

## CLITORIDECTOMY FOR THE CURE OF CERTAIN CASES OF MASTURBATION IN YOUNG GIRLS.<sup>1</sup>

BY ALVIN EYER, M.D.,

Consulting Surgeon, St. John's Hospital, Cleveland, Ohio.

MR. BAKER BROWN, one of the most distinguished English surgeons of his day, after seven years of enthusiastic study in the line of various functional and organic disturbances dependent upon masturbation, published his little book, "On Certain Forms of Insanity, Epilepsy, etc." This volume was the outcome of the study and treatment of forty-nine cases,—namely, hysteria, 14; catalepsy, 5; epilepsy, 8; spinal-irritation, 7; hysteroid epilepsy, 7; idiocy and insanity, 8.

He had advocated, for many years, the removal of the clitoris in all such cases as could be traced to "peripheral irritation of the pudic nerve;" and it was this operation that he resorted to for a cure in the forty-nine cases just referred to. It may be known to many of you that it was through lack of appreciation and acceptance of this work that this good surgeon died broken-hearted.

That he erred cannot be disputed, for history shows that the epilepsy, catalepsy, hysteria, insanity, and idiocy soon recurred after operation in many of the cases reported by him. It is now thirty years since this most extraordinary and radical effort was proposed, and it is my purpose in this short paper to enter into an analysis of his endeavor; make plain, if possible, his mistaken conclusions, credit to his memory all that such an after-study can avail him, and, withal, hope to recall from his abandoned cause a single useful procedure.

Here, as in all important strides in surgery, it may be observed that we are inclined to extremes,—first to the one, then to the other. Baker Brown in his enthusiasm went to the utmost limit in his practice, while his confrères, I think, went to the other in utterly condemning so palpable a measure. This, I say, is unfortunately true of nearly all important surgical departures. It was true of ovariectomy and oöphorectomy; and it is to-day true of lavage in the various stomachic ailments and of abdominal section for the many diseases of the appendix vermiformis. In reviewing the little volume, one observes that Baker Brown's cases ranged, in age, from early childhood to advanced womanhood; and I believe it was this indiscriminate selection of cases that led to his failure to permanently place this, his favored operation, before the world. Upon further reading, it strikes one

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also as most remarkable that his physiological knowledge permitted him to be so sweeping in the application of this operation, for on page 7 he writes: "Long and frequent observation convinced me that a large number of affections peculiar to females depended on loss of nerve-power, and that this was produced by peripheral irritation, arising originally in some branch of the pudic nerve supplying the clitoris, *vagina*, *perineum*, and *anus*."

Accepting this assertion as a physiological truth, it becomes hard to understand why he did not carefully select his cases for operation, and exclude all those in which the peripheral irritation could be traced to any branch of the pudic nerve other than the one supplying the clitoris. Had he made this his rule, I am convinced, he would have succeeded in his effort. And it will be solely upon this differentiation that I shall depend in advocating the operative measure proposed by me for the cure of certain cases of masturbation in young girls.

The distribution of the various branches of the pudic nerve is well known to anatomists, and physiologists are unanimous in the belief that orgasm in the female depends upon peripheral irritation or titillation of *one* or *all* of these branches.

Baker Brown distinctly recognized this, as did also his friend Handfield Jones. Before them we have Kobelt and Acton, and since Landois and others. Gynæcologists have daily proof that orgasm in the female does not necessarily depend upon titillation of the pudic branch supplying the clitoris. Dr. Paul F. Mundé in a recent paper (*International Journal of Surgery*, March, 1893) incidentally remarks, "that while titillating the cervix with a sound the woman very plainly manifested voluptuous sensations." Recognition of the fact, then, that the clitoris, in the human female, is not essentially the seat of passion makes it plain why Baker Brown's broad employment of clitoridectomy proved so disastrously futile.

What I propose bringing to your attention to-day, then, is a modified Baker Brown theory, and urge upon you his identical operation, *limiting myself, however, to a class of cases coming plainly within operative range*. This I can best do, perhaps, by citing a case.

In September, 1891, there was brought to me, by a highly intelligent couple, a girl with the following history :

M. E. H., age seven years, German-American ; marked blonde with large blue eyes, and of unusual strength and physical development. From the parents I ascertained that she was their child by adoption ; that, one year before, they had taken her from an orphan's home, where they had made her many previous visits and carefully inquired into her parentage, health, and habits.

They stated that the girl was, at that time, less pale, more cheerful and self-possessed than now ; that she had lost much of her former rotundity and was becoming extremely nervous and irritable, without appetite and disinclined to her past pranks and childishness. The mother assured me she had caught the child in the act of gratifying her passions as often as four or five times a day, and that she had confessed having practised the same, daily, long before leaving the asylum.

In a personal conversation I found her much abashed and reluctant in answering

my questions, notwithstanding they were in no way relative to her habits and condition. Her face was worn, while her eyes were restlessly darting from point to point. Her natural gait seemed undisturbed, yet when asked to close her eyes and walk she fairly swayed in uncertainty.

On stripping her for physical examination I found her mammaræ, clitoris, and mons veneris unusually developed for one of her age. The rectum and vaginal orifice were found free from irritation, and during this inspection I carefully examined the hymen, which I found intact.

Inquiry into her past management satisfied me that her treatment had been thorough and complete. For over a year the best medicinal remedies had been employed in conjunction with blistering and latterly severe actual cauterization. Moral suasion, diversion of mind, and other rational methods were extensively carried out by the parents under the direction of an intelligent physician.

More than to continue in the same line and carefully watch my case I was, for the time, incapable of doing. By early January (1892), however, I had determined upon the removal of the clitoris, being fully convinced that the branch through which she gratified her pleasure lay in that organ. To confirm my belief, I thought well, however, to first hide the clitoris by a system of suturing, and await developments.

I carried that organ as deeply as possible into the cleft of the labia, and then, with four silver sutures, brought the latter into snug apposition, burying the clitoris entirely out of touch.

On the ninth morning the mother discovered that the upper suture was much tighter than we had left it, with a half-ring shaped loop projecting, as though it had been raised by the finger or some round implement.

We suspected the child's interference but did not caution her. On the following morning this same suture was found broken at the point of its first twist.

On first questioning, the child denied having disturbed it, but later confessed having done so and having masturbated four consecutive times during the night.

The sutures were now removed, and in a few days my friend Dr. C. B. Parker was invited into consultation with the view to justify further operative interference. After seeing the child, I think several times, that gentleman agreed with me that clitoridectomy under the circumstances should be resorted to.

On May 10, with the assistance of Drs. Gordon, Baldwin, and Sipher, the operation was performed, care being taken that the entire organ, with a considerable portion of its two crura, was removed. Ten days later she was up and about.

I have seen her several times since, and Dr. Parker also, I think, has seen her once or twice. During all these eighteen months she has shown no signs of returning to her former habits, save once. About six weeks after the operation the mother reported her as having had a very restless night, and that she confessed in the morning having attempted her old habit, but added, "You know there is nothing there now, so, of course, I could do nothing."

Twelve months ago she accompanied her mother to Florida, and in May (1893), while this paper was in preparation, I addressed a note of inquiry to the latter, as to the child's present health, in reply to which I received the following answer: "I am happy to say that our daughter is well, having regained her strength, appetite, and sleep, and withal is entirely free of that vile habit."

In concluding this paper, I would suggest that the physician in his analysis of these cases pay especial attention to the following points:

1. Learn, if possible, through the history of your case, the source of inculcation leading to this habit.
2. Learn, through your patient, if possible, the exact point of touch in the gratification of her desire.

3. Determine positively whether or not your patient's hymen is intact.

By ascertaining the facts covering the first point you will be informed whether the condition depends upon a practice taught by nurse or playmate, by foreign irritants, such as pin-worms, or by heredity; while under my rule,—namely, where the branch of the pudic nerve *supplying the clitoris only* is the point of titillation,—the second and third points will plainly tell you whether or not your case is one for operation.