

## ON THE LEUCORRHEA OF LITTLE GIRLS.

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We have at the present time under observation two cases of leucorrhœa, one in a little girl ten years of age, the other in a child four years of age. As this disease greatly preoccupies the mothers, who, in their ignorance of the things of life, cannot comprehend that organs in process of development, and which are supposed to be dormant and far from physiological activity, can become diseased, I am desirous of telling you what is the nature of this malady, and what is its treatment.

The first case is that of a child ten years of age, who has been ill for three weeks. Without any known cause, without previous disease, the child was taking with itching and abundant whitish discharge, which stained the linen green, as in women affected with blennorrhœgia. The vulva is hot, its folds are impregnated with pus, and the orifice is swollen and dusky wine-red. No follicles or ulceration are seen on the mucous membrane, and lateral or hypogastric pressure does not cause the escape of pus from the vagina. The clitoris is red, swollen, and passes much beyond the labia majora.

As regards antecedents there is no trace of scrofula, but there is eczema of the head, in the hair, and pityriasis on the face. It is to me evident that this child has an herpetic diathesis—an important observation, which suffices to account for the leucorrhœa.

The other child had for several days an indeterminate febrile state, attending which was leucorrhœa followed by *aphthæ* of the vulva, which have ulcerated, and on which phagedenism has created profound invading ulcerations, characterizing a particular form of gangrene of the vulva. This leucorrhœa is a result of defective care and of proper washing, indispensable in all the acute diseases of little girls.

These two cases are essentially different, for the one is a diathetic leucorrhœa, and the other is an inflammatory leucorrhœa due to want of attention. You will find these two orders of causes in many cases of leucorrhœa, but they are not the only ones. We must add to these, attempts on virtue, which are very common, and which, by attrition of the parts, engender an inflammation of the parts followed by leucorrhœa, or by blennorrhagic or syphilitic contamination, determining a veritable blennorrhœgia or syphilis—that is to say, chancre and its consequences. If to these causes you add masturbation, which irritates the mucous membrane of the clitoris and vulva, and then oxyurides of the rectum, which, passing from one part to the other, provoke irritation of the mucous membrane and itchings, you will understand what are the causes of leucorrhœa in little girls.

The most frequent cause is herpetism or herpetic diathesis, scrofulism, and dirtiness, which, in the acute diseases of childhood, is followed by the most sad consequences. In effect, in typhoid fever, septicemic disease, small-pox, virulent disease, one often sees the vulva covered with a muco-purulent discharge of a very irritating nature, and if one does not have the children washed, a vulvar folliculitis

results, followed by ulcerations with red edges and grey pseudo-membranous base, resembling *aphthæ* of the mouth. A little later these ulcerations become phagedenic, increase in every way, causing considerable loss of substance, and destroying the vulva and perineum to the anus. There is extensive molecular gangrene.

In other cases, under the ulcerated follicle a sudden engorgement of the cellular tissue occurs like a hard core, accompanied by tumefaction and redness of the labia majora; then a black eschar appears, which rapidly extends, and forms true gangrene of the vulva. This is escharifant gangrene, which is nearly always followed by death.

These kinds of leucorrhœa are the most grave and least common. The others connected with scrofula or herpetism do not involve like consequences. They remain some weeks or months and then disappear. Their nature is indicated by the scrofulous or herpetic state of the children. The seat of the leucorrhœa of little girls differs absolutely from the seat of leucorrhœa of women and young women. Whilst in the adult leucorrhœa is always vaginal or uterine, in the little girl it is always vulvar. It only occupies the external parts of generation. It is the mucous membrane of the great and lesser lips of the vulvar orifice which is affected. In the two children which you see in my "service" the suppuration comes from the exterior, and the vagina is of no account. I have just shown this to you on the patients, and you have been able to acquire the exact proof of my statement.

The liquid secreted is acrid, irritating pus, yellowish-white, colouring the linen green, and more or less abundant according to the case. It provokes a disagreeable pruritus, which forces the children to scratch, and which sometimes gives rise to habits of masturbation, which they have not previously had. Again, as the liquid is very irritant, if the children after having touched the vulva with the hands and soiled the fingers, rub their eyes, very grave purulent ophthalmia sometimes results; hence the necessity of putting on gloves or long chemises tied beyond the feet.

After what I have said of the leucorrhœa of little girls, and of its different nature, you will see that the treatment should not always be the same, and that it varies according to the presumed cause of the disease.

In leucorrhœa caused by emigration of oxyurides from the rectum to the vulva, the vulvar orifice should be washed with carbolic lotions, enemata of the same should be given, or of scot, and suppositories of mercurial ointment should be put into the rectum.

In the leucorrhœa of acute diseases lotions of water and aromatic wines may suffice. But if there are follicular ulcerations or phagedena the following ointment should be used:—

Axunge, 30 parts

Coal-tar, 3 "

and night and morning washings with coal-tar sapo-nine.

If instead of phagedenic ulceration there is an