

tically in the same way as a candle. The important point of difference was that the inorganic molecules were never broken up, whereas the organic were broken up and burned, and escaped in the urine as alkaline carbonates, and therefore fulfilled different functions from the inorganic. He suggested, as an additional factor to over-exertion, that some of Mr. Knott's cases might be attributable to heat fever, or thermic disturbance set up or contributed to by exposure to the summer heat.—Dr. J. W. MOORE alluded to a theory recently propounded by Dr. Austin Flint that the development of feverishness depended to a large extent on the derangement of the animal mechanism, which provides for the production of water in the system.—The PRESIDENT said there was no doubt there was a fever which took five or six weeks to run its course, and yet was not typhoid or enteric fever. It prevailed from time to time in Dublin. Sixteen or seventeen years ago he recorded a number of such cases. Sometimes pneumonia was developed by severe muscular exertion, but he had no clinical knowledge of the illness Mr. Knott had described.—Mr. KNOTT replied.

REVIEWS AND NOTICES.

ETUDE MÉDICO-LÉGALE SUR L'ALCOOLISME: des Conditions de la Responsabilité au point de vue Pénal chez les Alcoolisés. Par le Docteur VICTOR VÉTAULT. Paris: Baillière. 8vo., pp. 237. 1887.

DR. VÉTAULT is a young physician who has distinguished himself as a student. He has been an interne in hospitals, and gained the Esquirol prize given by the Medico-Psychological Society of Paris. Naturally he has been seized with the desire of writing a book, and, what is more difficult, he has found a publisher. He has carefully studied the symptoms of drunkenness, and where his experience does not reach, he gives us the information he has collected from books and articles in scientific journals, of which he cites a large number. Thus the book is complete up to date, and, though precise and formal, is readable and well written.

Profoundly convinced of the evils of alcoholism, his descriptions of the states of drunkenness are somewhat gloomy; one would think that, if they were quite faithful, nobody would ever get drunk unless he were forced. Most members of our profession have had too many opportunities of studying the different symptoms, and even the excesses or nervous disorders, which follow upon indulgence in alcoholic liquors. But we may give Dr. Vétault's description of intoxication from absinthe, as it is little used in this country.

A certain amount of alcohol is generally drunk along with absinthe, but the latter acts first upon the nervous system, producing a starting or trembling of the muscles, first of the head, then of the trunk, and of the extremities. Then there is a species of vertigo and an excessive susceptibility of the nervous system. The least noise awakes the attention, and becomes a cause of disquiet, if not of terror. The intoxicating effect of absinthe is more prolonged than that following wine or brandy. If the excessive use of this liquor be prolonged, there are often hallucinations, which in grave cases are followed by epileptiform attacks. The sleep following this intoxication is troubled, and the person for some time after is in a state of great uneasiness and exhaustion.

Dr. Vétault's description of intoxication through beer is also very discouraging, especially when we consider the rooted dislike most people have to take medicines of any kind. About a dozen drugs are, he tells us, habitually used in the preparation of beer. The most formidable of these are colchicum, stramonium, and picrotoxine; nux vomica, he tells us, is always used in the preparation of pale ale.

Whether through patriotism or a too great dependence upon printed statements, Dr. Vétault is much harder upon English and German brewers than those of his own country. The author gives a number of cases of crimes committed under the influence of alcohol, with his estimate of the amount of responsibility in each case. He has a chapter on chronic alcoholism, and another on dipsomania.

Dr. Vétault regards the dipsomaniac as a *dégénéré*, a person weighed down by hereditary proclivities to yield to an irresistible impulse to drink. The author hesitates to call him responsible even for the crimes which he may commit to get drunk. When in the intoxicated state, the dipsomaniac is clearly irresponsible—as the indulgence in liquor was an act against which his will struggled in vain

—it appears to us that it is a logical sequence to this view that, when the dipsomaniac commits violent or criminal actions, he should be treated as a lunatic, and can, in spite of lucid intervals, be confined in an asylum, to guard society against the repetition of such actions.

In other instances Dr. Vétault is not generally disposed to admit intoxication as an excuse for crime. He presents a number of cases where the crime was already designed and prepared, and the criminal merely took spirits to nerve him to the deed. It is not expedient to allow drunkenness to be an excuse for crime; but where it is clear that the crime was utterly unpremeditated before the person got drunk, it may be, in some cases, regarded as an extenuating circumstance; and, in fact, this is already done in some cases of delinquency, both social and legal.

After trying to formulate rules defining the degree of responsibility, he tells us in the end that it is only through the severe study of each case that one can arrive at trustworthy conclusions.

REPORTS AND ANALYSES AND DESCRIPTIONS OF NEW INVENTIONS, IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

NEW FIXATION FORCEPS.

By JOHN WARD COUSINS, M.D. LOND., F.R.C.S.,
Senior Surgeon to the Royal Portsmouth Hospital, and to the Portsmouth and
South Hants Eye and Ear Infirmary.

THE engraving exhibits the size and construction of the forceps. The instrument consists of four blades. The central blades are fixed in an oblique position to each other, at an angle of about 30 degrees; and they are united by two steel wedges, with their bases directed upwards. One of the wedges is placed at the end of the forceps, the other a little below the centre. The slender extremities of the central blades are separated about a quarter of an inch, and possess a little flexibility on pressure. The points of all the blades are smooth, and are provided with closely fitting lateral teeth. When the forceps are open the points have a circular arrangement to each other, and are well adapted to take hold of a globular surface; but, in closing them, the outer blades are brought into apposition with the central, and a double fixation is secured.

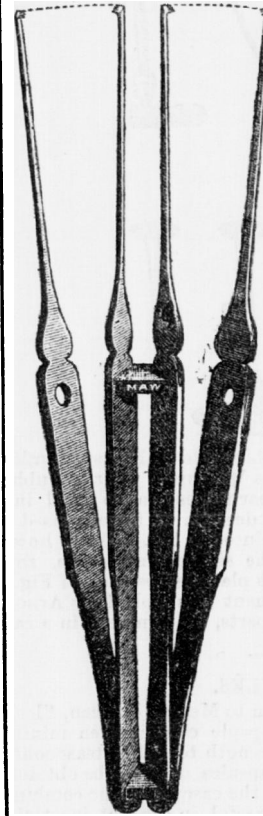
The forceps have been designed especially for ophthalmic surgery; and, during the past two years, I have used them constantly in all my operations for cataract, and in many other cases in which it was essential to obtain steady fixation of the eyeball.

They can be conveniently held in the left hand, between the thumb and middle finger, with the forefinger resting on the front of the blades, about an inch and a half from the points.

When applied to the surface of the eyeball they prevent rotation of the globe and accidental laceration of the conjunctival tissue.

The two points of fixation and the flexibility of the central blades enable the operator to hold the eyeball with a minimum of hand pressure.

The forceps are manufactured by Messrs. Maw Son and Thompson, of London.



ERRATUM.—In the formula for an "Elixir of Saccharin," which we published last week, the amount of saccharin was given as twenty-four *grammes*, instead of *grains*.