Of the mortality from organic diseases, that from the diseases of the nervous system, organs of respiration, and urinary organs, is on the increase; that from the diseases of the digestive organs is on the decline; and that from the diseases of the circulatory system and organs of generation is stationary.

The mortality from hydrocephalus, which is almost exclusively confined to children under 10, is rapidly diminishing. That from child-birth and metria is also diminishing. But this decline is especially notable in England and Wales, demonstrating the improvement in the practice of midwifery in the country, for the death-rate has fallen from 320 per million in the first decade, to 165 in the third decade. The deaths from violence and suicides do not call for any special observation here. The mortality from other causes—a heading very indefinite in its signification—has for its chief contributor deaths from unknown causes. This largely means unqualified medical practice. The figures from this source are higher in the table for England and Wales than in that for London. It is encouraging to think that this source of discrepancy is on the decline; but it still forms a heavy mortality, causing a serious drawback in the vital statistics. Had the promoters of the Medical Bill devoted more energy to check unqualified practice in this country, they would have rendered a more widely felt public service, and protected the poor and uneducated classes from quacks and impostors.

REMARKS UPON THE SECTION OF MENTAL DISEASES IN THE NEW NOMENCLATURE OF THE ROYAL COLLEGE OF PHYSICIANS.

By HENRY SUTHERLAND, M.D.,

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In order to estimate correctly the value of this new classification of mental diseases, it is necessary, for comparison's sake, to refer briefly to the original subdivisions of these disorders, published by the College of Physicians in 1869, and also to Skae's and Esquirol's classifications, to which, it is evident, the present one is indebted in no small degree.

The following table, where the order in which the diseases were arranged has been slightly altered, so as to bring those called by the same name side by side, will show at a glance the sources from whence the new classification has been derived.

College of Physicians, 1869.	College of Physicians, 1885.	Skæe.
Mania.	1. Insanity.	Idiopathic mania.
Melancholia.	2. Mania.	(a) Sthenic. (b) Asthenic.
Monomania.	3. Hypochondriasis.	
Dementia.	4. Melancholia.	
	5. Monomania.	
	6. Dementia, including acquired imbecility.	
General paralysis of the insane.	7. General paralysis of the insane.	General paralysis of the insane.
Idiocy. Imbecility.	8. Idiocy. Synonym, congenital imbecility.	Idiocy. Intellectual. Imbecility; moral.
Puerperal mania.	9. Puerperal insanity.	Mania of pregnancy.
(a) Connected with parturition.		Mania of child-bearing.
(b) Connected with lactation.		Mania of lactation (and other forms of sexual insanity).
	10. Epileptic insanity.	Epileptic mania.
	11. Insanity of puberty.	Mania of pubescence.
	12. Climacteric insanity.	Climacteric mania.
	13. Senile insanity.	Senile mania.
	14. Toxic insanity, from gout, alcohol, lead, etc.	Metastatic mania.
Esquirol.	15. Variety (52). Delirium tremens.	Dipsomania.
Mania.	16. Traumatic insanity.	Delirium tremens.
Lypemania (melancholia).	17. Insanity associated with obvious morbid change or changes in the brain.	Traumatic mania.
Monomania.	18. Consecutive insanity from fevers, visceral inflammations, etc.	Sunstroke mania.
Dementia.	19. Cretinism.	Phthisical mania.
Idiocy or imbecility.	20. Myxœdema.	Syphilitic mania.
College of Physicians, 1869.		
Cretinism.		

Anyone who has studied the A B C of the subject, is aware that all classifications must be founded, according to the divisions of mind supposed to be affected (as "emotional insanity"), or according to the mental symptoms (as "mania"), or according to the bodily conditions associated with the mental disturbance (as "traumatic insanity").

The Committee for Mental Diseases, very wisely discarding the first of these classifications as being unpractical, have arranged these disorders of the intellect under two important divisions; the first in-

cluding forms of insanity arranged according to mental symptoms, the second according to the bodily conditions connected with them. This second division is further subdivided into those diseases of the mind dependent upon certain periods of life; those dependent upon external causes, and those dependent upon internal causes, which most probably arise from some disease of the nervous system.

If these diseases were arranged according to this subdivision, the list would read as follows.

I. *Insanity Characterised by Mental Symptoms.*—1, Insanity; 2, Mania; 3, Hypochondriasis; 4, Melancholia; 5, Monomania; 6, Dementia; 7, Idiocy; 8, General Paralysis. II. *Insanity Dependent upon Bodily Conditions.* (A) *Period of Life.* 9, Insanity of Puberty; 10, Puerperal Insanity; 11, Climacteric Insanity; 12, Senile Insanity. (B) *External Causes.*—13, Toxic Insanity; 14, Delirium Tremens; 15, Traumatic Insanity; 16, Consecutive Insanity; 17, Cretinism. (C) *Diseases of the Nervous System.*—18, Insanity of Brain-changes; 19, Epileptic Insanity; 20, Myxœdema.

Anyone seeing this classification for the first time, must at once come to the conclusion that in it, to conciliate the disciples both of Esquirol and of Skæe, substantives, such as the word dementia, and adjectives, such as climacteric, have both been allowed a footing. An improvement has been made by substituting the term Insanity for the term Mania, so often and so inappropriately used by Skæe; and at least half a dozen of his forms of insanity due to sexual disturbance have been omitted.

Granting the necessity for those forms of insanity qualified by an adjective being included in the new classification, to satisfy scientific prejudice, it must be confessed that the Committee has performed its task with moderation and success. More especially would I direct attention to the two divisions "Insanity from Brain-change," and "Consecutive Insanity," as being both liberal in principle, and including a vast number of cases concerning whose etiology and pathology conflicting evidence might be adduced.

Modern research has necessitated the addition of the term "Myxœdema," although much like its brother-disease, General Paralysis, the bodily symptoms are chiefly conspicuous.

Having said thus much in praise of this new classification, I may now turn a critical eye upon its deficiencies.

In the *Nomenclature of Diseases* of 1869, hypochondriasis was included under the head of "Functional Diseases of the Nervous System," and not, as at present, under "Disorders of the Intellect." Of course, the same word may bring different ideas to different minds; but to my thinking, there is nothing certifiable about hypochondriasis, pure and simple, as long as it does not glide into melancholia; and surely uncertain diseases ought not to find a place amongst mental diseases, if we wish classification to assist us in medico-legal questions.

The same remark applies to delirium tremens, a disease which often consigns the patient to an asylum, but which nevertheless in itself does not constitute insanity until it passes either into mania *e potu* or chronic alcoholism.

I regret to see the term Monomania retained. Does it apply to one delusion or to one groove of delusions, or is it equivalent to exaltation?

Again, the would-be note of explanation attached to Dementia (I refer to the words "including acquired imbecility") is, I think, misleading. It would be far better to keep the term Imbecility for children, and Dementia for grown-up people, being consecutive or not upon other forms of insanity.

I may make a similar remark upon the explanation attached to Idiocy (I refer to the words "synonym, Congenital Imbecility." The writings of Drs. Down, Ireland, and Beach need only to be consulted for a moment to discover that idiocy is very frequently not congenital; as, for instance, when it is traumatic or when it succeeds scarlatina.

Cretinism and Myxœdema might surely have been briefly mentioned under the head of Mental Diseases, as well as being included amongst those "not classified."

With these few exceptions, the work has been well done. Both schools, the Somatic and the Mental, have had their claims recognised, and this is something.

There can be no doubt that the more simple a classification is, the better for those who are obliged to use it.

There are but four states of mind which can be considered abnormal: one of excitement, one of depression, one of exaltation, and one of fatuity, corresponding to the old terms of Esquirol, (1) Mania, (2) Melancholia, (3) Monomania (9), and (4) Dementia. Congenital Dementia should be called (5) Idiocy and non-congenital "Dementia" proper. To these five substantives, any adjective the wildest imagination might suggest could be easily added.

In addition, the word (5) "Insanity" should be kept, and also (7) "General Paralysis," a disease so strongly marked out by its characteristics as to render it incapable of being classified with ordinary mental disease.

Concerning Epilepsy, I am doubtful. It is an attendant's term for a certain class of cases; but, considering the fact that it accompanies all the seven forms mentioned above, in many cases it can scarcely be counted apart from them without making the terms overlap.

Mania, Melancholia, Exaltation, Dementia, Idiocy, and General Paralysis, combined with a free use of adjectives, ought to satisfy the most pedantic scholar, and it is not certain that the one term "Insanity" would not be sufficient for all practical purposes.

A CASE IN WHICH A PATIENT REMOVED FORTY-THREE CALCULI BY A NOVEL METHOD FROM HIS OWN BLADDER.

By JAMES MURPHY, B.A., M.D., Etc.,

Surgeon to the Sunderland Infirmary, Lecturer at the University of Durham College of Medicine at Newcastle-on-Tyne, etc.

I RECENTLY exhibited, at a meeting of the Northumberland and Durham Medical Society, 43 vesical calculi, and the instrument by which a gentleman extracted them from himself; and a short account of the case will doubtless prove interesting to the readers of the BRITISH MEDICAL JOURNAL.

About five years ago, the patient, whose age was about 50, and who had always enjoyed good health, was very much surprised to find one day, as he was passing his urine, that it suddenly stopped before the bladder was relieved, and on consulting his medical attendant, the latter passed a silver catheter, and immediately struck a stone. The patient was apprised of this, and lithotripsy was suggested; but, being of a mechanical turn of mind—he was by profession an architect—he declined to submit to any operation, preferring first to see what he could do in that way himself. While thinking the matter over, and maturing his plans, he spent several days in trying to get the stone back into the urethra, with a view of ejecting it by a sudden flush of urine, and for this purpose he tried several positions, on his face, knees, etc.; but though he could feel the stone fall on to the neck of the bladder, and, as he thought, touch the entrance to the urethra, he failed to make it enter the latter. After some deliberation, he constructed an instrument, consisting of a Florence flask, into which a cork was tightly fitted. This cork was perforated by a bone tube, into which a No. 10 black French catheter was made to fit with a screw; and, to make it perfectly air-tight, an India-rubber band could be rapidly passed over the joint. Owing to the extreme thinness of the glass in the Florence flask, boiling water could be poured into it, and he had some of the straw covering fitted on to the end of it, which, being a bad conductor of heat, enabled him to hold the flask after the boiling water had been poured out, while he screwed it on to the catheter previously introduced into his bladder, and produced a vacuum by the application of cold cloths to the flask. He then had an aspirator constructed, very similar to that used by Sir Philip Crampton many years ago, but of which it is needless to say he had never heard. He made several attempts with this instrument to get the stone into the urethra, for he never contemplated removing it directly by the aspirator, but never succeeded, as, not having a stopcock as in Crampton's aspirator, the formation of the vacuum was too gradual to form a sufficiently rapid current for his purpose. He therefore soon devised another form of aspirator, which was simpler in construction, and more efficacious in use. He purchased a large ear-syringe, to which he fitted on a No. 10 catheter, from which he had removed the end as far as the eyelet; and while his bladder was full, he got on to his knees, rolled the stone about till he considered he had it at the entrance to the urethra, then gently passed his catheter with syringe attached till he struck the stone; then, without displacing the stone, he gently withdrew his catheter about an inch, and rapidly pulled out the piston, and, after some failures, succeeded in getting the stone into the urethra, when, by means of straining at first, and afterwards, when it came within reach of his fingers, by external manipulation, he had the satisfaction of at last getting the stone into his hand; but he found his troubles were not then ended, for he found there were some others, which he removed in the course of a few days. He then continued quite well for some time, these operations of what may well be called "litholapaxy" in no way inconveniencing him; but after the lapse of several weeks, he found the old pain in his right loin (indicating the passage of a calculus through the ureter) returning;

and, after it had ceased, he again removed a couple of stones, in the same manner as previously; and so matters continued for a space of two years, calculi forming now and then, generally two or three being passed by the right kidney (never from the left), in rapid succession, and then being removed from his bladder; he continued well for several weeks, when the same process was gone through again. At last, getting tired of this breeding of stones, as he termed it, he was induced to go on a diet in which alcohol and saccharine fatty matters were avoided; and, in a little time, no more stones were found, and it is now nearly two years since he has been troubled with one. In all, he removed forty-three uric acid calculi, varying in size from a No. 6 shot grain to a large pea. He generally removed them as soon as they entered the bladder, and became so expert latterly that he could generally bring the stone into the urethra in two or three attempts; but, if he were otherwise engaged, he did not trouble much about the calculi, and sometimes kept them in his bladder for a couple of weeks without removing them. But this is a practice which he cannot recommend; for he assured me that, as soon as a calculus entered the bladder, the sooner it was removed the better. He knows each of the calculi by distinctive marks, and has an anecdote about most of them. One bears the mark where it was struck by the silver catheter; another was stopped in the urethra by coming sideways, and had with much difficulty to be flushed straight; another he calls "the porcupine," as he drank some medicine to try to dissolve it, with, he alleges, the unpleasant result that the soft parts disappeared, and left several rough edges, which made him feel as if he had the fretful animal in his bladder. As is usual, a distinct history of gout was obtained.

ON A FEBRILE DISORDER COMMUNICATED FROM CALVES, AND ACCOMPANIED BY AN ECZEMATOUS ERUPTION.

By T. FREDERICK PEARSE, M.D., Haslemere.

A CASE having the above characteristics has lately been under my care, and I have particulars of two other cases. Similar eczematous patches, but of a very mild form compared to that of my case, are said to be frequent on the hands, arms, and face of those having the handling of these diseased calves. The eruption on the animal is called by my patient (a castrator) "ringworm;" but there are certainly not the same acuteness of symptoms or discharge in the animal as in the disease propagated to the human subject. It is more than doubtful whether the disease in the calves is of the nature of "ringworm" at all. I have not had the opportunity of seeing the disease in calves.

The general symptoms, which came on somewhat acutely, were heightened temperature, varying from 99.5° to nearly 102°, with a frequent and weak pulse, moist but coated tongue, foul breath, a feeling of malaise, and general weakness. These have lasted for nearly a month, though they have somewhat improved during the latter half. My patient says that his brother suffered for six weeks during last winter in exactly the same way as himself.

The eruption consists of inflamed patches, somewhat like incipient boils, which burst, but, instead of discharging pus, pour out a very glutinous serous fluid, which quickly dries and forms a hard scab. There is considerable thickening and hardness of the skin around, and some slight enlargement of the lymphatic glands. The eruption is situated all round the chin, and under the jaws on both sides, with isolated patches on the forehead, eyebrows, and cheek. All round the lower margin of the face there is one continuous discharging surface. As soon as the scabs are removed, fresh discharge hardens and forms a scab again.

A question may, perhaps, be raised as to diagnosis. My patient was in perfect health before this attack, and never had an eruption of any kind about him before. It was treated by my *locum tenens*, in its early stages, for eczema, but apparently without the slightest benefit. The surface is hardly extensive enough, or associated with sufficient inflammatory appearances, to account for the decided general symptoms. Again, the thickening around the base of the eruption is too hard for acute eczema, and there is not the same swelling of the skin. There is not the same pain or soreness, either, as in acute eczema. I have prescribed quinine (three or four grains), with full doses (30 minims) of nitro-hydrochloric acid; and, locally, I tried, first, dusting with iodoform-powder; but, finding apparently little benefit from this, it was changed for oleate of mercury, with oleate of zinc, as an ointment. The sores have considerably improved, and the man's general condition is nearly restored.