nearly six years. What became of her subsequently, I know not. There can, however, be very little doubt that she died from the effects of cancerous cachexia.

With regard to general treatment, I would briefly observe, that the leading indication is to support the strength of the patient. M. Andral ascertained that one of the most constant effects of cancer, when it has lasted for some time, is a decrease of the globules of the blood.¹ Now this is precisely what occurs in exhausting diseases. For this reason, all measures of depletion ought to be avoided, or used with the utmost reserve, should any inflammatory ailment supervene. Benefit has been derived occasionally from the administration of cod-liver oil, alternated with chalybeates, should there be any tendency to anæmia.

ON THE HEALTH OF LONDON DURING THE SIX MONTHS TERMINATING MARCH 27TH, 1852.

By JOHN WEBSTER, M.D., F.R.S., Fellow of the Royal College of Physicians, Consulting Physician to St. George and St. James's Dispensary, etc.

THE total number of deaths registered in London throughout the six months terminating at the end of last March, were nearly parallel in amount with those which took place during the two corresponding quarters of last year; showing that the late season has scarcely proved more than usually insalubrious. This general inference respecting the public health is fully borne out by comparing the number of deaths met with in all the metropolitan districts during both periods. Thus, in the six months ending March 27th, 1852, the gross mortality amounted to 28,445; whereas, in the parallel quarters of 1850 and 1851, the number was 27,954, being an augmentation of 491 fatal cases, or about one and a half per cent in favour of the former, as compared with the more recent half-year. However, this increased rate of mortality was entirely confined to the months of October, November, and December, 1851; whilst a diminution of 1,929 deaths occurred during the quarter terminating last March; the comparative numbers being 14,481 in 1852, against 15,410 in the first quarter of last year. It further merits special notice, that the above decrease of deaths appeared most remarkable during the last month of the period now quoted; the total mortality recorded during March 1851 was 5,478, contradistinguished to 4,787 throughout the similar four weeks of the current year; thus giving 691 fewer deaths. The actual result

¹ *Essai d'hématologie pathologique.* Paris: 1843.

was, however, altogether different during the last three months of 1851, contrasted with the same portion of 1850, when 12,544 deaths were reported, while 13,964 occurred during the more recent period, making an excess of 1,420, or of 11·32 per cent.

The important fact now mentioned, of fewer deaths having been recorded during last March, than in the corresponding month of 1851, may be in part explained by the remarkable features characterising the two periods. Throughout the whole of March 1852, the weather continued exceedingly dry; indeed, only a very slight shower of rain fell on the first of that month. The barometer, especially during the first three weeks, remained uniformly high; its lowest range being about 29½ inches, whilst the highest reached above 30½. The temperature, although often low, was never very variable; the difference betwixt day and night having been very rarely more than from 18 to 25 degrees; and occasionally only 15, or even so little as 10 degrees. The sky appeared frequently cloudy or overcast; and the electrical condition of the atmosphere was positive during 20 days out of 28; whereas, during the remaining week, nothing was shown in regard to electricity.

It appears interesting to recall to mind the characters of the atmospheric phenomena presented in the parallel month of the previous year, when the mortality ranged much higher. During March 1851, a great deal of rain fell, the amount being upwards of three and a half inches throughout the entire month, in which, it appears, eighteen days were registered as rainy. The barometric pressure was considerably lower, having rarely exceeded 29½ inches, and even falling sometimes under 29 inches. Positive electricity only prevailed during 7 days; whilst, throughout the remaining three weeks, it became either negative, or nothing whatever was shown; which happened during 16 out of the 28 days. I have been induced to mention the above particulars regarding the physical states of the atmosphere, feeling confident that they materially contributed to lessen the recent mortality, notwithstanding an unusual prevalence of east and northerly winds, accompanied by a low temperature, which otherwise always prove insalubrious, especially to old and debilitated constitutions.

DISEASES WHICH HAVE EXHIBITED A DIMINISHED RATE OF MORTALITY.

	DEATHS.			DEATHS.	
	Sept. 1850	Sept. 1851		Sept. 1850	Sept. 1851
	to	to		to	to
	Mar. 1851.	Mar. 1852.		Mar. 1851.	Mar. 1852.
Hooping Cough	1205 ..	825	Apoplexy	646 ..	626
Measles	627 ..	355	Delirium Tremens....	69 ..	62
Dentition	314 ..	277	Mortification	96 ..	87
Bronchitis	2534 ..	2472	Rheumatism	154 ..	150
Pneumonia	2190 ..	1961	Remittent Fever.....	55 ..	49
Asthma	599 ..	482	Hepatitis	99 ..	79
Pleurisy	102 ..	89	Violent Deaths	833 ..	786
Pericarditis	86 ..	65			

PLEURISY was much less fatal during the first quarter of the year 1852 than in that of 1851; 71 deaths have occurred during the last-named period, and 39 during the recent parallel quarter.

DISEASES WHICH HAVE EXHIBITED AN INCREASED RATE OF MORTALITY.

DEATHS.			DEATHS.		
Sept. 1850		Sept. 1851	Sept. 1850		Sept. 1851
to		to	to		to
Mar. 1851.		Mar. 1852.	Mar. 1851.		Mar. 1852.
Variola	466	728	Hydrocephalus	716	821
Scarlatina	635	969	Anasarca	414	445
Erysipelas	168	296	Ascites	58	64
Phthisis	3247	3608	Ovarian Dropsy	17	26
Typhus Fever.....	1140	1297	Puerperal Diseases ..	229	252
Diarrhœa	539	626	Ague.....	8	13
Tabes Mesenterica....	358	394	Paralysis	560	593
Peritonitis	102	133	Carbuncle	6	26
Hernia	69	75	Want of breast-milk ..	107	141
Jaundice	76	82	Violent deaths	833	885
Disease of the Liver ..	286	295	Fractures & Contusions	305	325
Nephria	75	85	Burns and Scalds	149	157
Convulsions.....	1013	1048	Wounds	54	68

SMALL-POX has proved immoderately severe during the whole of last winter, having caused perhaps more deaths in London during the past season, than in any six months of the preceding twelve years, excepting in 1844 and 1848, in the former of which years, 1,804 persons died from variola, and 1,617 during the latter. In consequence of the recent augmentation of mortality from this complaint, considerable alarm became created in the public mind respecting the protective efficiency of vaccination, especially as many cases were stated to have had cow-pox in early life, and hence were believed safe against secondary attacks of small-pox. I will only now remark, in reference to one question, which has occupied a prominent place in this discussion, that several data, recently collected, seem highly instructive. I now allude to the ages of those parties who have unfortunately fallen victims to small-pox during the last six months, seeing a very large proportion were under puberty. Practitioners of eminence have asserted that individuals, although properly vaccinated in infancy, may take variola when arrived at manhood; since they say, authoritatively, cow-pox will have then lost much of its prophylactic efficacy, or have been even altogether eliminated from the system. Supposing, for the sake of argument, that some foundation exists for such inferences, it must be admitted, according to irrefragable evidence, that small-pox, whether secondary or otherwise, seldom proves fatal to adults, in comparison with the large proportion of children who sink under it. Hence, however frequently variola may supervene in adults, the number of deaths is, speaking comparatively, at all events then much smaller than among infants and children; since it appear 619 fatal cases, out of the 728 recorded during the last half year, were under fifteen years of age. Taking it therefore as correct that cow-pox may occasionally become less efficacious as a protection, in after life, against attacks of variola, the facts now mentioned respecting the very great mortality of small-pox in young, compared with old, people, decidedly prove the previous argument to be altogether erroneous. On the other hand, the greater fatality of variola among young persons indicates, in a higher degree, the propriety of employing vaccination, which would, I believe, prevent more

effectually the spread of small-pox, provided that operation were always carefully and properly performed.

VIOLENT DEATHS. When these statements respecting the number of human beings, whose days were shortened by violent means, during the past half year, are compared with the number recorded throughout the two quarters immediately preceding, that is, whilst London was crowded by strangers visiting the Great Exhibition, it is exceedingly remarkable to find that the aggregate deaths through violence were less numerous, only 729 cases having been then classed in that category, thus showing a diminution of 56, or nearly one-thirteenth. These figures are both curious and instructive, besides proving the lugubrious anticipations entertained by many well-meaning, but fortunately mistaken individuals, respecting the serious results which would probably ensue, from congregating an immense additional population within the metropolis during last summer, to have been wholly erroneous, seeing that fewer fatal accidents really supervened at that period than throughout either the previous or subsequent half year.

DISEASES WHICH HAVE EXHIBITED AN UNIFORM RATE OF MORTALITY.

	DEATHS.			DEATHS.	
	Sept. 1850	Sept. 1851		Sept. 1850	Sept. 1851
	to Mar. 1851.	to Mar. 1852.		to Mar. 1851.	to Mar. 1852.
Hæmorrhage	103	101	Diabetes	26	25
Epilepsy	161	157	Enteritis	178	172
Insanity	56	55	Intestinal Stricture ..	20	23
Gout	28	26	Ileus	64	64
Calculus	10	12			

AGES OF PERSONS WHO HAVE RECENTLY DIED IN LONDON. As usual, a very large proportion of the deaths recently recorded have taken place amongst children and young people. Of the entire number, 12,723 were under 15 years of age, thus giving 44·71 per cent. of the whole mortality; 9,571 ranged from that period to 60, being 33·63 per cent., or one-third during the prime of life; and 6,050 had passed the latter period, of whom many had even arrived at a very advanced age. This observation is farther borne out by the reports of one week, viz., that ending the 13th of last March, when 39 men and 60 women were registered as having died at the age of 70 years and under 80; 14 men and 28 women had passed the age of 80, or were under 90; besides 2 men and 5 women, who exceeded 90 years. Amongst the latter number it deserves special record, that one of the women referred to died at the great age of 101 years, "from decay of nature". She had continuously kept an apple-stall in Great Marylebone Street for forty years, although the occupation exposed her to all weathers, until about ten months before death; whilst she had also occupied, for nearly the same period, a small room in one of the unhealthiest parts of this district of the metropolis. Besides these examples of great longevity amongst the inhabitants of London, many others might be easily collected, which indubitably demonstrate that the capital of Great Britain, however extensive or enormously populated, and notwithstanding various prevalent causes inimical to health, is still one of the most salubrious cities, speaking generally, in the world.

As an illustration of this feature, and also of the advanced period of life to which numerous persons attain in London, I may mention that, some time ago, four private patients were under my professional care at the same period, whose united ages amounted to 365 years; the youngest of the four being 87, whilst the oldest had completed her 96th year. It is further worth mentioning, that three of these parties were females, and only one male: this coincides with the opinion just enunciated respecting the great longevity of residents often met with in the metropolis, particularly amongst women.

SEX OF PERSONS RECENTLY DEAD. Although females are more numerous than males throughout the metropolis, the excess, amounting to 149,851, or about 10·75 per cent., fewer deaths were recorded amongst the former than the latter sex; the numbers being 14,411 male persons against 14,034 females; thereby indicating that the ratio of mortality ranged lowest in the weakest portion of the community. This difference may, doubtless, be partly explained by the varied occupations of the two sexes, as partly also by the very dissimilar position they respectively occupy in society, besides other influences superfluous to enumerate at present; whence greater longevity is usually met with, especially after a certain age, amongst women than men. This truth is well known to every statist, and appears to be acted upon at many insurance offices, in calculating the premiums taken on life policies, or the sums which are required for annuities.

EXCESS OF BIRTHS OVER DEATHS. During the six months comprised in this report, 40,339 human beings were born within the precincts of London; hence giving 11,894 more births than deaths, or an increase of nearly 42 per cent. for that period. Should such discrepancy betwixt births and deaths continue during any lengthened series of years (and there is no reason against future events being nearly the same as heretofore), it will not appear surprising if the metropolitan population annually increases in number, wholly irrespective of the additions made by continual immigration.

MORTALITY AMONG THE PAUPER POPULATION. Similar to the facts stated in previous reports, the proportion of deaths recently recorded among the metropolitan population, which took place in the different public charitable institutions of London, was considerable; more than one-sixth of the gross mortality, or 16·23 per cent. occurred within these establishments. This amount is rather more than in several former seasons, which may be partly explained by the circumstance, that some increase has been made to the accommodation supplied to the pauper portion of the community during sickness; for instance, a new hospital, St. Mary's, has been very recently established; besides additional wards having been opened in one of the older institutions, namely, at St. Thomas's, where 50 more beds are now available for patients.

After the remarks contained in a previous paragraph, it will be anticipated that more male than female patients have died in public institutions during the past half year. The proportion of the two sexes was 2,627 of the former, against 1,976 of the latter; thus making an aggregate of 4,603 deaths at these establishments, which gives an excess of nearly 33 per cent. of male patients. The deaths in workhouses were, however, most numerous; since, from these

establishments 2,683 cases were recorded, or 57·83 per cent. of the total pauper mortality, the majority being females. At general hospitals, an opposite condition and a different result obtained, seeing that 804 deaths, out of 1,227 reported during the last six months, were male patients; whilst not more than 423 fatal cases occurred amongst the females under treatment. The experience of former years being analogous to the facts now detailed, in reference to workhouses and general hospitals, it may be fairly inferred, as the former institutions are more frequently receptacles for aged or infirm inmates, whilst the latter receive chiefly persons labouring under acute and temporary disease, or when suffering from accidents, that female residents would therefore predominate in the first, whereas, male patients must be always admitted in greater number into the general hospitals of London, which can accommodate, altogether, about 3,320 inmates, and wherefrom 29,857 cases were discharged convalescent, or otherwise dismissed, during 1851, besides those who died in that year; the average mortality being reported at the rate of 7·59 per hundred admissions.

Considering that it might be interesting to professional readers, if some statement of the different causes of death, which occurred in St. Thomas's Hospital, during 1851, were subjoined to my previous remarks, I have therefore compiled the following table from authentic returns, kindly supplied by an official friend attached to the charity in question.

DISEASES WHICH PROVED FATAL IN ST. THOMAS'S HOSPITAL
DURING 1851.

Abscess	3	Disease of Liver	4	Pericarditis	3
Aneurism	1	.. Lungs	6	Peritonitis	2
Apoplexy	8	.. Skin.....	1	Phthisis.....	49
Ascites	3	.. Uterus....	1	Phlegmon	2
Burns	5	Epilepsy.....	6	Pneumonia	10
Bronchitis	1	Erysipelas	3	Poison	1
Cancer	6	Fractures	15	Purpura	1
Cephalitis	2	Glanders	1	Stone	1
Cholera	2	Hepatitis	1	Stricture of Urethra..	1
Convulsions	1	Hernia	5	Tabes	2
Diabetes	2	Hæmorrhage.....	4	Tetanus	1
Diarrhœa	1	Insanity	1	Typhus	15
Delirium Tremens ..	2	Laryngitis	1	Ulceration of Intes-	
Disease of Brain	6	Mortification	1	tines	2
.. Heart	9	Nephria	7	Violence.....	12
.. Joints	5	Ovarian Dropsy.....	2	Complicated	10
.. Kidneys ..	1	Paralysis	1	Unknown	8
Total.....		238			

Amongst the 238 deaths now enumerated, 79, or one-third, arose from diseases of the thoracic organs; and 49 of these were occasioned by consumption. Through maladies of the abdominal viscera 32 deaths were reported; nephria giving 7 deaths, being the most numerous. From diseases of the head and nervous system, 27 fatal cases supervened; apoplexy showing eight instances, occupying the highest position. Typhus caused death in 15 patients; whilst 15 persons also died from fractures. However, if to these be added the 5 fatal cases in consequence of burns, one by poison, and the 12 others from violence, not specifically described, it appears that 33 individuals lost their lives through violent means, thus making 13·86 per cent. on the admissions, or upwards of one-seventh of the aggregate mortality.

Before concluding my brief summary of deaths at St. Thomas's Hospital, I would only beg those taking an interest respecting such questions, specially to notice the fatal case of "glanders" reported in the previous table, on account of its great rarity in the human constitution. The subject of that unusual and very serious malady was a groom, who ultimately became its victim, notwithstanding every effort made by the experienced medical officer under whose professional care he was placed at this institution.

24, Brook Street, Grosvenor Square. June 1852.

BIBLIOGRAPHICAL RECORD.

DISEASES OF THE KIDNEY : THEIR PATHOLOGY, DIAGNOSIS, AND TREATMENT ; with an Introductory Chapter on the Anatomy and Pathology of the Kidney. By GEORGE JOHNSON, M.D. pp. 517. London : 1852.

This work is well calculated to maintain and increase the high fame which the writer has already obtained as an author, and as an original observer in the department of renal pathology. Our present superabundance of matter obliges us to pass briefly over DR. JOHNSON'S book ; but from the specimens of his writings which have already appeared in our pages, we feel confident that this brevity cannot be misinterpreted into any want of appreciation of the excellence of the treatise.

The subjects discussed by Dr. Johnson are : 1. Anatomy and Physiology of the Kidney ; 2. Causes of Renal Disease ; 3. Acute Desquamative Nephritis ; 4. Chronic Desquamative Nephritis ; 5. Waxy Degeneration of the Kidney ; 6. Non-desquamative Disease of the Kidney ; 7. Fatty Degeneration of the Kidney ; 8. Suppurative Nephritis ; 9. Tubercular or Scrofulous Disease of the Kidney ; 10. Cancer of the Kidney ; 11. Hæmaturia. The illustrations are numerous and successful.

CASES IN MIDWIFERY. By the late JOHN GREEN CROSSE, M.D., F.R.S. Arranged (with an Introduction and Remarks) by EDWARD COPEMAN, M.D., F.R.C.S., Consulting Accoucheur to the Norwich Lying-In Charity. London : 1851.

We take much blame to ourselves for having allowed this work of sterling practical value to remain so long in being warmly commended to our readers. We had hoped to have found space for an analysis of its contents ; but they are of such a nature that they cannot be usefully condensed within the space which we have at our command. In present circumstances, therefore, we are forced to treat DR. CROSSE and DR. COPEMAN as we have treated Dr. Johnson—merely mentioning the general headings of the chapters. After an introduction, in which much valuable matter is shortly but ably handled, we have Part I, in which Abortion is treated of : Part II, which contains chapters on—1. Diseases of the Soft Parts. 2. Displacement of the Soft Parts Complicating Labour. 3. Difficult Labour requiring Turning. 5. Difficult Labour requiring Embryotomy. 6. Spontaneous Evulsion : Artificial Premature Labour. 7. Placenta Prævia. 8. Injuries to Soft Parts. 9. Concomitant Diseases. 10. Diseases occurring in consequence of Labour. 11. Diseases and Injuries of Infants.

The great features of this book are its valuable statistics, and the rich collection of cases illustrating important rules of practice.