did not take effect during the afternoon of Sunday nor the early part of the following night, yet, that they poisoned the child in its sleep at a quarter before two o'clock, a.m., on Monday, of which poisoning it died within five hours from that time.

On a reference to my day-book I find that I have lately given to a child, aged thirteen months, for a spasmodic cough, two drops of laudanum twice a-day; to a child, aged two and half years, three grains of Dover's powder occasionally, when the pain was troublesome; and to a child, aged five years, four drops of laudanum occasionally when a cough was distressing, and four grains of Dover's powder at night, with complete success. I admit that discernment and discretion are requisite when administering large doses of laudanum to children, but I maintain that the success of the treatment in severe cases, when neither smaller doses nor anything else will answer, proves the necessity of it. The parents of children at four or five years of age frequently give eight or ten drops for a dose, and I have known larger doses given with impunity.

It must have been doubtful whether or not the enlargement of the heart was congenital; and to say decisively that it was of recent production, and that it was in this case increased by opium, shows, to my fancy, an unwarrantable degree of confidence in forming a hasty judgment. And to say that the child was poisoned by opium was not only stepping improperly out of the way in giving evidence against a brother practitioner in the profession, but the statement was also calculated to mislead the jury, and, by their verdict, to create a strong prejudice in the minds of the public against the only efficient remedy in some cases of constitutional disturbance or of violent spasmodic attacks in irritable habits, and thereby wantonly to perplex and obstruct medical men in their endeavours to relieve the sufferings and to restore the health of children who are laboring under severe and dangerous affections.

The following questions naturally occur to a medical man:—

1. Did the child "get fresh cold" whilst returning home from Dr. Johnson's?
2. Did it become worse at a quarter to two, a.m., on Monday, and die in consequence of having taken the anodyne mixture, the last dose of which was given at eight, a.m., on Sunday?
3. Did it die in consequence of the omission of the medicine after eight, on Sunday?
4. Did it die in consequence of the application of leeches at a time when it was beginning to rally?
5. Was the child born with some imperfection of its heart?
6. Was there sufficient disease to account for death without any human means or agency?
7. Was the manner of this child's death that of a child dying from an over dose of opium or from heart disease?
8. Did it die from natural causes? or was any one blameable for neglect or for improper treatment of it?

Almost every medical man, after due consideration, would make the answer serve, by saying from "natural causes."

We are not to neglect children from an apprehension that we may accidentally meet with an unusual

casualty. In vol. i., p. 32, of the late "Sir A. P. Cooper's Lectures" (Tyrrell, 1824), we find a man may die from the shock given to the sensorium by an operation, or even by the thoughts of one; but it does not follow that in future no such operation can be justifiably recommended nor performed. When we have a duty to fulfil which may, by chance, lead us into unmerited disrepute—that chance is no reason why we should not do our duty.

It was remarked, and agreed to, by eminent physicians at a late meeting of the Medico-Chirurgical Society, "that the prejudices of the ignorant may at once deprive us of an important remedy; or, if we have had the boldness to employ it, it may deprive us very wrongfully of character."

I repeat that it is not justifiable to give untenable evidence, before a jury who are ignorant on the subject, against a medical man who has administered a potent medicine, and to create a needless alarm in the minds of the public with regard to active remedies.

Remaining, Gentlemen,

Yours, very respectfully,

W. ALLISON.

East Retford, May 1, 1843.

SECOND REPORT

OF

PRIVATE MEDICAL PRACTICE FOR 1841.

By CHARLES COWAN, M.D. E. and P.,

Physician to the Royal Berkshire Hospital and Reading Dispensary, &c. &c.

[For the *Provincial Medical Journal*.]

In the "Lancet" for June 11th, 18th, and 25th, 1842, we published our First Report for 1840, as illustrative of the system of registration recommended to the members of the Provincial Association, describing the method we had adopted for arriving at general results, and pointing out the advantages that might accrue from such a system, were it more extensively followed.

The present Report, like the former one, includes all cases which have come under the writer's notice during the year, exclusive of those treated at our public institutions, and is equally limited in its details to the facts recorded in the register. These are, no doubt, very meagre and imperfect, but yet we believe they are not wholly destitute of interest or utility, and, at all events, involve as much information as average diligence can extract from any large number of cases; and were the same system adopted by numerous observers, materials would accumulate from which valuable deductions of a local and general character might ultimately be derived.

To attempt too much is practically to fail; and where the number of cases is large, the details recorded must be proportionately few. Were the observer to restrict himself to a single disease, or if the total number of patients were small, the value of a report would be materially increased; and it might then prove more profitable, after having pursued the registration of every case for two or three years, for the observer to direct his attention to particular groups of disease, with a view to their more detailed analysis.

Subsequent experience has only additionally con-

vinced us both of the convenience and advantage of systematic registration, tending, as it does, to fix the attention, to excite fresh interest in what are often otherwise onerous and unremunerating duties, and to perpetuate a brief record of cases which is always valuable for reference, enabling us to avoid that awkward re-questioning, which is both disadvantageous to the practitioner and annoying to the patient.

All may not have either the time or the courage necessary for statistical analysis, but each would reap much practical convenience from the daily registration of cases, and be collecting materials which the diligence of another might afterwards explore and fructify.

In addition to the plan previously adopted, we have, in the present instance, collated a variety of practical experience in the treatment of particular diseases, principally collected from the periodical literature of the last ten years, and chiefly consisting of what has not been incorporated into our current treatises upon the subject. Much valuable information is contained in the pages of our weekly journals, but, unless extracted and classified, it soon ceases to attract general attention, and makes no lasting impression upon the mind. Our object has been to revise and re-arrange what has appeared most worthy of notice, with the hope of assisting the student and junior practitioner, by suggesting fresh therapeutic resources, and widening the sphere of individual research.

We do not, of course, pledge ourselves to the truth of what others have advanced, not doubting that more or less error attaches to the conclusions of the most judicious observers when attempting the difficult task of determining the true value of particular treatment; but we have endeavoured to select the most trustworthy statements, believing them to contain sufficient truth to entitle them to serious attention, and that they are well calculated to augment the experience and skill of the practitioner.

We are fully alive to the desirableness of rigid numerical evidence on the efficacy of medicines; but, with very few exceptions, we know not where it is to be found, and cannot forget the fact that as much, if not greater, error may be propagated by figures as by the least precise and most general assertions. The true value of observation is derived rather from the observer than from the method employed. Correct observations can only be collected by minds fitted to observe, and the necessary knowledge, talents, and perseverance, are so rarely combined, that such investigations will ever be few and far between.

We cannot, however, suspend the treatment of disease because our estimate of the means we employ is incomplete; and, in the absence of demonstrable facts, we know of no method so calculated to be useful as that of extensively comparing the experience of others, and thence deducing rules for individual guidance. The result may not always be satisfactory, and must ever be tested and modified by personal experience; but, since it is the best in our power to attain, we are wise to adopt it. Were the materials more extensive—were sound, practical men, instead of descending in silence to the tomb, to leave behind them the details of the forms of remedies on

which they have principally relied, and a brief reference to the diseases most benefitted by their use, more good would result to the healing art than by any other method we are aware of; and we believe the conclusions deducible from such extensive and concurrent testimony would be practically sounder, and more worthy of confidence, than those arrived at by the solitary efforts of even the most gifted and accurate observer. The most enthusiastic admirer of the numerical system can scarcely regard as negative in value all researches which have not been so collected, or suppose that nothing has been demonstrated as to the efficacy of medicine from the unfigured experience of the past. Such a view would be manifestly at variance with fact and common sense; and, though we rejoice in the expectation that greater accuracy and success will reward the investigations of some few and highly favored minds, yet we have no expectation that the period will ever arrive when the art of therapeutics shall repose upon the foundation of numerical evidence.

The necessary labor is so incalculable, the time required so protracted, the qualifications for its prosecution so rare, the phenomena so complex, the liabilities to error so great, that he who despises the chapter of general experience, and refuses to be guided by all that is not arithmetically proved, is at once contracting his usefulness and ensuring disappointment. No future discoveries will ever obliterate or neutralise what is really sound in the labors either of the past or present. Truth has been gradually enlarging its boundaries, and slowly and silently progressing in the midst of many rash theories and much empirical extravagance, and to no single age or mind is the power ever accorded of bringing it to sudden maturity.

Every system which has been quickly elaborated and eagerly embraced has as rapidly waned and disappeared; and, notwithstanding the innumerable panaceas which the inventive ingenuity and restless activity of man have suggested to hasten on the triumph of art over disease, we still find ourselves compelled to institute a careful study of the past, and are only successful in making any lasting additions to the knowledge transmitted by a patient imitation of the observing accuracy and untiring diligence of those who have preceded us.

But we must not be tempted to pursue a very enticing subject, and one peculiarly applicable to the times in which we live, but will at once proceed to the materials of our report.

GENERAL REPORT.

Total number of cases	1281
Males	461
Females	820
826 were inhabitants of Reading; 455 were from country districts.	
Males above 20 { Married	212
{ Single	120
Females above 16 { Married	390
{ Single	285

Seasons.

Jan., 99; Feb., 84; March, 138; April, 101; May, 134; June, 121; July, 114; August, 120; Sept., 90; Oct., 108; Nov., 78; Dec., 80.

Winter, 257; Spring, 323; Summer, 369; Autumn, 318.

Occupations.

Housewives, 467; domestics, 157; sempstresses, 51; laborers, 41; shopkeepers, 33; shoemakers, 32; carpenters, 31; schoolmasters, 21; farmers, 18; iron-founders, 16; tailors, 11; smiths, 10; clerks, 10; soldiers, 9; masons, 9; painters, 9; innkeepers, 7; bakers, 6; farmers, butchers, gardeners, wheelwrights, ostlers, brewers, dyers, tinmen, each 4; bargemen, carters, millers, porters, washerwomen, hawkers, each 3; the remainder, not exceeding twos or units, need not be stated.

Remarks.—The term "housewives" includes all who were limited to ordinary domestic duties, whether married or single, and not in the rank of servants. The group includes, of course, every possible variety of condition, and is therefore of no value in the estimate of disease.

Ages.

Under 12 months	36
From 1 to 5 years	92
„ 5—10	46
„ 10—20	192
„ 20—30	322
„ 30—40	246
„ 40—50	173
„ 50—60	86
„ 60—70	54
„ 70—80	30
„ 80—90	4

This table shows the remarkable preponderance in frequency of the middle periods of life. It is probable that the inequality would be less with the general practitioner. The numbers closely accord with those of the preceding year.

Anterior Duration of Cases.

Under a week	112
„ month	248
From 1 to 3 months	267
„ 3—6 „	161
„ 1—2 years	98
„ 2—3	59
„ 3—5	43
„ 5—10	42
„ 10—20	21
Several yrs. (no number mentioned)	63
Not registered	16

This table also closely corresponds with that for 1840. It points out the very large amount of chronic disease which enters into a physician's practice, and which tends so much in our earlier years to discourage and perplex.

Average Duration of Treatment.

Of 626 cases, it was 19 days and a small fraction; in 1840 it was 20 days and one-seventh. All this is only approximation; rigid accuracy in large numbers is impossible, but the close accordance proves the existence of a law.

Results.

Irregular	518
Cured	283
Convalescent	230
Relieved	123
Sent to public institutions	69
Left sick	18

Died	15
On books	25

We have before adverted to the cause of so large a number of irregular patients; they include all of whom the result was unknown. Many are among the cured and relieved, and quick benefit from treatment is often the cause of their not returning. "Convalescent" applies to all in whom improvement seemed likely to terminate in health. "Relieved" to those where the issue was doubtful or probably unfavorable.

NOSOLOGICAL SUMMARY.

Epidemic, Endemic, and Contagious Diseases.

Influenza, 34; febris, 29; whooping-cough, 18; secondary syphilis, 16; remittent fever, 2; ague, 2; scarlatina, 1.

Nervous System.

Neuralgia, 30; headache, 26; cerebral irritation, 19; spinal irritation, 16; cerebral congestion, 11; epilepsy, 10; vertigo, 8; paralysis, 5; mania, 4; convulsions, 3; hydrocephalus, 3; tinnitus, 2; hypochondriasis, 2; periodic numbness, 1; cramp, 1; cerebral disease, 1; chorea, 1.

Respiratory System.

Bronchitis, 84; phthisis, 53; cynanche, 12; pleurodynia, 7; catarrh, 6; laryngitis, 5; pneumonia, 4; asthma, 4; ozena, 3; laryngismus stridulus, 2; polypos nasi, 1; pleurisy, 1; dyspnoea, 1.

Circulating System.

Diseased heart, 19; varicose veins, 2.

Digestive System.

Constipation, 85; gastrodynia, 74; gastritis, 28; gastric irritation, 24; diarrhoea, 16; gastro-enteritis, 15; dyspepsia, 14; sick headache, 10; hæmorrhoids, 8; enteralgia, 6; gastro-enteralgia, 5; chronic vomiting, 5; chronic hepatitis, 4; vermes, 4; peritonitis, 3; ulcerated mouth, 3; hæmatemesis, 2; gall stones, 2; jaundice, 2; dysentery, 2; pruritus ani, 2; melæna, 1; abdominal plethora, 1; prolapsus recti, 1.

Generative Organs.

Chlorosis, 81; amenorrhœa, 15; menorrhagia, 18; leucorrhœa, 10; hysteria, 7; gonorrhœa, 6; dysmenorrhœa, 5; metritis, 2; uterine congestion, 2; prolapsus uteri, 1; irritable uterus, 1; abortion, 1.

Urinary Organs.

Irritable bladder, 4; gravel, 4; hæmaturia, 2; gastritis, 2; incontinence, 2; Onanism, 2; ischuria, 2; dysuria, 1; vesical catarrh, 1; diuresis, 1.

Skin Diseases.

Eczema, 23; scabies, 22; impetigo, 11; acne, 8; urticaria, 8; psoriasis, 6; boils, 5; prurigo, 5; erythema, 4; lepra, 4; Erythema nodosum, 3; strophulus, 3; herpes, 2; alopecia, 2; lichen, 1; pityriasis, 1; porrigo, 1; anomalous, 1; chapped hands, 1; paronychia, 1.

Organs of Locomotion.

Rheumatism, 64; sprains, 4.

Diseases of the General System.

Debility, 82; struma, 18; obesity, 5; cachexia, 3; hæmorrhage, 3; plethora, 2; anæmia, 4; dropsy, 1; anomalous, 10.

Miscellaneous.

Abscess, 4; bronchocele, 4; bursal inflammation, 4; thoracic malformation, 3; pain in side, 2; dentition, 2; toothache, 2; glandular swelling, 1; lymphatitis, 1; ulcered leg, 1; ulcered lip, 1; monster, 1; ophthalmia, 1; deafness, 1.

Summary in the Order of Frequency.

Digestive system	317	nearly 1-4th
Respiratory	190	„ 1-7th
Nervous	143	nearly 1-9th
Generative	139	„ 1-9th
Uncertain seat	118	„ 1-11th
Cutaneous	112	„ 1-11th
Epidemic	103	„ 1-12th
Locomotive	68	„ 1-19th
Miscellaneous	32	„ 1-40th
Circulating	22	„ 1-58th
Urinary	21	„ 1-60th
Anomalous	10	„ 1-127th
Omitted	6	

Comparing the summary of 1840 with the present year, there are several modifications in the proportions of particular classes of disease. There has been a decrease in those of the digestive organs, and an increase in diseases of the respiratory, epidemic, and nervous systems. The remaining groups closely correspond, and there is sufficient accordance in the two tables, as a whole, to illustrate the value of numerical comparison.

Aggregating the results of 1840 and 1841, the relative proportions would be as follows; and we cite them, because they are at variance with the tables of the Registrar-General, and must be considered as rather the expression of individual practice, than as indicative of the real relations of disease.

Out of 2,601 cases, there were of the

Digestive organs	745
Respiratory	335
Generative	292
Nervous	259
Skin	233
Epidemic	184
Locomotive	128
Circulating	52
Urinary	44

Weather.

In contrasting the atmospheric conditions of the two years, we may discover sufficient variations in climate to account for the varying proportions of disease.

In 1840 the temperature was much more equally diffused, the winter being less cold, and the summer less hot, than in 1841, while in the latter year the differential fluctuations were greater, particularly during the winter and spring months.

In 1840, with the exceptions of June and August, the barometer stood considerably higher than in 1841.

In 1840 rain fell on 122 days, and the total depth amounted to 19·84 inches.

In 1841 rain fell 176 days, and the total depth was 30·97 inches.

In 1840 the wind blew from the N., N.E., E., S.E., and N.W., 159 days; from the S., S.W., and W., 207 days.

In 1841, from the N., N.E., E., S.E., and N.W., 105 days; from the S., S.W., and W., 268 days.

From the above details we may conclude that, in 1841 the extremes of temperature were greater, the amount of wet weather considerably increased, and the winds in general of a milder and moister character. Coincident with these peculiarities we find, in the same year, a relative decrease in affections of

the digestive organs, with an increase of the respiratory, epidemic, nervous, and locomotive classes.

Of course, all general references from limited facts must be received with much caution; but we think the tendency of those now before us to be in accordance with the conclusions of the observers. We shall again refer to the subject of the weather in the analysis of particular groups.

To Mr. Bromley, the curator of the "Athenæum," we are indebted for the above meteorological facts; his tables are models of regularity and accuracy, and are already sufficiently multiplied to allow of general deductions as to the climate of Reading.

It will be seen, by referring to the nosological arrangement, that constipation, gastrodynia, phthisis, chlorosis, debility, and rheumatism, are by far the more prevalent morbid conditions. These groups alone amount to 520, much nearer one-half than one-third of the whole, no other disease being more than a moiety of either; their frequency should, therefore, entitle them to the physician's particular attention.

REMARKS.

A really scientific and convenient classification of disease—*i. e.*, one really adapted to the wants of daily practice—is probably not yet in our power to attain. In our former report we have adverted to some of the causes of this, and particularised a few of the obstacles which interfere with correct diagnosis, pointing out how the name of a disease may depend upon theory, and upon the accuracy and knowledge of the observer. There is also the additional difficulty of seizing the constitutional condition, and not permitting the attention to be too exclusively bent upon the detection of local changes, which are not unfrequently more than the varied manifestations of a general diathesis, which really constitutes the disease, and should form the basis of nomenclature and treatment. Chlorosis, for instance, though ordinarily included under the head of diseases of the generative system, has probably no such local origin, and might receive, from different observers a variety of names—even the more frequent and prominent symptoms made the rules of classification.

The essential general condition is that of "anæmia," and steel is the curative agent, successful therapeutics depending on the recognition of this in the midst of its local, and often protean, indications; it is, therefore, more correctly a cachexia than a local disease.

Phthisis, also, admits of similar observations, and it is only our ignorance of the specific nature of the constitutional condition preceding its pulmonary development that justifies our classing it as an affection of the lungs.

Aménorrhœa, rheumatism, neuralgia, spinal irritation, diabetes, and many forms of cutaneous eruptions, are not, in general at least, local in their origin, and their arrangement as such can only be regarded as an arbitrary and empirical process.

Could we ascertain the diathesis characteristic of each, we might attempt its rectification with far greater probability of success, and in the researches of Professor Liebig, Rees, Bird, and many others, we see the dawning of principles which cannot but rationalise and give increased precision to the employment of our therapeutic agents. Acquaintance with the struc-

tural consequences of morbid action has, no doubt, done much to advance the healing art; but still greater curative success and more correct discrimination may be expected when our knowledge of the healthy and abnormal conditions of the blood shall be more complete. We believe that in proportion as we really progress will our nosological classification be simplified and curtailed, and that many diseases, now regarded as distinct, will hereafter be ranked among the symptoms of those more general conditions, the discovery and correction of which will become the true basis both of diagnosis and treatment.

We shall now proceed to the analysis of particular diseases, selecting those groups which are the most important and numerous, and appending to them the practical experience of other observers in the manner and from the sources as already adverted to.

[To be continued.]

CASE OF PNEUMONIA AT THE APEX OF THE LUNG.

Daniel Mack, aged thirty, a laborer, who states that his habits have been temperate and his previous health good. One month ago he was attacked with shivering and pains in the limbs, which subsided under medical treatment, but again appeared fourteen days ago, and was soon afterwards followed by cough, copious expectoration, and rapid emaciation. On admission into the hospital his respiration was thirty-two, equal; cough short and hard; expectoration semi-purulent, marked with streaks of blood, but not nummular; face free from congestion. Physical signs were—complete dulness at the right apex anteriorly, particularly in the infra-clavicular region, the respiration in that part being tubular and mixed with coarse large crepitation; the voice bronchophonic; bronchial respiration posteriorly; respiration at the corresponding part of the opposite lung puerile. He stated that no predisposition to phthisical disease existed in his family. Cupping beneath the clavicle to eight ounces; calomel, antimony, and opium every sixth hour.

Under this treatment he improved, and in a fortnight had quite recovered. The chest examined at that period gave the following signs:—Natural resonance on percussion beneath the right clavicle; the vesicular murmur distinctly audible, and the increased vocal resonance formerly heard cannot now be detected; the respiration on the opposite side of the chest quite healthy.

REMARKS.

The above was evidently a case of pneumonia occurring in an unusual situation—the apex of the lung; and although the course of the disease and its termination sufficiently established the correctness of the diagnosis, yet, at the first moment of admission into the hospital, it was a most difficult point to determine whether the physical, and not less the general, signs were or were not the result of tubercular, and not inflammatory disease of the lung. The disease was said to have existed during one month only, but the presence of considerable emaciation appeared to negative this statement; the amount of evidence was, in fact, very equally balanced between the two diseases, phthisis and pneumonia occurring in the apex of the lung.

In favor of the former were—the previous history as regards the rapid emaciation; the copious sputa, which was semi-purulent, and contained striæ of blood; the part of the part of the lung affected by disease, and the physical signs afforded by percussion and auscultation—viz., complete dulness in the infra-clavicular region, the tubular respiration, the great vocal resonance, and the very coarse almost gurgling crepitation produced in that part by respiration, to which may be added the puerile respiration audible in the opposite lung. In favor of the existence of pneumonia of the apex was the previous history of the case as regards the short duration of the chest symptoms, the absence of hereditary disposition to tubercular disease, the expectoration, although purulent, not having assumed the nummular form commonly observed in phthisis, whilst several of the symptoms, and more especially the physical signs, were capable of being caused by both diseases. In making the diagnosis in this case, as the amount of symptoms present was so nearly equally applicable to both forms of disease, it was necessary to ascertain which of the symptoms were the most important in themselves and most constant in their occurrence; and, whilst showing the importance of placing a relative value upon every symptom of disease, this case also demonstrates the correctness of the axiom, that auscultation and percussion, although invaluable adjuncts to our means of detecting pulmonary disease, yet cannot, unaided by general signs and the previous history, determine the existence of any one of the diseases to which the lungs are liable.

CASE OF HEPATIC ABSCESES.—A PIN FOUND IN THE MESENTERY.

James Heneky, aged fifteen, a strumous boy, whose previous history could not be very completely ascertained. About six months prior to his admission into the Westminster Hospital he had begun to emaciate, his abdomen enlarged, and subsequently irregular hectic fever took place, and he very frequently suffered much from vomiting and diarrhoea. On admission the abdomen was found greatly distended, dull on percussion in the epigastric and both hypochondriac regions, elsewhere resonant from accumulated flatus. The edge of the liver could, by careful manipulation, be felt on both sides of the abdomen, extending three inches below the margins of the ribs. He suffered from acute pain at a circumscribed point, corresponding to the centre of the epigastric region, in which locality the abdominal parietes were much more prominent than at other parts. The endermic application of belladonna and morphia served to afford transient relief to the acute epigastric pain, but sickness of an obstinate character supervened; the pain increased greatly in severity, and, after lingering for nearly three weeks, death ensued.

Sectio Cadaveris.

Body much emaciated.

Abdomen distended by flatus; the liver enlarged to about three times its natural size, pale, soft, containing two large abscesses, one in either lobe, the larger of the two being filled by six ounces of greenish pus. In the mesentery of the transverse colon was found a large black glazed pin, encrusted with a very thick