

vessel. It is remarkable that this is a method which Dupuytren has specially cautioned us against employing, in the following words:—"On doit éviter avec soin d'introduire dans la cavité de l'extrémité libre de l'artère, l'un des bouts de la pince, avec laquelle on doit la tordre; un seul côté étant comprimé, il s'y ferait une crevasse des trois membranes, et l'hémorrhagie ne serait point avertie." ("Leçons Orales," iv., 209.)

I am, Sir, your obedient servant,
Princes-square, Nov. 8th, 1870. HENRY W. KIALLMARK.

THE REGISTRATION OF DISEASES.

To the Editor of THE LANCET.

SIR,—In your valuable leading article of November 12th, in which you advocate the registration of diseases, mention is several times made of the relief-books of the Poor-law medical officers, and the uses which might be derived therefrom. These so-called relief-books, so far as the country unions are concerned, consist merely of loose sheets which hold good for one month only, at the expiration of which short time the medical officer loses sight of them altogether.

I cannot help thinking it would be of great convenience to Poor-law medical officers, were relief-books issued to them instead of loose sheets. Were this done a duplicate sheet could be forwarded weekly, as at present, to the guardians, and an extract to any central authority. At the same time the medical officer would be enabled to refer back to any information he might require. At present the loose sheet travels by post no less than seven or eight times a month backwards and forwards; whereas if a duplicate sheet were detached from a book, a considerable expense would be saved.

Another great drawback to the present arrangement, and one calculated to interfere with the proper registration of diseases, is that the medical officer is expected to state the number of "new cases" which he attends each week, by which is meant "cases not before attended during the current half-year." How can this be properly or correctly done unless the relief-book is kept by the medical officer instead of the guardians?

I am, Sir, your obedient servant,
J. E. GRINFIELD-COXWELL, L.K.Q.C.P.I.,
Nov. 1870. Medical Officer for Heavitree, Devon.

CHANGES AFFECTING GENERAL PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—The professional sphere of the general practitioner is undergoing a rather anomalous alteration in range and character; his territory is being yielded, his rights and interest taken in open day, and to this he submits dumbly, if not graciously. The anomaly of this attack and silent surrender is remarkable, evidencing as it does the audacity of the attacking, and the mute sinking of expediency and ancient privileges by the attacked, party; and this in connexion with the enforced preparatory course of education, fitting the general practitioner for better sustaining his present tenure of duties, and for extending the range of his professional operations. Yet with this expanding education to better equip and fit him, his sphere of labour is proportionately contracting around him; smaller and smaller it gets, dwindling to the meanest focus. And the same hands are pulling both cords—the same collective wisdom that urges a higher standard of education issues the edict, Take from him functions and privileges so creditably sustained heretofore; making a logical issue of this kind: train him to fitness, qualify him, and then deny his qualification. This is equivalent to increasing the price of an article, and then depreciating its value. This preamble applies to the pupillage of the medical student, and to the contemplated institution of so-called "State medicine." Indeed, are not all qualified practitioners recognised by State law? As though the highly educated and duly accredited practitioner was not calculated to make a post-mortem, or to judge of healthy or unhealthy organs. This suggestion certainly cannot be regarded in the light of a direct compliment to the general practitioner, or, indeed, to the

medical bodies granting diplomas of qualification. As to pupillage, formerly the qualified practitioner held a mutual relationship with the hospital teachers and examiners in forming the future doctor. Now, the courts above affect to ignore the relationship and utility of that great branch of the profession, the general practitioners, in connexion with doctor-formation. This is a very serious home-thrust at their privilege and position; are they agreed to accede to this? It must be generally admitted that a youth, on leaving school, and passing his preliminary examination at sixteen or seventeen years of age, had better by far spend two or three years with a medical man, learn pharmacy, and see general practice, than to proceed at that early age, with schoolboy ideas, to the unrestrained life of a hospital student; thus pupillage would be better for pupil and parent or guardian. Pharmacy, being a compulsory subject, could be more effectually acquired during an apprenticeship than in any other way. To say that there is want of system and scientific order in the teaching, is merely begging the question. But this imputation I deny; at any rate they learn the order which they in turn as practitioners will pursue, and if the hospital method cannot be observed in practice, as your plea would have it, then it is clear which course has the stronger claim. In the pupillage course there is maintained the mutual relationship of the several orders of the profession; and the non-representative hospital officials and members of the Medical Council, with their one idea, would not show their social art, surgically, by amputating and alienating the great mass of the profession—would not insult the most important order of the profession by tacitly declaring their inefficiency in tuition in the embryo doctor line. Let general practitioners unitedly oppose this innovation. Their consent to this meddling has not been solicited or granted; ergo, disallow the right of the Medical Council, as constituted, to represent the profession, and oppose their measures as affecting them. As to State medicine, this is the emanation of an advanced M.D. to further deprive ordinary surgeons of rights and privileges to which they are entitled by efficiency. The State medicine man, be it observed, is a privilege not to be held by a surgeon, but a M.D. Thus, a young M.D., with a surcharge of vanity, comes as a supervisor, and steps over well-qualified surgeons, takes his post-mortems, his medico-legal cases, inquests, and juries, &c., effectually ignoring the knowledge and official capacity of the ordinary practitioner, and depriving him of any emoluments which might fairly accrue to him from those sources; and all this in the face of the very high standard of general medical training. Is this to be tolerated? Surely the ordinary practitioners have sufficient power, if they will act unitedly, to frustrate this attempt at purloining their rights and privileges.

I am, Sir, your obedient servant,
Cornwall, Nov. 7th, 1870. MEDICUS.

OIL OF PEPPERMINT AS A LOCAL ANÆSTHETIC.

To the Editor of THE LANCET.

SIR,—A few years ago, when in China, I became acquainted with the fact of the natives, when suffering with facial neuralgia, using oil of peppermint, which they lightly apply to the seat of pain with a camel-hair pencil. Since then, in my own practice, I in the same way frequently employ oil of peppermint as a local anæsthetic, not only in neuralgia, but also in gout, with remarkably good results; indeed, the relief from pain I have found to be almost instantaneous.

I am, Sir, your obedient servant,
ALFRED WRIGHT, L.R.C.P. Edin.
Finchley, N., November 14th, 1870.

GLASGOW.

(FROM OUR OWN CORRESPONDENT.)

WE have had a busy week here. The new University buildings were inaugurated on Monday. The Duke of Montrose, the Chancellor, presided, and the dignitaries both of the city and University were present; the Rector, Lord Derby, alone being absent. The ceremony was simple,