acquainted with the difficulties of the photographic art, the sort of pictures which the figures of the Registrar-General are likely to afford of the amount of disease, either in the present or in the past. Regarded from a provincial rather than from a central point of view, the defects of the Report are very patent. It yields but a mocking answer to the growing demand on the part of sanitary bodies, medical practitioners, and others, for speedy information concerning the death and disease going on around them.

1. *The information comes too late.*—The return for January, February, and March is published on the 5th of May—five weeks at least after date, and undoubtedly, in nine cases out of ten, too late to have any effect on the progress of epidemic disease, or to give a warning note of any real value to the intending tourist, the invalid, or the medical practitioner. The healthiest watering place may have passed through an epidemic of scarlatina or measles, and be perfectly free before the Registrar-General is ready to fulminate against it. Much injury and injustice has been already done by this pernicious use of the death-rate. Isolation and other measures are all but powerless when an epidemic has got head; they are all-powerful when brought to bear on the first cases of invading disease, as Mr. Davies has practically proved at Bristol, and others elsewhere. Early information, therefore, is essential to prompt and successful effort; and a death-roll several weeks after date can scarcely be said to fulfil this very necessary condition.

2. *The death-rate is deceptive as an index of disease.*—The prevalence of sickness bears no proportion to the rate of mortality. This has been proved so often and so clearly that it seems almost superfluous to dwell upon it in this place. Dr. Ballard has shown that the months ranged in order of sickness and in the order of fatality do not correspond. The death-rate from scarlatina in Manchester has varied from 1 in 6 cases to 1 in 36, for various seasons of the year. The mortality from diarrhoea in the same city varied from 1 in 3.3 to 1 in 35, the deaths being in inverse proportion to the prevalence of the disease. Lastly, we learn from Dr. Murchison, as quoted in Mr. James Lewis's very suggestive paper on National Returns of Sickness (Sessional Proceedings of the Social Science Association for March 24th, 1870), that, although 34 cases of relapsing fever had been admitted into the Fever Hospital during September, 7 on October 1st, 68 during the week ending October 22nd, and 89 in the week following, "the first appearance of the disease as a cause of death was in the Registrar-General's return for the week ending November 6th, when 2 fatal cases were recorded." The death-rate, then, is but an imperfect guide to the prevalence and fatality of epidemic disease; it is, at best, an uncertain index of sanitary conditions.

3. *The Quarterly Returns of the Registrar-General are provisional only.*—An experiment has been tried, and the Registrar-General "believes this great work has been satisfactorily performed; instructions will provide against future defects." The experiment, I need scarcely say, consists in the fact that the difficult task of analysing and classifying local returns of certain causes of death has been committed to local officers, amongst whom are reckoned farmers, undertakers, grocers, and tailors; whilst the very necessary safeguard of skilled supervision suggested by Dr. Farr, and previously by Dr. Rumsey, has been omitted from the scheme. The result is a provisional return in which, I fear, little confidence can be placed. The registrars are not to blame. All praise is due to a most intelligent and zealous body of men on whom a great stress of work has been thrown without any corresponding emolument. The defaulters, the Registrar-General tells us, have been few. But anyone who is conversant with the terminology of death-certificates, and who has himself tried to classify the causes of death, must know that the difficulties are very real; that terms are used which would tax a grocer's patience to find in the nomenclature of disease; that cases of concurrent disease are often nicely balanced between two columns, and require skilled knowledge and more than ordinary intelligence to give them their true position. No instructions, however clear or detailed, could enable a grocer or a farmer to deal successfully with the various kinds of cynanche, pertussis, or the legion of fevers. In the only instance in which I have been enabled to compare the last quarterly return with the local register of the causes of death, I find that an officer exceptionally intelligent, painstaking, and zealous in the performance of his duties, has counted or classified erroneously in no less than five out of the six columns devoted to special disease. *E.g.*, the Report gives 6 cases of measles and 10 of scarlet fever: I find 4 of measles and 11 of scarlet fever. The cases of measles may be raised to 5 by counting one death registered as "measles and scarlatina" under both heads, thus making two deaths of it. I registered it as scarlatina only.* The scarlet fever cases are then made up to 11 by including a death from

"pneumonia and congestion of the kidneys after scarlatina", which I imagine the Registrar must have omitted. Under diphtheria, two deaths are given: I find but one. Whooping-cough is correct. The greatest discrepancy occurs, as might be expected, in fevers. The Report gives nine: I find but five, unless deaths from—(1) hip-disease and hectic fever, (2) rheumatic fever, (3) rheumatic fever—gall-stones obstructing the bile-ducts, (4) febris bronchialis—make up the number. Lastly, in diarrhoea, the Report must include one, and one only, of the following, in order to make its number three: "Old age, diarrhoea"; "diseased liver, diarrhoea." There should be two cases only, and both of those above-named excluded. It would appear, therefore, that we must still wait until certified copies (not necessarily copies, I may remark) of the causes of death reach the head office for analysis, "on an uniform plan by practised hands", if we are to look for accurate returns; and it may fairly be asked whether the increased outlay for printing, etc., and the labour expended in producing an array of figures such as we find in the improved Quarterly Report, could not be put to better use. This leads me to the last part of my subject.

4. *Competent local supervision of mortuary returns and registration of sickness.*—The Registrar-General allows that the central organisation would break down under the pressure of immediate returns of causes of death for the whole country; local aid is therefore a necessity; it has been shown, however, that local aid, unless regulated and supervised, leads to erroneous and, by consequence, highly mischievous results. On the other hand, it is well known that a very small portion of the truth is elicited by a central manipulation of the registers of causes of death. No allowance can be made for local circumstances; no correction can be applied in cases of manifest error or gross carelessness. The returns are all passed into the statistical mill, and emerge in the very symmetrical pattern of the annual report; but there are those who place but little confidence in the result. It seems clear, then, that if the death-rate from certain diseases is to be utilised as a true sanitary organ, and not only as a basis for political action or philosophical disquisitions on the causation and nature of disease; if quick and accessible returns on the spot are essential to this end; local analysis under medical supervision must precede the despatch of the local registers to their final resting place in Somerset House. In the absence of a recognised health officer, or a registration medical officer, the superintendent registrar, at least, should be a medical man, and his functions might well be extended beyond those enjoyed by the present custodians of the mortuary records. Weekly analyses of certain causes of death should be accessible to sanitary authorities and every registered practitioner in the district. But a register of deaths without a register of sickness is as a bare list of the slain with no account of the battle. Mr. James Lewis has so recently and so well advocated the cause of sickness registration, that I cannot do better than refer those who wish to follow the subject to his paper quoted above. All difficulties are there dealt with by a masterly hand, and a good working scheme presented for quick returns of sickness from Poor-law officers, charitable institutions, friendly societies, and the like. Voluntary effort has already shown, by its success in London, Manchester, and Newcastle, what might be accomplished if the system were extended to the whole of England. If the details were retained for local use, whilst the summaries were forwarded to the central office, as proposed by Mr. Lewis, Dr. Rumsey, and others, the results would, I believe, be soon apparent, not only in the improvement of public health, but in an increased knowledge of health-resorts, an increased confidence in recommending them to our patients, and perhaps an increased success in our treatment of some of the most troublesome classes of disease. Practitioners in town and country are not generally slow to recognise and appreciate even the feeblest aids in their professional work; and the apathy with which the Reports of the Registrar-General are received by the profession, gives, it is to be feared, a true measure of their usefulness in preventive and curative medicine. The events of a past epidemic are forgotten amidst the absorbing thoughts of the present and the future; but a death-roll which should tell what death is doing—a record of sickness which should tell what it is likely to do if not met on the threshold—would be welcomed in every country town and district as a new weapon in the hands of the practitioner for the alleviation of suffering, the prevention of epidemics, and the cure of disease.

A CASE OF MYELITIS IN A SUBJECT OF INCIPIENT LUNG-DISEASE.

By GEORGE H. SAVAGE, M.D. Lond.

J. H., aged 29, a lead-miner, for eight years single and steady, hitherto healthy, in February last came under my care with hurried breathing, dulness at both apices—especially the left—wavy prolonged respiration, cough, sweating, and expectoration. He improved during the next two months; his cough being less and his breathing better.

* From an Instruction to Registrars, just issued, I find that this death should go to measles; but it is difficult to see the reasons which lead the Registrar-General to assign the death to the first and not to the last of two well defined epidemic diseases.

On May 8th, I found him much weaker; he was scarcely able to stand in consequence of the trembling of his limbs. The disease in the chest had progressed.

On May 13th, I was called at 4 A.M., as he was in great pain, and was unable to pass urine. The bladder was distended. He had pain in the lower dorsal region. He never afterwards was able to pass urine without the catheter. The urine was clear, but alkaline; otherwise normal. After this his feet became numb and cold, and gradually he lost all power in them. He had severe pain in the back, extending over the abdomen and down the external cutaneous nerve of the right thigh. The bowels required medicine to make them act, and when they acted he was unconscious of it. The pulse was rapid (120-130) and irregular; it was difficult to count it in consequence of spasmodic action of the tendons at the wrist. Respiration was shallow and rapid. He slept much; and when drowsy, was delirious, but could be readily roused. He gradually became unconscious, and died on the evening of May 22nd. No *post mortem* examination was allowed.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

A REPORT ON HYDROA AND ALLIED DISEASES.

[Continued from page 493 of last volume.]

CASE XII.—*Erythema Nodosum, with General Eruption of Abortive Vesicles in Patches; Hydroa; Phlyctenulae in the Throat and in the Conjunctiva; Swelling of Cervical Glands; Rheumatic Pains in the Joints and great Disturbance of Digestion; Eruption coming out in crops during a fortnight; Iritis of one Eye as the Rash was disappearing.*—E. W., aged 25, married, was admitted into the London Hospital, under the care of Mr. Hutchinson, on May 2nd, 1870. On the arms the eruption occurred in scattered patches and spots. It was most abundant on the backs of the forearms. Each patch consisted of a number of papules closely set together, with erythema of the intervening skin, and some of the largest were attended with oedema, approaching erythema nodosum in appearance. Most of them, however, were almost flat. Scarcely any of the patches were round, and most of them were quite irregular in shape, clearly caused by the aggregation of distinct papules, and not by the spread of inflammation from the centre. Scattered amongst the patches were a number of distinct papules, which were elevated, obtusely pointed, bright-coloured at the base and white in the centre, looking exactly as if vesication were about to take place. They varied in size from a pin's-head to that of half a pea. Only one or two papules occurred on the backs of the hands; there were none on the fronts of the upper arms nor in the bends of the elbows. The patches were arranged with tolerably accurate symmetry, and were made up of the abortive vesicles just described. None of the patches were corymbose. There were patches on the sides of the neck, a few about the eyelids and on the nose, a plentiful crop on the shoulders and upper part of the back, not many on the chest, and there were some on each side of the trunk.

Any one looking at the legs would, without hesitation, have pronounced the disease erythema nodosum; it was very freely out, very dusky, and attended with considerable oedema. It was limited by the ankles, and did not occur on the feet nor in either popliteal space. It was most abundant on the fronts of the tibiae. The ankle-joints were somewhat swollen and tender.

There could be no doubt that the eruption was essentially erythema nodosum. When it first came out there were vesicles upon the soft palate; a few days latter, several vesications were detected on the conjunctiva of the right eye, midway between the inner canthus and the cornea. In the left eye there was general congestion of the conjunctiva of the ciliary region, but no distinct phlyctenulae were to be seen.

The eruption began on the legs on Easter Tuesday. She had for a month previously been suffering from rheumatic pains in the right ankle and in the left shoulder, which she attributed to living in a damp house.

She had applied at the Hospital, under Dr. Jackson's care, on the 25th, suffering from sore throat and enlarged glands in the neck; but at this time there were no patches on her arms. It would appear from her account that the eruption came out in successive crops. She had throughout her illness had a furred tongue and loss of appetite.

The above notes were taken on May 4th. The eruption was then already fast disappearing. A few days later, she had severe pain in the left eye, attended by much ciliary congestion. For several days the

pain was extreme. The iris became muddy, and on the use of atropine the pupil was found to be irregular.

She left the Hospital, at her own request, on May 19th. The rash had then wholly disappeared; but the characteristic bruise-like stains remained, especially on the legs. There was still some iritis, but it was subsiding. Her rheumatic symptoms had vanished.

The occurrence of iritis in this case led to investigations as to syphilis as a complication, but nothing was discovered in support of such a suspicion.

CASE XIII. *Hydroa in a Man aged 24: History of Recurrence once a Year from Childhood: Subsidence of Eruption in a Week.*—Benjamin Grout, aged 24 years, by trade a blacksmith, came to the Blackfriars Hospital for Diseases of the Skin, on June 21st, 1870, suffering from a mixed vesicular and erythematous eruption on the forearms, etc., to which he had been liable from childhood. The attacks had only occurred once a year. The present attack had begun three days before. The next day (June 22nd), a wax model was taken. The eruption was then at its height (on the fifth day). It displayed somewhat different characters in different parts; a distinctive feature being the occurrence of vesications on patches of erythema. Some of the patches of erythema were as large as shillings, and without any vesicle; of bright colour at their margins, and of a lighter tint towards their centres, closely resembling some of the published portraits of Herpes Iris. Some of the best of these occurred about the backs of the elbows. When vesicles were present, they usually occupied the centre of the erythematous patch, and were somewhat irregular in shape, not unfrequently presenting a puckered margin. In some patches, the vesication had dried up, and its edges were still spreading. On the hands, there were many small bullae, of the size of split peas, with a little redness at the base, but no definite patch of erythema. On his tongue, buccal mucous membrane, and palate, a few small white ulcers were all that were seen. He told us that he was aware when these attacks were liable to come on, by a troublesome itching of the skin. They had occurred in the beginning of the summer, and he had been accustomed to feel confident that he would not have another during the year. He recollected having them when he was at school. Then they were more severe, and the spots used to cover his whole face; but the hands were not affected. Of late years, his hands had suffered more severely, and his face less so.

For many years (nineteen) he was a total abstainer, and enjoyed very good health, with the single exception of these attacks. He was advised to take beer, to check the outbreaks. He did not notice any difference while doing so, excepting that he ate less. He now took two quarts daily. He had never had any attack of rheumatism. He had never had any disturbance of the digestive functions. On June 24th (seventh day of the eruption), the rash had everywhere faded; none of the patches were abruptly margined, and the bullae were everywhere shrivelling; many of them appeared to be drying up without breaking. Others were breaking and leaving shallow sores. The palms of his hands were so sore that he could not work. The soles of his feet, also, were slightly affected, but not sufficiently to inconvenience him. No trace remained of the sores on his tongue, and those on his lips and face had almost disappeared. He had taken only small doses of an alkaline mixture.

CASE XIV. *Hydroa: Fourth Attack in Two Years: each Outbreak lasting Two Months.*—Elizabeth Boseley, aged 14, an out-patient under the care of Mr. Reeves, at the London Hospital, has a vesicular eruption on the backs of the hands and wrists, not on the fronts of the wrists, nor on the palms; she never has had it elsewhere, and never has sore throat at the same time. She has had four attacks before the present one: two attacks each year for two years; they come in early summer and early winter. An attack lasts two months, during which time fresh spots keep coming out as the old ones die away. The present attack is the worst she has had, and is not extensive. No relations are known to have had it. She does not feel at all ill before it comes out, nor during the attack. She has not menstruated yet. She describes it as coming out in the form of watery heads or blisters, which break and then dry up. She has never before had treatment for the eruption.

June 25th, 1870.—The present attack has lasted six weeks, and the eruption is now declining, and not characteristic in appearance. There are a number of partly dried vesicles and scabs resting on erythematous bases on the back of each hand and wrist. The erythematous base is larger than the vesicle. There is no eruption elsewhere. It is more abundant on the right hand than on the left. The patches are about the size of threepenny-pieces; some are separate, and others more or less confluent. In some cases there would seem (from the appearance of the scab) to have been a single large vesicle on an erythematous base; while in others a number of smaller vesications, situated close together, have formed on a single red patch of skin.