

of Berlin, presents the results of very extensive statistical inquiries, embracing mortuary registers of twenty-two localities scattered over different parts of the world. The variation of frequency differs very considerably; the average mortality from pneumonia in different places in England, Germany, France, Switzerland, Denmark, and America being 1.53; the maximum mortality in the same places from this disease was found to be 2.00, the minimum 1.08 per cent. On the other hand, the variation in the same place from year to year is very considerable; the author calculates that, assuming the mortality from pneumonia to be called 100, the annual fluctuation must be regarded as 19 per cent. This fluctuation does not appear to depend upon the influence of climate. From an examination of our Registrar-General's Reports, Dr. Ziemssen gathers that the fluctuation of the mortality from pneumonia in London does not vary as much as diseases which occur epidemically—as measles and whooping-cough; while it varies much more than that produced by diseases which result chiefly from constitutional and general vital conditions. On examination of the curves representing the mortality of the twenty-one years (from 1836 to 1856), we find that the years 1838, 1840, 1842, 1844, 1847, 1849, 1851, 1853, and 1856 are characterized by a very high position in the scale, 1847 being the year in which the highest point was attained. The years 1836, 1839, 1841, 1845, 1846, 1848, and 1850 were the years in which the mortality was lowest. The fluctuations occurring during these twenty-one years may be regarded as a pneumonic wave, rising from the year 1836 to 1838, and then falling to 1839; again rising to 1840, and falling in 1841; a third elevation occurs, reaching its climax in 1842, and gradually sinking till 1846; the next elevation in 1847 is followed by a slow descent till 1850; a fifth rise takes place in 1851; a sixth, with the climax in 1853 and 1854; and a seventh, of which the highest point was in 1856. We can only find space to dwell upon one or two of the author's remarks.

The year 1847 was a generally pneumonic year. Of nineteen European localities of which the author has obtained the statistics, twelve attained their absolute maximum during this year; they comprised Great Britain, France, Germany, Scandinavia, and Eastern Russia; none of the localities show a diminution during this year. It appears from a statement by Dr. Rigler, which does not, however, possess absolute statistical accuracy, that during the same year pneumonia attained an unusual height in Constantinople; and, again, according to Dr. Stratton, that the same was the case among the North American Indians.

With regard to the relative mortality of the two sexes, it appears that females bore the exact ratio to the general variations that characterized the different years. On examining the different ages, greater fluctuations were found to occur in childhood than in adult life; and it also happened that a pneumonia epidemic prevailing among children scarcely affected grown-up people; while, *vice versa*, an unusual number of pneumonias might affect adults, and not be equally apparent among the children of the same locality.

In a brief review of the other diseases prevalent at the same time, Dr. Ziemssen concludes that the prevalence of pneumonia bears no proportion to the prevalence of other inflammatory disorders; and that, therefore, to determine the epidemic constitution, it is advisable to classify diseases, not according to nosological divisions, but according to the organs affected.

The whole paper is one of great value, and deserves to be specially studied by those who wish to appreciate the bearing of statistics upon the geography and history of diseases. Before concluding this notice, we would also draw attention to another careful essay by the same author, on the periodical fluctuations of pneumonia during the different seasons of the year; in which he shows that while considerable variations take place in different localities as compared with one another, each locality presents great uniformity as to the comparative frequency of pneumonia at certain seasons.—*Brit. and For. Med.-Chir. Rev.*, Oct., 1858, from *Vierteljahrsschrift für die Praktische Heilkunde*, 1858, Band ii.

13. *Clinical Illustrations of the Pathology and Treatment of Delirium Tremens.*—This is the title of a very interesting paper (*Edinburgh Med. Journ.*,

¹ *Archiv für Physiologische Heilkunde, Jahrgang 1857, Drittes und Viertes Heft*, p. 393.

Oct. 1858) by Prof. THOS. LAYCOCK. The diversity of opinion in the medical profession, he remarks, as to the nature, causes, and treatment of delirium tremens, is remarkable. On one point only is there an approach to unanimity, and that is as to the propriety, and even necessity, of administering full doses of narcotics to induce sleep. Prof. L.'s experience has long convinced him of the dangers of this practice, and of the fallacies of the theories which have led to it. He has never, he states, witnessed a fatal case in which they had not been administered, while he has known many cases recover very happily without them.

"Delirium tremens," he observes, "is usually understood to be a disease consequent upon the sottish or excessive use of alcoholic or fermented drinks, and characterized by tremors of the limbs, disordered intelligence, hallucinations, and sleeplessness. These leading symptoms may supervene upon other causes, as starvation, fever-poisons in the blood, wounds, epileptic attacks, albuminuria; but in these cases the delirium has another name; or opium, Indian hemp, tobacco, etc., may, in rare instances, induce them.

"But it is only a few of those who drink hard that have delirium tremens at all; while those drunkards who have it are subject to it paroxysmally, or suffer only occasionally under certain conditions. It is of primary importance, therefore, to determine what those conditions are. Now, as the disease is one of cerebral disorder, we may conclude that they have reference, 1, to the condition of the brain or of its vessels; 2, to the condition of the blood circulating therein; 3, to the condition of important viscera in close relation with morbid conditions of the blood or of the brain. Under these three heads may be classed, as follows, the more important of the predisposing and exciting causes of the disease, *i. e.*, the *conditions* necessary to an attack: 1. *Conditions of the brain or of its vessels.* (a.) Habitual stimulation from any cause, whether it be (1) more materially and mechanically by drugs, as spirits, wine, malt liquor (with its constituent adulterating drugs), or opium, ether, etc.; or (2) psychically, as from over-thought, over-work mentally, continued anxiety, strong emotions, sexual indulgence. (b.) Constitutional predisposition to irregular cerebral action, known as the nervous temperament, and characterized by a predisposition to 'nervousness,' insanity, epilepsy, and other convulsive diseases, neuralgia, etc. To this class of patients the omomaniacs or dipsomaniacs belong. (c.) Conditions the result of antecedent or actually existing (but insidious) disease of the brain or its membranes, such as attacks of 'brain fever,' infantile disorders affecting the brain or membranes, tuberculosis, and especially the sequelæ of mechanical injuries done to the cranium, and which at the time of occurrence attracted perhaps little attention. (d.) Recent injuries to the head received in the drunken state, or diseases affecting the brain especially, which have come on very recently, as masked gout, certain forms of bronchitis, pneumonia, and pericarditis; inflammation of the liver, spleen, kidneys, etc. 2. *Conditions affecting the blood.* (a.) Alcohol in the blood predominantly. (b.) Defective supply of nutrient materials in the blood, consequent on loss of appetite or inability to digest food. (c.) The presence of fever-poisons. (d.) Retained excreta, as carbon or carbonic acid, bile, urea, etc. 3. *Conditions of important viscera.* (a.) Inflammatory affection; gastritis is hardly ever absent; duodenitis, with constipation, frequent; hepatitis and chronic nephritis, or chronic congestion of the kidneys, by no means rare. (b.) Structural diseases—as of the liver (fatty degeneration, cirrhosis), of the stomach (chronic thickening, ulceration), and of the kidneys (Bright's disease, cirrhosis), may be looked for. These are mentioned as predominant conditions; they do not exclude, however, other causes of morbid change in the brain and in the blood, and which are presented in cases of delirium tremens in great variety. Perhaps the most noticeable and important is the sleeplessness so constantly observed to precede and accompany the delirium, and which, itself a result of morbid changes, is usually, in its turn, a cause of those further morbid changes in the brain upon which both it and the delirium depend.

"Now, the treatment of delirium tremens consists essentially in the treatment of these conditions; this object being satisfactorily attained, the symptoms cease, *i. e.*, a cure is effected."

Prof. L. adduces a number of cases illustrative of these views.

The general rules laid down by Prof. L. for the treatment of delirium tremens are as follows :—

“1. The patient should be placed in as complete a state of muscular repose as possible. To this end, he should, if practicable, be kept in bed. Muscular activity necessarily exhausts the nervous system; hence, quiet of the muscular system facilitates repair of nervous energy. If, however, the patient cannot be kept in bed without mechanical restraint, it is on all hands allowed to be better not to restrain him, as the waste of motor power is much greater in the continued attempts the patient makes to keep from restraint, than in his usually quiet wanderings after unmeaning objects. Should his delirium be of the violent kind, absolutely needing restraint, chloroform would, perhaps, be in general a safer remedy than the strait waistcoat, although not a remedy to be administered without serious consideration as to its fitness in each case. 2. All *sensational* stimuli should be removed, and all emotions, agitating thoughts, or anxieties, be prevented. 3. Food of a suitable kind should be carefully given from time to time; no alcoholic stimuli of any kind administered as articles of diet, unless specially indicated. 4. Where there is a tendency to diaphoresis, it should be encouraged as an eliminatory process. 5. The surface, and especially the feet, should be kept comfortably warm. If the head be hot, the hair may be cut short, and a gentle douche, for one or two minutes, applied every three or four hours; this is rarely necessary, however, much less shaving the scalp. 6. An experienced nurse must attend the patient. But, above all, it is essential that the practitioner be clear in his etiological diagnosis, so that he may be knowing as to the powers of nature. He should first determine whether the patient be under the influence of alcohol or not, and ascertain clearly whether there be any important complications. If the patient be alcoholized, and no important complications be discovered, he may consider the sleeplessness and delirium as of no great pathological importance, and calmly and confidently await the result of a few days' judicious watching and general management of the case.”

14. *Uses of Bleeding in Diseases.*—Dr. W. O. MARKHAM read (Nov. 23) an instructive paper on this subject before the Royal Med. and Chirurg. Soc. The object of the author is to show, that by arguing from certain admitted facts respecting the effects of bleeding, a rule of practice may be deduced, indicating the right application of the remedy in diseases. The conclusions at which he arrives are these :—

1. There is no proof that venesection has any *directly* beneficial influence over the progress of inflammations, either *external* or *internal*. On the other hand, the injurious effects of large bleedings, especially in those inflammations in which the integrity of the lungs is seriously compromised, have been often demonstrated.

2. Nevertheless, venesection is, at times, of great service *indirectly* in the course of inflammations, and of all other diseases which occasion congestion and oppression of the heart, by removing this *secondary* consequence, which arises accidentally out of the inflammation.

3. In all cases in which venesection is of service, it acts alike—viz., by relieving the cardiac congestion: it neither arrests nor modifies beneficially the inflammatory process.

4. A marked distinction is to be drawn between the effects of bleeding in inflammations and the local abstraction of blood from an inflamed part. Local abstraction of blood materially influences the inflammation, reducing the most characteristic of its phenomena—the pain, the heat, the redness, and the swelling; but it only influences, in this way, *internal* inflammations when there is a direct vascular connection between the part inflamed and the part whence the blood is drawn.

5. It is not denied that local irritation of an external part may influence an internal inflammation (even when there is no direct vascular communication between the skin and the inflamed part) by reflex action, conveyed thence from the skin through the vaso-motor nerves of the inflamed part.

The author demonstrates the inefficacy of venesection over internal inflammations in two ways: 1st, by arguing of what is *seen* of its inutility in external