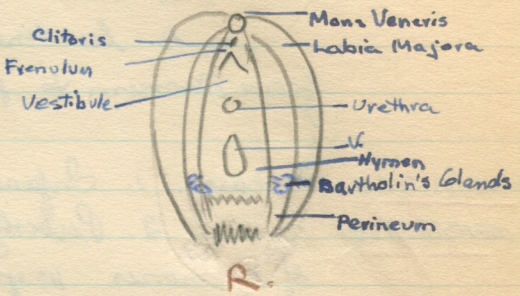
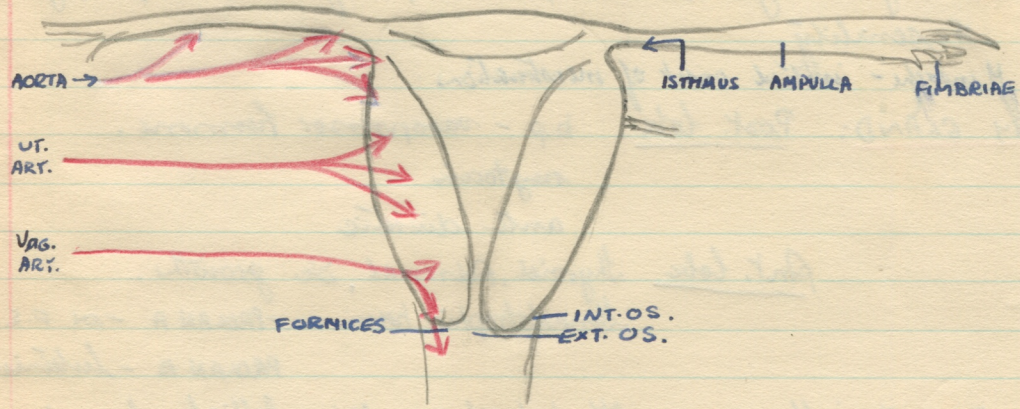
ANATOMY. Pelvic bones - sacrum (5 ♀) coccyx (4 ♀) 2 innom. (ileum, ischium, pubis)
Floor - Levator Ani - forms main part of floor. Pubo-coccygeus.

Female Gen. System.

External: Labia majorum + minorum.
Bartholin's Glands.
Clitoris
Vag. + Perineum.
Hymen.
Mons.



Internal: Vagina
Uterus - Fundus + ♀ 3 × 2 × 1. Peri, myo., + endometrium - then peritoneum.
Fallopian tubes - ciliated epith. - Fimbriae, ampulla + isthmus
Ovaries - smooth almond-shaped in maidens, cystic in old deats.
2 sections - cortex (ovum); medulla (egg cell matures here).



Blood Supply: 1. Ovarian artery - from Aorta.
2. Uterine arteries - internal iliac.
3. Vag. artery - inf. vesical art. (from int. iliac)
} drain to corresp. veins.
L. ovarian vein drains to L. Renal vein, R. Ov. Vein drains to Inf. Vena Cava.

Ligaments: 1. Indirect supports - Levator Ani muscles.
2. Direct - 4 lig's. -
1. Broad ligament - fold of peritoneum - from side of pelvis + envelops whole of ut. + tubes - encloses them. Contains ovarian artery.

2. Round ligaments - through inguinal canal from sides of uterus, and inserted into labia majorum.

3. Ovarian ligament - from ovary to ut.

4. Cardinal ligament (or Lateral sacral or Utero-Vesical ligament) from sacrum to pubis.

OVULATION + MENSTRUATION

3 phases. 1. Infancy + childhood.

2. Puberty - normal growth, growths of local sex hormones. Onset of hormones (13 yrs.) glands - pituitary - act on ovaries.

breasts - adipose, pubic + axillary growths, menses.

3. maturity - ovulation.

4. Menopause (45-46) 2-3 yrs. for process - ovaries/ease - no hormones

Clinical loss of function: Beetle = "there's nothing regular about the manner in which she loses"

Temperament - sympathetic nervous system - hot flushes.

genital organs - ovaries sclerose, ut. fibrous, breasts atrophy, lose hair.

5. senility.

Menarche - initial onset of menstruation.

PITUITARY GLAND: Post. lobe. b.p. - vasopressor hormone.

oxytocin

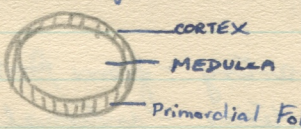
anti-diuretic

Ant. lobe Thyroid, Adrenal, &c growths.

Gonadotrophic hormones. - PROLAN A - or F.S.H.

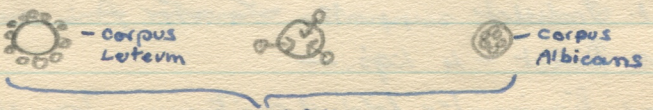
PROLAN B - luteinising hormone.

F.S.H. to influence growth + development in follicles of ovaries - see sagittal



Primordial Follicles develop into ova - F.S.H. stimulates Graafian Follicle when developing.

If ovum fertilised, corpus luteum keeps on growing for 12 weeks, then disintegrates.

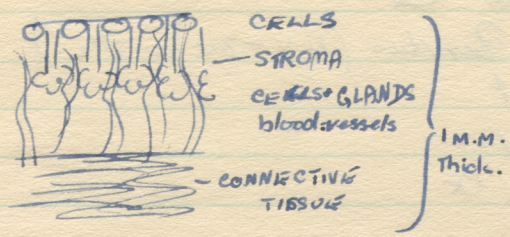


Corpus Albicans - 10 days to extrude ovum - if ovum not fertilised - 14 days to form corpus albicans.

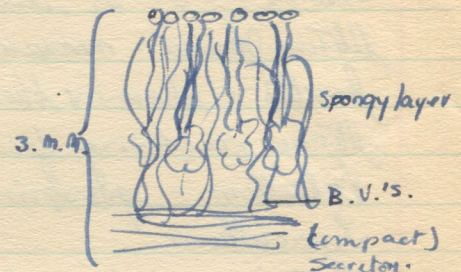
Ovaries produce 2 hormones.

1. Oestrogen (produced by follicles)
2. Progesterone - produced by corpus luteum. - both act on endometrium.

Oestrogen produces proliferative phase on endometrium, progesterone produces secretory phase.



ENDOMETRIUM.



E/M during Secretory Stage.

1 m.m. | 10 DAYS | 3 m.m. | 14 days. | 5 m.m.

Endometrium 5 m.m. high at end of secretory phase. No more formation of progest. when c. albicans disappears, then spasms of endomet. and oedematous + thickened congestion of blood vessels. Demarcation between spongy and basal - shed layer - menstruate - approx. 4 days.
Menstruation - material loss of mucus — blood - degenerated lining of ut.

When ovary fertilized - c. luteum keeps producing for 12 weeks. - juicy spot for ovum to land in - the corp. lut. ceases, then placenta develops - and continues job of c. luteum.

75% — 28 days. 5% completely irreg. 20% vary 24-32.
Discomfort varies - Periodically: mild discomfort to nausea
vomiting or incapacitating pain - dysmenorrhea.
Time of Loss: usually 4 days - 2 to 8 days maybe.
Amount: 6-8 Z - first 2 days loss heaviest.
Mucus from glands, blood, then mucus.

Graafian follicle — oestrogen.
Corpus luteum - progesterone.
Oestrogen stim. endometrium to repair + build up after George.
Progest. - stem.

INSTRUMENTS.

Auvard Speculum — Vag. Up.'s
Sim's Speculum - 1/m. of Vag.
Duckbill - Cuscoe's.
Fergusson's 

Dilators — 3 - 21 dilate Cx
Uterine Sound - measures Fundus (4 V - 30 = 7½")
Curettes - sharp & blunt
Uterine packing forceps.
Vulsellum - grasping Cx
Tenaculum
Pessaries: "instruments to support displaced ut."
Hodge Smith  Watch spring  Cup + Stem - old, clean not up to op.
for retroversion
Watchspring - vulcanite outside - spring inside - maybe rubber or plastic.
Curette for — Removal of retained products of incomplete abortion.
Diagnostic.
Dr. of dysmenorrhea. (rare)
To insert Pessary — Sterile Trolley.
Bowl - wool swabs
" - Dettol 1:40 (2½%) or Zeph. 1:1000.
Sponge-holding forceps.
Vag. Speculum - Sim's.
Vulsellum.
Bowl assorted pessaries (soaking in Dettol) — st. by boiling.
St. lubricant - glyc. part. or Dettol cream
K.D for used swabs.
Dressing towels. - Sterile gloves (correct size)
Prep. Explain to patient.
Empty the bladder (patient)
Position: Sim's or dorsal.
P. stands on floor after insertion to test if fitting well + comfortable.
Advice to P.: Any discomfort - displacement or Vag. discharge - report to Doc.

Report back in 3 months to change pessary. May be left out for a week before new one inserted.

Positions for Gyn. Op's — Lithotomy
Trendelenburg's.

16.4.57.

CONCEPTION.

F. ovum — largest cell in body. — nourishes embryo 'til it reaches ut. — 4 days.
M. sp.'zoa — 50 million in vag. deposited — only one fertilizes.
enzyme — hyaluronidase.

To occur 1. normal oogenesis
2. patent genitalia above ut. (ie. no constric.'s in Fallopi.'s)
3. " " below ut.
4. normal spermatogenesis.
5. TIME — sperm deposited at time of ovulation (10 days after end of last period).

STERILITY.

(10% m.c.'s st. after 1 yr.)

Female local causes preventing ovulation — vag — imperf. hymen.
Stricture of vag.
ut. — inflam. of endom. preventing ova + sp. living.
— retroversion fibroids.
tubes — 70% st. in tubes — blockage.
ovary — constitutional — gen. dis — Db, Tb, An. Obesity.
Psychic

Male — local & constitutional.
Usual conception occurs when ovum lodges at high back of ut.
Ectopic preg. in tubes — Ovarian preg.

DYSMENNORHOEA.

occurs in 5% femmes. — Painful or difficult menstruation
2 types — PRIMARY. — dys. occuring in young patient — just begun mensing or near menopause (when ov. disturbed). Gets better when pt. gets older — fades away.
S+S. similar to that of miniture childbirth — pain ↑ ut. — over to iliac fossa.
— 3-4 days [illegible] onset then first few days of [illegible]

DYSMENNORRHOEA. (Primary, cont.) Tr. Prophylactic - educating girls/ettes in theory of function (no need to worry)
Constitutional - encouraged to take exercise.
Local heat to abdo. (L.W.B.)
Symptomatic pain - eg. habit forming drugs - A.P.C., codein, etc.
Endocrine - suppress ovulation - give oestrogen, etc.
Op. - dilation of Cx.
Injection of alcohol into Sacral Plexus - obsolete.

SECONDARY - painful - assoc. w/c organic disease -
eg. ov. cyst, ut. fibroid.
Sx. due to actual lesions. Tr. of cause.
endometriosis, ch. salp.-oöphritis stenosis of Cx canal.

MITTELSCHMERZ or ovulation PAIN - sharp pain felt at ovulation during middle of period due to ovum popping out of ovary into tube.

PRE-MENSTRUAL TENSION - syndrome assoc. w/c loss of appetite, nausea, swelling of abdo., etc. 1-2 weeks pre-menstrually. Due to retention of sodium chloride & water in the body.
Tr. 1. salt-free diet 4 days avant period.
2. limited fluid intake avant period (2 O Daily)
3. Diuretics - ammon. chlor. - ½ t. 6 hrly. for week avant.

ABNORMAL BLEEDING. Menorrhagia - excessive blood loss at menses.
Metrorrhagia - irritn - menstrual periods (between p's)
Oligomenorrhagia - v. small loss.
Polystomenorrhagia - symptoms, but no blood.
Ovulation bleeding.
1. Ov. Bleeding - period ↓ period / uncommon. No Tr. nec.
2. Meno & Metro.
Causes: A. Anatomical - concerned e. genitalia - Vag. to Ov. X'd.
Common causes - Vaginitis Polyp or V. Ca., Ca Cx, cervicitis, Cx polyp.; ut. - fibroids, Ca Fundus, endometritis salpingitis, tumours, ovarian cysts, etc. also:
B. Constitutional - Acute - pneumonia, blood diseases - leuk.
Chronic - ch. ill health, Db., Th.

ABNORMAL BLEEDING.

c/ Functional - concerned c. endocrine upsets - Pituitary acts on ovaries + ∴ ut. Adrenals, Thyroid, Parathyroids. Only functional if there are no anat. or constit. diseases.

Investigations - bleeding excessive? - pale, anaemic, shocked, etc.
any anatomical cause or const. cause.
I/ General examination.
Pelvic exam.
K.U.A. if ↑ unsuccessful.
Biopsy of any suspicious area - spec. of Ca or D. & C. (ut.)
Laparotomy.

CRYPTOMENORRHAGIA.

Congenital abnorm.'s - Stricture of vag.; imperf. hymen.
Sts. Sense of fullness in abdo. & perineum + extreme discomfort
P.V. - groggy mass of blood.
Ir. Imperf. hymen - incise hymen.
Vag. stricture - plastic op. (

POST MENOPAUSAL BLEEDING.

Any case must be investigated as may be caused by an organic disease - Ca, polyp, etc.

AMENORRHOEA: can be normal or abnormal.

Normal - physiological - pre-puberty, during preg., + post-menopausal
Abnormal - local - Vag. pinpoint hymen Stric. etc. - haematocolpos. + after hysterectomy, oophorectomy.
Ut. loss of endometrium - (by Ca? - or after D+C) haematometra
hypoplasia - infantile ut. after scaulety.
Tubes - radium implants affect lining.
Ovary - Tumours: absence of by Cong. or Op.
Constitutional - dis. ∴ c. gen. debilitations - anaemia, or
Psychic - fear of pregnancy.
Endocrine - absence of normal hormones - replacable by oestrogen and progesterone. (hyper + hypo thyroidism hyperplasia adrenal, cortex, etc.)
Emotional + environmental influences.

COMMON DISEASES OF GEN. & URETH.

VULVA — Acute Vulvitis

Causes 1. uncleanliness
2. vag. discharge.
3. inflam. assoc. c diabetes.

Sx. local redness & itchy – 2dy infection.
maybe discharge; swollen lymph glands in groin.

Tr. find cause & eliminate.
symptomatic – avoid strong soap, no friction
blend ung.'s & powder – Zinc Oxide & bast. Ul. base.

KRAUROSIS VULVAE

Shrinking of ext. gen. usually at menopause, caused by too sudden withdrawal of hormones, pain on micturition, narrow vag, triple, pruritis

Tr. Oral stilbestrol + oestrogen

LEUCOPLAKIA VULVAE

Thickening and whitening of epithelial layer – very dry. Tendency to bleed and often fissures formed.
Imp. common to pre-cancerous condition.
Tr. surg. removal of ext. gen. often.
symptomatic tr. – sedative ointments.

TUMOURS OF VULVA. — Benign – Polyp.
Malignant – Ca.

BARTOLIN'S GLANDS — common site of acute infection. – Gonococcus – abscess may be found in gland. Pain around ext. gen. maybe discharge (fever, malaise, etc.)
Tr. R.I.B. local application of heat over area of gland.
Sedation; chemotherapy – penic. + Sulphas.
If abscess – incise it.

Chronic Infx. – after acute in P. ineffective
Tr. surg. dissection of gland.

Ca Vulva. – assoc. c leucoplakia vulva.
Tr. surg. removal of vulva & bilat. inguinal lymph nodes.

CARUNCLE small granulomatous mass, size of a pea at urin. meatus, usually on poster. wall.

Sts. Agonising pain on micturition.
Bleeding.

Diag. By speculum in vag. and looking at caruncle

Surg. removal of caruncle (may recur) & cauterise (N. slow healing)

INFECTIONS OF VAGINA.

TRICHOMONAS (small pear shaped org. c. tail ♀) in vag. discharge - gadgets floating about.
Discharge - thin, yellow + watery.

Tr. 1. Acid douche daily for 1 month & S.V.C. suppository in Vag every months. Douche reset month every 2nd night + suppo inserted. Third month - no douche, but vag. suppr. inserted every day during menses + 2-3 days after for 2 months. (4 months in all)

MONILIA (under mike) discharge - thicker white curd over ~~red~~ red vagina.
Tr. paint inside c. G.V. 2% solution twice a week 2-3/52.

GONOCOCCUS & STREPTOC. microscopy - Tr. heals c. R.I.B., sedation + chemotherapy.

ENDOCRINE CAUSES hags - lack of hormones
Tr. oral or local (suppr.) hormones.

TUMOURS. Benign
Malignant Ca - primary or secondary.

INFLAMMATION of ~~C~~ - Acute Cervicitis.
Commonest cause is Gonorrhoea - or Post. partum (strep. etc.) pyogenic - staph or strept.
trauma.
Sts. Discharge - purulent.
Sometimes backache & lower abdo. pains. poss. fever - malaise + tachycardia
Diag by E+.
O/E Cx red + swollen & pus exuding from external os.
Tr. chemotherapy.
R.I.B. IVI. if toxaemia

, pathological changes resulting from prev. bact. infection either gonococ. or pyogenic.

CERVICITIS Chronic – most common complaint in women. Due to post-partum infection or long. weakness in Cx. Poss. after acute.

Sts. pelvic discomfort ; discharge (leucorrhoea), bleeding (meno. + metrorrhagia)

Diag. by speculum.

Tr. Oral toilet – electro-coag. of cerv. canal.
Cx dilatid – curettage of site of erosion, diathermid ∴ burns.
Discharge for a month as result of diathermy.

1) local cauterisation
2) cautery
3) conisation
4) plastic op's.

INFLAM. OF UT. – Acute + chronic endometritis – usually gonococcus – frequent after abort. or misc.

Sts. discharge + bleeding, pelvic discomfort.
Enlargement of ut. by digital method. Usually not chronic as infection passed out at menses.

Tr. chemotherapy, P. etc. P. sat propped up – pas drains.

Chronic Tr. D. + C. of ut.

May be assoc. c pyometria. Ut. enlarged and painful. Ex. difficult.

Tr. Dilation of Cx to let out pus.
Chemotherapy and stilbocestrol (Sometimes)

TUMOURS OF Cx. + Ut.

Cx – Benign + Malignant.

Benign : Cx. polyp – Main S. bleeding – menorrhagia, etc. Tr Twist off pedicle or D. + C.

Malignant : Ca. 3rd most common in femmes – spread to Vag., ut. or via lymphatics

Ca – 4 stages – Tr. depends on stage – usually surgery.

Ut. Benign – Fibro-myoma – (fibroid) – muscle + fibrous tissue – usually in younger women (25–40) commonly fibroid retrogresses.

Aetiol. unknown – lack of preg.? – hormonal cause, anyway.

3 types – Sub-mucous type – in inner part of endometrium.
Interstitial type – fibroid in bed of ut. – myometrium.
Sub-peritoneal – on outside.

Sts. Pain in bum + back – constant pain.
Dysmenorrhoea, Men. + Metrorrhagia – may palpate mass in abdo. or pressure on other organs (anuria eg.)

Diag. by abdo. exam. – pelvic exam. D. + C.

May be confused c. preg. (no foetal heart – X-Ray – Aschein-Zondek Tests).
+ Ov. cyst.

Tr. depends on amount of pain, age of patient and no. of children, amt. of bluding, & size & site of fibroid.

1. If small, little discharge - may retrogress.
2. D.&C. for sub-mucous type of fibroid.
3. Myomectomy - dissection of fibroid & ut. left behind - Vag. or Abdo. Op.
4. Hysterectomy - old p., menopausal, large no. fibroids, large blood loss.
5. Radium insertion.

Malignant - Ca. of W. or Sarcoma - hyster. & bilat. salping-oopph-ectomy.

DISORDERS OF FALLOPIAN TUBES.

Salpingitis: 3 types. - 1. Gonococcal - 2ry to infec. elsewhere - Vag., ut. or Cx.
2. Pyogenic - prim. or 2ry. to - any organ e.g. appendix - form of pus.
3. Tb - 2ndy.

Sts. 1 T°
Feels v. sick.
Severe abdo pain - often vomiting.
Poss. vag. discharge.

If R. sided - similar to Appx itis (diff.: disch. from vag.)

Tr. R.I.B. semi-Fowler's position.
Analgesics: sedation.
local heat to abdomen.
Chemotherapy — cures Pyo. & Gonno.
Anti Tb drugs - P.A.S., I.N.H. & Strept.

Major cause of sterility - infl. causes adhesions - blocks lumen.

RUBIN'S TEST Carb.-Diox. in Vag. 80-120 m.m. mercury pr. to force air in (normal) more - blocked

Pelvic Peritonitis - Localised peritonitis in pelvis. Infection from ut. or tubes, ovaries, bowel (ruptured or traumatised), blood stream or lymphatics.

Sts. similar to peritonitis - lower abdo. pain + nausea.
P.H. of vag. discharge or actiol. of peritonitis.
P.V. nearly imposs. - P. tender.

Tr. conservative - i.e. R.I.B., F. pos., heat, antib. - analgesics & sedation

If inflammation localised - poss pelvic abscess in Pouch of Douglas - felt at P.V. Incise abscess at vag. - rubber drain tube or glove drain

TUMOURS OF.

FALLOPIAN TUBES fairly uncommon: benign fibroma + lipoma.
malignant - Ca - primary
or secondary - primary in ut.

"

OVARIES Ovarian cyst - Ca, etc.

Benign - Simple cyst - may rupture & cause pain - clears up in hours.
Lutein cyst (chocolate cyst) over development of corpus luteum - pain, pressure sts, mthagias.
Pseudo Mucinous cystadenoma (has fluid very like mucin) - usually found in 20-40 - usually only in one ovary.

Sts. Abdo. enlargement -
Mass may be palpable.
Menst. disturb.'s - none or excessive.
Pain - pressure on nerves.
Symptoms due to pressure - constip., etc.

DANGERS OF TORSION. poss. slow twist - intermittent agonizing colicky pain
or acute - agonising pain & may collapse

Diag. usually made at Laparotomy.

" INFECTION: prim. 2ary to cyst - pain like ruptured appx.

" MALIGNANCY - Pseudo-Mucinous cystadenoma.

Tr. depends on findings at Laparotomy - if poss. just remove cyst, but P.R.N. ovary as well.

Granulosa cell: (cells produce oestrogens) in grisellis 5-10 yrs.
Sts. of precocious puberty. Maybe also in old diats 40-50.

FIBROMA-produce androgens - lose feminine characteristics and become manlike.
Malignant, usually Ca or Sarcoma.

Enlargement of Lum due to (William Osler!)
FAT
FAECES
FLATUS
FOETUS
FIBROIDS.

COMMON GYNAE OP.'S.

1. D. & C. – Diagnostic in menorrhagia, post-menopausal bluding or to find if P. ovulating
Therapeutic – Incomplete Abortion, Polyps, & some fibroids.

2. Ops on Ovary Oöpherectomy – removal of ovary.
Simple Ov. Cystectomy – removal of cyst only.

3. " Tubes: Salpingectomy – removal of tubes.
Salpingostomy – opening of tubes.
Salpingolysis – freeing of adhesions around tube.
Plastic ops.

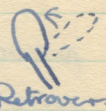
4. " Uterus: Hysterectomy or Caesarian section
Sub-total hyster. – Body not Cx. & Fallopian tubes.

UTERINE DISPLACEMENTS.

Supports – Direct – Vagina & ligaments – Broad, Round & Ovarian.
Indirect – Levator Ani muscles & Perineum.

1. RETROVERSION: normal ut. tilts forwards on vag.

Normal Anteversion
Cx points down & back



Retroversion.
Cx points down & forward.

Causes: Congenital – 20% born w it.
Acquired – due to pelvic inflam. or sequel to multi-para.

S. & S.: backache & pain.

Diag. by feeling ut. – bidigital method
or via speculum at Cx

Tr. – nothing much – if painful – replace ut. – Lateral position or knee-chest position – grasp anterior lip of Cx w tenaculum and pull backwards. Pessary then inserted – Smith-Hodge. Kept in position (pessary) for 3 months, then removed and see if ut. still anteverted. If not – then op. Daily douche given when pessary in place.

Op. – Gilliam's Suspension. Mid line incision in abdo-wall (↓) round ligament brought up through rectus abdominus – tightens ligament and brings lig. forward. Ret. ut. due to slackening of this lig.

2. PROLAPSE Cystocele : displacement of lower part of vaginal wall and bladder wall.

Rectocele: Post. part of vag. gives way & rectum bulges into vag.

Enterocele: when Pouch of Douglas and intestines bulge into vag.

Ut. may prolapse

Classical Prolapse: cystocele, ut. down, enterocele, rectocele.

Causes: childbirth.

post-menopausal atrophy.

Sts. backache.

lumpin groin - more noticeable when p. strains down - may have urinary troubles. - stress incontinence - micturates when coughs or laughs.

constip. or diarrhoea.

Tr. preventative - proper care & attention at birth

conservative - poor op. risks, young preg. women, p. who will want children - - watch spring pessary.

Op. cures:

Manchester or Fothergill's Repair { Anterior Colporrhaphy / Post. colporrhaphy / Perineorraphy (usually & Post. colpo)

Amputation of Cx. enlarged when ut. prolapsed.

Vaginal Hyst. done if outlet too gross for repair - usually in elderly post-menopausal repair - Fibroids, etc. Adenomyosis

ABORTION. Termination of pregnancy - the foetus being inviable for less than 28 weeks preg.

Mic. same as abort.

Causes: Maldevelopment of ut. or embryo itself

Abnormal position of embryo in ut.

Drugs - Ergot, lead, mercury, quinine

Acute maternal disorders - pneum., ~~ch. m.~~

Chronic maternal disorders - syphilis, etc.

Self-induced abortion - traumatic usually.

Three stages of birth - 1. Contraction of ut. 2. Cx to open 3. Expulsion of products of concept.

Abort miniature labour.

	Pain	Haemorrhage	Os.	Expelled.
1. Threatened Abortion	+ poss.	+ some.	closed.	clots.
2. Inevitable Abortion	severe	severe	open	blood + liquor.
3. Missed Abortion	+ then cease	+ cease	closed.	Prod. of C. not expelled. Blood. Foetal Death in Utero.
4. Incomplete Abortion	++	+++ persg	Open.	Blood, foetus, part of placenta expelled. Will bleed while pl. in uterus.
5. Complete Abortion.	+ cease.	+	Open, but later closes	Blood, foetus + placenta.

S+S: all types

Pain caused by contraction of ut.
Haemorrhage.
State of os. — open or closed.
Expelled products.

Tr.: Abt. R I B. sedation, analgesics (Morph. or Peth.) + i.m. Progest. helps. / phys. effect of maintaining developing ovum in ut. in early months.
may become ↓

Inev. R.I.B. - then — treat as Thr. abort.
\ or D. & C. if sure that inevitable.

Missed.: — nothing - will expel foetus later
- D. & C.

Incomplete - shock + haem. - R.I.B. Hb-checked - transf. if nec. (Isosanguinated) Stab
Tr. shock & Morphia + warmth, head low blocks.
Ergot if loss excessive
When stabilised then D. & C.

Complete: Same as ord. preg. R.I.B. + wait. If kind to bleed -
Ergot Tabs. or I.M.
Ergot helps ut. contract + stops bleeding.
Disps. - to be satisfied that complete

GYNAE. POSITIONS.

1. Left lateral
2. Sims'
3. Dorsal
4. Trendelenburg
5. Genu-pectoral
6. reverse Trendelenburg.

PUERPERAL INFECTION

Complications (short.)

1. septic endometritis
2. septicaemia
3. generalised peritonitis
4. salpingitis and pelvic peritonitis
5. parametritis and parametric abscess.
6. pyaemia.

Combinations can occur.

Inv. Blood for culture.
swab
urine (cath.)
X-P. ↓ Sulpha/antibiotics until Lab. reports.

PRURITIS

Septic / vag. discharge. 2. glycosuria or incontinence. 3. thread-worms from anus
4. mechanical 5. certain skin diseases 6. idiopathic.

Anterior colporrhaphy for cystocele.
Fothergill's – cystocele + ut. prolapse. Amputation of Cx
Colpo-perineorraphy – restores nuc. sling-pubo-coccygeus. – rectocele + ut. prolapse.

Trachelorrhaphy – any operation that repairs a torn Cx