

VAGINISMUS, TREATED SUCCESSFULLY
WITHOUT OPERATION.

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CASES of vaginismus are, I think, sufficiently rare to justify a record of the following case, especially as there are, it seems to me, one or two points in regard to the treatment adopted which directly controvert the views advocated by a most distinguished authority on the subject.

In August, 1868, I attended a lady, twenty-three years of age, who had been married two years; and during this time all attempts at marital intercourse had failed, owing to the pain suffered by the female. The health of both husband and wife, it need hardly be said, was not improved by this condition of affairs. The wife was extremely anxious that something should be done to remedy matters, but was excessively nervous at the thought of an operation. I told her, however, that I did not think an operation, in the ordinary sense of the term, would be necessary; but as she was so fearful, she might have some chloroform. Accordingly, I administered chloroform on the 12th August, and, in the presence of the husband, made a vaginal examination. I then found that the hymen had been ruptured, and so far as that was concerned there was no obstacle to complete intercourse. The remains of the hymen were still apparent;

and there was some slight redness and irritation of the parts. The vaginal canal was small and rigid, and to this fact, together with the shrinking of the patient from pain when intercourse was attempted, I attributed the failure in question.

The treatment which naturally suggested itself as the result of this examination was, the dilatation of the vagina; and this I accordingly proceeded to effect by introducing a dilating bivalve speculum (Weiss's). Having expanded the blades of the instrument by the screw action, I allowed it to remain *in situ* for about five minutes. I then explained to the husband the nature of the operation, at the same time showing him the speculum, and directed him to tell his wife afterwards what had been done, so as to remove from her mind any fear that an obstacle still existed.

I heard from him a week later that a slight feeling of discomfort was complained of for four or five days afterwards, but when this had subsided the attempt at intercourse was renewed, and no difficulty was experienced in effecting it completely. Eleven months from this time the patient was confined of a son, and no further inconvenience had occurred.

The interesting feature in this case is that, by the very simple procedure of dilating the vagina, a very troublesome state of affairs was rectified; and I am prompted to bring the case under the notice of the profession in order to induce others to try this method in preference to the more serious operation recommended by Dr. Marion Sims, who, in his "Clinical Notes on Uterine Surgery," p. 335, writes: "The treatment [of vaginismus] consists in the removal of the hymen, the incision of the vaginal orifice, and subsequent dilatation. The last is useless without the first two, but is essential to easy and perfect success with them." Now the case I have recorded proves, so far as it goes, that dilatation, without incision, is not only not "useless," but may, at least in some cases, be perfectly successful; and when it is recommended that, after incision, a dilator is "to be worn daily for two or three weeks or longer," it is evident that the operation is no slight matter, and ought not to be undertaken until at least other means, and especially the one here practised, have been tried and failed. I cannot help thinking that the proceeding recommended by Dr. Marion Sims is calculated in some cases to produce contraction of the parts, and thus rather to aggravate the evil complained of.

Upper Berkeley-street, November, 1869.