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THE SPECIAL INFLUENCES OF ALCOHOL—
THE MORALS.

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

Bellefontaine, Ohio.

In considering the influence of alcohol upon the human organism we approach that division of our subject which treats of the effects of alcohol upon the moral qualities.

(a) The nature of conduct depends, of course, very much upon the discriminating powers of the intellect; and if these powers are deteriorated by alcohol one avenue to inebriate vice and crime is made manifest. (b) But it is found that the inebriate nature is frequently an immoral one, even when there is no present drunkenness. In such an event it may be supposed that noxious principles other than those which produce intoxication are inherent in alcohol—or else are developed secondarily in the system by alcoholic influence—and these lead the moral nature astray. (c) Or, finally, it may be presumed that organic degenerations induced by some subtle and toxic impression of alcohol—such as degenerations of the brain, heart, and other bodily organs—do themselves tend to produce, through indirect channels, improper and immoral actions.

In truth, alcohol acts upon the moral nature in all these several ways; and they will receive attention, though without any further systematic classification.

The paralyzing impressions of alcohol are not of equal force in every part of the nervous organism. Sensibility is not reduced everywhere to a common level. There is disintegration or incoherence of powers and functions rather than simple depression—some attributes being disturbed and disabled more than others. The explanation seems to be this: The grosser faculties and propensities of the physical man are more fundamental and *established* than the refined sensibilities of his moral nature. Hence, while the inhibitory qualities of alcohol exert comparatively small power over the brutish instincts of the animal man, they may easily deaden the moral feelings. Criminal proclivities are relieved from the obstructions and protests of conscience. Alcoholic anæsthesia destroys the moral sense, while it has very little effect upon the more sturdy and deeply rooted instincts and appetites of the animal nature. Of course, this leaves the animal proclivities practically in control.

Upon this subject Dr. Clouston, of Edinburgh, remarks: "It is now generally recognized that, as the moral faculties were the last to be evolved, they are commonly the first in brain disease to disappear. It should not be forgotten that alcohol poisons as well as exhilarates, and affects more strongly the highest brain functions of emotion and control." And again: "A long course of drinking will often destroy the power of inhibition in men of the strongest brains. Men of splendid self-control have lost their controlling powers so as to disregard the common decencies of life—and in this respect have sunk far below the level of a well-trained dog." Dr. Norman Kerr says in his book on *Inebriety* (pages 228–231): "Alcohol is a mighty master of inhibitory force—the most effectual destroyer of the faculty of self-control. Serious as are the injuries inflicted by intoxicants on the intellectual faculties, the loss of the inhibitory capacity is a hundredfold more detrimental."

The disorganizing nature of the alcoholic influence upon morals is displayed in the difficulties which beset every effort to describe it. Lawlessness cannot be illustrated by set rules, nor can disorder be arranged under established principles. In his work, *Alcoholic Inebriety*, Dr. Joseph Parish declares: "Crimes are undoubtedly committed by persons who are under the influence of drink. One amongst such persons takes his draught of whisky in just such quantity as suffices to harden his conscience and nerve his arm for the intended deed. He may be the possessor of a criminal mind—a criminal first and a drinker afterward. On the court records he has no right to appear as a drunkard." The well-known jurist, Noah Davis, of New York, asserts: "There can be no doubt that the vast majority of crimes, especially those of personal violence, find their cause in drunkenness. In point of fact, many persons first subdue their conscience by preparing to commit crime through drink."

This is the testimony of a learned physician and a learned lawyer to the fact that, according to one, alcohol "hardens" conscience, and, according to the other, it "subdues" conscience. But, say they, it not only deadens the sensibility of conscience, but it does so to such a degree that it makes possible crimes darker than any born of a criminal mind unaided by the co-operation of alcohol. If the actually criminal mind, therefore, is incapable of fulfilling a criminal intent unless conscience is first smothered by drink, the power of alcohol in subjugating the moral feelings and impulses must indeed be great.

When the influence of strong drink is so decisive in strengthening the determination in the commission of great offenses, how effective it must be in fortifying the interest in the commission of small ones. It is not to be supposed that this process of subduing conscience is applicable to criminals only. Alcohol paralyzes the conscience of any one who partakes of it, let his motives in drinking be what they may. The occasional inebriate may drink alcoholic liquors without

any clearly-defined purpose ; certainly without the slightest intent to commit an unlawful act. Yet the poison affects him as it does others : it renders conscience torpid — insensible, and he is peculiarly liable to be led into irregular and disgraceful conduct. The criminal who drinks “just enough to nerve his arm for the deed” no doubt is of the opinion that alcohol *will* so nerve his arm, but he is probably in error with regard to the facts. Alcohol simply blunts the rising qualms and stills the feeble outcry of his conscience.

While pointing out some moral obliquities that often arise from the alcoholic habit, theft and lying may be noticed. Although there is much in common in the features of thieving and lying, there are, nevertheless, some differences to be observed in them, and especially when associated with the drinking habit. The lying of inebriety has its birth mainly in the dipsomaniacal diathesis, and it is very commonly resorted to under a neurotic stress, either with the object of obtaining the means of intoxication or of concealing the intent to become intoxicated. The dipsomaniac will not hesitate to lie in the interest of his driving neurotic propensity. He may be easily inveigled into other vices when drunk, but they are vices having some direct interest or collusion with his morbid constitution. He will not usually be apt to steal. Should he do so, it may be surmised that he is verging on *paresis*, or at least that his intoxication has temporarily assumed the features that properly belong to paralytic dementia. But these are exceptions. Thieving does appear to be a habit capable of being sometimes developed from the actual disabilities of the drunken state itself. It is, I think, upon the whole, more likely to characterize those who become inebriates from choice and lack of moral principle than the true dipsomaniac, upon whom a neurotic constitution has imposed a compulsory inebriety. When the craving for intoxication becomes so urgent as to materially absorb the mind and feelings the lying and deceit begin. “The craving must be gratified at any cost,” says Dr. Peddie. “The victim becomes regardless of honor and truth, unaffected by ap-

peals to reason or self-interest, by the tears of affection, or the suggestions of duty, either to God or man."

That theft is far from uncommon in drunkenness is well known. Inebriate stealing may often betray strange and peculiar incentives. The theft of drunkenness is sometimes explained by the hypothesis that alcohol simply exposes a man's real nature—*in vino veritas*; and, indeed, it is thought in some quarters that if a man is wicked enough to drink he is also bad enough to steal. It is not likely that a person who makes himself liable to the penalties of theft will, if in his right mind, steal such things as are of no value to him, or steal in such fashion as will necessarily result in exposure. For example, one man when drunk always stole Bibles; another stole spades; another was punished for stealing his seventh tub. There is something more here than the simple impulse to steal for gain. A distinction should be made between the criminal who, from force of habit and inclination, pursues his unlawful avocation impartially, drunk or sober, and the man who is never guilty of dishonest practices unless he is under the influence of liquor.

A young man took away a horse in the presence of its owner. He was drunk on alcohol. He told his name correctly as he met people on the road, and told also where he lived. He finally sold the horse. Upon trial he was acquitted on the ground that he was too much intoxicated to form a rational intent. Again, while drunk, he stole another horse and tied it in an unfrequented place, forgetting what he had done with it. Upon advice he plead guilty and served one year in prison. When liberated he again got drunk and stole a third horse. The court declined to punish in consequence of the peculiar mental traits exhibited in the transaction. Once more, while intoxicated, he stole a horse, and he is, at this writing, in prison for the offense. This man is a thief only when drunk. He steals horses—nothing else.

There is another point of view whence the characteristic injuries inflicted on morality by alcohol may be observed. It

is known that certain brain centers and brain fibres are the physical bases of the manifestations of the moral nature. When, therefore, alcohol disturbs and distracts the whole nervous system its evil influence is as certain to impress the moral as it is the intellectual or the motor capacities.

The nerve centers concerned in the moral exposition, when operating normally, associate the various nervous movements of the human mind and body with each other. They unify related particulars in nervous action, and also discriminate between and classify them. They determine the character and real worth of the mental movement as a whole, fixing its actual compatibility or incompatibility with the natural order of things.

The importance of the system of nerves known as nerves of association cannot be too highly estimated. Dr. Maudsley remarks: "The habitual co-ordination of thoughts and feelings is the basis of consciousness and personal identity." And again: "When co-ordination of function in the brain is overthrown, the consciousness of personal identity and responsibility is also destroyed." When even the casual drinker becomes fairly intoxicated the normal co-ordination of the several movements pertaining to the brain is disturbed, and it so remains until the drunkenness is removed. Unless there is a clear conception of individuality there is no practical idea of personal rights; while out of the notion of rights grow the feelings of responsibility and duty — in other words, the moral nature. It is evident that whatever tends to hinder the function of the nerve centers operative in displaying the properties of morality must impress injurious characteristics on these properties.

It appears, then, to be a potential quality of alcohol to repress the moral capacities, and thus foster the assaults of temptation. The crimes of drunkenness are not commonly the outcome of premeditation and malice. They are likely to be sudden and impulsive. The natural defense against the commission of such crimes — the nervous basis of the moral exhibitions — is disabled. While this nervous defect

present in drunkenness may be inconsistent with premeditation in the commission of crime, yet it is the more dangerous to society from the fact that it is withdrawn from the supervision of the rational mind, that being also disabled. There is, therefore, no limit to alcoholic crime. It may raven in the regions of frenzy, knowing no law, and being totally insensible to restraining influences of any kind.

These considerations show the importance of morality both in the causation and repression of drunkenness. They also show the difficulty of applying the powers of the moral nature fairly to a solution of the problems of inebriety. Indeed, they teach the indispensable lesson that, in dealing with inebriety, the moral powers must be aided by proper conceptions of the varied and even diverse elements that enter into the nature of the inebriate diathesis. This is the more important, as there is much confusion of mind with respect to the moral powers as agents in establishing the alcoholic habit, and the same powers as agents in overcoming that habit after it has been established. Alcohol seems to increase the susceptibility to criminal influences in a mind naturally inclined to wrong doing. It likewise implants a susceptibility to criminal influences in a nature constitutionally honest and sympathetic; for the state of drunkenness has for one of its invariable attendants an obtuse and lethargic moral sense.

There are certain conditions of depraved morality wherein alcohol, although a prominent factor in producing a mischief, does not occupy the position of an absolute and independent cause. It has associates that are invested with contributory powers, and they do their part in disabling the moral nature. Some reference to these will be proper in order to reach enlightened convictions respecting the moral relationships of inebriety.

It is a property of alcohol to *slow* the physiological process of waste and decay in the bodily organism. Alcohol has therefore been called a food, "a waste-restraining food." In other words, the several emunctories of the body are so occu-

pieced in eliminating the poison of alcohol from the system that they are incapable of thoroughly performing their legitimate duties. Effete material accumulates in the blood and in the tissues. This may be perceived in the retention of the poisonous substances—urea, carbonic acid, and other waste. After from twenty-four to thirty-six hours of hard drinking the head aches and the brain becomes greatly disordered, and, in fact, the whole body is saturated with a number of deleterious substances. If liquor is now abandoned, as from an unwilling stomach, these secondary poisons irritate the nervous sensibilities to a degree beyond description. There is the utmost distress of body, combined with impatience and bitterness of mind and disposition. The moral tendency is strongly toward violence and hatefulness. The inebriate again, perhaps, resorts to alcohol, hoping to realize the pleasing effects of recent and uncomplicated intoxication. This renews to some extent the prostrated energies of the drinker, and, through anæsthesia, mitigates the pains of mind and body. But we now have not only the poison of alcohol to deal with, but we have alcohol *plus* carbonic acid and urea, as well as other subsidiary and violent passions. In a situation like this the secondary poisons may possibly overwhelm the native cautionary instincts of an individual, and crimes of violence may ensue.

This is the state of mind, in truth (wrongly attributed to the *intoxicating* properties of alcohol), out of which are evolved quite frequently that class of atrocities regarded as peculiarly alcoholic. Actual intoxication, indeed, may not be present. Steady drinking of small quantities of liquor will gradually bloat the body, besot the mind, blunt the morals, and, through the (so-called) *waste-restraining power* of the poison, fill the blood with a pernicious *débris*, while it brutalizes and infuriates the disposition.

This line of thought might be greatly extended, but I will refer at present only to one other illustration. In *chronic inebriety* there are, as a rule, degenerations in the substance of important organs. These change in various ways the com-

mon action of alcohol upon the system. Degenerations of the brain, or kidneys, or heart, or liver impress and modify the current influences of alcohol. It follows that alcohol, with these degenerations added, will affect human nature differently from its manner before the physical degenerations were established. This means that the effects of alcohol, pathological and psychological, are not the same in the chronic inebriate that they were in the same individual earlier in his drinking career.

THE INEXORABLE FACTS OF HEREDITY.

"I have drank whisky every day for thirty-five years." remarked a gentleman of sixty, rather proudly, "and I don't see but I have as good a constitution as the average man of my age; I never was drunk in my life." He was telling the truth, but to learn the whole truth you would have to study his children. The oldest, a young lady, had perfect health; the second, a young man, was of a remarkably nervous and excitable temperament, as different from his phlegmatic father as possible; the third, a young lady of seventeen, was epileptic and always had very poor health. Did the father's whisky-drinking have anything to do with these facts? The instance may be duplicated in almost every community. Think over the families of your acquaintance in which the father has long been a moderate drinker, and observe the facts as to the health of the children. The superintendent of a hospital for children at Berne, Switzerland, has found by careful observation, that only forty-five per cent. of those whose parents used intoxicating liquors habitually had good constitutions, while eighty-two per cent. of the children of temperate parents had sound bodies. Of the children of inebriates, only six per cent. were healthy. Can any man "drink and take the consequences," or must his children take the consequences?

THE RATIONAL BASIS OF THE TREATMENT
OF ALCOHOLIC INEBRIETY.

By LEWIS D. MASON, M.D.

Consulting Physician Inebriates' Home, Fort Hamilton.

A large majority of inebriates, fully two-thirds of those who have applied to our asylum for treatment, have had some complicating disease or injury, in addition to their inebriety. Oftentimes such disease or injury was the exciting cause of the inebriety, in all instances acting as a complication, retarding, if not preventing, the cure of the inebriety. In some cases, the disease or injury preceded the inebriety, and, as we have stated, was apparently the exciting cause; in other cases it still existed as a complication, an obstacle that must be removed if we would cure the inebriety; and again in some instances there existed diseased conditions directly traceable to the alcohol itself, that, in addition to the withdrawal of the principal cause, the alcohol, we must also directly treat as the special indications pointed out. Among these diseased conditions directly due to the habitual use of alcohol we may enumerate alcoholic gastritis, acute or chronic hepatic disturbance to which the gastric derangement is often a secondary condition, a foul breath, coated tongue, and a urine loaded with uric acid, the nervous system showing a marked reflex disturbance. We need scarcely refer to the vast number of neurotic conditions, vaso-motor, central, or reflex. The whole catalogue of nervous and mental diseases would have to be recited to cover the neurotic conditions to which alcohol may give rise, constituting true alcoholic neuroses: epilepsy, neuritis local or general, various forms of degenerations of the spinal cord, of the cerebrum, of motor or sensory nerves, or of nerves of special sense. Suffice it to say, that there is not any organ, gland, nerve, or tissue of the body that is exempt from the degenerating effects of

alcohol; even the bony skeleton in dogs made chronic alcoholics has undergone special structural changes.

Sometimes we find not only one, but several, organs diseased in the inebriate, all directly traceable to alcohol. The majority of inebriates coming under our observation have been inebriates for ten years, on the average, and in many instances for longer periods.

So, then, as far as alcohol is concerned, we must expect that the average inebriate is more or less diseased from alcohol when he applies to us for relief, for he is not only physically disabled by alcohol, but mentally weakened, indeed on the border line between sanity and insanity, and sometimes well over this line.

The mental balance oscillates between these two conditions. A careful study of the Report of the New York State and County Insane asylums for 1888 and 1890, inclusive, developed this fact, that alcoholism as the primary or primary associate cause stands first among the ascertainable causes of insanity. It heads the list. One-fourth of the cases of insanity recorded in the above report are directly traceable to alcohol. In this connection we must not forget that drunkenness and other forms of dissipation oftentimes precede an attack of insanity in an individual hitherto, it may be, perfectly sober and correct in his habits. Such an outburst of drunkenness is the advance guard that precedes the insane crises, that will be soon markedly developed. We must, therefore, discriminate between the *insane* drinker, with whose insanity the alcohol had not anything to do as a cause, and the insane inebriate, or the one bordering on insanity, with whose condition alcohol had everything to do.

Of 600 cases tabulated by me I found :

113	persons	had	1	attack	alcoholic	mania
22	"	"	2	attacks	"	"
9	"	"	3	"	"	"
7	"	"	4	"	"	"
1	"	"	5	"	"	"
10	"	"	6	"	"	"
2	"	"	7	"	"	"
1	"	"	8	"	"	"
1	"	"	10	"	"	"
166	"	"	46	"	"	"

So that every fourth or fifth inebriate that comes before us will have passed through an attack of some form of alcoholic mania, in some instances several attacks.

The proper inference to draw from these facts is that we are dealing with persons not only physically but also mentally enfeebled.

Having thus determined the physical and mental condition of our patient as far as alcohol is concerned, what next? Are there any other disabilities that may still further handicap him, or retard or even prevent the cure of his inebriety? A careful study of several hundred cases of inebriety has enabled me to answer this question, and the conclusions that I have drawn have been further confirmed by other observers in a similar field of research. While alcohol is largely responsible for the various neurotic conditions that affect the inebriate, it is also true that antecedent to the alcohol habit conditions have prevailed that may have been the exciting cause of the inebriety, antedating it by many months, if not years.

We recognize heredity as a grand predisposing cause of inebriety, but as we have to deal more especially with the *direct causes* of inebriety, we shall simply refer to it.

Among the direct causes of *inebriety* we enumerate *blows on the head*, resulting in concussion, in some instances in fracture of the skull, with or without depression. While these injuries may not be serious enough to permanently incapacitate the person from the activities of life, they nevertheless have engendered some sub-acute chronic cerebral disturbance that has eventually proved the exciting cause of the inebriety.

Epilepsy, while often of alcoholic origin, sometimes antedates the alcohol habit. About one in fourteen of the inebriates in our records are epileptics. With regard to neurotic affections in general, we may state, that while alcohol is largely responsible for this, in many cases a history of painful neuralgias, or other forms of neuroses, precedes the history of inebriety and accompanies it.

Among the complicating diseases which are also frequently the exciting causes of inebriety we find :

Syphilis, which exists in a very large proportion of inebriates. About one in four admitted into our institution suffer from syphilis in some form, either in its secondary or tertiary manifestations. When we understand what an important part syphilis occupies in the etiology of the various neuroses, to ignore or fail to recognize its relation to the inebriate would be to fail to appreciate his true condition.

Stricture of Urethra and venereal disease are also common among inebriates.

Phthisis, more especially that form known as fibroid phthisis. According to the records of our asylum five or six per cent. of the inebriates that passed under our care had phthisis ; but as we do not admit cases of marked phthisis and reject those that apply for admission, the above must not be taken as a fair average of the prevalence of phthisis among inebriates. I am convinced it is much greater.

Dr. Reynolds, one of the attending physicians of the Brooklyn Home for Consumptives, reports that of 166 patients treated during the year ending September, 1892, "fifty of these (forty-five males and five females) were habitual users of intoxicating liquors. Facts of this nature are ascertained with difficulty, but it is reasonable to suppose that the personal or parental use of intoxicants is, in the majority of these cases, responsible for the disease."

To say that the inebriate is liable to and experiences many of the ills that flesh is heir to, but faintly expresses his condition. Suffice it to say that the average inebriate, in addition to the burden that alcohol imposes on him, represents in his person also, conditions that belong to the province of the physician or surgeon. Fully two-thirds of the inebriates that have passed under my notice have been so handicapped by disease or injury ; two, then, out of every three inebriates that come to you for the treatment of their inebriety will be found suffering from an associated or complicating disease or injury.

Can the conscientious and intelligent practitioner ignore this fact? In view of all these facts, what we ask is, the rational basis for the treatment of alcoholic inebriety.

No physician in his sound mind will recognize a symptom or a series of symptoms as the disease proper, but merely as the signals of distress hung out by a diseased system. As some one has very aptly said, "neuralgia is the cry of a diseased nerve." The thirst of diabetes, the excessive diuresis, parched mouth, progressive emaciation and weakness are the symptoms resulting from an excess of saccharine matter in the blood and urine, the result of a disturbance of the glycogenic function of the liver, neurotic in its origin and probably due to some irritation in the neighborhood of the fourth ventricle.

Now we believe that true dipsomania, or "involuntary drunkenness," "inebriety from necessity, not from choice," has its origin in the nervous system and is called out either by central or reflex disturbance. It may be some day the pathologist will unveil the secret cause of dipsomania, and put his finger or turn the lens of his microscope on the special nervous lesion, or it may be that the experimental physiologist will give us a more definite solution of the problem. But we know this, that although we cannot trace a purely idiopathic origin for dipsomania, it has repeatedly been proven that injuries or diseases that produce disturbance of any portion of the cerebro-spinal axis, whether this disturbance or irritation be central and so direct in its effect, or peripheral and by reflex action, may be the exciting cause of dipsomania. We know also from direct experiment on the normal constitution and from the condition of the sensory nerves of the average habitual inebriate, that alcohol has marked anæsthetic properties in the various painful neuroses, and that in pain from any cause alcohol is frequently used as an anæsthetic. As a common instance, and one of every day occurrence, we may allude to the use of alcohol in painful menstruation, from any cause.

Many persons afflicted with chronic painful disorders resort to alcohol for relief, and so in time acquire the habit of its use and suffer from its deleterious effects. Indeed, alcohol in the older days of surgery, before the discovery of anæsthetics, and in modern times when ether and chloroform could not be had, has been resorted to for its anæsthetic properties. But outside of the range of painful diseases we come to the wider range covered by the term neurasthenia or nerve exhaustion, and here the great army of the overworked, underfed, ill-nourished, mentally-worried neurasthenics crave alcohol as a *stimulant*, a spur, which, for the time being, will serve its purpose, until the spur becomes a scourge of serpents that drives the miserable victim to despair, ruin, and death.

The dyspeptic, who uses at first the milder form of wines to stimulate a weak digestion and so provoke a fictitious appetite, by degrees accustoms himself to the stronger alcoholic liquors. Gastralgia, and even the earlier forms of stomach lesions or intestinal trouble, may find a temporary panacea in the use of alcohol in some form. And so we might go on and enumerate the long list of diseases for which the laity use, and, we regret to write, the medical profession prescribe, alcohol. If we did we should almost exhaust the nosological list.

We have thus considered extensively the fact that the average inebriate suffers from diseases or injuries independent of his inebriety, antedating it and oftentimes being its exciting cause, in order that this fact should enter largely into the basis of the rational treatment of the inebriate, as well as the diseased condition that results directly from the habitual use of alcohol.

To simply deprive the inebriate of his alcoholic draught, to simply withdraw the alcohol, and to leave him burdened with his manifold diseases, alcoholic or non-alcoholic, would not only be unprofessional, but inhuman. We must, there-

fore, for the time being, ignore the alcoholic craving, or regard it simply as a symptom of an underlying condition, which provokes it. Then carefully search for this condition, and examine the person before you. Inquire into his heredity, his antecedents, his personal physical and mental condition. Having made your diagnosis, establish the treatment, and direct it principally to the diseased conditions that underlie the inebriety. In other words, you simply treat the inebriate as you would any other patient. I am convinced that if the inebriate had been handled this way during the past, in the same way every intelligent physician deals with any other disease the inebriate would have long ago been pronounced curable, and inebriety would have been cured, in the same sense that other diseases are cured. Such, I believe is the only rational basis for the treatment of inebriety. We have no general specific to offer, no "universal remedy" that cures all inebriates in the same way, in the same dose, and in the same period of time, of whatever race or color they may be, or whatever physical or mental condition they may be in. Take, for example, one hundred inebriates presented before us, without special selection, one hundred average inebriates, 25 will be syphilitic, 5 or 6 or more will have fibroid phthisis, 14 will be epileptic, a certain proportion will be the subjects of cystitis, stricture urethra, chronic malarial poisoning, neuritis, general or local, incipient general paralysis, or one of the many conditions that affect the cerebro-spinal axis, or the general nervous system. It is safe to say that fully two-thirds of these 100 inebriates will be suffering from diseases other than those directly due to alcohol, and, as regards alcohol, all will be affected in a greater or less degree by alcoholic degeneration of lungs, heart, stomach, liver, kidney, or of the nervous system, in proportion to the length of the period in which alcohol has been used, and the quantity and character of the liquor consumed.

Not only must we consider the presence of special disease, and the presence of alcoholic degeneration, but also

other complicating or associated habits, the use of opium, chloral, cocaine, etc., or other drugs. Sometimes an inebriate will be the subject of several diseased conditions, medical or surgical, and also one or more associate habits.

Let me cite two cases in point now in my private practice.

Case A. Direct inguinal hernia; strictured urethra; he is impotent; attributes this to his rupture; has dragging pains about the loins, has mal-assimilation, attacks of acute dyspepsia, with vomiting; although only fifty years of age, has lost all his teeth except three. This condition, in addition to his habit, the free use of whisky, about a pint daily, explains easily his gastric and liver complication. He has drunk more or less all his life, last few years to excess.

Case B has double inguinal hernia, habitual constipation; had hemorrhoids and fissure about five years since; was relieved by an operation; from his youth had repeated attacks of hystero-epilepsy, has had repeated attacks since whenever he drinks to excess; has had acute alcoholic delirium twice. A year ago fell while intoxicated, fractured shaft of left femur, splitting off internal condyle, resulting in partial ankylosis and moderate shortening of limb. I have my suspicions that B uses chloral, opium, or some other drug, in addition to alcohol; in other words, he has an "associated habit."

So we will see that each inebriate must be dealt with as an individual case, having its own special needs, and, therefore its own special treatment.

What, then, does the rational treatment of inebriety include?

First, entire control of the patient. This is essential, indeed a *sine qua non*. In some instances, in fact in a larger number of cases than one would suppose, the inebriate will "commit" himself voluntarily to the authorities of the asylum for a definite period. Only about 187, at Fort Hamilton, out of 600 cases, were involuntary commitments, the

balance voluntary. This may possibly be explained on the ground that the inebriate and his friends desire to avoid the involuntary form of commitment, which is attended with more or less publicity, and the usual period of which is six months, whereas the voluntary applicant is received for three months. The laws of the various States concerning the control of the inebriate are sufficiently full and explicit to meet his case.

Second, not only should control of the person of the inebriate be secured, but the privilege to exercise that control for a definite period. As has been said, this varies from *three months*, the voluntary period, to *six months*, the period of involuntary commitment. But experience has shown that even the latter period is too short to secure the best results and the full benefit of treatment, so that in many instances the patient is recommitted, when his term of commitment has expired. In such case the proper legal form is gone over again. It may be affirmed that, other things being equal, the degree of benefit the inebriate will receive, and the possibility of a permanent cure, will depend largely on the period of the duration of the treatment, and *the ratio of success will be in proportion to the length of the period of treatment*. In the majority of cases one year should be spent under asylum medical care or espionage. Erratic, spasmodic, or interrupted treatment is irrational, useless, and harmful. Moving from one asylum or sanitarium to another, spending a short period at each, and without benefit in any, is extremely detrimental and demoralizing to the patient, as well as to his friends, and brings on "asylum treatment" an undeserved opprobrium. This unfortunate condition of affairs will be apt to increase as asylums increase, and would be best avoided by all asylum medical superintendents insisting upon a full term of commitment, and then using all their influence to carry out this end. Some understanding or rule might exist among inebriate asylums so that they could co-operate in this matter to the mutual advantage of each other.

It will thus be seen we advocate not only an entire control of the patient, but also that control for a definite time. It is irrational to suppose that the inebriate of many years' standing, sometimes a lifetime, can be suddenly and in a few weeks thoroughly reformed, his system thoroughly restored, his defective nervous organization renovated, the evils of a defective heredity, personal defects, and individual idiosyncracies overcome, and the individual completely restored to health, his personal liberty, and his social status. To assert this would be to assume the pretensions of quackery, and to foist upon the credulous public a most consummate fraud. This is not the age of miracles, and broken down constitutions, defective nerve force, mental and physical degeneracy, the *product* of years of irregularity, dissipation, and disease are not recovered from in a few weeks. The process of *degeneration* has been slowly at work, steadily producing defects in nerve cell, muscle cell, and organs of special sense, and impairing the mental powers. The process of *recuperation* or building up must necessarily take time to be thorough, effectual, and in any sense permanent. And finally, control and a proper period for treatment provided, we shall need a *place* in which to exercise both to the best advantage. This is all important.

Home treatment is out of the question. We will dismiss this suggestion with a single word: it is neither the proper place, nor could we exercise the necessary control. An asylum or sanitarium is an absolute necessity in the treatment of the inebriate. It may be of a public or private character; it may be located in a village, town, or city, or be strictly suburban; in either case it should have ample grounds; hence, a suburban or out of town location is preferable, on the consideration of space and economy. Especially is such a location a necessity for all pauper inebriate asylums, for in this case agriculture will form a large part of the occupation of the inmates, and land suitable for farming purposes will be necessary. This plan is similar to the treatment of the

chronic insane adopted for several years past, and now being carried out in several of the States with regard to the pauper inebriate. The plan will be observed with extreme interest by those engaged in the care and control of the "pauper inebriate."

Upon the whole, a suburban asylum, with ample grounds for the exercise and occupation of the inebriates, is preferable to an institution in a town, city, or village, with limited space about it. Such grounds can usually be secured in the neighborhood of towns or cities, and readily accessible to the center of population of any given place. Admitted to such an institution, the authorities of which have full control of the person of the inebriate for a definite period, before instituting any form of treatment, or even assigning the patient to a common ward, he should be kept under observation until his case is somewhat understood. He may be on the verge of an attack of delirium; he may be mentally unsound, and, his case being masked by alcohol, this true condition may not have been understood. He may have some contagious disorder that would unfit him for the general ward. It may be well to assign him to a receiving ward for a few days.

His history, heredity, antecedent personal history, and his present physical and mental condition noted, all complicating diseases, all injuries, should be carefully recorded. The record blank which has been in use at the Fort Hamilton asylum for many years is a very complete one, and we presume that when all the questions indicated on the blank are answered, we shall have obtained a reasonable insight into the physical and mental condition of the patient. We make, of course, a thorough physical examination of his case, and let me suggest the propriety of a urinary examination in every case admitted. Complications sometimes set in shortly after the patient is received, in which stupor or coma, more or less profound, is a prominent feature. A careful urinary record at such a time would be valuable in making a proper diagnosis. But the question

naturally arises, what dependence can be placed on the testimony of the inebriate as to his heredity, antecedents, etc., that is the subjective history of his case. The family physician and the immediate family of the inebriate must be relied upon. If their testimony tallies with the patient's statements we shall have two or three witnesses to the fact recorded. In other words, we have the same sources of information that the authorities of an insane asylum have, in addition to whatever may be of value in the testimony of the patient, which we can exclude or accept as circumstances may determine. The family physician or the physician last in attendance, or the physician in charge of some hospital, either general or special, may be able to give us some important data about the case, a history of previous attacks of alcoholic delirium, head injury, or other complicating disease or injury.

We must note any *associate habit*, especially that of opium or morphine. Not unfrequently the alcohol and opium habits are associated. In such a case the opium habit would take precedence in point of importance, and the treatment would have to be directed especially to it. In such a case usually the alcohol could very soon be withdrawn, and the treatment for the opium habit at once instituted.

Remedial Measures. As has been said, we have no general specific remedy for the treatment of inebriety. The duty of the medical attendant will be to treat all complicating diseases, whether their origin be alcoholic or non-alcoholic, all injuries or complications of a medical or surgical nature, all phases of mental and nervous diseases, and to put into operation, in addition to the usual treatment, all measures which oppose disease by psychical means, as advocated and practised by leading specialists, such as are included in the special and latest branch of therapeutics, namely, psycho-therapeutics. In brief, the therapeutical indications of each case will be determined by the special wants of each case.

Diet and Hygiene. The diet should be plain, nutritious, and sufficient, and of good quality. It may be possible to conduct some pauper institutions on thin soup and water gruel and bad bread, but an inebriate asylum cannot be conducted successfully on this plan. Meat, milk, eggs, strong broths, a concentrated and highly nutritious diet is necessary for the inebriate, at least in the early stages of his treatment. He is dyspeptic oftentimes, and has intestinal derangement as well. Pepper and highly spiced foods are naturally craved by the inebriate, and he ought to be allowed these in moderation. Onions might form an inexpensive addition to the food of the inebriate in public institutions. As to whether a purely vegetable diet and the exclusion of a meat diet, as has been advocated by some, is of any special curative virtue, we are not prepared to state; but the principle holds good. The inebriate, having oftentimes a weakening digestion, both gastric and intestinal, requires food that is easily digested and assimilated. Hygienic measures, we may say here, as elsewhere, are embodied in those rules of health that pertain to the care of the person, bathing, massage, regular exercise, etc., regular meals, regular hours of sleep. It has been stated that inebriate criminals incarcerated as a penalty for their crimes in some penal institutions have at the end of their term of imprisonment been discharged as thoroughly cured and sober men, such a result being attributed to the regular hours, regular meals, steady employment, the outcome of the prison rules and discipline. In private institutions for the wealthier class of inebriates all these details as to diet and hygiene should be carried out.

Employment. In an institution of a public character, the pauper inebriate must be employed. In the average poorhouse or almshouse the occupants are old and decrepit or inefficient. Of course, in an insane asylum few if any of the inmates can do efficient work; but this condition of affairs does not exist in the inebriate asylum. With an occasional exception the average inebriate is oftentimes a good workman, capable of doing good work when sober;

and we will find that most of the trades and various occupations in which handicraft is a feature have their able representatives among the inmates of the inebriate asylum. Sociability on the part of the inmates should be properly encouraged, and a common room established where games, reading, and any form of innocent amusement allowed. Occasionally concerts, lectures, or other entertainments may be given, and if possible the inmates allowed to prepare such entertainments for themselves and their friends. Much amateur talent of a very respectable character can be secured, and now and then a "professional" inmate will add his services to the common cause.

The religious desires of the patient are important, while not necessarily compulsory. Chapel exercises should be held at regular stated intervals, and the officers of the institution attend with regularity, and so influence the inmates to attend also by force of example. We must not forget there is a psychical side to inebriety, and we must use every effort that appeals to the moral and intellectual nature of the inebriate, as well as to his physical wants, and the special treatment which his diseased condition calls for.

Having passed through the routine treatment, and his period of voluntary or involuntary commitment drawing to a close, what shall we do with reference to the future of the inebriate who is soon to leave our care? We may here state that it might be well, prior to the final dismissal of the inebriate, to test him awhile by giving him his liberty occasionally thus putting him upon his "parole." In some instances patients have by their own request and desire remained at the Fort Hamilton asylum as boarders, going to their business every day, returning at night, until they felt strong enough, morally and physically, to sever their connection with the institution. When a patient leaves the institution he is warned of the possibility of a relapse, and advised as soon as he feels a tendency to resort to stimulants to at once return to our care, or should he relapse not to prolong his debauch, but at once return to the institution. We

deprecate most decidedly the action of any superintendent of any asylum who would refuse to receive a former inmate because he had relapsed. Some cases with which I am now familiar are doing well who relapsed several times, and whose treatment extended over several years, at various periods.

Change of Climate. There are diseases that are notably benefited, if not cured, by change of climate. This is particularly so with reference to certain forms of pulmonary diseases and diseases of malarial origin. So it is with regard to inebriety. A change from an enervating climate to a healthful, bracing, tonic atmosphere cannot fail to be of benefit. This factor should always come up in the consideration of the treatment of the inebriate. Other things being equal it would be well for an inebriate living on the seaboard to seek his treatment and relief for his inebriety at some institution located inland; the reverse also is true. Climatology with reference to the inebriate would prove an interesting study, and would result in facts of practical importance.

Change of Employment. Of all indoor employment, painters are peculiarly susceptible to inebriety. Of all outdoor employments, coachmen, car drivers, and truck drivers are especially liable to become inebriates. *Special employments bear a certain causative relation to inebriety.* The question might naturally arise whether or not the inebriate had better, on leaving the asylum, go back to his old employment, especially if the tendency of that employment would be to expose him to those causes that would again precipitate him into inebriety, or whether it would not be well to select some employment that would be attended with the least percentage of risk. In all cases of asylum treatment it would be well to follow as closely as possible the future history of our patients, and if possible protect them against all causes that might produce a relapse.

In brief, then, we believe that the rational basis for the treatment of inebriety includes:

First. Proper legal restraint and control of the person of the inebriate.

Second. The ability to exercise this control for such a length of time as experience shall decide necessary.

Third. A building and grounds properly located as to healthfulness, space, and accessibility.

Fourth. A nutritious and abundant dietary.

Fifth. All sanitary measures and surroundings conducive to the restoration of the patient to health, and his maintenance in a state of health.

Sixth. Such therapeutic measures as each case may determine.

Seventh. Proper employment and all means and appliances that may administer to the physical, mental, and moral wants of the patient.

Finally. Change of climate, change of occupation, and such other conditions in the environments of the patient as may best prevent the possibility of a relapse.

IN the Academy of Medicine in Paris, a very valuable paper was read by Dr. Lardier on "Alcoholic Intoxication and its Prophylaxis." The author furnished a large number of statistics in support of his thesis, supported by observations which he had collected in all countries. After stating that in twenty years, from 1870 to 1890, the consumption of alcohol had quadrupled in France and from 1 litre 46 centilitres per head had risen to 4 litres 40 centilitres, Dr. Lardier insisted on every possible force being put into operation to fight against this intoxication. He concluded by stating that the Jewish race was that in which alcoholism had made the least ravages. In America the law permits of drunkards being incarcerated, and out of 18,000 alcoholics locked up at New York, the number of Semites was almost insignificant. Dr. Lardier attributed this fact to ancestral influence, the love of work, and also the characteristic sobriety of the race.

SPECIAL MEETING OF THE ASSOCIATION FOR
THE STUDY AND CURE OF INEBRIETY.

This meeting was held at the hall of the New York Academy of Medicine, New York city, March 23, 1893. The topic for discussion was the "Secret and Specific Cures for Alcohol and Opium Inebriety." Dr. Day presided and made the opening address, of which the following is an extract:

Gentlemen of the American Association for the Cure of Inebriates:

We meet once more as an association, organized on November 29, 1870, for the purpose of inaugurating a movement for the amelioration of the most unfortunate of our race. Our organization has set in motion active thought, which has already resulted in much good, not only in our own country, but in Europe and among all English-speaking people of the world. At that time the foundation-stone of our principles was laid and it comprised but few words, — that "inebriety is a disease" and should be treated as such.

Several institutions had been before that time established, and now the sun does not set without casting its shadow on an institution for the care and treatment of the inebriate.

These institutions have been established in the full faith that many of the evils of inebriety are susceptible to successful treatment, and that in a large number of cases inebriety might be eradicated and cured by strict *régime*, appropriate therapeutic measures, and by proper restraint in an institution designed and conducted for such purposes.

This belief has been confirmed by the experience of many years, and from certain data in our possession we have reason to believe (and in fact we know) the number of patients successfully treated and restored to lives of sobriety and use-

fulness will fully equal the ratio of cures in any of our insane asylums, or recoveries in our hospitals for the treatment of other diseases.

During the last generation much diligent inquiry has been made by medical men and also by philanthropic laymen into the nature of alcohol and its action on the human system and its mental development.

As the first result of this inquiry much scientific knowledge has been gained and published to the world. This has brought out the empiric (as has always been the case especially on the lines of medical inquiry), who comes mounted on a high horse splendidly regaled with golden trappings to allure and decoy the gullible public. The press and pulpit have been called into requisition to deceive the already broken-hearted, with promises of certain relief. No class of men have more minutely studied the weakness of human nature than these charlatans. They know the effect of well embellished advertisements, and they know that certain persons will claim to be cured through the psychological influence of the golden glitter therefor; hence bread pills are no myth.

The central object of this society is to ascertain a knowledge of the causes and remedies which can be applied to the prevention and cure of inebriety. Our united experience contradicts all possibility of finding any specific remedy or any mysterious means that will check or restore any victim of this drink disease.

The problem of the reclamation of the inebriate is the one about whose solution this society is particularly concerned. Hence we insist on the use of every remedy of value, but at the same time gives special emphasis to rational scientific means.

In order to furnish a solution of any problem an hypothesis in which to proceed is necessary, and it is well understood that a true hypothesis will enhance all the conditions of the problem. A theory in any given case must account for all the phenomena of inebriety. The question then arises,

what theory will account for all the varied conditions of inebriety? It is very clear to an ordinary mind even that the excessive use of intoxicants affects the whole being, both moral and physical nature.

A disease is a derangement of any of the vital functions, or departure from, in any degree, from any cause, the condition of normal health, and this applies literally to the condition of one who has for any length of time imbibed quantities of alcoholic drink.

We hear much about removing the appetite for alcohol. Quacks play upon that string. They claim to have some mysterious drug which removes the appetite. This is all a myth. When such cases are under proper treatment and the system toned down to a normal condition, his nerves quieted so that he can obtain sleep and rest, a healthy appetite for food restored, a new hope is awakened and he is placed on the high road to a reformed life; then the appetite for alcohol is laid at rest and never will be awakened unless he returns to intoxicants again; then he will find the old slumbering monster will arise with all its accustomed power and vigor.

It must be remembered that we are dealing with one of the most subtle diseases, the nature and pathology of which is now receiving the attention of the best minds, and the closest investigation of any subject connected with mental diseases. These investigations will open a wide field for thought, and much good to mankind will be the result, light will shine into dark places, and present mysteries will vanish before the light of scientific investigations.

However commendable the motives and purposes of the many busy workers in the temperance field at the present time, there seems to be a great expenditure of force and but little compensatory result. Feeling and enthusiasm are admirable qualities characteristic of all great reformers, but success cannot always be achieved by feeling and enthusiasm alone.

In all matters pertaining to the more important interests

of society, or comprehensive knowledge and consideration of correlatable facts, and an adjustment of activities and recognized principles, generalized from such facts, are indispensable to any success.

The applicability of one well ascertained law or uniform result of natural activities — for example, the law of gravitation as affecting motion, or the law of evolution as affecting organization — is almost unlimited; and he only should be called a philosopher, or regarded as a statesman, whose thoughts and actions are directed by a knowledge of such principles as must necessarily determine results.

I believe to be significant of underlying principles too important to be overlooked by workers who are worthy of success, but fail for reasons not difficult to comprehend, that our work is for the centuries and not for the months and years.

I observe a common error in those who labor in this cause. They expect immediate results, which in a general review we do not observe. Temperance is having a steady growth. As I observe it, the only agency which has been the real factor in its advancement during the last fifty years has been scientific and educational, and so must it be in the future. Our association is doing much on this line of activity. It is slow, but its fruitage is certain. False teaching is always active. A lie will outrun the truth fifty to one. Falsehood sows tares, while truth comes slowly along, and error is uprooted, and truth has an eternal abode on earth.

The experience of the past encourages activity in all movements for the extirpation of this evil. Not indeed in our day, if ever on earth, will it disappear. But the vision which comprehends history sees it yielding day by day to human effort, blessed of heaven.

Dr. Day spoke of the many great delusions which had been prominent in the past. A century ago *Perkinism* was prominent. Thousands of clergymen, physicians, and others believed in the virtue of two small rods called tractors of steel and brass, which were used by passing them over the diseased parts.

A pair of these tractors were exhibited, and the evidence of enthusiastic men who believed in some secret virtue imparted from them was described at length. Later it was found to be a rank imposition and humbug; from it the author grew very wealthy. The doctor described the present "gold cure craze" as a similar delusion, only using coarser methods and attempting the impossible by means and methods concealed from others, appealing entirely to the faith and credulity of the victim. This craze is building up an army of incurables that will be recognized soon. He closed, saying that this meeting was simply to show the medical world our full recognition of this modern delusion, with all its tempest and roar, and our protest against the mysterious credulity and empiricism that would place us on a level with these experts, simply because of our silence.

Dr. Norman Kerr, the president of the English Society for the Study and Cure of Inebriety, sent the following paper, which was read by Dr. Holbrook :

SPECIFICS FOR INEBRIETY.

A hankering after "quick returns" is not confined to ordinary trade. Though the legitimate treatment of the disease of inebriety, like the treatment of any other malady on sound scientific principles, is now fairly well known and recognized; the friends of the wretched inebriate are often so utterly broken-hearted and the woe-begone victims themselves so helpless, that there is a continual wail for some specific which will, *volens volens*, convert the narcomaniac into a sober person. A few minutes' indulgence in that rare pastime of the present superficial age — thinking — ought to convince anyone possessed of ordinary intelligence and common sense that no such panacea can, from the origin and development of this disease, ever be found. But this widely felt and despairing yearning for a royal road to temperance constitutes a demand which has been met by the supply of an army of preparations and processes alleged by the proprietors to be endowed with the power of curing inebriety in

a few weeks, a miracle which puts the miracles recorded in the Bible altogether in the shade.

One so-called remedy consists of a mixture of fourteen different drugs dispensed twice a week at a continental dispensary. Some of these specifics claim to "cure" all but a trivial percentage of cases, others 100 per cent. One of the latter proceeds upon the plan of "no cure, no pay," undertaking to return the money paid for treatment, if (the conditions having been complied with) the inebriate is not cured in three weeks! A third, like many others run by trading companies only a few months old, employs no injection. It is said to be harmless to a child, and to have also cured 100 per cent. I live in hope of some day coming across a "cure" which will cure 101 per cent.

All this is not enough. There are potions, powders, mixtures, pills, tabloids, and other pharmaceutical preparations which are warranted to cure an inebriate without his knowledge and cause an aversion from intoxicants, even if taken unconsciously in tea, or milk, or any other article of diet.

All this is but a pandering to an unthinking and morbid cry for some supernatural agency to accomplish miracles, the operations of the healing power of nature being too slow and too undemonstrative for a world in a hurry. True medical science should lift up a warning voice against the dangers of such attempted "short cuts" to sobriety, which often proves to be the longest way in the end.

The reputable practitioner of medicine has no secrets from his professional colleagues, and hastens to make known to them, for their information and criticism, any discovery which he may make in rational therapeutics. As regards legislation, there ought to be a law enforcing stability of composition on all pharmaceutical preparations, with registration and an open statement of the contents. The eager rush of inebriates to any place where it is dogmatically and persistently declared that there is a specific which will cure inebriety in a few days or weeks, is but a manifestation of the

phenomena of mental contagion, a purely psychological epidemic, of interest chiefly to the student of mental science. Of course a certain proportion of the cases will be benefited under any method which raises expectation of betterment.

Not so does nature work. Her procedure is modest and silent, though efficient. If we have at heart the true welfare of the wretched subject of inebriety we will lend no countenance to boastful ostentations and secret talismans; we will deal with the inebriate as afflicted with one of the most distressing diseases to which flesh is heir; we will endeavor to trace back the predisposing and exciting causes of his malady which, having been unraveled, we will do our utmost to remedy. Inebriety, or narcomania (that is, a mania for intoxication by any intoxicating agent), is a complex disease, calling for mental, moral, and medical treatment. We will, then, intelligently study the special characteristics of each case, not over-riding but attempting to aid the healing power of nature in her beneficent and divine mission of healing health and comfort; not in secrecy for purposes of gain, but openly and straightforwardly before all men, for the cure of the diseased, the rescue of the fallen, and the encouragement of our weaker, despairing, and faint-hearted brothers. Thus will we truly show by a loyal and consistent professional life that, in the noble and inspiring words of Oliver Wendell Holmes:

"Our mission is to save."

Dr. E. C. Mann, President of the New York Academy of Anthropology, Superintendent of Sunny Side Hospital, Brooklyn, N. Y., read the following paper on *Science vs. Folly*, in the treatment of the disease caused by the abuse of stimulants and narcotics. A plea for the suppression of the nostrum, patent medicine, and specific in rational therapeutics:

The art of the physician consists largely in watching the organs which are essential to life. He must also watch carefully the state of the nervous system. In all acute diseases, he insists upon perfect rest and has his patient remain in bed, while the diet should consist mainly of liquid food. The

chronic diseases are more or less complex. There is no occasion to watch the heart and circulation so closely, while we have to watch the reparative condition of the injured structures. As a rule, these structures are obstructed by some difficulty of the blood, some mechanical cause. In chronic diseases we must direct our attention largely to the organs of nutrition. We must then turn our attention to diet. The patient should be liberally supplied with oxygen, taking a moderate amount of exercise in the open air and sunlight. In prescribing drugs, it is a great mistake to suppose that tonics are always necessary. In a large majority of cases we shall find some imperfection in the gastric organs. The capillaries and small veins become overloaded often. We must also watch the muscular and nervous organs. We may discover difficulty in the eliminative organs. We must, of course, try to ascertain the cause of the local disease; morbid elements may be held in the blood. We meet in a large majority of cases with a depressed state of the heart and nervous centers; from the symptomatology of disease we form our diagnosis. The glory of rational medicine, which is a broad, liberal science, recognizing no "pathies," no schools, but seeking after exact science, willing to adopt everything that will relieve suffering humanity, is a system of therapeutics based upon pathology; which treats of the origin and nature of the cause of the changes in the body, symptomatology, and a good diagnosis.

The difference between science and folly, between knowledge and ignorance or charlatanism in the practice of medicine, is the difference that exists between the man who, as a pathologist, studies the modes of actions of organs when they are alive and warm, at the bedside of the patient; which study goes hand in hand with clinical medicine and which takes cognizance of disease which lies dormant in the body, as in inherited diseases, and of all the disordered conditions of the body, and whose effects are to antagonize these results produced, and get rid of the condition which produced these results; who, as a pathological anatomist, studies the active

alteration in the tissues which the disease has produced, the anatomy of diseased organs, *post-mortem*, and gives us a solid basis; who, as a clinical physician at the bedside, carefully examines the subjective and objective symptoms of disease, and, in his investigation of the latter, learns the condition of the digestive powers, and the whole gastro-intestinal tract, the pressure of the blood and its condition, the respiratory apparatus, the heart, the skin, the secretions and excretions, the locomotory powers and the nervous system, the genito-urinary organs and kidneys, and who, from the collective phenomena of signs and symptoms of disease thus elicited, makes his diagnosis, and, as a skillful therapist, prescribes remedies best calculated to relieve the perversion of the functions of the structure of the body; and the ignorant pretender and charlatan who, alike ignorant of pathology, pathological anatomy, symptomatology, diagnosis or therapeutics, knowing little as to how people live and still less as to how they die, boldly rushes before the public with a specific, nostrum, or secret remedy that is to cure a perversion of the functions of the structures of the body, those functions and those structures of which he is profoundly ignorant, and not only deludes the public, but, I blush to own it, many seemingly of our own profession. It should be the aim of the scientific physician to see that the conditions of life are in the air his patients breathe and the food that they eat; for if all the conditions of life co-exist in their normal state, life and health are inevitable. It should be his aim to see that the condition of primary assimilation, which consists of the changes which proximate principles undergo previous to their conversion into the blood, is properly carried out, and likewise with regard to secondary assimilation, which consists of all the changes by which portions of the blood are converted into organic tissue and are again removed from the system by a retrograde metamorphosis. It is by this process that the adult person retains very nearly the same general outline; it is this power which gives us our life. Organic matter does not remain permanent; this is tissue metamorphosis. This

retrograde action presents itself in the urine as urea, and this molecular death action is indicative of the life action. All this belongs to secondary assimilation. If the renewal is not equal to the loss, the body wears out ; and it is the physician's province to see to it that the renewal shall be more perfect, so that the individual may become more perfect and that development takes precedence of degeneration. We may not have so many patients, but the community will be the better for our having lived in it ; and the highest aim of the true physician should be the preservation of the lives and health of the people. See that those dependent upon us do not have half-nourished tissues, as a very large proportion of ailments come from deranged nutrition. See that they avoid everything that impairs the nutrition of the body, impure air, sedentary habits, and habits of intemperance. Do all in your power to stamp out endemic and epidemic disease and the so-called contagious and infectious diseases and the tendency to disease, which is inherited by inculcating sanitary and hygienic laws, a proper diet based on food values, and the avoidance of the use of alcohol as a beverage. Primary and secondary assimilation cannot be properly performed in an intemperate man or woman, neither can there be a right state and composition of the blood from which the materials of nutrition arise or a natural state of the nerves. It has taken a long time to teach people that inebriety is a disease ; yet it is a disease that, like all disease, consists in the perversion of the functions of the structures of the body, and it produces a certain definite group of symptoms. The use of stimulants and narcotics operate in the derangement of the conditions of life by interfering with primary and secondary assimilation. These deranged conditions of life produce certain states of the system, and deranged states of the system we call disease ; alcohol produces irritation, and irritation of a part causes an excess of action in that part that produces morbid affections. Irritation prevents nutrition and arrests the vital powers.

The new administration at Washington will exhibit the wisest statesmanship if they establish a national or United

States board of health, whose duty it shall be to look after the lives and the health of the citizens of the United States. The people can then be instructed how to live so as best to avoid the preventable diseases such as consumption, cholera, yellow fever, etc. The dangers lurking in diseased meat, impure water and milk and ice and badly ventilated apartments and undrained land and the use of nostrums and secret specific cures, would be, under such management, household knowledge. They would also be taught the physiological influence and action of alcohol upon man and his offspring, the want of which knowledge causes much loss to the commonwealth by intemperance and its manifold consequences of disease and death. *Intemperance is a very frequent and preventable cause of insanity.* One-third of all admissions to all asylums are due either proximately or remotely to the abuse of alcoholic beverages, *much crime is produced by it*, as the injury to the brain of the foetus due by drinking habits of the mother while pregnant, is irreparable and the child is born into the world with a defective organ of thought, prone to take on diseased action upon the application of even slight exciting causes, and with a predisposition to intemperance, insanity, and a proclivity to crime. A study of the physiological action of alcohol upon the human race shows that *it is not a food*. It injures body and brain, impairs normal cerebation, injures the structure of the brain and impairs its functional action, induces altered conduct and loss of ability, lowers intelligence and morals, and affects all thought and conscious action. It kills out high intellectual ability by incapacitating the organ of thought, it confuses the finer operations of the brain and mind, it paralyzes the will, dims the intellect, and lowers the moral sense. It destroys not only the physical, moral, and intellectual health of the person himself who uses it habitually, but also that of his offspring in whom it may be traced in imbecility, idiocy, and insanity, and other grave nervous defects. The use of it creates a new physiological want, a systemic demand which becomes in many cases peremptory and irresistible, resulting in the disease of dipsomania, the

great diagnostic mark of which is an irresistible periodical craving for alcoholic stimulants which are taken always in such cases to the point of intoxication, the will being powerless to restrain the disordered impulse of the unhappy victim. It is a great mistake for any person to suppose, as many persons seem to, that alcohol can ever confer upon them permanently an artificial working power above their normal state. Alcohol lessens the power of endurance and diminishes vital force. There is an absence of any real benefit from the daily use of either fermented or distilled liquors and tremendous danger of the alcohol habit supervening. The continued use of alcohol produces insanity by getting up a subjective morbid condition of the nervous system, which misleads the mind and conduct.

The ultimate condition of mind with which we are now acquainted consists of the due nutrition, growth, and renovation of the brain cell, and this is interfered with if the brain cells are nourished by a blood plasma containing an alcoholic foreigner. People often resort to alcohol to get energy and force which they could get much better from food. We should aim to have ingested into the body such material which, when brought under the influence of oxidation, will yield energy, which is the expression of vital activity. We want the largest working power for the amount of food taken. We want to eat the proteid food stuff, such as meat, fish of all kinds, eggs, oysters, milk, cheese and allied substances, taking only a minimum of the starchy food and vegetables, for the reason that their use requires an enormous outlay of oxygen and this necessitates the formation and handling by the glandula organism of the body, of an excessive amount of incomplete nitrogenous excrementitious elements. We can get by food, properly selected, great concentration of energy, physical ability and mental activity, so that we shall feel no need for alcohol to impart an artificial and temporary health which can only be replaced by distress and a desire for its habitual use. The oxidation of the proteids and their combined fats, plus a minimum quantity of cereal, supply all the energy needed every day. In this way, if we become proteid feeders,

we can withstand disease better, are capable of greater concentration of energy and mental activity, and can lead a longer and more successful existence without the necessity of even the daily moderate use of alcoholics than by any other plan of living, as we shall rely on a diet which requires the least vital force and oxygen to digest, assimilate, and appropriate it. The disease of inebriety is a disease exhibiting certain subjective and objective signs and symptoms and a disease which requires the utmost skill and care in treatment to remove the disease, build up the shattered nervous system, restore the lost will power, and remove the craving for alcohol. The same can be said of morphine addiction or chloral addiction. The disease of inebriety and the opium habit have their etiology, their pathology, and their therapy, and the permanent cure of these diseases is only to be accomplished by attention to fundamental therapeutic laws and not by patent medicines and nostrums or select remedies. The object of the profession of medicine is to protect the health and the lives of the people by removing the cause of preventable diseases by attention to sanitation and hygiene, and to cure disease, and it is the duty of every well-educated physician and surgeon and every government health commissioner to help root out the evil of patent medicines, nostrums, and secret cures for the treatment not only of inebriety and the morphine habit, but of any and all other diseases. Every professional man who has had a good college tuition is supposed to have mastered the laws of therapeutics, and there is no excuse for any man to recommend proprietary medicines of whose real composition he is entirely ignorant or recommend secret cures of whose real composition he is equally ignorant. If the people find that physicians and surgeons, who by education and experience are relied upon to educate the community, prescribe patent medicine for them, the people themselves will consider themselves perfectly justified in allowing the druggist to prescribe the same remedies for them and thus save an office fee, and this is already done to a very much larger extent than some physicians imagine. The responsibility for this rests

directly upon the profession themselves, and also to the failure of the medical college to teach and insist upon the duty of their graduates enlightening the public so that they may distinguish between science and folly, between honesty and imposture. Neither the profession nor professional journal seem to have the courage of their convictions upon this point. If I were the health officer of a United States board of health, I should deem it my most imperative and sacred duty to send out a public official warning to the profession and public alike for the preservation of the public health against the employment or the prescribing of nostrums and patent medicines and secret cures for any disease whatsoever. It is a terrible evil and demands no uncertain or wavering voice to antagonize it. The evil is fed and spread by the profession themselves, who should be the ones to crush and suppress it, and by those of the professional journal, who advocate and advertise many of these preparations.

The country practitioner naturally relies upon his city medical journal to keep him well informed and abreast of the times. He is a busy, overworked, illy-remunerated man. If he reads in the columns of his favorite medical journal the advertisement of a proprietary article or nostrum, or the advertisement of some secret cure, he takes it for granted it must be good or it would not have been allowed access to its columns. With this delusive belief he prescribes something for his patient, about which he knows only what the advertising columns of his journal have told him, or sends his patient away from home to be treated by a secret cure. If the nostrum interest is thus to corrupt the profession it is time for a new crusade. The heads of the medical profession are not men of mental indolence, therapeutic ignorance, or credulous dispositions, and you will never find such men announcing to the public that they have discovered a wonderful cure for this or that disease; this is confined to charlatans and quacks, who are both unscientific and dishonest, but either, in their anxiety for the health and the lives of the people, proclaiming their discoveries and their methods, that

the whole of the noble profession of medicine may profit by them to stamp out preventable disease, relieve the diseases they meet at the bedside, and benefit mankind. We are in a position to-day to get a much higher degree of certainty in the administration of medicinal agents by the use of alkaloids, glucosides, resinoids, or organic acids, as medicinal agents instead of the often complex and variable crude drugs, which characterized old methods of treatment. These "active principles" are in many cases transmutation products, that is, they are obtained from the native substance by the action of a series of chemical reagents, and sometimes by the additional action of heat. Some of the alkaloids do not exist in the plant, apomorphia for instance, which cannot be extracted as such from the opium, but is made by the action of heat and hydrochloric acid, from morphia. In this new method of dosimetry, and particularly by hypodermatic dosimetry, we can by our knowledge of the exact chemical identity of our remedy and of the precise quantity injected into the system, determine the nature and degree of the effects of this definite substance upon the physiological processes both in health and disease, with a degree of accuracy hitherto unknown in the science of medicine. We know, furthermore, that an exact amount of the active principle reaches the lymph spaces and circulatory channels when from its chemical nature we can give it hypodermatically. Never before, in the treatment of nervous and mental diseases, in inebriety and the morphine habit, have we been able to treat them so exactly and obtain such certain and permanent cures as we can to-day by dosimetry and particularly by hypodermatic dosimetry. What we need now is better-adaptable chemical forms of the "active principles" alkaloids, glucosides, or other definite active principle, and then we shall be in a position to have a new, exact and scientific system of therapeutics. Hand in hand with this must go an exact system of feeding our patients which shall require the least vital force and oxygen to digest, assimilate, and appropriate the food ingested and give the most force and energy, and also careful attention paid to hydro-therapy

and electro-therapy. We shall thus get much quicker and more lasting recoveries in the treatment of diseases of the nervous system, inebriety, and the morphine habit.

The next paper, by Harold N. Moyer, M.D., Adjunct Professor of Medicine, Rush Medical College, Neurologist to Cook Co. Hospital, Chicago, on Specifics in the Treatment of Inebriety, was read by Dr. Shepard :

The term specific has been variously used in medicine. In some instances it is applied to a remedy which cures a disease in a way peculiar to itself. It also has been used to designate a remedy that infallibly cures a certain disease. The number of such remedies is exceedingly limited, and perhaps there are none that would come within a strict application of the latter portion of our definition. Quinine, in the treatment of malarial fevers, probably comes as near being a specific as we shall ever get.

It is apparent that we can only have specific remedies where we have specific diseases. The number of the latter have been increased considerably of late years. We need mention but one — tuberculosis. The specific nature of this disorder was followed by most extraordinary efforts to find a specific remedy ; thus far these efforts have not been rewarded. If, then, the number of specifics is limited by range of specific diseases, it is apparent that they must ever remain an infinitesimal part of our therapeutics. The number of diseases dependent upon a definite cause, and accompanied by constant pathological conditions, is exceedingly limited. As yet, the vast majority of named disorders are to be classed among the symptom groups, dependent upon a variety of causes, and presenting a most diversified pathology.

Inebriety is a symptom complex. It really is a condition, or state of being, just as insanity is. Its etiology is varied, and its pathology is infinite in its variety. What would be thought of one who should advance a specific for the cure of insanity, with all of its varied phenomena? The same remedy to cure paretic dementia and paranoia, melancholia and acute mania? While these conditions are all

grouped together because they are characterized by a disorder of the intellect, yet how varied is the pathological picture lying back of them. The same is true of inebriety. We have here a disease that is named after its chief symptom, the appetite for, and indulgence in, narcotics and stimulants; but, behind individual cases, we shall find as wide a difference in pathology and etiology as is presented by parietic dementia and paranoia. Therefore, to speak of a specific in the treatment of inebriety is to utter a philosophical absurdity.

Notwithstanding that the claim for a specific in this disorder violates the basic principles of pathology, numerous ones have been advanced by quackish pretenders without scientific training. Two of the latest, and those that have attracted the most attention, have appeared in the West,—one in Chicago, and the other in its near neighborhood. Both of these cures, unlike the previous psychological waves that had swept over the country, depended on the administration of drugs for their efficacy; in this was a recognition that inebriety was a diseased state, and usually involved something more than a perversion of the moral sense. The first of these, D'Unger's, or the red cinchona cure, can be dismissed with brief comment. By dint of newspaper advertising, "testimonials," and other quackish arts, the public were persuaded to try red cinchona. This was only to be obtained of the discoverer, who had all the true red cinchona there was in the market, and an eight-ounce bottle of the precious tincture cost \$25.00. Whatever merit there may have been in the treatment lay in the suggestion that they were taking something to cure the drink habit, as it is doubtful if it had any more power over the craving for liquor than would colored water or other inert substances. For a few weeks the praises of red cinchona were sung by clergymen, reformed inebriates, and the newspapers. Just as it was on the pinnacle of its fame the greed that was behind the movement discovered that its virtues were so great that it was no longer necessary for the victims to visit the office of the dispenser,

but wives with inebriate husbands could obtain some of the drug, place it in a cup of tea, and thus administer it without the knowledge of the person taking, and cure him, in many cases, against his will. Very shortly after this promulgation the craze died out, and the sun of red cinchona had set forever.

A second craze of this sort began at the small town of Dwight, near Chicago. Leslie E. Keeley began, some years ago, to treat a few inebriates, and claims to have discovered a remedy that would infallibly destroy the appetite for liquor. The nature and composition of these remedies he carefully secreted. For a time he had but a few patients, mostly the village drunkards of Dwight. Gradually his fame spread; patients came from adjoining towns, and finally the *Chicago Tribune* was induced to send four prize drunkards to Dwight. They were sent back in a few weeks, cured and rejuvenated. The daily press sounded the praises of the new treatment, and the victims of whisky crowded into the little town of Dwight by the thousands. Clubs were formed, a jargon in which were mingled such terms as "graduate," "shot," "dope," "student," "institute," etc., sprang up, and there was the psychological environment of the Washingtonian movement of 1840 reproduced plus the idea that inebriety was a disease, "bichloride of gold" was the remedy, Keeley was its apostle, and they were "cured."

In the beginning it is doubtful if Keeley had any idea of the value of his "discovery"; but after patients began to flock to Dwight, and the newspapers gratuitously exploited the treatment, then the craze was worked for all there was in it. At first the drugs used were spoken of as the "gold remedies," using the term in the sense of precious, employing bad grammar, just as later the term "bichloride of gold" initiated bad chemistry.

The treatment has doubtless varied somewhat with time, but the sheet anchors have been strychnine and atropin, the chloride of gold and sodium being of secondary importance, and an afterthought, necessitated by the term "bichlo-

ride of gold," in its turn dependent on the "gold remedies" of the early times at Dwight.

The following formulary are taken from an article by C. F. Chapman, M.D. (*Chicago Medical Recorder*, February, 1893):

No. 1. Tonic. Known in the institutes as the "dope."

℞	Aurii et Sodii chlorid.....	gr. xii.
	Strychniae nitr.....	gr. i.
	Atropiae sulp.....	gr. ¼.
	Ammonii muriat.....	gr. vi.
	Aloin.....	gr. i.
	Hydrastin.....	gr. ii.
	Glycerini.....	ʒ i.
	Ext. fld. Cinchon. comp.....	ʒ iii.
	Ext. fld. Coca. Erythro.....	ʒ i.
	Aquae dest.....	ʒ i.

M. S. 1 drachm at 7, 9, 11, A.M.; at 1, 3, 5, 7, 9, P.M.

No. 2. The injection known in the institutes as the "shot."

℞	Strychniae nit.....	gr. 9-10.
	Aquae destill. ad.....	oz. 4.
	Potass. permangan. q. s. to color.	

Misce: Sig. Begin with gtt. 5, which equals gr. 1-40, and increase one drop each injection until the physiological effect is produced. Four hypodermic injections to be given daily, beginning at 8 A.M., then at 12 M., 4 P.M., and 8 P.M.

No. 3. Used with No. 2.

℞	Aurii et Sodii chlorid.....	gr. 2½.
	Aquae destill.....	ad oz. i.

Misce: Sig. gtt. 3, every four hours, in combination with the strychnine solution, for the first four days.

"This last prescription is used only for the moral effect, which is produced in the following manner: Five drops of the strychnine solution are drawn into the syringe, and then three drops of the gold solution are drawn in and mixed. This produces a golden yellow color, to which attention is called, and the patient is farther assured as to the reality of the presence of the gold by the stain left on the skin after the hypodermic needle has been removed."

Dr. Chapman gives further insight into the *modus operandi*

of the "Keeley Institute." He says: "In the room in which the hypodermic injections are given three bottles stand on the desk filled with different-colored mixtures — one red, one white, and one blue. In the 'red' bottle is the nitrate of strychnine solution; the 'white' bottle contains the atropine solution; and in the 'blue' bottle is the apomorphine mixture. In every case the 'red' and 'white' solutions are used; but where a patient is contumacious and refuses to surrender, the grand Inquisitor applies the 'torture,' and in addition to the 'red' and 'white' liquids, he exhibits the 'blue.' According to the jargon of the 'graduates' and 'under-graduates,' such a patient is described as having received the 'bar-bar-pole.' Such a sickening effect is produced by this 'bar-bar-pole,' or red, white, and blue treatment, that, after he has received it once, a patient will be seized with absolute terror when he sees the operator reaching for the 'blue' bottle."

It will be seen that the "dope" is the only one containing atropin in the first formulae given by the doctor, while it is spoken of later on as being given hypodermically. It would seem that the first were in accordance with the original practice at Dwight, as many of the earlier patients attributed the sole good effects to the "dope." The "shot" appears to have been a later addition, probably, with reference to the use of apomorphia, when the other remedies did not inspire sufficient disgust for liquor.

We think that a careful study of these formulae will convince any one that the chief active ingredient, and the one that is leveled at the appetite for liquor directly, is the atropin; the others are tonics and synergists. The strychnia, in the large doses in which it is given, must act as a powerful tonic in sustaining the nervous system, and in so far will reduce the *systemic* craving for alcohol. The effects of belladonna, or atropine, are those of a gentle stimulant, in small doses; in larger quantities it is an hypnotic, and if pushed, it is a powerful, depressent poison. It also produces a dryness of the lips, with a parched condition of the tongue, lips, fauces, and pharynx, with a huskiness of the voice. In dan-

gerous doses it causes nausea and vomiting. It will be noted that the drug affects either directly the terminal endings of the nerves of taste, or else it does so secondarily by affecting the blood supply of these parts.

It will be seen, on a careful examination of the drugs, and methods employed at Dwight, that they are exceedingly ingenious, to say the least. First, a drug capable of modifying directly the sense of taste. Undoubtedly there is much of truth in the statement of some inmates of the Dwight institution that liquor was exceedingly distasteful, and often excited nausea after the first injection. A marked loss of appetite, amounting sometimes to a loathing of all food, is a frequent accompaniment of the treatment. It scarcely needs argument to show what a profound impression this will make on the mind of the average patient. The powerful tonic and stimulating effects of the strychnia are not by any means to be neglected, and one which has been abundantly shown in neurasthenic states, a condition frequently found in inebriety. If these milder measures do not succeed in quelling the rebellious appetite an hypodermic of apomorphia is administered; the patient at the same time is given a bottle of whisky, and he attributes its rejection to an incompatibility of the treatment and the alcohol.

At first sight the treatment might commend itself, but it is to be remembered that it only overcomes the chief symptom of inebriety, the craving for alcohol. The real seat of the disorder in the ill-balanced nervous system is untouched. The drugs employed are exceedingly powerful, and the doses given border closely on the toxic. Already the darker side of this treatment is beginning to come to the surface, cases of insanity, severe nervous prostration, and even organic degenerations are beginning to be frequently noted as a result of the profound nutritional disturbances caused by these powerful drugs. At first, practically, all of the cases that were sent to Dwight were "cured"; but soon the percentage began to fall, and as the "graduates" learned of these failures the relapses became more frequent. Like all the

vaunted specifics, it, too, depended almost wholly upon the psychological element. The slightest breath was sufficient to dispel the psychic suggestion, and the whole thing would fall like a card house.

In the past year there has been a falling off of more than two-thirds of the number of patients at Dwight. This has been attributed to the establishment of branch institutes in different parts of the country; but many of these have closed their doors. Within a few weeks a large one has been closed in New Jersey, and the branch in Chicago went out of business within a few days.

In conclusion, we desire to reiterate our opinion that there never can be a specific in the treatment of inebriety. While there is much in the "Keeley cure" that is ingenious, it is doubtful if it can ever be turned to any practical account in the hands of the regular profession. Disconnected from the quackery and deception surrounding its administration at Dwight, its chief prop, the mental suggestion, fails, and then it will be of no value. There is nothing in it that leads one to think that it will supersede the time-honored methods of sequestration, the careful study of individual cases, and the adaptation of therapeutic and dietetic means to the needs of each case. Even in the few cases in which it may seem to be indicated its positive dangers will more than counterbalance the hope of usefulness.

Dr. Crothers read the following paper :

The more accurately we study alcoholic and opium inebriety the more impossible the assumption of specific remedies appears. The causes are so numerous and complex, and depend on so many conditions that are not understood, that the idea of a specific is an absurdity, with less foundation for belief than perpetual motion or the philosopher's stone.

Inebriety is an insanity, only far more complex, and often dependent on psychical changes of the brain, and the chemical effects from the spirits and drugs used, the effects of which are practically unknown. A specific to reach, or even

to neutralize, any of these morbid changes, would require a degree of knowledge that at least a century of progress will hardly reach.

From another point of view, the fact that we recognize inebriety as a disease, brings no information of the means and remedies for its cure.

To call inebriety a disease is to say that the morbid changes and processes of dissolution follow a uniform line of events which must be governed by uniform laws. Where these diseased processes begin, and where the use of drugs become the symptoms of such changes, or are the exploding forces that kindle into activity a train of degenerations that have come down from the past; what direction, and with what force these changes are going on, are the essential factors to know before any remedies can be applied.

There is no other subject upon which there is so little of scientific and common sense reasoning. The popular literature is altogether a confused medley of assumptions, without support from careful study of facts.

The assumption of specifics is the same faith process, demanding acceptance from the mere statement involved in mystery, and appeals to the emotions. The moralist, who asserts that the power of prayer and conversion is a true specific, places the theory of causes and remedy frankly and unreservedly before all. No selfishness, concealment, or quackery masks his efforts. The medical specific, beginning in mystery, clothed in assumptions of new facts, from new sources, and by means new and unknown to science, is infinitely inferior to the prayer and pledge specific. Even the legal remedies by punishment, and the methods by political parties, have the virtue of consistency, frankness, and honesty.

Appeals to the testimony of reformed or cured inebriates for evidence of the value of the remedy is the same old delusion which for half a century has prevailed along the line of temperance work. Some historical illustrations are familiar to all. From 1838 to 1841 Father Matthew, by his eloquent

appeals, secured five millions total abstinence pledges in Ireland, in a population of nine millions. The consumption of spirits dropped over half, and a new era of freedom from the use of alcoholic spirits began. Two years later the consumption of spirits rose to a higher level than before, and all this vast army of reformed men relapsed and became more degenerate than ever.

In 1840 the Washingtonian movement began, and crossed the country in a blaze of enthusiasm. Half a million men signed the pledge and claimed to be cured; the drink disease and problem seemed settled permanently. Five years later it had disappeared, and was only a memory of the past.

The testimony of Father Matthew's disciples, and the enthusiasm of the reformers of the Washingtonian movement, seemed to the unthinking conclusive in proof of the value and certainty of these methods. Reformed men posed as living examples of the treatment in every town of Ireland and America, and yet they all disappeared in a year or more simply because the remedies were empiric, and could not reach the disease.

Since 1845 hundreds of temperance revival waves have come and gone. Many thousands of enthusiastic honest victims have supposed they were permanently restored only to find out their mistake, and disappear. All these means and remedies used have been open and tangible. There has been no secrecy, simply an assumption of a certain chain of causes, to be met and cured by certain clearly defined remedies. The supposed cured men were equally enthusiastic and positive, and held themselves as examples to prove the truth of the means, as those who are now vaunting the secret gold-cure specifics.

An epidemic wave of gospel temperance is now passing through Connecticut. In Hartford eleven thousand persons have signed the pledge, put on the blue ribbon, and claim to be permanently cured. Curiously enough the "gold-cure specific" vaunters have joined this movement, and seek to make capital by combining the theory of disease and moral

depravity with specific drugs, pledges, and blue ribbon emblems. The testimony of the victims who assert that they are cured is the same, and by the same class of men who have been prominent in every temperance revival of the past.

Another view of these gold-cure specifics reveals the paradoxical position of claiming disease, and its curability in a brief time, by any remedy, secret or otherwise. The fact of disease makes the possibility of cure, by any chemical or other remedies, an impossibility in any brief period of a few weeks. There is no parallel to this in any range of medicine, or scientific investigation. No cure of any disease is effected except through long periods of time, and by slow processes of restoration, aided by nature and art. A fractured bone is only healed by the slow operations of nature. No secret remedies, no enthusiasm of the victim, can complete this process. The fracture and injury of the higher brain centers among inebriates must follow the same line of natural laws, and be governed by the same general conditions.

The absurdity of such claims would be quickly recognized, even if the remedies were made known. But when the remedies are concealed the subject becomes empiricism unworthy of any serious attention. The absurdity become mountebankism, which thrives most when condemned and noticed.

For a year past our association has been the center of an enormous correspondence, pamphlet literature, testimonies, and efforts to enlist our influence to sustain this or that specific. The boldness and duplicity of some of the so-called discoverers of these specific remedies are phenomenal.

While it is unpleasant to note the credulity and dishonesty of the advocates of these specifics, it is cheering to realize that this is simply an empiric stage in the evolution of this topic, which is a part of the natural history of every great truth. The disease of insanity has passed the same period. The disease of epilepsy is just emerging from this empiric stage. Even now, the remedies to "cure fits," seen in the religious and daily press, are the dying echoes of

charlatanism that is past. Gold cures, mind cures, cinchonia cures, and every other cure for inebriety, that make claims as specifics, are simply beating up against the great trade winds of truth, depending on side currents of credulity, ignorance, and delusion, which will quickly die away. They are doomed by conditions and forces beyond any personality, or any possible condemnation from societies or individuals. Specifics for the cure of inebriety, *secret* or *open*, urged by any man or combination of men, are delusions and absurdities, opposed by all known principles of science. They are outside the lines of scientific work and development. Every advance in our knowledge of the physiology and pathology of the brain and nervous system brings the strongest confirmatory evidence of this fact.

This meeting of our association has for its central object, not to engage in a crusade or controversy, but to go on record as recognizing the nature and character of the much vaunted specifics of the day. To show that our silence is not approval or endorsement, but the claims of discovery, and the evidence urged to support these gold-cure specifics are not worthy the attention of any student of inebriety.

Truths of science are never presented concealed and covered up; they are never urged on the world for the central purpose of immediate gain. The real discoverer of any truth never sells out for money. If the truth is literal, and a discovery in science, its value to the discoverer is not to be estimated by dollars and cents. Its value, if real, is destroyed by secrecy, and enhanced by publicity. No real truth of science needs support from falsehood, exaggerations, and pretensions; and no statements can be called truths that cannot bear the strong light of searching study and criticism.

The alcoholic and opium specifics, of every grade and degree, from the white, tasteless lozenge put in tea and coffee without the knowledge of the victim, to the pretentious gold-cure, and the mysterious moon-dust gathered on the uplands of the Atlas Mountains; the flannel pad put through some galvanic process, and medicated, worn over the stomach of

the victim; the opal injection obtained from the monastery at Mount Carmel, the product of an alchemist in ages past, the secret of which is only known to Baltimore druggists. Last, but by no means the least of this formidable army of specifics for the cure of inebriety is the improved double bichloride of gold, discovered by a physician living on the mountains of Tennessee, and never found to fail. These are only some of the most prominent, and comprise only a small part of the number of secret remedies that are now urged to cure the inebriate.

It would appear, from a casual view, that the intelligence of the average man was above this low level of credulity; yet, strangely, it is not. Every one of these schemes are sustained by persons who write "doctor" before their names. Evidently the missionary fields of the world are not all occupied, and the specific hunter is still abroad.

The practical result of these specifics is a tremendous increase of the number of chronic cases, and their incurability. A very large percentage of all persons who use these remedies are made more incurable. This statement is sustained by the clinical facts in every institution in the country. These relapsed cases come suffering from more profound degeneration of body and mind. They display delusions, depressions, and low vitality, not seen in others who have not taken this remedy. My personal experience indicates that over sixty per cent. of all cases admitted to my hospital during the past six months have tried the "gold-cure" specific, and are among the most difficult to treat I have ever seen. This is the experience of many others who receive such cases. I am sustained in the belief that the use of atropina, strychnine, and apomorphia for two or three weeks in toxic doses is exceedingly dangerous for the average inebriate.

In my opinion, supported by others of larger experience, the continued use of any drug that will paralyze or depress the nerve centers to the extent of checking the morbid impulse for spirits continuously is perilously fatal to the final restoration of the brain.

The temporary use of the simplest narcotics, under the most careful observation, give strong intimations of what might follow from indiscriminate use of such drugs for any long periods.

Finally, I think I state the faith of all our co-workers when I say, that these specifics, with all their quackery, dishonesty, and pretention, are unwittingly helping on the cause of truth. Their boasts of disease and curability are rousing up inquiry, and agitating the subject. After a time this very agitation will be fatal to them, and helpful to the real truth. Inebriates, who are the new army of the insane, are not to be reached by specific remedies. Far above the levels of empiricism and quackery, they will be understood and treated in the near future.

The next paper was read by Frederick Peterson, M.D., Instructor in nervous and mental diseases, College of Physicians and Surgeons, New York, on "The Treatment of Alcoholic Inebriety":

There is no class of cases that comes under the care of the physician that presents greater difficulties in the way of treatment than those suffering from alcoholic inebriety. To the practitioner are brought such as are in the stage of alcoholic neurasthenia, such as present symptoms of acuter alcoholic conditions, such as have delirium tremens, such as are insane from the abuse of this poison, and such as exhibit actual organic lesions of the nervous system, like alcoholic neuritis and alcoholic pseudo-ataxia. Patients may come under his observation in any of these states, or in the intervals between paroxysmal outbreaks of the drink habit, when they may present no particular symptoms. He may be required to treat the *nervous* condition of alcoholic excess, and there may be lesions of other than nervous viscera demanding his attention, like gastric disorder and cirrhosis and their sequelæ. Thus, there are states for immediate attention, and there is the habit itself exacting his best judgment and skill in the way of eradication and prophylaxis against further excesses. There is, therefore, a wide field for therapeutic applications of great

variety, but into all of this region it is not the purpose of the writer to venture. Leaving out the treatment of the chronic organic conditions, such as lesions of the peripheral nervous system and viscera, our advice is generally sought to relieve the excitement or nervous exhaustion of a recent debauch, and to formulate some plan for combatting the tendency to recurrence.

In the first instance, the bromides and chloral are among our best agents when the excitement and insomnia are moderate in degree. When severe, we may have to employ some such remedy as duboisine, $\frac{1}{200}$ to $\frac{1}{100}$ of a grain by mouth or hypodermically. Strychnia should be used under all circumstances, as well in conditions of excitement as in conditions of neurasthenia following upon it. It is often an efficient hypnotic in these cases. It is the best given hypodermatically. The nitrate of strychnia is preferable, and may be administered in doses of $\frac{1}{80}$ to $\frac{1}{32}$ of a grain, every two to six hours. The beneficial effects of hydrotherapy are not to be ignored, and in all instances it is better to make use at first of the hot wet pack for insomnia instead of drugs internally, only resorting to the latter in the few cases where the former fails to induce the desired effect.

The hot wet-pack is thus applied:

A blanket 9 x 9 feet is spread upon the bed, and on this a sheet wrung out dry after dipping in hot water. The patient lies down upon the hot wet sheet, and this is then folded over him, and everywhere adjusted closely to the body surface, the blanket being similarly evenly folded over this, and other blankets added if necessary. The patient remains in this an hour, or longer — all night, if asleep.*

Naturally the stomach should be attended to, and the intestines relieved.

Thus, the best treatment of acute alcoholism of any form may be briefly summarized:

(1.) Cut off all alcohol, and confine to bed. (2.) Blue pill

* Hydrotherapy in Nervous and Mental Diseases. By Frederick Peterson, M.D., Amer. Jour. Med. Sciences, February, 1893.

at night, followed by saline cathartic. (3.) Hot wet-pack for sleeplessness. (4.) Hypodermatic injection of nitrate of strychnia, gr. $\frac{1}{66}$ - $\frac{1}{32}$. (5.) Water, milk, kumyss, broths, soup, meat-juice, raw eggs, arrow root, juicy fruits, and the like, when there is gastric disturbance.

This is the outline, in short, of a kind of treatment adapted to all cases of acute alcoholism, though, as before stated, bromide and chloral, or duboisine are indicated in a certain number of instances.

In chronic alcoholism, which manifests itself most commonly as a form of neurasthenia, the following should be the ordinary routine treatment:

(1.) Cut off alcohol. (2.) Hot wet-pack for insomnia. (3.) Disturbances of the alimentary canal to be met by aperients and dyspeptic remedies (rhubarb and soda, hydrochloric acid, and the like). The diet should be milk, eggs, and vegetable foods, meats rarely. (4.) Strychnia again the main agent to restore nerve-tone; best given hypodermatically, but may be given by mouth in combination with quinine, or in fluid extract of cinchona ($\frac{1}{66}$ to dr. j.), or in infusion of gentician.

Having now briefly gone over what I consider to be the best methods of meeting immediate conditions apparent in any case of inebriety brought to the physician for advice and treatment, the more important question arises as to how to rid him of the habit — how to cure the disease of inebriety. This is a most complex question, and one that has for many decades commanded the attention of all men, laymen, lawyers, physicians, and charlatans. Either the desire for alcohol must be got rid of, or the alcohol itself must be made unattainable. To eradicate the desire appeal has been made to the enfeebled will of the victim by lectures, pledges, hypnotic suggestion, religious influences, and the like, sometimes with success; and drugs have been lauded by physicians, and secret nostrums by quacks, to accomplish the same end, sometimes also with success, though not so much through the merit of being an antidote to the desire for drink, as by virtue

of the support by faith or suggestion given the weak will of the patient.

On the other hand, to make alcohol unattainable, the law has been invoked to regulate liquor-selling in general, to prevent its sale to drunkards, to imprison habitués, or to commit them to inebriate institutions for a definite length of time. All of these means have been successful in individual instances. But no drug has been found that is always equal to destroying the desire, and the laws are inadequate as regards regulation of the liquor traffic and the isolation of the drunkard from his ruling demon. Sequestration in a penitentiary is limited by the law, and the writ of habeas corpus has been the evil genius of special institutions for inebriates. Many are committed to insane asylums, but after a few weeks of rest and treatment, the debauch is recovered from, and not being insane, the asylum has no longer the power to detain them. So they come and go several times in the year with the regularity of the seasons. The rich try the inebriates' homes, and the poor are condemned to the penitentiaries. They are "repeaters." Think of being brought up for the two hundred and forty-sixth time before a police court for drunkenness; yet this has happened, and the defendant was a woman!

In the cases that generally present themselves to us, commitment is, as a rule, the last resort. We try moral suasion, occasionally hypnotism, and we make usually half-hearted attempts at treatment by drugs. We send them on long sea voyages on sailing vessels containing no liquor; we try the watchful care of a companion or nurse. Sometimes these means are effectual, generally not. The despairing friends after a time resort to the advertising quacks. Their remedies are no more effective than those already in our hands, but it must be confessed that they often take more pains with each individual case than we do. Some of the advertised inebriety cures seem to be not only swindles, but cruel and criminal swindles. Several years ago, the chemist of the Massachusetts State Board of Health analyzed some of these so-called

cures for inebriety in order to ascertain how much alcohol they contained. The analyses published were as follows:*

Scotch Oats Essence contained	35	per cent.	of alcohol.
The "Best" Tonic	7.65	" " "	" "
Carter's Physical Extract	22	" " "	" "
Hoofland's German Tonic	29.3	" " "	" "
Hop Tonic	7.	" " "	" "
How's Arabian Tonic	13.2	" " "	" "
Jackson's Gold'n Seal Tonic	19.6	" " "	" "
Liebig Co's Coc'a Be'f Tonic	23.2	" " "	" "
Mensman's Pep. Be'f Tonic	16.5	" " "	" "
Parker's Tonic	41.6	" " "	" "
Schenk's Seaweed Tonic	19.5	" " "	" "

The so-called gold-cure of Keeley upon analysis was found to contain no gold at all, but in each teaspoonful about $\frac{1}{8}$ of a grain of muriate of ammonia, $\frac{1}{16}$ of a grain of aloin, and 45 minims of compound tincture of cinchona. His hypodermic injection was ascertained to be composed of sulphate of strychnia, atropia, and boracic acid. The Keeley cure, while it has been doubtless effectual in curing some cases of inebriety, has not made use of any drug not long ago tried by physicians all over the world. One of the advantages of this much-lauded method is undoubtedly the effects of repeated suggestion. We have not been in the habit of paying that particular attention to inebriates that is necessary; we are too prone to dismiss such a case with a mere prescription and some good advice. I may be pardoned for citing an instance of the value of continous attention. A young man of wealth was apparently a confirmed inebriate. Everything had been done for him on ordinary lines that could be done — drugs, moral influences, change of scene and occupation, the dismissal of his boon companions. I found a teetotal sailing vessel, and sent him to the South Seas and China, a nine months' voyage without a drink. He came back robust, healthy, hopeful, and had incipient delirium tremens from a

* Medical Register, July, 1888.

debauch in a few days in a hotel. Before sending him to an inebriate institution for which I had made arrangements, I decided to give him one more trial. An occupation was found for him in a down-town office, and he was put upon the strychnine treatment, but was made to report daily at my office at a certain hour. This he did for a year. He has not tasted a drop for three years, and is married, prosperous, and happy. I believe the continued attention and suggestion of the daily visits to my office were the remedial agents in this case, the strychnine merely acting as a prop to his nervous system as he was passing through the ordeal of deprivation of his wonted stimulant. Since then I have had several other cases. Hypnotism I have tried once or twice with considerable success. The treatment I should outline for the removal of the habit, and which I have found often very efficacious is briefly as follows :

(1) The hypodermatic injection of nitrate of strychnia in the doses already given, at least twice daily, more frequently if possible, and always by the physician himself. The moral influence and personality of the physician himself are of great importance. By this frequent contact of physician and patient the effort and attention of the inebriate are kept continually at their highest pitch.

(2) A diet of milk, eggs, and vegetable foods should be enforced, meats being allowed but once daily.

(3) Regular occupation, regular hours, and the avoidance of the society of fast companions must be insisted upon.

(4) There is a certain class of patients to whom a substitute for a dram of liquor is at times imperative ; when the desire comes on it must be satisfied. The substitute must be at hand. With some of these, a combination of strychnia and fluid extract of cinchona (gr. $\frac{1}{8}$ to dr. j.) taken with a glass of water, works very well. It is not always convenient however to carry a bottle in the pocket, so I am at times in the habit of prescribing powders composed of from twenty to forty grains of red cinchona bark, half a grain of capsicum, and three grains of powdered nux vomica, to be taken with a glass of water when required.

As I have already stated, the Keeley cure depends largely upon suggestion for its results. It has had many successes, but of course also many failures, which latter are seldom published to the world. I have had four Keeley failures under observation. One is now insane with complications of hepatic cirrhosis and chronic gastric catarrh, and their sequelæ. He will not live long. The second is also insane. The third is under treatment with me. The fourth has been apparently cured in a sanatorium for inebriates, and has had no liquor for over a year.

There is a multitude of cases in which no treatment yet devised avails to check the alcoholic propensity, and in these the only alternative is to put them out of the reach of alcohol. How difficult this is to accomplish is well known to us all. Commitment for three to six months, which is the longest period permissible in all the institutions I know of in this country, is merely temporizing. It should be commitment for one to two years or even more. It is a fact that the nervous system and the heart and other organs do not recover their normal equilibrium in less than two years after prolonged alcoholism, and sometimes even four to six years are needed to re-establish healthy function. Recently a step in the right direction has been taken by an institution in this city. For some five years I have been the attending physician of the House of Mercy, which is in charge of the Sisters of St. Mary of the Episcopal church. When they removed from the foot of West Eighty-sixth street to new buildings at Inwood, I induced them to form a department for inebriate women in the new quarters. The sisters became interested in the project and the trustees have had a bill passed by the New York Legislature which is quite unique in this country. This department of the House of Mercy is called the St. Saviour's Sanatorium. It is empowered to receive women inebriates either by voluntary or legal commitment. In the latter case, two physicians are required to make out certificates, and upon these a judge commits the patient for a year. Before the expiration of the year, she may be re-committed if it is deemed

expedient for another year. Hence, patients may be detained here for two years. This feature of extended commitment for a long period makes a new epoch in the history of such establishments. St. Saviour's Sanatorium is beautifully situated on the Hudson River in the upper part of New York city. The rooms and parlors are cheerful, pleasant, and inviting. Out-of-door exercise and drives, as well as in-door employment, and the companionship of the sisters and lady visitors are features of the treatment. Thus far there are accommodations for but sixteen patients, and these are selected from the refined and cultured classes, the institution being too small for the accommodation of all classes of female inebriates, even if it were possible or desirable to mingle people occupying different moral and intellectual stations in life.

There is also in this city a somewhat similar institution for male inebriates, the New York Christian Home, where religious influence is the chief remedial agent. I am convinced of the great usefulness of such influence in many cases.

One of the great drawbacks to all homes of this kind is the *tedium vitæ* from which patients are apt to suffer; there is not sufficient employment or recreation; the routine and monotony become irksome.

If I were to suggest an ideal means of dealing with inebriates, it would be the establishment of a little world in which alcohol had no place, but in which life with its various occupations, domestic arrangements, and amusements went on exactly the same. It would in fact be a colonization scheme, such as has proved so valuable in the case of epileptics and of the insane, only much more extensive and much more feasible. The problem involved is merely the exclusion of alcohol from all parts in the colony's affairs. It is true that this could not be accomplished in any region open to ordinary traffic, travel, and communication; even a Chinese wall built around such a colony would not protect it from the invasion of its enemy; it would find some means to percolate through. But I can imagine some Temperance Island so far removed from the main land as not to be accessible to small boats,

with only one harbor, five to ten or more miles in diameter, amenable to the laws of the United States, the property of a corporation of practical philanthropists, where all boats and baggage and merchandise would be thoroughly quarantined against the introduction of alcohol as if it were a comma bacillus, or the microbe of the Black Death. Here would be villages and industries, manufactures and arts, the commoners and the gentry, living in business prosperity and domestic happiness. Thither the drunkard would repair with his family and obtain a position, support himself and them, and lead a useful life as if such a thing as inebriety never existed. A majority of inebriates would emigrate there of their own accord, but certain ones would need commitment by law for three years. Such commitment, however, would be no hardship, for the rights of voting, of citizenship, the solace of society, the pleasure of following one's trade or calling, of earning a livelihood, and of living with one's family would make existence not only tolerable but blessed. The realization of such a project is not an "iridescent dream." It is quite within the bounds of feasibility. A small additional tax upon spirits and spirit venders would be sufficient to acquire some Nantucket and consecrate it to this noble purpose.

Dr. S. V. Clevenger of Chicago sent the following note :

There have recently sprung up throughout the United States institutions which advertise "Specific Remedies for the Treatment and Cure of Alcoholic and Opium Inebriety."

Some of the more intelligent of their patients claim that about ninety per cent. of cures have been effected in such places. I, personally, know of two ex-patients in whom epilepsy appeared after the alleged treatment, and there are reports of rapid mental and physical deterioration having occurred in many others, and occasional deaths.

In my opinion, the recoveries are such as could have been effected by almost any other combined medical and mental influence. The furore that has been raised over the subject having attracted a great number of such curable cases to these institutions and the attention of the public is noisily attracted

to the same results that are being obtained unobtrusively and more honestly, at such places as the Hartford Retreat, Washingtonian's Home at Boston, Fort Hamilton, N. Y., and other places.

Previously, the masses of inebriates had not been drummed up and secured so persistently. Many cases of dementia, impotence, and sudden death from cardiac insufficiency may be accounted for as occurring in patients who had, for long periods of their lives, habituated themselves to more or less stimulation until their life functions were adjusted thereto. The withdrawal of the accustomed potations acted as any other depleting influence would have done upon the weakest parts of their organization. I have known the same to occur in persons who had voluntarily become abstemious.

Dr. L. D. Mason of Brooklyn made the following remarks :

Rational medicine does not claim "specific remedies" among its therapeutical agencies in the popular sense in which this term is used — that is, as a reputed "cure all" — which in every instance, under all conditions, without regard to individual idiosyncrasies, climatic influence, or other environments, effects a cure.

Special remedies for special diseased conditions rational medicine does recognize and use, but not in the same sense that is claimed for so-called specific remedies. The error on the part of the vendors and advocates of patent medicines, nostrums, and "specific remedies," is, that they mistake the prominent symptom of a disease for the disease itself. Hence, proprietary medicines for coughs and headaches are given under all circumstances for coughs and headaches whatever condition may give rise to either.

Another point in which all specific or patent medicines err — as universal remedies equally applicable in all cases : They fail to recognize individual idiosyncrasies with regard to the action of drugs. Every practitioner of medicine with any experience knows that a drug that may act well on the

case of certain persons may be detrimental if not positively harmful in the case of another person ; he also knows that a medicine may be very useful at one stage of a malady, and very injurious at another period of the same disease. Now the vendors of so-called specific remedies ignore all these distinctions that rational medicine recognizes and insists should be observed, and boldly advocates the "specific remedy" as absolutely certain to cure all persons of whatever age, sex, or temperament, under all possible conditions—a claim that rational medicine from the very nature of things never has and never will make. The various specific remedies for the cure of inebriety from time immemorial have asserted this claim,—that of almost uniform success. Inebriety or the "drunk habit" or "drink craze" or "thirst for spirituous liquors" is but the active manifestation of diseased conditions that lie beneath the surface. These conditions are so various and the individual peculiarities and environments of the persons affected so different, that to assert any one remedy or method of treatment is applicable to all cases of inebriety under all conditions would be to make an assertion opposed to the teachings of medical science and clinical observation. The only proper method of dealing with the diseased inebriate is to carefully search for the underlying or foundation causes, of which the inebriety is merely the most prominent symptom. By following this course of rational treatment in this country and in Europe, over 50 per cent. of the cases of inebriety (not selected) are cured; a certain per cent. are benefited. We have reason to believe that a much larger proportion will be permanently cured when the underlying causes of inebriety are better understood, the period of treatment lengthened, and the time for treatment earlier put into operation, and we believe that all this will be accomplished. As it is now, the use of any special or "specific remedy" or the exhibition of remedies which, while they may temporarily benefit, leave serious if not fatal lesions as their after effects.

Strychnine is one of the most valuable of the drugs we

have to tone up the nervous system and stimulate the weakened heart's action, and in a measure take the place of the accustomed alcoholic stimulant without its detrimental effects. But the use of it or any other desirable drug does not prevent a proper recognition and investigation of the underlying causes of the inebriety.

However good or useful any one remedy may be, to assert that this or any other remedy or method is applicable to all cases of inebriety, would be to oppose the evidence we have to the contrary, as we have said, an evidence based on the experience which clinical observation has given to all conscientious investigators, in this as well as in all departments of medical science. We must not draw the conclusion because we have found a drug especially useful, that we must recognize it as a "specific," and use it to the exclusion of every other remedy or means of treatment. In brief, the rationale of the treatment of the inebriate may be summed up in a few words: A period of prolonged rest from all mental and bodily fatigue and exhaustion; *total* abstinence from all alcoholic liquors; nutritious, abundant, and easily digested food; proper hygienic environments; and, above all, the removal of any physical ailments or diseases that may have been the predisposing or exciting causes of the inebriety, and certainly retard or prevent a cure. These measures with such exhibition of drugs as the special conditions may indicate in each individual case, will determine the treatment. It is needless to add that the judicious practitioner will not, while he is endeavoring to cure his patient, administer drugs of such a nature and in such doses as may result in serious if not fatal effects to the patient, for we must not forget that in dealing with the inebriate, we are dealing with an individual very much broken down in health, oftentimes the subject of fatty degeneration of heart and vessels, or on the verge of some acute form of nervous diseases, oftentimes not far from the line of insanity, and not infrequently of chronic dementia. The inebriate is not a good subject for very active or strong medication, especially of those various drugs

that act in depressing the nerve center, or, indeed, actively congesting them; indeed, any drug, we may say, that has a pronounced effect upon the nervous system should be used with great caution in the case of the inebriate, and especially we may emphasize, as exceedingly detrimental and hazardous, its prolonged use.

In view of all these facts, and in order to secure the best comparative results of institutional treatment, all institutions should be opened to scientific observation and research.

To further this end we offer the following resolution :

Resolved, "That it is the sense of this meeting that all institutions for the care and treatment of those addicted to the use of alcohol, opium, or kindred drugs, should be under the supervision and inspection of a *State commission* which should consist of experts on these specialties, and which should exercise its duties, under the same privileges and opportunities as are now extended to a similar commission, consisting of experts on insanity, whose duty it is to supervise and inspect the care and treatment of the insane in the various insane asylums of the State."

This was seconded by Dr. Mann and endorsed unanimously. The meeting closed after a brief discussion.

THE INFLUENCE OF ALCOHOL UPON THE SEDIMENT OF URINE IN HEALTH. — Dr. Glaser has just completed a series of investigations on the above subject in the clinic of Prof. R. V. Jaksch, who summarizes the results of his observations as follows :

1st. Alcohol in moderate quantity produces such a degree of irritation of the kidneys as to cause the wandering out of leucocytes and the formation of cylindrical casts; and in somewhat larger quantities giving rise to large masses of opalic and uric acid. The use of alcohol, he says, alters the solubility of the urinary salts, and this favors the deposition of oxalate of lime and uric acid.

2d. The effect of the ingestion of alcohol for a single time does not extend beyond thirty-six hours, but is cumulative by its continued use. — *Med. Times.*

THE CARE OF THE INEBRIATE; MORE ESPECIALLY OF THE IRRESPONSIBLE CLASS.

BY C. F. BARBER, M.D., BROOKLYN, N. Y.*

At the present time, when the attention of all interested in the care of the insane is being focused upon one object (the colonization of the epileptic), it seems quite apropos to draw some conclusions and consider the future of those unfortunates whose haven is either the penitentiary or asylum; the cause for the same being the uncontrollable cup.

I do not wish to consider the past — what has been done — but the future: what may be accomplished and what is best to do for those suffering from this uncontrollable habit. Nor do I entertain any idea in this paper regarding the so-called treatments, especially medicinal, which are held as cures for inebriety.

Hospitals and retreats with their special lines of treatments may open and close; Keeley cures may exist; so-called cures may be numbered by the hundreds or thousands, but the number of inebriates will be just as great and the deplorable condition of affairs continue.

Such being the facts it remains for us to consider the subject with the hope that some day there may be a result attained which shall solve the problem effectually as well as scientifically.

The police courts are not the places for these unfortunates, and certainly the jail and penitentiary are far from benefiting to those habituated to the use of intoxicating fluids. These people are not considered insane by the laws of this State, and cannot therefore be committed to an insane asylum; which perchance is a fortunate condition of affairs. They can only be committed to the Kings County Inebriate Asylum for a period of six months or one year, no longer.

* Read before the Kings Co. Medical Assoc., April, 1893.

Restraint further than a seven-foot fence is the only means of controlling them or their appetites. The success of this institution you all well know, and accordingly I need add nothing. Absolutely, there exists no suitable place for the cases under discussion. I am unable, after a careful consideration of the subject, to state what proportion of inebriates recover; at the best it is small, very small, that is a certain fact. That some do leave the habit I will not deny, but the mass, no matter under what influence or treatment they have subjected themselves, return to the cause of their trouble after a longer or shorter time. These being facts, the problem is still before us,—what shall we do with the inebriate? Twenty-nine days in jail, or a month or two on the Island will not cure them nor render them of benefit to their families or themselves. The medical profession seem unwilling to consider them insane, and so they are left to mar human happiness and reach an ignominious end. To digress a little from the subject in hand, by your permission, I will say that after observing the character, mode of life, and so forth, of some hundreds of inebriates, I have come to this conclusion, that the proper classification for inebriety is among the category of insane. I do not think there is a degree of doubt but that the periodic drinker should be classed under the heading of Periodic Insanity or its subdivision Folie-Circular.

The barriers which have been placed in the progress of the inebriates are threats, religious duties, and similar entreaties in other forms, hospitals, retreats, cures of all descriptions—and with what results? To my mind, there is no panacea, no cure for the inebriate at present. I am informed by a recent graduate of a Keeley institute at New Haven, Conn., that the officials of said institute no longer claim to cure, but simply to place the patient in a good condition, the rest remaining entirely with the sufferer.

The inebriate is virtually of unsound mind. His case may not be found under the nomenclature of insane diseases, but that is no reason why a class should not be injected into the category of insanity, under whose head this very prevalent dis-

ease might be placed. I shall not in this paper offer any term as a substitute for the word now in vogue (dypsomania) but will add that the word chosen should have a broader and more comprehensive meaning. Delusions or hallucinations are not perhaps as apparent to an observer in this class of patients as they are in the more commoner forms of insanity, but they do undoubtedly exist in many cases. One thing is markedly evident : he fails to comply with either moral or common law and his promises are not worthy of credence. His nervous organization is either hyper-sensitive or morose. His associations are degraded or degrading. His progeny are prone to neurotic diseases of more than mild character ; and as a whole he is detrimental to society at large, and dangerous as a propagator of coming generations.

In referring to the subject under consideration, I have used the masculine gender, but only out of courtesy ; for the female inebriate is as debased, if not more so, than her male companion in disease. Personally I see no way out of the difficulty at present. We must first ascertain what an inebriate is in the eyes of the law and medicine.

I believe in colonizing these unfortunates ; or, if that is impracticable, I would compromise on an institution as large as Salpetere, at which place Prof. Charcot has all forms of neurotic diseases ; said institution to be supported by the State. I refer to the French institution, not that it is for the care of those under consideration, but on account of its magnitude ; several thousand females of all conditions are there cared for. I prefer colonization to any other way of caring for this class of disease, and virtually the institution referred to is the idea, but in a too limited degree.

A section of land, walled in, a wall if you please as high as the one which now surrounds our penitentiary and equally as substantial, should enclose the plot of ground. The buildings should be on the cottage or pavilion plan. The dining-rooms and kitchen should be in buildings set apart for no other uses, away from sleeping or living apartments.

Carpenter shops, mechanical occupations of all kinds,

farming and so forth should be enforced as well as encouraged, a daily paper published, and other literary work carried on. Many inebriates coming from the lower grades of society should be furnished educational privileges. Those who are fortunate enough to be able to pay for their care could be provided with quarters as per amount paid, but not be allowed to spend their time wholly in idleness.

I have observed that inebriates are extremely sensitive as to where they are sent, especially so when sent to an institution for the first time. To those who cannot pay, I would advise that they be credited with the amount of work accomplished, and the benefit derived after deducting an amount sufficient to pay their board should go to the support of their much-neglected families.

If the law sees fit, these habitués may be committed on the certificate of two physicians.

If the institution meets with a loss at the end of its year, the excise money should be called upon to reimburse the treasury of the institution. No patient should be committed for less than one year for his first stay. If subsequent conduct warrants a return to the institution, let the term be much longer than the first sojourn.

From my experience, I am inclined to believe that the great majority would spend the greater part of their lives there. I should be a strong advocate in favoring work for all classes, and of such a character that there might be a return for the same. If such an institution were established one fact is certain: the almshouses of our country would lose a goodly number of their population, and some of our periodic patients would have a more regular life to lead. These ideas may be considered by some as visionary, but so have others the realization of which has taken a lifetime.

The plan which I have placed before you I consider in advance of prohibition and decidedly more feasible. When certain States are endeavoring to enact laws to prohibit drinking physicians from practicing medicine, it seems to me the time is not far distant when laws of more rational and prac-

tical a nature would be enacted for the care of slaves to a habit which unfits them either for business or social life.

Since writing this brief paper, I have found in the last issue of the *JOURNAL OF INEBRIETY*, the latest report from the standing committee of the House of Lords, known as the Inebriates' Legislation Committee, as follows, in pursuance to Lord Herschell's motion to inquire into the best method of dealing with habitual drunkards, especially such as are at present repeatedly dealt with at the police courts :

"Your committee has for several years strongly urged the pressing need for decided and thorough-going measures for compulsory reception and detention (for purpose of cure) of such inebriates as have become so powerless of will that they have not resolution left to apply for admission to a home of their own accord. This, in your committee's belief, is the most important and urgent want, and should apply to all classes, due provision being made for the poor, at the public charge.

"In a bill presented by a member from Scotland, the following three measures are strongly set forth :— first, compulsory reception and detention ; second, reception and detention on the voluntary application of the patient, without an appearance before a magistrate ; third, contribution from the public funds. Your committee desires to point to Victoria as in possession of legislation which would be invaluable in Britain.

"In that colony, a county judge, on the application of any relative or friend, and a statutory declaration by two medical men, can send an inebriate to a retreat for any period not exceeding twelve months."

I was not aware when I wrote this paper that any steps had been taken in this direction, nor of the existence of this report, but am quite gratified to find that such men as Norman Kerr, M.D., G. B. Clark, M.D., M. P., R. Farquharson, M.D., M.P., and many others of equal note are urging this matter to an issue.

In this country, and especially in New York State, are the energies of those interested being directed in the proper direction. In the month of March, Mr. McClelland, in the

Senate, and Mr. Morris, in the Assembly, introduced a bill "for the selection of a tract of ground to establish a colony for drunkards." This is the first movement of the kind in this country; and while the project may fail this time, let us urge its passage at some early future.

THE NAME OF ALCOHOL.

The reservation of the name of *alcohol* for the product of the distillation of wine is modern. Till the end of the eighteenth century the word, of Arabic origin, signified any principle attenuated by extreme pulverization or by sublimation. It was applied, for example, to the powder of sulphuret of antimony (*koheul*), which was used for blackening the eyes, and to various other substances, as well as to spirits of wine. No author has been found of the thirteenth century, or even of the fourteenth century and later, who applied the word alcohol to the product of the distillation of wine. The term *spirit of wine* or *ardent spirit*, although more ancient, was also not in use in the thirteenth century; for the word spirit was at that time reserved for volatile agents, like mercury, sulphur, the sulphurets of arsenic, and sal ammoniac, which were capable of acting on metals and modifying their color and properties. The term *eau-de-vie* was given in the thirteenth and fourteenth centuries to the elixir of long life. It was Arnaud de Villeneuve who employed it for the first time to designate the product of the distillation of wine. But he used it, not as a specific name, but in order to mark the assimilation which he made of it with the product drawn from wine. The elixir of long life of the ancient alchemists had nothing in common with our alcohol. Confusion of the two has led the historians of science into more than one error.—*From the Discovery of Alcohol and Distillation* by P. E. M. Berthelot, in *The Popular Science Monthly* for May.

INEBRIETY A SYMPTOM OF DISEASE: NOT A HABIT.

BY D. H. MOUNT, M.D., BAYHEAD, N. J.

Some observations as to the causes of intemperance have led me to believe that drunkenness is not a bad habit, but is caused by either of two things: a love of convivial habits and the companionship of those of like tastes, or some derangement of the system, most generally of the organs of digestion; and in the latter case is a symptom of a disease, which, like neuralgia, can often be cured if the disease which causes it can be reached.

Dr. Wilson makes the following four grand divisions of alcoholism:

1. Acute alcoholism,
2. Chronic alcoholism,
3. Hereditary alcoholism,
4. Dipsomania.

with numerous subdivisions; but for practical purposes suppose we call them all by the broad, plain terms, drunkenness of the convivial man and of the chronic drunkard.

How often do we hear it said of a man, "He is a good workman, but he will occasionally have his sprees, which last for two or three days, and then he will be all right again." Can there be any habit in this? A habit which is irresistible is something that is indulged in much more frequently, and with much more regularity than the ambiguous word "occasionally" would express. Now it is a fact that, as the years roll on, these occasional sprees are more apt than not to become more and more frequent, until at last it gets to become one continuous "occasionally."

Now, what is the reason for this occasional spree? Here is a man who is a good workman, a good salesman, or a good

minister of the gospel. Is it reasonable to think that this man deliberately and intentionally throws away his chances in life? Is it reasonable to think that this man makes himself miserable from choice? Is it not more reasonable to think that there is some power over which he has no control which impels him to drink to intoxication day after day?

Old miners who are miles away from any place where intoxicants can be had say that when they are feeling badly and can't eat, nothing does so much good as to go to the nearest town and "blow it out"—that is get very drunk for a day or two.

What is the explanation of this? Is it possible that in their case the liver has become sluggish and that the vomiting and purging which they bring on by their overdoses of alcohol really does give them the "cleaning out" which they speak of, and set things moving again until the next attack comes on? And would some remedy acting on the liver do the same work in a shorter time and quite as effectually as the spree?

But, you will say, all these bad symptoms which the miner complains of are present in the confirmed drunkard; and so they are; but we all know that in taking any medicine, especially in chronic diseases, the poison line shifts, and the dose has to be increased constantly until at last the remedy fails entirely and something new has to be tried.

Could not this, too, be true of the drunkard, who, unconsciously, at first employed a remedy for a disease which, in the course of time, has become less and less efficacious until at last it fails him entirely, and he is not comfortable unless under the influence of alcohol, and finally sinks into the so-called drunkard's grave?

If this is true, could not the disease which causes the drunkenness be reached by some remedy? And as the symptom neuralgia is often cured by the removal of a tumor or by attacking the disease which causes the neuralgia, so drunkenness may be cured by attacking that which causes it.

That drunkenness is hereditary in some families is, I think,

generally admitted. Some young men seem to take to intoxicants from the first, as their fathers did before them ; but so do some young men seem to develop consumption, as their fathers did before them. Some families seem to have in them the curse of one kind of hereditary disease and some another kind.

At times a whole generation may escape the dread disease, only to have it break out in the one following ; and as families in which consumption is hereditary should use great care to prevent the disease from appearing, just so families where drunkenness is hereditary should teach their children, from the first, the danger to which they are liable. The great trouble is that as many people have searched for a cure for neuralgia and not the disease which caused the neuralgia, so doctors have sought a remedy for drunkenness without taking into account the disease which causes it.

In considering the subject, the convivial drinker must be left out of the question entirely. He drinks because he thinks it a great pleasure ; he is perfectly healthy and would probably not drink anything could he find no companions to drink and talk with.

To be sure, his organs of digestion may give out at any time as any one else's might, and he, too, may drift into the remedy rather unconsciously and in the end drink for a far different reason from what he did in the first place ; and this too, I consider a good argument that drunkenness is a symptom of disease, because the convivial man hates the sight of an habitual drunkard.

The two men are as different as day is from night, and there can be little similarity between them. The drunkard is seldom or never from under the influence of alcohol, while the convivial man goes off for a day's fishing or to the races and has a "good time," gets "drunk as a lord" because somebody else got drunk, talks it all over the next morning as to who was the drunkest the night before, and then goes home and about his business until he meets with another crowd bent on having "a good time."

The drunkard is far different. He drinks because it makes him feel better. He is not apt to be jolly ; on the contrary, he is apt to be ugly toward those around him, or he is quarrelsome, or may be stupid and say nothing. The drunkard is generally miserable, so miserable that he often blows his brains out or in some other way makes way with himself, because, being sane, he known his condition, but after frequent trials knows that he cannot stop drinking. This is the man of whom I would speak ; this is the man whom I claim needs the care of the doctor.

The drunkard has always been and is now shunned by the general practitioner, who tells him, when he is consulted, to "stop drinking," and then shoves him aside because he looks on him as loathsome. Just as well might the doctor treat the syphilitic patient or the small-pox patient in the same manner, were it not that small-pox is a recognized disease which is understood and has been thoroughly studied, while alcoholism has been comparatively neglected.

Another and by no means a small cause for intemperance is the quality of the liquor sold. From the debauch on one grade of liquor a man may awaken the next morning feeling in a comparatively good condition, while a spree on a poorer article makes him feel wretched and leads him to drink more of the same stuff in his efforts to "brace up" and make himself comfortable. Drs. Dujardin-Beaumetz and Andigé, in their report to the Institute of their researches on chronic alcoholism during 1879-1883, say that among the pigs with which they experimented the action of the impure alcohol was much more rapid and deleterious than from rectified alcohol. For this cause of intemperance the Prohibitionists are undoubtedly responsible in a very great measure, because he who desires a drink of alcohol will get it in one way or another, law or no law, and where the risk of selling is the greatest, there the newest and poorest liquor is invariably sold, hence the effect produced is much worse than in places where competition compels the seller to supply a comparatively good article.

If half the energy displayed by these exceedingly well-meaning people, whom I greatly respect, in trying to do a thing which they have not been able to accomplish after years of trial,— if even a small part of their energy could be devoted to the proper government of the traffic many of the saloons might be abolished and a better article sold to the consumer. As it is now too much encouragement is given to men to go into the traffic.

The seller can buy a gallon of whisky for, say, 85 cents ; this gallon, I am told, will average about 144 drinks, to say nothing of the water which he may add to the original gallon. One hundred and forty-four drinks at ten cents a drink is equal to \$14 40, a profit of \$13.55 ; therefore if the seller has only fifteen customers a day he will be making as much as if he worked by the day's work, provided the workingman can get work every day.

This the Prohibitionist could remedy by making the business less profitable, which could be done as follows :

M. Lancereaux, before the Académie de Medicine, November, 1885, after showing that alcoholics come chiefly from districts where wine is not produced, proposed the national adoption of the following measures :

1. Absolute liberty in the sale of cider, beer, and wine, on condition that they are of good quality and unadulterated.

2. Government supervision of the manufacture of spirits of all kinds and the granting of prizes for methods of diminishing their ill effects.

3. The imposition of the highest practicable tax upon spirituous drinks and an insistence upon both the good moral character, and a severe license in the case of liquor dealers.

4. The punishment of those found in the state of intoxication and the establishment of refuges for those who cannot abstain from the abuse of strong liquors.

In this country high license is being tried, but this still leaves the consumer unprotected and, because of the temptation of the seller to keep an inferior grade of liquor to counterbalance the high rate of the license, is rather conducive to intemperance than a preventive.

Of the reformed drunkard, so called, I think it may safely be said there are none where the predisposing cause still exists. One of the worse cases of alcoholism I have ever been called on to treat, was in a man who had abstained from intoxicants for four years. In his case, the cause, a bad, irritable stomach and a sluggish liver, had returned and brought with it the old irresistible craving for liquor. The reformed drunkard may point to his improved condition, etc., but if you look into the matter I think you will find that the reform began at a time when the conditions were changed. Cures of drunkenness have been reported, many of them, among which the administration of strychnine plays an important part, but I do not think that any specific will ever be found; rather would I believe that more attention will be given in the future as to what makes a man drink when he knows that it is for his best interests not to drink.

The disease theory of drunkenness dates back from the second century, when the Roman Ulpian urged the treatment of inebriates as sick and diseased. In 1747 Condillac, of France, urged the provision of hospitals. Since then many other eminent men, among them Drs. Rush of Philadelphia and Esquirol of France have urged the same thing.

The mention of the theory, however, has always roused such intense feeling that comparatively little has ever been done.

The following statistics by Baer, of Berlin, obtained from observations in England and Germany, comparing the years of life to be expected by persons of various ages, who were not handlers of alcohol, with the years of life remaining to those who used alcohol constantly, may be of interest.

Non-handlers of alcohol aged

From 25 years had before them	32.08 years.
“ 35 “ “	25.92 “
“ 45 “ “	19.92 “
“ 55 “ “	14.45 “
“ 65 “ “	9.72 “

Those who constantly had to do with alcohol had a future of

From 25 years of age	26.23 years.
“ 35 “	20.01 “
“ 45 “	15.19 “
“ 55 “	11.16 “
“ 65 “	8.04 “

These statistics might be somewhat changed were small-pox or any other disease neglected or looked on as alcoholism is by most people.

In conclusion, let me again call the reader's attention to the fact that this is written for the poor, miserable man who sees his business drifting from him, day by day, without his being able to stem the current and who would help himself if he could, but has not the ability to do so. To this man I think the doctor can do good.

DR. VAN HOFF in the *Medical Record* thinks that in *crime* there is need of studying the organism and its environment, also that the cause of crime and inebriety is often social and psychical, and therefore suggestive of a physical remedy which in the treatment is of great importance to society. Prevention and reformation are the requisites of dealing with crime. Science and intellectual honesty must come into the question of treatment before any results can be expected.

DR. ROCHART OF PARIS says the modern disease of inebriety was born with the production of industrial alcohols, practically about half a century ago. The terrible progress of this scourge that the northern nations of Europe have drunk more than all others combined. In France, this consumption has been about 3.80 litres per head; in Denmark it was 16.51 litres to each person. The alcohols of commerce are extremely dangerous and poisonous as beverages.

Abstracts and Reviews.

ALCOHOL AND INHIBITION.

Dr. Clouston of the Royal Asylum at Edinburgh recently gave a lecture on the above topic before the "Total Abstinence Society." The following is a summary of what he said:

Dr. Clouston began his lecture by saying that the taking or the abstaining from taking alcohol was not the simple question which it appeared to some people. There were historical, social, physiological, ethical, and other considerations that they had to bring before their minds before they could come to a decision on the question. In his lecture he used the physiological term *inhibition* rather than its ethical equivalent *control*, for the word inhibition had a physical as well as a mental application. Physiology taught that inhibition was one of the most important of all the conditions of life and of all the conditions of nerve working. The healthiest and the best brains hereditarily always had the greatest power of inhibition; inhibition was, in fact, the highest of all the brain's qualities. The increase of the power to exercise effectually the controlling part of the brain ought to be one of the highest aims of all education worthy the name. The action of alcohol on the brain varied very much in the case of different people. Alcohol taken in small and single doses acted almost exclusively on the brain and the blood-vessels supplying the brain, whereas, when taken in large and repeated doses, its chief effects were always nervous effects. The first effect of alcohol on the function of inhibition was to paralyze the controlling nerves, so that the blood centers were dilated, and let more blood into the brain.

In consequence of this flushing of the brain, the nerve

centers of it were asked to do more work. It might be asked whether it was not a good thing that we had a drink which had the power of forcing the brain to do more work than it could in ordinary circumstances. In some cases — in special emergencies — that was undoubtedly a very valuable agent at their disposal. A small quantity of alcohol would with some people make the thinking power quicker and clearer, the emotions deeper, and it would intensify the social instincts, and in no other way could they explain the almost universal use of alcohol among so many different people at feasts and social gatherings. In some brains, again, alcohol excited mere animal desires and appetites, and in others it stimulated the imagination so that for the time being a more ideal life was created, and no doubt this fact accounted for the craving for alcohol among people who led a humdrum life amid wretched surroundings. In the case of a few persons courage and resolution were increased by alcohol — he meant by alcohol in small doses — and in many persons the general feeling of organic well-being was increased. In many brains the effect of alcohol from the beginning, in however small doses, was to confuse all mental operations. While they had these effects, some of them good in their way for special purposes and special circumstances, there were two mental faculties almost never stimulated, but always lessened, by the use of alcohol — the inhibitory power and the higher creative and initiative power. Man had really never more self-control under the influence of alcohol; his moral sense and the compulsion of duty were never enlarged through the agency of that stimulant. It was a well-known fact that after the champagne had been passed round at dinner there was a feeling of exhilaration among the company; the tongue wagged more than usual, and there was less caution in the speech. Society would certainly not be so safe if all men were in the “champagne” condition always — and as to any initiative or original work of the highest order, he had no doubt that state of the brain — what he might call the “champagne” state — was not the

best time for it. Even granting that the stimulus of alcohol in certain brains gave better work than was obtained without it, he maintained that the man who worked constantly under that stimulus must pay the undoubted penalty of reaction, and that, taking his whole life and work, he would have secured more happiness, done more work, and lived longer had he depended on the natural brain stimulus. Up to that point he had been speaking of alcohol taken in small and single quantities; and were mankind always and invariably to limit its use to small quantities, and if all mankind had sound and strong brains and good heredity, there might, perhaps, be little need for total abstinence societies, for the evils of alcohol, taken in those small quantities, might then fairly be balanced against its benefits. But, unfortunately, physicians found widespread in society brains with a craving for stimulants that could not be controlled by the unfortunate victims—people with latent seeds of, and predisposition to, disease, bodily and mental, which small doses of alcohol could arouse into actualities. There were some people—reputable and useful citizens—who, when they took small quantities of alcohol, lost all self-control; inhibition with them stood in this position, that it was destroyed by the smallest dose of alcohol.

Control seemed to be the first quality to disappear in the dissolution of the brain, and alcohol was certainly a most potent agent in bringing out such a disease. There was, to his mind, no sadder chapter of history than the lives of poets and geniuses whom alcohol fed, then dominated, and afterwards killed. The repeated taking of alcohol in unfavorable conditions of life—sometimes over-fatigue, sometimes over-study—had the power of creating desires and cravings that were uncontrollable and hurtful, and which, if gratified, led to disease and death. The desire in those cases, no doubt, indicated a need, but it might not be the thing craved for that the system required. The craving might be for alcohol, but the need was for food and fresh air and proper conditions of life. Continued excess in the use of alcohol led to two

allied conditions—alcoholism and alcoholic insanity. He imagined that about half the suicides and murders in this country were due to the excessive use of alcohol—and those suicides and murders happened in the early stages of alcoholism and alcoholic insanity—and suicide and murder were the acme of all examples of the loss of self-control. About one-fifth of the insanity of the country was due to the use of alcohol. When the continuous use of overmuch alcohol did not lead to any one of those conditions, it led in time toward a kind of personal and social degradation, in which a mental, bodily, and moral change for the worse took place in the man. The man's self-control was lessened, and this might take place, although he might never be drunk, for "soaking," especially, led to this condition. Men following intellectual pursuits were especially apt to be victims of mental and bodily degradation through alcohol; for once they came under its subtle control, the craving for it in men of educated brains was perhaps stronger than in men of uneducated brains. Concluding, as he said, with some brief practical remarks applicable to them as students, Dr. Clouston said that, taking into account the period of life at which they as University students studied, the work they had to do, the unfavorable conditions of life under which they had to live from a physiological point of view, and the fact that neither he nor they knew the weak points of their constitutions as derived from their ancestry, he thought the student would have little reason to blame himself who totally abstained from alcohol.— *Temperance Record.*

ALCOHOL IN MEDICINE.

Dr. B. W. Richardson delivered an address at the London Temperance Hospital recently, being a review of twelve months' medical practice in the wards of the London Temperance Hospital. At the outset he said that it was in the early part of 1892 that the governors of the hospital did him the honor of inviting him to become physician to their insti-

tution, and to take charge of twenty-five beds. He entered upon his duties in April last. He was left perfectly free to prescribe alcohol to the patients under his care if he thought such administration at any time necessary; the only stipulation being that if he did prescribe alcohol, it was to be as a medicinal substance, with a special note in the register of the facts of the prescription, the doses of the remedy, and the dates in every case. He thought this most fair to himself and to alcohol, and accepted the contract with all good faith and cheerfulness. He stated at once that from the commencement of the time during which he had had charge of patients he had not prescribed alcohol in any case. In making that statement he related a simple fact without prejudice, and without any shade of what was called "fanaticism." He was no fanatic for or against alcohol. He entered upon his duties with the clearest understanding that in its character as a remedial agent he could use alcohol at will. He also knew its actions. He knew it to be a good paralyzer, and that acting as such on the minute circulation it would open the floodgates of the circulation when they were resistant and would allow the nutritive blood to flow into the minutest point of its destination. He recognized alcohol, too, as an antiseptic, and was not blind to the fact that at much cost to the working powers of the body it might be made to act as a febrifuge. He had not, therefore, disdained to recognize its therapeutic position. He had availed himself only of a splendid opportunity of ascertaining on a large scale what could be effected in the treatment of *formidable diseases affecting various classes of people* without alcohol as a common remedy. He emphasized the words italicized for this reason. It might be assumed that some particular class of patients came to this institution for the aid it afforded—total abstainers, for example—who to some extent were favorable subjects for treatment without alcoholic stimulation, and it might candidly be admitted that if this were the fact the results gained would not be fair comparisons, because total abstainers were in the most remarkable degree the best

patients for recovery from all diseases, *cito tuto et ecunda*. But they had often more professed non-abstainers than professed abstainers in their wards. "Who enters here leaves alcohol behind," was their absolute rule, and they had no difficulty in carrying it out. He had never been solicited by any patient to be allowed alcoholic drink, not even for the stomach's sake. By way of illustrating the kinds of disease that had come under his care, Dr. Richardson enumerated a list of the first two hundred cases that had occurred between April and October, 1892. Of the two hundred, 116 recovered, or 58 per cent.; 44 were relieved, or 22 per cent.; 11 were discharged unrelieved, or 5½ per cent.; and 29 died, or 14½ per cent. The most favorable recoveries were those from diseases affecting the alimentary system, which had impressed him strongly as proofs not simply of the value of abstinence from alcoholic fluids whenever there was inflammation, irritation, debility, or relaxation of the alimentary surfaces, but, by comparison, of the injury inflicted in such cases by the administration of alcoholic fluids. In regard to recoveries from diseases of the nervous system he could not resist the belief, speaking from experience, that the non-alcoholic method was as sound as it was successful. The lecturer then gave an account of the lines of treatment, *minus* alcohol, and in conclusion said: For my own part I am satisfied that no aid I could have derived from "alcoholic stimulants," as they are called, could have bettered my results.

PROGNOSIS OF CHRONIC ALCOHOLISM IN THE LIGHT OF PATHOLOGY.

Dr. Barlow believes that the results of clinical pathology give a reasonable basis for a more hopeful view of the possibilities of recovery than that generally held. He draws attention to the main features of that manifestation of chronic alcoholism, viz.: peripheal neuritis in search of any clue as

to lines on which improvement might be looked for in any attempt to repair in other organs. His working hypothesis is this: that alcohol in concentrated forms, given over varying periods, acts as a definite poison leading to an irritative overgrowth of connective tissue elements, but that where this poison is withheld and a chance given to the living organism, though there may be for a time a tendency to the extension of connective tissue change by continuity of structure, yet that extension is limited, and that subsequently, the normal tissue elements tend to be restored. The removal of degenerated myeline and the absorption of young connective tissue, is, he considers, no more wonderful than the absorption of provisional callus round a fractured bone. He further says: "We know that lead, mercury, etc., may produce results on the peripheral nerves exceedingly like those produced by alcohol; and just as with alcohol, if the dose of poison be too severe, death may ensue." But it is equally true, that if the irritant *noxa* be withdrawn and food assimilated, there is a tendency to complete restoration. In the recovery from alcoholic neuritis, the great factor is withdrawal of alcohol, the administration of food, time, and the natural tendency to elimination and repair. With respect to other results believed to be brought about by chronic alcoholism, there is no doubt that its existence makes the outlook much more serious in many acute and chronic diseases, and it often makes great difference as to chances of recovery. But we have attributed too much to its influence in the etiology of other diseases, especially of kidney disease and disease of the large and middle arteries. It is most significant that in a large number of cases of alcoholic cirrhoses of the liver, there is no albumen in the urine. But if with chronic alcoholism there are other existing causes of degeneration, as valvular disease or atheroma or granular kidney, then it is futile to expect that in such cases merely taking away stimulants will cure.— *Journal of Nervous and Mental Disease.*

THE DISEASE OF INEBRIETY FROM ALCOHOL, OPIUM, AND OTHER NARCOTIC DRUGS. ITS ETIOLOGY, PATHOLOGY, AND TREATMENT, AND MEDICO-LEGAL RELATIONS. Arranged and compiled by the American Association for the Study and Cure of Inebriety. E. B. Treat, Publisher, No. 5 Cooper's Union, New York city. 1893.

The popular literature relating to inebriety is as confusing as it is voluminous. Only within a recent period has any scientific study been made, and a few pioneer volumes have appeared rich with promise and suggestion of the work to be done. This field of medical study is not occupied except by a few persons far in advance, who are pointing out facts and conditions that another generation of workers must confirm and supplement. The first pioneer works of *Parish, Wright, Day, Kerr, Maguan, Usher*, and others, are now followed by the first great compendium volume, a volume which begins with the established fact of disease and the curability of inebriety, and proceeds to group the evidence and map out the facts on which this statement is based.

This work, covering four hundred pages, gives the results of all the medical studies of the best authorities up to the present time.

The reader is given a general outline view of this field and its bearings on this great problem of what to do, and how to check and prevent inebriety. The most satisfactory feature of this volume is the suggestiveness and glimpses of the possibilities from farther and more exhaustive study. The work already done, and the wide stretches of the unknown that open on all sides, rouse the keenest interest in the reader and give a value to this work that cannot be estimated. The readers of this JOURNAL will fully understand that no review, critical or otherwise, can convey an adequate idea of a work that aims to point out the present position of the study in this field. These are the books that practical men need. Like charts and maps, they point out the way in

the few outline truths, and their value in every medical library is equal to that of any encyclopedia.

This work is a natural supplement to the *JOURNAL*, and should be in the hands of every reader. The publishers have presented an attractive volume.

MICROSCOPIC RESEARCHES OF THE CORPUSCULAR ELEMENTS OF THE BLOOD. BY M. L. HOLBROOK, M.D., New York city.

This brief paper is especially valuable to all physicians who have made any studies of the blood. It suggests to the amateur many very practical ideas of great interest, and indicates possibilities of new facts along this line.

We commend this paper to every specialist with a microscope.

CRIMINOLOGY. BY ARTHUR MACDONALD. Large 12mo. cloth, 416 pp., with Bibliography of Crime, etc.. \$2. New York, London, and Toronto: Funk & Wagnalls Company.

The science of crime and criminals opens up a vast field of great interests, not only to the scholar who investigates causes and sequences, classes and peculiarities, but to the ordinary thoughtful man who, recognizing the awful effects of crime, and realizing something of the almost innumerable number of criminals, desires to know of these phenomena in their relations to society, to the human race. In this age of "better things" we have been led to believe that while the punishment of criminals is necessary for the protection of life and property, yet the prevention of crime is the desideratum devoutly wished for. To effect this, as far as possible, is the problem to be solved, and those who are attempting its solution have investigated the causes of crime, not in the abstract, but crime in its awful concrete power. Find and analyze the causes, and then remove them, is the only scientific solution of this problem.

Dr. MacDonald has produced one of the most valuable and suggestive works on this topic that shows something of the vast field that is just opening and possibilities of reaching the criminal never dreamed of before.

Some of the conclusions arrived at are as follows :

First. It is detrimental financially, as well as socially and morally, to release prisoners when there is probability of their returning to crime ; for in this case the convict is less expensive than the ex-convict.

Second. The determinate sentence permits many prisoners to be released who are morally certain to return to crime. The indeterminate sentence is the best method of affording the prisoner an opportunity to reform, without exposing society to unnecessary dangers.

Third. The ground for the imprisonment of the criminal is, first of all, *because he is dangerous to society.* This principle avoids the uncertainty that may rest upon the decision as to the degree of freedom ; for upon this last principle some of the most brutal crimes would receive a light punishment.

Fourth. The publication in the newspapers of criminal details and photographs is a positive evil to society, on account of the law of imitation ; and, in addition, it makes the criminal proud of his record and satisfies the morbid curiosity of the people. And it is especially the mentally and morally weak who are affected.

Fifth. It is admitted by some of the most intelligent criminals, and by the prison officers in general, that the criminal is a fool ; for he is opposing himself to the best, the largest, and the strongest portion of society, and is almost sure to fail. An extensive and exhaustive bibliography of crime of the best books and articles in the several languages follow. No other such bibliography has ever been issued.

The *Phrenological Journal* of New York city, is of great practical value to every physician for its acute studies in human nature and psychology.

A STUDY OF THE DEGENERACY OF THE JAWS OF THE HUMAN RACE. BY EUGENE S. TALBOT, M.D., D.D.S., Professor of Dental Surgery, Woman's Medical College, Chicago, etc., etc. S. S. White, Dental Manufacturing Co., Publisher, Chicago, Ill. 1892.

This admirably written brochure is replete with facts of much interest, and points to the anatomical changes going on in the race often overlooked. The study of anthropology is neglected by the medical men as a rule. Observing dentists note the changes in the maxillaries and teeth, and are really the best authorities in these fields of study. The author, Dr. Talbot, is one of the most distinguished students in this country. His studies of crania and maxillaries, extending over many thousand cases, with some conclusions grouped in this volume, are of unusual value to every dentist. This little work should have a place in every library, and will rouse new interest in this neglected field.

PSYCHOPATHIA SEXUALIS, WITH ESPECIAL REFERENCE TO CONTRARY SEXUAL INSTINCT. A MEDICO-LEGAL STUDY. BY DR. R. VON KRAFFT-EBING, Professor of Psychiatry and Neurology, University of Vienna. Authorized translation of the seventh enlarged and revised German edition. BY CHARLES GILBERT CHADDOCK, M.D., Professor of Nervous and Mental Diseases, Marion-Sims College of Medicine, St. Louis. In one royal octavo volume, 436 pages, extra cloth, \$3 net; sheep, \$4 net. Sold only by subscription. Philadelphia. The F. A. Davis Company, publishers, 1914 and 1916 Cherry Street.

The contents of this volume include chapters "On a Fragment of a Psychology of the Sexual Life; Physiology of Sexual Life, General Pathology, Sexual Pathology, Pathological Sexuality in its Legal Aspect." These chapters are illustrated with clinical histories of a large number of cases that to the average reader are very startling and almost incredible. The insanities and abnormalities associated with

the sexual functions are so complex and obscure that it has been a veritable *terra incognita* up to the present. This volume opens up this country, and the reader is brought face to face with facts and explanations which he never dreamed of before. This is one of the very few books that is entirely new to the average reader, and even the specialists will find nothing in English literature to compare with it. It is simply a grouping of clinical facts of the most intense interest physiologically and psychologically. Practically these facts throw new light on the sexual problems and enable one to form clearer conception of the means and measures of prevention and treatment.

We urge all our readers to procure a copy of this work. No modern library is complete without it.

LECTURES ON MENTAL DISEASES DESIGNED FOR MEDICAL STUDENTS AND GENERAL PRACTITIONERS. By H. P. STEARNS, A.M., M.D., Superintendent Hartford Retreat. Lectures on Mental Disease, in Yale University, etc. P. Blakiston, Son & Co., publishers, Philadelphia, Pa. 1893.

This is a volume of practical lectures delivered before students, and a treatise combined, covering a very large part of the territory of psychiatry. The first lecture on the "physical basis of thought" is the most interesting in the book. The others following are well illustrated, and generally clear statements of the leading facts of the various phases of mental disease. Evidently the author is an excellent teacher — solid, formal, stately, and exact, with but little enthusiasm, who conveys the impression of completeness in all his teachings. His treatment of the alcohol and opium insanities, of general paresis, and some other topics, are good illustrations. Notwithstanding this formal cast of style, the book is one of the best American treatises on the practical side of mental diseases that has appeared. It is replete with illustrations of cases which bring out and fix the leading symptoms of the disease very clearly on the mind. This for

the general practitioner is a great advantage over elaborate descriptions, and makes the text very pleasant reading. Both specialist and student will read this work with profit and pleasure simply because it is conservative, sound, and judicious, and the result of the author's long experience.

Such works never carry the reader into new lands, never point out possibilities and suggest new lines of study, but simply gather and group the present facts, which are eminently useful and valuable. Such works should not be condemned, but warmly praised: yet the reader is always impressed with the idea how much original work is lost in the bookish efforts to arrange and harmonize the theories of today, especially by specialists who are capable and in a position to extend the frontiers of truth beyond the present limits. Dr. Stearns's work is worthy of all commendation. The printers have brought out a very attractive volume.

Modern Homopathy, by Dr. Browning, of Brooklyn, N. Y., is the Gould prize essay, and has the merit of being a dignified rational exposure of the frailties of this assumed system of practice.

The *Medical Mirror*, edited by Dr. Ridge, the organ of the British Medical Temperance Association, is an excellent journal, combining much matter for both for professional and popular readers.

The Science, published by Hodges & Co., New York city, is an excellent weekly that contains many very valuable facts on all fields of study. Such journals are far more valuable than secular dailies or weeklies. Every medical man should be a subscriber.

The *Journal of Hygiene and Herald of Health* is an old friend which has been forty-three years going out to the public with monthly advice on hygienic life and living. Dr. Holbrook, its veteran editor, has been and is a literal preacher of salvation by the use of means along the lines of physical

laws. Send for a copy to the editor, 46 East 21st Street, New York city.

The *Popular Science Monthly* continues to grow in interest and value, especially along lines of higher medical study. Many of the articles are résumés of the best thought not to be found in any other journal.

We have often referred to the *Homiletic Review* published by Funk & Wagnalls, New York, and take great pleasure in calling renewed attention to it. Send for a copy for examination.

The *psychological studies* which throw new light on inebriety are increasing with great rapidity. Hypnotism is tried as a remedy, and the success in a few cases is promising not so much as a remedy, but as an open door for new truths and new facts in the causation and growth of inebriety.

The Journal of Psychology under the care of Dr. Hall of Clark University, Worcester, Mass., brings to the reader a new world of facts which indicates a rapid advance in observation and experiment. The various problems of inebriety and crime appear in a different light from every new fact in this field. The Society for Psychological Research, in their journal published in England and circulated among associate members in this country, have presented some exceedingly interesting papers on subliminal consciousness, the phenomena of trance, experiments in thought transference, and other topics. A section of psychology are to have a meeting and exhibit at the World's Fair. The Medico-Legal Association have formed a section and propose to make some researches in this field. This great activity should rouse up new interest in the phenomena of inebriety, and the morbid mental activities so familiar to all students of this subject. The few persons who have attempted to do anything in this direction are confused and bewildered with the vast number of facts which they are unable to group or classify; hence, they turn to some more practical side.

Editorial.

THE HIGHER FACULTIES IN INEBRIETY.

The use of spirits or opium to excess is always followed by impaired and defective ethical sense. The higher faculties degenerate; love, faith, hope, and reverence change to hatred, doubt, suspicion, and despair. The moral tone and conceptions of right and wrong are lowered. Pride of appearance and respect for established customs, opinions of others, and the integrity of statement, word, and honor, all change and recede. The power of correctly estimating motives and conduct fails and becomes irregular and unreasonable; personal conduct and failures are the levels from which others are judged. Delusions appear, often excessive boldness or caution follow. These and many other symptoms may be present and be unnoticed, except to those who are intimate with the person. Not unfrequently such persons may conduct large business relations, and follow lines of automatic conduct in which these changes are not apparent. Irrespective of all drugs, these symptoms of defective moral faculties may exist; but when the special paralyzing action of alcohol and other narcotics are added, this part of the brain is literally destroyed. This is verified in the history of criminals and irregulars who are outlaws of society, who have little or no moral brain power. They are found to have in nearly all cases inebriate parents. The injury from alcohol and opium has concentrated on the higher moral faculties, and the children are moral defectives. This highest and latest formed faculty has started on a process of dissolution, which extends to the next generation, and unless checked by the engrafting of new force and vigor, will soon carry the race on to extinction.

The failure of the inebriate to realize the ethical relations of his life and adjust his conduct and thought to the claims

of duty and right is evidence of the failure of this faculty. He is morally blind the same as persons are color blind. If this faculty is undergoing dissolution in the family line, the addition of alcohol and opium will intensify it. Evolution extends to the separate faculties of the brain, some of which are evolving and developing, and others are breaking up and dissolving. Often insanity is simply failure of certain faculties or of certain functions. The intellect becomes affected and degenerates; the moral faculty breaks down and undergoes dissolution. A degree of instability may have come down from past generations, and the higher faculties have been imperfectly formed and lack in vigor.

This is illustrated in many ways in every-day life. The vast number of persons who are imperfectly developed anatomically, and within the observation of the senses, are illustrations of similar defects which exist of the physiological and psychological functions of the brain. Many persons are born with uncertain, retarded, and defective brain growths—brains that are unable to bear the least shock or strain, and when once exhausted never recover—brains which psychologically degenerate and undergo change and atrophy. This is often the basis and origin of inebriety, and is supported by clinical experience. Inebriety is especially marked by degeneration of the highest and last-formed faculties of the brain. Irrespective of all early causes it is a dissolution of these faculties. At present no one can determine where this begins or how much moderate or excessive use of spirits will make this condition apparent. No lines can be drawn, and the old theory of vice and sin up to a certain point and disease after is sure to be a stupid fiction. Many very interesting questions are raised from this point of view. Of what value are moral remedies alone to persons who have diseased higher ethical faculties? Is it possible for reformed inebriates to be teachers of morals, after years of continuous degeneration of this special faculty? How far can hysterical emotion and positive pledges and assertions restore a dissolving faculty, whose dissolution may have begun in the

past generation? The paralyzing action of alcohol on the higher faculties is unquestioned, and how is it possible to determine its extent and degree? By what means can this degeneration be checked and controlled? Is there any other way except by building up and strengthening the entire organism? How is it possible to ascertain whether the drink impulse is a symptom or the original cause? Who will dare to say that the inebriate has a sound brain and should be treated as one who could, but will not, stop drinking? It seems clear that degeneration of the higher faculties, either inherited or caused by alcohol, is a fact, the study of which will clear away much of the confusion now existing.

ASSOCIATION MEETING.

The space which we give to the discussion of specifics for the cure of inebriety must not be understood as an indication of the importance of the subject. Nothing is more desirable for empirics and quacks than criticism and condemnation. This journal could receive a very large income for simply expressing and denouncing empiric schemes. These outlaws want notice either good or bad, and are always ready to turn criticism to their profit. Silence and neglect is death for the gold schemes as well as all other appeals to a credulous public. During the past year this journal and many leading members of our society have been annoyed by the use of our names as endorsing and using specifics. It seemed proper for our society to make a statement and go on record, not as bitter opponents or critics of any of these specifics, but as specialists who thoroughly understand them, and who consider their nature and claims beneath notice, to be classed with the natural bone setter, the faith healer, and the street vender, who promises immediate cure.

The constant appeals to the statements of cured victims is urged with hysterical positiveness, as if it was the strongest evidence. The silence which greets this is assumed to be conviction and prejudice in not acknowledging it.

All experience shows that the remedies used by these specific venders have been before the profession for years, and been tried repeatedly in every asylum without marked effects. Every scientific man in this field of study is open to welcome every new remedy or combination of remedies that promises any possible relief. But a nostrum that depends on secrecy, faith, and credulity is below all levels of common sense, and utterly unworthy of any notice. The practical effect of these gold-cure specifics has been to fill up all our asylums with new patients, many of which are relapsed victims, and rouse up greater interest in asylum treatment. From a selfish point of view every asylum manager should wish for a continuance of the "gold cure and other specifics," and seek to keep up the interest and excitement, simply as a matter of advertisement and personal advantage.

This journal and association are not purchaseable, or in the market to help empirics and unprincipled men who sign M.D. to their names, or who pose as teachers of truth from the pulpit. They have their reward. The evolution of truth will regulate and finally dispose of all deception and fraud.

Our meeting has been simply a protest against any recognition or endorsement of any secret remedies for the cure of inebriety.

Our sister society for the study and cure of inebriety in London celebrated the hundredth anniversary of one of the vice-presidents, Dr. Severin Wiclobycki. This remarkable man was born January 8, 1793, in Poland. The first thirty-five years of his life was spent in the army as an officer in the cavalry. He was obliged to leave the country as a political refugee. He came to Edinburgh and graduated in 1841, in medicine. From that time he has been a teacher and practitioner; the past thirty years he has lived in London. At present he is ruddy, energetic, healthy, military looking man. His eyesight is good, and the only infirmity from which he suffers is deafness. He has been a warm friend and advocate

of the recognition of the disease of inebriety, and its treatment in asylums. His life has been a practical illustration of total abstinence and healthy living.

Dr. Kerr gave a very interesting address, followed by congratulations, resolutions, and remarks from many eminent physicians and clergymen. Over three hundred and fifty guests were present, and after a pleasant service of speech, song, and collation, Dr. Kerr delivered the introductory lecture for a course on "Inebriety and Jurisprudence." The lectures following in this course were on these topics: "Inebriety and Insurance;" "Relations of Inebriety to the Civil Law;" "Inebriety and Criminal Responsibility." We hope to publish these lectures in the JOURNAL soon. This society is to be congratulated on its activity and popularity, due very largely to its distinguished president, Dr. Norman Kerr.

A GREAT WRONG.

The *Journal of Insanity* makes a timely and vigorous protest against changing medical superintendents of insane asylums with the change of political parties. It says: "The pernicious effect of such a policy is so plain that we should feel as if we were insulting the intelligence of our readers by arguing the question. Men whose aspirations are for professional eminence and usefulness will hesitate about accepting positions in which such qualities count for nothing. Even if competent men are secured, they are sure, in a State in which parties are pretty evenly balanced, under such a system, to be turned out before they have acquired the experience that will enable them to do their best work. The inevitable tendency, under such conditions, is to the filling of the offices by men whose only object is to make money out of them, and who, knowing that the time is short, will 'make hay while the sun shines.'"

Every medical man should denounce this policy, and every society and journal should condemn it as degrading to the profession. If party and politics govern State charities

and determine what medical men shall control, their usefulness and value to the world is destroyed.

The every-day practical knowledge of inebriety exceeds that of almost every other subject concerning the brain and nervous system. Yet, strange to say, the phenomena of inebriety is a mass of confused half truths, misconceptions, and delusions. The attempts of moralists to arrange in some orderly sequence the facts have added still greater confusion. The gospel temperance efforts, the revivalists, the politician, the reformed inebriate, and lastly, the quack with his specific, bring no solution of this problem. The only way to understand the facts of inebriety is by an accurate arrangement of the data with a study of all their relations and correspondences. This must be done as a question of science, not sentiment or emotion or matter of feeling. When inebriety is studied on this level, its truths can be known.

It is noted in hospitals where ether is used frequently, that inebriates are hard to etherize. They seem to have some resisting force which requires double the usual amount and even then a state of muscular tremor exists which persists long after unconsciousness has been produced. Often this condition may exist for half an hour, delaying the operation greatly. Where ether is used alone a long time must be expected before stupor comes on, and unusual quantities are necessary to produce this result.

LAUDER BRUNTON considers that the children of drunkards may have convulsions in early life, having had communicated to them from the parent, among other morbid conditions, an abnormal reflex-excitability and tendency to convulsions.

Clinical Notes and Comments.

SOME EXCELLENT ASYLUMS.

It is needless to call attention to Fort Hamilton Inebriates' Home under the care of Dr. Blanchard, or Washingtonian Home presided over by Dr. Day, or the Walnut Lodge Hospital; they have all been so long before the public that neither praise nor criticism can affect their almost world-wide criticism.

Among the younger asylums we may mention the *Highlands* at Winchendon, Mass., under Dr. Russell's care; The *Falkirk* at Central Valley, N. Y., in the care of Dr. Ferguson, and *River View Home* at Fishkill, N. Y., by Dr. Watson. These are excellent home-like asylums under the care of trained experts. There are two elegant places in Canada that we hope to give our readers a more extended description of in the future; one, the *Homewood Retreat* by Dr. Lett at Guelph, where mental cases are received, and the other, *Deer Park Sanitarium* under the care of Dr. Elliott, a purely inebriate asylum.

Dr. Smith of South Wilton, Conn., has a beautiful home for nervous invalids of all classes; and Dr. Cook of Oxford, Ohio, presides over a really famous asylum in many respects.

In this cursory mention of a few of these places, we wish to call attention to rare facilities of each place for the care and treatment of drug neurotics and mental cases of all kinds. The management of each asylum is by trained experts and leaders who can give the patients the benefit of the highest medical skill in the country.

FRENCH TEMPERANCE SOCIETY.—A reunion of this society was recently held, under the presidency of Dr. E. Vidal of the Academy of Medicine. The association awarded the two

Sèvres vases offered by the President of the French Republic to Dr. Paul Raymond ; a gold medal to Professor Villard, of Marseilles, for his lecture on alcoholism, delivered at the School of Medicine at Marseilles ; a silver medal to Surgeon-Major J. E. Marty, for his work on alcoholism in Algeria ; a prize of one hundred francs to M. Jean Durrieu, of Rieut ; and a prize of sixty francs to M. Pierre-Hilaire Durand, of Donjeur. Other medals and diplomas were distributed to those interested in the work of the society.

INEBRIETY is a great wonderland of which we have but little information. We can only turn our attention to its great mountains and rivers, in order to get a general idea of the whole, and must leave it to those who follow to trace up and map out the minor features of the landscape. Years have gone by and we are still far from knowing the extent and nature of the country. Great advances have been made, but greater still grow up before the vista of the student and the explorer.

BILLS to appropriate money to pay for the cure of inebriates by the gold-cure plan, have been introduced in the Maine and Colorado legislatures. It is remarkable that *Ayers* and *Hood* with their sarsaparilla consumptive cure have not tried this plan. Where are the liver pill men ? and the magnetic belt cures ? and the specific venders for every disease ? Evidently they have fallen behind in the philanthropic march of the race.

IN 1891 there were in England one hundred and fourteen cases of death from opium chlorodyne and soothing syrups which contained opium. Sixty-two deaths came from chloroform ; aconite, belladonna, cocaine, and strychnine caused nineteen deaths. Nearly one-fourth of all accidental deaths by poison was caused by some form of narcotic. Many of these deaths came from some secret nostrum in which narcotics were concealed.

IN Denmark the law provides that *all* drunken persons, soldiers or otherwise, shall be taken to their homes in carriages at the expense of the publican who sold them the last glass. In the Argentine Republic, instead of fining a drunkard they sentence him to sweep the streets for eight days. A similar punishment exists at St. Petersburg, where well-dressed men may be seen acting as scavengers.

The amount of money expended for intoxicating spirits in Great Britain for 1892 was decreased 350,000 pounds, which is unmistakable evidence of a change in public sentiment concerning the drink problem.

Two men of Dover, N. H., recently bought a quart of Jamaica ginger as a substitute for whisky, and drank it between them in two hours. One died within a few hours in convulsions, the other had convulsions and coma, and acute pneumonia three days later.

THE report of the asylum committee of the London Counsel of Asylums for Insane, state that the most potent causes of insanity of the inmates are heredity, alcohol, and brain injury.

Alcohol, morphia, and tobacco are not unfrequently active causes of hysteria. Ocular troubles caused by these drugs will be followed by the same disturbance.

Morris & Co.'s Fireproof Safes should be in every office and home in the country.

Horsford Acid Phosphate has become a standard remedy without a rival in this country as a nerve tonic and stimulant.

Spaldings' Home Gymnasium of New York city, is one of the best on the market. Send for circulars and catalogue.

Bromo Potash of Warner & Co., make a combination of caffeine, and the bromides can be prescribed with the best possible results in all cases of nervousness and general debility.

Syrup of *Hypophosphites by Fellows* is a compound tonic of exceptional value. In all cases of morphia addiction and degeneration from excesses in the use of spirits, its effects are very marked.

Cocillana brought out by *Park, Davis & Co.* is one of the new and startling remedies that acts so promptly on the

respiratory organs. It promises to be of great value and is worth an extended trial.

The liquid *Peptonoids* with *Cocoa* is an excellent nutrient and stimulant for the nervous system, and is of special value for alcoholic cases. Send to Arlington Chemical Co. of Yonkers, N. Y., for a sample bottle.

Abbott's Dosimetric Granules are very valuable where concentration and purity are absolutely required. We most heartily commend them as the finest preparations that have been put on the market. Send to Ravenswood, Chicago, Ill., for a circular.

Reed & Carnrick of New York have two valuable food remedies ; one is *Lacto Preparata* and the other *Kumysgen*. The latter is a preparation of kumyss ; both of them are pre-digested foods that are superior remedies in many cases of debility.

Dr. Edward C. Mann has removed his sanitarium for diseases of the nervous system, inebriety, and the opium habit, to Flatbush, Brooklyn, N. Y., where he has enlarged facilities for patients and several acres in lawn, shade, and pleasure grounds for patients, 28 minutes from Brooklyn Bridge by electric car. The medical profession cordially invited to call.

Dr. Breitbach of Dresden, Germany :—I have tried bromidia in a case of insomnia, caused by severe neuralgia, and the result was most satisfactory. Before I prescribed this preparation the patient always asked for injections of morphia, but never afterwards. I think that bromidia will be of great service in cases where one wants to wean a patient from the habit of taking morphia. I shall certainly continue to prescribe the preparation.

Sulfonal-Bayer of Schieffelin & Co., New York city, is one of the most valuable of the new narcotics we have tried. For the insomnia following the removal of opium and alcohol it has proved to be invaluable. We have given it a long time without any of the unpleasant effects noticed from the use of other remedies. In these cases only large doses of thirty, forty, and fifty grains are practical, and these should be repeated every one or two hours until the effects are produced. There can be no doubt that this is one of the most important remedies which has been introduced to physicians, and should be tried in all cases where a narcotic is indicated.

CHOLERA.

HORSFORD'S ACID PHOSPHATE.

By the researches of Koch and others, it is found that the cholera bacilli require for their growth a mild alkaline nutrient medium, and that acids are most useful to kill them

Horsford's Acid Phosphate has been successfully employed by the Physicians in Europe and America, and possesses special advantages over other acids, because of its beneficial action upon the nerves and process of digestion, and its tonic and general strengthening effect upon the whole system.

Half a teaspoonful in half a tumbler of water, with sugar if desired, will make a palatable drink.

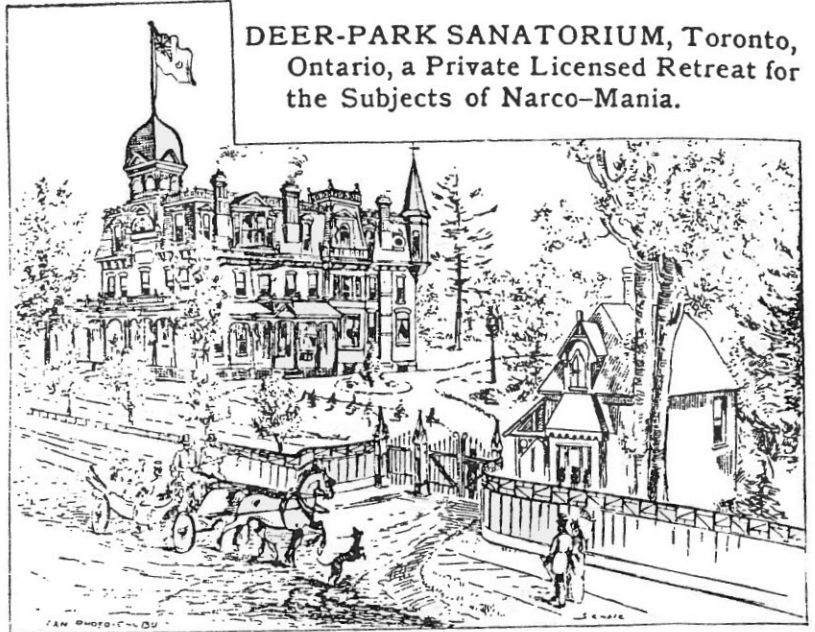
Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction
of Prof. E. N. HORSFORD, by the

Rumford Chemical Works, Providence, R. I.

Beware of Substitutes and Imitations.

DEER-PARK SANATORIUM, Toronto,
Ontario, a Private Licensed Retreat for
the Subjects of Narco-Mania.



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prudence and Sanitary Science for the
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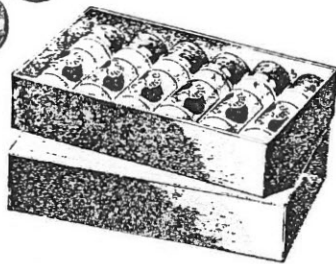
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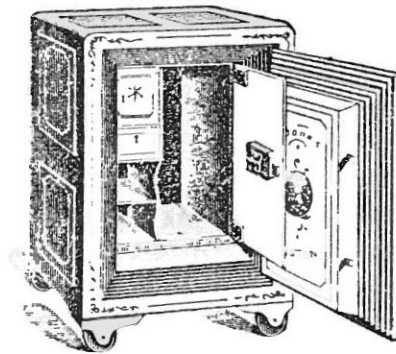
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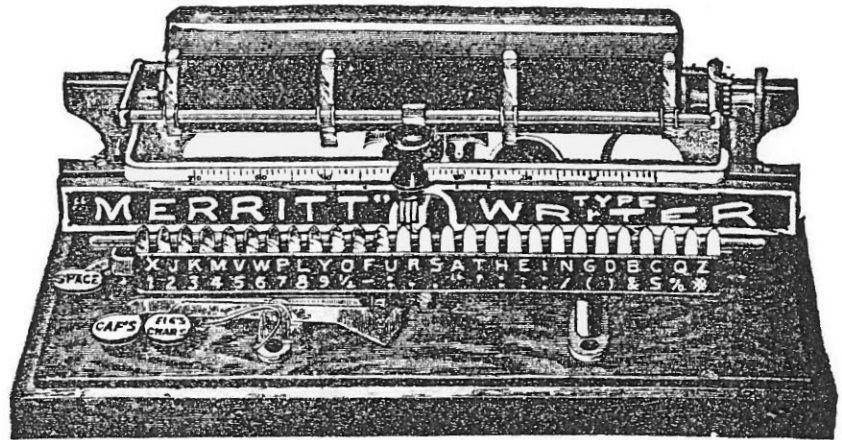
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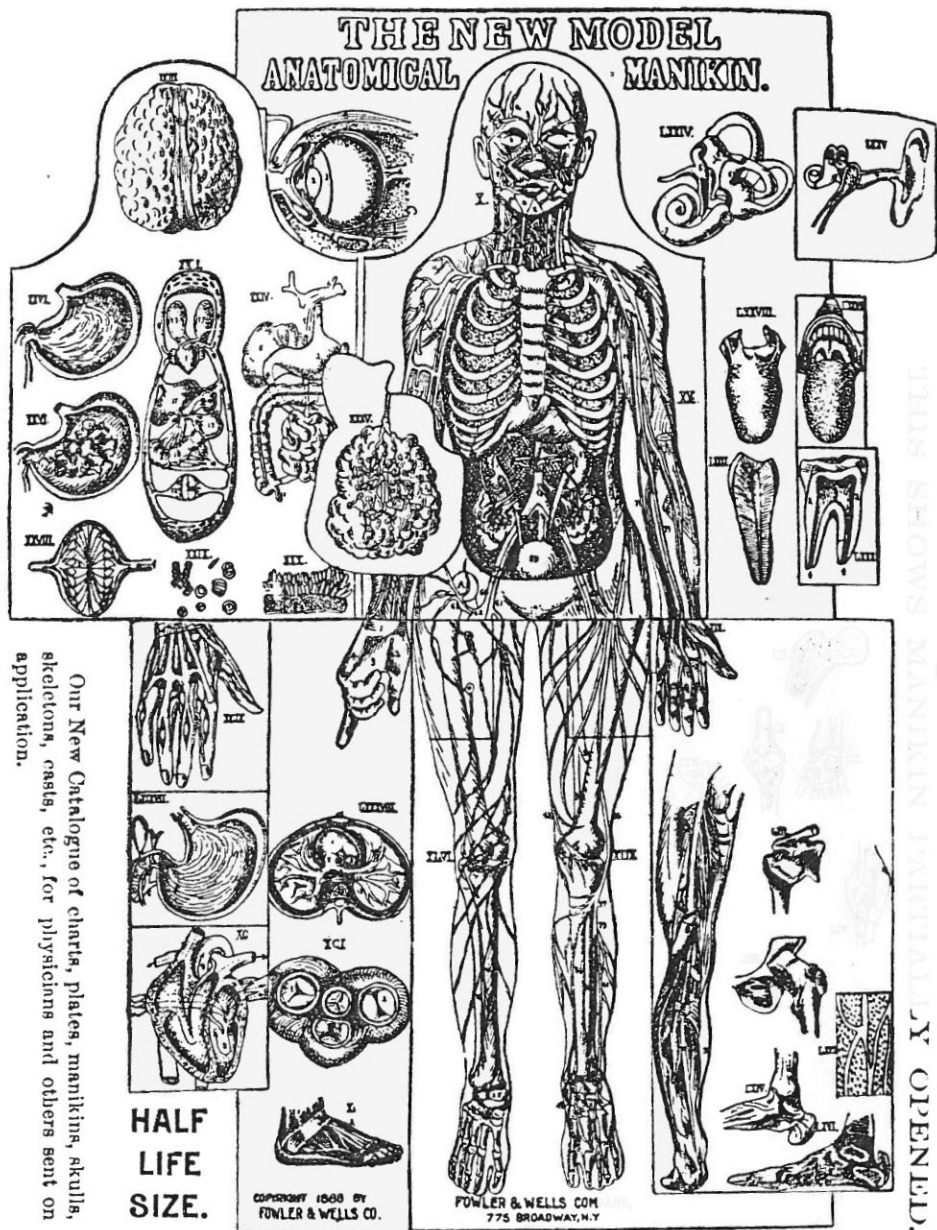
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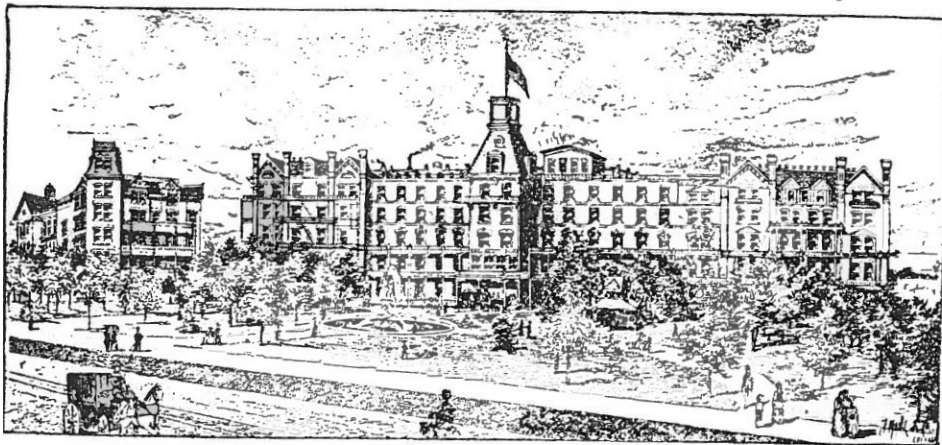
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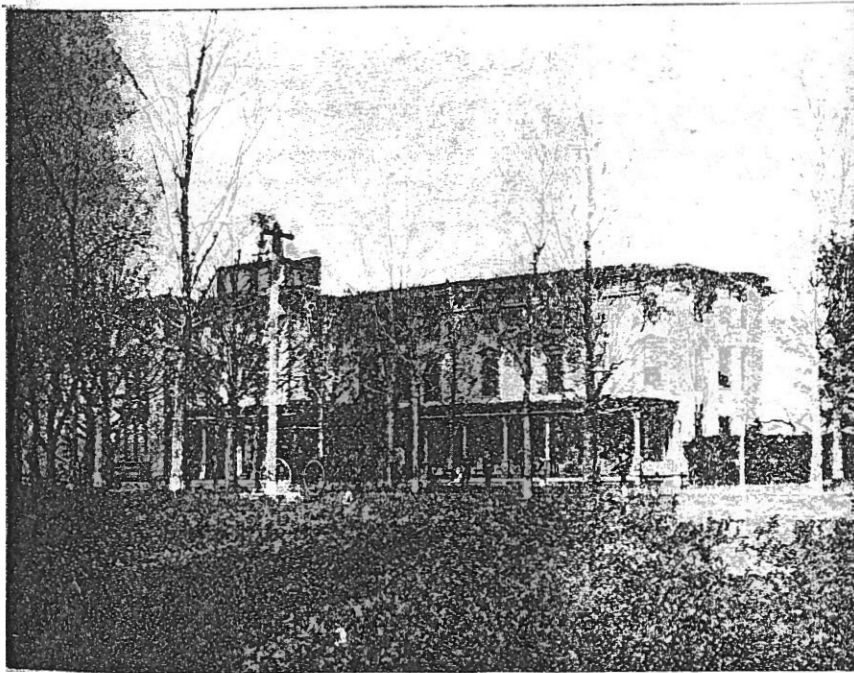
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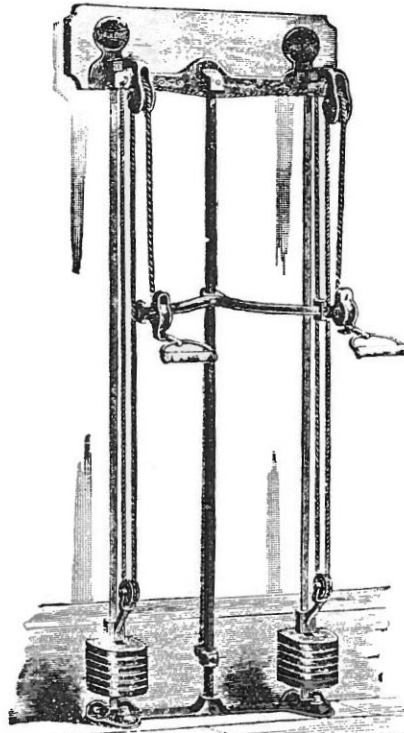
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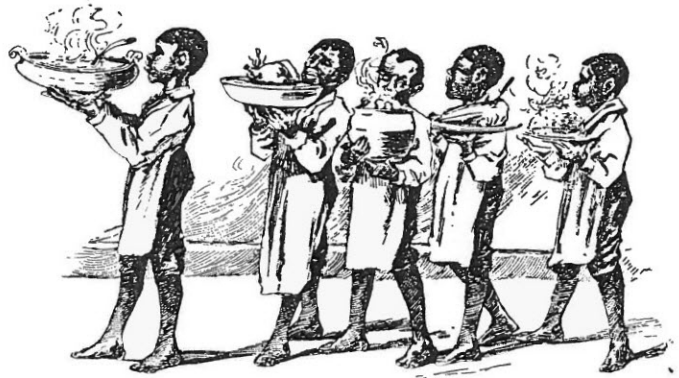
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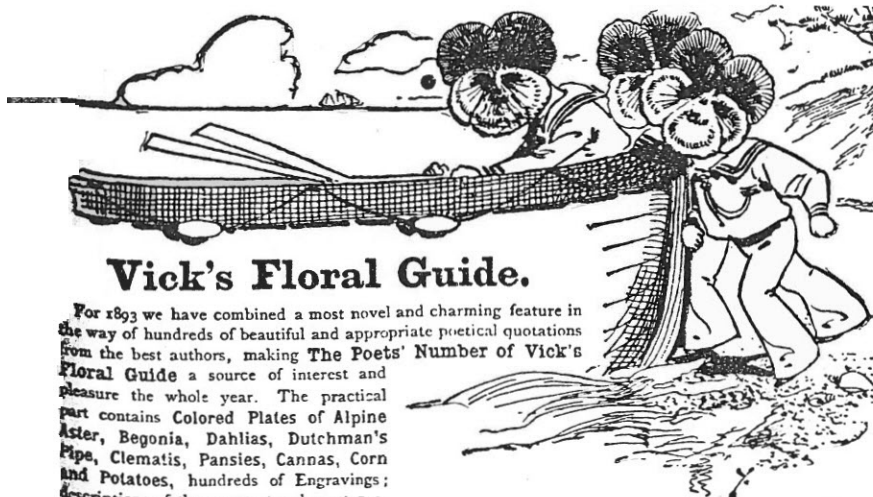
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