V

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DISCUSSION

DR. DAVID NABARRO said he was sure all present had listened with the utmost interest to the two papers, and there was much in them which invited discussion. Dr. Brown's paper he hoped to read in the JOURNAL, as he was unable to catch all the points during the delivery of it. Among the few points he was able to note was that as to age-incidence. Dr. Brown had several cases under one year of age. In his own experience he found that under one year of age the cases were very few, and from 1917 onwards if he had a child under two years sent to him to examine it seemed presumptive evidence that it was not a gonorrhoeal case; it was very rare for children under that age to be infected with gonorrhoea. Later, however, when cultures were done the gonorrhoeal cases were more numerous than at first he had thought them to be.

He was very interested to hear Dr. Brown's remark about infections of the eye, because in all his experience at Great Ormond Street Hospital—thirteen years—he did not think there had been a case in which a child infected with gonococcal vaginitis had the eyes infected. What could be the explanation of this different experience? In a recent letter Dr. Cameron, of Guy's Hospital, questioned whether the gonococcus found in the vulvo-vaginitis of children was the same organism as that found in older patients, because, Dr. Cameron said, eye involvement in children was so rare. If it was the same organism, the writer did not see why older children should not have the eyes infected, as infants did at birth. It might be, said Dr. Nabarro, that the organism was not the same, or that the eyes in infants were not resistant to the gonococcus as the eyes became a little later in life. Dr. Fleming, of St. Mary's Hospital, had demonstrated that the secretions of the adult eye were very bactericidal, owing to the presence of lysozyme, but that substance
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was not excreted in infancy, so that the eyes of infants at
birth were susceptible to infection. Later, however,
owing to the lysozome, the gonococcus could not develop
in the eye.

Dr. Brown said that the complement-fixation in
twenty-four was positive. This was at variance with the
statement that the complement-fixation test was of no
use in children. There might be two explanations of that.
One was that the organism might not be the same as the
one used for the adult test. The other, that in children,
the lesions being so superficial, no anti-body was pro-
duced in the serum. But now Dr. Brown said that some
of her children were blood tested, and a number of them
were positive. The speaker was now inclined to carry
out some of these tests and use a number of different
gonococcus antigens, testing against adults strains of the
gonococcus and the child’s own strain.

It was important to use a polyvalent antigen, because
certain antigens might not be correct ones.

The question arose as to the different strains of gono-
cocci which might exist. There were different serological
strains of streptococci, and that was probably the case
also with the gonococcus. It might explain why one did
not get positive fixation tests unless a polyvalent antigen
was used.

In regard to Dr. Sharp’s paper, at Great Ormond Street
1,219 cases had been examined in twelve years. Some
years ago there was an outbreak of gonococcal vaginitis
at the Hospital, and John Bull took the matter up.
Since then, therefore, whenever a child presented any
vaginitis or vaginal discharge, swabs were sent for
examination. It was only occasionally that a positive
case came from the general wards of the hospital—249
were gonococcal, and nearly 1,000 negative. Dr. Lees
got 83 per cent. positive. His, the speaker’s, figures
included those with the slightest sign of vaginal discharge.

He had not had very successful results with vaccine
treatments, though several different kinds had been
tried. Few trials could be said to have ameliorated the
patients’ condition. Professor Ronenger also had tried
vaccine treatment in a number of cases without any
strikingly successful results. That authority favoured
the intramuscular injections of sterilised milk, which he
found, after three or four injections, appreciably shortened
the duration of the illness. The results were not, however, confirmed at Great Ormond Street.

Dr. Sharp had referred to the absence of pneumococci in the cases he analysed. This was correct, because they were carefully searched for. In a discussion a few years ago at the Royal Society of Medicine on pneumococcal peritonitis, a large number of cases of primary pneumococcal peritonitis were referred to, and they were ascribed to the children sitting about, especially in the summer months, with very little or no underclothing on. That also would account for the higher incidence of non-gonococcal cases. At Great Ormond Street pneumococcal infection of the vagina had been practically absent.

The condition under discussion was rarely fatal, but it was a very trying disease, and it could not be good for young girls to have this treatment carried out. Hence anything which would shorten the period of treatment was very desirable. It also caused mothers a good deal of mental perturbation; they could not tell how it had arisen, and often the staff were unable to tell them. In Great Ormond Street there were four cots set apart for these cases and they were always occupied; and if more beds were available in London for these cases the treatment of the condition in a general way would be less of a task. The packing of the vagina was distasteful to the children at first, but after a time they seemed to get accustomed to it if they had a kindly and considerate nurse. He would like to add his praise of the work of Nurse Irving and for the great help she had been for many years in the treatment of this intractable condition in young girls.

Dr. Violet Russell said she had enjoyed both the papers. Vulvo-vaginitis in children was both very important and very difficult. It was also very distressing, partly because it took a long time to cure, and had a bad psychological effect on the patient. The irritation of the parts soon set up the habit of masturbation; it was a natural thing for these small children to "play at doctors" when they got home from the clinic, and sometimes it meant that they passed a lead pencil up the vagina.

During ten years' observation at Guy's Hospital her impression was that the cases which cleared up quickly and did not relapse were those which could be cured
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without the rubbing habit having been set up. The cases which relapsed again and again were the masturbators. Before Christmas she tried an experiment on two small children at the Royal Northern Hospital. She treated them from the beginning with Sitz baths only, 1 in 4,000 Monsol. They had been pouring pus from the vagina and urethra. They were only two years of age, and they were both clinically normal in a month. She ceased treatment in less than three months, and they had kept clinically and bacteriologically clear for the six months since. Possibly they might yet relapse, but the obvious effect was as good as anything obtained by more active methods. If it was felt that enough treatment was not being given, vaccines could be used, though she did not think these would make much difference.

While she was a resident at Queen Charlotte’s Hospital two babies developed acute vulvo-vaginitis, and they were extended breech deliveries, cases in which the vulva of the child was exposed to contamination from the mother’s vagina, so that there was great risk of infection. In a woman who had gonorrhoea, one should do all possible to avoid a breech delivery of her child.

Dr. ANWYL DAVIES congratulated both the authors on their papers, which he had very much enjoyed hearing. And he congratulated Dr. Brown on her results, as on the previous day he filled up twelve reports concerning Cold-harbour, and they were all favourable. Those cases had been sent by St. Thomas’ to the Home there, had been treated there, and had come back to St. Thomas’ for further tests.

He asked Dr. Sharp about proctitis. The speaker had always found that if the proctitis in these cases were left alone, it cleared up. He asked what was the average duration of the proctitis in the cases mentioned. Dr. Sharp said he had had no resistant rectal cases.

He would like to know whether many children under two and a half years had abdominal symptoms; he had not seen an instance of it. He had made inquiries among anatomists, and was told that at about two and a half years of age the cervical canal became more patent; that was probably the chief reason why a child under two and a half was more easily cured. Those over two and a half complained of vague abdominal symptoms, and they presented the “abdominal facies,” and were definitely
ill. Perhaps in those cases the gonococcus had travelled up through the cervical canal.

He had been interested in hearing of the one case which died of peritonitis, seven months old. The speaker had not had very satisfactory results from acriflavine; the most successful cases were those which had been packed with glycerine.

At St. Thomas' they had had many more positive cultures than smears, even among children. Why the organism in the child should be considered to be different from that of the adult he could not say. Forty-four per cent. of the cases were found to have had the disease transmitted from the mother. The mother had the ordinary gonococcal infection; why not the child too?

Colonel HARRISON said he would like to enter a plea for the careful training of nurses in charge of children in a ritual designed to prevent infection being passed from one child to another. In some outbreaks of this disease into which he had made inquiries it seemed to him that nurses had not realised how easy it is for infection to be passed from one patient to another on such articles as thermometers, towels, chair-seats and so forth. Every female child ought to be regarded as a potential danger to its neighbours, notwithstanding negative swabs. He would like to make a suggestion with regard to treatment. In the douching, which was usually carried out in these cases, it seemed to him that often enough the lotion did not penetrate to the furthest recesses of the vaginal canal, merely surging in the lower reaches. He would suggest that a more efficient douching would be carried out by means of a back-flow instrument passed to the vault of the vagina. He was not very unhappy to find that the painting with mercurochrome, which he had suggested some years ago, had not altogether fulfilled the hopes he had entertained, but he was glad to find that the treatment with glycerine applications, which he advocated a number of years ago for gonorrhoea in the adult, had given such good results in children.