pectoration, and, it is probable, to a persistent pneumothorax.

3. Cases of pleuritic effusion, uncured and not evacuated, are, from frequent observation, liable to terminate in phthisis. Of this several instances have occurred under my own observation.

4. Supposing no permanent benefit to result from the operation, the patient is certainly in no worse position locally, and, I cannot but presume, in a far better position constitutionally, than if he had laboured on with his lateral load during the supposed intervening period.

5. The operation is extremely simple; causes but little pain; gives rise to little inconvenience; generally affords great, and often very remarkable, relief; and, with proper precautions, is not only free from danger, but, I may say, after having seen, been consulted in, recommended, or performed it, in I believe at least a hundred instances, that it has not in any one case been followed by any mischance, or even by any inconvenience of considerable duration; though I am well aware that, in inexperienced hands, it has, from an error in diagnosis, been more than once followed by almost instant death.

6. I believe that the withdrawal of one fluid and the admission of another, in the case of empyema, is not likely to be attended with any considerable relief, or followed by much benefit; as I suppose that a surface plastered over by a layer of soft albuminous matter, often several lines thick, is quite incapable of absorption; and that, in the expressive words of my surgical colleague at Guy's, and my fellow-scribe upon this question, "the cavity which, when it is first opened, is found to contain a bland, inodorous, seropurulent, or purulent fluid, becomes speedily converted into a fœtid abscess, as a consequence of which irritative or hectic fever, and other distressing constitutional symptoms, frequently result; and the individual sinks at an earlier period than if he had been left in the hands of nature, without the interference of the surgeon."

I cannot, then, but believe that the most desirable plan to pursue in cases of chronic pleuritic effusion in large quantity, when internal and external remedies have ceased to be effective, is to draw off the fluid before it has become purulent, so as to permit the lung to expand before it has become inexpansible from its adhesive albuminous covering; and that, in case of empyema, or where the fluid partakes more of a purulent than of a serous character, it is desirable to evacuate so much fluid only as can be obtained without the admission of air, so as to prevent the occurrence as long as possible of irritative or hectic fever, and a continued and exhausting drain upon the system by the dischaage of a large pleuritic abscess. It is true that, in many cases, a permanent opening may be established, and air be admitted, whatever may be done to prevent them; but it appears to me that it is desirable to avoid these evils, if it be possible, and, at any rate, to defer them as long as we are capable of doing so.

14, St. Thomas's Street, Southwark, December 1854.

THE DEGREE OF LIABILITY TO PHTHISIS IN THE POPULATION OF CLOTHING DISTRICTS.*

By THEOPHILUS THOMPSON, M.D., F.R.S., Physician to the Brompton Hospital for Diseases of the Chest.

THE PROVINCIAL MEDICAL ASSOCIATION is, by its constitution, peculiarly well adapted to afford facilities for the investigation of questions having reference to the influence of local circumstances in the production or prevention of disease. Such investigations are specially important as respects diseases which, when once established, are but partially amenable to curative treatment. Under this conviction, I am anxious to bring before my medical brethren a short inquiry regarding the degree of liability of certain clothing districts to the invasion of pulmonary consumption. The conditions, in which a considerable proportion of the inhabitants of these districts are placed, may be expected to modify the prevalent state of bodily constitution. The free use of oil may, for example, be mentioned as one of the circumstances which might be regarded as likely to modify the hygienic conditions of clothing towns, as compared with those of other manufacturing districts.

The efficacy of certain oleaginous medicines, when appropriately administered, may be considered as established; and experiments which I have made during the last seven years induce me to believe that their good effects may sometimes be obtained by their endermic introduction.† Dr. Simpson of Edinburgh has, more recently,‡ with considerable ingenuity, supported the opinion, that the favourable influences to which I have alluded are really enjoyed by those who are engaged in processes which expose the arms and other parts of the body to the contact of oil.

One of the questions to which the data furnished in this communication may be applied is, whether the quantity of oil thus introduced has any decided effect in diminishing the liability to consumption and scrofula? In pursuing such an inquiry, various other circumstances obviously require to be taken into account, the comparative importance of which can be determined only by the aid of those practitioners to whom all the modifying conditions are familiar.

In the sixth annual report of the Registrar-General, there is a return of mortality from different causes for the various districts. I have availed myself of this return, and have calculated the per-centage of deaths from phthisis in some of the towns, of which the population is extensively engaged in woollen manufactory. The result is presented in the accompanying table.

Places.	Deaths from all causes.		Deaths from Phthisis.				Excess or deficiency of female deaths from phthisis.
	Male.	Female.	Male.	Per cent. Male.	Female.	Per cent. Female.	
Rochdale	730	747	162	20.82	190	25.43	+ 4.61
Huddersfield	1060	936	199	18.77	209	22.32	+ 3.55
Bradford and Melksham (Wiltshire)	449	467	82	18.26	72	15.41	— 2.85
Saddleworth	1260	1114	220	17.46	224	20.10	+ 2.64
Wakefield	500	465	79	15.80	87	18.70	+ 2.90
Frome	721	716	113	15.67	144	20.11	+ 4.44
Stroud	327	383	49	14.98	98	25.58	+ 10.6
Chippenham	519	580	75	14.45	84	14.48	+ 0.03
Leeds	2345	2267	322	13.73	352	15.52	+ 1.79
Dewsbury	650	635	89	13.69	120	18.89	+ 5.20
Bradford (Yorkshire)	1709	1611	231	13.51	310	19.24	+ 5.73
Halifax	1142	1130	153	13.39	172	15.22	+ 1.83
England and Wales	153,690	150,429	24,048	15.64	28,098	18.67	+ 3.03

* This paper was prepared for the Manchester meeting, but not read for want of time. It is hoped that its introduction into our pages will elicit information on the subject which it treats.

† See Clinical Lectures on Pulmonary Consumption, p. 73.

‡ Ed. Monthly Journal, April 1853.

In England and Wales, the per-centage of men dying of phthisis is 15.64, and of females 18.67. It is therefore apparent that, in eight of the twelve places specified in the table, the mortality of women from phthisis exceeds the average in England and Wales; and the same is observable regarding six of the places in the column which registers the per-centage of male mortality.

In Rochdale, the mortality from phthisis among the men is nearly twice as much as at Stafford, where it is 11.06; and in Stroud, the female mortality from the same cause is more than twice that of Bristol, where it is only 12.51.

It may be observed, that the relative mortality of the sexes in most instances preserves an average proportion: the order of succession in the list of places representing the male liability being nearly the same in the column for female liability. To this statement there are, however, several remarkable exceptions. For example, at Stroud the per-centage of deaths among men is less than the average for England and Wales, being only 14.98; whereas that of women in the same place is 25.58, nearly the highest in the country. Bradford, in Yorkshire, on the contrary, exhibits rather a high female mortality, namely, 19.24; but the per-centage among the men is low, being only 13.51. Bradford, in Wiltshire, affords a contrast in this respect, the male mortality being rather high, 18.26; the female comparatively low, 15.41.

The explanation of such differences would probably be obtained if the practitioners of these districts would compare the notes of their experience, especially as regards the comparative number of instances of any disease in corresponding numbers among the population differently employed, whether in agriculture, mining, or manufactories. Conclusions derived from the comparative liabilities of districts are open to fallacy; and even a comparison of the liability of different sections of the population, classified in reference to occupation, is not sufficient. With a view to calculate the influence of particular agencies concerned in any manufactory, it is important to have returns of the number of persons employed in each department, and the number in each sick at given periods, the individual diseases being specified.

In support of this opinion it may be mentioned, that in cotton-mills the workpeople engaged in weaving do not use oil, whilst the throstle spinners use it largely; a comparison of the diseased manifestations in these two classes would therefore be applicable to one of the questions proposed in this communication. A still more available comparison might be made in cloth manufactories, between the workers engaged in the oiling processes and the others.

If, as I have been led to believe, the men and women at some of the places which exhibit great contrasts (as respects the relative liability of the sexes to phthisis), are pretty equally employed in the cloth factories, the influence of the oil must be regarded as trivial, or inadequate to overpower other causes of difference.

At Dewsbury, where, from the extent of the blanket manufactories, oil is largely employed, the mortality of men from phthisis is low, 13.69; but women work more than men at the mills, and yet the place is conspicuous for the comparative excess of female mortality, which is 18.89. It is probable that this apparent discrepancy might be cleared up by practitioners conversant with the local circumstances of the town. I am informed that much of the work of the blanket manufactory is performed out of doors. This fact may perhaps serve to explain the peculiarity referred to, for exposure to vicissitudes of weather, although comparatively harmless to men, is peculiarly injurious to women, whose health, on the other hand, is much less endangered than that of men by confinement within doors. If this opinion be questioned, statistics, such as are now invited, would assist to determine it, and probably to remove many other difficulties which at present encompass the complicated questions of etiology.

Halifax is pre-eminent for the small number both of men and of women dying of phthisis. It is worthy of notice that a certain portion of its population are engaged in the coal mines. This town may be considered as healthily situated. It is prosperous; and I am informed by Mr. Tucker, that the population generally are provident in their habits. Thus far it affords an illustration of the only positive conclusion to which these returns as yet conduct, regarding the etiology of phthisis; namely, that the prevalence of the disease in the towns of England appears to be in the inverse proportion to the contentment and morality of the inhabitants. I have made similar calculations in reference to scrofula, but the numbers are too small to authorise positive conclusions, and are therefore not introduced in this communication.

The inquiry thus presented to the Association is doubtless difficult; similar effects may arise from different causes, the respective boundaries of which it may not be easy to determine, and when various causes are combined, we may not always be able to settle the share of each in producing the effect; whilst a cause, ordinarily influential, may in an individual case prove inefficient, because counteracted by the intervention of other circumstances opposed or inconsistent.

Of all the sciences, "physiology is probably embarrassed by the greatest natural difficulties, and susceptible of the least degree of ultimate perfection"; but if the difficulty and labour be great, the honour is proportional, and I therefore hopefully commend to my brethren in the provinces the task of accumulating and analysing such records of facts as may assist to measure the influence of causes which modify the liability of different classes of the community to particular diseases.

3, Bedford Square, London.

ON THE ORIGIN AND TREATMENT OF CHRONIC DISEASES OF THE SKIN.

By THOMAS HUNT, F.R.C.S., Sergeon to the Western Dispensary for Diseases of the Skin.

NO. I.

THE nosology and nomenclature of cutaneous diseases present every year increasing difficulties to the student. Modern writers on the subject have generally thought it necessary to call these diseases, or some of them, by new names, or to arrange them in some new method; not reflecting that, by so doing, they are but constructing an ambuscade which their successors will have the trouble of demolishing. If this plan were adopted in science generally, by every writer in every department, her progress would as certainly be stopped as was the building of Babel by the confusion of tongues. In common language, we call things by their accustomed names, whether they have ceased to be properly descriptive or not. What should we think of a man or a woman who should persist in calling a pinafore a *tie-behind*, or a boot-jack a *heel-scotch*, or penmanship *steel-point-manship?* True, a pinafore is no longer pinned in front; a boot-jack is no longer a foot-boy; and a writing tool is now rarely a *pen* or *quill;* but, if we wish to be understood, and to pass for other than coxcombs, we must call things after their usual names.

When Dr. Willan obtained the suffrages of the profession, and gave separate names to diseases which had previously been confounded together, he did not change their names, but he gave names to diseases not named before, or to distinctions not observed before; and, if he unnecessarily multiplied his subdivisions, and if some of his names are now discovered to be inappropriate, still they have been for half a century the signs by which the diseases are expressed in this country; and he who attempts to alter them will only produce confusion, or bring ridicule upon himself. With the French nomenclature we have no concern, except that, when we study the writings of the French, we should be possessed of a vocabulary of the French and of the Willanean terms; for certainly no English writer on the skin has yet succeeded in banishing Willan's nomenclature, although some translators of French works into English have ignorantly or thoughtlessly rendered the