

LEUCHORRHOEA AND ITS TREATMENT.

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THERE is no affection peculiar to females which carries in its train more debility or inconvenience than leuchorrhoea, and it can be also stated with equal truthfulness, that it is one of the most common diseases met by gynaecologists and the general practitioner.

Keating's definition of leuchorrhoea is that it is "a discharge or excessive secretion, non-hemorrhagic in character, coming from any portion of the mucous surface of the female organs of generation." This definition, very general in its nature, is as satisfactory as we could expect to find in a few words. A description of the different varieties of leuchorrhoea, will only afford us a proper view of the nature of the affection.

Leuchorrhoea, while aggravated by, and dependent for continual existence upon systemic dyscrasias of different characters, is in the greatest number of instances purely local in its essential nature. There are cases which seem to

be dependent upon causes affecting the general health, and, while it is not denied that the low standard of health of the patient has much to do with the development and continuance of leucorrhoea, yet we are firmly convinced that some influence acting as an irritant to the mucous membrane brought about the initial lesion.

The following forms of leucorrhoea are those most commonly recognized by the best observers.

Leucorrhoea of the Vulvae. This form is seen to affect the vulvae per se, and does not extend to the mucous surfaces of the vagina. It is attended with a viscid secretion which collects upon the labia majora, which glues the lips together at the margin.

This form is seen most generally in young children and has for its cause intestinal and seat worms, irritation by clothing, filthiness, masturbation, gonorrhoea and other causes.

This form, quite common in young children is often very important from a legal standpoint. Its presence often gives rise to the belief that children have been assaulted.

Vaginal Leucorrhoea. This form of leucorrhoea is not infrequently seen in single as well as married women. The discharge is of an opaque white character, often resembling curdled milk. It is very acid, and contains denuded epithelial cells. This form varies in severity from that of a mild inflammation that is but trivial in its character to one where the surface of the vagina is denuded of the epithelium. Often the discharge is entirely purulent. This form is also associated in some instances with cervical leucorrhoea.

Cervical Leucorrhoea. By general consent of authors the most prevalent form of leucorrhoea is the cervical. It is the affection most commonly encountered by the general practitioner. The discharge in these cases is a glairy, tenacious mucous, which often is strikingly like the white of an egg. It is very adherent and is generally very alkaline in reaction. Under the microscope it will be found to contain a number of epithelial cells. In many cases the cervix on being touched with an instrument readily bleeds. This form is due to injuries during labor, or those sustained while abortion is being performed. Excessive coition, and masturbation also are causative agencies. Coincident with pregnancy this form of leucorrhoea very often develops.

Intra Uterine Leucorrhoea. This form of leucorrhoea is generally met with in young women who have narrowness of the orifices of the canal, and those who have suffered with endometritis. Women who have passed the menopause also are occasionally met with who have this form of leucorrhoea. The discharge is very glairy, but very often it is purulent and contains blood.

This form is rarely met with, and it requires the most

constant and painstaking care on the part of the physician who takes charge of the patient.

Having given in general outlines the various expressions of this affection let us now inquire into the most successful methods of treatment.

The treatment to be successful must necessarily comprehend two needs: First, the general systemic condition and second, the local inflammation: Attention to both conditions, and rational treatment will bring about results that will be of a satisfactory character.

Here let me say that while constitutional treatment is of great importance, we will fail to get satisfactory results unless due attention is paid to the local inflammation. In fact, we shall often find that well directed local treatment will be all that is required to bring about a cure. Many symptoms supposed to be due to constitutional dyscrasias will disappear when local treatment of a correct character is applied. This is what we might expect when we remember what a drain on the constitution is sustained by many cases of leucorrhoea.

In the treatment of leucorrhoea, it is very important to search out whatever constitutional trouble there may be present. If anaemia is present we will gain much headway by correcting this with proper treatment. The same can be said of any constitutional disease or condition. Scrofula, syphilis, chronic bronchitis, phthisis and other conditions which lower the vital stamina will have to be corrected before the patient can begin to regain her former health. But we must not forget that local treatment must commence with and go along with whatever constitutional measures we may see fit to institute.

These patients should be directed not to engage in fatiguing occupations, or where they have to do a great deal of lifting, or where they have to stand a great deal.

The employment of injections have been depended upon for a long time but the profession is now against them. Of the articles employed the sulphate of Zinc, Tannic Acid, Carbolic Acid, and other drugs have been employed.

Many injections of solutions of these drugs have been employed and in some cases they have done good, but the experience of the profession is now that the same and even greater good can be accomplished by other more certain means. Injections are not made correctly, and do not reach the surface affected often and many times failure is due to this cause. Again they very often cause irritation and do harm by enhancing the diseased conditions present.

Besides giving the needed constitutional treatment, what local treatment is best? We answer that Ungentine applied to the inflamed surface directly has given the best results. I have treated a great many cases with this as a

ocal treatment, with great success. I apply Ungentine, which has been diluted one-half with vaseline, on ordinary clean cotton (non-absorbent) and apply this directly to the diseased surface. This is done once or twice daily as the discharge may or may not be profuse. Its application is not attended with pain; it is soothing, indeed, and the results of the treatment has been in every way more rational and consequently more satisfactory than by other means. Let us give a few cases which seem to prove the superiority of this treatment.

Annie; age 22 years, married and the mother of one child. She had leucorrhoea for a year. I could account for this only on the ground that her cervix had been inflamed by an attempt that she had made to produce an abortion on herself. This patient was anaemic and complained greatly of weakness. She had a very profuse discharge which often contained pus. She was given treatment for anaemia and Ungentine diluted one half its bulk with vaseline, was applied to clean non-absorbent cotton and put in position so that the diseased surface should be covered with the remedy. For the first week this was applied twice daily, but after that time the discharge was less and she employed the remedy less often.

Improvement in this case was constant after the first week and the patient made a complete recovery being under treatment only about six weeks. She is now, after a year, well and has had no recurrence of her affection.

Corinne J., age 3. The mother of this child kept a boarding house and feared that the little daughter had been mistreated by some one. She was found to suffer from seat worms. This patient's labii would be closed almost with the discharge that poured out from them. The seat worms were given a quietus in the proper treatment and Ungentine diluted with half vaseline was applied over all tangible parts of the vulvae. After this treatment had been employed one week, the little patient had entirely recovered.

Mrs. G., age 33, had been a sufferer for a long time with leucorrhoea which was of the vaginal variety, and which was very profuse and purulent in its character. This woman had some anaemia and her appetite was indifferent. Appropriate treatment remedied this condition, and application of Ungentine diluted with simple cerate applied twice daily for the first week, and daily every other day as the conditions seemed to warrant, brought about a complete recovery in five weeks.

This patient has had no recurrence of the attack after eight months. Her strength is good and she is in good spirits, and in every way the picture of vigorous health.

I will close this article with these briefly given clinical histories, the space at my disposal being too limited for

further histories. We may add however that this treatment so largely employed in Louisville, is bringing such good results that it will gain further extension by the profession, who are generally quick to cast off old time and unsatisfactory methods for modern and scientific measures.