registration has failed, as others before it have done, from want of funds and want of support.]

In the year 1866, the Committee of the British Medical Association on the Observation and Registration of Disease reported in favour of voluntary Associations for the purpose—such as were stated to be already established at Manchester, Newcastle, St. Marylebone, Liverpool, Preston, and Birmingham; and urged the adoption of some common form of report to be sanctioned by the Parent Association. (BRITISH MEDICAL JOURNAL, Aug. 25th, 1866.) Such form was issued without delay, and adopted by the Societies at Newcastle and St. Marylebone. My inquiries respecting Birmingham and Preston have, unfortunately, been without result.

In Liverpool, the health-officer, as I learn from Dr. Trench, receives daily and weekly reports from the vestry-clerk, from dispensaries and private practitioners, of the occurrence of certain classes of disease; but a systematic classification of sickness is unknown, if we except a very admirable report drawn up annually from the district returns of the Training School and Home for Nurses, an institution which for nine years has carried on its work of usefulness among the sick poor, supplementing medical aid with skilled advice and material assistance when it was found to be required.

In the same year (1866) occurs Dr. W. Farr's memorable proposal for the appointment of registration medical officers to supervise the mortuary returns (Twenty-seventh Annual Report of the Registrar-General)—a proposal which was at once adopted by the Committee of the British Medical Association, who assured him of their hearty co-operation in pressing it to a successful issue. At the same time, it was suggested—and this met with Dr. Farr's cordial approval—that the same officer would be the suitable "authority for collecting and publishing periodical returns of disease obtained by local Associations; and that the districts for the registration of disease should be based on the divisions of the country for the registration of births, deaths, and marriages." (BRITISH MEDICAL JOURNAL, Nov. 3rd, 1866.)

Passing to the year 1868, the British Medical and Social Science Associations are found uniting in a Joint Committee on State Medicine, and presenting with their common memorial a memorandum, drawn up, it is understood, by Dr. Rumsey, in which periodical reports on all cases of disease "treated at the public expense, with their causes and results, and more minutely and frequently during outbreaks of epidemics," find a prominent place. (Memorandum to be submitted to Her Majesty's Ministers and to Members of Parliament by those who are promoting an organisation of skilled Medical Officers of Health and Medical Jurists in Districts for purposes of State Medicine—April 1868.)

The answer to this memorial has but just appeared in the Report of the Royal Sanitary Commission. By repeated discussion, the subject had become narrowed, and the aims of its promoters more definite. The Poor-law Board had come to be regarded by all parties as the chief agent in any registration scheme, but the frequency of the returns, their destination, form, and even their object, were to be hotly disputed by the champions of rival systems.

In November 1869, a deputation representing the St. Andrew's Medical Graduates' Association, the Medical Society of London, the Metropolitan Association of Medical Officers of Health, and the Poor-law Medical Officers' Association, waited on the President of the Poor-law Board with a memorandum "on the advantages to be derived from a registration of disease, and on the mode in which such a record can be obtained". The memorandum was based on the scheme already propounded by Dr. B. W. Richardson in 1856 (BRITISH MEDICAL JOURNAL, November 13th, 1869). The official reply was encouraging, but negative in immediate results.

Early in 1870, the subject was again brought into prominent notice through a paper read by Mr. James Lewis, of the Registrar-General's Department, before the Metropolitan Association of Medical Officers of Health, in which Dr. Richardson's plan was severely criticised, and a very practical scheme put forward, which, in a form subsequently modified and expanded to meet certain suggestions by Dr. Rumsey and others, has met with general acceptance.

At the Newcastle Meeting of the British Medical Association, much attention was given to the National Registration of Disease; and the Report of a Committee advising weekly returns was adopted. Since then, the medical journals have discussed the subject in a fair and practical spirit, whilst the very general feeling of Mr. Simon and others, as expressed in their evidence before the Royal Sanitary Commission, in favour of sickness-registration, leaves little doubt that in some form or other this great boon will very shortly be granted to the country (Evidence, Royal Sanitary Commission, vol. i, Q. 1910).

The last public effort to move the Government on the subject of a registration of sickness was in October of last year, when a joint depu-

tation from the British Medical Association and the Poor-law Medical Officers' Association waited on the President of the Poor-law Board, and pleaded their cause. Mr. Goschen's reply was extremely favourable, but the whole subject was deferred until the Royal Sanitary Commissioners had published their report.

NOTES ON A CASE OF ACUTE ATROPHY OF THE LIVER.

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ACUTE atrophy of the liver being a disease rarely seen in this country, I propose briefly to enumerate the symptoms observed during life, together with the *post mortem* appearances, of a case which came under my observation some time since.

In May 1865, a girl aged 17 presented herself in the medical out-patient rooms of the Manchester Royal Infirmary, being at that time deeply jaundiced, and complaining of drowsiness, mental depression, and general exhaustion. She informed me she had always enjoyed good health, had lived tolerably well, and had not been subject to over hard work. There was no history of syphilis, and she had been regular within a short time previous to the commencement of her present illness. A fortnight before I saw her, she experienced the first symptoms of the disease, and observed a yellow tinge in her skin and conjunctivæ. These appearances followed almost immediately after a *severe fright*. From the commencement of the attack the bowels had been very much constipated, the urine also being thick, and loaded with bile-pigments.

On examination, the liver did not extend to its usual limits, while there was some amount of tenderness over the hepatic region. She was ordered mild mercurials, together with aperients, and an application of equal parts of extract of belladonna and mercurial ointment to the hypochondrium.

On her next visit she expressed herself better. The jaundice was not so marked, and the drowsiness had to some extent disappeared. The bowels acted daily, the evacuations containing small quantities of bile. She was ordered to continue the treatment as before, with the addition of small doses of nitro-muriatic acid twice a day. At this time there was no perceptible change in the size of the liver.

She came again the day following, when it was evident that her condition had altered considerably for the worse. There was no apparent cause for this sudden change, the mother having informed me she had adhered most closely to the rules laid down for her guidance. On this occasion the jaundice was of a much deeper colour; she had persistent vomiting, the stools were very hard and clay-coloured, and she was somewhat delirious.

She was taken home and immediately put to bed, when violent symptoms rapidly supervened. The jaundice became more and more marked, and vomiting continued; constipation and delirium of a very furious character followed. The hepatic dulness was now noticed to be less than at the last examination, and its limits were marked out, so as to detect any further diminution. The urine at this time was very concentrated, and contained a large amount of biliary elements. Microscopic examination revealed numerous and most perfect crystals of tyrosine. All the symptoms above mentioned became intensified, and the patient died in a state of coma on the third day after the active stage set in.

The necropsy was performed the following morning. The rigor mortis was well marked, and the body everywhere deeply jaundiced. All the organs were perfectly healthy except the liver, and this was so altered in appearance that one could scarcely recognise it. Considerably reduced in size, and weighing only thirteen ounces, it closely resembled a piece of stale meat. The capsule was opaque, and the parenchyma flabby and atrophied. All the bile-ducts were quite free from any obstruction; and the gall-bladder, although reduced in size, contained a small quantity of thick dark-coloured bile. On subjecting the liver to a microscopic examination, not a single perfect hepatic cell could be detected. Here and there a cell in process of absorption could be seen, but all traces of true hepatic structure had disappeared. The rectum was full of hard clay-coloured fæces, and the bladder contained a small quantity of thick urine, similar to that passed during life.