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GONORRHŒA IN GYNÆCOLOGICAL
PRACTICE

By MR. EARDLEY HOLLAND

DISCUSSION

Dr. ORPWOOD PRICE said that Mr. Eardley Holland had expressed the opinion that he was not quite sure of the value of the gonococcal complement fixation test. The speaker had been working on this test now for four or five years : naturally, of course, in so doing one might get a one-sided idea of it, but he thought that if Mr. Holland would give it an adequate trial he would find that the results he obtained with it in gonorrhœa would help in a similar manner as the Wassermann helped one in syphilis. If in a case of doubtful acute appendicitis in the female one had the time to have a gonococcal complement fixation test done, it was usually very instructive, but so often the surgeon was anxious to intervene without delay, and the test was not asked for until *after* the operation.

Dr. T. ANWYL DAVIES said that it had been very interesting to obtain the point of view of the gynæcologist. He wished first to endorse all that Dr. Price had said about the gonococcal complement fixation test, and he thought that if a vote were taken amongst the venereologists present the majority would be in favour of the test. He would suggest to Mr. Holland that when he had not too acute a case and was in doubt as to the real cause of the condition, he might obtain an indication by the gonococcal fixation test. If he carried this out in a series of cases he would soon find that he obtained a fair proportion of positive results.

Mr. Holland had asked whether chronic discharges should be investigated pathologically. One saw so many tragic results because these examinations had been omitted that there appeared to be no question from the point of view of the venereologist that all these chronic discharges should be carefully cultured and examined.

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If the gynæcologist was very sure of the history and had a complete knowledge of the family, then he might forego that investigation, otherwise the speaker thought it was a very wise precaution to take.

If the gynæcologist had tampered with the ovaries, the tubes and the uterus in a gonococcal patient, when it came forward for treatment by the venereologist it was always a difficult one to cure. Such a case required more prolonged treatment than cases which had not been operated on and had been treated by the venereologist from the start. Somehow, operations on the ovaries and tubes lowered the resistance of the patient enormously. He could not think that it was altogether the weakening effect of the operation itself on the patient: there must be some other factor.

At the Whitechapel clinic 23 cases of salpingitis occurred in a series of 500 out-patients.

Mr. EARDLEY HOLLAND: Did these cases arise in the course of treatment?

Dr. ANWYL DAVIES replied that he would not say that—they might have done so.

With regard to the cultures, smears and the gonococcal fixation test, he felt that venereal pathology was very specialised, and that when specimens were sent to the general pathologist the clinician was at a disadvantage. Naturally, the venereal pathologist was an expert at his job, and generally returned more accurate results than those of the general pathologist.

He agreed with Mr. Holland that chronic discharges due to the gonococcus must be very common, not only in gynæcological practice, but in the gynæcological departments of the large hospitals. As he had said, the chief of the gynæcological department was interested in more important things than vaginal discharges: he was occupied more with "tubes and tumours." Gynæcology was a huge subject, and the gynæcologist had not much time for the common vaginal discharge. It was always possible, of course, that with rest gonorrhœa might clear up, but it would only do so if the resistance of the patient was raised sufficiently; he desired to ask Mr. Holland what measures he preferred to raise the patient's resistance.

He had looked up the proportion of positive results among the cases sent to the Whitechapel Clinic from

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Mr. Holland's department, and he congratulated the gynæcological department of the London Hospital on sending four positive cases out of every twelve.

Mr. Holland had suggested that he would charge venereologists with a tendency to over-diagnose gonorrhœa in the female. The rule of the Whitechapel Clinic—and he thought of most big venereal clinics—was that a diagnosis of gonorrhœa was such a serious matter that it was never made solely on clinical signs and symptoms. Pathological confirmation had to be obtained before the patient was labelled with a diagnosis of gonorrhœa. He knew the difficulties in carrying out pathological tests satisfactorily in the female, especially when it was realised that smears alone were positive in 45 per cent., cultures only positive in 66 per cent., and the gonococcal fixation test was positive in only 79 per cent. of positive cases. One realised that even with the greatest care a certain number of cases were missed, but the margin of error was reduced when repeated tests were taken.

Dr. MORNA RAWLINS desired to raise one point with Mr. Holland with regard to the ovaries. She had not noticed symptoms of the climacteric coming on in cases in which she had done a hysterectomy and left the ovaries. She had found definitely that if the uterus and cervix were left in cases where both tubes had been removed for gonorrhœal salpingitis, the patient was exceedingly difficult to cure. An infected channel was left in addition to the possible lowered resistance of the patient. In some cases it was possible to wash out the infected tubes instead of removing them, with good results.

Colonel HARRISON said: I am particularly pleased to hear Mr. Eardley Holland's opinion that venereology is entitled to a place in the sun. That is very heartening for anyone like myself who has struggled for so many years to obtain recognition of venereology as a special subject. Mr. Holland's paper seems to me also to justify the action of our Council in obtaining speakers working in other branches of medicine who will give us an opportunity of seeing ourselves as others see us, and perhaps sometimes administer a healthy douche of criticism.

With regard to the special points raised by Mr. Holland, something was said about the value of bacteriological tests. If I understood him rightly, I think he said at one

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time that, in his instructions for examination, if time permits specimens are taken for laboratory tests. I should like to say that time should always permit. In fact, we venereologists know from experience that tests when negative should be repeated, and often many times. In that respect I think that sometimes gynæcologists may fail because they are apt to be satisfied with one set of negative results. The repetition of tests of course raises a practical difficulty. We know that after it has been planted on a culture medium the gonococcus must be cared for rather tenderly, the medium being warm and placed at once in an incubator. It is not easy to obtain these conditions, especially in the case of a private patient, who may not be able to afford the expense of visiting a pathologist a number of times. I suggest that a way out of the difficulty would be by the use of capillary tubes, because if the specimen is collected in a capillary tube the gonococcus will usually remain alive at room temperature for a considerable time, at any rate up to five days, as judged by the experiments in the laboratory of my clinic.

The question was raised of the value of the complement fixation test. I should like to say that I would not like to do without it; I consider it affords most valuable evidence, although one would naturally not be led blind-fold by it. I think that certain possible fallacies have not yet been fully worked out; for example, the possibility of cross-fixation with *M. catarrhalis*. I know that those pathologists who have worked at this question have made experiments on this point, but I should like to suggest to them that in those experiments their catarrhalis antigen may not have been prepared with such care as was their gonococcal antigen.

On the question of salpingitis, Mr. Holland mentioned the great reduction in the number of cases that had been operated upon, and asked if his experience was possibly due to the diversion of cases to St. Peter's Hospital. I think it was not due to such a diversion; at any rate, in the past thirteen years at my own clinic we have had a pretty large number of cases of salpingitis, but I could easily count on the fingers of one hand the number referred for operation.

Dr. MARGARET RORKE, after expressing her appreciation of Mr. Holland's paper, said that she found great satis-

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faction with the complement fixation test for gonorrhœa. She would not be without it for worlds.

Mr. Holland had spoken about the tubes, and said he wondered at what stage of gonorrhœa the infection of the tubes occurred. She did not think that one could say it occurred at any definite stage in all cases. In the acute fulminating type of gonorrhœa the patient, immediately on getting gonorrhœa, seemed almost at once to get infection of the tubes. In other cases the tubes were affected at any time from three months to a number of years after infection. Very many of the tubes settled down, as one knew from patients who had come to operation subsequently for other causes, when the tubes were found to be good. But there were a certain number of the tubes which did not settle down: they went on to pyosalpinx, and the patient suffered, her health degenerated, and her periods were enormous. She thought the tendency for gynæcological surgeons to be conservative in these cases was a bad one. The patient who had not settled down after treatment, and whose tubes required attention, was in the majority of cases a woman who had to earn her living either outside or in the home. Her uterus was useful, her ovaries were desirable, but her health was the most important consideration. One saw these cases only too often. She also wished to add that the cases who came up after the tubes had been removed, but with certain infected surfaces left, did very badly, and needed a great deal of medical care and attendance. Their cases were likely to be very lengthy. She asked finally where all the patients who were sent by gynæcologists to have Bartholin abscesses done went for the rest of their treatment.

Dr. F. C. DOBLE pointed out the administrative difficulties which arose in a case, highly suspicious, in which gonorrhœa had not been definitely diagnosed. Occasionally one was in a difficulty with regard to diagnosing a case of gonorrhœa if one had not found the gonococcus. If the letter "G" was not put down the patient could not get the money from the hospital to pay their fare so that they could come up regularly for treatment.

Dr. DRUMMOND SHIELS said that he was speaking to a well-known gynæcologist in Edinburgh lately, who stated that there was very little gonorrhœa in his practice. The question which the speaker had put to his friend, and

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which he would like to put also to Mr. Holland, was as to the extent to which gonorrhœa was responsible for sterility in women. Some of them who were engaged in propaganda work on that subject had to make statements that gonorrhœa was one of the main causes of sterility in women. His gynæcological friend in Edinburgh said that he did not think it was, and that the ovarian condition was probably a more frequent cause of sterility. It would be interesting to know what was the relative accuracy of the various figures which had been given out in publications and by speech. Gynæcologists, so far as he could find, did not put the stress on gonorrhœa in connection with sterility that was put by venereologists.

In regard to salpingitis also, it was this specialist's opinion that it resulted much more from organisms other than the gonococcus, from lacerations and injuries connected with child-birth.

The speaker had been rather surprised at the small amount of stress that Mr. Holland had laid on the disadvantage of the removal of the ovaries. The work done lately on the ovarian secretions had seemed to be of great importance even apart from menstruation and reproduction, and had relation to the balance of the whole endocrine system.

Dr. VIOLET RUSSELL said that no one had mentioned the advantage of some provocative agent, either a provocative dose of gonococcal vaccine or, say, a dose of alcohol the day before taking the films. She mentioned alcohol because that so often worked unofficially in practice. The gonococci often lay embedded in the glands, and only rose to the surface and became infective after some indiscretion. Another aid in diagnosis was the condition of the urethra. The latency of gonorrhœa was raised in Mr. Holland's question as to whether gonorrhœa could be cured by rest. She thought that, so far as the patient was concerned, it could. Her symptoms subsided, and she was apparently all right, but she was nearly always a gonococcal carrier and remained a source of infection. With regard to salpingitis, her impression was that if a woman got infection of the tubes she usually did so in the fulminating stages of gonorrhœa: the actual flare-up might not occur until later, but the woman would have had slight attacks of abdominal pain during the first two months.

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Dr. DOUGLAS CAMPBELL said that Mr. Holland had spoken from the venereal aspect of his subject, but it had to be remembered that the outlook of the gynæcologist himself seemed to have changed rather considerably during the last few years. He believed that the treatment of the younger women by operation was growing less, certainly in provincial practice, with the result that a great many of the female patients referred to his clinics for discharges were non-venereal, and as the local gynæcologists did not provide continued treatment, a certain number of these cases had to be shouldered by the venereal diseases scheme.

The PRESIDENT, thanking Mr. Holland on behalf of the Society, said that venereologists in particular would be grateful to him for the many nice things he had said about them. The danger attending the separation of diseases was a very real one, because it tended to make the general physician or surgeon lose sight of the symptomatology of particular diseases, and in course of time to forget about those diseases altogether unless they had a big "G" or a big "S" in a conspicuous position in their consulting rooms. His colleagues often said to him, "We never see congenital syphilis now"; but that was their own fault, it was because they did not seem able to spare time to come and see the patients entrusted to the care of their special departments. The result of these venereal clinics had been a real advantage to the patients in the country at large. With regard to the statement that venereologists were apt to diagnose gonorrhœa when it was not present, his experience in the case of children had been rather the contrary. Cases were not infrequently sent to his clinic with a bacteriological diagnosis of "gonococcus present," in which after several tests he had failed to find any evidence of this infection. He had tried the complement-fixation test, but in the case of children it was not very valuable.

Mr. EARDLEY HOLLAND said that although many questions had been put to him he did not propose to reply at any great length. In reading his paper he had been somewhat provocative because he had come to the meeting to learn from those present, and he had wanted to start a great many hares which might be pursued by members of the Society. Some of them had been pursued with great speed.

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As for the gonorrhœa fixation test, he was very pleased to have met Dr. Price face to face. One always liked to meet the men whose work one admired. He still thought, however, that venereologists had not made up their minds about the value of the test. It gave positive results, certainly, in pelvic inflammation, but, as he had pointed out, the time factor was of value there.

Dr. Davies had talked about gynæcologists "tampering" with the ovaries and tubes. He had not quite caught his meaning.

Dr. DAVIES : That any operative interference seems to have infective results.

Mr. EARDLEY HOLLAND said that the operative point of view had been brought forward by several speakers, especially Dr. Rorke. Of course, gynæcologists were very conservative indeed. He had been brought up in a school of gynæcology in which conservatism was a sort of creed. But he quite agreed with the speaker who said that if they did operate they ought to be radical ; that, he thought, was the point made by Dr. Rawlins. It was of no use leaving little bits of ovaries or uterus. After the secondary sexual characteristics in a female had been laid down, and the woman had arrived at full maturity, he did not think the ovaries were of much use, apart from preserving the reproductive function. He might be wrong, however, and the opinions of gynæcologists were very much divided. At all events, it was very seldom that he was persuaded to preserve the ovary in these cases. In the healthy woman it was much better to remove everything when one had to operate, which was rare. He was careful, however, never to tell the woman that her ovaries had been removed, because unscientific women attached very great value to their ovaries, and the consciousness of having lost them led to all kinds of psychoneuroses.

He did not in the least mind about Dr. Davies' cases going to St. Peter's. In a gynæcological ward they did not want cases of frank gonorrhœa.

Dr. Drummond Shiels had asked whether gonococcal infection was an important cause of infertility. His own experience was that gonorrhœa was not a cause of that in women. A cause much more common than was realised was infertility in the husband. A very common cause of ectopic pregnancy was gonorrhœa.

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It had been a great pleasure to him to meet specialists. He had not intended to apply any "douche," at least not a cold one. He was the warmest possible supporter of the venereologist, whom he considered the right person in the right place, and it was always a pleasure to him to go to the Whitechapel Clinic.