

## REMARKABLE RESULTS FOLLOWING FEMALE CIRCUMCISION

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The dictionary says that circumcision is the removal of all or part of the prepuce or foreskin.

The clitoris, a very important organ to the health and happiness of the female, but often neglected, is an erectile structure analogous to the penis in the male. The hood of the clitoris corresponds to the prepuce. It is partially hidden between the anterior extremities of the labia minora, and when erect, it should be free from its hood. It often becomes bound down with adhesions. The hood is often elongated or hypertrophied and becomes fibrous, requiring circumcision, resulting in a long train of disagreeable symptoms. Among the most common are: extreme nervousness, wetting the bed and frequent urination; also peevishness in small girls. Grandmother says they have worms but worm remedies and spanking do not cure, and freeing the clitoris does, and the child becomes well and happy.

If a patient complains of pruritus, your first thought is crypts, papilla or tags. When a boy has convulsions, you think of adhesions of the prepuce or contraction. When a female has frequent urination, with enuresis or nervousness, you should think of an adhered clitoris.

Sometimes, when the clitoris has extensive adhesions, it is quite difficult to find. It may be located about one inch anterior to the urethra and appears as a slight elevation. When parting the adhesions, it is very tender.

It is not necessary to bore you with a long paper, so I shall proceed with my method of treatment and a few cases just to give you an idea of the extent of this condition.

### TREATMENT

As a local anaesthetic, I use cocaine, fine flakes, putting about  $\frac{1}{4}$  gr. of the powder on a sterile glass or paper. Making an applicatory swab, just large enough to cover the clitoris, moisten it, squeeze it flat and absorb the cocaine. Apply five or ten minutes, then with a probe break the adhesion until it begins to hurt. Apply the same swab until complete anaesthesia, and the adhesions are all broken. Apply sterate of zinc powder to keep the raw surface apart. Have the patient return every week or ten days until fully cured, as the adhesions have a tendency to return. This may be prevented by parting the hood every day until completely healed or until the adhesions do not return. If the adhesions do return it will require further treatment by the physician. When doing circumcision, the parts are anaesthetized with cocaine. I inject monocaïne to make more extensive anaesthesia.

## CASES

(1) Mrs. N. R., aged twenty-four. Very nervous, constant desire to urinate, nausea and loss of appetite. On examination found clitoris completely covered with a fibrous band of hood requiring circumcision—not amputation—with foreskin sutured from clitoris with fine catgut, one front and two on each side. Complete recovery of all symptoms.

(2) Mrs. W., aged twenty-two. Robust, recently married. Symptoms: Lack of sensation—frigidity. Clitoris adhered, adhesions freed. First greeting one month after: "That little trick did it all right." One year after a very happy home.

(3) Mrs. W., aged seventy-six. Had increasing delusions that men were following her with sexual intentions. (Referred to me by a lady physician.) Found a very large clitoris with adhesions on one side retaining a hard piece of smegma one-quarter inch in diameter. Relieved the adhesions and removed smegma. Delusions disappeared immediately and did not return.

I have had several ladies during the past years, aged between 17 and 75, that had to urinate frequently, who were completely relieved by breaking the adhesions from the head of the clitoris.

(4) Mrs. R., aged fifty-six. Has been paralyzed, result of a fall, for ten years. Thighs flexed at right angle with body and legs flexed at right angle to thighs, knees close together, can pull them apart only about four inches. For several years has had to urinate about every half hour. Very tight adhesion of clitoris to hood. Relieved the adhesions, August, 1938. Complete relief—goes six to eight hours for past year and only one treatment.

(5) Miss B., aged sixteen. High school. Very nervous, too tired to study; prostration, has to urinate frequently, clitoris adhered. April, 1938; adhesions broken, returned in one week much improved—found slight adhesions; second treatment—complete relief promptly and returned to school. Perfectly well since.

(6) Mrs. M., aged twenty-seven. August 28, 1939; married two years. Nausea and vomiting one night before every period. Gas and nausea constantly for past two months, lost five pounds in one week—weight ninety-four. August 28, pulse 120; September 1, pulse 74. Always painful coition. Sleeplessness—prostration. I could not find anything to account for these symptoms until I found her clitoris so bound down with adhesions it was difficult to find. Slept good after clitoris relieved. All symptoms disappeared. "Feeling fine."

(7) Miss C., robust girl, aged seventeen (1935), came to me complaining that she had always to urinate at least every half hour; bed, cushions and clothes always wet. She lived in the country and had a hard path worn to the little house under the tree. Had tried everything that had been suggested with no results and asked if I could help her. I told her that I could not promise anything but would like to try something that had not been used and that was to relieve the adhesions of the clitoris (of which she had never

heard). I broke up the adhesions and four months later she called to thank me for what I had done for her. She said she could now go for eight hours without urinating, just like others. She has not returned since.

(8) For the last case, Mrs. I., aged 48, I am quoting in full a letter written me by the patient. I made no suggestions as to what she should write.

"My trouble started in the summer of 1935, the first of July. It started in the form of a dream, which made me wake up with a sensation of sexual intercourse and a terribly excited mood, that I just could not shake off. It affected my whole nervous system, throbbing in the head and ears, pain between my shoulders and down my left arm. Blood pressure 168. A doctor gave me medicine for high blood pressure, and I did not eat for a week; even a drink of milk or a piece of bread would knock my stomach up. I had medicine for nervous indigestion. I had throbbing sensation in my left side, starting in the region of the ovary and following up the side to the region of my heart, and it would increase the heart beat so that it was diagnosed as paroxysmal tachycardia and excited heart, also distress through the intestinal tract, especially the colon, and I was advised to have an intestinal irrigation. Was taking medicine for gas and was getting so despondent was advised to see a psychiatrist. A doctor of a state institution, on hearing my case, was going to make arrangements for an examination, but in the meantime, I went to my old family doctor, told him my story and what I had done. The first thing he did was to examine my clitoris where he found adhesions. He separated the clitoris from the folds of the hood and outside of being a little tender, it relieved me almost immediately. The treatment was Thursday morning, and that night I ate supper for the first time in a week. My blood pressure is down, the rapid heart beating has vanished and the dreams I had have stopped, and I know that the irrigation of my intestines and colon is not necessary, and the state institution that I was sure I was headed for is 'out', thanks to my old family doctor for his treatment for the adhesions of my clitoris."

A clergyman stood by and saw me treat his daughter for convulsions and at the end of two weeks she was so much improved that he said he thought he would take for a text: "Despise not the day of small things."

It is surprising how many pathologic conditions in the female can be traced directly to adhesions of the much-neglected clitoris, such as enuresis, hysteria, frigidity, nymphomania and even definite psychosis. In conclusion let me warn you that in any obscure condition in the female, no matter how remote, look for adhesions of the clitoris.

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