

Statistics of the Royal Infirmary of Glasgow. Third series : compiled from the records of the institution for 1846 / by R.S. Orr.

Contributors

Orr, R. S. 1819-1886.
Glasgow Royal Infirmary.
Royal College of Physicians of Edinburgh

Publication/Creation

Edinburgh : printed by Stark, [1847?]

Persistent URL

<https://wellcomecollection.org/works/pb7cfaj2>

Provider

Royal College of Physicians Edinburgh

License and attribution

This material has been provided by This material has been provided by the Royal College of Physicians of Edinburgh. The original may be consulted at the Royal College of Physicians of Edinburgh. where the originals may be consulted.

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

STATISTICS
OF THE
ROYAL INFIRMARY OF GLASGOW.
THIRD SERIES.

COMPILED FROM THE RECORDS OF THE INSTITUTION FOR 1846.

By R. S. ORR, M. D.,
Superintendent of the Royal Infirmary.

R35573

STATISTICS
OF THE
ROYAL INFIRMARY OF GLASGOW.
THIRD SERIES.

COMPILED FROM THE RECORDS OF THE INSTITUTION FOR 1846.

By R. S. ORR, M. D.,
Superintendant of the Royal Infirmary.

(*From the Edin. Med. and Surg. Journal, No. 171.*)

IN presenting to the profession the statistics of the Royal Infirmary of Glasgow for the year 1846, being the third series, it may be observed, that, in consequence of the greatly increased number of patients who have been treated during the year, there has been a much more extended field for statistical inquiry than existed, when the former series were published. Disease generally has been very prevalent in Glasgow during the past year, which has also been unusually fruitful in the production of several forms of epidemic disease. In the early part of the year, small-pox was extremely prevalent, and the result has been a greatly increased number of cases of this disease sent to the hospital. In the autumn, diarrhœa and dysentery were very common, and, it is to be regretted, were extremely fatal. But what is still more remarkable is the fact, that during the latter half of the year particularly, fever of three distinct and well-marked species prevailed to a great extent, and these all at the same time; since autumn it has increased, and is still rapidly and steadily advancing.

So great has been the prevalence of disease, that the hospital accommodation latterly became quite inadequate for the reception of the numerous applicants for admission. The truth of this is evinced by the fact, that in 1844 the total numbers treated amounted to 3478, in 1845 to 2993, while in 1846 they amounted to 4547, which exceeds those of 1844 by 1069, and those of 1845 by 1554.

It may here be mentioned, that in this as in the former reports, in estimating the number of cures and deaths, and the proportionate mortality, the calculations have been made on the numbers treated to a termination. These of course include the dismissals and the deaths, which together make up the whole number treated. Some have erroneously made such calculations from the admissions; but the fallacy of this method is at once obvious from the fact, that a certain number of those admitted being still resident in the hospital at the time of their being made, their treatment and its results must necessarily not have terminated. The number remaining in hospital at the close of each year should therefore be included in the returns of the year following, as it is then that their treatment terminates.

Before proceeding as formerly, first, to the statistics of the medical and surgical wards, and, second, to those of the fever wards, the following general statement of the movement in the Infirmary during the year 1846 may be examined.

	Med. & Surgical Wards.	Fever Wards.	Total.
No. remaining 1st January 1846, from former year,	177	30	207
No. admitted since to 31st Dec., inclusive,	2750	2002	4752
	<hr/> 2927	<hr/> 2032	<hr/> 4959
No. remaining 31st December 1846,	180	232	412
	<hr/> 2747	<hr/> 1800	<hr/> 4547
Of these there have been—relieved,	443		
Dismissed with advice	132		
— being irregular,	63		795
— being incurable,	8		
— by desire,	149		
Died,	277	207	484
Cured,	1675	1593	3268
	<hr/> 2747	<hr/> 1800	<hr/> 4547
Daily average number of patients,	{ Males, 135 } { Females, 77 }	212 { Males, 49 } { Females, 53 }	102 314
	Med. Wards.	Surg. Wards.	Fev. Wards.
Average residence of the patients,	29 days.	28 days.	19 days.
Average expense of each patient,	L.1 10 4 $\frac{1}{2}$.		25 days.

I.—STATISTICS OF THE MEDICAL AND SURGICAL WARDS.

There were in these wards on the 1st of January 1846, 177 patients; there were admitted during the year, 2750; and there remained on the 31st of December 1846, 180, which, deducted from the above numbers, leaves a total of 2747 cases treated to a termination. Of these 1729 were males, of whom 177 died; 1018 were females, of whom 100 died.

There were treated in the medical wards 1273 patients, of whom 744 were males, and of these 116 or 1 in 6·4 died; 529 were females, and of these 83 or 1 in 6·3 died.

There were treated in the surgical wards 1474 patients, in whom 985 were males; and of these 61 or 1 in 16·1 died; 489 were females, and of these 17 or 1 in 28·7 died.

Of the above 2747 patients there were found to be

	Scotch.	Irish.	English.	Foreigners.	Total.
Males, .	1131	509	62	27	1729
Females, .	750	247	18	3	1018
	<u>1881</u>	<u>756</u>	<u>80</u>	<u>30</u>	<u>2747</u>

From this it appears, that of the total number treated, 68·43 per cent. were natives of Scotland, 27·52 per cent. were natives of Ireland, 2·94 per cent. were natives of England, and 1·09 per cent. were foreigners. An increase of 2 per cent. on the previous year is therefore observable in the numbers of diseased Irish who have presented themselves for treatment during last year, and a decrease of 3 per cent. in the numbers of Scotch, while the English have remained stationary. The number of foreigners has increased from 0·81 per cent. to 1·09 per cent.

Table I. exhibits a numerical analysis of the admissions, dismissions, deaths, average numbers in hospital, and mortality per cent. of the cases treated to a termination for each month in the year.

Med. & Surg. Wards. 1846.	Admitted.			Dismissed.			Died.			Aver. No. in Hospital.			Mortality per cent.		
	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.
Jan....	266	166	100	178	113	65	19	11	8	219	131	88	9·64	8·87	10·95
Feb....	232	141	91	210	132	78	14	5	9	252	152	100	6·25	3·64	10·34
March,	225	134	91	230	134	96	25	16	9	240	146	94	9·30	10·66	8·57
April,	211	134	77	184	113	71	26	22	4	219	137	82	12·38	16·29	5·33
May,...	217	151	66	195	122	73	18	16	2	219	140	79	8·45	11·59	2·66
June,	237	154	83	228	154	74	15	6	9	226	153	73	6·17	3·75	10·84
July,...	236	150	86	224	144	80	23	18	5	212	134	78	9·31	11·11	5·88
Aug....	234	148	86	222	134	88	23	16	7	207	133	74	9·38	10·66	7·36
Sept....	231	140	91	212	125	87	23	14	9	201	135	66	9·78	10·07	9·37
Oct. ...	219	137	82	210	138	72	25	15	10	192	126	66	10·63	9·80	12·19
Nov....	212	132	80	188	118	70	31	15	16	181	118	63	14·15	11·27	18·60
Dec ..	230	151	79	189	125	64	35	23	12	185	121	64	15·62	15·54	15·78
Total,	2750	1738	1012	2470	1552	918	277	177	100	212	135	77	10·08	10·23	9·82

Table II. shows the number of patients treated in the medical and surgical wards during the year 1846, arranged under twelve heads according to their diseases, &c.

Diseases, &c.	Case	Cured.		Re-liev.		Dismiss. fm. oth. causes.		Died.		Mortality per cent.			Aver. resi- den.	
	Tot.	M.	F.	M.	F.	M.	F.	M.	F.	Tot.	M.	F.	M.	F.
I. Fevers.														
Continued fever, with relapse, (16)*	6	4	2	...	...	...	...	...	...	...	...	...	26	39
Common continued fever, (17)	28	16	7	...	...	1	1	2	1	10.7	10.5	11.1	25	21
Typhus fever, (17)	3	1	1	...	...	1	...	...	...	...	...	...	13	64
Intermittent fever, (15)	6	4	2	...	...	...	...	...	...	...	...	...	15	19
Variola, (1 a)	2	...	1	...	...	1	...	...	...	...	...	...	1	14
Total,	45	25	13	...	...	3	1	2	1	6.6	6.6	6.6	...	...
II. Nervous System.														
Anæsthesia, (48 a)	1	...	...	...	...	1	...	...	...	...	...	...	5	...
Apoplexy, (47)	1	1	...	...	...	...	...	...	...	...	...	...	75	...
Brain, disease and abscess of, (45)	7	...	...	...	...	1	1	3	2	71.4	75.	66.6	20	69
Cephalalgia, (54)	26	13	6	4	3	...	...	...	...	...	...	...	29	21
Chorea, (50)	6	2	1	2	1	...	...	...	...	...	...	...	34	54
Delirium tremens, (49)	1	1	...	...	...	...	...	...	...	...	...	...	36	...
Epilepsy, (52 a)	4	1	...	...	2	1	...	...	...	...	...	...	10	51
Hemiplegia, (48 a)	23	2	...	9	4	5	1	2	...	8.6	11.1	...	35	33
Hypochondriasis, (51 b)	5	3	1	...	...	1	...	...	...	...	...	...	19	20
Hysteria, (52 b)	15	...	6	...	5	...	3	...	1	6.6	...	6.6	...	28
Mania, (51 a)	5	...	...	...	...	2	2	1	...	20.	33.3	...	22	2
— puerperal, (104)	1	...	...	...	1	...	...	...	...	...	...	...	...	20
Melancholia, (51 b)	1	...	...	...	...	1	...	...	...	...	...	...	9	...
Neuralgia, (55 a)	7	1	...	4	...	1	1	...	...	...	...	...	22	20
Paralysis agitans, (48 b)	1	...	...	1	...	...	...	...	...	...	...	...	27	...
— general, (48 a)	2	...	...	...	...	2	...	...	...	...	...	...	49	...
— partial (48 a)	9	4	1	3	...	...	1	...	...	...	...	...	18	37
Paraplegia, (48 a)	15	1	1	7	...	3	2	...	1	6.6	...	25.	73	33
Sciatica, (55-106)	12	7	...	4	...	...	1	...	...	...	...	...	32	23
Spina bifida (43 b)	1	...	...	...	1	...	...	...	...	...	...	...	...	30
Spine, dis. of, (45-48.)	4	...	1	1	1	...	...	...	1	25.	...	33.3	17	60
Tic douloureux, (55 b)	2	2	...	...	...	...	...	...	...	...	...	...	23	...
Total,	149	38	17	35	18	18	12	6	5	7.3	6.1	6	...	...
III. Circulatory System.														
Absorbents, inflam. of	2	1	1	...	...	...	...	...	...	...	...	...	25	8
Aneurism of aorta, (61)	1	...	...	...	...	...	1	...	...	...	...	...	...	69
— brachial, (61)	3	3	...	...	...	...	...	...	...	...	...	...	12	...
— popliteal, (61)	1	1	...	...	...	...	...	...	...	...	...	...	35	...
Axillary artery, rupture of, (61-144)	1	1	...	...	...	...	...	...	...	...	...	...	16	...
Brachial do., (61-144)	2	2	...	...	...	...	...	...	...	...	...	...	7	...
Dis. of heart, (59-60)	47	...	...	14	8	6	2	9	8	36.11	31.0	44.46	29	25
Naevus maternus, (61)	1	...	...	...	1	...	...	...	...	...	...	...	...	14

* The figures and letters within parenthesis refer to the classified arrangement adopted by the Registrar-General for England, in the Statistical Nosology recently published.

Diseases, &c.	Case.	Cured.		Reliev.		Dismiss fm. oth. causes.		Died.		Mortality per cent.			Aver. resi. dence.	
	Tot.	M.	F.	M	F.	M.	F.	M	F.	Tot.	M.	F.	M.	F.
Palpitation, (59-60)	1	...	...	...	...	...	1	...	...	...	...	...	...	3
Pericarditis, (58 b)	4	...	1	...	...	2	...	1	...	25	33·3	...	2	37
Phlegm. dolens, (104 a)	2	...	1	...	...	...	...	...	1	50	...	50	...	38
Purpura, (14 b)	2	1	...	1	...	...	...	...	...	...	...	...	37	...
Varicose veins, (66)	2	1	1	...	...	...	...	...	...	...	...	...	28	1
Total,	69	10	4	15	9	8	4	10	9	27·5	23·2	34·6	...	...
IV. Respiratory System.														
Asthma & emphysema } pulmon. (72 a, b) }	4	...	...	3	...	...	1	...	...	...	...	...	24	1
Bronchitis, (69 a)	92	30	25	13	8	3	1	7	5	13	15	12·8	21	25
Catarrh, (69 a)	7	5	2	...	...	...	...	...	...	...	...	...	19	23
Empyema, (70 b)	2	...	...	...	...	...	1	1	...	50	100	...	22	3
Gang. of lungs, (71 b)	1	...	...	...	...	...	1	1	...	100	100	...	3	...
Hæmoptysis, (28 b)	3	1	2	...	...	...	...	...	...	...	...	...	18	14
Laryngitis, (67)	10	4	5	...	...	...	...	1	10	...	...	16·6	22	34
Phthisis, (73)	120	...	...	32	20	15	5	26	22	40	35·6	46·8	27	31
Pleuritis, (70 a)	13	4	2	5	...	...	...	1	1	15·3	10	33·3	32	32
Pleuropneumonia, (71 c)	8	4	1	...	1	...	...	2	...	25	33·3	...	25	21
Pneumonia, (71 b)	20	8	2	...	1	3	1	3	2	25	21·4	33·3	17	16
Total,	280	56	39	53	30	21	9	41	31	25·7	23·9	28·4	...	...
V. Genito-Urinary Syst.														
Amenorrhœa, (103)	2	...	...	...	2	...	...	...	...	...	...	...	...	29
Bladder, dis. of, (98)	7	1	...	...	1	2	1	1	1	28·5	25	33·3	17	50
Calculus in urethra, (97)	2	2	...	...	...	...	...	...	...	...	...	...	9	...
— in vesica, (97)	12	5	2	...	...	3	...	2	...	16·6	20	...	29	38
Cancer, chimney } sweepers' (35) }	1	...	...	...	...	1	...	...	...	...	...	...	7	...
— and gangrene } of penis, (39) }	2	2	...	...	...	...	...	...	...	...	...	...	27	...
Chlorosis, (29 b, 103)	1	...	...	...	1	...	...	...	...	...	...	...	...	23
Diabetes insipidus, (96)	6	2	...	3	...	1	...	...	...	...	...	...	44	...
— mellitus, (96)	8	...	...	3	2	2	...	1	...	12·5	16·6	...	41	42
Dysuria, (100)	1	1	...	...	...	...	...	...	...	...	...	...	44	...
Epididymis, (enlarged)	1	...	...	...	...	1	...	...	...	...	...	...	5	...
Extra-uter. foeta. (104)	1	...	...	...	...	...	1	...	...	...	...	...	...	56
Fistula, recto-vag. (32 c)	2	...	...	...	1	...	...	...	1	50	...	50	...	33
— urinary, (32 c)	3	1	...	1	...	1	...	...	...	...	...	...	35	...
— vesico-vag. (32 c)	1	...	...	...	...	...	1	...	...	...	...	...	...	5
Gonorrhœa, (21 c)	11	8	3	...	...	...	...	...	...	...	...	...	32	20
Hæmaturia, (28 f)	2	1	...	...	...	...	...	1	...	50	50	...	81	...
Hydrocele, (30 g)	11	6	...	4	...	1	...	...	...	...	...	...	18	...
Hydro-sarcocele,	3	2	...	...	...	1	...	...	...	...	...	...	27	...
Leucorrhœa, (103)	3	...	2	...	1	...	...	...	...	...	...	...	...	19
Menorrhagia, (28 g)	2	2	...	...	...	...	...	...	...	...	...	...	...	25
Orchitis, (101)	17	15	...	1	...	1	...	...	...	...	...	...	24	...
Ovarian disease, (30 h)	4	...	1	...	2	...	1	...	...	...	...	...	...	25
Parturi. sequel. of, (104)	5	...	4	...	1	...	...	...	...	...	...	...	...	36
Pregnancy, (104)	2	...	...	...	...	...	2	...	...	...	...	...	...	46
Prolapsus uteri, (104)	4	...	1	...	2	...	1	...	...	...	...	...	...	18
Prostate, dis. of, (99)	2	...	...	1	...	1	...	...	...	...	...	...	35	...
Syphilis, primary, (21 a)	46	31	8	3	...	2	2	...	...	...	...	...	35	19
— second. (21 b)	89	35	29	15	4	1	4	...	1	1·1	...	2·6	39	25
Testicle, dis. of, (101 ?)	1	...	...	1	...	...	...	...	...	...	...	...	55	...

Diseases, &c.	Case.	Cured.		Re- liev.		Dismis. fm. oth. causes.		Died.		Mortality per cent.			Aver. resi- dence.	
	Tot.	M.	F.	M	F.	M.	F.	M	F.	Tot.	M.	F.	M.	F.
Urethra, rupture of,	5	2	...	1	...	...	...	2	...	40	40	...	71	...
— strict. of, (100)	12	8	...	2	...	2	...	...	...	...	...	...	28	...
Urine, incontinence of,	4	...	...	1	...	2	...	1	...	25	...	100	29	32
— reten. of, (93-100)	4	2	...	...	...	1	...	1	...	25	25	...	15	...
Uterus, disease of,	12	...	3	...	2	...	7	...	...	...	...	...	...	23
Total,	289	126	53	36	19	23	20	8	4	4.1	4.09	4.1	...	...
VI. Glan. and Sec. Sys.														
Abscess of abdominal parietes, (31 a)	2	...	...	1	...	1	...	...	...	...	...	...	3	28
— of axilla and arm, (31 a)	2	1	...	1	...	...	...	...	...	...	...	...	35	...
— of back, (31 a)	5	2	2	...	...	1	...	...	...	...	...	...	14	25
— of foot, (31 a)	2	...	2	...	...	...	...	...	...	...	...	...	...	23
— of leg and thigh, (31 a)	20	6	8	3	...	1	1	...	1	5	...	10	26	27
— lum. & pel.(33 e)	9	...	3	1	...	4	...	1	...	11.1	16.6	...	32	47
— mammary,(31 a)	8	...	8	...	...	...	...	...	...	...	...	...	...	14
— of neck, (31 a)	2	1	...	1	...	...	...	...	...	...	...	...	23	...
— perineum, (31 a)	1	...	1	...	...	...	...	...	...	...	...	...	...	10
— of thoracic pa- rietes. (31 a)	3	1	...	1	...	1	...	...	...	...	...	...	24	...
Bronchocele, (33 i)	2	...	1	...	...	1	...	...	...	...	...	...	13	22
Erethismus mercurialis,	1	...	1	...	...	...	...	...	...	...	...	...	...	21
Diseased axillary and inguin.glands, (33)	3	...	2	1	...	...	...	...	...	...	...	...	7	8
— kidney, (95)	3	...	...	1	...	1	...	1	...	33.3	33.3	...	15	...
— liver, (91)	5	...	1	...	1	...	1	2	...	40	100	...	30	22
— mes. glan. (33 f)	1	...	...	...	...	...	1	...	...	...	...	...	...	48
— spleen, (87*)	2	...	...	...	...	1	...	1	...	50	50	...	13	...
Mamma, cancer of, (35)	6	...	2	...	...	...	4	...	...	...	...	...	...	13
— hydat. of, (44 a)	1	...	...	...	...	...	1	...	...	...	...	...	...	5
Hepatitis, (89 a)	7	5	2	...	...	...	...	...	...	...	...	...	17	42
Icterus, (89 a)	5	2	2	...	...	...	...	1	20	...	33.3	21	17	...
Nephritis, (92)	1	...	...	...	...	1	...	...	...	...	...	...	9	...
Struma, (33 a)	30	2	3	9	4	10	1	...	1	33.3	...	11.1	28	45
Total,	121	20	38	19	5	22	9	5	3	6.6	7.5	5.4	...	...
VII. Integ. System.														
Anasarca, (30)	12	5	3	...	2	2	...	...	...	...	...	...	12	24
Bed sores, (39 g)	2	1	1	...	...	...	...	...	...	...	...	...	33	26
Cancer of skin, (35)	2	1	...	...	...	1	...	...	...	...	...	...	34	...
Carbuncle, (132 a)	3	1	1	...	...	1	...	...	...	...	...	...	39	14
Cicat. from burn.(138 b)	5	3	1	1	...	...	...	...	...	...	...	...	36	63
Dogbite, (145)	2	2	...	...	...	...	...	...	...	...	...	...	17	...
Fissures of skin,	2	1	1	...	...	...	...	...	...	...	...	...	10	5
Inflammation, cell. & subfascial (133)	18	9	4	2	1	1	...	1	...	5.5	7.6	...	33	26
Onychia, (134)	10	3	3	...	...	1	3	...	...	...	...	...	21	43
Acne syphilitica (121)	1	...	1	...	...	...	...	...	...	...	...	...	...	14
Ecthyma, (119)	5	3	1	...	1	...	...	...	...	...	...	...	22	11
Eczema, (115)	18	7	7	2	...	2	...	...	...	...	...	...	21	27
Eczema and porrigo capitis, (26-115)	10	5	...	4	1	...	...	...	...	...	...	...	61	24
Herpes, (116)	2	...	1	...	...	...	1	...	...	...	...	...	...	28

Diseases, &c.	Case	Cured.		Re-liev.		Dismiss. fm. oth. causes.		Died.		Mortality per cent.			Aver. residence.	
		Tot.	M.	F.	M	F	M.	F	M F.	Tot.	M.	F.	M.	F.
Icthyosis, (127)	1	...	...	1	...	...	...	...	...	...	...	...	25	...
Impetigo, (120)	1	...	...	...	...	1	...	...	...	...	...	...	126	...
Lepra, (125)	10	3	5	1	...	1	...	...	...	...	...	...	48	33
Prurigo, (124)	2	1	1	...	...	...	...	...	...	...	...	...	13	11
Psoriasis, (125)	5	3	1	1	...	...	1	...	...	...	...	...	52	28
Rupia, (118)	2	1	1	...	...	...	...	...	...	...	...	...	25	29
Scabies, (27)	11	5	4	...	1	...	1	...	...	...	...	...	23	17
Sibbens, (131)	1	...	...	...	1	...	...	...	...	...	...	...	...	46
Strophulus intertinctus,	1	1	...	...	...	...	...	...	...	...	...	...	18	...
Sycosis menti,	1	...	...	1	...	...	...	...	...	...	...	...	4	...
Urticaria, (114)	1	...	...	...	...	1	...	...	...	...	...	...	4	...
Erysipelas & erythema (22)	42	14	22	1	2	...	...	3	...	7.1	16.6	...	19	21
Total, .	170	68	58	14	9	11	6	4	...	2.3	4.1	...	...	...
VIII. Osseous System.														
Fractures.														
1. Simple, (144 c)														
Of bones of upper extrem	70	37	22	...	...	6	3	1	1	2.8	2.2	3.8	17	6
— of lower extrem.	97	62	21	4	5	3	2	...	...	...	...	...	62	41
Of lower jaw,	4	4	...	...	...	...	...	...	...	...	...	...	9	...
— ribs	7	5	2	...	...	...	...	...	...	...	...	...	24	9
— pelvis,	4	3	...	1	...	...	...	...	...	...	...	...	36	...
2. Compound, (144 c)														
Of bones of upper extrem	10	6	3	...	...	1	...	...	...	...	...	...	32	31
— of lower extrem.	28	12	3	...	...	1	...	10	2	43.2	43.4	40.	46	49
Of upper jaw,	1	1	...	...	...	...	...	...	...	...	...	...	71	...
— zygoma,	1	1	...	...	...	...	...	...	...	...	...	...	55	...
3. Comminuted, (144 c)														
Of bones of upper extrem	3	1	...	...	...	1	1	...	...	...	...	...	33	18
— of lower extrem.	7	3	...	...	...	...	...	4	...	57.1	57.1	...	47	...
Curvat. of spine, (110 b)	3	...	...	1	...	2	...	...	...	...	...	...	35	...
Caries & necrosis of fe-	2	...	1	...	...	1	...	...	...	...	...	...	1	25
— mur, (111, 112)	7	1	1	4	...	...	1	...	...	...	...	...	21	61
— of tibia, (111, 112)	2	...	...	1	1	...	...	...	...	...	...	...	33	22
— of toe, (111, 112)	2	1	...	...	...	1	...	...	...	...	...	...	25	...
— of hume-	2	1	...	...	...	...	...	...	...	...	...	...	22	9
— rus, (111, 112)	2	1	...	...	...	...	...	...	...	...	...	...	2	...
— of fin-	1	...	...	...	...	1	...	...	...	...	...	...	28	...
— gers, (111, 112)	1	...	...	...	...	...	...	...	...	...	...	...	44	...
— of jaw, (111, 112)	1	...	...	...	...	...	...	...	...	...	...	...	18	...
— of frontal bone, (111, 112)	1	...	...	1	...	...	...	...	...	...	...	...	15	...
Exostosis of fibula, (108)	1	1	...	...	...	...	...	...	...	...	...	...	4	...
— thumb, (108)	1	1	...	...	...	...	...	...	...	...	...	...	6	...
— tibia, (108)	1	1	...	...	...	...	...	...	...	...	...	...	82	...
Osteo-sarcoma of thumb, (35)	1	...	...	...	...	1	...	...	...	...	...	...	21	...
Ostitis of femur, (107)	1	...	1	...	...	...	...	...	...	...	...	...	26	33
— tibia, (107)	1	...	...	...	...	...	...	1	100.	...	100.	...	...	...
Periostitis of cranium, (107)	1	1	...	...	...	...	...	...	...	...	...	...	...	...
— tibia, (107)	8	2	4	...	...	1	...	...	...	...	...	...	...	...
Total, .	267	144	58	12	8	19	7	15	4	7.	7.8	5.1	...	...

Diseases, &c.	Case	Cured.		Re- liev.		Dismiss fm. oth causes		Died.		Mortality per cent.			Aver. resi- dence.		
		Tot.	M.	F.	M	F.	M.	F.	M	F.	Tot.	M.	F.	M.	F.
IX. Artic. & Fib. Syst.															
Ankle, disease of, (105)	17	2	2	4	1	7	1	...	...	...	...	...	28	29
Knee, ——— (33 b)	64	16	11	11	7	12	4	2	1	4.6	4.8	4.3	30	40	
Hip, ——— (33 b)	25	1	1	6	3	10	2	...	2	8.	...	25.	15	28	
Wrist, ——— (105)	9	1	3	1	1	1	1	1	...	11.1	25.	...	33	31	
Elbow, ——— (105)	10	2	1	3	2	2	...	...	...	...	...	...	44	44
Shoulder, ——— (105)	5	2	1	...	1	1	...	...	...	...	...	...	37	41
Contraction of tendons,	3	...	1	2	...	...	...	...	...	...	...	...	39	35
False joint, (femur)	1	...	...	...	...	1	...	...	...	...	...	...	4	...
Gout. (34)	1	1	...	...	...	...	...	...	...	...	...	...	24	...
Lumbago, 106)	2	2	...	...	...	...	...	...	...	...	...	...	12	...
Luxa. of ankle, (144 d)	1	...	...	1	...	...	...	...	...	...	...	...	4	...
—— femur, (144 d)	1	...	...	...	...	1	...	...	...	...	...	...	11	...
—— thumb, (144 d)	1	...	...	...	...	1	...	...	...	...	...	...	5	...
—— elbow, (144 d)	2	...	1	...	...	1	...	...	...	...	...	...	4	10
—— humerus, (144 d)	4	1	1	...	...	2	...	...	...	...	...	...	10	69
—— clavicle, (144 d)	1	1	...	...	...	...	...	...	...	...	...	...	33	...
Pleurodynia,	6	2	3	...	...	1	...	...	...	...	...	...	37	11
Rheumatism, (20-106)	142	61	55	10	5	7	1	1	2	2.1	1.2	3.1	28	28	
Talipes varus,	2	1	...	...	1	...	...	...	...	...	...	...	8	42
Total,	297	93	80	38	21	47	9	4	5	3.	2.1	4.3	...	...
X. Chylopoietic System.															
Ascites and general } dropsy, (30 f)	26	4	1	3	3	1	4	4	6	38.4	33.3	42.8	31	31	
Dropsy, cardiac, (30 c)	39	1	3	0	6	4	2	9	8	43.5	45.	42.1	36	28	
—— hepatic, (88-91)	4	1	...	2	...	1	...	...	...	...	...	...	35	...
—— renal, (30 b)	47	8	7	5	7	4	...	11	5	34.	39.2	26.3	32	45	
British cholera, (12)	3	...	1	...	...	...	...	1	1	66.6	100.	50.	2	7
Colica pictonum, (82 c)	1	1	...	...	...	...	...	...	...	...	...	...	12	...
Constipation, (82)	1	1	...	...	...	...	...	...	...	...	...	...	5	...
Diarrhœa, (10)	65	29	15	1	1	2	1	10	6	24.6	23.8	26.	23	15	
Dysentery, (11)	18	6	3	2	...	...	...	6	1	38.8	42.8	25.	30	23
Dyspepsia, (86 a)	62	15	25	5	8	6	2	...	1	1.6	...	2.7	21	22	
Enteritis, (80)	3	1	...	...	...	...	...	2	...	66.6	66.6	...	30	...
Fistula in ano, (32 c)	11	8	2	1	...	...	...	...	...	...	...	...	35	27
Hæmorrhoids, (28 e)	11	6	2	...	...	3	...	...	...	...	...	...	7	35
Hernia, femoral, (83)	5	...	2	...	1	...	...	2	...	40.	...	...	8	14
—— inguinal, (83)	3	1	1	1	...	...	...	...	...	...	...	...	13	4
—— scrotal, (83)	1	...	...	1	...	...	...	...	...	...	...	...	21	...
Intestines, ruptured, } and false anus, }	1	...	...	...	...	...	...	1	...	100.	100.	...	16	...
Melæna, (28 d)	1	...	1	...	...	...	...	...	...	...	...	...	...	19
Peritonitis, (81 a)	5	1	2	1	...	...	...	1	...	20.	33.3	...	37	34
—— puerp. (104 a)	1	...	1	...	...	...	...	...	...	...	...	...	...	33
Poisoning with arsenic } (137 b)	2	2	...	...	...	...	...	...	...	...	...	...	14	...
Poisoning with oxalic } acid, (137 f)	1	...	1	...	...	...	...	...	...	...	...	...	...	11
Prolapsus ani,	1	1	...	...	...	...	...	...	...	...	...	...	11	...
Stomach, organic dis. of,	3	...	...	1	...	...	...	2	...	66.6	66.6	...	35	...
Tænia, (44 b)	1	...	1	...	...	...	...	...	...	...	...	...	...	18
Tympanites, (86)	1	...	...	...	...	1	...	...	...	...	...	...	16	...
Obstruct. of œsophagus } from tamarind stone, }	1	1	...	...	...	...	...	...	...	...	...	...	5	...
Total,	318	87	68	29	26	22	9	49	28	24.2	26.2	21.3	...	...

Diseases, &c.	Case	Cured.		Re- liev.		Dis- mis. fm. oth. causes.		Died.		Mortality per cent.			Aver resl- dence	
	Tot.	M.	F.	M.	F.	M.	F.	M.	F.	Tot.	M.	F.	M.	F.
XI. Of the eye, ear, nose, mouth, throat, &c.														
Amaurosis, (56)	2	...	...	...	1	...	1	...	...	...	...	...	...	39
Conjunctivitis, (56)	5	2	...	3	...	...	...	...	...	...	...	...	24	...
Corneitis, (56)	2	...	...	...	2	...	...	...	...	...	...	...	...	36
Ectropion, .	1	...	...	...	...	1	...	...	...	...	...	...	22	...
Eye, wound of, (144)	2	1	...	...	...	...	1	...	...	...	...	...	42	96
Iritis, (56)	5	2	2	1	...	...	...	...	...	...	...	...	36	25
Ophthalmia, (56)	10	2	5	1	...	2	...	...	...	...	...	...	29	23
Ear, malig. dis. of, (57)	1	...	...	...	...	...	1	...	...	100	100	...	6	...
Deafness, .	4	...	...	...	...	4	...	...	...	...	...	...	12	...
Otorrhœa, (57)	2	...	1	1	...	...	...	...	...	...	...	...	42	55
Lupus, (129)	6	...	1	...	3	1	1	...	...	...	...	...	19	52
Polypus nasi, (37)	1	...	...	1	...	...	...	...	...	...	...	...	17	...
Cancer of lip, (35)	4	3	...	...	...	...	1	...	...	...	...	...	14	38
Hælip, .	2	...	...	1	...	1	...	...	...	...	...	...	13	...
Cancerum oris, (39 d)	1	...	...	...	...	...	1	...	...	100	100	...	3	...
Epulis, .	2	...	1	...	...	1	...	...	...	...	...	...	12	38
Ulcers, & dis. of mouth,	2	...	1	...	...	1	...	...	...	...	...	...	4	10
Difficult dentition, (74)	1	...	1	...	...	...	...	...	...	...	...	...	...	28
Cancer of tongue, (35)	3	...	...	...	...	3	...	...	...	...	...	...	24	...
Hæm. from tongue, (28)	1	1	...	...	...	...	...	...	...	...	...	...	4	...
Salivary fistula, (32 c)	1	...	...	...	...	1	...	...	...	...	...	...	17	...
Sore throat, (76)	22	3	14	2	1	1	...	1	...	4.5	...	6	18	28
Cut throat, (145)	5	5	...	...	...	...	...	...	...	...	...	...	25	...
Total,	85	19	26	10	7	16	4	2	1	3.5	4.2	2.6	...	...
XII. Miscellaneous.														
Bruises and injuries } (144 a b c)	187	133	34	2	...	5	6	6	1	3.7	4.1	2.4	19	14
Burns & scalds, (138 a b)	72	37	18	3	...	4	2	6	2	11.1	12	9	32	23
Debility, (41)	10	2	6	...	...	...	...	2	...	20	...	25	7	16
Fungus hæmatodes (35)	1	...	...	...	...	...	1	...	...	...	...	...	...	16
Gangrene of arm, (39)	1	...	...	...	...	...	1	...	...	100	100	...	14	...
Injuries of head, (144)	27	16	1	...	...	1	1	7	1	29.6	29.1	33.3	13	11
Sequelæ of fever,	5	2	3	...	...	...	...	...	...	...	...	...	8	14
— hæmorrhage,	1	...	1	...	...	...	...	...	...	...	...	...	...	18
— measles,	1	1	...	...	...	...	...	...	...	...	...	...	8	...
— small-pox,	2	1	...	1	...	...	...	...	...	...	...	...	24	...
Tumours, abdominal, } (37)	6	...	...	1	...	2	3	...	...	...	...	...	20	64
— cystic, (37)	5	1	1	2	...	...	1	...	...	...	...	...	90	11
— malignant, (37)	6	2	1	...	...	...	1	2	...	33.3	0	...	32	13
— neuromatous (37)	1	1	...	...	...	...	...	...	...	...	...	...	28	...
— osseous, (37)	2	1	...	...	...	1	...	...	...	...	...	...	34	...
— fibrous, (37 c)	3	...	1	...	...	...	2	...	...	...	...	...	...	23
Wounds, incised, (145)	2	2	...	...	...	...	...	...	...	...	...	...	3	...
— lacerated and } contused, (145)	38	24	11	2	...	...	1	...	...	2.6	3.7	...	22	28
— punctured, (145)	1	...	...	1	...	...	...	...	...	...	...	...	16	...
— of scalp, (145)	19	12	7	...	...	...	...	...	...	...	...	...	16	25
Ulcers, (32 a)	255	115	100	9	9	14	8	...	...	...	...	...	30	32
Moribund .	9	...	...	...	...	...	6	3	...	100	100	100	1	1
Disease unknown,	2	1	...	...	...	...	1	...	...	50	50	...	3	...
Total,	656	351	184	20	10	27	25	30	9	5.9	7	3.9	...	...

Table III. exhibits the cases of bronchitis, with the mortality, &c. arranged according to the ages of the patients.

Bronchitis. 1846.	Total cases.	Dis- mis- sed.		Died.		Mortality per cent.			Average residence.			Av. residence of the cases that died.		
Ages.	M. & F.	M.	F.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.
1 to 10	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 to 15	1	1	...	...	...	...	...	...	53	53	...	...	...	...
15 to 20	3	2	1	...	...	...	...	...	18	17	21	...	...	...
20 to 30	27	8	15	2	2	14.81	20.	11.76	21	18	22	4	3	6
30 to 40	24	16	8	...	...	...	...	...	26	26	26	...	...	...
40 to 50	17	8	6	2	1	17.64	20.	14.28	19	16	23	4	6	1
50 to 60	12	9	1	2	...	16.66	18.18	...	31	29	55	20	20	...
Above 60	8	2	3	1	2	37.5	33.33	40.	17	22	12	7	15	3
Total,	92	46	34	7	5	13.04	13.20	12.82	23	21	25	7	10	3

Table IV. exhibits the cases of pneumonia, with the mortality, &c. arranged according to the ages of the patients.

Pneumonia. 1846.	Total cases.	Dis- mis- sed.		Died.		Mortality per cent.			Average residence.			Av. residence of the cases that died.		
Ages.	M. & F.	M.	F.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.
1 to 10	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 to 15	...	...	...	...	...	...	...	...	...	...	...	...	...	...
15 to 20	7	2	4	1	...	14.28	33.33	...	21	19	23	7	7	...
20 to 30	17	10	2	4	1	29.41	28.57	33.33	16	12	18	12	12	12
30 to 40	7	3	3	1	...	14.28	25	...	27	26	29	16	16	...
40 to 50	4	1	...	2	1	75.	66.66	100.	10	12	4	2	2	4
50 to 60	4	1	...	1	2	75.	50.	100.	36	72	5	64	117	5
Above 60	4	2	...	1	1	50.	33.33	100.	11	14	4	3	2	4
Total,	43	19	9	10	5	34.88	34.48	35.71	19	20	18	19	25	6

Table V. exhibits the cases of phthisis, with the mortality, &c. arranged according to the ages of the patients.

Phthisis. 1846.	Total cases.	Dis- mis- sed.		Died.		Mortality per cent.			Av. resi- dence.			Av. residence of the cases that died.		
Ages.	M. & F.	M.	F.	M.	F.	Tot.	M.	F.	T.	M.	F.	Tot.	M.	F.
1 to 10	1	1	...	...	...	...	...	...	27	27	...	...	...	...
10 to 15	3	1	2	...	...	...	...	...	30	8	41	...	...	...
15 to 20	18	4	10	2	2	22.22	33.33	16.66	30	22	34	44	27	60
20 to 30	51	21	10	12	8	39.21	36.36	44.44	30	31	29	31	30	31
30 to 40	32	14	2	7	9	50.	33.33	81.81	27	28	26	25	29	22
40 to 50	13	6	...	4	3	53.84	40.	100.	30	24	47	40	34	47
50 to 60	2	...	1	1	...	50.	100.	...	25	29	22	22	...	22
Above 60	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total,	120	47	25	26	22	40.	35.61	46.80	29	27	31	31	30	32

Table VI. exhibits the cases of rheumatism, with the mortality, &c. arranged according to the ages of the patients.

Rheumatism. 1846.	Total cases.	Dismissed.		Died.		Mortality per cent.			Average residence.			Av. residence of the cases that died.		
Ages.	M.&F.	M.	F.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.
1 to 10	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 to 15	5	2	3	...	...	...	...	...	29	24	33	...	...	...
15 to 20	23	10	12	...	1	4.34	...	7.69	38	42	27	6	...	6
20 to 30	53	24	29	...	...	...	...	...	26	23	28	...	...	...
30 to 40	34	23	11	...	...	...	...	...	33	35	29	...	...	...
40 to 50	19	12	6	...	1	5.26	...	14.28	26	23	32	6	...	6
50 to 60	8	7	...	1	...	12.5	12.5	...	19	19	...	16	16	...
Above 60	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total,	142	78	61	1	2	2.11	1.26	3.17	28	28	28	9	16	6

Table VII. exhibits the cases of diarrhoea and dysentery, with the mortality, &c. arranged according to the ages of the patients.

Diarrhoea & dysentery. 1846.	Total cases.	Dismissed.		Died.		Mortality per cent.			Aver. residence.			Av. residence of the cases that died.		
Ages.	M.&F.	M.	F.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.
1 to 10	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 to 15	...	...	...	...	...	...	...	...	...	...	...	...	...	...
15 to 20	5	4	...	1	...	20.	20.	...	18	18	...	7	7	...
20 to 30	20	8	6	3	3	30.	27.27	33.33	22	28	15	25	39	11
30 to 40	14	7	3	2	2	28.57	22.22	40.	26	33	15	23	33	12
40 to 50	21	11	5	5	...	23.80	31.25	...	22	22	24	8	8	...
50 to 60	8	3	1	4	...	50.	57.14	...	28	32	2	34	34	...
Above 60	15	7	5	1	2	20.	12.5	28.57	23	30	15	12	10	13
Total,	83	40	20	16	7	27.71	28.57	25.92	22	26	19	20	24	12

Table VIII. presents a view of the numbers of males and females afflicted with these diseases, arranged according to their admissions during each month of the year 1846.

1846.	Bronchit.		Pneumon.		Phthisis.		Rheumat.		Diarrhoea & Dysent.		Totals for each month.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
January, ...	9	6	2	1	4	7	13	10	2	2	56
February, ...	5	2	1	1	11	5	9	8	...	1	43
March, ...	3	6	1	3	6	5	9	4	3	1	41
April, ...	5	4	...	...	9	2	3	6	5	1	35
May, ...	3	...	1	...	5	3	7	5	3	1	28
June, ...	2	1	4	1	10	6	1	5	1	...	31
July, ...	1	1	6	1	6	6	6	4	7	6	44
August, ...	1	1	1	1	6	1	6	5	7	2	31
September, .	4	1	7	1	5	6	2	4	14	4	48
October, ...	7	2	3	3	5	2	7	5	5	8	47
November, .	5	8	1	1	2	1	6	5	7	1	37
December, .	8	7	2	1	4	3	10	2	2	...	39
Total,	53	39	29	14	73	47	79	63	56	27	480

Table IX. shows the occupations of the males who laboured under these diseases, distinguishing the deaths.

Occupations, males.	Bronchit.		Pneumon.		Phthisis.		Rheumat.		Diarrh. & dysentery.		Tot. of each occup.	
	Cas.	Dhs.	Cas.	Dhs.	Cas.	Dhs.	Cas.	Dhs.	Cas.	Dhs.	Cas.	Dhs.
Bakers, .....	...	...	...	...	3	3	2	...	...	..	5	3
Bleachers, .....	...	...	...	...	2	...	..	..	...	...	2	..
Brassfounders, ..	...	...	...	...	...	...	1	...	...	...	1	...
Bricklayers, ...	...	...	...	...	...	...	1	...	...	...	1	...
Brickmakers, ...	...	...	...	...	...	...	1	...	...	...	1	...
Brushmakers, ...	...	...	...	...	...	...	1	...	...	...	1	...
Butchers, .....	...	...	...	...	1	...	...	...	..	..	1	...
Calico-printers, 1	...	...	...	...	1	1	...	...	...	...	2	1
Carpenters, ... 1	...	...	1	...	1	...	2	...	1	...	6	...
Carters,	3	...	1	1	...	...	1	...	...	...	5	1
Clerks,	1	...	...	...	1	1	...	...	1	...	3	1
Cloth-lappers, .. 1	...	...	...	...	...	...	...	...	...	...	1	...
Coach-drivers, ...	...	...	1	...	1	...	...	...	...	...	2	...
Coachmakers, ...	...	...	...	...	1	...	...	...	...	...	1	...
Colliers,	4	...	1	...	3	...	2	...	1	1	11	1
Coopers, .....	...	...	...	...	...	...	...	...	1	...	1	...
Corkcutters, ... 1	...	...	...	...	...	...	1	...	...	...	2	...
Dyers, .....	...	...	1	...	1	1	1	...	2	...	5	1
Factory men, ... 3	...	...	2	2	6	..	4	...	2	1	17	3
Farm-servants, ...	...	...	...	...	..	...	...	...	1	1	1	1
Fishermen, ...	...	...	...	...	...	...	1	...	...	...	1	...
Gamekeepers, ...	...	...	...	...	...	...	1	...	...	...	1	...
Gatekeepers, ...	...	...	...	...	...	...	...	...	2	...	2	...
Glass-blowers, .	...	...	1	1	..	...	...	...	...	...	1	1
Grooms,	2	...	...	..	1	1	...	...	1	1	4	2
Hatters, .....	...	...	...	...	...	...	...	...	1	...	1	...
Hawkers,	3	2	1	..	1	...	1	...	3	1	9	3
Labourers,	12	2	9	4	10	4	11	...	12	4	54	14
Masons, .....	...	...	...	...	1	...	...	..	1	1	2	1
Message boys, ...	...	...	...	...	...	...	1	...	...	...	1	...
Nailers, .....	...	...	...	...	2	...	1	...	..	..	3	...
Painters, .....	...	...	...	...	2	1	1	...	...	...	3	1
Paviors,	1	1	...	...	...	...	..	...	...	...	1	1
Porters, .....	...	...	...	...	3	3	1	...	1	...	5	3
Potters, .....	...	...	...	...	...	...	1	...	...	...	1	...
Printers, .....	...	...	...	...	1	1	..	...	...	...	1	1
Puddlers, .....	...	...	...	...	1	...	...	...	...	...	1	...
Quarriers,	3	...	...	...	...	...	...	...	3	1	6	1
Saddlers, .....	...	...	...	...	2	...	...	...	...	...	2	...
Sailors,	1	...	1	...	1	1	9	...	5	1	17	2
Sawyers, .....	..	..	2	...	1	...	...	...	...	...	2	...
Sheriff-officers, .	...	..	...	...	1	...	...	...	...	...	1	...
Shoemakers, ... 2	...	...	1	...	8	2	6	...	1	...	18	2
Shopkeepers, .	...	...	...	...	1	1	1	1	...	..	2	2
Singers, .....	...	...	...	...	...	...	1	...	...	...	1	...
Smiths,	1	...	3	...	5	...	5	...	2	...	16	...
Stokers,	1	...	...	...	1	...	1	...	...	...	3	...
Tailors,	1	...	...	...	4	2	1	...	3	...	9	2
Tinsmiths, .....	...	...	...	...	1	1	1	...	1	1	3	2
Turners, .....	...	...	...	...	...	...	2	...	...	...	2	...
Waiters, .....	...	...	...	...	...	...	1	...	...	...	1	...
Weavers,	11	2	3	1	6	3	14	...	11	3	45	9
Unknown, .....	...	...	1	1	...	...	1	...	...	...	2	1
Total, ...	53	7	29	10	73	26	79	1	56	16	290	60

Table X. shows the occupation of the females who laboured under those diseases, distinguishing the deaths.

Occupations. Females.	Bronchit.		Pneumon.		Phthisis.		Rheumat.		Diarrh. & dysentery.		Totals of each oc.	
	Cas.	Dhs.	Cas.	Dhs.	Cas.	Dhs.	Cas.	Dhs.	Cas.	Dhs.	Cas.	Dhs.
Bleachers,	2	...	...	...	1	1	3	...	1	...	7	1
Domestic occup.,	2	...	4	2	5	4	5	...	3	1	19	7
Factory women,	7	2	5	...	26	8	15	2	3	...	56	12
Flower makers,	...	...	...	...	...	...	1	...	...	...	1	...
Hawkers,	2	1	...	...	1	1	...	...	1	...	4	2
Knitters,	...	...	...	...	2	1	...	...	...	...	2	1
Nurses,	...	...	...	...	...	...	...	...	1	...	1	...
Out-door labour.	1	...	1	1	...	...	...	...	..	...	2	1
Potters,	1	...	...	...	...	...	...	...	...	...	1	...
Servants,	10	...	1	...	4	2	26	...	2	1	43	3
Sewers,	5	...	1	...	8	5	6	...	6	2	26	7
Shopkeepers,	1	...	...	...	...	...	...	...	...	...	1	...
Ware-house oc.	...	...	...	...	...	...	1	...	2	2	3	2
Washers,	4	1	2	2	...	...	3	...	5	1	14	4
Weavers,	1	...	...	...	...	...	2	...	...	...	3	...
Winders,	2	...	...	...	...	...	1	...	3	...	6	...
No occupation,	1	1	...	...	...	...	...	...	...	...	1	1
Total,	39	5	14	5	47	22	63	2	27	7	190	41

Table XI. indicates the number, causes, and mortality of the accidents treated during the year 1846.

Causes of the accidents.	Tot. Case.	Dismissed.			Died.		
		M.	F.	Tot.	M.	F.	Tot.
Assaults,	24	10	12	22	1	1	2
Burns and scalds,	72	44	20	64	6	2	8
Bites from dogs, &c.,	4	4	...	4	...	...	...
Coal-pit accidents,	24	20	...	20	4	...	4
Crushes between stones, walls, and vehicles, &c.,	14	13	1	14	...	...	...
Cut-throat,	5	5	...	5	...	...	...
Falls on ground,	85	38	44	82	2	1	3
Falls down stairs,	47	18	27	45	1	1	2
Falls from a height,	87	68	11	79	8	...	8
Gun-shot accidents,	8	7	...	7	1	...	1
Kicks from horses, &c.,	6	5	1	6	...	...	...
Machinery accidents,	72	49	18	67	3	2	5
Railway accidents,	18	14	...	14	4	...	4
Run over by carts, carriages, &c.,	43	30	8	38	4	1	5
Thrown from carts, carriages, or horses,	10	10	...	10	...	...	...
Injuries from broken glass,	3	2	1	3	...	...	...
Tamarind stone sticking in throat,	1	1	...	1	...	...	...
Weights or heavy articles falling on patients,	68	57	3	60	8	...	8
Causes of accidents not ascertained.	3	5	1	6	2	...	2
Total,	599	400	147	547	44	8	52

TABLE XII.—OPERATIONS PERFORMED DURING THE YEAR 1846.

Operations.	Tot.	Disease or injury requiring operation.	Cause of death.	Cured.		Relieved.		Died.	
				M.	F.	M.	F.	M.	F.
Amput. Prim. at shoulder joint,	2	Crush of arm laceration,	Laceration of thigh,	1				1	
“ of arm,	6	Avulsion—Comp. fract. lacer. inj. of elbow,	Phlebitis,	4		1		1	
“ of fore-arm,	3	Injury of hand—Comp. frac. dis. carpus, . .	. . . . .	2				1	
“ of part of hand,	2	Comp. fract., . . . . .	. . . . .	2					
“ of thumb,	1	Do. do., . . . . .	. . . . .	1					
“ of fingers,	10	6 Bruis.—3 Co. fract.—1 Co. fract. metacarp,	Co. fract. tib. & fib.	8	1			1	
“ at hip joint,	1	Avulsion,	Shock,					1	
“ of thigh,	1	Comp. fract. tib. and fibula, . . . . .	. . . . .	1				1	
“ of both legs,	1	Railway accident,	Phlebitis,						
“ of leg,	2	Bruise—Comp. disloc. Ankle, . . . . .	. . . . .	2				1	
“ of great toe,	1	Crush, . . . . .	. . . . .	1					
“ of toes,	1	Comp. fract., . . . . .	. . . . .	1					
“ Second at shoulder joint,	1	Gangrene,	Gangrene,						
“ of arm,	6	Lacer. and gang.—Struma—Burn—Co. fra.,	Phlebitis,	3	1			1	
“ of fore-arm,	5	Lacer.—Gang.—Struma.—Co. frac. lac. &c.,	. . . . .	3	2			2	
“ of thumb,	2	Periostitis and Necrosis, . . . . .	. . . . .	2					
“ of fingers,	4	3 Injury—Deformity from burns, . . . . .	. . . . .	4					
“ of thigh,	9	Exos. fib.—Co. fra. and gang. struma, &c., .	{ Tetanus—Phleb.—	4	1			3	1
“ of leg,	2	Comp. frac. disease ancle joint,	{ Gang.—Dysent.						
“ of great toe,	1	Onychia, . . . . .	. . . . .	1	1	1			
“ of toes,	3	2 Necrosis—Crush, . . . . .	. . . . .	2			1		
“ of penis,	2	Cancer—Phagedena, . . . . .	. . . . .	2					
Excision of mamma,	2	Scirrhus, . . . . .	. . . . .					
“ of elbow joint,	1	Struma, . . . . .	. . . . .			1			

ABLE XII.—OPERATIONS PERFORMED DURING THE YEAR 1846.—Continued.

Operations.	Tot.	Disease or injury requiring operation.	Cause of death.	Cured.		Relieved.		Died.	
				M.	F.	M.	F.	M.	F.
Excision of ends of bone,	1	Ununited fracture, .	.	1		1			
“ of lip, .	1	Scirrhus, .	.		1				
“ of nail of great toe, .	1	Onychia, .	.	1	1				
Extirpation of fibrous tumours,	2	.	.	1					
“ of neuromatous do., .	1	.	.	1					
“ of nasal polypi, .	1	.	.		1				
“ of cystic tumours, .	3	.	.	2					
“ of tumour on gums, .	1	.	.						
“ of malignant tumours,	2	.	.	2					
Section subcutaneous, .	7	5 Burns—Ectropion—Neuralgia, .	.	2			1		
“ of adhering fingers, .	1	Crush followed by adhesion, .	.	4		2		1	
“ of tendons, .	4	Talipes varus—1 Contract. of biceps—2 Ham., .	.	1	1	2			
“ of tend. of rect. femoris, .	1	Old fract. of Patella, .	.	1		1			
“ of anal fistulae, .	11	.	.	8	2	1			
Reduction of hernia by operation,	4	2 Strang. Fem.—2 Oblique inguinal, .	.	1	1				2
“ of hernia by taxis, .	1	1 Do. do., .	.						
“ of humerus, .	10	Dislocation, 4 Forwards—6 Backwards, .	.	7	3				
“ of ulna and radius, .	3	“ Backwards, .	.	3					
“ of hand, .	2	“ “ .	.	1		1			

* The greater number of the cases of dislocation had no residence in the hospital, and, therefore, do not appear among the numbers in Table II. System IX.

TABLE XII.—OPERATIONS PERFORMED DURING THE YEAR 1846.—*Continued.*

Operations.	Tot.	Disease or injury requiring operation.	Cause of death.	Cured.		Relieved.		Died.	
				M.	F.	M.	F.	M.	F.
Reduction of thumb, .	1	Dislocation, Backwards, .	.	1					
“ of femur, .	2	“ on dor. ilii—into ischiatic not., .	.	2					
“ of foot, .	1	“ Backwards and outwards, .	.	1					
“ of lower jaw, .	1	.	.	1					
Ligature of brachial artery, .	2	Aneurism, .	.	2					
“ of femoral artery, .	1	“ Popliteal, .	.	1					
“ of spermatic artery, .	1	Hypertrophy of testis, .	.	1					
“ of varicose veins, .	1	.	.	1					
“ of hæmorrhoids, .	3	.	.	3					
“ of fungus, .	1	Fungus testis, .	.	1				1	
Circumcision, .	1	Warts on prepuce and glans penis, .	.	1					
Hæmorrhoid operation, .	2	.	.	2					
Lithotomy, .	8	Calculus in vesica, .	.	1	1				
Lithotrity, .	1	Do. do., .	.	4	2				
Puncture of bladder per rectum, .	1	Rupture of urethra, .	.	1					
Hydrocele, operation for, .	13	7 Tapped.—6 Injected, .	.	10		3			
Hydrorachitis, operation for, .	1	Tapped twice, .	.				1		
Trephining, .	2	Com. fract. skull with depression, .	.						2
Urethrotomy, .	4	2 Urethral calculus—Rupture urethra, .	.	3					1
		Empyema, .	.						
	173			110	22	15	4	21	1

On reviewing the results obtained from an examination of the preceding tables, it will be found, that the mortality in the medical and surgical department has been rather higher than that of the former year; but it should be noticed, that the severe nature of the cases treated in part explains this. Another circumstance which may be brought forward in explanation of the increased fatality is the fact, that during the year the numbers sent both to this and the fever department of the hospital in a dying state were unusually large. The practice of removing patients in such a condition from their own dwellings deserves to be severely censured. This practice, I believe, prevails to a greater or less extent in the experience of most hospitals, except where it is positively prohibited, and the cases brought in such a state are refused admission; and when the subject is considered in all its bearings, this, although at first sight it does not appear so, is perhaps in reality the most humane method of procedure, because when people are aware that the regulations of an hospital preclude the reception of the moribund they are compelled to abstain from the adoption of a measure the inhumanity of which is obvious, and for which it would be difficult to assign any sufficient reason. For it is evident, that the removal of such cases cannot possibly be attended with any benefit to the unfortunate individuals, but, on the contrary, will only tend to hasten dissolution. Besides this, the practice leads to very erroneous conclusions as to the result of treatment and mortality of the hospital where it is permitted, and before any accurate information can be expected to be obtained from a comparison of the returns of different hospitals, this is a point which should be carefully attended to, and the extent to which it is practised should be accurately ascertained.

The months of April, November, and December, appear from Table I. to have been the most fatal months during the year, April most so for males and November for females; while February appears to have been the most healthy for males, and May for females.

The diseases of the respiratory system have been particularly fatal during the past year, the mortality having increased more than 10 per cent. above that of the former year. This has chiefly occurred in the diseases bronchitis and pneumonia, that of phthisis having been but slightly augmented. The ages which these three pectoral complaints have attacked in greatest numbers appear to have been from 20 to 30. Among the cases of pneumonia, those that were treated in the fever wards, 23 in number, are included in System IV. Table II., and as their mortality was double that of the cases treated in the medical wards, they have contributed chiefly to raise the fatality of this disease. It may also be remarked, that the residence of the total cases seems to have decreased, while that of the cases in which death occurred has been very considerably prolonged.

In the cases of rheumatism there is an increase, (principally of females,) of 34 above those of 1845; the residence, &c. is, however, much the same.

The great increase in number (54,) and fatality of the cases of diarrhoea and dysentery has induced me to present them in the tabular form, (Table VII.) The ages principally affected seem to have been from 20 to 30 and from 40 to 50, while the mortality, high at all ages, was greatest from 40 to 60. These diseases, as a reference to Table VIII. will show, prevailed principally during the autumn months.

The accident and operation tables present as formidable lists as those of the previous year; the mortality of the latter was exactly the same as that of 1845, and of the former it was 8·8 per cent. being rather less. Males, as usual, suffered most from operations, 21 deaths having occurred among them, while only 1 female died. Of the deaths from accidents, 44 were males, and only 8 females.

II—STATISTICS OF THE FEVER WARDS.

1. *Fever.*

There were in the fever wards on the 1st of January 1846, 30 patients. There were admitted during the year 2002, and there were remaining on the 31st of December 232, showing a total of 1800 cases treated to a termination. Of these 933 were males, of whom 109, or 1 in 8·5 died; and 867 were females, of whom 98, or 1 in 8·8, died.

Of these 1800 cases, there were

	Scotch.	Irish.	English.	Foreigners.	Total.
Males, .	415	482	29	7	933
Females, .	479	368	17	3	867
	<hr/> 894	<hr/> 850	<hr/> 46	<hr/> 10	<hr/> 1800

There is observable in the above statement a very great increase over former years in the number of Irish who have been treated for fever in the hospital; while in the Scotch those affected seem to have as steadily decreased in numbers. So great has this increase in the numbers of the former been, that they have nearly equalled those of the latter, instead of being, as formerly, less than one-half, which would seem to indicate a considerable influx of the natives of Ireland to Glasgow during the past year. The proportions which the natives of each country bear to one another stand in the following relations:—There were natives of Scotland, 49·66 per cent.; natives of Ireland, 47·22 per cent.; natives of England, 2·55 per cent.; and natives of foreign countries, 0·55 per cent. On this point, there are returns, more or less consecutive, of the numbers treated in the fever hospital belonging to each nation since the year 1835, and as these all, with the exception of

the year 1846, bear a striking uniformity in their results, and as their comparison may prove interesting, I subjoin them in a tabular form.

Table XIII.

	Scotch per cent.	Irish per cent.	English per cent.	Foreigners per cent.
* 1835-6,	67.76	30.12	2.10	—
† { 1836-7,	66.10	31.67	2.12	—
1837,	66.18	31.45	1.18	0.18
{ 1837-8,	72.87	25.89	0.89	0.34
1843,	71.20	27.23	1.24	0.31
1844,	67.91	29.15	2.24	0.68
1845,	62.05	35.32	2.24	0.37
1846,	49.66	47.22	2.55	0.55

On analysing the reports of the Glasgow Night Asylum for the Houseless, kindly furnished me by Dr Thomas Watson, I find that the number of Irish to whom relief has been given in that institution during 1846, has arisen from 5 to 6 per cent. above the average of the previous years of the history of that charity.

Table XIV. presents a numerical analysis of the admissions, dismissals, deaths, average numbers, and mortality per cent. of the cases treated in the fever wards during each month of the year 1846.

Fever wards, 1846.	Admitted.			Dismissed.			Died.			Av. No. in hospital.			Mortality per cent.		
	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Total.	M.	F.
Jan., ...	66	39	27	41	24	17	10	6	4	34	16	18	19.60	20.	19.04
Feb., ..	92	62	30	60	33	27	11	9	2	59	30	29	15.49	21.42	6.89
March,	105	60	45	87	54	33	17	11	6	78	47	31	16.34	16.92	15.38
April,...	93	48	45	81	47	35	8	2	6	65	33	32	8.98	4.08	14.63
May, ...	105	57	48	82	43	39	16	11	5	66	36	30	16.32	20.37	11.36
June, ...	122	66	56	92	55	37	12	7	5	82	40	42	11.53	11.29	11.90
July, ...	139	70	69	126	62	64	12	5	7	91	42	49	8.69	7.46	9.85
August,	169	91	78	133	75	58	13	6	7	97	52	45	8.90	7.40	10.77
Sept., ..	209	104	105	172	88	84	18	9	9	125	61	64	9.47	9.27	9.67
Oct., ...	249	111	138	200	92	108	25	11	14	139	62	77	11.11	10.67	11.47
Nov., ...	269	135	134	225	112	113	35	17	18	170	75	95	13.45	13.17	13.74
Dec., ...	384	180	204	293	139	154	30	15	15	222	96	126	9.28	9.74	8.87
Total,	2002	1023	979	1593	824	769	207	109	98	102	49	53	11.5	11.68	11.30

* Dr Cowan, Vital Statistics of Glasgow. Glasgow, 1838. Page 16.

† Dr A. Anderson, Observations on Typhus. Glasgow, 1840. Page 11.

Table XV. specifies the diseases treated in the fever wards during 1846.

Diseases.	Cas.	Cur.	Died	Diseases.	Cas.	Cur.	Died
Common contin. fever } and dothineritis, }	288	238	50	Emphysema,	1	...	1
Contin. fev. with relapse,	777	743	34	Endocarditis and pe- } ricarditis,..... }	1	...	1
Typhus fever,	500	432	68	Gonorrhœa,.....	1	1	...
Febricula,	16	16	...	Headach,	3	3	...
Fever, sequelae of,	3	2	1	Heart, disease of,	1	...	1
Rubeola,	11	10	1	Hydrocephalus,	1	...	1
Variola,*	99	89	10	Incontinence of urine,...	1	1	...
— sequelae of, ...	2	2	...	Intoxication,	1	1	...
Amenorrhœa,	1	1	...	Moribund,	16	...	16
Bronchitis,	17	12	5	Phthisis incipiens,	1	1	...
Catarrh,	10	10	...	Pleuritis,.....	2	2	...
Cardiac dropsy,	1	...	1	Pleurodynia,	1	1	...
Cerebritis,	1	...	1	Pleuro-pneumonia,.....	3	3	...
Constipation,	1	1	...	Pneumonia,.....	23	13	10
Debility,	2	1	1	Rheumatism,	5	5	...
Delirium tremens,.....	1	...	1	Syncope,	1	...	1
Diarrhœa,	4	2	2	Syphilitic eruption, ...	1	1	...
Dysentery,	5	4	1				
Dyspepsia,	5	5	...	Totals, ...	1807	600	207

Table XVI. presents a view of the three principal forms of fever treated during the year 1846, showing the numbers cured and dead, distinguishing the sexes.

1846	Epid. fev. with relap.					Cont. fev. & dothin.					Typhus fever.					Mortality per cent.		
	Total.	Cured.		Died		Total.	Cured		Died		Total.	Cured.		Died		Epid. cases.	Cont. cases & death	Typh cases.
	M&F.	M.	F.	M	F	M&F.	M.	F.	M	F.	M&F.	M.	F.	M	F.			
Jan.	2	1	1	...	...	15	8	4	3	...	21	8	9	2	2	...	20	19.04
Feb.	4	2	2	...	...	16	11	3	2	...	34	15	14	4	1	..	12.5	14.70
Mar.	7	5	1	...	1	36	17	12	6	1	39	23	8	4	4	14.28	19.44	20.51
Apr.	9	4	4	...	1	29	18	9	1	1	31	14	14	1	2	11.11	6.89	9.67
May	10	5	4	1	...	33	13	15	4	1	37	17	14	2	4	10	15.15	6.21
June	14	6	8	...	...	20	15	4	...	1	49	25	17	4	3	...	5	14.28
July	59	23	31	3	2	19	9	7	1	2	42	19	19	1	3	8.47	15.78	9.52
Aug.	74	41	31	2	...	13	6	4	2	1	47	25	16	2	4	2.70	23.07	12.76
Sept.	99	51	44	2	2	21	7	9	1	4	53	25	24	2	2	4.04	23.80	7.54
Oct.	123	46	73	2	2	31	13	11	3	4	45	24	17	2	2	3.25	22.58	8.88
Nov.	154	71	75	1	7	35	13	14	6	2	50	24	19	3	4	5.19	22.85	14
Dec.	222	82	132	4	4	20	12	4	3	1	52	33	9	5	5	3.60	20	19.23
Tot.	777	337	406	15	19	288	142	96	32	18	500	252	180	32	36	4.37	17.36	13.6

* Seven of the above cases of variola had also fever, and are therefore reckoned under each of these diseases.

Table XVII. exhibits the number of cases of epidemic fever, with relapse, and the mortality, &c., distinguishing the sexes, and arranged according to the ages of the patients.

Contin. fev. with relapse 1846.	Total cases.	Cured.		Died		Mortality per cent.			Average residence.			Av. resid. of the cases that died.		
Ages.	M. & F.	M.	F.	M	F	Tot	M.	F.	Tot.	M	F.	Tot.	M	F
1 to 10	32	15	15	1	1	6.25	6.25	6.25	18	17	19	2	3	1
10 to 15	57	24	33	...	...	...	...	...	19	17	20	...	...	...
15 to 20	151	63	87	...	1	0.66	...	1.13	18	16	20	24	...	24
20 to 30	262	101	148	4	9	4.96	3.80	5.73	17	15	19	10	4	13
30 to 40	128	56	69	1	2	2.34	1.75	2.81	16	17	15	7	4	8
40 to 50	102	57	38	3	4	6.86	5.	9.52	19	18	20	10	6	14
50 to 60	31	13	13	3	2	16.12	18.75	13.33	18	16	21	11	8	16
Above 60	14	8	3	3	...	21.42	27.27	...	17	16	24	11	11	...
Total,	777	337	406	15	19	4.37	4.26	4.27	18	16	19	10	6	13

The following complications, 24 in number, are reported under this form of fever.

One male, from 20 to 30 years of age, had anasarca, and, after 42 days' residence, was dismissed cured.

One female, from 50 to 60, died of convulsions, after being 3 days in the house.

One male, from 10 to 15, and another from 20 to 30, had diarrhoea; average residence, 25 days—both recovered.

One female, whose age was from 20 to 30, had dysentery, and, after 19 days' residence, recovered; a male, from 40 to 50, and a female from 30 to 40 were also seized with it, and died, the former after 8, and the latter after 9 days' residence.

One female, from 20 to 30, suffered from hæmoptysis, but recovered after being 34 days resident.

One female, from 20 to 30, died after being 50 days resident, in whom was found malignant disease of the spleen.

A girl, under 10 years of age, had pertussis, and recovered after being 13 days in the hospital.

In three fatal cases phthisis was found to exist—one was a male from 20 to 30, residence 9 days; another, a female of the same age, residence 20 days; and a third, a female from 40 to 50, residence 26 days.

One male, from 20 to 30, had pleuritis, and recovered after 21 days' residence.

Two males, from 15 to 20, one from 20 to 30, one from 40 to 50, and a female from 30 to 40, had pneumonia, and recovered—average residence, 19 days. One male, from 40 to 50, died of this complication, after being 9 days resident.

One male, from 40 to 50, recovered after 24 days' residence, having had rheumatism and pericarditis.

In three cases the patients laboured under typhus as well as this form of fever; one was a male, from 15 to 20; another, a female of the same age; and the third, a female from 20 to 30; average residence 46 days—these all recovered.

It may here also be mentioned, that in almost every case where pregnancy existed, abortion supervened.

Table XVIII.—Of the deaths from this form of fever there happened,

M. F. T.				M. F. T.			
On the 6th day after seizure, 0				1	1	1	1
7th	...	...	2	0	2	0	1
8th	...	...	1	0	1	0	1
9th	...	...	1	0	1	0	1
10th	...	...	0	1	1	0	1
11th	...	...	1	1	2	0	1
13th	...	...	1	0	1	1	0
14th	...	...	1	0	1	0	1
15th	...	...	1	1	2	0	1
17th	...	...	1	1	2	0	1
19th	...	...	1	0	1	0	1
20th	...	...	0	1	1	0	1
22d	...	...	1	0	1	0	1
On the 24th day after seizure, 0				1	1	1	1
27th	...	...	0	1	1	0	1
28th	...	...	0	1	1	0	1
29th	...	...	0	1	1	0	1
31st	...	...	0	1	1	0	1
33d	...	...	0	1	1	0	1
37th	...	...	1	0	1	0	1
48th	...	...	0	1	1	0	1
50th	...	...	0	1	1	0	1
59th	...	...	0	1	1	0	1
Date of seizure unknown in 3				4	7	15	19
						34	

Table XIX. exhibits the number of cases of common continued fever and dothineritis, with the mortality, &c. distinguishing the sexes, and arranged according to the ages of the patients.

Com. contin. fever and dothineritis	Total cases.	Cured.		Died.		Mortality per cent.			Av. resi- dence.			Av. resid. of the cases that died.		
Ages.	M.& F.	M.	F.	M.	F.	Total.	M.	F.	T.	M.	F.	T.	M.	F.
1 to 10	4	...	2	1	1	50·	100·	33·33	13	8	14	6	8	5
10 to 15	10	4	5	...	1	10.	...	16 66	14	10	17	3	...	3
15 to 20	77	36	30	3	8	14·28	7·69	21·05	21	18	24	15	14	15
20 to 30	148	83	39	20	6	17·56	19·41	13·33	22	21	24	9	10	6
30 to 40	30	9	13	6	2	26·66	40·	13·33	20	15	24	14	10	23
40 to 50	15	8	5	2	...	13·33	20·	...	21	20	22	9	9	...
50 to 60	3	2	1	...	...	...	...	...	13	15	9	...	...	...
above 60	1	...	1	...	...	...	...	...	37	...	37	...	...	...
Total,	288	142	96	32	18	17·36	18·39	15·78	21	19	23	10	10	12

Before giving the complications that occurred in this form of fever, it is necessary, in the meantime, merely to state, that 130 of the above numbers are registered as dothineritis or enteric fever, the remaining 158 being entered as common continued fever.

The following were the complications as registered.

One male, from 20 to 30 years of age, had ascites, which prolonged his residence to 55 days. He ultimately recovered.

Three males, from 20 to 30, and one female, from 30 to 40, had their average residence prolonged to 63 days by bed-sores, after which they recovered. A female, from 15 to 20, died from these sequelæ after being 41 days in hospital.

Three females, after an average residence of 53 days, recovered from erysipelas, which existed as a complication, their respective ages being 15 to 20, 20 to 30, and 30 to 40.

One male, from 20 to 30, had laryngitis, and died after being 14 days resident.

One male, from 20 to 30, who had diseased heart, remained 54 days in the house, but was dismissed cured of the fever.

Two males, from 30 to 40, and 40 to 50, died from peritonitis after an average residence of 13 days.

Two females from 15 to 20 and from 30 to 40 died from pneumonia after an average residence of 8 days.

One female from 20 to 30 was affected with rubeola in addition to fever, and, after 56 days, recovered.

One male, from 15 to 20, two others from 20 to 30, and one female, from 30 to 40, had an attack of variola as well as fever, but all recovered after an average residence of 56 days.

Table XX.—The deaths from this form of fever occurred at the following periods.

	M.	F.	T.		M.	F.	T.
On the 9th day after seizure,	1	0	1	On the 25th day after seizure	1	0	1
11th ...	2	1	3	26th ...	2	0	2
12th ...	2	1	3	28th ...	1	0	1
13th ...	3	1	4	29th ...	1	0	1
14th ...	1	1	2	31st ...	0	1	1
15th ...	1	3	4	34th ...	3	0	3
16th ...	1	2	3	38th ...	1	0	1
17th ...	1	0	1	43d ...	0	1	1
18th ...	0	3	3	83d ...	1	0	1
20th ...	2	1	3	Date of seizure unknown in	5	3	8
22d ...	2	0	2		—	—	—
24th ...	1	0	1		32	18	50

Table XXI. exhibits the number of cases of typhus fever, with the mortality, &c., distinguishing the sexes, and arranged according to the ages of the patients.

Typhus fever. 1846.	Total cases.	Cured.		Died.		Mortality per cent.			Average residence.			Aver. resi. of cases that died.		
		M.	F.	M.	F.	Total.	Males.	Female	Tot.	M.	F.	Tot.	M.	F.
1 to 10	42	22	17	...	3	7.14	...	15.	21	20	22	18	...	18
10 to 15	59	36	20	1	2	5.08	2.70	9.09	23	21	28	28	8	38
15 to 20	86	43	40	1	2	3.48	2.27	4.76	22	23	22	9	11	8
20 to 30	159	77	60	12	10	13.83	13.48	14.28	20	19	22	9	10	7
30 to 40	87	48	25	3	11	16.09	5.88	30.55	19	19	19	6	5	6
40 to 50	46	19	12	10	5	32.60	34.48	29.41	16	15	17	5	5	5
50 to 60	18	6	6	4	2	33.33	40.	25.	17	15	20	4	3	6
Above 60	3	1	...	1	1	66.66	50.	100.	11	12	8	5	3	8
Total,	500	252	180	32	36	13.6	11.26	16.66	20	19	21	8	7	9

The complications reported as having accompanied the typhus cases amounted to 27 in number.

Three males suffered from bed-sores; one, from 10 to 15 years of age, and another, from 20 to 30, recovered after a residence of 33 days; the third, aged from 30 to 40, died after a week's residence.

One male, from 15 to 20, was affected with a species of cancrum oris, but recovered after 42 days' residence.

Cynanche tonsillaris affected a female aged 20 to 30, who was dismissed well after remaining 39 days in the house.

One male, from 10 to 15, had diarrhœa, and after 29 days' residence recovered. A female of the same age had dysentery, and died after 34 days' residence, and another female, from 50 to 60, recovered from it after being 37 days resident.

One male, from 30 to 40, had dropsy, and recovered after a fortnight's residence.

Erysipelas existed as a complication in five cases; one female under 10 years, one male from 10 to 15, and one male and a female from 20 to 30 recovered, average residence 40 days. One male, from 20 to 30, died after 16 days' residence.

Hæmoptysis existed in one female from 30 to 40, but after 43 days' residence she recovered.

A child, under 10 years, died of hydrocephalus after being 25 days in the house.

One female, from 20 to 30, and another from 40 to 50, had pleuritis; their residence averaged 35 days, and they were ultimately dismissed cured.

One female, from 10 to 15, died of phthisis, having been 43 days resident.

Two males, from 20 to 30, and one from 30 to 40, were attacked with pneumonia, average residence 28 days; they both recovered.

Two males were affected with pulmonary emphysema, one from 20 to 30, residence 29 days, recovered; the other from 40 to 50, residence 25 days, died.

Two males and a female had variola as well as typhus, and all recovered; of the former one was 15 to 20, residence 36 days, the other from 30 to 40, residence 26 days; the latter was a girl under 15 years of age, residence 74 days.

Table XXII.—Of the deaths from typhus there happened

After seizure.	M.	F.	Total.	After seizure.	M.	F.	Total.
5th day	...	1	1	24th day	2	1	3
7th	2	...	2	26th	...	1	1
8th	1	...	1	28th	...	1	1
10th	...	1	1	29th	...	1	1
11th	1	...	1	30th	1	...	1
12th	1	5	6	31st	1	...	1
13th	5	2	7	34th	...	1	1
14th	1	2	3	36th	...	1	1
15th	1	4	5	39th	1	...	1
16th	3	2	5	42d	...	1	1
17th	3	2	5	47th	...	1	1
18th	...	2	2	Date of seizure			
19th	1	1	2	unknown in	6	6	12
22d	1	...	1		—	—	—
23d	1	...	1		32	36	68

It will be seen, from the data now presented, that, at the commencement of the year 1846, the number of patients in the fever wards amounted to only 30; this number, however, gradually augmented during the first six months of the year, at the termination of which period the average population of these wards exceeded 80; at the end of the next three months it had advanced to 125, whilst during the last three, the increase was so rapid that it was raised to 222, and towards the close of the year the numbers were above 230, and on one occasion actually exceeded 240. During the first quarter of the year the admissions amounted to 263; during the second to 320; during the third to 517; and during the last, to no fewer than 902; the total number treated being more than triple that of the year 1845. So great was the demand for additional accommodation, that at the beginning of the present year, the managers of the Infirmary found themselves under the necessity of opening, as an auxiliary fever hospital, the New Lock Hospital, recently erected in the immediate vicinity of the Infirmary, which, accordingly, is in the meantime appropriated for the reception of fever patients.

The prevalence of three distinct forms of fever during the year

is rather a remarkable occurrence, and is well worthy of special attention.

The first of these to be noticed is the epidemic fever attended with relapse, which has again visited Glasgow, and which has been by far the most prevalent of the three. It has also been the most regular in its progression and increase, month after month showing a steady advance in the numbers treated, (see Table XVI.) During the last four months particularly it far exceeded the other two forms of fever in point of numbers. It appears to be running a nearly similar course to the epidemic of the same nature which prevailed in 1843-44. It then affected females in greater numbers than males, at least the numbers of the former sent to hospital exceeded those of the latter; the same was the case last year; the mortality in 1846 was 4.37 per cent. while in 1843 it was 4.49, showing a very close approximation. The average residence of the cases in 1843 was 16 days; in 1844, 19 days; and in 1846, 18 days. The relapse was an almost invariable accompaniment of the disease, but the yellow cases were not so prevalent in 1846 as in 1843. In other respects a striking uniformity is observable between the tables of 1843, 1844, and 1846.

The second form of fever, of which Table XIX. presents an analysis, includes the cases of what appeared to be the simple continued fever, as it used formerly to prevail, and also those of the dothineritis, as it is termed, or the enteric or typhoid fever, as described by foreign writers, the latter being characterised in fatal cases by very extensive lesions in the intestines, consisting of enlargement and ulceration of the solitary and aggregated glands, and leading in some cases to perforation of the bowel. This latter species has prevailed pretty extensively during the past year, and has been by far the most fatal of the different forms of fever noticed, its mortality having considerably exceeded that of the typhus cases, which have hitherto been the most fatal. A larger proportion of the cases of this than of the other forms of fever were brought from the rural districts in the vicinity of the city. The residence of the patients in hospital was also longer in this than in the other forms, but that of the patients who died was the same as in the relapsing fever, namely, 10 days.

With regard to typhus fever, the third form to be noticed, it may be remarked, that it gradually increased in prevalence as the year advanced; and, although it was not so fatal as in 1845, the number of cases that presented themselves was nearly double what it was during that year. The fatality was greatest in the female cases, differing in this respect from the returns both of 1844 and 1845, when the males were cut off in largest proportion. The average

residence of the cases that died was two days shorter than in any of the other species of fever.

All the tables, as well of 1843 and 1844 as of 1846, agree in indicating as the ages most liable to fever, those from 20 to 30.

The following table is constructed to show the length of time that those affected with the different forms of fever had resided in Glasgow. From this table it appears that, of the whole number, 157 came from the country, and of those resident in Glasgow, one-half had resided there less than one year, while the other half had been upwards of a year resident.

Table XXIV.

	Ep. Fev. with relapse.	Com. Con. Fev. & Dothin.	Typh. Fever.	Total.
Came direct from the country,	44	61	52	157
Had lived in Glasgow above one year,	512	113	315	940
Had lived in Glasgow one year or less,	221	114	133	68
Of this latter number,				
Had been one week in town,	6	4	1	11
... from 1 to 2 weeks,	9	4	2	15
... 2 weeks to one month,	19	8	16	43
... 1 to 3 months,	64	32	33	129
... 3 to 6 months,	47	23	24	94
... 6 months to one year,	58	33	36	127
Length of residence not ascertained,	18	10	21	49

In last year's paper I presented a table showing the number of patients treated in the Glasgow fever hospital for 17 years, from which it appeared that there was a remarkable regularity observable in the increase and decrease of the disease, a triennial *exacerbation* being uniformly apparent; and I stated, that, should this continue to hold, then the year 1846 might be expected to be attended with a considerable increase in the numbers sent to the hospital. It appears from the numbers treated during the past year that this increase has taken place, the excess of cases amounting to 372 above those of 1844, and to 1265 above those of 1845. It may be said that this is accidental, but as periodical revolutions in the prevalence of fever are admitted to take place, and have been noticed by other observers to be equally regular in their progress, I think it right to call attention to the fact. Dr A. Buchanan in his "Report of the Diseases among the Poor in Glasgow,"* has introduced the following table, exhibiting the number of cases of fever that occurred among the poor in the district practice of the city from autumn 1827 to the summer of 1830, in which a very marked regularity in the increase and decrease of the disease is evident.

* Glasgow Medical Journal, vol. iii. p. 443.

1827. Autumn,	116	} Increasing.
Winter,	248	
1828. Spring,	392	
Summer,	525	
Autumn,	705	} Maximum.
Winter,	470	
1829. Spring,	347	} Decreasing.
Summer,	208	
Autumn,	146	
Winter,	138	
1830. Spring,	123	}
Summer,	78	

This table is valuable as exhibiting the state of the district practice among the poor during the period to which it refers. It shows the periodical revolution to have been very regular in its progress and decline, and it also shows that in the year 1828, fever attained a maximum in district practice. I find that the same was the case in the practice of the hospital; and as 1828 was, according to my former table, the year in which this was to be expected, the time over which this triennial exacerbation has shown itself to prevail in the experience of the Glasgow Infirmary is thus still farther increased. Whether, therefore, accidental or not, the fact is no less certain, that during the last 20 years, this *maximum* in the number of fever cases has been found to hold every third year, with an evident decrease during the two intervening years. As the following remarks of Dr Buchanan on the subject of the periodic revolutions of fever, contained in the report alluded to, are important, I take the liberty of quoting them here. "It (fever) may be said, therefore, to have regular revolutions, and in each of these revolutions there are three remarkable periods. The first is the period of increase, during which the disease becomes gradually more prevalent, till it attain the *maximum*, when immediately it begins to decline. The second period is that of declination, extending from the time of greatest prevalence till the disease return to its ordinary state. * * * * The third period is that of ordinary prevalence."

To illustrate still farther the fact of the regularity of the periodical revolutions to which fever is liable, and to exhibit how remarkably this feature has characterised the disease during the last five or six years, I beg to subjoin the evidence which the experience of the infirmary, and the mortality bills of the city, of Glasgow, and that of the Edinburgh Infirmary afford on this point, which I think will be found very conclusive. From the mortality bills of Glasgow, and from the statistical records of the two hospitals, I have been enabled to construct a table similar to the preceding, which shows the increase and decrease of fever to have maintained a very remarkable regularity, and, in addition to this, proves that the disease was strikingly uniform in its progress and

decline in the two cities of Edinburgh and Glasgow at the same periods, having attained its maximum in both in the autumn of 1843, and its minimum in the summer of 1845.* The table given below exhibits the proofs of what has now been advanced.

Table XXV.

Glasg. Mort. Bills.		Edin. Infirmary.	Glasg. Infirmary.	
Tot. deaths from Fev.		Fever cases admit.	Fever cases admit.	
1841.	Spring, 370	} Decreasing.
	Summer, 251	...	...
	Autumn, 205	...	...
	Winter, 184	251	...	
1842.	Spring, 152	211	...	} Minimum.
	Summer, 98	187	...	
	Autumn, 90	161	...	
	Winter, 120	177	..	
1843.	Spring, 133	253	485	} Increasing.
	Summer, 216	561	1194	
	Autumn, 686	1718	1216	
	Winter, 444	1573	782	
1844.	Spring, 203	716	428	} Decreasing.
	Summer, 153	261	319	
	Autumn, 114	222	241	
	Winter, 93	195	210	
1845.	Spring, 82	104	125	} Minimum.
	Summer, 57	95	97	
	Autumn, 61	...	146	
	Winter, ...	...	164
1846.	Spring,	290	} Increasing.
	Summer, ...	...	366
	Autumn, ...	...	627
	Winter, ...	...	942

The results obtained from the data contained in the preceding table tend to confirm the opinion of Dr Buchanan, that these revolutions are in themselves quite independent of season, malaria, heat, cold, or other atmospherical influences, and have their origin in density of population, over-crowding, and contagion. It may, I think, safely be concluded, that, as the population of Glasgow goes on increasing, at the rapid rate at which it is at present advancing, and as the destitution which accompanies this increase is augmented, the great epidemics of fever which periodically visit the city, instead of occurring every ten years, as used to be the case, will, unless proper sanatory measures are speedily adopted, observe a shorter interval, and happen more frequently; indeed the experience of the years 1837, 1840, 1843, and the present year fully prove that this has already taken place, and shows the urgent necessity that exists for improving the condition

* The reports of the Perth Infirmary also show that fever was at its height in that city in the autumn of 1843, and at its lowest point of declination in the summer of 1845.

of the poor, with a view to alleviating, as far as possible, these increasing evils.

I formerly showed, both from the observations of Dr Alison and the statistics of the Infirmary, the great increase which of late years has taken place in the numbers received into the fever hospital. But to exhibit this more fully, and in still further proof of the truth of the above remarks, I annex a table which shows the numbers treated since the opening of the Infirmary in 1795, divided into periods of five and ten years. An examination of this table will show the great increase which, during the last ten years of the series, had taken place in the numbers treated, exhibiting the great necessity that existed for the increased hospital accommodation which a few years previously had been so seasonably provided, and affording a strong proof of the influence which density of population and overcrowding exert in fostering the disease.

Table XXVI.

Glasgow Infirmary.	Fever cases treat- ed in 5 years.	Fever cases treat- ed in 10 years.	Average annual number treated.
1795 to 1799,	317 }	770	77
1800 — 1804,	453 }		
1805 — 1809,	415 }		
1810 — 1814,	323 }	738	73
1815 — 1819,	3336 }		
1820 — 1824,	1581 }		
1825 — 1829,	5260 }	4917	491
1830 — 1834,	7266 }		
1835 — 1839,	13447 }		
1840 — 1844,	12178 }	25625	2562

The facts implied by these numbers forcibly suggest another subject for consideration, the necessity of increased accommodation for fever patients. As the population of Glasgow has increased, the numbers attacked by fever have also steadily increased. The population of Glasgow and suburbs now amounts to the large number of 333,100 souls. From the statistics of this city it results, that the average annual increase of population has doubled itself within the last 25 years; while, if the above table be examined, it shows that the same result, that, namely, of doubling, has taken place with regard to the number of fever cases treated in the institution in the much shorter period of 10 years; the average annual number treated during the last 10 years having increased from 1252 to 2562. During this period of 10 years three epidemics of fever have visited the city, namely, in 1840, 1843, and the latter part of 1846; and during the last two epidemics particularly, the managers of the Infirmary have found themselves unprovided with the requisite accommodation. In consequence of the great epidemic which prevailed in 1837, the

managers for that year deemed it necessary to obtain a piece of ground to the east of St Andrew's Square, facing the Green, with the intention of immediately erecting an auxiliary fever hospital. For various reasons this determination has not yet been carried into effect. But the managers are now strongly of opinion that no more time should be lost, and they think that immediate steps should be taken to erect a suitable building, either on the ground formerly acquired for this purpose, or, in the event of its being advantageously disposed of, on any other that may be suitable. This building the managers propose to be plain and commodious, capable of containing from 150 to 200 patients, together with the necessary accommodation for culinary and other domestic purposes; and they are desirous that it should be constructed on as economical a plan as may be consistent with the welfare of the patients, and of those who are to wait upon and have charge of them. It is also their wish that it should be strictly an auxiliary hospital, to be occupied only during the epidemic prevalence of fever, so that the expense of maintaining it shall be incurred only during such periods.

2. *Small-Pox.*

Table XXVII. showing the number of vaccinated and unvaccinated cases of small-pox treated in the Glasgow Royal Infirmary during the year 1846.

Small-pox. 1846.	Total cases.	Vaccinated.					Unvaccinated.				
		Total.	Cured.		Died.		Total.	Cured.		Died.	
		M. & F.	M.	F.	M.	F.	M. & F.	M.	F.	M.	F.
January, ...	9	3	2	...	...	1	6	2	3	...	1
February,...	14	6	4	2	...	...	8	2	3	3	...
March,.....	17	12	5	7	...	...	5	3	2	...	...
April,	15	8	6	2	...	...	7	5	2	...	...
May,.....	12	5	2	3	...	...	7	2	2	3	...
June,	12	6	4	1	1	...	6	1	4	1	...
July,.....	11	4	2	2	...	...	7	5	2	...	...
August, ...	6	2	...	2	...	...	4	1	3	...	...
September,.	2	1	1	...	...	...	1	...	1	...	...
October, ...	...	...	...	...	...	...	...	...	...	...	...
November,..	...	...	...	...	...	...	...	...	...	...	...
December,..	1	...	...	...	...	...	1	1	...	...	...
Total,...	99	47	26	19	1	1	52	22	22	7	1

Table XXVIII. showing the annual number of small-pox cases treated in the Glasgow Royal Infirmary from 1795 till 1846.

Years.	Cas.	Years.	Cas.	Years.	Cas.	Years.	Cas.	Years.	Cas.
1795	4	1802	...	1809	10	1816	14	1823	46
1796	2	1803	...	1810	2	1817	7	1824	37
1797	4	1804	1	1811	...	1818	11	1825	3
1798	9	1805	3	1812	4	1819	7	1826	1
1799	...	1806	1	1813	2	1820	...	1827	25
1800	1	1807	5	1814	2	1821	33	1828	4
1801	1	1808	...	1815	4	1822	5	1829	1
1st period	21	2d period.	10	3d period.	24	4th per.	77	5th per.	117

Years.	Cas.	Dhs.	Mortal. per cent.	Years.	Cas.	D	Mortal. per cent.	Years.	C	D.	Mortal. per cent.
1830	10	2	20	1837	75	8	10.66	1844	10	...	...
1831	12	2	16.66	1838	35	10	28.57	1845	22	4	18.18
1832	3	1	33.33	1839	59	15	25.42	1846	99	10	10.10
1833	14	5	35.71	1840	61	18	29.50				
1834	62	4	6.45	1841	26	...	...		
1835	72	18	25	1842	38	5	13.15				
1836	110	45	40.90	1843	13	3	23.07				
6th per.	283	77	27.20	7th per.	307	59	19.21	8th per.			

The total number of vaccinated and unvaccinated cases will be found on an examination of Table XXVII. to be nearly equal, there being 47 of the former and 52 of the latter, and even on a more minute inspection, the number of males and females of both classes of cases follows nearly the same regularity, 27 of the males and 20 of the females having been vaccinated, and 29 of the males and 23 of the females not having undergone this operation. The disease appears to have attained a maximum in the month of March, and subsequently to have declined gradually towards the end of the year, and this declination is observable in both sets of cases. The ages of those who suffered from the disease were found to be as follows:—

	Under 5.	5 to 10.	10 to 15.	15 to 20	20 to 30.	30 to 40.	Total.
Males,	2	—	5	8	32	9	56
Females,	2	2	4	15	19	1	43
	4	2	9	23	51	10	99

Of the whole number there were,

	Vaccinated.			Unvaccinated.			Total of both classes.
	Males.	Females.	Total.	Males.	Females.	Total.	
Lowlanders,	9	14	23	7	7	14	37
Highlanders,	11	5	16	13	11	24	40
Irish,	3	1	4	7	5	12	16
English,	...	...	...	2	...	2	2
American,	3	...	3	...	...	...	3
German,	1	...	1	...	...	...	1
	27	20	47	29	23	52	99

On inquiry as to the localities and residence in Glasgow of the above patients, 9 of them were found to have come to the hospital direct from the country, of whom 2 had been vaccinated and 7 were unvaccinated; in 2 the residence could not be ascertained, the one was vaccinated, the other not, the remaining 88 resided in Glasgow. Of these

	Vaccinated.	Unvaccinated.	Total.
There had lived there above one year, .	27	18	45
for a year or less, .	17	26	43
Of those resident less than a year,	44	44	88
There had been one week in town, .	1	1	2
from 1 to 2 weeks, .	2	2	4
from 2 weeks to a month,	3	3	6
from 1 to 3 months,	3	6	9
from 3 to 6 months, .	4	5	9
from 6 months to a year,	4	9	13
	17	26	43

The above data would seem to indicate that the age at which the disease was most frequently observed was between 20 and 30, more than the half of the cases having occurred at this period of life. We know, however, that small-pox attacks children under five years in much greater numbers than it does those of any other age, and as these are generally excluded from being received into the hospital, we must here be understood as speculating generally on its occurrence in adult life.

Of the whole number treated, 77, or 77·77 per cent. were natives of Scotland, and 16 or 16·16 per cent. were natives of Ireland, which being compared with the ascertained Scotch and Irish population of Glasgow, and with the numbers from each country who are treated in the infirmary for fever, seems to show that the Irish are less subject to small-pox than they are to fever, while the Scotch are more subject to the former than they are to the latter disease. The explanation of the comparative exemption of the Irish from small-pox has been supposed by some to be found in the general practice of vaccination among the people by the practitioners of that country; but the facts stated above do not favour this opinion, for it is found that of 16 natives of Ireland, only 4 had undergone vaccination. The researches of Dr Stark* are also at variance with it, who proves that in that country vaccination is lamentably neglected, by showing that, "during the ten years ending June 1841, no fewer than 58,006 were cut off by small-pox, giving an annual average of 5800 deaths from that fatal disease." Of the natives of Scotland, nearly one-half were Lowlanders and rather more than the half Highlanders, and there seems to have been very nearly as many vaccinated among the former as there were unvaccinated among the latter. Of those resi-

* Edin. and Surg. Jour. Vol. lxiv. p. 134.

dent in Glasgow also, whether they had resided there more than a year or less, the disease seems to have affected nearly equal numbers, but of the vaccinated cases, most had been more than a year resident, while of those in whom this operation had been neglected, the majority had been less than a year inhabitants of the town.

The average residence in the hospital of the whole 99 patients was found to be 25 days; of those vaccinated it was 23, and of those unvaccinated, 27 days. Of the males in whom this point was attended to, the residence was 23 days, and of those in whom it was neglected it was 24 days, showing little difference; but of the females the residence was seven days longer in those who had not been vaccinated than in those who were, being in the former 31, and in the latter 24 days.

The deaths were 10 in number, 8 of the patients being males and two females; this gives a mortality of about 10 per cent. They were, as was to be expected, chiefly confined to those cases where vaccination had not been performed, the male being the only death which could strictly be reckoned against those who had been subjected to this operation, the female having died of erysipelas of the head and face, which supervened during convalescence. The average residence of the male patients who died was 15 days, while of the females it was 11; three males died on the 13th day from the first appearance of the disease, one on the 28th, one on the 30th, one on the 36th, one on the 38th, and in one the date of seizure could not be ascertained. One of the females died on the 15th, and the other on the 20th day from seizure.

The first part of Table XXVIII. was prepared by the late Dr Cowan, and is taken from his Vital Statistics. I have now, by the addition of the numbers treated in the Infirmary during the last ten years, brought it up to the present time, and have also given the amount of mortality for the last 17 years. In glancing at the results obtained from this table, it cannot fail to be observed how irregular in its prevalence during the several years the disease appears to have been, in some not a single case having presented itself, while in others as many are found in one year as occurred in the five or six years immediately preceding or succeeding it. One very manifest fact appears, however, namely, that the numbers treated have since 1808 steadily increased with each septennial period, however irregularly they may have been distributed over each space of time. The same amount of irregularity as to the mortality of the disease seems to have prevailed during the several years as is found to exist with respect to its general prevalence.

The question—has small-pox increased in prevalence in Glas-

gow of late years? is an important one, and well deserving of attention. Drs Cowan, Stark, and others have answered it in the affirmative, and have correctly stated, that the disease has prevailed more extensively of late than in former years, that is, the actual number of cases occurring in Glasgow are more numerous now than formerly. When, however, the number of deaths from small-pox is compared with the population for each of the last ten or twelve years, the relative increase of deaths which might have been expected to take place with the rapidly increasing population, is not found to hold, but, on the contrary, there is a decrease, and in some years this is pretty considerable. I shall conclude this paper by a reference to the following table, constructed from the Glasgow bills of mortality, (for the hitherto unpublished data for the last year of which I am indebted to the kindness of Dr Watt,) where it will be seen that this has been the case, more especially during the latter years.

Table XXIX. showing the total deaths from small-pox in Glasgow for ten years previous to 1846, and the proportion these bear to the whole population.

Years.	Population.	Total of deaths from small- pox.	Prop. deaths to each 1000 of the population.
1836.	238,950	577	2.41
1837.	247,040	352	1.42
1838.	255,390	388	1.51
1839.	264,010	406	1.53
1840.	272,900	455	1.65
1841.	282,134	347	1.22
1842.	291,600	334	1.14
1843.	301,000	151	0.50
1844.	311,600	99	0.31
1845.	322,000	195	0.60