





REGISTRATION OF THE CAUSES OF DEATH.

C I R C U L A R S

TO

MEDICAL PRACTITIONERS,

AND TO

REGISTRARS.

A STATISTICAL NOSOLOGY,

FOR THE USE OF THOSE WHO RETURN THE CAUSES OF DEATH  
UNDER 6 and 7 WILL. IV., c. 86.

CIRCULAR TO CORONERS,

AND

A CLASSIFICATION OF THE CAUSES OF VIOLENT DEATHS.



GENERAL REGISTER OFFICE,  
DECEMBER, 1845.

LONDON:

PRINTED BY W. CLOWES AND SONS, STAMFORD STREET,  
FOR HER MAJESTY'S STATIONERY OFFICE.

1845.

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### FIRST EDITION (1843.)

This publication contains all the official documents issued from the General Register Office, relating to the Registration of the Causes of Death. The greater part of it appeared in the Appendix to my Fourth Annual Report; and I have directed it to be published separately, for distribution among the Members of the Medical Profession who have to assign the cause of death. The Statistical Nosology, with the accompanying commentary, drawn up by Mr. Farr, will, I trust, be found practically useful by them, and contribute to secure the Registration of the causes of death on a precise and uniform plan throughout the kingdom.

To repeat the words of my Report, "I hope that the registrars and informants will not fail to see the necessity of attending to the classification of fatal diseases, which has been framed for their use with much labour and after careful consideration; and that the members of the medical profession who have hitherto given their aid, will cordially assist in carrying out this national registration of the causes of death, as they alone are able to give a correct statement of the nature of the fatal diseases; and to them, more than to the members of any other profession, must be apparent the vast importance of thus collecting accurate materials for advancing the science of vital statistics."

### SECOND EDITION (1845.)

Part I. of this Edition is a reprint of the first, and contains also the Circulars and Instructions which have been since issued to registrars and medical practitioners. Many examples, and specimens of the returns already received, are interspersed under the various heads of the Statistical Nosology; which has in other respects been but little altered. A few suggestions as to the mode of filling up the certificates will be found, p. 12.

Part II. contains a letter addressed by me to the Coroners of the Kingdom, relative to the returns of the Causes of Death by Juries; and a classification, with observations on the returns, of deaths by violence.

*GEORGE GRAHAM, Registrar General.*

## PART I.

THE two following circulars have been issued in the present year (1845).

I.—“CIRCULAR to PHYSICIANS, SURGEONS, and APOTHECARIES legally Qualified, practising Medicine in England.

General Register Office, 10th July, 1845.

“SIR,

“THE following Address was circulated among the Members of the Medical Profession in 1837, with an Explanatory Statement, which was printed in the introduction to the Statistical Nosology, of which you have, or may procure, a copy.

“We, the undersigned, President of the Royal College of Physicians, President of the Royal College of Surgeons, and Master of the Worshipful Society of Apothecaries, having authority from the several bodies whom we represent, do resolve to fulfil the intentions of the Legislature in procuring a better Registration of the Causes of Death, being convinced that such an improved Registration cannot fail to lead to a more accurate Statistical Account of the prevalence of particular Diseases from time to time.

“We pledge ourselves, therefore, to give in every instance which may fall under our care, an authentic name of the fatal disease.

“And we entreat all authorized Practitioners throughout the Country to follow our example, and adopt the same practice, and so assist in establishing a better Registration, in future, throughout England; for which purpose we invite them to attend to the subjoined Explanatory Statement, in which they will see set forth the provisions of the recent statute, and the means whereby the *IMPORTANT OBJECT* we have recommended may most effectually be attained.

(Signed)

“HENRY HALFORD,  
“President of the Royal College of Physicians.

(Signed)

“ASTLEY COOPER,  
“President of the Royal College of Surgeons.

(Signed)

“J. HINGESTON,  
“Master of the Society of Apothecaries.”

May 1st, 1837.

“The following is an Extract from the ‘Explanatory Statement’ referred to:—

“It is therefore, earnestly recommended, that every practising Member of any branch of the Medical Profession who

“may have been present at the death, or in attendance during the last illness of any Person, shall immediately after such death, place in the hands of such other Persons as were in attendance, of the occupier of the house in which the death occurred, or of some inmate who may probably be required to give information, *WRITTEN STATEMENTS* of the *CAUSE OF DEATH*, which such Persons may show to the Registrar, and give as their information on the subject.”

“The recommendation in this statement has been generally adopted. But it has been represented to me by Medical men engaged in practice, who take an interest in the progress of medical science, that it would save them trouble, and tend very much to promote the accuracy and uniformity of the returns, if they were supplied with blank Forms of Certificates, to be filled up by them as occasion may require.

“In compliance with this suggestion, I have requested the Registrar of the District in which you reside to supply you with a Book, which may be used when you return the Cause of the Death of any Person attended by you.

“I shall feel obliged if you will observe the suggestions in the ‘Example,’ on the margin of the Certificate, and in the *Statistical Nosology*, relative to the mode of making the Return.

“You are probably aware that, under 6 and 7 Wm. IV., c. 86, s. 25, the Medical attendant of the deceased person, in the last illness, is bound to give information, if applied to within eight days, with respect to the several particulars required to be registered; but if the Cause of Death be entered by you in a Certificate, as accurately as is possible in the present state of medical knowledge, some person of the family may be the informant, give the registrar your Certificate, and save you frequent calls and inquiries.

“I need not dwell on the utility of accurate Returns of the Causes of Death, either in reference to public health, medical police, or medical science, which is based on extended observations; but I count on your cordial co-operation and aid in obtaining from English practitioners such Registers of the important facts in question, as may promote the public good, and may deserve the imitation of the other States of Europe.

“I have the honour to be, Sir,

“Your faithful Servant,

“GEORGE GRAHAM, Registrar General.

“To \_\_\_\_\_

“A Copy of the ‘*Statistical Nosology*’ will be forwarded to you free of expense on a written application to the General Register Office, Somerset-House.”

## II.—“ CIRCULAR.

“ General Register Office, 12th July, 1845.

“ SIR,

“ I AM aware of the difficulty which you sometimes experience in obtaining from Medical Practitioners written statements of the Cause of Death, for the purpose of being inserted in the Register Books. It is very desirable that the fatal Diseases should be accurately recorded, and I am anxious that every facility should be afforded you in obtaining correct Returns of the Cause of Death, certified in writing by the Medical attendants of the persons deceased.

“ Having this object in view, I have prepared Books for the use of Medical practitioners.

“ And I will thank you to take the trouble to give one of these Books, together with a Circular Letter, (which I now transmit to you,) to every Person resident in your District and practising Medicine, who is a Member of the College of Physicians, of the British Colleges of Surgeons, or of the Apothecaries' Company, a Medical Graduate of an University, or an Apothecary legally qualified by having been in practice before 1815.

“ You will have the goodness to take every opportunity of reminding the inhabitants of your District, that in the case of a Death occurring in their families, a Certificate of the Cause of Death, in the printed Form, should be procured by them from the Medical man who was in attendance during the last illness of the deceased Person, and be delivered to you by the Informant, who signs the Entry in the Register Book; and the Entry when once commenced must be completed at the same time, in every case, no column being left blank with a view to the insertion of any particulars at a future period.

“ Whenever the Death and its Cause have been certified by the Medical Attendant, you will in future mark such cases by writing ‘Certified’ under the ‘Cause of Death;’ and when no Certificate has been received by you from a Medical Attendant, you will write ‘Not Certified’ under the ‘Cause of Death’ in the Register Book, and in the copies which you transmit quarterly to this Office, as in the subjoined Examples. When the informant cannot state the ‘Cause of Death,’ write ‘Unknown,’ ‘Not Certified,’ in the column with that heading; and when you ascertain that no Medical Man was in attendance during the last illness, the fact of such non-attendance should be recorded, as in the third Example.

“ If any qualified Medical Practitioner should refuse to fill up the Certificate of the Cause of Death, when requested to do so, I will thank you to let me know.

“ I have the honour to be Sir,

“ Your faithful Servant,

“ GEORGE GRAHAM, Registrar-General.

“ To the Registrar of Births and Deaths ———.

“ EXAMPLES of the manner of distinguishing Entries in which the Cause of Death is ‘Certified,’ or is ‘Not Certified,’ by the Medical Attendant of the deceased Person.

Cause of Death.	Cause of Death.	Cause of Death.
Measles . . . 21 days. Pneumonia . . . 7 days.	Measles.	Small-pox.*
Certified.	Not Certified.	Not Certified. No Medical Attendant.

\* If the disease cannot be ascertained, write “unknown” in the place of it.

The Registrars were requested on July 11th to fill up a return, with the following heading:—

III.—“The Names and Addresses of qualified Medical Men, practising Medicine or Surgery, and resident in the Registrar's District of \_\_\_\_\_ on the 24th July, 1845.

Note.—“The Names of Medical Men who have retired from practice, of Medical Pupils, Students, or Assistants, and of Chemists and Druggists, not to be inserted. No Names of Quacks, or irregular Practitioners, to be enumerated in this List.

Names.	Addresses.

The names of between 10,000 and 11,000 medical practitioners were returned in compliance with this request; and books for certificates were forwarded to the Registrars for distribution among the qualified practitioners residing in their respective sub-districts. The example in the first leaf of the book is here annexed. (See p. 8.)

IV. Registrars are requested to forward to the Registrar-General the names, addresses, and medical titles of every person who may take up his residence and commence practice in their districts, in order that those qualified to practise may be duly supplied with books.

V.—EXAMPLE of the mode of filling up the  
**MEDICAL CERTIFICATE OF THE CAUSE OF DEATH.**

Name John Stevens last Birthday;—was attended by me, and

Aged 7 Years

Died on the 26th day of April, 1845.

Cause of Death.	Duration of Diseases.
Measles	21 days*
Pneumonia	7 days
[If any other diseases supervene, write them against (c) and (d) in the order of their appearance.]	

Primary Disease (a) .  
 Secondary Diseases (b) .  
 (if any) (c) .  
 (d) .

Signed William Carter,  
 M.D.  
 Professional Titles.

Have the producers to state the primary and only the important secondary diseases, with the time between the attacks and the death in hours, days, or years: Example—Measles 21 days, Pneumonia 7 days. Use, if convenient, the names in the first column of the Statistical Nosology. Add P. M. when a Post mortem inspection has taken place. If this Form should, by accident fall into the hands of any unqualified practitioner, he is recommended not to fill it up.

N.B.—Qualified practitioners who have not yet been supplied with a Copy of the Nosology may obtain it on application per post to the Registrar General.

\* By this is to be understood, that the first evident symptoms of Measles appeared 21 days before death—the first evident symptoms of Pneumonia 7 days before death. The duration of other diseases is to be reckoned in the same way.

CERTIFICATE OF CAUSE OF DEATH

VI.—MEDICAL INFORMANTS.

The following is the explanatory statement referred to in the Circular of July 10th, 1845.

“The recent Act for registering Births, Deaths and Marriages in England, presents an opportunity for obtaining that *great desideratum* in medical statistics, a more exact statement of *the causes of death*, in the case of every registered death throughout the whole of England and Wales, after the month of June next ensuing.

“The Register-Books in which all deaths are to be registered after the last day of June, 1837, contain columns wherein may be inserted the *cause of death*, in juxtaposition with those other important illustrative circumstances, the *sex*, the *age*, and the *profession or calling* of the deceased person. Each Register-Book will also be assigned to a particular District of small extent, and will thus show in what part of the kingdom each death has occurred. If, therefore, the cause of death be correctly inserted, there will exist thenceforward public documents, from whence may be derived a more accurate knowledge, not only of the comparative prevalence of various mortal diseases, as regards the whole of England and Wales, but also of the *localities* in which they respectively prevail, and the *sex*, *age*, and *condition of life* which each principally affects.

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

“The persons who, according to the Act for Registering Births, Deaths, and Marriages in England, must give information to the Registrar on being requested so to do, are ‘some person *present at the death*, or *in attendance* during the last illness;’ or ‘in case of the death, illness, inability, or default of all such persons, the *occupier* of the house or tenement; or, if the occupier be the person who shall have died, some *inmate* of the house or tenement in which such death shall have happened.’ It is also provided that, ‘for the purposes of this Act, the master or keeper of every gaol, prison, or house of correction, or work-house, hospital, or lunatic asylum, or public or charitable institution, shall be deemed the *occupier* thereof.’

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

"It is desirable that such statement should be very short, the column in the Register-Book in which it is to be inserted being not more than sufficient for the insertion of about 10 words of moderate length.†

\* \* \* \* \*

VII.—Remarks from Appendix to First and to Fourth Report, on the Returns of the Causes of Death, before the Medical Certificate Books were issued.

"The returns procured in the first year were, on the whole, tolerably satisfactory; but, as might have been expected, some of the entries were incorrect; the information in many instances had not been furnished directly by medical men, and had been furnished in ill-defined words, such as *decline, fit, inflammation, visceral disease, cold, long illness*. Local terms were employed, which appear to denote different diseases in different parts of the country. In many cases where inquests were held, no attempt had been made to inquire into the direct cause of death.

It appeared therefore necessary to suggest, as far as practicable, the use of a uniform intelligible nomenclature. The following remarks were made in the Appendix to the First Report; and a classification was adopted which has been followed in the subsequent Reports:—

"The advantages of a uniform statistical nomenclature, however imperfect, are so obvious, that it is surprising no attention has been paid to its enforcement in bills of mortality. Each disease has in many instances been denoted by three or four terms, and each term has been applied to as many different diseases; vague, inconvenient names have been employed, or complications have been registered, instead of primary diseases. The nomenclature is of as much importance in this department of inquiry as weights and measures in the physical sciences, and should be settled without delay.

"In order to render the register as correct as possible, it is desirable that the cause of death should be directly certified in every instance by the medical attendant, who might either leave the certificate with the informant, or give it, upon application, to the Registrar. When the medical attendant is the informant, he will of course sign the register, as directed by the Act.

"The duration of the fatal disease should be stated, when known, in hours, days, or years; which would supersede the words 'sudden,'

† For the names recommended, see Nosology.

'acute,' 'chronic,' &c., and in the end furnish many highly important results.

"The tabular arrangement exhibits the greater number of the causes of death, under names which will be found convenient in practice, and sufficiently precise for statistical purposes. The common English name has always been adopted, in conformity with the opinion expressed above, except in a few obvious instances; but where no one English name existed, and where the disease is popularly expressed by periphrasis, the common medical term has been adopted. Pneumonia is used, for instance, and not inflammation of the lungs. The Latin or English synonyme will render the tables intelligible, on the one hand, to foreigners, and on the other, to the general reader. If the causes of death were uniformly registered under the same names, and each cause of death designated by one word, it would increase the accuracy of the Abstract, and diminish the labour of framing it very considerably."\*

"Further experience confirmed these remarks; and it was deemed desirable to revise the nomenclature, and to make such alterations and additions as the rapid progress of medical science required.

"The statistical nosology contains all the more common diseases.

"The notes, it is believed, will clear up some of the obscurities which present themselves in the registration of complicated causes of death, and will tend to preserve uniformity, and to prevent omissions. It is impossible to give directions to meet every case; but by examining the examples, and reflecting on the nature and the use of the information required, the informants can seldom be in much difficulty. It must be borne in mind that the column for the entry is little more than 'sufficient for the insertion of ten words;' for this reason, and to facilitate the labour of making the abstracts, the cause of death should be always stated in as few words as possible. When three or four causes have concurred in producing death, it will generally be sufficient to write them under each other without connecting verbs or particles.

"The DURATION OF THE ILLNESS, or the time elapsing between the manifestation of unequivocal symptoms of the fatal disease and the death, should be registered thus:—

EXAMPLES.

Cholera, 2 days.	Apoplexy, 20 hours.	Burns from the cap taking fire, 25 days.
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"Where poison has been the cause of death, the time which elapses between its administration and death should be carefully registered:—†

EXAMPLES.

Laudanum, (Suicide) 8 hours.	Oxalic Acid, (Suicide) 20 minutes.	Arsenic, (Murder) 30 hours.
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\* Appendix to the First Report.

† The quantity of the poison taken should also be stated, if it can possibly be ascertained.

‡ Appendix to the Fourth Report, p. 146. 8vo.



VIII.—*Suggestions to Medical Practitioners respecting the mode of returning the Causes of Death.*

(1.) State the causes of death in terms as precise and brief as possible; and use, if convenient, the names recommended in the Nosology, for the sake of uniformity. The column of the Register Book for the entry will contain *about ten words*.

(2.) Write the causes of death in the order of their appearance, and not in the presumed order of their importance.

(3.) The duration of primary and secondary diseases in these returns will always be considered to imply the time intervening between the first appearance of well-marked characteristic symptoms—and death. Small-pox, scarlatina, erysipelas, typhus, and all febrile and inflammatory diseases should, however, be dated from the rigors and first symptoms, not from the later appearance of the eruptions, &c. The time in the certificate, opposite the primary disease, will therefore include the whole term of illness. Thus: "Scarlatina maligna, 21 days; purulent infiltration, 7 days, (r.m.);" implies that the earliest symptoms of scarlatina occurred 21 days before death; and that 7 days before death purulent infiltration was observed. So, "Hooping cough, 16 weeks; paralysis of motor nerves, right side, 4 weeks; pneumonia, 3 weeks," is understood to mean that symptoms of the cough appeared 16 weeks, of the paralysis, 4 weeks, of the pneumonia 3 weeks before death. Confusion has been produced in some returns by inattention to this point.

No attempt should be made to guess the duration of *latent* stages of diseases; but it will generally be possible to fix on a point of time near the access, when the patient had *no symptoms* of disease, and another, when the symptoms were unequivocal: if the disease be dated from the middle point of the intervening time, the results will be sufficiently accurate. The duration should be stated in *minutes* or *hours*, when the disease is fatal in less than 48 hours; in *days*, in diseases of less than 50 days' duration; in *weeks* or *years*, for diseases of still longer duration. *Month* is an equivocal term, as a *measure* of time; when used in the returns, it will be deemed the *twelfth* part of a year. }

(4.) State, in fatal cases of small-pox, measles, scarlatina, typhus, rheumatism, mania, delirium tremens, apoplexy, and the like diseases, whether it be the second, third, &c. attack, whenever the patient has sustained more attacks than one. In ague, epilepsy, convulsive diseases, angina pectoris, syncope, and other maladies which occur in fits or paroxysms, date the illness from the first fit; and add the duration of the last fatal fit; thus: *epilepsy, 5 years; last fit, 6 hours*.

(5.) Surgeons, in all cases of operations, should return (a) the primary disease or injury—(b) the operation—(c) the secondary diseases—such as erysipelas, purulent deposits, &c.; and should state also the time from commencement of the primary disease—the time from the operation—and the time from the appearance of secondary disease, *reckoning in each instance to the death*.

(6.) It sometimes happens that the nature of the fatal disease cannot be discovered—even after a *post mortem* examination of all the organs—and still more frequently in the absence of an examination. *In such cases it is better to name one or more of the leading symptoms and peculiar appearances*, than to assign a specific cause on imperfect, inadequate evidence. P. M. should be added when the causes of death have been verified by a *post mortem* inspection.

The *examples* from the certificates received are not all given as specimens of perfect returns of the causes of death, but as illustrations of the manner in which the facts are viewed and stated in the present state of medical knowledge.

NOTE.—In order to be in a position to return the causes of death accurately, medical practitioners are earnestly recommended to keep brief memoranda of all the cases which they attend, in the simplest form, such as is given below. The private register of the medical practitioner would at the end of a few years be of incalculable interest to him: he might refer back to it for important information, transmit it to his sons or successors in practice, analyse the results of his experience; and, in conjunction with his brethren all over the country, would ultimately accumulate a vast series of materials, which could not fail to advance medical science.

Engaged in the practice of a laborious profession, medical men should not attempt too much at first; all cases should be noticed; but those facts should be chiefly recorded which are of an unequivocal nature, and that admit of precise statement, and comparison in respect to number, time, weight, and measure.

No.	Name of Patient, and Residence.	Sex.	Age (last Birth-day).	Profession; Habits.	Diseases.		Dates of Important Facts in the Case; and of the resulting Recovery or Death.
					Primary and Secondary.	Date of their Appearance.	
1*	John Jones, 7, Drury-lane.	M.	7	A day scholar; (father a master tailor).	Measles; Pneumonia.	March 5 March 12	Patient first seen March 9; the eruption of measles then visible; appeared on the 8th; cough, rust-coloured sputa, crepitation, 12th; left lung consolidated, 14th; last seen, March 19th; died March 29th. P. mortem: left lung hepatized; pleura adherent.

\* The Number will refer to the prescription book for treatment.

The importance of instituting *post mortem* examinations very generally, cannot be too strongly urged. It is impossible to calculate how much suffering and untimely death are occasioned by depriving physicians and surgeons of the information derivable from this source. In ordinary cases no attempt is made to preserve the body from corruption, when life is extinct; and the examination by medical men of the state of the internal structure, instead of accelerating decay, may be made, by embalming, a means of preserving the frame from decomposition; if it were not rather desirable and more in consonance with the best feelings—that the elements—water, air, carbon, and the salts—of which the earthly tenement is composed, should be restored as soon as possible to their free state—to be again re-organised and re-animated.

## IX.—STATISTICAL NOSOLOGY.\*

(As this list has been drawn up principally for the use of those who return the causes of death—many diseases are omitted; but the generic names of cutaneous diseases, and of others which are not fatal, have been introduced to indicate the place which they should occupy, if the nosology should be employed in classifying cases of sickness.)

The names which it is recommended should be used in the registers are in the FIRST COLUMN; the names opposite to them are synonyms, which may be used at the discretion of the medical informant, if considered more appropriate in the particular case. The utility, however, of adhering as much as possible to uniformity will be obvious, and has already been pointed out.

NOTE.—In entering and copying the causes of death, the REGISTRAR should, if possible, write each disease, and its duration, in a separate line.

## (1.)—ZYMOTIC DISEASES.

This class comprises diseases which have been observed to be epidemic, endemic, or contagious. The blood is probably, in the greater number of them, the primary seat of disease: and they may be considered by hypothesis, the results of specific poisons, of organic origin, either derived from without, or generated within the body.

(Hippocrates, Sydenham, Sprengel, Ozanam, Villermé, Williams, Lichig)

1 a SMALL POX, — days; never vaccinated.  
(1st or 2nd attack.)  
(Petechial, confluent, semiconfluent, distinct, varicelloid.) ; vaccinated — years, or — days, (before eruption of s. p.); effect failed or imperfect.  
; vaccinated — years, or — days; marks left.  
; vaccinated — years, or — days; took effect, but no marks.  
; not known whether vaccinated or not.

Pneumonia is often a fatal complication of small-pox and measles; such cases should be registered, "small-pox, — days; pneumonia, — days," &c. (Dr. Gregory, Mr. Celey.)†

\* For a statement of the principles upon which this Nosology has been drawn up, and some suggestions as to further improvements in pathological nomenclature, see pp. 186—216, of the Registrar General's Fourth Report, 5vo edition, which may be procured at Longmans'.

† The writers whose names are cited must not be held responsible for the opinions expressed in the notes. They are referred to either because they have given summaries of the present state, or have extended the domain of our knowledge by original investigations. They are of course but a small number of the many eminent contributors to medical science who have adorned the present age; but in their writings will be found the prevailing medical opinions, which will for some years guide the medical practitioners of this country in returning the causes of death. It has not been thought necessary to refer to the particular works; but where monographs have not been published, articles by the writers on the particular subjects will be found in the *Library of Medicine*, the *Cyclopedias of Medicine*,

Names to be used.

b CHICKEN-POX. Varicella.  
Ex.—Small-pox, — days (1st attack); (never vaccinated).  
Small-pox, 14 days (2nd attack); (never vaccinated).  
Small-pox, 17 days; pleurisy, 1 day (p. m.); (not known whether vaccinated.)  
Small-pox, 21 days; pneumonia, 7 days; (not vaccinated.)  
Small-pox, confluent, 12th day; (vaccination never attempted.)  
Small-pox, (petechial,) 9 days; (vaccinated young, 2 good cicatrices.)  
Small-pox, 9 days; laryngitis, 1 day; (vaccinated only 4 days before eruption.)  
Chicken-pox, 8 days; whooping-cough, 6 days.  
2 MILIARIA. Miliary fever.  
3 MEASLES. Rubeola; morbilli.  
Rubeola maligna may be distinguished by the epithet "malignant;" so also may Scarlatina maligna.  
Ex.—Measles, 14 days; diarrhoea, 6 days.  
Measles, 14 days; phlegmon of arm—gangrene, 7 days.  
Measles, 14 days; purpura, 1 day.  
Measles, 13 days; phlegmonous erysipelas, 6 days.  
Measles, 9 days; bronchitis, 7 days; pneumonia, 3 days; convulsions, 1 day.  
Measles, 6 days; scarlatina, 3 days; pneumonia, 2 days; convulsions, 1 day.  
Bronchitis with measles; the eruption did not appear till immediately after death.  
Other secondary diseases are dropsy, croup, noma.  
4 a SCARLATINA. Scarlet fever; rosalia.  
b SCARLATINA, followed by dropsy.  
c PUTRID SORE THROAT Angina maligna, (Dr. Tweedie.) (Scarlatina.)  
Ex.—Scarlatina, 39 days; dropsy, 24 days; peritonitis, 14 days, (p. m.)  
Scarlatina maligna, 5 days.  
Scarlatina, 4 weeks; acute pericarditis, 24 hours.  
Scarlatina maligna, 21 days; purulent infiltration, 7 days (p. m.)  
Scarlatina, 7 weeks; pneumonia (duration unknown); tubercles in lungs, (p. m.)  
Scarlatina, 4 weeks; dropsy, 5 days; angina maligna, 2 days.  
Scarlatina maligna, 7 days; putrid sore throat, 3 days.  
Scarlatina, 33 days before death; anasarca renalis, 21 days; pleuritis, pericarditis, peritonitis, (p. m.)

Anatomy, and Surgery, the Transactions of Medical Societies, or in the Medical Journals. The various nosologies, Cooper and Copland's Dictionaries, the works on the Practice of Physic by Mason Good, Craigie, Bright, and Addison, and the excellent Lectures of Dr. Watson might also be named. As the object has been to refer to writings easily accessible to every medical practitioner who may have occasion to return the causes of death, the names of few foreign or ancient writers have been cited. This is mentioned that the omission might not be misinterpreted. The writers named at the beginning of each class have generally treated of the diseases of that class.

Names to be used.

- 5 **DIPHTHERIA.** Diphtheritis; diphtherite.  
This specific inflammation, with the exudation of coagulable lymph, is frequently called *Angina membranacea*, and *ulcerated sore throat*. There are neither true eschars nor ulcers. (*Bretouneau*)  
Ex.—*Diphtheria*, 21 days, (p. m.) *Diphtheria*, 10 days, (p. m.)
- 6 **MUMPS.** Cynanche parotidica; parotitis; parotia.  
7 **HOOPING-COUGH.** Pertussis; chin-cough.  
Ex.—*Hooping-cough*, 21 days; *remitting fever*, 10 days.  
*Hooping-cough*, 21 days; *pneumonia*, 7 days.  
*Hooping-cough*, 4 months; *paralysis of (motor nerves) right side*, 1 month; *pneumonia*, 3 weeks.  
*Hooping-cough, struma.*  
*Hooping-cough and teething*, 6 weeks; *pneumonia*, 5 weeks;  
*chicken-pox*, 10 days; *noma*, 5 days.
- 8 **CROUP.** Cynanche trachealis.  
Whenever croup is a secondary disease, or is complicated with diphtheria (5)—it should be so registered.  
Ex.—*Croup*, 48 hours.  
*Croup*, 7 days.  
*Croup*, 54 hours.
- 9 **THRUSH.** Aphtha; lily.  
Aphtha, with vesicles, ulcers of the follicles, or a concrete mucous secretion, is included in this entry. The latter form is called *muguet* in France, and lily, the corresponding English name, in some parts of this country. Aphtha occurs in the latter stages of chronic diseases, to which and to "Thrush," the death must be referred.  
Ex.—*Aphtha*, 7 days.
- 10 **DIARRHŒA.** Looseness; purging; bowel complaint; hientery. (*Latham*).  
When the diarrhœa occurs in the course of typhus, of consumption, or of other diseases, it should be so registered.  
Ex.—*Diarrhœa*, 5 days; *convulsions*, 8 hours.  
*Diarrhœa*, 30 days; *senile gangrene (haunch)*, 16 days.
- 11 **DYSENTERY.** Dysentery; flux; bloody flux; (*Johnson, Martin*).  
Ex.—*Dysentery*, 14 days.  
*Dysentery*, 6 weeks (*ulc. of colon and rectum*); *gangrene of nates*, 4 days.  
*Dysentery, (endemic)*, 24 days; *convulsions, (2nd fit)*, 24 hours (p. m.)
- 12 **CHOLERA.** Cholera Asiatica; epidemic cholera; cholera biliosa; cholera infantum; cholera morbus; cholerae.  
Ex.—*Cholera—low fever*, 15 days.

Names to be used.

- 13 **INFLUENZA.** Catarrhus epidemicus; epidemic catarrh. (*Dr. Holland*).  
Ex.—*Influenza; bronchitis*, 6 months.  
*Influenza; enteritis*, 2 months.
- 14 **a SCURVY.** Scorbutus. (*Dr. Budd*).  
Scurvy is characterized by spongy, livid gums; it is confounded by the ignorant with the *scurfy* eruptions of children.  
**b PURPURA.** Purpura hæmorrhagica; purples.  
Ex.—*Purpura*, — days, (*exhaustion after great fatigue from travelling*.)
- 15 **AGUE.** Febris intermittens; intermittent fever.  
It should be stated whether the ague was quotidian, tertian, or quartan; and the complications, without which it would be rarely fatal, should be added.  
Ex.—*Ague—dysentery*, 8 days, (p. m.)
- 16 **a REMITTENT FEVER.** Febris remittens.  
Not to be applied to cases sometimes called "infantile remittent fever," (see 80.) nor to any but cases of the genuine remittent fever so prevalent in the Tropics, and rare in England.  
Ex.—*Remittent fever*, 3 weeks; *intestinal hæmorrhage*, 18 hours.  
**b YELLOW FEVER.** Typhus icterodes.  
Probably an aggravated form of remittent fever.  
Ex.—*Yellow fever*, 6 days; *black vomit* 2 days before death.
- 17 **TYPHUS.** Febris typhoides; dothineria.  
Two forms have been observed; the one (*dothineria*) with ulceration of the glands of Peyer; the other without this character. Some writers distinguish "gastric fever," "nervous fever," "synochus," "synocha," "jail fever," "camp fever." These terms may be employed at the discretion of the informant, but the common distinction of the varieties of fatal typhus is not founded on essential characters. Care should be taken not to confound idiopathic inflammation of the lungs, brain, or mucous membranes with typhus, which is a distinct well-marked disease. (*Louis; Christison; Southwood Smith*.)  
The more important complications of typhus, such as erysipelas, meningia (see note 71 b), pneumonia, perforation of the intestine, and peritonitis, should be registered; the existence of petechiæ, rose-spots, ulcers of the glands of Peyer, glandular disorganization may also be noticed in this important disease.  
Ex.—*Typhus*, 21 days; *congestion of brain*, 14 days.  
*Typhus*, 20 days; *diarrhœa*, 13 days, (*ulceration of Peyer's glands*, p. m.)  
*Typhus; hemiplegia, terminating in apoplexy*, 14 days.  
*Typhus*, — days; *serous effusion in ventricles of brain*.  
*Typhus*, 42 days; *dropsy*, 7 days.  
*Typhus, encephalia*, 14 days; *apoplexy*, — days.  
*Typhus (petechiæ)*, 14 days.  
*Typhus*, 16 days; *pneumonia (right)*, 6 days; *ulcer of ilium*, (p. m.) (*inadequately fed*).  
*Typhus (maculated)*, 11 days; *left lung much enlarged*, (p. m.)  
*Typhus*, 3 weeks; *noma (both cheeks)*, 10 days.

Names to be used.

- 18 PUERPERAL FEVER OF METRIA. Uterine phlebitis; puerperal peritonitis; childbed fever, 104.  
(*Dr. R. Lee; Dr. Ferguson.*)

Metria has been derived from  $\mu\epsilon\tau\epsilon\rho\alpha$ , the womb—(root  $\mu\epsilon\tau\epsilon\rho$ , mother).

- 19 PESTIS. Plague  
Was prevalent in England down to the close of the 17th century. 68,956 deaths were reported in the London bills of mortality, A.D. 1665. Only two cases were reported in 1679. It then merged in "spotted fever," or "ague and fever," and has now disappeared. May not isolated cases, however, occur sporadically, and be confounded with typhus?

- 20 RHEUMATIC FEVER. Rheumatismus; rheumatism (acute).  
Rheumatism is rarely fatal except when it is acute and attacks the membranes of the heart or brain; such cases should be registered "Rheumatic fever—days; pericarditis—days." "Rheumatic fever; meningitis—days." &c. See "Chronic rheumatism," 106. (*Dr. Bright; Dr. Macleod.*)  
Ex.—*Rheumatic fever, 12 days; meningitis, 8 hours.*  
*Rheumatic fever, 2 months; tracheitis, 4 days.*  
*Rheumatic fever; disease of heart, 2 years.*  
*Rheumatic fever, 10 days; jaundice, 2 days.*

- 21 a SYPHILIS (Primary). Lues venerea; venereal disease; chancre.  
The particular form of the primary and secondary disease, as well as complications, should be specified. Phagedæna, rupia, or the immediate cause of death, should be especially noted.  
b SYPHILIS (Secondary) (*Hunter; Mr. Parker, M. Ricord, Mr. Acton.*)  
Ex.—*Syphilis, 3 months; convulsions.*  
*Syphilis, consumption, 12 months.*  
*Syphilis, 21 months; phthisis, 8 months, (tubercles in lungs, p. m.)*  
*Syphilitic ulcers on scalp, some months.*  
*Syphilis; ulceration of cartilage of larynx, — weeks.*

c GONORRŒA.

- 22 a ERYSIPELAS. Ignis sacer; rose; St. Anthony's fire.  
Ex.—*Erysipelas of the head, 12 days, (idiopathic.)*  
*Erysipelas, 23 days; bronchitis, 11 hours.*  
*Erysipelas in , 14 days; suppuration in knee-joints, with absorption of matter, 4 days.*  
*Erysipelas of head and face, 3 weeks; arachnitis and effusion.*

It should have been stated in the last and the preceding cases, whether the erysipelas was traumatic; and if so, what was the nature of the wound.

b TRAUMATIC ERYSIPELAS.

Erysipelas is either simple, phlegmonous, or œdematous. It occurs occasionally at the close or in the course of other maladies, to which and to erysipelas, the death should in such cases be referred. Erysipelas frequently follows wounds and surgical operations. The operation, as well as the disease for which it was performed, should be registered thus:—"Scrofulous disease of ankle joint,—amputation of the leg,—erysipelas." See 115.

Names to be used.

- c ERYTHEMA.  
This rash or superficial blush of the skin is sometimes confounded with erysipelas. It is frequently symptomatic of disorders of the digestive organs.
- 23 a NECUSIA. A disease produced by puncture or infection in dissection; inoculation with the matter of a dead body; cellulitis venenata. (*Dr. Duncan; Mr. Stafford; Dr. Williams.*)  
Necusia has been derived from  $\nu\epsilon\kappa\upsilon\varsigma$ , the dead body.
- b MALIGNANT PUSTULE. Pustule maligne.  
Occurs sometimes in butchers, or others who have handled the carcasses of infected animals.
- c HOSPITAL GANGRENE. See 39. (*Butter.*)
- d TETANUS. See 53.
- e MILDEW MORTIFICATION. Gangræna ustilaginea; ergotism.
- 24 GLANDERS. Equinia; farcinoma.  
It may be stated how the disease was contracted. (*Elliotson; Rayer.*)
- 25 HYDROPHOBIA. Lyssa; rabies.  
The time which elapses between the bite of the rabid animal and the first symptoms of disease,—between the symptoms and the death of the patient, should be mentioned. If spontaneous cases ever occur, and prove fatal, they should be carefully distinguished.  
Ex.—*Hydrophobia, 4 days, (bit by a rabid dog 5 months before.)*

- 26 PORRIGO. Tinea; favus; scald-head; ringworm of the scalp. (*Plumbe, Phillips, Gruby.*)
- 27 SCABIES. Itch, psora. (*Raspail, E. Wilson.*)  
26, 27, are not fatal diseases, but belong to this class. The secondary diseases or complications should be always stated.

## (2)—SPORADIC DISEASES OF UNCERTAIN OR VARIABLE SEAT.

This class consists of diseases of variable seat, or diseases in which the nature of the morbid product or action is, as in cancer, of more importance than the part affected.

(*Meckel, Andral, Carswell, Craveilhaer, Craigie.*)

- 28 HÆMORRHAGE. Bleeding; rupture or bursting of a blood vessel; hæmorrhagia.  
If the bleeding be from wounded arteries or veins, it should be stated. It is commonly supposed that the discharge of blood from the lungs and other internal organs is, like external hæmorrhage, from an opened blood-vessel. This is an error. Hæmorrhage from the rupture of a blood-vessel is rare. The blood is exhaled from the capillary system of internal organs. Death should be ascribed to rupture of a blood-vessel only when the rupture has been detected; and it will then be more convenient to use "laceration or bursting of an artery or vein," as the case may be, naming the particular vessel.

## Names to be used.

When the hæmorrhage arises from the bursting of an aneurismal sac, or of varicose veins, the entry should be "Aneurism burst."—"Varicose vein burst."

Fatal hæmorrhage occurs in fevers, in scurvy, and in purpura, of which, and some specific alteration in the blood, it is then the result. The cases should be registered "Scurvy with hæmorrhage from the gums," &c. &c.

Hæmorrhage is the frequent result of morbid alterations or deposits in the tissues, as in consumption and cancer. It is here a secondary malady.

Hæmorrhage is also produced by obstructions of the venous circulation, as in some diseases of the heart and liver.

These remarks apply generally to epistaxis, hæmoptysis, hæmatemesis, melæna, hæmorrhoids, hæmaturia (which are named distinct diseases), as well as to other hæmorrhages. When hæmorrhage takes place in the head, it causes apoplexy and paralysis. (Dr. Watson.)

*a* EPISTAXIS. Bleeding from the nose.  
Ex.—*Epistaxis*, 2 months (hæmorrhagic spots in brain and heart.)

*b* HÆMOPTYSIS. Discharge of blood (generally red) from the lungs by coughing; spitting of blood.  
Ex.—*Hæmorrhage from lungs*, 7 days.  
*Hæmoptysis*, 4 days, (tubercles in lungs, p. m.)  
*Measles*, 14 days; ruptured vessel, 3 minutes. (What vessel, was not stated.)

*c* HÆMATEMESIS. Vomiting of blood (generally dark).  
Ex.—*Hæmatemesis*, 2 days.  
*Hæmatemesis*; scirrhus of pylorus, 20 years.  
*Hæmatemesis* 15 years; last attack, 3 days.

*d* MELÆNA. Discharge of black blood by stool from the intestines.  
Ex.—*Hæmorrhage from intestines after a violent fit of coughing*, 10 hours, (a male, age 49.)

*e* HÆMORRHOIS. Bleeding piles.  
*f* HÆMATURIA. Discharge of blood from the urethra (frequently from stone in the kidneys); bloody urine.

Ex.—*Hæmaturia*, 5 years; liver disease, 6 months.  
*g* MENORRHAGIA. Uterine hæmorrhage (not in nor after delivery).

Ex.—*Menorrhagia*, 5 months; jaundice, 4 months.  
*Cancer of uterus*; menorrhagia, 1 year.

*h* FLOODING. In childbirth or abortion, see 104.  
Ex.—*Hæmorrhage in 8th month of pregnancy*, 19 days.

29 *a* ANÆMIA. Bloodlessness; sanguinis defectus.  
*b* CHLOROSIS. Green sickness.

30 DROPSY. Hydrops; anasarca; œdema.  
For the acute dropsy following scarlatina, see "Scarlatina." Whenever there is "dropsy," it should be registered, and referred to the heart, lung, or kidney diseases, if they be positively proved to exist either by the symptoms or post mortem examination. Where there is a doubt about the existence of the organic disease, "dropsy" alone should be used. Dropsy occurs in

## Names to be used.

chlorosis, after intermittents, in scurvy, and in the impoverished state of blood produced by inadequate nourishment; which should always in such cases be registered as well as the dropsy. When partial dropsy occurs from the obstruction of a vein or veins, it should be so stated. The effusions in pleurisy, pericarditis, and other inflammations of serous membranes should be registered "Pleurisy with serous effusion," &c. A distinct name is, however, given to this form of pleurisy,—"empyema." "Beriberi" is allied to dropsy. (Dr. Wells, Dr. Blackall, Dr. Watson.)

Ex.—*Anasarca, great dilatation and hypertrophy of heart*, (p.m.)  
*Dropsy*, 2 years; *erysipelas*, 9 days.

*a* DROPSY (acute). Inflammatory dropsy; febrile dropsy.

*b* DROPSY, with Granular Disease of Kidneys. (95).

*c* HEART DISEASE, with Dropsy. (59 and 60).

*d* HYDROTHORAX. Water on the chest. See "Empyema." (70 b.)

Is generally a symptom of heart disease, which should be registered.

*e* HYDROPERICARDIUM. Dropsy of the heart sac; water in the pericardium, see note *d*.

*f* ASCITES. Dropsy in the belly

The ascites arising from a peculiar disease (cirrhosis) of the liver, or from chronic peritonitis, should be carefully distinguished from general dropsy, which involves the abdomen with other parts of the system: See 90.

*g* HYDROCELE. Water in the tunica albuginea.

A troublesome disease, but can scarcely be a cause of death, except when an operation is performed for its removal.

*h* OVARIAN DROPSY. Hydrops ovarii. (Dr. Seymour.)

Ex.—*Ovarian dropsy*, 3 months.

*i* CHRONIC HYDROCEPHALUS.

This term should be applied exclusively to the chronic dropsy of the head. (See 46.)

Ex.—*Congenital hydrocephalus*, (age 8 days.)

31 *a* ABSCESS. Abscessus.

*b* PURULENT DEPOSIT. Purulent infiltration; phlebitis.

Pus is deposited in the serous sacs, the brain, the lungs, the liver, and other parts of the body after inflammation of the veins, surgical operations, childbirth, erysipelas, typhus, scarlatina, &c. The diseases which appear to have led to the formation of the deposits should be registered.

Abscess is a frequent termination of local inflammations; to which and the abscess, the death, in such cases, must be ascribed. *Psoas abscess*, *lumbar abscess*, and abscesses which form without the visible signs of inflammation, are generally scrofulous affections of the joints and glands.

*Abscess under omentum*; effusion into peritoneum; peritonitis, 10 days, (p.m.)

32 *a* ULCER OF—\* Ulcus.

*b* CARIES OF—\* Ulcer of the bone.

*c* FISTULA IN—\*

Ex.—*Fistula*, — years.

\* The part to be stated here.

Names to be used.

33. (*Tuberculous Disease*).

a SCROFULA,\* or STRUMA Evil; king's evil; cretinism.  
(Alison, Carswell, Lugol, Baudelocque, B. Phillips.)

\* The parts affected with the scrofulous disease should be added; and Struma or "Scrofula" alone should scarcely ever be used.

b SCROFULOUS, or STRUMOUS Inflammation of the glands; adenitis; disease of the joints.  
INFLAMMATION OF—

Ex.—*Scrofulous inflammation of hip-joint; effusion of pus in peritoneum.*

c SCROFULOUS, or STRUMOUS  
ABSCESS OF—

Ex.—*Scrofulous abscess, 2 years; dysentery, 14 days.*

d SCROFULOUS, or STRUMOUS  
ULCER OF—

e PSOAS ABSCESS. Abscessus psoanus; abscessus lumbalis.

Ex.—*Caries of spine, 2 years; lumbar abscess, 6 months; diarrhœa, 2 months.*

*Scrofulous disease of hip-joint, 5 years.*

*Scrofula; psoas abscess, 12 months.*

*Scrofulous disease of spine, 6 years; dropsy, 10 weeks.*

*Psoas abscess, 2 years.*

f TABES MESENTERICA. Mesenteric disease; marasmus.

Ex.—*Tabes mesenterica, 3 months; (without breast milk last month.)*

*Mesenteric disease, 2 months; diarrhœa, 2 weeks.*

g PHTHISIS. See No. 73. Phthisis pulmonalis; consumption; tubercular phthisis.

In *phthisis* the lungs are the most important seat of the deposit and the disease; which are not, however, confined to those organs, but also affect the mesenteric glands, the liver, the kidneys, the mucous and the serous membranes. Perforation of the intestine, or of the pleura, is sometimes the immediate cause of death in *phthisis*. Such cases should be registered "*Phthisis; perforation of the ilium;*" "*Phthisis, pneumothorax;*" &c. All the important secondary diseases in *phthisis* should be registered in a similar manner. (Bayle, Laennec, Louis, Sir James Clark.)

Ex.—*Scrofulous disease of ankle joint, 18 months; phthisis, 4 months.*

*Phthisis and tubercles in mesentery, 2 years; peritonitis, 12 hours.*

*Phthisis, 2 years; hæmoptysis.*

*Phthisis, 2½ years; peritonitis, 18 hours.*

*Phthisis, large cavities in left lung especially; slight hæmoptysis, — months.*

h RICKETS. Rachitis.

Ex.—*Rickets, 3½ years; congestion of brain, 10 hours.*

i BRONCHOCELE. Wen; goitre; Derbyshire neck.

*Rickets* and *bronchocele* have generally been referred to *scrofula*, but they are not perhaps essentially tuberculous diseases, though the persons in whom they occur are of a scrofulous habit,

Names to be used.

j HYDROCEPHALUS.

Can often be traced to tubercles in the meninges of the brain. (See 30 and 46).

34 GOUT. Podagra.

The part attacked by gout may be registered.

Ex.—*Gout, 5 months; ascites, 1 month.*

*Gout and gradual decay, confined to bed, 13 months, age 74.*

*Gout; asthma, 12 months.*

*Gout, retrocedent, attacking the heart, 22 days.*

35 a CANCER (Encephaloid).— Fungus hæmatodes; soft cancer; osteosarcoma; carcinus.

b CANCER (Scirrhus).— Stone cancer; scirrhus; carcinus.

c CANCER (Colloid).— Gum cancer; carcinoma alveolare.

Add "*Chimney sweeps*" after the cancer of the scrotum in this class of persons. Many other varieties of cancer, or of carcinoma, have been described; and different names have been applied to each variety. The three species (Walshe) should be distinguished; and the parts affected be added in Latin, thus; "*Cancer uteri.*" When death follows an operation for the removal of cancer, it should be so registered. (Carswell, Mueller, Dr. Walshe.)

Ex.—*Cancer in groin, 2 years; cholera, 3 days; dysentery, (epidemic,) 2 days, (p. m.)*

*Cancer (soft) of brain; symptoms obscure, 12 months, evident last 3 months, (p. m.)*

*Cancer uteri, 2 years.*

In cases of this kind, the Latin names of parts should be employed.

*Cancer mammae, 17 months; pleura and lung, time uncertain.*

*Cancer uteri, 7 months; uterine hæmorrhæge, 5 months; scirrhus of pylorus, 4 months, (p. m.)*

*Cancer uteri, 1 year; scirrhus ventriculi, 6 years.*

*Cancer of pylorus, (complained 10 weeks;) ascites 4 or 5 weeks.*

*Cancer of peritoneum.*

*Cancer cervicis uteri, some years; ascites, 6 months.*

*Scirrhus of pylorus, — years; perforation, peritonitis, — days, (p. m.)*

*Cancer renis, 2 years; scirrhus of tongue, 6½ months.*

*Cancer penis, 10 months; right groin, 5 months, left, 3 months.*

*Fungus hæmatodes in pancreas, heart, lungs, liver, kidneys, and surface of stomach (p. m.), noticed 3 months.*

*Gum cancer, ilium, &c., — weeks.*

36 MELANOSIS. Tumours of black colouring matter.

The spurious melanosis occurring in colliers, &c., is a peculiar disease of the lungs. (Carswell.)

37 a HYPERTROPHY OF— Hypertrophia; enlargement.

(Add the respective organs.)

b TUMOUR (ADIPOSE) OF—

c TUMOUR (FIBROUS) OF—

Fibrous and adipose tumours are the principal enlargements which cannot be referred to the preceding heads. Fatal tumours are commonly of a malignant character. (Dr. Warren.)

Names to be used.

Ex.—*Fibrous tumour of uterus and ovary.*  
*Tumour of brain suppured; epilepsy, — days.*

*d POLYPUS OF—*

Ex.—*Polypus uteri, 7 months.*

38 *a* ATROPHY OF— Atrophia.

*b* EMACIATION. Decline; wasting; marasmus.

The part affected to be added after atrophy, which should only be applied to local defects of nutrition. When the emaciation is general, it is usually the result of tuberculous or of some chronic disease. It is then a mere symptom. The same remark will apply to general debility. (12.)

Ex.—*Marasmus, 10 weeks; emaciation and debility (age 9 months.)*

39 MORTIFICATION. Gangrena; sphacelus; sloughing.

*a* RAMOLISSEMENT OF— Softening.

*b* DRY GANGRENE OF— Gangrena senilis.

*c* HOSPITAL GANGRENE OF— (23). Gangrena nosocomialis.

*d* NOMA. Water-canker; gangrena oris; cancrum oris.

*e* FROST-BITTEN IN— Gangrene from cold (see 136).

*f* TRAUMATIC GANGRENE OF— Gangrene from injuries (see Violent deaths, 144, 145).

*g* BEDSORE.

Ex.—*Gangrene of right lung, 3 weeks; pneumonia (left lung), a few hours, (p. m.)*

*Gastro-enteritis, 21 days; gangrene of fingers of left hand, 24 days.*

*Dry gangrene of toes, 10 days.*

*Mortification of integuments of back, — days.*

It was not stated in this case, as it should have been, how the mortification was caused.

*Noma (mouth), — days, (a child of 2 years.)*

*Noma (umbilicus), — days.*

*Dysentery, 9 months; noma, 14 days, (p. m.)*

*Noma, extending through both cheeks, — days.*

*Noma through upper lip, — days.*

*Noma through lower lip, — days.*

Under "Mortification" should be registered all the remaining varieties. (Caruwell.)

If mortification occur after hernia, an operation, a blister, &c., it should be registered "Hernia, mortification of the intestine," &c.

40 CATACAUISIS. Spontaneous combustion.

The circumstances in which it appears to have happened should be briefly stated.

41 OLD AGE. Senectus; natural decay; natural debility from age; climacteric disease. (Sir Henry Hallford.)

There is reason to believe that many of the diseases of the aged are not detected; and that the terms, "Old Age," and "Natural Decay," are often incorrectly assigned as causes of death. Pneumonia is a very frequent cause of death in the aged; and can be detected by the physical signs, though its other symptoms may be latent.

Names to be used.

42 *a* DEBILITY (from Birth). Debilitas. Low vitality; low vital tenacity. (38) (47).

Has been generally used to designate the unknown cause of the deaths occurring shortly after birth, or perhaps more frequently from premature birth.

*b* PREMATURE BIRTH.

The mortality of the child (fetus) in utero is probably very great (Dr. Granville); but as little is known of the diseases of intra-uterine life, "premature birth" should be employed in entering every case of death occurring between the seventh and ninth months of pregnancy. "Premature birth" must be the result of the mother's or the child's malady or injury, which should be written, if known, under "Premature Birth."

Ex.—*Premature birth in 7th month; convulsions.*  
*Premature birth in 6th month.*

43 MALFORMATION. (Geoffroy St. Hilaire.)

*a* CYANOSIS. Blue disease.

*b* SPINA BIFIDA.

*c* ANUS IMPERFORATUS, &c. Imperforate anus.

Ex.—*Spina bifida, 8 weeks; hydrocephalus, 5 weeks.*

*Nonclosure of foramen ovale; also a communication between the ventricles, (age 4 years,) (p. m.)*

*Congenital constriction of larynx, (age 3 months,) (p. m.)*

*Hæmorrhage from different parts of the body; the skin imperfect from birth, (a male, age 6 weeks.)*

"Imperfectly developed" is an ambiguous expression, and should be avoided.

44 WORMS. Vermes; verminatio.

*a* HYDATIDS. Acephalocystis endogena; A. multifida; echinococcus hominis.

*b* TAPE WORM. Tænia solium.

*c* STRONGILUS GIGAS.

*d* ASCARIS LUMBRICOIDES. Round worm.

*e* ASCARIS VERMICULARIS. Thread worm.

Other parasitic animals, and indeed those above named, though frequent complications of infantile diseases, rarely prove fatal. When such curious species as the *Trichina Spiralis* are discovered, they should be mentioned after the fatal disease. (Dr. Arthur Farre.)

### (3.)—SPORADIC DISEASES OF SPECIAL SYSTEMS AND ORGANS.

*This class consists of Congestions, Inflammations, the results of Inflammations in certain parts, and Mechanical or Functional Diseases.*

#### NERVOUS SYSTEM.

(Abercrombie, Marshall Hall.)

45 *a* MENINGITIS. Inflammation of the membranes of the brain,—the pia mater, or arachnoid; arachnitis; phrenitis; phrensy; brain fever.

Ex.—*Phrenitis, 8 days.*

Names to be used.

**b ENCEPHALITIS.** Inflammation of the substance of the brain: cerebritis; cerebellitis; ramolissement or *neerencephalus* (one form of it is inflammatory.)

Ex.—*Chronic cerebritis, with general paralysis, 12 months.*

*Apoplexy—softening of brain, 7 months.*

*Softening of brain; ossification of arteries, — months.*

*Softening of central parts of brain; convulsions, — days.*

**c CEPHALITIS.**

“Cephalitis” may be employed to designate the inflammation in the head when inflammation affects both the membranes and the substance of the brain to nearly an equal extent, or when the diagnosis is uncertain. (*Rostan, Lallemand.*)

Ex.—*Cephalitis, about 50 hours; serous effusion, 3½ hours.*

*Arachnitis, — days; ulceration of Peyer's glands, (p. m.) (a child of 8 months.)*

**d MYELITIS.** Inflammation of the spinal marrow.

State whether with or without ramolissement.

**46 HYDROCEPHALUS (Acute).** Water on the brain; tubercular meningitis. (*Rufz, P. H. Green, 33, 30.*)

Inflammation of the central parts of the brain (*Abercrombie*).

Ex.—*Tubercles in brain, about 2 months; hydrocephalus, 14 days, (p. m.)*

**47 APOPLEXY.** Apoplexia; apoplectic fit; stroke.

When it is a second or third attack, add 2nd, 3rd, &c. attack, as the case may be; and state how long ago the first attack occurred. The same remark will apply to paralysis, delirium tremens, chorea, mania, epilepsy, convulsions, neuralgia.

Sudden death is frequently referred to apoplexy upon no satisfactory evidence; while effusion of blood into the arachnoid of infants is often overlooked, if we are to admit, according to M. Cruveilhier's researches, that it destroys more than one-third of the infants who die shortly after birth. (*Anat. Path.*)

Ex.—*Apoplexy, blood effused over convolutions of left hemisphere, 3 months, (p. m.)*

*Apoplexy, 3½ hours; gouty deposit in arteries.*

*Apoplexy, 24 hours.*

*Apoplexy, (first attack), 7 hours.*

*Apoplexy, (— attack), 2 hours.*

*Paralysis (of . . .)*

*Apoplexy, 13 hours.*

*Paralysis, (of right side,) 6 weeks.*

*Apoplexy, paralysis, 4 years; hæmatemesis and melæna.*

*Apoplexy, (2nd attack), 1 hour; blood in the ventricles of brain, (p. m.)*

**48 a PARALYSIS OF—** *Hæmencephalus; neerencephalus; paralytic stroke; hemiplegia; paraplegia (28).*

To cases of apoplexy, complicated with paralysis, the old term “Paraplexy” may be applied. When ruptured vessels, or clots of blood, or *ramo-*

Names to be used.

*tissement* (*neerencephalus*) are detected, the part of the brain or spinal marrow affected should be stated. The parts paralyzed, and the time from the first attack, should be added after paralysis. Loss of sensibility is *anæsthesia*, loss of mobility *acinesia*. *Barbiers* appears to be a peculiar form of paralysis.

Ex.—*Paralysis, 2 months; hæmaturia, 2½ days.*

*Paralysis of right side, 20 days (blood effused in left brain).*

*Paralysis, 9 months; epilepsy, 3 months.*

*Paralysis, 7 years; cerebral effusion, 7 days.*

*Paralysis, amaurosis, 3 years.*

*Paralysis (of . . .), 9 months; apoplexy, 2 hours.*

*Paralysis, 3rd attack, 30 hours.*

**b SHAKING PALSY.** Paralysis agitans.

Paralysis caused by lead, mercury, or arsenic, should be referred to its cause.

**49 DELIRIUM TREMENS.** Trembling with delirium. Mania a potu.

The cause may be stated. See “Intemperance,” 135.

Ex.—*Delirium tremens, 14 days; bronchitis, 4 days.*

*Delirium tremens, 8 months ago; laryngitis, bronchitis, 14 days.*

*Delirium tremens, — years; 2nd attack, 5 days.*

**50 CHOREA.** St. Vitus's dance; tarantism.

**51 a MANIA.** Madness; insanity.

Ex.—*Mania, — months (from lactation.)*

*Mania, 3 weeks; exhaustion.*

*Mania (acute), 3 weeks.*

*Mania, 36 years; gradual exhaustion.*

*Mania, 2½ years; general paralysis.*

*Epilepsy, mania, exhaustion.*

*Mania, 12 days; congestion of brain, 3 days.*

*Mania, — years; pneumonia, 1 week.*

*Mania, 20 days; epilepsy, 3 days.*

**b MONOMANIA.** Melancholia; partial insanity; hypochondriasis.

**c DEMENTIA.** Mental imbecility; incoherence; insanity.

Ex.—*Dementia, 4 or 5 years.*

*Senile dementia; exhaustion; effusion into chest, 6 months.*

**d IDIOCY.** Congenital idiocy; malformation of the brain. See 43.

When lunatics die of phthisis, apoplexy, and other diseases, the cases should be registered “Monomania, phthisis,” &c. &c. &c. (*Gall, Spurzheim, Burrows, Prichard, Conolly.*)

**52 a EPILEPSY.** Epilepsia; falling sickness; epileptic fit.

Ex.—*Epilepsy, 8 years; asphyxia in a fit (congestion of viscera; effusion in lungs), (p. m.)*

*Epilepsy, apoplexy, 43 hours; no morbid appearance in head; heart enlarged.*



Names to be used.

*Epilepsy from infancy, (age 6.)*

*Epilepsy, — years; serous apoplexy, 36 hours.*

*Epileptic fit, 2 hours.*

It should be stated in this and similar cases whether the fit were the first, &c., experienced; or, at any rate, how long the patient had been subject to epilepsy.

*b* HYSTERIA.

Hysterics; hysteric fit.

53 *a* TETANUS.

Trismus; lock-jaw; opisthotonos; emprosthotonos; pleurosthotonos; tonic spasm. (*Mr. Curling.*)

*Ex.—Tetanus, 21 days.*

*Compound fracture of ulna, 6 days; tetanus, 24 hours.*

*b* TRAUMATIC TETANUS.

(See 23*d*, 145.)

*c* CRAMP.

Tonic spasm of particular muscles; spasmus.

The tetanus of infancy (*trismus nascentium*) may be distinguished. Fatal cases of tetanus are generally induced by wounds (traumatic tetanus); the nature and locality of which should be added. "Cramp," when fatal, may probably be regarded as a form of tetanus.

*Ex.—Spasm of the stomach, — hours (?) (a female, age 34.)*

54 CONVULSIONS.

Convulsio; eclampsia; clonic spasms.

The irregular muscular contractions, which cannot be referred to the preceding heads, are called "Convulsions." When the convulsions occur in the course of other diseases, such, for instance, as "Diarrhœa," or are excited by teething (74) the cause of death should be registered "Diarrhœa, convulsions," or "Teething, convulsions," adding the respective durations of the symptoms. "All spasmodic and convulsive actions have their source in one of three parts of the excito-motory system: the first series have their origin in the spinal marrow itself, the axis or centre of the system; I shall designate these cases by the epithet *centric*. The second series have their source in the excitor nerves, consequently at a distance from that centre: I shall denominate them the *excentric*. A third series, like the spasmodic tic of the seventh pair, in the course of the motor nerve." "Convulsions belong to the late periods, and the close of all the diseases of the nervous system, as on the other hand, repeated convulsions eventually affect the encephalon," p. 38, p. 71. (*Dr. Marshall Hall, On the Nervous System.*) It may be added, that convulsions are one of the most common symptoms of zymotic disease and poisoning. When the convulsions are excentric, the nature of the excitement should be stated. (*Evanson and Maunsell.*)

*Ex.—Convulsions, 9 days.*

*Convulsions, probably from imperfect digestion of a meal taken 12 hours previously.*

*Convulsions from premature birth in the 8th month.*

*Convulsions from teething, 20 days.*

*Teething, continued convulsion fit, 9 hours.*

It is sufficient to mention cephalalgia, vertigo, catalepsy, ecstasy, lethargy, spinal irritation, in a fatal nosology.

*Ex.—Spinal irritation, 5 years; tetanus, 5 days.*

55 *a* NEURALGIA.

*b* TIC DOULOUREUX.

Neuritis?

Names to be used.

56 OPHTHALMITIS or OPHTHALMIA. Inflammation of the eye.

Purulent and serofulous ophthalmia, and the other affections of the eye, may be distinguished when they are in any way connected with the cause of death. With a slight modification, this remark will apply to diseases of the ear. See note 71.

57 OTITIS.

Inflammation of the ear.

*Ex.—Otitis, 14 days; erysipelas, 10 days.*

(See the previous note.)

The nervous system is so important in man, that its morbid phenomena have been examined from different points of view, and very properly referred to many distinct diseases, which sometimes co-exist, or are reciprocally causes and effects. All the distinct diseases which led to the death should be registered, and, as much as is practicable, in the order of causation; which appears often reversed in different cases. No special rule can be laid down applicable to all cases; but the following are examples: "Encephalitis, softening of the brain, paralysis;" "Apoplexy, paralysis;" "Ossified arteries, hæmorrhage, apoplexy;" "Meningitis, mania;" "Mania, encephalitis, dementia, thickening of cranium;" "Dementia, paralysis;" "Cancer of cerebellum, epilepsy;" "Softening of the spinal marrow, paraplegia."

## ORGANS OF CIRCULATION.

(*Corvisart, Laennec, Dr. Hope, Dr. Clendinning, Dr. Stokes.*)

58 *a* CARDITIS.

Inflammation of the muscular parts of the heart.

May be applied as a general term, equivalent to "Inflammation of the heart."

*Ex.—Carditis, 12 months; dropsy, 8 weeks.*

*b* PERICARDITIS.

Inflammation of the external membrane, and of the sac in which the heart is contained.

Whether with or without effusion of lymph, pus, or serum may be stated. See Rheumatic fever (20). (*Pictain, Dundas, Wells, Taylor.*)

*Ex.—Pericarditis, 7 days.*

*Pericarditis, with adhesion of pericardium; hydrothorax and ascites, 2½ years, (p. m.)*

*Pericarditis (adhesion of pericardium), hypertrophy (1st attack of pericardium), 2 years.*

*c* ENDOCARDITIS.

Inflammation of the internal membrane of the heart. (*Bouillaud.*)

Frequently co-exists with pericarditis (endopericarditis) and is generally rheumatic.

*Ex.—Endocarditis (rheumatic), 14 years; bronchitis, anasarca (2nd attack), 1 month.*

*Endopericarditis, 9 months.*

59 DISEASE OF THE CARDIAC VALVES.

Substitute "Mitral," "Tricuspid," or "Semilunar," for "Cardiac;" and "Ossification," "Contraction," "Vegetation," &c. for "Disease," as the case may require.

*Ex.—Disease of valves of heart, 5 years; hæmoptysis, 3 days.*  
See Example 60 *a*.

Names to be used.

*Contraction of aortic opening; hypertrophy of left ventricle; dropsy above 20 years, (age 68.)*

**60 a HYPERTROPHY OF THE Heart** Enlargement of the heart; hypertrophy of *HYPERCARDIA.* *atrophia cordis.*

Dilatation, softening, ossification, and "simple," "eccentric," or "concentric" (1) Hypertrophy, and the combination of these varieties, may be registered when accurately distinguished. Substitute "left ventricle," "right ventricle," "left auricle," "right auricle," for "heart" as may be required.

It has been elsewhere stated, that when rheumatism has existed, in connection with disease of the heart, it should always be registered.—"Rheumatic fever, endocarditis," "Rheumatic fever, pericarditis, hypertrophy of heart, dropsy," "Endocarditis, contraction of mitral valves, hypertrophy of left ventricle, dropsy," are examples of the mode of registering complications of heart disease in the order of sequence. *Dropsy* is so important a symptom that it should be invariably registered after the lesion by which it is believed to be caused.

*Ex.—Heart disease after rheumatic fever, 4 years ago.*

*Disease of cardiac valves, with dilatation, about 4 years; asthma, dropsy, 6 months.*

*Disease of mitral valve, 5 months; pneumonia, 7 days, (p. m.)*

*Dyspnea from valvular disease of heart, 4 months.*

*Hypercardia; apoplexy, 2 days.*

*Great enlargement of heart; anasarca, 3 years.*

*Hypercardia; nephria, 3 years.*

*Hypertrophy of left ventricle; hydropericardium, 8 months or longer.*

*Heart disease, 4—5 years; congestion of lungs and anasarca, about 3 months.*

*Heart disease, 18 months; anasarca, 3 weeks; hæmoptysis, 6 days.*

*Heart disease probably, only seen once.*

**b ATROPHY OF THE Heart.** Wasting of the heart; atrophia *cordis.*

See the note under "Hypertrophy," 60 a.

**61 ANEURISM OF THE Heart.** Aneurisma.

Substitute "left ventricle," &c.; "aorta," "popliteal artery," or any other artery, for "heart," and prefix "true," "false," as occasion may require.

Death is often caused in aneurism by the bursting of the heart or of the vessel, a fact which may be registered after the aneurism. Ulceration is the most frequent cause of rupture of the heart; which is, however, sometimes caused by degeneration of the muscular tissue. (*Hodgson.*)

*Ex.—Aneurism of aorta, (symptoms, 2 years.)*

*Aneurism of thoracic aorta,—years; bursting into left pleura,—hours, (p. m.)*

*Aneurism of the arch of aorta,—years, (p. m.)*

**62 ANGINA PECTORIS.** Suffocative breast pang; neuralgia of the heart. (*Heberden, Forbes.*)

State whether there is disease of the heart.

**63 FAINTING.** Syncope.

Fainting, polypus, cramp, palpitation, &c., of the heart, are rarely independent and fatal diseases: but they may be registered as well as the organic changes, when they are secondary diseases, and the immediate cause of death.

Names to be used.

**64 a ARTERITIS.** Inflammation of arteries.

Is believed to be a cause of dry gangrene. (*Dupuytren.*)

**b OSSIFICATION OF ARTERIES.**

Sometimes induces dry gangrene, softening of brain, hæmorrhage, affections of the heart, which are the direct causes of death.

**65 PHLEBITIS.**

Is of rare occurrence, except as the effect of venesection and wounds, the nature of which should always be stated. (*Arnott.*)

*Phlebitis, 16 days; syncope, 6 or 8 minutes.*

**66 VARICOSE VEINS.** Varix; hypertrophy of veins.

Only fatal when it gives rise to rupture of the veins and hæmorrhage.

RESPIRATORY ORGANS.

(*Laennec, Louis, Andral, Williams.*)

**67 LARYNGITIS.** Inflammation of the larynx; œdema of the glottis.

"Chronic laryngitis, or ulceration of the larynx," is very rarely a primary disease. It occurs in phthisis, syphilis, and cancer, and should be registered accordingly. It is sometimes called "Phthisis laryngea."

*Ex.—Laryngitis, 48 hours.*

*Phthisis laryngea, 18 months.*

**68 LARYNGISMUS STRIDULUS.** Spasms of the glottis; crowing disease.

Where the cause of the affection is known, it should be stated. (*Dr. Hugh Ley.*)

**69 a BRONCHITIS.** Inflammation of the air tubes; catarrh; tracheitis; peripneumonia notha.

"Sthenic," "Asthenic," "Chronic" bronchitis may be distinguished in the registers. Bronchitis is frequently a complication of emphysema, heart disease, or phthisis, and should in such cases be registered "Emphysema; bronchitis," &c.

*Ex.—Bronchitis, 2 years; acute bronchitis and dysentery, (epidemic), 15 days, (p. m.)*

*Bronchitis of both sides, 14 days.*

*Bronchitis, emphysema, 10 years.*

*Bronchitis, 5 years; morbus cordis, 1 year.*

*Chronic bronchitis, 30 years; nephria, 2 years; anasarca, (disease of mitral valve.)*

*Bronchitis, 2 months; pulmonary apoplexy.*

**b BRONCHORRHEA.** Bronchial flux; humoral asthma; pituitous catarrh.

**70 a PLEURISY, or PLEURITIS.** Inflammation of the lining membrane of the lungs and chest.

It is rarely fatal except when it terminates in effusion, and it should then be registered "Empyema." "Rheumatic pleurisy" should be distinguished. *Diaphragmatic pleurisy* is an important variety of pleurisy. See note 71.

Names to be used.

Ex.—Pleuritis, pericarditis, 3 days.

Pleuritis, 9 days.

b EMPYEMA.

Fluid, the product of inflammation, within the pleura. (*Dr. Walshe.*)

c PNEUMOTHORAX.

Air within the pleura; generally from perforation of the membrane in phthisis.

Ex.—Pneumonia, 7 days; pneumothorax, 2 hours, (age 7 weeks.)

71 a CONGESTION OF THE LUNGS. Pulmonary apoplexy.

b PNEUMONITIS, OR PNEUMONIA. Inflammation of the tissue of the air cells; peripneumonia.

It should be stated whether of the right or left lung, or both. "Red hepatization," "Yellow hepatization," "Splenzation," may be added, as the case may require. "Vesicular pneumonia," "Interlobular pneumonia," and "Typhoid pneumonia," may also be distinguished. When pneumonia, bronchitis, and pleurisy succeed each other or other diseases, they should be registered in the presumed order of succession thus, "Hooping-cough, bronchitis, pneumonia;" "Influenza, pneumonia, pleurisy." (*M. Grisolie.*)

Pneumonia is the common name for inflammation of the lungs; it would be convenient to call the purely inflammatory affection "pneumonitis," and to reserve "pneumonia" for the much more frequent inflammation supervening on small-pox, hooping-cough, measles, typhus, and other diseases of the epidemic class. The same distinction may be advantageously extended to all other inflammations.

Ex.—Pneumonitis, (right lung,) 3 weeks.

Pneumonitis, 7 days; convulsions, 2 days (teething.)

Pneumonitis, 8 months.

Pneumonitis, 3 weeks; croup, 2 days.

Pneumonitis, 4 days.

Pneumonia, in connexion with cyanosis.

Pneumonitis, 8 days; hæmoptysis, 2 hours.

Pneumonitis, hepatization (several months.)

c PLEURIPNEUMONITIS, OR PLEURIPNEUMONIA. Inflammation of the lungs and pleura.

Ex.—Pleuripneumonitis, 48 hours.

Pleuripneumonitis, 21 days; effusion in pleura, 5 or 6 days.

72 a ASTHMA. Paroxysms of difficult breathing.

b EMPHYSEMA.

In popular language, "Asthma" is employed in the same sense as "difficulty of breathing" (dyspnœa), arising from a great variety of causes, of which it is justly considered a symptom. Emphysema, true asthma, is generally complicated, when fatal, with disease of the heart and bronchitis, which should be registered. (*Louis.*)

Hypertrophy, dilatation, contraction of the air tubes, are observed chiefly in phthisis. The lung is of course liable to be the seat of hæmorrhage, dropsy, œdema, cancer, and tubercle; the latter being the cause of phthisis, its most destructive disease.

Ex.—Emphysema of lungs; bronchitis, 3 days.

Asthma, 12 years; anasarca, 6 months; gangrene in legs, 6 months.

Names to be used.

73 PHTHISIS.

Consumption.

Phthisis is still retained in this place; it is not universally admitted that it belongs to the same genus as scrofula. The term should be restricted to designate the tubercular disease. See 33 g.

Ex.—Phthisis, 2 years; peritonitis, 24 hours (perforation.)  
Phthisis, 4 years; hemiplegia (right side), 3 months; erysipelas of chest, 3 days, (p. m.)

Phthisis, 5—6 weeks; empyema, 3 weeks.

Phthisis, 10 months; hæmoptysis, 9 days.

Phthisis, 6 months; aphthæ, 12 days.

Phthisis, 3 years; dropsy, 3 months; ulcer of larynx.

Phthisis, 6 months; (softened tubercles in left lung, p. m.)

Phthisis (cavities in upper lobes of both lungs.)

Phthisis, 20 years; pneumothorax, 3 days; œdema of left side.

HÆMOPTYSIS. See 28 b.

## DIGESTIVE ORGANS.

(*Alcock, Johnson, Hodgkin, Kirrián, Symonds.*)

(Intestinal Canal.)

74 TEETHING.

Dentitio.

The process of teething is rarely a cause of death, except when it occasions affections of the mucous membranes and of the nervous system. The teething and the secondary diseases should be registered.

Ex.—Teething, 20 days; convulsions, effusion in brain, 3 days.

Teething, 3 months; bronchitis, 20 days; cerebral disease; convulsions, 10 days.

75 a GLOSSITIS.

Inflammation of the tongue.

Ex.—Glossitis, 10 days.

b STOMATITIS.

Inflammation of the mouth.

c PAROTITIS.

Inflammation of the parotid glands.  
See mumps, scrofula, and typhus, (6) (17) (33).

76 QUINSY.

Tonsillitis; cynanche tonsillaris.  
Inflammation of the tonsils.

77 PHARYNGITIS.

Inflammation of the pharynx.

78 ŒSOPHAGITIS.

Inflammation of the œsophagus.

79 GASTRITIS.

Inflammation of the internal coats of the stomach.

The anatomical appearances, such as arborescent, punctiform, &c. injections, the colour of the mucous membranes, softening, induration, or hypertrophy may be shortly stated, in this rare disease.

Ex.—Gastritis, 15 days; hydrocephalus, 10 days.

Gastritis, 30 years; phthisis, 2 years; peritonitis (perforation), 36 hours.

Names to be used.

## 80 ENTERITIS.

Inflammation of the internal coats and of the glands of the small or large intestines; generally extending to the submucous and muscular coats. Ileo-colitis.

Duodenitis is inflammation of the duodenum. Colitis is inflammation of the large intestine. Gastro-enteritis may be applied to a complication of gastritis and enteritis. Chronic, acute, and sub-acute inflammations of the intestinal canal have been distinguished. "Infantile remittent fever" is, according to some pathologists, a sub-inflammation of the intestinal tube.

Ex.—Enteritis, 6 days.

Enteritis, nearly 2 months.

Enteritis, 4 months; *tabes mesenterica*, 3 months; bronchitis, 4 days.

Gastro-enteritis, — peritonitis, 3 weeks.

## 81 a PERITONITIS.

Inflammation of the peritoneum

Is "partial" or "general." Follows intestinal "hernia," "injuries," "perforation;" which are the primary causes of death. "Erythematous" Peritonitis has been distinguished. Puerperal peritonitis should be so designated. See 18 and 104.

Ex.—Peritonitis, 5 days; (*had reducible inguinal hernia on right side for 4 years.*)

## b TUBERCULAR PERITONITIS.

Chronic peritonitis will almost always be found to be tubercular; and should then be so designated. (33.)

Ex.—Peritonitis, 6 months, (*tubercular.*)

## TABES MESENTERICA. See 33 f

## 82 a ILEUS.

Inflammation and gangrene of the muscular coat of the intestine. Ilic passion.

"Constipation" sometimes gives rise to, and is sometimes caused by, ileus. Colic is rarely fatal unless it terminate in ileus. Alvine concretions and torpor of the intestine are causes of constipation. These particulars may be noticed. "Twist of the bowel," as it is called, causes "Ileus."

Ex.—Ileus, 4 days.

## b INTUSSUSCEPTION.

Invagination of the bowel; a part of the bowel introduced into the part below.

Ex.—Intussusception, 4 days.

## c LEAD COLIC.

Colic of Poictou; painter's colic; lead colic; colica pictorum; colica pictorum.

This is one of the results of poisoning by lead. It belongs to the head "Poisoning," (137.)

## 83 HERNIA.

Rupture.

"Congenital," "inguinal," "crural," or "umbilical," should be prefixed. Strangulation of the bowel produces peritonitis; which might, if thought

Names to be used.

necessary, be registered. Where an operation has been performed, state that circumstance, as thus: *old umbilical hernia, 10 years; operation, 36 hours. Inguinal hernia, 5 years; strangulated, 20 hours; operation, 2 hours.* (Lawrence.)

## 84 STRICTURE OF—

Add the part of the intestinal canal affected.

Is generally either a consequence of previous ulceration or of cancerous disease; and causes death by inanition, or by constipation and ileus. "Spasmodic stricture" may perhaps produce the same results.

Ex.—*Contractura recti, 15 months.*

*Cancer, 3 months; colitis, 1 month; stricture of intestine, (the colon?) 20 months; inflammation, 7 days.*

*Stricture of bowel, caused by a plum-stone. (The intervals of time should have been stated.)*

## 85 a ULCERATION OF—

## b PERFORATION OF—

Add the part of the intestinal canal affected.

Ulceration is generally the effect of enteritis, dysentery, typhus, tubercle, or calculus in the appendix caec. verm.; and may cause fatal peritonitis by perforating the intestines. The perforation of the stomach, or bowel, is at times spontaneous; it may be the effect of acrid poisons, or be produced after death by the gastric juice. (Carswell, Hodgkin.) (32) (35.)

Ex.—Peritonitis, 36 hours, from perforation of stomach, (p. m.) [It is not stated how the perforation was caused in this case.]

*Rupture of caecum close to appendix; caused by two calculi of phosphate of lime and faeces; ill 3 days.*

*Calculus in appendix caeci verm. causing perforation, 6 days.*

## 86 a DYSPEPSIA.

Indigestion.

The *embarras gastrique* of the French, and "bilious attack," have been designated "Acute dyspepsia." A deficient, excessive, perverted appetite (anorexia, bulimia, pica) and heartburn, as well as nausea, vomiting, flatulence, tympanites, are either symptoms of other diseases, or are referred to this head. (Dr. Todd; Dr. R. D. Thomson.)

Ex.—Dyspepsia, 1 year; gastro-enteritis, 1 month.

Dyspepsia, 2 years; atrophy, 1 year.

## b PYROSIS.

Water-brash. Gastrorrhœa.

## c GASTRALGIA.

Gastrodynia, cardialgia, enterodynia, enteralgia, morbid sensibility of the stomach, gastric dyspepsia.

Diarrhœa, dysentery, cholera, worms, salivation, ascites, hæmorrhoids, hæmatemesis, mckena, tabes mesenterica, will be found in other classes.

## 87 PANCREAS DISEASE.

The diseases of the pancreas are inflammation and such as affect the body generally. When detected, their nature should be stated. For the disease most common—scirrhus, see 35.

## 87\* SPLEEN DISEASE.

(Liver.)

Splenitis; congestion, or enlargement, of spleen.

## 88 HEPATITIS.

Inflammation of the liver.

"Acute" or "Chronic" may be prefixed; and "terminating in abscess" be added in well-marked cases.

Names to be used.

Ex.—*Chronic hepatitis, 1 year; diarrhoea and vomiting, 3 weeks.*  
*Hepatitis, 4 months; atrophy, 2 months.*  
*Hepatitis, 10 days.*

## 89 a JAUNDICE. Icterus.

Jaundice may arise when the bile is retained undecomposed in the blood (Liebig); from obstruction of the ducts; from gall stones, or congestion, inflammation, and adventitious deposits in the liver. The cause of jaundice should be recorded. When jaundice terminates in apoplexy, it should be so registered. The jaundice of the new-born should be carefully distinguished.

Ex.—*Jaundice, 11 days.*

*Jaundice, 2 days (p. m.), (age 2 days.)*

b GALL STONES. Chololithus; biliary calculi.

90 CIRRHOSIS. Tuberculated liver; nutmeg liver; hob-nailed liver.

91 FATTY LIVER. Adipose degeneration of the liver.

The functional disorders of the liver—diminution, excess, depravation of the biliary secretion—are either symptoms of diseases, or are rarely fatal. (Dr. Budd.)

Ex.—*Liver disease; ascites, 9 months.*  
*Liver disease; erysipelas; several attacks; peritonitis, 10 days,*  
*(p. m.)*  
*Cirrhosis; —; anasarca, — months.*

## URINARY ORGANS.

NOTE.—The technical or Latin names should be almost invariably employed in returning diseases of this and the following class.  
 (Prout, Bright, Brodie, Christison.)

92 NEPHRITIS. Inflammation of the kidneys.

*Pyelitis* has been applied to inflammation of the lining membrane of the pelvis and cavities of the kidney. (M. Rayer, Mr. G. Robinson.)

Ex.—*Nephritis of right kidney; gastritis, 11 days, (p. m.)*

93 ISCHURIA. Suppression of the secretion of urine.  
 This with the following affection is generally a symptom of diseases. It sometimes precedes coma and convulsions.

94 DIURESIS. Excessive secretion of urine, not containing sugar.

95 GRANULAR DISEASE OF THE BRIGHT'S DISEASE. Renal dropsy.  
 KIDNEYS OR NEPHRIA. Albuminuria.

*Nephria* has been derived from νεφρις.

The presence of *nephria* is inferred with considerable certainty if the urine be impregnated with albumen, diminished in quantity, and of low specific gravity. When the return of the blood by the renal vein is obstructed, or congestion is produced, albumen is effused with the urine. (Robinson.) Dropsy, inflammation, and coma occur, and should be registered in the order of their occurrence. The same rule should be applied whether nephria follow or precede other diseases; such as disease of the heart and liver.

The albumen in the urine has been distinguished by Dr. Prout as serous and chylous; if the latter be ever observed, it should be described.

Ex.—*Nephria, 6 months; bronchitis, 2 months, (p. m.)*  
*Diseased kidneys, 2 years; ovarian dropsy, (p. m.)*

Names to be used.

96 DIABETES. A disease with sugar in the urine.  
 Diabetes mellitus.

Co-existing diseases—such as *phthisis* and *jaundice*—should be registered.

Ex.—*Diabetes, 2 years; phthisis, 3 months.*

*Diabetes, 18 months; phthisis, 6 months (extensive cavities in left lung), (p. m.)*

*Diabetes, — years; effusion in pericardium, 18 hours.*

97 a CALCULUS—(Uric Acid). Stone. Lithia.

When it can be ascertained, the composition of the stone should be stated—beginning with the nucleus. For *uric acid*, therefore, substitute *oxalate of lime*, *cystic oxide*, *phosphate of lime*, the *triple phosphate of magnesia* and *ammonia*—as the case may require. It should be mentioned whether the stone was in the kidney or the bladder; and when operations were performed for its removal, what they were, and by what affections they were followed.

Ex.—*Calculus vesicæ, — years, (peritonitis, 52 hours after lithotomy.)*

b GRAVEL—(Uric Acid).

(See the note under Stone.)

98 a CYSTITIS. Inflammation of the bladder.

b CYSTITIS. Catarrh of the bladder. Chronic inflammation of the bladder.

99 DISEASE OF THE PROSTATE GLAND. *Enuresis* (incontinence of urine), and *dysuria* (difficulty of making urine), are frequent symptoms of disease of the prostate gland.

The most common diseases are inflammation, enlargement, and concretions—which may be substituted for *disease* in the registers. (Sir E. Holme, Mr. Coulson.)

Ex.—*Disease of prostate, 8 or 9 years; abscess in perinæum.*

100 a CONTRACTURA URETHRÆ. Ischuria urethralis. Stricture of the Urethra.

Ex.—*Contractura urethræ [ ] bladder and kidneys' diseased; red hepatization of lungs.*

b INFILTRATIO URINÆ. Extravasation, or infiltration of urine in the cellular tissue.

For obvious reasons, several of the diseases of the urinary organs co-exist or succeed each other; thus, stricture of the urethra may give rise to diseases of the bladder and kidneys. Stone is the accidental consequence of an altered state of the urine; and when it is formed, may occasion inflammation of the bladder or suppuration of the kidneys. Diabetes, in the phraseology of Dr. Prout, is the result of derangements in the primary or secondary assimilative functions; and the oxalic acid diathesis is, according to him, connected with epidemics and cutaneous eruptions—as uric acid is with gout, and lactic acid with rheumatism.

## ORGANS OF GENERATION.

(Goock, Blundell, Ferguson, Lee, Ramsbotham, Locock.)

101 ORCHITIS. Inflammation of the testicle.

Generally from gonorrhœa. (21.)

Names to be used.

## 102 HYSTERITIS.

Inflammation of the uterus.

Excessively rare, except after childbirth. (104.)

## 103 PARAMENIA.

Mismenstruation. amenorrhœa suppressionis; leucorrhœa. Chlorosis (green-sickness), (29.)

From various motives it is probable that these affections will not always be distinguished in the registers; and it must be borne in mind that they are frequent symptoms of cancer or tuberculous disease of the uterus; which should be named (when detected) as the primary disease.

OVARIAN DROPSY. See 30 h.

## 104 a CHILDBIRTH.

Partus. Parodynia.

Ex.—Childbirth, 10 days, [“from commencement of labour to death,” is always understood;] metria, 7 days; peritonitis, pleuritis. Childbirth, 2 days; flooding, 4 hours.

Childbirth, — hours; rupture of uterus, — hours.

Uterine phlebitis, 6 days.

Extra-uterine fœtation, 3 months; flooding in peritonæum, 24 hours

(p. m.)

Childbirth, — hours.

Puerperal convulsions, — hours.

Childbirth, 12 days; uterine phlebitis, 7 days.

Childbirth, 10 days; puerperal fever, 7 days.

Scarlatina, 3 days after parturition.

Parturition, from putrescency [of fœtus,] exhaustion.

Childbirth; placenta presentation; flooding; death 4 hours after delivery by turning.

NOTE.—In cases of this kind “duration of illness” will imply the period from the commencement of labour to death. Confusion will be caused if this rule be not attended to, as some will date the term from the commencement, others from the close of labour.

## b ABORTION.

Abortus.

“Miscarriage” is generally employed if the fœtus be expelled within six weeks after conception; “Abortion,” if between six weeks and six months; “Premature labour,” if the delivery occur between the sixth and ninth months, when the child may live. The month (lunar) of pregnancy should be stated.

Childbirth, like teething, is a physiological process, and only proves fatal by giving rise to the following accidental maladies; which should be registered after “Childbirth,” or “Abortion;” namely, “Exhaustion from difficult labour, from deformed pelvis,” &c. &c.; “Rupture of the uterus;” “Extra-uterine fœtation;” “Flooding;” “Convulsions;” “Mania;” “Syncope;” “Abscess of the mamma;” “Crural phlebitis” (Phlegmasia dolens); “Uterine phlebitis;” “Hysteritis;” “Peritonitis.” (The three last diseases are met with in puerperal fever (18) [Metria], and are supposed by some pathologists to be its anatomical cause.) Other diseases occur in or after delivery, and, as well as several of those above named, during pregnancy. Whenever females are known to be pregnant at the time of death, the word “Pregnant” should be inserted in the register.

The unimpregnated uterus is frequently the seat of carcinomatous diseases, tumors, polypus, ulceration, hæmorrhage; the designation of which can be attended with little difficulty, if the remarks under those heads be consulted.

Names to be used.

## ORGANS OF LOCOMOTION.

(Sir Benjamin Brodie.)

105 ARTHRITIS (*hnee*).Synovitis; inflammation of the joints (*not* gout).

The particular joint or bone should be added as above in a parenthesis after this and the following heads. The termination of the Arthritis in suppuration, &c., should be recorded. Inflammation of the bursa is very seldom fatal.

Ex.—*Loose cartilage in hnee-joint; operation, — days; erysipelas of leg and abscess, — days.*

## 106 CHRONIC RHEUMATISM.

See 20. Cold rheumatism. Lum- bago. (*Bright, Elliotson.*)

## 107 OSTITIS.

Inflammation of the bone. Periosteitis, osteitis, endosteitis. (*Walshe.*)

## 108 EXOSTOSIS.

Tumour of the bone.

Generally arises from syphilitic irritation; and is rarely fatal itself, except by pressure on important parts.

## 109 BRITTLENESS OF THE BONES. Fragilitas ossium.

Is observed in cancer and some other diseases. It should be registered in such cases as a secondary disease.

## 110 a SOFTENING OF THE BONE. Mollities ossium.

Is often met with in rickets. (33 h.)

## b CURVATURE OF THE SPINE.

## 111 CARIES.

Ulceration of the bone; generally in scrofula or syphilis. (21, 32, 33.)

Ex.—*Caries of 2nd cervical vertebra; paralysis.**Caries of vertebra, 4 years.*

## 112 NECROSIS.

Death of bone. (39.)

The joints, bones, and ligaments are disorganized by inflammation, scrofula, and cancer; affections to which the terms “white swelling” and “disease” are too indiscriminately applied. *Psoas abscess* is a primary lesion of the spine: it is almost invariably of a scrofulous nature. (33.)

Ex.—*Necrosis of tibia, 3 years; ascites, 5 months.*

FRACTURES, &amp;c., see 144.

## INTEGUMENTARY SYSTEM.

(Willan, Bateman, Biett, Cazenave and Schedel, E. Wilson)

Several species and varieties of all the subjoined cutaneous diseases are distinguished, but it is unnecessary to enter here into further detail, as they are rarely fatal.

## 113 ROSEOLA.

Rash; rose rash.

## 114 URTICARIA.

Nettle rash.

## 115 ECZEMA.

Humid tetter; running scald; crusta lactea.

Ex.—*Eczema of scalp, 10 months; meningitis, 8 days.*

Names to be used. / 116 HERPES. Tetter; shingles.

Ex.—*Herpes*, 10 days; convulsions, 1 hour.

117 PMPHYGUS. Pompholyx; febris bullosa.

Ex.—*Pemphigus*, 10 days; *purpura hemorrhagica*, 3 days.

118 RUPIA. Ulcus atonicum.

119 ECTHYMA. Phlyzacia agra; scabies fera.

120 IMPETIGO. Crusted tetter; cowrap.

Ex.—*Impetigo*, 4 months, a child aged 8 months.

121 ACNE. Varus; copper nose.

122 MENTAGRA. Sychosis; chinwelk.

123 LICHEN. Papulæ; red gum; prickly heat.

124 PRURIGO. Pruritus.

125 PEORIASIS. Lepra vulgaris; dry scale; scaly tetter; scaly leprosy.

126 PYTRIASIS. Dandriff.

127 ICTHYOSIS. Fish-skin disease; an excessive production of epidermis.

128 GREEK ELEPHANTIASIS. Lepra tuberculosa.

The leprosy described by Moses. The disease is generally acquired in hot climates, and often becomes hereditary. The locality in which the disease began may be mentioned. The "Barbadoes leg" has been called elephantiasis arabica.

129 LUPUS. Herpes exedens; noli me tangere. Cancer lupus.

130 MOLLUSCUM. One variety is contagious.

131 YAWS. Frambæsia; sibbens.

Pellagra, radesyge, Aleppo evil, are endemic diseases in other countries; but it is not improbable that careful observation may detect sporadic cases in this country. Several kinds of copper-coloured eruptions belong to secondary syphilis. Rubeola, scarlatina, erythema, erysipelas, variola, varicella, miliaria, porrigo, scabies, characterized by eruptions on the skin, will be found in the zymoic class.

132 a CARBUNCLE. Carbunculus; anthrax.

Ex.—*Carbuncle on* ———, 4 weeks. [The part has been improperly omitted.]

b BOIL. Furunculus.

133 PHLEGMON. Inflammation of the cellular tissue and skin.

134 WHITLOW. Paronychia; felon.

(1)—EXTERNAL CAUSES: POISONING, ASPHYXIA, INJURIES.

Great numbers of the cases of disease in the previous classes are caused by external agents; by intemperance, cold, want, and effluvial poisons. But where the external causes are not striking and obvious, they are very properly not registered; for so much of their general influence as can be surmised is always understood to be in operation, and to be susceptible of demonstration, by reasoning on the wider basis of the aggregate facts. In the registration of deaths under this class, the following points should be attended to:—

(1.) Before deaths are ascribed to intemperance, starvation, poison, or injury, its agency should be distinctly ascertained.

(2.) Where a person who has suffered from previous intemperance, starvation or poison, dies of a specific disease, the cause of death should be registered "*Intemperance, delirium tremens;*" "*Starvation, typhus,*" &c. &c.

(3.) In the deaths by mechanical violence, the nature of the injury may be stated. The circumstances in which the death happened, and the machine, railway, mine, factory, work, or animal, by which it was caused, should be stated.

(4.) With reference to the circumstances which attended the death, it should be inquired whether it was an accident, a suicide, manslaughter, murder, justifiable homicide, or judicial execution; and the result of the injury should be registered.

(5.) The duration of illness, dating from the receipt of the injury, or the operation of the cause, should always be stated.

For full instructions respecting the registration of violent deaths, see the Letter to Coroners, and the subsequent observations, part 2.

(Orfila, Devergie, Beck, Christison, Taylor.)

Names to be used.

135. INTEMPERANCE. Drunkenness; ebrietas; ebrietas.

Habitual and excessive indulgence in spirits, wine, or fermented liquors is to be generally understood by intemperance: where opium or any other drug is taken, and when children or other persons are suddenly destroyed by a large draught of spirits, the particulars should be mentioned.

Intoxication leads to accidents of various kinds, which should be registered, "Intoxication; fall from a horse." "Intoxication; exposure to cold," &c. &c.

Many drunkards are exposed alternately to, and die from, the effects of starvation, and intemperance; their deaths should be registered, "Intemperance; Starvation," from want of shelter, clothing or food. State any important facts of the case.

Ex.—*Intoxication; effusion on brain*, — hours.

*Exhaustion caused by the over use of stimulants*, — years.

136 STARVATION. Want of food; destitution; cold; famines; frigus.

This is generally intended to imply the privation of the necessary quantities of food, clothing, and firing. If any person be unhappily starved in the last stages of consumption (or other chronic diseases) the death should be registered, "Consumption and starvation;" and the arrangement should be reversed where the starvation is believed to be the cause of the fatal disease. Death by starvation may, it is evident, in different circumstances be an accident, a suicide, manslaughter or murder; and should be distinguished accordingly. Where a person dies from exposure to cold in a snow-storm, or in a frosty night, and when infants are murdered by exposure to cold, or die from the want of their natural nutriment, milk, the specific circumstances should

Names to be used.

be stated as nearly as they can be ascertained. (*Dalton, Liebig, Dr. Budd, Dr. R. D. Thomson.*)

**137 POISONING BY — Venenum; venenatio.**

The particular poison should if possible be ascertained and registered. The more common and fatal poisons are—opium (solid or in the form of laudanum), arsenic, oxalic acid, bichloride of mercury (corrosive sublimate), hydrocyanic acid (prussic acid), strychnia (*nux vomica*), sulphuric acid, verdigris, compounds of lead, night-shade, cantharides; the gases,—carbonic acid, carburetted hydrogen, sulphuretted hydrogen; quack medicines or official drugs, given at improper times and in over doses.

The motive which led to the administration of poison is a remote cause of death; but it cannot always be ascertained.

To decide in some cases whether death has been caused by poison requires a thorough knowledge of medicine and analytic chemistry; but the following remarks will put the Registrars on their guard against registering suspicious cases without a certificate from a medical man, or a coroner's information.

The chief characteristics usually ascribed to the *symptoms of poisoning*, considered generally, are, that they commence suddenly and *proceed rapidly fatal*; that they increase steadily; that they are uniform in nature throughout their course; that they *begin soon after a meal*; (*i. e.*, soon after the poison has been given); and that they appear while the body is in a state of perfect health.—*Christison*. The moral evidence is also taken into account, such as the fact of other members of the family having been similarly affected at the same time; the person suspected hastening the funeral, and giving a false statement of the circumstances of the death; having a personal quarrel with the deceased; succeeding to his property, &c. &c.

**(a) Opium.**

Produces deep sleep; and in large doses death in 7—12 hours. From two to four drops of laudanum, or the one-eighth of a grain of opium, have proved fatal to infants. Daffy's elixir, and other "soothing" quack medicines which contain opium, sometimes destroy the children to whom they are administered.

Ex.—*Laudanum, 2 drachms; which she had bought to procure sleep; (a pauper in a workhouse.)*

**(b) Arsenic (Oxide of).**

The symptoms—burning pain in the stomach; dryness in the throat. Vomiting and purging generally begin in half an hour or an hour, and are followed by convulsive tremors, terminating fatally in one to three days. The poison is sometimes fatal in six hours; at other times in as many weeks. The white oxide is almost tasteless, and is therefore more frequently used by murderers than any other poison.

**(c) Corrosive Sublimate. Bichloride of Mercury.**

The symptoms somewhat resemble those produced by arsenic, but they supervene immediately; a strong, acid, metallic taste, and constriction or burning in the throat are felt, followed by irritation in the alimentary canal, with the discharge of blood upwards and downwards. If these symptoms be accompanied or followed by true mercurial salivation, "it may be safely inferred that some soluble compound of mercury has been taken."—*Christison*. The other preparations of mercury produce salivation and *shaking palsy*, which are secondary effects of mercurial poisons, as *colic* and *paralysis* are of lead. See 82 c.

**(d) Nux Vomica. Strychnia, the active principle.**

This poison produces death very rapidly by violent convulsive starting spasms (tetanus).

**(e) Hydrocyanic Acid. Prussic acid.**

Kills instantly in large doses, or in a few minutes—after violent convulsions. If the patient survive 40 minutes he will generally recover.

Names to be used.

**(f) Oxalic Acid.**

"If a person, immediately after swallowing a solution of a crystalline salt, which tasted purely and strongly acid, is attacked with burning in the throat, then with burning in the stomach, vomiting, particularly of bloody matter, imperceptible pulse, and excessive languor, and dies in half an hour, or still more, in 20, 15, or 10 minutes, I do not know any fallacy that can interfere with the conclusion that oxalic acid was the cause of death."—*Christison*. Oxalic acid is often mistaken for Epsom salts, from which it is easily distinguished by the taste. The salts are not acid, but bitter.

**(g) { Sulphuric Acid (Oil of Vitriol),  
Nitric Acid (Aqua fortis),  
Hydrochloric Acid.**

Are liquid corrosive poisons. "If, immediately after swallowing a liquid which causes a sense of burning in the throat, gullet, and stomach, violent vomiting ensues, particularly if the vomited matter is mixed with blood; if the mouth becomes white or yellow, and stripped of its lining membrane, and the cheeks, neck, or neighbouring parts show vesications of white, and subsequently yellow or brown, excoriated spots; if the clothes show red spots, and are disintegrated there, I cannot see any objection to the inference that nitric or sulphuric acid has been taken."—*Christison*.

**(h) Liquor Potassæ.**

Ex.—*Liquor Potassæ (quantity not known), 24 hours, (p. m.)*

**(i) Carbonic Acid.**

The circumstances in which this and other poisonous gases are inhaled should be stated. Carbonic acid is given off by lime-kilns, fermenting liquors (in brewers' vats for instance), and burning charcoal.

**138 a SCALD.**

*b* BURN.

Combustura. See Note 139.

**139 EXPLOSION.**

It should be stated what part is affected; whether the injury occurred in any mine, &c.; and what circumstances led to the fatal explosion, burn, or scald.

**140 LIGHTNING.**

State briefly in all cases where the patient was struck, whether under a tree, in a house, &c.; the nature of any visible injury on the body; and any circumstances which can explain the course the lightning took, or the death.

**Suspension of Respiration.**

**141 a HANGING.**

Asphyxia by suspension at the neck. Suspensio.

*b* STRANGLING.

Asphyxia by a ligature tied round the neck. Strangulatio.

*c* SUFFOCATION (OR OVERLAY-ING.)

Asphyxia by closing the mouth and nostrils. Suffocatio.

*d* CHOKING.

Asphyxia by a mechanical obstruction causing closure of the glottis. (*Dr. Kay, Dr. Carpenter.*)

**142 IMMERSION IN NITROGEN (or in any irrespirable gas.)**

Asphyxia by privation of oxygen.

**143 DROWNING.**

Immersion in water; asphyxia by the privation of air; syncope in drowning. Submersio.

In all cases it should be stated, if practicable, whether the drowning or the other forms of asphyxia were accident, suicide, manslaughter, or murder.



Names to be used.

*Mechanical Injuries.*

144 *a* **Contusion of—** Contusio.

*b* **CONCUSSION OF—** Concussio; shock.

*c* **FRACTURE OF—** FRACTURA.

Ex.—*Fracture of femur, 4½ months; bed-sores, 45 days.*

*d* **DISLOCATION OF—** LUXATIO.

State of what parts; whether accidental or not; and how caused; whether, by falls from heights, or into pits; by the fall of earth, stone, &c.; by machinery; by railway carriages or engines; stage coaches, or other coaches, horses, &c. &c.

Many children appear to die from injury in the birth. See 42.

Ex.—*Difficult parturition, 3 hours. (The child.)*

145 **WOUND.** VULNUS. Cut, chop, bite, shot.

State of what part; by what instrument inflicted, &c.; and whether accidental, suicidal, &c. Loss of blood (28), or secondary inflammation, is generally the immediate cause of death.

Injuries are followed by tetanus, erysipelas, mortification, extravasation of urine, emphysema, &c., which should be registered after the injury; when surgical operations are the cause of death, the disease or injury for the relief of which they are performed, and the diseases by which they are followed, should be registered; (See *Ailley Cooper, Mr. Liston, Mr. Guthrie, Mr. Alcock, Cheius and South.*)

Ex.—*Injury of head by a fall [from] 1 month; hydrocephalus, 3 weeks.*

In the *Act 6 and 7 Wm. IV., c. 86, s. 25*, it is provided that "in every case in which an *inquest* shall be held on any dead body, the jury shall inquire of the particulars [one of which is the 'cause of death'] herein required to be registered concerning the death, and the coroner shall inform the registrar of the finding of the jury, and the registrar shall make the entry accordingly."

The attention of the coroners throughout the country is invited to this clause, and to the previous remarks on violent deaths, as the particulars of the cause of death are required to be stated in precise terms by the jury, under the direction of the coroner. In "sudden deaths," without violence, the fatal disease which is the cause of death should be particularly inquired into; and such terms as "Natural death," or "Visitation of God," should be avoided whenever more definite information can be given.

It must occasionally happen in a registration of the deaths of the entire population, that the cause of death is unknown, or only imperfectly known, either from the peculiar circumstances in which it occurred, from there having been no medical man in attendance, or, if present, from his having had no means of obtaining adequate information.

The following are examples of the terms which are used in such circumstances:—

When the manner of death, and the nature of the means by which it was caused are entirely unknown. } Unknown.

When only a few facts connected with the cause of death are known, it is always of importance to register those facts, although they may be vague, as in the annexed examples.

- a. Found dead.
- b. Sudden death.
- c. Fell down dead in the street.
- d. Found dead in bed.
- e. Found exposed without marks of violence.
- f. Found exposed with marks of violence.
- g. Found drowned with (or without) marks of violence, &c. &c.
- h. Death by violence.
- i. Death by spontaneous disease.

When the death is known to have arisen from disease of a particular part or organ, the nature of the disease being unknown.

Disease of the heart; disease of the lungs; or, still more vaguely, disease of the chest, &c. &c. &c.

X.—*An Alphabetical List of Diseases, and Causes of Death, nearly all of which have been met with in the Registers—with References (by figures) to the Statistical Nosology.*

The insertion of names in this list must not be considered as by any means sanctioning their use. For the names which it is recommended should be used, see the first column of the previous *Nosology*, to which the figures always refer. The queries in the second column will remind the informants and registrars of points which should be borne in mind in assigning the cause of death.

- Abdominal effusion Ascites, 30 f.
- Abdominal inflammation (vague) Query, whether peritonitis? or enteritis? 80, 81.
- Ablactation 136; 38.
- Abortus Abortion, 104 b.
- Abrasion of the mucus membrane of stomach and intestines (A bad term.) Poisoning? ulceration? 137, 85.
- Abscess or abscessus No. 31. Abscess may occur in almost any part of the body. The following (in which abscess occurs) are bad entries, or have been sometimes incorrectly applied.
- Abscess in air tubes Abscess of lung opening into air tubes?
- Abscess of the breast If meant as abscess of the female breast, it is correct; but in some parts of the country "breast" is used for "chest," see 71 b; 101.
- Abscess in the groin Syphilis? psoas abscess? 24; 31.
- Abscess on the head Abscess in the brain? From what cause?
- Abscess in pelvis Empyema, 70 b.
- Abscess of the pleura—of the side Quinsey, 76.
- Abscess of the throat Scrofula?
- Absorbents (inflammation of) What virus? was it in dissection? necrosis? 23 a.
- Absorption of morbid virus 45—57.
- Abstraction of the brain (a bad term) See *Deaths by external causes*, and 137—145.
- Accident (vague) Inflammation of a gland, 336.
- Adenitis Old age, 41.
- Age 15.
- Ague See 69. Phthisis, 33.
- Air tubes (disease of) 95.
- Albuminuria 56.
- Amaurosis 103.
- Amenorrhœa Of what part, and for what disease was it performed?
- Amputation 29.
- Anæmia

Anæsthesia	48 a.
Anasarca	Dropsy, 30.
Aneurism of—	61. Inquire of what vessel?
Aneurism by anastomosis	Nævus. Inquire whether an operation had been performed for its removal, or under what circumstances it proved fatal?
Angina maligna	4 c.
Angina pectoris	62.
Anorexia	See 86. A symptom; inquire of what disease?
Anthrax	Carbuncle, 132?
Antrum (disease of)	107; 111. What disease? caries? cancer?
Anus imperforatus	43.
Aorta (disease of)	Aneurism? 61.
Aphtha	Thrush, 9.
Apnœa	Privation of air; a better term than asphyxia.
Apoplexia	Apoplexy, 47.
Apoplectic fit	Apoplexy, 47.
Apoplectic paralysis	Paraplexy? 48.
Apoplexy on the lungs	Pulmonary apoplexy, 71.
Apoplexy from inhaling impure air	137 h.
Apoplexy, brought on by want of common necessaries	136.
Apoplexy from opium	137.
Arachnitis	Inf. of arachnoid; meningitis, 15.
Arm (disease of)	Inquire <i>what</i> disease? scrofula? cancer? 33; 35.
Arrest of development (vague)	Of what part? 43.
Arthritis	105. Has been sometimes improperly used for "gout."
Ascites	30 f.
Asiatic cholera	12.
Asphyxia	From what cause? 141.
Asphyxia from caries of the cervical vertebrae	141:
Asphyxia from engorgement of the lungs	71?
Asthma	72.
Asthma and dropsy	72; 30.
Atony	A vague term.
Atrophia	Atrophy, 38.
Atrophy	38.
Atrophy of the heart	60.
Atrophy from the want of breast milk	136; 38.
Back (inflammation of)	Phlegmon? 133.
Bad mouth (vague)	Thrush, 9?
Barbadoes leg	128.
Bastard croup	Laryngismus stridulus, 68.
Bed sores (a good term)	Ulcer, 32. Mortification, 39. State the original disease.
Belly (inflammation of and on) (vague)	Enteritis, 80? peritonitis, 81?
Berberi	Said to be a spasmodic affection; not known in England.
Bile (deficiency of)	88—91.
Bile (on the stomach)	A bad term, 71—91.
Biliary calculi	89 b.
Biliary obstruction (vague)	88—91.
Bilious affection, or complaint	Diarrhœa? cholera? 10; 12.
Bilious attack	Cholera? diarrhœa? 12; 10.
Bilious colic	10; 82. Cholera?
Bilious fever	17; 16. Typhus? remittent fever?
Bilious vomiting	Cholera? 12.
Black bile (vague)	88—91. Melena?
Black cramp (a bad term)	Cholera? 12.
Black fever	Typhus? 17.

Black jaundice	Jaundice, 89.
Black thrush	Thrush, 9.
Black vomit	Hæmatemesis, 28 c.
Bladder (disease of)	<i>What</i> disease? 97, 98.
Bladder (inflammation of)	Cystitis, 98.
Bladder (ulcer in)	32, and 97, 98.
Blast (vague)	
Bleeding	Hæmorrhage, 28. From what part?
Bleeding from the bowels	Hæmorrhoids? melœna? 28 c, c.
Bleeding at the navel	28.
Bleeding at the nose	Epistaxis, 28 a.
Bleaves (a bad term)	
Blister (irritation, inflammation, sloughing from)	See Class 4. 39.
Blister poek (a bad term)	
Blood (discharge of)	Small-pox? pemphigus?
Blood (diseased state of)	From what part? 28.
Blood (surfeit of)	What is the nature of the disease?
Bloody dropsy (vague)	An unintelligible term.
Bloody flux	Dropsy.
Bloody urine	Dysentery, 11.
Blue disease	Hæmaturia, 28 f.
Blue fever (bad)	Cyanosis, 43.
Body (disease of, inflammation of)	Typhus? cholera? 17; 12.
Boil	A bad term. Prolapsus ani? P. uteri?
Bone (death of)	Furunculus, 132 b. Carbuncle?
Bone (disease of)	Necrosis, 112.
Bone (inflammation of)	What bone? What disease? 105—112.
Bowels (bleeding from the)	Periostitis. Syphilis? after injury? 105—107.
Bowels (consumption of)	Melœna? hæmorrhoids? 28 c, c.
Bowels (disease of)	Tabes mesenterica? 33 f.
Bowels (inflammation of)	What disease? enteritis? cancer? 71—86; 80.
Bowel complaint	35.
Bowel hives (a bad term)	80.
Brain (absorption of) (a bad term)	Diarrhœa, 10.
Brain (disease of)	Tabes mesenterica?
Brain (inflammation of)	45—57
Brain (disease of) and erysipelas	To be used when the <i>nature</i> of the disease is not known. 45—57.
gastritis	Meningitis? encephalitis? 45.
Brain fever	Entries of this kind are unexceptionable, but the nature of the brain disease should be stated, if known, 45—57.
Brain (ramolissement or softening of)	Typhus? meningitis? 17 a; 45 a.
Breaking up of the constitution (bad)	45—48.
Breast (disease of)	From what cause?
Bright's disease	What disease? cancer? 35. Breast is sometimes improperly employed for "chest," and hence gives rise to confusion.
Brittleness of the bones	Nephria, 95.
Broken heart	109.
Bronchi (abscess of) (bad)	Mental distress. Sometimes improperly used for rupture of the heart.
Bronchi (inflammation of)	Phthisis? pneumonia? 71—73.
Bronchial effusion (bad)	Bronchitis, 69.
Bronchial fever	Effusion of what lymph? blood?
Bronchial ulceration extending to the lungs	Influenza? bronchitis? 13; 17; 69.
Bronchitis	69, 73.
Bronchitis and broken rib	69.
Bronchocele	How was the rib broken 169; 141.
Bronchorrhœa	33.
Bruised corn	69 b.
Burn	144. Phlegmon.
Bursa (inflammation of)	138 b.
	105.

Bursting of a blood-vessel	See 28.
Bursting of a fallopian tube	Under what circumstances? 104.
Bursting of a varicose vein	28.
Cachexia	Scrofulous? cancerous? 33, 35.
Cæcum (stricture of)	84.
Calculus (biliary)	89 b.
Calculus (urinary)	Stone, 97.
Cancer	35. Of what kind? of what part?
Cancer (chimney-sweepers')	35.
Cancerum oris	39 d.
Canker	Of what part? noma? 39 d.
Carbuncle	132.
Carbunculus	Carbuncle, 132.
Carcinoma	Cancer, 35.
Carcinus	Cancer, 35.
Carditis	58.
Caries	Of what bone? 111.
Catacausis	40.
Catalepsy	54.
Catarrh or Catarrhus	69.
Catarrh of the bladder	98 b.
Catarrhal fever	Influenza? 13.
Catarrhus epidemicus	Influenza, 13.
Catarrhus vesicæ	Catarrh of the bladder, 98 b.
Cauliflower polypus of the womb	37 c; 103.
Cellular dropsy	30.
Cephalalgia	From what cause? Note after 54.
Cephalitis	45 c.
Chalk gout	Gout, 34.
Chance medley (vague)	See Class 4.
Chancre	21.
Cheek bone (disease of)	105—112.
Chest (disease of)	What disease—of heart? of lungs? 53—73.
Chest (inflammation of)	Pneumonia? 69—71.
Chicken-pox	1 c.
Childbirth	104.
Chill; chill to the heart (a vague term)	What disease was caused by the "chill"?
Chimney-sweepers' cancer	Cancer, 35.
Chincough	Hooping cough, 7.
Chlorosis	29 b, 103
Cholera	12.
Cholera biliosa	12.
Cholera epidemica	12.
Cholera infantum	12.
Cholerine	12.
Chololithus	Gallstones, 89 b.
Chorea	50.
Chronic rheumatism	106.
Cirrhosis	90.
Climacteric disease	Of old age? Of females? 103.
Cold	A vague term. Was it a disease? What? bronchitis? pneumonia? Was it the direct effect of exposure to frost or snow? Class 4.
Colic	82. Was it colic, from a lead poison? 82.
Colica pictorum	Lead colic, 82 c.
Colica pictorum	Lead colic, 82 c.
Collapse	A bad return. What was the cause of the "collapse"?
Collection of fluid in the brain (bad)	Hydrocephalus? 46.
Colon (disease of)	What disease? cancer? ulceration? stricture? 35, 85, 81.
Colon (inflammation of)	Colitis? dysentery? 11, 80.
Coma (vague)	From an injury? 45—57.
Commotio cerebri	Concussion of the brain? 144.

Complaint in the head, throat, wind-pipe, &c. &c. (vague)	What was the complaint?
Complicated disease (bad)	What was the disease?
Compression of the brain (vague)	Was it from a disease or fracture of the skull? 144.
Concussio	Concussion, generally of brain, 144.
Condylomata	Fig warts in syphilis? 21.
Congenital hernia	Hernia from birth. 83.
Congested lungs	71.
Congestion (vague)	Of what part?
Consolidation of the lung	71 a.
Constipation, or Constipatio	82.
Constitutional bleeding (vague)	See Hæmorrhage, 28.
Constitutional irritation (vague)	From what cause?
Constitutional weakness (vague)	
Constriction of the brain (bad)	
Consumption	Phthisis, 33 g, 73. Consumption is the more common term, but it is not confined with sufficient strictness to tubercular phthisis.
Consumption of the bowels (bad)	Tabes mesenterica? 33 f
Contraction of the bowels	Stricture of the intestine, 84
Contraction of the windpipe	From what cause? tubercles in the bronchial glands? 33.
Contusio	Contusion, 144.
Convulsio	Convulsions, 54.
Corn	Clavus—(dis. of integumentary system.) How did it produce death?
Coryza	Bronchitis? 69 a.
Coup-de-soleil	Did it cause congestion of the lungs or of the brain? 71, 47, and Class 4.
Cramp	Of what part? 53 c.
Cretinism	33.
Crick (vague)	Of what part? 53, 106.
Croak (bad)	Croup? laryngitis? 8, 67.
Crossbirth	104.
Croup	8.
Crural phlebitis	See Childbirth, 104.
Crusta lactea	Scabies, 115.
Cutaneous disease	Of what nature? 113—134.
Cyanosis	43.
Cyanche (vague)	Quinsey? laryngitis? 67, 76.
Cyanche laryngea	Laryngitis, 67.
Cyanche maligna	Angina maligna. Scarlatina, 4 a.
Cyanche parotidea	Mumps, 6.
Cyanche pharyngea	Œsophagitis, 78.
Cyanche tonsillaris	Quinsey, 76.
Cyanche trachealis	Croup, 8.
Cystitis	98 a.
Damp clothes, (putting on, or sleeping in) (vague)	What disease was caused by this?
Deadness of the limbs (bad)	Paralysis? 48.
Death of bone	Necrosis, 112.
Death struck (vague)	Apoplexy? syncope? congestion of the lungs? 47, 63, 71.
Debilitas	Debility. From what cause? 42.
Debility from constitutional irritation (vague)	After a surgical operation?
Debility after lithotomy	Stone, lithotomy, 97.
Decay (vague)	Atrophy? phthisis? old age? 41, 33 g, 33.
Decay of blood (bad)	
Decline (a vague, objectionable term)	Phthisis? atrophy? any chronic disease? 33 g, 73, 38.
Decrepitas	Old age, 41.

Deficiency of bile	Was there no other disease? Note after 91.
Delirium (vague)	Was it delirium tremens? mania? a symptom of fever? 49, 51, 17.
Delirium tremens	49, from intemperance? 51 <i>b</i> .
Dementia	Teething, 74.
Dentitio, dentition	136.
Destitution	To be applied only to the disease with sugar in the urine, 96 and 94
Diabetes	Diabetes, 96.
Diabetes mellitus	No. 70.
Diaphragmitis	10.
Diarrhœa	Childbirth, 104.
Difficult labour	Dyspepsia? gastritis? 86 <i>a</i> , 79, 17.
Digestion fever (bad)	To be used if the nature of the disease cannot be ascertained, 71—91.
Digestive organs, (disease of)	Which of the digestive organs? 74—91.
Digestive organs, (inflammation of) (vague)	Diphtheria, 5.
Diphtherite, or Diphtheritis	From what parts? 28.
Discharge of blood (vague)	The part affected is sometimes known, while the nature of the disease cannot be ascertained. In such circumstances "Disease of" the part is properly applied.
Disease	Of what joint? by what cause? 144.
Dislocation	30.
Dropsy	Ascites, 30 <i>f</i> .
Dropsy of abdomen	Hydrocephalus, 46.
Dropsy of the brain	Œdema, 30.
Dropsy of the extremities	Hydropericardium, 30 <i>e</i> .
Dropsy of the pericardium	Ascites, 30 <i>f</i> .
Dropsy of the peritoneum	Hydrothorax, 30 <i>d</i> . Empyema, 70 <i>b</i> .
Dropsy of the pleura	17, 4 <i>b</i> .
Dropsy after fever	Heart disease—dropsy, 30 <i>c</i> , 60.
Dropsy and diseased heart	30, 59 <i>a</i> .
Dropsy and jaundice	30, 90.
Dropsy and liver disease from drinking	30, 71.
Dropsy and pneumonia	30, 83.
Dropsy and rupture	Tympanites; and what other disease?
Drum-belly	Cirrhosis, 90.
Drunkard's liver	39 <i>b</i> .
Dry gangrene	Enteritis, 50.
Duodenitis	What kind of dyscrasia?
Dyserasia (vague)	11.
Dysentery, dysentery	86.
Dyspepsia, dyspepsy	72.
Dyspnœa	From what cause? 100.
Dysuria	57.
Ear (disease of)	54.
Eclampsia	119.
Ecthyma cachecticum	115.
Eczema rubrum	Of blood or serum? In what part?
Effusion (vague)	Of blood or serum? hydrocephalus? apoplexy? violence? 46, 47, 144.
Effusion on the brain (vague)	144.
Effusion on the brain, from an accident	Apoplexy? violence? 47, 144.
Effusion of blood on the brain	Hydrocephalus, 46.
Effusion of water on the brain	Empyema? 70 <i>b</i> .
Effusion on the chest	Of serum? of blood? violence? 45 <i>c</i> .
Effusion on the spinal canal	Greek elephantiasis? 128.
Elephantiasis	From what cause? 38.
Emaciation	72 <i>b</i>
Emphysema	

Empyema *	70 <i>b</i>
Encephalocele	Hernia of the brain. From what cause? 144, 145.
Encephaloid tumour of abdomen	35.
Endemic inflammation of the lungs	Pneumonia, 71? Influenza? 13.
Endocarditis	58 <i>c</i> .
Enlargement of the glands	Scrofula? of what glands? 33.
Enlargement of the glands of the abdomen	Tabes mesenterica, 33 <i>f</i> .
Enlargement of the glands of the throat	Scrofulous? 33.
Enlargement of the heart	Hypertrophy, 60.
Enlargement of the liver	From congestion? 88—91.
Enlargement of the liver and cancer of the stomach	35.
Enlargement of the omentum	From scrofula? or cancer? 33, 35.
Enlargement of the spleen	From ague? 15.
Enlargement of thyroid gland and ulceration of windpipe	33.
Enteritic fever	Enteritis? 80.
Enteritis	80.
Enterodynia	86 <i>c</i>
Enuresis	Incontinence of urine. From what cause? 99.
Ephemeral fever	79? 80?
Epilepsia	Epilepsy, 52.
Epilepsia e plumbo	52, and Class 4.
Epistaxis	28 <i>a</i>
Ergotism	A convulsive disease, or gangrene, from eating spurred rye. 23.
Eruptions (bad)	What eruption?
Eruptive fever (vague)	What kind of eruptive fever? Class 1.
Erysipelas	22.
Erythema	22 <i>c</i> .
Exangia cyanica	Cyanosis, 43.
Exhaustion (vague)	Mania? 51.
Exhaustion from cold and want	Starvation, 136.
Exhaustion from an operation for stricture	100.
Exhaustion from vomiting	What was the cause of the vomiting? See 74—91.
Exostosis	108.
Exposed (vague)	136.
Exposure to cold	136.
Extra-uterine fetation	104.
Extravasation of blood	On what part? 28.
----- urine	
Eyes (inflammation, &c. of)	Ophthalmia, &c. &c., 56.
Fainting	Syncope, 63. From what cause?
Fall	144.
Falling sickness	Epilepsy, 52.
Fallopian tube (bursting of)	104.
Fatigue	From what exertion?
Fatty liver	91.
Fauces (inflammation of, disease of)	Pharyngitis. Quinsey, 76, 77.
Febris biliosa, F. gastrica	16, 17.
Febris continua	Typhus, 17 <i>a</i> .
Febris intermittens	Ague, 15.
Febris nervosa	17.
Febris remittens	Remittent fever, 16.
Febris rubra (vague)	113?
Febris typhoides	Typhus, 17.
Felon	134.
Female debility (vague)	Paramenia? 103.

Fever (vague)	The nature of the fever should be specified, 17 a.
Fever of abdomen (vague)	17.
Fever on the brain	Typhus † 17.
Fever at the stomach	Gastric fever, 17, 19.
Fever (ephemeral)	17, 79, 80.
Fever (inflammatory)	Synochus, 17.
Fever (puerperal)	Metria, 18; and 104 a.
Fistula	In what part? 32 c.
Fit (vague)	Epileptic † apoplectic † convulsion † paralytic † 52, 47, 48, 54.
Flooding	104.
Flox (bad)	Thrush † 9.
Fluor albus	Paramenia, 103.
Fluid on the brain (bad)	What fluid? and from what cause?
Flux	Dysentery, 11.
Foramen ovale not closed	43.
Found dead (vague)	What disease, or injury, had been the cause of death? It should be stated whether with or without marks of violence. Class 4.
Found dead in water (vague)	143.
Fracture and mortification	144.
Fragilitas ossium	Brittleness of the bones, 109.
Frenzy fever	45, 51.
Fright	By what cause? Class 4.
Frog (bad)	Thrush † 9.
Frost (ambiguous)	Thrush † 9.
Frost in the stomach	Thrush † 9.
Frostbitten	136.
Frox (bad)	Thrush, 9.
Frozen to death	136.
Fungoid disease	35.
Fungus	Fungus hæmatodes? 35.
Fungus hæmatodes	35.
Furunculus	132 b.
Gall stone	89 b.
Gangræna	Mortification, 39.
Gangræna nosocomialis	Hospital gangrene, 39.
Gangræna senilis	Dry gangrene, 39.
Gangrene from a blister, burn, &c.	39, and Class 4.
Gangrenous erythema	22.
Gangrenous ulcer	Phagedæna, 32, 39.
Gastric fever	17.
Gastritis	79.
Gathering (vague)	An old term for "abscess," 31.
General dropsy	30.
Giving out of the heart (bad)	60 †
Glanders	24.
Glands (inflammation of)	Scrofula? 33.
Glands (swelling of)	Scrofula † 33.
Glands (bad)	Scrofula † 33. Several entries occur in which neither the particular glands affected are specified, nor the nature of the affection.
Glass-pox	Small-pox, 1.
Glottis (disease of)	Phthisis † 73, 33, 67.
Glottis (inflammation of)	Laryngitis, 67.
Gonorrhœa	Syphilis, 21.
Gouche (bad)	
Gout	34.
Granular disease of kidneys	95.
Gravel	97.
Gripes, Black Gripes	Dysentery, 11.
Gums (disease of)	What disease?
Hæmatemesis	28 c.

Hæmaturia	28 f.
Hæmoptysis	28 b.
Hæmorrhagia (vague)	26. From what part? flooding?
Hæmorrhage in the intestines	Melæna, 28 d.
Hæmorrhage from the kidneys	Hæmaturia, 28 f.
Hæmorrhoids	28 a.
Hay fever, hay asthma	13. Influenza?
Head (disease of) (vague)	Brain? 45—57.
Head (inflammation of) (vague)	45.
Heart (disease of)	58—63.
Heart (inflammation of)	58.
Heart (rupture of) (vague)	Bursting of auricle or ventricle; from what cause? 61.
Heart (rupture of a blood-vessel of the) (vague)	28, 61.
Heart (rheumatism in the)	20, 58.
Heart (spasms of)	53 c. 63 note.
Heart hives (bad)	
Hectic fever	From what cause? phthisis? 73.
Hemiplegia	48.
Hepatitis	88.
Hepaticization of lungs	71.
Hernia	Of what kind? congenital, femoral, inguinal, umbilical; Was an operation performed for its relief? 83.
Hernia cerebri	From what cause? 144, 145.
Herpes	116.
Hidrotic fever (vague)	Miliaria? 21
Hip joint (disease of)	105—112.
Hip joint (dislocation of)	From what cause? 144 c.
Hip joint (inflammation of)	Arthritis, (hip) 105.
Hives (vague)	Is an objectionable term; as it is used without uniformity of meaning in different parts of the country.
— in the bowels, heart	7.
Hooping-cough	7; 71.
Hooping-cough—pneumonia	39 c; 23 c.
Hospital gangrene	Starvation, 136.
Hunger	In what part? 44 †
Hydatids	White swelling, 105; note after 112.
Hydrarthrus	From what cause? 30 c.
Hydro-pericardium, or Hydrocardia	17.
Hydrocele	30 g.
Hydrocephalus	30 i; 46.
Hydrophobia	25.
Hydrops	30.
Hydrops ovarii	30 h.
Hydrorachitis	Water on spine, 46.
Hydrothorax	30 d; 70.
Hypercardia	Hypertrophy of heart, 60 a.
Hypertrophy of the left ventricle.	60.
Hypochondriasis	51 b.
Hysteria	52 b.
Hysterie fits	52 b.
Hysteritis	102.
Icterus	Jaundice, 89 a.
Icthyosis	127.
Idiocy	51 d.
Idiotismus	Idiocy, 51 d.
Ignis sacer	Erysipelas, 22 a.
Ileus	82.
Ilic passion	Ileus, 82.
Illness, long (bad)	What was the illness?
Impastment of the stomach (vague)	74—91.
Imperfect organization of the lungs	What was the nature of the "imperfection?" 43.

Imperforate anus	43 c.
Impetigo	120.
Imposthume	Abscess, 31.
Inanition (vague)	Has been variously applied in different parts of the country, (see 136.)
Inclemency of the weather	136.
Income (vague)	Abscess, 31.
Incontinentia urinæ	Incontinence of urine, 99.
Indentation of the spine (vague)	110 b; curvature of the spine
Indigestion	Dyspepsia, 86.
Induration of liver	Cirrhosis? 90.
Infaney (disease of) (bad)	What disease?
Infantile fever	80.
Infantile remittent fever	80.
Infection (bad)	What kind of infection? Class 4.
Infection from a glandered horse	Glanders, 24.
Infection of the bowels (bad)	What disease of the bowels? 74—91.
Infiltration of urine	From what cause? violence? stricture? 97—103; 144.
Inflammation (vague)	There are entries in which the part inflamed is not specified; and others in which the parts are vaguely stated. Inflammation may take place in any part of the living body; and the parts affected should be registered in precise terms. It will be observed that inflammation of a part is generally denoted by the termination "itis;" thus, peritonitis is inflammation of the peritoneum.
Inflammation accelerated by a fall (vague)	144.
Inflammation caused by a scald	Scald, 138.
Inflammation arising from vaccination	1. What inflammation?
Inflammation of abdomen (vague)	Peritonitis? 81.
the air tubes	Bronchitis, 69.
Inflammation of the aorta (?)	64.
arm	From violence? 144; phlegmon, 133?
arteries	Arteritis, 64.
back (vague)	Phlegmon? 133; erysipelas? 22.
belly	Peritonitis? 81.
bladder	Cystitis, 98.
Inflammation of or in the "body" (vague)	Rectitis? hysteritis?
Inflammation of the bones	107, Periostitis? arthritis? 105.
brain	45.
breast (vague)	71. Chest? female breast, 104?
bronchi	Bronchitis, 69.
caul (vague)	Omentum?
cellular tissue	Phlegmon, 133.
chest (vague)	Pneumonia? 71; pleurisy? pericarditis? 70 a, 58.
colon	Dysentery? 11.
digestive organs	Enteritis? peritonitis? gastritis? 79—81.
duodenum	Duodenitis.
ear	Otitis, 57.
epiglottis	Epiglottitis.
eye	Ophthalmia, 56.
fauces	Pharyngitis, 77.
glands	Scrofulous? 33.
glands of the throat (vague)	Mumps? 6; scrofulous? 33.
visceral glands (vague)	Tabes mesenterica? 33 f.

Inflammation of the glottis	Laryngitis, 67.
in or on the groin	Syphilis? 21.
of the gums	From teething? 74.
head (vague)	Cephalitis? 45.
heart	58.
internal mem-	Enteritis, 8
brane of the bowels	
internal mem-	Endocarditis, 58.
brane of the heart	
internal coats	Gastritis, 79.
of the stomach	
intestinal canal	Enteritis, 80.
iris	Iritis, 56.
joints	Arthritis, 105.
kidneys	Nephritis, 92.
larynx	Laryngitis, 67.
in the legs (vague)	105; 106; 133; phlegmon? rheumatism? arthritis?
of the lining mem-	Pleurisy, 70.
brane of the lungs	
liver	Hepatitis, 68.
loins (vague)	106, rheumatism? nephritis?
lungs	71, pneumonia.
lungs caused	144; 71.
by fracture of the ribs	
lungs and liver	71, pneumonia; 88, hepatitis.
lymphatics	Phlebitis? From the absorption of pus after delivery, or an operation? 23; 104.
membranes of	Which of the membranes?
the body (bad)	
membranes of	Meningitis, 45.
the brain	
membranes of	58, Pericarditis? endocarditis?
the heart	
membranes of	79—81, gastritis?
the stomach	
milt	Splenitis, 87*.
mouth	Stomatitis, 75 b.
muscles	Myositis.
navel	133, erysipelalous? 22.
nerves	Neuralgia? neuritis?
oesophagus	Oesophagitis, 78.
ovaries	After delivery? 104.
pancreas	Pancreatitis, 87 a
pelvis (vague)	After delivery? 104.
pericardium	Pericarditis, 58.
periosteum	Periostitis, 107.
peritoneum	Peritonitis, 81.
pleura	Pleuritis, 70.
pylorus	79.
rim of the belly	70 a, diaphragmitis? 81, peritonitis?
scrotum	After an operation for hydrocele? or from what cause?
shoulder (vague)	Arthritis in the shoulder? 105.
in or on the side	Pleurisy, 70.
(vague)	
of the spinal marrow	Myelitis, 45 c.
spine	Arthritis, 105; or myelitis? 45 c.
sternum	Breastbone, 107.
stomach	Gastritis, 79.
tendons	Which tendons? and from what cause?
testes	Orchitis, 101.
thorax (vague)	Pneumonia? 71; pleurisy; 70; pericarditis? 58.

Inflammation of the throat	Quinsey † 76.
— on the tongue	Glossitis † 75.
— of the trachea	Tracheitis, 69.
— uterus	Hysteritis after childbirth † 104.
— vagina	Of what nature † 21.
— veins	Phlebitis, 65.
— of vein of right arm	145.
from bleeding	
— of the visceral gland	Tabes mesenterica, 33 <i>f.</i>
(vague)	
— windpipe	Tracheitis, 69.
— womb	Hysteritis, after childbearing † 104.
Inflammatory fever	Synochus, 17.
Influenza	13.
Injured in the birth	Violence. Class 4.
Injury causing erysipelas, lock-jaw, mortification, &c.	Are correct entries, but the mode in which the injury was produced should be indicated. Class 4.
Inopia	136.
Insanity	Mania † monomania † dementia † 51; any concomitant disease †
Instrumental delivery (vague)	104.
Intemperance	135.
Intermittent fever	Ague, 15.
Internal congestion (bad)	Of what part †
Internal disease (bad)	Of what part †
Internal effusion of blood	} (vague)
— hæmorrhage	
Interruption of the bowels (vague)	Into what part † 28.
Intestinal canal (disease of)	Ileus, 82 † constipation †
	To be used when the nature of the disease is not understood.
	Enteritis, 80 † diarrhœa, 10 †
	Intussusception, 82 <i>b.</i>
	82 <i>b.</i>
	From syphilis † 56.
	79—81; 86.
Intestinal irritation	Enteritis, 80 † diarrhœa, 10 †
Introversion of the bowel	After an operation † phlebitis † 65.
Invagination of bowel	93.
Iritis	Stricture of the urethra, 100.
Irritability of the stomach (vague)	Scabies, 27.
Irritation (vague)	A termination denoting "inflammation;" thus gastritis, inflammation of the stomach, is formed by adding "itis" to "gaster," the stomach.
Irritation of the bowels (vague)	17.
Irritative fever (vague)	89 <i>a.</i>
Ischuria	State what joint? To be used only when the nature of the disease is not known, 105—112.
Ischuria urethralis	Nephritis, 92.
Itch	To be used only when the nature of the disease is unknown, 92—100.
Itis	Scrofula, 33.
	104.
	104. What disease did it cause?
	Laceration. From what cause † 144. Of what organ?
	144, 61.
	Purpura † 14.
	With tubercles in the lungs † 73.
	68.
	67.
Jail fever	
Jaundice	
Joints (disease of)	
Kidneys (inflammation of)	
— (disease of)	
King's evil	
Labour (difficult)	
Lactation	
Laceratio	
Laceratio cordis	
Land scurvy	
Laryngeal consumption	
Laryngismus stridulus	
Laryngitis	

Larynx (disease of)	Phthisis, 731
— (inflammation of)	Laryngitis, 67.
— (ulceration of)	Phthisis † 73; 67.
Legs (inflammation in the)	Phlegmonous † 133.
Leipopsychia	Syncope, 63.
Lepra	Psoriasis, 125.
Leprosy (black)	125, 128.
Lethargus (vague)	Lethargy. From what cause † 48, 51.
Lichen	123.
Lichenous rash	Lichen, 123.
Lienteria	Lientery, 10.
Ligaments (disease of) (vague)	105—112.
Lily	Thrush, 9.
Lithia	Stone, 97.
Lithotomy	Stone, operation for, 97.
Liver (disease of)	To be used when the nature of the disease is not known, 88—91 † 33; 35.
	90. Cirrhosis.
Liver tuberculated	Trismus, 53. From what cause † 141
Lock jaw	144; 53.
Lock jaw from a wound	Phlegmon, 133 † rheumatism, 106 † ne-
Loins (inflammation or disease of)	phritis, 92 † arthritis, 105 †
(vague)	Diarrhœa, 10.
Looseness	Typhus, 17.
Low fever	Syphilis, 21.
Lues venerea	33 <i>c.</i>
Lumbar abscess	To be used when the nature of the disease is unknown, 67—73.
Lungs (disease of)	129.
	Scrofula † 33.
Lupus	Mania, 51.
Lymphatics (inflamed) (diseased)	What species † 43.
Madness	Cancer, 35.
Malformation	23 <i>b.</i>
Malignant disease	Cancer, 35.
Malignant pustule	51.
Malignant ulceration of the tongue	Atrophy † 38.
Mania	15. Ague.
Marasmus	Pus in the veins, 65. After an operation?
Marsh fever	or after delivery † 104.
Matter in the veins	3.
	Cancer (encephaloid), 35.
Measles	
Medullary sarcoma of the uterus,	Cancer, (encephaloid), 35.
thigh, &c. &c.	28 <i>d.</i>
Medullary tumour	Melancholy. Monomania, 51.
Melœna	Melanosis, 36.
Melancholia	36.
Melanoma	Which membranes †
Melanosis	45.
Membranes (disease of) (bad)	29 <i>g.</i>
Meningitis	122.
Menorrhagia	22 <i>c.</i> Class 4.
Mentagra	Tabes mesenterica, 33 <i>f.</i>
Mercurial erythema	Of what disease † To what part?
Mesenteric disease	Of rheumatism, 20 † gout, 34 †
Metastasis (bad)	Hysteritis, 102 † after delivery, 104 †
Metastasis to the brain (vague)	2.
Metritis	104.
Miliaria	Milk fever
Milk fever	Spleen, 87*. (disease of).
Milt (disease of)	Splenitis, 87*.
— (inflammation of)	104.
Miscarriage	Paramenia, 103.
Mismenstruation	110.
Mollities ossium	51 <i>c.</i>
Monomania	

Morbilli	Measles, 3.
Morbidity (bad)	
Morbus articularum, &c.	Disease of joints, &c. &c., 105—112.
Morbus caruleus	Cyanosis, 43.
Morbus cutaneus (vague)	Skin disease, 113—34.
Mortification	39.
Mortification (effect of a dislocated knee; from a scald).	And other cases of the like kind, Class 4, and No. 39.
Mouth (disease of) (vague)	74, 75.
—— (gangrene of)	39 d.
Mumps	6.
Muscles (disease of)	What disease ?
Myelitis	45 d.
Nævus	After an operation for its removal ? 145.
Nasal polypus	37 c.
Natural causes (bad)	The adjective, "natural," explains nothing.
Natural death	The real cause of death should be inquired into.
Natural decay	What disease ?
Navel (disease of)	Phlegmon, 133 ? erythema, 22 c 1
—— (inflammation of)	Not tied ? 145; 28.
Navel string (vague)	112.
Necrosis	92.
Nephritis	What disease ? neuralgia, 55 ?
Nerves (disease of)	What affection ? monomania ? 51.
Nervous affection	51 ?
Nervous debility (vague)	
Nervous decline (bad)	17.
Nervous fever	Urticaria, 114.
Nettle fever	Urticaria, 114.
Nettle rash	Tic douloureux, 55.
Neuralgia	Lupus, 129.
Noli me tangere	39 d.
Noma	Cirrhosis, 90.
Nutmeg liver	Constipation; costiveness, 82.
Obstipatio	
Obstruction of the bile	Gall-stone, 59.
—— in the biliary duct	
Obstruction in the bladder (vague)	Stone ? stricture ? disease of the prostate ? 97—100.
	82.
Obstruction in the bowels	
Obstruction in the brain (unintelligible)	Scrofula ? 33.
Obstruction of the glands (vague)	Tabes mesenterica ? 33 f
Obstruction of the mesentery	A partial dropsy, 30. From what cause ?
Œdema	Laryngitis ? 67; 30.
Œdema glottidis	78.
Œsophagitis	Œsophagitis, 78. From swallowing an acrid poison, 137 ?
Œsophagus (inflammation of)	Cancer ? 35.
—— (stricture of)	41.
Old age	Cyanosis ? 43.
Open heart	Of what kind ? and for what disease ? 145.
Operation	56.
Ophthalmia	Purulent ophthalmia, 56.
Ophthalmia purulenta	Of what part ?
Organic disease (bad)	Of the heart valves—or arteries ? 59, 39, 64b.
Ossification (vague)	61 b.
Ossification of the arteries	Of what membranes ?
Ossification in the throat	59.
Ossification of the valves of the heart	35.
Osteo-sarcoma	57; 56.
Otitis	Cancer ? 35, 30 h.
Ovarian disease	30 h; 35 ?
Ovarian dropsy	Cancer ? 35; 30 h.
Ovaries (disease of)	

Over-exertion	Of what kind ? causing what disease ?
Overflow of blood (vague)	Apoplexy ? 17.
Overflow of blood on the brain	Apoplexy ? 47.
Overflow of the gall (vague)	Jaundice ? 88—91.
Pain in the chest (vague)	Pleurisy, 70 ? pneumonitis, 71 ? pericarditis, 58 ? rheumatism, 20 ?
—— side (vague)	Lead colic, 82 c.
Painters' colic	Paralysis, 48.
Palsy	87.
Pancreas (disease of)	48.
Paralysis	82 c.
Paralysis, the effect of white lead	From what cause ?
Paralysis of the bladder	From what cause ?
—— œsophagus	Typhus ? 48, 17.
Paralysis and fever (vague)	Paralysis, 48.
Paralytic fit	103.
Paramenia	21 a.
Paraphimosis	48.
Paraplegia	Whitlow, 134.
Paronychia	Mumps ? 6; 75 c.
Parotitis	Of what disease ?
Paroxysm (bad)	Childbirth, 104.
Partus	Note after 131.
Pellagra	From childbirth, 104 ? after lithotomy, 97 ?
Pelvis (inflammation of contents of)	117.
Pemphigus	Syphilis, 12 a ?
Penis (ulceration of)	58 b.
Pericarditis	58.
Pericardium (disease of) (vague)	Hydropericardium, 30 c.
—— (dropsy of)	Pericarditis, 58 b.
—— (inflammation of)	After lithotomy, 97 ?
Perinæum (erysipelas in)	Periostitis, 107.
Periosteum (inflammation of)	71.
Peripneumonia	Bronchitis (asthenic), 69.
Peripneumonia notha	Tuberculous ? 81 b.
Peritoneum (disease of)	Ascites, 30 f.
—— (dropsy of)	Peritonitis, 81.
—— (inflammation of)	81 a.
Peritonitis	Whooping cough, 7.
Pertussis	19.
Pestis	Typhus, 17 ? purpura, 14 ?
Petechia (vague)	39; 35.
Phagedænic ulceration	65.
Phlebitis	104.
Phlebitis (crural)	104.
Phlebitis (uterine)	Phlebitis (crural), 104.
Phlegmasia dolens	133.
Phlegmon	After an operation ? 22.
Phlegmonoid erysipelas in the perinæum	45.
Phrenitis	33 g; 73.
Phthisis	28 e.
Piles	Pestis, 19.
Plague	Apoplexy, 47 ? paralysis, 48 ? mania ?
Planet-stroke (vague)	Of what part ?
Plastic inflammation (vague)	Pleurisy, 70 a.
Pleura (inflammation of)	Pain in side.
Pleurodynia	Pleuritis, 70 a.
Pleurisy	70 a.
Pleurisy fever	Pleurisy, 70 a.
Pleuritis	A disease of the hair and scalp.
Plica polonica	74—91.
Pneumogastric irritation (vague)	Pneumonitis, 71.
Pneumonia	Pneumonia occurs with cephalitis, dropsy, whooping-cough, influenza, measles, small-pox, scarlatina, and other diseases.



Pneumothorax	70 c.
Podagra	Gout, 34.
Poison	Of what kind? 137.
Poisonous substances causing disease of brain, &c.	137.
Polydipsia	Immoderate thirst, 86.
Polypus	Of what part? 37 c.
Polypus narium	37 c.
——— uteri	37 c, 103.
Pompholyx	117.
Porrijo	26.
Pox (vague)	Syphilis, 21   small-pox, 11
Premature birth	42 a.
Pressure of the brain (vague)	From violence? 144.
Procidencia uteri	104.
Prolapsus recti	Giving rise to what other disease? 80—83.
——— uteri	104.
Prostate gland (disease of)	99.
Pseudomorphica	Malformation, 43.
Pseudosyphilis	Syphilis, 21.
Psoas abscess	33 c.
Psoriasis	125.
Puerperal convulsions	104.
Puerperal fever	Metria, 104.
Puerperal mania	104.
Pulmonary disease (vague)	67—73.
Purging	Diarrhea, 10.
Purple fever (vague)	Purpura? 14 b.
Purple pox (vague)	Purpura? 14 b.
Purples	Purpura, 14 b.
Purpura	14 b.
Purpura hæmorrhagica	Purpura, 14 b.
Purulent ophthalmia	56.
Putrid fever	17.
Putrid sore throat	4 c.
Putting on damp clothes (vague)	What disease did it cause? Class 4.
Pylorus (disease of)	Small end of stomach. Cancer? 33, 79.
——— inflammation of	79.
Pyrosis	86 b.
Quinsy	76.
Rachitis	Rickets, 33 h.
Ramolissement of the brain	See 45 b and 48.
Rash (vague)	Roseola? 113.
Rash fever (vague)	Roseola? 113.
Rectum (disease of, stricture of)	Cancer? 33.
Rectum (inflammation of)	From what cause? 80, 84.
Red canker	Cancer? 39 d.
Red gum	Lichen strophulus, 123.
Red mouth	Red gum? 123.
Remittent fever	16.
Renal disease (vague)	92—100.
Renal dropsy	95.
Retention of placenta	104.
Retention of urine	From what cause? 93—100.
Rheumatic fever	20.
Rheumatic gout	34, 20.
Rheumatism (chronic)	106.
Rheumatism in the heart	20, 58 c.
Rickets	33 h.
Rim of the belly (inflammation of)	Diaphragmitis, 70 a.
Ringworm	(Of the scalp.) Porrijo scutulata, 26. The vulgar designation of <i>herpes circinnatus</i> , Disease of the heart? 58—66.
Rising of the heart (bad)	Hysteria? 52 b.
Rising of the lights (bad)	Scarlatina, 4.
Rosalia	

Rose rash	Roseola, 113.
Roseola	113.
Rubeola	Measles, 3.
Rupia	118.
Rupture	Hernia, 83 (congenital?) (femoral, inguinal, or umbilical?) "Rupture" is an objectionable term, as it is used in two or three senses. It may be replaced by "hernia" when applied to protrusion of the intestine, or any other viscera; by "bursting" when applied to the giving way of the vessels, the heart, &c.; by "laceration" when parts are torn asunder by a blow or mechanical injury.
Rupture of aorta	Aneurism? 61.
——— an artery	Aneurism? 61. Violence? 144.
——— the bladder	From violence; of what kind? 144.
——— a blood-vessel of the heart (vague), or lungs (vague)	A coronary artery? 28.
——— the brain (vague)	Hernia cerebri; arising from what injury? 144.
——— the fallopian tube	In childbearing? 104.
——— the gall duct	By violence? or from a gallstone? 144, 89 b.
——— the heart (vague)	Bursting of the auricle or ventricle; from what cause? 61.
——— the liver (vague)	From a blow? 144.
——— the navel	Umbilical hernia? 83.
——— the ovary	From what cause? childbirth, 104?
——— serous cyst in the lungs	How caused?
——— the urethra	In childbirth? 104.
——— the uterus or womb	For what disease? syphilis? Class 4.
Salivation	35.
Sarcoma	27.
Scabies	138.
Scald	Porrijo, 26.
Scald head	4.
Scarlatina	Scarlatina, 4.
Scarlet fever	55, 106.
Sciatica	35.
Scirrhus disease of liver	35.
Scirrhus tumour on the bladder	35.
Scirrhus	35.
Scleroma	37 c.
Scorbutus	Scurvy, 14.
Scrofula	33.
Scrofulous inflammation of the joints	33.
Scrotum (disease of)	Cancer? 35.
——— (inflammation of)	From what cause? 133, 30 g.
Scurvy	14.
Sea-sickness	Class 4.
Seizure (vague)	Paralysis? 48. Apoplexy? 47.
Senectus, senilitas	Old age, 41.
Sheath (inflammation in the) (bad)	Of a tendon?
Shingles	Herpes zoster, 116.
Shivering fit (vague)	Ague? 15.
Shoulder (disease of)	Scrofulous? 33. "Joint" should be added in cases of this kind.
——— (inflammation of)	Arthritis (shoulder), 105.
Sibbens	Yaws, 131.
Sickness (bad)	What kind of sickness?
Side (inflammation of or in) (vague)	Plenrisky, 70.
Side (pain in) (vague)	From what cause? 70, 55.
Skin (disease of)	Only to be used when the nature of the disease is unknown, 113—134.

Sloughing (vague)	Of what part? from an accident? syphilitic sore? ulcer? 39, 32.
Sloughing from a blister	39.
Sloughing of nates	From what cause? no other disease? 39. Where persons are confined to one position, the parts on which they lie mortify or slough. The primary disease should be registered as well as the sloughing.
Sloughing of the vagina and labia after measles.	3, 39.
Small-pox	1.
Soda	Heart-burn; dyspepsia, 86.
Softening of the bones	Mollities ossium, 110.
———— spinal marrow	45 c, 49.
Soot sore	Chimney-sweepers' cancer? 35
Span of the back (bad)	141 f
Spasmodic asthma	72
Spasmodic inflammation (vague)	Of what part?
Spasmodic stricture	100.
Spasms	54. Affecting what muscles?
Spasms of the glottis	68
Spasms of the heart	53 c, 62, 63.
———— muscles	53, 54.
———— stomach	53, 54.
———— throat	hysteria? epilepsy? 52.
Sphacelus	39.
Spina bifida	43.
Spinal marrow (disease of)	To be used when the nature of the disease is not ascertained, 45 c, 48.
Spinal marrow (inflammation of)	Myelitis, 45 c.
Spinal marrow (softening of)	48.
Spine, disease of	Scrofulous? 33, 110.
———— (inflammation of)	From injury, 144.
Spitting of blood (vague)	Hæmoptysis. Phthisis? of which it is generally a symptom, 73, 33, 28. After ague? 15.
Spleen (disease of)	Spleen (inflammation of), 87*.
Splenitis	Catacausis, 40.
Spontaneous combustion	Typhus, 17.
Spotted fever	Erysipelas, 22.
St. Anthony's fire	Chorea, 50.
St. Vitus's dance	
Stagnation (bad)	136.
Starvation	From what cause? 29 a.
Starved blood (vague)	86.
Stomach (bile on the) (vague)	To be used when the nature of the disease is unknown, 86.
Stomach (disease of the)	Can scarcely be the cause of death.
———— (hour-glass contraction of the) (bad)	74—91.
———— (impaction of)	Gastritis (chronic? or acute?) 79.
———— (inflammation of)	97.
Stone	97 a, 82
Stone colic	Of what part? of the bowels, urine, menscs?
Stoppage (vague)	82, 93, 103.
———— of blood in the head (vague)	Apoplexy? 47.
———— of the bowels	82.
———— from swallowing plum-stones	82, and Class 4.
———— of the breast (bad)	
———— of the secretion of urine	Ischuria, 93.
———— of the throat (vague)	From what cause? 84.
———— of the urine	Stricture? 100.
Strangulated hernia	83.

Strangulation of the intestines	Hernia? 83.
Strangulation of the womb (vague)	With prolapsus or introversio uteri? 104.
Strangury (vague)	Stricture of the urethra? prostatic disease? 100, 99.
Stricture	Of what part? 100, 84.
Stricture of the cæcum, œtophagus, rectum	From cancer? 35.
Stricture of the urethra	100.
———— windpipe	From the pressure of tuberculated bronchial glands? 33.
Stroke (vague)	Paralysis? apoplexy? 47, 48.
Struma	Scrofula, 33.
Strumous disease	Scrofula, 33.
Subluxatio	Of what joint, and from what cause? 144 c, 33?
Substance in the side (bad)	From what cause?
Sudden collapse (vague)	To be used only when the death is sudden, and the cause of death unknown.
Sudden death (vague)	Can only be applied properly when the child has breathed, 141 c.
Suffocation during birth	28.
Suffocation from blood (vague)	Phthisis? 73.
———— diseased trachea	Pressure of bronchial glands? tuberculous disease? 33.
———— general glandular enlargement (vague)	141 c.
———— want of proper attention	
Suffusion of the lungs (vague)	141 c
Sugar in the urine	Diabetes, 96.
Suicide (vague)	How was the suicide committed? Class 4.
Suppression of urine	Ischuria renalis? 93, 106.
Suppurating sores of pubes and groin	Syphilis? 21.
Surfeit (vague)	The disorder of the bowels produced by food, by drinking cold water in hot weather, &c.: this is an old term, and was formerly applied to cholera; it is now unintelligible in the two following expressions.
———— of the blood (bad)	
———— of cold (bad)	
Suspended circulation (vague)	From what cause?
Sweep's cancer	35.
Swelling	Tumour? 37.
Swelling of the glands	Scrofula, 33? cancer, 35?
———— in the limbs (vague)	Dropsy? 33, 30.
———— of the lungs (bad)	67—73, 52 b.
———— of the throat (vague)	Quinsy? 76.
Swine-pox	1.
Syncope	Fainting, 63.
Synochus	17.
Synovitis	Inflammation of the lining membranes of joints: add of what joint, 105.
Syphilis	21.
Syphilitic lepra	21 b.
Tabes (vague)	Atrophy? 33. Phthisis? 33, 73.
Tabes dorsalis	Wasting from sexual excesses.
Tabes mesenterica	33 f.
Tænia	44 b.
Tapeworm	Tænia, 44 b.
Teething	74.
Teething and diarrhœa	74, 10.
Temporary insanity (vague)	Suicide? Class 4.
Tendons (disease of)	105—112.
Testes (disease of)	To be used when the nature of the disease is unknown.
Testes (inflammation of)	Orchitis, 101.

Tetanus	53.
—— from anxiety and fatigue	53.
Thoracic inflammation	Pneumonia, 71? pericarditis, 58? pleurisy, 70?
Thrift (bad)	
Throat (disease in the) (vague)	35 f
—— (gatherings in the)	} Quinsey? 76.
—— (inflammation in the)	
Throat fever (vague)	Scarlatina? 4.
Throcks	Thrush, 9.
Thrush	9.
Thymic asthma	68.
Thyroid gland (abscess of)	Scrofula? 33.
Tic douloureux	Neuralgia, 55.
Tongue (disease of)	Cancer? 35.
—— (inflammation of)	Glossitis, 75.
Tonsils (inflammation of)	Quinsey, 76.
Tonsillitis	Quinsey, 76.
Tooth fever	Teething? 74.
Trachea (disease of)	Tuberculous? 69, 73.
Trachea (inflammation of)	Tracheitis, 69, 8.
—— (ulceration of)	Tuberculous? 69, 32, 33.
Tracheitis	Croup? 8, 69.
Trismus	Lockjaw; a form of tetanus, 53.
Trismus nascentium	53.
Tubercles on brain	33.
Tubercular disease	33.
Tubercular meningitis	45.
—— peritonitis	81 b.
Tuberculated liver	88—91.
Tumefied liver (vague)	Congestion of the liver? 88—91.
Tumor	Of what kind? In what part? 37.
—— in abdomen, brain, liver,	What is the nature of the tumor? 37.
lungs, neck, pelvis	
Turn of age (vague)	Paramenia? 103.
—— life (vague)	Paramenia, 103.
Twist in the bowels	82.
Tympanites	In what disease? 86.
Typhus	17.
Typhus icterodes	Yellow fever, 16 b.
Ulcer	Ulcers are of various kinds (simple, scrofulous, syphilitic, cancerous,) and their character should be stated, 32.
Ulcer of the air-tubes	32.
—— in the chest	Phthisis? 33 g, 73.
—— ear or eye	32, 56, 57.
—— head	Syphilitic? 32, 35, 21.
—— kidneys	32, 92, 97.
—— larynx	Phthisis? 73, 33 g.
—— on the liver	Cancer? 35.
—— lungs	Phthisis? 33 g, 37.
—— in the mouth	Of what kind? 85, 21.
—— of the pleura	From phthisis? pneumothorax? 70.
—— in the throat (vague)	Syphilis? 21 a.
—— and perforation of the stomach	55.
—— of windpipe	Phthisis.
Ulcerated bladder	98, 32.
—— glands of throat (vague)	Scrofula? 33.
—— sore throat	Diphtheria, 5.
—— throat (vague)	Syphilis? 21 scarlatina? 4.
Ulceration (vague)	Of what part? See Ulcer, 32.
—— of axillary glands	Cancer? scrofula? 35, 33.
—— of bone	Scrofulous? caries, 111, 32.
—— of the bowels	Typhus? dysentery? 17, 11, 85.

Ulceration of the bowels and peritonitis with fever	17, 81.
—— of fauces (vague)	Syphilis? 21.
—— of the gullet	Cancer? 35.
—— mouth	Cancerum oris, 39, 9.
—— penis	Syphilis? 21 a
—— pubes of scrotum	Syphilis? 21.
—— stomach	85.
—— throat (vague)	Syphilis? 21. scarlatina? 4. diphtheria? 5.
—— tongue	Cancerous? 35.
—— trachea	} Phthisis? 33 g, 73.
—— windpipe	
—— womb	Cancer? 35.
Ulcer	See Ulcer, 32.
Ulcer ventriculi	Ulceration of stomach, 85.
Urethral fistula	32 c., 106.
Urinary abscess	In what circumstances did the urine escape? 100, 144.
Urine (stoppage of)	Stricture of urethra? 93, 100.
—— (stoppage of secretion of)	Ischuria, 93.
—— (bloody)	Hæmaturia, 28 f.
Urticaria	114.
Uterine fever (vague)	See 104.
Uterine hæmorrhage (vague)	Flooding, 104. Menorrhagia, 28 g.
—— phlebitis.	18, 104.
Uterus (disease of)	To be used when the nature of the disease is unknown.
Uterus (inflammation of)	Hysteritis, 102.
Vaccination	1.
Vagina (disease of)	Syphilis? 21.
Varicella	Chicken-pox, 1.
Variola	Small-pox, 1.
Vascular system (disease of) (vague)	58—66.
Veins (disease of) (vague)	
—— (inflammation of)	Phlebitis? 65.
Vermes	Worms, 44.
Vertigo	Note after 54.
Vesicular fever (vague)	Miliaria? 2.
Violence (vague)	} Class 4. 144, 145.
—— causing erysipelas	
—— lockjaw	
Visceral disease (vague)	What viscera?
—— glands (disease of) (vague):	
—— (inflammation of)	
(vague)	
Visitation of God	See the remark at the end of the Nosology, p. 44.
Vomica	Phthisis? pneumonitis? 33 g, 71.
Vomiting or vomitus	From what cause?
Vomiting of blood	Hæmatemesis, 28 c.
Want of circulation of the blood	
(vague)	
—— in the brain	
(vague)	
Want of clothing	} 136.
—— food	
—— milk	
—— necessaries of life	
Wasting	Atrophy? 33.
Water (vague)	Dropsy? 30.
Water in the bowels (vague)	Ascites? 30 f.
—— brain	} Hydrocephalus, 46, 30 i.
—— head	
Water on the heart	Hydropericardium? 30 e.

Water on the spine	30 i; 43 b.
Water in the stomach (vague)	Pyrosis † 86 b.
Waterbrash	Pyrosis † 86 b.
Water canker	Noma? 39 d.
Water complaint (vague)	Dropsy? 30. Urinary disease † 92—100.
Water-pox	Small-pox, 1.
Watery gripes (vague)	Dysentery † 11.
Weaning	Was there any specific disease? 136.
Weaning brash	Lichen? 123.
Wearying (bad)	
Wen	33 i.
White flux (vague)	Leucorrhœa? 103.
White mouth (vague)	Thrush, 9.
White swelling	Note after 112.
Whitlow	131.
Wind dropsy	Tympanites? 86.
Wind rupture (bad)	
Wind spasms	54, 86.
Windpipe (contraction of)	From what cause? 69.
Windpipe (disease of)	69.
——— (inflammation of)	Tracheitis, 69. Croup, 81
Windy colic (vague)	82 †
Windy gravel (bad)	Gravel and flatulence † 97.
Withered sores (bad)	Ulcers † 32.
Womb (disease of)	What disease? cancer † 35.
——— (inflammation of)	Hysteritis, 102.
——— (polypus of)	37 c.
——— (rupture of)	From what cause? childbirth, 104
——— (strangulation of) (vague)	With prolapsus or introversio uteri? 101.
Worms	44.
Worm fever	44, 80.
Wound causing lockjaw	144, 53.
Yaws	131.
Yellow fever	16 b.
Yellow gum	Lichen strophulus, 123.
Yellow jaundice	Jaundice, 89 a.
Yellowwart	89.

## PART II.

## XI. A LETTER ADDRESSED TO CORONERS, WITH OBSERVATIONS ON THE REGISTRATION OF THE CAUSES OF VIOLENT DEATHS.

(CIRCULAR.)

General Register Office,  
10th August, 1845.

SIR,

I HAVE the pleasure of transmitting to you a copy of my Sixth Annual Report, and I beg to direct your attention to pp. 210-266, in which I have given an abstract of the causes of the violent deaths in England, chiefly derived from the "informations" which you and the other coroners have given under the Registration Act.

In order that the results of the "informations" may be compared, and become really useful to the public, in pointing out the causes of violent deaths (which appear to be of much more frequent occurrence in this kingdom than in the rest of Europe), the nature of the fatal cases inquired into by juries must be returned somewhat more in detail than is done at present. In many "informations" all the facts that can be useful are stated; and it is only required that the practice, already partially existing, should be extended and made uniform, to place the whole upon a satisfactory footing.

You will observe, by referring to the Abstracts, pp. 234-6, that, exclusive of suicides, executions, some doubtful cases omitted, and 971 imperfectly returned in one year, 3305 persons were killed by mechanical injuries of various kinds—by falls, falls of stone, &c., machinery, railways, waggons, carriages, horses, and other agencies—fracturing their bones or crushing their bodies; 1950 lives were lost by water (drowning); 3057 by fire (148 by explosions, 2577 by burns, 332 by scalds); 188 persons were accidentally poisoned; 65 were murdered in ways not stated in the "informations;" and there were 83 cases of manslaughter.

It is believed that, although deaths by personal violence have diminished, poisoning, the violence called accidental, and the resulting dangers, have increased within the present century;—which may be ascribed to the number of deadly poisons now so accessible in every chemist's shop, the introduction of the new force of steam, the redoubled activity of traffic, travelling, navigation, agriculture, manufactures, and mining operations. Science itself creates new instruments of death. But if these instruments be brought to light by your inquests, described accurately, and placed fully before the public, science will find no difficulty in discovering