

accustomed to operations, and this remark applies equally to other serious and dangerous operations. Within this year I have had sent me from all parts of the country cases for ovariectomy, where no ovarian tumours existed, and many other surgical diseases, which, if any operation had been attempted, would have left the unfortunate sufferer a corpse upon the table.

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## NATURE AND TREATMENT OF VAGINISMUS.

BY DR. MACK, OF ST. CATHARINES.

(Read before the Medical Society, St. Catharines, July 3rd, 1872.)

*This extremely annoying disease is so perfectly under the control of the Surgeon, that it should be placed among the well recognized forms of complaint, for which his resources are called upon. Efforts have been made of late to call in question the propriety of Sims or Simpson's operations, based doubtless upon cases of abuse.*

Having operated, in all, about ten times, I would now submit a condensed history of two typical examples of the disease and its treatment.

Mrs. G., married 18 months, menstruation regular and normal except in being attended with some dorsal and hypogastric pain. Sexual intercourse extremely unpleasant and painful, yet tolerated, although with much repugnance, her husband complained to Dr. M. that his married life had been very far indeed, from what he had expected it to be. Examination per vaginam proved to be very difficult from the great sensitiveness of the os uteri, examination by the Speculum was not to be attempted without anesthesia. The Carunculae Myrtiliformes and remains of the hymen were florid and large, but the seat of most exalted sensation appeared to be at the fourchette accompanied by spasm of the sphincter vaginae. Examination under Chloroform shewed symptoms of endo-cervicitis.

The following day full insensibility having been produced, I introduced two fingers of my left hand, and having divaricated them so as to put the parts fully on the stretch, I made two incisions so that they should represent the letter Y, the oblique part of the incisions commencing about two inches up the vagina, about one inch from the mesial line along the posterior wall, dividing the mucous coat