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Hyperæsthesia of the Vaginal Orifice a Cause of Reflex Pelvic Pain.

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HYPERÆSTHESIA OF THE VAGINAL ORIFICE A CAUSE OF REFLEX PELVIC PAIN.[1]

BY CHARLES P. STRONG, M.D.

THE existence of pain in the female pelvis finds to-day so ready an explanation by disorders, functional or organic, of the uterine appendages that the attention of the general practitioner is frequently diverted from other anomalous conditions which are in themselves potent in the induction of reflex symptoms. Among enumerated causes, I have never seen mentioned that condition of the vaginal introitus of which the prominent symptom is hyperæsthesia or excessive irritability of the vaginal orifice, or, as more commonly called, vaginismus. While the marital state offers, naturally, the more ready detection, yet in virgins its existence is accompanied by manifold symptoms. Richly supplied by nerves, even more so than the uterus itself, any disturbance here induces, through the sympathetic system, changes in the circulation which may lead to protracted and chronic changes in the pelvic circulation, a result that has pain as its prominent symptom.

I have the records of a very considerable number of patients in whom I have found the results of chronic hyperæmia of the pelvis, but who have been cured by treatment of the hyperæsthesia of the vaginal outlet solely; that is, that portion of the vulva which includes the hymen and the fossa lying between its lower posterior boundary and the fourchette. A typical case occurring in a virgin is the following:

[1] Read before the Boston Society for Medical Improvement, October 10, 1892.

Miss H., thirty years of age, consulted me in September, 1888. She was of extremely nervous temperament, a teacher in a young ladies' school. She has been compelled to abandon her literary work a portion of every year because of pain in the pelvis over the so-called "ovarian regions" and other accompanying reflex disturbances of the sympathetic nerves. She had received advice and treatment from skilled specialists in New York and other cities, with but temporary relief. Dysmenorrhœa and general debility formed part of her troubles.

I found no organic disease, but the organs in the pelvis were hyperæmic in the extreme — the ovaries large, soft and tender; varicocele of the broad ligaments; passive congestion of the uterus attended with enlargement of that organ and profuse muco-purulent discharge. The vulva was reddened. Numerous bright-red elevations (the size of a pin head and smaller studded the membrane between the fourchette and the remains of the hymen. At this point the irritability was so marked that I was unable to secure a thorough examination without ether. Treatment had for years been directed to the improvement of the above-mentioned lesions, *except* the condition of the vaginal orifice; and it was at first my own intention to endeavor to relieve by some means the pelvic congestion, but at the outset I was defeated in this because the passage of a speculum or even a syringe-nozzle caused such excessive pelvic pain.

The operation, being practically alike in all cases, may be described here. It differs from that in ordinary practice in that it is much more thorough. I remove completely the hymen and underlying subcutaneous tissues, extending the dissection down to the outside skin, including all the portion lying between it and the fourchette. Then divide the perineal muscles until

the vulva can be widely stretched, the incision varying from one-half to five-eighths of an inch in depth. The edges of the mucous membrane and the skin are then approximated, also the cut surface of the perineal muscles, laterally, leaving only a small portion to heal by granulation. There usually is but little pain, and convalescence is complete in about a week. The glass plug is worn both day and night at first, but afterward only at night and inserted once during the day.

An examination, in the case above related, at the end of a month, showed decided improvement. The ovaries were no longer lying loosely in the cul-de-sac; the general flabby condition of the broad ligaments had disappeared; the uterus was involuting, and exercise or mental strain no longer induced pain in the pelvis. For nearly a year the dilator was employed systematically. I had a letter from this patient last summer, saying she was perfectly well locally except for dysmenorrhœal pain, but that her nerves were worn out again, and she wished to come to the city for general treatment this winter. This statement disproves the possibility of neurasthenia being the cause of her suffering and pelvic pain four years ago.

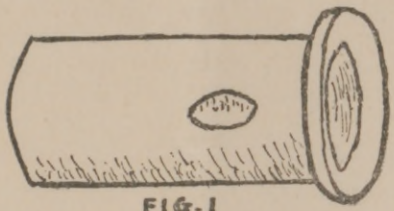
Case II. Mrs. A., age twenty-four, married four years, consulted me in July, 1884. An unfruitful marriage, the result of dispareunia, brought her to me. She was a finely developed woman, but the victim of the most intense vaginismus I have ever seen. Touching either lightly or firmly the same region described in Case I, caused intense tonic spasm of the vaginal muscles followed by pain over the uterus and both ovaries. Attempts at coitus had long been abandoned. I operated as in Case I, and the records of the examination made at that time show substantially the same pelvic lesions present, in addition to chronic endometritis.

Immediate relief was as marked as in the previous case. All attempts at coitus were prohibited for three months. A letter from her husband dated shortly after that time stated that if pregnancy could only take place their happiness would be complete, as in all essentials their marital relations were perfect. The patient was confined two years ago.

Case III. Mrs. B., age thirty-two, married eight years, multipara. Perfect coitus had never taken place. Each attempt induced great and prostrating pain locally and also in the right ovarian region, which confined her to bed. I could detect nothing abnormal except a congenitally small vagina and uterus in addition to an excessive hyperæsthesia of the same portion of the introitus as described above. A similar operation to that mentioned before was performed, but less satisfactory as the congenitally undeveloped condition permitted of much less degree of dilatation. However, this was sufficient to permit of carefully conducted coitus; and for about four months there was marked improvement in the pelvic pain. A prolonged absence from home and neglect to use the glass dilator allowed a decided return to a contracted vagina and coincidently a return of the pelvic pain of the right side. At my last examination, in June, 1892, about eighteen months after the operation, I advised a repetition of the same operation. I have reported this case because, although not so happy in the termination, it shows even more conclusively than the others the relation of cause and effect between the hyperæsthetic condition of the introitus vaginæ and pain in the pelvis, and that the vaginismus was a primary not a secondary symptom.

To render the convalescence less painful, I have so modified the glass dilator or vaginal plugs as to avoid pressure against the uterus or against the urethra. This was accomplished by making them shorter and extend-

ing the urethral groove the entire length of the plug. As commonly made, they are from three to four inches long. I have reduced that to one and one-fourth inches. The ordinary urethral groove is a depression of about



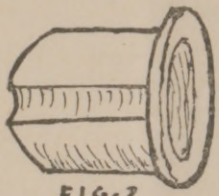


FIG. 1. Usual form of glass vaginal plug.
FIG. 2. Modified form of glass vaginal plug.
These cuts are one-half the actual size.

one-half inch, making a dent into which the urethra prolapses and strangulates; but in my modification absolutely no pressure is brought upon the urethra, which lies easily in the sulcus.

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