

## DYS-PAREUNIA.

BY

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CASE I.—Mrs. I., a young Hebrew woman, *æt.* 24, married two years, first came under my notice at Demilt Dispensary in 1873, complaining of dysuria and irritation of the urethra, which did not permit of sexual intercourse, unless with great pain and agony to herself. An examination revealed a small caruncle growing at the urethral orifice, which was exquisitely sensitive and tender to the touch. Vagina rather short, and uterus small.

The growth was removed under an anæsthetic, and she had apparently been cured of her disease, until a month later she returned, and said her trouble was as bad as ever, and that it was still impossible for her to allow the sexual act to be performed. A second examination showed that the urethra was still red and inflamed, but that the growth had not been reproduced; and upon a more careful examination I found that the vaginal opening was much behind its natural seat, on account of the great width of the pubic arch, which, together with an excessive amount of adipose tissue, and probably an awkward attempt at connection on the part of the husband, had prevented complete intercourse, which had really occurred but a few times since her marriage.

The treatment now adopted in her case was, first, to allay the extreme irritability about the urethra—a condition due entirely to the misdirected efforts at coition; and, secondly, to gradually dilate the vagina.

The former results were effected by the healing and anæsthetic action of carbolic acid, locally applied, while the vulval opening was put somewhat upon the stretch by the ordinary bivalve speculum, and afterwards the insertion of a medium-sized dilator (Sims'). This treatment, pursued for a few weeks, entirely subdued the highly sensitive and painful condition of the parts, and natural intercourse could be borne without pain.

CASE II.—Mrs. C., *æt.* 27 years, nullipara, married ten years, a spare, delicately organized lady, came to me in March, 1876, complaining of a disagreeable pressure in the left iliac region, and constant dysuria. She had not been well since her marriage, ten years ago, but had suffered almost constantly. From symptoms given, and upon further inquiry, I found that coition had always been painful and dreaded by her. An examination found the vagina and uterus of natural size, but the latter was affected by a left latero-anteflex-

ion, and considerably tender when any attempt was made to restore it to its normal situation; and when the finger was drawn along the course of the vesical neck, great pain was induced. The urine gave no signs of cystitis, but the mucous membrane of the urethra appeared highly red and congested, but with no discharge of pus.

A persistent use of cotton suppositories between the cervix and pubis relieved for the most part the unpleasant feeling of pressure upon the left side, but the dysuria continued to give her great suffering, until the canal had been locally treated by the application of carbolic acid, followed a few days later by an iodoform and belladonna ointment, inserted in the inflamed canal. Since then she has been entirely relieved of all unpleasant symptoms, and coition is painless.

CASE III.—Mrs. L., *æt.* 24 years, married four years, has one child two years of age, a healthy, well-formed woman, but exceedingly nervous and hysterical, consulted me in March, 1876, because she "always suffered pain when her husband came to her," which trouble had existed since the birth of her child; had occasional backache, and said she was becoming more nervous and excitable every day. Her uterus was found to be sharply retroflexed, considerably congested, and very tender. After its replacement, for the first two weeks, I succeeded in retaining it in position by the use of cotton and glycerine pessaries, and later a hard rubber instrument was well borne. Her backache entirely disappeared, but an uncomfortable burning sensation continued in that region, which I found to be caused by the displacement of the left ovary into the posterior cul-de-sac. A few repeated repositions, with enjoined rest, have completely, thus far, relieved all her sufferings, and she is now as well as prior to her confinement.

The above cases, with many others which might be cited, have impressed me with the belief that in a very large proportion of uterine disorders, this symptom—(painful coition), for which Dr. Robt. Barnes of London has coined the new word "dyspareunia" which heads this paper—is too frequently overlooked, either by the physician on account of its comparative unimportance, or the disagreeable subject, or by the patient from her delicacy in referring to it without being directly questioned, no matter how much her sufferings may have been. Even a momentary consideration of the anatomical structure of the female pelvic organs will show us how profusely their tissues are supplied with blood-vessels and sensitive nerves, which in their turn are ever ready, upon the slightest irritation or diseased condition, to produce congestion and its accompanying nervous derangement.

The variety of causes that produce this condition are ex-

ceedingly numerous, and need hardly be enumerated to any physician with a fair amount of gynecological experience. Still, among the most prominent I may mention that it may commence with marriage, when an unnatural situation of the vulval orifice, together with violent or awkward attempts at connection, occasion urethral irritation and caruncles; or, again, the ruptured hymeneal membrane may be the seat of irritable carunculæ or ulcers, the latter particularly towards the perineum, which, like anal fissures, are a source of constant distress and uneasiness, and with no tendency to heal voluntarily. These fissures may occur, too, when the vagina, though originally sufficiently capacious for marital purposes, has been lacerated from child-bearing, and the new cicatricial tissue which has formed at the border of the perineum has, from lack of elasticity, slightly torn, leaving an irritable crack or ulcer, which may make coitus always to be dreaded and painful on the part of the female. Any of the dislocations, too, to which the uterus is subject, may be a source of pain, from the strain upon the uterine ligaments, from pressure upon the vesical neck or urethra, or from a displaced ovary. The latter is especially not infrequent in cases of retroflexion, and may still exist when we have reduced the displacement and have apparently removed the exciting cause of discomfort and distress.

Again, whenever, subsequent to parturition or abortion, the process of involution has been arrested, and the uterus remains enlarged and elongated, the increased weight and lengthened cervix both combine to shorten the vaginal canal, and by that means expose the hyperæmic and tender organ to frequent mechanical irritation during intercourse. So, too, in that peculiarly hyperæsthetic condition at the outlet of the vagina, which is denominated vaginismus, and which has for its cause some local inflammatory affection of an acute nature, every attempt at sexual intercourse may cause almost intolerable suffering to the female.

Of course it is hardly necessary for me in addition to notice those more acute diseases of the uterus and vagina, like vaginitis, cellulitis, and pelvic peritonitis, the sudden occurrence of which and great suffering compel the patient to apply immediately for relief, and which direct the attention of the physician to the real disease and the appropriate treatment.

As the design of this paper is to simply hint at the importance of a *symptom* which is so frequently an accompaniment to all others connected with uterine disease, and which may from its character not only render the life of the female a burden to herself and those around her, as well as entail barrenness and perhaps separation, I shall not specifically refer to treatment that may be used in individual diseases, but will generally express my belief that it is always necessary to learn if this *symptom* exists whenever we are called upon to treat any affection of the female genital organs; and, if so, we should attempt its relief from the fist, even if the cure or alleviation of the prominent disease cannot be effected until a somewhat extended treatment has been pursued; as, for instance, if an inflamed condition exists about the urethra or within its canal, together with some uterine displacement, we should treat that affection locally and internally, as is necessary, while at the same time we apply a mechanical support to the uterus; for in many instances the removal of the original cause may not be sufficient to cure a condition which has become chronic from neglected treatment.

If the external opening of the female genitals from congenital or traumatic cause appears abnormal in situation or size, we should, by gradual expansion and the use of dilators, increase its capacity, and thereby prevent injury to the exposed parts; or, if a subinvolted uterus from increased weight and relaxation of its supports crowds its way forward into the vaginal passage, and presents, in addition, a cervix lacerated from previous labor, we should, while pursuing the ordinary treatment, give it rest and support by means of a well-fitting pessary; and, finally, we should in every instance seek, after properly explaining to our patients the nature and cause of their ailment, to afford the utmost rest possible for the affected parts by interdicting in a measure sexual connection, which is likely to be persisted in from habit or from the desire that sterility may be overcome.