ant subject has not, within our memory, issued from the pen of one who fills the office of assistant-surgeon to a leading metropolitan hospital, and of lecturer on surgery at a respectable school of medicine.

In the first line of his preface, Mr. Skey shows an ignorance of what we might term "polite medical literature," by designating Mr. Carmichael of Dublin, Sir R. Carmichael. The name of that distinguished surgeon is so familiar to every one, and has of late been so frequently placed before the public, in connexion with Medical Reform, that we are at a loss to understand how Mr. Skey could have been guilty of such a blunder, and still less can we understand why Mr. Skey should make distinct persons of Mr. Carmichael and Sir R. Carmichael.

But if Mr. Skey be addicted to unnecessary distinctions about names, he is evidently careless in his discrimination of things. Venereal sores are considered by Mr. Skey to occupy, almost invariably, the external organs of generation, and hence he seems to have neglected altogether to investigate the condition of the walls of the vagina or the neck of the uterus. This detracts very materially from the value of his deductions, and reduces the "Practical Treatise" to a collection of cases.

NEWCASTLE ON TYNE INFIRMARY.

PRACTICE OF MR. GREENHOW.

STRANGULATED HERNIA.

(Reported by Mr. WATSON.)

FRANCIS COPPIN, æt. twenty-one. Admitted April 2, 1841, labouring under symptoms of strangulated hernia. He states that about six months ago, whilst using some violent exertion, the bowel suddenly protruded, and he felt considerable pain in the abdomen, with great sickness. The hernia was at that time returned after some difficulty, and he has since continued in good health, but has never worn a truss. This morning, whilst employed in pulling at a heavy rope, having a considerable weight attached to it, the bowel again escaped, and the swelling in the scrotum became larger than it had ever been before; he also felt great pain in the abdomen. A surgeon having for some time employed the taxis without effect, he was sent to the infirmary, where he was admitted about three o'clock. On admission the following symptoms presented themselves:—a hard but not very large tumor could be felt in the right side of the scrotum, tense, and very painful on pressure; there was considerable tenderness over the whole, but particularly the lower part of the abdomen, which was increased by pressure; his countenance was anxious and depressed; he complained of sickness, but had not vomited; obstinate constipation; pulse quick and jerking; tongue very foul, and loaded with a brown fur. He was bled and placed in the warm bath, when the taxis was again

employed, but without success. He was then ordered to have an injection of infusion of senna and sulphate of magnesia, from which he had a copious stool, but still the intestine could not be reduced. A tobacco enema was then administered, and while he was suffering under its depressing influence, the taxis was again employed, but with no better success than before. He was then carried into the operating room, and Mr. Greenhow immediately proceeded to the operation. After cutting through the usual coverings of an inguinal hernia, the tunica vaginalis testis was exposed, which proved to be the sac, and on opening it a considerable quantity of yellowish serous fluid escaped, and a large portion of intestine was exposed, of a dark, plum-coloured, congested appearance, at the inferior and lower part of which the testis was found lying; the stricture was then felt for, and a flat director being introduced, was, with some difficulty, divided by means of Cooper's knife; the intestine was then returned, and the external wound brought together by means of the interrupted suture with adhesive plaster, and the patient was carried back to bed. He felt considerably relieved by the operation, and the sickness gradually abated. Ordered to have calomel and comp. colocynth pill, of each five grains, in two pills, at once; with some castor oil. To have the injections, if necessary.

3. Has had a good deal of sleep during the night; bowels have been freely opened; complains of pain in the abdomen, particularly in the right lumbar region; no sickness; has taken some food; pulse 132; tongue cleaner. Repeat the castor oil, and apply warm fomentations to the abdomen frequently. *Vespere*, much pain and tenderness of abdomen; bowels have not acted since morning; pulse quick and full. Venesection; fomentations; calomel and colocynth at once; enema and castor oil.

4. Very restless; has vomited a great deal; much pain and tenderness of abdomen, with great hardness; bowels have been freely opened; tongue furred. Repeat the bleeding; eighteen leeches to the abdomen; effervescing draught frequently; calomel, five grains; opium, one grain, every third hour. An emollient enema, with half an ounce of castor oil, every fourth hour. 4. P.M. Bowels again freely opened; has vomited once since morning; does not complain so much of pain; abdomen not so hard, but still very tense; countenance much sunken and pallid; pulse very rapid and feeble. Continue the pills and effervescing draught; repeat the enema in the evening. To have brandy and sago, if necessary. At half-past seven he died.

Sectio cadaveris fifteen hours after death.

Great rigidity of the whole body; abdomen very hard and tumid. On laying open the cavity of the abdomen, it was found to contain a great quantity of coagulated blood and serum, the greatest part of which was in the right iliac fossa, although there was also a considerable quantity in the left side; the peritoneum lining the walls of the abdomen, and also that portion covering the several viscera, were very much inflamed, and a quantity of coagulable lymph was effused, forming soft adhesions between the different portions of the intestinal tube; the peritoneal coat of the stomach was also intensely inflamed; the great omentum was

found in a highly-inflamed state, and between its layers was a quantity of coagulated blood, which appeared to have come from one of its arteries which was found open; the blood found in the cavity of the abdomen appeared to have proceeded from a large ulcer on that portion of intestine which had been strangulated, (and which proved to be the lower portion of the ilium just at its junction with the cœcum,) laying open several of its vessels, and completely perforating the intestine; some of the blood also appeared to have come from a part of the intestine farther up the tube, in a way almost similar to a transudation through its coats, as no distinct orifices of vessels could be discovered, nor any mark of ulceration; but the dark colour of these portions of intestine and the adhesion of a quantity of coagulum to their surfaces, sufficiently proved that they had been the source of some of the hæmorrhage. The epigastric artery was quite safe, and the internal ring had not been cut at all; the stricture was found to have been situated within the inguinal canal at a short distance from the internal ring. The liver was small, and appeared very pale and unhealthy; the testis of the right side was much less than the one of the opposite side, and also much softer; it was also situated much nearer the external ring; the internal ring was quite pervious, and did not appear to have ever been united.

From the circumstances above mentioned, viz. the open state of the internal ring, and the situation of the testis, Mr. Greenhow was induced to suppose that the testis of the right side had never descended into the scrotum till the day the hernia became strangulated, but being then forced out of the abdomen by the violent exertion the patient had been using, had opened a passage for the bowel, by which it could not be returned, and consequently strangulation necessarily followed.

CONFERENCE ON MEDICAL REFORM.

Third Meeting of the Delegates, Saturday, February, 6, 1841.

Dr. MACARTNEY, F.R.S., in the chair.

Present—*Provincial*, Dr. Macartney, Dr. Forbes, Mr. Ceely, Mr. Wickham, Dr. H. Green.

British, Dr. Webster, Dr. Hall, Mr. Evans, Mr. Davidson, Dr. R. D. Thomson.

North of England, Mr. Carter.

Cornwall, Mr. Grainger.

Glasgow, Mr. Farr.

The minutes of the last meeting were read and confirmed.

Dr. Webster read a letter from Dr. Barlow, explaining the reason of that gentleman's absence from the conference; and one from Dr. Miller, secretary of the Glasgow Medical Association, delegating to him power to act, or to appoint another person to act, as a delegate from that body in this conference. The members of the Glasgow Association, Dr. Miller states, *entirely* disapprove of Mr. Warburton's Bill. The Bill of Mr. Hawes they think much better suited to the wants of the profession, although defective in many important points, and that of Dr. Webster as well calculated to improve and elevate the condition of the profession.

Dr. Webster, in pursuance of the authority vested in him, nominated Wm. Farr, Esq., to act as delegate of the Glasgow Medical Association.

Mr. Grainger stated, that being compelled to leave town for a few days, he had obtained the consent of the Cornwall Medical Association to substitute his colleague, Mr. Pilcher, as their delegate.

After some discussion, wherein the delegates expressed their opinion as to the importance of the same gentleman continuing to officiate for the body by which he was deputed during the whole of the proceedings, it was agreed that Mr. Pilcher was at liberty to represent the Cornwall Association.

The Secretary read a letter addressed to the chairman by Dr. Cowan of Reading, apologizing for his absence, and stating his impression that it was most improbable that Parliament would seriously entertain any system of reform independent of, and unsanctioned by, the corporations, and that the co-operation of these bodies should be sought in framing a plan of reform.

Mr. Carter observed, he had always understood that one of the duties of this conference would be to confer with the corporations, and endeavour to procure the co-operation of those bodies in the accomplishment of medical reform.

Dr. Macartney, Dr. Webster, and others, coincided in this view.

A discussion ensued respecting the next general principle of reform which should be considered.

Mr. Wickham thought the constitution of the governing bodies should come next in order.

Dr. Forbes moved, and Mr. Davidson seconded, the adoption of the following resolution:—

"That in the opinion of this meeting the incorporated body of the profession in each kingdom should elect a governing council."

Dr. Macartney thought the elective franchise should be confined to qualified practitioners of ten years' standing.

Mr. Wickham was of opinion that some such limitation should exist.

Dr. Forbes consented to modify his motion to the following:—

"That a council shall be elected periodically, in each division of the United Kingdom, from and by the incorporated members of the profession resident therein."

Mr. Davidson seconded the motion.

Dr. Macartney thought no one should be elected who did not possess a diploma or degree.

It was remarked, that such a provision would exclude persons who were in practice before the year 1815.

Dr. Webster thought the councillors should be men of at least ten years' standing in the profession.

Mr. Carter said, the qualification of electors had yet to be considered; it would be fixed before any election took place; he agreed with Dr. Webster's remark.

The motion was put and agreed to.

Dr. Marshall Hall read a letter which he purposed addressing to Sir R. Peel on medical reform.

Mr. Wickham thought the qualification for a degree, as well as that for a license, should be fixed by the councils, and that the examination for honours should be conducted by those bodies; the