THE HOSPITALS OF LONDON. No. VI.

BY DR. CORMACK AND DR. SEMPLE, ASSISTED BY NUMEROUS REPORTERS.

THE VITAL STATISTICS OF HOSPITALS.

The following is introduced in this place, from the similarity of the general results to those of the London hospitals, as formerly alluded to in this department of the LONDON JOURNAL OF MEDICINE; and as illustrated by Dr. Webster in the present number.

GENERAL HOSPITAL AT VIENNA. The subjoined Statistical Reports of the General Hospital at Vienna for 1848 and 1849, are contained in the *Zeitschrift der K. K. Gesellschaft der Aerzte zu Wien* for November and December 1849, and Sept. and Oct. 1850. If we could obtain room, we should like to reproduce them entire, as excellent models for the compilation of similar returns from the London hospitals. In the mean time, we have combined some of the statistics regarding the mortality in the institution at Vienna.

Table exhibiting the Rate of Mortality in the Wards of the General Hospital in Vienna, during the years 1848 and 1849.

	Admissions.			Deaths.			Percentage of Deaths on Admissions.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Gen. Av.
Medical Wards .... { 1848	6980	4109	11089	1220	770	1990	17·47	18·73	17·94
{ 1849	6122	3792	9914	1053	847	1900	17· 2	22·33	19·16
Both years.....	13102	7901	21003	2273	1617	3890	17·34	20·46	18·52
Wards for Diseases { 1848	316	249	565	42	40	82	13·29	16·06	14·51
of the Chest ..... { 1849	269	253	522	46	42	88	17· 1	16· 6	16·85
Both years.....	585	502	1087	88	82	170	15·04	16·33	15·64
Wards for Diseases { 1848	144	125	269	27	26	53	18·75	20· 8	19· 7
of Nervous System.. { 1849	193	114	307	49	24	73	25·38	21·05	23·77
Both years.....	337	239	576	76	50	126	22·55	20·92	21·87
Wards for Cutaneous { 1848	2186	722	2908	27	40	67	1·23	5·54	2·30
Diseases ..... { 1849	1719	664	2383	42	43	85	2·44	6·47	3·56
Both years.....	3905	1386	5291	69	83	152	1·76	5·98	2·87
Wards for Diseases { 1848	..	705	705	..	133	133	..	18·86	18·86
of Women ..... { 1849	..	541	541	..	111	111	..	20·51	20·51
Both years.....	..	1246	1246	..	244	244	..	19·58	19·58
Surgical Wards .... { 1848	2635	1187	3822	252	143	395	9·56	12·04	10·33
{ 1849	2205	959	3164	179	103	282	8·13	10·74	8·91
Both years.....	4840	2146	6986	431	246	677	8· 9	11·46	9·69
Syphilitic Wards .. { 1848	1262	858	2120	1	4	5	0·08	0·46	0·23
{ 1849	1075	966	2041	6	3	9	0·55	0·31	0·44
Both years.....	2337	1824	4161	7	7	14	0·29	0·38	0·33
Ophthalmic Wards.. { 1848	455	285	740	2	1	3	0·43	0·35	0· 4
{ 1849	385	235	619	0	2	2	0·00	0·85	0·32
Both years.....	839	520	1359	2	3	5	0·23	0·57	0·36

The preceding table points out distinctly the remarkable influence which certain classes of affections exert, in augmenting or diminishing the rate of mortality. Thus, in the surgical wards, exclusive of those devoted to syphilis and ophthalmic affections, the average mortality for the two years was 9·69 per cent. ; but, if to the surgical cases we add the syphilitic and ophthalmic, the rate of mortality becomes diminished to 5·56 per cent.

The statistics of the obstetric, children's, and lunatic departments at Vienna are separately given in other parts of the Report ; but we shall at present confine our notice to those classes which are specified in the table.

The Reports of the Vienna Hospital are, moreover, valuable for the tabular view which they give of the relative mortality from each disease. We have reproduced the Vienna statistics, thinking that it would be interesting to those engaged in medical statistics, and might also serve as a model for similar documents in some of our institutions. With this view, we have combined the results for the two years in a single table, omitting the short commentaries which are appended to each anatomical group of diseases.

Statistical Table of the Cases admitted into the General Hospital at Vienna, in 1848 and 1849, arranged anatomically.

	Admitted.		Discharged.						Died.	
			Cured.		Relieved.		Not improved.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
DISEASES OF THE BRAIN.										
Congestion	261	192	208	150	3	6	5	3	21	9
Inflammation	64	29	22	16	..	1	5	1	50	23
Tuberculosis	11	3	..	..	..	..	..	..	11	3
Apoplexy	71	70	8	11	5	3	4	6	43	35
Delirium	384	307	76	18	8	6	238	262	30	17
DISEASES OF SPINAL CORD AND NERVES.										
Inflammation	9	1	3	..	1	..	..	1	2	1
Intermittent Fever	1261	317	1169	286	9	3	9	1	14	6
Neuralgia	141	243	113	106	7	17	5	10	6	5
Convulsions	122	190	60	84	21	37	27	38	9	5
Tetanus	14	11	8	3	1	2	..	..	4	4
Paralysis	187	145	38	23	39	25	25	23	40	32
DISEASES OF ORGANS OF RESPIRATION.										
Catarrh	2614	1270	1975	955	68	45	36	26	301	127
Pleurisy	510	294	381	217	26	16	1	6	71	29
Pneumonia and Pleuro-pneumonia	694	440	500	261	10	13	3	2	140	120
Emphysema	118	40	8	7	43	22	14	1	23	6
Pulmonary Tubercles	1396	970	..	..	358	111	80	35	868	699
DISEASES OF HEART AND VESSELS.										
Endocarditis and Pericarditis ..	30	25	14	12	7	2	1	..	6	4
Organic Diseases of the Heart ..	117	188	..	..	53	66	12	20	39	69
Aneurisms	8	2	..	..	2	..	2	1	3	1
Phlebitis	9	18	1	8	7	5	..	2	..	3
Venous Swellings	20	..	17	..	1	..	..	..	1	..
Inflammation of the Lymphatics ..	52	13	35	9	5	..	1	..	4	..
DISEASES OF THE ALIMENTARY CANAL.										
Angina	253	230	230	206	2	6	1	4	6	2
Parotitis	17	8	11	9	..	..	..	..	1	..
Peritonitis	86	489	50	357	1	15	2	3	25	58
Gastritis	4	4	1	2	..	..	..	..	3	1

	Admitted.		Discharged.						Died.	
			Cured.		Relieved.		Not improved.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Gastric Catarrh	938	497	862	442	6	10	5	1	15	12
Degeneration of Stomach	17	16	..	..	1	2	3	2	9	9
Hæmatemesis	5	11	3	9	..	..	..	..	2	..
Intestinal Catarrh	433	272	338	235	7	1	9	..	40	23
Dysentery	33	25	21	15	..	1	..	..	9	5
Cholera	4	1	2	1	..	..	..	..	2	..
Lead Colic	10	..	8	..	..	..	..	..	..	..
Worms	7	15	5	11	..	..	1	..	..	..
Scirrhus Disease of Intestines	1	2	..	..	..	..	1	..	..	1
Prolapsus Ani	3	..	3	..	..	..	..	..	..	..
Hernia { Simple	73	41	57	13	6	3	2	2	5	1
{ Strangulated	45	47	28	38	..	..	1	..	10	17
Hepatitis	12	11	12	6	..	1	..	..	..	2
Jaundice	47	34	36	30	..	..	1	..	9	4
Degeneration of Liver	10	8	3	2	3	..	1	2	3	2
Enlargement of Spleen	24	5	11	3	6	..	..	..	2	1
DISEASES OF THE URINARY ORGANS.										
Inflammation of kidneys	3	1	2	1	1	..	..	..	..	..
Granular degeneration of do ..	32	19	1	1	8	8	1	2	19	7
Diabetes mellitus	3	..	..	..	..	..	1	..	..	..
Catarrh and inflammation of the bladder	54	23	33	15	7	2	2	..	6	2
Paralysis of bladder	2	1	..	1	..	..	..	..	..	..
Calculus	18	..	11	..	..	..	..	..	3	..
DISEASES OF THE GENERATIVE ORGANS.										
1. MALE. Orchitis.....	236	..	211	..	6	..	1	..	3	..
Hydrocele.....	45	..	34	..	3	..	1	..	1	..
Stricture	18	..	14	..	2	..	..	..	..	..
2. FEMALE. Inflammation of uterus	..	79	..	48	..	8	..	1	..	18
Inflammation of ovaries	..	8	..	5	..	2	..	1	..	..
Inflammation of mammae	..	63	..	43	..	5	..	1	..	3
Puerperal diseases	..	109	..	72	..	2	..	..	..	20
Diseased menstruation	..	280	..	162	..	17	..	20	..	48
Prolapsus uteri	..	45	..	21	..	7	..	9	..	3
Anteversion or retroversion of uterus	..	5	..	3	..	..	..	..	..	1
SYPHILITIC AFFECTIONS										
Blennorrhagia	1029	624	906	488	17	4	3	1	1	3
Ulcers	1523	776	1229	549	63	5	11	7	7	5
Secondary symptoms	417	643	293	481	24	4	7	5	9	9
DISEASES OF THE SKIN.										
Small-pox	754	688	637	553	1	..	..	..	53	67
Scarlatina	42	29	30	24	..	..	..	..	9	4
Measles	146	79	140	74	..	..	..	..	2	2
Itch	1552	218	1495	130	..	..	1	..	2	1
Pediculi	213	52	188	47	..	..	..	..	..	..
Non-contagious cuta- } acute	204	85	184	76	5	2	..	..	2	2
} chronic	699	246	538	146	59	34	17	4	7	8
Erysipelas	156	127	134	106	2	2	..	1	5	7
Excoriations.....	228	47	198	46	..	..	..	..	2	..

	Admitted.		Discharged,						Died.	
			Cured.		Relieved.		Not improved.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
DISEASES OF THE CELLULAR TISSUE.										
Phlegmon.....	180	110	144	88	7	6	1	5	6	5
Gangrene	76	77	33	21	8	1	1	2	21	12
Abscesses	392	197	246	117	34	20	14	9	35	19
Fistulæ	45	26	24	10	3	6	4	3	9	..
Tumours	425	288	298	174	34	32	27	4	22	34
Degenerative growths.....	338	186	149	78	59	23	39	12	53	46
Malformations	158	66	83	37	12	4	3	6	13	8
Contusions and wounds	816	183	557	141	35	1	7	1	119	18
Bitten by rabid dogs	14	3	10	2	1	1	..	..	3	..
Bitten by healthy dogs	23	5	14	4	2	..	..	..	..	..
Burns	39	24	30	14	..	..	..	..	4	7
Frost-bitten	101	22	85	18	1	..	..	..	3	..
DISEASES OF BONES AND JOINTS.										
Osteitis	82	67	49	41	8	5	7	2	3	6
Fractures	277	147	176	85	13	9	3	8	22	16
Caries	293	138	64	20	58	20	39	26	75	37
Degeneration	39	26	9	7	6	6	4	3	4	3
Synovitis	358	156	272	110	22	11	6	6	18	9
Dislocations	45	15	24	15	7	..	2	..	..	..
Distortions	61	44	23	14	12	5	4	2	1	..
Inflammation of muscles	28	11	13	7	1	1	1	1	3	..
GENERAL DISEASES.										
Senile debility	63	161	..	..	17	10	9	42	29	70
Marasmus.....	81	163	..	..	..	..	24	59	43	76
Chlorosis	..	184	..	158	..	7	..	1	..	3
Gout and rheumatism	1168	870	952	615	28	52	27	32	35	27
Rickets	3	3	1	..	2	..	..	1	..	..
Scurvy	76	15	52	8	2	..	2	..	18	5
Typhus	1790	889	1317	639	8	4	5	9	329	185
Cholera.....	165	227	73	88	1	..	1	..	89	132
Scrofula.....	214	72	70	19	44	15	15	4	52	28
Dropsy	342	332	179	136	23	22	11	13	98	123
Lithiasis	16	..	12	..	..	..	..	..	..	..
Mercurial poisoning	7	1	6	..	..	..	..	..	..	..
Poisoning	1	5	1	3	..	..	..	..	..	2
Moribund	22	20	..	..	..	..	..	..	22	20
Feigned diseases	41	12	35	12	1	..	..	..	..	..

The nosological classification adopted in the foregoing tables, is not unexceptionable,—bronchitis, for instance, being evidently included under the terms “catarrh” and “pneumonia”. The system which is carried out, however, is highly laudable; and the reports reflect great credit on the zeal and ability of Dr. Carl Haller, on whom has devolved the labour of drawing them up. We hope, before a very distant period, to see reports, of at least equal excellence, emanate from the London hospitals.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.

Among the Egyptians, Greeks, and Romans, the treatment of diseases of the eye was mostly in the hands of oculists. Hippocrates, Celsus, Galen, and the Arabian physicians describe many ophthalmic diseases well, and frequently give judicious rules for their treatment; but *medici ocularii* were at the same time numerous, and have continued so in modern times, to the latter part of the last century.

At this period, the anatomy and physiology of the eye were generally neglected by physicians and surgeons; and the treatment of its diseases was left to oculists, men, for the most part, very imperfectly educated, who relied almost entirely on external applications, and treated the eye as if it was unconnected with the rest of the body, and uninfluenced by the state of the circulation, and the condition of the digestive organs.

Germany first attempted to recall the attention of the profession to the neglected science, by the production of works of the highest merit, by university lectures, by opening ophthalmic wards in the General Hospital of Vienna, and by clinical instruction. Scarpa also greatly advanced the science by his labours in Italy.

In England a few distinguished surgeons, as Pott and Hey, had a well-merited reputation for their skill in operating on the eye; and Cheselden had, still earlier, added to his fame by giving sight to a young man supposed to have been born blind: but the first public institution for the treatment of Diseases of the Eye originated with John Cunningham Saunders in 1804.

Mr. Saunders was educated at St. Thomas's and Guy's,—at that time united hospitals. Here he studied ten years; during eight of which he was demonstrator of anatomy at the former hospital. In October 1804 he published the first proposal, made in England, of founding a dispensary for the cure of diseases of the eye and ear: and the proposal being sanctioned by the physicians and surgeons of the above-named hospitals, and encouraged by the public, the London Dispensary for curing Diseases of the Eye and Ear was opened in Charter-house Square on the 25th of March 1805; and patients were received under the care of Mr. Saunders and Dr. Farre. In 1808, however, the treatment of diseases of the ear was relinquished, and the name of the institution altered to that of the London Infirmary for curing Diseases of the Eye.

In founding the Infirmary, Mr. Saunders had two objects in view; to apply his knowledge of ophthalmic disease to the relief of the afflicted poor, and to communicate instruction to the medical student. In accordance with these views, the institution has, from its foundation, been open to all indigent patients, without any restriction; and, in 1811, pupils were publicly admitted to observe the diseases, and their treatment by the medical directors.

The institution had only enjoyed the benefit of Mr. Saunders' valuable services five years, when his incessant application destroyed him by apoplexy, in the thirty-seventh year of his age. His short career allowed him little opportunity of communicating his experience to the profession. He published, during his life, a work on diseases of the ear, and a paper on iritis; but the principal part of his recorded observations and opinions was edited, after his death, by his friend and colleague Dr. Farre, in a *Treatise on some Practical Points relating to Diseases of the Eye*. This valuable work contains essays on inflammation of the conjunctiva in infants; on inflammation of the iris, and the use of belladonna; on some of the more important terminations of ophthalmia, etc.; to which is added an account of the author's method of curing congenital cataract, by which he had succeeded in giving sight to 52 patients out of 64, of whom 38 were from two months to seven years old at the time of operation.

Dr. Farre has the merit of having taught the application to diseases of the eye of the same general principles of treatment, by which similar morbid

processes are controlled in the organs, and especially of introducing the mercurial treatment of iritis. Mr. Travers, Mr. Lawrence, and Mr. Tyrrell, in turn, succeeded to the chair from which Saunders had been removed by death: and the writings and lectures of these distinguished men, and the information acquired and communicated by their pupils, have accomplished, to a great extent, one of the grand objects contemplated by the founder of the institution, and have spread the knowledge of ophthalmic disease, and the benefits of that knowledge, over three parts of the globe. One of the most beautiful and accurate works that has yet appeared on diseases of the eye, is now in course of publication by Mr. Dalrymple, the present consulting surgeon of the hospital. It has more than once been introduced to the favourable notice of the readers of the *LONDON JOURNAL OF MEDICINE*.

The number of patients has progressively increased from the opening of the institution to the present time. During the last four years the average annual increase has been 577, and during the last year 786.

NUMBER OF PATIENTS.		
In 1805.....	600	In 1830.....5483
1810.....	2907	1840.....5520
1820.....	3704	1850.....9437

The total number of in and out-patients admitted from the opening of the institution in 1805, to December 31, 1850, is 217,706. The number cured of cataract and closed pupil during the same time is 2,361, including 306 born blind; no patient being entered a second time as a new case during the whole period of his attendance, however long. This is a tolerably large amount of good effected by a small institution in the city of London; but its utility is still more apparent from the good effected by its numerous ramifications. The total number of physicians and surgeons educated at this hospital to the end of 1850 is 1514. Many of these have themselves, or by their pupils, established similar institutions in Europe, Asia, and America. The first institution, on the model of the London Infirmary, was established at Exeter by Mr. Adams, afterwards Sir William Adams, on the joint recommendation of Mr. Saunders and Dr. Farre. The Royal Westminster Ophthalmic Hospital was opened after the death of Mr. Saunders in 1816, under the care of Mr. Guthrie, one of the earlier pupils. Others have since arisen in Dublin, Manchester, Birmingham, Salisbury, Bath, Brighton, Portsmouth, Plymouth, and in almost every large town in the kingdom. In 1850, the first Ophthalmic Infirmary was opened in Edinburgh; and in London itself two new Eye Infirmaries have in the last few years been opened and conducted by pupils of this hospital. In the year 1818, Mr. Richardson, one of its pupils, established the Madras Eye Infirmary, under the sanction and patronage of the Honourable East India Company, and during the first three years operated successfully on 381 cases of cataract. Subsequently Mr. Egerton and Mr. Jeaffreson were sent out by the East India Company to conduct similar institutions in Calcutta and Bombay. Assistant surgeon Richmond, of the 4th Light Dragoons, cured of cataract 789 inhabitants of Broach and Baroda in the short space of nine months.¹ Even in China, seven Ophthalmic Hospitals have been recently appointed. Meanwhile, other pupils have established the first Ophthalmic Institutions in the United States (New York), and in British and Spanish America.

In 1823, the Infirmary was removed from its original site to a new and more commodious building erected for it in Moorfields; and in 1837, the Queen having become its patroness, it was named the Royal London Ophthalmic Hospital. The present building is capable of accommodating eighteen in-patients. Nearly all the in-patients are admitted for operations, the majority being cases of cataract. Operations for cataract are usually performed on Friday, from the beginning of May to the end of October.

The hospital is supported by voluntary contributions, and is open daily to all indigent persons that require and seek its assistance. The average

¹ Bombay Courier, March 1827.

expense of each patient is less than two shillings ; and the total expense of 1850 does not at all exceed the average total expense of the last ten years, notwithstanding the number of patients has nearly doubled in that time. But the income of the hospital falls far short of its necessary expenses, which have seriously encroached on its small permanent resources. The deficiency of 1850 is stated to have been nearly £250. An earnest appeal has therefore been made to the public by the committee, with the view of obtaining such support as will maintain the hospital in a state of efficiency, and meet the increasing demands on its resources.

NORTH LONDON EYE INFIRMARY.

CLINICAL NOTICES. The *changeable weather* which has characterised this spring, has kept the cases of rheumatic and catarrhal affections above the average. Simple treatment by purging, counter-irritation, and astringent collyria, have generally sufficed to cure the latter ; but in two cases, obstinate ulcers ensued, and complicated the case ; eventually, the eyes recovered under the use of bark and soda, nitrate of silver collyrium—two grains to the ounce, night and morning, and a blister kept open behind the ear.

The preparations of *super-phosphate of iron*, prepared by Mr. Greenish at the suggestion of Dr. Routh, have been tried with decided advantage. It appears to be a mild tonic, and possesses the peculiar recommendations of neither discolouring the *fæces* nor constipating the bowels.

Hordeolum, or "*stye*", has been singularly rife ; Mr. White Cooper has had twenty-six cases of this description in public and private, in the last two months, and all sufficiently bad to cause the patients to seek advice. Frequent fomentation with infusion of poppies, to which a portion of extract of opium has been added, and hot poultices with the same addition, afford the greatest relief ; and where there is evidence of matter, the stye should be opened ; this should be done with a sharp lancet, and quickly, as the part is exquisitely sensitive.

Many persons are subject to small *tarsal tumours*, which cause them much annoyance. They appear to be due, in some instances, to constitutional derangement, one succeeding another with provoking pertinacity ; but they are not unfrequently a consequence of hordeol. If the troublesome little boil so called does not fairly suppurate and discharge its contents, the inflammation will pass away, leaving a small hard swelling ; the parietes of this are sometimes so tough as to require some force to pierce them with a sharp knife. The treatment in use at this Infirmary is to evert the lid, lay open the cyst, and rub its interior with a small button of nitrate of silver at the point of a fine probe ; some inflammation follows, with suppuration, and the cyst disappears. In small cysts, subcutaneous excision with a cutting needle answers well, and is less painful than the other proceeding.

Very bad cases of *lippitudo* occasionally present themselves, but yield to the following treatment. The raw ulcerated margin of the lid is lightly touched with nitrate of silver once or twice, and subsequently with sulphate of copper two or three times, at intervals of a few days ; the lids are anointed night and morning with the diluted ointment of the nitrate of mercury, and the general health attended to ; which latter is a matter of importance. The alum collyrium, four grains to the ounce, is a useful adjunct to the other treatment. Lippitudo and tinea are common disorders among the lower orders of the Hebrew persuasion.

It is a matter of importance not to use the tartar emetic ointment on the temple, as it occasionally leaves indelible marks, which are unsightly, especially in females. The croton oil liniment is preferable ; but that also occasionally produces considerable discomfort, by the irritation extending to the lids and face, and puffing those parts considerably. Blisters, the size of a shilling, applied to the temples, cause sufficient irritation for ordinary cases, are manageable, and can be repeated at short intervals. Albespeyer's paper,

and Brown's cantharidine tissue, are useful especially with the higher orders, who often have much repugnance to the application of an ordinary blister. With children a few threads of worsted, smeared with blistering ointment, and placed behind the ear, is a useful and efficacious mode of exciting counter-irritation.

Collodion. Mr. Bowman has spoken of the advantage afforded by collodion in the treatment of wounds in the neighbourhood of the eye. In this, Mr. White Cooper fully concurs, having seen the greatest advantage follow its use in operations for entropion. The following is an example. Mr. G., a large, stout farmer, seventy-three years of age, consulted Mr. C. for entropion, in 1849. It had existed during eight months, and the irritation of the lashes against the eye was very distressing. There was a redundancy of puffy, loose skin about the lower lids; and the deformity was entirely removed by pinching up a fold of it. On the 2nd of July 1849, an elliptical piece of integument was cut away from the right lower lid, the edges carefully approximated, and two sutures inserted. The skin being then dried, collodion was applied; as it dried, the contraction of the integument was most marked. On the 5th instant, only three days after, the collodion was removed, and the wound found to be healed, except at the points of the sutures. A similar operation was performed on the left eye, and three days sufficed for the union of that wound also.

The only objection to collodion is the acute smarting it causes when first applied to a wound; but, as that passes away in a few minutes, it is a matter of little consequence. The great tendency to evaporate, which is characteristic of collodion, is best counteracted by turning the bottle down, with its neck in water.

MORTALITY IN THE LONDON HOSPITALS.

The following very valuable article appears in the instructive weekly publication of the Registrar-General for May 17th.

"The table below illustrates two methods of exhibiting the mortality of hospitals and public institutions with rapidly changing populations. The cases which passed through each hospital were returned by the resident officers; the average number of resident sick was deduced from five quarterly enumerations; and the mean term of residence, in days, was obtained by multiplying the hospital population into 365, and dividing the product by the number of cases.

"It will be observed that in 1850, 11 of the general hospitals of London had 2736 resident patients, and that 2200 deaths took place in the year; the mortality on the population was therefore more than 80 per cent. The patients only remained, on an average, 34 days in hospital; 29,161 passed through the wards; and the mortality was therefore 7·54 per cent. in the 34 days. About 92 in 100 who enter leave the London hospitals alive.

"The average number of lunatics, in eight of the large asylums, was 3,451; the deaths in the year 1850 were 380; the *annual* rate of mortality was therefore 11 per cent. But the patients remained more than two years (2·21) in these asylums; and only 1,565 were discharged recovered, relieved, unrelieved, or dead; consequently 24 in 100 cases terminated fatally, and of 100 who enter, 76 leave the asylums alive.

"In the *Fever Hospital* there were 19 deaths to 100 cases under treatment on an average 26 *days*, which implies that the rate of mortality was 256·76 deaths annually to every 100 patients constantly resident (100 occupied beds). In the *Consumption Hospital* 23 deaths occurred in 100 cases under treatment about 107 days; the rate of mortality implies, therefore, that among a population consisting exclusively of persons labouring under consumption, the mortality would be 78·82 per cent. *annually*.

"The one column (5.) shows the mortality of such cases as are sent to hospitals, not during their whole course, but during the term of treatment: the

other column (6.) exhibiting the mortality out of a given number of sick during a given time (a year), indicates the intensity of the mortality in different diseases and hospitals.

"All the cases of illness in the army, slight as well as severe, are treated in the military hospitals: to the civil hospitals only cases of some severity are admitted; the mortality is therefore very different. Some of the differences in the mortality of other hospitals arise from the same cause; others are accidental.

HOSPITALS OF LONDON. 1850.

Number of Cases treated—Patients Resident, or Population—Deaths—Term of Residence—Deaths to 100 Cases—and Annual Deaths to 100 of the Sick Population.

	Total Cases Discharged, Cured, or otherwise, or Dead. 1850.	Average Term of Residence in Hospital.	Average Number of Sick in Hospital.	Deaths Registered in 1850.	Deaths to 100 Cases.	Deaths to 100 Beds, assumed to be continually occupied by Patients.
GENERAL HOSPITALS.						
		Days				
St. George	3006	32	264	231	7·69	87·50
Westminster	1658	31	141	198	8·32	97·87
Charing Cross	1101	33	98	70	6·36	71·43
Middlesex	2568	36	256	189	7·36	73·83
University College	1131	35	108	128	11·32	118·52
Royal Free	766	22	46	37	4·83	80·44
King's College	1305	29	105	132	10·11	125·71
St. Bartholomew	5557	32	491	372	6·69	75·76
London	3870	30	317	278	7·18	87·70
Guy's	4037	43	470	357	8·84	75·00
St. Thomas	4162	38	434	268	6·44	61·75
Total (or average)	29161	34	2736	2200	7·54	80·41
HOSPITALS FOR SPECIAL DISEASES.						
Small Pox	314	17	15	56	17·83	373·33
Fever	513	26	37	95	18·52	256·76
Lock	397	48	52	..	..	..
Consumption	289	107	85	67	23·18	78·82
Total (or average)	1513	46	189	218	14·41	115·34
MILITARY AND NAVAL HOSPITALS.						
Grenadier Guards'	1320	22	80	29	2·20	36·25
Coldstream Guards'	878	15	36	17	1·94	47·22
Scots Fusilier Guards'	602	36	59	11	1·83	18·64
Royal Ordnance	4977	21	285	38	·76	13·33
Dreadnought Ship	2121	25	144	78	3·68	54·17
Total (or average)	9898	22	605	173	1·75	28·60
LUNATIC ASYLUMS, ETC.						
		Years				
St. Luke	203	·97	196	15	7·39	7·65
Hoxton House (Miles')	123	3·23	397	45	36·59	11·34
Bethnal House (Warburton's) ..	156	3·38	528	47	30·13	8·90
Grove Hall	152	2·66	405	54	35·53	13·33
Bethlem	394	·98	387	35	8·88	9·04
Surrey New County	234	3·16	739	95	40·60	12·86
Peckham House	184	2·60	478	49	26·63	10·25
Camberwell House	119	2·70	321	40	33·61	12·46
Total (or average)	1565	2·21	3451	380	24·28	11·01