

Senile Contraction of the Vagina. By ALFRED H. M'CLINTOCK, M.D., F.R.C.S., &c.; ex-Master of the Dublin Lying-in Hospital; Hon. President of the Dublin Obstetrical Society; Hon. Fellow of the London Obstetrical Society; Corresponding Member of the Edinburgh Medico-Chirurgical Society; Hon. Member of the Gynæcological Society of Boston (U. S.); &c., &c.*

OF the lesions to which the vaginal canal is subject, we find that contractions, contorsions, or occlusion by cicatrices or adhesions, form no inconsiderable proportion. These result in most instances from inflammation and sloughing consequent upon parturition. Dr. Gaillard Thomas, in his *Practical Treatise on Diseases of Women* (Philadelphia, 1868), gives the following enumeration of the causes which may produce this condition of the genital canal, viz.:—"Arrest of development; prolonged and difficult labour; chemical agents locally applied; mechanical agencies; sloughing, the result of impaired vitality; syphilitic or other extensive ulcerations."

Atresia of the vagina, arising from inflammation and sloughing, is familiar to all practical obstetricians. Narrowing, shortening, or

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occlusion, as a congenital malformation, is also well known and fully described in various treatises upon female complaints. But the condition of the vagina which forms the subject of the present communication, differs apparently from both these groups, though in common with them presenting as its leading feature a morbid contraction of the canal at some one part. It is not, however, a *congenital*, but an acquired defect; neither is it a sequel of parturition, nor, so far as my observation goes, of any inflammatory or adhesive process.

Although some years have elapsed since I first recognized this state of the vagina as a distinct lesion, I can give but a very imperfect account of it. I know nothing of its etiology, nor have I had any opportunity of making an anatomical examination of the parts affected, so that I am equally ignorant of its pathology.

In what I may call the minor forms of this contraction, we find simply a transverse fold of the vagina projecting inwards, and presenting to the finger a sharp crescentic edge. This seldom engages more than the one-third or one-half the circumference of the canal, and is generally situated on the posterior wall, a little better than half-way up; but I have also met with it higher, or implicating the os itself by one or other extremity of the semilunar, valve-like, projection. These partial contractions have been noticed by Dr. Byford in his work on *The Practice of Medicine and Surgery applied to the Diseases and Accidents incident to Women* (2nd Ed., Chicago, 1867). I shall take the liberty of quoting the passage, as it contains the only allusion I can find in systematic treatises upon gynecology, to the particular lesion we are now considering:—"There is often a cord or frenum-like projection in the vaginal walls, which is planted into the external surface of the anterior and posterior lips of the mouth of the uterus, and thus extends backward and forward to be lost in the anterior and posterior median line of the walls of the vagina. This frenum is more apparent, if not more developed, as women advance in age; but I have known it so prominent as to be mistaken for the results of disease even in the middle-aged. In one case an intelligent practitioner thought it an evidence of the injurious effect of strong caustics."

There is another and more important variety of this species of contraction, which I have occasionally observed, and to which I now beg to direct your attention.

It is hardly necessary for me to remind you that the upper part

of the vagina, in the normal and healthy state, is very capacious and distensible. The finger can be freely passed in front, behind and around the cervix uteri, to the full depth of the vaginal cul de sac. In married women, and especially those who have borne children, this capaciousness is more remarkable than in virgins, but even in these the finger can be freely carried around the cervix. This state of things is quite altered, however, by the species of contraction I now wish to describe, in which there takes place a progressive diminution of the calibre of the vagina—not throughout its entire extent, but commencing at its summit, and slowly advancing downwards. When the contraction has reached the level of the os tincœ, the introduction of the finger into the vaginal cul de sac around the cervix becomes quite impossible, this part (cervix) being so closely embraced by the broad ribbon-like stricture. With the persistent increase of the constriction the os and cervix become quite encapsulated, and beyond the reach of touch or sight. The foramen through the stricture, in two of my cases, was so small as barely to admit a probe, and might very readily have been mistaken for the os uteri itself. How much lower down this process of contraction may extend, I cannot at present say, the cases which have been longest under my observation being married women, and I should imagine that sexual intercourse would tend to hinder or retard the progress of the contraction downwards.

The feel of the constricted part of the vagina did not present anything peculiar beyond the simple narrowing of its calibre. There was no perceptible induration to the touch, or change in the appearance as seen through the speculum. The feel and condition of the part, therefore, presented characters very different from what we find in the cases of vaginal constrictions resulting from cicatrices supervening on inflammation and sloughing. In none of the cases was there the remotest ground for supposing that the contraction of the vagina could have been so produced. Neither did it in any instance depend on cancerous or other organic disease; but yet, I do not see anything impossible in this complication taking place.

All the cases I have met with were women advanced in years—between 50 and 60—only one was under 50; and on this account I am disposed to regard it as some sort of atrophy connected with the decline of life, and the extinction of functional activity in the generative organs. On this presumption, as well as from the want

of a better designation, I have ventured on calling it "Senile contraction of the vagina," which may serve to distinguish the lesion till some better name be found, or till its dependence on some other lesion as a cause be established. In old women I have often seen considerable narrowing of the uterine orifice, with a contracted or impervious condition of the cervical canal; and this I would refer to the operation of a like cause as that which induces the vaginal contractions I have been speaking of. Again, the shrivelled, atrophied state of the uterus so common in women far advanced in years, may probably be regarded as another illustration of the same process.

The *diagnosis* of these senile contractions of the vagina was easily made in every instance, and I can hardly imagine a difficulty presenting itself to any careful examiner possessing an ordinary amount of tactile experience. Still, it may be useful to mention that I have known this stricture of the vagina mistaken for the contraction of scirrhous deposition; and Dr. Byford, as already stated, mentions a case where an intelligent practitioner thought the stricture was the effect of strong caustics!

All the examples that have fallen under my notice of this lesion were married women. Some had been sterile, but more than half had borne children. Only one patient was a widow: all the others were married, and living with their husbands. In every instance the menstrual function had ceased, even in one of the cases where the lady's age did not much exceed forty years.

The evidence I at present possess leads me to look upon this affection as a comparatively unimportant one, so far as regards prognosis and treatment, inasmuch as it does not seem to have any injurious influence upon the local or general health. The patients in whom I detected the lesion are all still living, I believe, though it is several years since I ascertained its existence in some of them. The chief interest, therefore, of a practical character, which attaches to it has reference to the great question of differential diagnosis, from the liability of its being mistaken for serious organic disease of the vagina or uterus.

Although scarcely noticed in books, I have little doubt that most practitioners of large experience in female complaints, have met with examples of this *senile contraction of the vagina*. Dr. Matthews Duncan, of Edinburgh, states, in reply to an inquiry on the point, that he has seen many such.

Before concluding, I would wish to offer a word of apology for

the incompleteness of the present communication, and to express the hope that other observers would investigate this lesion, and use their opportunities to make out its true pathological nature.