

There are other cases of pain in coition, distinct from vaginismus, which must be borne in mind, *e. g.*, painful affections of any of the parts adjacent to or contained in the vagina, inflammation of Bartholin's follicles.

The operation performed by me depends, I believe, wholly for success upon the *adjuvant* treatment, by keeping up dilatation for all of which we are indebted to the practical ingenuity of Dr. Marion Sims.

I wish to be clearly understood that I do not advocate the performance of this operation in all cases of vaginodynia indiscriminately, but in cases where it is not due to hysteria curable by constitutional measures, or to fissures and sores of the vulva, eruptions or neuromata, vaginitis or metritis in any of its forms capable of treatment locally or generally, or to tubercle of the meatus urinarius, but rather to those cases dependant upon spasm of the sphincter vaginae with an excessively irritable condition of the nervous filaments. Emmett divides the fibres of the sphincter, and the tense corded band usually to be found at some part of the vaginal wall.

I do not think that vaginismus depends wholly upon spasm of the sphincter vaginae, but upon pain in the fasciae and muscles deriving sensation from the branches of the pudic nerve and which must, of necessity be divided and kept from re-uniting by the method of Sims.

Debout, Chamie and Mignon all recommend the operation as described by Burns. Simpson operated subcutaneously with a tenotome.

Menville de Pouseen recommends when the affection will not yield to constitutional and local mild remedies, cauterization of the inferior portion of the vaginal orifice. Lasfranc reports a case cured by bougie. I have seen balladonna, atropine and the glass dilators succeed, but in our devotion to conservative surgery, we must draw the distinction between that and no surgery, and remember that the cruelty lies in losing time and creating suffering from months of futile efforts at gradual or forcible dilatation or wearing out the patience of all concerned with quantities of medicaments consigned to the stomach, local baths, poultices or ointments.

Pregnancy would prove a sure remedy, but I think it unlikely that the indecate proceedings of anaesthetising a woman and leaving her to the marital embrace, as reported by another practitioner would prove very difficult to reduce to general practice.

In conclusion I would state that with one exception the cases I have met with were found among that class of society in which the intellectual faculties are too often exercised at the expense or neglect of the physical.