SOME GYNAECOLOGICAL ASPECTS OF INDUSTRIAL EMPLOYMENT

BEING THE REPORT OF THE GYNAECOLOGICAL CLINIC OF THE CAPE CLOTHING INDUSTRY SICK FUND: JULY 1957 - JULY 1962

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Clothing and textile industries traditionally employ large numbers of women and the Cape clothing industry is no exception. A high percentage of employees are drawn from the Malay community, who have long been associated with the clothing trade.

The position of the clothing industry in the Cape is unique in that it offers greater prospects for the non-European woman than any other. One of the results is that the woman is often found to be the principal, or sole, wage-earner of the family. The husband frequently has an unskilled job commanding a much lower salary. This means, of course, that employees are reluctant to seek medical attention where they feel it may jeopardize their jobs. This is particularly important during pregnancy, where it has been found that an employee may have no antenatal care until she leaves the factory at the 8th month of pregnancy.

In an investigation into the causes of absenteeism in women factory workers during the war, it was found that, while the commonest diseases were respiratory, nervous and digestive, in that order, the length of absence from work was greater with the generative group of diseases.[1]

This investigation also showed that it was the married woman under the age of 30 who had the greatest sickness absence rate. This rate decreased with age. In the unmarried group the sickness rate was least under the age of 30, and tended to increase with age.

CAPE CLOTHING INDUSTRY

The Cape Clothing Industry Sick Fund is concerned with the health and welfare of the employees of the clothing factories in the Cape Peninsula. There are about 175 clothing factories employing 19,898 workers (as at December 1961), of whom 15,830 are women. The factories are widely scattered throughout the Cape Peninsula and show a wide variation in working conditions. Some of the larger ones have surgeries attached where minor injuries and ailments can be treated. In other instances employees attend their panel doctor or the Sick Fund surgery where two trained sisters are in attendance. The Sick Fund sisters also undertake domiciliary and factory visits when required.

When an employee requires specialist investigation or treatment she is referred by her doctor to a hospital. This involves her spending a half, and often a whole day at the hospital, with loss of pay for the time she is absent from work, plus the cost of hospital fees and bus fares.

Gynaecological disorders are very common, accounting for approximately one-third of the sick-leave certificates issued and, in addition, are responsible for a lot of poor health. Even when the disorder is a minor one diagnosis and treatment generally involve a trip to hospital. For the reasons given many workers are reluctant to seek advice for what they feel is a minor ailment.

THE GYNAECOLOGICAL CLINIC

The gynaecological clinic was started in July 1957 to deal with this particular problem. It is held in the Sick Fund surgery, all treatment is free to the employee and she loses no pay by attending the Clinic. Initially one weekly session was held, but in 1960 a second session was started to deal with the increased numbers. Those patients requiring operative treatment or further investigation are referred to the hospital.

Patients come to the clinic in 3 different ways:

1. They are referred by their Sick Fund doctor. This accounts for 35% of cases. Every time a patient is referred a report is sent to the doctor concerned.

2. About 23% attend for routine postnatal or postabortal examinations. This number has increased since the introduction to the industry of the rule that following a confinement or abortion every worker must have a pelvic examination before she can be re-employed.

3. About 42% come to the clinic at their own request.

In the period under review (July 1957 - July 1962) 1,810 patients have attended the clinic for a total of 3,905 attendances, giving an average of 2·2 visits per patient. The number of patients attending increased regularly between 1957 and 1962.

A total of 798 patients (44%) attended on one occasion only; 545 attended twice, and 253 attended thrice. The maximum number of visits for any one patient was 12.

The results were as follows:

No abnormality found at the time of examination (Many of these had been referred for a routine examination)	373
Discharged from the clinic as cured	873
Referred to hospital for further investigation or treatment	274
Did not complete treatment	192
Did not benefit from treatment	54
Receiving treatment at the time of this report	44
Total	1,810

The ages of the patients seen at the clinic ranged from 16 to 62 years. The minimum age for employment is 15 years and the retirement age is 55. Many employees continue to work beyond the retirement age, however. It was found that over 50% of patients came from the age group 21 - 30 years and 85% were under the age of 36.

Altogether 75% of the patients had children. The average parity of these patients was 2·6 children and 0·6 miscarriages.

It will be seen that by far the largest number of patients were young and had children; this agrees with findings in other parts of the world, where it is recognized that the young married woman has the highest sickness rate.

CONDITIONS TREATED

In a clinic of this type it is, naturally, the minor gynaecological conditions that are seen most frequently and it is in the detection and treatment of diseases of the lower genital tract that the clinic has its greatest value.

The commonest symptoms were:

Vaginal discharge	888
Irregular and profuse periods	274
Abdominal pain	183
Dysmenorrhoea	155

There were 411 patients who attended for routine postpartum check-up.

The following conditions and lesions were encountered in the period under review:

Cervical:		*Uterine:*	
Cervical erosion	630	Dysfunctional uterine bleeding	69
Endocervicitis	70	Fibroids	53
Cervical polypi	22	Tuberculous endometritis	1
Carcinoma-*in-situ*	2	Abortion	30
Carcinoma	2	Habitual abortion	3
Incompetent os	1	Intra-uterine death	1
Vaginal:		*Tubal:*	
Vaginitis	311	Pelvic infection	218
Vaginal prolapse	18	Ectopic pregnancy	4
Bartholin abscess	4	*Other:*	
Vaginal cyst	1	Ovarian cyst	15
Vulval:		Dysmenorrhoea	155
Condylomata lata	1	Infertility	139
Condylomata acuminata	2	Cystitis/pyelitis	29
Diabetic vulvitis	1	Urethritis	1
Leukoplakic vulvitis	1	Obesity	29
		Simmonds' disease	1
		Enlarged kidney	1
		Ventral hernia	2

The commonest conditions were endocervicitis and erosion, vaginitis, pelvic infections and dysmenorrhoea.

There were 139 patients who attended because they were infertile, and 70 of these were referred to hospital for further investigation. The remainder had gynaecological pathology which required treatment.

Erosions and Endocervicitis

There were 630 cases of erosion and 70 of endocervicitis, giving a total of 700 cases or 38·7% of those attending the clinic. This gives an incidence figure of more than 1 in 3, which is very high, but may be partly explained by the fact that many patients were referred specifically for cervical cautery. Treatment of the uncomplicated erosion is standard and consists of cautery, using the 'hyfrecator', followed by the nightly application of an antiseptic pessary for two weeks. This aids healing by combating infection and by eliminating trichomonads if present. The cervix is inspected after 6 weeks when cautery may be repeated if necessary.

Of the 700 patients, 531 presented with vaginal discharge, 154 were discovered during the postnatal examination, and 15 had no symptoms.

The results of treatment of the patients with erosions or endocervicitis were as follows:

Discharged healed 60% or (49% after one treatment, 72% after two treatments)	423
Required 5 or more treatments before healing was complete	54
Attended once only	102
Attended twice or more but discharged as healed	144
Referred to hospital for biopsy (Either because of a suspicious-looking cervical lesion or because of atypical cytology. Four of these patients were eventually diagnosed as having carcinoma, 2 invasive and 2 *in situ*)	35
Became pregnant during or soon after treatment	39

Since the cytology service kindly consented to screen Papanicolaou smears, 471 patients have been screened, and 28 patients with atypical cells were referred to hospital for further investigation and treatment. Apart from these, 114 or 25% showed trichomonads in their smears and 14 or 2·8% showed monilia.

Vaginitis

There were 311 patients who had vaginitis. This was due to *Trichomonas vaginalis* in 119 cases and moniliasis in 26, and the organism was undetermined in 176.

Swabs for culture were taken when the condition did not respond to the usual treatment. Treatment for trichomonas consisted of acetarsol, either alone or in a compound tablet. Latterly use has been made of oral treatment as well in troublesome cases. Fungicidal pessaries were used for moniliasis.

Pelvic Infection

Pelvic infection was present in 218 cases. Some of the patients had had repeated attacks of salpingitis and the disease had reached a chronic stage. In 3 instances pelvic abscesses had developed and had to be drained in hospital.

Those patients with acute fresh attacks responded well to penicillin and sulphonamides, and 97 were treated in this way. Those who had had repeated attacks were treated with one of the broad-spectrum antibiotics, either 'chloromycetin' or 'terramycin'. A shortwave diathermy machine was made available through the kindness of Dr. M. Meyers, and 26 patients with chronic inflammatory disease received courses of treatment with some relief. Eighteen patients were referred to hospital for possible surgical treatment.

Dysmenorrhoea

Dysmenorrhoea was the presenting complaint in 155 cases. In 85 patients, just over half, no pathological cause could be found. The majority of these patients were young. In the 15-20-year age group, 1 in 5 attending the clinic had primary dysmenorrhoea. The usual treatment in these cases was calcium tablets and analgesics, and in severe and resistant cases oestrogen therapy.

The common pathological conditions associated with dysmenorrhoea were cervical erosions and pelvic infection.

Postnatal and Postabortal Examination

The value of the postnatal/postabortal examination was brought out by experience.

Of 411 patients examined, 169 (41%) had no pathological condition. Among the remaining 242, the following conditions were found:

Cervical erosions	152
Vaginitis	32
Postabortal infection	22
Again pregnant	16
Incomplete abortion (Referred to hospital for evacuation)	8
Vaginal prolapse	3
Ovarian cysts	2
Cystitis	2
Fibroids	1
Condylomata lata and WR+	1
Condylomata acuminata	1
Vaginal cyst	1
Severe anaemia	1
Total	242

FURTHER INVESTIGATIONS

Very few special investigations can be done at the clinic. Blood for Wassermann reactions, urine for pregnancy tests, and vaginal swabs are sent to the State Health Department Laboratories. Blood for Wassermann reactions is taken only where indicated. Three patients with positive Wassermann reactions out of a total of 49 patients tested were referred to the treatment centre.

Papanicolaou smears have been mentioned. These are extremely valuable in view of the high incidence of erosions and discharge at the clinic. An effort is being made to take a smear from every patient who attends the clinic.

Chest X-rays are done at Chapel Street Chest Clinic. It is compulsory for every worker to have a chest X-ray before employment, and many factories insist on yearly check-ups. For this reason only 7 patients were referred for X-ray. One of them was later found to have tuberculous endometritis.

Patients requiring further investigation or surgical treat-

ment were referred to hospital. The conditions they were suffering from included the following:

Condition	No.	Condition	No.
Infertility	72	Bartholin abscess	4
Fibroids	36	Habitual abortion	3
Cervical lesions	41	Postmenopausal bleeding	2
Pelvic infection	18	Post-coital bleeding	1
Vaginal prolapse	17	Dysmenorrhoea	2
Menorrhagia for curettage	18	Leukoplakia	1
		Diabetic vulvitis	1
Ovarian cysts	11	Hernia	1
Incomplete abortion	8	Enlarged kidney	1
Amenorrhoea	7	Intra-uterine death	1
Ectopic pregnancy	4	Urethritis	1
Vaginal discharge	4	Vaginal cyst	1

Nineteen patients were referred to maternity hospitals or antenatal clinics for pregnancy bookings.

Twenty-three patients were referred to the "mothers' clinic" for contraceptive advice.

CONCLUSION AND SUMMARY

A review of the work done at the gynaecological clinic of the Cape Clothing Industry Sick Fund is presented in the hope that it will stimulate interest in some of the problems affecting women in industry. The number of women employed increases annually, and for their maximum potential to be realized their problems must be properly evaluated, and solved as far as possible. This clinic, which is probably unique in South Africa, has attempted to solve some of the gynaecological problems and may shortly be expanded to tackle the problem of adequate antenatal supervision of the pregnant employee.

I wish to thank the Secretary, Mr. M. Fraser, and the Committee of the Cape Clothing Industry Sick Fund, for permitting the publication of this report, and to acknowledge the help and cooperation I have always had from my colleagues and the nursing staff.

REFERENCE

1. Medical Research Council (1945): *Research Pamphlet No. 3 — Why is She Away?* London: His Majesty's Stationery Office.