of attendance on six midwifery cases, as practical midwifery. It thus appears that Mr. Syme is to blame, if blame there be, for all the additional courses at Edinburgh since 1833. And, in truth, the additional course in clinical surgery is made more irksome than it otherwise would be to students coming to Edinburgh to graduate from other schools, because of a regulation of the University to the effect that "no teacher is recognised who is at the same time a teacher of more than one of the prescribed branches of study, except in those cases where professors in the University are at liberty to teach two branches." Now the Professor of Surgery in Edinburgh University, strange to say, is not at liberty to teach clinical surgery; consequently all those lecturers on it in Edinburgh and other schools who also teach surgery are not recognised. It thus happens that students from other schools who hold the certificates of such lecturers on clinical surgery are obliged, unless the regulation be evaded, to attend the course over again, and must, in fact, attend Mr. Syme's course!

II. Medical education in 1864.

With this exception, which rests I believe wholly with Mr. Syme to obviate, no student of the Edinburgh University need attend more than one course on any subject. Now, excluding hospital practice and clinical medicine and surgery, there are nine courses of six months, and four courses of three months—in all thirteen courses, with a total of sixty-six months of lectures spread over four years, required for the degree of M.B. and M.C., being precisely the number required on Jan. 1st, 1831, by the Hall and College, and spread over only two years. At this moment these boards require five double courses and two single courses of six months, and six courses of three months—in all thirteen courses, with a total of ninety months of lectures spread over four years. Yet Mr. Callender has clearly shown* that the time occupied by attendance on them during the sessions "averages even less than two hours daily." It is obvious, then, that "cautious advance in the acquirement of useful knowledge by the medical student is quite practicable."

I am, Sir, your obedient servant,

Rutland-street, Edinburgh, April, 1864. THOMAS LAYCOCK, M.D.

ACUPRESSURE IN AMPUTATIONS, ETC.

(LETTER FROM PROFESSOR SIMPSON.)

To the Editor of THE LANCET.

SIR,—My attention has just been called to some observations of your Aberdeen correspondent upon the arrestment of hæmorrhage in amputations by acupressure. (See THE LANCET for April 30th, p. 508.) He states that when acupressure was tried in Aberdeen by Drs. Keith and Pirrie, they found a difficulty in pinning the artery when seated in an angle of the flap, and had to resort to the ligature for securing the main trunk. I am not myself a practical surgeon, but I have now seen acupressure used in a considerable number of instances of amputation of the thigh, leg, arm, and forearm, and I never in a single instance observed the "disadvantage" to which your correspondent refers; on the contrary, I have encountered more than one instance, and heard of others, where the ligature was found extremely "difficult" or totally failed from the retraction of the bleeding orifice, and where acupressure succeeded in arresting the hæmorrhage.

All new practices and manipulations are, it must be remembered, liable to be regarded as troublesome and difficult merely because they are new. And I have no doubt that after a few attempts such excellent surgeons as Drs. Keith and Pirrie will find acupressure as easily applied as the ligature, and even, I believe, more so. For as long a period as one or two centuries after the deligation of arteries began to be used instead of cauterization, one of the "disadvantages" alleged against the ligature by such great surgeons as Fallopius, Nuck, Woodall, Wiseman, &c., was the "difficulty" of surrounding the artery with the thread. About a century and a half after deligation was first practised and propounded by Paré in amputations, Dr. Salmon, a celebrated London surgeon of his day, in his "Ars Chirurgica," describes the ligature of arteries as "very troublesome, and not mightily approved of now." "In my judgment," observes Read, another London surgeon of the 17th century, "Paré's practice is but a troublesome and dangerous toy, as he shall find who shall go about to make trial of it."

As another objection against acupressure, your correspondent

adduces "further the disadvantage of putting the patient under the influence of chloroform the following day for the removal of the needles." I never saw a patient put under the effects of chloroform for the removal of acupressure needles. Their withdrawal is not attended with any such pain as to require anaesthesia. No surgeon, as far as I know, uses chloroform when he removes a stitch or suture-thread from the lips of a wound; and the chloroforming of a patient for the withdrawal of an acupressure needle is not more necessary than for the withdrawal of a suture-thread.

Your correspondent further states, that "the much vaunted union by first intention" was not verified in Professor Pirrie's case; and adds: "To be sure it was a scrofulous patient, with an extensive diseased knee joint, where union by adhesion could hardly have been expected." He forgets, too, that the main artery was secured by a ligature, and not by acupressure; and that every ligatured point is necessarily a point of strangulation, mortification, and sloughing in the centre of the wound.

If surgeons, after the amputation of a limb, avowed it as their predetermined intention to implant small morsels of dead flesh into the sides and depths of their wound before they sewed it up; and further, if they fixed and stitched these fragments of mortified flesh into the raw walls of the wound by a series of silken threads, and retained them there for a week or two, would not the practice be considered as most strange and objectionable in its character, and rather discreditable to the advanced state of modern surgery? Still this is exactly and virtually what is done when surgeons resort to the ligature of arteries in their amputation and other wounds; for every arterial point strangulated by a ligature necessarily dies and sloughs,—so far preventing primary union and adding to the mischances of septic poisoning by so many morsels of dead and decomposing tissue being left inclosed between the lips of the wound. By acupressure all this destructive injury and death of the inclosed portion of artery is avoided, and thus far the chances of primary union are greatly increased. But acupressure—thus a most important element in obtaining primary union—is by no means the sole one in large wounds, and hence union by the first intention after amputation and other severe operations is as yet unfortunately the exception to the rule, and not the rule itself; yet the only one of the three amputations in the Aberdeen Infirmary in which the hæmorrhage was stayed by acupressure alone—namely, a case of amputation of the leg, performed by Dr. Keith—did, I have been informed, close throughout from union by the first intention. Has your correspondent ever seen in the Aberdeen Hospital, or elsewhere, another single instance in which, after amputation of a limb, complete union by the first intention occurred? If he has, he has been unusually fortunate, for, according to the testimony of one of the oldest and most experienced surgeons of Europe, Professor Chelius, union of "the wound after amputation of large limbs never takes place by complete agglutination in the strict sense of the word;" yet surely when this rare occurrence did take place in one of the three amputations alluded to by your correspondent—and that one the only case, I repeat, in which acupressure alone was employed—the circumstance did deserve a passing notice, though he has thought fit to give it none.

I am, Sir, yours, &c.,

Edinburgh, May, 1864.

J. Y. SIMPSON.

CHRONIC METRITIS.

To the Editor of THE LANCET.

SIR,—As a former editor of THE LANCET, and as a veteran reviewer, I am fully aware that the criticisms contained in a review constitute all but sacred ground, and that they are not to be lightly questioned or impugned. In the able analysis of Dr. Scanzoni's work on Chronic Metritis, which appeared last week, there are, however, some incidental allusions to my views on uterine pathology which appear to me absolutely to require notice.

The terms in which my writings are referred to in the review in question convey to the reader the idea that they are in opposition to the doctrines expounded in Dr. Scanzoni's work; indeed, they all but imply that I refer to chronic disease of the cervix uteri all, or nearly all, the morbid conditions which he describes under the term of chronic metritis.

Now, nothing can be more unfounded, more remote from actual facts, than such an inuendo. I have not read Dr. Scanzoni's late work; but I may safely say that nearly every pathological fact attributed by the reviewer to the talented

* The Present State of Medical Education in England, p. 7.