

and etiology of the epidemic of 1873. This is followed by deductions as to means of prevention, including the use of disinfectants, of which class of substances sulphate of iron, lime, and charcoal appear to have the preference.

A chapter by Dr. Peters on the origin of the late epidemic brings us to the narrative of its spread throughout the United States. This occupies nearly four hundred pages and bears evidence of great care in its compilation. It is largely illustrated by maps of infected districts and will prove of great use should the cholera again visit our shores.

The second part of the volume is devoted to a history of the travels of cholera in Asia and Europe, by Dr. Peters; and at various times in North America, by Dr. McClellan.

Not the least valuable portion of this work is that devoted to the bibliography of the subject, embracing an enumeration of books, papers or statistics relating to cholera. Although the compiler—Dr. Barnes—does not claim that the list is altogether complete, we may conclude that there has been little published of any importance of which a notice is not given. The enumeration extends over 315 pages and must contain references to some 9000 works or papers. This list is a most useful contribution to the literature of the subject and will much facilitate research.

The authors of this work do not undertake to decide questions relating to the origin, character, mode of operation, and transportation of cholera which are yet *sub judice*, or to discuss theories, but they have offered a series of propositions condensed from the vast mass of cumulative evidence laboriously collected by a multitude of cholera students in both hemispheres, and presented these conclusions in such a concise and intelligible form that we transcribe them for the benefit of our readers:

- “1. Malignant cholera is caused by the access of a specific organic poison to the elementary canal; which poison is developed spontaneously only in certain parts of India, (Hindustan).
2. This poison is contained primarily, so far as the world outside Hindostan is concerned, in the ejections—vomit, stools and urine—of a person already infected with the disease.
3. To set up anew the action of the poison, a certain period of incubation with the presence of alkaline moisture is required, which period is completed in from one to three days; a temperature favoring decomposition and moisture or fluid of decided alkaline reaction hastening the process; the reverse retarding.
4. Favorable conditions for the growth of the poison are found (1) in ordinary potable water, containing nitrogenous organic impurities, alkaline carbonates &c; (2) in decomposing animal and vegetable matter possessing an alkaline reaction; (3) in the alkaline contents of the intestinal portion of the alimentary canal.
5. The period of morbid activity of the poison—which lasts