tion in the charter of the College. Proceedings of this kind, however, are expensive; it remains to be seen if any large number of Fellows (especially the provincial ones, for it chiefly concerns them) are willing to subscribe a sufficient sum of money to defray the necessary legal proceedings. The Council of the College of Surgeons can hardly be expected to recommend that the funds at their disposal should be expended in obtaining a new charter. It was, I think, upon these grounds the Council declined not long since to work in this matter. I am, Sir, yours truly,

Grosvenor-street, W., July 17th, 1882.

C. MACNAMARA.

THE SHAFT SYSTEM OF SEWER VENTILATION.

To the Editor of THE LANCET.

SIR,—The adoption by the Town Council of Brighton of the plan of inducing sewer gas to escape into the air by means of funnels up the sides of houses induces me to mention a particular instance of the good effect of the system in this neighbourhood. About six years ago a street of colliery houses had been "favoured" at intervals with sudden outbreaks every hot summer during the previous ten years. The cause was easily ascertained. An enclosed drain, with the usual stench-traps, was within seven feet of the beds where the whole of the inhabitants slept. Every year there were several deaths from typhoid fever. Various plans were adopted: washing out the drains with pure water from a distance, brought in water casks, pulling down all outlying erections, &c. The results, although beneficial to a certain extent, were by no means satisfactory, and it was seriously proposed to take up the sewage-pipes and stench-traps and leave the place without any drains at all. In this state of matters the manager of the colliery proposed to erect a brick chimney at least thirty feet high, communicating with the drains, with the view of drawing the sewer gas away from the houses and dissipating it in the atmosphere at a considerable height. This was agreed to and carried out. During its erection the workmen frequently complained of the stench rising through the funnel of the tall chimney. This chimney was completed five years ago, and from that time to the present there has not been a single case of typhoid fever in the street. Still more, a colliery belonging to the same owners, four miles away, owing to its position and the houses being huddled closely together on the banks of a tidal river, charged with the filth of some uplying towns, was in summer time a focus for the germination of fever, deaths being common from it. The plan so successful in the street I write about was adopted, and, so far as can be judged in the time, the success has been similar. It appears to me that the plan of tall chimneys, like factory chimneys, adopted in large towns, in conjunction with the usual system of flushing with water, indicates a method likely to result in great sanitary success in the future. Funnels up the sides of houses evidently carry the gas to no great distance into the atmosphere, and the upper storeys and bedrooms of the town will receive the "benefit" of the plan, whatever that may be, whereas by carrying the poisonous gas fifty or possibly a hundred feet into the air excellent results are certain to accrue.

I am, Sir, yours truly,

ALEXANDER TROTTER, M.D.

Blyth, Northumberland, July 17th, 1882.

PUERPERAL CONVULSIONS: ARTIFICIAL RESPIRATION SUCCESSFULLY USED.

To the Editor of THE LANCET.

SIR,—So far as I am aware the matter treated in the following lines is new, and may be regarded as of sufficient public interest and utility to merit being placed on record in your pages:—

On June 18th I attended A. P—, aged twenty-two, a primipara. She was of a stout, florid, and somewhat apoplectic appearance; and, as I afterwards learned, more than one of her family (including her mother) had had "a stroke." She seemed in good health and spirits, but as the os was only very slightly dilated, I retired after giving a few general instructions, and telling the nurse to send for

me when matters were more advanced. Next morning at 8 o'clock I was sent for, and on arrival found the head well in the pelvis. The pains were strong and regular; but after waiting about three hours, and finding no perceptible progress, I applied forceps. After half an hour's hard traction during the pains, which were very frequent, there did not seem to be the slightest progress, and I was deliberating as to further measures, when I noticed that her limbs were quite rigid. Looking at the face I found her in a strong convulsion, and the face almost black, the rest of the body rapidly assuming a dusky hue. I at once looked for my chloroform bottle, which, however, had been removed from my bag. There was no time to be lost, as she appeared every second to be getting more rigid and the asphyxia more marked, so I instantly removed the forceps, turned her on her back, and proceeded vigorously to apply artificial respiration. The effect was as gratifying as it was rapid; the thorax began to take part in the work of respiration, the cheeks and lips to regain their colour, and a deep sigh resulted in an almost sudden return to her natural appearance. The spasms ceased, and she rapidly regained consciousness, being, however, confused, and her speech being thick and inarticulate. I allowed the labour to proceed without further interference (dreading a return of the convulsions) for about two hours longer, when, there being no sign of progress, I reluctantly decided to give the forceps one more trial. This time it was successful, and in half an hour the head was born. I took off the forceps, and was giving her a little rest, when suddenly she was again seized with a convulsion. I immediately extracted the child, and, placing the patient once more on her back, recommenced artificial respiration, and with equally satisfactory results. The patient made a good recovery without further mishap.

I am not aware that this method of treatment has been adopted before. I can find no reference to it in any of my text-books, and it appears to be new to all medical friends to whom I have mentioned it. The *rationale* of the matter would appear to me to be that the convulsion was caused by reflex irritation throwing off its balance the nervous supply of the respiratory muscles (or, what is practically the same thing, the respiratory centre), which balance was restored by the process of artificial respiration.

Yours, faithfully,

K. W. MILLICAN, L.R.C.P., &c.

Kineton, Warwick, July 10th, 1882.

"THE OPERATION OF 'SPAYING' IN WOMEN."

To the Editor of THE LANCET.

SIR,—Your comments on Mr. Lawson Tait's position and procedure in relation to the case of Mrs. A—, narrated in my letter which you kindly inserted in your issue of July 8th, and the inference of necessity suggested thereby, are certainly, in my opinion, unfair to that gentleman; for if removal of the ovaries in Mrs. A—'s case was unjustifiable from any point of view, it is I, and not Mr. Tait, who is in fault. He operated as a skilled surgeon under my direction as medical attendant on the case. I laid before the patient and her friends the risks, both immediate and remote, and the impossibility of pregnancy subsequent to it; and I made no promise that complete restoration to health would follow; but I strongly expressed the opinion, based on several years' attendance on her, that the ovaries were in a state of chronic disease, from which nothing but removal would relieve them. That this opinion was well founded no one who saw them after removal would for an instant doubt. Having thus clearly defined the position taken by Mr. Tait and by myself in this case, the question which arises from your editorial comments is undoubtedly this: Given a patient under the climacteric age, with a history of twelve years' suffering, including several severe attacks of ovaritis; menstrual period most irregular, sometimes with six or eight months' interval, often with delirium and hallucinations at its recurrence, sleeplessness, emaciation, and entire incapacity for any duty or pleasure—is it, or is it not, justifiable to remove the organs which it is believed are the seat of disease and the cause of ill-health? It is easy to be wise after the event, and to say at the post-mortem, "If this woman's ovaries had been removed she might have lived." To my mind, credit, rather than reproach, is due to the advisers and operator who, recognising the disease, and, as they believe,