

particular argues the case well, confronting the hysterical tendencies of those who have preserved their testicles with the clearheadedness of the emasculated, and the certified strength of mind of Oriental eunuchs. Whether this be generally true or not, it is not amiss to consult the patient's wishes in the matter.

The operation itself is simple enough. The cord with its vessels and the pampiniform plexus of veins are tied off by separate ligatures on each side at the external abdominal ring, and cord, vessels, and testicles are removed through the scrotal incision. Pantalini has collected 23 cases without operative mortality, 3 deaths by recurrence within a year, and 1 cure after three years. The remaining 15 were reported cured at shorter intervals.

Extirpation of the Inguinal Glands.—As has been already remarked, it is wise to remove the inguinal glands even if they appear normal. This may be readily done through oblique incisions in each groin, extending upward and outward from the upper angle of the peripenile incision. As the danger point in this operation is the saphenous opening and the vessels immediately beneath and below it, this should be laid bare at once and the dissection of the glands carried upward from this point.

After-treatment.—The most comfortable dressing after extirpation of the penis or total emasculation is a heavy pad of gauze held in place by a double spica of the thigh or by two pieces of adhesive plaster crossed. The dressing must be changed daily, and so arranged that its lower end is easily elevated to permit catheterization and urination.

CHAPTER IV

DIAGNOSTIC TABLE OF PENILE CHANCRE, CHANCROID, HERPES, AND SIMPLE ULCERATION

THE following table is intended to serve as a summary of the broad, classical characteristics of syphilitic chancre and chancroid, as well as for the differential diagnosis of syphilitic chancre, chancroid, herpes, and ulcerated abrasions; of the bubo of chancroid, and that of syphilis; and of the different forms of lymphangitis.

SYPHILITIC CHANCRE	CHANCROID	HERPES	ULCERATED (BALANITIC OR OTHER) ABRASION
1. <i>Nature.</i> —Always a constitutional affection.	1. Always a local disease.	1. Sometimes a local disease, sometimes a neurosis.	1. Always local.
2. <i>Cause.</i> —Sexual intercourse with a patient suffering from syphilitic chancre, or from some secondary syphilitic lesion of or near the genitals; vaccination with syphilitic blood; accidental or designed inoculation of any vehicle containing the syphilitic virus upon an abrasion of any portion of any tegumentary expansion.	2. Sexual intercourse with a patient suffering from chancroid of or near the genitals; accidental or designed inoculation with the secretion of chancroid or of virulent bubo. The specific bacillus may usually be isolated.	2. Mechanical irritation, friction, as in sexual intercourse; chemical irritation, as of acrid discharges. As a sequence of cold, fever, or as an essential neurosis.	2. All of the causes mentioned for herpes, except the last three.
3. <i>Situation.</i> —Usually upon or near the genitals, not very infrequent on the head, hands, or nipple.	3. Very rarely encountered except on or about the genitals.	3. Of very frequent occurrence upon the genitals.	3. Same.
4. <i>Incubation.</i> —Constant, not less than ten days, usually three weeks.	4. None after absorption of the poison. Ulcer usually fully formed on the second or third day; very rarely commences later than the seventh.	4. None.	4. None.

SYPHILITIC CHANCRE	CHANCROID	HERPES	ULCERATED (BALANITIC OR OTHER) ABRASION
5. <i>Commencement.</i> —Begins as an erosion or a papule, and remains an erosion or ulcerates.	5. Begins as a pustule or ulcer, and invariably remains as an ulcer.	5. Begins as a group of vesicles, rarely as a single vesicle, and becomes an ulcer.	5. Begins as an abrasion or fissure, and remains as an ulceration.
6. <i>Number.</i> —Usually unique or simultaneously multiple; never multiple by successive auto-inoculation; never confluent.	6. Usually multiple, both simultaneously and by successive auto-inoculation; often confluent.	6. Generally multiple, simultaneously and by successive crops of vesicles; sometimes confluent.	6. Generally multiple and confluent.
7. <i>Physiognomy.</i> —(a) Shape: round, oval, or symmetrically irregular.	7. (a) Shape: round, oval, or unsymmetrically irregular, with border described by segments of large circles.	7. (a) Shape: irregularly rounded, with borders described by segments of small circles left by the confluent vesicles.	7. Irregular, of any shape, otherwise resembling superficial chancre ulcer.
(b) Lesion is habitually flat, capped by erosion or superficial ulceration; or scooped out; or a deep, funnel-shaped ulcer with sloping edges. Sometimes the papule is dry and scaly.	(b) Always a true ulcer, excavated, hollowed out.	(b) Ulcer usually superficial; sometimes in solitary herpes there is but one absolutely circular vesicle. There are usually neighbouring groups of vesicles to clear up the diagnosis. The general physiognomy of herpetic ulceration is similar to that of chancre, but of less virulent aspect.	(b) Like herpes.
(c) Edges: sloping and adherent, sometimes prominently elevated.	(c) Edges: sharply cut, abrupt, often undermined.		
(d) <i>Bottom:</i> smooth, shining.	(d) <i>Bottom:</i> uneven, warty, irregular, without lustre.		
(e) <i>Colour:</i> sombre, darkish red, gray, or black; sometimes livid and scaly, occasionally scabbed.	(e) <i>Colour:</i> yellow, tawny, false-membranous-looking; sometimes bright.		

SYPHILITIC CHANCRE	CHANCROID	HERPES	ULCERATED (BALANITIC OR OTHER) ABRASION
(f) <i>Secretion:</i> slight, sero-sanguinolent, unless irritation provokes suppuration.	(f) <i>Secretion:</i> abundant and purulent.		
8. <i>History.</i> —Not found on patients who have had syphilis previously.	8. Found indifferently upon all.	8. Found by preference upon patients with long prepuce and tender balanopreputial mucous membrane, often showing a marked tendency to return at irregular intervals after lack of cleanliness, a carouse, or unusual sexual intercourse.	8. Found indifferently upon all. Most common on patients with long, tight prepuce, who are not cleanly in their habits.
9. <i>Inoculability.</i> —Not auto-inoculable unless secreting pus. Not hetero-inoculable on syphilitics.	9. Readily auto-inoculable, producing characteristic chancre ulcer by the third day. Hetero-inoculable.	9. Sometimes auto-inoculable when secreting thick pus, producing abortive pustule, not characteristic chancre ulcer.	9. Same.
10. <i>Course.</i> —Slowly progressive; cicatrization slow.	10. Rapidly progressive; cicatrization slow.	10. Does not usually get much larger than the size at which it started; limitation and cicatrization rapid.	10. Same.
11. <i>Sensibility.</i> —Rarely painful; almost insensitive to pressure.	11. Often painful; sensitive to pressure.	11. Stinging heat at commencement.	11. Usually painful.
12. <i>Induration.</i> —Constant, parchment-like, and very faint, or cartilaginous and extensive, terminating abruptly, not shading off into parts around, movable upon parts beneath the skin, and not adherent to the latter; may disappear in a few days, usually outlasts the sore, and may remain for years in the cicatrix.	12. Absent in typical cases. An induration may be caused by irritants or by inflammation. It is boggy, not elastic, shades off into surrounding tissues, is adherent to parts around, disappears promptly on healing of the sore, or before that time.	12. Inflammatory induration, capable of being produced by the same causes as in chancre, and behaving in a precisely similar manner.	12. Same.

SYPHILITIC CHANCRE	CHANCROID	HERPES	ULCERATED (BALANITIC OR OTHER) ABRASION
13. <i>Phagedena</i> .—May occur rarely.	13. Much more common.	13. Very rare, if at all possible.	13. Same.
14. <i>Bubo</i> .—Syphilitic bubo constant.	14. In about two thirds of cases glands are unaffected, in the other third inflammatory or virulent bubo occurs.	14. Glands are very rarely involved. Inflammatory bubo may occur, virulent bubo is impossible.	14. Same.
15. <i>Lymphangitis</i> .—Syphilitic.	15. Inflammatory or virulent.	15. Inflammatory.	15. Same.
16. <i>Prognosis</i> .—For local consequences good, but syphilis follows.	16. For local consequences more serious; no after-effect.	16. Good in all respects; may recur.	16. Same.
17. <i>Treatment</i> .—Local treatment but slightly effective.	17. Local treatment curative.	17. Same.	17. Same.

SYPHILITIC BUBO

1. *Nature*.—It is a specific affection, with peculiar characteristics.
2. *Frequency*.—It is a constant symptom attending syphilitic chancre.
3. *Number of Glands Involved*.—In those regions where multiple glands are found, it is generally poly-ganglionic; these may be unilateral or bilateral in the groin, rarely matted together into one large mass, but, when so, the latter retains the characteristics of indolence, etc.
4. *Date of Appearance*.—It develops during the first or second week of syphilitic chancre.
5. *Size*.—The glands are usually only slightly enlarged.
6. *Induration*.—The glands are specifically indurated, feeling like cartilage or wood.
7. *Evidence of Inflammation*.—None; the glands are freely movable among the tissue. The skin is neither adherent nor red, nor is there any pain. The most prominent feature of the swelling is its indolence.
8. *Termination* always in resolution, except in occasional cases, where, from added simple or tubercular infection, suppuration ensues.

BUBO OF CHANCROID

1. It may be simple (inflammatory), such as might attend any inflammatory lesion, or virulent.
2. It is a complication occurring about once in three cases.
3. Usually consists of a single gland in any region of the body. In the groin it may be bilateral. It is never a group of small, movable glands.
4. There is no fixed period of appearance.
5. The gland is greatly enlarged.
6. No hardness except inflammatory.
7. Every appearance of inflammation. The gland becomes fixed (periadenitis), the skin adherent, the part feels hot, there is pain, the skin reddens, the prominent features are those of inflammation.
8. Inflammatory bubo may resolve or may suppurate. Virulent bubo invariably suppurates and becomes an open chancre ulcer.

SYPHILITIC BUBO

9. *Auto-inoculability*.—If suppuration occurs the pus is not auto-inoculable. The abscess does not become a chancre or a chancroid ulcer. It does not extend, and never becomes phagedenic.
10. *Natural duration* in a few weeks or months.
11. *Prognosis* good as far as local results are concerned, but the patient invariably has syphilis.
12. *Local treatment* ineffective, except for complications; general treatment of doubtful efficacy, but sometimes serviceable.

SYPHILITIC LYMPHANGITIS

1. Occurs only in case of syphilis, and has peculiar characteristics.
2. Feels hard, like the vas deferens, of the size of a knitting-needle or of a goose-quill; no pain on erection or on handling.
3. Skin normal.
4. Termination by gradual resolution. Suppuration rare and adventitious; in such cases the pus is not auto-inoculable.
5. Treatment unnecessary and of little effect, except in case of inflammatory complication.

BUBO OF CHANCROID

9. The pus of inflammatory bubo is not auto-inoculable; the pus of virulent is readily auto-inoculable.
10. Natural duration is a few weeks, or many months, as a chancroid; possibly years, if it becomes phagedenic.
11. Prognosis good for inflammatory, less so for virulent bubo, especially if it becomes phagedenic. In neither case does syphilis follow.
12. Local treatment useful and necessary to avert suppuration, to cure chancroid left by virulent bubo, and to lessen complications. Antisyphilitic treatment absolutely useless.

LYMPHANGITIS OF CHANCROID

1. Exists as simple inflammatory lymphangitis, or in virulent form; the former may complicate any inflammation, the latter found only with chancroid.
2. Some inflammatory hardness. Pain on erection and on handling.
3. Skin red over inflamed vessel.
4. Termination by resolution or suppuration. Virulent lymphangitis invariably suppurates, the pus is auto-inoculable, and the openings become chancroids.
5. Local treatment advisable to quiet pain, to avert suppuration, or to limit extent and severity of chancroids.