the Council, but principally from among themselves, I wrote to an Oxford professor, who for several years acted as "great go" class examiner at that University, asking as to the amount paid to an examiner for his services. His reply is as follows:—

"The maximum payment to an Oxford examiner is £100 a year, and he works five times as hard as the College of Surgeons examiners do."

I leave this to the consideration of my fellow-members, with the expression of a hope that what they have so well begun they will speedily make an end of—to wit, the wrongful distribution of the College income funds.

I am, Sir, yours obediently,

Montague-place, W.C., Nov. 4th, 1885.

JOS. ROGERS.

CASE OF INVERSION OF THE UTERUS.

To the Editor of THE LANCET.

SIR,—To allow the case which is narrated in THE LANCET of to-day by Dr. Malins to pass without a protest would be discreditable to modern gynæcology. When the case was originally described by Dr. Malins at the Midland Medical Society, I raised a protest against such treatment of inversion of the uterus until the effects of continuous elastic pressure in reducing the organ had been shown to be useless. To my amazement, I elicited the fact that Dr. Malins in this case had not made any attempt to apply this well-known and thoroughly established method of treatment. The excuse he gave was that it was unphilosophical in theory and unsuccessful in practice, to both of which apologies I gave a most emphatic denial. Everyone knows that, by gentle continuous elastic pressure the uterus may be dilated to almost any extent with safety; and I am not familiar with a single instance in which the same method of proceeding, when intelligently applied, has not succeeded in reducing the inverted uterus, even years after its inversion. In Dr. Malins' case only four months had elapsed since the accident, and, as he was able to dilate the inverted cervix from within the abdomen by means of glove-stretchers, and pass a thread through it into the vaginal surface, we have his own evidence that the one condition, which might make continuous elastic pressure fail in reducing the displacement—that is, occlusion of the peritoneal canal of the inverted uterus by inflammatory action—was in this case not present. I cannot imagine anything more absurd than the proceeding which Dr. Malins adopted, by which he hoped, in the course of the few minutes which an abdominal section ought to occupy, to pull an involuted uterus inside out, and his ultimate amputation of the organ cannot be accepted as justifying the words which he himself uses in describing it as "the success which ultimately crowned persistence in the efforts made towards this end." On the other hand, the proceeding is entirely condemned by his own words: "Because in a young married woman it appeared to me to be wrong to deprive her of the chances of subsequent maternity in case the uterus could be replaced." The amputation of an inverted uterus, without a complete and thorough application of the principles of continuous elastic pressure, as originally suggested by Tyler Smith, and subsequently perfected in its details by White, Barnes, Aveling, and myself, is discreditable to the position at which gynæcology has now arrived. This opinion cannot be in the least degree modified by the lame excuse which is offered by Dr. Malins, that there "was a large and lax vagina, with a very mobile uterus, together with complete involution of the inverted uterus and severe constitutional strain." All these conditions are uniformly present in cases of chronic inversion of the uterus, and Dr. Malins' case was not in the least degree peculiar in these respects.

I am, Sir, yours truly,

Birmingham, Oct. 30th, 1885.

LAWSON TAIT.

To the Editor of THE LANCET.

SIR,—The case of "Inversion of the Uterus" by Dr. Malins has caused such a painful impression on my mind that I feel constrained to protest against the method of treatment which he adopted. In this case the patient had three operations performed on her, all of which were unnecessary and dangerous. The reduction of an inverted uterus, when involution has taken place, should never be attempted by taxis. Laceration of the vagina is the usual

result. The uterus cannot suddenly be made to dilate sufficiently to permit reposition. Give it time and it will quite rapidly enough give way to sustained elastic pressure. The second operation was in my opinion as unjustifiable as it was ineffectual, and it is almost a miracle that the patient did not die. The third operation, I believe, need never be performed, for every inverted uterus can be replaced. I am speaking from an unusual experience of these rare cases, for I have now the histories of seven cases of chronic inversion of the uterus, which have been cured by my sigmoid reposer. I had hoped never again to have heard that taxis had been employed in these chronic cases, nor that a uterus had been removed because it could not be returned to its normal position.

I am, Sir, yours truly,

Upper Wimpole-street, October, 1885.

JAMES H. AVELING.

AN IMPROVED METHOD OF OPERATING FOR CLEFT PALATE.

To the Editor of THE LANCET.

SIR,—Permit me in your valuable columns to draw the attention of the profession to what I consider a great improvement in the operation for cleft palate. Hitherto great difficulty and not a little danger have arisen from hæmorrhage during the operation, necessitating frequent and very skilful assistance, periodical discontinuation of the anæsthetic, and distinct intervals in the performance of the operation. In addition to these, other and minor troubles are experienced. All these difficulties may be avoided, and the operation rendered perfectly safe and easy, by the simple process of inversion. When I say inversion, I mean inversion as applied to the head only. This can easily be attained by bringing the patient's shoulders well up to the end of the operating table, and allowing the head to hang over the edge in the fully extended position. In this position the roof of the mouth would be horizontal or slightly inclined downwards towards the operator, who should stand at the head of his patient. The anæsthetic is given through the nose by a small tube, and is quite out of the way of the surgeon. Only one assistant is required, who should stand to the left of the operator. In paring the edges no change of hands is required, but the corresponding hand should be used in elevating the tissues of the hard palate and in passing the sutures. Under these circumstances no blood can enter the larynx or œsophagus, the palate remains unobscured by blood, and whatever hæmorrhage occurs finds its way into the nasal cavities, and at the conclusion of the operation may be emptied by simply turning the patient's head to one side. On Thursday last I operated on a cleft palate in the manner above described for the first time, and Dr. Collins (who kindly assisted) and myself were greatly impressed with the extraordinary facilities afforded by such a simple manœuvre. The patient has done extremely well, has had no head symptoms, and perfect union of the pared edges has taken place throughout in forty-eight hours.

I am, Sir, yours truly,

MAYO COLLIER, M.S. Lond.

New Cavendish-street, W., Oct. 19th, 1885.

LIVERPOOL.

(From our own Correspondent.)

THE WATER-SUPPLY.

In spite of almost continuous rain for the whole of last week, the inhabitants of this city are still placed upon a half allowance of water, the supply being cut off from 5 to 7 P.M. until the same hours of morning. The inconvenience is very great, and it is earnestly to be hoped will soon be at an end.

A GOOD EXAMPLE.

The British Workman's Public House Company is a local association which has contrived to blend in a most harmonious manner philanthropy with good dividends. It possesses cocoa rooms all over the city, at which tea, coffee, and cocoa, with light refreshments, can be obtained at a very moderate cost. Copper tokens are sold to the public at a penny each, for the purposes of charitable distribution. These enable the holder to have the equivalent in refreshments, a most excellent means of distributing alms in the