lished (Dublin Medical Press, vol. i., 1847, p. 169) a case in which he similarly employed digital compression. But, in 1848, an American surgeon went a step further. Dr. Knight, of New-
haven, U.S., then for the first time, I believe, employed compres-
sion methods so as to produce an approximation or a solidification of a popliteal aneurism at the end of forty hours. Other surgeons followed his example in that country.

Thus it will be observed that a British surgeon (Greatrex), following the examples of the Irish school with instrumental compres-
sion, introduced the use of the fingers for compressing the artery in 1844; and an American surgeon (Knight) cured aneurism by that means only in 1848; while Prof. Vanzetti published his first success in 1853. He bases his claim to priority, however (Annali Ueitrali, cxxii., p. 667), upon an attempt which he made in this manner during two days when treating popliteal aneurism at the hospital at Karkow, in Russia, in 1848, the best or by far the best attempt at the treatment of an aneurism by digital pressure solely. However, Mr. Great-
rex's case has a distinct priority of a year, so far as the ques-
tion of suggestion is concerned, even in respect to the unpub-
lished and unsuccessful attempt of Dr. Cutter at the last meeting of the British Medical Association; but I feel persuaded that none of your readers will attach so much importance to an aneurism as to the world of medicine. I here quote a case from Mr. Knight's published success dated five years before that of the distinguished Italian surgeon.

For further details and references I would refer Mr. Croly to the article on Digital Compression in Aneurism which I have contributed to the new (third) volume of Holzer's "System of Surgery."

I am glad, however, to avail myself of this opportunity of prominently putting forward the claims of the British school to their due consideration in the treatment of aneurism, and to state that t from its great superiority over instrumental compression it can-
not fail to supersede that method at no distant period.

Sir, your obedient servant,
Wimpole-street, Aug. 1863.
F. E. H. E. H. ROBERTS.

HOW TO ELEVATE THE MEDICAL PROFESSION.

To the Editor of The Lancet.

Sir,—Many opinions have been expressed of late on the best means of improving the respectable and efficiency of the medical profession. This is a subject replete with interest, and which deserves the most serious consideration, not only of the medical profession, but of the public at large.

Allow me, Mr. Editor, for one moment to pass in review the various motives which usually induce parents to select med-
cine as a profession for their sons. I shall class these motives as follows:—Desire of money; family interest; rank; natural predilection for the part of the youth; ambition; and, lastly, as one easy of attainment, I shall class those motives in the order which I believe generally obtains.

It will be only necessary to explain my meaning of "rank," which I regard as the third greatest motive.

A large number of medical students are sent yearly from the manufacturing classes, or from those portions of the community who have made money by labour. It is the ambition and idea of many of these youth to rise into a position in society which many have acquired by mental ability, by education, and by indefatigable exertion, whose names have thrown a lustre on the profession which they have adopted. But many appear to forget that though these individuals have in many in-
stances risen as it were from the ranks, still their conduct or deportment has been gentlemanlike throughout, that they have had in the majority of cases a university education, and that they have won the respect of those persons to whom they may be called. He should aim, without appearing to do so, to win the respect and appro-
bation of all. He should strive to promote good feeling be-
tween the members of the same profession, and should avoid a union which lowers the one, without elevating the other. This com-

ination doubtless enables a man to "put money in his purse," and to those who are satisfied with this the change would be a disagreeable one.—I am, Sir, your most obedient servant,
Rome, Aug. 1862.
John Garson, M.D.

AMERICAN METHOD OF APPLYING EXTENSION IN THE TREATMENT OF MORBUS COXARIUS.

To the Editor of The Lancet.

Sir,—Any really new invention for the mechanical treatment of morbus coxarius would be fully entitled to the praise ac-
corded to Dr. Cutter at the last meeting of the British Medical Association; but great merit should be given to Dr. Cutter in accepting the splints described by him. We are not likely to improve whatever upon the plan long since generally adopted in England. I have constantly applied splints where extension of the limb has been secured by elevating the inferior margin and producing counter-resistance at the perineal region; these are, however, the advantages claimed as new for Dr. Cutter's splint.

There is an extremely ingenious and valuable splint, arranged precisely upon this new principle, invented by Mr. Berwell, in which the value of classic extension is admirably set forth. It is the best splint ever devised for promoting extension and in-
ducing diminished resistance between the head of the femur and the acetabulum. I may be found to agree with Mr. Berwell that this latter condition forms an important element in the treatment of applying mechanical extension in cases of hip-joint disease.

Sir, I have the honour to be, your obedient servant,
Leicester-square, Aug. 1862.
Henry Heather Bigg.