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Medical Classics

Caspar Bartholinus and the Vulvovaginal Glands*

HAROLD SPEERT, M.D.

FEMALE semen, the name once applied to the fluid that issues from the woman's genitals during coitus, was assumed for many years to originate in the female testes, as the ovaries were called. This fluid, regarded as essential to fecundation since the time of Aristotle, was thought to discharge into the urethra, as in the male. The true source of the female semen was not recognized until the latter part of the 17th century. Following the discovery of the vulvovaginal glands in cattle by Duverney, one of his contemporaries, Caspar Bartholinus, in 1677 first called attention to, and described the functions of, these glands in women.

These, [wrote Bartholinus, referring to the ducts through which the female semen was believed to empty into the urethra] I did not judge adequate for this function, but elsewhere in the vicinity of the urethral meatus and the vaginal orifice I saw larger openings which, after careful consideration, I judged to be better suited for carrying

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Q. A 60 year old patient has numerous vulval varicosities. What treatment is advised for these?

M.D., Maryland

A. Vulval varicosities are usually due to incompetence of the long saphenous system into which they drain. Trendelenburg's operation may be done. The vulval varicosities can be excised also. Treatment by injection is contraindicated. At times vulval varicosities may be traced to an incompetent perforating vein in the thigh. If the femoral vein is patent although incompetent the above treatment is acceptable. If the femoral vein is blocked so that the varicosities may be acting as collaterals, Trendelenburg's operation should not be done and the varicosities should not be disturbed. If they are overly large and extremely dilated with the possibility of rupturing they may be removed. They may recur. Careful examination to exclude pelvic tumor should be done.

Q. Is there any absolute proof that the use of vaginal diaphragms create an increased incidence of cervical erosion, or cancer?

M.D., New Jersey

A. I do not know of any specific evidence that might show these contraceptive devices as causative agents of cervical erosion or carcinoma.

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CASPARI BARTHOLINI

THom. Fil.

De

OVARIIIS MULIERUM,

Et generationis Historia.

Epistola Anatomica.



NORIMBERGÆ,

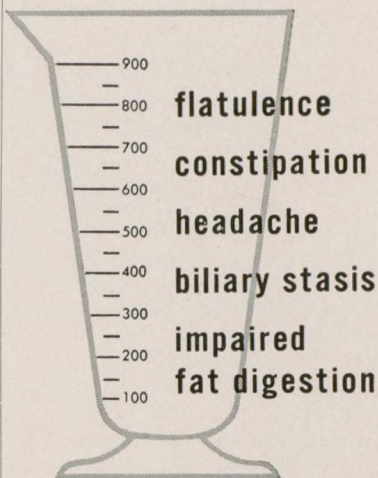
Sumptibus JOHANNIS ZIEGERI;
Bibliopolæ.

Typis CHRISTOPHORI GERHARDI.

ANNO M. DC. LXXIX. . .

off the fluid from the gland which is nearly analogous to the male prostate, the ducts of which empty into the urethra, as described by Graaf. Examining these structures again more closely in cows, I discovered in these animals, near the walls of the vagina and not far from the urethral orifice a prominent gland on both sides which drains into the vaginal canal; and when the gland is pressed, the protuberant ostium opens conspicuously in a nipple within the vulva. . . . It is composed of many glands and covered entirely with its own fleshy fibers; and the great secret of nature which I discovered is that this fluid does not flow freely except during coitus or masturbation, nor can the ostia be found except when the nipple protrudes. Therefore, since the fluid cannot be drained off unless the nipple protrudes, nature adds fleshy fibers which compress the glands during the venereal act so that the nipples

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protrude and the fluid may be discharged. The fleshy fibers are seen to arise near the vesical sphincter like the prostates of men, which are also covered by small muscle fibers which originate and spread out from the bladder sphincter, according to Graaf. This gland, which is to be seen on either side, is made up of many parts and excretions flow from it in large quantity into the nipple, which protrudes when the gland is compressed; otherwise it retracts, leaving hardly a trace of itself. One finds that these excretory ducts, where they discharge through their ostium, are distended when a catheter is inserted, and the ducts ramify into various branches to the periphery of the gland, as is observed in the excretory ducts of other glands; the ducts gradually decreasing in caliber in the various ramifications (which are of course in the substance of the gland) and ending. Moreover one might say that connected to the glands are vesicles or small elongated sacs in which the fluid secreted in the glands is stored and then discharged.

Since this description, Bartholin's name has become so intimately identified with the vulvovaginal glands that these structures are seldom called by any other name than Bartholin's gland, a term which is occasionally applied to a division of the sublingual gland as well. In recent years the tendency has grown to drop the word *gland* when referring to affections of the vulvovaginal gland, so that the terms Bartholin cyst and Bartholin abscess are now in common use; and inflammations of the organ, properly termed Bartholin adenitis, are now acceptably written as bartholinitis, with a small b.

Caspar Bartholinus, Junior, was

born in Copenhagen in 1655, into a family of scientists of long distinguished reputation. It is probably his father, Thomas, to whom *Dissertatio de cygni anatomia* should properly be attributed, for Caspar was only 13 years old at the time of its publication in 1668. Yet this treatise is believed to have paved the way for his appointment by the King as Professor of Philosophy at the age of 19, only 3 years after he matriculated as a student. Following a 3-year tour of various universities in Holland, France, Italy, and Germany, he returned to Copenhagen in 1677, when his famous *De Ovaris Mulierum* was published. As Professor of Physic he now proceeded to give lectures in anatomy while carrying on his own investigations.

Bartholinus was a man of wide interests and great versatility; and as a result of the many demands made upon him he found less and less time for his teaching and research. By 1701 his active participation in the work of the medical faculty had practically ceased, while he found himself in such positions as assessor of the highest tribunal, later Procurer-General, and ultimately Deputy for Finance. In recognition of these efforts on behalf of the government, he received many decorations, and in 1731, together with his father and all his descendants, was elevated to the nobility. Even after the cessation of his medical and teaching activities, however, and for the ensuing 37 years, despite the resentment of his medical colleagues, he retained both his professorial rank and salary and continued to occupy a position second only to the dean of the medical faculty until his death in 1738.