

GYNECOLOGICAL REPORT.

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Vaginismus is such a serious and at the same time such an intractable affection that we gladly accept any plan of treatment that adds to the means we already possess for its cure. A short paper by Dr. W. C. Peaslee, of Denver, Col., published in the *St. Louis Medical Review* is of such value that we give it in its entirety. He says that to treat this disease in a manner that will be tolerated by the patient, often taxes the inventive faculties of the physician to their utmost capacity, and in many cases patients will not submit a second time to the painful treatment which we ordinarily adopt. Recently cases have come to me for treatment who had been under the care of several other physicians, but the means adopted in each case produced such unbearable suffering, that after several attempts the patients absolutely refused to receive further treatment, which consisted mainly in the introduction and prolonged use of a speculum. This always induced severe and very painful contractions of the sphincter vaginæ muscles upon the speculum, producing a very telling effect upon those muscles which I think are of secondary importance in the treatment. Believing, as I do, that the pathological condition exists principally in the mucous membrane of the vulva and vaginal orifice, which, when irritated, is followed by contraction of the sphincter muscles (as occurs in closure of the eyelids from irritation of its lashes, or spasm of anal sphincter from ulcer or fissure) I directed my efforts entirely toward that membrane. To do away with the suffering incident to the contractions of the sphincters upon an unyielding speculum. I use a large sponge tent which I prepare by passing a piece of small rubber tubing eight or ten inches long, or a catheter (in which I insert a piece of wire to prevent compressing the tube when winding the tent) through a cone-shaped sponge, over which apply a layer of strong twine, compressing the sponge as closely as possible, then lay aside, and when dry insert the tent into a rubber condom (to prevent sponge from penetrating the mucous membrane), fastening the open end of condom firmly around the rubber tube. Lubricate and insert, except about one-half to three-fourths of an inch, which is left external to sphincter for the purpose of pressing against the vulvar portion of the mucous membrane;

then attach a syringe (containing from one-half to one ounce of warm water) to the rubber tube and inject the contents, which will be carried to the internal end of tent, causing it to expand first, which aids materially in its retention. Remove syringe and tie the tube or insert a plug to retain the water; then apply patient's periodical bandage, and after she has remained in recumbent position about half an hour, permit her to get up and go about the house, allowing tent to remain as long as forty-eight hours, if borne well.

This method of treatment affords a very effectual means of overcoming the disease without confining our patients to their beds, and without much suffering, as the sponge readily yields to the contractions of the muscles, yet is sufficiently elastic to exert a firm pressure upon the mucous membrane of the vulva and vagina. I believe this sponge tent is fully as efficacious as the Barnes bag, and much more acceptable to the patient, since the sponge is more readily compressed. The results which I have obtained are so satisfactory that I am convinced this treatment if properly carried out we need scarcely ever resort to the division of nerves. A case or two may not be in appropriate here.

Dr. J. R. (initials borrowed) having previously consulted me concerning his wife, brought her before me January 5th, 1882. She had suffered much from occasional attacks of neuralgia. Is of gouty diathesis; twenty-five years of age, had been married three years, and had never had intercourse, she being so sensitive as not to tolerate the slightest touch of anything to the vulvar mucus membrane; had resisted all his arguments for operative treatment. On examination I found two large vascular excrescences protruding from the orifice of the urethra; also several carunculæ around margin of vagina, which I considered the prime factor in this case, but, finding I could not persuade the patient to submit to operative interference for their removal, I made an appointment with them, and on the following day inserted a sponge tent, which the patient retained for two hours with but little inconvenience. I inserted another the following day, which she retained eleven hours. After the use of seven tents the doctor reported a perfect cure.

February 27, 1883, Mrs. M. B., aged 24, slight build; been married two and a half years, and bearing every evidence of sexual starvation, her health having failed rapidly during her married