

point, where, in the natural structure, they would join the neck of the bladder, and pass into the urethra. Ureters natural, penetrating the posterior portion of the bladder.

Spermatic Arteries of natural size; the right arises from a subsidiary branch of the internal iliac on the left side, passes a little to the left of the median line, anterior to the left vas deferens, and above the vas deferens to the abdominal ring of the right side: the left derived from the right, at that point where it passes the left vas deferens, and proceeds to the abdominal ring of the left.

Arteries of the Vesiculæ Seminales.—The left is given off from the spermatic artery, which goes to the right abdominal ring: the right is given off from a small branch of the internal iliac of the left side.

Obturator Arteries given off on each side from the epigastric.

Rectum almost straight, corresponding to anterior surface of sacrum.

Sphincter nearly close to the scrotum.

Levator Ani large and strong.

Symphysis Pubis.—That which should form anterior part of pelvis wanting; symphysis supplied by strong ligament stretching across from one os innominatum to the other.

Crura of Penis large.

Bulb of Urethra large.

Transversalis Perinei large and strong.

Contents of Scrotum.—*Herniæ.* On the right side, oblique. The sac passed in between the vessels of the spermatic cord, and had the vas deferens and its artery lying on the posterior surface, and the other constituents of the cord lying on the anterior and external surface. On the left side there is a congenital hernia.

Pelvis.—*Height* from highest point of the crista ilii to the lowest of tuberosity of ischium, left side $8\frac{3}{8}$ inches, right side $8\frac{3}{8}$ inches. From the brim, anterior to the acetabulum, to the lowest part of the tuberosity of the ischium, left side $4\frac{1}{2}$ inches, right side $4\frac{1}{2}$ inches. Length of sacrum, 6 inches; coccyx, $1\frac{3}{4}$ inch. Diameters of brim—antero-posterior, $4\frac{3}{4}$ inches; transverse, $6\frac{1}{2}$ inches; oblique, $6\frac{1}{4}$ inches.

Obturator Foramen larger than common, and partly filled with a plate of bone.

Sacrum measured across at its junction with the os innominatum, $5\frac{1}{4}$ inches. Instead of being concave, or possessing a hollow throughout, the sacrum is slightly convex at its upper third, where the first piece joins the second. Lower two-thirds slightly curved. It has anteriorly four pair of foramina; the third pair, with their grooves, large and well-defined. Junctions of different pieces of sacrum anteriorly incomplete, being partly cartilaginous. Slight curvature of the two upper pieces to the left side. Posterior convexity less than usual.

There was a slight lateral curvature in the vertebral column in its lumbar portion.

The patient, during his life, walked slightly lame, as though one leg was shorter than the other: this is accounted for by the left os innominatum being shorter than the right, and consequently having the acetabulum slightly higher. This poor fellow had a very awkward, waddling walk; he complained that he did not feel strong at the lower part of the belly. We might marvel that he could support even the weight of his own trunk, seeing the defective formation and want of support at the anterior part of the pelvis; yet he once assisted in carrying a weight, his share of which was not less than half a hundred weight.

It was observed that the sacrum was but very slightly hollow, and that the rectum was very nearly straight, its termination being almost close to the scrotum. This latter was very common in cases of malformation like that of Battle. In this instance, that part of the sacrum below the promontory and the rectum approached much nearer to the pubis than was natural. This appeared to have been the result of defective formation of the urinary organs. The absence of the bladder, as a containing organ, and also of the prostate gland, would, during the foetal and infant state, contribute to this variety. The presence of the prostate gland and the bladder, occasionally distended with fluid, would have assisted in preventing the advance of these parts towards the pubic region, and would have preserved the natural form of the sacrum, the curve of the rectum, and the situation of the rectal termination; for the contents and the containing cavities contributed to preserve the form of each other, exercised a mutual restraint, and determined the final form. There was a preparation in the museum showing a foetus, in which the abdominal parietes over the liver were wanting, and exhibiting that organ without form, or, at least, without its natural form, or anything approaching to it.

In cases like Battle's, the malformations were singularly uniform, the description of one being, in fact, the description of all.

MEDICAL REFORM.—NECESSITY FOR MEDICAL CORONERS.

To the Editor of THE LANCET.

SIR,—George Kirby, of 15, Martha-street, Haggerstone, aged eleven years and six months, had been slightly suffering from cold for a week, was taken worse on Sunday, the 31st of October, when Mr. Mark Pickering was called in; he attended until the Friday evening following, November 5th; he sent a six-ounce mixture, having the same appearance each day, and nothing else was done; he told the parents that their son "had typhus fever, and it would run twenty-one days, then he would be better."

I was desired by the parents to see him on Friday evening, the 5th of November; he was found to have considerable effusion into the lungs and bronchiæ, and on the following evening he died.

Being desirous of ascertaining the extent of disease, I obtained permission to make a post-mortem examination thirty-six hours after death; both the substance of the lungs and bronchial ramifications were found filled with muco-purulent matter; about two ounces of serum were found in the pleura costalis on each side of the chest; the base of the left lung slightly adherent to the pleura costalis; the lower lobes of both lungs were covered by a thick, soft layer of coagulable lymph.

In consequence of the opinion which I had given, and the result of the post-mortem examination, the parents naturally felt deep distress and dissatisfaction, that Mr. Pickering should treat their son for typhus fever, when it was so manifest that his case was one of acute bronchitis connected with pleuritis, without any adequate remedies having been adopted, and the father waited upon Mr. Baker, the coroner, expressing his desire to have the case investigated. The inquest was held on Thursday last, the 11th instant. The following evidence was given by the father:—"When Mr. Pickering first saw my son on Sunday, the 31st, he said he had typhus fever; the mother asked him if he did not want leeches, 'he said no, leeches were of no use to him, he had a fever upon him;' he attended on the Sunday, Monday, Tuesday; he did not see him on the Wednesday; he saw him on Thursday and Friday, the same kind of mixture was sent each day, for which I paid him a shilling each time; on Saturday he came whilst I was at dinner; I told him he had been treating my son improperly, and he need not attend any longer, as I had called in Mr. Wallace."

The following is the evidence of Mr. Mark Pickering:—"I am a surgeon and apothecary, residing at No. 6, Hertford-place, Haggerstone; I practised in 1810, and ever since. When I was called to the deceased he was labouring under fever; I gave him nitrate of potash and the solution of the acetate of ammonia with peppermint water, which formed the mixture; the pulse was high, but small; there were favourable symptoms on the second day; I altered the medicine, adding sulphate of magnesia; when I left the patient he appeared to be going on well; I represented the case to be typhus; I am not aware of his having any other complaint; I could not trace that he had any inflammation whilst I attended him; the symptoms of inflammation are twitchings and hectic cough."

My evidence went to show that there was no hope of the boy's recovery from the period of my being called in, and he died twenty-

four hours after. I put him under mercurial treatment as the only hope, if time permitted its action to be set up; I stated that the boy died from unsubdued inflammatory action, and had he been properly treated upon anti-phlogistic principles, in all probability he would have got well.

Mr. Editor, I will thank you to insert this case in your valuable Periodical, as showing the absolute requirement of a legislative enactment to secure the public from such ignorant men as Mr. Mark Pickering; although he has stated on oath "that he practised in 1810, and ever since," there is a fair reason for raising a doubt on the point, seeing the profound ignorance displayed by him in this case, as well as from my personal knowledge of some equally, and one especially, more gross, which is in the remembrance of many here. In concluding this inquiry, the coroner told the gentlemen of the jury that after all there was only a difference of opinion in this case, "and who should decide when doctors disagree," and directed a verdict to be returned, "Died a natural death, by the visitation of God," which was recorded, and Mr. Pickering received the fee of a guinea.

I will take this opportunity of bringing to the notice of the profession the concluding part of another inquest held last Saturday, the 13th instant, at the Birdcage Tavern, Birdcage-walk, Bethnal-green, on the body of Mr. George Bennett, who was a highly-respectable and valuable character; he died suddenly whilst walking to town; the particulars may be known by referring to the different newspapers, although there is a wrong statement contained in some of them, "that Mr. Wallace's assistant saw the deceased, and said he died of apoplexy;" my assistant made no such statement; but my reason for drawing attention to this is, that no medical evidence was brought forward on this inquest." The coroner said, that the cause of death was *no doubt the rupture of a vessel of the heart*, and the jury returned a verdict of "Natural death, by the visitation of God."

With regard, Mr. Editor, to such as Mr. Mark Pickering, it is evident that it behoves every legally-qualified practitioner for himself, and more particularly for the public, to endeavour by a cordial union to obtain a legislative enactment, whereby such ignorant pretenders could be punished summarily before a magistrate; and, Sir, there is an undeniable evidence, as shown in the two cases, and many others could be adduced as proof of the necessity of having medical coroners.

These are facts which I leave with the profession to judge upon, without further comment, than that I trust all such cases will be borne in mind and recorded. I am, Sir, yours, &c.

RICHARD WALLACE, Surgeon.
Hackney-road, Nov. 17, 1841.