

# THE QUARTERLY JOURNAL

OF

# INEBRIETY.

PUBLISHED UNDER THE AUSPICES OF THE AMERICAN  
ASSOCIATION FOR THE CURE OF INEBRIATES.

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## The Quarterly Journal of Inebriety

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VOL. II.—25

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This Journal will not be responsible for the opinions of essayists or contributors, unless indorsed by the Association.

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INEBRIETY AND ITS SYMPTOMOLOGY.

BY T. D. CROTHERS, M.D., SUPERINTENDENT OF WALNUT HILL,  
HARTFORD, CONN.

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By inebriety, I mean a cerebro-psychal disorder manifest in cravings for fluids which shall relieve some want in the organism; or the expression of exhaustion and degeneration, seeking restoration through perverted nutrient desires.

Dipsomania is a stage of inebriety in which the disorder is intensified into mental perversions, and overwhelming all other conditions.

Alcoholism and intoxication are toxic conditions caused by alcohol, of limited duration, and is another stage of inebriety, in which the organism is profoundly affected.

Inebriety, in general terms, is a distinct neurosis, very commonly inherited, often beginning with the first toxic effects of alcohol; or following a single class of stimulants, under certain conditions.

The entire organism is affected by acute and chronic degeneration, which seems to pursue a definite course with fatal termination unless checked.

Within the past few years a new type of inebriety has

appeared, marked by the intensity of all the symptoms, prominent of which are mental excitement, delirium, muscular tremors, exhaustion, depression, paralysis, suicide, etc., usually violent and precipitate. This is evidently the outgrowth or result of speculating, gambling, horse-racing, business failures, depression, etc.; and is amply confirmed by the large number of patients now confined in insane asylums over the United States, where inebriety has so closely merged into mania as to make it difficult to draw the dividing line.

Nearly all cases of inebriety may be grouped under two forms, with distinctive symptoms and hints of the pathological conditions present.

They may be termed conscious and unconscious inebriety.

In conscious inebriety, the patient is keenly sensitive of his condition, and at times makes impulsive efforts to recover, rarely has delusions or delirium tremens, seems in good physical health, and always on the verge of permanent recovery. It often begins insidiously, from obscure exciting causes, temporary disturbing enervation, going on slowly or remaining stationary; sometimes bursting out with great impetuosity, developing the lowest phases of animal passions; and only late in the progress of the case manifesting debility and mental disorder. Complete intoxication is uncommon, and limited in duration. Such men are often prominent in the cause of temperance and reform; and may continue for years with but slight change, then succumb to some acute disease.

Probably but a small part of the brain is disturbed, and the local congestions affect the convolutions of only one hemisphere, and the sympathetic irritation arising from this and the other organs are also limited. This seems evident from the fact that the patient is usually able to reason correctly when under the influence of alcohol, etc.

In unconscious inebriety, the patient never clearly comprehends that he is an inebriate, makes but short and feeble efforts to recover. Well-marked lesions, both physical and intellectual, are apparent, accompanied with a decided tendency to merge into mania or paralysis. He

is always filled with delusions, particularly of self-control and inherent strength; reasons from false premises, and has often delirium tremens; is neuralgic; suffers from rheumatism, etc. The mental disorders are prominent in the tendency to deception and prevarication, etc.

In such cases, both sides of the brain are involved, and both structural and functional degenerations are usually present, intercurrent disease comes on rapidly, with various complications, etc.

The symptomology of these cases are complex, because they begin in early disordered conditions of exhaustion of the organism, that are obscure at the time.

So far little attention has been given to an earlier stage of inebriety, preceding the cravings for alcohol, although Dr. Parrish and others have declared that it existed in many cases.

The profound influence of inebriety on the organism, from the earliest desire for stimulants, and the persistent progression downwards, are strong indications of an earlier period of predisposing causes and conditions, of which inebriety is but the later stage or full development.

A study of this anterior stage gives clear indications of a distinct period of physical and mental debility, preceding inebriety of more or less uncertain duration.

An analysis of a large number of cases seems to confirm the following propositions:

*First.* All cases of inebriety that are inherited, are preceded by distinctive symptoms, before inebriety is developed.

*Second.* Inebriety, as a phase of insanity and other neurosis, is also distinguished by a prodromic stage.

*Third.* The early stage of inebriety, acquired through circumstances and surroundings, is also prominent before it is developed.

(These three points are discussed at some length, together with the symptoms after inebriety has been established, which are omitted for want of space.)

In every inebriate there is a moral timidity of character.

He seeks to do under cover what he formerly did boldly; a constant desire to prevaricate, to become more and more concealed, hiding his real character behind a mask. As the disorder increases he sinks lower, and his methods of deception are more apparent, and his intrigue coarser and more common. All the higher elements of his nature fall progressively.

The want of veracity, which in the early stages was confined to matters concerning his disorder, now reaches out to everything it comes in contact with, degenerating into indiscriminate slandering and lying. Sometimes it is wanton and vicious, in others it is a morbid desire for sensation and excitement.

Many writers have termed this moral prostration, or paralysis of the will, and have asserted that it arises from deficient supply of blood to the ideational nerve centers. This seems probable, from the fact that deficiency of volitional power over the muscles is a feature of physical depression, indicating a feebleness of circulation. There are often distinct phases of inebriety, marked by vicious indulgence, where the patient is reckless of the consequence of his conduct, exhibiting a want of reasoning coolness.

In business he takes unwonted risks, or displays trickery, where he was generous and open before.

In society he is reckless of his influence on others, either manifesting great neglect of personal appearance, or extreme care and egotism; seeking all kinds of morbid excitement, such as horse-racing, gambling, etc.

Convictions of duty and right appear to grow feebler, and pride and responsibility is lost: his reason dashes to extremes, either filled with alarm and restless agitation, or stupid indifference and depression; extravagant hopes and expectations that have no basis in fact; or strange suspicion and childlike confidence follow each other rapidly.

The presence of a maudlin sentimentality are strong indications of senile dementia and degeneration.

In many cases a condition of morbid impulse appears, similar to that seen in insanity, in which the mind rushes precip-

itately into every excess which the instincts and surroundings indicate. This is sometimes preceded by conditions of tremor and general irritability. Crime against person is most common, such as assaults for fancied injuries, or for present gratification. Crime against property is rare, and when it exists, seems to be actuated for some other purpose than that of the property itself.

The decline of pride and all the moral faculties, and increased prominence of the animal instincts and nature, hurries the poor victim over the border-land of crime and disease into the still more obscure realm of irresponsibility and dementia. His religious convictions are superseded by vain, uncertain vagaries, subject to every passing influence. Ideals and images of misanthropic character seem to make his existence more and more discordant with the surroundings. The mind in some cases seems to suffer more severely from exhaustion and degeneration than the body; often the progression is precipitate and profound. In others it is slow, with long pauses.

In general terms, the full development of inebriety is a precipitation of the physical and intellectual faculties into premature old age, and the debility and degenerations present are symptoms of approaching dissolution.

In a general summary of the symptomology of every case there are a large number of influential factors which require a careful consideration. Of these we may mention the condition of the organism, its inherited or acquired tendencies, the general stamina and vitality of the system, the presence or absence of a cultivated will-power, and the kind of training it has received; this, with the form of inebriety, and the surroundings of the patient, including climate, occupation, and electrical conditions, etc., are all elements which influence largely the case, and present so vast a field of study that we cannot enter it at present.

The salient points I wish to make prominent are, *first*, every case of inebriety has a distinct symptomology, the study of which will furnish many hints of the progress and terminations of the case.

*Second.* Every case of inebriety has a premonitory stage of more or less distinctness, which may be understood by study of the conditions and surroundings.

*Third.* The moral faculties, like the physical, suffer profound degeneration, progressive and continuous, in some cases, with small probability of return to health; in others, only needing the restraint and quiet of hospitals to recover.

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#### COLOR BLINDNESS.

Dr. Favre, consulting physician of the Paris-Lyons-Mediterranean Railroad, declares that color blindness comes from the abuse of alcohol and tobacco, or may arise from blows on the head. He urges that no railroad man occupying a responsible position, should use tobacco or alcohol in any form, for he is always more or less incompetent, and likely to make great mistakes, not only in perception of colors, but distances and objects. Also, that a regular examination should be made of all responsible workmen, at least once or twice a year.

Where it was difficult to procure responsible men, he would have those who were simply color blind, have a window in the locomotive with colored glass, each one labeled with its color, and through this he would look.

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In the report of St. John's Hospital, Lowell, Mass., occurs the following significant statement:

The fact that poison from alcohol should stand here third in the list of diseases for the year, with the evidences accumulating that intemperance is becoming more and more prevalent among women, presents sad reflections. It appeals to the friends of temperance and reform for greater efforts in this direction, as well as for a more rigid enforcement of law in prohibiting the sale of liquors. If habits of intemperance are thus to increase, inducing a long train of diseases, we shall soon want an asylum for inebriates, which should be supported by the city from funds obtained for licenses.



THE DRUNKARD'S DISEASED APPETITE—IS IT  
CURABLE BY MIRACULOUS OR PHYSICAL  
MEANS?

BY REV. J. WILLETT, SUPERINTENDENT OF KINGS COUNTY  
HOME, FORT HAMILTON, N. Y.

By the word appetite we understand, the desire to gratify the cravings either of the body or of the mind.

There are intellectual and spiritual appetites, and there are also physical wants and animal passions which seek gratification. These desires of mind and of body are subject to conditions of health on the one hand and of disease on the other.

A healthful appetite presupposes a healthful organization, for neither in the moral nor the physical world do we "gather grapes of thorns or figs of thistles."

Both intellectual and religious fanaticism are the outcrop of disordered minds, and so of morbid physical appetites, for they are the manifestations of diseased conditions of the body.

We say concerning a drunkard, that he has either inherited or acquired a diseased appetite. But is this assertion always correct?

A person may become a drunkard notwithstanding the fact that the palate revolts at the taste, and the stomach rises in rebellion at the reception of intoxicating drinks. This is often the case with young men who have not the moral courage to say "No!" Of the overworked thousands who are engaged either in mental or physical labor, and are compelled to continue their toil when the powers of mind or body cry out for repose; also of those who nerve themselves with stimulants for the purpose of engaging in daring acts of crime.

A large number of the persons who constitute these classes though they frequently drink to excess, never acquire an actual appetite for intoxicating liquors. A very large proportion of the excessive drinkers of the present time can and do regulate the vicious practice, and, whenever occasion serves, reduce it to a matter of policy or self-interest.

It frequently happens that drunkards of this class, moved either by religious or other motives, are brought to a sudden pause, and resolve to quit drinking and lead a new life.

In the majority of cases, it is reformed toppers of this type who make their boast that the appetite for strong drink was taken away at the moment of their conversion, and in this way they mislead certain religious teachers who, possessing more zeal than knowledge, undertake to proclaim to the inebriate, both from the platform and the pulpit, this strange and dangerous delusion.

The fact is, that many of these people, whom they hold up as living examples of the truthfulness of their declarations, never possessed the appetite for liquor, and could at any time have given up its use at their will or pleasure, as thousands who join temperance organizations do, without invoking Divine aid.

In view of the tens of thousands of drunkards who infest the nation, it would be a terrible calamity if all these mighty hosts of tipplers drank in order to assuage the cravings of a diseased appetite for intoxicating stimulants—but, mercifully, it is otherwise. . . .

There is a species of dipsomania which is constitutional and congenital. The desire for stimulants may be constant or paroxysmal—an irresistible and insatiable craving is either developed by ever so small an indulgence or is ever present. Persons with this predisposition lose their power of self-control as soon as they feel the influence of alcohol. The morbid appetite they suffer from, the propensity they have inherited, or allowed by indulgence to become a mania, is not only difficult of cure in the immediate victims themselves, but the seeds of morbid appetite are transmissible to their children.

The deleterious effect on the mental is not less marked

than on the physical powers—the perceptions are perverted or apathetic, the intellectual and moral faculties deteriorate, until the confirmed drinker, miserable in body and debauched in mind, has but one motive in life, viz., to indulge and gratify the morbid craving for alcohol. We will take, for instance, a person in the state known among drunkards as the “horrors.” It is useless to attempt to reason a person in this plight into temperance; he may appreciate the force of all the arguments which are presented—he may be willing to grasp at any straw of help that is offered—but his whole system is crying out for alcohol; and is it to be wondered at that the starving nervous tissue attempts to satisfy an intolerable sense of craving, of physical hunger and thirst, by the use of stimulants that temporarily supply the place of food and bring relief? The will-power in such a case is in abeyance, and the patient lacks moral strength to govern a habit (be it acquired or inherited) which represents a morbid condition as much as the delusions of insanity. . . .

From generation to generation governments have been engaged in legislating in this direction. The remedial efficacy of the felon's cell, the whipping-post, the ducking-pond, the stocks, and tread-mill, have all been resorted to, and have alike proved futile. There was no balm in these Gileads—there was no physician there.

More recently, physicians, scientists, and philanthropists have been seriously investigating this question in all its peculiar bearings, and one practical result of their deliberations is the establishment of Homes and Institutions for the treatment of drunkenness as a disease. Here men with morbid appetites for rum are invited to enter, or are placed there by the action of the courts for the purpose of restraint, while medical aid and reformatory measures are called into requisition. To be sure, the work has been slow, for it is no easy task to repair the breaches that strong liquor has made, but in many instances the happy results have been sure and certain.

No sooner have these remedial institutions been placed on a firm working basis, and commended themselves to the

intelligence of the earnest, thinking classes of the community, than a new proposition is sprung upon us, or, rather, a very antiquated religious heresy has been once again revived. The necessity of institutions for the treatment of inebriety and all other efforts in that direction are unceremoniously set aside with a single breath, and the instantaneous cure of the drunkard's diseased appetite is proclaimed by supernatural agency. According to this new order of teachers, the days of miracles must have come back to us, and by a special dispensation, the natural laws are to be suspended in favor of every toper who has inflicted upon himself a diseased appetite for alcohol. Relying on the sure and certain teachings of Divine Writ, confirmed by our experience and observations, we have come to the conclusion that "in the physical world there is no forgiveness of sins," or as the inspired writer states it, "Whatsoever a man soweth, that shall he also reap. For he that soweth to his flesh shall of the flesh reap corruption."

There is no royal exemption held forth in favor of a drunkard. He has sown the seeds of a diseased appetite in his mortal body, and though he may be saved by Divine Grace, he may nevertheless have to carry down to the grave a wrecked constitution and a miserably diseased and pitiable human structure.

In those cases which we have already given in illustration, where convulsions, or epilepsy, or delirium tremens, or insanity has set in, the disease must proceed either to recovery or death, for there is no discharge in this war.

If it were ordained that the drunkard's appetite should be cured by miraculous interposition, as these deluded zealots so persistently insist upon, we then invite them to visit our inebriate asylums and try the result on the class of patients we have described, for if this miraculous grace abounds to all drunkards, it surely will much more abound where the curse is most felt.

PATHOLOGY OF THE MENTAL DECAY  
FOLLOWING INEBRIETY

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BY E. C. MANN, M.D., OF NEW YORK CITY.

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I have found these patients exceedingly prone to neuralgia. The explanation of this is probably due to the fact that there exists in such cases a more irritable, hypersensitive condition of the sensory nerve cells of the central sensory tract, which is the sole seat of true nervous sensibility. The central nervous system is affected, beyond all doubt, by excessive drinking, and the degeneration thus produced I regard as a powerful predisposer of neuralgia of the inveterate type. Aside from the direct influence impressed on the nerve centers, I think that this irritable and hypersensitive condition of the central sensory tract is often induced by visceral irritative disease of the stomach, kidneys, or liver, so frequently existing in inebriates, which almost necessarily affects the sensory nerves which ramify in these organs, and from these diseased nerves a more or less steady stream of irritative and wearing nervous impressions is transmitted practically, without cessation, to certain parts of the sensory tract, to which the sensory nerves from any given part may go, and as a result, sooner or later, the central sensory nerve cells are brought into that degree of nutritional disturbance which is the fundamental factor in neuralgia. The real seat of these severe neuralgias, from which so many dipsomaniacs suffer, is rarely, if ever, in the peripheral nerves of the affected region, but in the central nervous apparatus. The heart's action is weak, often irregular, accompanied by palpitation, and not unfrequently with symptoms of indigestion. A change has also come over the man's mind, so that the very *morale* of the mind is changed. At one moment he may be very joyous and excitable, and then he will become greatly

depressed. He will be very friendly, and anon very hostile. He will be so obstinate that nothing can overcome his determination, and at other times you may lead him like a child. The heretofore ever-ready and resolute man manifests marked indecision of character, and in other cases there may be an utter inability to fix the mind on any one subject, or to follow up a train of thought consecutively. Any force, to cause permanent intellectual activity, must be a mental, not a physical one. If the force be alcohol, which it often is, as it is becoming more and more the habit to resort to it for its temporary effects in this direction, the rate of interest paid for its use is frightful. Not alone is there a loss of tone in character and blunting of moral perceptions, but intellectual discrimination is much impaired, and impairment of all the mental faculties is almost inevitable. The ideas are more spontaneous, less under the power of control, and any exertion requiring continuous mental effort soon becomes impossible. There can be no doubt that alteration of the brain is taking place *pari passu* with these alterations of character. It may be atrophy, or the circulation through the encephalon may be checked or impeded by ossification or softening of cerebral arteries, or some disease of the heart itself, or the neurine may be undergoing a change, particularly on its peripheral surface, as well as on the surface of its ventricles or cavities. The convolutions become paler, and the furrows shallower. The weight of the whole cerebrum and cerebellum is lighter and less complex. Softening, of a very delicate nature, so delicate as only to be detected *post-mortem*, by letting a little stream of water flow gently over the surface of the brain, may be taking place, or, what is very likely and is often passed by unnoticed, because discernible only to a well-practised eye, which may not be present at the right moment for observing its attack, is a very slight fit of apoplexy and paralysis; so slight indeed that it occurs and passes away unnoticed and unperceived, and is recognized only in its after consequences and permanent effects. From the date of such an occurrence, though loss of life does not ensue from it immediately, yet in its ultimate effects it is sooner or later

fatal. The patient is an altered man, and never recovers himself. So delicate is the tracery of the nervous structure that the damage of a single fiber or set of fibers destroys the unity of the whole. There are generally three things present that lead to these attacks of cerebral hemorrhage, and as these attacks play a very important part in the production of premature mental decay in inebriates, it is desirable to thoroughly understand them and estimate their importance. The three things alluded to are: hypertrophy of the left ventricle of the heart, chronic disease of the kidneys, and finally, degenerated cerebral arteries. The hypertrophy of the heart is a simple hypertrophy of the left ventricle, the wall of the ventricle being thickened without any dilatation, although in exceptional cases dilatation may ensue. The blood in inebriety is more or less noxious to the tissues, since it contains an alcoholic foreigner, and its passage into the capillaries is undoubtedly resisted by contraction of the small arteries, the vessels most rich in muscular tissue. The muscular coats of these vessels, therefore, are hypertrophied in antagonism to the heart. Since the small arteries are hypertrophied throughout the body, the obstructions, though each is slight, are in their sum total so large that in order that the circulation may be carried on efficiently, hypertrophy of the heart must ensue. There may be also, doubtless, degenerative changes in the small arteries, so that there may be increased bulk with altered structure. It should not be assumed, I think, as it often is, that all the processes in the arteries leading to cerebral hemorrhage and apoplexy are of a degenerative origin, as there can be no reasonable doubt that the presence of alcohol sets up a condition of sub-inflammatory irritation, which plays a very important part in the production of cerebral hemorrhage. The sub-inflammatory irritation causes the arteries to lose much of their elasticity, and become permanently wider, longer, and more tortuous. This absence of elasticity of the larger arteries becomes, by the withdrawal of the aid to the circulation in equalizing the flow of the blood, an important factor in leading to rupture of the smaller arteries. When the brain wastes slowly, as it often does, the

dilatation of the vessels, and the increase in the quantity of the cerebro-spinal fluid favor rupture very decidedly. There can be no doubt that the occurrence of cerebral hemorrhage in inebriates, resulting from abnormal strains, would be much more frequent were it not for the provisions which nature has made for the protection of the brain from suddenly increased afflux. The turns of the carotid and vertebral arteries, the free anastomosis of the circle of Willis, and the small size of the arteries beyond that circle, before they enter the brain substance, all tend to protect the brain. The perivascular canals also exercise a protective influence over the vessels they surround, and in the corpus striatum, where cerebral hemorrhage is especially liable to occur, as its vessels are not capillary in size, and proceed from the middle cerebral artery, which is almost the continuation of the internal carotid, we find the perivascular sheaths of very large size.

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#### THE DESIRE FOR STIMULANTS AND NARCOTICS.

When the nervous system loses, through any cause, much of its nervous force, so that it cannot stand upright with ease and comfort, it leans on the nearest and most convenient artificial support that is capable of temporarily propping up the enfeebled frame. Anything that gives ease, sedation, oblivion, such as chloral, chloroform, opium, or alcohol, may be resorted to at first as an incident, and finally as a habit. Such is the philosophy of many cases of opium or alcohol inebriety. Not only for the relief of pain, but for the relief of exhaustion, deeper and more distressing than pain, do both men and women resort to the drug-shop. I count this as one of the great causes of the recent increase of opium and alcohol inebriety among women. Frequently an inherited tendency to inebriety is utterly latent, and does not break out until affliction, or some form of worry or distress, robs the brain of its nerve force.

DR. BEARD.



THE REMEDY FOR THE DIMINUTION OF OPIUM  
INEBRIETY.

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*First.* A diminished prescribing of opiates, a lessened idea that they are the *sine quâ non*, and the substitution of various anodynes, soporifics, and nervines, which, though they may somewhat imperfectly accomplish the object, as compared with opium, are free from that peculiar property which so often entails dire results.

*Second.* In all cases where their use seems indicated, careful inquiry by the attending physician as to the neurotic status of the patient from the standpoint of hereditary tendency, by thorough investigation of ancestral mortuary records, and a study of individual temperament, with the object of ascertaining the vulnerability of each case to the exceptionally ensnaring power of opium.

*Third.* In every case, as limited an employment of opium, and as frequent using of substitutes, as circumstances will admit, interrupting an administration at short intervals, if possible, and thus lessening the chances of habituation.

*Fourth.* Patients under the necessity of using opiates should be kept under careful and frequent observation, and immediately the direct need for their use has subsided, the attending physician should exercise fully his authority in compelling a peremptory abandonment. Pre-eminently so is this with the hypodermic syringe, and under no circumstances, except the case of painfully incurable disease—and even then it would be better to entrust its use to a friend—should a patient be permitted self-administration. Personal employment is fraught with danger, patients almost invariably using it to excess, and the practice of allowing it cannot be too severely condemned, or its discontinuance too strenuously insisted on.

More medical attendants should deem it their duty to follow closely the course of patients for some time after opium has been abandoned, lest, from some pretext, its use be resumed clandestinely, and inebriety become established. More than one striking case of this kind, in which it was employed hypodermically, has fallen under my observation.

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#### HEREDITY.

But the primal and principal cause of crime and intemperance exists in a state of things prior to birth. That the "child resembles the parent," and "like begets like," are acknowledged truisms. It is also true that this resemblance or likeness extends to all parts of the brain, and, of course, to every faculty of the mind. If the lower and posterior part of the brain is predominant and continuously active, the animal propensities and selfish faculties will take the lead in character. If the parents are addicted to habits of dissipation and sensuality, the children will be predisposed to the same. If these habits are inveterate, the propensities are transmitted in an intensified form.

These transmitted qualities are more marked and have a much wider range than is generally considered. The blood itself may be tainted and affect the structure and function of every organ in the body. Such may be the physical development as to incline one to lead an idle, low, and dissolute life, without ambition or self-respect. A living or means of support must be obtained without work or rendering an equivalent. There may be a strong will, and an overmastering passion of selfishness, so that the individual is not inclined to be governed by the principles of justice, or to regard the rights of others. Such persons become an easy prey to temptation.

DR. ALLEN.

## Abstracts and Reviews.

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### "MORBID CRAVING FOR MORPHIA."

An interesting monograph, with the above title, has recently been presented to the profession by Dr. Levenstein, Medical Director of the *Maison de Sante*, Berlin, in which he gives the clinical history of twenty-four cases of hypodermic morphia addiction coming under his care. His observations relate exclusively to its subcutaneous employment, which he is disposed to consider a distinct addition to nosology, and styles it "morbid craving for morphia." This seems superfluous, as it is but one phase of opium inebriety, the same ill result, save local effect, following continued indulgence in any form of opiate.

Regarding its origin, he says: "The originators and propagators of this disease are the medical men, who, in cases more or less painful and protracted, have advised the patients to themselves use the injections of morphia." His recorded cases support this statement, an experience quite in keeping with our own, which impels us to believe that a large share of causative influence in all forms of opium addiction may be traced, more or less directly, to its professional employment.

After a full review of the symptoms attending morphia indulgence, and those arising from its withdrawal, he proceeds to details of his cases, which comprise sixteen males and eight females; ages from 30 to 46; addiction, one to eight years, and daily consumption, 3 to 30 grs. Most cases had a neuralgic origin, and only four other than from a physical necessity. Seven cases presented more or less albumenuria, a symptom which may be present during continuance or abstinence—more frequently the latter,—occurring in nearly all cases from the third to the sixth day after withdrawal, recurring, at intervals, for weeks or months.

Of twelve males, in whom the sexual power was noted, five were impotent, and the remainder more or less impaired. Virile vigor returned after morphia discontinuance. Of females, all were amenorrhœaic or irregular. Vicarious menstruation had not been observed. Conception had failed, after addiction, in several, though previously normal in this respect.

Some cases of intermittent fever are noted, which were deemed due to morphia, from the absence of a malarial agency, the peculiar obstinacy of the attack, and its disappearance without other treatment when the opiate was abandoned. It is usually tertian, and accompanied with varied neuralgic affections. The possibility of this factor suggests careful inquiry in rebellious cases of periodical fever. Delirium tremens—chronic—may result from continued use of morphia. It is unattended with mental excitement, but variable temper—sometimes jovial, again depressed—is noticed, and trembling of the hands, with muscular quiverings is a constant symptom. Acute delirium tremens, resulting from the peremptory discontinuance of morphia, shows itself in from six to twelve hours after withdrawal. Patients become fretful, restless, constantly run about the room, scream, cry, and, at last, from intense suffering, maniacal. The voice and speech change in character. Hallucinations of sight, sound, and smell supervene, followed by hypochondriacal illusions. This acute mania may persist forty-eight hours.

Among the sequelæ of entire, immediate withdrawal is sometimes noted a condition of collapse, liable to be fraught with danger. Premonitory symptoms may occur, or it may be ushered in suddenly, patient all at once presenting a deathly pallor, pinched features, sunken eyes, respiration irregular and gasping, heart-strokes feeble and reduced to 40 or 44 per minute, cardiac pulse only obtainable, and entire unconsciousness. This state may continue 15 to 60 minutes, may recur three or four times in twenty-four hours, meantime conscious or unconscious, or death may result with symptoms of cerebral paralysis. Dr. L. attributes the collapse to weakness, resulting from insufficient food, vomiting, diarrhœa,

and sleeplessness after the opiate withdrawal. We do not share in this opinion, but believe it due to the intense suffering incident to his mode of treatment, and consequent nervous exhaustion.

Continued indulgence ultimately results in prostration, marasmus, and death.

The prognosis is regarded as favorable respecting abstinence, but dubious as to relapses. It is better when the habitual dose is small, when there is no craving for alcohol, and when the inception is during some acute disorder. He considers relapse more likely to occur from psychical than physical derangement, and insists strongly on the danger of morphia injections to those who have been cured, asserting that one injection will undo all the good done, even if given months after the desired result has been accomplished.

Regarding treatment, Dr. Levenstein advocates the heroic method—entire and immediate abandonment. His remedies for the resultant nervous irritability seem largely limited to chloral—25 to 45 grs. at bed-time—and baths, temp. 82° to 87°, followed by cold douche. No mention whatever is made of the sedative value of the bromides, or of hot baths, temp. 95° to 110°, both of which in our experience have given great relief. For the collapse he recommends hypodermic morphia and alcohol. The gastric symptoms are met with soda-bi-carb., tinct. nux vom., tinct. meuth pip., ice pills, sinapisms, chloroform compresses, and, if urgent, morphia. Diarrhœa, if excessive, by large warm water enemata. If there be craving for alcoholic beverages, wine is allowed unlimitedly. Milk is used freely. Minor points, which suggest themselves, are noted.

Of the leading features in this mode of management we must withhold approval. While the object aimed at was accomplished, it was at the expense of intense suffering, mind and body, and, in several cases, imminent danger to life, most of which, we are free to say, might have been avoided.

In seven of the twenty-four instances collapse occurred, six of which were dangerous, death apparently being averted by free stimulation and hypodermic morphia.

Several patients became delirious from sheer suffering. Vomiting and bowel relaxation, to the extent of twenty and twenty-eight times, respectively, in twenty-four hours, occurred in some cases.

"Tearing pains," "piercing pains," and other expressions of great distress are frequently noted.

Believing these severe symptoms due to the intense reflex nervous irritability attending the plan adopted, and knowing measures are at command that will prevent, in large degree, this suffering and danger, we are unhesitatingly of opinion that Dr. L.'s treatment is unnecessarily and unjustifiably severe.

The author concludes his interesting work with some very judicious remarks regarding prophylaxis, asserting what we have maintained for years, that opium inebriety can be largely limited by concerted action on the part of medical men and legislative authorities. We trust the day is not distant when the wisdom of this joint effort may take tangible shape, and a vast amount of injury be thereby avoided. J. B. M.

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#### INTERMITTENT FEVER IN CONSEQUENCE OF MORBID CRAVING FOR MORPHIA.

Intermittent fever, in consequence of a morbid craving for morphia, seems to be due to a certain neuropathic disposition, as it does not show itself with many patients, although they have taken large doses of the drug, and for years together. It was however impossible to fix on any other cause for the development of intermittent fever but the use of morphia, as the respective patients lived in regions free from malaria, and as none of the other members of the family living under the same conditions showed any similar symptoms.

We may distinguish a light and a severe type of intermittent fever when brought on by morbid craving for morphia. Both forms resemble real malarial fever, inasmuch as the first paroxysms occurring at regular intervals seemed to disappear after the use of quinine, returning however very soon.

although the febrifuge was continually given; that, furthermore, they were improved by change of air, but came on again from the simplest causes, such as boating, errors of diet, etc.

The characteristic symptoms of this fever are the same as those caused by malaria: chilly feeling up to regular shivering, headache, oppression, heat and perspiration. They differ from one another in this respect, that immediately the morphia is discontinued, the attacks disappear without any treatment, although they may have existed a long time.

In some cases the intermittent fever sets in in an erratic manner. The patient at irregular times experiences an attack of fever with chill, heat and sweating. These attacks recur from three to six times at long intervals, not showing themselves, thereafter any more at all, or only after a great lapse of time.

In most cases the attacks of intermittent fever in morbid craving for morphia, show tertian, rarely quotidian type. They are sometimes ante—sometimes postponement. The attacks last from four to ten hours, and are followed by a normal condition.

The paroxysms disappear only in exceptional cases without the morphia being stopped. In this case the patients complain of experiencing an uncomfortable sensation, principally of an exhausting character, at the usual time of the attacks.

The feverish attacks are accompanied by neuralgic affections of the different nerves, principally in the region of the supraorbitals, intercostal, and cardiac nerves.

The temperature is increased in all cases, varying from 38°.5 C. to 40° C. (101°.3 F. to 104° F.) The spleen is generally enlarged, the attack is followed by sediments in the urine.

In the severest forms of intermittent, the patients get delirious when the fever has reached its maximum, cannot be kept in bed, and may become maniacal. Both forms cause great weakness and exhaustion, which last during the intervals.—*Morbid Craving for Morphia.* By DR. LEVENSTEIN. London: Smith, Elder & Co., 1878.

GENERAL FACTS ABOUT THE USE OF OPIUM  
IN THIS COUNTRY.

From the annual review of the drug trade of New York for the year 1876, prepared by D. C. Robbins, Esq., for the nineteenth annual report of the Chamber of Commerce, the following statistics are obtained of the importation of opium into the United States for that year: Of crude opium, 228,742 pounds; of opium prepared for smoking, 53,190 pounds; of morphine, 3,285 ounces. But these are the custom returns, which do not foot up the sum total. Excessive cost, a high tariff, and the constantly-increasing demand which invites the supply, have, with this commodity as with others under similar circumstances, given a powerful impetus to smuggling, and to this source, according to the opinion of competent authorities, must be credited an addition to the custom-house entries of from 10 to 15 per cent. Physicians, pharmacists, and others acquainted with the drug, will easily realize what an enormous amount is thus annually brought into the country, and what a large number of consumers must be required to dispose of this vast quantity. To the general reader, however, the above figures will not convey a sufficiently intelligible idea, and for his benefit the following information is imparted and calculation made: Opium, like all drugs, when bought in bulk, is weighed by the avoirdupois standard, but when dispensed for prescriptions or sold at retail, the apothecaries' or troy weight is used. The avoirdupois pound contains 7,000 grains troy, while the avoirdupois ounce is equivalent to 437½ troy grains. In preparing opium for smoking, an extract is made from the crude drug of all that water will dissolve, and this is generally about one-half of the whole weight. Any given quantity of smoking-opium will, therefore, require as its equivalent twice that quantity of the crude article. Taking as the basis the statistics of the importations for 1876, and the amount to be credited to smuggling as only 10 per cent. of the custom entries, it will be found that the 228,742 pounds of crude opium, and the equivalent of the smoking-opium (53,190 pounds=106,380 pounds), with 10 per cent. added, and the whole reduced to troy grains, will



give a total of 2,580,439.400. To this must be added the equivalent of the 3,285 ounces of morphine (with the 10 per cent.), which is 9,485,439 grains, thus giving a grand total of 2,589,924,839 grains. Here is an amount of opium capable of supplying every man, woman, and child in the United States with one-sixth of a grain per day for every day in the year.

It may be said, however, that a large portion of this amount is actually necessary for therapeutical purposes. Let us ascertain the facts. Dr. Calkins, some years ago, after careful inquiry among a number of prominent apothecaries of New York city, arrived at the conclusion that one-fifth of the opium sold by retailers would cover all the prescriptions of physicians; Dr. Guion, after thirty years' experience, expressed confidently the conviction that one-twentieth suffices for all recipes proper; Dr. E. R. Squibb presented a calculation before a committee of Congress in 1866, in which he also states the amount at one-fifth: the observations of the writer during the past three years in many of the large cities justify him in placing the amount at one-tenth. Accepting the estimates of Drs. Squibb and Calkins (though it must be remembered that these were made years ago, when the opium appetite had not assumed the gigantic growth it now presents) let one-fifth of the crude opium and the morphine be deducted from the total number of grains given above, and the result will show that no less than 2,235,765.071 grains per annum, or 6,125,383 grains per day, are used solely for the stimulating or narcotic effects of the drug. Allowing 30 grains as the average quantity consumed daily by every opium-taker (a very high average), it will thus be seen that there are over 204,000 opium habitués in the United States (204,179). One may well stand bewildered in the presence of such a revelation, especially when it is remembered that this large number consists of adults over 25 years of age, the habit being very rarely commenced before that period of life.

But lest there may be some skeptical enough to denounce this calculation, either on the ground that the smoking-opium

is consumed entirely (which it is not) by our Chinese population, and ought not to be included, or that the approximations are incorrect, the writer, though he is convinced that his estimate is within the mark, is content to submit another view of the case. He, therefore, ignores entirely the amount of the smoking-opium, and the 10 per cent. for smuggling (an absurdity; for it is well known that others besides the Chinese smoke opium, and no one will pretend to say that no smuggling is carried on in the importation of this commodity); places the amount consumed for therapeutical purposes at one-fourth instead of at one-fifth, and the average daily consumption for each opium habituate at 40 grains, instead of at 30. The result then shows 1,207,362,844 grains per annum, or 3,307,843 grains per day, requiring for their consumption, even at the last-named high daily average, nearly 83,000 habituates (82,696). This number, be it remembered, is made up entirely from the white race, the Chinese having their smoking-opium, and being therefore excluded, and the negro and Indian races being, from other causes, singularly exempt from the habit. Is not even this second estimate, which is less than one-half of the truth, appalling enough to demonstrate that the entire opium question is one which highly deserves most serious attention and thorough examination?

Comparing the importations of crude opium with the population at given periods, the following startling facts present themselves: In 1860 there were 105,000 pounds for a population of 31,000,000. In 1867, 136,000 pounds for 37,000,000. In 1876, 228,000 pounds for 40,000,000. The increase in the importations for 1867 over those of 1860 was therefore 30 per cent., against an increase in population of 20 per cent. In 1876 the importations were nearly 70 per cent. more than those of 1867, while the population had only increased 10 per cent. By such wonderful strides has the increase for the last 16 years proceeded, thus proving beyond a doubt the frightful rapidity with which the demand for opium is spreading throughout the country, and this, too, against the double obstacle of a heavy cost and a high tariff. This is, of course, without any calculation for smoking-opium.

morphine, and quantities brought in by smugglers, which, if added, would necessarily make the already wide difference of the ratios still larger.

From a financial standpoint it may be interesting to know that the gold value of the crude opium and the morphine imported in 1876 exceeded \$1,250,000, from which if one-fourth be deducted for the amount used therapeutically, there will remain a balance of nearly \$1,000,000 expended to feed the public appetite, and this is without taking into account the value of the smoking-opium—about \$1,000,000 more. Thus is an immense sum annually sent out of the country in order to bring into it the means for promoting disease, misery, ruin, and death.

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#### DELIRIUM TREMENS, A SYMPTOM OF MORBID CRAVING FOR MORPHIA.

The delirium tremens brought on by morbid craving for morphia is accompanied by a series of symptoms bearing more or less the character of alcoholic delirium. Consequently the choice of this name does not require any justification; the same may be said of the morbid state called intermittent fever, in consequence of morbid craving for morphia, as referred to hereafter, its symptoms being nearly the same as those connected with true malarial fever.

According to my observation, we may discern two forms of delirium tremens in morbid craving for morphia—the chronic and the acute.

The delirium tremens chronicum is due to chronic poisoning with morphia, continuing into the period of abstinence, and not producing any mental excitement.

The delirium tremens acutum is only a symptom of the deprivation, and is accompanied with the most intense mental irritation.

The temper is of a changeable nature in the chronic form of delirium tremens. The patients are mostly of a jovial disposition, only occasionally interrupted by a short period of

oppression. With some individuals the mental condition in the daytime is depressed ; in the evening they become somewhat excited, and sometimes suffer from delusions. Trembling of the hands and muscular quivering are a constant symptom of this kind of disease.

Notwithstanding this affliction, the patients are of sound mind, and perfectly conscious ; they may be roused for a short or a long time from their depressed or excited condition, and are able to take part in conversation.

The acute delirium tremens of morbid craving for morphia shows itself in the course of from six to twelve hours after the administration of the drug is stopped.

The patient at first gets fretful and restless, and constantly runs about the room, cries and screams, and at last, under the influence of painful sensations, becomes maniacal.

This state of mind, lasting only for some hours, is followed by a quieter condition, which is accompanied only by hallucinations. These hallucinations are caused by all the sensual organs except the taste. They see birds of various colors, hear voices, feel as if sitting in the wet, and smell the most varied things.

Soon illusions of an hypochondriacal character supervene. The patient thinks he is dead, and has been present at his own funeral ; the persons touching him, in his ideas, get taller and taller, etc. Some of them will likewise talk to themselves, and carry on conversation with absent persons.

The trembling of the hands is increased, and is accompanied with muscular quivering, nystagmus, and tremor of the whole body.

At the commencement of the acute delirium, the voice and speech change in character.

This delirium tremens of morbid craving for morphia is not to be compared with a state of excitability also showing itself during the period of abstinence, which is caused by the administration of chloral.

If during the first two to four days a dose of forty-five to sixty grains of chloral is given against the sleeplessness, some patients, a few hours after its administration, will be-

come intensely excited. The patients cannot stop in bed, jump out of it, crying, laughing, singing, screaming, hammering at the doors and windows, knocking down the furniture, and at last begin to assault their attendants. Towards morning they become quieter, and fall asleep for a short time, awaking generally with no recollection of the scenes of the night, so that the events which occurred can only be brought back to their memory with great difficulty.

The differential diagnosis of the delirium of morbid craving for morphia from other delirious conditions, is only attended with difficulty if the original cause is kept back from the medical attendant, and if morbid craving for morphia comes under observation only in its latter stages, as then it is almost identical with chronic alcoholism in its principal symptoms, such as tremor, sleeplessness, slight impediment of speech, restlessness, mental anxiety, occasionally impaired sight, etc.

The diagnosis also becomes more difficult if the patient suffering from morbid craving for morphia had lately taken large quantities of alcoholic drink, the latter fact only being mentioned to the medical attendant.

The difference between acute delirium tremens in consequence of morbid craving for morphia, and the delirium tremens potatorum, is as follows :

1. The delirium tremens of drunkards is of spontaneous origin, or shows itself after traumatic accidents, or in the course of acute ailments ; the acute delirium caused by morphia becomes apparent only during the partial or complete deprivation of the drug.

2. In the acme of delirium potatorum the tremor mostly has gone, while it increases in the delirium of morbid craving for morphia.

3. Alcoholic beverages, often refused by the delirious person, increase the paroxysm, but never diminish or stop it ; the patient delirious in consequence of the abuse of morphia, asks for morphia, and becomes quieter for a short time after large doses of the drug have been administered.

4. The delirium potatorum lasts for several days or

weeks. The duration of delirium tremens due to morbid craving for morphia, lasts scarcely forty-eight hours.

5. The delirium potatorum ends in a collapse very often fatal, this collapse not being met with in delirium tremens of morphia poisoning.

A mistake with regard to delirium tremens resulting from lead-poisoning, is hardly possible, as the gums show no grayish hue, and there is no paralysis of the extensor muscles in our disease; the change from excitable to a drowsy condition also excluding such poisoning.—“*Morbid Craving for Morphia*,” by DR. LEVENSTEIN. London, Smith, Elder & Co., 1878.

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#### HEMIANÆSTHESIA IN CHRONIC ALCOHOLISM.

M. Magnan says that, in such cases, “whether after a sudden apoplectic attack with loss of consciousness, or little by little without other morbid phenomena than headache, dizziness, numbness, or formication on one side, the patients complain of muscular weakness, they drag the leg, let things slip from the hand, and sometimes even the speech is affected. or there may be slight facial paralysis. The paralyzed side is anæsthetic—not only the skin, but the mucous membrane and the deep structures. When the anæsthesia is complete, the different varieties of sensation are abolished; neither touch, tickling, pricking, heat and cold, nor the constant or induced currents are felt. The muscular sense is diminished, and sometimes entirely abolished. The anæsthetic members are habitually colder than the healthy ones. Sometimes the difference of temperature between the two hands may attain to between two and three degrees Centigrade.

The special senses offer modifications no less remarkable. There may be a slight enfeebling, or there may be complete abolition of function. There is amblyopia, and also a loss of perception of color. The hearing is dull, the sense of smell is diminished, and sometimes entirely abolished. The taste is diminished or lost on the anæsthetic side. In such cases, the motor symptoms sometimes rapidly pass off, whilst the sensory remain: at other times, the two sets of symptoms

pass off *pari passu*, whilst in other cases, again, the motor and sensory symptoms grow progressively worse.

In a *résumé* of one of the cases reported by M. Magnan, the man had been a drinker from the age of nineteen years. He had drunk much absinthe, and had had one epileptic attack. For two years he had suffered from paresis of the right side, with trembling of the limbs, which was more marked in the right than the left side. He was admitted into the *hospice* of St. Anne with alcoholic delirium. On admission, he was suffering from muscular weakness and anæsthesia of the right side. When the arms were extended, the right arm became much sooner tired than the left, and the trembling became much more marked; when the right leg was raised from the bed, it became much sooner fatigued than the left.

The grasp of the hand was notably less on the right side than on the left, and the patient had difficulty in standing on the right leg, but could spring with ease on the left foot.

Pin-pricks, which were felt less than in the normal condition on the left side, were not felt at all on the right, there being complete anæsthesia in that side. There was amblyopia of the right eye. Odors were not perceived in the right nostril; hearing was feeble in the right ear, and the sense of taste was very much dulled on the right side of the tongue. The hemianæsthesia persisted for ten days without change, but after that it began to improve, and, five weeks after admission, the sight appeared equally good on the two sides, the hearing was much improved, but remained a little obtuse in the right ear, taste was improved, and he could smell equally well with the two nostrils. The general sensibility, though improved, continued to be dull on the right side. The trembling ceased on both sides. The treatment consisted in the administration of iodide of potassium in doses of fifteen grains per diem, with a bitter tonic.

Prof. Charcot, in some recent lectures, has shown that hysteria is accompanied not unfrequently with hemianæsthesia, and that in three conditions it is often present: 1. Chronic alcoholism; 2. Organic brain disease; 3. In lead poisoning.

## THE LOSS OF WILL-POWER IN INEBRIATES.

An example that illustrates the slavery to alcohol, in some men, who do not seem to be much under its power, is that of a lawyer who came to the Sanitarium about a year ago; he was not much intoxicated; to hear him converse, in the dark, no one would have supposed him to have been at all under the influence of liquor. Soon after entering the institution, he made this statement (that I know now to be correct):

"I am not much under the influence of alcohol to-day, and could attend to my business as well as usual, but in three days I have a case that I must win or be ruined; it is a suit for three thousand dollars. I am now embarrassed, and must raise some funds to return a sum of money that I used while guardian for some minor heirs; the guardianship has been taken from me very properly, but I must make a settlement this week, and the only possible chance to secure the funds is to gain this suit. Now, if I am not controlled, I will be very drunk on the day of the trial, and must inevitably lose the case, and be ruined professionally, and disgrace my family. It is one of my peculiarities, that when there is an important time for me to remain sober, and I am particularly anxious to do so, I am certain to be drunk on that day; if I could be as sober on next Thursday as I am to-day, and have been for three weeks, I would be satisfied; but this is impossible, unless I am under restraint. I will pay the institution liberally, if you will keep me sober, and have me sent down to the court-house under guard of a firm man, in three days, and keep him there to prevent my drinking, until this case is completed." I, of course, consented, and at the proper time sent a man with him. HE WAS SOBER, AND GAINED THE SUIT.

Now, this man understood the principles of Christianity and believed them; loved his family and felt his responsibility; knew the value of money and was keenly conscious of the fact that financial and professional ruin was inevitable if he was drunk on the day of the trial of that case; and, notwithstanding all these facts, he would have been drunk, lost his three thousand dollars, destroyed his future prospects as a



professional man, and disgraced his family, for he would have appeared as defaulter in the matter of his guardianship; the very reason why he should have remained sober on that court-day was actually the exciting cause that would have forced him to get drunk. This phenomenon may be explained in several ways; the only one that I will mention here, is this: he had been partially under the influence of alcohol for a long time; the blood-vessels of the brain would not contract promptly without their accustomed stimulant: the excitement of the occasion would cause more blood to go to the brain than usual, therefore there was a greater demand for alcohol to enable the blood-vessels to contract with more than ordinary force to prevent that fullness of the head and confusion of thought, which invariably accompany this condition; but freedom from excitement and temptation, and the substitution of non-alcoholic stimulants for a time, and the presence of a man of strong will to help him carry out his desire to abstain from the use of his accustomed stimulant, accomplished its purpose. A prolonged use of the same helps, followed by rest, good nerve tonics, and religious encouragement, gave the same lawyer a start on the road of sobriety that he has followed faithfully, until he can now stand the excitement and the trials of life with but little temptation to drink, and no help save that which he receives from on high, and from a will-power.

DR. WIDNEY, *St. Louis.*

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**Washingtonian Home, Chicago, Ill.**

The fourteenth annual report exhibits the following statistics: Number of inmates admitted during the year, 258; average time under treatment, 49½ days; discharged during the year, 261. Balance in the treasury after all expenses are paid, \$5,083.09.

The physician reports 252 patients admitted to the hospital: 172 mild alcoholism; 45 severe alcoholism; 23 delirious with alcoholism; 4 with delirium tremens; 8 alcoholism with opium.

The Inebriate's Home, Fort Hamilton, N. Y. Tenth Annual Report, by the President, Dr. T. L. MASON, 1878.

This report discusses in a more general way, the history of the past year of this institution, bringing out many facts of much interest.

The following extracts are exceedingly significant and worthy of consideration :

"During the last year there have been three hundred and sixty-four cases treated in the institution, including sixty-four re-admissions. Of this number, two hundred and ninety-three entered voluntarily, and seventy-one were committed by the courts. The whole number of persons treated was three hundred. Eighty-five of the inmates paid more or less for board, and two hundred and fifteen received medical treatment, clothing, and board as 'indigent poor persons.'

With the exception of fifty who remained in the Home for less than thirty days, and who were, in most instances, unwilling to make the personal effort which is indispensable to succeed in treating inebriety, the patients have continued with us for an average period of thirty-four weeks and one day.

Of the three hundred who were treated during that year ninety-eight are known to be doing well in the outside world; forty-four have been lost sight of, but that very fact is an evidence that they have not returned to their old habits, or we should quite certainly have heard of them, for our experience is that those who have spent any extended time in the Home fly thither for protection against themselves when they fall; twenty-one are known to have relapsed; three have died since leaving the institution. twelve are known to have considerably improved in their habits of life, and 122 still remain within its walls."

"It has for a long time been a popular fallacy to suppose that social condition, comfortable surroundings, religious associations, educational facilities, and, last of all, marital obligations, have any perceptible influence in curbing the appetites of those constitutionally inclined to the excessive use of stimulants, or of those who have acquired this pernicious

malady through habitual indulgence. Our experience is to the contrary. No matter what may be the conditions by which the inebriate is surrounded, we find that judicious hospital treatment, personal restraint, and a lengthened period of abstinence from strong drink are absolutely necessary to the complete recovery of will-power."

The doctor calls attention to the necessity of a stringent law regulating the sale of narcotics and poisonous drugs of all kinds by pharmacists.

"Our experience goes to show that inebriety and the opium habit are very frequently to be traced to the accommodating druggist, who is willing to add brandy to his soda-water on demand, and supply opiates to order without the prescription of a physician."

"Many young men, in some instances mere youths, whose natural pride would keep them from the bar-room, contract the habit of intemperance in the drug-store. The same is true of the female sex, and these unfortunates, as a rule, belong to the better classes in our community.

Again, when the nerves are shattered, the constitution run down, and sleep an impossibility from continued indulgence in the use of stimulants, opium, chloral hydrate, and other narcotics, can readily be procured without a prescription, and are used without the direction of a physician, until the sufferer finds, too late, that, instead of being the victim of one bad habit, he has become the slave of another still worse. In nearly every case we can trace the opium habit among females to the facility with which the drug can be obtained at pharmacies where they are known.

A peculiar mania of suspicion has been noticed during the year in many cases.

The use of stimulants and drugs had been continued for such a long time that, though not suffering from the horrors of *delirium tremens*, the mind of the inebriate had completely given way under the influence, and the patient was subject to the most extraordinary hallucinations. In many instances the mental condition of these patients was most pitiable. In every case admitted to the institution, weeks, nay, months,

passed before the cerebral equilibrium was restored ; but it is a very gratifying fact to be able to record that in every instance that result was ultimately attained."

The necessity of long periods of treatment is discussed at length, with the following conclusions :

First, that the penitentiary and the jail are not the proper places for the reformation of habitual drunkards.

Second, that it is impossible to make the drunkard contribute towards his own support under the system of *repeated short sentences*.

Third, that, to accomplish reformation effectually, long sentences must be inflicted after *repeated convictions*.

Surrounded by the demoralizing influences of a prison, the work of reformation of the habitual drunkard becomes most difficult, be the superintendent of a purely penal institution ever so able or ever so well inclined.

A sentence for a long term, say two or three years, after repeated transgressions, to an institution such as the Inebriates' Home for Kings County, would, in all probability, not only accomplish the complete reformation of the inebriate, but would enable the officials to make him contribute to his own support by the establishment of workshops ; while a law investing the directors of the institution with power to exercise their discretion in the granting of leave of absence in certain cases would undoubtedly have a salutary effect.

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Pinel Hospital, Richmond, Va. Dr. J. D. MONCURE, Supt.

The report of this Asylum is very satisfactory, and indicates a large number of recoveries. The Asylum is very pleasantly situated, and is one of the great charities of the State.

Temple Home, Binghamton, N. Y. A Private Asylum for Women. Dr. S. J. TABOR, Superintendent.

This flourishing institution is steadily growing into favor. The last report indicates an increasing number of patients and the change of the asylum to a new and more elegant building.

**Washingtonian Home, Boston, Mass.** Twentieth Annual Report. Dr. ALBERT DAY, Superintendent.

This institution reports continuous prosperity. Three hundred and thirty patients have been admitted during the year; a larger number of severe cases have been under treatment than ever before, with excellent results. The whole number of patients admitted from the opening of the Asylum has been five thousand five hundred and sixty-three. The Treasurer's report shows a balance in favor of the Asylum. The Superintendent, Dr. Day, reviews the history and work of the Asylum during the past quarter of a century, giving extracts from letters of patients, with comments, etc.

The following comments are worthy of notice. In speaking of the restraint necessary, he remarks: The patient should be constantly under the controlling influence that restrains him from alcoholic stimulants, until he can control himself. Time is an important factor.

The man who thinks he can leap from a state of physical depravity to a condition of perfect health, at once, will soon find out his mistake, as we have painful evidence often during the year past. The most positive cures that we now have under observation, are those who remained at the institution the greatest length of time. There is seldom a relapse after the patient has been under treatment a year or more.

An insignificant circumstance, the word of a friend, the entreaties of a wife, sister, or mother, may place the unfortunate man under curative agencies which may lead to permanent recovery, as we have abundant proof; but after a few hours or days of treatment, the patient tells me he is cured, that since he came to our door he has had no appetite for intoxicants, I receive his statements with a degree of allowance.

I do not doubt his honesty, he does not intend to deceive, but his sensations have been stimulated, which for a time holds in check the impulse for alcoholic stimulation.

Time must elapse, medical and psychological treatment must be applied, all that train of nervous action which gives steady impulse to the judgment, which develops the higher

qualities of the mind, must be regulated, before his statements in regard to himself are entitled to any great consideration. He must be thoroughly convinced of the fact that for him to use intoxicants is wrong; that it destroys the higher and nobler qualities of the mind, and unfits him for the common duties of life. This condition is not obtained by any sudden act, but is the work of time and self-consecration to the work of reformation. In this way, and by this process of treatment, he gains control of himself, and true manhood is developed. Then he cannot be driven about by adverse winds, or by the capriciousness of different persons.

Now it must be evident to any one having a knowledge of physiology, that to effect any permanent change in the line of conduct of any individual, or a class of individuals, a change must be brought about in the character of the emotions, which must necessarily be preceded by a change in the structure of the nervous system. The first follows the second, as truly as in the order of cause and effect, as light follows upon the appearance of the unclouded sun.

It is known by every one that an act which is disagreeable to commit at first, and therefore difficult, becomes, by repetitions, much less disagreeable, and much less difficult in its execution. In fact, by frequent repetition its commission in many instances becomes a pleasure, and this shows conclusively that the judgment is perverted.

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**Physics of Infectious Diseases.** By C. A. LOGAN, A.M., M.D.  
Chicago, Ill. Jansen, McClurg & Co., 1878.

A volume more or less unsatisfactory, yet covering a wide subject, and in many respects very suggestive. We trust the author will extend his observations in some of the new fields he has opened up, for there are evidently many important facts to be discovered.

**Certain Symptoms of Nervous Exhaustion.** By Dr.  
GEORGE M. BEARD, N. Y. City.

This is a reprint from the "Virginia Medical Monthly," and is one of the most suggestive contributions to the subject we have seen.

St. Louis Sanitarium, St. Louis, Mo., 1878. Dr. C. T. WIDNEY, Superintendent.

The annual report of this Asylum exhibits an unusual number of opium cases under treatment, and is of great interest.

179 patients have been received during the year, 58 of which were opium cases; 24 of this number were ladies. 7 cases were reported from chloralism, and 5 from bromide of potassium. No female inebriates are taken.

Of the inebriates, 71 out of 109 are reported cured, and 14 relapsed, and 5 expelled for violation of the rules. As a reason for this remarkable result, it is stated that the patients came from the higher walks of life, and are anxious to get well, nearly all of them being voluntary.

Of opium cases, the same remarkable results seem to have followed: 48 out of 58 are reported cured. Length of time in which opium was used was from 1 to 22 years; length of time under treatment, from 4 to 16 weeks, and the amount of opium used, from 1 to 60 grains a day. The use of alcohol was the cause of relapse in three cases.

The following quotation is not the experience of all asylums, and will excite some attention:

"We have found the 'opium habit' much easier to cure than alcoholism, and we believe that nearly all cases can be cured where there is no disease complicating it. We are glad to state that opium cases can be treated successfully without being subjected to much pain or inconvenience."

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The Fifth Annual Report of the New York State Inebriate Asylum, Binghamton, N. Y. For the year 1877.

One hundred and sixty-four patients have been admitted during the year; eighty-five have been discharged reformed or cured, and forty-six were discharged not benefited.

The board of managers make the following pertinent suggestions:

Experience has shown that the most degraded drunkards

can be restored to health and usefulness through the agencies of asylum treatment. Occasionally voluntary effort on the part of individuals far advanced in the drunken habit, has accomplished reformation and restoration to society of useful citizenship. Commonly, however, the process of reformation in confirmed drunkenness is obtained only through instrumentalities to which the subject of indulgence willingly or unwillingly submits. Voluntary submission to treatment in the asylum, while capable of yielding the most gratifying results, is subject to check and hindrance because of brief duration, the restlessness of the patient under restraint, overconfidence in his ability to resist temptation upon again entering society, and the consciousness that he is at liberty at any time to leave the institution.

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The Asylum at Walnut Hill, Hartford, Conn. Third Annual Report. The Case, Lockwood & Brainard Co. 1877.

This report by the Executive Committee includes a petition to the Legislature, and is among the most valuable reports of the year.

It discusses at some length the following propositions :

*First.* That the drunkard can be cured.

*Second.* That inebriate asylums have proved themselves to be a blessing to the intemperate, and a relief to community.

*Third.* That inebriate asylums lessen the number of patients in insane asylums.

Under these heads are presented the testimony of eminent men, and the resolutions of societies, statistics, etc., a mass of evidence that is very direct and conclusive.

The report of the Committee relates farther to the opening of the Asylum, and the urgent demand in the State for such an institution. The admirable law regulating this class is published. The directors and managers represent some of the most influential men in the State, and altogether this institution has a very promising future.



Shady Lawn, Northampton, Mass. Dr. A. W. THOMPSON,  
Superintendent.

This excellent Asylum takes cases of diseases of the mind, as well as inebriates and opium-takers, and is admirably situated, and furnished with every appliance which science and skill can furnish. The report indicates a large degree of prosperity and usefulness.

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The *Young People's Comrade* is a children's temperance journal of unusual attractiveness, both in style and matter. Published monthly by Z. P. Vose, Rockland, Maine; price, 60 cents a year.

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We have a number of reports of different asylums that are in process of formation, embodying general facts, already familiar to the public, and hence laid over for the future.

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#### MENTAL CONDITION OF INEBRIATES.

The inebriate usually leads a dreary and wretched life, his judgment is capricious and uncertain, his affections are often perverted, his sense of what is right and just is frequently blunted and destroyed. He almost invariably ascribes his condition to his associates, or perhaps to his nearest kindred and friends. Often those who are most kind and devoted to him are supposed to have bad motives. His mind is peopled with disordered fancies, over which his appetite and passions reign with imperious sway. At any time he is liable to break out, exhibiting phases of character and disposition opposite to that ever seen before.

## Editorial.

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### THE HABITUAL DRUNKARD'S BILL.

A very important advance of public sentiment is indicated by the passage of the Habitual Drunkard's Bill, to the second reading in the British House of Commons, July 3, 1878.

Eight years ago this subject was presented, first, by the late Dr. Dalrymple. Two years later, a committee of Parliament, before which Drs. Parrish and Dodge were called to testify, reported in favor of a law organizing asylums. The death of Dr. Dalrymple soon after caused the subject to be dropped, and not until 1875 was it agitated again. Another committee was appointed, and additional testimony gathered, resulting in the present bill, which we published in full in No. 3, of Vol. I, of *QUARTERLY JOURNAL OF INEBRIETY*. This bill was discussed at some length in the House of Commons, and not a dissenting voice or sentiment was uttered. The following quotations from the discussions are very clear, and in striking contrast to the views and speeches of many American law-makers :

"Dr. Cameron, in moving the bill, described the history of the movement for the past eight years, and explained that the object of this legislation was to empower local authorities to establish retreats for the curative treatment of drunkards. And that they were to be under boards of inspection and visitation, the same as lunatic hospitals.

"There were fourteen such hospitals or asylums in England, and this bill was to give these more control over their patients. From the information before the committee, it was clear that confirmed and habitual drunkenness soon passed into a condition of disease uncontrollable by the individual, unless by extraneous influence, that the craving for stimu-

lants became so overwhelming, that everything was sacrificed to its indulgence ; that the disease, if treated on this theory, was susceptible of cure ; that the average number of cures were from thirty-three to forty per cent. of the admissions, and that the cures were as complete and permanent as of any other form of disease, mental or physical. The reason the proportion of cures were not greater, was to be ascribed to the want of power to induce or compel persons to submit to treatment for the requisite period. Further evidence before the committee showed that there existed a very close analogy between habitual drunkenness and the various forms especially of mental disease. Prolonged indulgence in alcohol after a longer or shorter time, brought on certain alterations of structure, especially of the nervous system. The result of these deteriorations of structure were, first, depression of vital force, giving rise to a craving for stimulants ; and, second, a depression of the force of intellect and the will, which rendered the patient unable to resist that craving. It was also shown that twenty per cent. of the English lunacy, and fourteen per cent. of American lunacy, was due to habitual drunkenness. The hereditary tendency to lunacy was also frequently the effect of excessive drunkenness. In some cases men who were heretofore sober and steady became suddenly intemperate after a sunstroke, or after receiving a blow or wound. There was a monomaniacal character about the offenses committed by many inebriates ; as the following instances show. A woman was committed 137 times for drunkenness, in twenty-one years, each time she smashed windows. An old soldier stole bibles each time he drank, and was at last transported for life ; another stole spades, and another women's shoes, and the third tubs ; although there was nothing in the occupation of any of these persons to warrant such acts.

"This condition of disease required long and special treatment, to enable the system to recover its tone and subdue its morbid craving for drink. There are a number of institutions already in existence. As an illustration of their value and demand, the St. James-house at Kensington, received in ten

months, 410 applications for admission, and an asylum for ladies in the same place, received 547 applications the first nine months. With a proper power of detention, permanent recovery would follow in a large number of these cases. Reference was made to Dr. Bucknil's statements as founded on the most superficial information, and unworthy of credence," etc.

Sir Shuttleworth supported the bill in a long speech, and mentioned an instance of an inebriate who had been in prison ten and a half years out of twenty, for drunkenness, costing the state over £400; and this was in no way exceptional. He cited the evidence that was presented to the committee, that habitual drunkenness was increasing. In 1858, the number of persons charged with drunkenness was 13,000, in 1875 it had arisen to 34,000. Taking into account the increase of population, this was an increase of seventy per cent. There was a large number of persons in insane asylums that should be in these retreats, etc.

The Earl of Percy, Sir M. W. Ridley, Sir J. M. Kenna, Sir Selwin Ibbetson, Sir H. Johnston, Dr. Playfair, and many others, made commendatory speeches, urging the passage of the bill, and its need at the present, etc.

The London *Times*, in a long editorial, remarks significantly, "The belief that drunkenness can be controlled by law, and ought therefore to be so controlled, exists too widely to be neglected by practical statesmen.

When this bill becomes a law, it will give employment to the benevolent efforts of the anti-alcoholic crusaders. It seeks to take advantage of the man's lucid intervals, and give him the means, while they last, of guaranteeing to himself that they shall be more or less permanent. The submission to restraint for a period is no great price to pay for a life-long freedom. A year of sobriety is a treasure which the drunkard will not willingly throw away when he gains his liberty. That the recovery is permanent, the most sanguine can not hope for in every case, but a fair percentage of cures are known to follow, etc.

The Habitual Drunkards' Bill will give scope in the best

possible way to philanthropic impulses, not always wise in their choice of means, but too strong and too valuable to be fit subjects for mere repression.

We hope the bill will become a law during the present session, and the experiment of compulsory legislation in favor of sobriety will be fairly tried in its simplest and most reasonable form."

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We have given more than usual space to the literature of opium inebriety, and it is evident that the subject is rapidly growing in interest. The use of opium and its compounds is increasing in this country, and the time is not far distant when legislation and active measures to control its use will be in force in all the states.

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Dr. Daniel H. Kitchen has resigned the superintendency of the New York State Inebriate Asylum at Binghamton, N. Y., and Dr. Moreau Morris, late superintendent of the Metropolitan Health Board, has been appointed in his place.

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Dr. Bucknil, notwithstanding the repeated and authoritative denials, continues to assert that American inebriate asylums are practical failures. The London *Lancet* says, with caution, that, from the evidence within their reach, this conclusion is apparently supported, and yet they have the good sense to support the Habitual Drunkard's Bill, as it is likely to become a law, only urging that all asylums for inebriates should be under direct control of the State. As for Dr. Bucknil, he has evidently some special purpose to accomplish, other than that of presenting the truth, particularly when the evidence is so ample and accessible to the contrary.

## Clinical Notes and Comments.

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### CLINICAL PROOF OF HEREDITY.

In alcoholism, as in all affections which are transmitted from ancestors to descendants, we may recognize the heredity of similitude as well as the heredity of change. The heredity of similitude presents itself in two aspects. It remains latent, and requires the influence of example and circumstance to awaken it, or it may burst forth in a sudden manner without seeming cause. Esquirol reports a case where the death of a grandfather and father had quickly followed their thirst for drink, in which the little son at five years of age showed a decided taste for the same kind of drink. The author knows of a case where a person died early from alcoholic excess, leaving an infant who at a very early age showed a decided tendency to intemperance, until now, at maturity, he has developed a partiality for the same drink which his father loved. Fusch speaks of a dissolute drunkard who came to his end after having plunged his family into profound misery; two of his sons early presented the same vice, and the third, after remaining sober until his thirtieth year, suddenly drank in a violent way. Of suicide associated with alcohol, the history of the family Dufray presents an interesting example. It consisted of four brothers, who were addicted to the most excessive drunkenness and licentiousness. The eldest drowned himself, the second hanged himself, the third cut his throat, and the fourth threw himself from a third story and was killed. Drunkenness is a complex state, being generally accompanied by physical or nervous disturbances, as will be seen in the following example:

*Observation I.*—The head of the family was a drunkard and debauchee. His wife was remarkably sober, although

the daughter of a drunken father, and sister to two youths who had inherited their father's vice. Of this marriage were born three boys and two girls. The eldest is as immoral as his father, and presents an organic lesion of the heart. He married a wife who seems to offer nothing abnormal. They had three children, two girls and a boy. The eldest manifested violent sexualism at an early age, and gave birth to a hydrocephalic child to an unknown father. The second girl is almost as dissolute as her sister, and the boy is quite imbecile, epileptic, and a drunkard.

2. The second son has been treated twice, in an asylum, for mania with homicidal impulses.

3. The third son, after an existence of debauchery and pleasure, died at the age of twenty-one years, of consumption, hitherto unknown in the family.

4. The eldest of the girls has been married for twelve years, to a sober, intelligent man. Out of six of their children the heredity has fallen upon one, who is drunken, licentious, and a thief.

5. The youngest daughter has lost all moral sense and decency, leading a most irregular life, although well married.

This observation presents two interesting considerations, viz. :

1st. Sexual desires show themselves early in the children of drunkards, and are associated with an absence of moral sense.

2d. Phthisis, when not hereditary, is capable of being produced by spirituous excess. Magnus, Huss, and Lanny, have supported this thesis by numerous examples.

*Observation II.*—The father died of cerebral softening, determined by alcoholic excess. The mother died of ascites, cause unknown. The result of this marriage was one daughter, who married a man who has no trace of hereditary disease. They have had six children: 1st, an idiot, born blind; 2d, an imbecile; 3d, an imbecile; 4th, imbecile and born blind; 5th, well gifted, morally and physically; 6th, born an idiot. Here we find the evil influence passing over the immediate descendants, and attacking in various ways the next generation.

*Observation III.*—The grandfather was a drunkard, which is all that is known of him. His wife died of cancer; an only son, a rough and violent fellow, died of alcoholism in an asylum for the insane. The son of this latter was of an extremely impressionable nature, not able to bear the sight of any cutting instrument, and was liable to be thrown into a state of nervous excitement at the sight of a soldier or an armorer's shop. He married, and since has had an attack of mania, during which he attempted suicide. He has had three children, of whom the eldest died soon after birth; the second, not yet two years old, presents nothing worth notice; the third was hydrocephalic, and died in convulsions.

TAQUET *on Heredity.*

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#### ALCOHOL AS A MEDICINE.

The phenomena induced by alcohol may be divided into four stages: The first stage, in which the excitement, vascular and nervous, is prominent; the second, in which there is some slight failure of power, muscular, nervous, and mental; the third, in which there is great failure of these powers, with reduction of the animal temperature; and the fourth, in which there is complete narcosis, with great reduction of temperature.

In administering alcohol as a medicine, the four stages or degrees of its action must always be borne in mind; but it is not often we should ever have to push its use to the extremest degree. It is true if we had no better general anæsthetic we might be inclined to induce the third or fourth degree of narcotism by means of it for making operations painless. It is true that if we had no better relaxant of muscular fibers, we might be led to administer it to the third or fourth degree in order to reduce a dislocation; or in instances of spasm, such as asthma, colic, tetanus, or angina pectoris, we might, in the absence of a more active remedy, resort to it in order to produce relaxation.

DR. RICHARDSON, *Hunterian Society Lecture.*



THE AMERICAN ASSOCIATION FOR THE CURE  
OF INEBRIATES.

The ninth annual meeting will be held at Boston, Mass., commencing Tuesday, September 10, 1878, at 10 A.M., in Union Hall, on Boylston street.

The following papers are promised :

"Heredity as a cause of Inebriety." By DR. B. N. COMINGS, New Britain, Conn.

"Advantages of Hospital Treatment in Opium Cases." By DR. C. T. WIDNEY, St. Louis, Mo.

"The Automatism of Inebriety." By DR. GEORGE L. BEARD, New York City.

"Criminal Inebriates." By DR. T. D. CROTHERS, Hartford, Conn.

"New Method of Treatment in Opium Cases." By DR. J. B. MATTISON, Brooklyn, N. Y.

"Inebriety a form of Insanity." By DR. JOSEPH PARRISH, Burlington, New Jersey.

"The Relation of Alcoholism to other Diseases." By DR. ELISHA CHENEY, Boston, Mass.

Other papers have been promised by Dr. Day of Boston, Dr. Moncure of Richmond, Rev. J. Willett of Fort Hamilton, Dr. Willard Parker of New York City, and others; but the titles have not yet been received.

The President's address will occupy one evening, and a public reception at Washingtonian Home the second evening. A trip down Boston harbor is arranged for Wednesday afternoon, and altogether a meeting of unusual interest is expected.

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The *American Bi-Weekly*, in mentioning the fact that tape-worm was a cause of dipsomania, stated in our last number, thinks that there are a good many doctors about Louisville who need Koussou tea badly.

Alcohol paraplegia is prominent by the paroxysm of intense pain coming and going, with distinct intervals compared to electric shocks; this pain exists alone a long time before any motory disorders follow.

**GENERAL PARALYSIS AND ALCOHOLISM.**

General paralysis is one of the diseases which are most frequently associated with alcoholism. General paralytics are not only induced to drink by the peculiar characters of their delirium, but they are led also themselves to seek for opportunities of drinking; and we may also observe in them all the degrees of acute alcoholic intoxication. Sometimes, when alcohol is taken in a small quantity, it excites or stimulates that morbid activity which is already so prompt to display itself in paralytics; at other times, exceeding this limit, it provokes illusions or some hallucinations in addition to the excitement; and, finally, in a still higher degree, it gives rise to an attack of alcoholic delirium which masks both the physical and intellectual symptoms of the general paralysis, rendering all exact appreciation of the mental condition impossible; whilst by its hallucinations it excites delirious ideas which appear most prominently, and hide all the other mental phenomena. On the other hand, the alcoholic trembling being much the more marked, overbears the motor phenomena of the paralysis, and, in some cases, when the tremors involve the muscles of the face, even the embarrassment of speech loses its peculiar character. "MAGNAN."

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**LEGAL TREATMENT OF HABITUAL DRUNKARDS.**

On October 1, 1877, there were in Belfast jail, Ireland, ten prisoners who had had one thousand six hundred and thirty-six convictions recorded against them, an average of one hundred and sixty-three convictions. They had cost, while in prison, £1,780. In 1875, there were a thousand persons in prison in Ireland, against whom, in all, five thousand convictions had been recorded.

Of these, two hundred and fifty had been imprisoned in Belfast jail; their imprisonments amounted to eleven thousand, and their cost in prison to £14,000. These figures, which may be multiplied indefinitely, speak eloquently of the

utter uselessness of the present mode of dealing with habitual drunkards by sending them to prison for short periods ; a method which, as Dr. Moore points out, is neither punitive, curative, nor preventive. He recommends that any person convicted of drunkenness four times within twelve months, should be considered an habitual drunkard.

Habitual drunkards should be committed like prisoners under remand ; but the remand should be for a period of not less than three months. When so remanded, they should be set to work in prison, and those who earn more than covers the cost of their maintenance, should have such sums placed to their credit, to be applied to their use after their discharge, or given to their families in the meantime, if such were dependent on them. Habitual drunkards, when discharged before a period of three months, should be placed under police supervision which would extend over twelve months. Short sentences, he points out, do not permit the effects of the drink to be eliminated from the system. The discharge of such persons at the end of a short term tends to break down any moral reformation, should such have begun. It prevents any system of remunerative labor being carried out in prisons ; and it exposes the public to suffering from crimes committed which would otherwise be prevented.

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#### ALCOHOL AS A MEANS OF PROLONGING LIFE.

By many alcohol is supposed to suspend vital action so as to prolong that action, and is therefore a conservative remedy.

The evidence upon which this argument rests is at best conflicting and wanting in proof. The chief argument is that some men or women have lived for many weeks, and even months, when deprived of all support except alcohol.

There are, however, two objections to the evidence of such cases, as well as to the inference drawn from it.

The first objection is that the medical observer is liable to be deceived by the statements of those who have the patient under observation.

If the evidence were true, there is no proof that the alcohol played the part assumed as distinct from the water that accompanied it. In 1828 Dr. McNaughten of Albany, N. Y., reported a case which had subsisted on water for fifty-three days alone. The author attended a man who refused all food except water, and so far as could be ascertained, had nothing else for eleven weeks. Other cases of miners who were incarcerated in mines for days with nothing but water, are equally conclusive.

We must, therefore, accept the evidence of the value of alcohol in regard to its sustaining power *sub judice*, and when we come to practical concerns, where there can be no doubt whatever, we must be even more reserved. In the treatment of starvation in cases of stricture of the œsophagus, the very types of cases of the kind under consideration, no more injurious practice can be applied than the administration of alcohol by any means. In such instances alcohol excites the heart, produces febrile disturbance, interferes with the natural secretions, increases cough, and encourages waste. By the side of milk it has no place whatever, neither does it offer a single indication of its value as a food.

DR. RICHARDSON, *Hunterian Society Lecture.*

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#### ACTION OF ALCOHOL ON THE TISSUES.

When the proportion of alcohol exceeds one part in five hundred, the power of the blood corpuscles to absorb oxygen is lessened, and the water is rapidly abstracted from the blood discs, making them adhere; increasing the coagulability of the fibrinous or plastic part of the blood, and the tendency to be deposited in various vessels and organs greatly increased.

CHLOROFORM *versus* ALCOHOL.—Alcohol taken before chloroform is given, renders a less amount necessary to produce narcotism, but makes recovery more difficult.

In syncope, alcohol is dangerous. Ammonia is the only safe remedy.

### HISTORICAL.

The American Association for the Cure of Inebriates was formed in New York city, on the twenty-ninth of November, 1870. Dr. Willard Parker was the first president, and Dr. Joseph Parrish, secretary.

At that meeting the following declarations of principles were made, which have stood the adverse criticism of nine years, and the practical test in over forty asylums in this country and Europe.

The following are the principles then put forth and unanimously adopted:

Intemperance is a disease. It is curable in the same sense as other diseases are.

Its primary cause is a constitutional susceptibility to the alcoholic impression. This constitutional tendency may be inherited or acquired.

All methods hitherto employed having proved insufficient for the cure of inebriates, the establishment of asylums for such a purpose is the great demand of the age.

Every large city should have its local or temporary home for inebriates, and every State one or more asylums for the treatment and care of such persons.

The law should recognize intemperance as a disease, and provide other means for its management than fines, station-houses, and jails.

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### THE PERMANENCY OF THE CURE OF INEBRIETY.

I suppose that in the treatment of any ordinary disease, a cure is considered to be accomplished when the disease for which the man is treated has been so far removed that he can go out and attend to his business. You may have an attack of rheumatism, and put yourself to bed and be under treatment for a month and get well, and go out again and you are cured. You may have a recurrence of the attack by exposure to the same influences that produced the first, in the course of a few months, or a year or two; then you may

go back to bed, go through another course of treatment and be cured again. But in that sense the popular mind has not been disposed to look upon this disease, though I believe it is perfectly correct to call a man cured of inebriety, who has been under treatment six months or a year, although he may relapse soon after exposure. I have thought it better to bend to some extent to the popular notion, and wait for years before we called a case permanently cured; although there is no such thing as permanent cure of any disease. In all asylums I believe the rule is to follow up the case for a considerable time after its removal, and if they still continue sober, a cure is reported. In my experience it is exceedingly difficult to determine the permanency of cure in every case. Some of the most chronic cases will do well, and others, very hopeful, relapse.

The fact that a large number are permanently cured who come to the different asylums, and remain sufficiently long, is beyond all cavil or question, and I believe this number is increasing every year, giving the strongest encouragement to all who are interested in this field of charity.

DR. PARRISH.

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#### EFFECT OF OPIUM IN THE EAST.

The confirmed opium-eater in the East seldom lives beyond the age of forty, and may be recognized at a glance by his trembling steps and curved spine, his sunken, glassy eyes, and sallow, withered features. The muscles, too, of his neck and fingers often become contracted. Yet incurring even this penalty will enable him to indulge his vice only for a certain length of time. Unlike the healthy enjoyment which we derive from our appetite of hunger, and which nature herself renews periodically, the enjoyment of the opium-eater gradually diminishes as his system becomes habituated to the drug. From time to time he must increase the quantity which he takes, but at length no increase will produce any effect. Under these circumstances he has recourse to a dangerous expedient; he mixes a small quan-

tity of corrosive sublimate with the opium, the influence of which is thus for a time renewed. Then these means also fail; when the victim must bear the miserable condition to which he is reduced, until probably, sooner or later, he sinks into the grave. On the excitable temperament of the Malays and Javanese, a strong dose of opium causes a state of frantic fury amounting almost to madness, and this often ends in that homicidal mania which has been called "running a muck;" in other words, in the individual attacking with his crease or dagger every one whom he meets, so that it becomes necessary to shoot him down with as little compunction as we do a mad dog. In Java, opium is not allowed to be sold except in an adulterated form, the risk of these evil consequences being thus in some measure lessened.

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#### ALCOHOL TO DEBILITATED PERSONS.

The free administration of alcoholic stimulants to the weak and debilitated, especially when there has been hæmorrhage or long-continued suffering, and perhaps too great dependence on stimulants, has led to the sudden development of embolism. A clot of fibrin has been deposited rapidly in the heart or large bloodvessels, and the patient is dead in a very short time.

I have also seen many cases of paralysis and epileptiform convulsions, which had been caused by embolism, and which in my opinion had been promoted by alcoholic saturation. Such cases have done well, and have ultimately recovered, if alcohol have superseded; but if it had been persevered in, in most instances which I recollect, there was a continuation of the disease. An excessive quantity of alcohol does impede the purification of the blood, and the elimination of carbonic acid by obstructing endosmose and exosmose in the lung capillaries; the purple tint which pervades the skin of the regular toper is sufficient proof that this is true. Observation shows that the exhalation of carbonic acid is decreased in quantity after imbibition of alcohol.—*Carpenture.*

## ALCOHOL TO NURSING MOTHERS.

There is no form of alcoholic prescription less excusable and more unscientific than stimulants to nursing mothers. The best forms of ale contain less than a teaspoonful of nourishing material to every ten pints. If the flow of milk is inadequate, a diet of oat-meal gruel, or porridge, soups, milk, farinaceous food, and chops, will do more than all the alcohol that can be used. The languor and weakness of the mother is increased, and the child becomes fretful from the narcotizing properties of the spirits. The action of alcohol keeps the blood charged with carbon, lowers vitality, and increasing nervous irritability; also diluting and adulterating the supply of milk for the child. Convulsions, diarrhoea, and anæmia are most common results in the children of nursing mothers who use alcohol.

If they survive these effects, a special tendency is given to organism, which, in certain conditions, will break out into inebriety. In a detailed history of twelve cases, made by Dr. Crothers of Walnut Hill Asylum, Hartford, Conn., three could be distinctly traced to stimulants taken by the mother during lactation. Two of the mothers of these cases were free from any constitutional taint or inherited diathesis, and were ordered by the physician to use stimulants freely, on the supposition that it was food. The third mother had taken stimulants for years in small quantities, and during lactation had increased it.

These are hints only, which can be supplemented from the case-book of nearly every physician in large practice.

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It is a fact to which there are but few exceptions, that the children of drunkards are deficient in bodily and vital energy, and are predisposed by their very organism to have cravings for alcoholic stimulants. If they pursue the course of their fathers, which they have more temptation to follow and less power to avoid than the children of the temperate, they add to their hereditary weakness, and increase the tendency to idiocy or insanity in their constitution: and this they leave to their children after them.



## INEBRIETY IN WOMEN.

The question is often asked, Is there much inebriety among American women?

The answer is difficult, for we have no reliable data, and the statistics of police courts and penitentiaries are only indications of the lowest strata of society, largely composed of foreigners.

The middle and upper classes of society are ordinarily less exposed, because they lead a life of great activity, and are usually prominent in the management of the family.

By many observers it is thought that the peculiar mental and nervous strain incident to the rapid changes of circumstances and condition, common to American women, predispose them to inebriety.

This is true to a limited extent only; relief from this condition is more often sought in narcotics such as opium, etc.

From a general survey of the more active causes, it is evident that inebriety exists to a considerable extent among all classes of women in this country; also, that it is less prominent than in men, but more precipitate and rapid in its progress.

Among the first reasons or active causes, may be mentioned the peculiarly susceptible nervous organization, always on the verge of exhaustion, and always called upon to lead and keep up in society.

The relief which alcohol seems to bring from suffering and care, is the temptation to repeat it; and the sanction of the physician, or a prescription of stimulants, are undoubtedly the starting point in many cases. When we consider the number of strong men (comparatively) who suffer from inebriety beginning in this way, we cannot wonder that women more or less physically weak should fall as they do.

Others have considered that wine at places of amusement, or after the heat of dancing, had a peculiar effect in predisposing them to inebriety, by producing some shock to the nervous system, or condition of cell change more or less permanent. This theory is probably based on the fact that

on such occasions, conditions of excitement and exhaustion are present.

It is the observation of Dr. Tabor of Temple Home, Binghamton, N. Y., that inebriety in women is more precipitate, and difficult to cure.

It is in most cases concealed a long time before it comes under the care of the physicians for treatment; hence these cases are more or less chronic.

Dr. Haddon of Manchester, England, has in a recent paper discussed at some length this subject, particularly the effects on the constitution, from which we make the following pertinent extracts:

"On man effects of intemperance are pretty well known. He seldom attempts to deceive us; and even if he does, with moderate care we can generally make a correct diagnosis of his case. It is, however, far otherwise with women. Happily it is still regarded as a great disgrace for a woman to be intemperate; and so she is bent upon deceiving us. We need expect no help from her in arriving at the real cause of her ailments, and it is very probable that the young and inexperienced practitioner will be unable of himself to arrive at a correct diagnosis or appropriate treatment. His patient, with a success which is pathognomonic, will conceal from him her failing, and he will, in the great majority of cases, receive from her husband or friends not even a hint as to the real cause of her suffering. Could he once find his patient intoxicated, showing the slightest symptom of inebriation, or even smelling of drink, his suspicions might be aroused; but he may watch a case carefully for a lengthened period, and never be allowed such an opportunity. Various perfumes are had recourse to to overwhelm the alcoholic odor, and if he should happen to call when the patient has not full command of her powers, there will be some plausible excuse for not seeing him.

"Ladies, as a rule, take small quantities of their favorite tippie, just sufficient to produce the effect desired, and they may do so for long enough before even the husband discovers the truth. Under such circumstances, how important it is

that we should know any symptoms likely to be developed in an intemperate woman, lest, unhappily, we prescribe stimulants for symptoms which are themselves the results of intemperance; and this has actually to my knowledge been done by men of long experience and reputation in the profession in Manchester. If we excuse and fully sympathize with senior members of the profession when such unfortunate mistakes are made, what can we expect from our younger brethren, who know nothing of, and in their innocence never suspect intemperance in woman as a cause of disease?

"What, then, are the effects of intemperance in woman? The digestive system, as a matter of course, suffers. The tongue is occasionally tremulous, has a flabby, furrowed aspect, with a very slight coat of a white or brownish tint. The appetite is capricious, and there is frequently sickness in the mornings. They have little relish for breakfast or dinner, but as a rule enjoy a good supper. They seldom drink any stimulants with meals, and are apparently abstemious. The bowels are irregular in their action, with frequent diarrhœa. Sleep is often disturbed, and they get up in the morning with a feeling of fatigue. Hysterical symptoms are commonly met with, accompanied with severe neuralgia. The pulse is fast and soft; and frequently palpitation is complained of. With all this, if they are otherwise healthy, they do not become thin or emaciated; but, on the contrary, grow flabby and stout. These may be taken as general accompaniments of intemperance in women.

"In all who have not reached the menopause, there is irregularity in the menses, with a tendency to menorrhagia, which may amount to actual flooding. Such a condition, apart from uterine disease, would lead us to suppose that the blood was in a watery state, or deficient in fibrine; but I have observed cases of intemperance in which the menstrual fluid was highly coagulable, giving rise to coagula in the uterus itself, and simulating abortion. Thus it would appear, if my observations are correct, that we may have two very different effects from the same cause. The unmarried suffer from obscure uterine and ovarian symptoms which obstinately resist all treatment; whereas, the victims of intemperance in

married life, in addition to such ailments, are subject to frequent abortion, generally in the early months of pregnancy. As a rule, conception takes place readily, and the rapidity with which abortion follows abortion is truly appalling. Syphilis has a well-earned reputation as an abortifacient, but it must yield the palm to confirmed female intemperance. Against the syphilitic taint we can direct our treatment; and in time, without treatment, the taint may disappear; but the intemperate woman is curable by no drug, and her infirmity increases with her years. Such are the effects of intemperance on the body of its victim; its effect on the mind is, if possible, worse. The moral sense is deadened, and no sacrifice is considered too great for the gratification of the morbid appetite.

"On her family the effects of intemperance are strongly marked. Children born at the full time are generally weak and puny, and likely to fall at an early age victims to disease.

"If the effect of stimulants taken to excess by women be such that the uterine functions are affected as I have pointed out, we cannot be far wrong in concluding that their moderate use must have an effect which differs only in degree, and not in kind. If this be so, it is possible that a large proportion of our excessive infant mortality may be due to the malnutrition of the embryo, caused by the use of alcohol. Suggestions have been made to treat the child in utero, by giving medicine to the mother: let me rather suggest, that we first endeavor to prevent the mother from eating or drinking anything which is likely to interfere with the nutrition of her unborn child."

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CAUSE OF INSANITY IN PARIS.—From some late researches it appears that a large number of insane now confined in various hospitals in and about Paris, became so from drink taken during the siege of Paris in 1870 and 1871. Food was scarce, and all kinds of alcohol abundant, hence it was resorted to freely for its supposed value as food, and for warmth. Such a toxic agent acting on frames enfeebled by want, and minds exasperated by defeat and sorrow, on passions inflamed by scenes of carnage, etc., would very naturally drive them to insanity.

### ACTION OF MORPHIA ON THE DIGESTIVE ORGANS.

Dr. Levenstein of Berlin, in a number of experiments on dogs with morphia, deduced the following conclusions:

1. That internal application of morphia sooner paralyzes the digestive powers of the stomach than the subcutaneous injection.

2. Both ways of administering morphia bring on functional disorders of the secreting nerves.

3. Both cause catarrh of the stomach and intestinal tract.

4. Large doses of morphia, given internally, cause a sub-acute catarrh of the stomach, on account of the irritating chemical action of the morphia.

5. The subcutaneous injection of morphia causes a chronic catarrh of the stomach and intestines in a mechanical manner, because in consequence of the impaired influence of the secreting glands, due to the action of the morphia, the secretion of the digestive fluids is stopped altogether, or, at least, diminished in quantity, and consequently the intestinal tract is encumbered for a longer time by the ingesta.

The supposition that the action of the secreting glands is diminished, or stopped altogether, by the use of morphia, is verified by an experiment of Claude Bernard, and by my own observations:

Claude Bernard, after giving morphia to a dog, and inserting a tube into the secreting duct of the submaxillary gland, did not observe any secretion. The shrinking and wasting of the mammary glands of pregnant dogs and rabbits, after continued injection of morphia, is a result of my own observation.

This functional derangement of the digestive glands also explains the respective symptoms of morbid craving for morphia, as well as those noticed during the first days of abstinence. The nausea, vomiting, and constipation during the use of morphia is caused by the chronic intestinal catarrh, which, although developing itself in a mechanical manner, yet is later on a consequence of the paralysis of the secreting glands.

When, during the treatment of morbid craving for morphia, the drug causing the paralysis of the secreting glands is stopped, these latter are again stimulated to action. This sudden change, until the equilibrium is established, causes a superabundant secretion (increased flowing of tears, salivation, coryza). These, as well as the alterations in the peristaltic action, may be taken as the reasons causing the stormy symptoms on the part of the digestive tract.

Other experiments were made which showed that an irritating or paralyzing influence, on the part of those organs dependent on the sympathetic nerves, must be explained by functional derangements of the central organs.

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#### TOBACCO STATISTICS.

The quantity consumed in Great Britain is 20,000,000 pounds; in France it is 44,000,000 pounds; in Austria, 81,000,000. It is a principal source of revenue to every continental State. In 1865 Austria smoked 1,900,000,000 of cigars, nearly. Russia raises 25,000,000 pounds of tobacco for home consumption.

We may give our readers some slight idea of the tobacco used in this country by stating that a single firm in New York paid to the government for the month of September 1867, a revenue tax of \$123,000. Its average monthly tax for internal revenue is over \$100,000. The shipments of snuff by this house to one town in North Carolina amounts to 100 barrels a month, or 1,200 barrels annually. And this is but a tithe of the snuff merely sold by one firm. The wonder is, what becomes of it all.

In Constantinople, any Turk caught in the act of smoking, was placed upon an ass, with his face toward the animal's tail, and his nose transfixed with a pipe, and thus conducted through the streets. In Russia, the penalty was—for the first offense, the knout; for the second, death. In papal countries excommunication was the penalty, and the offender was *anathema maranatha*.

## DRUNKENNESS AND INSANITY.

Unquestionably it may be a matter of the most serious import to an alleged lunatic and his family that he should be placed under control and prevented from squandering his means, whether through inattention to business, profuse expenditure, or absurd speculations; and it is from considerations of this kind that the State has been frequently urged to exercise control over the actions of those who are unable to resist the craving to indulge to excess in intoxicating liquors.

Hitherto, however, the State has persistently declined to regard such loss of self-control as equivalent to lunacy, and the detention of persons of this class as lunatics accordingly becomes illegal as soon as a sane state of mind has been regained through abstinence from intoxicating drink. Many medical men hold this decision to be wrong, and are of opinion that an habitual drunkard, although rational for the time being, through compulsory abstinence, is yet not a fit person to be allowed his liberty, or permitted freedom of action; and every one who has witnessed the distress and misery which the presence of an habitual drunkard in a family produces, cannot fail to feel much sympathy in this opinion. Still, so long as the State declines to recognize the condition of an habitual drunkard, restored to temporary sanity by abstinence from drink, as one of insanity, the medical profession can scarcely be allowed to take the law into their own hands, and include this condition within the meaning of those terms with which the statutes define lunacy. It appears, however, that, in practice, not only dipsomaniacs, but also patients affected with other forms of insanity, are occasionally detained in asylums for considerable periods after they have recovered their sanity, in the belief that their discharge would speedily be followed by a relapse; and a great deal may be said in favor of this course.

It must frequently be of the utmost consequence to a family that its head should be prevented from gambling or squandering his means, but, on the other hand, there must be a limit to the paternal care of the State, and if a man has



not the wit to take care of his own interests, but gives way to inordinate drinking, inordinate sexual indulgence, or to reckless gambling, there is not in that, so far as the State has yet determined, sufficient cause for its interference. There is, however, reason to think that the meaning of the statutory terms of lunacy has of recent years been considerably extended, and that a belief is pretty widely held that forms of thought and feeling that were formerly regarded as mere eccentricities, or absurdities of character, are now frequently dealt with as insanity. And thus it may follow by a further expansion of men's views in this direction, without any special interference on the part of the Legislature, that habitual indulgence in intoxicating liquors, or habitual indulgence in immoral excesses, will eventually come to be dealt with as insanity.—*Extract from "Lunacy in its Relations to Insanity."* By Dr. Cox. London: Sampson, Low & Co.

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#### LAUDANUM AS A DRINK.

Our attention has been called to the fact that the use of laudanum as a drink was increasing in many parts of the country. Correspondence with patients and their friends furnish many instances where laudanum is taken at soda fountains, and over the "bar" of liquor dealers, as a daily drink.

In most cases it is used with alcohol, to lessen the irritative effect of this drug, or the results of excessive abuse, as a sedative, or as a stimulant. In England a favorite preparation used after drinking is called "Pick me Up."\* In some large cities druggists give compounds of laudanum and ginger under fanciful names, and these are resorted to always after, in place of alcohol. This accounts for the enormous sales of opium, of which not over one-fifth is used in medicine. The effects of laudanum, in combination with alcohol, are more debilitating and serious than either alone; and unless some legislation is made controlling this phase of drink, we shall have a new form of disease of the most intractable character.

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\*See Journal of Inebriety, No. 2, Vol. II.



### WHAT CONSTITUTES INEBRIETY.

The September *Sanitarian* gives the following:

"Lydia McGinley of this city, brought a suit on a policy for \$50,000, on the life of her husband, against the United States Life Insurance Company. The company defended on the ground that the insured man had represented himself as temperate, when in reality intemperate. Judge Robinson, in Common Pleas, held that, to make a man 'intemperate' within the meaning of the representation, his drinking must be such as to affect his health or mind. The jury found for the plaintiff, and the company appealed to the Common Pleas, General Term, claiming that Judge Robinson's limitation of the word 'intemperance' was too narrow."

This is on a par with the general confusion and uncertainty manifested both by courts and jury everywhere. The legal profession are unfortunately far behind the teachings of science in the question of drink and inebriety. The following late decisions indicate the greatest confusion of theory and opinion:

A learned judge, in a late murder trial, "charged the jury that inebriety under any circumstances could not lessen the responsibility for crime." Another judge "charged that unless the man had delirium tremens, he was fully conscious of all his acts." A western judge "declared that in his opinion drinking spirits rarely destroyed reason and judgment."

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The inebriate asylums have, then, all the forces used in the movement of to-day, and medicine, and freedom from temptation in addition.

The first temperance workers claim that it was the powers of the will alone that saved the drunkard, while many ministers insisted that through the Church was the only path to sobriety, and some medical men taught that all drunkards must be cured by medicine, and no other plan would succeed, while freedom from temptation was the "cure all" of others; each plan could point to some cases of success, but since all these forces have been united in one grand system, thousands, instead of scores, are being saved.—*Dr. Widney.*

## AN EARLY CAUSE OF INEBRIETY.

It is in childhood, in nine cases out of ten, that the taste for stimulants is formed. The child looks pale—want of fresh air, and the use of improper food being probably the cause—port wine is given, and port wine is nice; the habit becomes a necessity, for the digestive organs will not act without the stimulus to which they are getting accustomed. Childhood over, the boy takes to beer and tobacco, and the girl to sal-volatile, eau-de-cologne, or to anything else that comes to hand. It is needless to go farther. Men and women of certain temperaments can exercise self-control, and take little harm, these are the tens, the rest become inebriates.—*Dr. Beverly.*

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Cases of exhaustive inebriety are difficult to cure by the ordinary tonics and methods of building up. They require months of absolute quiet and freedom from excitement. The Turkish bath, and the best hygienic surroundings, with milk and eggs, are the most effectual means. They should never be placed upon their honor, or trusted in places of temptation; nor is it always advisable to have them locked up.

They should be kept under the constant care of a faithful nurse, who will accompany them always, avoiding every possible source of mental excitement. Cases of this character require from one year to eighteen months to receive any positive benefit. The usual sedatives and tonics do not produce any positive results, and should be given only occasionally and for a short time.

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The severity and fatality of the cases of sun-stroke during the late "heated term," has been traced, in most cases, to those who used stimulants freely. Beer and whiskey seems to leave the system in a peculiar condition, favoring the production of sun-stroke, or heat-stroke.

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THE DOCTOR, a monthly review of medical literature, is one of the cheapest and most indispensable journals that comes to our table. We call attention to the advertisement.

*Pinus canadensis*, noticed in the advertising pages of this journal, is a remedy of acknowledged value and worth. In some cases of catarrh following alcoholism it is very efficient, and worthy of farther trial.

*Journal of Inebriety.*

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YOUR  
LIFE  
IN THE



INSURE  
AGAINST  
ACCIDENTS  
IN THE

TRAVELERS  
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CASH ASSETS, . . . . .	\$4,453,000
SURPLUS TO POLICY-HOLDERS. . . . .	1,225,000
HAS PAID IN CASH BENEFITS. . . . .	4,000,000

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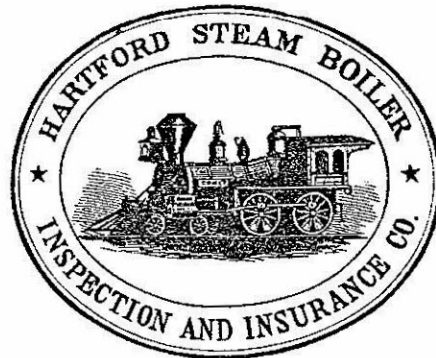
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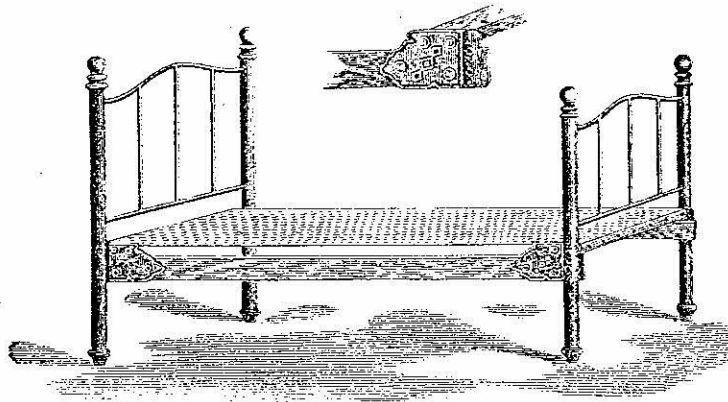
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EUGENE GRISSON, *Sup't.*

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COLUMBIA, S. C., 7th April, 1876. }

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*Journal of Inebriety.*

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VOL. II.—34

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The Malt from which it is made is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops, viz.: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER of HOPS, PHOSPHATES of LIME and MAGNESIA, and ALKALINE SALTS.**

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO.:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœa, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly, SILAS H. DOUGLAS,

Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of Malt than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ lbs. of the Extract.

Our preparations of Malt are for sale by druggists generally throughout the United States and Canadas, at the following prices:

EXTRACT OF MALT, With Hops (Plain),	-	-	\$1.00
" " " Pyrophosphate of Iron (Ferrated),	-	-	1.00
" " " Cod Liver Oil	-	-	1.00
" " " Cod Liver Oil and Iodide of Iron.	-	-	1.00
" " " Cod Liver Oil and Phosphorus.	-	-	1.00
" " " Hypophosphites,	-	-	1.50
" " " Iodides,	-	-	1.50
" " " Alteratives,	-	-	1.50
" " " Citrate of Iron and Quinia.	-	-	1.50
" " " Pepsin,	-	-	1.50

Manufactured by  
TROMMER EXTRACT OF MALT CO.,  
FREMONT, OHIO.

*Journal of Inebriety.*

TO THE MEDICAL PROFESSION.

# MALTINE.

(EXTRACT OF MALTED BARLEY, WHEAT, AND OATS.)

This Preparation contains from three to five times the Medicinal and Nutritive Elements found in Extract of Malt.

*MALTINE is a highly concentrated extract of malted BARLEY, WHEAT, and OATS, containing, undiminished and unimpaired, all the medicinal and nutritious principles found in these cereals. By the most carefully conducted scientific process we are enabled to offer to the medical profession a perfect article, possessing from three to five times the therapeutic and nutritive merit of any foreign or domestic Extract of Malt.*

In support of our claims we invite the attention of the profession to the following points, viz.:

*First:* In the manufacture of MALTINE the evaporation necessary to reduce it to its great density is conducted in vacuo, at a temperature ranging from 100° to 120° Fahr.; while most manufacturers of Extract of Malt resort to "open pan" or low pressure steam boiling, by neither of which processes can the extract be so produced as to preserve the Diastase, Phosphates, and Albuminoids on which its remedial value so greatly depends, and the product is either of a dark color or of low specific gravity, possessing little virtue aside from the saccharine matter which it contains.\*

*Second:* Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium, and Potassium are essential elements in the food of man, and it is only in MALTINE, containing the combined properties of malted Barley, Wheat, and Oats that all these principles can be found in the proper proportions: Extract of Malt made from Barley alone is wanting in some of the most important of these elements.

*Third:* Gluten is the most nutritious principle found in the cereals, and is the only vegetable substance which will, alone, support life for any great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. MALTINE contains twenty times the quantity of Gluten found in any Extract of Malt.

*Fourth:* Liebig says, "Wheat and Oats stand first among our list of cereals in combining all the elements in proportions necessary to support animal life. They are especially rich in muscular and fat-producing elements." The only reason we use Malted Barley in the manufacture of MALTINE is that it contains larger proportions of mineral matters (bone producers) and Diastase. It is deficient in all other essential elements.

We believe that any practitioner will readily recognize the superiority of MALTINE, and would request a trial and comparison of merits with any article offered for similar uses.

\*As a sure test for Diastase and the Albuminoids, a small quantity should be put in a test tube or small vial, largely diluted with water, and heated to the boiling point when the Albumen, if present, will coagulate and appear in fine flocculent particles throughout the liquid. If the extract remains clear, it is proof that it has already been coagulated by excessive heat, and removed by filtration during the process of manufacturing. Any heat which will coagulate Albumen will inevitably destroy the digestive power of Diastase.

The Nitrogenous constituents of MALTINE have a composition identical with that of the chief constituents of the Blood, and therefore contain nearly every element requisite for the reproduction of the human body.

## MALTINE AND ITS COMPOUNDS

Can undoubtedly be used with greater success than any other remedy now known, in cases of general and nervous Debility, Indigestion, imperfect Nutrition and deficient Lactation; Pulmonary affections, such as Phthisis, Coughs, Colds, Hoarseness, Irritation of the Mucous Membranes and difficult expectoration; Cholera Infantum and wasting diseases of children and adults; Convalescence from Fevers, and whenever it is necessary to increase the vital forces and build up the system.

We manufacture the following preparations, the formulas and doses of which are given in our dose books and on the label attached to each bottle:

### *MALTINE WITH HOPS.*

#### *MALTINE, FERRATED:*

This combination is specially indicated in Anemia and Chlorosis, and in all cases of defective nutrition where Iron is deficient in the system.

### *MALTINE WITH PHOSPHATES IRON AND QUINIA:*

A powerful general and nutritive tonic.

### *MALTINE WITH PHOSPHATES IRON, QUINIA, AND STRYCHNIA:*

A powerful nutritive, general and nervous tonic.

### *MALTINE WITH HYPOPHOSPHITES:*

This preparation is specially indicated in Phthisis, Rickets, and deficient Ossification.

### *MALTINE WITH PEPSIN AND PANCREATINE:*

One of the most effective combinations in Dyspepsia, Cholera Infantum, and all diseases resulting from imperfect nutrition. It contains three of the all-important digestive agents, Diastase being one of the constituents of the MALTINE. We believe there are few cases of Dyspepsia which will not readily yield to the medicinal properties of the above combination, while the system is invigorated by its nutritive qualities.

### *MALTINE WITH BEEF AND IRON:*

One of the most valuable combinations in cases of general Debility, when there is deficient nutrition and a deficiency of Iron in the system.

### *MALTINE WITH COD LIVER OIL:*

The most perfect emulsion, and most agreeable and effective mode of administering this nauseous but valuable Oil yet discovered.

### *MALTINE WITH COD LIVER OIL AND PHOSPHORUS:*

In this combination the Phosphorus has no irritant effect upon the stomach.

### *MALTINE WITH COD LIVER OIL AND IODIDE OF IRON:*

This is prepared with the tasteless Iodide of Iron, which undergoes no chemical change from contact with the Oil, and does not blacken the teeth.

### *MALTINE WITH ALTERATIVES:*

In this preparation MALTINE is combined with the most valuable Alteratives known, such as Iodides, Bromides, and Chlorides, and will fully meet the requirements of the practitioners in Syphilis, Scrofula, and all depraved conditions of the blood.

Each fluid ounce contains: *Chloride Calcium*, 10 grains; *Chloride Magnesium*, 10 grains; *Bromide Sodium*, 5 grains; *Iodide Potassium*, 1 grain; *Iodide Iron*,  $\frac{1}{4}$  grain. Dose, one teaspoonful to one tablespoonful.

We also manufacture a perfectly prepared EXTRACT OF MALT, from *Barley only*.

MALTINE preparations are sold at the same prices as EXTRACT OF MALT and its combinations, and are put up in amber bottles holding sixteen fluid ounces; each bottle inclosed in a folding paper box.

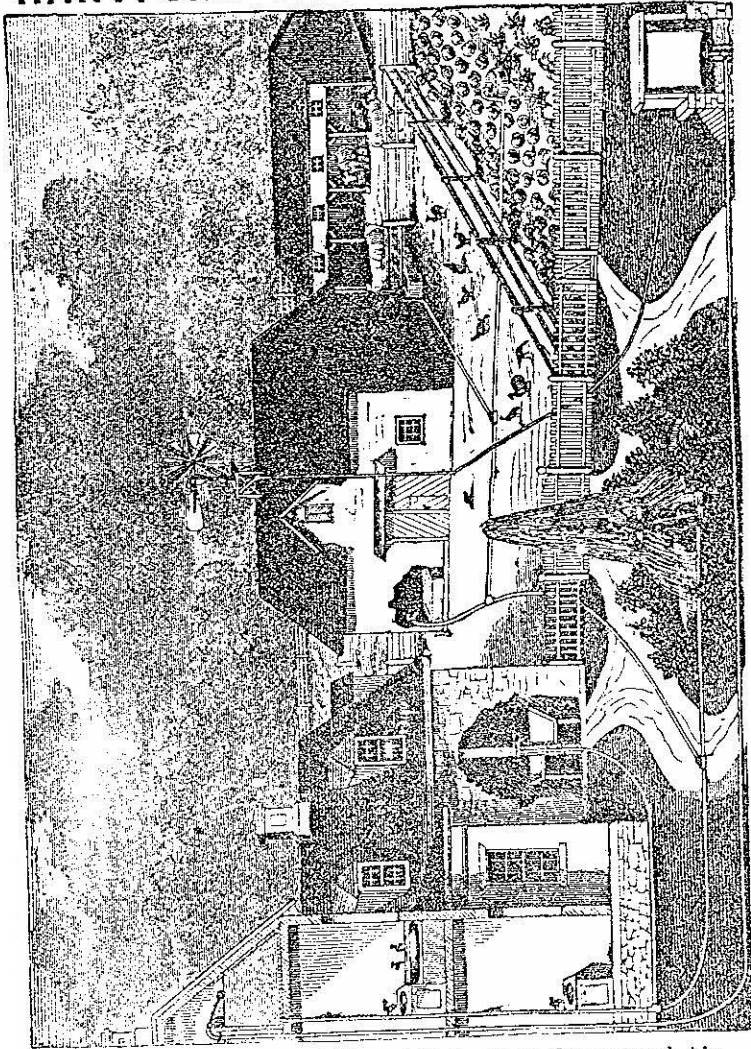
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*Journal of Inebriety.*

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Water driven to any Height and Distance by Compressed Air.  
Country houses supplied cheaply and certainly, for Bath Rooms, Water Closets, Hot and Cold Water Faucets, etc.  
**ESPECIALLY ADAPTED FOR SUPPLYING LARGE INSTITUTIONS.**  
For Circular, address

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Manufacturer of the Hartford Automatic Pump,  
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*A Monthly Review of British and Foreign Medical Practice and Literature.*

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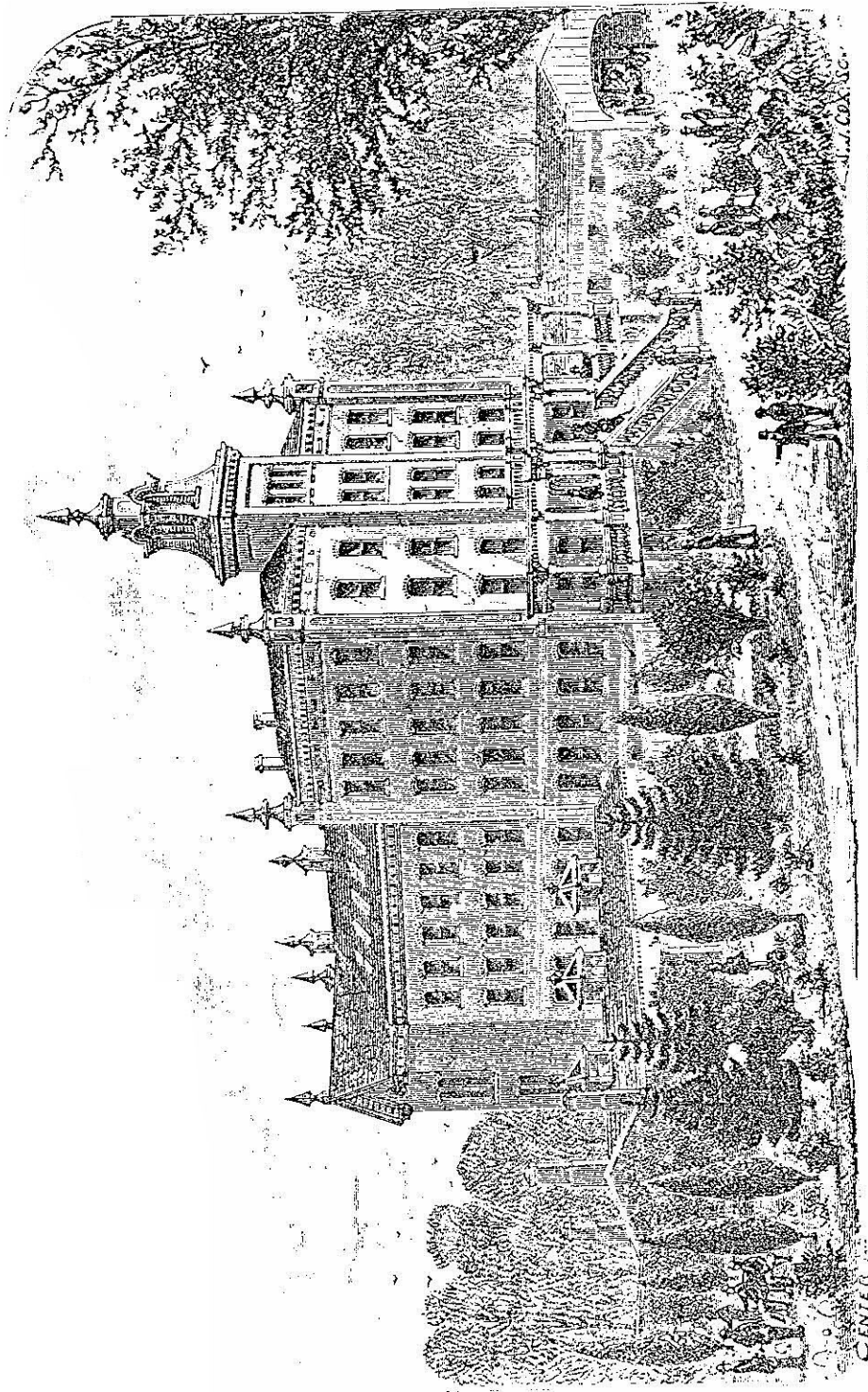
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The increasing circulation of THE DOCTOR makes it a valuable medium for all announcements intended to reach the Medical Profession. We have, however, only a limited space at our disposal. Advertisers themselves are the best judges as to whether it is best to have their announcements in a Journal where they are not buried in a large number, and where they lie on the table a month instead of a week.

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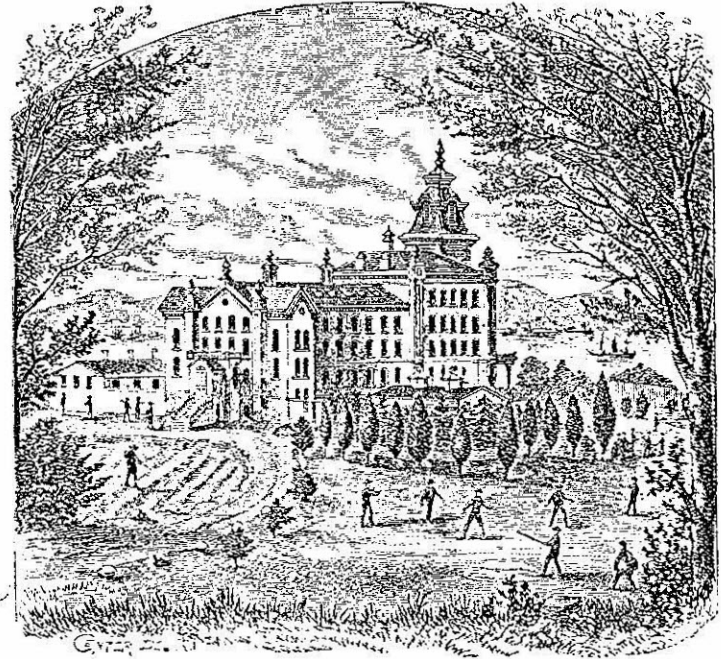
CENIZZI



# The Inebriates' Home, FORT HAMILTON, N. Y.

This is the Best Constructed and the Best Furnished Institution  
for the Care and

Treatment of Inebriety and the Opium Habit  
IN EXISTENCE.



VIEW FROM ENTRANCE OF PARK GROUNDS.

## The Treatment of the Opium Habit a Specialty.

*President and Consulting Physician*—THEODORE L. MASON, M. D., also President of the "American Association for the Cure of Inebriates," and the "Collegiate Department of the Long Island College Hospital." *Attending Physician*—L. D. MASON, M. D., assisted by a staff of resident physicians, *Superintendent and Secretary*—REV. J. WILLETT.

The BUILDINGS are constructed for this special purpose, and they are more complete and better adapted for the treatment of Dipsomania and the Opium Habit than those of any similar institution in existence. They are situated on one of the most attractive points of the Bay of New York, and stand on a high bluff within one thousand feet of the Narrows. The sea and land views are unsurpassed in extent and grandeur. The enclosed Park Grounds are extensive.

There are separate dining-rooms, lodgings-rooms and parlors, billiard and bath-rooms. There is also a lecture-room for religious services, read-



#### THE TREATMENT OF THE OPIUM HABIT A SPECIALTY.

ings, concerts, etc. All the New York morning and several other newspapers and periodicals are regularly taken. For the treatment of the better class of female patients a floor is set apart, handsomely furnished, having separate approaches, effectually secluding the sexes from each other.

THE MANAGEMENT is systematic, thorough and adequate. There has been no change in the staff of medical or other active officers since the inauguration of the Home, eleven years ago.

THE CLASSIFICATION of patients originated with and is peculiar to this institution. Being determined and regulated upon a strictly commercial basis, it is made to depend upon the character of the lodging, board and other accommodations which the patients or their friends are willing to pay for, and is accomplished in such a manner as to completely isolate the boarders from the free patients in the County or State wards of the Home.

By this equitable arrangement we are enabled to offer board, washing and medical attendance at rates varying from \$5 to \$35 per week. Those paying \$14 and upwards, according to size and situation of quarters selected, are provided with a single apartment and a seat at table in private dining-room—the accommodations in the select rooms and the table being in every respect equal to those of a first class hotel. Rooms in suit may be had upon terms to be agreed upon.

REMARKABLE IMMUNITY FROM DEATH.—The total death-rate since the opening has been one-half of one per cent., or one death for every two hundred patients. The total deaths of legitimate cases for treatment in the Home have been only one case in eight hundred during the same period. The rest were dying when admitted.

TREATMENT OF THE SICK.—One of the essential characteristics of the institution is its ample provision for the isolation, when necessary, of new inmates from the convalescent patients until they are sobered down and the sickness consequent upon their late debauch has passed away. In the treatment of the victims of the Opium Habit the seclusion and repose of our hospital arrangements frequently prove to be essential to present relief and final cure. In connection with this department we have always at command a large staff of careful nurses, who are placed under the direction of experienced officers. Our hospital department is reduced to an exact system, and its discipline is thorough. Our methods of restraint and management in delirium tremens cases are of the most efficient and humane character. There is the absence of the straight-jacket and every other instrument of torture which tends to impede the free circulation of the blood, and thereby intensify the sufferings of the patient, and padded rooms are substituted by a commanding but nevertheless humane system of personal restraint.

THE RESTRAINTS.—Our system of restraint is compatible with the fullest liberty for each boarder patient to avail himself of all the recreation, amusement and enjoyment which the billiard-room, park and ball grounds, readings, lectures, concerts and musical exercises, etc., coupled with the society of intelligent and agreeable fellow-inmates, can impart; but this liberty does not embrace leave and license to go and come to and from the neighboring cities, villages, etc. Many of our boarder patients have consisted of former inmates of other kindred institutions, who have been placed under our care because our system of restraint to the grounds of the Home has commended itself to their friends when those confidential experiments have failed.

THE DISCIPLINE.—The established code of discipline is comprehended in the observance of "THE LAW OF MODERATION," as universally understood

by gentlemen and ladies in the guidance and control of well-regulated family and social relationships. The Superintendent and officers lay it down as a rule that they can only govern wisely by avoiding any unnecessary appearance of authority, and at the same time maintaining mild but firm discipline whenever the occasion demands. What is most needed is a method of discipline which will inspire confidence and lead to self-reliance and the restoration of will-power.

HOW TO OBTAIN ADMISSION.

The design of the Institution is to treat patients, men and women, who have contracted the habit of inebriety, from whatever cause, whether from the use of alcoholic, vinous or other liquors, or opium, or other narcotic or intoxicating or stupefying substances, with a view to cure and reformation. Persons suffering from chronic affections, or other diseases than those immediately produced by inebriety, or the infirmities of age, are not received into this institution. Cure and reformation are the only purposes kept in view in the reception and detention of patients.

In order to prevent the reception of improper cases, the consent of the duly authorized officers is in every instance made a pre-requisite to the admission of a patient.

VOLUNTARY APPLICANTS for admission may submit their request in the following form:

To the Superintendent of the Inebriates' Home, Fort Hamilton, N. Y.:

Sir:—Having unfortunately indulged in the use of \_\_\_\_\_ until such practice has become a confirmed habit, which I cannot control, and which I feel powerless to overcome without assistance, and being convinced that such aid can only be obtained by submitting myself to restraint, I hereby voluntarily apply for admission as a patient to "The Inebriates' Home for Kings County," stipulating that if I am received into said institution, I will remain a patient therein for such time as the officers thereof shall deem requisite for my benefit, not exceeding the term of six months, and pay, or cause to be paid, to said Institution three months' board in advance, at such rate as may be agreed upon, consenting to obey all the rules, regulations and orders that may be in force in said institution at any time during my residence therein, and to submit to such restraint and treatment as the Superintendent thereof may deem necessary in my case.

INVOLUNTARY CASES.—In all cases where the inebriate declines to enter the Home voluntarily, the nearest relatives or friends may take action either before any Justice of the Peace having jurisdiction where he or she resides, (within the State of New York,) or by a process of any County Court or the Supreme Court of said State. Where there is no property at stake, summary proceedings before a magistrate are the quickest and least expensive measures to secure removal to the Home. This action is authorized by Section 2, of Chapter 797, of an Act passed June 18, 1873.

Where the case is urgent, the Supreme and County Courts have the power to commit temporarily to the Home while proceedings are pending.

Full directions, with the requisite blank forms, together with such information as may be necessary can be obtained on application to the Superintendent, at Fort Hamilton, N. Y.

Two daily mails, and telegraphic communication to all parts of the country.

HOW TO REACH THE INSTITUTION FROM NEW YORK.

Cross the East River to Brooklyn on Fulton Ferry Boat and proceed either by Court st. or Third ave. Horse Cars; or, cross from South Ferry on Hamilton Avenue Boat and proceed by Fort Hamilton Cars.

# THE INEBRIATES' HOME,

FORT HAMILTON, L. I., N. Y.,

Is the best constructed and the best furnished Institution for the care and treatment of Inebriates in existence.

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## The Buildings,

which are new, were erected for and are well adapted to the special purpose of the Home. They are situated on one of the most attractive points on the Bay of New York. They stand on a high bluff within one thousand feet of the Narrows, and the park grounds are extensive.

## The Management

is systematic, thorough, and adequate. There has been no change of Superintendent or in the staff of medical or other active officers since the inauguration of the Home.

## The Classification

is more perfect, and the beneficial results are fully equal to those of any other kindred institution.

## Boarder Patients

are classified according to accommodations required, and the charges are proportionately adjusted. Their department is divided up into several floors, each containing such accommodations as the patients or their friends are willing to pay for. There are separate dining-rooms, lodging-rooms and parlors, billiard and bath-rooms. There is also a lecture-room for religious services, readings, concerts, &c. Several daily journals and periodicals are regularly taken, a library is in process of accumulation, and all the appointments for the exercise and the amusement of patients, and which contribute greatly to their cure, are provided.

## Female Patients.

For the treatment of the better class of FEMALE PATIENTS an entire floor is set apart, handsomely furnished, having separate approaches, effectually isolating the sexes, and under the charge of the Matron and Assistant Matron, together with a staff of efficient female nurses.

## Remarkable Immunity from Death.

The total death-rate of all the patients who have entered the Home since the opening, upwards of nine years ago, has been one-half per cent., or one death for every two hundred patients, and the average time of residence in the institution has been upwards of six months. The total deaths of legitimate cases for treatment in the Home has been only one-eighth per cent., or one case in eight hundred, during the same period. The average annual death-rate in our large cities ranges from two to three per cent. of the population.

Patients are received either on their voluntary application, or by due process of law. The charter confers power to retain all patients entering the Home.

For mode and terms of admission, apply to Rev. J. WILLETT, the Superintendent, at the Institution, Fort Hamilton (L. I.), N. Y.

THE  
Quarterly Journal of Inebriety

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THIS Journal will be devoted to the study of Inebriety, Opium mania, and the various disorders which both precede and follow. The many forms of Neuroses which arise from the action of these toxic agents are increasing and becoming more complex, requiring special study, and as yet, are comparatively unknown to the profession.

This Quarterly will be a medium for the presentation of investigations and studies in this field; also the official organ of the

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