supplies the clitoris; whilst the other or superficial perineal nerve is distributed not only to the perineum, but also to the labia, in which its terminal fibrillæ ramify.

In the recognition of the two circumstances just referred to may be found the key to the general treatment of the complaint. On the former point, which I have elsewhere fully discussed, all that I shall here observe is that in vaginismus, as in many other gynecological disorders, the importance of the constitutional or neurotic element in the causation and treatment of the disease is too commonly lost sight of. In all such cases, therefore, the best curative results will probably be obtained by those practitioners who, recognising the general connection of constitutional causes with the topical lesions to which I have now called attention, are alive to the necessity of combining the employment of nerve tonics, and other appropriate remedies, with the no less essential directly applied measures one or other which may be specially required in each case.

The Local Treatment of Vaginismus may, as I can vouch from experience in a large proportion of cases of this kind, be successfully carried out by such forcible dilatation of the vulvo-vaginal passage as to effectually overcome the abnormal contractility of the parts, and also at the same time produce thorough stretching of the affected nerve fibrillæ. For this purpose, in the first place, the patient being duly prepared by the usual syringing and other antiseptic precautions for the vaginal operation, and her rectum and bladder evacuated, is to be etherised and placed on a suitable couch or table in the ordinary left lateral semi-prone position. Secondly, a large-sized bivalve vaginal speculum is to be introduced, and the blades then extended to their fullest extent. Thirdly, a tampon of antiseptic cotton or wood wool, saturated in boracic glycerine, is to be passed in through the speculum, so as to fill its calibre from the vulva to the roof of the vaginal vault. Fourthly, the speculum, still widely expanded, is to be forcibly withdrawn, for the purpose, as I have already said, of overcoming the contractility of the parts, and thoroughly stretching, or even slightly rupturing, the affected nerve fibres. In so doing some little abrasion of the vaginal walls may possibly be occasioned. But any hæmorrhage therefrom will be sufficiently controlled by the tampon, on which counterpressure is to be made during removal of the speculum, so as to leave the included plug behind it in the vagina, where it must be left for at least twenty-four hours, and then at the same intervals replaced by similar antiseptic tampons, which must be employed for the next week to maintain the patency of the passage. Immediately after removal of these tampons on each occasion the vagina should of course be thoroughly washed out with some antiseptic injection. Finally, if at the end of a week after this first dilatation any trace of vaginismus or spasmodic contraction should still remain, then the same procedure may be again repeated, after which it will probably be found that the passage has regained its normal sensibility and capacity. In some exceptional instances that curative result may not be thus obtainable, and in such cases it may become necessary to resort to one or other of those various methods, such as the excision of any specially hyperæsthetic tissues in the vaginal or vulvar area, or else to some of the recent modifications of Sims's or Emmet's operation for vaginismus. These procedures, however, will, as I believe, comparatively seldom be found essential by gynecologists who adopt the simple and, according to my experience, generally effectual plan of treatment which I have now described.

Dr. BOXALL enquired whether Dr. More Madden allowed the patient to come round from the anæsthetic before removing the speculum, being himself of opinion that when the patient was of a hyperæsthetic temperament the pain suffered at that time was in itself an important element in impressing upon her the reality of the cure.

THE French Temperance Society (Association contre l'Abus des Boissons Alcooliques), which was founded in 1872, at its recent general meeting elected Dr. Semelaigne President. Two out of four of the vice-presidents, the general secretary, and the two assistant secretaries, the two secretaries of the meetings, and the keeper of the archives are all members of the medical profession.

TWO CASES OF HYSTERECTOMY FOLLOWED BY INSANITY.

By MACPHERSON LAWRIE, M.D.,
Gynecologist to the Weymouth Sanatorium for Diseases of Women.

A. B., aged 40, consulted me at the beginning of 1893, on account of troublesome persistent pelvic pain, situated principally in the back and right side. Her general health was undermined by more or less constant suffering.

On making an examination under ether, a large tumour was found in Douglas's pouch, continuous with the uterus, and another, much smaller, to the right, apparently an out-growth of the uterus. The sound passed upwards in front of the posteriors swelling, for 4 inches.

An attempt to relieve the symptoms was made for some time by a course of palliative treatment, but little benefit resulted, and she was advised to submit to the operation.

On September 4th, 1893, the abdomen was opened in the usual way. The uterus was found pushed forwards and upwards by a large tumour attached by a broad base to its posterior surface, and practically occupying the whole of the pelvic cavity. The other swelling was about the size of an orange, and growing from the right side of the fundus. The abdominal wound was enlarged for some distance above the umbilicus, a strong pair of vulsellum forceps was attached to the most prominent part of the pelvic tumour, and after a little manipulation the whole mass was brought to the surface. The wire of the *serre-neud* was passed round the lower part of the cervix so as to include both tumours and the ovaries as well as the uterus. These structures were cut away from the stump, which was transfixed and trimmed and brought down to the lower angle of the wound. The parietal peritoneum was very carefully stitched to the peritoneal covering of the stump all round and the abdominal wound closed.

The wound healed rapidly without any complication, and the patient was practically well in two months, and able to resume her former pursuits. She continued in excellent health until May, 1894, about nine months afterwards, when symptoms of acute mania developed, to which she succumbed in the course of four weeks.

The special interest in this case is the occurrence of mental disturbance following the operation. She was of a highly nervous temperament, but there was no clear history of any hereditary taint so far as I was able to learn.

In connection with this point I published in the *BRITISH MEDICAL JOURNAL*, January 13th, 1894, the case of an old lady, aged 66, on whom I performed total extirpation of the uterus for cancer. She made a rapid recovery from the operation, but some weeks afterwards her mind became deranged. She was transferred to the care of Dr. MacDonald, of the County Asylum, and after an anxious illness of two or three months' duration made an excellent convalescence, and is now in perfect health.

A CASE OF TETANUS TREATED BY ANTITOXIN.

By JOHN MARRIOTT, M.B.LOND.,
Northampton.

THE patient, a butcher, aged 28, was struck on September 24th, 1894, by a missile from a catapult under the chin, about half an inch below the symphysis of the lower jaw. The projectile imbedded itself in the flesh, setting up inflammation and induration round the wound. There was a foul discharge, amongst which portions of the foreign body were expelled, composed of shreds of string cemented with shoemaker's wax. He took no notice of the wound until six days later, when (on September 30th) he found that he could not open his mouth, and had difficulty in swallowing.

I was sent for to see him on October 3rd. There was well-marked trismus, the muscles of the neck and back were stiff and prominent, and he could hardly swallow anything. I incised the wound, but found that the whole of the foreign body had been expelled. The wound was then thoroughly disinfected with carbolic lotion 1 in 20, and dressed with