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OF

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The New York Pharmacal Association,

P. O. Box 1574.

NEW YORK.

THE
QUARTERLY JOURNAL OF INEBRIETY.

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INEBRIETY, AND HOMES FOR INEBRIATES IN
ENGLAND.

BY JOSEPH PARRISH, M.D.

President of American Association for the Cure of Inebriates.

[An Address delivered at the November meeting of the American Association for the Cure of Inebriates.]

Drinking to intoxication has assumed such damaging proportions among the higher, as well as the lower classes of English society, that it has claimed the attention of the British Parliament so far as to provide special remedial legislation. Thus, during the session of 1872, it was

"*Ordered*, that a committee* be appointed to consider the best plan for the control and management of habitual drunkards."

That the committee might prosecute their inquiries intelligently and thoroughly, they proceeded without delay, and yet with characteristic prudence and deliberation, to send for persons and papers.

Of the witnesses examined for the United Kingdom, there were eminent physicians and surgeons in general practice, medical inspectors and superintendents of lunatic asylums, and directors and managers of private retreats.

* Committee—Sir Harcourt Johnson, Mr. Birley, Mr. Henry Samuelson, Mr. Wharton, Dr. Lyon Playfair, Mr. Henry Mitchell, Lord Claud John Hamilton, Mr. Akroyd, Mr. Miller, Mr. Downing, Major Walker, Mr. William Henry Gladstone, Mr. Clare Read, Colonel Brice; Dr. Donald Dalrymple, Chairman.

Connected with the administration of law, there were examined, governors of prisons, of houses of correction and reform, stipendiary magistrates, and constables of counties and boroughs, and also two medical witnesses from America, both of whom were at the time superintendents of asylums for inebriates.*

In addition to the verbal testimony furnished by these persons, of whom there were twenty-nine, who gave answers to three thousand two hundred and thirty-nine (3,239) questions, several papers were handed in from penal and reformatory institutions, exhibiting in tabular form, statistics of commitments and discharges for drunkenness, with suggestions from scientific and philanthropic persons as to the kind of legislation that was needed. In addition also to such papers, there were presented abstracts of the laws of France, Austria, Sweden, and the Netherlands, on the use of intoxicants, with information from those countries touching the appointment of guardians for inebriates, divorce, crime, punishment, and the relation of inebriety to insanity.

The sessions of the committee were held at regular intervals, from the 29th of February to the 7th of June, and during these months such an amount of testimony, and such an array of facts, had accumulated, as to enable the committee to prepare and present a report, which, for thoroughness of research and completeness of design and arrangement, may be said to be a model public document. It shows a concurrence of testimony on the following points, to wit:

1. The absolute inadequacy of existing laws to check drunkenness.
2. The increase of drunkenness in large towns and populous districts.
3. The confirmation of the statement that drunkenness is a prolific source of crime, disease, and poverty.
4. The utter uselessness of small fines and short imprisonments.
5. That occasional inebriation frequently becomes con-

*Dr. D. G. Dodge, New York Inebriate Asylum, Binghamton; Dr. Jos. Parrish, Sanitarium for Inebriates, Media, Penn., now of Burlington, New Jersey.

firmed and habitual, and soon passes into the condition of disease, uncontrollable by the individual.

6. That self-control is suspended or annihilated, moral obligations disregarded, and the decencies and duties of life alike set at naught; and that the victims of this condition obey only an overwhelming craving for stimulants, to which everything is sacrificed; and that this is confined to no class, condition, or sex.

7. That the moderate use of alcoholic liquors is unattended by any bad effects, while there is much to prove that excess in ardent spirits is far more deleterious than similar excess in wine or beer.

8. That there is a large amount of secret drunkenness of both sexes, which never becomes public, but which is probably a more fertile source of misery and degradation than comes before the police courts, and that legislation in behalf of such cases is urgently demanded.

9. That there is a necessity at this time for more efficient legislation to check the downward course of the drunkard, and secure his control in reformatory and curative asylums or homes, by which many cases of premature death from intoxication, including suicide and homicide, may be prevented.

10. That though the habit of prolonged intoxication may lead in the end to insanity, yet there is a difference between inebriety and insanity proper, so distinct as to warrant the opinion that placing inebriates in lunatic asylums is improper, and should not be allowed, except for a very brief period, *e. g.*, during a paroxysm of delirium tremens.

11. That for the class known as casual or occasional drunkards, it is recommended, in order to arrest or possibly prevent the establishment of the habit, that more efficient laws should be passed with something like the following provisions:

A register should be kept, in which should be recorded the name of every person arrested in this initial stage of drunkenness; that a fine not exceeding forty shillings should be imposed upon every such person, and placed opposite to

his name, in the register, with costs, if any. That after three convictions of the same person in any one year, the magistrate should have power to require the offender to find security for his sobriety and good conduct for a fixed period of time, and in default of the same, or in case of forfeiture of security by a fresh offense, then to sentence the offender for a considerable term to an inebriate reformatory.

It is further recommended that the register shall be progressive, so that if the offender should continue to offend, or be unable to find security for sobriety and good behavior, or forfeit the same, he be enrolled as an habitual drunkard, and committed to an inebriate home or asylum for a term not exceeding twelve months.

This admirable report goes on to recommend the establishment of sanitarium or reformatories by the government, and by private enterprise, to be divided into two classes, to wit:

“A. For those who are able, out of their own resources, or out of those of their relations, to pay for the cost of their residence therein;” and “B. For those who are unable to contribute, or only partially. These to be established by the state or local authorities, and, at first, at their own cost, though there is good reason to believe that they can be made wholly or partially self-supporting.”

Such is an outline of proposed legislation, as it came before the representatives of the people in Parliament assembled. From year to year, in session after session, the friends of the inebriate labored to secure the passage of a law that should embody the principles and methods agreed upon by the committee, but it was not till 1879, that the question was brought to a climax, by the passage of an act known as “The Habitual Drunkards Act.”

After seven years of doubtful questionings and discussions, and seven years of diligent research and inquiry, the great Parliament made the discovery that there was a physical side to the evil of intemperance, and deliberately committed itself to the dogma of disease as applied to it; — they thus inaugurated a new era in the career of the temperance

reformation, and found that they must legislate, if at all, from that standpoint. Hitherto they had dealt with the inebriate as a criminal, by fines and imprisonments: hence it was not strange, when they attempted to frame a law upon the basis of the new doctrine, that they were embarrassed, and encumbered it with the débris of the old. And, when they enter upon the task of reconstructing the jurisprudence of inebriety, which must be the logical outcome of the affirmation of the new principle, it may be no less confusing. That time is at hand. Verily, it is even now. To repeal the old statutes, and enact in their stead such laws as shall compass alike the entire domain of public morals, and at the same time recognize and provide for the singularities and necessities of the individual life of an exceptional class of the community, is no light or easy task. But if there is a legislative body that is equal to it, that body is the Parliament of Great Britain; and to it the eyes of the world are turned with earnest expectation and hope.

The next significant and most important step in the line of progress was the formation of a "Society for the study and cure of Inebriety." It was instituted February 25, 1884, with Dr. Norman Kerr of London, as its president, and a long list of other distinguished names, as vice-presidents, council, and officers. This society has not been idle since it came into existence, but, with regular meetings at which papers are read and discussed by men eminent in the scientific and literary world, much is being accomplished in the line of study, and much light thrown upon the pathology and treatment of the disease.

Its accomplished president says: "Notwithstanding all the brave and gallant efforts of the warriors of the cold-water army, drinking to excess goes on merrily apace; insobriety, while somewhat decreasing among men, has been terribly increasing among women. This is a state of things pregnant with yet deeper ills to coming generations, for, by the advancing intemperance of the mothers of the future, our successors, endowed from their birth with an inborn ten-

dency to excess, cannot fail, from their heightened nervous susceptibility and their diminished will-power, to be less fully equipped to do battle with their inherited proclivities, and with the temptations to drinking which the tyrant customs of society, the sacred sanction of the Christian Church, and unrighteous legislation by the state, cause so to abound on every side." . . . "Whatever else it may be, in a host of cases it is a true disease, as unmistakably a disease as is gout, or epilepsy, or insanity. Sex exerts a powerful influence, nerve-storm in natural functions being an influential factor in the production of inebriety among females." "The influence of intoxicating drink is primarily physical, and no moral or religious surroundings or conditions can prevent or alter the physical effects of intoxicating agents on the human brain and nervous system."

DR. NORMAN KERR, F. L. S., *London.*

Many others testify in the same way.

"Inebriety is a disease, and must be treated as such, the physiological condition being waste of brain, and nerve power."

DR. LONGHURST.

"It is the province of the Christian Church to bring men to sobriety by the path of morals; but it is the duty of the State to make men sober, whether they be moral or immoral. The Church is bound to fight against drunkenness for the sake of the individual drunkard, but the State is bound to seek its abolition for the sake of the community at large. The establishment of homes for inebriates, especially for women, in the neighborhood of our large towns, is an absolute necessity in the present state of society."

J. MUIR HOWIE, M. B., C. M., *Liverpool.*

"Drunkenness is a moral evil, but drunkenness has also a physical basis, and physicians have done much for the community in getting men to look at it in that light."

REV. LLEWELYN D. BEVAN, D. D.,
Vice-President National Temperance League.

“How many men of eminence, — artists, poets, clergymen, and literary men, as well as religious and active women, — in order to sustain the pressure at which many of them, alas! are often compelled to work, have, by too frequent indulgences, degenerated into confirmed drunkards, and in none of these instances could it be properly said that they were actuated by vicious tendencies, but were impelled by an inflamed and disturbed state of mind. In many sensitive temperaments there is a dormant defective proclivity, ready to start into activity and carry all before it. This dormant power is often the heritage of a drunken parent, or from a parent of overwrought and unnaturally sustained brain-action; or it may be the result of an enfeebled constitution from disease, or other personal conditions.”

STEPHEN S. ALFORD, F. R. C. S.

Such testimony touching the physical aspect of inebriety, were it necessary, or even important, might be multiplied to a burdensome extent, but the views of the society to which reference has been made are thus sufficiently represented. Those who have given themselves not only to the study but to the hard, practical work of employing means for its cure, and who are now engaged in this responsible service, should also have a place in the rôle of evidence.

Such testimony however may be premised by that of the government “Inspector of Retreats” — an officer employed to discover and reveal defects and failures if they exist. He says: “The general condition of the different retreats has been on the whole *very good*; and the health of the patients, *very satisfactory*. As a rule, the retreats have worked well, and the complaints made to me, either by the licensees or the patients, have been few in number.”

H. W. HOFFMAN, *Government Inspector*.

Under the “Habitual Drunkard’s Act” there are five licensed retreats, whose status may first be considered:

1. *Dalrymple Home*, at Rickmansworth. “I am satisfied that even such results as I am able to record are sufficient

to indicate that this institution meets an urgent need of the time and will serve as a pledge of future usefulness. Out of forty-nine admissions, there were men of the average age of thirty-six years, all of whom had been heavy spirit-drinkers of a daily quantity varying from one pint to two quarts. Of the thirty-two discharged, fourteen have recovered, and resumed their avocations in life, and six have decidedly improved."

Dr. R. WELSH BRANTHWAITE,
Medical Superintendent.

2. *Tower House Retreat*, Westgate-on-the-Sea. "In reviewing my book of last year (1884) I am glad to say that I have met with decided success in the treatment of a majority of the cases that have come under my care. Fifty-six have been under care from the beginning, and only a small number left without deriving great benefit, which I trust in the majority of cases will be lasting."

J. H. BROWN, *Principal and Licensee.*

What is meant by "decided success" in this report is not quite clear. Does it mean decided cures? If so, is it justified by following up the patients after leaving? This is important.

3. *Old Park Hall*, Wallsall, Staffordshire. "The work of building up an institution for the cure of inebriety is a most responsible one. A man who undertakes it should be himself a total abstainer, and require the same of all in his service. He should be a Christian man and rely upon Divine Aid to secure success. The inculcation of right principles and conduct should be done by example, which is seen and felt, and is more effective for good than constant preaching to the patients. The institution has not been sufficiently long-lived to assume any given percentage of cures, but all who come are the better for coming, and if they remain long enough great good can be accomplished." Such is the opinion, as expressed to the writer, by

FRED. JOHN GRAY, *Medical Superintendent.*

4 *High Shot House*, St. Margaret's, Twickenham, Middlesex. "The necessity for such homes can admit of no two opinions. If we fail to recognize as we ought that intemperance is a disease, quite as much as small-pox or any other affliction, we shall never be able to apply the proper remedies."

HARRISON BRANTHWAITE,

Medical Superintendent.

5. *Colman Hill House*, Halesowen, Worcestershire. "It is too soon to speak of ultimate results so far as cases are concerned, but there seems good grounds for expecting a fair proportion of cases will be permanently restored, while improvement may be considered *certain*, in almost every case. Judging from the last nine months we are much encouraged to hope for good results in the future. . . . It is succeeding beyond our expectations, and we get most gratifying accounts from those who have left."

This is an institution exclusively for women, and is said to be among the most successfully managed, under the skillful care of Doctors Hugh R. Ker and J. V. de Dennie, and an accomplished matron, Mrs. Taylor.

An interesting feature of the work is the fact that there are several institutions conducted by women, exclusively for women—and for those of the upper and middle classes, among whom intemperance is said to be on the increase. In a recent address by Dr. Norman Kerr of London, before the ladies of the "Christian Workers' Temperance Union," it is clearly shown how this evil is growing. He says, "There could be little doubt that female inebriety had been increasing enormously amongst us. The evidence given before the Committee of the House of Lords clearly proved this. In one town there was an absolute majority of females of the whole number arrested for drunkenness. . . . In Liverpool, in one recent year, there were more female than male commitments, for crimes connected with drinking, to one large prison. In London the proportion of women summoned for drunkenness had increased from about 15 per cent. to 49 per cent., or nearly one-half the total number.

In Edinburgh there had been a marked and most alarming increase."

With such facts before them it is not surprising that the true and sober women of the realm should arouse themselves and come to the rescue. Among those who recognize the importance of studying the subject from its physical side, and dealing with their enfeebled and enslaved sisters in that direction, the following may be named: Mrs. Theobold, of the

Tower House, Leicester, was the first to open a Home for the higher classes of ladies, to be treated for intemperance from its physical side. Mrs. T. was for years a popular and eloquent platform temperance speaker. She dealt with the subject as others did, awaking interest and sympathy in the drunkard and his family from the standpoint of morals and religion. The time came when she abandoned the platform, and devoted herself with fidelity to the physical treatment of her unfortunate sisters. To the writer, on the occasion of his recent visit to her beautiful Tower House, she remarked:

"A person may be cured in motive, in purpose, and in will—the moral nature being restored to its normal state; and yet *the impulse comes as a physical demand, like hunger*, and must be satisfied, unless the victim is restrained, or supplied with a satisfying substitute."

After a quarter of a century of temperance work before the public, she has come to adopt this creed, which contains in a few words the substance and the philosophy of the evil: a *physical impulse*, asserting its need, like hunger.

Buxton House, Earls, Colne, Essex. Conducted by Miss Pudney. She "aims to promote a higher moral tone and more force of character, by which the power of habit may be overcome; and to develop these, great kindness and gentle firmness, unremitting oversight, and personal companionship are devoted. Pleasant social intercourse, recreation, and refining amusements provided."

With such a course of treatment day by day, and the intervention of the medical advisor when needed, Buxton House is an instrument of good for the upper and middle classes.

A peaceful home, presided over by the genius of philanthropy and wisdom.

Spelthorne Sanitarium, Redfont, near Feltham, Middlesex, is an institution under the care of the "Wantage Sisters of Mercy" (Church of England), in which, while the religious element is prominent as a governing force, the physical view is considered important, as may be seen by the following quotation from the notes of an observer, and adopted by the Order: "The very term Sanitarium tells that drunkenness in its aspect as a disease has been carefully kept in view; while the term 'patient,' rather than 'inmate,' avoids wounding jealous susceptibilities."

Chapel services are held three times daily.

The sister in charge writes as follows:

"The sisters only took up the work the 3d of July, 1884, and one year is not sufficiently long to make our views worth very much. Married women are more restless and anxious to leave than single women and widows. Family cares, and anxiety about children, unsettle them. A very observant sister once said, 'fleshly indulgences deaden all spiritual perception; they neither desire heaven nor fear hell.' Still there are many exceptions, and we have in this short time very reasonable hope for the future of two or three that have completed their year and gone out into the world, afraid of trusting in themselves, and keeping up a friendly relation toward ourselves."

In addition to the above, the same sister gives the following: "One year at least is necessary for a cure. To tide over the broken-down condition, and remove physical disability, requires at least six months, and the last six months are needed to restore and establish the moral and religious character."

AGNES, *Sister in Charge.*

West Home, Belmont, Twickenham, Middlesex. A family of women. "I believe the Home should be conducted as near like a family in ordinary sober life as possible, that when the patients go out at the end of a year, *they will not feel any rebound.*"

"The physician is not often needed, though a medical certificate is required to admit a patient. A year is the shortest term for which they can be received.

"At West Home, while availing ourselves of every remedy that medical science can afford, we put our trust in the Great Physician. LADY SUPERINTENDENT.

St. Raphael's Convent and Hospital, Croyden. Under charge of "Sisters of Mercy." "Religious services twice daily in chapel. Require a year's residence. Not much reliance on medical treatment, except in a few cases. In sinking or craving, our medical man is sent for. Keep a composing draught on hand which serves very well. Require an hour's silence, morning and afternoon, as good discipline. A certain amount of exercise is enjoined. Patients dress in uniform—black, with white caps. LADY SUPERIOR."

St. James' Home, Kennington Park, London. Religious and "Blue Ribbon Army." "No servants. Patients do all the work of house and public laundry. Prayers twice daily, which all *must* attend, and wear black dresses and blue ribbons. This is for the middle and poorer classes, and is in a measure connected with a mission under the care of Charles Zierenberg the 'Honorable Secretary.'

"Of the thirty-eight who left after a stay of twelve months and upwards, 32, or 84½ per cent., are doing well. Of these thirty-eight, sixteen received a decent outfit, and were placed in good situations. One of them was sent to Canada, and her master and mistress speak in the highest praise of her. Five were restored to parents; while seventeen returned to their friends.

WILHELMINA, *Lady Superior.*"

The percentage of recoveries, as stated above, is beyond what is justified by long and faithful experience, and all such statements, from whatever source, should be taken with large allowance. They may be believed by "Blue Ribbon" advocates of the cause, who in their zeal sincerely accept such results as true; but no careful, scientific observer, nor any institution with a rational classification and study of its inmates,

can make such averments. To eliminate the alcoholic poison from the system, and to re-create the moral nature, so as to produce a new-made creature, without the taint of her former degradation, is a tremendous task, and no cure is established till that is done. The injury is too deep on the part of the victim, our knowledge too superficial, and our experience too short, to claim such sweeping results. Especially is this true under the circumstances which embarrass the superintendent of St. James' Home and his zealous wife, who feel the need of more room for exercise, out of doors—for more space in dormitories, to prevent the crowding of the inmates, and for a general enlargement of their facilities to improve the personal hygiene and domestic sanitation of the establishment.

Waverly Retreat, Westgate-on-Sea. Conducted by Mrs. Rawlins. "I find the greatest difficulty to contend with in females is ill-temper, when the craving for stimulants is at its height. The signing of papers (agreeing to be governed by the rules and regulations of the establishment, and the instructions of the medical attendant) answers quite as well as a license, and prevents many acts of unpleasantness, such as going before magistrates."

Waverly is well situated and should be well patronized.

Vermont Sanitarium, Stanley, near Liverpool. Under charge of "Liverpool Ladies' Temperance Association." "The object of this institution is to give, with the aid of medical treatment and religious influence, an opportunity of reformation to women anxious to overcome a habit of intemperance, which they find they are unable to control. It receives those who are able to pay, and those who are not; the latter class doing all the work. There are no hired servants.

"We find but little difficulty in retaining our patients, they knowing they have entered for one year, and some of them who are married would be sent back by their husbands if they were to leave before the expiration of their term. The grounds are so secluded and private, and yet so ample, that they have plenty of room for exercise; and not being ob-

served from the outside, they avail themselves of it, and are contented. MISS MARY M. HOCKING, *Matron.*"

Home for Inebriates, The Shrubbery, Leyton, Essex. Established twenty-five years. Its proprietor says: "My experience is, that bad cases of confirmed inebriety can only be cured by compelling total abstinence for a period of not less than twelve months. I only undertake mild cases in the early stage, when they are more amenable to treatment. I am not licensed under the Act, nor do I wish to be. I can more readily obtain patients and induce them to place themselves under treatment by considering them merely as visitors, coming to reside with me for a time as a private medical man. I am happy to say that I have been tolerably successful, though some cases have taken two years to cure; but from six to twelve months is generally sufficient."

DR. JAMES GREENWOOD.

Queensbury Lodge, Edinburgh, instituted in 1832. This is a "House of Refuge for the Destitute," and like other such institutions, in all civilized countries where they exist, many inmates are received who are brought to their low estate through strong drink, but no tabulated statement of the number of such is furnished, and hence this department cannot be reckoned among the institutions devoted to the cure of inebriety. It is rather custodial and industrial. There is, however, a distinct department for ladies of the higher class who are intemperate, in a separate and costly building. The prices are high, the appliances all superior, and twenty patients can be accommodated. There is a long list of officials, and of lady visitors, who render efficient aid.

Dunmurry, Sneyd Park, near Bristol, Gloucestershire. For both males and females, a limited number. Proprietor and his wife devote themselves to the patients, and are always with them. Daily family worship insisted on as an essential in the rôle of treatment. The lessons for the day read in their order.

"Having attendants is a choice of evils: I do not have them. To place a man of intelligence and culture in the care of an ignorant, and possibly a rude hireling, is therapeutically wrong. All sources of irritation should be avoided. Homes should be small to admit of personal supervision for the cultured class, and I take no other. I consider the first three months of a patient's residence should be given to physical renovation. The second three months should be employed in learning to enjoy life without the usual accompaniment of alcoholic stimulants. Such persons have been in the habit of thinking that their cups were essential to real pleasure in their social life. Let them learn the contrary fact and enjoy the experience. The third three months, they should learn to do just like sober and upright people do—live like other people—and the longer they continue to accommodate themselves to the new life, the better for them and for all concerned. I have had clergymen as patients, and ninety per cent. of them have been led into inebriety by very hard work—fasting, and loss of sleep—thus impairing appetite, and demanding stimulants. Rest, abstinence, and tonics establish a cure. Married women are the most troublesome; always restless, anxious to be at home, etc."*

JAMES STEWART, B. A.,
Late Surgeon in Her Majesty's Navy.

There is one more establishment among the list of homes for inebriates, that is so unique in its character and methods of procedure, as to merit notice more for its departure from recognized practices, than for its claim to be doing a good work for the cause of temperate living. It is located near Bristol, and is conducted by its female proprietress.

On a visit by the writer, he was informed that she was

* A CURIOUS CASE.—"A lady got into the habit of chewing rice; could not sleep without it. Her husband frequently got up in the night to procure it for her. It fastened upon her to an alarming extent. A child was born, and so soon as it grew up, and was able to masticate, it took to the rice also. This alarmed the mother, and after a severe and protracted struggle, the rice was abandoned."

having remarkable success in the treatment of her cases—all being men—by the process of educating them to be satisfied with a specific quantity of malt liquor. Hence she gave her patients each three goblets of beer per day. Her theory is, that as the appetite can not be destroyed, it can be trained, and so trained in the use of beer as to keep within the bounds of healthy stimulation; hence the practice referred to.

This view is at variance with the principles and practice of every home, or asylum, or hospital in the United Kingdom, and in America, so far as is known. With such an array of opposite opinions from the world of science and of morals, such practice must be sustained with a host of living testimony of long standing, before the doctrine of total abstinence can be abandoned or modified, as an absolute and imperious necessity in the curative process of alcoholic intoxication.

The following rules are recognized as cardinal by *all other* Retreats and Homes:

No intoxicating drink to be introduced on the premises under any circumstances, unless ordered as a medicine by medical superintendent.

No drug of any kind to be taken by patients except with consent of the physicians.

Such are brief notes of seventeen homes or retreats for inebriates, all of which, with one exception, were visited by the writer during September and October last. As already stated, five are licensed under the "Habitual Drunkards' Act." The remainder are conducted as individual enterprises and are capable of doing good to a helpless class of the community. The Dalrymple Home is the only institution of the kind in England, however, the managers of which are prohibited from receiving any pecuniary advantage from the investment.

With the exception already referred to, where beer is prescribed, there is a singular uniformity in the ethical code of all the institutions. No liquor is allowed. Permission must

be had to leave the premises. Money must be given up. In some instances, correspondence is inspected. In some, fines are imposed for neglect. Religious services are recognized in all, while in those conducted under the patronage of religious orders, church observances are enjoined; but the great need of every one, is to keep a more complete history of its inmates. A physician is connected with each retreat, and yet there are but few, if any, comprehensive clinical records. It is not enough to record the name, age, social position, occupation, length of time of the drink habit, and whether the indulgence was constant, or intermittent. All these are well enough, nay important, but what the scientific enquirer wants to know, and what the statesman wants to know, is, the cause of the drink habit; whether it is physical, psychical, or moral. What influence has society and the environment of the patient upon his life? What effects are produced by study, occupation, and general habits, other than drinking?

What is the effect of meteorological conditions upon the temperament and conduct? The microscope should be brought to the work, the secretions and excretions being examined from time to time. Analytical chemistry should be availed of, to assist the microscope in its discoveries, and so every collateral aid, and all allied conditions, so far as may be, should be compared, and the lessons they teach faithfully learned.

Within the whole domain of physiological and psychological research, there is no subject to compare with the single fact of drunkenness, in its scope and bearings, and which demands of the student more patient and painstaking study.

The normal function of every home, or retreat, or asylum is not simply to cure or benefit the inebriate, but to make inebriety a study for the benefit of the community. And every retreat should present to an awakened and interested public, at least once a year, a statement of its clinical observations and conclusions, showing the disease aspect of drunkenness in such an intelligent form as to create an abiding

interest in the results of research and study, so that the community at large may be partakers of the enlightenment which such inquiries may reveal.

THE ACT.

Some of its provisions are admirable, but why it should be operative for ten years *only* is not apparent. Its great defect is, that it requires a candidate for admission under it to appear before two magistrates, sitting together, and over his legally attested signature, confess himself to be what the law describes him to be, to wit: "dangerous or incapable of managing himself or his own affairs." Is such a person competent to be qualified before justices, and to obligate himself to "conform to the regulations, for the time being, in force in the retreat," the chief of which is to abstain from alcoholic drinks or drugs, unless prescribed by the physician in charge? If he continues to abstain he is cured, so far as the object of his commitment is concerned, and, to say the least, this has the appearance of needless, if not contradictory legislation.

The law does not however prevent persons from entering retreats voluntarily, and it is far better that they should do so, by making a similar contract with the superintendent of the retreat, *who should be empowered by statute to restrain inmates when, in violation, or threatened violation of their obligations, restraint becomes necessary.* Very often the knowledge on the part of the patient that the physician holds "the power of the key," is of itself sufficient to deter him from attempting escape, or other violation of trust. The majority of retreats in England are for women, and are based upon the voluntary principle. By far the larger number of their occupants are volunteers, and the average duration of their residence is not far from a year.

Every drunkard knows that there are times when he needs wholesome restraint, and that such are times of danger, when the impulse assails him, and the passion overpowers him. As he would confide in a friend, who would defend and pro-

tect him, so he would respect a law that would empower another by judicious and timely aid to restrain him when necessary from debauching himself.

That so many on both sides of the Atlantic have voluntarily committed themselves, is a sublime fact which attests their surviving manhood, and also an earnest desire for recovery. It also certifies to their appreciation of efforts put forth in their behalf by the homes and retreats, whose doors are ever open to receive them.

If the government would legalize the house regulations, which are always in harmony with the provisions of the act, making them supplementary to the act itself, the signature of the applicant being attached to them on admission, he would become a joint party with the state and the superintendent, the latter assuming the control, and the government acting as the protector of the patient against undue exercise of authority.

For cases of confirmed dipsomania, in which compulsory interference may be necessary, action should be taken by a special commission, with powers similar to those in charge of lunacy cases.

Paupers who are inebriates should be detained for curative purposes, and also indigent persons, not paupers, but yet who are unable to meet the cost of residence and treatment, both of whom should be committed for long terms, and thus prevent such frequent discharges and re-commitments as now darken the penal records. Such power might be given to poor-law guardians, or to special local authorities.

Drunkenness is not a mere accident in the experience of life. It is an established fact in human history, that has kept pace with the centuries, from the beginning until now. It has proved itself to be beyond the reach of human laws. Law cannot penetrate the occult forces of humanity, and search out the intricate by-ways of the morbid element which is its source, and which is so intertwined with vital processes as to poison the very channels through which they flow.

Resolutions and edicts, pledges and covenants, good as they are in themselves, and intended to strengthen the moral

sense, and restore the moral nature, must succumb at times to that which is inherent, vital, and overwhelming. When the *crave* comes, it demands satisfaction, *like hunger*.

Drunkness, therefore, is a study, not for the philanthropist and reformer alone, but for the physiologist, with his microscope and its revelations; for the chemist, with his analytical tests and reactions; for the psychologist, with his spiritual affinities and contradictions; for the statesman, with his political influence and legal research; for the minister of religion, with his theologic lore and his appeals in behalf of virtue and self-control. Nay! it is more, for it cannot be approached from either starting-point, and pursued to its logical result, without falling short, far short, of the grand consummation. This can only be reached by encompassing the whole realm of inebriety, which extends from the remotest constitutional cause in the individual, to the outer limit of its most revolting desolations in the community.

If we would gather results that are in a broad sense exhaustive and conclusive, we must explore all its manifestations, and consider the temperaments and characteristics of its victims.

We have seen in the foregoing pages, how learned and scientific men have testified that intemperance is a disease, and the result of its treatment in Retreats; and if we add to this evidence, the coöperative sentiment of temperance organizations—the Alliance, the League, the Good Templars, &c.—there is every reason to look for a solid public sentiment in England that shall favor the treatment of inebriety in Homes such as have been favorably referred to, and which will demand such legislation as shall render them effective in a scientific as well as moral sense.

THE FUTURE.

With such legislation as is suggested, and sufficient appropriations of money to enable Retreats to pursue the study with scientific care and accuracy, great achievements may be anticipated. Already a commencement has been made on this line, but funds are needed to procure instruments of

precision, and employ experts, when needed, for special topics.* Modern physiologists and chemists are agreed that there is a strong affinity between *some of the alcohols* and the nerve centers, but what is its full significance, and why it should belong to some alcohols more than to others, is yet to be disclosed. Chemistry has revealed the fact that the word Alcohol, as we are in the habit of using it, should not be so used, as there are several varieties of it, with quite different toxic powers, which should be studied separately, and their varied qualities and effects upon the human structure at the same time examined. This is an important phase of the subject, which is demanding special attention at this time. And so we should enter, by means of the institutions, into other special fields of research, which need not be enumerated here.

So far as religion is concerned, there are a number of retreats founded exclusively on a religious basis, where the means of religious instruction, the value of a religious example, and the encouragement to pursue a religious life, constitute the chief portion of every day's curriculum. Each one of these religious homes, however, has its medical advisor, and no patient is considered safe to resist the temptation of the saloon without a clean bill of health.

As to the statesman, the legislator, and political economist, he soon will learn, if he has not already, that it is wiser to save men from becoming a public burden, than to allure them into ways of excess and degradation, and will legislate accordingly. He will discover that a wise economy prompts parliamentary aid in supplying retreats with sufficient means to enable them to proceed with their ætiological and pathological researches, in the hope of eliminating the causes of inebriety, so far as the individual is concerned, and that ample provision will be made to assist and support those retreats that are not self-supporting.

There certainly is no grander work at this time engaging the thought of the British nation. The retreats that are conducted as they should be, recognizing the disease, and

* The Dalrymple Home has recently introduced microscopic and meteorological observations, in addition to the ordinary statistical records.

applying remedies, necessarily embrace the whole range of the inebriate's existence, and of all the influences that affect his life, while they neglect not the moral and religious side of the subject.

The work of other instrumentalities, however, is not to be discredited. Each has followed its own course, and accomplished results more or less satisfactory. With them there is no controversy. But now, we are crossing the borderland, and entering upon possessions, which science has discovered, the cultivation of which promises a goodly harvest. The retrospect is full of instructive experience. The present is in possession of vast resources. The future will be a gradual unfolding of truth—a continuous repetition of discoveries. Every properly equipped Retreat, or Home, or Asylum for Inebriates, will stand as a beacon, casting its gleam on the horizon beyond. Every individual inebriate who submits to the scrutiny of science, while he receives the protection of his fellows, will be a practical factor from whose interior being shall be eliminated the hidden causes of the mysterious "drink-crave" that possesses his brain, and impels him onward toward threatened ruin.

Why not this? We live in a day of enterprise, of energy, and advancing knowledge. The times are rich in expedients. Resources are unlimited. True religion and science are no longer at variance. One is handmaid to the other, and both are one in design and purpose. The better part of the inebriate is asserting itself afresh. It comes struggling up through the mist of doubt and fear, and pleads for help. Help is furnished in measure and quality as never before. Drunkenness can be traced through all its wanderings, from the incipient impulse, to its final, fatal breath. When this is learned, sobriety will be practiced, not so much on account of pledges, signs, and mottoes, as from an intelligent appreciation of the causes and career of inebriety.

It is no Utopia that lies at the end. It is England's cause, with British brains pushing it on, and British law to sanction and sustain. It belongs to the people of the United Kingdom, to whom it is especially commended now in its physical aspect.

TREATMENT OF INEBRIATES.

BY STEPHEN LETT, M.D., SUPERINTENDENT HOMEWOOD RE-
TREAT, GUELPH, CANADA.

To send an inebriate to gaol is costly, useless, and demoralizing. This is especially true of the confirmed inebriate, whose inebriety becomes a disease (if it was not so from the first), and requires to be treated on the same general principles as other diseases. It would be quite as consistent to send a patient laboring under the delirium of typhoid fever to gaol and expect good results, as to send an inebriate there with a view to improving his condition or curing his malady. Punishment is not the physic for disease. The course of treatment requisite for the inebriate must be conducted in a properly regulated and a thoroughly appointed institution specially adapted for the purpose, the details of which will vary according to the class of society from which its inmates are to be drawn; but there is one essential point in which all institutions of this nature must agree, viz.:—The medical man, who should also be the chief executive officer, must have absolute legal control of his patients, not only when necessary to place them under lock and key, but also to retain them under his care for a sufficient period to effect a permanent cure of a malady, where such happy results are obtainable. In the Province of Ontario, while the law somewhat restricts the period of detention to rather narrow limits, it gives all other necessary powers. The mode of admission to an inebriate hospital in this country is twofold, viz.:—Voluntary and compulsory. In the former case admission can be awarded to any inebriate who applies in writing to the Medical Superintendent of the hospital, provided it is certified to the satisfaction of the Superintendent that the proposed patient is an inebriate, and that he is

a reasonably hopeful subject for treatment with a view to the cure of his inebriety. Such person may be detained for one year and no longer, and it is a condition of his admission that he shall remain such length of time, not exceeding one year, as in the opinion of the Medical Superintendent is required to effect a permanent cure of his malady, but before admission is awarded he must sign a pledge agreeing and consenting to such specific condition, and to faithfully conform himself to all the rules and regulations of the institution while an inmate thereof. The compulsory commitment of an inebriate is obtained by a relative or friend presenting a petition, sworn to before a commissioner of the Court of Queen's Bench of Common Pleas, to the Judge of the County in which the alleged inebriate resides. Such petition shall set forth that the alleged inebriate is so given over to drunkenness as to render himself unable to control himself, and is incapable of managing his own affairs, or that by reason of such drunkenness he mismanages his affairs, or squanders his property, or places his family in danger or distress, or transacts his business prejudicially to the interests of his family or creditors, or that he uses intoxicating liquors to such an extent as to render him dangerous to himself or others, or incurs the danger of ruining his health and shortening his life. The judge then causes a copy of this petition to be served upon the alleged inebriate and appoints a time for hearing the case. If upon the evidence adduced the judge finds the allegations set forth in the petition to be true, he forthwith reports the fact to the Provincial Secretary and transmits a copy of the evidence. Upon the receipt of such report and evidence the Provincial Secretary may direct the Sheriff of the County in which the inebriate resides to forthwith remove him to an hospital for inebriates, to be placed under treatment and detained therein for a period not exceeding twelve months. In case of escape provision is made whereby the Medical Superintendent may by his warrant retake any eloper, whether he is a voluntary patient or committed by due process of law. The act

governing the custody and care of inebriates was originally framed for the contemplated hospital for inebriates at Hamilton, which was to have been a public institution supported by the funds of the Province, but of course made as far self-sustaining as possible, by utilizing the work of the patients. That institution was, however, diverted from its original function to an asylum for the insane. The urgent demand for accommodation for this class of unfortunate sufferers at that time was pressing heavily upon the government. This act has since been made to apply to the Homewood Retreat at Guelph, which is a private establishment, intended for the more affluent classes of society, but the only institution in this Province where inebriates are treated. Institutions for the care and treatment of inebriates ought not to be called "asylums," but "hospitals," which they should be not only in name but fact. For the class of patients for which your correspondent wishes to provide, the hospital should be built and maintained out of the public treasury. It should be governed and inspected by the same machinery as the public asylums for the insane, which I presume in England is quite as efficient as we possess in this country. It should accommodate both male and female patients in about equal proportion, and be provided with ample grounds for farm, garden, walks, etc., as well as various work-shops, amusement hall, recreation rooms, and chapel. The size of the building will of course depend upon the requirements of the locality from which it is to draw its population, and the design will vary with the fancies of the architect, but the size of the sleeping apartments should be calculated on a basis of not less than eight hundred cubic feet to each patient. Dormitories may be largely used, but a certain proportion of single rooms will be found not only useful but requisite, and some of these require to be strong rooms in which a patient suffering from delirium tremens can be temporarily placed, or a refractory patient properly dealt with. Regarding the duration of treatment, this will vary with each case and must largely be left to the discretion of the Medical Superinten-

dent. As a rule no good can be expected in less than six months, and there are but few cases receiving any permanent benefit short of a year. The American Association for the cure of habitual drunkards, after careful consideration and due deliberation, expressed the opinion that twelve months was the shortest time that an inebriate should be admitted for, and that it would be preferable to extend it for two years rather than curtail the period. They advised that in the commitment of habitual drunkards to an hospital, the sentence should be at first for one year, then if a relapse takes place the second commitment should be for two years

The great drink cycle in this country has reached its highest point and started back on the descending scale. The internal revenue department indicates that for the year ending June, 1885, this decline was nine millions of dollars less taxes paid than the year before; showing a greatly diminished production of spirits. From the same authority it appears that the number of persons engaged in the liquor traffic who have paid special taxes to the State or Government have steadily declined since 1883. These are unmistakable hints of the operation of the laws which govern the rise and fall of the production and use of spirits in this country.

Prof. McKendrick of Glasgow, in a recent lecture on inebriety mentions that a very unusual sale of methylated spirits has been noted in Glasgow. One retailer purchased thirty gallons a month, which would make nearly thirty barrels of drinks to sell over the bar. These spirits had a peculiar flavor which was in large demand, and the intoxication was violent, profound, and long-continued. He urged that a very stringent supervision be exercised over the quality of the drinks dispensed. These spirits have been sold on Sunday more than on any other day, and the effects are so different as to arouse public attention.

ALCOHOLISM INCOMPATIBLE WITH AN ACCURATE PERCEPTION OF FACTS—THE VALUE OF LEGAL TESTIMONY UNSETTLED AND DEPRAVED BY ALCOHOLIC INFLUENCES.

BY T. L. WRIGHT, M. D., BELLEFONTAINE, OHIO.

The accuracy of the mental apprehension of facts depends very much upon the more or less complete consciousness of the mind when the facts were under observation.

In complete anæsthesia there is entire unconsciousness ; because, there being no sensibility, there can be no perceptions offered or received.

In every subordinate *degree* of anæsthesia there must be a corresponding degree of imperfection in the perceptive function.

When the nervous system is in a condition of partial anæsthesia, such as always supervenes during the alcoholic impression, the knowledge of facts is infallibly darkened, and in several ways :

First, the insensibility of the nervous system causes the facts to be presented in a clouded manner. Events are enveloped in a mental haze which renders all conceptions of them undefined and often very incorrect. When the sense of vision is obscured by conditions exterior to the body, as, for instance, by a foggy atmosphere, the appearances are materially changed with respect to the actual situation of surrounding objects. Not only are outlines indistinct and deceptive, but objects appear to be placed in relative positions with regard to each other, and to the observer, such as greatly misinform the judgment as to the real facts. Not infrequently, also, objects appear wonderfully misshapen and of monstrous proportions.

If, then, the incapacity of a single sense dependent upon external causes, well known and appreciated at the time, so

greatly imposes upon the mind, it cannot be otherwise than that the incapacity of the whole nervous system through alcoholic anæsthesia should prove radically misleading in a vast number of particulars.

Again, the facts presented to the unstable or wavering attention, in a condition of alcoholism, are liable, through defective sensibility, to appear in *parts* only—that is, fragmentary, and, of necessity, lacking in that completeness and unity of character that is essential to a truthful appreciation of them.

But the mind, under the sway of alcoholic anæsthesia, is unconscious of its infirmities. The toxic power of alcohol, operating wholly from within, gives no appreciable sign of its impostures. There is no corrective to misinformation; as there may be in the case of enveloping mists, deceiving the eye,—that is, through the coöperative and conservative action of the several senses. On the contrary, the avenues to knowledge, in alcoholism, are all obstructed, and the senses operate in unison to betray.

The consequence is, that the convictions of the mind under anæsthetic influences are like mental convictions in brain disease. They are not fully amenable to the modifying influences of ordinary comparison and evidence. Like the delusions of the insane, they become imperative and unalterable.

And thus it happens that the sober and conscientious witness will testify to the truth of events which were largely illusions of the perceptions in intoxication; and which, moreover, give rise to delusions of the understanding when sober. In no respect, however, is the power of alcohol, in weakening judicial testimony, more aggressively prominent than in its invariable interference with the usual methods assumed by the mind to measure the passage of *time*.

In criminal jurisprudence it is well known that the effects of alcohol very often enter as prime factors, not only as to principals but also as to witnesses. But in all criminal investigations, the “time when” of an event becomes as important

a consideration as the "place where;" so that when crime is under investigation, the *time* of an occurrence is generally one of the decisive points in question.

There must be a normal and customary succession of events — or, perhaps, it might be said, a succession of perceptions — applied to the conscious mind, in order to appropriately arrive at a true conception of the actual passage of time. The mind, at stated intervals, must come, through the perceptive faculties, into immediate relationship with the world exterior to it, or the idea of time will be surprisingly erroneous. No matter if ideas are fixed or slow, no matter if they are swift or maniacal, there is no idea of the flight of time without this periodical return of the conscious mind to the material world,—to the "things of time and sense."

But, in alcoholism, anæsthesia prevents the regular and normal operations of the perceptive faculties. Nothing more astonishes an intoxicated man than to give him the true time.

How, then, can a witness, be he ever so honest, testify as to the time of an event observed by him while in a state of inebriation? He may say he informed himself respecting the time "soon" after the occurrence in question; but how can he know how long a period that "soon" occupied?

Alcohol is antagonistic to the right perception of facts, and, of course, also to accurate testimony respecting facts observed under alcoholic impressions. It mystifies facts, it distorts truth, and it annihilates time.

In all judicial proceedings of great moment, when stupendous interests in property, or liberty, or life are at stake, the testimony of witnesses respecting facts observed while in a state of intoxication should be viewed with the utmost suspicion.

Anna Parker recently died in the Glasgow work-house at the age of 35. She had been a confirmed inebriate from the age of 16, and had been arrested over four hundred times for drunkenness, and spent the larger part of nineteen years in the work-house and jails.

Abstracts and Reviews.

PATHOLOGICAL STUDIES OF INEBRIETY.

Dr. Formad has recently read a paper before the Philadelphia Pathological Society on an analysis of two hundred and fifty autopsies on inebriates, with specimens to illustrate the most prominent lesions present. He considered the most conspicuous lesions to be cyanotic induration of the kidneys, fatty infiltration of the liver, and mammillated stomach. His cases had been those in which there had been a history of a long-continued series of debauches, the subjects often dying in one of these debauches, and did not include moderate drinkers, or those who perished after imbibition of an enormous quantity of alcohol without any previous chronic excesses. He thought that the exposure, irregularity of diet, etc., incident to a state of drunkenness had much, probably more than the alcohol itself, to do with the production of the lesions; but it was not at all possible to separate one from the other. He gave a long list of lesions considered by various authors to be results of chronic alcoholism, among which the cirrhotic liver with contraction held a prominent place. He had himself at one time considered cirrhosis a very frequent, if not almost necessary concomitant of long-continued excessive use of alcohol; and had even testified in court that a certain person was not likely to have been a hard drinker, because at the autopsy no cirrhosis of the liver was found. He had thought, too, that the connection between the two was so close that it was impossible to have a case of cirrhosis without a previous history of alcoholism, as is held by various authors. Therefore it was surprising to him to meet, in his two hundred and fifty autopsies, with only six cases of cirrhosis of the liver with contraction. In two hundred and twenty cases the liver was considerably, or even very much

enlarged — the enlargement, in most cases, proving to be due to a fatty degeneration. Cyanotic induration of the kidney and chronic gastritis, with mammillation of the stomach, were found in nearly every case. This cyanotic induration is peculiar, and differs from the cyanotic induration due to heart disease. At a future meeting he will give a detailed account of the above lesions, and a more extensive analysis of the cases.

Dr. Tyson could not speak from a systematic observation of a large number of autopsies in the cases of confirmed drinkers, but he remembered distinctly being surprised in several cases by the absence of cirrhosis where he confidently expected to find it.

Dr. Wilson said that Anstie, in the article on alcoholism in Reynolds' *System of Medicine*, had called attention to the comparative infrequency of contracted liver in confirmed drinkers. This observer, in an extensive out-patient practice in London, had seen large numbers of cases of alcoholism, but very few among them presented the physical signs of cirrhotic (contracted) liver. The experience of the staff at Blockley Hospital sustains this view. There, many of the patients are soaked with alcohol; but even among those whose death is directly or indirectly due to alcoholic excess, fatty liver is much more common than contracted liver.

Dr. Osler thought the experience of pathologists and morbid anatomists with histories of patients is not of the most satisfactory character — he often having had cases to dissect where he knew very little of the history. Before saying these cases were chronic alcoholics, Dr. Formad should present more specific statements about them. His own experience with livers, in a large number of autopsies on cases of chronic alcoholism, had led him to divide them into four classes: — (1) Those in which the condition of the liver is pretty satisfactory; some of these cases may take alcohol for many years, and yet the liver pass muster. (2) Fatty cirrhotic liver; the cirrhosis may not, perhaps, be distinct to the naked eye, but plainly shown by the microscope;

this is the largest class. (3) Hobnail livers; these, he would say, were much more common than in Dr. Formad's series. (4) Hypertrophic cirrhotic livers. The difference between his observations and those of Dr. Formad might possibly be accounted for by a difference in the form of alcoholic beverage taken. He had not observed the special form of kidney described by Dr. Formad. In reply to a question he said, in order of frequency he would place them: fatty cirrhotic, hobnail, hypertrophic cirrhotic, apparently normal.

Dr. S. Solis-Cohen said that there were certain theoretical considerations which suggested themselves in this connection. The text-books teach that the lesions of alcohol are of two kinds—sclerosis and steatosis. It is known that in some organs the fibrous change precedes the fatty one. The latter is the higher grade of degeneration. The subjects of Dr. Formad's autopsies were confirmed whisky-soakers, in whom one would expect to find more intensity of degeneration than in those whose use of alcohol, though persistent and excessive, was not so outrageous. Another point which had not been alluded to was the fact that some lesions might result from a local action of the poison upon the tissues, while others might be due to its systemic action. No study of the subject could be complete in which these poisons were overlooked.

Dr. Randall suggested that the point touched upon by Dr. Osler—the character of alcoholic beverage—might be very important. In Vienna, among beer-drinkers, he had found the fatty liver much more common than the cirrhotic, while in England, where much gin is drunk, and he should suppose in Scandinavian countries, where they drink altogether strong spirits, the cirrhotic liver is doubtless comparatively frequent.

Dr. Musser had recently to go over the records of the Pathological Society, especially in liver diseases, and had found the total experience of different observers the same as Dr. Formad's; and also in those cases, cirrhosis was caused not so much by heavy drinking as by persistent drinking of spirits on an empty stomach — *Va. Medical Monthly*.

INEBRIETY FROM GELSEMINUM.

Dr. Caldwell, in the *Surgical Herald* of Joplin, Mo., writes as follows: "The subject of this communication was twenty-four at the time the writer first met him. He was robust, had lived a life well divided between work on the farm, study, and rational recreations. Mentally he was of that type we style *well balanced*. He was, therefore, not such a person as we would expect to see become the victim of a habit.

"He contracted chills; rheumatism supervened, and he refused the frequent offers made him of chloral hydrate and morphia. I may here state that his father had been addicted to the opium habit, and the son grew up with a horror of the very name of opium. In an attack of more than usual severity he took a large dose of fluid extract of gelseminum. Relief followed. The next day a repetition of the paroxysm called for a repetition of the dose. As with all quieting agents, the dose must be augmented, but during the year this increase was not very great.

"One hot night, while in great agony, the sufferer took a very large dose and lay stupid till noon the next day. The experiences he had were, as he said, 'wonderfully pleasant.'

"Now the habit became fixed. The victim grew to using as much as *a fluid ounce of the extract* as one dose. What would once have produced death was now only a gentle palliative. Still the dose must be increased.

"He became pale, emaciated, listless, and at times strangely uneasy. He became the prey of strange terrors, and was subjected to some hallucinations of the physical senses.

"Looking fixedly at any distant object he could discern all the colors of the spectrum—then darkness followed, and then a number of faint rays of light would precede the complete return of vision.

"His hearing became singularly acute. He was apparently regardless of what was passing; still he could detect whispers, he told me,—whispers uttered many yards away.

"Nothing could induce my poor friend to give up his dar-

ling drug. Seeing how the matter distressed his friends, he went away. During his stay of a year in Canada, he increased the dose daily. He returned far more feeble, and at times seemed positively idiotic.

“He fancied ghosts were around him; he could hear the shrill whispers of leering demons, and in his better moments saw the starry wings of angels hovering around his bed.

“After a year more of this strange habit he sank into a condition of hopeless idiocy, and died in the stupor induced by his idolized drug.

“The relatives of the unfortunate man never took care to prevent his obtaining the drug; but this neglect is seen in regard to the victims of the opium habit every day. It is to be hoped that in an advanced state of civilization—the true and better sort of civilization—such persons will be taken away from the care of neglectful and ignorant kinsmen, and placed in public institutions where judicious medical treatment and the proper moral suasion shall be exerted so as to redeem many a poor creature from those hideous vices that wreck the body and debase the mind.”

DISCUSSION CONCERNING ALCOHOL.

In the French Academy of Medicine, Beaumetz read a long paper giving some conclusions from various experiments made on animals with different kinds of alcohol. One of these conclusions was that the more poisonous results were obtained from those alcohols which were furthest removed from pure vinous alcohol. In a series of experiments made on pigs, having for its object the production of a slow intoxication, he demonstrated that slow continuous absorption of alcohol was followed by certain anatomical lesions consisting of congestion and inflammation of the digestive tract and of the liver without reaching interstitial hepatitis; although pulmonary congestions, arterial arterama, and sangunaris infusions into the parenchyma of the muscles may be present. In the second part of his paper he dis-

cussed the modifications of alcohol which took place in the economy, concluding that one part of alcohol is eliminated from the body unchanged, and another part is altered; also, a certain part is sent off by the respiration and urine. A certain quantity undergoes acetic transformation, from which comes the alkaline acetates, which become later carbonates, and still later the reduction of the water and carbonic acid. Three cases are illustrated at some length. One where the quantity of alcohol is small, and one part is transformed directly into acetic acid, and enters into the circulation under the form of acetates. The other part enters unchanged into the blood and adheres to the globules rich in oxygen, and finally becomes transformed into acetates. In the second case, where the alcohol is considerable, only a part is oxidized and reaches the state of carbonic acid, the rest is eliminated unchanged. In the third instance, where alcohol is taken in toxic doses, it is no longer burned up by the hæmatoxylin, which, on the contrary, it dissolves. Hence we have interstitial hemorrhages.

In the discussion which followed M. Perrin denied these conclusions, and believed the results which were reached by the commission of 1880 had been fully sustained. These conclusions were that alcohol undergoes no transformation in the organism. It is returned or excreted in its natural state. No acetate is ever found in the blood, it is only outside of the body that one is able to transform a mixture of alcohol and blood into acetic acid. Why is one not able to find aldehyde in the blood of persons poisoned by alcohol, when alcohol is so often found in the blood after the injection of a small quantity? It has been urged that alcohol was transformed into aldehyde. If it were a fact that the alcohol were finally changed into carbonic acid, there would be an increase in the amount of this gas exhaled. Whereas the exactly opposite is observed. It is just this diminution of carbonic acid which indicates the true role of alcohol in the system. This diminution of carbonic acid is a certain sign that the general nutrition has been slowed up. Alcohol as

alcohol in the organism acts on the nervous system, particularly on the heat producing centers, and this slows up assimilation and all the other processes. M. Guerin remarked that a mistake had been made in not examining the eliminated matters in the feces. M. Bechamp stated that this subject was thickly beset with difficulties. In the first place, the materials such as the organism furnishes, the result of retrograde metamorphosis, are capable of undergoing certain alterations which may result in the production of alcohol by an entirely special and particular process of fermentation. Thus the organism itself may produce alcohol. He gave several examples of these phenomena.

RECOGNITION OF INEBRIETY.

The following is an editorial in the *Mississippi Valley Medical Monthly*, by Dr. Sim, the editor:

INEBRIETY.—The sooner the medical profession, the philanthropist, the Christian, and the State recognize inebriety as a disease, admitting of early diagnosis, classification, and cure, the better it will be for the unfortunate sufferers and the community that harbors them.

We have two insane asylums in the State of Tennessee, and a third—one for each geographical division of the State—about to be erected. This will be ample for the care of this class, and the noble work is but discharging a duty devolved upon the State by the strongest obligations that can possibly be imposed upon a government. But how about the drunkard? Any arrangement being made for his care? None whatever. He is treated as an outcast; is shunned by every one, and the announcement of his death would bring a sigh of relief. There is a class of periodical inebriates who show the epileptiform character of disease so plainly that the physician, though a mere tyro in psychiatry, must recognize it, even at a glance. Others suffer from local, nervous, or general disease from which the alcohol habit gives them temporary relief, and thus they are impelled, in many instances,

by the most intolerable tortures, to drunken habits. Yet another class maintains a diathesis, predisposing to inebriety, the same having been by heredity stamped in each individual.

But, say our good Christian friends, adopt this view of inebriety, and the drunkard is at once relieved of all responsibility as a criminal. Even so, and let the responsibility rest where it properly belongs, i. e., upon the broad shoulders of the State, the pious Christian gentleman, the noble philanthropist, and the self-sacrificing doctor.

Would either think for a moment of holding a crazy man responsible for crime, when he was known to be such? Would not the responsibility of such a person's acts rest upon the community that tolerated the risks, by allowing insanity to go uncared-for? The community has ample warning in the case of an inebriate, and he should no more be permitted to go at large than the man deprived of reason from any other source.

The physician should familiarize himself with the disease aspect of inebriety, and not only recognize it when fully developed, but in its incipient stages as well. There can be no doubt of the fact of a steadily increasing tendency upon the part of the profession to recognize inebriety as a disease, and to regard the drunkard as to be more pitied than blamed. In many places throughout the country, "Homes" are being established for the reclamation and cure of inebriates. Many of these institutions have been in existence for a number of years, and their reports of cures are indeed encouraging. More than fifty per cent. of the inmates are believed to be permanently restored to health, family, and citizenship. A number must remain wards of the State, either in these institutions or in lunatic asylums, with permanently unbalanced minds. Others, whose conditions are not well understood, gradually relapse into former habits, but often maintain more self-control than previous to treatment. Can we not have in Tennessee a Home for the Inebriate?

INEBRIETY IN CHILDREN.

Dr. Thomas, physician to the Sheffield Public Hospital in a recent address, gives the following record of cases. Case 1, is that of a little boy who suffered from delirium tremens at the age of eight. His mother was a drunkard, and he having found a bottle of whisky which had been hidden, drank of it—no doubt frequently. When he was admitted to the hospital they found that he had drunk nearly a bottleful of port wine. He suffered from delirium tremens, was in the hospital dangerously ill for a month, and then sent to a reformatory. Case 2, a boy aged eight, was the son of a drunken mother, used to be sent for his mother's whisky, after which he was rewarded with a sip. He became a drunkard. Case 3. The child of an apparently healthy mother was given a tablespoonful of beer twice daily. The child died and was found to have the most typically cirrhotic liver.

The late Doctor Wood of New York, sent me the notes of two cases, as follows: A boy, aged ten, whose mother was a fashionable woman of the world, and had a sideboard of wines at command, the father being dead, was continuously delirious and stupid. He drank to intoxication every day for nearly two years, then died. No restraint or control could be exercised over him. The second case was a boy six years old, whose mother was in an insane asylum, and his father was a business man. The boy was left home with the servants, who gave him all the wine he wanted, and for nearly two years he was continuously under the influence of spirits, then died of brain fever.

A physician consulted me about a boy seven years old, whose parents had been inebriates and were now dead, who displayed great cunning to procure spirits, and drank at all times and occasions to intoxication. His guardian, a temperate man, was unable to prevent him from drinking. When the boy was locked up a short time he was sure to be intoxicated soon after regaining his liberty. The impulse to

procure spirits was remarkable, and exhibited a brain power and development far beyond his years in this direction.

Another case came under my observation. A child one year old, whose mother was an inebriate and father feeble-minded, who had probably been given spirits from birth in the food, suddenly displayed a passionate fondness for spirits from a certain bottle that the mother used. Every day the child cried bitterly, and could only be satisfied with a table-spoonful and more of whisky. This increased until two ounces of whisky were given every day. The child would sleep most of the time, but would be wild if the spirit was not given. It was literally intoxicated for the entire time, no effort to substitute any other drugs, or to take away the spirits succeeded. Finally, marasmus and death followed. In certain circles there are many such cases, who most fortunately die early, but they illustrate the principles of heredity in a very startling way.

We have received from George Stinson & Co. of Portland, Me., the well-known art publishers, a magnificent full-length steel engraving of General Grant. It is after Anderson's celebrated photograph, which was made while the general was in full vigor, and represents him in his sturdy, manly strength, as the people wish to remember him. It is undoubtedly the best portrait ever made of the general. Messrs. Stinson are in need of agents for several important, popular new publications, and offer inducements that should be heeded by those in need of profitable work; those who write to them will receive, free, full particulars.

Dr. Meylert's "Notes on the Opium Habit" has grown to the fourth edition. G. P. Putnam's are the publishers.

Heads and Faces, and How to Study Them. By Professor Sizer and Dr. Drayton. Fowler & Wells Company, New York city, 1885.

This is a profusely illustrated volume of 184 pages, and is a manual of phrenology and physiognomy, designed for

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popular readers. A great number of heads and faces of prominent men are given to illustrate the text, and the authors are clearly experts in this department, presenting an attractive work, which of necessity will command much attention. The popular character and general appearance of this book are most excellent.

The Descent of Man. By Charles Darwin. J. Fitzgerald, publisher, 393 Pearl Street, New York.

This famous work, perhaps the most important scientific treatise of the present century, is now being published at such a price as brings it within the reach of all readers. It will be completed in four numbers of the *Humboldt Library of Science*, of which the first has now appeared, to be followed by the second on November 20th, and the third and fourth at intervals of one month. The price of each of the four parts is 15 cents, and they will be sent to any address, postage paid, on receipt of that amount in coin or in postage stamps.

Berlin as a Medical Center; a Guide for American Practitioners and Students. By H. R. Bigelow, M. D. New England Publishing Company, Sandy Hook, Conn.

This little book tells you where to go for medical instruction in Berlin, and what it costs, and how to find the best of everything; to enable you to secure the greatest advantages in the shortest time. No one should go abroad before reading this work.

Mind Reading and Beyond. By Wm. A. Hovey. Lee & Shepard, publishers, Boston, Mass., 1885.

This volume gives a most excellent summary of the four reports of the London Society for Physical Research. The experiments on thought-transference opens up a most wonderful field of psychology, that has a fascinating interest to all students. The reader obtains from this work a clear notion of the experiments and their results, and in the last chapter the author adds some suggestions of his own which are well worth consideration. The conception of this work,

to condense and popularize the facts of these reports, which are practically inaccessible to most readers, should be encouraged. The author has done his part well, and we trust will do more work in this field. The publishers have given this work an attractive dress.

The Nature of Mind and Human Automatism. By Morton Prince, M. D. F. B. Lippincott & Co., Philadelphia, Pa., 1885.

This little book of 175 pages attempts, in the first five chapters, to explain the phenomena of mind and its relation to matter. In three more chapters human automatism is described, and the final chapter is devoted to a very excellent and spirited description of "What is Materialism?" Consciousness is shown to be dependent upon molecular motions of the brain, and also the reality of physical processes: Nerve motion in the sensory nerves becomes transformed into an equivalent amount of cerebral motion or consciousness, which in turn disappears to become nerve motion again. Cerebral motion and consciousness are one and the same thing." The last chapter, a defense of materialism, is the best in the book, and will well repay careful reading. The author is a very critical, acute thinker, and however much the reader may differ with his conclusions, he must admire his style and method of statement. This little book is a very suggestive contribution to the old subject of mind and matter, and we commend it most heartily to all our readers.

Psychiatry. A clinical treatise on diseases of the brain, by Dr. Meynert, professor of nervous diseases and chief of the psychiatric clinic in Vienna. Translated by B. Sachs, instructor of nervous diseases in the New York Polyclinic. Part I. G. P. Putnam's Sons, New York city, 1885.

This first volume is devoted to the anatomy, physiology, and chemistry of the brain. The contents of the 279 pages are: The structure and architecture of the brain; the minute anatomy of the brain; anatomical corollaries and physiol-

ogy of cerebral architecture; the nutrition of the brain mechanism of expression.

The author starts from an anatomical basis, and attempts to show that all brain diseases are due to changes in structure and minute formation. His thorough familiarity with and minute description of the brain structure requires the closest attention of the reader to follow intelligently, but the rich array of facts and suggestions fully repay a most careful study. Every section of the brain and its relations to other parts are described with the minuteness of a "master anatomist," and running through these details are physiological conclusions and intimations, whose full significance will appear in the next volume. The chapter on nutrition and chemistry of the brain opens up a field comparatively new and one that all students of insanity and inebriety should be familiar with. It may be said to be literally the outlines of mountain ranges of facts in a new continent of pathology and psychology, yet to be explored. This volume gives the reader a new view of psychiatry from the anatomical side, and the thoroughness with which this is presented indicates that the application of these facts to diseases of the brain will be a great advance to the study of this subject. Unlike many other works in this field, the critic who differs from the author's facts and conclusions must be himself a superior anatomist and specialist, or his criticisms will be evidence of his own non-expertness. This work is clearly destined to occupy a very large field, and be an authority far above the average text-books in this department. The translator deserves the greatest praise for his frequent improvement and clearness of the text, giving the English a better cast than the author in the original language. More liberty in this direction, and less strain to be literal in the language, would add to the work.

Both the author and his accomplished translator have, in Part I. of this work, presented a volume to the English reading medical public more complete and thoroughly scientific than most of the books which have gone before in this field. The illustrations are numerous, and many of them excel-

lent. The type and make-up of the book are also attractive. We most earnestly urge our readers to put this work in their libraries as one that will prove indispensable.

SOME EXCHANGES.

The *Scientific American*, a weekly published by Munn & Co. of New York city, and the *American Inventor* of Cincinnati, O., a monthly, and the *Electrical Engineer* of New York city, are all current papers giving excellent summaries of the latest discoveries from the front lines of science. The *American Journal of Insanity* of Utica, N. Y.; *The Alienists and Neurologists* of St. Louis, Mo., and the *Journal of Mental and Nervous Diseases* of New York city, are the three great reviews of psychiatry, which describe the march of scientific research into the realms of mind and matter, both in health and disease.

The *Homiletic Review* for January begins the eleventh volume, and fully sustains its previous reputation as one of the best exponents of pulpit philosophy of the day. Funk & Wagnall's, Dey street, New York, are the publishers.

The *Popular Science Monthly* grows in excellence and value with each number. A year's subscription to this journal would be a New Year's gift bringing increased pleasure every month of the year. Send to D. Appleton & Co., New York city, the publishers.

The Journal of Heredity, a popular scientific quarterly published in Chicago, and edited by Dr. Burnett, who is superintendent of the department of heredity of the W. C. T. Union, has appeared, the first number dated October. The contents and general appearance give promise of a very vigorous and influential future. The facts in this field are very numerous, and a large audience is waiting for some one to serve them up; hence, Dr. Burnett will have the rare privilege of being a pioneer and leading public sentiment in this direction. This journal deserves a hearty support.

Editorial.

ANTE-MORTEM STATEMENTS OF INEBRIATES.

It is a fact new to science that the statements of inebriates under oath, or otherwise, are always more or less unreliable, and cannot be accepted as truthful unless confirmed by other evidence. The inebriate may be sober at the time, and yet his statements will lack that accuracy essential to truth. The use of alcohol so far impairs his perception and judgment, that no matter how honest and earnest he may be, an element of error will come in unconscious to himself. This is recognized in many chronic cases of inebriety, but in the moderate and occasional drinker, or the periodical inebriate with long free intervals of sobriety, it is not understood. Exaggeration or suppression of facts, faulty observations or perception, bad, impulsive reasoning, reaching conclusions not warranted by the premises, and almost every form of possible error, all of which are not realized by the person who is unable to correct his own mistakes.

An astronomer who, after a severe attack of malaria, continued to use spirits as a medicine, had so large a personal equation of error in his work that he was obliged to give it up; although he made great personal efforts to be accurate, he was unable to detect or correct his errors. A judge who drank regularly in moderation, was greatly astonished to find so many of his decisions overruled by the higher court. He was a careful, accurate lawyer, and at the time was confident of the correctness of his judgment. These cases are not uncommon, but have never received any special study, hence are largely unknown. The following case illustrates a phase of this subject that has a medico-legal interest.

The early history of W. H. was not ascertained. He served with credit as an officer during the war, and went into partnership with a comrade at Bridgeport, Conn., in the

grocery business. He drank at intervals, but this did not attract attention. In 1876 he became a soap manufacturer, was much respected as a member of a church, and wealthy. He traveled, selling his goods to New York and elsewhere. He was known to use spirits to intoxication at long intervals, but generally at home, or at some hotel away among strangers. In business matters he was correct, and his word was good among his associates. In one of his drink paroxysms at a hotel in New York, he had a personal encounter with a man who had been a boon companion on these occasions. His face and head were injured with flesh wounds, and for some years after he did not speak to this man. Then they became friendly again, although there was no evidence that he drank with him. The drink paroxysms increased in duration, but the intervals of five or six months remained. One day he was picked up in the streets of New York unconscious, with contusions about the head, and fractured skull. He was taken to a hospital, and next day became conscious, sent for his family, and made a statement under oath, and finally died. This statement described minutely his drinking at a certain hotel with his friend (who had injured him long ago); also certain differences of opinion which sprung up between them, ending in an encounter, in which this man struck him on the head many times, then threw him out into the street and took all his money. All this was described with great minuteness and under oath as his dying testimony. This man was arrested, but proved that on the day of the alleged assault he was at home in a distant city, and had not seen the murdered man for over a year, and had not been in New York for many months. It was clear that the injured man had described the assault which had occurred some years before, and did not realize that a long interval of time had elapsed. His memory of the events and injury preceding death was abolished, and the only thing clear was the recollection of the former injury, which seemed to his disturbed brain the event of yesterday. Had the accused man been in New York on the evening of the alleged assault, and

by accident met this man, to whom he was friendly, and left him soon after, it might have been difficult to show to a court and jury that he was not guilty as described in the dying statements of the murdered man. An examination showed that he had been robbed of only a small sum of money, his watch and pocket-book having been left at the hotel where he stopped. It also appeared that his injuries were, in all probability, caused by being thrown out of a low bar room, where he was drinking. A similar case occurred at West Troy, N. Y., the history of which was sent me by a lawyer. Two men, owners of canal boats, periodical drinkers, who, while drinking together, had frequent personal encounters. One day they were seen drinking together, and the next morning one was found unconscious from a fractured skull. The skull was trepanned, and the man recovered so far as to make an ante-mortem statement that his friend had struck him on the head, causing his injuries. This man was arrested, and protested that he had left him in the early part of the evening on the canal boat, that they had no personal differences, that he did not strike or injure him in any way. His own whereabouts was not clearly proven to the court during the night of the assault, and he was convicted and sentenced for three years. A year after this, a lawyer received in payment for defending a criminal a watch, which was identified as the one stolen from the man found unconscious on the canal boat. From this and some other circumstances it was clear that the assault had been committed by the criminal for robbery, and that the man then serving out the sentence for this act, was, as he protested, innocent of the crime. In this case the man's memory of recent events was abolished, and the acts of long ago seemed those of yesterday.

This condition is analogous to the dementia seen in old age, where only the past is clear and fresh on the memory, and events of the present make no impression, only so far as they seem to be a part of the past.

The possibility of grave injustice being done innocent

persons who are accused on the statements of drinking men is very great. All such testimony should receive careful scrutiny, and be open to grave doubts unless confirmed by a variety of collateral circumstances that are beyond question.

TERMINATION OF INEBRIETY.

Inebriety ends either in death, which may be due directly or indirectly to the action of alcohol, or merges into some other allied disease, of which the use of alcohol may have been only a symptom, or it may come to a long, obscure halt, that may last through life or terminate any time in a violent relapse and return of all the previous symptoms. A small number of cases die from delirium, paralysis, inflammation, hemorrhage, the result of alcoholic degeneration. A much larger number die from pneumonia, Bright's disease, dropsy, pericarditis, and gastritis, following and produced by alcoholic excess. Inebriety may be said to be allied to nearly every organic degeneration and disease of the body; the more common of which may be mentioned as the ataxies, palsies, and the various forms of insanities. The use of alcohol may end abruptly, and any of these forms of disease become prominent. Whether the use of alcohol was only a premonitory symptom of the brain degeneration preceding these diseases, or was the active and exciting cause of them, is often a difficult matter to determine. In quite a number of cases it is both a symptom and an exciting cause. A defective brain from heredity may speedily develop some organic disease from the use of alcohol. A brain organization made defective from bad nutrition, traumatism, or exhaustive demands on its functional capacity, is a most fertile field for inebriety. The demand for alcohol is merely the craving for a narcotic to quiet nerve pain and irritation. The use of spirits may be stopped, and various complex organic nerve and brain diseases appear which were marked before. Thus total abstinence reveals the real state; and while it gives nature a better chance to antagonize dis-

eased tendencies, new types and symptoms spring up, and go on slowly or rapidly to their natural termination. Often, in periodical cases, total abstinence is followed by paroxysmal nerve storms, and psychological changes that are peculiar and fixed. Thus, in one case, outbursts of insane anger, or extreme suspicion, or great benevolence, or miserly hoarding, or religious anxiety; in brief, almost every psychological symptom of changed character and conduct, which is often of short duration, and seems to take the place of the former drink paroxysms. Thus brain energy gathers and explodes in these abnormal directions. Such cases merge into epilepsy from the slightest causes, such as head injury, or violent and prolonged strain, or develop insanity from apparent trifling conditions. In such cases the brain soil is charged with the germs of insanity, which only needs some exciting cause to spring into great activity.

In a certain number of cases inebriety ends abruptly from the most insignificant causes, and a life of total abstinence follows, which may end in a sudden return of the disease, as mysterious as it disappeared. In one case, an inebriate signed the pledge and remained a sober man for ten years, then suddenly, in the most adverse circumstances, drank again to great excess. In another case, an inebriate who had been the subject of much prayer and entreaty, all with no results, suddenly signed the pledge at the request of a child, and was a strong temperance man for fourteen years, then, from the invitation of a stranger, drank again to great excess. Another man, an inebriate, who had been in political life and exposed to great temptations, and who had successfully resisted for a long time, began to drink with his coachman in the barn, and died after great excess. These halts are more significant and uncertain in persons who have used spirits for years, and may be termed chronic cases. In other cases, where the drink excess is limited to a short time, these halts may be considered more permanent. They are practically cures, only their duration is a matter of uncertainty, and may terminate any time, should some peculiar combination of

causes intervene. As in insanity, the same causes will produce the same disease, with slight changes; so in inebriety, the physical conditions which produced inebriety at one time will do the same again in the same state and condition. When the causes of each case are fully studied, its natural termination may be anticipated with some certainty; then the mystery of these sudden changes of type and symptoms will become clear, and the tables of cases restored and cured will be better understood.

SICK AND INTOXICATED.

We have often referred to the blunders so commonly made by police officers, in arresting and confining persons in the station house, who are suffering from cerebral hemorrhage, or other disease. Yet, notwithstanding all that has been said and written on this source of danger, the same mistakes are repeated over and over again. A valued correspondent sends us the notes of ten cases which he gathered from the daily papers of two weeks, where persons who had been arrested for drunkenness were found dead in the cells, or were removed a day or more later to die in the hospital. Three of these cases had Bright's disease, and were suffering from coma; two evidently had concussion of the brain, following direct injuries from being thrown out from saloons. One was a case of heat apoplexy, and one was found to be fracture of the skull and compression, and the remaining cases were clearly cerebral hemorrhages. In eight of these cases autopsies were made. In the other two the diagnosis was made by the jail physician. In one of these cases the man was brought before the police judge, and sentenced to ten days for drunkenness, and at the time was supposed to be still under the effects of spirits. In jail Bright's disease and uræmia was discovered, but he died before any treatment could be applied. It is difficult to realize why the judgment of the average officer on such cases should be accepted as final, when the most expert discrimination by leading medical men have failed to determine the nature of such cases. In

cases of suspected insanity, officers and judges are very careful not to act on their confessed inability to determine the condition of the case. The same caution should be observed in these street cases of coma, where the only sign, an alcoholic breath, can not be trusted. It is the false view that inebriety is a self-induced sin and an innate depravity, that consigns the diagnosis and treatment to the officers of the law. The result is neglect and precipitation of the victim into more incurable conditions. The law, public sentiment, and the officer who arrests a narcotised inebriate and on his judgment puts him in a cell to recover; also the judge who sentences him as a criminal to jail, where is bad diet, bad ventilation, and the most depressing mental surroundings, all conspire to permanently unfit, and make him more and more incapable of living a healthy, temperate life in the future. Every case of coma found on the street with an odor of spirits is liable to be complicated with the following, and must be differentiated from them before the exact condition can be determined: Fracture of the skull, concussion of the brain, cerebral hemorrhage, embolism, and thrombosis; uræmia from Bright's disease, epilepsy, narcotic poisoning, heat apoplexy, hysteria.

It is the duty of physicians to insist that all men who are brought to the station house in a state of coma should have a medical examination, in the same way that a maniac or an injured man are treated, and not, because he is supposed to be intoxicated, turned over to the officer as not needing such care or skill. Police officers should be taught that it is an exceedingly dangerous thing to strike an intoxicated man on the head; the liability to cerebral hemorrhages is very great. No experience or observation will ever enable an officer to determine that the coma of the man he arrests is due alone to the spirits used. The reckless indiscriminatio which places all men in the station cell who are stupid and have an odor of spirits about them is fatal in many cases. Clearly it is a question of duty that is sadly neglected, and no man should be confined in a cell overnight until his real condition is determined.

SCIENTIFIC JOURNALS.

There are in the world eighty-eight different journals and papers devoted to the commerce, science, and art of spirit, wine, and beer making. Many of these journals treat the chemistry of the subjects exhaustively, and are constantly enlarging the boundaries of science in this direction. In all, there are about one hundred and eighty journals in the world (over a hundred of which are in this country) devoted to temperance, total abstinence, prohibition, and the cure of the evils from the use of drink. Not one of all these journals has risen above the dogma that the excessive use of spirits comes from a moral and spiritual degeneration of the man. Not one of all these temperance journals discusses the subject from the teaching of modern science. The brewers and distillers are alert to take advantage of all new discoveries, and are even pressing scientific inquiry in their departments to its utmost limits, sustaining and conducting journals for this special object; while the temperance journals content themselves with theories, which are contradicted by all scientific progress and research.

In 1876 the JOURNAL OF INEBRIETY appeared as the first, and is the only journal in the world to-day especially devoted to a scientific discussion of injuries from the excessive use of spirits.

The British *Medical Temperance Journal* came into existence three years later, and occupies a very confusing field of half science and half morals. *La Temperance* occupies a similar field in France, only more devoted to statistics. Why all this temperance zeal, energy, and enterprise displayed in so many journals should be so completely dwarfed, and restricted in their efforts, is simply due to the failure of recognizing any other than a moral causation for this evil. Inebriety and its evils will remain as long as the subject is only studied from the moral side. The JOURNAL OF INEBRIETY stands alone in its study of this subject from the standpoint of science, and from the teachings of modern science.

THE DISEASE OF INEBRIETY—A NEW DISCOVERY IN SCIENCE.

For two thousand years the scientists and philosophers of the world pronounced the inebriate a madman, and many facts concerning the disease of inebriety were fully recognized. But not until 1840 were there any attempts to group these facts and bring them into the realm of practical science. In the same way, for long ages, the facts concerning the stars were known, but finally *Copernicus* organized them, and brought out the science of astronomy. For centuries the Northman landed on our coasts, but *Columbus* discovered America, and placed the facts in possession of the world. Vaccination was known long before, but *Fenner* applied this knowledge to the principles of science and was truly the discoverer. *Franklin* and *Morse* were also great discoverers, but they simply grouped and applied the facts of science, bringing them into common use for mankind. *Simpson* and *Morton*, who first used chloroform and ether, were simply expert organizers of facts long known. *Darwin*, another great discoverer, has gone over the same fields where thousands have passed before, and opened up great mines of fact, and pointed out their meaning and their application to the problems of life. Thus, that which was known and was old in the experience of the world is new when organized on the lines of science and the practical relations of life. Thus history repeats itself, and the time had come when the facts of the disease of inebriety must be recognized, and the true meaning pointed out. Armies of miners and prospectors had gone over the field, but no one had opened up the rich veins of facts, and pointed out the laws which governed and controlled them.

To Dr. J. E. Turner the world is indebted for this great work. He first formulated and organized the knowledge of the past, and placed it at the service of mankind. He both planned and built the first inebriate hospital in the world, and demonstrated that inebriety was a disease and could be

cured by physical means. From that time a steady procession of facts have been constantly arriving on the front line of science, and the reality and value of this discovery is slowly and surely taking its place among the great events of the age. As in all other discoveries and advances of science, it is challenged and must pass the ordeal of indifference and fierce denial before final acceptance. This first stage is past, and the second stage of contradiction, denial, and opposition is rapidly drawing to a close. Dr. Turner's discovery that inebriety was a disease and curable in special hospitals, is a fact generally accepted by the scientific world to-day. By-and-by contests of priority will begin. Some one will come to the surface to show that this was no discovery, and that Dr. Turner was not the first one to organize and give vitality to the facts concerning inebriety. But happily all this tumult of criticisms and sneers comes from untrained intellects and non-experts in science. The pioneers whose lives have been one exhausting struggle with the facts gleaned on the hill-tops of science speak with bated breath and downcast eyes of the mysteries yet to be solved, while those who know nothing of the disease of inebriety or its relations to science still deny all this grand array of truth that is steadily centralizing around this fact. To the scientists this new discovery of facts has opened up a new continent, and revealed new phases of mind and matter, and pointed out wide ranges of physiological and psychological facts, the application of which will change the race-march and the history of civilization. From the date of Dr. Turner's discovery, inebriety has come into the realm of science, and the great facts can no more command attention along the levels of supernaturalism and superstition; they have passed up above the fogs and mists of theory and delusion.

In the presentation and discussion of facts and laws relating to the brain and its diseases, the physician who dogmatically commits himself to a statement or theory, which on examination is found to be without foundation, loses his repu-

tation in some degree. But if he is guilty of the same error often, both his intellectual and moral standing may be justly questioned. Intellectual failure to comprehend the real facts and state them is often a physical defect that is excusable, but persistent misstatements and misconception point to a moral weakness that places such statements beyond the pale of scientific recognition. Books, sermons, and lectures, by persons not trained to scientific accuracy of facts and statements, are not supposed to enlist full confidence in their truthfulness. But scientists, who simply record facts and the laws controlling them, should, unless fully confident of their accuracy, state them as appearing to be so and so from the best evidence at their command. Then, should further study disprove or confirm them, their reputation can not suffer.

SENILE DEMENTIA IN INEBRIETY.

In all cases of inebriety many and varied degrees of dementia and degeneration are present. The following case is given as an extreme type, and unusual, except where associated with other well-marked insanities. James P. was brought to me for an opinion, with this history: He was twenty-one years of age; came from a neurotic ancestry. His grandfather on his mother's side died an inebriate and his father was a moderate drinker. He graduated at Yale College at nineteen years of age, and soon after entered upon a career of general dissipation. He traveled and drank to excess continuously for the next two years. He was sent to an insane asylum in England, and finally was returned home. His condition was one of restlessness and suspicion of injury from others. His memory was very defective, and he alternately laughed and looked grave and angry. He would commence some remark, and leave the idea and go on to some other topic, always ending with a boast of his powers and capacity to commit some great deed. He exhibited some muscular strength for a few moments, then would be exhausted. He would start out for exercise and would have to procure a carriage, being unable to walk

back. He insisted on having spirits every day, and was given about a half a pint of whisky or brandy in twenty-four hours. All efforts to withdraw this provoked violent opposition and shouting. Nearly a year after his return home he was brought to me, with the following appearance: His face was that of a man over sixty, covered with lines and wrinkles, thickened and in folds; the hair was nearly gone; the beard was short and straggling, the nose was flat and shrunken, and the eyelids and eyebrows had fallen out; the teeth were decayed, and the abdomen enlarged, also the muscles of the leg and arm were emaciated. The facial expression was one of vacancy and vacuity. He was also bowed over, and walked in a trembling, hesitating way. He talked slowly and would stop in the middle of a sentence, and seemed to have a mixture of *aphonic*, *amnesic*, and *paretic* symptoms. When spirits were refused he would shout some sentence or word in a loud discordant tone, and keep it up until, for the sake of peace, it would be given him. He never seemed intoxicated, but would be quiet and stupid when given a quantity of spirits. His friends succeeded in gradually withdrawing the spirits and substituting bitter drinks in the place, but the same mental enfeeblement and dementia ended in death from pneumonia a few months after. This case was noted for the profound degeneration and dementia unattended with any special delusion or mania. It is common observation that inebriates who inherit a very defective organization, always have symptoms of dementia and senile degeneration.

Many of the characteristics of brain failure common in extreme old age are present. Thus, the instability of the mental operations, the failure of memory, and the alternate credulity and suspicion, and often great buoyancy or depression, associated with the appearance of age, are unmistakable signs.

It is clearly evident that these symptoms of profound degeneration and dementia have not been studied or noted as common to inebriety, and yet they are present in all cases, more or less, and furnish very significant diagnostic indications.

HYPNOTISM AND INEBRIETY.

Prof. Myers, in the *Fortnight Review*, brings out some very curious facts showing the power of a dominant idea impressed on the mind in a state of hypnotism. In one case DuMagne hypnotized a man who was an inebriate, but sober at this time, and impressed upon his mind very strongly the idea that he could not use alcohol, that it was poisonous and very dangerous. After coming out of this state, this idea continued for many months, and he was a total abstainer, although exposed to temptations. Dr. Leibvauld tried the same experiment on many cases with success. He found that men under the influence of spirits could not be hypnotized, and that in some cases the impression made on the mind was very transient, in others it lasted a long time. He supposed that if the hypnotic impression of repulsion against alcohol could be repeated often it could be made permanent and in this way made practical in many cases. Prof. Beamis reported a case where a great smoker was told, in a hypnotic state, that he must not drink or smoke again. He followed this idea and was able to break away, but was hypnotized and impressed in this way many times, and the repeated suggestions came at last to be fixed thoughts.

A theory mentioned to explain this is that alcohol paralyzes the higher inhibitory centers, while hypnotism strengthens these centers; also, hypnotism paralyzes the appetite centers, and thus counteracts the alcoholic action. It is further stated that repeated pressure of the idea of alcoholic repulsion produces a shock to the brain centers, and thus alterations take place, causing permanent changes of character.

No doubt certain sensitive organizations, under the influence of hypnotism, may be profoundly impressed by dominant and single ideas.

To apply this in a practical way to inebriates is a new field of psychology that may have a wide future. The laws of mind over body are as yet scarcely known, but we can rest on the conviction that science is on the track, and sooner or later the facts will be discovered, and their application made to the affairs of every-day life.

Clinical Notes and Comments.

OPIUM DISEASE.

Dr. Hamlin, in a very suggestive paper on the opium habit, read before the New York State Medical Society, makes the following statement of causes of the increased demand for opium in this country: "How can we account for this wide-spread and enormous increase? While it is evident all the causes cannot be known, there are some so apparent as to need mention only. First, the greatest of all is the great increase of the so-called nervous affections. The victims of these diseases are not only likely to become addicted to the habit themselves, but they are begetting a class of neurotics who are prone to morbid cravings and excesses of every kind,—their choice of alcohol, opium, chloral, or hash-eesh as a stimulant seemingly almost dependent upon accident. Then there is a class composed of the victims of disappointment and despair, the reckless and the vicious, those who resort to it as a drunkard to his cup to drown sorrow or remorse, or to seek some new source of pleasure." In speaking of the history of each case he says they may be divided into three parts or stages: "The first or formative stage is of uncertain length, beginning with the first continuous dose and ending with the establishment of the habit. This in one case was only a few days' duration, in another many months. I think there are but few persons who can take the drug regularly for more than three or four weeks without finding it more or less difficult to refrain from its use. A continuance of as many months is given to establish the habit firmly."

The second stage is one of progress, in which the victims keep increasing the size and frequency of the dose.

The third stage is one of poisoning, and the craving for the drug is continuous and persistent, etc.

These various stages are very clearly described, and the paper is a valuable contribution.

INSANITY AND INEBRIETY.

“Large doses of alcoholic drinks may act like a shock, and render the person taking them powerless, or suddenly maniacal. When this excess is frequently repeated, the nutrition of the body suffers, and a progressive loss of mental power comes on resembling the general paralysis of the insane. The higher power of self-control is earliest lost; the moral sense and social and domestic feelings suffer in turn; later on, memory and reasoning power, until finally the simpler organic nervous actions are suspended. Delirium tremens not unfrequently passes into an attack of acute mania which persists long after the poison of alcohol is eliminated. Persons are admitted to the insane asylum, where drink was supposed to be the cause of the insanity, when later it was found that the drink was only a symptom. It is a common experience among the insane, that one of the earliest symptoms or tendencies is to seek relief from pain, general discomfort, or any special form of excitement, from alcohol or some other narcotic. It is a curious fact, that among the lower orders of English workmen, when wages are high and work abundant, inebriety and insanity are more common. Total abstinence is no certain prevention of insanity. In some instances the sudden change to total abstinence is a sign of oncoming insanity. It is an evidence of melancholy and mental depression that indicates a changed character and mental perversion, etc.

“Inebriety may be the predisposing cause of insanity or the exciting cause, or it may be only a symptom. Almost every symptom or variety of insanity may be started by drink. But there are special symptoms from this cause, and forms of nerve and brain lesion. Often inebriety comes on during pregnancy, or at the climacteric period. It may be a direct inheritance, or the result of neurotic inheritance. Persons who have received head injuries very often have both inebriety and insanity, a slight excess of drink being followed by acute mania.

"I believe that there is a cirrhosis of the brain as well as the liver, and a similar cause may start both inebriety and insanity. Dipsomania may be an inheritance, an insane symptom, or the vestige of an attack of insanity. It is more common after thirty, but is met with in persons at all ages. Its chief characteristic is profound moral perversion, weakness of will, and emotional instability. The prognosis is unfavorable, yet a careful study of these cases show that some are curable."

Extract from Dr. Savage's *Manual on Insanity*, published by Lea Brothers, Philadelphia, Pa.

STATISTICS FROM GERMANY.

The *Voice* publishes the following facts, which come from the English consul-general at Frankfort :

In Prussia, in eleven years, the population increased 13 per cent., while the places for the sale of beer and spirits increased 38 per cent. Of 6,523 insane persons admitted to the asylums in 1878-79, 4,013 were traceable to distinct causes. Of this, 27 per cent. were dipsomaniacs. Sixteen per cent. of the whole number had reduced themselves to this state from excess of drink. 9,319 cases were admitted to the general hospitals for treatment, in three years, from 1877-79. 5,212 of these cases were traced to alcoholism. In crime statistics $41\frac{7}{10}$ per cent. of all prisoners were committed for acts done under the influence of spirits.

POISONING FROM THE INTERNAL USE OF CHLOROFORM.

In the *Medical Record*, Dr. Eliot groups some of the symptoms of fifty-seven cases where chloroform was used internally, with toxic symptoms. The first stage of transient excitement was most marked in inebriates and athletes. Muscular relaxation, abolition of sensibility and consciousness, profound narcosis, stertorous breathing, and abolition

of reflex actions are the prominent symptoms. Many of these cases occur among inebriates where the chloroform is taken with a suicidal intent, and is most always fatal. The first symptoms are often mistaken for alcoholic intoxication, and the gravity of the case is not recognized until a later and more dangerous stage has begun. Some of these cases have contracted pupils, and closely resemble opium poisoning; in others a profound coma comes on from the first. The mortality is very large, and these cases require very prompt early treatment.

INSANITY IN ROME.

In an exhaustive report on insanity, by Dr. Fiordispini, Director of the Insane Asylum at Monicomo, near Rome, some very suggestive facts are given. From 1873 to 1880 an enormous increase of insanity has been noted. This he thinks is due to the spirit of the age, over-work, and continuous excitement, and a constant superheated existence, which he terms positivism and unnaturalism. The revolution at Rome, in 1878, has been the direct cause of a great increase in insanity, and to every one hundred men who are insane, there are fifty-eight women. Alcohol is a very active cause, and the number who become insane and drown their reason in wine, and who commit suicide for the same reason, have been steadily increasing. He thinks this to be due directly to the use of distilled spirits, such as whisky containing amylic alcohol, and brandies and rum with their butylic and propylic alcohols. Also the many new kinds of fortified spirits which are so commonly used, of which absinthe and vermouth are prominent. This modern change in the drinks used commonly by the people has resulted in a large increase of mania and dementia, and many new forms of insanity not observed before. In his opinion the former use of fresh wines would not have caused such results. He thinks many of these alcoholic maniacs infect others by a species of mental contagion (a fact which I made the subject

of a paper read at the May meeting of the Association for the Cure of Inebriates, in 1884, and published in the October number, 1884, of the *Alienist and Neurologist*). He cites some strange figures among the staff of attendants of his asylum, where nearly four per cent. became insane from contact with maniacs. He refers to Dr. Richardson's statements, "that the insane exhale an essence of madness which may infect other persons in constant contact with them, and of peculiar nervous organization."

INCREASE OF INEBRIETY.

In the last quarterly report of the Washingtonian Home at Boston, Mass., Dr. Day, the distinguished superintendent, remarks, "that of the one hundred and sixty-five new cases admitted, thirty-four had delirium tremens. The increase of patients each year brings a larger number of cases of disease of the kidneys. Formerly not over one in six cases which came under treatment had disease of the kidneys. Now, one in every three have this affection, which I believe to be owing to the great increase in the use of beer. Many of these cases try to substitute beer for stronger spirits, and in this way tax the kidneys severely. Those who have used beer for years always have diseased kidneys. I am also confident that phases of insanity are more common in the cases which came for treatment during the last four years. My experience sustains the views of Dr. Crothers and others, that inebriety is increasing, and the insane types of inebriety are also increasing. This I believe is due in part to beer-drinking and increased nervousness. Nothing can be done, practically, until society recognizes the physical nature of inebriety; then its cure and prevention may be expected."

A firm who advertises McMunn's Elixir of Opium gives certificates of its value as a remedy for opium-taking. One of these is signed by a physician.

A gentleman sends us some facts about inebriety in Mexico two centuries ago. If a common man became intoxicated after any great occasion, such as a funeral or wedding, or from extreme grief, he was excused, unless he committed crime, when he was punished with a less severity than if sober. The idea seemed to prevail that among the common people less responsibility was to be exercised. But if persons of this class continued to drink to intoxication they were taken up by the military and sold into slavery for a period of years. Then, if they still continued to drink and appear intoxicated in the streets, they were shot as offenders beyond all possibility of restoration. If an officer of rank, or person occupying a high position, were found guilty of drinking to intoxication, they were shot or hung, and their bodies treated with great severity as a warning to others. The higher the offender, the greater the offense.

The man who drinks at intervals or continuously to excess, although he may not be intoxicated, has no right to be considered free and capable of acting rationally, or realizing the claims of duty. Freedom for him is a misfortune to both himself and family, and the society he lives in. He is practically a madman, and needs restraint more positively than many inmates of insane asylums. He is an object of increasing peril to his family, and a terror to society. He is bankrupting both body and mind, and a future of ruin is a positive certainty. To restrain him in the future, when his disease is apparent to all, brings no relief. The only hope for the future is early, positive restraint and treatment.

The Russian government has ordered all the small places for the sale of spirits in their country closed, and the number limited to one for every twelve hundred people. The license fee has been raised to over eight hundred and fifty dollars each. The government believes in beginning at the bottom of this evil.

The manufacture of alcohol from wood has increased very rapidly within a few years. No taxes being paid on it to the government it has been substituted for other alcohols. The bad odor and taste having been removed it has come into use for patent bitters, Jamaica ginger, and many other alcoholic compounds. It is a notoriously dangerous alcohol, and produces many and grave disturbances of the brain and nervous system.

A writer in the *Bibliotheca Sacra* for October, says that \$125,000,000 were spent for opium in China, in 1884; that over fifty millions of persons were computed to be using this drug, and that the mortality was not less than six hundred thousand a year. Seven thousand tons of opium were sent from India to China last year. This does not include the amount raised at home.

The first regularly organized asylum for the care and treatment of inebriates in Sweden has lately been opened at Bie, under the care of Dr. Levin. The prospectus is emphatic on the question of disease, and announces that it is to be an asylum for dipsomaniacs and the insane drunkard, and not a place for the religious treatment of physical disorders.

The phenomena of mind and human conduct has always found a ready explanation in spiritual and supernatural causes in exact proportion to the ignorance of physiological laws. The insane and inebriate were possessed of the devil until a clearer knowledge showed that they were diseased.

Dr. Devoes.

Moral lapses and failures in the parents are transferred to the children, and appear as physical defects of the brain and organism. The sins of the fathers must of necessity appear in the children. The quality and force of the organism has been perverted and its reproductions cannot be perfect.

Papine is the particular anodyne principle of opium. It has been found more valuable than any other form of opium and is less dangerous. It is prepared by Battle & Co., chemists, St. Louis, Mo.

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Lactopeptine is called a constructive and digestant for all stomach troubles. Many eminent medical men use it largely in these cases with most excellent results.

The *Anglo-Swiss Food* has been tried in cases of gastric irritation from alcohol and opium, bringing relief when every other means failed.

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Jamaica Dogwood, in solid and inspissated extract, in doses of from two to eight grains, should be tried in those cases of severe neuralgia and brain exhaustion coming from alcohol. *Park, Davis & Co's* preparation should be used as the most reliable in the market. The same firm make several most excellent preparations of cocaine, which we have found to be valuable. We urge our readers to send to this firm and make a trial of some of these wonderful anæsthetics, about which so little is even now known.

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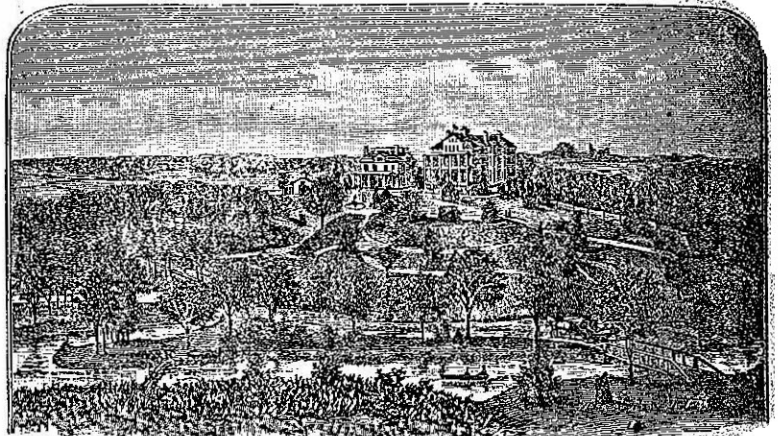
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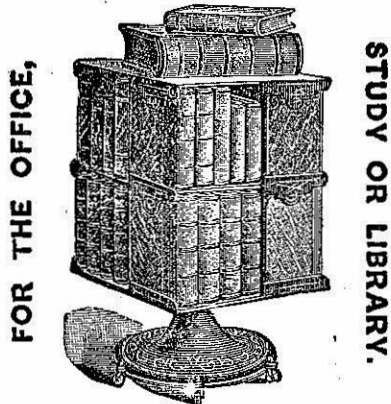
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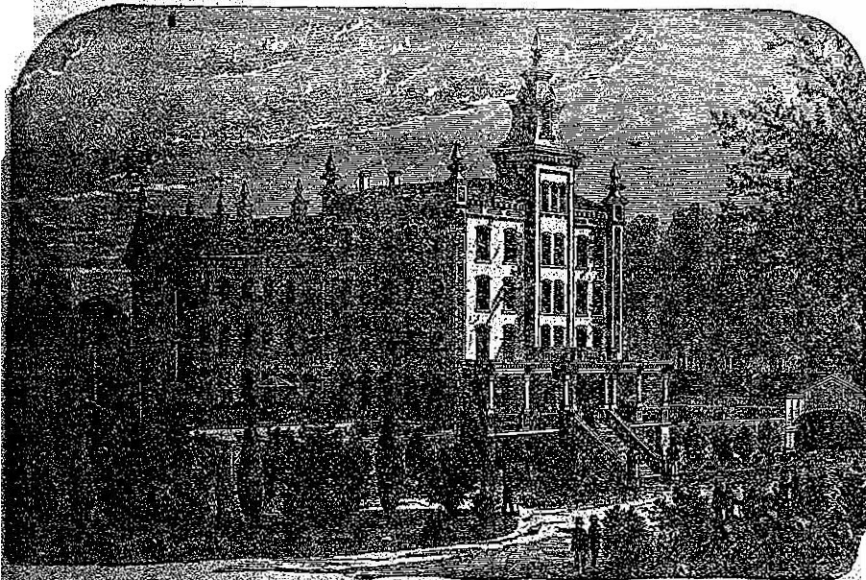
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