

ON VAGINITIS.

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GENTLEMEN: My lecture to-day is upon Vaginitis, a disease which is so copiously illustrated by cases in "Martha" that, although it cannot be expected to strike you, it strikes me very forcibly that it is greatly neglected in medical practice and in medical literature. This arises from two circumstances: it is often chronic and slight and it often forms a part of a more extensive disease, of which other parts are much more urgent and attract the whole attention of the observer to themselves. If a woman, for instance, has chronic vaginitis and ovaritis, the case will probably be called ovaritis, and there will be a risk of the vaginitis being neglected. If a woman has acute vaginitis and cystitis—which latter is one of the most painful and urgent of diseases,—it is likely that the vaginitis will be neglected. The frequency of this disease gives it great importance.

Before I consider the parts of the subject which are to form the chief topic of my lecture to-day, I must get a few statements out of the way. Diphtheritic vaginitis is a rare disease: I have seen it. Erysipelatous vaginitis is a rare disease; and there is a peculiar form of it which is rarer—a diffuse inflammation of the external cellular coat, causing swelling which almost occludes the whole length of the passage; and when this ends in suppuration, it sometimes so dissects out the tube of the vagina as to deserve the name of para-vaginitis dissecans. Lately I have seen a case of vaginitis with similar inflammation of the cervix uteri, where the disease consists of rounded sloughing phagedænic ulcerations, of one or two lines broad, for whose origin no satisfactory syphilitic account could be given; the ulcers were on the lacquear vaginae and on the cervix. Then an ulcerous vaginitis ending in adhesions is described; and I have seen a pustular vaginitis.

Besides these different kinds there are varieties of vaginitis as where the disease attacks only parts of the passage, as the lacquear, in which case it is very frequently associated with inflammation of the cervix uteri. It also frequently

attacks the lower part alone of the vagina, and in that case it is often associated with inflammation of the pudendum. Besides, the inflammation may be of small parts, so that, when the vagina is looked at, it has a mapped, or a marbled, or a mottled appearance. I have seen also a vagina spotted like a Dalmatian dog, as if the chronic inflammation were only around the openings of numerous little mucous follicles, regularly arranged. Again, as in a case which I showed you in "Martha" last Tuesday, the inflammation may so affect the ridges of the rugæ of the vagina that they alone appear red, the sulci being pale.

Now for a great matter. Vaginitis may be a local or a constitutional disease. The characteristic acute vaginitis, gonorrhœa venereal, or the same disease occurring after marriage, or the same disease occurring after the introduction or during the wearing of a pessary, are examples of local—purely local—disease. If the disease is severe it draws the constitution into sympathy with it, and you have a constitutional affection secondary to the local.

But a large number—indeed, I think the majority of cases—are constitutional in their origin: they exhibit an order the reverse of that which I have mentioned as characteristic of local diseases; it is the constitutional that brings on the local affection secondary to the constitutional.

In this hospital it seems natural to speak at length on the constitutional origin and treatment of local disease, of which Abernethy made so much. The subject, as he discussed it, was very imperfectly known; and indeed now our knowledge is very deficient. A great deal of the details of what has been said, and some of what I have to say, is mere arbitrary statement; but the great principles are so important that I must enter upon them at some length.

There is an inflammatory diathesis which accounts for the occurrence of local diseases, and this is occasionally well exemplified in lying-in women. Such, while well and tenderly cared for and scrupulously nursed, and after the time of septi-cæmia and pyæmia are far past, may have a violent attack of pleuritis or pleuro-pneumonia, for which no explanation can be discovered, and which begins and ends as a simple inflammatory disease, but not a mere local disease: it springs from a constitutional origin, and this origin we call the inflammatory diathesis for want of a more definitely intelligent name. Extraordinary examples of this I have seen; several cases, indeed, such as this: After a week of health recovery, then come puerperal insanity, double pleuro-pneumonia, double nephritis with albuminous urine, and double or right and left parametritis; all beginning and ending as purely inflammatory affections, without any discoverable reference to cold or septi-cæmia. In the case of simple local vaginitis, as in the analogous gonorrhœa in the male, the occasional occurrence of arthritis is alleged as evidence of a constitutional affection. This arthritis I feel bound to believe in, but I have never seen it; and for that reason I shall say nothing about it.

When vaginitis occurs as the result of constitutional disease it seldom occurs alone, although it may do so. It is generally accompanied by cystitis, and sometimes by still more extensive disease. It is generally subacute, as is the cystitis which often accompanies it. Vaginitis and cystitis, each alone, or the two combined, are not rare in old women as constitutional diseases. If they occur in conjunction, the cystitis being much more painful than the allied vaginitis may alone attract the observer's attention. Besides being subacute a constitutional vaginitis is likely to be chronic: it will probably continue so long as the constitutional condition which gives rise to it persists.

What are the constitutional conditions which give rise to vaginitis? Alcoholism is the most important; the next is old age; the next is lupus, or rather the constitution accompanying lupus; and the next is diabetes, and in this case the vaginitis is generally accompanied by vulvitis.

The importance of this distinction of vaginitis into local and constitutional is seen in treatment. A local vaginitis is to be managed almost entirely by local treatment. A constitutional vaginitis will be very imperfectly and unsuccessfully treated if you pay attention only to the local treatment; whereas if you pay attention to constitutional treatment, and even omit local treatment, you will succeed. In cases of this kind striking successes in practice are often seen. You are called to a case of a drunken woman who has, as is not very rare, inflammation of the kidney, bladder, urethra, and vagina of a subacute kind, and are told by the practitioner that he has tried every medicine he can think of. His therapeutical method, in its highly diluted copiousness, reminds one of the garrulity of little knowledge. In such a case, I say, if you recognize the constitutional origin of the disease, then the line of treatment is at once indicated, and you achieve brilliant success. You make the drunkard a teetotaler, and the vaginitis disappears. An illustration, foreign to the genital organs, may be of use: There is a form of conjunctivitis which is produced by chloralism. Now, if an oculist were treating this in ignorance of its cause, what a failure he would make! He would feel that a disease usually easily cured was beating him, and he might be tempted to try something else, and again something else; whereas, if he knew the cause, he could cure it at once. *Sublata causa tollitur effectus.*

Besides that this disease may be local or constitutional, there is another very important thing to remember about it—namely, that it is frequently part of a more extensive malady.

This is true of local vaginitis, and the more extensive malady is the affection of neighbouring organs. In cases of acute vaginitis the spreading is by continuity. A woman has venereal gonorrhœa. It is not improbable that she will have endometritis, ovaritis, perimetritis, urethritis, cystitis, and ureteritis, and perhaps nephritis. The whole disease here is local; it was begun by the poisoning of the vaginal mucous membrane. The treatment of the local disease is essential in the case, but the other diseases must be attended to, and they may persist after the cure of the original local affection.

When the disease is constitutional, the vaginitis is, as I have already said, generally only a part of a more extensive malady. I saw a case, for instance, not very long ago, during pregnancy, and another case in an old woman above sixty, where the constitutional disease was alcoholism. Both had purulent leucorrhœa; both had urethritis, which in the old woman was so severe that you could bring out pus from the orifice of the urethra. Both had irritable bladder and albuminous urine, this secretion being in the old woman sometimes tinged by blood. In both the vaginitis was an important part of the disease compared with the affection of the urinary organs; and this latter justly attracts almost the whole attention of the practitioner. In such cases the urine is of low specific gravity; opalescent, and remaining opalescent after standing; it deposits mucus with phosphates and lithates. The microscope detects pus, bladder epithelium, and epithelium of the ureters. Albumen is thrown down after boiling.

This inflammatory affection of the whole genito-urinary organs by alcoholism, and of which vaginitis is a part, is not a disease which stands alone. There is a well-described disease, for instance, which affects the same systems of organs, and them alone, in women, called genito-urinary tuberculosis, a good example of which in the post-mortem room is one of the most interesting sights I know.

You are not to suppose that vaginitis is a usual result of alcoholism. In those not pregnant and not old a more common result is ovaritis and endometritis, like those produced by fevers. But whereas the ovaritis and endometritis of fever are temporary, the same diseases of alcoholism are only temporary if the alcoholism is also temporary.

An example of another form of constitutional disease producing vaginitis I shall read to you. Here the vaginitis is connected with lupus. I shall not now give you the characteristics of the recurring vaginitis of lupus, because you will hear me read them in this report; and I ask your attention to the fact that the vaginitis was rapidly improved while the patient was under our care.

This form of vaginitis is often easily cured, but it is very liable to relapse: for I have classed it as of constitutional origin; and who will remove lupus from the constitution? The woman has myxœdema or cretinoid disease; she has lupus minimus of the orifice of the urethra and around the vaginal orifice; and she has diabetes. She came to us to be treated for vaginal discharge.

E. K., aged forty-one, married twelve years; has had two children, no miscarriage; last child born ten years ago, husband having been absent since then. Says she measured eighteen inches in girth at the waist before her last pregnancy; she now measures thirty-eight inches. Hands and feet were then small and fine. Gradually, during the last ten years, she has grown weaker and bigger. Hands, feet, face (especially lips and nose), and neighbourhood of umbilicus, have become thickened and coarse. Hands most affected, being thick, corrugated, clumsy, like those of a labourer, with the nails coarse, dirty-looking, and flattened. She has lost power to a great extent in arms and legs, being unable to grasp anything firmly, and finding it tedious and difficult to thread a needle. She cannot see, hear, smell, or taste as formerly. Ophthalmoscopic examination reveals nothing abnormal in the eyes. For the last three months she has been passing large quantities of water, and has not been able to retain it above a minute after the desire to urinate was felt. The quantity now passed is about a pint at a time; it has a specific gravity of 1042, and contains much sugar. On successive days she has passed $5\frac{1}{2}$, $6\frac{1}{2}$, 8, 6, 4, $7\frac{1}{4}$ pints. The fourchette is entire; at each side, and arranged around, and external to the proper vaginal orifice, are dark-red and tender patches. The vestibule between the clitoris and urethral orifice is red and pitted. The posterior half of margin of urethral orifice presents a prominent, caruncle-like ulcer with everted edges, not extremely sensitive. The cervix uteri contains an opaque (not yellow) mucus. The vagina has a measly-looking, mottled red surface, painted over with copious thin green pus; its surface is smooth, and no rugæ are seen. She has been treated for a few days with a vaginal injection of black-wash, and already the vaginitis has nearly gone, the surface looking scarcely redder than natural—not smooth and glazed as before, but presenting rugæ, and the pus being laudable.

Epoch, or age, here produces, not different diseases of the vagina (such differences as I illustrated in my last lecture), but it produces vaginitis of different kinds. You have no vaginitis in childhood. I, at least, have never seen any except of the lower part adjoining the hymen. Then, during mature life, you have the characteristic acute vaginitis, the venereal gonorrhœa, or a like disease, which may owe its origin to perfectly pure sexual intercourse. An acute vaginitis is not to be so designated, unless it has the combination of characters necessary to entitle it to that name. You must have intense inflammation rapidly coming on after the cause has acted, coming to a climax in eight or nine days, and then rapidly fading and going away altogether, or becoming chronic; and you must have, during the height of the disease, a copious flow of laudable pus.

The vagina in this disease generally presents a red, raw-like surface, beneath which there is little œdema, the rugæ not being obliterated. It is sometimes punctated, which probably arises from the injection of papillæ, and it is often granulated from the same cause.

The vaginitis of old age is generally subacute, and a similar disease is not rare during pregnancy and in the puerperal state. Rarely does the vagina, when in-

spected, present the same appearance as in the acute vaginitis of youth. It is more frequently smooth, having a glazed appearance and feeling, the rugæ being obliterated and reappearing as the disease is cured; and sometimes you see areas over which the mucous surface seems to be destroyed, and these bleed readily, especially when touched. In many of these cases you are consulted not for vaginitis, but for so-called menorrhagia, which the woman supposes she is suffering from; and, as you know, this is an alarming symptom in old women.

This disease, especially in old women, leads to garrulitas vulvæ, not the garrulity of feeble-mindedness to which I have before referred. The vagina secretes air, and the woman may be extremely annoyed by passing it from the body. This is not the only explanation of passing air from the vagina, but it is the only one I at present mention; and I may remind you of the disease called vaginitis emphysematosa. In the subacute vaginitis of old women the bladder is very often simultaneously affected. The pus is generally thin and green. It is sometimes extremely copious. Although the disease may depend greatly upon the permanent constitutional influence of senescence, it is upon the whole amenable to simple treatment. The vaginitis of the old is probably the cause of those common, partial, thin-edged vaginal strictures which are so frequently found high in the passage.

Now, besides these two forms of acute vaginitis, the vaginitis of mature life and of old age, you have chronic vaginitis.

Chronic vaginitis of youth occurs in various forms. There is a chronic vaginitis in which the vagina is hard and small, its rugæ well seen, but yet evidently swollen, œdematous, and with either no secretion or with the rugæ painted over by an old gray-white accumulation of sordid epithelial detritus. This kind of vaginitis is not rare, and it sometimes escapes notice, because, although it may be connected with vaginismus, it often produces no symptoms. Of this form we had a case in "Martha" a few days ago.

This, which may be called dry vaginitis, has its analogue in a disease of the deep cavities of the nose, which I have suspected as producing peculiar headache and giddiness, and which is assuaged or cured by the same soothing remedies as act on the disease in the vagina. Another disease I may mention, remotely analogous to this. Many of you remember the last ovariectomy performed in "Martha," and you must have seen that woman's uterus pulled out of the pelvis, red and having the appearance of a fresh section of raw beef. That was a case of dry chronic peritonitis without any secretion or symptoms. It did not interfere with her good recovery.

In some cases the cervix uteri is diseased as well as the vagina, and I shall read an example which occurred in "Martha" lately. In this we had, probably as a result of an acute vaginitis, a chronic vaginitis accompanied by cystitis, urethritis, and only imperfectly cured after long perseverance.

S. H., aged twenty-seven; general health good; has been married more than a year, but has not been pregnant. Has been under treatment, in another ward, for some months, for chronic catarrh of the bladder. Had an abscess in a labium majus, and yellow vaginal discharge, before admission to the hospital. Her urgent symptoms depend on frequent calls to painful urination. Private parts so tender as to necessitate the use of chloroform in most of the examinations. Vulva, vestibule, hymen, intensely red. Bladder hard, exquisitely tender, contracted so as to have only two inches from orifice of urethra to fundus. Laudable pus flows from vagina, and can be expressed from urethra. Speculum shows vagina to be red; rugæ not seen; surface not granulated, but has an œdematous appearance. Uterus healthy. To have hot hip-bath and morphia suppository at bedtime, and

a copaiba mixture several times daily. Bismuth powder lotion twice daily per vaginam. Milk diet. Saline laxatives when required. Not to get out of bed. Under this treatment she gradually improved. Subsequently the bladder was daily washed with an acidulated solution of sulphate of quinine, two grains to an ounce; and still later with subnitrate of bismuth suspended in water. After three months of diligent treatment, the vaginitis and urethritis were cured, the bladder had greatly increased in capacity and was less irritable, but the urination was still unnaturally and distressingly frequent.

The chronic vaginitis of old age, as I have already said, is generally accompanied by pruritus, and frequently causes alarm by bleeding. Here is an example of it, in which we have, besides the vaginitis, incurable hypertrophy of the urethra.

E. S., aged forty-seven, has been married for twenty years, and has had three children, no miscarriage; the last child born twelve years ago. Catamenia began at thirteen years of age, and continued (with some irregularity the last twelve years) till a year ago, when they ceased. For nine years has had a green watery discharge from the vagina, which is, at least sometimes, fetid. Coitus very painful for the last two years. Her appearance is unhealthy, and her urine is loaded with lithates. The urethra is hypertrophied, hardened, and feeling like a small finger. Except slight redness, it presents no unnatural appearance to the eye. It is tender to touch per vaginam and on using the sound. The bladder and womb are natural. The vagina has a polished, slightly reddened, tender surface, which readily bleeds at various points when touched. Glycerine cotton plugs were used for three weeks, and for a month she had twice daily an astringent lotion of ten ounces of tepid water with thirty grains of alum, and as much of sulphate of zinc in solution. She was discharged greatly relieved, yet her disease was not quite cured.

I have mentioned many forms of vaginitis, and one important practical subject I must discuss briefly in connection with the forms of this disease. Is it, in any special case, venereal or not venereal? You will, in practice, often be asked this question, and I advise you never to answer it explicitly. You cannot decide absolutely whether a case is venereal or not. At one time it was supposed that the discovery of trichomonads, or a leptothrix, or a vibrio, would decide whether it was venereal or not. But this is now given up. I have seen gonorrhœa which was certainly not venereal bear every character of the ordinary venereal disease. I do not say that there is no distinction, but only that the distinction cannot be made out by the practitioner so as to justify him, from his own inquiries into a case, in giving a decided opinion on the subject. Meantime, the distinctions of venereal gonorrhœa are simply marks of severity. It has been said that venereal gonorrhœa is infectious, while simple gonorrhœa is not; but I have seen every character that can be predicated of the one occur in the other, as I said before, including infection.

What are the characters that make you suspect that a vaginitis is of venereal origin? It begins within a few days—generally two or three—of the infection; it is very severe, and runs an acute course; the secretion of pus is copious, beginning about the third day of the inflammation, and remaining copious for about a week or nine days. The vulva is generally affected, so that the woman has more or less difficulty in walking; and the vulva being affected, the inguinal glands are liable to be affected, and you may even have bubo. The urethra is affected, and also the bladder; there is liability to ovaritis and to periocphoritis; and there is the almost certain infection, not only by sexual intercourse, but by the matter touching any mucous surface, such as that of the eye.

I have little time to make remarks upon treatment, and indeed the treatment

of this disease is illustrated by the cases I have read, and it is so well described in every text-book that it would be only waste of this day's time to enter upon it. It must be based upon a careful diagnosis, including the diagnosis of the local or constitutional origin of the disease, the diagnosis of the simplicity of the affection, or of its complication or extension to other parts.

The acute disease is treated by diet, and purgatives, and baths, and rest. Locally it is treated at first by emollient injection, such as that of decoction of poppy-heads; and afterwards by other injections, such as that of dilute liq. plumbi diacetatis; and at the end by injection of very dilute astringents, as of the sulpho-carbolate of zinc. All these injections are made with such an instrument as I here show you. The injection is of about ten ounces, and it is passed slowly through the vagina. It is good treatment, in a tiresome case, to apply weak, or sometimes strongish, solution of silver nitrate to the vagina, and that is done by a blunt-pointed glass syringe. You pass something like an ounce into the vagina, through it.

The chronic disease is treated in many respects as the acute or subacute, only you place more reliance upon the use of powders suspended in water—such as the white bismuth. An excellent remedy is a weak solution (five or six grains to the ounce) of sulpho-carbolate of zinc; and I shall conclude the lecture by reading to you a case of simple chronic vaginitis with smooth glazed surface, which, after we were afraid it would prove rebellious to treatment, was quickly cured by the use of the hot douche. This is the injection into the vagina of a large quantity of water at a blood heat; and the water is injected, for several minutes, with considerable force, which may be estimated by my telling you that it will throw it four and a half feet high. This powerful remedy proved of curative value in the case I am to read to you.

M. F., aged thirty-seven, has been married eight years, and has had no children. The catamenia began at thirteen years, and were regular and somewhat painful till recently, when they have been delayed sometimes to the extent of two weeks. For about nineteen months she has suffered from pain in the situation of the vagina, yellow discharge, painful coitus; and in the earlier period of her illness she had painful micturition. She has slight pain on pressure over the right kidney. No pain on defecation. The pain in the vagina comes in paroxysms several times a day. She says that the yellow discharge has latterly diminished considerably. The finger finds an unnatural smoothness of the vagina. The speculum reveals no disease of the cervix, but the vagina is smooth, slightly redder than natural, and painted over with yellowish muco-pus. After the failure of long-continued ordinary treatment as an out-patient, and for a short time in "Martha," she was ordered to have twice daily the vaginal douche of hot water at about blood-heat for some fifteen minutes each time. Of this treatment she quickly felt advantage, and after five days of it she left the hospital quite well. The vagina had lost its œdematous smoothness, and was pale and rugous in a natural manner.—*Med. Times and Gazette*, June 26, 1880.