac. hydrocele,
at test. time, come

infl. tend to
become adhesive
so that on bylons
is not an unpre-
cedented form. R.
unusually & ad, was
its course in a few
days to 2 or 3 mks.
& it generally ter-
minates in resor-
ption, but there
may be ankylosis
of the joint. The
duration is
very much longer
& the suppuration
may take place
& the don't breathe
it become involved
especially the

Tuberculous, & seldom
suppurates. Injections
do not cause epididymitis.

Gonorrheal Rheuma-
tism. 1 joint
are freq. involved in
later stages of
this affection.
1 knee joint 1st.
Then 1 ankle: and
then wrist and
elbows. None of 1
joints are exempt.
It usually comes
on rather sudden-
ly with pain in
1 joint and some
swelling & some
redness which is not

usually well marked
and the joint is at
times slight and
at others is severe,
& const. symptoms are
milder than in
other forms
of rheumatism.
Gen. Rheum. is
more commonly
mono-articular
than articular
Rheum. It seldom
ever attacks more
than one or two
joints the acid
sweats (profuse,
of articular Rheum.
are not present.

Низзя

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