

Mr. Collis' volume has the melancholy interest attached to it which always belongs to a book which has made illustrious its author, too soon snatched away by death from the scene of his labours and triumphs. It is a book which is at times almost startling, from the novelty and independence of the writer's views: it is certainly the most fascinating book upon cancer with which we are acquainted. Its illustrations are of a high order of excellence (much more artistic than those accompanying Mr. Pemberton's treatise), and the work, as a whole, will, we think, always be looked upon as deserving a high place in the literature of the subjects with which it deals.

Mr. Cooke's essay has already been the subject of a short notice in the pages of this Journal (see number for January, 1867, page 234); we will merely add to what is said there, that it strikes us as having an especial value as representing the unfavourable side of the cancer question, the author's official position bringing before him many avowedly incurable cases, and cases of relapse after operation.

Mr. Moore's little volumes are full of food for thought, and his points are clearly presented and ably argued. The "local-origin" theory of cancer has no warmer nor more able advocate than the Surgeon of the Middlesex Hospital.

The excellent papers of Mr. Delagarde and of Mr. Baker have already been noticed in the pages of this Journal, in connection with the volumes in which they appeared. Did our space allow, we would gladly refer to them at length for their bearing upon important practical questions as to the treatment of cancerous affections.

All of the books and papers, the titles of which we have placed at the head of this article, contain a great deal of important information with regard to the theoretical opinions entertained as to the pathology of cancer. To these matters we have scarcely even alluded, as our object was to show the prevailing views as to the more immediately important question of the *surgical treatment* of cancer. And we think the evidently growing tendency on the part of surgical writers to recommend early operations, must be taken as an evidence that, apart from all theoretical considerations, the propriety of this course is coming more and more to be recognized as an established fact. It may be doubtful whether complete unison of sentiment will ever be arrived at with regard to the essential pathology and etiology of cancerous growths: the prospect is more hopeful for a definite settlement of the proper modes of treatment; and such excellent clinical works as those which we have been considering, will undoubtedly do much towards bringing about this desirable consummation.

J. A., JR.

ART. XXI.—*The Nomenclature of Diseases, drawn up by a joint Committee appointed by the Royal College of Physicians, of London.*
 London: Printed for the Royal College of Physicians, by W. D. & S. Golbourn, Prince Street, 1869. pp. 327.

THE desirableness of a generally recognized nomenclature of diseases is too evident to require any discussion. Obviously, it is an indispensable condition "for perfecting the statistical registration of diseases with a

view to the discovery of statistical truths concerning their history, nature, and phenomena." To discuss the importance of statistical facts concerning the history, nature, and phenomena of diseases would be needless. Enough has been accomplished already to render the discussion of this point superfluous as regards thinking medical men. There is reason to believe, however, that the truths which have been ascertained are only an earnest of future developments in this direction. In our country the fruits of a proper registration of diseases have scarcely begun to be reaped. Here, especially, it is important to bring the matter to the minds of the profession more fully and extensively than has yet been done; for, with us, an effective registration of diseases is only to be secured by the medical, acting on the popular, mind. Moreover, in our country a system of registration is to be adopted, not by a single government, but by a multitude of governments, each being independent of the others as regards matters of this kind. In this fact, together with the other fact just alluded to, namely, the necessity of arousing and directing public sentiment, we have an explanation of the tardiness with which, in everything relating to governmental provisions for medical knowledge, our democratic country follows the lead of other nations. This is not the place to discuss political subjects, and we should be among the last to wish to deviate from propriety in this respect; but we may be permitted the remark, that efficient measures for the promotion of the science and art of medicine are not to be reckoned among the blessings of democracy. The American medical profession, however, have made some progress in their efforts upon our legislative bodies, as regards the registration of diseases, and, by way of compensation for the dissatisfaction arising from the little that has hitherto been done, we may entertain hopes of better things in the future.

It is difficult to bring the minds even of thinking persons not of the medical profession to an appreciation of the fact, that all mankind are deeply interested in the progress of knowledge respecting the history, nature, and phenomena of diseases. Nor is it easy to impress upon the public mind the importance of striving to prevent, remove, or diminish morbid agencies. In the latter point of view, the truths developed by statistical registration have been, and promise to be still more, useful, by shedding light upon the causes of disease. Here, we need not say to the medical thinker, is a field of investigation in which the unknown vastly predominates over the known. Who can venture to foresee the developments which, in the providence of God, may result from continued and increased efforts in this direction!

It is evident that statistical facts obtained by the registration of diseases are likely to lead to important truths in proportion as the area of investigation is extensive. This is well expressed in the following quotation from the preface: "The statistics of a single town may be instructive; but more instruction will be obtained from the compared statistics of various and many towns. This is alike true of different districts of the same country, and of different countries and climates; and the most instructive sanitary statistics would be those which related to the whole of the inhabited portions of the globe."

For a concise statement of the need of a uniform nomenclature with reference to the registration of diseases, we cannot do better than to quote further from the preface: "For the registration of statistical facts, it is clearly requisite that there should be a uniform nomenclature of diseases coextensive with the area of investigation; and taking the largest area,

the universal globe, the nomenclature would need to be one that can be understood and used by the educated people of all nations." * * * * *

"When a general and uniform nomenclature has once been carefully framed, when we are sure that medical observation is occupying itself everywhere with the selfsame diseases, the value of statistical tables becomes very high, as representing the course of events in disease, under various circumstances of time, place, season, climate, manners and customs, age, sex, race, and treatment. This general, or common, or *standard* nomenclature need not be imposed upon every nation and people as its proper nomenclature. It could not. It would be unintelligible by the people at large, and embarrassing to those by whom the necessary returns must be made. But the nomenclature proper or peculiar to each country, and which may be called its *national* nomenclature, should be readily convertible into the *standard* nomenclature."

For the construction of a nomenclature of diseases, a committee of the Royal College of Physicians was appointed in 1857. Representative members of the Royal College of Surgeons, the Society of Apothecaries, the Medical Department of the Army and Navy, the Registrar-General, the Epidemiological Society, etc., were subsequently added. The meetings of the Committee were suspended in 1858 and resumed in 1863, when the Committee was further enlarged, and sub-committees appointed. Sir Thomas Watson was the Chairman of the Committee, and the names of the other members afford a guarantee that the work would be faithfully and well done. The publication is subject to a decennial revision. Of the result of their labours, the Committee say, in the preface, as follows: "The Committee appointed by the Royal College of Physicians of London have prepared a nomenclature suitable to England, and to all countries where the English language is in common use. For each name they have supplied the corresponding Latin term, which is the language of ancient science, and probably the fittest language for a nomenclature common to all the world; and also the equivalent term in the three modern languages which are the richest in medical learning and literature—the French, the German, and the Italian languages: and in this way they hope to have laid the foundation for a nomenclature of diseases in any language extant on the earth."

The work is intended to serve as a guide to the practitioner in the use of the names of diseases for registration and other purposes. The arrangement for this end is excellent. On one page is a list of the names of diseases in Latin, French, German, and Italian; and on the opposite page is the English name with such definitions and explanations as are called for. An index is added, embracing the names for common use, the Latin names and synonyms not to be employed in registration, each in different kinds of type, with figures indicating the page where the disease is to be met with, and where the disease is to be registered. In the English list of names there is but little deviation from those employed by the Registrar-General of England. As far as possible, the names selected are those which comprise but one word or the fewest words, and those which imply no erroneous or doubtful theories. As far as we can judge, the nomenclature offers very little room for criticism. There is no coining of names, and there are no needless changes or innovations. The modes of distinguishing the nature of the disease by the terminology, which, within late years, have come into use, are retained. In short, as it seems to us, in view of the opportunity for revision at the end of ten years, the nomen-

clature is all that is to be desired. In saying this we would not be understood to say that the nomenclature is perfect. Changes will doubtless be made hereafter which are not now advisable. For example, it is to be hoped that the name *Catarrh* will, by and by, be eliminated, and that the name *Bright's disease* will not, as now, be used to embrace several different affections.

In connection with the nomenclature of diseases, their classification is a matter of importance. We do not propose to enter into a discussion of nosological systems, and we shall content ourselves with an expression of satisfaction with the arrangement which the Committee have adopted. They state that, after much consideration, they resolved "that the proposed classification of diseases should be based upon anatomical considerations." Accordingly, diseases are first grouped as being general or local. General diseases are subdivided into two sections, namely, *first*, those which appear to involve a morbid condition of the blood, running a definite course, frequently attended with eruptions, often communicable, occurring epidemically, and generally protecting against a second attack. In this section are embraced all the essential fevers, together with cholera, diphtheria, etc. The *second* section embraces general diseases which are apt to invade different parts of the body simultaneously or in succession, and often manifesting a tendency to transmission by inheritance, such as rheumatism, gout, syphilis, carcinoma, etc. The local diseases are arranged after the different anatomical systems, namely, diseases of the nervous system, of the eye and ear, of the circulatory system, of the respiratory system, etc. Under the head of "Conditions not necessarily associated with general or local diseases," are embraced poisons, general and local injuries, old age, debility, with still-born and premature births. Finally, surgical operations, human parasites, and congenital malformations are contained in an appendix.

We repeat an expression of satisfaction with this nosological arrangement. In the present state of our knowledge of pathology and etiology, any other system of classification is objectionable. The anatomical plan is the most convenient, as well as the least open to objection on other grounds. Considering that Dr. Farr was a member of the Committee, we have reason to congratulate ourselves that such names as zymotic, dietic, and enthetic are not to be found in the classification which was adopted.

In conclusion, we hope that the nomenclature and the classification of diseases, as adopted by the Committee appointed by the Royal College of Physicians of London, will be accepted in this country. The question as to their acceptance should be submitted to our State and local medical societies. It is desirable that there should be unanimity of action; and, as preliminary thereto, we should be glad to see a reprint of the publication extensively circulated. It strikes us as a good plan for different societies to unite in procuring the publication for gratuitous distribution among their members.

A. F.