

same practice of crowding the inhabitants into cellars prevails in Manchester, though not to the same extent as in Liverpool. In the report of the Manchester statistical society, it is stated, that there are 14,960 occupants of cellars in Manchester, and 3335 in Salford. Similar abuses, though possibly in a minor degree, are found to exist in many other towns. The state of Glasgow would seem, however, to surpass in wretchedness even that of many parts of London, Liverpool, and Manchester. A highly intelligent gentleman, Mr. J. C. Symons, author of a work called "Arts and Artizans at Home and Abroad," and who has had ample means of forming an opinion, states it as his conviction, that "penury, dirt, misery, drunkenness, disease, and crime, culminate in Glasgow to a pitch unparalleled in Great Britain;" and again, "I have seen human degradation in some of its worst phases, both in England and abroad, but I can advisedly say, that I did not believe, until I visited the wynds of Glasgow, that so large an amount of filth, crime, misery, and disease, existed in one spot in any civilized country." It is in evidence from the same witness, that in the lower lodging-houses in these miserable and confined situations—places, as regards dirt, damp, and decay, such as no person of common humanity would stable his horse in—ten, twelve, and sometimes twenty persons, of both sexes, and all ages, sleep promiscuously on the floor in different degrees of nakedness. We have reason to know, from other sources of information, that this statement is not overcharged; that, in fact, such is the crowded and destitute state of the population, that many families—men, women, and children—inhabit the same room, sleep in the same bed; the wretched occupants during the night giving place to the no less wretched occupants during the day. Can it then be a matter of surprise, that fever, cholera, and dysentery, with scrofula in all its forms, swell up the amount of human misery in such dens as these; that to wretchedness and destitution is added every species of vice and moral degradation of which human beings are capable?

The population of Glasgow amounts to about 250,000; the number that died last year (1839) was 10,270, or one in 24.63 of the whole population; 2180 of the deaths were from typhus fever; whereas, according to Mr. Farr's tables, the mean annual mortality of the same number of individuals throughout England and Wales is 5062, and from typhus fever 323. The mortality of Liverpool, though very high, according to the evidence of Dr. Duncan, does not come near that of Glasgow. The deaths in Liverpool were, in 1838, 1 in 37; in 1839, 1 in 33½. But the sickening detail of reckless and fearful neglect does not stop short here. To a greater or less extent it prevails in every town in the kingdom. Edinburgh and Dublin, no less than London and Glasgow; Bristol, Birmingham, and Leeds, no less than Liverpool and Manchester, are subject to the same evils. It may be fearlessly asserted, that not even small-pox, before its horrors were mitigated by the discovery of vaccination, swept away more victims than now fall a sacrifice to the neglect of the simplest and most practicable rules of medical police. An efficient system of medical police would do much to lessen these evils, and might do more in preventing their occurrence in future. But if such a system is to be efficient, it must be devised, regulated, and, in part at least, carried into effect by those who are competent to the task; by those who are practically acquainted with the sources of the evils; by those who

know the methods to be followed in their removal. In short, such a system must be presided over not by poor-law commissioners and boards of guardians, but by intelligent and experienced medical practitioners, whose attention has been devoted to the subject, and who shall receive such a compensation as shall enable them to devote the requisite time to the carrying out the important objects which may be entrusted to them. What these are we shall have to point out on some future occasion, when we come to consider the remedies indicated in the report.

THE CHESHIRE CORONERSHIP.

THE creation of an additional coronership for the county of Cheshire has again opened the long-debated question of relative superiority between attorney and medical coroners. Two medical candidates, Mr. Tinker and Mr. Bellot, have taken the field against two members of the legal profession. We have too much confidence in the good sense of the men of Cheshire, to believe that the result of the contest can be doubtful.

The triumphant return of the medical coroner for Middlesex cannot have lost its influence so soon, nor can the electors of Cheshire again subject themselves to the imputation of perverse stupidity in entrusting an important office to the direction of a man who must be incapable of discharging his duties in an efficient manner. Whilst, however, we offer our warmest wishes for the success of the medical candidate, we cannot but think that his superior claims upon the freeholders of Cheshire might have been urged on much higher grounds than the paltry consideration of expense. The office of a judge (for such is the Coroner virtually) is too elevated a one to be given on tender—to the lowest bidder; and we would advise our Cheshire friends not to be led astray by the example of the Middlesex controvertialists, who have recently degraded a question of national import into a pettyfogging dispute of shillings and pence, between gallipot and parchment.

NORTH OF ENGLAND MEDICAL ASSOCIATION.

The second general meeting of the North of England Medical Association was held on Tuesday, the 15th inst., in the lecture-room of the Athenæum, Lowther-street, Carlisle. We regret that we are compelled, from want of space, to abridge very considerably the excellent report which we have received through the kindness of the active and talented secretary, Mr. C. T. Carter.

DR. HEADLAM, the President of the Association, occupied the chair; and among the gentlemen present were Sir John Fife, Drs. Knott and Embleton, and Messrs. Carter, Greenhow, and Potter, of Newcastle; Dr. Elliott and Mr. Bennett, of Gateshead; Mr. Torbock, of Sunderland; Mr. Morrison; Drs. Barnes, Atkinson, Jackson, and Elliott, and Messrs. Hodgson, Bowman, Elliot, Ross, and Dalton, of Carlisle; Mr. Ferguson, of Hesketh; Mr. Irving, of Penrith; Mr. Graham of Longtown; Mr. Johnston, of Brampton; Dr. Lonsdale, of Edinburgh; and Mr. Taylor, of North Shields.

The PRESIDENT, having paid a well-merited compliment to Mr. Carter, proceeded to notice some circumstances affecting the profession, which had occurred since their last meeting. Little had been done in the way of legislation. A Vaccination Bill had been passed, which, though he did not approve of it altogether, was, to a certain extent, satisfactory. It was good in itself—it would also be the groundwork of good legislation—and it was further gratifying as an evidence of just and enlightened feeling on the

part of the Legislature—manifesting, as it did, an anxiety to extend vaccination, and to put down the baneful practice of small-pox inoculation. No bill had been introduced in the past session as to the education and qualification of medical men; but the different Medical Associations had taken active measures for the preparation of such a bill, and its introduction to the House of Commons. He might, perhaps, be allowed to suggest that the plan proposed should not be too complicated—that it should be as simple as possible. What was chiefly required might soon be stated. They desired that the qualification of medical men might be clearly defined, so that the profession and the public might know who *were* and who were *not* qualified. They sought to have the curriculum of study fixed, and a uniformity of medical education established. They had no wish for arbitrary changes in the universities and medical institutions of the country, but they called upon them to correct and improve their statutes. It would be sufficient for the members of the profession, if their rights were not interfered with, if their privileges were not cramped, and if their character and usefulness remained unimpaired. (Applause.) That they had no private ends in view, no mercenary objects to promote, was perfectly clear. Some of their brethren held aloof from them, because they saw no good that they could gain from the agitation of the question. They took, in his opinion, a wrong view of the matter. He admitted that, individually, they could not hope to have their private interests advanced by the success of their exertions. They were all of them already established in practice, and had, in that respect, nothing to gain by Medical Reform. But ought they to forget those who were to come after them? or should they overlook the dignity of their profession, or the good of society? Let them persevere in their exertions—let them go on in a straightforward and honourable manner—and the public, he was convinced, would soon see that it was more their interest, than the interest of the profession, to advocate the cause of Medical Reform. (Applause.)

Mr. C. T. CARTER, Hon. Secretary, next proceeded to read the Report, of which the following is a very imperfect analysis:—

“The support which the North of England Association has received from a large portion of the medical practitioners in the North of England, proves that the medical profession is daily becoming more sensible of the advantages to be derived from union amongst themselves. No class of the community stands more in need of union than the medical profession; and hence it is encouraging to perceive, in the events of the last few years, the most incontrovertible evidence that the want of unanimity which has too long characterized the members of that profession, is rapidly diminishing. There can be no doubt that much good has resulted, and that still more will yet ensue, from the exertions of several associated bodies which have been formed already, or which may hereafter be established, throughout Great Britain and Ireland.

“The labours of the Council, up to the present time, have been principally engrossed by the all-absorbing question of Medical Reform.

“At the first meeting of the Association, on January 21st, 1840, a Report was read on the State of the Medical Profession, which was unanimously adopted; as was also a Petition addressed to both Houses of Parliament, praying for Medical Reform. These documents were subsequently printed and circulated (about 500 copies of each having been sent to various parts of Great Britain and Ireland.) Copies of the Report and Petition were also transmitted to many Members of Parliament, accompanied by letters requesting attention thereto. Several most favourable answers were received, expressing the desire of the writers to give the question of Medical Reform their best consideration, whensoever it should be brought before the Legislature.

“In the month of February, a Memorial was drawn up by the Council, addressed to the Secretary of State for the

Home Department, representing the claims of the profession on the notice of her Majesty's Government. This was likewise printed and circulated with the Report and Petitions.

“In March, nearly 250 circulars were forwarded to different towns, calling upon the members of the profession to petition Parliament in favour of Medical Reform, and containing model-petitions for their use.

“At the meeting of the Council in the month of May, it was determined to petition the House of Commons against certain clauses in the Vaccination Extension Bill, and to pray that the superintendence of that measure might not be entrusted to the Poor Law Commissioners. The Council regret, that, in the passing of this bill, the representations made by medical practitioners to the Government and the Legislature should not have been more fully acted upon.

“In June, the Council forwarded to Lord John Russell, for presentation to the House of Commons, a petition relating to the Poor Law medical appointments in England and Wales. The petition prayed that measures might be taken for giving immediate effect to the views upon this subject, contained in the Report of the Commissioners, dated December 31st, 1839, and to the recommendations of the medical witnesses who were examined thereupon before a Committee of the House of Commons in the year 1838.

“At their meeting on the 8th of July, the Council authorized their Secretary to repair to Southampton, for the purpose of acting on their behalf in the proceedings which took place, in connexion with Medical Reform, at the meeting of the Medical and Surgical Association held in that town on the 22d and 23d of July. Deputations attended also from the British and Irish Medical Associations; and they, together with certain members of the Provincial, and the Deputy from the North of England Association, formed themselves into a joint-committee, for taking measures to promote the advancement of Reform. A deputation from the joint-committee waited upon Mr. Warburton, on the 25th July. Mr. Warburton pledged himself to bring in a bill before the end of the session; but the sentiments which he addressed to the deputation were by no means satisfactory.

The concluding part of the Report contains a very elaborate and comprehensive digest of the grievances under which the medical profession labours from being unprovided with any proper or adequate legal constitution. The remedy proposed is the establishment of a General Medical College, or Council, comprising three executive departments—one in England—another in Scotland—and a third in Ireland—the members of the Council to be chosen in part by the profession, and partly by the crown. The advantages of such an establishment are next clearly stated in the Report, and objections which might be raised against the proposed change are refuted. Medical Reformers (says the reporter) do not wish to *annihilate* the present Medical Corporations of Great Britain, but to *modify* their functions, leaving them to exercise those (and those only) which they are calculated to fulfil with efficiency.

Dr. BARNES moved that the Report be received, and that thanks be presented to the Council. All were agreed that some reform of our medical institutions was necessary; and though they might differ on minor points, they were of one mind as to the leading principles by which they should be guided. They were agreed as to the importance of a sound preliminary education, and also as to a rigid examination of all candidates for license to practise the Healing Art. They were agreed, too, that when a student's fitness had been tested and approved, he should be qualified to practise in any and in all of the three kingdoms, in which of them soever he had studied and passed his examination. Uniformity of education, uniformity of examination, and uniformity of privileges—these were the leading objects at which Medical Reformers aimed.

Mr. MORRISON, in seconding the motion, made some remarks on the system of medical tenders. He thought

that if medical men would only send in such offers as would enable them to discharge their duties with honour to themselves, and justice to the poor, the evils of the tender system would be remedied without the assistance of the Legislature.

Sir JOHN FIFE, who moved that the annual subscription be reduced from one pound to ten shillings, said, that the resolution which he had the honour to propose clearly demonstrated the increasing prosperity of the North of England Medical Association. The Association now numbered a hundred and sixty members—the funds were good—their power was growing; and it was clear, that a body so influential, organized, unanimous, and powerful, must soon make an impression on public opinion, and, consequently, upon the Legislature. (Applause.) After having replied to Mr. Morrison's remarks on the tender system, Sir John Fife concluded by observing, that when he reflected on the past proceedings and future prospects of the Association, and that their ruling principle was to raise the qualification, elevate the social position, and increase the usefulness of the medical profession, he could not harbour a doubt of their ultimate and complete success. (Applause.)

The resolution was carried without opposition.

Dr. KNOTT, of Newcastle, with a view of rendering the union of the Association more efficient in the cause of Medical Reform, moved several instructions to the Council; one relative to the establishment of local associations in the North of England; another inviting members of the profession to communicate their grievances, or plans of reform; a third to define the qualification of candidates for enrolment in the Association, and of practitioners for consultation with any of its members. His fourth instruction was, that all resolutions be printed and circulated among the members, previous to meetings being held; and that a time be fixed, after which no resolution shall be received for the ensuing meeting.

Dr. ELLIOT, of Gateshead, seconded the motion of Dr. Knott, and suggested that the Council should frame a code of laws for the general guidance of the profession.

Mr. MORRISON then made some observations on the working of the Anatomy Act, which, he said, was rendered almost inoperative from the circumstance that the act left it uncertain in whom the legal possession of unclaimed bodies rested.

Dr. ELLIOT read an interesting paper "On Scientific Medicine; its Relations and Claims on Society at large;" and the meeting separated, after the presentation of thanks to their venerated President, Dr. Headlam.

CASE OF STRANGULATED FEMORAL HERNIA.

BY MR. BANNER,

Surgeon to the Liverpool North Hospital.

MARGARET MAKIN, *æt.* 40, was seized with symptoms of strangulated femoral hernia in February last, when Mr. Banner was called to see the case, in consultation with Mr. Bradshaw. The history given was as follows:—She had a rupture in the left groin, after the delivery of her first child, which was in 1823; she had been obliged to wear a truss almost constantly ever since; occasionally, when she had been without her truss, or when she was using much exertion, the rupture came down, and she had slight difficulty in returning it. On the 10th of February, after having washed from early in the morning until evening, the rupture came down, and she was unable to return it; early in the morning of the 11th she felt sick and faint; there was pain in the tumour, and slight griping pain in the bowels. These symptoms increased in severity until the night of the 11th, when Mr. Bradshaw was sent for. He found the patient with a small hard hernia in the left groin, which was irreducible; the pulse was weak and very quick, and there was frequent vomiting. After endeavouring, in vain, to persuade her to go into the hospital, he had recourse to the usual means for the reduction

of the hernia; his efforts, however, were fruitless. It was not until the afternoon of the 12th inst. that she consented to the operation, which was performed by Mr. Banner in the usual manner. The cellular membrane covering the hernia was found very indurated and thick; within the sac were about three drachms of a thick fluid, which much resembled cream in colour and consistency—it was free from smell, and on its surface there floated oily globules; there was a small hard flat piece of omentum within the sac, and also a small knuckle of intestine, which was dark coloured, but bright, and such as was thought would maintain its vitality. It was, with the omentum (which slightly adhered) returned into the abdominal cavity. A mixture, composed of sulphate of magnesia and infusion of roses, was given every two hours. Soon after the operation the vomiting and pain ceased, and before morning she had parted with three evacuations by the rectum; the bowels continued to act regularly during the first four days after the operation. The wound looked slightly inflamed; the discharge from it was healthy; on the night of the fourth day a sudden gush of fluid came through the wound, with a great noise, which was described like that of wind passing through an opening; the fluid discharged was very offensive, and yellow in colour.

On the fifth day after the operation, Mr. Banner saw the case again, when it was ascertained that there was an escape of *æces* and flatus; the wound looked sloughy, and the patient appeared to be suffering from a good deal of constitutional irritation; stool passed through the rectum at the same time that it passed through the wound. In a week after this event, a large slough was thrown off, which appeared to consist principally of the sac and cellular membrane; the wound soon assumed a healthy appearance; the discharge of *æculent* matter rapidly diminished, and in a few days entirely ceased; the stools passed freely through the rectum, and in three weeks the wound was quite healed. The woman was nearly five months advanced in pregnancy; she was delivered, at her proper time, of a living child, which made her fifteenth.

OSTEO-SARCOMA OF THE FEMUR.

Catherine Williams, *æt.* 17, was admitted into the Liverpool North Hospital on the 31st of July, 1840, under Mr. Banner's care, with osteo-sarcoma of the lower end of the left femur. She stated that seven months previous to her admission she felt pain and stiffness in the left knee; the joint began to swell, and very soon attained a great size; the pain increased in proportion to the growth of the swelling, and at last she was obliged to leave her situation as a servant. She had always, previous to this attack, good health. She had applied to the dispensary for relief, and had leeches, cupping glasses, and blisters applied; the disease increased, and she came into the hospital. At this time there was considerable emaciation; the countenance pallid and anxious, the pulse quick and feeble, the secretions scanty; the knee was enormously swelled, and very hard; the swelling existed more to the inside of the knee than the outside; the foot was turned out, and the limb had an appearance of lateral dislocation; there was a feeling of fluctuation, deep and indistinct; the patella appeared pressed to the outside of the knee; there was considerable motion in the joint, and the patella could be readily moved. The pain, which at the time of her admission was considerable, was referred to the ham; this pain increased at night, and during sleep she was often awoken by a starting or shooting of the limb; the swelling was free from discoloration, and the veins were not visible.

This case presented much the appearance of chronic inflammation of the knee joint; but the want of a distinct feeling of fluctuation, and the extraordinary hardness, rendered the diagnosis difficult. The nocturnal pains, in conjunction with the other symptoms present, induced a belief in the existence of the pulpy thickening of the synovial membrane, as spoken of by Sir B. Brodie; but the tolerably free motion, and the *great hardness*, were opposed to this. The principal treatment, in the first instance, was