CIRCUMCISION IN THE MASTURBATION OF FEMALE INFANTS *

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The masturbation of female infants while really not common occurs with moderate frequency. At the meeting of this society in 1907, Dr. B. K. Ratchford in his presidential address reported fifty-two cases of masturbation in infancy observed by members of this society, only four of which occurred in male infants.

This habit, if neglected, leads to a considerable amount of moral depravity, and on the other hand, it may be fairly controlled by proper treatment. It is, therefore, a serious condition which is fairly controllable and one to which too little attention has been devoted. I say nothing of the masturbation of male infants, for sufficient attention is paid to the hygiene of the male sexual organs so that the sort of irritation which leads to masturbation in infants rarely exists in boy babies. On the other hand, in the female infant there exist fairly regularly marked adhesions between the sensitive clitoris and the surrounding tissues so that on examination the clitoris is frequently found to be buried in these adhesions.

In a normal child these adhesions seem to cause little irritation; but in the nervous, sensitive child they may cause intense irritation and lead to the formation of a habit which, if untreated, may become permanent and exert a most injurious influence over the future development of the child.

The treatment of this condition is both general and local. The general health should be improved by such hygienic measures as are available, and all sources of nervous irritation and excitement should be, as far as possible, removed; but no cure can ordinarily be accomplished by such measures alone. The common use of an apparatus for separating the thighs is of little avail, and the only curative treatment is that applied to the removal of the active source of irritation, the adhesions of the clitoris. These may be separated without the use of an anesthetic. The operation is very painful, and such separation under these conditions is difficult and apt to be followed by the formation of other adhesions. The only satisfactory method of treat-

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ing this condition is by circumcision, an operation which should be performed by one who is accustomed to do it, the foreskin being removed as completely as possible.

The result of this operation is most satisfactory. In many cases no recurrence of the habit is noticed after the operation, while in others recurrences will occur; but they are found to be due to adhesions which have formed notwithstanding the circumcision.

The existence of so serious a complication in a young infant long before the development of the sexual activity leads one to wonder whether more attention should not be paid to the condition about the clitoris in all young girls with symptoms of nervous irritability. It has been said that the clitoris is an electric button which rings up the whole nervous system. It is my belief that more attention should be paid to the hygiene of this region.

The histories which one obtains of these cases are not always clear. The common history of a child putting its fingers on the genitals at every opportunity, while showing evidence of some irritation, is naturally not sufficient for a diagnosis of masturbation. The real condition is often misunderstood by the parents, but when masturbation exists, a clear history of an orgasm can be obtained after close observation on the part of the attendants.

A few illustrative cases of this sort I will enumerate.

CASE 1.—A female infant aged 10 months was noticed frequently to rub her thighs actively for a certain period and then to become quiet, breaking into a perspiration. This habit had been noticed for several weeks and was becoming more frequent. Examination showed the clitoris to be entirely buried in adhesions. These were somewhat broken down and the clitoris moderately cleared without, however, any effect on the habit, so that an operation was advised. A complete circumcision was done two months ago and at the same time a large adenoid was removed. Since that time no masturbation has been noticed although carefully watched for.

CASE 2.—A girl aged 3 years had probably from the history been masturbating for more than a year, this habit having become worse, especially at bedtime and in the morning. The real character of this habit had only just become evident. The child was circumcised under chloroform anesthesia and at the same time a large adenoid was removed. More than two years have elapsed since this operation without any recurrence of the habit, although a year after the operation the child had an attack of chorea which lasted for about a month.

CASE 3.—A child aged 5 years had weighed only 5 pounds at birth, but had done well until she was 8 months old, when she contracted a colitis followed by the condition known as the infantilism of Herter, from which, however, she recovered again in the course of a year. She is a frail, nervous child, and it has only recently been noticed that she masturbated. A partial separation of the adhesions without an anesthetic did not remove the habit, so a circumcision was performed under anesthesia, and she has never been known to masturbate since, although five months have elapsed since the operation.

Other cases have shown less favorable results from the operation.

CASE 4.—A child aged 5 years, frail and nervous, with red hair but usually well, was found to masturbate. A circumcision was done under anesthesia fol-

lowed for a time by a cessation of habit; but three months later the habit was again noticed and on examination new adhesions were found to have formed, and the breaking down of these was followed again by a cessation of the habit for six months. Since that time there have been several periods when the habit was resumed, always associated with adhesions about the clitoris. These, however, have become less frequent and now there is no history of a recurrence during the past year, five years after the operation.

CASE 5.—A child aged 18 months with a cerebral palsy and poor intellectual development gave a history of straining which was supposed to be associated with constipation. She was a premature child weighing 3 pounds at birth who had convulsions on the fourth day. She did not talk or stand, and both the right leg and right arm were weak and of little use. She was said to strain when lying down, would get red in the face, perspire, burrow her head in a pillow and then go to sleep. The clitoris was found to be buried in adhesions and a circumcision was performed. Two months after the operation there were still some slight attempts at masturbation and three months later there were almost none. Five months later it was reported that she had been free from attacks, but for a week past these had recurred, and on examination it was found that new adhesions had formed. She was much better after these were broken down. Six months after the operation she was brought to New York on account of her renewal of the habit, and the clitoris was found fairly buried in adhesions. These were broken down without an anesthetic. This child left four years ago for Australia and it has been impossible since then to keep in close touch with her condition, although the father writes me that she has entirely ceased straining. Here was a difficult case on account not only of the recurrence of the adhesions but also of her mental deficiency.

CASE 6.—Another case very resistant to treatment but always benefited by the breaking down of adhesions was a child I first saw ten years ago who was then 10 months old. She was frail, nervous and had red hair. When only 10 days old what was apparently a typical masturbation was noticed. She was treated with braces, which seemed to control the habit temporarily. She had a suspicious eruption during the first year but never any clear evidence of syphilis. She had a typical orgasm in my office, covering her face with her skirts and rubbing her thighs together, taking a number of deep inspirations and then breaking into a sweat. The clitoris was found bound down by adhesions and a circumcision was performed, after which she was better. Seven months after the operation the mother reported that there had been an entire cessation of the habit until two weeks before. The clitoris was found again buried in adhesions, and a second circumcision was performed under an anesthetic. Since that time there has been a steady gradual improvement in her condition. Occasionally new adhesions have been broken down, but without an anesthetic, and periods of months have elapsed with no attempt at masturbation and there has been no history of the habit now for three years.

CONCLUSION

The masturbation of female infants occurs in nervous children, the stimulating cause being adhesions about the clitoris such as exist in practically all female infants.

The treatment of this condition by braces alone is palliative and not curative. The only curative treatment is by separation of the adhesions and circumcision, and the result of such operative interference is often satisfactory.

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