

has occurred. If, therefore, the cause of death be correctly inserted, there will exist thenceforward public documents, from whence may be derived a more accurate knowledge, not only of the comparative prevalence of various mortal diseases, as regards the whole of England and Wales, but also of the localities in which they respectively prevail, and the sex, age, and condition of life which each principally affects.

For the attainment of this object it is necessary to insure, as far as it is possible, the "cause of death." It is obvious that on this subject the requisite information can seldom be given to the registrar, except by the medical attendant on the deceased person, and that even if the registrar be a medical practitioner (which in many instances will be the case), yet will he often be unable to ascertain the truth in this respect, if he is to depend solely on the reports of persons ignorant of medicine, and of the names and nature of diseases; and it cannot be expected that from his own knowledge he will be able so far to correct their errors as to insure a statement worthy of credit. The requisite information must therefore be supplied, either directly or indirectly, by the medical attendant of the deceased person; that is to say, if such medical attendant is not applied to by the registrar, he must afford the requisite information to those other persons to whom the registrar must apply.

The persons who, according to the act for registering births, deaths, and marriages in England, must give information to the registrar on being requested so to do, are "some person present at the death, or in attendance during the last illness," or "in case of the death, illness, inability, or default of all such persons, the occupier of the house or tenement, or, if the occupier be the person who shall have died, some inmate of the house or tenement in which such death shall have happened." It is also provided that "for the purposes of this act the master or keeper of every gaol, prison, or house of correction, or workhouse, hospital, or lunatic asylum, or public or charitable institution, shall be deemed the occupier thereof."

It is therefore earnestly recommended that every practising member of any branch of the medical profession who may have been present at the death, or in attendance during the last illness, of any person, shall immediately after such death place in the hands of such other persons as were in attendance, of the occupier of the house in which the death occurred, and of some inmate who may probably be required to give information, written statements of the cause of death, which such persons may show to the registrar, and give as their information on that subject.

It is desirable that such statement should be very short, the column in the register-book in which it is to be inserted being not more than sufficient for the insertion of about

ten words of moderate length. It should, therefore, contain only the name of the disease which was considered to be the cause of death, and not a detailed account either of antecedent symptoms, or of the appearances which may have presented themselves after death. It is also desirable that such statement should exhibit the popular or common name of the disease, in preference to such as is known only to medical men, whenever the popular name will denote the cause of death with sufficient precision.

#### OBSERVATIONS ON PULMONARY APOPLEXY.

By M. BRICHETEAU, *Physician to the Hospital Necker, Paris.*

*Case.*—MADAME S., 35 years of age, having every appearance of a good constitution, had been subjected in her infancy to frequent and severe catarrhal affections. She had no children, and had experienced many returns of hæmoptysis; moreover, she was remarkably fresh and plump in appearance, and gave herself up to the pleasures of the world, which her fortune enabled her to do. This lady paid little attention to the affections of the chest, which she referred to the heart, and often expressed to her mother her belief that her complaints would terminate in aneurysm of the heart, and regretted that she had not been sufficiently attentive to her health.

On the 14th of September, 1836, having called at the house of Madame S., to visit her sister-in-law, upon whom I was in attendance for a chronic affection, my patient informed me that Madame S. had gone out of her mind. Receiving this intelligence, I entered the chamber of Madame S. precipitately, found her extended upon her bed, and observed that she had indeed lost her senses. The surface of the body was pale, and the pulse was nearly gone, the pupils of the eyes were dilated; in a word, she was struggling with death. I opened a vein in the arm, but could not obtain blood; I applied cupping-glasses, with ether and sinapisms, but all in vain; Madame S. was already dead. I was afterwards informed that she had in the morning complained of pain in the abdomen, had felt an inclination to vomit, and had eventually vomited some food, of which she had partaken at breakfast, but had, nevertheless determined to go out of her house, when from the sudden attack she was compelled to throw herself upon the bed, in which position she did not survive half an hour.

*Autopsy.*—The family dismayed by such an event, demanded that the body should be opened, with which I complied, assisted by my colleagues MM. Terrier and Devillers, on the next day (September 15), exactly twenty-four hours after her death. The sur-

face of the body was remarkably pale, except on the back and hips, at which parts there were extensive ecchymoses. The abdomen was slightly inflated. Percussion upon the chest indicated a heaviness, or dulness on the right side only.

We were surprised at the tightness over the abdominal cavity, and the general distension of the skin over that part, which appeared to originate from the enormous development of the abdominal viscera. At the exterior portion of the superior lobe of the lungs, we remarked with astonishment five or six perforations, two of which communicated with each other by means of a fistulous passage, of about two inches in length. Five or six ounces of blood were poured into the pleura of the right side. The lungs contained a considerable number of miliary tubercles. The heart was in a normal state, though small in volume, and free from blood. The internal surface of the stomach was slightly ecchymosed, near to the pylorus, but shewed neither infiltration nor softening. The intestines were in a healthy state. The brain was slightly softened, but was not gorged with blood, nor was any of that fluid poured into the encephalon.

*Remarks.*—It would not be difficult to prove, in analysing the history of certain diseases which have been well described by modern physicians, that many of those diseases were known from time immemorial, under other names; such, for example, as croup, acute hydrocephalus, and angina pectoris, which were pointed out, or incorrectly described, by the ancients, or by the physicians of the middle ages, and pulmonary apoplexy ought, without doubt to be placed in this category. Balgivi and Van Sweiten have described the first-mentioned disease under the designation of "*Catarrhus suffocativus*." Lieutaud, though more fortunate than his predecessors, seeing that he was permitted to perform post-mortem examinations, reports two observations upon *catarrhus suffocativus*, which, however, do not throw much light upon the subject. Evidently, in the work of the said physician, as in those of the two others who preceded him, the word "*suffocating*" only indicates the mode in which the disease terminates, viz. by suffocation, or asphyxia.

To sum up in a few words, Pulmonary Apoplexy is a sudden disease, which strikes the individual instantaneously, and which, without doubt, is produced by causes which are different from those hæmoptysis, the signs of which are obscure, and the anatomical characteristics less numerous and less complicated than have heretofore been supposed. It is always fatal, and death results by arrest of the functions of the lungs, and not by the heart. In this point of view, this disease ought to be classed under the head "*Asphyxia*," rather than that of "*Hæmorrhagæa*."—*Jour. Complémentaire*, Dec. 1836.

#### DISLOCATION OF BOTH BONES OF THE FORE-ARM EXTERNALLY.

John Pugh, aged 14, came to the North London Hospital the 6th May, having injured the elbow joint as follows:—He tried to mount a horse, but leaping too strongly, he fell on the opposite side, and pitched upon the ground with all his weight on his left hand. He was seen to fall in that manner by a policeman, who immediately brought him to the hospital, when both bones of the fore-arm were found to be dislocated outwards. The elbow was much distorted, the fore-arm midway between flexion and extension, and rather supined. The head of the radius was very prominent externally; above it there was a depression, and the half of the circumference of the head of that bone was very distinctly observed; the olecranon was prominent, the internal condyle remarkably so; the distance between the olecranon and internal condyle was nearly three times greater than natural. The tendon of the triceps was rather relaxed, the fore-arm could be extended nearly as far as naturally, but could not be flexed to more than a right angle with the upper arm, and when flexed to that point great pain was experienced round the joint. He had the power of pronating the arm a little, and by force it could be placed in the complete prone position; but it could only be supined to a smaller extent beyond what it could on admission. He supported the fore-arm carefully with the other hand. Mr. Barker reduced it in the following manner:—An assistant grasped the limb above the elbow, while he grasped it below, and extended the arm, making lateral pressure; the bones were returned to their natural situation with a slight noise. A bandage was then applied from the fingers to the elbow, and included a compress over the head of the radius, the bandaging being carried above the elbow. An angular splint of pasteboard well padded with tow on either side of the arm, was applied, and confined by means of a roller. The arm was placed at right angles by means of the splints, and afterwards supported in a sling.

#### POISON OF THE SNAKE IN A GOAT'S MILK.

At a late meeting of the *Calcutta Med. Soc.* Mr. Egerton alluded to a letter which he had received from the upper provinces on the subject of a snake bite. A goat had been bitten, and the milk of the animal was given to the family, the head of which was affected with sickness; he shortly after quitted home, to which, however, he was soon recalled, and informed that the children were likewise attacked with sickness as well as his wife. Mr. Egerton descanted on the remarkable circumstance of the venom of the serpent being communicated to the family through the medium of the goat's milk.