NOTES ON THE PRACTICE OF THE LONDON FEMALE LOCK HOSPITAL.

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Uterine and Vaginal Discharges.

SINCE the admission of patients into this hospital, under the Contagious Diseases Act, from Woolwich and other military districts, the treatment of uterine and vaginal discharges has constituted a large part of its practice. In fact, in 1867, as many as 58 per cent., and in 1868, 65 per cent. of the class of patients alluded to, were placed under treatment for this form of disease alone, uncomplicated by any symptom of a syphilitic character, either primary or secondary. These patients are, for the most part, strong healthy girls, aged from 17 to 25, well fed and in good condition. Their disease appears to be entirely local, both in its origin and character. It arises, as I believe, in the great majority of cases, simply from the continual irritation and excitement of the generative organs consequent upon their mode of life, though it may be caused, no doubt, occasionally by direct contagion from urethral discharges in the male. The secretion, when they first come under observation, is of an obviously purulent or muco-purulent character, and evidence of its contagiousness is afforded by the fact (as I am informed) that nearly all of them have been accused of communicating disease before being subjected to examination. It is remarkable how little pain or inconvenience is suffered by these patients; usually they make no complaint whatever, and many of them are unaware that any thing whatever is the matter with them, although, when examined with the speculum, a profuse discharge, derived chiefly from the uterus, is found lodged in the upper part of the vagina. Associated with this, especially in the more chronic cases, abrasions of the epithelium, excoriations, or superficial ulcerations on the vaginal portion of the cervix uteri are very frequently seen. Anything approaching to an inflammatory condition, to which the terms acute gonorrhoea or vaginitis might be applied, is uncommon, and when met with, it is usually in young girls, as yet unseasoned to a life of prostitution. Incidental complications, of a painful character, such as labial abscess, or inflammatory bubo, are occasionally seen, but are not of frequent occurrence.

An external examination alone is quite insufficient for the discovery of these complaints. Purulent secretions from the vulva or lower part of the vagina are, of course, evident enough; but a profuse uterine discharge may be present, and no trace of it be visible until the speculum is employed. There is, however, a considerable difference in women in this respect; in some, the vagina appears to be equally contractile throughout its whole length, and therefore, any secretion formed in it, or entering it, speedily appears externally; while in others, and these are the majority, its contractility is much less at the upper than at the lower part, and discharges are consequently retained in the former situation.

When these discharges are of purely local origin, and there is no constitutional fault, their cure may be speedily effected by local applications. The plan commonly pursued at the Lock Hospital is to make the patients use vaginal injections for themselves three or four times daily. The lotions employed are the diluted liquor plumbi subacetatis, or solutions of sulphate of zinc, alum, or tannin, in the proportion of five grains to the ounce of water. The syringes are large enough to hold six ounces of the lotion, and have a pipe long enough to reach the upper part of the vagina readily. Both these points are important, for the syringes commonly used will not contain sufficient fluid to wash out the canal effectually, and the pipe affixed to them will not admit of its reaching the upper part of the vagina at all. When the vaginal mucous membrane is inflamed and tender, the house-surgeon, when the speculum is used, which is at least twice a week in all these cases, inserts a strip of lint dipped in the lead-lotion, and this is allowed to remain for three or four hours. If the inflammation be acute, the application of the strip of lint is repeated daily through a small speculum. By these means, discharges proceeding from the *vagina* may usually be cured in a few days, but the injections should be continued as long as any abnormal uterine secretions are observed, for the latter, if not frequently washed away, will be likely to re-excite disease in the vaginal mucous membrane.

But vaginal injections are of little or no use for the cure of discharges proceeding from the interior of the cervix uteri—a complication which is almost invariably present in these cases. In the treatment of this condition, success will depend mainly on the amount of personal care and attention afforded by the surgeon himself. At the Lock Hospital, the speculum is used twice a week in all, and three times a week in many, of these cases; and through it suitable applications are made to the os and cervix. The nitrate of silver, either solid or in solution, is

the remedy most in favour, especially in the earlier stages of the treatment, and when the discharge is purulent; later, simple astringents, such as tannin, alum, or perchloride of iron, are employed. Before using the caustic, all discharge should be wiped away from the os uteri with a piece of dry cotton-wool; and the plug of tenacious matter, which usually fills the cervix, should also be removed, or it will prevent the remedy reaching the diseased surface. The application of a strong solution of alum coagulates this discharge, and renders its removal more easy. The stick of nitrate of silver is then inserted to the depth of about an inch into the canal of the cervix, and is also applied to any abraded or ulcerated surface which may be seen around the os; or, instead of the stick, a solution of the nitrate (a drachm to an ounce of water) may be applied by means of a piece of sponge or cotton wool about the size of a pea, which is passed along the cervical canal with a suitable pair of forceps. I prefer to use the solid nitrate on the first one or two occasions, and afterwards the solution. By these means, the discharge speedily loses its yellow colour, and becomes white or semi-transparent. When this result is obtained, astringent solutions, such as the milder liquor ferri perchloridi of the *British Pharmacopæia*, or solutions of alum or tannin (a drachm to an ounce of water), may be substituted with advantage for the nitrate of silver. The glycerinum acidi tannici, or acidi gallici, are also frequently used; but they do not appear to possess any advantage over the watery solutions.

Other methods of applying remedies to the interior of the cervix uteri have been tried, but the plan above described has been found most convenient and effectual. A very efficient mode is to inject the solutions into the cervix with a syringe; but this has the disadvantage of being sometimes followed by abdominal pains—no doubt, from the fluid penetrating too far into the body of the uterus. I have also used suppositories containing nitrate of silver, sulphate of copper, or alum, incorporated with cocoa-butter, in the proportion, by weight, of one part to four or five, and made into pencils of appropriate size for introduction into the cervix uteri. These answer well enough; but, on the whole, I am disposed to prefer aqueous to greasy applications. The essential point, whatever the substance or solution chosen, is to take care that it is effectually applied along the whole length of the canal of the cervix uteri. There is rarely any pain occasioned by the use of caustics or astringents to these parts. The patients are almost invariably quite unconscious that anything is being done.

In 1867, the number of admissions for this form of disease was 414, and the average period occupied by the treatment was twenty-three days; but 36 per cent. were cured in periods of from seven to fifteen days, 21 per cent. in from fifteen to twenty days, and 13 per cent. in from twenty to twenty-five days. The remaining 30 per cent. occupied periods exceeding twenty-five days, the longest being ninety-four days. Many of these latter, however, were suffering from some constitutional condition which may be held accountable for the delay, such as phthisis or some other form of strumous disease, or impairment of health from long continued habits of dissipation.

Readmissions for a recurrence of this form of disease are unfortunately too frequent. The 414 cases alluded to do not, therefore, represent an equal number of patients; for fifteen women were admitted twice, and four three times, during the year. In fact, as many as eighty-four had been in the hospital previously, some of them as often as six or seven times since October 1866. When discharged, a large proportion return to habits of prostitution; and, as might be expected, after a time relapse into the same condition. We seldom see them again, however, till after a lapse of several months; so it may fairly be inferred that they remain in a sound state for a considerable period.

The above remarks are founded upon, and refer especially to, cases of *simple* utero-vaginal discharge, in which, as far as can be discovered, no syphilitic taint is present. These, of course, are only capable of communicating a simple urethritis or gonorrhoea. Women suffering from constitutional syphilis are, however, very often affected with uterine discharges and ulcerations. Such cases are much less amenable to local treatment; and appropriate constitutional remedies must, of course, be employed at the same time. In my opinion, the uterine ulceration so often concurrent with secondary syphilis is as much a secondary manifestation as mucous tubercles on the vulva, or the analogous condition so often met with on the mucous membrane of the mouth and throat; and its secretion is equally capable of communicating true syphilitic infection.

For the efficient carrying out of the plan of local treatment which I have delineated, which entails the expenditure of a great deal of time and trouble, great credit is due to the late house-surgeon, Dr. Barr (now in charge of the Government Lock Hospital at Aldershot), and to his successor, Mr. F. J. Marshall, both of whom have performed their laborious and somewhat irksome duties in the most painstaking and careful manner.