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CASE OF THE CONGENITAL ABSENCE OF THE VAGINA AND UTERUS: ARTIFICIAL VAGINA: SUBSEQUENT OPERATION FOR APPENDICITIS.*

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Miss S., 21 years of age, consulted me about a year ago, because she had never menstruated. She was engaged to be married, but thought it wiser to find out the cause of the amenorrhea, before doing so. She was a fine, healthy-looking girl, medium height, very good complexion, well developed bust, normal appearance of external genitals, soft voice—in fact there was nothing about her appearance or manner to indicate that she was different from any other woman of her age. She had a natural inclination towards the opposite sex, which was apparent from the fact that she was in love with the young man whom she was about to marry.

On examining her, in my office, I found that there was no appearance whatever of a vagina, although the greater and lesser lips and perineum appeared normal. As her bowels had not been moved for some days, I took steps to prepare the rectum for a rectal examination, and, a few days later, this was made, when it appeared evident to me that there was, not only no vagina, but no uterus either; but there was one ovary on the left side, and I thought I could feel a tube there. I was quite sure that there was no ovary and tube on the right side.

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At her request, I informed her intended husband of her condition and of my intention to attempt to make an artificial vagina, of which, however, I was somewhat doubtful. He informed me that he wished to marry her, all the same.

She was admitted to the Samaritan Hospital 13 months ago, and, in the presence of several members of the staff, I carefully directed the tissues lying between the rectum and bladder, taking care not to enter either of these organs, by having a sound in the bladder and a finger in the rectum. With the scalpel and my fingers, I pushed the bladder and rectum apart, there being nothing but cellular tissue between them until my right index finger could be introduced to the distance of four inches. This space was packed with several yards of sublimated gauze which was changed from time to time. She made a good recovery from this little operation, and, before leaving, I had her wear a glass tube, in order to keep the granulating surfaces apart.

She left the hospital in about three weeks' time and came occasionally to see me, when I found the artificial vagina smaller and shallower than at first; but I believe that, if she had been married at this time, it could have been kept open. This operation, of course, did not help her absence of menstruation at all, and soon after she began to suffer a good deal with what I thought was menstrual pain. It was, however, worse on the right side, and she also had some pain at the pit of the stomach, and occasionally would have bilious attacks, when she would feel like throwing up; she was also subject to rather severe headaches. I thought most of the pains, of which she complained, were due to the efforts of nature to have a menstrual flow. She was suffering a little all last summer, especially from pain in the right side when she worked hard. This fall, about the middle of November, she was taken very ill with pain and vomiting, and, at the same time had quite a very severe bleeding of the nose. She was so ill, in fact, that her mistress had to be up all night with her.

Next morning, when I was called, it was evident to me that she was suffering from appendicitis, and I at once sent her in the ambulance to the Samaritan Hospital, with the intention of removing the appendix at once, by a median incision, so that I might, at the same time, verify my diagnosis of a year ago that there was no uterus or vagina. On searching for the appendix

the cæcum, the omentum and the small intestine were found, matted together in the appendix region; so that it was quite difficult to detach them. During the proceeding the hemorrhage from the raw surfaces was very free, but was eventually stopped by the application of very hot gauze sponges. At last the appendix was found, surrounded with pus, which was wiped away; but when the appendix was being dug out of its bed of adhesions, it came away in several pieces, without, at first, my being able to find its insertion into the cæcum. This latter was gone over several times, and, at last, a place was found a little thicker than the rest, and, on passing a probe along it, an opening was found, leading into the bowel. With the help of the probe and the fingers, this stump, about an inch long, was separated from the cæcum, and cut off even with the latter; the hole in the cæcum being treated as a bullet wound, with two layers of Lembert's sutures, the first taking in the muscular layer but not the mucous membrane, and the second covering over the first with peritoneum.

I was inclined to introduce a drainage-tube, on account of the large amount of raw surface, but by packing in some hot sponges, the oozing eventually stopped, and I decided to close up without drainage. Before closing it, however, I and several of those present had a good opportunity of verifying the abnormal condition of the pelvic organs. There was no uterus or vagina, and no right tube and ovary, but the left ovary was normal in size and appearance, and the left tube was normal at its fimbriated end, but terminated at its proximal end in a little club-shaped knob. The arrangement of the peritoneal folds, which generally form the broad ligament, was worth noting. On the right side it came right from the pelvis onto the bladder and abdominal wall. On the left side, it formed an ordinary broad ligament, in which ran the tube, not transversely, but diagonally downwards, that is to say, the fimbriated end of the tube was at its usual level, but the uterine end ran down to where the vagina ought to have been, and ended there. There was no broad ligament on the right side.

There are a few points of interest in this case, the one of greatest practical importance being that this girl was under my observation several times, at intervals during the year from her first operation, complaining of bilious attacks and pains in the pelvis and pit of the stomach, and suffering from constipa-

tion, without my recognizing the presence of appendicitis; and, I venture to believe, there are at the present moment many hundreds of cases of appendicitis under treatment by regular and irregular physicians and patent-medicine men, for indigestion, who are really suffering from appendicitis, and in danger of their life. This girl assures me that, since the very day after the operation, she has been more comfortable and more free from pain than she has been for several years past.

The second point is the importance of examining any patient who has suffered from some long-standing abnormality of the menstrual function. The writer knows of a case of a physician having married a beautiful woman, only to find, after he was married that she had no vagina or uterus.

The third point was the profuse epistaxis, which, combined with the temperature of 102° and the pulse of 120, might easily have led a physician who saw the patient for the first time, to suspect typhoid fever, especially as there was marked tenderness in the right iliac region.

The fourth point is that, in appendicitis, the pain is often, at the beginning, situated in the epigastrium, and even in other parts of the abdomen, rather than at MacBurney's point, where, however, it eventually ends up by locating itself.

The patient has made a very satisfactory recovery, her appetite and digestion being better at the end of a week than it had been for several years past.

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