

*Case of Vaginismus: treated after the Method of Sims, by  
Exsection of the Hymen and Meatus Urinarius, etc. etc.* By JOSEPH  
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Aug. 1, 1867, was consulted in relation to Mrs. G., aged 20 years, married for eighteen months; *coitus* had during that period been impossible, owing to the excessive irritability and tenderness of the vulva, vagina, and surrounding parts.

Upon examination under anæsthesia, these parts were found to be naturally conformed. The uterus was natural, and *in situ*. The hymen admitted of great distension with the two fingers of the right hand forcibly separated; but the irritability returned as the effects of the chloroform passed away.

I deferred operating for two months, owing to the heat of the weather; but, at the end of that time no abatement whatever had occurred in the severity of the symptoms. On the 1st of October I performed the following operation: The patient being under the full influence of chloroform, assisted by W. P. Worster, M. D., and laying her on her left side, the limbs well drawn up and separated, I seized the hymen with a delicate pair of forceps, and with a small pair of very sharp curved scissors, dissected out the whole of the ring, about four lines in thickness, including the meatus urinarius. The hemorrhage was slight, and less than I had expected. The hymen was about the circumference of a five-cent piece. The loss of blood having been so slight, I determined to proceed forthwith to finish the remainder of the operation. Placing the patient on the back in the position for lithotomy, I passed the first and second fingers of the left hand into the vagina and extended them to the uttermost; I then made an incision on either side of the posterior wall, obliquely in a line from the sacro-iliac symphysis to the sphincter vaginæ, in the median line. This V-shaped double incision, of depth sufficient to divide the muscular fibre, was continued from the point of junction forward through the raphé and sphincter

of the vagina to within half an inch of the anus, thus converting the V into a Y-shaped incision. These last cuts were made with Simpson's uterotomy, as better adapted for making deep incisions in parts partly out of sight, and less liable to wound the finger. They were about one-third of an inch in depth. After arresting the hemorrhage, which was profuse, I packed the wounds and vagina with cotton saturated with glycerine, distending the orifice of the vagina to about one and three-quarter inches, and then applied a T bandage. The packing was retained for five days.

On the following day, when visited by my son Dr. W. Parker Worster, she was found with a good pulse and easier than had been expected.

On the 5th, under chloroform, the packing was removed, and a glass dilator—a cylinder two and a half inches in length and one inch and a quarter in diameter, closed and rounded at its upper extremity, its edges everted at the other, and having on its upper surface a depression to receive the urethra—was introduced. The patient rested well. On the 7th I removed the dilator, and after cleaning it and the parts, reintroduced it, the patient, at this latter moment, being under the influence of chloroform.

Oct. 11. Repeated this proceeding without the use of chloroform; the patient suffering very little pain.

15th. Removed dilator, telling patient to reinsert it every night and morning; applied nitrate of silver to expedite the cicatrization of the intra-vaginal wounds; she sat up to-day for some hours.

16th. Sat up all day and left in the dilator all night; 20th, went down stairs, and 24th, walked out by herself.

26th. Improvement continues; the wounds are nearly healed, with only the exception of a small fissure in the lower and posterior floor of the vagina, to which a weak solution of nitrate of silver is applied. Surgically speaking, the cure of the patient and cicatrization of the incisions may be said to be complete, and with little or no contraction of the vagina.

The term "vaginismus" seems to have been given to this affection—which consists in an excessive hyperæsthesia of the hymen and vulvar outlet, associated with such involuntary spasmodic contraction of the sphincter vaginae as to prevent coition—by Dr. J. M. Simms, who, in his recent work on "Uterine Surgery," has minutely described its symptoms, and recommended for its cure the operation repeated in my case. He reports several cases of the affection and several cures by the operation, which, he says, is "easy, safe, and certain." On page 330 (*Uterine Surgery*) he states, "I have now operated on thirty-nine cases of vaginismus, and in every instance with perfect success." To this list of successes, in a condition of things calculated to cause much suffering, both moral and physical, I am happy to be able to add my own.

The husband of my patient informs me (November) that the conjugal act is now effected without pain or repugnance; and this day (Aug. 12, 1868) she is reported to me as being far advanced in pregnancy, and in excellent health and spirits.

A second case has since occurred to me treated in like manner, and, so far, with similar success, as to the facility of conjugal intercourse and the speedy recovery of the patient.

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