possible. The soiled garments of phthisical persons should be thoroughly boiled for an hour in the process of washing. Careful disinfection of the rooms in which tubercular persons have died, as well as of the beds and bedding, should be required. Frequent watering of streets in dry weather is of considerable importance. Finally, the patient should be made to understand that unless he take the necessary precautions he is liable to be a source of infection to himself as well as to all around him.

Cornet is inclined to renounce all belief in hereditary tendency to tuberculosis, believing that the more frequent occurrence of the disease in members of the same family is adequately explained by a consideration of the increased liability to infection. He furthermore suggests, that were there a marked hereditary predisposition the percentage of deaths from tuberculosis would be greatest in early and middle life, whereas in reality it increases regularly with advancing age.

The article is most carefully written and deserves the thoughtful consideration of everyone interested in the eradication of the disease which is accountable for about one-seventh of our mortality. J. S. E.

INEBRIETY: ITS ETIOLOGY, PATHOLOGY, TREATMENT, AND JURISPRUDENCE.

By NORMAN KERR, M.D., F.L.S., etc. 8vo. pp. xxx., 415. London: H. K. Lewis. Philadelphia: P. Blakiston, Son & Co., 1888.

DR. KERR, who is the President of the British Society for the Study of Inebriety, and consulting physician to the Dalrymple Home for Inebriates, has written this work to impart useful knowledge as to "medicinal remedies, the selection of a suitable home, or some other detail of therapeutic treatment." The work is intended to meet the "innumerable inquiries which have been addressed to me as to the best course to be adopted in dealing with the inebriate."

The subject of inebriety, both from a social as well as from a medical standpoint, is a many-sided one. Problems are presented which have vexed the minds of moralists and lawmakers from time immemorial, and the medical profession has not escaped its share of labor in the endeavor to solve them. If we read the signs of the times aright, it may be expected to assume in the future more and more of the burden.

The book of Dr. Kerr will be read with interest by those who are seeking light, but we fear that it will not much enlighten us upon the intricate questions involved. These questions, however, are of much importance, and Dr. Kerr's work deserves perusal, as does every honest attempt of a like nature.

The profession, as well as the laity, may be divided into two classes:

1st. Those who regard inebriety as a vice, and only admit that it becomes a disease when long indulgence in the habit has undermined the physical organism and taken away the nervous and mental force necessary to resistance.

2d. Those who look upon the inebriate as the victim of a disease over which he, unaided, has little power, and for which he is in but small measure, if at all, responsible.

Dr. Kerr belongs to the second class.

Dr. Kerr's readers will, unless we have carelessly read his work, find it difficult to decide as to how much weight he gives to habit in the production of inebriety. Our inference is that, while he accords to it its due weight of influence in binding more firmly the fetters upon the inebriate, he does not regard periodic intoxication, or even habitual inebriety, as anything more than a symptom of an inherent weakness, either the result of direct heredity, an impaired nervous organism, or the one fatal weakness in an otherwise normal physical and mental constitution.

In defence of his thesis, the author proposes to examine the claims of inebriety to be classed as a disease, by the test of Sir Thomas Watson's definition of disease, viz., all deviations from healthy standard; but, however much one may or may not differ with Dr. Kerr, the feeling is forced upon us that he does not prove his case.

The problem, as we conceive it, is simply this: Given a condition characterized by habitual or periodic excessive use of intoxicants, with the well-known and direful results, is there a disease which produces an irresistible impulse thus to indulge, which disease exists *de novo*, and is not the result of prolonged habit? From this problem would, of course, be excluded all those forms of insanity, of which a departure more or less abrupt from former temperate habits is one of the complications.

We are willing to admit with Dr. Kerr that, in addition to these insane cases above referred to, there exists a certain number of other cases in whom there is such an impairment of the nervous system, either congenital, in some instances directly hereditary, or the result of ill health or overwork, or some other of the ills and accidents of life, as to destroy or weaken the normal restraining power, call it defective inhibition, or what he may, rendering its victims prone to excessive indulgence in narcotic intoxication and to habit diseases.

Admitting this much, we must protest against what seems to us an unnecessary and ill-directed anxiety to set up the disease inebriety, and include, with a few exceptions, all drunkards within the category. Dr. Kerr does not believe that all drunkards have the disease, but his exceptions, as we understand them, are few. He does include all cases in which there is a "departure from health," keeping Watson's definition in view, "in the form of some obscure condition of the nervous system which craves for the temporary relief afforded by some stimulant or narcotic."

Passing from the obscure and functional, he endeavors to apply the test of pathology to the claims of inebriety to be ranked as a disease. In doing this he makes the error, resulting apparently from his anxiety to prove his case, of confounding cause with effect.

The "typical series of pathological appearances" which he "almost always found," as detailed on page 8, are those of the recognized effects of alcohol upon the animal economy, but surely no one but an enthusiast would ask us to accept as proof of the existence of a disease, which impelled a man to take poison, the *post-mortem* evidences that he had taken poison.

In the matter of treatment we are more in accord with Dr. Kerr than upon any other. He believes in removing the alcohol or other narcotic at once. While this is not always wise, we think that in the majority of instances it can be done with as little disturbance as is produced by the

so-called tapering-down process. Tonics, good food, exercise, mental and physical occupation, moral support, comprise, in brief, what he suggests in the way of direct therapeutics.

The medico-legal status of the inebriate, especially in the line of responsibility, is attracting more and more attention, and we regret that Dr. Kerr takes the stand that he does, though, to do him justice, it is in accord with the general position which he has assumed upon the subject of inebriety. It is becoming too common to defend criminals upon the theory of irresponsibility by reason of inebriety.

Dr. Kerr would hold the inebriate to a limited responsibility, or exonerate him wholly, like the lunatic, from consequences of his acts. If he were to stop here, while we could not follow, we would not so heartily condemn. But he goes beyond this and opens the door of irresponsibility so wide that there seems no limit to those who may enter, when he says of certain cases "they were the subjects of inebriety though they never committed an inebriate act."

Dr. Kerr's book is written for popular as well as professional reading. What encouragement he here gives to criminals. All they need do is to take a glass or two of whiskey, commit almost any crime, and demand excuse on account of hitherto unsuspected and undemonstrated inebriety, what Dr. Kerr calls a pre-paroxysmal pathological antecedent, whatever that may mean.

'Gainst such theories we can only exclaim with Shakespeare:

"This is an excellent foppery of the world that when we are sick in fortune (often the surfeit of our own behavior), we make guilty of our disasters the sun, the moon, and the stars; as if we were villains by necessity; fools by heavenly compulsion; knaves, thieves, and treachers by spherical predomiance; drunkards, liars, and adulterers by enforced obedience of planetary influence, and all that we are evil in, by a divine thrusting on."

E. N. B.

THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE RECTUM. By WILLIAM ALLINGHAM, Fellow of the Royal College of Surgeons of England, Senior Surgeon to St. Mark's Hospital, etc. EDITED AND REVISED WITH MUCH ADDITIONAL NEW MATTER AND NUMEROUS DIAGRAMs by HERBERT WM. ALLINGHAM, F.R.C.S., Surgeon to the Great Northern Hospital, Demonstrator of Anatomy at St. George's Hospital, etc. 8vo., pp. xvi., 366. London: J. & A. Churchill, 1888.

To say that a man has written the best book upon any given subject is high praise, yet we believe it can be honestly said of this work which now appeals to the judgment of the professional public in a fifth edition. Its author has transferred to his son the duty of revising and editing the present edition, and the result is seen in a large volume containing many valuable additions. Mr. Herbert Allingham has furnished some new diagrams which help to make plain certain of the pathological conditions involved, and some of the operative procedures needed for