

ately of very rare occurrence, which is capable of producing an amount of unhappiness, between married people who are too prudish to unbosom themselves. Not a few such cases are on record, where sexual congress, being utterly impossible, married couples—joined by the law, but with the marriage never consummated—have lived a most unhappy and very unsatisfactory life. In one case which came under Dr. Simms' notice, it was the groundwork of a threatened divorce. I have said that it is fortunate such cases are rare—and yet, it would be, perhaps, more proper to say—such cases, often from prudish motives, rarely come under the surgeon's notice. In 1866, when Dr. Simms published his work on Uterine Surgery, he had had thirty-nine cases of vaginismus, every one of which resulted in a perfect cure. In my experience I have only met with one case, which can, in my opinion, be classed under the term vaginismus, and I have thought that the details would prove interesting to the members of our Society.

On the 11th of November, 1874, Mr. S. consulted me with reference to his wife. Three weeks previously he was married to a young and handsome lady, of good proportions, but he had not been able to consummate the marriage. For a week after marriage he continued to make the most vigorous efforts to enter the vagina, but without avail, and they both came to the conclusion that there must be something wrong, and decided to seek professional service. As they desired my services they awaited my return from Europe. I arrived on the 10th of November, and, on the following day, as mentioned, the husband consulted me. I informed him that an examination of his wife was necessary, and he left, promising to return with her on the following day. On the 12th of November, the lady, accompanied by her husband, came to my surgery. I placed her on her back on a couch, and having oiled my finger well, with warm oil, attempted to make a vaginal examination. I had hardly entered the labia, when she drew herself up and complained of great pain. I continued to press onward, when my finger was at once stopped by intense spasm of the sphincter of the mouth of the vagina. I used a very considerable amount of force, but was quite unable to make a digital examination. I then attempted the introduction of a small-sized bougie, well-oiled, but completely failed; and

the suffering was extreme. She was, I saw, becoming hysterical; I therefore desisted, informing her that I would require to examine her under the influence of chloroform. As she was expecting the catamenia the following day, she promised to return as soon as it was over. On the 25th of November the lady returned, accompanied by her husband. Assisted by Dr. Kennedy, (after much difficulty—fully two ounces of chloroform being used), I put her under its influence. On examination we found considerable redness at the fourchette. The hymen was obliterated, and its remains the "*caruncula myrtiforme*" presented an enlarged and inflamed appearance and were extremely sensitive, the patient requiring to be kept *completely* under the chloroform, to allow of their being touched, without pain. No difficulty was now experienced in passing the index finger into the vagina, which was found ample and capacious. On examining the os, by touch, it felt granular. A speculum bi-valve was introduced, and the following condition of things was observed:—The os and cervix presented a fungoid appearance—somewhat enlarged in its whole diameter, and was entirely denuded of its mucous membrane. It was very soft to the touch and adematous. The granules on its surface were of large size, of a deep red color, and intensely congested—bleeding freely on the slightest touch. There was not any purulent secretion observed on them, and their formation was apparently due to intense irritation, causing congestion of the capillaries and oozing of serum, which kept the surface moist. The os was small and round, but there was no secretion indicative of catarrh of the cervical canal. The solid stick of nitrate of silver was freely applied to the granules, os and cervix, and the patient allowed to return to consciousness. She was directed to syringe the vagina three times a day, with a pint of warm water containing one grain of sulphate of zinc to the ounce. A syringe with a very small nozzle was selected for her.

November 26th.—Patient has only partially succeeded in using the injection, owing to inability to get the nozzle into the vagina—very great pain following the attempt. Says, however, that she will persevere.

November 27th.—Same report as yesterday.

November 29th.—Is still unable to introduce the syringe, and will not promise to attempt it.