Lectures

ON THE

DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

BY

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TREATMENT OF LEUCORRHOEA.

THE question as to the best method of treatment to be pursued for the removal or amelioration of discharges of the kind now under consideration is a very wide one. It has been shown that these discharges arise from or are produced by an immense variety of causes; and it is therefore evident that, if the treatment have regard to the removal of the cause, that treatment must differ correspondingly, according to the nature of the case. In this, as in all cases, it need hardly be remarked that completely satisfactory results can only be hoped for from a mode of treatment based on a complete knowledge of the actual case before us, and on a just appreciation of the relations which, as causes and effects, subsist between the condition of the patient and the symptoms present. To endeavour to seize upon the true *indication* for treatment, this should always be our object; and, to be able to do this, our diagnosis must be a complete one.

The remarks now to be made are intended for the most part to apply to that large class of cases in which the *leucorrhœa* is dependent upon constitutional causes.

The treatment of *leucorrhœa* (excluding from the consideration discharges of a specific nature) is of two kinds, *general* and *local*. There are few cases of *leucorrhœa* which may not be benefited by the exclusive adoption of either one of these methods of treatment perseveringly followed up; but, in most cases, a combination of the two is the more suitable, and yields most satisfactory results. Even when there is a tangible local alteration of the uterus (presence of tumours, dislocation of uterus, etc.), giving rise to *leucorrhœa*, general treatment is often of very great service; although, in order to cure the disease giving rise to the discharge, local measures may be indispensable. Correspondingly, local treatment may be found of great service in cases where radical cure can only be expected to follow adoption of judicious general treatment. And this accounts for the apparent paradox that, on the one hand, the upholders of a *general* treatment, and, on the other, those who attach most importance to *local* treatment, both find their own particular theories justified by the results of their practice.

To remove the *cause* of the *leucorrhœa* is the first indication. The treatment must have regard primarily to that. In a case of phthisis, for instance, in which *leucorrhœa* is present, the treatment must have regard to the phthisis in the first place, although it may be necessary *also* to employ local or other measures calculated to arrest or diminish the *leucorrhœal* discharge. Where the *leucorrhœa* is due to,

or associated with, an anæmic condition, the removal of that condition should be the chief object of our endeavours. If there be any reason to suppose that the patient's residence is unfavourable hygienically, this must be remedied. If the *leucorrhœa* be associated with exalted activity of the sexual organs, as is sometimes the case when intercourse is indulged in inordinately, the indication is obvious. The next element in the treatment is of the utmost importance: in all cases it is absolutely essential to supervise the due action of the digestive organs, and of the great cutaneous surface. Plans of treatment, the most judiciously contrived in other particulars, will break down, unless these primary points are attended to. The quantity, quality, and mode of taking food, must be carefully adjusted to the requirements of the case. The skin must be kept warm, and its due action ensured by employment of frictions, baths, and exercise. In patients who have been long the subjects of *leucorrhœal* discharge, the importance of carefully regulating the "mode of life" cannot be over-estimated; and it is the more necessary to insist on this, as not unfrequently the practitioner on the one hand, and the patient on the other, pay far too little attention to these essentials; the result being a temporary, and not a radical, cure of the affection.

Resort to Watering-Places. Several "watering-places" have obtained repute from the supposed efficacy of the mineral waters there to be obtained in removing *leucorrhœa* of a chronic form. It is unquestionable that very good effects do result under the use of the waters in question; but it is not so certain that the effect which is produced results from any specific curative power in the water itself. The change of air, the perfect rest and relief from ordinary cares and anxieties, the regular exercise, simple diet, and the change in the mode of life generally,—all these play, unquestionably, a most important part in bringing about the cure. The *leucorrhœa* becomes cured, because the patient's general health undergoes such very considerable improvement. There are few cases in which the same amount of good might not be produced by adopting the same treatment, *minus* the medicinal waters, at home. It is well known, however, that in a certain number of cases we find great difficulty in persuading patients to follow up systematically the course of treatment enjoined while they are living in their own houses, surrounded by home associations, and in a manner tied down to home habits; and for this reason it is sometimes necessary to send patients to watering-places, in order that they may be induced to give themselves a fair chance of recovery.

Baths. These are very powerful therapeutic agents in the treatment of cases of *leucorrhœa* of the kind now under consideration. The use of the bath has the effect of determining the blood to the skin, and thus relieves the congestion of the internal organs usually present in these cases. The important consideration to keep in view is, that the condition of the patient must be regarded in reference to the choice of the form of bath. The most simple form of bath is the "sponge-bath", the patient being directed to sponge the whole of the body night and morning with water, at first tepid, and then quite cold; the skin being rubbed dry by means of a coarse towel, and the friction continued for some minutes. Then comes the "hip-bath". This may

be at first used tepid, afterwards cold. The hip-bath may be either of pure, salt, or medicated water. If the hip-bath be medicated with the view of the fluid acting upon the interior of the vagina, means must be taken to ensure the passage of the fluid into this canal. The hip-bath is, however, very serviceable when plain water is used. After the bath, the skin should be rubbed as in the case of the sponge-bath. With due care, the hip-bath or sponge-bath, alone or together, may be used in all cases, however debilitated the patient may be. It is necessary that a "reaction", as it is termed, take place after the bath, or it does harm, and the patient suffers from headache or other inconvenience for some hours after. For those who are able to bear it, the "shower-bath" may be employed.

Injections. Judiciously used, injections are of the greatest value in the treatment of leucorrhœa. In many cases they have a curative effect; in all cases they are of some service; and in certain cases they are almost indispensable. But it is not less true that leucorrhœa may be often cured without recourse to injections at all.

The first point to be attended to in the employment of injections is the form of instrument to be used. It is in most cases mere trifling to employ a small syringe. What is necessary is an apparatus by means of which a considerable quantity of fluid may be thrown up, and obtain access to the cervix uteri. A large sized gum-elastic vaginal pipe, rather longer than the speculum, open above by five or six tolerably large perforations, should be first introduced into the vagina so as to reach the os uteri. Having been introduced, the lower end of the pipe is then to be connected with the pipe of the injection-apparatus. This is made in a variety of forms. The most convenient form of instrument is Kennedy's, by means of which a considerable quantity of water can be used.

Whatever be the form of treatment, it will be effectual if by its means the patient is able to inject continuously and with little trouble into the upper part of the vagina two or three pints of fluid. It is essential that the apparatus act easily, or the patient will very shortly relinquish its employment.

The next point is as to the *nature of the fluid* to be injected. Very much benefit will be derived from the use of plain cold water, if only a *sufficient quantity* be used at each injection. And, for a variety of reasons, not the least of which is that it is always accessible and no preparation or forethought is then required, it is advantageous to use water alone. The cold water has a powerful effect in diminishing that congestion of the uterus and generative organs generally, which is usually present in the class of cases now contemplated. And it is very questionable whether the effect of injections, as ordinarily administered, in diminishing the discharge, is not for the most part due to this circumstance. Medicated injections do not, as a rule, actually come into contact with the surface (the interior of the cervix), which, in obstinate chronic cases, is the chief source of the discharge, and can only act on that small part of the cervical cavity which is exposed at the os uteri.

A variety of substances are used, mixed with water, and constituting *medicated injections*. Most of these are considered beneficial from their *astringent* properties. Alum, sulphate of zinc, nitrate of

silver, decoction of oak-bark, or tannin, are those most ordinarily used. A combination of tannin and alum (one or two drachms of tannin, with four drachms of alum, to two pints of water), recommended by more than one eminent authority, I have found very convenient. In all cases where medicated injections are used, it is desirable to employ first a simple injection of water, and to throw up the medicated liquid last.

Injections of a medicated nature are sometimes necessary to obviate the offensiveness of the discharge which may be present, as in cases of cancer, cauliflower excrescence of the os uteri, etc. In such cases, antiseptic agents are necessary.

Internal Remedies. The object with which we give internal remedies in leucorrhœa is usually that of remedying the constitutional derangement, whatever that may be, which is present. Purgatives may be necessary to produce regular action of the bowels, especially at first. It is better to give small doses of purgative medicines frequently, than large doses at longer intervals. Where the patient is chlorotic, aloes may be given; but in other cases it is, as Dr. Tyler Smith justly remarks, to be avoided. The debility with which most cases of leucorrhœa are associated necessitates the employment of tonic remedies, of which the best is unquestionably iron. The latter authority especially recommends a peculiar salt of iron in these cases, the ammonia-iron-alum, in doses of three to six grains. Iron and alum combined have been employed (in other forms) by other practitioners with success. The preparation of iron I have most used has been the ordinary pharmacopœial iron mixture: less probably depends on the particular form of the drug than on the fitness of the case for iron in any shape. Certain therapeutic agents, such as cubebs, copaiba, etc., have been recommended in leucorrhœa, as having special effects in diminishing secretions from mucous surfaces. The ergot of rye has a better claim to our notice. I have used it in cases where the uterus was in a lax, congested condition, with the double effect of relieving the profuse menstruation and leucorrhœa sometimes associated. As a rule, however, we cannot expect much direct effect from internal remedies in cases of leucorrhœa.

In describing the treatment of *local disorders* of various kinds, the subject of the treatment of the leucorrhœa associated with these disorders will be alluded to; the consideration of this part of the subject is therefore for the present postponed.

A PSYCHOLOGICAL STUDY. Garibaldi, the Italian hero, was born at Nice, and is now fifty-two years old; he is little more than five feet high. His head is very large, and in keeping with the bulk of the body. He measures round the shoulders forty-one inches, but in a straight line sixteen inches. The circumference of the head below is twenty-one inches, and twenty inches above. From one meatus auditorius to the other, running over the vertex, thirteen inches; from the root of the hair to the chin, eight inches; across the face, six inches. The intellectual qualities are more marked than the affective; amongst the latter, which are composed of instincts and feelings, the feelings predominate. Amongst the intellectual qualities, which are divided into perceptive and reflective, the latter have the supremacy. His temperature is the *nervo-sanguine*; hence he is the possessor of genius and activity. (*Gaz. Med. Ital.*)