
The Mortality In London

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St. Marguërite (which were usually exposed in the Queen's room during confinement) to be brought; and next the lying-in bed—*lit de travail*—was prepared. This bed had already been used by Anne of Austria and Marie Thérèse in their confinements. The Dauphiness's women then arranged her hair, and put a larger nightcap on her head, to preserve her from cold. During the night of the 5th, the pains were strong and prolonged. The prayers of the Queen were incessant. The King himself was present, constantly encouraging the Dauphiness; and on several occasions, assisted by her husband, supported her whilst walking about in the room.

The duration of the labour at length caused serious alarm. "Clément alone remained unmoved. He had satisfied himself that there was no important obstacle to delivery; and had already assured the King that, though the labour would be tedious, it would terminate well." The pains still increasing, it was decided that the Dauphiness should be bled. Dionis performed the operation, by the aid of candles, the windows being shut, as was then the custom, in order better to see the vein. The first physician held the candle, and the head apothecary the bleeding-cup. Thereupon, the labour-pains increased; and Clément informed the King that the delivery was near at hand. The Dauphiness was, in fact, delivered of a son at ten o'clock on the morning of the 6th. The practice at the time was not to cut the cord until the placenta had passed; but Clément objected, and divided it. He argued, that the child should be at once removed into the hands of the nurse; that, the longer the placental circulation continued, the greater the difficulty of separating the placenta. The child was then cleansed with a sponge dipped in warm water and wine, in which butter had been dissolved. The placenta, when it was passed, was placed upon a silver plate, and examined by the physicians, to prove its integrity.

The labour had lasted two days and nights, and the Dauphiness required repose. She was placed in her bed; and, as the parts had been much bruised, etc., Clément applied to them a poultice of eggs and almonds. To the stomach, in order to prevent inflammation, he applied the warm skin of a black sheep, which was skinned in a neighbouring room.* A potion of oil of sweet almonds, etc., was then administered. Clément, moreover, in conformity with a custom which he afterwards abandoned, left Dionis to converse with the Dauphiness, in order to prevent her sleeping for three hours after delivery. The window-shutters were then closed; and, night and day, for the next nine days, the light of one candle

only was allowed in the room. The first three days the patient's food was broths, fresh eggs, and jelly, and her drink barley-water, etc. When the fever was over, soup and fowl were given, and a little diluted wine. At the door of the room was posted, for six weeks, a servant, whose duty was to prevent any one having a perfume about them to enter. This precaution was held to be of the highest importance in those days.

Louis XIV gave Clément 10,000 *livres*, and thanked him warmly for his services. He ever afterwards behaved most generously to Clément, who was afterwards the *accoucheur* of the Duchess of Burgundy; and went three times to Madrid to deliver the Queen of Spain. In 1711, the King gave him letters of nobility, "containing a clause which honoured alike the King and the subject of his generosity." This clause was to the effect that he was not to abandon the practice of his art. He never forgot the "prudence and the calm and steady conduct of Clément, which were the principal causes of the successful issue of this important event."

THE MORTALITY IN LONDON.

No one can have read the weekly returns of the Registrar of Births and Deaths in London without being struck by the now almost habitual recurrence of the statement, that the number of deaths has exceeded the calculated average, and this in no trifling degree. During four recent weeks, the deaths were respectively 1409, 1454, 1586, and 1742. At this season, we look for an increasing rate of mortality; but these numbers are 210, 215, 307, and 331, in excess of what they ought to have been, allowance having been made both for the season of the year and for the increase of population. The quarterly returns tell the same story. In the quarter ending Sept. 30th, there were 18,008 deaths; nearly 1000 more than in 1863, and nearly 3000 more than in 1862. In the second quarter of this year, the deaths were 17,346, against an average of 15,000 to 16,000; and in the first, when the general mortality was swelled by unusually severe cold, 22,733 persons died—the calculated average being about 19,000. In these three quarters, then, we may say, that there have been, at least, from 6000 to 7000 more deaths than if there had been only the average mortality.

Going no further back than this, we might say, with confidence, that this high death-rate could not be regarded as a mere fluctuation—a swing of the pendulum in the direction of death, speedily to be compensated by a return to the opposite extreme. It is obvious that it is not merely a case of old people whose term of existence has been anticipated by a spell of cold weather, or of children prematurely carried off by summer diarrhoea. Some general cause unfavourable to health must be in operation to

* The chronicle states that the butcher himself who skinned the sheep carried in his apron the piece of hot skin to the bed of the Dauphiness; and that, to the horror of all the ladies, etc., the bloody sheep itself followed the butcher up to the very side of the royal bed! "De sorte que le mouton écorché et tout sanglant le suivit et entra jusqu'àuprès du lit, ce qui fit un peur effroyable à toutes les dames présentes à ce spectacle."

account for an effect so continuous; and this cause, as might be expected, is to be found in the prevalence of the so-called zymotic diseases. Whenever there is an important and sustained rise in the rate of mortality, it may almost certainly be referred to one or other of these diseases. We watch them, therefore, on this account, and also for other reasons. These are the diseases often called preventable; preventable, that is, by public measure. All diseases may, of course, be said to be, to some extent, preventable by individual precautions. Bronchitis and pneumonia, and other consequences of exposure to cold, may be prevented by appropriate clothing; phthisis, gout, and diathetic affections, by individual attention to the laws of hygiene—ventilation, diet, exercise; but no regulation of a Board of Health can compel a man to wear warm clothing, or to eat and drink moderately, or to seek the vital stimuli of sun, air, and exercise, or to let out injurious gases and exhalations from his dwelling. Society is, therefore, not responsible for these matters; but by the organisations representing it, Boards and Officers of Health, it may frame regulations which shall operate efficiently in preventing overcrowding, in ensuring the removal of refuse, in providing that none but pure water and food shall be supplied: measures which prevent or resist the rise and spread of these zymotic diseases.

This high rate of mortality—the increased prevalence of zymotic diseases—is not limited to the present year; but extends back to 1863 and 1862. Up to the end of the year 1860, the average mortality was diminishing. From 1840-1849, it was 25.1 per thousand; 1850-59, 23.6; in 1860, 22.6. We were beginning to plume ourselves on the good results of our sanitary measures; and to think we were making steady progress in the reduction of town mortality, from 23 or 24 per thousand, at which it now stands, to the 17 per thousand of country districts. But our boasting was premature. In 1861, the death-rate had risen to 23.2; in 1862, to 23.56; and in 1863, to 24.52. Towards the end of 1861, typhus suddenly made its appearance, unexpectedly, and almost unaccountably. The reports of the Registrar-General do not distinguish between typhus, typhoid, or enteric fever and relapsing fever, which are all included under the term typhus; and we gather from them simply the fact that, in the last quarter of 1861, fevers were greatly on the increase. The records of the Fever Hospital, and the able researches of Dr. Murchison, show that this increase was due entirely to true typhus. In the first instance, it seemed as if it had been imported; but we cannot enter into this question; and we incline to believe that the fever found its source, as it has since found abundant aliment, in London. An epidemic of typhus is always significant; and the present one acquires increased significance from its asso-

ciation with epidemics of all the important zymotic diseases which have successively swept through London; and, in spite of many favourable circumstances, the death-rate, as seen above, has become higher and higher. Showing itself in the winter quarter of 1861, when 624 deaths from fever were registered, typhus prevailed through 1862; the deaths in the successive quarters being 991, 1015, 833, 796. In the summer months of 1863, it subsided, increasing again towards the close of the year. As winter approaches this year, it is again on the increase, and to a degree hitherto unprecedented.

Scarlatina, which constantly yields a large mortality, gave, in 1861, 2338 deaths. It increased gradually through 1862, and gave a total of 3457; and again, in 1863, the startling number of 5075. Fortunately, its ravages have abated during the present year; but the numbers have risen considerably during the past quarter.

The remarkable invasion of small-pox will not soon be forgotten. In 1861, there were only 215 deaths from this disease; in 1862, 345; in 1863, it may be said to have raged, there having been no fewer than 2012 deaths from it. It was checked, we may suppose, by vaccination; and, in the last quarter, gave only 140 deaths. This sudden and fierce epidemic cannot have been due simply to the number of unprotected individuals. The spread of small-pox was, no doubt, greatly favoured by the conditions which rendered the other zymotic diseases epidemic.

Finally, measles contributed its share to the general result. The mortality from this disease remained low till the third quarter of 1862. In the winter of 1862-63, it was exceedingly high; falling again during 1863; but giving formidable returns for the last two quarters of the present year, 844 and 855—double the average.

These diseases, the cause of the increased mortality—21,005 dying from them in 1863, as compared with 13,001 in 1861—are, no doubt, themselves due to some cause or causes. We have not left ourselves space to discuss this question. We may just allude to the cotton-famine, driving hither half-starved operatives; the displacement of population by the railways, and consequent overcrowding at other points; and the evidence of destitution, not very apparent in other ways, which is furnished by the unusually frequent instances of death from this cause.

PROFESSOR DR. MOSLER of Giessen, well known by his helminthological researches, and other inquiries on sundry subjects of clinical medicine, has been called to Greifswald in Prussia as Professor of Clinical Medicine, and has already assumed the duties of his new office. His predecessor was Professor Rühle, now Clinical Professor at Bonn.