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THE TREATMENT OF OPIUM ADDICTION.

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Several years have passed since the writer had the pleasure of reading before this society a paper on the subject of opium addiction. During this time his professional attention has been largely, and, of late years, exclusively devoted to the study and treatment of this toxic neurosis, and, with increasing experience has come improved therapeutics, all of which warrant him in again inviting attention to a topic which possesses a great and growing importance, the extent of which will be none the less appreciated by the reflection that many of those who fall victims to its steady advances, are recruited from the ranks of our own confreres.

Opium addiction is a *disease*—a well-marked functional neurosis, and deserving recognition to a greater degree than it has hitherto received. In the vast majority of cases, the *vixæ* theory of its origin is incorrect, so that, with few exceptions, the term "opium habit" is a misnomer—implying as it wrongly does, an opiate using under individual control.

As elsewhere stated—"The Genesis of Opium Addic-

* Read before the American Association for the Cure of Inebriates, October 23, 1884.

tion." *Proceedings*, Jan., 1884—two causative factors exist—necessity and desire—for the result, if the opiate be sufficiently long continued is essentially the same—a condition of dis-ease, as evidenced by various functional ills.

The central facts involved are the cerebro-spiral and sympathetic systems. Deviations from health noted, are due to departure from the normal tone of one or both of these centers. Organic lesions are rare—possibly, some instances of renal or brain disease—the usual ultimate result being a state of inanition—impaired nutrition and profound nerve depression ending in death.

In the paper to which reference has been made, attention was invited to a new method of treatment, and as this is largely the same we now employ—some improved changes will be noted in passing—we reassert that it is based on the power of certain renchal resources to control abnormal reflex sensibility, and accomplish, largely, two cardinal objects: minimum duration of treatment and maximum freedom from pain.

It is a fact well attested by clinical observation, that the ravages of opium excess are spent mainly on the nervous systems before noted, inducing changes that give rise to great nervous disturbance when the opiate is peremptorily withdrawn—unless some mitigating measures be interposed, and which, even in the process of very gradual withdrawal, is seldom, if ever, entirely avoided.

A revival of the varied symptoms of abrupt opiate renouncing is not here needed. Let it suffice to say we regard them all, certainly the most important—the aches, pains, yawnings, sneezings, shiverings, nausea, vomiting, diarrhoea, restlessness, delirium, convulsions, exhaustion, collapse—as reflex indications of great irritation in those centers, and any method having the power to counteract and control this condition must contribute vastly to the patient's comfort and cure.

Heretofore, two plans have obtained in the treatment of opium addiction. One, which may well be called heroic, the

entire and abrupt withdrawal of the usual opiate, invariably gives rise to great distress, to relieve which various remedies are, at the time, resorted to. Those not fully informed and desirous of knowing the extent of this suffering, which is far from imaginary, as some would have us believe, should consult Levinstein's work, in which are given details of twenty-four cases of hypodermic morphia administered by this method, which the author, by a process of logic neither safe nor sound, declares to be the best. *This statement we can phatically dispute.* No treatment that entails such suffering, as in the cases cited, can claim pre-eminence over one more humane and equally effective. A study of the resultant effects in the instances alluded to, reveals evidence of dire distress, in seven cases so extreme—perilous collapse—that a temporary return to hypodermic morphia, became imperative to avert a fatal termination.

The other plan, consisting in a very gradual decrease of the usual opiate, meanwhile toning up the system to make amends for the accustomed narcotic, secures the desired result at much less discomfort, and we know of no reason why it should not be just as permanent. If, however, open to the objection of requiring a much more protracted treatment, while it also tends to exhaust the patient's patience, and many refuse to continue till success is secured.

The method we commend is a mean between these extremes, and consists in producing a certain degree of nervous sedation and consequent control of reflex irritation by means of the bromides, though we refer, specifically, to the *bromide of sodium*, having used that exclusively in cases under our care. This plan, which so far as we are aware is original with ourselves, is merely a new application of a well-established principle, for the power of the bromides to subdue bronchial reflex irritability is so constant that it may be looked upon as an almost invariable sequel of such medication. Dr. Ed. H. Clarke, in his valuable treatise on the bromides, says "diminished reflex sensibility, however different physiologists may explain the fact, is one

is not from the death to the tenth day. It is chiefly a matter of degree of severity of condition. The usual history is that at the onset, experience following a tetanic attack was such as to impart an excess of that actual rigidity and the relation of various parts of the body to one another with firmness or less rigid according to the increasing rigidity. It is not being to meet and overcome the rising nervous disturbance by the growing effect of the sedative or other means, maximum relaxation at the time of maximum fixation.

Exceptions to this may occur. Some patients are so weak and anemic on coming that previous tonic-constrictive injections, the usual tonic is confined for a time, and, meanwhile, with good food, rest, and other measures, an effort is made to improve the impaired condition, and with success, for we have seen patients get remarkably stronger and regain their former vigor.

Sometimes a patient, who is himself under our care has noticed in daily practice of the lowest amount consisted with his recovery. From the practical point of view, this is not made for the character of the treatment. Again, in some instances, no relaxation is made for two or three days at the end of which the tetanic effect is so marked in part and the rigidity is then broken. A similar instance is the case of a patient who, after a severe attack, was treated with the following and amount of the bromide was given, and the patient recovered, and the following is a record of the case.

For want of a better name, I call it a "tetanic attack."
 Surprise may be expressed and objection made regarding the extent of the bromide doses, but the fact must never be overlooked that we are not to be governed in the giving of any remedy by mere drops or grains, but by the *total amount*. Again, the effect of opium addiction is a peculiar phenomenon, and the action of other remedies, necessary to their cure, must give to secure a decided result. It is under the influence of certain abnormal conditions, cases which ordinarily are not to be treated therapeutically.

The annals of medicine abound with instances in support of this statement, and among the most striking may be noted the following. Dr. Southey read before the Chemical Society of London, notes of a case of tetanus, which occurred in a boy ten years old. The first symptoms of trismus were observed two days after a severe fright and drenching, due to the upset of a water butt. They steadily increased, up to the date of his admission to St. Bartholomew's Hospital, on the eighth day of his illness, when the proxysms of general opisthotonos seized him at intervals of nearly every three minutes. Each attack lasted from fifteen to thirty seconds, and although between the seizures the muscles of the trunk became less rigid, those of the neck and jaw were maintained in constant tonic cramp. The patient was treated at first with chloral, ten grains, and bromide of potassium, twenty grains, every two hours, and, afterwards, with the bromide alone, in sixty grain doses, every hour and a half.

When about two ounces were taken in twenty-four hours, the attacks became less frequent, but at first each separate seizure was rather more severe, and on the evening of the eleventh day he was able to open his mouth better. On the thirteenth day the bromide was decreased to twenty grains every three hours, and on the fourteenth day was discontinued altogether. When the bromide had been omitted twenty-four hours the attacks returned at intervals of an hour, and the permanent rigidity of the muscles of the neck was re-established. His condition now steadily became worse, so that on the eighteenth day of his illness it became necessary to resort to the previous large doses—one drachm—every hour and a half. After three such doses, the expression became more natural, and he was able to open his mouth again, but it was not until the twenty-fifth day of the disease that it was possible to discontinue the remedy. The patient remained in a state of remarkable prostration and drowsiness, sleeping the twenty-four hours round, and only waking up to take his food for eight days, and passed all his evacuations undisturbed. He subsequently steadily and rapidly

convalesced. The formula produced no relief either directly or indirectly, and certainly seemed to exert a markedly irritating influence on the fetters.

Strictly under ordinary circumstances, no one could think of giving such doses of bromide, but here, under the amazing influence of the increase reflex irritation, their effect was vastly beneficial, continuing, beyond question, to the patient's cure.

Given as we conceived, no effect is usually noted before the second or third day. Then patients mark an increasing drowsiness which deepens into slumber, more or less profound—so much so at times that it is difficult to remain long awake. With this is a growing aversion to active exercise, not solely due to lessened muscle force, but largely to mental inertia. Some cases are met with in which the hypnotic effect is not very decided, but the rule is, as stated, some- times a saline taste and increased saliva with the bromic breath are noted and the tongue becomes furled. Acne is usually absent. The renal secretion is almost invariably largely augmented. We have known patients to pass more than ten ounces in twenty-four hours; and we have noticed this—that where the renal activity is not increased, or is diminished, the saline effect of the drug is more prompt and decided. The practical point of this is obvious—such cases require a less prolonged bromide giving.

With some there is slight, transient loss of co-ordinating power in the fingers, and exceptionally in unusually sensitive subjects, there may occur mild startings or the fore-arm tremors. These, however, soon subside, and their going is largely hastened by local faradic stances.

Dr. König, *Compendium für Chirurgen*, recommends that morphine be given hypodermically in one-seventh of a grain doses preceding the inhalation of three or four drachms of chloroform to produce quiet and sleep in insomnia from alcoholism, or to produce narcosis for surgical operations.

BRAIN DISORDERS FROM ALCOHOL.

By ROBERT LAWSON, M.D., M.B., OF LONDON, ENGLAND.

The large number of cases of insanity which owe their origin directly or indirectly, to excessive drinking, not only makes the observation of such cases, when massed in a large asylum, comparatively easy, but renders it necessary that an accurate knowledge of the varieties and tendencies of this form of brain disease should be acquired. My motive will be to record in as simple a manner as possible, some casual observations which have been almost thrust upon me while engaged as an assistant medical officer in asylums, which have provided shelter and treatment for the insane alcoholic patients of the densely-populated counties of Middlesex and York.

For my own convenience I shall speak of alcoholic brain disorder under two heads. The first class of cases will embrace those of which the prominent characteristic is that they show a temporary interference with, and morbid intensification of, brain function.

This class will include *delirium tremens* and *mania a potu*, and the classification is, I think more accurate than would be the case if I were to speak of these disorders as being simply acute; for, though they may be acute in the sense of being severe, they are not acute according to the meaning which the term is generally used to convey, as running a short and definite course. The presence in the blood and tissues of a poison which it is necessary to eliminate, and the existence of a delirium which multiplies itself as long as the deterioration of nutrition and the instability of the nerve centers combine to maintain it, constitute a condition which renders precise imitation of the symptoms and course of the disorder impossible. Without any apparent difference in the constitution of a patient, or in the means by which the mania

has been in fact, the intense fever which sometimes accompanies delirious brain disorder may disappear under treatment during the course of a single night, while under precisely the same agreeable conditions the excitement may in another case continue for weeks.

In both cases the etiology, the treatment, and the issue, may be the same; but the mania is a factor of so versatile and mobile a character that, though the general and ultimate effect of sedative and nutritive treatment may be safely anticipated, the time which will be required for the production of a good result can never be even approximately determined.

Under the second head I shall speak of cases which are characterized anatomically by an essential variation from the normal structure of the contents of the cranial cavity. This group will embrace cases of chronic alcoholic mania not passing into dementia; cases of dementia of which the principal feature is almost absolute loss of memory for recent events; and cases which either verge upon or merge into general paralysis of the insane.

Under the first head I shall at present refer only to the state which bears the most characteristic name—*mania a potu*—inasmuch as simple alcoholic delirium is a disease with which general practitioners are more familiar than specialists in lunacy. When admitted to asylums, patients suffering from *mania a potu* closely resemble each other, even in the details of their history, the nature of their excitement, and in the circumstances of their admission. They have generally undergone an initiatory experience in the police court and the strong cell; are not infrequently brought to the asylum at night, as if a sudden resolution had been arrived at as to the advisability of regarding the patients as the victims of disease essentially different from an ordinary attack of delirium tremens. At times the maniac is firmly secured and accompanied by a body of policemen. His suppressed excitement manifests itself in his expression, which varies in the same individual from abject timidity to sullen and violent emotion and aggressive impulsiveness. The infliction

of restraint intensifies the mania in more ways than one. By the employment of force the patient is confirmed in his belief that evil is in store for him, and is driven to bay by the feeling of utter helplessness, which, as an external reality, combines with the insane timidity alternating with his outbursts of aggressive excitement. His inability to look upon things in a rational manner places him in a position which corresponds with the experience of an animal inhabiting an anaesthetic. In him the humane motive has the appearance of a hostile design, and he experiences all the agony which results from the entertainment of vague notions of coming evil. When relieved from restraint the patient's excitement is almost invariably alleviated, and the administration, favorable if necessary, of liquid nourishment and antacid effluents, with bismuth and opium, is frequently followed, with comparative speed, by refreshing repose. Sometimes, as I have already said, the effect of concentrated liquid nourishment and sedatives is so marked that one administration is sufficient to produce a comparative removal of the excitement, and the patient begins to be sceptical about the hallucinations which he so recently acted upon with avidity and energy. By a continuation of treatment, and by freedom from restraint, he resumes his former calmness or demerolism, and cannot infrequently fix the exact time of his own recovery by being able to employ his memory in going back, step by step, to a particular hour when reminiscence, first becoming difficult, gradually becomes impossible. He cannot remember the incidents of his excitement, and has only a dim recollection of the nature of his delusions and hallucinations.

Unfortunately, however, cases so gratifying in their issue are not often met with. The primary effect of sedation is almost always good, but probably in the middle of the night the patient's sleep becomes less sound, peripheral irritations of a somatic or emotional nature thrust themselves upon the consciousness, and the dreamy thoughts which naturally crowd into the mind "twixt sleep and waking again, arouse

delusions and hallucinations. The patient cannot control his terror or analyze his sensations, and he tries to escape from imaginary foes.

If in a single room he may attempt and sometimes successfully, to escape through an iron-guarded ventilator, the aperture of which would seem to the inexperienced to be altogether incapable of allowing the passage of a human body. If in a padded room, he knocks himself about in wild confusion; and if in a dormitory, he generally makes a sudden dash from bed, and rushes wildly forward in search of some place of safety. But even in such a case the prognosis is rarely unfavorable, and after several sudden outbursts of excitement, the maniac—strengthened by the regular administration of digestible and highly nourishing food, relieved by elimination from the irritation of alcohol on the nervous tissues, and soothed by kindly treatment, and by such remedies as opium or digitalis—usually regains his reason without showing the slightest traces of dementia; and, after a period of convalescence, is discharged recovered—to resume his ordinary employment and unfortunately, in too many cases, to resume also the indulgence which compelled him to pass through so trying an ordeal. Though it is evident that in such cases Nature herself performs the greater part of the cure, yet there can be little doubt that some benefit can be obtained by judicious modifications of diet and by the administration of medicines. In the West Riding Asylum I have, both in this and in other forms of severe mania, seen marvelous results produced by the use of a very highly concentrated essence of fresh meat. This essence is made by placing in a porous covered jar three pounds of fresh meat, free from bone, cut small, and without fluid. The jar is placed in the steam cooking-chamber and allowed to remain till the meat is seen to have yielded about a pint of essence. This is strained and simply seasoned with pepper unless otherwise ordered.

With regard to the medical treatment of such cases, I have always placed the most reliance on the administration

of opium in moderate doses, combined with one-drachm or even two-drachm doses of the bismuth. Dr. Magran, in speaking of such cases as those to which I have just been referring, says that it is rare in alcoholic mania to have excited delusions. I have met with only one case of pure *mania a fetu* in which there were delusions of exhalation.

Dr. Major of the West Riding Asylum, has kindly permitted me to peruse this case for the purpose of making a few comments upon it. The patient had had several attacks of mania, all occurring during or after bouts of drinking, and the attack which led to his being brought to the asylum seems to have been one of the worst. Before his arrest he had been collecting crowds in the street, making remarks to them about his great ability, and in gratitude for their patience in listening to him, had been in the habit of supplying them with drink. When taken before the magistrates, he made a witty defense, which occupied about forty minutes. He talked a great deal about his accomplishments, the colleges he had attended, and his memorable dealings with the aristocracy. Both before and after his admission to the asylum his actions and conversation were characterized by considerable wit and humor. In the prison he constructed an effigy of himself, suspended it by the throat from a timber, and made a sign of distress to attract the attention of the warders, who rushed in after he had hidden himself for the purpose of enjoying their consternation at witnessing the apparent suicide of their prisoner. When on the way to the asylum he asked to be allowed to look at the certificate, intending to secure it so as to be able to act the part of a relieving officer, and hand over the warder who was conveying him to the asylum. On admission he was very talkative and witty, and tried to get a reputation for knowledge of languages. He spoke in Latin, but when answered in the same tongue, he was not able to maintain the conversation. He represented himself to have been a Captain in the Engineers, and to have bought a public-house for £5,000. This patient made a good recovery, and was discharged in about two months.

This is, no doubt, a somewhat uncommon form of alcoholic insanity, inasmuch as in this instance alcoholism seems to have been an exciting cause acting upon a predisposition to well-defined recurrent attacks, which were but slightly tinged with the particular influence of the exciting cause. The only delusions of suspicion which he had were against the police officers who had arrested him.

Two points connected with these attacks of *mania a potu* seem worthy of passing notice. The first is, that one frequently meets with cases in which, within a comparatively short space of time, six or eight, or even more, attacks have occurred in the same individual, from all of which he has recovered without the least trace of consecutive dementia. It appears that, if the vessels remain moderately healthy, the mania is due to the actual saturation of the tissues with alcohol, and to the tendency which one series of delusions has to cause the formation of another, up to the time when the alcohol has been eliminated, and the excitement subdued by proper nourishment and sedatives. The second point is, that a hereditary and collateral tendency to insanity appears to be more than usually common among the victims of *mania a potu*.

In proceeding to speak of the forms of alcoholic insanity in which the presence of some organic change in the cerebral vessels, or the brain substance, is supposed to exist, I have first to mention a form of chronic mania produced by alcoholism, which Dr. Magnan seems to have omitted from his classification.

In our English asylums there are numerous cases in which the alcoholic disease manifests itself in the form of recurrent attacks of excitement, generally based upon some delusion of suspicion, or some hallucination of the special senses. Such cases may be of very long duration, and may undergo no change during the greater part of their course. They may commence as uncurd cases of *mania a potu*, or they may be the result of a gradually developing mania arising from the constant abuse of alcoholic stimulants for prolonged periods. That they are characterized by a strong

predisposition to insanity, is shown by the fact that they sometimes occur in very young patients, in whom the constitutional condition must have favored the development of mania. One of the most typical instances I have ever seen was that of a youth who was about twenty-one years of age, and in whom delusions of suspicion and hallucinations of the special senses were developed with great fertility. A leading feature of these cases is, that sometimes the patient may be quiescent, tractable, and industrious for a considerable time, unless his delusions are voluntarily or accidentally aroused; but when they are touched upon, his excitement is extreme. He threatens violence, and frequently appears to be on the point of employing it, but rarely does so. His speech is voluble and yperperative, and his movements agitated and rapid, but he is comparatively coherent, shows no defect of memory, and no other signs of dementia. In rare cases, the patient is sullen and intractable, and given to instantaneous outbursts of violence, of which he offers no explanation, and which assume a homicidal or destructive character.

Such a patient is one of the most dangerous of asylum inmates. Cases which manifest the symptoms of chronic alcoholism of the variety under consideration present a wonderful uniformity in the nature of their delusions. They are essentially delusions of suspicion. The patients imagine that they have been forced to sleep upon damp beds; that poison has been placed in their food; that electricity has been brought to play upon them; that they have been drugged with morphia, dosed with chloroform, or sufficed with sulphurous fumes.

They are tormented with voices using the most obscene and threatening language, and regard themselves as victims operated on by hidden agencies, which act with a subtlety greater than that of magnetism or electricity, and through which their hallucinations are excessively harassing; they are sometimes driven to attempt suicide, yet their mental agitation has little effect upon their bodily nutrition, and they invariably eat well and maintain excellent health.

There is another well pronounced class of cases which owe their origin to excess in alcoholic drinks, and which possess some interesting features. In this class the patients are generally advanced in life, or not infrequently women at the menopause, and generally being with them a history of excessive drinking, sobriety abandoned.

The feature of such cases, which is sufficiently striking to give character to them, is the almost absolute loss of memory for recent events. The patients are cheerful, attentive, undisturbed what is said to them, and show little deviation as far as simple processes of reasoning are concerned, but are absolutely destitute of memory for passing events. When the medical officer makes his visit (perhaps the third in the course of the day), and asks, "Have you seen me before?" the patient asserts that he or she has not, and the constant, unintermittent repetition of the question at short intervals shows that the capability of retaining new impressions has completely disappeared. I do not mean to say, of, however, that all such cases are necessarily of alcoholic origin, but only that they are a frequent result of alcoholic excess. In fact, I think that in those cases where organic changes have been produced in the brain, the nature of the symptoms will be determined not so much by the character of the exciting cause as by the physiological function of the regions diseased. The same complete failure of memory, for instance, as I have just now commented on, is frequently present in specific disease of the brain; and Dr. Maudsley has drawn my attention to a case in which the exciting cause was the shock produced on the patient by the death of her husband. Though the mention of the circumstances of her husband's death always produced in her the most painful emotions, it was on such occasions as were accepted by her as a novelty. Each time that the lamentable event was mentioned, she regarded the patient then as something she had never heard before, and the grief she manifested was consistent with this remarkable forgetfulness. Still, in other respects, she was comparatively rational.

In such cases there are not, as a rule, the other ordinary symptoms of dementia.

The patients are not dirty in their habits, sometimes employ themselves, are interested in immediate impressions, but retain no recollection of recent experiences. Such cases seem to begin with comparative suddenness, and may terminate—after a considerable interval, in which loss of memory has been the leading symptom—in apoplexy, epilepsy, hemiplegia (from clot or progressive softening), or in simple brain-wasting. In such cases there are no proxymisms of excitement, but there is a tendency toward general weakening of the muscular system, and a cheerful expression, and insane laugh which however cannot be confounded with the look of furious rapture which adorns the face of the general paralytic.

The last class of cases of alcoholic etiology, to which I shall refer, are those which are frequently difficult to diagnose as distinct from general paralysis. They simulate that disease strongly, and may even merge into it. They occur principally in men somewhat beyond the age commonly assigned as the period at which general paralysis manifests itself.

In one respect also, they are peculiar, inasmuch as the history of the cases generally begins with an attack of what would formerly have been called brain fever. An attack of cerebritis in a man of forty-eight or fifty, who has been much addicted to alcohol, may leave him in a state of almost absolute dementia and partial paralysis. When he attempts to stand, his knees bend under him. He is degraded in his habits, and eats ravenously. He rarely speaks, but when he does, it is usually to express excited ideas.

His manner may be habitually sullen, or constantly cheerful and fatuous. For a few months his symptoms may show no modification, when suddenly he may burst out into an attack of aggressive excitement. He shows symptoms of a new attack of encephalitis, and, though completely helpless, manifests by his conduct the presence in his mind of delirium.

sons and hallucinations. His attempts at violence toward those of whom he knows nothing, and whose motives are humane, show the existence of the former, and his rushing or striking at imaginary objects, is sufficient evidence that he is actuated by the influence of the latter.

Self-mutilation reveals the existence of some important mental aberration, and I have known one instance when a patient, strongly alcoholic in his history, and whose case presented such features as I have sketched, lacerated his body with his teeth in a most serious manner.

In such cases, counter irritation of the shaven scalp, and the internal administration of digitalis or aconite, sometimes produce wonderfully beneficial effects. After each attack of excitement, such patients are seen to lose more and more the use of their limbs. They become more and more debilitated, and have recurrent attacks of excitement, which close observation ascribes to groundless suspicions and half-expressed hallucinations. They are rarely convulsed, and in this respect, as well as in the nature of their delusions and hallucinations, and in the rapidity of the course of the disorder, they show a decided diversion from the typical course pursued by general paralysis.

After death they may be found to have brains presenting no meningeal adhesions, and little frontal wasting; but, on the other hand, showing greater evidence of inflammation, or action than those which are found in general paralytic brains. The white matter is often firm and glossy, and tinged with all colors, from a delicate pink to a faint cardinal hue. The cortex is, as a rule, fairly thick and deep in color. The small vessels are generally tough and coarse, and the large vessels atheromatous.

My object in this paper has been to speak of the features of several well known, and other less known, forms of alcoholic brain disease. I have not referred to alcoholic excess as a cause of general paralysis, except so far as my last class of cases sometimes contain instances which merge into that disease. I consider that the relation which alcoholism bears

to general paralysis is capable of a much more scientific explanation than any that has yet been offered. That explanation will, I believe, come from those who combine a knowledge of microscopy with an appreciation of the most recent views regarding cerebral physiology. I have confined myself to a statement of the symptoms of such cases of alcoholic brain disease as special privileges have afforded me the opportunity of studying, and it seems to me that experience points to the fact that excessive or injudicious indulgence in alcoholic drinks causes cerebral irritation, mal-nutrition, and probably inflammation, which, according to certain special conditions, lead to delirium, delusional mania, chronic excitement with exaltations, and even to loss of memory, muscular prostration, exhaustion, and death.

St. Raphael's Hospital, London, England, receives female inebriates who are destitute and unable to pay. The secretary reports that one-half of all the cases under treatment are cured. An appeal is made to raise six thousand dollars to complete the hospital. There are several other places for destitute drinking women in the large cities of Great Britain, but none for poor men who are unable to pay.

The president of the Texas Medical Association, Dr. Brown, in his annual address, thus refers to asylums for inebriates: "It is believed that an asylum for inebriates is demanded; ten years of urging our legislature, and of vigorous efforts at educating the people up to this idea would be well spent and thousands of acres of our idle asylum lands would be judiciously appropriated, and richly repay the State that performed this great charity. As no other body has taken the initiative in this matter it is presented for your action."

THE VALUE OF RELIGIOUS INFLUENCE IN
THE TREATMENT OF INEBRIETY

BY T. D. CROFTERS, M.D., HANOVER, CONN.

I have long ago declared from the study of many cases of inebriety, that no degree of faith or prayer, or earnest, honest intention on the part of the patient, can alone save him from inebriety. In all cases, I am convinced, as a physician, that the agent is one of great value, and always urge my patients to a higher living based on faith, the exercise of prayer and a determined will to rise above the excitement of disease from which they suffer. I also urge that those forces cannot be made available unless supplemented by active work, the use of physical agencies, the exact application of means and methods, which shall reach out and control the organism. Some physicians have taken exceptions to my views of the secondary value of spiritual forces in the treatment of these disorders, and have written to me detailing cases which have recovered by this means; also cases which have failed from the want of them. I think that any of these physicians will find from a study of many different diseases, cases which have recovered in a manner more or less mysterious, which might be fairly attributable to the same spiritual forces, such as faith and prayer. Yet, the application of these means to other cases of the same disease would always fail, especially if they are used exclusively.

The value of faith and prayer in inebriety is in all probability, nothing more than the effect of mind on the body, and the application of the principle of hope and confidence which every physician seeks to inspire in the patient's mind, no matter what the disease may be. If this is trusted, to the exclusion of other means, failure will follow, and yet not infrequently cases of disease go on to recovery, buoyed up on the *vis medicatrix naturæ*, which simply give a tonic

activity to the mind and permit the full action of nature. In many cases I have been convinced that the shock to the mind from the presence of some powerful mental emotion was sufficient to arrest diseased action, and even change the minds and its progress.

Illustrative cases of this character are seen in those persons who exhibit a total change of character and habits, either from religious emotion or from grief or fear. Or those who suffer from disease, complicated with a strong nervous element. I have seen inebriates who became suddenly converted make a radical change of all their habits, and after a time become melancholic, demented, and die. Here was a change of the nature and character of the disease, from the presence of mental emotion. In another case of supposed mania and melancholia, the advent of a change of fortune restored him to a clear, vigorous activity.

I do not propose to discuss this question of the power of prayer or faith in inebriety, but wish simply to present some studies of cases which bear on this point, and which I think furnish the most rational conclusions. The first proposition I make is this: that no exercise of faith and prayer or honest intention exclusively, can either save the inebriate or prevent him from falling. In a study of ten cases on this point, I found that seven had been before and after the beginning of inebriety, active church members, had experienced conversion and led active lives of faith and prayer for longer or shorter intervals, depending on circumstances. Two of these were paralytic inebriates, and had during the free interval between the attacks, led a most consistent Christian life of faith and prayer. One of the seven exhibited the strange delusion of religious mania when drinking; at all other times he was a quiet, sensible and sober, but when once under the influence of alcohol he was the most ardent religious devotee, exhibiting with great enthusiasm and asking the prayers of every person he met, to save him. His mind seemed filled with intense fear of failing to get to heaven, and every thought and exertion seemed directed to

this end; but secretly he drank constantly, never to be staid, but just enough to keep up a degree of excitement. This would last for two or three weeks, then merge into a low form of nervous fever, from which he would recover and remain sober for an indefinite time. This was a form of emotional inebriety which is sometimes seen in those who are either quarrelsome or excessively happy, benevolent or parsimonious, while using alcohol. The other three had been good church members before inebriety came on, but on becoming inebriates left the church.

I am confident that all chronic inebriates have a diseased emotional nature which finds a natural outlet in religious activity, and that the exercise of faith and prayer is a contagious element which they feel readily, from their nature and the surroundings. This can be seen in all communities where every temperance and revival movement carries these men to the front rank and among the earliest converts. Also in every political excitement and social change, the most enthusiastic and excitable partisans are inebriates.

The following case is significant, in both its cause and the means which failed in the treatment: H. A., a clergyman, an active, hard working man, whose history gave no evidence of any inherited taint; from childhood he was an abstainer and rigid temperance man. After conducting a series of revival meetings extending over many months, becoming worn and exhausted, one day, during the administration of the communion, the idea impressed him that this wine would be of medicinal value. It was the custom to store what remained of the wine at the parsonage, and when the service was over he drank some, in his study; the effect was so pleasing that he continued to drink and before night became literally intoxicated. The next communion season he was seized with an intolerable desire to drink wine again, which he gave way to after the service, in his study, and became intoxicated as before. This alarmed him, and he sought, by his power of will and prayers, to prevent its occurrence. The next period was marked by the same fall

and intoxication. After this intoxication the desire left him and only returned when pouring out the wine at the next communion season. Two years later I was consulted. He was nervous and much debilitated, was using patent bitters every day, had not been to the communion table for many months, was filled with fear that he would drink, and afraid of falling with the least temptation; hence was praying incessantly and using every means to prevent such a recurrence by the exercise of strong will and faith. He said he was impelled to go and buy wine, and only after did he realize the danger. He could not tell why, except that the Evil Spirit impelled him to do so. He had exchanged pulpits and invited a brother clergyman to be with him at the communion season, and direct contact with wine was avoided, but a strange, nervous agitation followed, which soon became positively painful and increased until all sense of pride or consciousness of his condition was lost; then he resorted to the most cunning intrigue to procure wine, never seemingly able to realize his condition until after an attack of intoxication.

If he was watched at this season he could keep from using wine; this would last a week or more, then all restraint was lost. During these attacks he at times exhibited a remarkable sensitiveness to conceal his condition. He preached more earnestly and was very religious and excitable, also more enthusiastic, where he had been cool before. I advised that he give up all work, and prayers, and go out into the country, put himself in some kind friend's control, work in the open air and keep perfectly cool and free from excitement; that he was suffering from dipsomania, which would break out more prominently, or develop into some other form of disease. His clerical advisers insisted that he could help himself by being more in earnest and depending more on Divine help. Acting on this advice he obtained a short leave of absence to visit Europe, and returned a few months later, having drunk more there than at home. From this time his course was rapidly downward, and to-day he is an inmate of an insane asylum. This man was most con-

sentations, and anxious to do right, and honestly tried to check this desire for drink by both his will and the exercise of faith and prayer. He was suffering from dipsomania, brought on by overwork and cerebral exhaustion, and could only be benefited by the application of exact remedies following the line of known physical laws. Had he been placed in some hospital for inebriates, recovery would have followed.

The second case was that of a farmer who came home from the army, where he won distinction for bravery, but had acquired periodical inebriety. I was consulted by letter, and urged the physical nature of his malady and the necessity of physical treatment. This he objected to, stoutly asserting his ability to stop any time. Being a favorite in that community he became the object of interest for both the temperance and church reformers, who sought, by the application of all their means, to save him. During the next three years he joined the church, relapsed, was received back again, was very prominent and earnest, then became cold and slanderous; also united with the temperance society, worked well for a time, and relapsed. Was the subject of the united prayers of the community for many years, and signed the pledge repeatedly; made innumerable efforts and resolves to stop, but failed; was a praying man, and sought every means to get help from this source; then gave up in despair. He wasted his property, and, in a paroxysm of drink, set fire to his building and perished in the flames. Here the failure was simply in not applying remedies that were adequate to meet his case. He was suffering from a physical disease which could be reached by physical remedies.

The two cases may stand as typical of many others who are disappointing their friends, and are enigmas to all who come in contact with them. Always attempting to recover, and with extreme confidence entering upon every effort that promises this end; then relapsing very unexpectedly, and only to repeat this process at an uncertain time and moment.

Another class of cases have come under my care that are

equally enigmatic, but more common. Like the others they have disordered emotional symptoms, are either elated or depressed; at times seem to have great power of control, passing through many temptations, with great firmness; then, all unexpectedly, relapse on the slightest provocation.

The following is a typical case of this character: Brown, a lumber merchant, an intensely active man, with healthy parentage, who had been an occasional drinker from twenty years of age, began to use alcohol to excess when thirty-four years of age. Five years later he was an irregular inebriate, drinking very severely for a week or more, then reforming for an uncertain interval, varying from a few days to a year. He was a leading man in the community, and the object of great solicitude by his friends. From his brother-in-law, a physician, I obtained the following history: He drank always at home, in his room, and would not go out, but insisted on doing business and having friends come there to see him. He was either very jubilant and hilarious, or stupid and drowsy. All advice and pleadings of friends were listened to with unusual politeness. Clergymen and others would come and pray for him at these periods, to his apparent pleasure. He would become violent if any attempt was made to take away the spirits, charming he would stop when he pleased. Then, suddenly, he would call for a pledge, sign it, and stop at once, go to church, exhibit great zeal for the temperance and church work, or go to the saloons and talk, and attempt to help inebriates reform by advice and money. These efforts would last an uncertain time; then, unexpectedly, he would begin to drink at home again. Sometimes he would "swear off," as he termed it, for a year or more, and remain rigidly temperate up to the last moment, then drunk in a manner equally mysterious. When he pledged to abstain for a certain time, it was carried out rigidly, to the exact moment. If during his paroxysm of drink he could be induced to sign a pledge, it was the end of all further intoxication or drinking. This puzzled his friends, and seemed purely a vice which he could check at will. At times he made active exertions to build

himself up by the exercise of faith and prayer, and never seemed to realize his condition or the excesses of the excess. He continued in this way for many years, and finally died of acute pneumonia, after an attack of drinking.

As an actor, thirty-five years of age, with unknown paroxysms, consulted me about irregular attacks of inebriety attended with intense depression and suicidal delusions. The paroxysms were preceded by attacks of acute dyspepsia, which came on unexpectedly to him or his friends. He joined the church and many temperance societies, advised with clergymen and others, but obtained no relief; his friends said he was very cheerful, and if his buoyant spirits could be kept up during the attack of the dyspepsia he would remain temperate, but if in any cause he became depressed, inebriety was inevitable. At times he would determine not to drink, and carry it out; again, he would exhibit the same firmness and energy, yet fail. My advice to stop work and go under physical treatment for this condition was neglected, and to-day he is alternately reforming and relapsing, seemingly dependent upon obscure unknown conditions.

These cases both exhibited disordered emotional symptoms, and seemed to try hard to recover by the use of the will and the exercise of faith and prayer. They both could, at times, restrain themselves, and were enigmas to their friends. These cases may be called emotional or accidental inebriates, and follow an apparently erratic, confused course, appearing and disappearing at unexpected times and seasons. A noted temperance lecturer, who is of this class, has a paroxysm of drink craving every two hundred days. At times he is able to resist, at others he gives way, but no matter what the time or circumstance may be, the return of this paroxysm is certain and invariable.

I am sure that a study of these cases will indicate the laws which govern them, and show the same realm of ph, sociological and psychological forces as that which govern other diseases. I protest against calling every symptom that is observed an evidence of vice, and attempting to reach it by

spiritual agencies alone. Because an inebriate, under the emotional excitement of religious or temperance reforms, and remains temperate, to reason that these means will be effectual in all other cases, or that the disorder is simply a vice, is thoroughly unscientific. Cases are found where chronic inebriates recover at once without any cause, under the most adverse conditions; the same unknown element is seen in all diseases, indicating merely our ignorance of the knowledge and conditions of all the laws governing them.

Any careful study of inebriety will show that its complex causation and character cannot be reached by any specific or special methods; all efforts to cure it as a vice by spiritual means must result in failure. I would not discourage the efforts of church and society, but seek rather to educate them into a broader view of the subject and the use of means adequate to reach the disorder. I would urge upon the profession the study of this subject with a true scientific spirit, and thus seek to reach the enthusiastic church and temperance reformers how to work more effectually and upon a broader plane. The profession should teach the world what inebriety is and how to treat it, and not reformed inebriates and clergymen who are heard in every town in the land. The following conclusions I am sure will be confirmed by all who have had any experience, and are founded on rational natural means:—

1. Inebriety is a physical disease, which must be reached by both physical and psychical means.
2. All methods of treatment must be along the line of natural laws, and include all means, both physical and spiritual that can build up and strengthen the entire man.
3. Spiritual means are only valuable in proportion as they are used with other means and where they are effectual alone, they are the exception to the rule and cannot indicate any direct line of treatment.

DELUSIONS AS TO LOCALITY IN CHRONIC ALCOHOLISM WITH A TENDENCY TO DEMENTIA

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The particular delusion referred to here may not be peculiar to all stages of, or exemplified in, every case of chronic alcoholism with a tendency toward dementia, or indeed confined to cases of alcoholic dementia. But having observed this special delusion in a number of cases of chronic alcoholism, merging into dementia, I look for it, and not infrequently meet with it in this class of cases.

The term "*Parasitæ de Locality*" explains itself—the patient is under the impression that he daily, if not more frequently, visits localities at a distance from his usual place of residence, sees friends, and transacts business, and performs his accustomed duties; whereas, the actual facts are, he has not been out of the walls of his own home, or the asylum in which he is confined, if may be, for months. If you use your logic, he is apparently nonplussed at the inconsistency of being in two places at the same time, but this is only temporary, and he will return to his insane delusions.

A marked instance occurred at the Inebriate Asylum, Fort Hamilton. The patient, a German about 55 years of age, confined in the institution for chronic alcoholism, with a tendency towards dementia, requested that he might be permitted to visit his parents that afternoon. He said they resided in Germany, on a farm near a certain town on a certain river, stating the locality. They were old people, very infirm, and it was important that he should visit them, as the farm was a stock farm, and the cattle needed his attention. He was under the impression that he was in Germany, a short distance from the farm. When assured that he was at the Fort Hamilton Asylum he simply stopped his pleading,

usual course pursued by puerperal tetanus. Trismus was first diagnosed with ergot, but tetanus usually follows case of puerperal tetanus, and that was about a year ago.

but resumed it shortly after, and continued to do so occasionally. The delusion was soon here.

In a case now under treatment first at his own home, and afterwards at the asylum, the patient a retired sea-captain, is under the impression that his ship is in port, that he daily visits her, and is getting her ready for sea. The facts are, that the ship he was formerly master of sailed some six months ago, and his wife assures me that he has not been on any ship for over a year. Here also, the delusion is also complete. Other instances might be mentioned exemplifying this delusion as to locality.

The delusion co-exists with the symptoms of chronic alcoholism, and approaching dementia more or less complete, as evinced by failure of the intelligence and of the memory; this mental attribute being in abeyance, sometimes entirely, as characterized by forgetfulness of events, even of recent occurrence; insomnia present, and gastric derangement, or occasional periods of mental excitement occur, but the tendency is toward general indifference of the patient as to his surroundings. He becomes apathetic, automatic in his movements, and gradually lapses into dementia more or less complete. This "delusion as to locality," occurring in the earlier stages of mental alienation, looked at from a certain standpoint, is a rational one. The patient expresses no extravagant ideas, as does the parietic in the earlier stages of his disease. But the delusion is one arising from his daily avocation, and is not overdrawn or exaggerated, and unless the friends or the physician were aware that such were not the case, there is nothing in the statements of the patient inconsistent with the occurrence, which he states has taken place.

From what has been stated, the following queries suggest themselves:

1. Are "delusions as to locality" peculiar to cases of dementia arising from alcohol?
2. If so, may not this special delusion be one of diagnostic value in differentiating alcoholic from other forms of dementia, and also aid in making a prognosis?

dition of urethralgia which affects men in a state of intoxication. I believe the toxicobias compels drunken men, in order to be assured that they are in contact with others, to engage in a considerable degree of energy. A man, however, who will touch his whip or his knife, or any other article, will touch his whip or his knife, or any other article that he handles with uncommon firmness, so that he may be sure that he has it in hand.

For the insensibility, which it is a characteristic of alcohol to induce, one would expect the possible source of great pain through the inevitable infliction of severe bodily injury. As I believe all events are more satisfactory and impressive than theories, I will relate a case wherein anatomy was the probable occasion of the application, unconscious, of so great muscular force, as to result in homicide. I will give a synopsis of a printed brief, detailing such facts in the case as were susceptible of proof. They are not only germane to the point in discussion, but they illustrate in a remarkable manner the principles and facts that relate to the whole subject of inebriety.

In the year 18—, a homicide was committed in a large city. A certain young man was charged with the crime. The following is a portion of the family history of the accused and also the history of the homicidal act.

The young man's maternal grandfather was a notorious gambler, an excessive drinker of alcoholic liquors;—a confirmed inebriate. The maternal grandmother exhibited at an early age the summatizing appetite of her father. She would go on protracted sprees, fasting often for weeks, during which time she would visit common drinking resorts. While in her position when sober was good, and her means ample to sustain herself in luxury in the palatial mansion in which she lived, she would consort with those much below her socially, in her efforts to get drunk. On several occasions her husband placed her under the restraint necessary for medical treatment, to save her life from alcoholic excesses. And such was her conduct and condition until her death.

Next we come to the daughter of the victim of the homicide and the mother of the infant youth. She, too, was afflicted from an early age with the inherited thirst for drink. She inherited her appetite for such an excess that she would become wild and delirious, and would wander out at night from her parents and her home, in independent weather; in seasons of barometrical and apparently without object or destination, and after being absent for some time, would be left home, consequently by any one that happened to recognize her. Prior to giving birth to her son—the accused—she was suffering such extreme nervous derangement and prostration that she would swoon many times per day, in which condition there was always a suspension of consciousness.

The history of the brothers and sisters of these women is, generally, a monotonous repetition of their own story. It is unnecessary to insinuate it here, except in a single particular, and that relates to the neurotic history of the accused himself, whose ancestry is, in part, set forth above.

Retracing the ancestry of the accused on his father's side, we find the father was for years previous to, and for years after, the birth of the accused, addicted to the use of intoxicating liquors, which he frequently indulged in to excess. The young man himself, from early childhood, manifested a desire and appetite for intoxicating drinks. Between the ages of twelve and fourteen years, he became an immoderate and prolific inebriate, with an overpowering propensity for intoxication. His excesses grew in frequency and duration. He was restless and unhappy, with a disposition to quarrel and quarrel about. On three different occasions when he quarrelled, he suddenly, and without preparation, vanished from the scene. This was when he was fourteen or fifteen years of age. After this the drinking habit was continued at irregular intervals, he seldom abstaining for more than a month. He would pawn his clothes for the means to procure whisky, after squandering his money. During these episodes, his moral faculties seemed blunted and gave

evidence of decline. Although honest when sober and in his normal state, he would, under the influence of intoxication, pawn the jewelry of members of the family, to enable him to indulge his desire for whisky; and afterwards notify his father, who redeemed the articles for him. Before committing a debauch he would be restless and could not remain quiet in one place; would squabble and stretch and seem quite unhappy. Sometimes he was low-spirited and melancholy, sometimes he could not rest at night and took narcotics to induce sleep. When intoxicated he grew very pale, with vacant, expressionless eyes of a glassy appearance; he had also nervous twitchings, clenching of the hands, stammering speech and unnatural voice. His mind was often full of new business enterprises, but continually changing, and would pursue nothing long. At times he would not drink intoxicants, at other times he could not abstain. If he drank any, he was sure to continue drinking till he was drunk, worn out and exhausted. He would often resolve to reform, and to carry out, and strengthen his resolution, he has joined several temperance associations, and taken pledges at different times, which he seldom kept inviolate more than a few weeks. When long without liquor, he would grow nervous, uneasy, and dissatisfied in his feelings, and when in this condition, if he got a taste of whisky, he could not stop drinking until he had drunk all that he could get in any possible way, or was in such an exhausted condition that he was sick and prostrate, in consequence of his excesses. And, previously to his arrest, this had been his drinking habit for more than six years.

For a month before the homicide, he had been on a drunken debauch, and during much of that time was excessively intoxicated, and at no time was free from the influence or effects of stimulants. On the night of the homicide, and the day and night preceding it, he was poisoned by excessive libations of alcoholic liquors, having taken over fifty drinks that are known of, amounting in aggregate to more than half a gallon of whisky.

In such a condition, accompanied by an acceptance, he presented to the husband his grandmother in order to secure her wealth by stealth, to pawn it for means to buy whiskey. This was in the evening, before the lady had retired, and the watch was on her person, and not, as he had expected, under her pillow. He returned, after taking more whiskey to the house, which was also his own temporary home. This was two hours after the first visit. He now obtained the watch when he had often pined before, and which had as often been reclaimed by his grandmother when its whereabouts became known to her. The young man also secured some rings from her hand. In accomplishing this, it is supposed that the old lady, being infirm and asthmatic, and seventy years of age, was so handled as to prevent her from loud squeaking and arousing the family; and in consequence of such treatment, it is believed she was suffocated and thus died.

The accused left the house, pursued his course of inebrity, pawned the watch—the owner's name being plainly written on it—dealing direct and openly with a pawnbroker that knew him and his family well, walked about the streets as usual the day following, and was on his way to his grandmother's, and his own temporary home, the next night, in utter ignorance that the old lady was dead, or at all injured in person, when he was arrested. He withheld no fact from the officers arresting him, told how himself and his companion went to the house to get the watch to raise money on it, but was ignorant of the old lady's death, and manifested astonishment on being informed of the fact. He was affectionate to his grandmother, and always exhibited sincere filial attachment for her, had never quarreled with her, and had been, in return, the recipient of all the love a grandmother usually lavishes on a favorite grandchild.

Depositions were taken with reference to the probable mental responsibility of the young man, who was indicted for murder in the first degree. These were obtained from several gentlemen who had made inebrity a special study

for years. The character of the depositions was such that through their representations, in part, the prosecution, with the consent of the court, ignored the indictment, and accepted, without going to trial, a plea of guilty to a mitigated offence, the penalty whereof was confinement in prison for a limited period of time.

Besides the universal kinship of humanity, men are imbued with traits of character which distinguish race, tribe, or family. Yet these are subordinate to a personality and an individualism which impose responsibility and invite criticism. But it sometimes occurs, that the practical isolation of *Person and character* which should distinguish the individual in particular, does not take place: or, at least, is not complete. The separation of ancestry from posterity is, occasionally, unfinished and undefined to a degree, that strict and undoubted personal independence, and responsibility, are not attainable.

The young man accused, in the case under consideration, came into the world laden with the characteristics and intricacies of a profoundly neurotic ancestry. They were the reflections of organic and functional brain degeneration. These characteristics were an involuntary heritage. They were not trivial and frivolous. They were fundamental and wholly determinated in vital and essential particulars, body, mind, and conduct. Whatever may have been the actual state of the mental and moral faculties otherwise at the time of the homicide, there certainly was present a condition of anaesthesia. The muscular sense was defective through alcoholic influence, and the reasonable presumption is, that greater force was employed than could be noted by the perceptive faculties, or than was, in any manifest probability, intended. The accused was bound up through heredity in the misfortunes and diseases of ancestry. He was riveted to his progenitors by the intangible continuity of racial brain degeneration. Isolation and personality, with a living sense of the ego, were physical impossibilities. Fair-play and equity would decide, upon a review of the whole sub-

ject that the conduct resulting in this homicide was not the *causa* of the perpetrator; and that he should not be held responsible in the same degree as persons would be who are not entangled with great hereditary embarrassments.

Thus anaesthesia may, through a destruction of a consciousness of the muscular sense, contribute, possibly, to the most direful consequences. An inference is, that in a great many minor particulars this indefinite conception of muscular capacity may work much harm.

It is useless to speculate, in the case above described, upon the responsibility which attaches to the act of getting drunk. When the hereditary diathesis awakes in the presence of temptation, the restlessness of nerve and iniquitude of mind, under the constitutional disturbance, make the morbid sensibilities wild and desperate; and nothing will so speedily subdue the nervous storm as the ever convenient and alluring alcohol. It is sought in order to give insensibility to nerve agony, and seems, for a time at least, rest and repose. Alcohol affords oblivion for morbid mental troubles, and balm for the quivering nerves. The criminal who would

"Kaze out the written troubles of the brain."

also seeks the anaesthesia and oblivion of alcohol. But the motives of disease should be carefully distinguished from the motives of criminality.

VALUE OF INEBRIATE ASYLUMS

BY JOSEPH PARKER, M.D., BURLINGTON, N. J.

It has been stated by the best authorities that at least thirty-eight per cent. of all cases of inebriety who go under treatment in inebriate asylums are cured. The question is often asked, is this a permanent cure? The answer is, that such a thing as a permanent cure of any disease cannot be honestly promised beforehand, or announced afterward, by any physician of his patients. The word is a misnomer in this intended application of it, but it has become the fashion among chronic objectors to the asylum treatment of drunkards, to use it, and it is repeated here only for the purpose of

discussing its absurdity, by presenting it in contrast with other diseases as follows:—

Of how many cases of insanity, when they leave institutions, can it be said their cure is permanent; that there is no possibility of a relapse? How many criminals who are dismissed from the hands of justice, can be said to be reformed beyond the possibility of future failure? How many converts to religion, are so permanently established that they cannot fall? It is not in the power of man, safely, to assert any such result of his own finite work. It may be stated, however, as a general fact which challenges scrutiny, that the cures of intemperance may be as sure and reliable as any other forms of disease that present equally acute and complicated symptoms.

Inebriate asylums have demonstrated a few facts, at least, which cannot be gainsayed. Many intemperate men, who have entered them voluntarily, and conformed to their teachings, have gone forth to the world, stronger and better than before and are still pursuing sober and useful lives, in at least the proportion above stated. One man out of three has been saved, and this, against strong adverse circumstances, in most cases. It has been shown, also, that there are not a few cases of incurable inebriates, which may remain quietly and soberly within institutions, for years together, and thus shield themselves from the risk of debauch, and their families from annoyance and danger. It is also proved, that asylums are a constant public rebuke and warning to the people on the subject which has a deterrent influence in favor of temperance.

There are many persons who have been inmates of such institutions, who are among our most valuable citizens, and who, from the very fact of having voluntarily made public confession of their infirmity, by seeking asylum treatment, and, equally public confession of their recovery, do not intend to falsify either the fact of sincerity in making the effort, or of earnestness in pursuing their sobriety, by any inconsistency in this regard, if it can be avoided. There are, on

the other hand, many who are professional debauchees, whose other disorders are covered under the more visible fact of drunkenness, and who are more suited to corrective institutions, than to insane or inebriate asylums. Their chief purpose is self-indulgence. They are constitutionally disordered and defective and care but little for anything that does not pander to the gratification of a low nature. Such are not incentives in the sense that is recognized by those who have given the most thought to this subject; and as elsewhere indicated, this discrimination should be recognized and maintained, by all who have to do with such persons, either in the departments of medicine, jurisprudence, or morals. Through the agency of inebriate asylums, there has been not only a more critical study of inebriety, but a more clear and satisfactory distinction in the varieties of its forms. More valuable additions have been made to the literature of the subject during the past few years than for a generation preceding.

That inebriate asylums can improve in their methods, if they would realize their highest ideals, is admitted, but it is asserted without fear of contradiction that new and imperfect as they are said to be, they have accomplished larger and more practical results with this class of subjects than any system within the knowledge of the age.

It is well known that there are some drunkards who "recover naturally," that is, of their own unaided efforts. They "work out their own salvation" in this matter, and are among the heroic men of the times. It is said that they constitute about three per cent. of the inebriate class; about ten per cent. of reformations are claimed by temperance societies, and it seems to me that they are entitled to this award, in addition to the quiet family work that is being done, under their influence, toward prevention.

These facts, taken together with the fact that inebriate asylums, hospitals, and reformatories record at least thirty-three per cent. of their cases restored, and that the public sentiment is strengthening every day in favor of sobriety and virtue, there should be no cause for discouragement in any quarter, nor for any other rivalry between the different methods, than that which is born of high purpose, and earnest effort to accomplish the most good for the individual, and the general public.

Abstracts and Reviews

THE INFLUENCE OF IMMODERATE BEER-DRINKING ON FATAL DISEASE OF THE HEART.

We make the following extracts from a paper read before the Medical Society at Munich, by Prof. Bollinger, and published in No. 7, of the reports of the German society against the abuse of alcohol. Prof. B. said: That idiopathic hypertrophy of the heart occurred more frequently at Munich than elsewhere was proved by the annual reports of the Pathological Society of Munich, and still more by the earlier works of Spatz and Hermann.

In a work of Schmidbauer, carried on under the supervision of the reporter, the attempt was made, on the plan of exact weighings and measurements, to clearly set forth the frequency and the cause of this almost endemic form of heart hypertrophy in Munich. In one thousand autopsies at the Pathological Institute there were found forty-six cases (thirty-two men and fourteen women), of pure idiopathic heart hypertrophy as the cause of death. There were also incidentally found, not as cause of death, thirty-three cases of idiopathic hypertrophy of the heart (twenty-three men—ten women). These figures were obtained during a period in which nearly two thousand cadavers were examined, and have in every respect been carefully verified. All those cases of enlargement of the heart from valvular disease, arterial sclerosis, disease of the coronary arteries, or granular hypertrophy of the kidneys have of course been left out of consideration. A few cases of hypertrophy of the heart may possibly be referred to immense muscular exertion and violent exercise. Still the great mass of cases, as the reporter proved

by a great number of separate and carefully-followed observations, especially in cases of suicide, can only be explained as the result of a habitual over-indulgence in beer, in connection with a true plethoria whose existence however is denied by the majority of modern physiologists and pathologists.

In the habitual over-indulgence in beer, the direct action of alcohol on the heart, and further the fact that the beer itself contains a fair amount of easily-assimilated materials, as well as some that are at least comparatively-nourishing, should be taken into consideration. The habitual beer-drinker who drinks all day almost without pause, finds himself therefore in a sort of continual plethoria of the digestive organs. According to the researches of the reporter, it was ascertained that in Munich, the normal male heart is larger than elsewhere (330 grm. to 58 kilos of bodily weight). In the case of healthy men, 30 to 35 years old, the normal weight of the heart is even so great as 370 grm. to 61 kilos; of bodily weight, a result that apparently agrees with the common widespread, intemperate consumption of beer.

The pathological anatomy of the hypertrophied hearts was generally characterized by a uniform dilatation of both ventricles, an enormous thickening of the primitive muscular fasciculi, with enlargement of the nuclei. Whether there was an actual increase in the number of muscular filaments, the reporter could not determine. In regard to the course and termination of the disease notice should be taken of the fact that many a sturdy beer-drinker reaches a good old age notwithstanding his hypertrophied heart, especially if he has stopped the abuse of beer in time, or has, partially at least, diverted its harmful influence through hard work. The great majority of patients, however, who have been seen here, sink rapidly on the appearance of the heart paresis. At the autopsy the following conditions are found which explain the symptoms observed during life. Slight dropsies, oedema of the lungs, brown induration of the lungs, congestive bronchitis, congestion of the liver in all degrees, cyanotic induration of the kidneys, moderate fatty degenerations and

plethora of all the organs. Final fatty degeneration of the heart muscle is often absent, and the final fatal termination in such cases is to be attributed to paralysis of the nerves and ganglia of the heart, which had hitherto shown itself only as a functional trouble until the disease had had time to develop true anatomical lesions.

The speaker went on to discuss the question of plethoria, and announced himself as siding emphatically with Von Recklinghausen (especially in view of the results obtained by the examinations undertaken by the Pathological Institute of Munich) as to the existence of a true plethoria which may be seen in its most clearly-defined form in cases of habitual beer drinkers. The patients afflicted with the plethoric-alcoholheart (from 31 to 40 years old), show as evidence of plethoria a corresponding corpulence. The bodily weight rises from 61 kilos, normal, to 74 kilos; which great mass of dropsical fluid is, as a rule, lost during the final emaciation of the patient.

The extreme frequency of the idiopathic heart hypertrophy in men who frequently die during the period of juvency (from 25 to 45 years), argues strongly in favor of alcoholic-plethoric origin of the trouble, and against its being a result of acute rheumatism, which notably prevails amongst women. Among women the idiopathic hypertrophy of the heart, from alcoholic-plethoric causes, does not reach so high a percentage, as among men, because on account of a quiet life and less muscular exertion they are not so tempted to indulge in beer.

The speaker states that the habitual intemperate use of beer causes certain diseases of the other organs among which he classes the following: Sclerosis of the arteries, apoplexies, nephritis, hepatitis (notably the lighter forms or grades of cirrhosis of the liver), fatty heart, a disposition to hemorrhagic inflammations of the serous membranes, and even phthisis pulmonalis.

From these considerations, and from the frequency of the alcoholic heart, it is to be explained, the fact that in so many

cases inflammatory kidney diseases were found occurring simultaneously with the heart affection; also why occurring laterality of both ventricles was so often met with in the beginning of inflammatory kidney diseases. On the same ground is explained the fact that in Munich there is often a case hypertrophy and dilatation of the left ventricle occurring without post-mortem evidence; in phthisis pathologica, emphysema and chronic pleuritis, the left ventricle is often hypertrophied and dilated.

The author here furnished statistics showing that nearly twelve as much beer *per capita* is consumed in Munich, as in any other place in Germany.

At the close of his address, the speaker threw as an inference from his analysis of the question that the peritoneal hypertrophy of the heart so frequent in Munich, could not be explained on the ground of myocarditis, nor as a result of acute fibrinism, but must be viewed as a toxicoinflammatory hypertrophy induced by liver-alcoholism, and its concurrent peritonitis. Brand-drinkers were as a rule, poorly nourished, and there was lacking the accompanying plethora; hence, with these the cardiac hypertrophy was rarely found. The habitual wine-drinker, on the other hand, was well-nourished, but as he usually led an idle and luxurious life, he was unfortunately suffered from this hypertrophy.

The fatal insufficiency of the heart in many cases is anatomically not clear. It may be a toxic action on the nerves of the heart, or an exhausted condition of them, brought on by functional over-work. While the moderate use of beer, considered from a hygienic point of view, possesses certain advantages both as a means of pleasure, and of nourishment, its abuse, together with that of all other alcoholic liquors, was accompanied by the greatest dangers.

W. H. VERRILL, M. D.

The third edition of Dr. Meyer's little brochure on the opium habit is out and for sale by G. P. Putnam's Sons, New York City.

ACTION OF OPIUM ALKALOIDS

According to some recent researches of Von Schroeder, conducted in Prof. Schmeideberg's laboratory in Strasburg, all the opium alkaloids hitherto examined resemble opium in acting upon the same part of the body, viz. the central nervous system. This conclusion holds good only for mammals, and must be qualified in regard to the frog, for in that animal, codeine, papaverine, and the thebaine have also a paralyzing action on the motor ganglion of the heart. These alkaloids agree with morphine not only in the organ they affect, but in the nature of their action. The symptoms may be divided into two stages. First, narcosis, due to a paralytic action on the brain, followed by second, tetanus, due to increased irritability of the spinal cord. This agreement allows these alkaloids to be united with morphine in one group. Notwithstanding this qualitative agreement between the action of these alkaloids on the one hand, and that of morphine on the other, there are considerable quantitative differences in the development and persistence of the narcotic and tetanic stages. The narcosis these alkaloids produce, unlike that of morphine, is not very deep, and quickly passes away. In the case of thebaine it occurs in dogs as well as in mammals. The rapid development of the tetanic stage characterizes the action of this alkaloid. There is, yet, as in the case of morphine a progressive paralysis gradually destroying the functions of the different parts of the brain; the action quickly extends over the whole brain, and remains silent while symptoms of irritation have already begun. This fact renders it advisable to break up the group of opium alkaloids into two sub-groups, the first of which may be called the morphine group, characterized by the prominence of the narcotic stage, while in the other, which may be called the codeine group, the tetanic stage is more prominent, and the narcosis less so. The members of these groups may be arranged as follows: So that each subsequent member has a weaker narcotic, and

cases, however, we have an affection, a multiple neuritis, especially of the sensory nerves. The second type of alcoholic ataxia is an affection which chiefly attacks females who may, however, be of either sex, have suffered from symptoms of chronic alcoholism (morning vomiting, chronic gastric and other haematemesis, etc.) previous to the appearance of the ataxic troubles. These commence more or less acutely and consist of vertigo, and vaso-motor and trophic disturbances. The sensory disturbances are as a rule well marked, and very characteristic, and consist of extreme hyperaesthesia of the feet and other parts of the lower extremities, with or without hyperaesthesia, perversion of the sense of temperature (hot objects when brought in contact with the skin and cold those are of an present in addition to fascinating pains in the lower extremities, and pain when pressure is applied along the vertebral column. The hyperaesthesia is often relieved by anaesthesia or diminished sensibility; the hyperaesthesia by analgesia. The motor troubles consist of most of the marked paralysis attacking the lower and sometimes the upper extremities. In many cases the extensor muscles are chiefly affected while in not a few cases the flexors are more general. The superficial and mechanical reflexes are often diminished; the tendon reflexes are nearly always absent; contractures have only been noticed by a few observers. The vaso-motor affections consist chiefly of numbness of the feet or hands, occasionally also of other parts of the body, and oedema, especially seen at the ankle, and dorsum of the foot, and back of the hand. The nerves and muscles show marked degenerative reaction though we have but few detailed statements on this subject; cerebral symptoms, such as insomnia, restlessness, more or less delirium, and headache, though absent at first, often make their appearance during the course of the disease, and are frequently the cause of death unless other complications should occur, such as jaundice, fatty degeneration of the liver, etc. Disorders of the circulatory, digestive, and respiratory organs are often seen during the progress of the disease, but are rather com-

lications of the primary effects of alcohol on the organs, than secondary manifestations of the nervous affection under consideration. The prognosis varies greatly; many cases recover when they come early under the care of the physician and when uncomplicated; some recover for a time then relapse, while in others the disease pursues a steady downward course, death ensuing from cerebral symptoms, from exhaustion or from some intercurrent affection as is so often seen in other forms of chronic alcoholism.

PATHOLOGY OF ALCOHOLIC PARALYSIS.

In the London Pathological Society, the following note was presented by Dr Hadden, and discussed at some length. We present a brief of the main points brought out.

Dr. Hadden showed specimens from two cases. The first, a woman, aged thirty-three, had been a heavy drinker. Had a loss of memory for three months, and ten days before her death there was loss of power in legs, and oedema. She had retained a of urine, was noisy and delirious.

The legs were powerless, but there was no tremor; no reflexes; and loss of electrical excitability in muscles. Liver enlarged, atrophy, generalized tuberculosis, and ulceration of intestine. Medulla brain, and spinal cord normal.

Second case, female, age forty-two. Father died of diabetes. Had delirium tremens, and could not walk alone. No loss of power in bladder or rectum. Limbs cold, arms wasted; there was drop wrist; extensors more affected than flexors; interossei involved. Reflexes absent; muscular sense normal, and no anaesthesia of trunk. Legs emaciated, drawn up, and she could not bear to have them touched. Atrophy, aortic aneurysm, and a little broncho-pneumonia, cirrhotic liver, brain and spinal cord healthy. Sciatic nerve showed the tubes much decreased in size; medullary sheath and axons cylinders, also reduced; there was no segmentation of the myelin. Some thickening around nerve tubes; absorption of

muscular fibres in gastrocnemius, with interstitial fat in considerable amount.

In both cases, the cord was healthy, confirming the view that the disease was one of peripheral nerves. In another case, he found atrophy of hypoglossal nerve. Association of cirrhosis of liver, and general tuberculous, was common in these cases.

Dr. Esprit of Lyons read a very interesting paper before the International Medical Congress, on auto-intoxications, dividing them into the following groups: 1. Auto-intoxication in diabetic patients, and in persons affected with carcinoma of the stomach. 2. Auto-intoxication of intestinal origin, in strangulated hernia (intestinal septicaemia), in the case of unnatural anus, and in different other intestinal lesions without interruption of the continuity of the intestine. 3. Auto-intoxication of bronchitic origin vesicular. 4. Auto-intoxication as a morbid element in acute infectious affections, the toxicity of certain excrementitious products.

The reader will be surprised at the special pathological symptoms which follow these poisonous factors, especially their close resemblance to that which comes from alcohol and also their therapeutical and hygienic relations.

The Popular Science Monthly, D. Appleton & Co., New York City, has become a necessity for every reading man, as much so as the daily paper. Every month it brings a rich collection of papers, which represent the world's best thought, and the last words of science by its masters. The January number of this journal is a small library in itself, and gives promise of a very large return to its readers for the small price of subscription.

Cocaine has been found to be a most valuable remedy in opium inebriety, used subcutaneously in 1 grain doses three times a day. It has been used with good results to break up the tobacco desire. Dr. Freund of Vienna thinks that morphia and cocaine are antagonistic. In dipsomania it has been tried with most excellent results.

The Fourth Annual Report of the Inspector of Retreats for Inebriates in England has been issued, and like the previous reports, is more remarkable for the non-experience of the Inspector than for any information on this subject. From it we learn that four institutions are now working under the act. Of these, the Dalrymple Home is the best and most thoroughly equipped for the work. How the value of these places can be estimated from the number of persons received, and those discharged with statistics of death-rate, and other facts of this character, which of themselves mean nothing, it is difficult to understand. He mentions a fact that two persons have been arrested for selling alcohol to the inmates of these asylums, but were not convicted for want of evidence. To be of any value these reports must be made by men who have some idea of inebriety and its remedies, and how asylums enable these means to be applied. To suppose such places to be mere station-houses, where men are forcibly kept from alcohol a short time, and by this method recover, is a blunder that is hardly excusable in this age of medical progress.

The Proceedings of the Society for the Study and Cure of Inebriety, numbers one and two, are before us. The first number contains the inaugural address of the President, Dr. Kerr, and two papers on inebriety, by Dr. Carpenter and Mr. Gustafson. The discussion of these papers, the by-laws of this society, names of members, and resolutions, fill up fifty-one pages of a pamphlet. The second number contains the proceedings of a dinner to Mr. Weston and a breakfast to the members of the British Medical Association and two papers on inebriety, by Dr. Alfred Carpenter and Oakley Hall, Esq.; letters and other matters, filling eighteen pages. These two numbers give great promise for the future of this society. It is very evident that under the leadership of Dr. Kerr, with whom are associated some of the best men in the medical profession of England, the nature and character of inebriety will be thoroughly investigated at an early day.

The First Annual Report of the German Association Against the Abuse of Alcohol, ending July, 1884, is a fifty page volume of considerable interest. This association is made up of many branch organizations in different cities, whose purpose seems at present to be the establishing of coffee-houses to take the place of beer-saloons, and urging substitutes for alcoholic beverages, distributing medical literature on this subject, and general temperance work. This report is mostly an account of the year's operations in this field.

Our readers will be pleased to hear that G. P. Putnam's Sons, of New York City, announce the early publication of *Meynert's Treatise of Psychiatric*. The first volume will be devoted to the anatomy and physiology of the brain, and be edited by Dr. Sachs, and fully illustrated. This will be the most valuable treatise on this subject ever brought out in the English language. All specialists of brain and nerve maladies will find this work indispensable. Send to the publishers for circulars, terms, and the date of publication.

The Book Worm, a unique, handsome, and delightfully readable little monthly magazine, containing for the year over 300 pages and many fine pictures, all for 25 cents a year, is a recent characteristic product of *The Literary Revolution*. A specimen copy of *The Book Worm* will be sent free to any address. John B. Alden, publisher, 393 Pearl street, New York.

The Electrical Engineer of New York City, comes with the latest news from the front line of progress in electricity. Whoever wishes to be posted on the rapid and startling advances in this field should read this journal regularly.

The American Inventor of Cincinnati, is another science journal a monthly, that is very valuable, and should be in every working library.

The Scientific American begins the new year freighted down with matters of the most practical interest to all readers of science.

Editorial.

INEBRIETY A DEFENSE FOR ILLEGAL VOTING.

The following case, submitted to me for an opinion, opens up a field of much medico-legal interest. H——, an inebriate well known in the city where he resides, was arrested for voting twice on election day. In defense, it was urged that he was intoxicated, and was incapable of realizing the nature and character of his conduct. His inebriety dated from hardships and exposures in prison during the war. He had suffered twice from delirium tremens, and during the past year had drank more than ever before.

The night before election he drank to great excess, was around the next day under the influence of spirits, yet not stupid. He gave a voter a horse in the morning to work for a certain man, and made large promises to others for similar favors. In the afternoon he swore in his vote at a different polling district, and was recognized to be intoxicated. Next morning he had a most confused memory of the events of the day before, and could not remember his voting twice. The general history pointed to a steady failure of brain and judgment for the past year, both in acts and in capacity to reason about his circumstances and conduct.

In this connection the history of two similar cases which have become authorities in the legal world will be of interest. One, *The People vs. Harris*, argued in the Supreme Court of California, in 1866. The defendant, Harris, an inebriate offered his vote the second time at the same poll four hours after voting before, was challenged, and swore in his vote. He was recognized as being intoxicated. He was tried, and, although defended on the ground of intoxication and mental

ineapacity, was convicted and sentenced to prison. The case was argued in the Supreme Court for a new trial, on the ground that the judge had not allowed testimony to go to the jury relating to the mental status of the prisoner at the time of voting. The judgment was reversed and a new trial was ordered. The judge in this decision held that "The act of voting more than once at the same election is not a crime unless done knowingly and with wrong intent. Therefore a person charged with this crime may show that he was intoxicated at the time he committed the act, not as an excuse for the crime, but to enable the jury to determine whether his mental condition was such that he knew he was committing an offense."

The second case was *The State vs. Welch*, argued before the Supreme Court of Minnesota in 1874. The defendant, Welch, was a lumberman, and had just returned from a six months' absence in the woods. He did not know who were the candidates, and took no active part in the election. Drank hard all day, voted in the morning, and in the afternoon found himself at another polling district, and voted again. He did not have any memory of the events of the day. He was defended on the ground of intoxication (which was well recognized by many witnesses), and general incapacity of forming an intent to commit crime, or a knowledge of the nature of the crime. His counsel insisted that the essence of an offense is the wrongful intent, without which crime cannot exist. The judge held that this act was wholly voluntary, and that every man should be presumed to intend his own voluntary acts. He also charged the jury that the enfeeblement of his memory, perversion of will, and clouded understanding by alcohol was a voluntary act on his part, and this should not entitle him to any privilege or excuse for his conduct later. The Supreme Court sustained the lower court and its judgment, deciding "That it is no defense to an indictment for illegally voting more than once at the same election, that the prisoner was so drunk when he gave

his second vote, that he did not know what he was doing, and did not know that he had already voted."

This decision outlines the medieval teachings of the law, which happily are growing less every year. The former decision breathes the spirit of another age, where justice and truth are better understood and dispensed higher up on the scale.

PREMONITORY HINTS OF INEBRIETY.

From a clinical study of cases it is apparent that inebriety is often foreshadowed in many ways long before it appears. As a first study in this direction I have noted some cases where morbid emotional and volitional impulses preceded the outbreak of inebriety.

These disturbances may not be considered as always evidence of the approach of inebriety, but should be studied carefully as intimations of coming storms, and distinct signs of failure and debility, which may take on any form of disease at the slightest notice. Thus a person at a most unexpected time and place will be disturbed with homicidal suggestions that fill him with horror. He will be tempted to kill his wife and child, or in a church to break up the services by blasphemous expressions, or go away and drink spirits and associate with bad characters. These morbid thoughts will not infrequently take a wide range of the most unusual acts, outside of all customary mental states. The effort to suppress them becomes more difficult as their distressing character increases. Often they have as their object some general gratification, to be obtained by an unusual criminal act, as for instance, getting money by forgery, or other means. Frequently a desire to steal or to possess some object will fill the mind for days, then pass off, and leave a most intense disgust and abhorrence. Frequently the victim will turn to the church for help, and be told that these are only the temptings of the Devil, to be driven away by a more thorough consecration to religion and the Church. The strain and excitement of this effort soon ends in a recurrence

of these impulses that seem more intense than ever. Then in a moment of despair he will let his thoughts in alcohol and food and a fall as most naturally. These morbid impulses concentrate in a desire for spirits, and its effects, sometimes incontinently or continuously. The same morbid condition exists only in another channel, the homicidal and criminal impulses are gone, and the desire for spirits takes its place. After the paroxysm of drink has passed the mind is at rest and free from all disturbances. Later they come out in various ways, sometimes in paroxysms of agitation, emotional excitement or impulses to do things foreign to the usual custom, ending in drink excess.

In many of these cases alcohol is not tolerated from some reasons unknown, but where it is, its sedative effect is so prominent and pleasing that it becomes ever after a sought-for remedy. These emotional and volitional impulses are often hints of coming inebriety when they have reference to food, clothing and physical comforts. Thus in one case the sudden unusual care manifested to procure the best food and clothing possible was followed by inebriety. In another case, the same extraordinary interest to avoid over-work, and not have proper rest, soon ended in this way.

The changing and almost childish impulses so often noticed in business and professional circles among men and women who are otherwise strong, are hints in the same direction, that are liable to become developed any moment. Often these morbid mental states are unmistakable indications of cerebral brain disturbances which may go on into serious troubles or disappear in recovery.

The intellect is rarely disturbed, and the patient pursues his work as usual, yet these impulses come and go, admitting the reason with the fear that they may become realities. They may be called irresistible morbid thoughts, which often take the form of prompting suggestions, that come from some circumstances that may or may not be known. Sometimes they lead directly to inebriety, as when they refer to

some supposed want of the body, or indirectly when alcohol is used to break up the pain and agony which follows.

In some cases where the symptoms are associated with inebriety, they can be traced to similar states, which have existed before inebriety has appeared. Not infrequently these morbid suggestions may last a long time, and not increase, but be a source of sorrow and peril which marces their every movement. Unfortunately they are concealed, and it is very difficult to ascertain their existence unless the patient is suffering, and even then he treats them as reflecting upon his character as inner hints of depravity and weakness that should be overcome. When inebriety is better known, those strange, unethical and emotional impulses and promptings will be recognized as signal flags of oncoming disease, and means taken to avert and prevent them.

CREDIBILITY OF INEBRIATE WITNESSES.

In the December number of *Medical Legal Journal* is a notice of a recent decision in which the credibility of an intoxicated witness is questioned. The lower court held that the witness, being under the influence of liquor, does not, to any extent, affect his credibility, if he testifies that he distinctly remembers the facts as they occurred. The higher court affirmed "that it does not follow that the capacity of observation and power of memory are destroyed by intoxication, which is not to the degree producing stupor. While it must be admitted intoxication does not destroy credibility, it undoubtedly impairs it. But if the evidence of one who was intoxicated at the time of the occurrences of which he testifies is corroborated, or his memory of the transaction appears to be distinct and clear, he is entitled to belief. This would be called good law from a theoretical standpoint, but practically it is not correct. It is the experience of all who are familiar with inebriates that under the influence of alcohol, both powers of observation and memory of occurrences, cannot be trusted, under any circumstances. It is

not necessary to be stupid, or wildly intoxicated, to have impaired senses and reason; but the fact that he has used alcohol for a long time to his injury, manifest in conduct and reason, is sufficient to prove his incapacity to realize and remember accurately any class of occurrences. Hence, all practical observers will agree that the testimony of any one in regard to facts seen under the influence of alcohol, must never be taken in court, except to corroborate and supplement other evidence. The ability and desire of a man, under the influence of spirits, to realize and tell the truth, is impaired, and no matter what the conditions or circumstances are, his evidence of facts and occurrences, seen in this state, is open to so many sources of error as to be dangerous and practically worthless.

PERSONAL

The moment this journal was started it was evident that its advanced position would not be sustained by any considerable audience. The strong impression of an early death was apparent in the compliments of the press. Moralists and temperance men denounced us, and credulous wonder-seekers praised us with enthusiasm. Eight years have passed, and the journal is not an experiment; it has won its way and become established as the exponent of a distinct field of science. Every now and then some new enthusiasts of temperance reform feel called upon to condemn us with great bitterness. Of some one older in experience, but more wary, gives us a kind of sneering praise, that is supposed to be very injurious. Fortunately *THE JOURNAL OF TEMPERANCE* is not on trial before the shifting judgments of this century. Its managers and supporters are aware that its real work is gathering the evidence, and preparing the way for the universal acceptance of the truths which it represents in the twentieth century.

This journal can have no controversy with temperance reformers or clergymen; its province is to gather and publish the facts, no matter what the consequences may be. If

the facts are true, the results cannot be won. This journal does not depend upon temperance movements, public opinion, or the criticism of the hour for support. It trusts entirely to the truth of its position, which, if not recognized to-day, will be seen to-morrow, with the same certainty of the march of the seasons. The advanced position of the journal has drawn round it an increasing number of friends and supporters, and the growth of the principle, which it advocates, has been steady and permanent. In this number it enters upon the ninth year of its existence, assured beyond all doubt of a large and rapidly increasing constituency in the near and far-away future.

THE REVELATION OF THE INSURANCE TO INEBRIETY

The importance of a knowledge of inebriety to the insurancee, comes out prominently in a published list of some of the heavily-insured men of this country. This list comprises three hundred and thirteen men, whose aggregate insurance is over twenty-five million of dollars, an average of eighty thousand to each man. This we are told is only a partial list and by no means comprises all the heavily-insured men of the country. If the medical examiners who have been called to pronounce on these cases, have been guided concerning the character of inebriety by the teachings of moralists and temperance reformers, the companies may expect a shadowy uncertain future. The medical officers who are in doubt as to the disease of inebriety, and fail to recognize it moderate or occasional use of alcohol anything more than a mere habit or whimsical notion, that can be checked any moment, are preparing for a "Waterloo disaster," that is inevitable in the future. Shrewdness and skill of management may counteract and compromise these claims, but loss is certain and sure to follow. The company may lay down rules and directions for its medical officers, but unless they have sound views on matters of science pertaining to disease, their ser-

where these defects can be congregated and made prominent, independent of the tax-payers. The practical character of this method of treating inebriety is assured beyond all doubt in many ways. If the earnest temperance reformers will press this method of suppressing inebriety on the authorities they will realize more practical results than can be obtained from a half a century of sermons and lectures.

♦♦ **INEBRIETY CURED BY EMILITION, WITH STRICT RATIONAL SUPERVISION AND TREATMENT BY A PHYSICIAN OF CONSIDERABLE EXPERIENCE, WHO HAS PRACTICED IT FOR OVER FIFTY YEARS. CONDUCIBLE HOME IN CHAMBERLAIN'S HOUSE, APPLY TO M.**

This is a standing advertisement in a leading British journal. The physician is a man of reputation in the profession, and his theory and practice is to cure the victim of taking some one form of alcohol, and allow him to take another. Thus, the man who has taken beer, and finally used brandy or whiskey, can be cured of the latter, and still use the former. This out-Herods the boldest American quacks, and puts to blush their wildest assertions.

In a memorial volume of the late Dr. T. L. Mason, who was for many years the president of the association, occurs the following: "The most important of the many philanthropic measures in which Dr. Mason was, from time to time, engaged, was one which did not exhaust his energies until the closing years of life. Of him, it might truthfully be said, that his greatest work was also his last." This refers to his work in behalf of the study of inebriety as a disease, and the rational treatment in asylums. Dr. Mason will go down into the future as a pioneer thinker and worker in this field. As the founder of Fort Hamilton Asylum, and the American Association for the Cure of Inebriates, and the author of many very excellent papers on inebriety, he has left a record that will not be forgotten. The author of this volume very truly remarks, "that the disease theory of inebriety, through the instrumentalities which he was among the foremost in

establishing, is gradually, yet surely, winning its way to the acceptance of the scientific and medical intelligence of the age."

It is always a pleasure to commend the *Saxtonian* and its most distinguished editor, Dr. Bell. No pioneer worker is entitled to more respect and confidence in matters of public health and sanitary science; but when he discusses inebriety, the reader is both pained and bewildered. The world moves, and it is more and more difficult to persuade men to go back to the dark ages for theories to explain the phenomena of body and mind. Clergymen and moralists may be satisfied with this, but students of exact science want facts and evidence before they can trust statements and theories.

Dr. Shepard's Turkish Baths, on Brooklyn Heights, N. Y., are undoubtedly the most perfect of the kind in the country. As a therapeutic measure in all conditions of nerve debility, and particularly in inebriety, they are to be commended for their great power and value. Dr. Shepard is a specialist in this field, and his skill and advice are daily sought for by persons from all over the country. The Turkish bath in the hands of a scientific man, is a need which the medical public have long felt, and is now most thoroughly met in Dr. Shepard's Baths, on Brooklyn Heights, near Fulton Ferry, N. Y.

Dr. Shears, of Liverpool Eye and Ear Infirmary, reports forty cases of amaurosis from excessive use of tobacco. Of these fourteen recovered, and fourteen improved, and nine could not be traced, and the remaining three did not improve. Of these cases, two would not diminish the use of tobacco, and the third was an inebriate, which finally became paraplegic.

Clinical Notes and Comments.

OPIUM TREATMENT.

Dr. Lett, the well known superintendent of the Home-wood Retreat, Guelph, Ontario, in a recent paper on the opium habit, writes as follows:

"Before treatment is commenced, however, it is necessary to inquire into the patient's idiosyncrasies, as well as to ascertain whether he is the subject of any organic disease which, though held in abeyance by the opium, is sure to become active when that agent is withdrawn, and frustrate all probabilities of cure. Inquiry must also be made with reference to the existence of hereditary predisposition to insanity or other serious neuropathic disorder; and lastly, in the case of females, assurance must be had that the patient is not pregnant—abortion would be sure to take place, accompanied by alarming hemorrhage, requiring most prompt and active measures to avert a fatal issue.

"Having satisfactorily settled these points, the treatment may be commenced with every prospect of success, for neither does the quantity of the drug consumed, or the length of the time the drug has existed, form an insuperable barrier.

"Comparatively easy victories have been obtained over the drug when it has been taken in large quantities, and when the habit had been of many years' duration.

"For the purpose of supplying the place of opium in the manner indicated, various agents have been used, but none seem to answer the purpose so well as large doses of quinine, or the best English extract of *cannabis indica*. During the course of treatment other therapeutic agents are required.

"The valerianates and chloral will be found useful to induce sleep, the compound tincture of cinchona and coca leaves, in depressed conditions. Hot-water baths can hardly be dispensed with. Their power of soothing and allaying nervous irritability, equalizing the circulation and inducing sleep, makes them one of the most valuable remedies at our command.

"To relieve constipation a good deal of fruit should enter into the diet. If this fails to produce the desired effect, copious enemata of castor oil will be required. During the

crisis which follows the withdrawal of the last infinitesimal dose of opium, ten drop doses of dilute phosphoric acid, repeated every half hour, exert a wonderful influence. In this we possess one of the most powerful of all drugs to combat and control the spasmodic twitching and nervous irritability incident to this stage of the case. It cannot, however, be continued beyond five or six doses, as its tendency to irritate the stomach prohibits its further exhibition. Must, lime-water, mustard, friction, and electricity, are all useful in assisting to bridge the patient over the crisis.

MYELITIS FOLLOWING INEBRIETY.

Dr. Seeligmüller read a paper on the above subject before the psychological section of the German Society of Naturalists and Physicians at Magdeburg, recently. He said that the best authorities favored the view of a special lesion of the spinal cord following inebriety, although actual sections of that organ had hitherto failed to demonstrate it. The four cases described in the following report also failed to substantiate this view. Still Dr. Seeligmüller is convinced that the seat of this disease must be sought for in the spinal cord. He reported two cases where the symptoms were of a mild character which presented the following points: severe wandering pains in the extremities and the joints; weakness of the legs, which at times make walking or even standing an impossibility; associated with this was a sensation of burning and of numbness in the feet. After the entire withdrawal of alcohol these symptoms disappeared. Then two more severe cases. After the weakness in the legs had continued for some time, one day there was a sudden paralysis of both the upper and lower extremities. Accompanying this were severe pains in the extremities, which gradually subsided, but continued for some time as a hyperaesthesia of the parts, accompanied by a feeling of numbness in the hands and feet. Strong contractions were rapidly developed in the paralyzed extremities, clenching of the fingers, flexional contractions of the wrist and elbow, and a simulated talipes in the feet. The electric reaction of nerves and muscles was much diminished for both currents. Muscular atrophy soon followed. Bladder and alimentary canal intact. A temporary abstinence produced an improvement in the symptoms, especially the contractions. No discussion allowed.

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