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DIAGNOSIS AND TREATMENT OF URETHRITIS AND CERVICITIS IN THE FEMALE

Discussion after Addresses by Dr. Russell and Dr. Logan.

The President said he had seen two males who had a severe dermatitis of the penis following the use by their wives of quinine pessaries as contraceptives. In one, the penis was swollen and intensely red; the other was not quite so severe. Apparently, therefore, some were very susceptible.

Dr. Felix Pedroso (Brazil) said he and his colleagues realised that chronic gonorrhoea was kept up by folliculitis, and that by local irrigations it was very difficult to effectively reach the organisms. He had devised an apparatus to remove this disability, and the urethroscopic examination revealed some encouraging results. It had been difficult to remove the pus, as there was no outlet provided in the sound. He therefore designed this instrument to carry out suction, to drain the glands and the mucous membrane. In his clinic he had had experience with it in over 3,000 cases. In some the discharge disappeared after the first treatment, but the majority required from fifteen to thirty treatments. He hoped to give a more detailed account at another meeting. He was quite willing now to answer questions.

Dr. George Jones said that shortly after the war he was resident M.O. at Victoria Park Chest Hospital, where there were 120 beds for tubercular cases. Dr. Wilfred Hadley was the senior physician, and he insisted upon three smears being taken for every tubercular patient; he took very little notice of negatives. Dr. Hadley told him that in the early days after the discovery of the tubercle bacillus he took a large number of smears and examined many slides. In one case he did fifty-two slides, as he was convinced that it was tubercular, and only found tubercle bacilli in the fifty-second.

Dr. Sharp said he did not glean whether the openers
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used cultures for diagnosis. In female patients particularly a culture as well as smears was necessary; this avoided the missing of many positives. Moreover, the cervical discharge contained mixed organisms, some of which looked much like gonococci, but some were probably intestinal streptococci or staphylococci which had lost their typical staining reactions. In one patient who had been exposed to infection two years before, everything, including the cervix, looked normal. At the termination of her next period he made another examination of her, and had cultures taken also, and he got a pure growth of gonococci from the cervix. There were then neither signs nor symptoms. In another case the lady had arthritis of the wrist, which he diagnosed to be gonococcal, and this was also the radiologist’s view, but no gonococci were found. She was given six treatments of the cervix by diathermy, which resulted in cure of the arthritis.

He also had come across one or two cases of trouble from the use of quinine pessaries, namely, vulvitis.

The apparatus of Dr. Pedroso seemed to be almost identical with that which Dr. Mills devised for the anterior and posterior urethra; it consisted of a kind of framework or bougie made hollow inside, and suction was applied by means of a stiff rubber bulb.

Dr. WRIGHT (Norwich) asked whether members had used diathermy much in these cases. He had found it more useful than any other form of treatment in obstinate cases, and he knew one or two others had had a similar experience.

Colonel L. W. HARRISON congratulated Dr. Logan and Dr. Russell on their papers. He wished to emphasise the fundamental importance of diagnosis by means of cultures. Having worked at a laboratory for a number of years, he could claim a considerable knowledge of diagnosis by means of the microscope, as well as by culture, and he believed every pathologist would admit that in many slides there were micro-organisms which were indistinguishable from the gonococcus, and often the report was “Gram-negative, indistinguishable from gonococcus.” He had seen slides in regard to which no one could say whether the organisms were gonococci or not, and the solution was reached only by culture. The more general use of the culture method would serve to clear away much of the pessimism regarding gonorrhoea.
not only in the female, but also in the male. Often in females there was first a gonococcal infection, then a secondary infection. Many cases of cervicitis were, he thought, due to secondary organisms rather than to the gonococcus. He remembered a case in which a positive film was recorded, but very careful inspection and examination revealed a hair-pin as the cause of the vaginitis. With regard to cultures being said often to be negative and films positive, much depended on the technique. Often specimens were planted on a culture medium in such a way that gonococci had no chance of growing. Sometimes a warm medium made all the difference between success and otherwise. At his clinic there had been much greater success since there was instituted a small incubator into which cultures were placed as soon as planted. Until a really good method of diagnosis was found, workers in this domain would continue to function largely in the dark.

With regard to treatment, he had been very glad to hear some confirmation of an opinion he arrived at some years ago, namely, that, after all, the treatment of gonorrhoea was not so much a matter of bludgeoning the gonococcus as of common-sense surgery, namely, to secure drainage and increase the resistance of the patient. In text-books a few years ago the method given of attacking gonococcus infection in the female was by the application of strongly caustic remedies. These necrosered the superficial tissues, but did not reach the gonococcus, and they converted the superficial tissues into a wonderful incubating medium for secondary organisms, eventuating in chronic cervicitis. Diathermy he regarded as still on its trial, but he believed in its future. He thought its mode of action was not by destruction of the gonococcus, but by a process of immunisation. Recognition of this would cause a modification of technique. If it were by a process of destruction of the gonococcus, one would say that the more often it was applied and the higher the strength of the current, the better. But diathermy could be applied too often, and there could be too much heating, just as vaccine could be given too often and in too great quantity.

Dr. David Watson (Glasgow) said the most important matter was diagnosis, and this depended on finding the gonococcus. He did not see real necessity for cultures, as
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the only organisms found in the genital tract which were Gram-negative, bean-shaped diplococci, were the gonococcus and the catarrhalis group, and he did not think there was any real danger of confusing the latter with gonococcus. Much of the difficulty of diagnosing from smears rested on the way smears were taken. He always insisted on the taking of smears on wool-wrapped probes, but the cervix required to be first cleansed of secretion; otherwise cervical contents often would fail to show the gonococcus. At his institution was a microscopist who was doing nothing practically except examining smears, and smears were taken from cases twice a week. The test of success in treatment was the disappearance of gonococci from the smears.

He had had no experience of diathermy, but he was anxious to try it. He thought that it should be possible to destroy the gonococci by heat.

Dr. Anwyl Davies said he had kept several cases of gonorrhœa under diathermy for thirty to forty minutes at a temperature of 108° F. to 112° F., and on taking cultures the following day he found pure gonococci, so that this temperature for that time did not knock out the gonococcus, at least in the female. At the St. Thomas' clinic it was the custom to take smears and cultures immediately after each period in every case, and the fallacy of the smear test became apparent. If a case were encountered in which smears and cultures were at first negative and the complement-deviation was positive, the case was continued and tests were repeated until almost invariably a positive culture was obtained eventually.

He did not agree with Dr. Russell as to the rarity of primary chancre of the cervix; he regarded that as the commonest site of syphilis in the female. At his clinic caustics were seldom employed. From Colonel Harrison's method of draining downwards and using the hygroscopic principles of glycerine the results had been excellent. They were careful not to damage the mucous membrane by inserting an undressed probe, or by the use of a volsellum.

Dr. Logan, in reply, said she had only recently been able to start cultures, and only, so far, in children. She had not had a positive culture in any case which did not give a positive film. She had not cared to use diathermy; she wondered whether she could find a freezing apparatus
instead. She liked to observe a patient two years after treatment ceased before declaring her to be all right. In the war, nothing was found to be an adequate substitute for protargol and glycerine. She was sure many cases which got relapses would be missed if treatment were not carried out unless the gonococci were found. One woman had a history of discharge for eleven years; it had started just after marriage with sepsis after her confinement. She had been an invalid for many years, and had heart affection. She had long-standing salpingitis. No gonococci were found. Two years ago she came with two Bartholin's abscesses, and nothing but the \textit{B. subtilis} was found. Her husband, however, showed gonococci. She placed considerable stress on the use of Cusco's speculum.

Dr. Violet Russell, in reply, said she could not speak of diathermy with confidence, as there was not a diathermy apparatus in the clinic at Guy's; the cases for diathermy were treated in the Electrical Department. She would try to get the Department to consent to cultures being done. In all the cases she quoted as being positive for gonococci, the pathologist reported that they were definitely present. She would in future look more carefully for a primary chancre at the cervix.
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