SYPHILITIC AFFECTIONS OF THE NERVOUS SYSTEM: A RETROSPECT.

By THOMAS READE, M.B., Belfast.

SINCE Dr. Todd of King's College, London, and I, published cases of syphilitic disorders of the brain and its membranes respectively, in 1851 and 1852, the subject has attained a high degree of practical value and nosological importance. The cases we at that time submitted were in direct contravention of the universally accepted opinion and authority which ruled surgeons. It is within the roll of the maladies usually assigned to the care of the physician, that we now trace and follow out the most serious and even fatal results of constitutional syphilis.

In my own paper, first series (*Dublin Quarterly Journal*, 1852), I have unequivocally proved that epilepsy, mania, hemiplegia, paraplegia, amaurosis, hebetude of intellect, loss of memory, cranial neuralgia, suicidal propensity, paralysis of sphincters—all may be the offspring of the one disturbing cause—syphilis affecting the nervous centres. How this protracted darkness overshadowed the observations and judgment of generations of eminent medical men, I can in no way account for, unless in this way: the surgeon had dismissed his patient on the disappearance of all local and visible disorder. Authority had guaranteed the brain exempt from all syphilitic forces. The subsequent injuries of the nervous system were intrusted to the recognised speciality of the physician, whose nosological nomenclature of the nervous system gave no place in its roll, no clue to a true diagnosis, until recent times supplied the defect.

With this prelude, I propose to submit a statement referring to this subject, and to my own special connection with it, made by the editor of the *Dublin Quarterly Journal of Medical Science* for August 1869, p. 155.

"It is very generally known that Dr. Thomas Reade of Belfast published his first paper on syphilitic diseases of the nervous system in the pages of this journal in the year 1852; Dr. Todd of London having drawn attention to the same subject in 1851. All, however, are not aware of the fact that Dr. Reade's paper was offered for publication in the year 1847. Thus Dr. Reade was really and literally the first who recognised the existence of syphilitic disease of the nervous system; and his labours since this time in further elucidation of the same are well known, and should be freely acknowledged."

I deem it due to the profession and to myself that I should briefly supplement the affirmation of the editor of the *Dublin Medical Journal* by a simple relation of the facts as they happened. They are as follows. In 1837, I was required to visit a military officer from the Ionian Isles, who had been under treatment for persistent quotidian ague for eleven months. He was apparently in the most abject state of prostration consistent with human existence. A strict examination of his person guided me to ignore ague (malarial), and to affix a positive diagnosis; namely, constitutional syphilis. His state precluded hesitating measures. I directed fifteen grains of strong mercurial ointment to be assiduously rubbed in every night. The success was wonderful: on the third night he slept unbroken sleep throughout the night; he had no rigor or fever, *which never again returned*. The fifth day, he had ravenous appetite, with restoration of all the nutritive and secretory functions.

I may not dwell on the corroborative proofs of the diagnosis by the relation of the various accidents of constitutional syphilis which attended the progressive convalescence of about one year. He married, has a family, is an officer of high military rank, and, for his years, of rather plethoric health. (See Case 9, second series.)

The fortuitous occurrences of private practice supplied me with other cases in succession up to the close of the year 1847, so prominently characteristic and pronounced, that it was impossible I could resist the conviction that the brain and its membranes were susceptible and capable of being imperilled by constitutional syphilis. The moral obligations of my profession as an instrument of public benefit, imposed on me the duty of publication of facts of such deep interest and value in connection with the advancement of correct pathological knowledge, in furtherance of this duty to put my opinions to the test of full inquiry, I offered my first series of cases in 1847 to the editor of the *Dublin Quarterly Journal of Medical Science*. He, however, refused the paper, and it lay with me until accident introduced me to Dr. Neligan, the next editor of the same journal, who asked me if I could give any contribution. I named the rejected paper, which he gladly accepted, and published in his forthcoming number (February 1852). By Dr. Neligan's desire I continued the subject, and gave him my second series of six additional cases in 1860.

The knowledge of the subject in 1867 had acquired such a full re-

cognition in England and on the Continent, that I considered it right to collect my series of papers and additional cases—in all twelve—and publish them in a volume (Messrs. Churchill, London, 1867).

Subsequently to 1847, Dr. Todd, when on a tour of relaxation in Ireland, paid a visit to me in Belfast. Incidentally I mentioned to him my recent researches on affections of the brain excited by syphilis. He engaged with great interest in the discussion. I discovered that he held opinions on the subject in perfect accordance with my own; he being the only medical man up to that period with whom I had ever conversed holding the same views.

In 1851, he delivered his remarkable lecture expounding his recognition of syphilitic disease affecting the nervous system. No doubt the connection of a name so justly distinguished in the advance of medical science, must have materially encouraged a spirit of inquiry in that direction.

In conclusion, the claim of priority or precedence bears no weight on my mind. The acceptance and reference by *modern writers** on syphilis of my cases, as faithful and instructive types of syphilitic disease dominating the nervous system, could alone be to me a justification for publishing this retrospect.

NOTES ON

THE QUARTERLY RETURN OF BIRTHS, DEATHS, AND MARRIAGES.

By EDWARD T. WILSON, M.B. OXON.,
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ON the 5th of May last, the Registrar-General yielding, as he admits, to pressure from without, issued a Quarterly Report, differing in many important particulars from those which preceded it; a Report calculated "to merit the attention and satisfy the liberal curiosity of the inhabitants of each place, who will see at once what is going on as regards those important events, births, deaths, and marriages; what diseases are rife, what diseases are fatal, how many children have been born in the past, and even" (the Registrar-General is not unmindful of the gossiping propensities of people) "how many of their neighbours have married in the previous three months." (Preface to Quarterly Report.)

In the Quarterly Returns with which we have hitherto been familiar, the numbers of births, deaths, and marriages, occurring in the registration districts of England, in 14 large towns, and in 46 large town districts, were given; whilst the only intimation of disease was the note appended by the local registrar to account for an exceptional death-rate, whether above or below the average.

The Report under consideration professes to give the same facts for no fewer than 2,196 sub-districts in England, for 17 large English towns, and 50 large town-districts, with the very important addition of the deaths in infancy (under one year) and old age (sixty years and upwards), from violence, and from eight of the most marked and most prevalent zymotic diseases; viz., small-pox, measles, scarlet fever, diphtheria (to include sloughing sore-throat—*vide Instructions to Registrars*), whooping-cough, fever, diarrhoea, and cholera. "It will be evident", the Registrar-General tells us, "on surveying the tables, that they give as comprehensive a view of the diseases plaguing the population dispersed over the soil of the kingdom, as a series of photographs could give of the clouds that sweep over its skies. It is true the returns of deaths can never furnish such immediate notice of the origins of epidemic diseases as returns of cases of disease; but it is not true that the information of the death-register is necessarily too late; it is too late as regards the individual, but it is not too late as regards the community, which can immediately adopt measures to quench the sparks before they involve it all in flames." Prompt information of the *locale*, type, and course of an invading epidemic is amongst the most urgent needs of preventive, as of curative medicine; and if the performance of the Registrar-General be equal to the promise, he will merit the warmest approbation, not only of the medical profession, but of sanitary authorities, and even individuals, through the length and breadth of England. I venture to think, however, that a close examination of this Report will go far to qualify any excessive satisfaction with the result, and that the simile of cloud-photographs is unfortunate as suggesting to anyone

* Dr. McDowell, *Dublin Hospital Gazette*, 1854; Dr. R. B. Todd, *Clinical Lectures*, second edition, 1856, page 405; Dr. Hughlings Jackson and Mr. Jonathan Hutchinson, *Medical Times and Gazette*, 1861 and 1862; M. Zanibucio, Civrieux Prize, Imperial Academy of Medicine, Paris, 1862; Dr. Duncan *Dublin Quarterly Journal of Medical Science*, 1863; Dr. William Moore, *Ibid.*; Lancereaux, *Traité de la Syphilis*, New Sydenham Society, 2 vols., 1869; J. K. Barton, *Pathology and Treatment of Syphilis*, 1868.

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.