arm. But the rapidity and force of the "backward swing of the body" (backward, that is, in the sense of being in the direction of the left foot, though in consequence of the feather edge position it is really a lateral swing to the left) are mainly effected by the muscles which bend the vertebral column itself to the left, especially the left erector spinæ and abdominal oblique. This lateral flexion of the vertebral column is a very strong movement, and by it the centre of gravity of the trunk from the pelvis upwards is raised and moved to the left.

No doubt the forces which effect the "backward swing of the body" throw additional strain on the quadriceps extensor of the right leg, on which also the chief strain of the remainder of the recovery from the Italian and of the whole recovery from the French lunge falls. This movement is common to the two recoveries and is effected by a push from the right foot backwards and upwards of the weight of the whole body. The push is mainly effected by the quadriceps extensor. But while in the French system the inertia of the weight of the trunk has to be overcome, this has been, or rather is, simultaneously being done by the erector spinæ, &c., in the Italian system. For this reason the recovery, as far as the upper part of the body is concerned, is quicker from the Italian than from the French lunge. In both cases the recovery must be slower than the lunge, for the weight of the body is raised in the recovery and lowered in the lunge. And masters of the art of fencing point out that safety from a riposte after the lunge depends more on the parry than on the recovery.

I have left unanswered that part of Mr. Dent's letter which refers to the position of the hands and arms, for a fair estimate of the rapidity and force with which any parry or cut can be executed requires a close and detailed explanation of each movement that effects it, and, as Mr. Dent does not give this, he does not show how his arguments apply to the Italian system. For instance, his statements about pronation and supination hardly concern the Italian system, where the parries are made from the shoulder-joint and supination is required in only one of them.

I am, Sirs, yours faithfully,

Blackwater, Hants, March 9th, 1896.

E. D. RITCHIE.

"DEATH UNDER CHLOROFORM AT A DENTIST'S ROOMS."

To the Editors of THE LANCET.

SIRS,—Commenting in THE LANCET of December 8th, 1894, on a fatality from chloroform in a dentist's chair, I ventured emphatically to affirm that the cases of dental operation in which chloroform or ether could be considered indispensable were so rare that practically the use of these always dangerous agents in ordinary dental surgery was unjustifiable. I pointed out that nitrous oxide gas was *par excellence* the dental anæsthetic; that the cases in which it did not in every way suffice were highly exceptional; and I explained that much more could be done with it than seemed commonly supposed. The several deaths from chloroform during tooth extraction which have occurred since I expressed these opinions—opinions in entire accord with those you now put forth—have strengthened my conviction. I think this view will be supported by the bulk of dental surgeons as well as by the great majority of specialists in anæsthesia, and I believe they will go with me when I further declare that it is highly culpable to give chloroform in dental cases without clearly explaining to the patient or his friends the risk incurred, and that henceforth, after the warnings which have been lately published, administration of chloroform for tooth extraction in a dentist's chair—the most dangerous of positions—without every preliminary preparation and precaution usually taken in serious operations will, when death ensues, deserve a verdict of "Man-slaughter" against the operator.

How serious is the mortality attending chloroform anæsthesia seems frequently forgotten. It is doubtful if that mortality has been decreased since, after collection of a great mass of statistics many years ago, Sir B. W. Richardson proved that deaths averaged not less than 1 in 4000 cases. Deaths continue to occur, and in the hands of highly skilled administrators, and as often as not in cases in which no organic disease is discoverable either during life or after death to account for the fatal issue. This is the practical fact, in spite of the teachings of Dr. Lawrie and of his

strenuous contention—on which I express no opinion—that chloroform can be administered in every case with perfect safety. On the other hand, the mortality of nitrous oxide gas anæsthesia is so slight that the gas in skilled hands may be almost said to be perfectly safe. A few deaths have, it is true, taken place during its employment, but from these must be deducted a considerable proportion, not actually due to the effects of the gas, in which the operator, working by rule of thumb and knowing very little about the nature of complications likely to arise, has had no resource on appearance of untoward symptoms than to "run for the doctor," and the doctor on arrival has not infrequently found the patient dying or dead, perhaps with a foreign body in the glottis or suffering from some similar mishap which timely assistance might have averted. Deaths under gas do not commonly occur even from preventable accidents in the hands of ignorant operators; deaths from chloroform do frequently follow its use, even where the utmost vigilance and the highest skill are brought to bear. Whatever justification of its employment in other departments of minor surgery may be possible, chloroform is surely forbidden in the ordinary practice of dentistry.

I am, Sirs, yours faithfully,

Cavendish-square, W., March 23rd, 1896.

HENRY SEWILL.

"DIRECT REPRESENTATION AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND."

To the Editors of THE LANCET.

SIRS,—The resolution reported by you in THE LANCET of March 14th as having been passed by the Council of the Royal College of Surgeons of England on the question of the representation of Members can hardly be said to reflect much credit on the collective intelligence of that august body. The Council is a standing example of the fact "that the union of capable persons is not always a sure guarantee of the definitive capability of the whole; by the union of persons of good sense it is possible to obtain an assembly which has no common sense." The resolution commences by taking for granted what is notoriously untrue—viz., that the Council represent the Members. Were this the case it is certainly the most curious kind of representation which was ever conceived; for not only have the Members no part in the election of their so-called representatives, but their proposals for the correction of this anomaly, which have been persistently pressed on the Council for twelve years past, have been until quite lately as persistently ignored by this truly representative body. As is generally known, the Council has at length submitted the chief of these proposals to a meeting of the Fellows, who were doubtless called to curse, but they remained to bless, and confirmed the principle of representation by an overwhelming majority. In this matter, therefore, the Council do not even represent their present constituents, the Fellows; they represent nobody but themselves. Since, moreover, it is notorious that there is now a strong minority on the Council in favour of this reform we may reasonably ask, How much longer is the opinion of a few ultra-conservative gentlemen to override that of the body corporate, whom they absurdly pretend to represent?—I remain, Sirs, faithfully yours,

March 16th, 1896.

W. G. DICKINSON.

PREGNANCY AFTER VENTRO-FIXATION OF THE UTERUS.

To the Editors of THE LANCET.

SIRS,—The report of my remarks in the discussion of Mr. Mayo Robson's paper read at the last meeting of the British Gynæcological Society hardly expressed what I actually said. In Miländer's article¹ 74 cases of pregnancy after ventro-fixation are recorded. Of these, 8 were pregnant for the second and 3 for the third time. Of the 74 women, 63 were delivered, 10 still are pregnant, and 1 died from conditions apart from the operation or pregnancy. Of the 63 parturient women, 54 were confined at full term, 3 prematurely, and 6 aborted. My own cases referred to only include those reported at the annual meeting of the British Medical Association in 1893, and not as stated at the Gynæcological

¹ Zeitschrift für Geburtshilfe und Gynäkologie, Band 33, p. 464.