

ON VAGINISMUS.

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(Communicated by Dr. TYLER SMITH.)

IN May, 1857, I was called to see a lady, aged forty-five years, who was married at twenty, and had been an invalid ever since. Menstruation, which was always painful, had just ceased. She had great irritability of the bladder, a sense of bearing down, and other symptoms of uterine derangement. But the most remarkable thing in her history was the fact that she had remained a virgin notwithstanding a married state of a quarter of a century. Some two or three years after marriage her physician discovered a sanguineous mucous tubercle at the meatus urinarius, which he removed without benefit. He then attempted to dilate the

vagina with graduated bougies, which produced the most intolerable suffering, without the least permanent improvement. They afterwards consulted the most eminent surgeons in the principal capitals of America, and subsequently visited London, Paris, and other European centres of learning, asking advice of leading surgeons wherever they went, but no one gave a satisfactory solution of the case, nor advised anything more than the bougie system, which had been already fruitlessly exhausted.

Possessed of ample fortune, they had left no means untried that promised any hope of success. I found her nervous system in a deplorable condition. It was exceedingly impressible, the slightest noise being intensely disagreeable. She was able to walk only across her room, but did not often venture on this experiment, being confined most of the time to her couch, where she gave herself up to unceasing intellectual effort. Her mental tension and sedentary habits were supposed to be the source of her great nervousness.

Amongst other investigations of her case, I attempted to make a vaginal examination, but failed completely. The slightest touch at the mouth of the vagina producing most intense suffering. Her nervous system was thrown into great commotion; there was a general muscular agitation; her whole frame was shivering as if with the rigors of an intermittent. She shrieked aloud, her eyes glaring wildly, while tears rolled down her cheeks and she presented the most pitiable appearance of terror and agony. Notwithstanding all these outward involuntary evidences of physical suffering, she had the moral fortitude to hold herself on the couch, and implored me not to desist from my efforts if there was the least hope of finding out anything about her inexplicable condition. After pressing with all my strength for some minutes, I succeeded in introducing the index finger into the vagina up to the second joint, but no further. The resistance to its passage was so great, and the vaginal contraction so firm, as to deaden the sensation

of the finger, and thus the examination revealed only an insuperable spasm of the sphincter vaginae. Whether the vagina was defectively developed or normal I could not determine; I candidly told her husband that I knew nothing whatever about the case, had never seen or heard anything like it, and that it would be quite presumptuous in me to hazard an opinion, or to hope to do anything for her when they had consulted the ablest surgeons in the world without receiving the least information on the subject, and therefore I could promise nothing. However, I suggested the propriety of their going to New York, for further investigation under anæsthesia. They acted promptly on this suggestion, and I invited the late Dr. John W. Francis, Dr. Emmet, of the Woman's Hospital, Professor Van Buren, and Dr. R. S. Rissam. The two latter-named gentlemen assumed the responsibility of the etherization, which was to me a matter of some anxiety, owing to her peculiar nervous organism. Previously to the anæsthesia I attempted to make a vaginal examination, when the same train of symptoms was manifested as on the former occasion. But as soon as she was fully under the influence of the ether, greatly to my surprise, I found the mouth of the vagina completely relaxed and the vagina itself perfectly normal, not presenting the least variation from health. It was not large, but certainly quite as well developed as it ought to have been at her time of life and under the circumstances. The uterus was retroverted, and there was a small polypoid excrescence about the size of a pea hanging from the os tincae. It was removed, not with the expectation of its exerting any influence on her peculiar condition, but to prevent the risk of future growths. The opinion I gave on the case was this:—that it was a spasmodic contraction of the sphincter vaginae, resulting from an irritable condition of the nerves of the part, which I could not explain. When asked if it was possible to cure it, I said—"I do not know, for the books throw no light on the subject; but it appears to me that the only rational treatment would be surgical, *i. e.* that of dividing the muscle

and the nerves of the vulval opening." They seized the idea and insisted on the operation, which I declined to perform, on the ground that an untried process was not justifiable on one in her position in society, the hospital being the legitimate field for experimental observation.

I have related this case somewhat at length, not only to show the effect it produced on my mind, but to make it descriptive of the class it represents, and I shall be greatly obliged if this learned body will allow me in my own simple way to continue the story of my experience in this matter. I have nothing to say on the literature of the subject, if it have any. I leave that to the bibliothèque, knowing full well that this is the place most competent for its thorough elucidation.

The high intellectual endowments of this lady, her elegant culture and fine social position, as well as her long suffering, all conspired to make her case one of much thought and great anxiety to me. And it was not easily dismissed from my mind. I consulted authors, and found that they described cases of pruritus, hyperæsthesia, neuralgia, neurosis, atresia, &c., all of which I had seen, but I found no description of disease anywhere answering to the peculiarities of this case, and I naturally inferred that it was unique and anomalous. But about fifteen months after, Professor Pitcher, of Detroit and Michigan (W.S), sent me another precisely similar case, except that the lady had been married but two years. She had the same instinctive dread of being touched, the same muscular agitation of the whole frame, &c., while it was utterly impossible to pass the finger into the vagina. As this lady's husband threatened to obtain a divorce, I looked upon her case as justifying experiences. Explaining to her fully our ignorance on the subject, I proposed a series of experimental incisions, &c., which she readily assented to. Thinking that the division of the irritable spasmodic outlet was the only rational operative procedure, I divided first only the edges of the hymeneal

membrane on each side of the fourchette. There was no relief. Waiting for the wound to heal, I then divided the parts again at the same points, but extending the incisions deeply through the mucous membrane and through some of the fibres of the sphincter muscle. This was followed by some improvement; she could bear the introduction of one finger without very great pain, and could even tolerate two, but it was with considerable agony. I now saw that the hymen itself was the focus of the excessive irritability, and I then proposed to cut it out entirely, and afterwards to repeat the lateral incisions as before, making them deeper, and rendering the dilatation permanent by the use of a properly constructed bougie. By this time the mother of the lady came to the very just conclusion that I was *experimenting* on her daughter. I told her it was true, and attempted to explain to her the propriety of the course, when a lawsuit and divorce were in the distance. The mother, however, was inexorable, and unfortunately removed her daughter from my care. But her improvement was so great that I had no doubt of her fulfilling the relation of wife under some difficulties. The experience gained by this case was of great value to me.

A few weeks afterwards, singularly enough, another case fell into my hands. This patient was the wife of a clergyman, and had been married six years. Sexual intercourse was impossible. Several surgeons had been consulted, but without any explanation of the case, and of course without any relief. On examination, I discovered a sanguineous, mucous, irritable tumour at the meatus urinarius, and notwithstanding the experience already related, I persuaded myself that this tubercle was alone the source of all her trouble. It was removed, and its seat cauterized. In due time she returned home, but came back to me in a few days to report a persistent stage of virginity. On a more minute examination, I found it to be in all particulars just such a case as those previously related, but not quite so intense in its manifestations. The slightest touch with a

feather or with a camel-hair pencil at the reduplication of the hymeneal membrane produced as severe suffering as if she were cut with a knife. While this lady was under observation (April, 1859), a fourth case came under my care, that of a woman who had been married three years. Sexual intercourse had been imperfectly accomplished a few times during the first few weeks after marriage. She innocently supposed that all women had to suffer as she did, and tried, like a good Christian, to bear it, but her sufferings were so great that at last she looked with the greatest terror upon the approaches of her husband, to whom she was greatly devoted. At her earnest entreaties, her husband, who was equally devoted to his wife, ceased all efforts at sexual intercourse, and they lived and loved as innocently as two little children. But at last the mother of the poor timid girl began to wonder why, after three years of married life, her daughter, who seemed to be healthy and had a healthy, vigorous, young husband, did not become pregnant, and ventured to speak of her disappointment at not being advanced to the highly honorable position of grandmamma. Whereupon the daughter hesitatingly explained it all to the mother, who immediately brought her to see me, when I found precisely the same condition of things already described. Three weeks after this, my friend, Dr. Harris, of East Thirtieth Street, New York, brought to me another case (the fifth). His patient had been married two and a half years, and in consequence of her persistent virginity, her husband (who had been a widower) was truly unhappy. I now (June 18th, 1859) had three cases all at one time under observation; but to cut short this long narrative, I may here say that they were all, after many experiments and disappointments, perfectly cured in August, 1859.

From personal observation I can confidently assert that I know of no disease capable of producing so much unhappiness to both parties of the marriage contract, and I am happy to state that I know of no serious trouble that can be cured so easily, so safely, and so certainly. I have not

before published anything on this subject, and I now venture, with the approbation of this learned body, to give this affection a name as well as a remedy.

By the term *Blepharismus*, or *Blepharo-spasmus* we mean an involuntary, painful, spasmodic contraction of the *orbicularis palpebrarum*, with great supersensitiveness or intolerance of light; by the term *Laryngismus* we mean a spasmodic contraction of the *rima glottidis*, attended with stridulous inspiration; and by the term *Vaginismus* I propose to designate an involuntary spasmodic closure of the mouth of the vagina, attended with such excessive supersensitiveness as to form a complete barrier to coition. These various affections may be complicated or not with inflammation, but do not necessarily depend upon it. We may have vesical tenesmus without inflammation of the bladder, and rectal tenesmus without rectitis. The most perfect examples of vaginismus that I have seen were uncomplicated with inflammation, but I have met with cases in which there was a slight redness or erythema at the fourchette, just without the reduplication of the mucous vaginal membrane called the hymen. Usually the hymen is thick and voluminous, and when the finger is passed into the vagina its free border often feels as resistant as if bound with a fine cord or wire, but it may also be firm and comparatively unyielding, with even the wire-feeling free border, without symptoms of vaginismus. There need not be a mistake in diagnosis. It can be confounded only with impermeable hymen or with atresia. In each of these marriage may have existed without consummation, but the true cause becomes patent on investigation. In a case of vaginismus the gentlest touch with the finger, a probe, even with a feather, produces the most excruciating agony. The sensitiveness is at all parts of the vaginal outlet, is very great at the *meatus urinarius*, and on each side of it just where the hymen takes its origin, greater still on the vulval or outer face of the hymen, near the orifice of the vulvo-vaginal gland, and greatest just in the sulcus or reduplication from

the vulval orifice. Often the most sensitive point of all is at the fourchette, just where the hymen projects upwards; again, at the orifice of the vulvo-vaginal gland. I have often heard patients shriek with great terror and agony, exclaiming that I was thrusting a dagger into the body, when I had barely touched the sensitive points with the most delicate camel-hair pencil or with a soft, downy feather. And, again, these same patients have declared that they felt comparatively nothing when I have had the parts held asunder so as to pass a probe into the vagina, making forcible pressure against the internal or vaginal surface of the hymen; thus proving that while the outer face of the hymen was supersensitive, its inner surface was normal. In all cases the mere spasm of the sphincter is painful, and in many cases the sphincter ani feels almost as hard as a ball of ivory; indeed, one of my patients supposed it to be a tumour, to be cut out before she could be cured. The spasm is pathognomic of the disease, the supersensitiveness diagnostic; this last is more delicately shown by touching the outer surface of the hymen, particularly at its reduplication, with a soft camel-hair pencil.

Treatment.—I shall not detain the Society with a rehearsal of the stages by which the proper plan of treatment was finally determined. Enough has already been said to show that it was not accidental, as my observations and experiments extended from May, 1857, to August, 1859. The treatment consists in the removal of the hymen, the incision of the vaginal orifice, and subsequent dilatation. The last is wholly useless without the first two, but is essential to easy and perfect success with them. I usually make two operations, but it may all be done at once.

Placing the patient (etherized) on the left side, I seize the hymeneal membrane with a delicate tenaculum forceps just at its juncture with the urethra on the left side, and putting it on the stretch, clip with properly curved scissors till the whole is removed in one continuous piece.

In some cases the hæmorrhage requires a compress of lint. In two instances the bleeding was excessive, but easily checked with the Liq. Ferri Persulphatis. The cut surface usually heals entirely in two or three days, after which the operation for radical cure may be performed. Notwithstanding the removal of the thick, sensitive hymen, the cicatrix marking its original place at the mouth of the vagina is exceedingly sensitive, and in some instances feels hard and tense, as if a wire or small cord were constricting the outlet. This I divided at various points and in divers ways during my early experience, and finally arrived at the following method, as being the surest and best :

Place the patient (fully chloroformed) 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 the right of the mesial line, bringing it from above downwards, and terminating at the raphé 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 perineal 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 through its fibres, and an inch from its lower edge to the perineal raphé. Of course this will vary in different subjects, according to the development of tissue in each. To perfect the cure it is necessary for the patient to wear for a time a properly adapted bougie or dilator. I use a dilator made usually of glass, sometimes of metal. I prefer glass, because it is easily kept clean, and, being transparent, it is easy to see the cut surface, and indeed the whole vagina, without removing it. If there is much bleeding I introduce the dilator at once, but usually I wait twenty-four hours, when it is worn one, two, three, or four

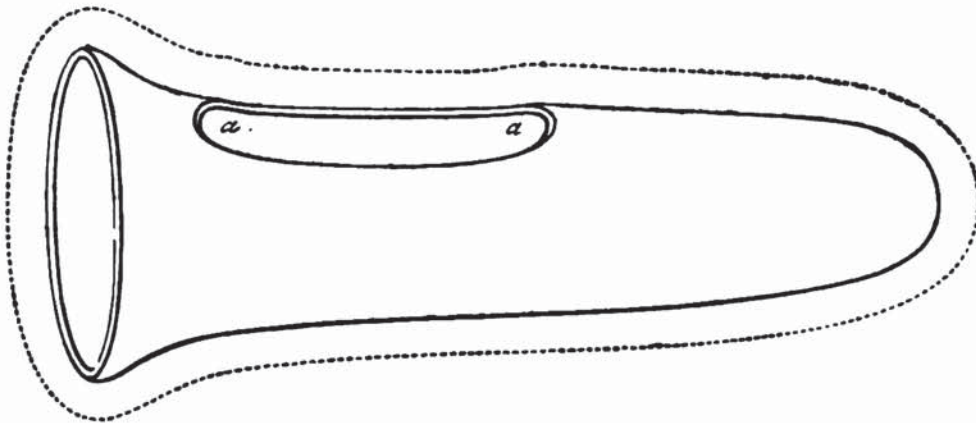
hours. Its introduction is attended with a sense of soreness, but with none of the peculiar agonising suffering so characteristic of the original disease.

The patient will generally wear the dilator two hours in the morning and two or three hours in the afternoon or evening. I have known a few who wore it six or eight hours at a time, but I never so order it. I have often been astonished at the rapidity with which the cuts sometimes heal, the cure being seemingly facilitated by the pressure of the glass tube.

I direct the dilator to be worn daily for two or three weeks, or till the parts are entirely cured and all sensitiveness removed.

The tube is about three inches long, slightly conical, open at one end, closed at the other, and one and a quarter or one and one third inch in diameter at the largest part, near the open or outer end.

In the accompanying figure the external dotted line represents the larger-sized instrument, the internal the



smaller one. There is a depression or sulcus (see figure, *a, a*) on one side for the urethra and neck of the bladder.

The outer, open end allows the pressure of the atmosphere

to assist in retaining it easily in the vagina. When closed at both ends it is much more difficult to retain it *in situ*, even with a well-adjusted T bandage. The depression for the urethra is very important, for I found that a perfectly round cylinder, worn for three or four hours, always injured the urethra; and, moreover, this urethral depression assists the self-retaining capacity of the instrument.

It must not be thought for one moment that I arrogate to myself the discovery or description of a new disease. I do not; for this affection has been encountered, doubtless, for all time. I only claim to have separated it from the great class of neuroses with which it has been obscurely mixed up. Others have met with it before. Some have called it a neurosis; but that is a generic term, and may as well be applied to any other obscure, unexplained nervous affection uncomplicated with inflammation. Others have called it neuralgia; but that term is wholly inappropriate, as it does not present any of the habitudes of neuralgia. Neuralgia is supposed to be a painful affection in the course of a nerve, coming when it pleases, remaining as long as it pleases, and going when it pleases, but generally observing a particular cycle of time in its advent, its culmination, and its decline. Let it once leave, and it cannot be immediately recalled; but this affection can be provoked at any moment by the gentlest touch, ceasing immediately on the removal of the irritating cause; never returning spontaneously, and not returning at all except under the same mechanical agency. Time will show that this is not the only disease in which our ignorance is covered over with the broad mantle of neuralgia. Some have called it hyperæsthesia, but this is only another phase of neuralgia—a thing that is here to-day and gone to-morrow, and is most generally symptomatic of some other affection. I call this disease vaginismus, because it is not a mere symptom, but a conglomeration of symptoms, constituting a distinct affection, fearful in the amount of wretchedness

that it engenders, not only physical, but social and moral.

Dr. OLDHAM thought that there were few obstetricians of much experience who had not met with cases of a similar nature to those noticed by the author. He reminded the Society that some years ago he had described some cases where these painful symptoms were present, but which he had connected with inflammatory conditions of the follicles of the vulva. He had since that time kept a record of similar cases, and he did not call to his recollection any instance where there was not that condition present. He had found almost every case amenable to a sedative plan of treatment, and condemned the use of caustics.

Dr. J. BRAXTON HICKS had seen one such case, in which the whole membrane of the vulva was rough with small papillæ; and he considered that the exquisite tenderness in this case was owing to a diseased condition of the sensitive papillæ.

Dr. TYLER SMITH said that Dr. Marion Sims had given a name to a condition which he thought was far from uncommon in this country. Excessive sensibility and spasm of the vagina were sometimes quite distinct from vaginitis, and might be present when no disease of the mucous membrane existed. He had always considered it as hysterical spasm of the sphincter vaginae, and treated it by division and dilatation. He had known such a condition interfere with intercourse for many years.

Dr. TANNER thought that the cases described by Dr. Sims and those alluded to by Dr. Oldham were quite distinct in their nature. As regards follicular inflammation of the vulva, Dr. Tanner was happy to bear witness to the accurate description of this troublesome disease which had been given by Dr. Oldham. Such cases were only to be cured by attention to the general health and sedative local applications. All irritating lotions or ointments did great mischief.

Mr. SPENCER WELLS could support Dr. Tyler Smith's statement, that these cases were sometimes seen without any follicular disease about the vulva. He had seen such a case where connexion had been impossible for three years after marriage. There was no hymen, or merely a rudimentary fold of mucous membrane, offering no impediment. This case was completely cured by introducing one of Bourjeaud's artificial air-pessaries under chloroform, and keeping up dilatation for a few days.