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### PRIMARY VAGINISMUS.

BY ELY VAN DE WARKER, M.D., Syracuse, N. Y., Fellow American Gynecological Society.

SINCE Sims' early experiments in the treatment of *vaginismus* no real progress seems to have been made in either the theory or treatment of this singular disease. But little earnest study after the researches of Sims, has been given to the subject. These are now of historical rather than of practical importance. Emmet has made a modification in the operative treatment slightly different from that of the former, but the idea is in no manner changed. Foreign authors have followed closely the American precedent, and the result has been that these cases, notwithstanding the urgency with which they demand relief, have been regarded as very nearly hopeless. My own observations have led me to the belief that this is probably due, in the first place, to a mistaken theory of the etiology, and, in the second place, to confounding separate diseases under the term *vaginismus*. It is a misfortune that this term has become so current among gynecologists, since it is a misnomer and gives a wrong idea, at the outset, of the disease. A recent writer has attempted to avoid the confusion due to this term, by making two classes of cases. Vittorio de Samo, the author referred to, evidently recognized the difference between the diseases confused under this term, but distinguishes them by calling one primary, or idiopathic *vaginismus*, and the other secondary. This is a partial improvement, and it is better to follow him than to attempt any further effort at term-making.

The condition of the hymen found associated with primary vaginismus has led observers to regard it as the source of the vaginal spasm, although some authors (F. Webber) admit a physiological factor. [Hyperæsthesia of the vagina and vulva is not necessarily vaginismus, neither is it always two affections, as those who differ from Sims assert (de Raure.) The conception of Hildebrandt is a decided advance over former theories of vaginismus, that is due to reflex spasm, and is not only vaginismus (as the name implies) alone, but involves other parts, the levator ani being a muscle principally engaged in the spasm. Nearly all German writers more or less completely corroborate Hildebrandt. Beigel speaks of it as a spasm, chiefly of the sphincter-vaginæ muscle, due to irritation; Arndt, that it is a local expression for a general nervous predisposition, but is not local in its origin, something like the cases of urethral neuralgia in nervous barren women, mentioned by Skene.

We know vaginismus chiefly as the cause of a defeat of the sexual act. A large class of cases is liable to be confounded with primary vaginismus simply because the act is more or less painful. We must, however, realize that many women exist among whom the sexual act is always painful—a hyperæsthesia of the vulva—but in whom no reflex cramp exists. The sexual disability results from pain and not from spasmodic closure of the ostium vaginæ. This class belongs to the same nervous group as that which embraces primary vaginismus. In practice these two classes are widely separated.

I have every reason to believe that in vaginismus, we have to contend with a clonic and not a tonic spasm of the muscles of the sexual parts; and to illustrate this I recall a case, not of this disease but of a like affection of a limited group of muscles. A professional neighbor called me into his office one day to see a patient who had consulted him for a tumor. I saw lying in his chair a large German woman of about thirty-five years of age; of a spare form, and nervous expression—a case evidently of checked nutrition. On exposing the abdomen a remarkable state of things was revealed. The abdomen was relaxed and showed the traces of a former pregnancy, and the surface was thrown into 'irregular lumps or tumors, subsiding in one place to rise in another—in some so rapidly that they would vanish even under the hand. The principal seat of the spasmodic action seemed to be in the rectus muscles, although the entire group of the abdominal muscles was involved. Inspection or manual examination was sufficient to develop the spasmodic action. In one sense, this illustrated the character of the muscular spasm in primary vaginismus, namely, the existence and the localization of the spasm within a restricted area or group of muscles, and further the explosive discharge of motor nervous energy on the application of a stimulus to the periphery in the affected area. As in the above illustrative case, the reflex spasm of vaginismus, as I have reason to believe, is frequently clonic.



In treating an extreme case of primary vaginismus, in a very small, nervous blonde, the effect of ether was so disastrous that I resolved to carry on the treatment as well as I could without resorting to anæsthetics. There being a granular erosion of the cervix which I was anxious to remove, I made treatment by means of a covered applicator, guided by the finger, to the parts. I observed that the finger was grasped tightly by a rapidly recurring series of alternating relaxations and contractions, extending the whole length of the vagina, involving also the muscles of the perineum. To test the fact that irritation anywhere within the affected area would cause spasm, the finger was passed through the anus, with the result of inducing another series of clonic spasms.

Anatomically, the reflex spasm known as vaginismus involves nearly all the pelvic muscles that are connected with the perineum, in addition to those of the urethra. Hildebrandt names them as the levator ani, sphincter vaginæ, sphincter ani, and, to a less degree, the perineal muscles proper, and those of the urethra. Hence, it is not unusual to see writers mention the difficulty of defecation and ischuria, due to the implication of the rectal and urethral muscles respectively.

I have been thus careful to examine the opinion of admitted worthy observers in order to show, to my own satisfaction, to the reader, what I have no doubt he already knows, that primary vaginismus is safely classed among the neuroses.

Briefly, what are the accepted means to relieve this nervous disease? Emmet looks after the remains of pelvic cellulitis and uterine displacements; but this author evidently refers to secondary vaginismus as well, and there is reason to believe includes hyperæsthesia (dyspareunia) also; removing or treating all erosions and indurations and inflammations of the vulval parts, (which is proper enough); deep or superficial divisions of the spincter vaginæ, or gradual or energetic dilatation. I make upon this but one comment:—primary vaginismus is by these means but rarely cured. Why should it cure the patient? How can dilatation cure contraction in a group of muscles that are or are not in a state of contraction as the stimulant, in obedience to which they respond, is or is not present, and that contract functionally and not from any impaired power of relaxation? Likewise, how can division, deep or superficial, of the muscles, with subsequent dilatation, relieve the reflex spasm except by injury to the mechanism of the muscles which the repair process is sure to restore with a return of the original reflex spasm?

An examination of the condition under which primary vaginismus exists may reflect some light upon the methods of cure. First, it is found only among the married; secondly, it exists as a rule only among nervous, anemic, depleted women; thirdly, these women are not newly married but generally have held that relation several years: fourthly, the sexual act has been in the majority of cases imperfectly or never performed.



These circumstances combined point in but one direction, namely, to a complete or partial defect of the sexual life, and leads naturally to all the evils that result from this among the married. For my purpose, it is not necessary to detail clinical facts, as I wish merely to illustrate a point. In five cases of primary vaginismus that have come under my notice in the last two years, the husbands were impotent, or nearly so; and in those cases where virility was only partially lost, they were unable to cope with the sexual difficulties offered by their nervous and excitable wives. Two of these men were virile as to other women, but were impotent to their wives, due probably to the mental reaction of repeated failures. The investigations of Dr. Sims show that this is not true invariably in the sexual history of these cases; but as far as my experience goes, is true often enough to become an important factor. The result of this is evident. The defeated sexual impulse gives undue importance to the nervous endowments of the pelvic organs in their functional relation to inhibitory nerve centers, and responding with explosive violence on the application of stimulants. A further result is more local—one a chronic condition of irritation and granular erosion and thickening of the tissues of the vulva, due in a great measure to constantly repeated and purposeless sexual contact, in which the fingers and male organ are equally at fault, and the other is the seat of reflex irritation thus created, by which any application of a foreign body to the ostium vaginæ is the signal for reflex spasm of the sphincter vaginæ and levator ani muscles. Especially is this true in all attempts toward intromission of the male organ, with all the train of reflex spasm, pain and mental loathing and discouragement that attend primary vaginismus.

The treatment of this condition is rational. We remove the cause. The surgical treatment should be limited to treating the local erosions and indurations. For the first, alternative touches of silver nitrate, irrigations with zinc, or permanganate of potash solutions, and dressings of vaseline. For the second, it is better to remove the thickened hymen or its remnants by the scissors, taking care to remove as little of the lateral mucous membrane as possible, in order to avoid an extensive cicatrix. Further surgery here seems useless. It seems unnecessary to disapprove of energetic dilatation of a muscular orifice in order to cure an intermittent reflex spasm. This plan is too absurd to reason about. The other alternative of dividing the muscles involved in the reflex spasm deserves attention only from the high character of the men who practice the operation. It can be, from the nature of the case, a cure only so long as the muscles are disabled by division. So soon as union occurs, notwithstanding that dilatation has been industriously employed meanwhile, the spasm returns. This is true of every case of primary vaginismus in which I have had an opportunity of observing the result of this operation.

Removing the cause consists in separating man and wife until reflex irritability is removed and the general health restored. This treatment

involves no hardship. It gives a welcome release to the first party to the compact, and deprives the second party of no chartered rights of enjoyment, which he has never possessed. Restoring the woman to an anti-nuptial condition gives time to allow the parts to return to a healthy state and a chance to treat the primary morbid nervous factor. Without the separation of the sexes it is impossible to do either.

To the general condition of anemia and of nervous irritability the treatment is directed mainly. The indications are so clear that this part of the subject, although so important, needs not be detailed. Iron, cod-liver oil, general tonics, the hypophosphites, the bromides, baths and exercise furnish the most active agents. After the local irritation and indurations are removed by gentle and proper treatment, these parts ought to be interfered with as little as possible, the design being to direct the attention away from the genital organs upon which the consciousness of the patient has been morbidly concentrated for so long a time. Only when the restoration to general and local health seems well established ought the marriage relation to be renewed. Speaking roughly, I should say that one or two years would be necessary to restore the thoroughly broken-down health of one of these cases, before the wife could return to her duties. Oftentimes I have reason to believe, as I have already stated, the husband himself deserves attention, as he may have been the original cause of the disease. His condition must be one of thorough virility, so that when relations are resumed his part may be performed promptly and thoroughly at the start, otherwise the whole miserable history may be repeated.

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