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Obstetrics: The Science and the Art - Part III. The Therapeutics and Surgery of Midwifery; Chapter XX. Of Atresia Vaginae

CHAPTER XX.

OF ATRESIA VAGINÆ.

THE obstetric physician will be likely, in a long career of practice, to encounter cases of atresia of the genital organs.

Some of the cases are capable of giving rise to extreme distress, and even of bringing the life of the patient into danger.

Atresia, or closure, or obturation of the vagina or cervix uteri, may occur as a congenital malformation, or it may take place in infancy or childhood, and may even occur in persons who have borne children.

The obturation may be discovered to exist in any part of the canal of the vagina, whether at the vulva or whether at the uterine extremity, or whether midway of the tractus of the tube.

In the congenital cases, there may have been fault of development, the mucous tissue having totally failed to be constructed. In infants or young children, a slight vaginitis might suffice to determine the cohesion of the opposite walls of the vagina, the occurrence remaining undiscovered until a full puberty, or the state of marriage, should lead to the disclosure of the fact.

To show that it may occur in women who have borne children, I refer the Student to the following case:—

CASE.—A woman, from a distant part of the country, came to the city, in the spring of 1837, in order to consult Dr. Randolph, who was good enough to invite me to see the patient with him. Her story was as follows. More than two years have elapsed since she gave birth to a healthy child; the labor was extremely rapid, so much so, indeed, that the infant was born before the physician could reach the house. The after-birth did not come away for an hour, during which time there was flooding. It was at length removed by force. The woman became very weak. In a few days she was attacked with inflammation of the vagina, accompanied with enormous discharges of matter, and "great thick pieces of flesh," to use her own account. She was

never examined by her physician, who, however, directed washes, injections, &c. After a long and exhausting hectic, attended with extreme emaciation, her discharges grew less copious, and she gradually, at the end of some months, got well. There was, however, no vagina, not even a *cul-de-sac;* there was simply the genital fissure. Of course, no catamenia could appear; but, after several months of good health, she began to complain of pain or *misery* in the hypogastric and pelvic regions. The pains recurred with periods of a month, and having at length become intolerable and persistent, she found her health declining, and came, as before said, to consult that able and eminent surgeon, Dr. Randolph.

There was a tumor in the hypogastrium, which reached half-way up to the navel; it was of a firm and resisting feel, not unlike a contracted womb soon after delivered. As there was no vagina, the finger was passed into the rectum, where it came in contact with the same tumor, which seemed to occupy the excavation as it is occupied by a child's head, filling the cavity entirely. Upon separating the labia, there was nothing but the genital fissure; there was no way for a common probe to pass upwards. A sound was introduced into the bladder, and retained there until a finger was also introduced into the rectum: the only texture that separated the finger and the sound seemed to be, upon careful examination, the walls of the urethra and the coat of the bowel; there was no vagina to be felt. Hence Dr. Randolph and I agreed in opinion that the vagina had been wholly destroyed by the sloughing process which took place shortly after her confinement. We entertained no doubt as to the nature of the tumor that occupied the pelvis and lower part of the abdomen: it was the womb hermetically sealed, and retaining in its cavity the accumulated menstruations of nearly two entire years.

After much diligent search, we were unable to discover the cervix, or os uteri; but we supposed it might possibly be turned upwards towards the top of the pubis, so as to elude any investigation made through the rectum alone, the only possible way of making research. No vestige of a vagina was discoverable by the taxis; nevertheless, supposing it possible that the whole tube might not have been destroyed, and that haply its upper extremity might be reached by the bistoury, Dr. Randolph operated with a view to make an artificial vagina, and discover the remainder, if any, of the original one.

Introducing a strong metallic staff, slightly curved, into the bladder, he took his seat in front of the patient, who lay on her back, with the knees drawn up and separated. I held the staff firmly, while, with the forefinger of his left hand in the rectum to serve as a guide, by hori-

zontal strokes of the bistoury he dissected the tissues betwixt the rectum and urethra, and carried his incisions up very nearly to the substance of the womb itself, without having wounded either the rectum or the urethra: when he had completed his incisions, the whole finger could be passed upwards to the bottom of the *cul-de-sac* he had formed by so skilful and accurate a use of the bistoury.

In consequence of our uncertainty relative to the situation of the os uteri, and from his having successfully removed so considerable a portion of the barrier which opposed the escape of the contents of the uterus, Dr. R. suspended his operation at this point, with the following views:—

It was resolved to keep the passage open by the use of a bougie, made as light as possible, and of a size sufficiently large. The bougie was made of silver gilt, about four inches in length, and as large as the thumb, its weight not more than two drachms, being hollow. We indulged a hope that, by using this bougie a few months, the progress of the case would be such as to bring the os uteri to the extremity of the instrument, by means of the increasing expansion of the uterine globe, and that the contents of the womb would discharge themselves into the artificial vagina, or that they might be discharged by a future incision. The lady returned to her own country, and after an absence of three months came back to the city, still suffering under the same misery, with an increased magnitude of the uterus, but without having had any discharge from the vagina. She had constantly worn the bougie. Upon examination, we found that the new vagina was now covered by a smooth surface, resembling a mucous membrane; the upper end of the bougie, when withdrawn, was covered with a sort of muco-purulent matter, tinged with blood. The sufferings of the patient from the distension of the womb were very great, and it was on that account agreed to puncture the organ in order to draw off its contents. On the eighth day of July, 1837, Dr. Randolph and Dr. R. M. Huston, who had been invited by us to witness the operation, met me at the lodgings of the patient.

The tumor, felt through the vagina, was hard and resisting, like an enlarged ovarium; it was softer and the walls thinner, when examined through the rectum. At Dr. Randolph's request, I now made use of a curved trocar, inclosed in a canula, in order to puncture the womb. The trocar was about five inches in length, and of the size of a small writing-quill. The patient was laid on her back near the edge of the bed; I introduced the forefinger of the left hand into the rectum, and, having directed the end of that finger to a part of the tumor that felt most yielding, I carried the point of the trocar along it, and having

given it a direction as nearly as possible perpendicular to the surface of the tumor, pushed it through the resisting tissue until I found it had freely entered the cavity of the uterus; the trocar was now withdrawn, leaving the canula in place. There issued from the open end of the tube a dark-red viscous material, without odor, of the consistence of meconium, and as adhesive as that substance. The puncture was scarcely felt. In twenty-four hours, during which the canula was permitted to remain *in sitû*, properly secured, about twenty-five ounces of this fluid were discharged: the uterine tumor had disappeared from the hypogastrium, and the mass, as felt in the rectum, was greatly reduced in size, and far more movable. As all the liquid seemed to be now evacuated, the canula was withdrawn; no discharge followed its withdrawal. The patient had no symptoms attributable to the puncture. She rapidly recovered her strength, and left the city with renovated health, and nearly free from the misery which had so long embittered her existence. In the course of about a month after returning to her home, she had a very copious discharge, from the vagina, of a fluid of a consistence similar to that which had flowed through the canula, but of a whitish color, after which her health greatly improved. On Tuesday, the 12th of December, 1837, the patient, while on her way to the city, for the purpose of further advice, discharged from the vagina about twenty-five ounces of a substance in all respects similar to that which passed off when I used the trocar to puncture the womb. I was informed, in 1841, that she has menstruated regularly, and has recovered a very comfortable health.

I refer to the ninth letter, page 83, of my *Letters to the Class*, for a fuller account of cases of obstruction of the vagina, than it would be possible for me to introduce into the present work.

Before I close this article, however, I shall take occasion to mention that a careless inspection of the surfaces of the bottom of the vulva might, in some instances, mislead the practitioner as to the existence of an atresia. A lady, already four months married, was presented to me for examination on account of incapability of consummating the marriage rite. Upon inspecting the surfaces, I found in the usual place, at the bottom of the vestibulum, to wit—what I supposed to be the orifice of the urethra; while the tissue, falling downwards and backwards within the genital fissure, seemed to be the anterior wall of the vagina, which had cohered with the posterior wall. The apparent fossa navicularis was shallow, and, upon stretching it downwards, some appearances of a raphe of cohesion were discovered, extending in a semi-circular direction nearly up to the supposed orifice of the urethra. In order to relieve the patient, I made some slight incisions into the

supposed raphe, thinking thereby to destroy adhesions and make an opening into the vagina. But, owing to the extreme restlessness and agitation of the patient, it was impossible to proceed with the proposed operation. On a subsequent occasion, it was ascertained that the supposed orifice of the urethra was the natural opening at the top of the hymen, which was a very dense, fleshy membrane, an eighth of an inch in thickness. The true orifice of the urethra was afterwards found concealed in a small fold just above this aperture. It was proved to be the urethra by passing a catheter through it into the bladder, while the inferior aperture, scarcely larger, permitted the introduction of the catheter into the vagina. The hymen was destroyed by a stroke of the scissors, and the vagina, an exceedingly narrow one, was subsequently dilated with the gilt bougie.

I have never seen so deceptive a case, and I cite it here in order to put the Student upon his guard against the mistake which I committed.