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**Hawkins FB (1829)**. The elements of medical statistics. London: Longman, Rees, Orme, Brown & Green.

**Title pages**

ELEMENTS  
OF  
MEDICAL STATISTICS;

CONTAINING THE SUBSTANCE OF

*The Culstonian Lectures*

DELIVERED AT

THE ROYAL COLLEGE OF PHYSICIANS:

WITH NUMEROUS ADDITIONS,

ILLUSTRATIVE OF

THE COMPARATIVE SALUBRITY, LONGEVITY, MORTALITY,  
AND PREVALENCE OF DISEASES  
IN THE PRINCIPAL COUNTRIES AND CITIES OF THE  
CIVILIZED WORLD.

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BY F. BISSET HAWKINS, M.D.

OF EXETER COLLEGE, OXFORD;

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS;  
AND PHYSICIAN TO THE WESTMINSTER GENERAL DISPENSARY.

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1829.

Statistics has become the key to several sciences, opening in a manner the most convincing, simple, and summary, their gradual progress, their actual condition, their relations to each other, the success which they have attained, or the deficiencies which remain to be supplied. Its application to the objects of government has created political economy; and there is reason to believe, that a careful cultivation of it, in reference to the natural history of man in health and disease, would materially assist the completion of a philosophy of medicine, by pointing out to the physicians of every part of the world the comparative merits of various modes of practice, the history of disease in different ages and countries, the increase and decrease of particular maladies, the tendency of certain situations, professions, and modes of life to protect or to expose; and by indicating, as the basis of prognosis, those extended tabular views of the duration and termination of diseases, which are furnished, at successive periods, by hospitals and civic registers.

Medical statistics affords the most convincing proofs of the efficacy of medicine: it is one of the easiest arguments that can be employed to refute the vulgar notion (and one sometimes carelessly countenanced by medical men), that nature is alone sufficient for the cure of disease, and that art as frequently impedes as it accelerates her course. The powers of self-restoration are in no diseases more conspicuous than in fever. But if we form a statistical comparison of fever treated by art, with the results of fever consigned to the care of nature, we shall derive an indisputable conclusion in favour of our profession.\* Hippocrates has left a frank and explicit statement of the history and fate of forty-two cases of acute disease, in which it does not seem that any therapeutical plan was adopted, if we except glysters and suppositories in a few, and blood-letting in one. Amongst these were thirty-seven cases of continued fever, without local affection. Of the thirty-seven, twenty-one died, above half of the whole. But if we examine the returns of the Fever Hospital of London, we find (in 1825) that the total mortality was less than one in seven; and half of

these deaths occurred within seventy-two hours of the admission of the patients, — a circumstance which indicates that several entered at a period of disease when the hope of recovery was extinct. In the Dublin Fever Hospital we find a still lower mortality: the average from 1804 to 1812 was one in twelve: and in the clinical wards at Edinburgh, in 1818, the mortality of fever was also about one in twelve. Of five cases of local inflammations, which Hippocrates records, four were fatal; of all his forty-two patients, in short, twenty-five were lost: a termination which throws no shade over his skill, but only brings to light his love of truth. The mortality belonged to the age, and not to the physician; and we may reasonably infer, that under other practitioners of his time and country, it was even more severe. It is curious to observe, that of the five cases of local inflammation, the only one which survived was the solitary instance in which bleeding was employed, — a pleurisy. We perceive, that one out of two acute cases may recover by the almost unassisted efforts of nature, but that under the medical protection of our own age and country, six out of seven, or even eleven out of twelve, are likely to survive, according to the period of the disease at which they are placed under treatment.

## CHAP. VII.

### STATISTICS OF LYING-IN HOSPITALS, AND OF THE STILL-BORN.

THE most prominent fact afforded by medical statistics, next to the diminished mortality of infancy, is the peculiar change which has supervened within the last 100 years in the fate of lying-in women. In 1750, at the British Lying-in Hospital of London, 1 woman died out of 42; in 1780, only 1 died in 60; and, finally, the improvement became so great, that only 1 case was fatal out of 288, in the 10 years between 1789 and 1798. The proportion of still-born children was at that time about 1 to 25; and of women having twins was about 1 to 84. The deaths of the children during all this period preserved a constant proportion to the fate of the mothers. In 1750, one child died out of 15; in 1780, 1 in 44; and in the last decade, from 1789 to 1798, only 1 in 77.

Let us compare with this statement the situation of the lying-in women, about the same time, in France. Tenon, a distinguished French writer on hospitals, assures us, that the mortality of the lying-in women at the Hôtel Dieu of Paris (where they were then admitted) was about 1 in 15, while that of the British hospital was only 1 in 60; and the still-born were 1 in 13 at the former, while 1 in 25 at the latter. But it is pleasing to observe that this state of things no longer exists at Paris: the mortality of the Lying-in Hospital there was in 1822 1 in 30; which is at least the double of what at present occurs in our lying-in institutions. At the City of London Lying-in Hospital, in 1826, the deaths were 1 to 70; but, compared with the average of the Dublin Lying-in Hospital during 70 years, the present deaths at the Paris hospital are about treble in amount. The average stay of each female admitted into the Paris hospital was about 22 days.

The loss at the Dublin hospital was only 12 women among 2675 delivered, in the year 1822. The following is the official report of the results observed there during nearly 70 years, from its origin in 1757 to 1825 :—

Proportion of males and females born, about 12 males to 11 females.

————— children dying in the hospital, about 1 to 19.

————— children still born, about 1 to 17.

————— women having twins (and more), about 1 to 60.

————— women dying in child-bed, about 1 to 89.

————— women having three and four children, about 1 to 4000.

The deaths at the Lying-in Hospital at Stockholm were, in 1822, about the same as at Paris, being 1 in 29. In 472 deliveries were 11 cases of twins, 1 triplet, and the still-born were 36. Of the 21 deaths of mothers 16 were from puerperal fever; and 12 of the new-born infants had ophthalmia purulenta, which is a very common affection, also, of the foundlings at Paris. A beneficial change has occurred at Berlin, corresponding to what has been seen at London and Paris. From 1796 to 1806 one lying-in woman died out of 32 received into the Charité Hospital at Berlin; but in the ensuing 10 years, from 1807 to 1817, only 1 fatal case occurred amongst 45. The average fate of pregnancy throughout the whole kingdom of Prussia in the year 1817 has been published under the sanction of that government: it is the only document of so comprehensive a nature, and embracing all ranks of society, which has yet been published. According to it 1 mother dies in that country out of 112; and as it relates to the rich equally as to the poor, and to rural districts as well as to cities, it places in a strong light the very low mortality of the Dublin Hospital, which in 1814 lost only 1 in 100 of women, always poor, and often miserable.