The diagnosis
of Gonorrhea
in women

Collection of material for laboratory examination

P. S. Pelouze, M. D.
The Diagnosis of Gonorrhea in Women
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No matter how efficacious the treatment of gonorrhea may become, it is of little avail unless the infected female gets it. In order that she may get treatment, the infection must be revealed, and in countless thousands of women this is not done despite the fact that they may transmit gonorrhea to one or many males.

Most gonorrhea in women is in a quiescent state at the time of study, and several unfortunate things are standing in the way of our uncovering a vast amount of infection. The most important of these are:

a Much too low a degree of suspicion regarding office or even regarding clinic patients.

b Too much confidence in laboratory reports commonly based upon the decidedly poor material so frequently sent for study. (No laboratory report can be better than the material supplied.)

c Widespread lack of understanding among those obtaining material for spreads or cultures that quiescent gonorrhea is predominantly a disease of the smaller mucous glands whose secretions must be obtained, as a rule, if gonococci are to be found.

d Overlooking the fact that in women there are two decidedly frequent areas of residual infection (Skene's and the endocervical glands) and one less common but by no means less important site (Bartholin's glands).

Slight changes in the far too common methods of obtaining material for study will result in the discovery of countless infections now escaping diagnosis and add immeasurably to the control of the disease.

*Associate Professor of Urology, University of Pennsylvania, and Special Consultant, U.S. Public Health Service.
Where Gonorrhea Colonizes

- URETHRAL FOLLICLES
- SKENE'S GLANDS
- ENDOCERVICAL GLANDS
Methods for Obtaining Glandular Secretions

Skene's glands

Cleanse the urethral meatus with dry cotton. Digitally strip the entire urethra, paying particular attention to the lower half inch. Pass a small cotton-wrapped applicator one-half inch into the meatus and rub it into the floor of the urethra whether macroscopic fluid is expressed or not.
Bartholin's glands

Cleanse the opening of the duct at the junction of the middle and posterior third of the lesser labia with dry cotton. With a finger in the vagina and the thumb externally, compress the intervening structures at a point halfway from the duct opening to the midline posteriorly and collect even the slightest moisture for study. (Commonly the quantity obtained is so slight it would be lost on a cotton-wrapped applicator. A platinum loop or the flat end of a toothpick may serve better.)
Endocervical glands

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CERVIX

S peculum pressure on cervix
Introduce a bivalve vaginal speculum so that the uterine cervix rests between the ends of its blades. (If cultures are to be employed, the speculum should be introduced wet—no lubricant should be employed.) Thoroughly remove the cervical plug of mucus either by cotton-wrapped applicators or a suction apparatus. After the canal has been thoroughly cleansed, compress the cervix in the manner shown to force out the glandular secretion, and secure it upon the cotton-wrapped applicators.

Remarks

1 Cultures are more reliable than spreads, but they are far from being universally available because of transportation difficulties which have not yet been solved.

2 Nothing but a thin spread is of much use to the microscopist. (True cervical secretion rarely spreads thinly.)

3 Surface fluids from the vagina or vulva in the adult, except in the unusual fulminant case, are practically useless for study. The microscopist recognizes them at a glance and generally discards them without further study.

4 Thousands of laboratory hours are being wasted upon the study of material offering little chance for the detection of gonococci and thousands of women roam at will to spread infection for this and other reasons that should not exist and easily could be eradicated.
VD Bulletin 97

Federal Security Agency

U. S. PUBLIC HEALTH SERVICE

Thomas Parran, Surgeon General