Physiological Essays. These essays are reprinted from Indian medical journals, and are therefore practically new to most English readers. The first of them, "Drink Craving," appeared as long ago as 1863, and, although we cannot say that it contains much original matter, is a sound practical memoir. Amongst the remote causes of this affection our author places hygiene, climate and race, occupation, age, and mental constitution; whilst amongst the proximate causes he specially notices the habitual and excessive use of alcohol, hereditary transmission, and certain diseased states of the body. With regard to age as a cause of this disease, Dr. Bird remarks that he is "now of opinion that, by a natural law, the appetite for stimulants increases with puberty, remains strong through young

1 Physiological Essays: Drink Craving; Differences in Men; Idiosyncrasy; and the Origin of Disease. By Robert Bird, M.D., Bengal Army. Pp. 246. London, 1870.
and middle life, and declines in old age.” He mainly bases this view, which, we fear, will not stand the test of statistics, on the case of an old gentleman who told him that, as a young man, he was devoted to the bottle and often got drunk, but that with his advancing years and grey hairs he had lost all taste for anything stronger than lemonade or ginger wine. Perhaps the author is not aware that in Scotland, and probably elsewhere, ginger wine has a very strong resemblance to flavoured whisky. We are sorry to find no original cases of hereditary transmission given. Under the next heading, “Disease of the Body,” Dr. Bird contributes several original cases of considerable interest. The first is that of an infant drunkard. When nine months old she began to suffer from indigestion and diarrhea, arising apparently from debility, and food of every sort induced immediate vomiting and purging. Ordinary remedies were utterly inefficient, and the mother predicted speedy death. Port wine was then tried, and from the first was not only tolerated by the bowels, but relished by the patient. From her mother’s written history of the case we learn that “For two months she took nothing but port wine and arrowroot, and the four months following she lived solely on wine, brandy, and gin. Some days she drank one and a half bottles of port wine, and others not quite so much. She tired of that, and then took to brandy, and, generally speaking, used to drink one bottle a day; she also tired of that, and then drank at least a pint of Hollands gin a day. Food of any kind she would never touch during that time. The next three months she got on gradually to take her food, and is now as fine and stout a little girl as you could wish to see.” We are happy to be enabled to state that the last we heard of this interesting child is that she is now fat, strong, and perfectly sober.

The last twenty pages of the essay are devoted to “Treatment.” The author seems to place considerable confidence on the action of *Thymus serpyllum*, which was recommended by Linnaeus, and has been more recently tried with great benefit by Dr. Salvadori. Dr. Bird has made use of the fluid extract of the plant, given in drachm doses every four hours; it seems to have a sudorific effect, to soothe and to induce sleep, and thus to have the tendency to ward off the threatened supervision of delirium tremens. It has not, however, in his opinion, the power of destroying confirmed drink-craving. Dr. Smirnoff is quoted, as recommending a strong infusion of the *Asarum Europaeum*, or the irritant asarabaca mixed with valerian; having found these preparations valuable in Russia in counter-acting the invincible longings for alcohol which afflict the drunkard in the morning.

Considering the large number of chronic drunkards amongst our troops in the East, Dr. Bird recommends the establishment of a sanatorium for their reception and cure.
"If I am right (he observes), as I believe I am, that idleness, over-eating, too much sleep, and the relaxing climate of the plains in the rainy season, are the most common causes of drink-craving in India, then industrious occupation on a tea plantation situated on the slope of the Himalayas, at an altitude of 4000 or 5000 feet above the level of the sea, would, in addition to removing the patients from the influence of these causes, afford to their bodies an opportunity of returning to that state of health which is the only safeguard against the attacks of the malady from which they suffer" (p. 61).

Passing over the essay on "The Differences in Men," we arrive at one on "Idiosyncrasy," which was published in the 'Indian Annals of Medicine' for 1868. "When an unusual effect on any of our tissues is produced by any agent, then we are the subjects of an idiosyncrasy." How far this is a satisfactory definition we will not pause to consider, but it hardly serves to include all the cases he has collected. For example, he tells us that he attended for some years a family of three boys and two girls; and that when the younger girl was sick the others remained well, and that when she got well the others were sure to fall sick. This little girl, we are told, is idiosyncratic when compared with her brothers and her sister. What is the "agent" in this case that is referred to in his definition? He has collected and classified a good many cases of idiosyncrasy according to the tissue or organ specially concerned.

As a skin-idiosyncrasy he mentions the case of N. C—— who suffers from goose-skin when he listens to the sound which paper gives out when it is torn. Two cases of bladder-idiosyncrasy are recorded, in one of which a lad could not smell sweetbriar without being seized with an urgent desire to urinate; while in the other the patient, a little boy of three, could not sit down on silk without making water; dresses of other stuffs did not affect him, and he subsequently overcame the weakness. Passing over many other forms we come to idiosyncrasies in love, under which heading the author records the following case, which we should be inclined to regard as one of temporary insanity:

"— — was a young military man of fair family and abundant fortune, and passed to the world for a man of average abilities and good morals. He seemed to care little for the society of women, and it was therefore with no little concern that his relations discovered he had fallen violently in love with a woman who was twice his age, and who was so deficient in intelligence as to be considered an idiot. She also slobbered when she talked. So infatuated was the youth with this old woman, that he would sit by her for hours, purring over her and wiping the slobber from her chin. He recovered from his attack after two or three weeks' suffering, and he is now married in accordance with the wishes of his friends. The above case is
to be explained in the same way as a love of assafætida and other stinks" (p. 175).

The analogy obviously does not hold, for the love of such substances as assafætida is not transitory.

The last essay, on "The Origin of Disease," calls for no special remark.

Those of our readers who take an interest in rare and remarkable cases will find an abundant stock of them in this volume, which, if not very profound, affords plenty of information on the topics of which it treats, and is written in an easy, agreeable style.

Medicine, Disease, and Death. — Some two years ago Dr. Elam published in the 'Lancet' two papers, in which he endeavoured to prove three very startling propositions, namely—"1. That the average death-rate is slowly but constantly increasing. 2. That men die now at an earlier age than they did thirty years back. 3. That even those diseases which are best understood are increasing progressively in annual mortality unchecked by any resources of art."

Such heretical conclusions were not acceptable, and consequently two articles were elaborated to crush them. In this volume we have the original papers, the criticisms of the 'Lancet,' the rejoinder, and two other chapters, entitled respectively "The Aims of Modern Medicine" and "Eclectic Medicine." The three propositions we have quoted are based on an analysis of the death-returns from the beginning of the government registration up to the year 1866. By a peculiar grouping of the years, Dr. Elam shows that there has been an increased death-rate of about 1 in the 1000. There can be no doubt that the returns of the first few years are more or less inaccurate. The results of the registration in Scotland tend to prove this, and the Irish returns show it in a very marked degree. We think, therefore, that the returns for the first few years should have been omitted from the calculation. This plan has been adopted by the Registrar-General in his decennial returns, which commence with 1841, or three years after the beginning of a systematic registration. The mortality showed no sensible variation on the two decenniads 1841 to 1850, 1851 to 1860; indeed, instead of the increase contended for by Dr. Elam, there was, if anything, a decrease in the registered mortality.

Conclusions which depend on the comparison of long period of the ten years are, at all events, less liable to be disturbed by accidental causes than those which rest on the comparison of much shorter periods, e.g. the mortality of 1863 to 1866, as selected by the author. Surely the results obtained by this kind of statistical conjuring

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1 Medicine, Disease, and Death; being an Enquiry into the Progress of Medicine as a Practical Art. By CHARLES ELAM, M.D., Author of 'A Physician's Problems,' &c. London, 1870.