

right of the sternum. In other aneurisms the pulsation may begin elsewhere, and then descend to that point, but in these the pulsation commences there and, if it moves, travels downwards.

THE REGISTRATION OF SICKNESS.

A PAPER was read at the meeting of the Social Science Association, on Monday evening last, by Mr. James Lewis, "On the Practicability of Collecting and Publishing National Returns of Sickness at frequent intervals." Dr. W. Farr, F.R.S., was in the chair.

Referring to the fact that the Social Science Association had, ten years ago, affirmed the principle which his paper was intended to support, Mr. Lewis cited, as a conclusive illustration of the need for returns of non-fatal diseases, the prevalence of relapsing fever last autumn in London; quoting from Dr. Murchison's articles in *THE LANCET*, of October 9th, and from subsequent particulars which we gave of the progress of the disease, statistics showing how widely it had prevailed, long before the record of a single death in the Registrar-General's Weekly Returns gave official notice of its existence. The recent outbreak of small-pox at High Wycombe was another case in point; and scores of similar instances might be gleaned from our provincial newspapers at any time. Diseases, like relapsing fever, having a very small ratio of fatality, might flourish for months under our present system, and nobody would be any the wiser.

The evidence contained in the First Report of the Royal Sanitary Commission had made it clear that the want of Sickness Returns for the purposes of public hygiene is fully recognised by the Commission, and by all the leading witnesses; but opinions about the *modus operandi* for the provision of such returns appeared to be a little discrepant. The medical officer of the Privy Council, for example, had told the Commission that what was wanted was a *quarterly* return of sickness treated by the Poor-law medical officers, and an *annual* return of cases from hospitals and other medical charities. Mr. Lewis very strongly urged that the whole of the sickness of the country occurring within any kind of public medical practice should be dealt with uniformly, both as to the intervals of publication, and the nature of the facts to be published. He felt that a *weekly* return of sickness was indispensable, at least for London and the other large towns now included in the Registrar-General's Weekly Return, and if that were supplied we might be content for the present with a *quarterly* return for the whole of the country. This would be a less formidable undertaking than to begin with a weekly return for all England. For the collection of the returns it was proposed to supply from a central office, to every Poor-law medical officer, to the responsible executive officer of all medical charities, and to the medical officers of all friendly and provident societies, blank forms on which to enter, at the stated intervals, the total number of new cases of disease coming under their notice, distinguishing a few of the more serious kinds of zymotic disease; the form when filled up, to be at once transmitted to the central office.

Mr. Lewis's plan differs materially in this respect from that submitted by an influential deputation to the President of the Poor-law Board in November last, and to which Mr. Goschen seemed favourably inclined; for instead of having the actual schedules of the medical officers, containing the details of every case treated, sent to the central office, he contended that those detailed schedules ought to be kept for local use, and that only summaries such as he proposes could or should be utilised for frequent publication centrally. It was argued in favour of the Registrar-General's department, as the central office for sickness returns, that it already possessed in its statistical branch the nucleus of a complete department of English vital statistics, which ought eventually to comprise three subdivisions for Census, Mortality, and Sickness statistics; that the returns of sickness were complementary to the returns of death, and therefore ought not to be dissociated from them; and that on the score of economy it would be far less expensive to make an addition

to a department already in existence than to create one out of new materials.

As regards the extent to which sickness returns might be invalidated by defects, Mr. Lewis argued from the experience of the Manchester and Salford Sanitary Association, that a large measure of success might be reasonably hoped for. Dr. Ransome had informed him that, although relying exclusively upon voluntary co-operation, the Manchester returns were so regularly made that for the last eight years not a single return had been wanting from the twenty-nine weekly contributors. If a private society, working at its own cost, were able to accomplish so much, surely a State organisation, with a paid contributory, might hope to be equally successful. In conclusion, Mr. Lewis pointed out how all needful allowances could be made from time to time for defective returns, and he asked the Social Science Association, as the joint parent of the Royal Sanitary Commission, to use its influence towards the establishment of National Sickness Returns.

In the discussion which followed, Mr. Safford, Dr. Hardwicke, Dr. Rogers, Dr. Stallard, Dr. A. P. Stewart, Mr. Holland, Mr. Curgenven, and Dr. Haviland took part, all the speakers warmly concurring with the views contained in the paper. The chairman said the plan proposed by Mr. Lewis was thoroughly practicable, and would meet in the readiest manner the requirements of preventive medicine. He looked upon Sickness Returns as indispensable to medical science; he thought, moreover, that the necessity of making the returns would have a beneficial effect in large public institutions like St. Bartholomew's Hospital, by leading to an increase in the medical staff, as it would be impossible for one man to see 100 patients per hour if he had to make a return of the cases treated; and he strongly advocated that the proposed plan for returns should be pressed upon the notice of the Government. A resolution was passed in the sense of Dr. Farr's concluding observation, and a cordial vote of thanks was accorded to the author of the evening's paper.

REFORM OF THE OUT-PATIENT DEPARTMENT OF HOSPITALS AND DISPENSARIES.

A LARGE and influential meeting was held at the rooms of the Medico-Chirurgical Society on Thursday evening last, Sir William Fergusson, Bart., in the chair. There were representatives from nearly all the London hospitals and dispensaries, and a good sprinkling of general practitioners. Resolutions were passed declaring the evils of the existing out-patient system, and a Committee was formed to investigate and report to another meeting. The pressure on our space compels us to defer a fuller report until next week.

Correspondence.

"Audi alteram partem."

CATHETER FOR RETENTION IN THE BLADDER.

To the Editor of *THE LANCET*.

SIR,—I am in a position to endorse, with one or two exceptions, every word contained in Mr. Barnard Holt's article in *THE LANCET* of the 19th ult., advocating "a new form of catheter for retention in the bladder." I successfully adopted a similar line of treatment in its minutest details, and, if I mistake not, with the same kind of catheter *minus* the "wings," three years ago.

It had occurred to me frequently on previous occasions, when attending cases of retention of urine, from various causes, at some distance from my residence, especially when the patient could not be taught to pass an ordinary gum-elastic catheter effectively—which, however, any practitioner of experience knows to be often a very difficult matter,—that an instrument for retention in the bladder, of a flexible nature, which the urine could not act upon, was much needed, and would be a great boon both to the patient and

the practitioner. Accordingly, as above stated, in September, 1867, a favourable opportunity presented itself for its application in an old man, with retention from paralysis of the bladder. I at once wrote to Messrs. Weiss, explaining at considerable length the kind of instrument I required. With their accustomed promptitude, I received by return of post (I must say, contrary to my most sanguine expectations) just the article I wanted—viz., a vulcanised india-rubber catheter, of the size and shape of an ordinary No. 10 gum-elastic catheter, perfectly flexible and elastic, having also the appearance of being able to withstand the action of the urine—no small item in the proceeding. I was informed that it should be introduced without a stilet, and that it was of French construction. From its extreme flexibility, it struck me at a glance that it would be a difficult task to pass it without a stilet. I therefore mounted it on a strong and rather thick iron stilet, with serrated handle, which I had by me, to prevent its wriggling about too freely, smeared it with oil, and passed it with the greatest ease, and then, of course, withdrew the stilet. Having first passed a piece of copper wire through two perforations I made in the lip at the orifice of the catheter, which I twisted into rings, it was secured with tapes in the usual manner. All appeared firmly and perfectly secured *in situ*; but I had scarcely turned my back before it slipped out again, from the slightest effort on the part of the patient. I instantly reintroduced it well home, as I had done before; but instead of tying the tapes on both sides from the wire rings to the tape loop round the free extremity of the penis, I firmly bound them down with strips of plaster round nearly the whole length of the penis, and then tied both ends to the loop round the root of the same—a precaution I afterwards found unnecessary, the plaster being quite sufficient to secure the desired end.

This plan answered admirably. The catheter was retained in the bladder, without being once removed, for six weeks, with the greatest possible comfort to the patient, and convenience to myself. When withdrawn, the phosphatic concretion at the end of the catheter was exceedingly slight, with no erosion whatever, and was as smooth and flexible as when first introduced after wiping off the slight concretion alluded to. Encouraged by such a decided success, I was at once equipped with a complete set of them by Messrs. Weiss, who, I doubt not, if required, would corroborate my statements fully. I used them several times afterwards with the same decided success.

It is quite obvious that the only difference between Mr. B. Holt's method and my own consists in securing the catheter in the bladder. I am quite ready to admit that the "winged" instrument is the most elegant, and in some cases possibly may be more suitable. My method I conceive to be universally applicable, being more easy of introduction, less liable to displacement, and to phosphatic concretion from the absence of the wings in the bladder. This, however, I would leave to further experience and the verdict of the profession to decide.

In conclusion, I can lay claim to being the first, *at all events in England*, to put this method into practice. Nevertheless, not being the first to publish the same, I cordially waive, and most willingly accord to Mr. B. Holt, the credit of having done so.

The catheter being of French origin, I withheld publishing the result of my experience, resting satisfied in giving our neighbours priority in the matter. This, however, I now leave in the hands of Mr. B. Holt, fully assured that, with his well-known reputation in the department he so eminently represents, he will do it ample justice.

Yours faithfully,

King's Lynn, March 8th, 1870.

D. W. WILLIAMS, M.D.

P.S.—It so happened that all the patients submitted to my method were old. In the young, for obvious reasons, objections may be taken to fixing the tapes with plaster; and justly so, as it would form a serious obstacle to the erection of the penis. I had always contemplated, when a suitable case presented itself in the young subject, to substitute for the plaster a moderately broad gutta-percha or india-rubber band, say two inches wide, to encase the penis, to be secured to the body by tapes in the usual manner, to the far end of which four or five very narrow short pieces of tape should be sewn, with very small shielded hooks attached to each end, to hook to the eyes in the lips of the

catheter. I would suggest to the makers to make the lip harder, and to curl backward in a cupped manner, the concavity to receive the lips of the meatus and tip of the glans penis; four or five holes to be punched out in the circumference of this cup like a shield, guarded with brass eyes, to which, as before stated, the small hooks are fixed.

The great secret to success, in *this* and the *plastering* process, is to keep the catheter well home, *not to project at all beyond the meatus*, and one with the penis altogether.

D. W. W.

MEDICAL REFORM UNION, FOR THE AMENDMENT OF THE MEDICAL ACTS.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your allowing me to inform the profession, through your columns, that I have now received £262 11s. 0d. towards the expenses of this movement, including two donations of £5 each from the Manchester Medico-Ethical Association and from the proprietors of THE LANCET. To the 14th inst., I had received £173 19s. 7d. From the 15th to the 20th inclusive, 5119 circulars were posted to members of the profession who had signed the memorial, but had not contributed. I have now received 370 replies to those circulars, enclosing, in cheques, stamps, and post-office orders, the gross amount of £88 11s. 5d.

To give an idea of the expenses, I may state that the issue of 17,139 copies of the memorial to the members of the profession in England, Scotland, and Ireland, according to Messrs. Churchill's Directories for 1869, involved a first outlay in postage stamps of £142 16s. 6d., each copy being accompanied with a stamped envelope for reply to Dr. Bell Fletcher.

The question now at issue is,—will the profession practically support a movement to obtain the amendment of the Medical Acts on the basis of the memorial signed by a clear majority of the men in actual practice in the three kingdoms?

Of the 9724 who signed the memorial upwards of 8500 have contributed nothing towards the expenses. If each of these will promptly favour the executive of the Medical Reform Union, through me, with a contribution, we shall have enough to discharge present liabilities, and to provide a fund for securing the interests of the profession in the passage of the desired Bill through Parliament.

I have the honour to be, Sir, your obedient servant,

ARTHUR OAKES,

Treasurer of the Medical Reform Union.

The Square, Birmingham, March 22nd, 1870.

P.S.—An account of the sums received, and of the progress of the movement, will shortly be published.

WEST COAST ARMY MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—With reference to the annotation that appeared in THE LANCET of last week headed "West Coast Army Medical Officers," I take leave to offer the following remarks for the consideration of your readers. I would observe—(1) that the regulations quoted by you as those of 1858 (1859?) no more imply promotion from assistant-surgeon to surgeon than from surgeon to surgeon-major; they merely mention promotion. (2) That the title of surgeon, as well as surgeon-major, necessarily entails an increase of pay. (3) That the Warrant of 1859 is the first warrant under which we took service, and the new clause relating to surgeon-major introduced into the Warrant of 1867 cannot invalidate the claim of officers who volunteered to serve on the Coast previous to that date. (4) That assistant-surgeons at present serving on the Coast *do not* obtain their promotion much sooner than in the general service, for within the last four years the authorities have introduced, and made compulsory, a regulation that assistant-surgeons shall, on promotion, serve three additional years as surgeons on the West Coast before being removed into the general service, thus making the rate of promotion several years slower, and much increasing the mortality; Drs. Bradshaw and O'Callaghan, the first two surgeons to whom the rule applied, both died within a month of their completing the