

Annual report of cases admitted into the medical wards of St. George's Hospital, during the year ending Dec. 31st, 1853 / by Dr. Barclay.

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ANNUAL REPORT OF CASES ADMITTED INTO THE
MEDICAL WARDS OF ST. GEORGE'S HOSPITAL,

DURING THE YEAR ENDING DEC. 31st, 1853.

BY DR. BARCLAY,

MEDICAL REGISTRAR OF THE HOSPITAL.

DURING the past three years an uniform system of registration of medical cases, and classification of diseases, has been adopted at St. George's Hospital, with the view of ascertaining any great leading facts with relation to the prevalence of disease and the ratio of mortality, which from time to time the statistics of an hospital may serve to elucidate; and, in conformity with this plan, an Annual Report has been presented to the Governors, embodying the results of this registration. By mutual co-operation unquestionably much valuable information might be accumulated from the various hospitals, especially those connected with the metropolis, where talent and industry are never wanting to carry out any object that may tend to the advancement of science; and by the suggestions of others engaged in similar pursuits, the purposes to which registration may be made subservient would be more fully developed than has been attempted in the accompanying table.

It is here presented simply in the form in which it was submitted to the governors of the hospital, as the 'Annual Report of Medical Cases for the year 1853,' with the addition of two columns containing the total admissions, and the percentage of mortality for the three years. The cases, when first admitted into the hospital, are entered in the ordinary register of patients, and after death or discharge each case is transferred to a classified index of diseases, which forms the basis of the annual summary. By this arrangement a considerable amount of information regarding any particular disease is at once available: the age, sex, and occupation of the patient, the duration of the disease prior to admission, the period during which the case remained under treatment, and its results, as well as the diseases with which it was complicated, can readily be ascertained with reference to any of those enumerated in the index of diseases.

In the accompanying Report, whenever these complications have been deemed of sufficient importance, the particulars regarding them have been introduced in the notes, especially with reference to the fatal cases. But though the materials for a more complete enumeration exist, it was found impossible to tabulate them in such a manner as to bring the statement within the moderate compass of a yearly abstract.

Hitherto it has been limited chiefly to the development of three important particulars:—the actual number of examples of each disease admitted during the year, the ratio of mortality, and the proportion of cases complicated with other

diseases; and in order to do this with any degree of accuracy, the report for the year must always be delayed for two or three months after its close, to allow time for the termination of the cases. Its exact character is a report of diseases treated in the hospital during the year, not of patients admitted; consequently, the sum of the numbers given does not represent the actual number of persons who were the subjects of these diseases. For while each patient applies for admission on account of the urgency of some particular symptom, and might thus be classified solely according to the most prominent form of disease under which he is labouring, true statistics of the relative mortality of each disease could not possibly be thus attained. For example: a patient is admitted with dropsy;—this is in itself a disease altogether independent of the organic lesions with which it is associated, coming on sometimes quite irrespective of them, or absent in spite of their existence. This patient may have disease of the heart, or disease of the kidneys, or both, and he may have in addition a distinct attack of bronchitis, without which he never would have had dropsy; another patient applies for disease of the heart without dropsy; a third for bronchitis alone; a fourth for bronchitis with disease of the heart, and so on; and it is quite manifest that in seeking for statistics of these several diseases, a patient with disease of the heart must be classed under that head, whether he have dropsy, or bronchitis, or albuminuria, or not; and one with bronchitis must be classed under that head, whether he have diseased heart or kidneys, or dropsy, or none of these diseases: in short, that the same case must be entered under each head, and appear under each as one of the complicated cases.

In pursuance of this plan, the first column gives the total number of cases under each head, entered in the patients' register for 1853 as having suffered from that particular disease, whether primarily or secondarily, whether admitted labouring under it, or having been attacked by it while under treatment for some other malady; the second column gives the total deaths, and where the disease under which they are enumerated seemed to have nothing to do with the fatal result, the fact is recorded in the notes; the third gives the ratio of mortality calculated from the previous numbers; the fourth and fifth columns give respectively the number of cases in which some other disease was present in addition to that under which they are classed, and the deaths among these complicated cases; the sixth and seventh, as already stated, give a general summary of the three years.

Further information may be obtained by a comparison of these several columns with each other: by subtracting the fourth and fifth from the first and second, we may ascertain in what proportion any given disease is liable to prove fatal, in a healthy individual, uncomplicated by any other malady; while we also learn, in a general manner, the proportion of complications in different diseases. Again, the sixth and seventh columns, as compared with the first and third, show, by an accumulation of three years' observations, the increase or diminution of each form of disease during the past year, and its more or less favourable rate of mortality.

A few words must be said of the mode of classification which has been adopted. It is based upon that of the Registrar-General, but does not entirely coincide with it; and though there is manifestly a disadvantage attendant on want of uniformity in tabular arrangements, as it interferes with a ready reference for the purposes of comparison, yet the alterations seemed imperatively called for, and were not made without due consideration; they were finally adopted, with the concurrent advice and sanction of all the physicians of the hospital, from whom most of the suggestions originally proceeded.

Scarcely any two authors agree in their manner of classifying diseases; and therefore, without giving the preference to one over another, where so many have equal claims, it was judged best to assimilate that which was prepared for the hospital as much as possible to the weekly returns of mortality. But it must be remembered, that while the one is a statement of cases of disease, the other is a report of causes of death, and many of the diseases enumerated in the former find no place at all in the latter. But, in addition to this, the classification of the

Registrar-General is not altogether free from objection. Take, for example, diarrhoea, as classed among zymotic diseases. It is true that, at certain seasons of the year, some of the examples of diarrhoea might be so classed; but of the cases admitted throughout the year how few are really examples of a zymotic disease! In many instances it is a concomitant of phthisis; in some, of albuminuria; and in not a few, is a consequence simply of injurious aliment. It therefore seems more natural to place it among the diseases of the intestinal canal, to which class dysentery has also been removed, as it is commonly seen only in its chronic form.

Indeed, there are serious difficulties in the way of the adoption of the whole class of zymotic diseases, and it has been thought better to break down the first three divisions of the Registrar-General into a number of separate heads, which will be found to succeed each other in distinct groups. Febrile diseases stand at the commencement, amongst which acute rheumatism and gout would naturally find a place; and, simply as matter of convenience, the chronic forms of the same diseases are placed in juxtaposition. Next follow diseases produced by adventitious causes, such as poisons, &c.; and then those which have been classed as diseases of uncertain and variable seat,—dropsy, hæmorrhage, anæmia, &c. These are followed by depraved constitutional states,—scrofula, tubercles, and morbid growths; and next in order stand the quasi-nervous diseases, followed by the true diseases of brain, spinal cord, and nerves; after which each set of organs is taken in succession.

Hydrocephalus has not been separated from inflammation of the brain; whooping-cough and croup have been placed under diseases of the respiratory organs; erysipelas has been regarded as an eruptive fever; chlorosis has been recognised as distinct from anæmia; and amenorrhœa without anæmia has been classed as a disease of the uterus itself. Ascites has been removed from diseases of the organs of digestion and placed under dropsy, anasarca being used as the generic term for general dropsy, even when ascites was present, if the case was characterized by a tendency to general infiltration of the areolar tissue.

Such are a few of the more important changes in arrangement which necessity or convenience has dictated; but there are yet many difficulties in the way of a correct enumeration of cases, of which the whole class of hæmorrhages afford numerous examples. Reference has been already made to diseases of the intestinal canal, and perhaps this is one of the most imperfect. Ulceration occurs in the course of fever and of phthisis very frequently, and is probably always present in chronic dysentery; yet, in the absence of post-mortem evidence, its existence can only be inferred, and, consequently, the cases classed under this head have been limited to those arising from some other cause. Similarly, diarrhoea occurs in the course of various diseases, but it constantly happens in hospital practice that the primary disease is in a quiescent state, that the patient is only conscious of suffering from diarrhoea, and when that is suspended, leaves the hospital in as good health as prior to the attack;—such a case must be recorded as one of diarrhoea, but complicated with other disease. Hence, some phthisical patients find their way into the class of diarrhoea patients, and it has consequently been the practice to enumerate all who have had diarrhoea as a prominent symptom; but just as a streak or two of blood in the sputa is not called hæmoptysis, so one or two loose evacuations are not classed as diarrhoea.

Imperfect as this Report necessarily is, not only in consequence of the inherent difficulties in the way of a complete system of registration, but still more because no similar documents have been published from which suggestions might have been drawn, it has yet been the endeavour of the medical registrar to render it as complete as the proposed plan would permit, and neither time nor labour has been spared to obtain the greatest possible accuracy in all the details.

It is to be hoped that the example set by St. George's Hospital in this matter may speedily be followed by other hospitals, and that this may form but the commencement of a series of similar documents, which cannot fail to be productive of good.

Cases admitted during the year 1853.						Admitted during three years.	
Nature of Disease.	Admitted.	Died.	Per centage of mortality.	Complicated with other diseases.	Deaths among complicated cases.	Admissions.	Per centage of mortality.
Fevers:							
Continued fever	108	15	13·88	26	8 ¹	374	12·04
Influenza	10	...	...	1	...	21	...
Asiatic cholera	1	1 ²	100·0	...	...	1	100·0
Eruptive fevers:							
Measles	5	...	...	1	...	8	...
Scarlatina	5	2	40·0	2	2 ³	29	17·3
Varioloid	4	...	...	1 ⁴	...	10	...
Erysipelas	18	4	22·2	5 ⁵	4 ⁶	64	17·2
Intermittent fevers:							
Quotidian	4	...	...	2	...	13	...
Tertian	7	...	...	...	...	20	...
Quartan	1	...	...	...	...	5	...
Irregular	1	...	...	...	...	4	...
Rheumatism:							
Acute	52	3	5·77	16	3 ⁷	165	3·64
Subacute and slight	88	...	...	21	...	301	...
Chronic	139	1	?	28	1 ⁸	411	...
Gout, including rheumatic gout	28	1	?	4	1 ⁹	69	...
Poisoning:							
Irritant	2	2 ¹⁰	100·0	1	1	8	25·0
Narcotic	2	...	...	...	...	6	16·6
Syphilitic and gonorrhœal	9	...	...	8	...	29	...
Colica pictonum	8	...	...	7	...	25	...
Entozoa:							
Intestinal worms	3	...	...	...	...	17	...
Echinococcus hominis . . . . .	...	...	...	...	...	2	100·0
Dropsy:							
Anasarca	100	39	39·0	100 ¹¹	39 [?]	297	33·3
Ascites	22	9	40·9	18 ¹²	9	52	53·8

¹ Of the fatal cases,

- 1 was complicated with disease of heart.
- 1 " " phthisis.
- 1 " " disease of liver.
- 1 " " hæmorrhage from bowels.
- 2 " " peritonitis.
- 1 " " pleurisy.
- 1 " " pneumonia.

² Fatal in about five hours.

³ Of the fatal cases,

- 1 was complicated with pyæmia.
- 1 " " scrofula.

⁴ One case of varioloid eruption commenced in the hospital. Mode of introduction not known.

⁵ Three cases of erysipelas commenced in the hospital.

⁶ Of the fatal cases,

- 3 were complicated with disease of kidneys and dropsy.
- 1 " " phthisis.

⁷ All the fatal cases suffered from pericarditis.

- 1 also complicated with endocarditis.
- 1 " " pleurisy.
- 1 " " disease of liver and subsequent ascites.

⁸ The only death resulted from albuminuria and dropsy.

⁹ The only death resulted from albuminuria and dropsy.

¹⁰ The fatal cases were,

- 1 of poisoning with sulphuric acid.
- 1 " " caustic alkali, which was followed by ulceration of stomach.

¹¹ In 90 of these cases, organic disease of the kidneys, heart, or lungs was present. In the remaining 10, of which 2 proved fatal, the dropsy was dependent merely on anæmia and exhaustion.

¹² In 16, disease of the liver or peritoneum was clearly made out as the cause of the ascites. In the remaining cases (none fatal), its cause was not determined.

Cases admitted during the year 1853.						Admitted during three years.	
Nature of Disease.	Admitted.	Died.	Per centage of mortality.	Complicated with other diseases.	Deaths among complicated cases.	Admissions.	Per centage of mortality.
Hæmorrhages:							
Epistaxis	5	...	...	3	...	11	9.1
Hæmoptysis	23	6	26.08	23 ¹	6 ²	56	19.6
Hæmatemesis	4	2	50.0	3	2 ³	18	11.1
Hæmaturia	6	...	...	5	...	22	4.5
Intestinal	11	2	18.18	6 ⁴	2	24	20.8
Uterine	8 ⁵	...	...	2	...	18	...
Purpura and scurvy:							
Purpura	6	4	66.6	5	4 ⁶	18	27.8
Scurvy	3	...	...	2	...	3	...
Anæmia	66	...	...	28	...	171	1.1
Chlorosis	18 ⁷	...	...	4	...	65	...
Cachæmia	9	4	44.4	9	4 ⁸	27	33.3
Scrofula	12	4	33.3	11	4 ⁹	25	16.0
Tubercular diseases:							
Phthisis	158	50	31.65	87	34	383	36.6
Tubercles in peritoneum	7	6	85.7	7	6 ¹⁰	16	87.5
Tubercles in brain	4	4	100.0	4	4 ¹¹	8	100.0
Morbid growths:							
Hydatids	1	1 ¹²	100.0	1	1	6	66.6
Encephaloid	10	8	80.0	7	7	20	65.0
Scirrhus	32	4	12.72	10	4	67	14.9
Colloid . . . . .	...	...	...	...	...	1	100.0
Growths from bone	1	...	...	1	...	2	...
Hysteria	54	...	...	25	...	163	...
Chorea	14	...	...	4	...	53	3.8
Delirium tremens	13	1	7.69	2	...	40	7.5
Diseases of brain and spinal chord:							
Cephalitis	10	8	80.0	7	7 ¹³	28	82.1
Chronic disease	8	4	50.0	5	4	25	28.0
Apoplexy	4	1	25.0	4	1 ¹⁴	15	60.0
Epilepsy	33	5 ¹⁵	15.15	12	4	33	17.7

- ¹ Associated in 18 cases with phthisis.
 " in 2 " disease of heart.
 " in 3 no organic disease could be made out.

² In one case only the cause of death.

³ In both cases the chief cause of death.

⁴ Two occurred in fever, one of which was fatal. The other fatal case was one of those recorded under hæmatemesis.

⁵ Besides 12 of menorrhagia.

⁶ All the fatal cases were complicated with organic disease of viscera, especially disease of heart and kidneys.

⁷ Besides 10 of amenorrhœa.

⁸ The fatal cases were all examples of purulent contamination of the blood, 1 from abscess in the course of scarlatina, 3 from phlebitis.

⁹ In only one case was scrofula the cause of death, under the form of large strumous abscess.

¹⁰ Four cases had also tubercles in the lungs.

¹¹ All the cases admitted with cephalic inflammation. Three had also tubercles in the lungs.

¹² Cyst in arachnoid, causing epilepsy.

¹³ Of the fatal cases, 7 occurred in patients of a tubercular diathesis. Of these, 4, as already stated, had tubercles in the brain.

¹⁴ In the fatal case, there was disease both of the heart and kidneys.

¹⁵ Of the fatal cases,

1 had a cyst in arachnoid.

1 " very slight recent effusion of blood.

2 " old disease of the kidney.

1 " encephaloid disease of the liver.

Cases admitted during the year 1853.						Admitted during three years.	
Nature of Disease.	Admitted.	Died.	Per centage of mortality.	Complicated with other diseases.	Deaths among complicated cases.	Admissions.	Per centage of mortality.
Functional disturbance	49 ¹	...	...	13	...	114	...
Inflammation of cord	1	...	...	1 ²	...	5	60.0
Paralysis:							
Hemiplegia	34	2	5.85	10	2 ³	84	7.1
Paraplegia	20	...	...	6	...	60	10.0
Local paralysis	6	1 ⁴	16.6	2	...	21	4.7
Neuralgia:							
Tic douloureux	3	...	...	...	...	11	...
Sciatica	19	...	...	5	...	37	...
Hemicrania	3	...	...	2	...	4	...
Angina	1	...	...	...	...	2	...
Diseases of the heart:							
Pericarditis	16	9	56.25	16 ⁵	9	45	35.5
Endocarditis	6	3	50.0	6 ⁶	3 ⁷	38	7.9
Hypertrophy	16	13	81.25	16 ⁸	13	75	62.7
Dilatation	15	11	73.3	15 ⁹	11	41	46.3
Valvular disease	51	14	27.45	39 ¹⁰	14	164	24.4
Diseases of arteries and veins:							
Aneurism	5	2	40.0	4	2	11	27.3
Phlebitis	8	3	37.5	5	3 ¹¹	20	30.0
Diseases of respiratory organs:							
Laryngitis	10	5	50.0	6	5 ¹²	20	40.0
Tracheitis	2	...	...	...	...	2	...
Bronchitis	150	19	12.6	84	17 ¹³	371	13.7
Pneumonia	34	10	29.4	20 ¹⁴	8	108	26.8
Pleurisy	60	16	26.6	34 ¹⁴	15	148	27.0

¹ Seventeen cases presented more or less the characters of insanity.

² Associated with paraplegia.

³ In the fatal cases, hemiplegia was associated—
in 1 with disease of kidney and effusion of serum in the ventricles.
in 1 with chronic inflammation of brain.

⁴ The fatal case presented no organic disease. Paralysis first attacked the muscles of the eyes, then the fauces, and lastly the muscles of respiration.

⁵ Two had also endocarditis. Pericarditis was associated—
in 8 cases with acute rheumatism.
in 3 " disease of kidney.
in 1 " phthisis.
in 4 " pleurisy.

Pleurisy also co-existed in 3 of the rheumatic cases, and 2 of those with disease of kidney.

⁶ Endocarditis was associated—
in 4 cases with acute rheumatism.
in 2 " pleurisy.

⁷ Two of the fatal cases already enumerated under pericarditis.

⁸ Twelve had disease of the kidney.
9 had also dropsy.

⁹ Eleven had dropsy.
5 had also disease of the kidney.

¹⁰ Nineteen had dropsy.

¹¹ All fatal from purulent contamination of blood.

¹² All the fatal cases were phthisical.

¹³ Of the fatal cases,
10 were associated with disease of heart or kidneys.
4 " " emphysema.
2 " " pleurisy.
1 " " peritonitis.

¹⁴ Among those enumerated as complicated cases, eight had both pleurisy and pneumonia.

Cases admitted during the year 1853.						Admitted during three years.	
Nature of Disease.	Admitted.	Died.	Per centage of mortality.	Complicated with other diseases.	Deaths among complicated cases.	Admissions.	Per centage of mortality.
Emphysema	13	6	46·2	13 ¹	6	32	31·2
Asthma	2	...	...	1	...	2	...
Pertussis	2	...	...	...	...	2	...
Pneumothorax . . . . .	...	...	...	...	...	5	80·0
Diseases of mouth and pharynx:							
Quinsey	7	...	...	...	...	29	...
Enlarged tonsils	2	...	...	2	...	13	...
Ulceration	4	...	...	...	...	10	10·0
Mumps	2	...	...	1	...	8	...
Diseases of stomach and œsophagus:							
Dyspepsia	66	1 ²	1·52	29	...	166	0·6
Ulceration	2 ³	2	100·0	1	1 ⁴	4	75·0
Diseases of intestinal canal:							
Obstruction	1	1	100·0	1	1 ⁵	4	50·0
Constipation	48	...	...	20	...	154	...
Diarrhœa	27	3	11·1	12	3 ⁶	75	8·0
Dysentery	5	1	20·0	2	1	11	36·4
Tympanitis	4	...	...	3	...	10	...
Ulceration	3 ⁷	2	66·6	3	2 ⁸	8	87·5
Diseases of peritoneum:							
Acute peritonitis	19	7	36·8	11	6	63	38·1
Chronic peritonitis	17	8	47·1	13	8	36	50·0
Diseases of liver and gall bladder:							
Inflammation and congestion	5	2	40·0	4	1	17	23·5
Cirrhosis	19	15	78·9	18 ⁹	15	37	72·9
Jaundice	18	6	33·3	12	6 ¹⁰	49	24·5
Enlargement	9	2	22·2	5	1	27	22·2
Gall-stones	1	...	...	1 ¹¹	...	2	...
Diseases of spleen:							
Enlargement	4	...	...	3	...	9	22·2
Diseases of urinary organs:							
Nephritis	2	...	...	...	...	10	10·0

¹ Of the complicated cases,
12 were associated with bronchitis.
1 " " phthisis.

² The only fatal case was one of great dilatation of the stomach, without any evident organic lesion.

³ No cases have been entered as ulceration, in which the fact was not ascertained by post-mortem examination.

⁴ This case already enumerated as the result of poisoning with caustic alkali.

⁵ The result of malignant disease.

⁶ Of the fatal cases,
1 was associated with phthisis.
1 " " malignant disease and ulceration.
1 " " albuminuria.

⁷ Those cases are not enumerated in which ulceration was a symptom of fever or of phthisis.

⁸ Of the fatal cases,
1 was due to malignant disease.
1 " " chronic peritonitis.

⁹ Seventeen of these had ascites.

¹⁰ Of the fatal cases,
3 had cirrhosis of liver.
2 had malignant disease of liver.
1 had disease of the heart.

¹¹ Accompanied by jaundice.

Cases admitted during the year 1853.						Admitted during three years.	
Nature of Disease.	Admitted.	Died.	Per centage of mortality.	Complicated with other diseases.	Deaths among complicated cases.	Admissions.	Per centage of mortality.
Cystitis	5	...	...	2	...	17	5.8
Albuminuria	71	43	60.1	68 ¹	43	228	50.5
Diabetes	5	1	20.0	3	1 ²	13	15.4
Diseases of ovaries:							
Dropsy	7	3	42.8	2	2 ³	16	25.0
Tumours	7	...	...	1	...	19	...
Diseases of uterus:							
Amenorrhœa	10 ⁴	...	...	7	...	38	...
Menorrhagia	12 ⁵	...	...	6	...	38	...
Leucorrhœa	14	...	...	9	...	37	...
Tumours	4	...	...	2	...	8	12.5
Prolapsus	3	...	...	...	...	15	...
Congestion	2	...	...	...	...	5	...
Diseases of bones and joints	6	...	...	5	...	30	20.0
Diseases of skin and cellular tissue:							
Erythema	8	...	...	6	...	39	...
Urticaria and roseola	3	...	...	1	...	7	28.5
Lichen and prurigo	2	...	...	2	...	6	...
Squamous eruptions	9	...	...	5	...	30	...
Vesicular eruptions	19	...	...	9	...	51	...
Pustular eruptions	7	...	...	5	...	18	...
Pompholix and rupia	3	...	...	1	...	10	10.0
Cellular inflammation	3	1	33.3	2	1 ⁶	18	55.5
Diseases of muscles	1	1	100.0	1	1 ⁷	1	100.0
Anomalous and accidental cases	6	...	...	1	...	19	...

¹ Complications—

60	cases with anasarca.
28	" disease of heart.
18	" disease of lungs.
6	" phthisis and scrofula.
9	" disease of brain and paralysis.
13	" diseases of other abdominal viscera.
7	" rheumatism and gout.
3	" erysipelas.
1	" diffuse cellular inflammation.
1	" scarlatina.
2	" purpura.
2	" fever.
2	" cancer.

² Death from phthisis.³ Complicated in both instances with chronic peritonitis and ascites.⁴ Besides eighteen of chlorosis.⁵ Besides eight of hæmorrhage from uterus.⁶ The fatal case was one of diffuse cellular inflammation, associated with dropsy and albuminuria.⁷ Abscess forming in centre of belly of rectus femoris muscle, followed by secondary pneumonia.