THE REFORM OF THE LUNACY LAWS.

THE TREATMENT OF INCIPIENT INSANITY.

At a meeting of the Joint Committee of the British Medical and Medico-Psychological Associations held on May 10th, Dr. W. F. CLEVELAND in the chair, the question of the provision of temporary care for persons suffering from incipient insanity was considered. The following draft of a clause to be introduced into the Lunacy Bill, and draft of a form for certifying such cases, which had been prepared by counsel, were adopted:

(1) Where a medical practitioner certifies that a person is suffering from mental disease, but that the disease is not confirmed and that it is expedient with a view to his recovery that the patient should be placed under the care of the person whose name and address are stated in the certificate for the period also therein stated, not exceeding six months, then during that period the provisions of Section CCCV of the Lunacy Act, 1890, shall not apply.

(2) A medical practitioner who signs such certificate shall within three days after signing the same send a copy thereof to the Commissioners, and it shall be lawful for any Commissioner to visit the patient. The person under whose care the patient is placed shall not be the person who signs the certificate.

(3) The person who receives a patient under such certificate shall within ten days after the expiration of the period mentioned in the certificate, or if he ceases to have the care of the patient under the certificate at an earlier date, then within ten days after such earlier date, send a report to the Commissioners stating whether the patient recovered, and, if not, in what manner he was dealt with when the person making the report ceased to have the care of him under the certificate.

CERTIFICATE.

I [insert full name and address], a duly registered medical practitioner, certify that [insert name, address, and description of the patient], is afflicted [state the nature of the disease], but that the disease is not confirmed; and I consider that it is expedient, with a view to his [or her] recovery, that he [or she] should be placed under the care of [insert full name and description] at [insert full address of the place where the patient is to be received] for a temporary residence for a period of [specify a period not exceeding six months] from the day of , 18

Dated

Signed

The proposed clause and certificate were placed before the Lord Chancellor by the General Secretary of the British Medical Association, who further asked his lordship to receive a deputation on the subject. The following reply has been received from the Permanent Secretary (Sir K. Muir Mackenzie, K.C.B.):

[COPY.]

House of Lords, S.W., the 16th of May, 1898.

SIR,—I am directed by the Lord Chancellor to acknowledge the receipt of your letter of the 13th inst., and enclosures, with reference to the introduction of a clause into the Lunacy Bill dealing with the treatment of incipient insanity, and to say that his lordship will carefully consider these papers, and will let you know whether he wishes to see a deputation on the subject.—I am, Sir, your obedient servant.

F. FOWKE, Esq.,

K. MUIR MACKENZIE.

Secretary, British Medical Association.

THE REGISTRAR-GENERAL'S ANNUAL REPORT.

THE annual report of the Registrar-General of Births, Deaths, and Marriages, which has just been issued, deals with the vital statistics of England and Wales for 1896. Although the earlier publication of quarterly returns somewhat discounts the interest attaching to the principal statistical facts of the year, the report now published contains a large amount of detailed information relating to the causes of death and the age at death necessary to the true appreciation of the death-rate. With regard to the marriage-rate, it showed a marked increase upon that recorded in 1895, and was higher than in any of the twenty preceding years. The births registered in England and Wales during 1896 were equal to a rate of 29.7 per 1,000 of the estimated population, which, with one exception, was the lowest rate on record. The highest birth-rates were, as usual, in the manufacturing counties of South Wales, Monmouthshire, Staffordshire, and Durham, their populations containing a large proportion of young married people. The male births were in the proportion of 1,036 to each 1,000 female births, which corresponded with the average.

The 526,727 deaths registered during 1896 were equal to a rate of 17.1 per 1,000 persons living, or 1.7 per 1,000 below the average rate in the ten preceding years. With the exception of the rate in 1894, which was only 16.6 per 1,000, the death-rate in 1896 was considerably lower than that in any year on record. The lowest county death-rates were 12.8 in Rutlandshire, 13.1 in Berkshire, 13.3 in Surrey, and 13.4 in Westmorland; and the highest rates 18.2 in London, 18.7 in North Wales, 19.0 in Staffordshire and in Warwickshire, and 19.8 in

Lancashire. With regard to mortality at different age-periods, with the exception of the rates for both sexes at ages 5 to 10, the rates at all age-periods in 1896 were below the corresponding rates in the preceding year; and at all age-periods, with very few exceptions, the death-rates in the year under review were lower than those recorded in any year since the establishment of civil registration in 1837. The proportion of deaths of infants under one year of age to registered births was 148 per 1,000, and almost corresponded with the average. Infant mortality falls much more heavily on males than on females; to 1,000 of each sex born during 1896 the proportions of deaths under one year of age were 161 and 134 respectively, showing an excess of 21 per cent. among males as compared with females. At ages under three months the disparity is still greater, for to every 100 deaths of females there were 126 deaths of males. This excess of male infant mortality varies but slightly, although the death-rates among infants of both sexes varies greatly from year to year.

With reference to the causes of death in England and Wales during the year under notice, the death-rate from zymotic or specific febrile diseases showed a decline from that recorded in the preceding year, and was below the average of the ten preceding years, owing principally to a marked decline in the mortality from influenza and from diarrhoea; the mortality from scarlet fever and from enteric fever was also below the average, but that from small-pox, measles, diphtheria, and whooping-cough showed an excess. The fatal cases of small-pox, which had been 431, 1,457, 820, and 223 in the four preceding years, rose again to 541 in 1896, of which no fewer than 443 occurred in the registration district of Gloucester. Of the 541 deaths from this disease recorded in England and Wales, 45, or 8 per cent., were certified to have been vaccinated, and 118, or 22 per cent., to have been unvaccinated; while with regard to the remaining 378, or 70 per cent., no sufficient statement as to vaccination appeared in the certificates. It is to be greatly regretted that in so large a proportion of cases medical practitioners omit to give this very desirable information.

The 3,753 deaths referred to influenza during 1896 were considerably fewer than in any year since the first epidemic in 1890; in every county of England and Wales there was a marked decline. Hydrophobia was the certified cause of death in 8 instances during 1896 against 4, 13, and 20 in the three preceding years; of these 8 deaths, 4 occurred in London, and 2 in Lancashire. The mortality from constitutional diseases during the year under review was lower than in any of the ten preceding years, although the death-rate from cancer was the highest on record.

The causes of death in 22,603 cases, or 4.3 per cent., of the total deaths were so unsatisfactorily stated in the returns as to be useless for purposes of scientific classification. The number of such cases would have been larger but for the practice of the Registrar-General to issue inquiries by letter to medical practitioners concerning obscure certificates of causes of death. No fewer than 4,221 replies were received during the year, with the result that upwards of 3,000 contained information which led to the more accurate classification of death causes. For instance, 597 deaths from vague headings, such as tumour, or disease of the brain, liver, ovaries, uterus, etc., were transferred to cancer; 101 deaths, most of which had originally been returned as from "tumour of the brain," were found to be due to syphilis; and in 111 cases of "stricture of oesophagus," no fewer than 74 were found to be due to malignant disease, and 4 to syphilis.

MORTALITY FROM DIARRHOEAL DISEASES IN LONDON, 1861-97.

By LOUIS PARKES, M.D., D.P.H. Lond.,
M.O.H. Chelsea.

It is a somewhat remarkable fact that during recent years the deaths registered in London as due to enteritis have undergone a great increase. Under the heading of Enteritis are also included by the Registrar-General all deaths certified as due to gastro-enteritis. At the present time a large proportion of these enteritis deaths are deaths of infants under 1 year of age. This has not always been so, as appears from a reference to Table I.

TABLE I.—Percentage of Deaths at Three Age Periods to Total Deaths.

Years.	Diarrhoea and Cholera.			Enteritis.		
	Under 1.	1 to 5.	Over 5.	Under 1.	1 to 5.	Over 5.
	Per Cent.	Per Cent.	Per Cent.	Per Cent.	Per Cent.	Per Cent.
1861-5 ...	62	20	18	30	12	58
1866-70 ...	68	18	14	36	12	52
1871-5 ...	71	17	12	37	13	50
1876-80 ...	70	17	13	44	14	42
1881-5 ...	71	16	13	38	13	49
1886-90 ...	73	16	11	49	12	39
1891-95 ...	74	15	11	61	13	26
1896-7 ...	79	13	8	68	13	19

It is evident from this table that, whilst the age incidence of diarrhoea and cholera mortality has undergone some variation in the direction of increasing the percentage mortality of infants under 1 year, the age incidence of enteritis mortality has undergone a much greater change in the same direction; for whereas 30 years ago only 30 per cent. of the deaths were of infants under 1 year, during the past two years the percentage has been 68, with a corresponding reduction in the percentage mortality over 5 years of age.

TABLE II.—Showing the Number of Deaths Registered as due to Enteritis in Quinquennial Periods Stated in Relation to every 100 Deaths from Diarrhoea and Cholera.

Years.	Deaths.	Years.	Deaths.
1861-65	11	1861-85	10
1866-70	8	1886-90	18
1871-75	9	1891-95	35
1876-80	12	1896-97	52
1881-85	12	—	—

It is evident from these figures that, assuming that the fatal illnesses registered under the heading of enteritis are of the same character as those registered as diarrhoea or cholera, the neglect to take account at the present time of the former in calculating the diarrhoea mortality of London, will lead to a grave understatement of death-rate, and possibly to erroneous comparative conclusions. This will be more apparent after a study of the following table, which gives the average death-rates per million per annum from diarrhoea and cholera and from enteritis in London for these decennial periods, and for 1891-97.

TABLE III.—Death-rate per Million in London.

Years.	Diarrhoea and Cholera.	Enteritis.	Diarrhoea, Cholera, and Enteritis.
1861-70*	1,105	102	1,207
1871-80	987	100	1,087
1881-90	772	115	887
1891-97	711	291	1,002

* The deaths from Asiatic cholera in 1866 have been excluded.

Judging from the diarrhoea and cholera death-rate alone, it might be concluded that there has been during the past thirty years a steady diminution in diarrhoea mortality which, if somewhat arrested during the present decade, is still continuing. The real facts as to mortality from diarrhoeal diseases, are, I think, more fairly shown by the third column of combined diarrhoea and enteritis mortality. There was a steady diminution until the present decennium was reached, since then a rise.

In the first decennium—1861-70—there was only one year (1862) when the combined diarrhoea and enteritis mortality

was less than 1,000 per million; in the second decennium there were two such years (1877 and 1879). In the 1881-90 period there were as many as seven such years, whilst in the present decennium there have, so far, been only three such years. Last year (1897) the death-rate was very high—diarrhoea 950, enteritis 496, combined death-rate 1,446 per million—which is higher than any rate recorded since the year 1868 (1,512 per million), a year famous for its exceptionally hot summer.

A careful study of London diarrhoea death-rates (see chart),

and of mean summer temperatures, since 1861, shows how very much diarrhoea mortality depends upon temperature, as is now so well known. But it also shows that the great decrease in mortality in 1871-80, as compared with 1861-70, went on irrespective of temperature, for whereas in the earlier period there were only 5 years when the mean temperature of the third quarter of the year exceeded the average, in the later period there were no fewer than 8 such years. In 1881-90 everything, as regards temperature, was favourable for a decrease as compared with 1871-80, for in 1881-90 there were only three years with summer temperature above the average, and no fewer than seven years of low summer temperature. In the present decennium there have been four years of summer temperature above the average, and the increased mortality is doubtless due to this circumstance.

There appears to be, however, some other (unknown) factor besides high summer air and earth temperatures (the latter being dependent upon the former), which determines excessive diarrhoea prevalence and mortality in London, otherwise diarrhoea mortality would correspond much more exactly than it does with mean summer temperature. For instance, the hottest year of this decennium has been 1893 (mean temperature of second quarter 4.3° F. above the average, of third quarter 1.7° F. above the average), but the death-rate of 1,084 per million of 1893 is exceeded by both 1896 and 1897 years, with much cooler summers. The very high death-rate of 1897 (1,446 per million) was attained notwithstanding that the summer temperature, except for a short period in July and early in August, was by no means excessive.

Table IV gives the deaths of infants under 1 year from diarrhoea, cholera, and enteritis to every 1,000 births, and also the percentage which these deaths form of the total deaths in six quinquennial periods and in 1891-97.

TABLE IV.—Deaths under 1 Year from Diarrhoea, Cholera, and Enteritis.

Years.	Per 1,000 Births.	Percentage of Total.
1861-65	18.8	59
1865-70	23.8	66
1871-75	23.5	68
1876-80	18.3	68
1881-85	17.0	68
1886-90	19.6	69
1891-97	23.7	72

These figures are interesting, but are not in themselves

sufficient to enable any opinion to be formed as to whether the present high rate of diarrhoea infant mortality is in any way attributable to a greater prevalence of the system of artificial feeding of infants than was current thirty or forty years ago.

In support of the view that the deaths registered as due to enteritis are the result of a disease very similar in character, or perhaps identical, with that causing the deaths which are registered as due to diarrhoea, we have, apart from any consideration of the symptoms common to each, the following facts:—(1) That in London (1896-7), 79 per cent. of the diarrhoea deaths were under 1 year of age, 68 per cent. of the enteritis deaths. Each is a disease largely affecting infants. (2) The seasonal prevalence of each disease is very marked, a large proportion of the deaths occurring in the third quarter of the year. Thus, in London (1891-7) 77 per cent. of the diarrhoea deaths of children under 5 years occurred in the third quarter of the year, and 67 per cent. of the enteritis deaths. Over 5 years of age the respective percentages are 52 and 33. The seasonal curves of the two diseases are also very similar (see chart), the only distinguishing features being that the abrupt rise in enteritis mortality occurs a week later than the diarrhoea rise, that the enteritis maximum is less pronounced than the diarrhoea maximum, and the fall in enteritis mortality is somewhat more irregular. Also, during the months when diarrhoeal diseases are least prevalent, a relatively larger number of deaths are registered as due to enteritis than to diarrhoea.

On the whole, however, it would appear that the disease registered as enteritis has climatic or seasonal relations of a similar character to diarrhoea and cholera, and the inference is a fair one, so far as young children are concerned, having regard to the community of symptoms, that both diseases own a common cause. If this is so, it is only right that the death-rate of a community from diarrhoeal diseases should take cognisance of enteritis mortality as well as of that directly registered as due to diarrhoea, cholera, and dysentery. So far, this has not been done, either in the reports of the Registrar-General or in other official documents. The difficulty is with regard to the deaths from enteritis of those over 5 years of age, which form at the present time some 20 per cent. of the total, for it is highly probable that in a majority of these cases the illness is of a definite inflammatory nature, unassociated with any particular form of bacillus.

THE MEDICAL SICKNESS AND ACCIDENT SOCIETY.

THE fifteenth annual general meeting of this Society was held on May 18th, in the rooms of the Medical Society of London, 11, Chandos Street, W., Dr. DE HAVILLAND HALL in the chair. Among those present were: Dr. G. E. Herman, Dr. J. B. Ball, Dr. W. Knowsley Sibley, Dr. Walter Smith, Dr. Major Greenwood, Mr. J. Brindley James, Dr. F. J. Allan, Dr. J. Owen, Dr. H. Child, Dr. J. V. C. Denning, Dr. J. Miller, Dr. W. T. Evans, Dr. W. A. Dingle, Dr. D. R. P. Evans, Mr. Edward Bartlett, Dr. E. H. London, Dr. R. H. Barkwell, and Dr. J. Cahill.

The annual report presented to the meeting showed that the Society had paid in sickness benefit £40,000, and had an accumulated fund of £115,000. On December 31st, 1897, there were 1,803 members upon the books, the net gain of membership during the year after allowing for deaths, resignations, etc., was 68, in addition to which 12 members had increased their sickness benefits. During the year the Society had paid 417 sickness and accident claims for periods averaging four weeks and two days each. The total amount of sickness benefit paid to members during the year was £5,939 5s. The Society subscribes to the Royal Medical Benevolent College, and uses the votes thus obtained for members of the Society or their families.

The CHAIRMAN said that on looking back on the past year he thought the Committee were justified in congratulating the members on the work done. The Society continued to grow, and the rate of sickness also continued to grow steadily; that was to be expected, and was provided for in the tables constructed when the Society was started. Taking the average for the year the claims were well under the