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EXTRACTS FROM A MONOGRAPH ON LEUCORRHOEA.

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THE term "leucorrhœa" is applied by most modern authors to a whitish or yellowish discharge from the vagina, whether the secretion actually takes place from its lining membrane or from that of the uterus; and as a diagnosis between the two varieties of the disease is somewhat difficult, and their general modes of treatment somewhat similar, many authors, and probably most practitioners, do not regard the distinction at all, but are content with describing and treating the two diseases under one general term.

It is unquestionably of much importance, in most if not in all cases of leucorrhœa, to be able to decide to which of these varieties the particular example under our care belongs, because the two organs (uterus and vagina) differ not a little in their functional peculiarities and their sympathetic connections, and therefore our remedial measures must be modified accordingly. I am of opinion, with Churchill, though many modern authors of skill and experience think differently, that the diagnosis, by care and observation, can generally be made out.

Leucorrhœa which has its seat in the uterus, may be distinguished from vaginal, by the peculiar circumstances attending its appearance—as, for example, when it occurs immediately or soon after abortion or delivery; by its taking the place of the regular menstrual discharge; by its greater violence and more general effect on the constitution; by the quantity of the discharge being increased after the catamenia cease, or just before they commence; by its gradually encroaching upon the performance of that function, causing the flow to be less copious in quantity and less regular in its return; and when it occurs in young females, where nature seems to be making an effort to bring on the catamenia. Whenever, therefore, any, or several of these circumstances are noticed in connection with leucorrhœa, we may with much reason conclude that the mucous coat of the uterus is diseased, although perhaps it would be going too far, in the present state of our pathological knowledge, to say positively that the vagina was not also implicated.

Considerable difficulty may also be anticipated in the attempt to dis-

tinguish leucorrhœa (either vaginal or uterine) from gonorrhœa. For notwithstanding Dr. Good contends that this can happen only to "novices," I believe there are very few physicians of the present day, who have enjoyed considerable opportunities for observing these diseases, who will not only admit the great uncertainty of all the usual diagnostic marks, but the occasional impossibility of deciding between them. Dr. G.'s idea that we can distinguish gonorrhœa by the local irritation extending to the meatus uriniarius, producing distressing pain in making water, and that these symptoms are not to be found in leucorrhœa, is notoriously erroneous; and one is tempted to think that this assertion is only one of the many instances in medical literature where dicta are put forth with all the solemnity of *ex cathedra* authority, although unsupported by a single correct clinical observation. Ardor urinæ is unquestionably by no means an uncommon symptom in leucorrhœa.

De Graaf de mulin. organ. p. 140, supposes that we may distinguish fluor albus from blenorhœa by the respective localities of their sources; the former deriving its origin from the uterus, and the other being exclusively produced by a morbid secretion from the surfaces which form or are immediately within the genital cavity—as those of the external orifice of the vagina, of the external orifice of the urethra, of the clitoris, nymphiæ, &c. No reliance, however, can be placed on this mode of diagnosis, even in uterine leucorrhœa, and it evidently can have no application to those numerous cases where the vagina alone is the seat of disease.

Bagliivi, on the other hand, proposes, as a principle of diagnosis in these cases, the assumed fact, that the leucorrhœal discharge ceases during menstruation, and *vice versa*: but the more accurate observations of modern surgeons and pathologists have ascertained that this hypothesis is wholly without foundation.

On the whole, the diagnosis from gonorrhœa is extremely difficult. Sir C. M. Clarke considers it impossible. According to Ricord, however, there are some cases in which all doubt may be removed by an examination with the speculum. Whenever the peculiar erosions or superficial ulcers of the mucous membrane covering the cervix uteri, and which, according to that experienced author, occur in 19 out of 20 acute cases, are discovered, there can be no hesitation in pronouncing the disease to be gonorrhœa. Ricord also asserts that the discharge from the urethra, though it does occasionally occur, is much less frequent in leucorrhœa than in gonorrhœa. Out of 200 cases of the latter kind, he states that 8 in every 12 had the urethra so affected (p. 18). The moral character, too, of the patient, and of her husband, if married, will be an important element in enabling us to form an accurate diagnosis.

In connection with this part of the subject, the interesting and important question presents itself—is leucorrhœa communicable to the husband by conjugal intercourse? I have not the least hesitation in answering this question in the affirmative, and I think it very important that every practitioner should have clear and correct ideas on this subject, as he will thus be enabled, not unfrequently, if his practice be extensive, to put an end to domestic suspicions and bickerings—which if unallayed

and inexplicable might destroy forever the peace of the most respectable families. I have known several striking cases, where the wife has been afflicted with leucorrhœa, and the husband has been seized with all the symptoms of violent gonorrhœa, and yet, when from the character of the parties I could not for a moment entertain the least suspicion of the incontinence of either. In two instances in married couples of the highest standing, and of the utmost purity of character, both the husband and wife were alternately afflicted for several years with a discharge resembling leucorrhœa; sometimes one and sometimes the other would be attacked first, but in every case both were sure to be afflicted with it in the course of a few days.

Treatment.—After having paid no little attention to the subject, and having frequently experimented in relation to it, I am constrained to consider Churchill's distinction between the effects of astringent injections in vaginal and uterine leucorrhœa, as founded in reason and nature, though I believe that more exceptions than he seems disposed to admit will be found to occur in its application. He contends that astringent injections in vaginal leucorrhœa are extremely successful; while the case in uterine leucorrhœa is very different—that in this latter species, if not positively injurious, they are at least inefficient and never do any good. He asserts, that in some instances he has known them to cause great irritation, with menorrhagia and an aggravation of the local distress.

I make it, therefore, an invariable rule in prescribing for leucorrhœa, to endeavor, in the first place, to satisfy my mind as to the particular species the patient is laboring under—and whenever any obscurity exists as to the diagnosis, to be very cautious as to the prescription of astringent injections, and to watch very narrowly their effects, in order to suspend them immediately if any untoward symptoms occur.

With the exception of astringent injections, the treatment of both forms of leucorrhœa is quite similar. Whenever we are called in early and there are indications of acute inflammation of the lining membrane of the vagina or uterus, the usual means to combat and relieve this state of the system must be resorted to—viz., depletion by venesection, leeching the vulva, or os uteri if practicable; free purging; diaphoretics; fomentations on the hypogastric region; rest, in a horizontal position; abstemious diet; hip bath. Some or all of these remedies, judiciously directed, will generally in a short time control the inflammatory symptoms, diminish or entirely subdue the pain, and either cure the disease (which not unfrequently happens) or prepare the system for further remedial measures. A great variety of these have at different times been offered to the profession, and each in its turn has had many enthusiastic admirers who have prescribed their favorite remedy on all occasions, in every form of the disease, and in every species of constitution—and, of course, have frequently met with disappointments and failed in their attempts, as will always be the case when remedies are indiscriminately applied.

There can, I am confident, be no doubt that many, perhaps I might say, with entire truth, that most cases of vaginal leucorrhœa can be cured—after using the proper depletory means as above indicated if necessary

—by various astringent solutions thrown up the vagina by a syringe conveniently constructed for the purpose. Those that I have found most efficient, and which therefore I most frequently make use of, are the following, which I place in the order in which I prefer them—viz., acetate of zinc (gr. v. to water ℥ j.) ; sulphate of copper (gr. xxv. to water ℥ viij) ; borax (℥ ss. to flax seed tea ℥ viij.) ; decoction of oak bark ; alum (℥ j. to water ℥ vj.) ; sulphate of zinc (℥ j. to water ℥ iv.) ; hydriodate of iron (℥ ij. to a pint of water)—(this answers admirably in many cases). The nitrate of silver I have seldom employed, and have never been satisfied with its effects. Particular directions should be given by the practitioner as to the kind of syringe to be employed, its being in proper order, &c. The patient should be in a recumbent posture during its administration ; the injections at first should be tepid, gradually reducing the temperature ; they should be administered about twice a day on the average ; in irritable constitutions, it would be prudent to commence with them weaker than the above formulæ, and afterwards increasing their strength if necessary ; and in most cases, it will be found useful to inject a syringe or two full of soap suds previous to employing the remedy—this promotes cleanliness and allows the medicine full opportunity to exert its influence upon the inflamed surface. Too much attention, indeed, cannot be paid to the subject of cleanliness, during the whole treatment of leucorrhœa, for without the strictest care upon this point, our remedial measures will be deprived of much of their efficacy. Frequent washing, therefore, of the external parts with warm water, should be sedulously enjoined in addition to syringing the vagina with soap suds.

The preceding directions are particularly applicable to vaginal leucorrhœa ; while in the uterine species, the treatment would be somewhat different, at least so far as astringent injections are concerned : for these, as I have already remarked, are more apt to be injurious than beneficial in the latter form of this complaint. Sometimes the two forms are combined in the same case, indicated by a combination of the symptoms peculiar to each. In this case, we should prescribe for the uterine fluor albus first, and when the severity of its symptoms are alleviated, we may then with safety and advantage resort to the course just pointed out for the cure of the vaginal leucorrhœa.

The first indication to be attempted for the relief of the uterine form of the complaint, is the reduction of the inflammatory symptoms, by the usual antiphlogistic course. In mild cases, entire rest, abstinence, tepid and cold ablutions, and a moderately active purge, will be amply sufficient for this purpose. In instances of greater severity, general or local blood-letting (leeches to vulva, groins or perineum, or cups to the same), active purging and fomentations, may be required.

Among the internal remedies, emetics have often been prescribed, though I never could bring myself to direct them, except when rendered necessary by the disordered state of the stomach, and then only upon general principles, without placing any dependence upon their peculiar efficacy in this complaint.

The use of the tincture of cantharides, as a remedy for leucorrhœa and

other diseased states of the female organs of generation, was first urged on the profession by Dr. John Robertson, of Edinburgh, in 1806, in his work entitled "Practical Treatise on the Powers of Cantharides when used internally." This article being earnestly recommended by Dr. R. and some of his professional friends, attained very soon considerable reputation in Great Britain; though I believe it has never been so much employed or so much confided in there, as it has in this country, where the example and recommendation of Professor Dewees have been instrumental in giving it much greater currency than it would in all probability have otherwise attained, or than its intrinsic virtues merited. This plan, after having prepared the system by bleeding (if necessary), by purging, confining the patient to a milk and vegetable diet, is to give thirty drops of the tincture of cantharides every morning, noon and evening, in a little sweetened water, increasing the dose, every third day, five drops, until strangury is produced, unless the disease is arrested, which is not unfrequently the case, before this symptom appears. Should the complaint withstand the first strangury, he re-commences the tincture at the original dose of thirty drops, and increases it as before, until a difficulty in passing urine is again experienced—and so on, to a third and even fourth strangury, should the disease prove obstinate and unyielding.

I consider the indiscriminate and almost universal employment of this article in cases of leucorrhœa by Dr. Dewees, as the greatest practical error contained in his really valuable publications. I have used it in a great number of cases and in every variety of constitution—and after having thus given it a thorough and impartial trial, I feel constrained to say that its virtues and efficacy have been vastly overrated, and that in a great majority of cases there are other means of cure more safe, more speedy, and more effectual. There are at least three strong objections to the general and indiscriminate employment of cantharides in leucorrhœa.

1st. There are a great many cases that can be cured by other remedies in a much shorter time than by this.

2d. The strangury,* which cantharides must produce, as a general rule, in order to prove beneficial, is always unpleasant, and sometimes most acutely painful.

3d. There are a great many instances where this medicine will not effect a cure at all; and as it takes a long period to ascertain this fact, a great deal of time is thus unnecessarily wasted, and a great deal of suffering unavoidably inflicted.

For these reasons, I have for some time past relinquished the use of cantharides entirely in the incipient stages of leucorrhœa, and resort to it only in chronic cases, or when other remedies have failed. Thus employed, it is undoubtedly a valuable article and well worthy the notice of the profession.

The balsam of copaiba is a favorite remedy with some members of the

* I have repeatedly seen the most distressing symptoms accompany the strangury in nervous and delicate females (and these are the very persons most liable to leucorrhœa), even when prescribed in the most cautious manner. And in more than one instance, I have witnessed a most violent strangury caused by a single dose of the tincture.

profession ; and after very extensive trials of it, I am induced to consider it one of the most effectual means in our power for controlling this discharge ; and indeed, were it not for its nauseous taste and smell, and its consequent effects in deranging the alimentary canal, I believe we should hardly require any other internal remedy. These disagreeable results are in a considerable measure, to be sure, prevented by the employment of the copaiba in capsules, as now manufactured in Paris. This is an excellent and efficient mode of administering the article, as the capsules are entirely tasteless and almost inodorous ; but unfortunately the high price, at which they are sold, puts them out of the reach of many of our patients—and the more so, as a great many are required to effect a cure. I usually direct two or three of the capsules daily at first, gradually increasing the number to five or six. In almost all cases, it is necessary, or at least advisable, to use some of the depletory measures indicated in the former part of this article, to prepare the system for the administration of the copaiba.

The preardations of iron I have often found useful adjuvants in cases of considerable constitutional debility. The sulphate and carbonate are the preparations I principally resort to. These are unquestionably among the most valuable remedies we possess in those cases where the class of chalybeates is indicated. They frequently require a long-continued employment to exhibit their full efficacy. I usually direct them in the first instance for a few days, in combination with rhubarb and the blue mass, and afterwards with rhubarb alone or the Venice turpentine.

I have also much confidence in iodine and its various combinations, in chronic cases of leucorrhœa. The following formula I frequently prescribe:—*R.* Hydriod. ferri, \mathfrak{z} ij. ; spt. vin. rectific., aquæ pur., aa \mathfrak{z} ij. *M.* ; of which I direct a drachm two or three times a day.

The plan of cleaning out the vagina every day with a detergent wash, as soap suds, a weak solution of the sugar of lead, &c., and then systematically plugging it with lint or cotton in order to keep the diseased lips of the womb and vagina separate, I have tried ; but with such unfavorable results in every instance that I have been induced to relinquish the practice almost entirely, and am convinced that there are very few cases in private practice where it is advisable.

The uva ursi and the buchu in infusion have been highly recommended by some authors. They seem to me, however, to be of little use, except in relieving the irritation about the neck of the bladder and the pain in passing water, which it is well known are occasional attendants upon leucorrhœa.

The cicuta, conium maculatum, was introduced to the notice of the profession by Baron Storck, of Vienna, who published, in 1769, an interesting treatise intended to recommend this article for the cure of leucorrhœa ; and illustrated his theory by a great number of striking cases, in which the cicuta seemed to perform very wonderful cures. This remedy, in consequence of Storck's powerful recommendation, was very extensively employed throughout Europe ; but as it fell very far short, in

the hands of other practitioners, of effecting what it was said to have done in those of the original projector, it has been very strongly suspected that implicit reliance cannot be placed in the accuracy of his statements. *Cicuta* has accordingly, and I have no doubt deservedly, lost most of its reputation as a remedy for *leucorrhœa*.

Colchicum, *elecampane*, *cubebs* and *ergot*, have also been recommended at different times as means to control this discharge; but as I have never used them but in one or two instances, I can say nothing in their favor.

Blisters applied over the pubes, on the back or the inside of the thighs, will be found remedies of great efficacy in some cases of unusual obstinacy, and which have resisted all the usual means of cure. I have in several instances been most agreeably disappointed in the prompt relief afforded by these applications, where all the ordinary remedies had been tried without effect, and where the patients were just ready to relinquish all further attempts in despair. On the other hand, however, I have repeatedly found them inefficient, and in a few rare cases they have even proved injurious, increasing the amount of the discharge and the irritability of the system. Sometimes I have applied them a second and even a third time in succession, with only partial relief in the first instance, and yet with complete success in the end.

The profession, as a body, is exceedingly empirical in the treatment of *leucorrhœa*. This undoubtedly is partly owing to the obstinate character of the disease, and partly, I think, to the want of due discrimination and care in inquiring into the causes of the attack, and the peculiarities of the constitution, and a want of sufficient minuteness in observing the effects of remedies—and particularly in ascertaining when a depletory and when a tonic course of treatment should be pursued. All these various points of inquiry and observation should be most sedulously kept before the physician's mind in treating a case of *leucorrhœa*.

In the first place, let him examine into the cause of the attack, and remove it, if possible. If it arise from prostitution, from tumors, ulcers or polypi, from pregnancy, from *ascarides* in the rectum, from deranged menstruation, from prolapsus of the uterus, from the use of pessaries, from the want of due attention to cleanliness, from a meagre and unwholesome diet, from sedentary habits, &c. &c., in all these cases it is obvious that attention should first be paid to the exciting cause, and that as far as practicable it should be removed, and when this cannot be done, that its injurious effects should be counteracted by appropriate treatment.

Perhaps more nicety of tact and accuracy of discrimination are required to enable us to decide with certainty and precision when to deplete and when to stimulate, than in settling any other question in the management of this disease. That a tonic course of treatment is often necessary, no observing physician will deny; and this may consist of various items—of frequent exercise in the open air, particularly in riding in a carriage and on horseback, and even in walking when the other modes are not convenient—of a nutritious, easily digestible and plentiful diet, accompanied occasionally, though rarely, by wine—of various remedies which have

a direct tendency to increase the strength of the system, give tone to the stomach, and force to the muscular fibre, as, for example, the whole class of vegetable bitters, and more especially the chalybeates—of a change of air and climate—and, finally, by a resort to the sea-coast and the luxury of sea-bathing.

By a judicious and persevering employment of these various remedies—carefully adapting our course to the peculiarities of the case and the idiosyncrasies of the constitution—I am satisfied that almost every patient laboring under leucorrhœa could eventually be restored to perfect health, provided no serious organic disease present an insuperable obstacle to our success.

The following are some of the works which may be consulted on leucorrhœa.

Rolfinck (Guernerus), *Dissertatio de fluore albo mulierum*, in 4to., Jenæ, 1661.

Wedel (Georg. Wolfg.), *Dissertatio de fluore albo*, in 4to., Jenæ, 1682.

Ves-ti (Jus-tus) *Dissertatio de fluore albo*, in 4to., Erfordæ, 1697.

Bonet (Theophilus), *Sepulcretum*, lib. iij. serm. 31, obs. 6.

Juch. *Dissertatio sistens virginem fluore albo benigno laborantem*, in 4to., Erfordæ, 1730.

— *Dissertatio de fluore albo*, in 4to., Erfordæ, 1731.

Luther, *Dissertatio de fluoris albi indole et cura*, in 4to., Jenæ, 1739.

Kaltschnied, *Dissertatio de fluore albo benigno*, in 4to., Jenæ, 1739.

Allen, *Dissertatio de fluoris albi caractere, et notis quibus cum gonorrhœa convenit vel differt*, in 4to., Lugdunum Batavorum, 1751.

Juncken (Joann.), *Dissertatio de fluore albo, titulo et ortu benigno, curatione autem sæpius maligna*, in 4to., Halæ, 1752.

Morgagni, *De sedibus et causis morborum*. Epis. 47.

Raulin, *Traité des fleurs blanches*, Paris, 1766.

Van Der Hest, *Dissertatio de Leucorrhœa*, 1771.

Bœlmer, *Dissertatio sistens leucorrhœa pathologiam*, 1798.

Heilman, *Dissertatio Leucorrhœa, seu fluor albus*, 1799.

Freyer, *Dissertatio de Leucorrhœa, seu fluore albo*, 1799.

Swediam on Syphilis.

Blatin (J. B.) *Du catarrhe utérin ou des fleurs blanches*, Paris, 1801.

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Transactions of College of Physicians, London, Vol. V., p. 23.

Ephemerid. Germanic. Decad. —

Duncan's Medical Commentaries, Vol. VII., p. 364.

Dewees's Diseases of Females.

Churchill's do. do.

Blundell, Davis, Gooch, &c. &c., Systems of Midwifery.