

The author advances strong views along certain lines, and backs these up with substantial arguments. He shows that among the commitments to the asylums drugs are a very much more common cause in the Southern than the Northern States. Then, again, he points out that in the South the insane habitues come from the prohibition areas mainly. The whites use morphine while the negro uses cocaine. The restrictions placed on the sale of alcohol have enormously increased the use of these drugs.

Another point that the author argues is that teaching temperance in schools is a failure. In 1896 there were 67,039,910 gallons of whisky used in the United States. In 1913, after many years of temperance teaching in the schools, there were consumed 140,418,289 gallons. With regard to cigarettes there were sold in 1903 3,000,000,000, and in 1912, after much teaching against their use, there were sold 13,000,000,000.

The author further goes on to show that in prohibition States the admissions to the asylums from alcoholic insanity are much more numerous than in non-prohibition States. From this one must conclude that those who wish to drink succeed in getting the beverage, and of a bad quality.

He also contends that in prohibition areas that commitments by the police for drunkenness are more numerous than where drink is obtainable in licensed places. He then goes on to advocate a modified control of the liquor traffic after the Swedish fashion. An important element in the successful prevention of drunkenness is to provide proper substitutes for the bar.

HANDBOOK OF FEVERS.

A Handbook of Fevers. By J. Campbell McClure, M.D., Physician to Out-Patients, the French Hospital, London, and Physician to the Margaret Street Hospital for Consumption and Diseases of the Chest, London. Formerly of the Smallpox Hospital and Belvidere Fever Hospital, Glasgow. London: Shaw and Sons, Fetter Lane, Fleet Street, E.C., 1914.

This 12 mo. volume of nearly 500 pages is one of the best medical books we have seen in a long time. The author first takes up those fevers whose bacterial origin is known. These are enteric fever, diphtheria, the plague, cholera, relapsing fever, malaria, epidemic cerebro-spinal meningitis, anthrax, glanders, influenza, pulmonary tuberculosis, dysentery and kalaczar. Then comes a list of those of uncertain bacteriology. This list contains scarlet fever, measles, German measles, smallpox, chickenpox, typhus, mumps, rheumatic fever, yellow fever and whooping cough. Diseases due to diet are given as beriberi and pella