

ART. X.—Case of Imperforate Vagina, and Malformation of Superior Portion—Operation—Cure. By A. B. SHIPMAN, M. D., Prof. Surgery Indiana Med. College.

JANE H., aged 18 years, of small size, yet bearing all the external signs of puberty, had complained for nearly one year of pain in the hypogastrium, which was aggravated once in about four weeks, when she would be compelled to take to her bed a few days each month. A gradually increasing enlargement of the abdomen, and an incontinence of urine, with various other symptoms—such as irritable stomach, &c.—made her suspected of being pregnant. She was an inmate of the Cortland County Almshouse, from a child, and her intellect was not of the highest order—making it difficult to obtain a clear account of her previous history. At one time she would persist in the statement that her catamenia had come on, but, on questioning her closely, she denied ever having been unwell.

The physician of the almshouse (Dr. Carpenter) had never made an examination of her, *per vaginam*, until the superintendents requested me to visit her.

May 20th, 1849. Met Dr. Carpenter, in consultation. Found her in great pain; had been so for the last two weeks. Complained mostly of the abdomen, which was much enlarged, and a distinct globular tumour in the region of uterus. This was hard and tender. She had also pain in the back, hips, and limbs, with incontinence of urine. I learned that the pains at first were expulsive and paroxysmal, but latterly had been constant and unremitting. On examination *per vaginam*, found an orifice that would barely admit the point of the forefinger to the depth of one quarter of an inch, and terminating in a closed *cul-de-sac*. Examination with a probe failed to detect the least opening through this, nor could the uterine tumour be detected by this examination. A finger introduced into the rectum discovered the uterus, distended, and pressing on the rectum. A catheter in the urethra, and finger in the rectum, revealed the almost complete obliteration of the vagina, above the termination of the *cul-de-sac*—for the finger in the rectum came in contact with the catheter, there being apparently only a thin intervening membrane existing between the urethra and rectum, above the termination of the vagina. There seemed a space of nearly two inches of this absence of vagina, and the fluid appeared confined in the womb, as it made no pressure on the closed vagina, as in cases of imperforate hymen.

It was apparent that an operation must be performed, and that some little difficulty might be experienced in avoiding wounding the urethra, bladder, or rectum. Having administered the chloroform, to keep the patient quiet—she being of a refractory disposition—a catheter was introduced and given in charge to Dr. Homer D. Jewett, of Summer Hill. I introduced my left fore-finger into the rectum, to guide my incision; then, with a sharp, round-edged bistoury, I carefully carried the incision upwards, to the depth of nearly two inches. Then, with a large-sized trocar, I perforated the uterus, and withdrew it, leaving the canula. A stream of menstrual fluid, of the colour and consistence of treacle, flowed out with much force, until it was judged three pints had been discharged; it continued to flow for two days, when it stopped. The chloroform produced the most perfect insensibility while the operation continued. The incision was so narrow, that the finger could not be introduced, and I feared to make it more extensive, from the contiguity of the bladder and rectum.

am satisfied the vagina was obliterated from the bottom of the orifice to the uterus, and that, if any os uteri existed at all (which I greatly doubt), it was hermetically sealed. No unpleasant symptoms followed the operation, but, on the contrary, she got well at once, being able to go to work in two or three days.

Dr. Carpenter, whose care she was left in, failed to keep a tent in the opening, either through the patient's wilfulness, or some other cause, and two weeks from the operation she was taken in pain, and I was called. On examination, I found the orifice nearly closed; yet a small-sized catheter opened it, and gave exit to half a pint or more of catamenial fluid. Four weeks after this, she was again taken in pain, but the catamenia began to flow spontaneously at the end of a week. Since this time no difficulty has occurred, and the case may be considered as perfectly successful.

This is the second case which has fallen under my observation, where an operation was required to give exit to the catamenial fluid. The first one occurred in 1834, and was published in the *United States Medical and Surgical Journal*, for September, 1834. The young lady in this case was fifteen only, but of large size, and had been menstruating six months. The obstruction was produced by a dense membrane, a quarter of an inch in thickness, situated in the orifice of the vagina, where the hymen is found, and the fluid was collected in the vagina, distending it to a large size; yet, by making a crucial incision, and the use of large wax bougies, an opening was kept of sufficient size to admit the finger.

Four years after the report of the case, the patient married, and became pregnant. When labour came on, it was lingering, in consequence of the narrow band around the vagina. She lived thirty miles from my residence, and, after being in labour forty-eight hours, I was sent for; but she was delivered before my arrival of a dead child. Since then she has borne several children, without difficulty.

A case occurred to me, some five years ago, of a lady who had been married six years without being pregnant. She had always suffered greatly from pain at the menstrual periods, and I had prescribed the usual remedies for dysmenorrhœa, but with no success. Being anxious for issue, the husband strongly solicited me to do something to place her in a condition to bear children.

I proposed an examination, after hearing the painful character of sexual intercourse, and, to my astonishment, I found an almost complete closure of the vagina, an inch above its orifice. An examination with a probe, detected a minute orifice, where the menstrual fluid must have found its way out, yet so small as to make it difficult for coagula to pass, or even small shreds of mucus: hence the dysmenorrhœa. The obstruction was caused by a band of membranous substance, half an inch thick, very firm and dense. Sexual connection had never been satisfactorily performed; but modesty and bashfulness had prevented either of the parties from seeking relief—the husband, probably, supposing that his wife was not materially different from other women in her anatomical formation, and the lady, too modest to complain, or too ignorant

of her condition to know of any remedy, went on from year to year, yet very anxious for offspring.

I proposed an operation to remedy this defect, which was cheerfully consented to by the patient. A probe-pointed bistoury was introduced, after exposing the patient, as in the operation for lithotomy, and an incision, of a crucial form, was made, to some extent, so that a finger could readily be introduced. A tent was next inserted, and left there, after using a T bandage to support it in its position. A large-sized spermaceti candle was directed to be passed daily for three or four weeks. The first time the catamenia appeared, after the operation, it was easy and free from pain, showing that the obstruction, as we had supposed, was the cause of the dysmenorrhœa.

But the most happy result of the operation was pregnancy, which followed speedily her recovery, and in due time she was delivered of a healthy child. Since that time she has borne several children, and her health has been perfectly good—a striking contrast from what it was previous to the operation.

The pain attending sexual intercourse in married ladies, is often a source of ill health, and, in some instances, I am confident, is the cause of sterility. It is often caused by some obstruction at the orifice of the vagina, or inflammation and thickening of the tissues about the nymphæ, or orifice of vagina.

A lady consulted me, some years ago, for pain and ill health, consequent upon painful sexual congress. She had been married seven years, to a widower, who was nearly fifteen years her senior, and, as his prior marriage was without issue, felt great anxiety to prove his virility in some way. I found the lady with a finely developed body and genital organs, catamenia regular, and free from pain. She was troubled with leucorrhœa to some extent, especially after sexual connection.

On examination, I found a small, painful tumour just within the orifice of the vagina, of the size of a filbert, exquisitely tender, and of a vivid red colour. It was attached to the vagina by a base of half an inch in diameter, yet it could be raised from its attachments by the fingers. She informed me that, before marriage, she was conscious of an abnormal state of the parts, from the tenderness and tumour she had discovered with her finger. And the consciousness of this made her long hesitate about entering into her present matrimonial engagement. Sexual congress at first gave her severe pain, yet, after a time, became tolerable to bear; but, fearing it might have some agency in the absence of pregnancy, was induced to consult me. I advised an operation for the removal of the tumour, which was easily done with a pair of tumour forceps and bistoury.

After she had recovered from the operation, which was in two weeks, pregnancy immediately followed, and she was delivered of a fine, healthy child, to the great joy of the father, and not without the same feelings on the part of the mother. It is unnecessary to mention that she was never more troubled with pain by sexual congress.