

tioner here, unless he holds a diploma from the College of Surgeons of London?—Certainly.

2145. Have you agreed to that; because it appears that there is no restriction now in Scotland, is there, on the practice of surgery?—Yes, in certain districts.

2146. But only in a few districts, not generally?—In twelve of the counties of Scotland there is.

2147. But there is no general restriction in Scotland?—Not beyond the twelve counties.

2148. Is it your desire that there shall be a general interdict from persons practising as surgeons in Scotland, unless they are registered at your college?—Yes.

2149. Then the provisions in clause eight are not in exact accordance with your views?—I thought I was bound to give it in as it stood when it came out of the hands of Mr. Bethune; but, if you please, I will get it examined by a competent person, to adjust it to those principles.

2150. Probably it will be sufficient if you state whether the committee are distinctly to understand that you desire, with reference to medical practice, to have the law of Scotland and the law of England stand precisely on the same footing?—I do.

2151. Into what divisions are the members of your college classed?—We have only, as constituent members, fellows; others, who get licences from us, are called licentiates, and do not form a constituent part of the body.

2152. Do you intend that those divisions shall remain?—Yes.

2153. How are your licentiates to be registered in England?—If they are to practise as general practitioners, they will be registered as surgeons and as general practitioners, in the same way as is intended with respect to persons who are to be general practitioners in England.

2154. Your licentiates are examined in surgery?—Yes.

2155. And fully examined?—Yes.

2156. What is the difference in the examination of fellows and licentiates?—Why, I believe they are examined fully in surgery, in chemistry, materia medica, pharmacy, and, to a certain extent, in the practice of medicine.

2157. Does the examination of the licentiates include the subjects which are embraced in the examinations in London at the College of Surgeons and the Society of Apothecaries?—Yes; but we consider that the extent of examination hitherto followed in the practice of medicine is not so full as it should be; it is proposed, therefore, that under the new system, the persons who are to belong to the College of General Practitioners shall be examined by a conjoint board of the fellows of the College of Physicians, and the fellows of the College of Surgeons.

2158. Then, that is not to extend to those who are candidates for becoming fellows of your college, only to the licentiates?—I rather understood it is.

2159. Both to fellows and licentiates?—Both to fellows and licentiates; the principle that we adopt being that every man who is to practise the profession in any one branch should be fully educated in all the branches; and that his knowledge should be tested to a certain extent in all the branches.

2160. Are the candidates for examination at the College of Physicians to undergo the same ordeal?—They are to be examined by a joint board.

2161. By the same board as examines, with the addition of the professors of the University?—Yes.

2162. When is it proposed to carry that agreement into effect?—As soon as the Bill shall pass for the general measure.

2163. Was that arrangement stated at the conference?—It was given in the arrangement of 1842, which is lying now on the table.

2164. Was it considered at the conference before whom you assembled and met the other day?—Yes, fully.

2165. Was the plan approved?—It was agreed to.

2166. Was anything said relative to the adoption of a similar plan for London?—No; not so far as the fellows of the College of Surgeons of London are concerned.

2167. Then, there is nothing in the proposals which have been made, to which you have now to offer any specific objection?—No; I have a slight objection to one part of the proposal on the part of the College of Surgeons of England. I think it would be desirable that their fellows should undergo some examination on chemistry, medicine, materia medica, and pharmacy, as well as is to be done by their members.

2168. Do you entertain that opinion because you know it to be the fact that the practice of every person who is called a pure surgeon is, in a great measure, medical?—I consider that there is no such thing as pure medicine and pure surgery, as

they used to be understood, and I should find it excessively difficult to say what diseases belonged to the pure physician, or to the pure surgeon.

2170. And you believe it would be to the advantage of the public that the education should be general?—That all medical men should be educated in all the branches of the profession, and, to a certain extent, examined on all the branches.

2171. Are the fellows and licentiates both examined in midwifery?—The examination in midwifery has hitherto not been so great as it should be, but they are both subject to that examination.

2172. Are any of the examiners practitioners in midwifery?—Some of them; but I must say that midwifery has not been hitherto sufficiently, I should say, attended to in the way of examination, though knowledge must be acquired by attending lectures.

2173. With respect to your students who had commenced and completed their medical education in Edinburgh, or in any part of Scotland, would you object, as a final step on their part before entering the profession, that they should come to London, and be examined at the institutions here, or go to Dublin, and be examined at the institutions there?—No; I should object to any further examination. If our licentiates and fellows had gone through the full course of study ordered under the sanction of the council, and had gone through the examination under the surveillance of the council, I think they should be admitted, without any further examination, into the corresponding body in England or in Ireland.

2174. But with respect to education, examination, and practice, all you desire for your institution in Scotland is, that there should be complete equality with the practitioners of England and Ireland?—Yes.

2179. *Chairman.*]—Do you consider it advisable that the charters of all the Colleges of Physicians, and the charters of all the Colleges of Surgeons, should be founded as nearly as possible on precisely the same principles, and embody the same details?—So far as is practicable, making such alterations in the existing charters as will make them workable along with the others, meaning thereby that we must have our college separated from the town council of Edinburgh entirely, and we must cause a separation or divorce between ourselves and the Widow's Fund, reserving, however, all rights and privileges, immediate or contingent, belonging to those who have become already connected with the fund.

2180. How is the governing body of your college elected?—We have no governing body; the business of the college is managed by the fellows of the body, sitting as a democratic body.

2181. How many fellows have you?—To the best of my belief, at present about ninety.

(To be continued.)

ON
SOME OF THE CAUSES OF STERILITY REMEDIABLE BY MECHANICAL TREATMENT.

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STERILITY in the married female is found to depend upon constitutional, as well as upon local causes; but the states of the general system occurring after marriage, which may give rise to it, are those of plethora, and the contrary state of anæmia. The treatment proper for the one and the other of these conditions, by restoring the health, will generally, at the same time, render the uterine system fit for conception.

But it is the management of the local and mechanical impediments to conception to which I desire more particularly to call attention; those which are to be found at the orifice of the vagina, and that which exists at the mouth of the uterus.

It not unfrequently happens that virginity is prolonged after marriage, owing to over-excitement in the husband in consequence of his age, or other circumstances. By advice judiciously given, the former difficulty is always very readily overcome; but where there is incomplete physical power in the husband, it often becomes necessary to adopt a plan of treatment towards the wife.

I was called to see a lady, whom I found lying insensible on a sofa. I was told that she had frequently fainted, and that she was usually very hysterical; but that her friends had become alarmed in this instance by her prolonged insensibility.

I took means to restore her, and when I called to see her on the following day, I learnt that she had been married four months; that the first menstrual period after her marriage had been passed over without the appearance of discharge; that she had been more or less nauseated upon taking food; that she had become thin, and that she was thought by herself and her friends to be pregnant, and it was supposed that this was confirmed by the appearance of several slight and sudden discharges of blood from the uterus, which were attributed to threatened abortion; by the enlargement of her abdomen, (evidently from flatulence,) and a sense of fulness within the pelvis, and of tenderness in the groins and in the mammæ.

The history of the case caused me at once to make further inquiries of the husband, and he fairly told me, that although he was led into the belief that his wife might be pregnant, owing to the assertions of her friends, yet that now, after I had expressed a doubt about the matter, he felt sure that he had not been possessed of physical power enough at the time of connexion, to complete sexual intercourse. Upon examination of the wife, I found an unbroken hymen, but there was no great rigidity of the vaginal orifice, and it was evident that her health was impaired owing to the frequent attempts at, and the non-completion of connexion.

And this is not at all a singular state of things. I have known every symptom of pregnancy to supervene upon marriage, even to the suppression of the menstrual discharge, and the presence of moisture in the breasts; and in some such cases I have found an unbroken hymen, and the absence of conception.

On the day following the examination of this patient, I introduced into the vagina a large-sized metallic rectum bougie, causing a good deal of pain, and some loss of blood, and on the two following days a still larger one. A few days afterwards the husband called upon me, and said that the treatment had been quite successful. I did not see this patient again until some weeks had elapsed. I then found her stout and healthy, and having all the genuine symptoms of pregnancy. A little more than forty weeks from the period of the introduction of the bougies, she gave birth to a child. I learnt afterwards that the impediment to complete intercourse having been removed, no more want of power had been felt by the husband, which was owing, no doubt, to the warmth and lubrication of the vagina.

When the husband is advanced in years, and is newly married to a young wife, pregnancy may be deferred, owing to the absence of the physical process in him necessary for penetration. We have evidence that neither is the hymen, when present, a proof of non-impregnation, nor that physical power in the man is absolutely necessary, in order that pregnancy may ensue, in the fact that the hymen has not unfrequently been found entire at the time of labour; and in two instances which I could record, this membrane was perfect up to the period of delivery, in the wives of persons very much older than themselves, and who, from feebleness, were unable to use the force necessary for penetration, although they possessed the power of impregnation.

The presence of the hymen, under these circumstances, considered in a medico-legal view, would be strong evidence in favour of legitimacy, if the parentage of the child was doubted—that child having been the offspring of the young wife of an aged husband.

I was consulted by the mother of a young lady who had married a husband very much her senior, on account of some suspicions which she entertained, that the impaired health of her daughter was owing to imperfect sexual connexion. I desired her to make some necessary inquiries, and it became manifest that the physical powers of the husband had been too feeble to allow of his having effectual intercourse with his wife. I suggested that the wife should sit over the steam of hot water, that she should apply an unctuous application externally to herself, and that her mother should explain to her that the contrary to resistance should be offered to connexion. Immediately after these recommendations had been carried into effect, signs of pregnancy manifested themselves, which have been confirmed by subsequent events. The patient's health is restored, and as she is progressing most favourably in her pregnancy, there is but little doubt of her giving birth hereafter to a strong and healthy child.

I have selected this case for publication, in order to show how simple are the steps necessary very often, in such cases, for the relief of bodily suffering and mental anxiety; and yet, without advice, these precautions would probably never have been taken. I had proposed to dilate the vagina of this patient had not the means I recommended been found to succeed.

It will sometimes happen, that owing to excessive rigidity at the orifice of the vagina, there is an impediment to impregnation, although in the man there is no unhealthy condition. I have known virginity to exist after marriage for periods varying from weeks to months, and even years; and I have been consulted by men who have honestly told me that they have frequently had connexion with women before marriage, and had found no impediment to its perfect completion, but that, although they had been married a long time, they felt certain that something was wrong, but they could not say what it was. In such cases I have found in the wife an unbroken hymen, or so complete a state of contraction and rigidity of the vagina as to prevent the possibility of its dilatation by the ordinary and natural means.

In the not uncommon cases of unbroken hymen, without any great rigidity, the simple introduction of moderate-sized bougies will in almost all cases be followed by conception.

The following case is interesting as affording an example of a very prolonged virginity after marriage, and of the great benefit that may result in such cases, both morally and bodily, from medical treatment.

A gentleman called upon me to tell me of what, he said, was a most extraordinary case, and to consult me with regard to it. He said that he had been married for more than ten years, but that he had never yet had proper intercourse with his wife, although there was no want of power, either physical or as regarded secretion. He stated, that at first his wife's resistance, through fear, and the excessive pain she appeared to suffer if a near approach was made to her, had deterred him from using force to any extent; that his emissions had always occurred externally; and that from having become habituated to this mode, and his wife being perfectly apathetic concerning it, as well as having no strong feeling of attachment for her, he had felt no wish to take steps to remedy the local evils that existed; but that she had become desirous of bearing a child, and that on her account, and not his own, he had been induced to consult me.

I appointed to see the wife, and from her I obtained a confirmation of her husband's history. She told me she had married very young; that she had not been made aware previously of what she was to undergo; that she resisted through fear, and that until within the last year she had never experienced the slightest sexual feeling, but that now she felt differently; that she was anxious to become a mother; but her great desire was to do away with the estrangement that she believed the existing state of circumstances caused between herself and her husband. Upon examination, I found the orifice of the vagina so rigid, that it required very firm pressure to introduce my finger, and its introduction seemed to cause excessive suffering. It thus became evident that no natural means could have caused penetration.

On the following day I introduced an elastic bougie a little larger than my finger, and for four days afterwards I introduced bougies of gradually increased size, the last that was employed being two inches in diameter. Their introduction caused extreme suffering, and some quantity of blood was lost. I then desired that for some nights a large sponge tent should be introduced, and kept within the vagina, and removed in the morning, and five days afterwards I was able to introduce the largest metallic bougie with comparative ease, and with no pain whatever. I now for the first time learned that the husband was obliged to be absent from home, and as the patient herself was going into the country, I recommended the continuance of the use of the sponge tent during each night until the husband's return.

I have since received a letter from this gentleman, informing me that there is no longer any difficulty; that in all particulars a great improvement has been made, and I have but little doubt I shall ultimately learn that pregnancy has supervened upon this altered condition; and I am led to think this because the state of the uterus was particularly healthy, and seemed perfectly fitted for conception. Here, then, is an instance in which domestic peace has been re-established, and supposed physical incapacity effectually and altogether removed.

I have selected these cases from my note-book as being indicative of the effect of treatment to a marked degree. There are others whose general character is the same, but occurring under varied circumstances, and I have known a few instances in which actual incapacity on the man's part has rendered treatment of no avail; but these are only rare cases, and I am led to believe that there are but very few, whether the incapacity depends upon the woman, or whether upon the man, which may not, by proper treatment, be eventually cured.

(To be continued.)