

THE DUBLIN JOURNAL

OF

MEDICAL SCIENCE.

FEBRUARY 1, 1887.

PART I.

ORIGINAL COMMUNICATIONS.

ART. X.—*The Treatment of Vaginismus*.^a By THOMAS MORE MADDEN, M.D., F.R.C.S.Ed.; Obstetric Physician, Mater Misericordiæ Hospital; Consultant, National Lying-in Hospital; Physician, Hospital for Sick Children, &c.

EXCESSIVE sensibility of the vaginal orifice and adjacent parts, more especially when associated with such spasmodic contraction of the sphincter vaginæ as to form an impediment to marital intercourse, or dyspareunia, occasionally becomes a matter of considerable gynæcological interest. In such cases the hyperæsthetic condition of the vaginal outlet is evinced even on the slightest attempt at local examination, and is most marked about the meatus urinarius, and in the vicinity of the orifice of the vulvo-vaginal glands and fourchettes, whence the hymen, if existent, projects upwards. The morbid condition of which these symptoms are pathognomonic, although clearly described by some of the older writers, was for many years ignored by gynæcologists, until its importance was re-discovered, and its treatment improved by the late Dr. Marion Sims, by whom the name it is now known by was applied to it. Since then, although much has been written on this complaint, its pathology and treatment are still, to a large extent, *sub judice*.

With regard to the pathology of the form of local hyperæsthesia understood by the term *vaginismus*, there are almost as many

^a Read before the Obstetrical Section of the Academy of Medicine in Ireland, Friday, January 7, 1887.

divergent views as there have been writers on the subject. Thus, according to Marion Sims the symptoms of vaginismus are almost always neuromatous, whilst Dr. Alonzo Clarke, one of the ablest pathologists in America, who examined the vaginismus hymen frequently, could not find any enlarged nerve filaments running through it.

Mr. Lawson Tait, in the course of a recent discussion, in the British Gynæcological Society, on a paper of Dr. Bantock's on this subject, is reported as having expressed his regret that such a term as vaginismus had ever been coined. He had made eleven dissections, and found only in one of them a trace of the muscular fibres supposed to produce the affection. He believed it is due to fright or to disease of the vestibule, of which the most common is serpiginous vascular degeneration of the mucous membrane—an obstinate disease, ending in atrophic contraction of the vestibule. Sims, whose experience of this disease has never been exceeded, says:—"The most perfect examples of vaginismus that I have seen were uncomplicated with inflammation; but I have met with several cases in which there was a redness or erythema at the fourchette. Usually the hymen is thick and voluminous, and when the finger is forced through it, its free border often feels as resistant as if bound by a fine cord or wire."

According to Dr. Emmet vaginismus is to be regarded purely as a symptom, denoting reflex irritation, of which the chief expression is an exaggerated sensitiveness about the hymen and vaginal outlet. As the irritation is transmitted through the sympathetic nerves, the effect is experienced at its terminal branches in the erectile tissue distributed about the entrance to the vagina. It is found only in anæmic and excessively nervous women, and in those who have in some manner overtaxed their nervous systems. Their general condition renders them peculiarly liable to neuralgia, of which the symptom under consideration is but a kindred ailment. The locality is determined as if it were by accident, or by some law of which we are ignorant. "It is an exception," adds Dr. Emmet, "to find any local exciting cause; occasionally there may be some cicatricial tissue about the perinæum or neck of the uterus, or some local inflammation or disease of the vagina, vulva, meatus, urethra, or vesical neck."

Dr. Graily Hewitt, on the other hand, is of opinion that the essence of the disease is a local alteration or irritation of the nerves at the spot itself; at the same time he also points out that

the condition in question is a hyperæsthesia of the parts, dependent not always on the same cause. The difficulty experienced in introducing the finger is dependent on the spasmodic contraction of the muscles. It has been described as most commonly present in individuals whose nervous system is generally in an easily excitable state. Dr. Ferguson believed that in cases of "irritable uterus," one of the seats of this neuralgic malady was the vagina itself, this latter being so exquisitely tender as to render intercourse intolerable. In Scanzoni's opinion the disorder especially accompanies anteversions, retroversions, flexions, or actual changes of the uterus itself, and that it is not rare in connection with spasmodic affections of the urethra, bladder, or rectum. Sir J. Y. Simpson in some instances found true small nodular neuromata under the mucous membrane.

For my own part I think the most rational explanation of symptoms of vaginismus is generally to be found in the hysterical temperament of the majority of those thus affected, although in some cases there is also present an abnormal condition of the pudic nerve, one branch of which runs along with the artery to the clitoris, whilst the other, or superficial perinæal nerve, is distributed to the perinæum and labia, in which its terminal branches ramify freely. This fact in the ætiology of the disease, although generally ignored by recent writers, is one the practical importance of which will be seen in connection with the treatment of vaginismus.

Treatment.—It was long since said by Dr. Marion Sims that whilst there is "no disease capable of producing so much unhappiness to both parties of the marriage contract, I am happy to state that I know of no serious trouble that can be cured so easily, so safely, and so certainly." With the first part of this sentence we must, I think, all agree, but with regard to the latter portion of it, in reference to the easy curability of the disease in question, I regret to say that my own experience is by no means as satisfactory, as in certain instances I have found no little difficulty in dealing with extreme cases of vaginismus by any of the plans of treatment generally recommended. It therefore appears to me that every case of vaginismus should be treated on its own merits—that is, with less reference to the name given to the disease than to its special causes and prominent symptoms in each individual instance. As a rule, in the treatment of such cases very undue importance is given to the local operative measures which the different theories

adopted by each special authority on the subject leads them to place exclusive reliance on in cases of this kind, whilst the constitutional treatment which is invariably necessary in all cases of well-marked vaginismus is too generally ignored. For whilst operative measures directed to the hyperæsthetic structures and adjoining parts—such as the excision of the hymen, division of the pudic nerve, destruction of erythematous and serpiginous patches, dissections out of neuromata, &c.—may each be indispensable in certain cases of vaginismus, in quite as many instances they are unnecessary; and from my own clinical experience I can vouch for the possibility in some cases of relieving the most intense dyspareunia resulting from this cause, so as to enable the patient to fulfil all her duties as a wife and eventually as a mother, without any operation beyond the forcible mechanical expansion of the vaginal canal. Before, however, resorting even to this expedient we should, in the first place, employ the sedative treatment, not only local but also general, which is indicated in all other local manifestations and consequences of constitutional nervous or hysterical disorders, and which, as I believe, is essential in nine-tenths of the cases of vaginismus that come before us, whilst in only one-tenth of them is any surgical or operative measure necessary.

Amongst the topical palliative remedies that may, conjointly with the constitutional nerve sedatives just referred to, be employed with a reasonable hope of advantage in these cases are the bi-daily use of warm baths and vaginal irrigations, the local application of a five per cent. solution of hydrochlorate of cocain or of glycerine of carbolic acid, or the introduction of suppositories of cocain and belladonna. When such palliative measures have been fairly tried without advantage, we may then resort to mechanical dilatation of the vaginal orifice and stretching of the pudic nerve. For this purpose, having first fully etherised the patient, a large sized Graily-Hewitt bivalve speculum should be introduced and expanded to its fullest extent. Then a tampon of absorbent lotion large enough to fill the speculum should be soaked in glycerine and passed up to the cervix, its lower end projecting through the external opening of the instrument. This, still fully expanded, should then be forcibly drawn out, leaving the central tampon behind in the vagina. It need hardly be observed that this procedure invariably occasions severe pain. At the same time, however, it as certainly tears through some of the superficial submucous muscular fibres of the affected part, as well as effectually stretches the terminal

vaginal branches of the pudic nerve, and thus affords a generally efficient and safe method of overcoming the spasmodic contraction with which we have to deal in cases of vaginismus. Any subsequent contraction or hæmorrhage that may follow this procedure is sufficiently met by the tampon, which may be retained for at least twenty-four hours; and after some days, should there be still a continuance of vaginismus, the same method of treatment may be again repeated.

In other cases, however, this method of treatment does not suffice, and in course of these instances I have, with advantage, resorted to Sims's operation for vaginismus. This consists, as you are doubtless aware, in the removal of the hymen if present, which may be readily dissected out with a properly curved scissors, after which a vaginal glass or vulcanite plug must be worn until the parts are healed. The cicatrix resulting from this operation is then to be divided. For this purpose we must, as Sims recommends, place the patient (fully etherised), as for lithotomy, on the back; pass the index and middle fingers of the left hand into the vagina, separate them laterally, so as to dilate the vagina as widely as possible, putting the fourchette on the stretch; then with a common scalpel make a deep cut through the vaginal tissue on one side of the mesial line, bringing it from above downwards, and terminating at the raphe of the perinæum. This cut forms one side of a Y. Then pass the knife again into the vagina, still dilating with the fingers as before, and cut in like manner on the opposite side from above downwards, uniting the two incisions at or near the raphe, and prolonging them quite to the perinæal integument. Each cut will be about two inches long—*i.e.*, half an inch or more above the edge of the sphincter, half an inch over its fibres, and an inch from its lower edge to the perinæal raphe. Of course this will vary in different subjects according to the development of the parts in each. To perfect the cure it is necessary for the patient to wear for a time a properly adapted bougie or dilator.

Marion Sims' procedure, just described, has been modified and improved by Dr. Emmet, who also, after etherisation and placing the patient in the lithotomy position, introduces the speculum under the arch of the pubes, so as to bring the posterior wall of the vagina into view. The index finger is inserted within the anus, and the sphincter is pressed up against the posterior wall of the vagina. It is then easy to divide with scissors the fibres encircling the vagina on each side, just within the fourchette, and about three-

quarters of an inch apart. This does not allow a prolapse of the vaginal wall, as when the perinæum is lacerated, whilst it permits of an equal extent of dilatation of the outlet by the glass plug.

In some cases I have found the hæmorrhage following these operations sufficiently serious, and in one of these I have to thank my friend Dr. Horne, our Hon. Secretary, who was called in in my absence, for the arrest of very alarming loss of blood, occurring some hours after the operation, in the case of a young lady on whom I performed Sims's operation.

It should be observed, however, that even in cases of vaginismus so extreme as to effectually prevent complete marital intercourse, the disease is not necessarily an absolute barrier to impregnation. In one instance of this kind that came under my observation some years ago, so extreme was the local hyperæsthesia as not only to preclude the probability of complete cohabitation, but also to prevent the patient's submitting to any local treatment for the relief of the morbid condition. Nevertheless conception occurred, and I subsequently was called in to deliver her at full term, and in doing so was obliged to incise the still unruptured hymen, by which delivery was obstructed.

ART. XI.—*Notes on Famine Diseases.* By ALEXANDER PORTER, M.D., F.R.C.S., M.R.I.A.; Brigade Surgeon, I.M.S.; Fellow of the Madras University; and Professor of Medical Jurisprudence, Madras Medical College.

(Continued from Vol. LXXXII., p. 476.)

V. GENERAL PATHOLOGY OF THE ALVINE FLUXES.

THE general pathology of these 360 cases may be now considered. They consisted of 173 men, 123 women, and 64 children. The average height of the men was 5 feet 5 inches nearly, the extremes being 4 feet 7 inches, and 5 feet 9 inches; and of the women, 5 feet 0½ inch, the extremes being 4 feet 7 inches, and 5 feet 8 inches.

No native knows his own age, but the average of the ages guessed in each case is 45 years for the men, and 44 years for the women, the extremes in both being 18 and 70 years. The average for the children is 3½ years, the extremes being 1 and 13 years.

The state of the body as to nutrition was emaciated, often to a