markedly as the hysterical symptoms are more prominent. The following curious phenomenon then presents itself: immediately the current of quantity is substituted for that of tension, it is found that the intolerance of even the smallest doses is such as to threaten the patient with a nervous paroxysm. This is the point at which to manifest the tact of medication. A state of calm only comes on when we have artificially brought the woman to the verge of a hysterical outburst by an intentional *brusquerie* of faradisation. At this moment there must be a pause, and a gradual cessation of the current. The threatened crisis will be checked, and a condition of tranquil relaxation takes its place. At the same time the ovarian region loses all, or almost all, its previous sensibility, and it is found that even when that sensibility had lasted for years, and been such as to render the slightest touch insupportable, there is, within the space of a few minutes, a transformation so complete, that the woman is indifferent to ordinary pressure.

Nevertheless, it must be borne in mind that, though this pain is called ovarian, its real seat is in the ovarian plexus, which lies above the ovaries, so that the spot where pressure causes most pain is considerably higher than the pubic margin of the pelvis, and away from the median line. This point, which, before the sitting, was exquisitely tender, will, after it, allow of any reasonable pressure. The woman will remain calm and free from any abnormal sensation, provided the source of pain is not irritated, and the corresponding ovary is not compressed by the fingers, used in a bimanual examination, by touch and palpation.

I may, therefore, thus state my opinion that hysterical ovarian pain, not having origin in any structural lesion, may in general be allayed, and that the patients have no further ground for complaint. In this state pressure above the pubes causes no discomfort. But the proof that the cure is not absolute, and that the cause of the suffering has not been removed, is that the calmed pain may be again aroused by pressure between the fingers from within and without, and that, even after a long interval of freedom, there may be a relapse.

3. I now mention my third and last contribution to gynaecological therapeutics.

There are many women who, independently of ovarian neuralgia, have intense and very localised sensibility about the entrance and lower part of the vagina. These are cases of imperfect vaginismus, in which the torment is so unbearable, and the hindrance to connection so complete, that life is rendered miserable. The difficulty of overcoming this trouble is only too well known. I have had to do with a large number of interesting and instructive instances of this affection, and I intend to publish a full account of the most important. For example, in one woman I found a single neuralgic spot, not larger than the tip of the index finger, just at the end of the right nymphæ. Another had the same condition exactly at the posterior commissure. In a third, the excessive sensibility was confined to the orifice of the urethra. The fourth case had a similar neuralgic area on the left side of the vestibule. Besides these single spot cases, I have seen many others in which the localisation was not single, and the extent varied. The remedy of which I have availed myself, and now recommend, for ridding women of these harassing annoyances is the faradic current of tension, well and methodically applied.

Over and above the general rules which I have laid down as to the dosage, duration, and mode of application of the current, which hold good equally in these cases, there is a fourth special indication that must be regarded as obligatory.

Uterine faradisation alone, by reflex action, may possibly effect a cure, without any immediate contact. But such a result is exceptional, and, as a rule, the electrical action must be brought to bear directly on the point concerned. The maximum of effect must be concentrated on the seat of pain under touch. To insure this result, I have designed an instrument, the conical end of which contains the two poles side by side, but separated by an isolating layer of gutta-percha. (See Figure.)

That which I have previously advised should be done to the uterus in certain conditions with my bipolar sound, may be effected here with my bipolar electrode.

If, however, the vaginal neuralgia is "deep-seated, and extends over a large segment of the vestibule, this instrument will not answer, and we must replace it by a large bipolar sound, with which a double vaginal faradisation can be made, taking care, when the outer orifice is the part implicated, to rest the exterior pole upon it.

This will serve as a brief exposition of my views as to some applications of faradism in gynaecology. I look upon it as effectual in hysterical neuralgia, useful and variably sedative in the pains of inflammation. It is true that hysteria holds a large place in this medication; and it may be objected that, after all, suggestion has a great deal to do with the effect produced. Cure is admitted, but, in such cases, the question arises: may it not be brought about by the mental impression made by the operator?

This explanation I reject. Among many other proofs that it will not suffice, this is enough: that you may faradise one of these women, without saying a word to her either as to the nature of the treatment, or as to the probable changes that may be the consequence, and the results will be the same as if you had forewarned her.

Moreover, all suggestive influences, however potent they may be in other circumstances, are put out of question by the fact that faradism only relieves when we observe certain fixed and precise rules in its application.

EXTRACTS FROM AN ADDRESS

ON COLLEGE POLITICS: MATTERS CONCERNING THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Delivered before the South-Western Branch of the British Medical Association, December 15th, 1887.

By PAUL SWAIN, F.R.C.S.,

Fellow of King's College, London; President of the Branch.

GENTLEMEN,—The aim and object of those who desire to reform the present mode of government of the Royal College of Surgeons is that it should no longer be a close corporation, managed well or ill by twenty-four gentlemen wholly irresponsible to the great body of the profession, and whose actions it is impossible effectually to challenge. The College of Surgeons has at its command a very large revenue; last year its total expenditure amounted to no less a sum than £33,629 11s. 7d., leaving a balance in hand of £1,742 14s. 7d. I do not for the moment stop to inquire whether this large sum is spent rightly or wrongly; but I ask you if you think it proper that the expenditure should be committed to twenty-four gentlemen who, however learned they may be in their profession or estimable in their private capacities, are not, that I am aware of, selected on account of any particular business aptitude, and who spend the money in the happy security that their actions cannot possibly be challenged by any single individual of the great profession, out of whose pockets the principal income is derived, and for whose benefit the expenditure is supposed to be made? The Council are apparently becoming afflicted with a distressing mania for building, and I see that the sum of £11,852 11s. 9d. has been spent on the new Examination Hall. They are also embarking on a large building plan for the extension of the College itself, the cost of which is to be eventually £53,700; and furthermore, at an extraordinary meeting of the Council on June 27th, the following resolution was carried, namely, "that for the present this Council do not spend more than £50,000 of the Erasmus Wilson bequest"—also to go in bricks and mortar. Verily let us be thankful for this small mercy for the present.

The Court of Examiners consists of ten members, who are elected by the Council by ballot. They hold the office for five years, and may be re-elected. They must be Fellows of the College; and being members of the Council does not disqualify. Last year the fees paid to the members of the Court of Examiners amounted to £5,219 2s. At a meeting of the Fellows and Members, held at the College in October, 1886, I alluded to the question, and showed that it was not only possible for the members of the Court of Examiners to be in a majority on the Council, but that such had really been the case, and that, too, in the face of a resolution of the Council that not more than one-half

¹ I would call your attention to an able criticism of this expenditure in a leading article in the JOURNAL of October 22nd.

of the members of the Court of Examiners should be on the Council at the same time. Thus the powers of the Council not only to make themselves examiners, but to re-elect themselves indefinitely, has existed in times past, and still exist. The author of a letter in the JOURNAL of October 29th points out the results of this practice.

I have made an abstract of the table he publishes, and I find that there are at present ten members of the Council who are also members of the Court of Examiners, and who have shared between them the modest sum of £26,300, one of them having had £4,934, another £3,405, another £3,173, and so on in lesser proportions. Now, what I want to point out to you is this: not that the money spent in examinations is excessive, or that the gentlemen who have received it are, in the present instance, either incompetent or negligent, but that the system renders it possible for all three contingencies to happen, and that the perfectly irresponsible power which now exists, enabling members of the Council to endow themselves indefinitely out of College funds ought to be restrained.

Let me draw your attention to a late action of the Council, by which a serious injury has been inflicted on the profession. If there is one thing about which we have been fairly unanimous it has been the desire to obtain in London one examining body. Now, just when it was on the eve of accomplishment, the Council of the College of Surgeons, in conjunction with the College of Physicians, has excluded the Society of Apothecaries from their examination, the result being that a second examining body has been set up in London. And this has been done with a perfect knowledge of the wishes of the profession on the matter. In November, 1886, a large meeting of Fellows and Members was held at the College of Surgeons, and the following resolution was unanimously carried:

That, with reference to the report from Mr. John Marshall, on page 15 of the Council's Report, this meeting requests the Council of the College to consider the advisability of accepting an arrangement for combination with the Apothecaries' Society, as well as the College of Physicians, for the purposes of conjoint examinations for medical diplomas in England and Wales, under the Medical Act of 1856, and to report thereon at a future meeting of Fellows and Members to be summoned for the purpose at an early date.

On February 25th the President of the General Medical Council addressed a remonstrance to the President of the College of Surgeons.

It is not too much to say that the action of the College has been taken in opposition to what one may fairly say is the unanimous desire of the profession, backed up by the General Medical Council and the whole medical press.

The Council of the College, in the new charter for which they are applying, ask to be enabled "to determine by rules and regulations, instead of, as at present, by by-laws, the conditions of admission to the Fellowship by examination." Now we emphatically protest against any such power as this being vested in the hands of the Council. We know by past experience that it is more than likely that they would use it to lower the standard of examination. Some years ago an attempt was actually made to do this, and was only defeated by the energetic action of three well-known Fellows of the College, one of whom was Mr. Timothy Holmes. As this gentleman pointed out the other day, if the Council had been able to provide "by rules and regulations," instead of by the slower process of altering a by-law, the proposal would have been smuggled through without anyone outside the Council being aware of it.

Of a similar character is another proposition in the new charter, namely, "to empower the Council to elect to the Fellowship Members of twenty years' standing, not exceeding ten [instead of two] in each year." Against this proposal a resolution, proposed and seconded by Members of the College, was carried; but, as usual, the Council has ignored it, and still presses for the insertion of the clause in their new charter. Had I not the authority of Mr. Timothy Holmes for the statement, I could scarcely credit the fact that only last year a prominent member of the Council proposed to admit by vote of the Council fifty members annually to the Fellowship. This proposal was vigorously opposed by the Association of Fellows, and did not pass the Council.

The remedy for this state of affairs consists in taking from the Council this irresponsible power, and endowing the Fellows and Members with at least some of it. The other day I had the honour to form one of a deputation of Fellows to the Lord President of the Council, before whom we laid our objections to the proposed charter. At the termination of that meeting he said: "As I understand, it practically comes to this—that you want an alteration in the constitution of the Royal College of Surgeons, to make it a popular body, to a certain extent, instead of being comparatively a close body." And I think that expression of the Lord President showed that he perfectly grasped the situation.

² One member of the Council has since retired.

Although we have of late met within the College walls and discussed matters at those meetings, yet we do so only on sufferance, and a by-law actually exists which prevents the Fellows and Members meeting within the College walls, or discussing any matter except with the permission of the President and Council. In July, 1869, in conjunction with Dr. Morris, of Spalding, I tested this question. The late Mr. Wakley, many years ago, took a somewhat similar course. My fate was happier than his, for on that occasion he was forcibly removed from the College precincts and conducted to Bow Street. Whatever may have been the result of our action in July, 1869, the fact remains that, *post hoc* or *propter hoc*, in the November of that year Mr. Erichsen, who had been recently elected to the Council, and was then in favour of a more liberal policy, gave notice of a motion affording greater facilities for the meetings of Fellows and Members within the College walls. And on March 22nd, 1870, the first meeting was held, under the presidency of the late Mr. Cock, in the theatre of the College. But although the Council were apparently compliant in the matter of meetings, they had little trust in the gentlemen whom they had invited to come, for on the eve of the meeting one of the porters of the College was sworn in as a special constable, "to prevent felonies and disorders." This fact was denied by the President, but it was verified by a now prominent member of the Council, who then had a keen scent for College peccadilloes. But, at any rate, a point had been gained; and we are now permitted by the grace of the Council to assemble annually within our own College "to receive as read," as Mr. Tweedy put it the other day, "the Report of the Council, which, as a matter of fact, I believe has been printed and bound up in the College Calendar before our meeting was held." But we demand more than this. We have thrice carried unanimously the following resolutions at meetings held at the College, namely:

That it is desirable that no alteration in the constitution or relations of the College shall be effected without the consent of the Fellows and Members convened to discuss such alterations.

And also

That there shall be an annual meeting of the Fellows and Members, at which the Annual Report of the Council shall be presented, received, and adopted.

Had these two resolutions been accepted by the Council, I believe a substantial justice would have been done, and most of us would have been content to rest satisfied. But, true to the traditions of the past, they have ignored these resolutions, with their usual contemptuous silence.

There is one other point to which I desire to allude before I finish, and that is the claims which the Members of the College have put forward to take part in the election of members of Council, and also to have seats on the Council. With the former of these proposals I concur. It is most desirable that so large a body as the Members constitute should have alike with the Fellows the right of meeting, the right of free speech, and the right of voting at College meetings. I am prepared to support the suggestion that the franchise should be conferred on Members of ten years' standing. With the second proposal, that Members of twenty years' standing should be eligible to sit on the Council, it being understood that not more than one-fourth of the Council shall consist of Members, I do not agree. It would take from the Fellowship the sole remaining privilege which distinguishes it from the Membership, and the position which we have obtained by the expenditure of time and labour would be hardly worth acceptance. But over and above this there is no substantial grievance existing which can justify so radical a change. All the members of the Council are Members of the College as well as Fellows, and in this double capacity represent the whole body. If it be alleged that the Council as at present constituted fails to represent the interests of the general practitioner, which I admit it almost entirely does, then I say the Members, supposing they had the franchise restricted as above indicated, will find plenty of men both in London and the provinces who are Fellows of the College and general practitioners also, and who would fully come up to the standard of representation required by the Members of the College.

THE BEDFORD PROVIDENT DISPENSARY.—The new buildings of the Bedford Provident Dispensary were recently opened by the Marquis of Tavistock. The institution, which was founded twenty-five years ago, is stated to have been of great public benefit, and has always commanded the warm support of the medical men practising in Bedford, the majority of whom are upon the staff. The new building is a handsome and well-planned structure, and most conveniently situated for patients, both in the town and surrounding villages. The cost of the building, furniture, and fittings, exclusive of the site, amounted to about £1,900.