

rest of development of the vulva and the anus, and of the vulva and the bladder.

All the conditions mentioned are entirely beyond the reach of remedial measures, and are such as effectually to prevent sexual intercourse. But there are others in which there is hope for relief by means of surgical interference, such as those cases in which the vagina while present does not open externally, and in which it may be reached by the knife and a practicable entrance made. No general rules can be laid down in regard to the exact nature of the operation to be performed. Each individual case must be judged by itself.

*Occlusion of the vulva* to such an extent as to prevent the introduction of the male organ is not very infrequent. It may depend upon a vicious conformation of the pelvis by which the vagina is compressed in one of its diameters, or upon the existence of congenital exostoses by means of which the pelvic opening is more or less occluded, and the vagina correspondingly diminished in calibre. In these cases nothing in the way of remedial interference is admissible.

The entrance into the vagina may be closed wholly or in part by various abnormalities of the soft parts. Thus the *labia* may be *adherent* or may be of such a size as to materially interfere with the entrance of the penis into the vagina. Adhesions either of the great or small lips are not generally unamenable to relief by surgical means. These may consist either in the use of the bistoury or of its handle, or of simple traction, according

to the completeness of the adhesion. When redundant, as they are apt to be in the women of Africa, and as they occasionally are in those of more temperate zones, they may be readily excised. The labia are also subject to morbid growths of various kinds, which, by their size, may interfere with the normal performance of the act of sexual intercourse. These also generally require the use of the knife, the ligature or of some escharotic according to their character. *Encysted tumors* of the labia may be treated by excision of a portion of the sac, evacuation of the contents, and the cauterization of the walls with the tincture of iodine or a solution of either the nitrate of silver or of the chloride of zinc. Entire ablation is, however, the only operation which entirely guards against a reappearance.

Hydrocele of the labia majora may exist either on one or both sides. It is to be treated in the same way as the like disease in man affecting the tunica vaginalis testis.

*Vegetations*, syphilitic or resulting from the puerperal state, may be so profuse as to prevent sexual intercourse. For the former the actual cautery or the ligature should be employed. The latter disappear spontaneously after the state of pregnancy is accomplished.

*Hernia* of the labia majora may exist in consequence of the protrusion of a portion of the abdominal contents through the inguinal canal, and may be so large as to prevent the intromission of the penis. It is, of

course, to be treated according to the surgical principles applicable to such cases.

The *clitoris* may be of such size as to interfere materially with the normal performance of the act of sexual intercourse. Cases are on record in which it is reported that the organ was of the dimensions of the penis, but these statements are scarcely worthy of credit. Probably the size has never exceeded that of the thumb, unless the augmentation has been due to acquired hypertrophy or the growth of tumors. In any case the excision of the organ may be performed, if the circumstances are such as to require the operation.

The *vagina* may, as I have already stated, be absent, or it may exist in a more or less complete form. In some of these cases there is an entire absence of the uterus also. The propriety of an operation must be determined from a consideration of the conditions accompanying each individual case and should be more or less tentative in character. In those cases in which the vagina terminates below in a *cul de sac* much may often be done by the surgeon for the relief of the patient. When the organ is, however, absent, and especially in those cases in which there is no uterus, operative interference can scarcely be justifiable.

*Narrowness of the vagina* to such an extent as to impede sexual intercourse is by no means an uncommon occurrence. It is the one of all those abnormal conditions mentioned for which relief is most apt to be

sought. Fortunately, however unpromising the case may appear to be, it rarely happens that sufficient amelioration cannot be effected.

At times the constriction is confined to a limited part of the vagina; at others, and usually, it involves the whole length of the canal. Roubaud\* cites two interesting cases.

The first is that of a young woman whose vagina was so narrow as scarcely to admit of the passage of a goose quill. At each menstrual period she experienced a strong and painful sense of tension in the womb, and the flow took place slowly and with difficulty. At the age of sixteen she was married to a young and vigorous man, whose embraces she was not able to receive. Visited by physicians, she was declared by them to be incapable of having sexual intercourse. Nevertheless, after eleven years of impotence and sterility, and without the vagina increasing in diameter, this woman became pregnant. Her state, as may well be imagined, inspired her friends with the utmost concern, for it was foreseen that labor would be impossible by the natural passage. But towards the fifth month of pregnancy the vagina began to dilate, and by the time delivery was expected it had acquired such dimensions as to admit of the birth of the child.

In another woman the vagina was as greatly constricted throughout its whole extent as in the case just mentioned. She was also married to a man of strong

Op. cit., page 403.

sexual desires, but, owing to her unfortunate condition she was unable to submit herself to his approaches, and the marriage was about to be declared null and void, when the physician who was consulted put in practice the following described procedure: First, he employed emollient fomentations; then he introduced a pessary of gentian root throughout the whole extent of the canal, and increased it in size till at last he could pass one made of the pith of corn-stalk. Finally he introduced a piece of compressed sponge. These several substances imbibing the vaginal secretions so dilated the vagina that it became ample for all its functions.

A like course of treatment would probably be followed by beneficial results in all similar cases. It would be well, however, to substitute the stem of the lycopodium for gentian root, and to use compressed sponge for the subsequent treatment. There are also various mechanical contrivances acting by screws in such a manner that their leaves can be expanded after the manner of one kind of vaginal speculum so that when inserted after dilatation has been produced to some extent by the means specified, further expansion can be effected.

The *hymen* may be so dense in structure as to constitute a real impediment to sexual intercourse, or the vaginal canal may be closed by one or more *adventitious membranes* placed at various distances from the external opening. These cases present no difficulty for the sur-

geon, as they may be as easily divided or entirely excised as the particular circumstances attendant thereon appear to require. It is rarely the case that the proper operative interference has not been secured before womanhood is reached, or at any rate when the menstrual flow is about to take place. It is to provide for the exit of the catemenia rather than for the act of sexual intercourse that membranes closing the vagina are incised or cut away altogether.

Besides these conditions there are others which, though not preventing sexual intercourse, are of such a character as to render the act painful, and hence unnatural. It is scarcely necessary to do more than to refer to these. Among them are vesico-vaginal and recto-vaginal fistulæ, syphilitic and other ulcerations, vaginitis and various wounds and injuries. These are, of course, to be treated according to the general principles of surgery. It is rarely that the physician or surgeon is called upon to treat them as causes of sexual impotence.

## CHAPTER III.

## VAGINISM.

Although the condition to which the late Doctor Marion Sims gave the designation *vaginism* was known before he wrote upon the subject, it is this distinguished physician to whom we owe the first complete and systematic account of a disease which is of all others the most common as a cause of female sexual impotence. Dr. Sims\* defined *vaginism* as an excessive hyperæsthesia of the hymen and vulva associated with such a degree of spasmodic and involuntary contraction of the sphincter *vaginæ* as to prevent sexual intercourse. This definition gives in short compass the most prominent symptoms of the opposition, which are pain and spasm, on coition being attempted, or indeed when any foreign body, as the finger, for instance, is introduced into the vagina. Nevertheless, there are occasionally cases met with in which the pain is situated either above or below the hymen, which is not the seat of special tenderness. Again, the sphincter *vaginæ* is not the only muscle in which spasmodic contractions are observed, and at times they are altogether absent, the excessive hyperæsthesia constituting the only marked symptom of the affection.

\* Transactions of the Royal Obstetric Society, 1862.

Sir James Simpson\* regards the disease as being due to a state of hyperæsthesia of the pudic nerve, while Dr. Grailly Hewitt† considers that the disorder, while not always due to the same cause, is essentially the result of a local alteration or irritation of the nerves at the spot itself. However this may be, there is in my opinion no doubt that *vaginism* is a consequence of some disorder of the nervous system, and that this is in a large proportion of cases located in the spinal cord constituting the condition known as spinal irritation, or anæmia of the posterior columns of the spinal cord.

A characteristic of the pain and spasm of *vaginism* is the fact that they are more strongly marked on a slight touch of the affected parts than when steady pressure is made. I have had cases under my charge in which the introduction of the finger or even of a sound into the vagina would cause the greatest agony, while two or three fingers if held in position firmly produced very little suffering. In these instances the intromission of the penis was not accompanied by much local disturbance so long as the organ was kept in a state of quietude. So soon, however, as friction of the penis against the vaginal walls was produced, the pain became insupportable, and efforts at intercourse had to be brought to an end.

It is not surprising that women suffering from *vagin-*

\* Clinical Lecture on the Diseases of Women. New York: 1871, page 284.

† Diseases of Women. Second American edition. Philadelphia: 1873, p. 706.

ism shudder at the very idea of sexual intercourse. Experience has taught them that the pain and distress are greater than any that they have previously had to endure. In consequence they soon renounce all attempts of the kind, and eventually, if not relieved, no matter how erotic they may have been, lose all desire of a venereal character.

Vaginism is not, of course, limited in its influence to the matter of sexual intercourse. Derangements of menstruation, leucorrhœa, and various abnormal mental conditions approaching and even reaching the state of actual insanity are often produced. With these, however, we need not concern ourselves at this time.

So far as copulation is concerned, the two disturbing factors are, as we have already seen, pain and spasms. These may exist in various proportions relative to each other. In some cases, if the woman can endure the pain, intercourse is possible, for there is little or no spasm of the sphincter vaginæ. In others the spasm is the main feature, the slightest touch being sufficient to develop it, while there is a minimum of pain. In this respect the vagina appears to be not unlike the urethra, which in some cases closes spasmodically as soon as an effort at passing a catheter or sound is made.

Vaginism rarely makes its appearance before puberty, and, indeed, it may be said that in the vast majority of cases it does not arise except during the generative period of the woman. It is, therefore, not often seen after the cessation of the menses, nor before copulation

has taken place. In those cases of early development of the affection the first evidence of its existence is generally obtained by the patient herself through her own sense of touch during bathing or otherwise.

Among its predisposing causes hysteria probably stands first. It is very doubtful whether it is induced directly by sexual excesses or by masturbation, though I have had one case under my charge in which, apparently it owed its origin to the repeated introduction for masturbatory purposes, of foreign bodies into the vagina. In like manner cases are met with in which a disproportion between the dimensions of the penis and those of the vagina is the most obvious cause. Not long ago a lady consulted me for the affection in question who a month previously had been married to her second husband, a strong and passionate man. She had never experienced any discomfort from sexual intercourse with her first husband, but with the present one the act had from the first been painful, and latterly had become insupportable, and almost impossible. Examination revealed the true state of affairs. There was extraordinary hyperæsthesia at the situation of the carunculæ mytriformes, and strong spasm of the sphincter vaginæ on the attempt to introduce the finger. Suitable inquiries revealed the fact that the disproportion in size between the sexual parts of herself and her husband was such that intercourse had never been satisfactory to either party. She was quite sure that to that cause, and to that alone the vaginism was

due. There was no marked narrowness of the vagina, so that the misfortune was not of her making. I requested her to send **her** husband to me, and then, on inspection of the parts concerned, found that there was no doubt as to where the responsibility should be placed.

But such causes are only capable of developing vaginism in a woman in whom the predisposition already exists, and often this predisposition is so strong that no other influence than that of copulation is necessary to the complete establishment of the affection. The hysterical diathesis, for instance, undoubtedly has great influence in promoting vaginism, and is of still greater power in spinal irritation, when the seat of the disease is in the lumbar region of the cord.

In regard to the spinal origin of many cases of vaginism my experience is very decided. It is rarely the case that in vaginism we do not also find tenderness of the lumbar portion of the spinal, and many of the other symptoms associated with anæmia of the posterior columns of this region of the cord.

The treatment of vaginism is as satisfactory as that of any other disease known to science. Indeed, with our present knowledge of the nature of the affection, and of the therapeutical actions of remedies, failure to cure a case of the disease is almost out of the question. Without touching upon doubtful remedies, or mentioning those that might from theoretical reasons be beneficial, I shall briefly describe the plan of treat-

ment which has been uniformly successful in my hands.

In the first place, the parts should be freely bathed with a 10-per-cent. solution of the hydrochlorate of cocaine, and, after the morbid hyperæsthesia is in a measure subdued, a plug of lint, saturated with the solution, should be inserted into the vagina and kept in place with another of dry lint. These should be changed twice daily for fresh ones.

With the institution of these measures a large dose of the bromide of sodium, potassium or ammonium should be administered. I generally give from fifty to one hundred grains in a third of a tumbler of water, and in a few hours begin with a solution of an ounce and a half to four ounces of water, a teaspoonful (about twenty-five grains) being given three times a day.

If spinal tenderness is discovered to exist the part in question should be painted daily with the tincture of iodine, or a blister should be applied, or the actual cautery used, or sparks drawn from the region by the large brass ball of a statical electrical machine while the patient sits on the insulated stool. If these latter measures be neglected, the disease, although it will be temporarily relieved by the cocaine and bromide, will certainly return so soon as the influence of these agents has passed off.

When a disproportion in size exists in the case of a married woman between the sexual organs of herself and her husband, means should be taken to overcome

the obstacle. These should be directed to the matter of stretching the vagina so as to admit of intercourse being effected without pain. This can be done while the patient is under the influence of a general anæsthetic, or after a few days' treatment with cocaine and some one of the bromides, as above described, by the hand of the surgeon, or by means of an instrument such as the bivalve or trivalve speculum. This method is altogether preferable to that with slowly dilating substances, such as compressed sponge, gentian root, etc. In these cases to which reference has been made forcible dilatation with the fingers was effected in the manner described, and with entire success. Subsequently the patient became pregnant and there was no further trouble. Of course no means of stretching the vagina is comparable to the passage of a fœtus, but, unfortunately, it is generally the case that the condition of vaginism is almost prohibitive of the intervention of pregnancy.

## CHAPTER IV.

ABSENCE OF THE ABILITY TO EXPERIENCE THE  
SEXUAL ORGASM.

Every physician of experience is aware of the fact that not a few women pass through married life extending over many years without ever having felt the slightest degree of pleasure from sexual intercourse. He also knows that there are others who, having originally been possessed of the normal capacity in this respect, lose it very early in life, or at a period far anterior to that at which it would naturally be expected to disappear.

The social life of woman is such as to impose on her restraints which do not exist, with such full force at least, with the male sex. She may be bound to a brutal or otherwise disgusting man, with whom the very idea of intercourse is horrible. The mental element enters so fully into the act of coition that it is not surprising that under such circumstances there should be an entire failure on the part of the woman, when, perhaps, with a man capable of arousing the emotion of love a very different state of affairs would result. This is a matter that is often overlooked. The affection which may once have existed between the parties has gone from one or both. If it has disappeared from the husband, he does not approach his wife unless