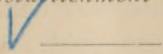


ABSENCE OF THE VAGINA.

Three Operations—Establishment of the Menstrual Flow.



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Miss ———, from one of the Gulf States, was placed under my care for treatment on the 30th of August, 1869. She was within a few days of twenty years of age, and had, since the age of fourteen, experienced the menstrual molimina without any show of menses; and at the age of seventeen her health was of such a precarious character that she was sent North, hoping that a change of climate might effect something towards its amelioration. This was of no avail, and the constantly recurring molimina, with all of their usual bad symptoms, alarmed her parents so much that medical advice was sought upon her return home. For more than a year the medical gentleman in charge prescribed such remedies as chalybeates, sea bathing, horseback exercise, alteratives, etc., but to no purpose. A local examination was then insisted upon, when a supposed imperforate hymen was discovered, and its puncture was advised, because her medical attendant, who is among the most prominent physicians of the South, thought he could detect some fluid, when a rectal-digital examination was made at the time of the menstrual molimen. This supposed retention of menses was not found upon any subsequent examination made in St. Louis, either by Drs. PAPIN, BAUER or myself, although we examined her some

two weeks subsequent to the "period." If such took place it must have been produced by a hæmorrhage from the ovaries at the time when the Graafian vesicle was ruptured, and the blood must have been absorbed almost as rapidly as it was poured out. Fortunately, the proposed puncture of the *imperforate hymen* was delayed several months, otherwise its performance would, in all probability, have been followed by unexpected results, as either the bladder or rectum would have been penetrated. In the meantime, so alarming were her symptoms that her parents sent her to St. Louis to a medical gentleman, an intimate friend of the family, with a request that she be treated as he deemed most advisable. Upon her arrival here she was placed under my care, and then I obtained the above history, as well as the following facts :

During six years past she had had frequent attacks of epistaxis (vicarious menstruation?) and vertigo, more particularly at each menstrual molimen, with great lumbar and sacral distress, and at that period during the last two years she also had fainting spells, with heart palpitations, co-added to the other symptoms. Auscultation revealed no organic heart trouble, but the chloro-anæmic *souffle* was marked, and also heard in the large veins about the base of the neck. The urine was about normal. The *mammæ* were well developed.

A physical examination discovered nothing externally which would lead one to suspect anything beyond a mere imperforate hymen. The external genitalia were well developed, the capillary growth abundant, the *labiæ* (majora and minora), as well as the glans of the clitoris, perfect, and [the meatus urinarius and urethra were normal in position. Hypogastric palpation, conjoined with the recto-digital examination, permitted the finger to make out, on either side of the median line, high up in the pelvis, two small, round, hard bodies, which, when firmly pressed upon from below, whilst the other hand pushed strongly down from above, produced a slight sickening pain. These

bodies were presumed to be the ovaries, as in the median line, and a little in front, a third one was felt, apparently of denser or firmer structure, lying *across* the pelvis (of the approximate size of a hickory nut), and which was the undeveloped uterus. Below this body, between the rectum and the bladder (determined by a catheter being introduced and pressed somewhat firmly against the *bas fond* and above the base of the *trigonum vesicæ*), the space was comparatively nothing, so thin that the catheter could move the finger backward in the rectum, or the finger could push the instrument forward in the bladder. Absence or atresia of the undeveloped vagina, with undeveloped uterus, was pronounced to be the condition, and an operation for its relief was proposed and accepted. Such a grave condition as this demanded other counsel, and I asked for the opinion of several of my medical brethren before I assumed the responsibility of such an intricate undertaking. Drs. BAUER and PAPIN were therefore called in, and after a thorough examination, accorded with the views before expressed. Therefore, on the first day of September, 1869, (the patient having been duly forewarned of the possible dangers, both immediate and prospective), chloroform was administered, and another most careful examination made as before, and no contra-indications being presented, the operation was proceeded with, as follows :

The patient's bowels having been well cleared out, and the bladder emptied, she was chloroformed and placed upon her back, with the legs flexed on the abdomen, and the buttocks brought well over the edge of the table. The external genital fissure was carefully divided with the scissors, when a male catheter (silver) was introduced into the bladder to serve as a guide, and the left forefinger passed into the rectum. The connective tissue between was lacerated by means of lateral sweeps of the right forefinger, to the depth of about three and a half inches anteriorly and four inches posteriorly, when the uterus was felt above a tense membrane, which I supposed to be the

peritoneum. The hæmorrhage for the moment was profuse, but was readily checked by firm pressure of iced water sponges. After the parts were well cleansed, and all bleeding had ceased, *the bladder and rectum were easily pushed into the space which should have been occupied by the vagina, of which not the slightest trace could be seen.* I then remarked to Drs. PAPIN and BAUER that I would not attempt to penetrate the peritoneum, but would plug the canal, hoping that pressure would produce its absorption. I felt that if it were the peritoneum the success of the operation would be endangered by a traumatic peritonitis. I deemed it advisable to await further developments. This opinion being concurred in, a glass tube three inches in length and seven-eighths of an inch in diameter was inserted, and retained in place by means of a compress and a T bandage. The patient, when the anæsthesia had passed off, complained very much of rectal and vesical trouble resulting from pressure of the tube, but otherwise was quite comfortable until about five o'clock in the evening, some six hours after the operation. I then found that the bladder was filled, and required evacuation, which somewhat relieved her. At seven o'clock a fever had set in, which increased until nine o'clock (the pulse being 128 per minute), when Dr. WASHINGTON saw her with me, and we concluded to give her opium, camphor and belladonna every two hours (one grain each of the opium and camphor, and one-fourth of a grain of belladonna), which quieted her pain in a few hours, and by nine o'clock the next morning the pulse came down to ninety. She never had any fever after the second day. The urine was regularly drawn off, the parts syringed with warm water, and the plug removed twice daily for about eight days, during the whole of which time the patient's condition was improving, notwithstanding the drainage was very profuse, and the odor of which was most offensive unless the syringed water was thoroughly saturated with the bisulphite of soda, or slightly impregnated with the perman-

ganate of potassa. The stream—injected by means of the Davidson syringe—at first gave rise to intense lumbar pain, but this gradually diminished, until on the tenth day it could be thrown in with considerable force without producing much uneasiness. On the twelfth day after the operation she went down stairs to dinner, and from the eighth day she had been enabled to remove the plug, evacuate her bladder and bowels, and readjust it without any difficulty. On the morning of the thirteenth day after the operation, which was about the period of the menstrual molimen, the removal of the glass plug was followed by blood, which was dark and thick. It was slightly perceptible during that day, also on the next, and had been noticed the day before. This bloody discharge, however, was attributed to a supposed rupture of some adhesions at the upper end of the canal, and no further attention was paid to it at the time. A digital examination on the morning of the fourteenth day revealed considerable contractility of the cicatricial tissue in the upper third of the canal, but as the plug still penetrated easily, nothing was done for the moment. On the evening of the 16th or 17th of September, the patient, contrary to my orders, removed the plug, *and danced nearly the whole night*, and when she retired early next morning—between four and five o'clock—was so fatigued that she forgot to reintroduce it, and when she awakened about 2 P. M., endeavored to do so, but failed, and did not again succeed, notwithstanding she made repeated efforts towards its accomplishment. Not being informed of this condition of affairs, and presuming that the plug was *in situ*, I did not visit her again until the evening of the 19th of September, when, to my great chagrin, I discovered the entire upper half of the canal completely obliterated by firm contractions of a most unyielding nature. There was nothing to be done save another operation, to which she courageously submitted on the second day after (Sept. 21st), and which was but a repetition of the former operation, only it was confined to

the upper half of the tract, the same gentlemen (Drs. PAPIN and BAUER) being present and assisting. On the second day after the operation I found the glass plug to be too small, and it was changed for a No. 2 Barnes' dilator (water bag), which answered most admirably, whilst some other glass tubes could be manufactured of a more suitable size, which, however, could not be done, so one of silver was made by Mr. F. A. DURGIN, silversmith, of most beautiful workmanship and finish, 3 3-8 inches long and 1 3-16 inch in diameter.

Oct. 9th.—The cavity is completely covered by a tissue resembling the vaginal, and in the cul-de-sac superiorly a puckered fold, looking like a fistulous opening, is observed. No probe, however, can be passed into it.

Oct. 10th.—Upon withdrawing the tube this morning, it was covered with blood; and this is the date of the return of the menstrual molimen.

Oct. 11th and 12th.—Bloody discharge still continues.

Oct. 13th.—Cessation of bloody discharge.

During all these days the lumbar and sacral pains so very distressing prior to the operation, occurring at the menstrual molimen, were scarcely appreciated. From this date nothing particular was noticed until the 27th of the month, *when the patient again removed the plug to go to another ball, where she danced all night, and it could not be introduced as before, after a similar imprudence.*

Oct. 28th.—The canal was so much contracted that the finger could be passed with great difficulty through the lower third, above which no contractions existed. The introduction of the finger gave rise to extreme pain, and it was grasped as if by a sphincter muscle. After some twenty minutes of steady pushing, the parts were found to yield, when I introduced the middle finger, after an effort of half an hour more, when the thumb of the left hand was forcibly and suddenly pushed in, and the parts again lacerated as in the preceding operations. No chloroform was administered, as the patient dreaded the nausea which fol-

lowed the second operation. There was but slight hæmorrhage; and a No. 3 Barnes' dilator was introduced and kept *in situ* for forty-eight hours, without being removed, when it was found that the original opening was intact. The parts were well syringed with tepid bisulphite of soda water, and the silver plug introduced. She arose from her bed in three days afterwards, and within a week was walking about the house.

Nov. 7th.—The menstrual molimen again at hand, and a free bloody discharge, with none of the old pains.

Nov. 8th and 9th.—Bloody discharge still going on; no pains.

Nov. 10th.—Bloody discharge ceased; and from this date no further contractions have taken place, the canal remaining well opened and covered with a tissue very like the vaginal.

Dec, 4th, 5th, and 6th.—Bloody discharge as before. The uterus has not increased in size, but remains very much as when first examined; but the general health of the patient has most materially changed for the better. Her appetite is excellent, and she has increased more than twenty-five pounds in weight. There have been no fainting spells, vertigo, or epistaxis, since the first operation; and the immunity from pain in the loins and about the sacral region, which she now enjoys, is most satisfactory to herself and very gratifying to her friends.

The question may naturally be asked, whence comes the periodical flow of blood per vaginam? I can scarcely believe it to be otherwise than a transudation of blood, resulting from engorgement of the generative circle of blood vessels so intimately connected from the bulb of the vestibule to the bulb of the ovary, and the pampiniform plexus, always incidental to the maturation of the ovum and the rupture of a Graafian vesicle.

Four periods of menstrual molimina have passed since the operation, and at each time none of the old troubles have appeared, but instead the artificial passage has given

exit to blood, and the health is better than ever since before the age of fourteen. From a condition of misery, she has passed into one of happiness—of almost complete womanhood; and however much doubt clouded the prognosis, the excellent result obtained fully justifies the hazard and repays the intense anxieties of the operation. The case is a unique one, none of those reported being exactly similar. The operation of AMUSSAT,* performed February 29th, 1832, was for menstrual retention; and, although successful for the relief of the trouble, the canal became almost obliterated. Prof. T. GAILLARD THOMAS seems to regard this as an operation for atresia vagina rather than for its absence. *Vide* THOMAS on Diseases of Women, p. 138. In a case operated on by DE HAER,† January 25th, 1761, where there was absence of the vagina, with symptoms of menstrual retention commencing at the age of sixteen and continuing eight years, the tract was opened by a knife and the bladder laid open, resulting in death on the third day. BERNUTZ † states, in reference to this case, "by way of warning against the employment of the knife in these cases, instead of using the finger, as in the case recorded by AMUSSAT," that "the difference in the relative mortality of these proceedings has induced me to separate cases of congenital absence of the vagina requiring the process of separating the parts by means of the finger, from other cases of fibrous obliteration, congenital, or acquired in early life, for which alone the knife must be resorted to, although it is always under circumstances of extreme danger."

This statement, however, is not in accordance with the experience of American gynæcologists; for SIMS and EMMET never use the knife, but the *scissors*, finding that less hæmorrhage, inflammation, and contraction take place

* Obs. d'AMUSSAT, Séance de l'Institut, 2 Dec., 1835. *Gazette Medicale*, 1835, pp. 785 and 817.

† BERNUTZ & GOUPIL (p. 17, Vol. I.), *Clinical Memoirs of the Diseases of Women*. Sydenham Soc. Transl.

when they are used. In a case of acquired atresia upon which I operated more than a year ago, where the scissors were used in conjunction with laceration, and retained menses were evacuated, the patient recovered and has since become pregnant. In a case reported by STOLZ,* the genital fissure was divided externally by the scissors, and the recto-vesical space lacerated by the fingers. This operation was performed only when he discovered the condition after dividing a supposed imperforate hymen. There was no menstrual retention, and no discharge ever took place afterwards. The object was to permit cohabitation after marriage; but the report states that the vagina was completely obstructed and filled with a cellulo-fibrous material. For the purpose of marriage was a similar operation performed by Dr. EMMET,† and the operation was not only successful, but the patient married after seven months. This is the only case reported where there can be no doubt about confounding *atresia* with absence of the vagina. All others seem somewhat vague and uncertain. A. BÉRARD, in 1840, reports a case by laceration of the recto-vaginal septum, for retained menses, which was also successful. VELPEAU‡ reports successful cases by CABARET, VENTURA, DESGRANGES, DELPECH, JEFFERSON, COSTE, and WILLAUME; but it is probable that all of them were atresia of the vagina, and not absences, as the operations were for retained menses. LANGENBECK and McFARLÁN lost their cases. FRÉTEAU§ reports a remarkable case, where he made a puncture about three-fourths of the depth of the tract to the menstrual collection, and drained it off by means of a canula; but at the end of a few days this cicatrized, and the menses passed by the bladder ever afterwards—in all probability the result of a wound of that organ.

These are about all of the cases of absence of the vagina

* COLOMBAT (MEIGS' translation). Philadelphia, 1850. p. 111, *et seq.*

† *Vesico-vaginal Fistula*, etc., etc., p. 230.

‡ VELPEAU—*Médecine Opératoire*. Vol. IV., p. 356.

§ *Journal général de Médecine* (XLIII., p. 54), quoted by BÉRARD.

that I can collect, and no one of them is similar to that one at present reported. I will state why the operation was performed :

1st. It was distinctly stated by her medical attendant, a gentleman whose opinion was weighty, that an accumulation of blood took place every month, within the pelvis.

2d. The patient was failing under the irritation of repeated menstrual molimina, and every reasonable effort had to be made to overcome the amenorrhœa.

3d. If any blood were effused at the period, it was thought it could be evacuated and its flow established by the natural outlet.

4th. Marriage was contemplated.

In conclusion, I think the physiologico-pathological reasons were well grounded, leaving the proposed marriage entirely out of the question ; and the success obtained bears out my opinions, as well as those of Drs. PAPIŃ, BAUER, and WASHINGTON, for whose friendly cō-operation in this case I must again express my thanks.

1525 OLIVE STREET, Dec. 15th, 1869.

POSTSCRIPT.—*January 7th, 1870.*—The patient is now undergoing the bloody efflux per vaginam, with none of the difficulties she experienced before the operation. No change in the tract of the vagina since the last examination, and no increase in size of the uterus.

February 4th, 5th, 6th.—The blood per vaginam, passed as usual. There was no pain, but some slight sacral heaviness. The tract of the vagina is as before. The silver plug is being worn as usual. The uterus is not increased in size, and there is no communication from it to the vagina. General health most excellent.

ERRATA.—In line 29, p. 2, for "labiæ," read "labia." Line 33, p. 6, comma after word "finger" to be omitted. Line 12, p. 8. for "atresia vagina" read "atresia-vaginæ."