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ALCOHOLIC TRANCE STATE. A MEDICO-LEGAL STUDY.

BY T. D. CROTHERS, M.D., SUPT. WALNUT LODGE, HARTFORD, CONN.*

THIS case presents exceptionally clear evidence of an alcoholic trance state, and a degree of irresponsibility that should have been recognized by both judge and jury.

Libby, aged 45, was tried for the murder of a woman named Snow, at the January, 1885, term of the Superior Court of Portland, Me., Judge Bonney presiding. The testimony showed that Libby was a hotel keeper, born near Portland, Me., brought up on a farm, and carefully and religiously trained. On his father's side consumption and eccentricity were present. One uncle was a monomaniac. His father was temperate and died at sixty-five. His mother died soon after his birth, and was a very nervous woman. In early life Libby suffered from fainting fits, and did not work much, was easily affected by the heat, and was considered nervous and weak. He entered the army when twenty-two, and was

* I am indebted to Hon. A. T. Moulton of Portland, Me., counsel of the prisoner, for the testimony and history of this case. It is a pleasure to add that he fully recognized its character, and made every possible endeavor to place the facts fully before the judge and jury.

detailed as a clerk for a long time; finally he went to his regiment, and was taken prisoner, and confined in Salisbury prison. He was liberated after six months' confinement, very much shattered in both body and mind, and for nearly two years after was unable to work or do anything.

Soon after entering the army he began to use spirits regularly, and has drunk more or less up to the present time. For the past six years he has used spirits excessively. It appeared that these fainting fits of early life continued up to the time of enlistment in the army, at greater or less intervals. From his statement they were preceded by dizzy sensations and blanks of consciousness, during which he would fall and remain like a dead person. During his army life these fits continued, particularly after being released from the rebel prison. From that time on they came on apparently the result of severe drinking, and were marked by strangeness of manner and conduct, and yet an apparent full consciousness of himself and surroundings, but really a perfect blank of memory. He would start to visit some place or perform a certain work, and do it in a wild, impulsive manner, and later have no recollection after a certain point where he had been, or what he had done. As he was a man of very quiet habits, boisterous, impulsive conduct attracted great attention from those who knew him. He did not have the appearance of an intoxicated man, although he used spirits constantly, yet he was not stupid or helplessly drunk, and seemed always conscious of his surroundings.

His wife, a very intelligent woman, described these blanks as periods of great nervousness and crazy agitations, which seemed to come from alcohol. One distinct blank and stupor appeared from the history during the period from convalescence after his sufferings in the rebel prison. In this case he fell on the sands of a bay near the ocean when the tide was going out, and was awakened hours after by the incoming tide. All other blanks were marked by great agitation and strange, unusual conduct, that finally ended in sleep and recovery, leaving distinct periods of time in which mem-

ory made no registration of passing events. These events increased, and the blank intervals lengthened, coming on suddenly when away from home, and seemed to follow excessive drinking or a temporary absence from it. They were known to his friends and wife, and regarded as crazy spells due to spirits.

Many events and circumstances occurring at these times showed clearly that his claim of no recollection was literally true. When sober he was absent minded, could not recall late events, and was recognized as breaking down. One night he seized his wife in a very threatening manner, and could not believe he had done it, it was so foreign to his thoughts. During the past summer he had drunk regularly over half a pint of whisky a day, attended to his business, and was not thought to be different or changed in manner or conduct, excepting when suffering from these blanks of memory, and even then he seemed fully conscious of the surroundings. A week before the tragedy he made a great effort to stop the use of spirits, so that he could be admitted to membership with the Knights of Pythias. Severe gastric irritation followed, and he vomited nearly everything he drank; much trembling and nervous prostration was present. He was sleepless for two nights before the murder, drinking from time to time during the day, and frequently vomiting.

On the day of the murder, September 5th, he went to Portland to transact some business and remain through the evening, attending the lodge meeting of the Knights of Pythias. His unsteady hand and walk, and haggard appearance was noticed before starting. He drank before leaving home and vomited as before. At one p. m. he reached Portland, transacted some business at the bank, where nothing unusual was noticed by the clerk. He went to a barber's, was shaved and shampooed, complained of feeling badly, had no appearance of drinking, was advised to take some spirits, which he did only to vomit it soon after. He then went to the stable where his horse was placed, and from that time all was blank.

His next recollection was being in a room in company

known at this place, and his association with this woman would be noticed and excite comment. His appearance was strange and unusual, and although he was not thought drunk, yet he was deemed unfit to be taken into the lodge. He urged that he was well and wanted them to feel of his pulse, but did not seem to be angry when advised to go away and come again when stronger. He then drove back to Portland, put up his horse at the same stable, and with this woman took a room at the City Hotel. The clerk at the hotel thought his appearance was strange and odd. Voices were heard in the room during the night. Libby called for spirits, and as the bar was closed he was given a glass of water, and seemed quiet and not unusual in any way. At about eight the next morning the clerk went to the room to answer a bell call; found Libby in bed staring up to ceiling, with revolver in his hand. The woman was dressed, and asked the clerk if he could not take away that pistol, as Libby would do some mischief with it. Libby pointed the pistol at the clerk, muttering something. The clerk jumped back, telling the woman she "had better get away from that." The clerk went away, and a few moments later three shots were heard in rapid succession, and a scream, then a fourth shot. The police were called. The room door was locked; the woman was found dead, and had evidently been killed in trying to get out of the room. Libby was lying on the side of the bed, apparently dead. A ball had penetrated his skull, behind the ear, and is still lodged there. He had shot the woman, then tried to kill himself; but the ball had glanced, and, although still in the skull or brain, seems not in any way to disturb his mind or general health.

In the afternoon of the day of the murder he became rational, and thought he had been hurt from a fall, and for a long time could not be made to believe that he had committed a crime. No possible motive could be found to commit the murder, and his claim of no memory of the event or circumstances other than narrated was confirmed by many events. The defense was insanity and irresponsibility from alcoholic trance. It was shown:

with men who had elaborate regalias. One, an acquaintance, said to him, "that he never saw him this way before;" nothing more was remembered except that he went out or was put out. He next recovered his senses in jail the following day, and all the interval had been a perfect blank, he could not tell why he was confined or what had happened.

It was ascertained that after the approach of the blank at the stable, he spent some time looking over and talking about trading carriages; arranged to come in next week, and did not in any way seem drunk or unusual in conduct. From there he went to a hotel and took dinner; then went to a barber shop and had his head shampooed again, saying "he thought his head would burst;" talked incoherently, repeating the same question a number of times. His nervous, excitable manner attracted attention. The barber's wife saw him passing a half an hour later swinging his arms and talking loudly to himself. He went to a dry-goods store, paid a bill, according to a previous agreement, exciting no attention. Next he was seen at an oyster-house, where he talked of taking a degree at the lodge, and seemed excited. Another barber testified that he shampooed his head about this time; that he looked wild, and started from the chair whenever spoken to.

He was next seen in a music store looking at some band instruments, playing part of a tune; then he was at a blacksmith shop, acting strange, talking of going home, and not knowing how to get there. He was thought to be drunk, but as he had no smell of spirits about him, it was thought he was suffering from the heat. At another oyster-house, where he called for oysters, and did not eat them, he was thought to be out of his head. Somewhere about this time he met the woman whom he afterwards shot. She was a bad character, who had formerly worked at his hotel. At about seven in the evening he appeared at the stable and called for his horse, and seemed in no way unusual. This woman was with him. He drove out to the place where the lodge met, leaving his horse and the woman at a house near by, and appeared at the Pythian Hall. This was a strange act, for he was well

1. That Libby was a man of good character, and of quiet, peaceable disposition.
2. That the homicide was entirely without motive.
3. That for eighteen hours before the tragedy he was an insane automaton, going about without consciousness or memory of surroundings or events.
4. That for six years past he had drank to great excess, and at this time was in a maniacal state bordering on delirium tremens.
5. That the history of these fainting spells, and latterly blanks of memory, pointed to an epileptic tendency or predisposition, in addition to the trance state.

Dr. Gordon, as an expert for the defense, asserted that the alcoholic trance state was recognized by the highest authorities; and Dr. Harlan, late superintendent of the insane asylum, corroborated this view, and gave it as his opinion that it was a condition of epilepsy, and both agreed upon the total irresponsibility and insanity of the victim of this condition. The judge charged the jury in both the letter and spirit of the old English law, reiterating the legal fiction, that drunkenness is no excuse for crime, and does not relieve a man from criminal responsibility; also that absolutely false statement, that capacity to distinguish between right and wrong is the test of his sanity and responsibility. The jury found a verdict of murder in the second degree, and he was sentenced to prison for life.

A review of the testimony indicates that the following facts were well established:

1. That Libby inherited a nervous diathesis and some congenital brain defect, apparent in early fainting fits and inability to bear heat or much work.
2. That the hardship and suffering of prison life, together with the free use of alcohol, still further increased the original defect, developing into inebriety and brain exhaustion, for which alcohol was both the cause and means of relief.

3. From the time of discharge from the army the continuous use of alcohol and the blanks of memory were unmistakable signs of brain degeneration, and of course increasing irresponsibility, liable any time to merge into varied forms of mania.

4. This was verified by the changes in manner and conduct, and the more distinct character of the memory blanks, following excesses of alcohol, pointing to alcoholic trance conditions.

5. The circumstances preceding the crime, its motiveless character and suicidal efforts, were the acts of an irresponsible, unconscious automaton, suffering from alcoholic trance.

6. Lucid intervals and rational, consistent acts, both before and during these states of unconsciousness, did not change the fact of disease, but was additional confirmation of profound brain disturbance, more dangerous because masked and not readily seen.

7. To assume that drunkenness in this case was voluntary, and the crime which apparently grew out of it was a consequence for which the prisoner was responsible, and could have prevented, is to practically deny all teachings of science and conclusions of modern investigation.

8. In this case alcoholic trance was clearly the result of the toxic use of spirits, growing out of brain and nerve defects, beginning before the suffering in prison, and by this event developed into activity.

9. In this state, a paralysis of some brain centers was present, and an unconsciousness of the nature and character of his acts existed. He was literally insane, and without any motive or plan of action, likely any moment to become homicidal or suicidal—a waif drifted with every wind of influence or internal impulse.

10. It was clear that the acts and general conduct of this man was not that of a sane man; that at times his higher brain centers were incapable of realizing or directing the events of his life; that the crime was committed in one of

these periods. Hence, the act was unavoidable, and he was not a subject for punishment.

11. The object of the law, to reform the offender and deter others from a like commission of crime, has utterly failed in this case; and a sick, diseased man has been consigned to a living tomb, hopeless, a burden to the world, and another victim of the ignorance of the age.

12. A clearer knowledge of justice and right would have acquitted Libby, and consigned him to an asylum under active treatment, where in the course of time he should be restored, and live to repair much of the injury he has inflicted on his family and the world.

The *Electrical Engineer* is a journal which brings monthly a record of the new discoveries concerning the nature and power of electricity. Its value to all who would keep up with the times is indispensable.

The *Phrenological Journal* grows in interest yearly, and from its pages many very suggestive facts throw new light on inebriety and its problems.

The *Homiletic Review* for May, June, and July, are most excellent numbers, containing the best theological thought of the day. The papers and essays in this journal exhibit a breadth and originality that is very pleasing, and of interest to scholars everywhere. The enterprising firm of Funk & Wagnals publish it, at 10 Day street, New York city. Three dollars a year.

Laws of Life is published at Danville, N. Y. It is edited by the physicians of one of the most complete health hospitals in this country. It is a popular health journal, well edited, and very suggestive.

THE PRACTICAL TREATMENT OF DIPSOMANIA.

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

To prevent relapses, a life-long abstinence from alcohol is absolutely necessary. In America it is estimated that one-third of the inebriates under judicious treatment recover, a third are restored for a time, and the remaining third are unaffected by treatment. My experience convinces me that if the care and treatment of inebriates were more generally recognized, and effectual opportunities existed for their treatment in the early stages, a much larger proportion might be recovered. As it is, the percentage of recoveries will bear comparison with those from other diseases. In this country for instance, it is estimated that only ten per cent. of those under treatment for insanity are restored to health. Recognizing the fact that cravings for alcohol will arise from time to time, it is important to remove every opportunity of temptation; therefore, no inmate of an inebriate asylum should be allowed to possess money or any valuables, without the express permission of the superintendent. As soon as they are able the patients should join in systematic occupations and amusements, for which purpose every inebriate home should have work-shops and opportunities for games and sports, and these, as far as possible, should be systematically arranged. Much of the benefit of hydropathic establishments depends on the systematic bathings and exercises. Before considering the practical treatment of dipsomania, I will make a few remarks upon its predisposing and exciting causes, since no disease can be intelligently treated unless these are ascertained.

True, dipsomania is undoubtedly a disordered condition

*The author of this was killed by a railroad accident, and this was the last paper that he wrote on this subject.

of the nervous system, manifesting itself at first by functional derangements. Dipsomania must not be confused with mere drunkenness, for it soon becomes irresistible and beyond the control of the ordinary will, often quite unconnected with temptation, and arising from a special individual condition whereas drunkenness depends to some extent on accidental outside allurements. Dipsomania may be hereditary, or the result of an inherited nervous temperament, and transmitted like other family diseases. It is allied to such nervous complaints as insanity, hay-fever, or sick-headache; and like them is periodic in its attacks, and often accompanied by hallucinations, delusions, sleeplessness, tremors, and nervous exhaustion.

Civilization tends to produce this condition by causing nerve-power to be prematurely used up. Among savage and half-civilized communities, though excessive drinking is often prevalent, the disease of inebriety has scarcely been manifested.

The exciting causes may be purely accidental; as from brain exhaustion following loss of property or bereavement, or from physical injury, as in the case of sunstroke, or railway accident. The attack may be suddenly induced by certain climatic conditions, such as sea air, east wind, dryness of the atmosphere, extremes of heat or cold, or in fact by anything disturbing the harmony of the organization, and thus arousing a hitherto dormant hereditary tendency. It may also be inadvertently lapsed into by a frequent resort to alcohol to sustain exhausted energy, and restore used-up nerve-power. All diseases, whether of a local or constitutional character, which affect the system by perverting or lowering healthy nerve-power, are liable to re-act in inebriety. The effort to relieve exhaustion, and remove a miserable desponding condition, leads to a craving for alcohol which at the time cannot be restrained.

The successful treatment of dipsomania depends on a clear estimation of all circumstances and conditions connected with the case; as family antecedents, temperament, and

personal history. Hereditary inebriety is difficult to control. The paroxysmal craving is never completely lost, and can only be kept under by constant watchfulness, and rigid abstinence from all alcoholic drinks.

Voluntary efforts on the part of the individual is necessary for the successful treatment of this class of inebriates, and they are generally anxious to conquer their inherited infatuation for alcohol, and will readily co-operate in any plan likely to ensure their emancipation.

Those who unwittingly lapse into inebriety, and whose susceptible nervous temperament has an intolerance of alcoholic drinks, if they really wish to conquer this habit can easily be treated successfully; especially if taken in an early stage. This class is not, however, so eager for recovery as the class in which inebriety is hereditary, since the nerve exhaustion is greater, and the will power is held in abeyance, as if paralyzed.

But even these, when, after a few weeks of kind and judicious treatment, the immediate effect of the alcohol has passed off, gratefully consent to assist the efforts made to restore them, and willingly submit to all necessary restrictions. It is for this class particularly that compulsory powers are required to place them under control from the first, for while still suffering from the miseries of alcoholic depression they are unwilling to abandon its use.

When inebriety arises from external causes, such as accidents, sunstroke, shocks, etc., the maniacal condition is most marked. Patients thus attacked are incapable of acting and judging for themselves, and need early restraint, not only for their own safety, but also that of those associated with them. This unfortunate class of inebriates, as well as those whose disposition when under the influence of alcohol is naturally fierce, are not responsible for their actions; their natural uncontrollable ferocity making them dangerous to themselves and others. Much of the quarreling and violence in this country arises from persons highly susceptible and easily made incapable by alcohol, and really in an irresponsi-

ble state. Instead of punishing such for so-called crimes, a paternal government should take care of them, and protect the community from the disastrous effects of their wild actions.

Those who have become inebriates from companionship and the habits of society, are allied to the mere drunkard, and are seldom willing to stop their drunken career unless compelled; disease, the result of their intemperance, may arrest their course, but often too late to restore what might have been a useful life. In all cases there must be the power of restraining the inebriate from alcohol, otherwise all efforts are futile.

The want of this power has balked medical men in their efforts to treat inebriates; the infatuation is so intense, and the cunning efforts to obtain alcohol so persistent, that, without positive power of control, it is impossible to keep them from it. Hence, to secure success, individual liberty of action must, for the time, be sacrificed.

The imperfect "Habitual Drunkards Act," of 1879, permits this power to be exercised, provided the inebriate consents voluntarily before two justices to submit himself to be placed under control in a licensed house, subject to government inspection. Most hereditary inebriates will do this, as will also some from all classes of inebriates; but many are left uncared for and allowed to ruin their families and destroy themselves.

These, in their mad paroxysms, commit, unconsciously, all kinds of so-called crimes, including murder; and, if in this country, they are liable to suffer capital punishment.

What is needed is to obtain sufficient legislative power to commit all such incapable dipsomaniacs to a well-managed home. As soon as an inebriate is received into such a home, and until the alcoholic effects have passed off, he should be kept in bed under medical treatment. All alcoholic drinks should be at once withheld. No harm will result from this total and sudden suspension of stimulants, not even in delirium tremens. The letting-down system, by gradually discon-

Using alcohol, is unwise, as it feeds the craving and hinders recovery.

The morbid craving will soon abate; but to relieve the intolerable sinking and nervous prostration, acidulated drinks, barley water, buttermilk, and such like diluents, should be freely given for a few days; even if sickness occurs, these drinks should be persevered with, for the sickness will tend to cleanse the stomach. These drinks also act freely on the liver and kidneys, and thus have a beneficial effect on the secretions. Russian vapor-baths, if they can be obtained, will promote this, and tend to soothe and allay the distressing restlessness, and to divert and occupy the attention. After a few days a little light, solid food can be given, such as toast and beef tea, or some farinaceous preparation; but butchers' meat should be for a time avoided. It would, perhaps, be better for confirmed inebriates only to take butchers' meat moderately, since it taxes the stomach and creates a sinking feeling. Liebig considers that vegetarians, from chemical and physiological causes, would necessarily dislike and avoid alcohol.

During the early stage of treatment, if accompanied by wakefulness and delusions, bromide of potassium in large doses, with capsicum, frequently repeated, has a beneficial effect. The bromide soothes the agitated nervous system, and the capsicum allays the gastric craving. The ordinary sedatives, especially chloral hydrate, should be avoided.

As soon as the alcoholic contamination has passed off, which it will require fully three or four weeks to effect, exercise and light occupation will be beneficial. At this stage general moral treatment must be brought to bear. Harshness will cause sullenness and obstinacy; kindness and sympathy must therefore be shown, and an effort made to arouse the better feelings, create a desire for recovery, and inspire a confidence that they can be restored if they will exert themselves and second the efforts made on their behalf. The better part of the man being thus aroused, the alcoholic contamination eradicated, and the nervous system rallied, the

influence of restored inmates, with whom they should now be allowed to associate, will be useful in helping to confirm a determination to throw off the old habits. By degrees full liberty can be allowed the patients to go about as they like, at first only in company with a tried inmate, but on parole as regards alcoholic drinks. The habit of self-denial under temptation is thus practiced and becomes confirmed, and so valuable lives may be restored to their families and to society. Such I believe to be the most successful plan for the treatment of the inebriate.

To carry this out it is absolutely necessary to have sufficient power of restraint during a paroxysm, as well as from the first, to put the inebriate under control, voluntarily or otherwise. No one will be more thankful afterwards for the suspension of his mad career. During convalescence, ~~the~~ cinchona bark strengthens and sustains nerve power; when attacks of exhaustion and sinking arise, caffeine or cocaine generally afford relief; various nerve tonics, as quinine, arsenic and strychnine, may also be given with benefit. The preparations of iron are not adapted for these cases, except where there is anæmia.

It is important that the treatment of inebriety should be commenced before the habit becomes too confirmed and the physical and moral natures thoroughly contaminated. If compulsory powers of control existed, it would lead many voluntarily, to place themselves under restraint. These, knowing their inability to overcome their habit of inebriety, and that sooner or later they must submit to restraint, would adopt the more private plan of voluntary submission, rather than run the risk of public exposure, particularly when they knew that at the most the restraint could not exist for more than twelve months. In America, ninety-four per cent. of the inmates of inebriate homes have thus voluntarily given up their liberty. No doubt in many cases the knowledge of the compulsory powers possessed by the State has led to this. But even in this country many have voluntarily submitted to control, recognizing their inability to manage themselves;

well-managed homes find no difficulty in obtaining inmates, although they often have no legal power of detention.

Yet thousands, not having the means to pay high terms, are left uncared for. Many clergymen and other professional men have applied to me for the opportunity of being admitted into a licensed inebriate home at a moderate charge. There is still a lower class, the source of most of the misery we find amongst us, who fill our work-houses, prisons, and to whom such persevering efforts are being made by temperance advocates. Are they to be left to destroy our country, and spread around them misery and distress, which a kind, firm control might prevent? What is needed is to disprove by a practical demonstration the erroneous opinion held by many that inebriety is not a disease amenable to treatment. For this purpose efforts are being made to establish in this country a model inebriate home, at a moderate charge to the inmates, so that while restoring many of the neglected class the public may be convinced that inebriety is a diseased condition, from which recovery can be obtained under proper management.

The *Quarterly Journal of Science*, declares that inebriety belongs to the class of fermentative or zymotic diseases. It comes from alcohol, which acts on the blood, poisoning it and arresting the nutrition of the nervous system. From this it attacks all the higher faculties, etc. In this way the craving for alcohol is produced. It is always a physical malady in its inception. Later, by continuous indulgence, it takes a settled chronic form, leading to the various stages of *mania* *potu*, dipsomania, epilepsy, and other forms of mental and physical depravity.

THE TREATMENT OF OPIUM ADDICTION.*

BY DR. J. B. MATTISON, BROOKLYN, N. Y.

Regarding the insomnia, Levinstein says:—"Sleeplessness, which is generally protracted up into the fourth week, is very distressing." For reasons before given, his assertion is not surprising. Our record differs. Wakefulness is an invariable sequel and requires soporifics for a time, but is not so prolonged and does not resist treatment. We have known a patient able to dispense with hypnotics in five days; others in eight, and nearly all within a fortnight. Sometimes, they are longer required. Two patients, both physicians, during the last year, did not regain their natural sleep for three or four weeks, but this is quite exceptional.

This insomnia is of two kinds. Most patients, after the acute stage has been passed, soon secure sleep on retiring, but waken early—two or three o'clock—and fail to get more. Others remain awake nearly all night before slumber comes, and these are the ones who usually use soporifics the longer.

For relief of this, cannabis indica or chloral with bromide, in full doses serve our purpose. If, as rarely happens, the wakeful state is so pronounced or prolonged, despite treatment, as to distress the patient, we never hesitate to give a full opiate, *sub rosa*, and always with good result. In all cases, drugs should be dropped soon as possible, and sleep secured by a fatiguing walk, or other exercise, an electric seance, a Turkish or half hours' warm bath with cold douche or shower, a light meal or a glass or two of hot milk, one or more of these, before retiring.

Patients whose slumbers end early, often note a peculiar

* Read before the American Association for the Cure of Inebriates, Oct. 22, 1884. Continued from p. 84, April Number.

depression on waking, and when such is the case, a lunch — milk, coffee, coca, or Murdoch's liquid food — should be at their command.

It may be well, in passing, to refer to certain minor sequelae and their treatment. Occasionally a patient complains of dyspnoea, or palpitation. We have never noted them but twice, both ladies. A stimulant, coca with capsicum, or Hoffman's anodyne with aromat. spts. ammonia, will promptly control.

Some patients are, at times, annoyed by aching pains in the gastrocnemii, that may recur during several days. Fluid Extract Gelsemium, in full doses, strong galvanic or faradic currents, massage, local hot baths, and topical use of chloroform or ether, will relieve.

Others mention a peculiar burning in the soles of the feet which mustardized pediluvia and full doses of quinine usually control.

Sometimes, a dry, hacking, paroxysmal cough, more marked at night, may discomfort a patient for a time. It can be relieved by nitrate of silver spray, ten to twenty grains to the ounce; a bromide of sodium gargle, sixty grains to the ounce, or a small blister to the sternum.

Returning sexual activity, as shown by nocturnal emissions and erections, as a rule, requires no attention. We once noted, however, a case where the awakened virile vigor was so marked that repressive measures were demanded.

The periodical function of females, which is usually irregular or suspended, has, so far as we have observed, required no special after treatment.

Along with what has been suggested, should be such other general hygienic measures as will add to the good secured. Patients *must* be given attractive surroundings, cheerful society, diverting occupation and amusement, and freedom from care or worry of body and mind, in fact, anything, everything, that will aid in the effort to secure a return to pristine health and vigor. That the management of these cases *subsequent* to the need of *active* professional care, is of great importance, enlarged experience increasingly convinces.

Neurotic or other disorders noted prior to addiction, whether genetic or not, must be relieved or removed. So too, those that may first appear after the opiate disusing; and when none of these are met, when there is merely a lessened power of brain and brawn, ample time, months or years, if need be, must be taken in which to get thoroughly well, if the chance of a relapse would be brought to a minimum.

It is not to be supposed that a system shattered by opiate excess will regain its normal status, within a week or a month, nor that a premature return to mental or physical labor will not imperil the prospect of permanent cure. The importance of this must be insisted upon. To medical men, who compose, so largely, the better class of habitues, it is especially commended. Professional work must not be resumed too soon. The frequency of a narcotic return is in reverse relation to the length of the opiate abstinence, and, as favoring this abstinence, prolonged rest, change of scene, foreign travel, sea voyages, all have much promise of good.

The absence of reference to certain remedies which have been mentioned by some as specially useful in the treatment of this neurosis may be briefly noted. Belladonna has been supposed to have a special value. We once used it to the extent of dry mouth and disturbed vision during the opiate withdrawal, but have quite abandoned it for the simple reason that we found, on trial, patients did fully as well without it, and the freedom from its peculiar effect certainly added to their comfort. Whatever its antagonistic influence in acute opium taking, we do not believe it possesses any such virtue in the chronic form.

Quinine in large doses, from the outset, or grains two to four, increasing with the opiate reduction, has been thought to have special value. We have failed to note it, though as a tonic it is well adapted to all cases, and, in some patients, twenty-grain doses as an anodyne or soporific, act well.

Strychnine is another valued tonic, especially in a very gradual opiate decrease, or at weekly or fortnightly reductions. It has no other claim.

Hydrocyanic acid, dilute, aconite and veratrum viride have been suggested. Why, we fail to understand.

Jamaica dogwood has been commended as an opiate substitute, and Morse lauds it extravagantly. He, however, is an enthusiast, and as such, goes quite too far.

Regarding its use, he says:—"Coca cures the 'opium habit.' Jamaica dogwood does more than this, it is prophylactic of this disorder. By its use the baneful habit is forbidden the system." This, we think, is nonsense, and have no hesitation in declaring our belief that it is a most mistaken opinion.

And again—"As an hypnotic, opium is not of greater worth;" and "As an anodyne, opium is its only peer." Our experience is entirely contrary to any such assertions. We have made frequent trials of it. The results were uneven. In a few cases, the minority, as an anodyne, it seemed efficient. As a hypnotic, it always failed. Morse puts the dose at "Fld. Ext., dose min. v.—xv." Our ill result, certainly, was not due to the limited quantity, for we usually gave it in *two-drachm* doses. More recent trials have proved utter failures. One, as an anodyne, in neuralgia: four one-drachm doses, half-hour interval, no relief whatever. Another, as a soporific: six one-drachm doses, same interval; no sleep. It is a nauseous drug, and the aversion to continuing it may sometimes account for its failure. Our patients, too, may be peculiar, but, be that as it may, we have little faith in its value, and now seldom employ it.

Avena sativa has been largely lauded. We have given it again and again, in doses large and small, in water hot and cold, at intervals short and long, and always found it *worthless, absolutely good for nothing*. Bottle after bottle has been left with us by those who made trial of it in vain, and their experience accords with many who have written us, some of whom have taken the drug in *ounce* doses several times daily, and used *pounds* of it in the trial, without good! Let no one be beguiled into the belief that oats fills the "long felt want." Correspondence has furnished material for a paper which will, we think, quite disprove its vaunted virtue.

Hyoscyama is a powerful drug, and in some cases, may be of service. We once used it, but the need for it now seldom arises. Its employment should be limited to patients in good general condition, in whom the opiate disusing is attended with unusual insomnia and motor activity. In such instances its good effect is sometimes surprising, bringing quiet and sleep with a promptness and power almost startling. We use Merck's Amorphous: dose 1-12 to 1-6 of a grain hypodermically. This, in these patients may be deemed the usual dose. With some, however, this causes a mild delirium without sleep, and in such cases, the dose must be increased. Regarding its safety, Dr. John C. Shaw, Superintendent of the King's County Insane Asylum, has assured us that it is largely given in that institution with as little fear of ill effects as would attend the use of morphia.

The new alkaloid of Indian Hemp, Tannate of Cannabin, commended by German authority, proved an entire failure in our hands. In ordinary insomnia, however, it may act well.

The latest claimant for professional favor, as a soporific, is paraldehyde. Dujardin Beaumetz lauds it, and claims special value in these cases. Our experience does not warrant such a statement. In full doses, 4 to 8 grammes, 60 to 120 minims, it sometimes brings sleep. Unlike chloral, in the early nights of the opium abstinence, it does not excite. In most cases both are inferior to Indian Hemp. It is best given in one-half to one ounce of syrup, flavored with peppermint, ginger, or vanilla, and then added to a wine-glass full or two of ice-water, or in capsule.

Non-mention of alcoholic stimulants has, perhaps, been noted. We rarely use them. The reason is varied. They are seldom called for. Very exceptionally champagne, milk punch, or ale may be indicated, but our rule is, *never to use any form unless imperatively demanded*; and the advice of Levinstein that "those who have an intense craving for alcoholic beverages may be allowed to drink wine in unlimited quantities," is, we think, *positively pernicious*. As Bartholow

says: "When the nervous system is losing the loved morphia impression it will take kindly to alcohol," and he adds, "I especially warn the practitioner against a procedure which the patient will be inclined to adopt; that is, to take sufficient alcohol to cause a distinct impression on the nervous system in place of the morphia. This must result disastrously, for when the alcohol influence expires there will occur such a condition of depression that more alcohol will be necessary."

With these opinions we are quite in accord. The fact must not be forgotten that some habitues have used alcohol with morphia, others have taken morphia after addiction to the former; and, in general, habituation to any stimulant or narcotic begets a liability to take to another in case the original one is abandoned. As a factor in relapse alcohol taking ranks to a re-use of opium. The risk then is obvious, and let the physician beware lest, in the effort to aid his patient in escaping one peril, he but involves him in another yet greater.

Some details of treatment apart from the strictly remedial, may be of interest. Our rule in making the opiate decrease is not to inform the patient as to its progress, nor the actual time when it is ended. Better tell him when days have elapsed since the last dose, and then the assurance that so long a time has gone by since his enemy was routed will, of itself, be an aid in finishing the good work. The incredulous surprise with which this knowledge is received by some patients who have made frequent but futile efforts to escape, is quite notable.

As regards the manner of taking, a radical change is made. If hypodermically, the syringe is at once discarded and a sufficient amount of morphia or opium, *per orem*, given. In many cases resort to the morphia or opium can be made at once. If so, it should be done. If not, their use giving rise to nausea, vomiting, or headache, as exceptionally they may, the usual method can be resumed for two or three days, and then the bromide influence having been secured in part, the syringe may be put aside and the opiate used without unpleasant effect.

A German writer sometime ago asserted that many patients taking more than four grains, 25 to 30 grammes hypodermically, daily, will get along fairly well with the same amount of morphia by the mouth. We have not always found this to be the case. On the other hand, three times the subcutaneous supply, as advised by Bartholow, is more than enough. An increase of one-half or double the amount will usually suffice.

Patients may demur to the change, but it should be insisted on, for experience has proven many points in its favor. In the first place we believe there is, with some, a certain fascination about the syringe, which once ended, makes an advance towards success in treatment. Many patients come to think that the injections are absolutely essential, and to convince them to the contrary, as the change in taking will, inspires a feeling of gladsome relief and larger confidence in a happy result.

Again, the *staying* power, so to speak, of morphia or opium per mouth is much greater than by subcutaneous taking; of this there is no question. Morphia, hypodermically, is more quickly followed by the peculiar effect of the drug, which, too, is more decided, but earlier subsides—a higher acme, reached sooner, to decline more rapidly—whereas, by the mouth or in the form of opium, the rousing effect is more slowly developed, but it is on an evener plane, and more persistent. Patients accustomed to four to eight injections daily will do well on two to three doses by mouth. One medical gentleman now under treatment, who had been taking six injections daily, is doing perfectly well on one dose of opium by the mouth, night and morning.

As a rule, too, the change in taking brings about a marked improvement in the patient's condition. We have known them, after using the new method a few days, to declare that they felt better than for years. In many ways, notably increased appetite and improved alvine action, is the change for good.

Still more those who quit the syringe, and take morphia

or opium usually cross the rubicon of their opiate disusing with withdrawal symptoms so largely lessened as to make this result, alone, ample reason for the course we commend.

During the decrease patients are permitted, if desired, to continue their frequency of taking. As a rule, however, by reason of the greater sustaining power of morphia or opium by the mouth, it is not required.

The only restriction imposed is that a certain amount shall suffice for twenty-four hours' supply, and this is daily decreased according to individual need, at such rate as will least likely conflict with their comfort. Patients, moreover, are always instructed that if the amount allowed does not suffice they are to apply for and will be given more. Such being the case no proper motive exists for secret taking, and if despite this liberal proviso, it is indulged in, professional relations are suspended.

This being our plan, it will be inferred — and rightly — that we do not subject patients to such surveillance as compels their taking a bath, during which search is made for contraband morphia. Nor do we have an attendant "dogging" their steps during the decreasing regime. No patient with proper self-respect would submit to such treatment without resenting it; and it is not likely to strengthen the confidence that should always exist between patient and physician, and which, with us, is asked for and given. Very seldom is it violated. Patients come to us for relief: they are willing to aid in the effort to secure it — those who are not we decline to accept — and the result is, success.

It is sometimes asserted that all opium habitues are liars, and that on presenting themselves for treatment they are always equipped with a syringe and supply. Such a sweeping assertion we do not believe — *we know it is not true*. Why, then, should we humiliate them after such a fashion — degrade them by imposing such detective surroundings? Others may; we will not, and as yet we have no reason to doubt the reason of our course.

Clandestine taking, either before or after withdrawal, can

always be detected. The absence of certain invariable sequelæ of an honest quitting is positive proof of deception; while the presence of morphia in the urine after the time when it should disappear, along with other symptoms, furnish added evidence beyond dispute.

It will again be inferred, and also aright, that we do not practice any such plan as Levinstein advises when he says: "As soon as the patient has consented to give up his personal liberty and the treatment is about to commence, he is to be shown into the room set apart for him for the period of eight to fourteen days, all opportunities for attempting suicide having been removed from them. Doors and windows must not move on hinges, but on pivots; must have neither handles, nor bolts, nor keys, being so constructed that the patients can neither open nor shut them. Hooks for looking-glasses, for clothes and curtains, must be removed. The bed-room for the sake of control, is to have only the most necessary furniture, a bed devoid of protruding bed-posts, a couch, an open washstand, a table furnished with alcoholic stimulants — champagne, port wine, brandy — ice in small pieces, and a tea urn with the necessary implements. In the room which is to serve as a residence for the medical attendant for the first three days, the following drugs are to be kept under lock and key: a solution of morphia of two per cent. chloroform, ether, ammonia, liquid ammonia, mustard, an ice bag, and an electric induction apparatus. A bath-room may adjoin these two apartments. During the first four or five days of the abstinence the patient must be constantly watched by two female nurses."

Now, what means this vigorous regime? First, that the lack of efficient medical measures essentiate physical force. Second, that the method employed entails such distress of mind and body as to risk a suicidal ending; and that a great calamity always impends — collapse, that threatens life and demands that the doctor be closely at hand to avert the threatened danger.

In strong contrast with what has been quoted, during our

opiate withdrawal patients are not only permitted but encouraged to go out and about, attend entertainments, and engage in social domestic pleasures; and this is continued throughout the treatment, save a transient suspension following the first twenty-four hours of opium abstinence. After the first day of opiate disusing patients are, for a time, under careful attention, and, if required, an attendant is with them, but the need for services of this sort is, usually, quite limited, and in some instances entirely dispensed with. Again and again have patients presented, who fully expected the rigorous regime imposed by Levinstein, but who were happily surprised to find it was not demanded, and who were fully convinced, before their treatment ended, that it was not at all essential.

As between this method and the barbarous plan of those who counsel and compel heroic withdrawal, "comparison is odious." In this day of advanced therapeutics, the writer holds radical opinions as to the *utter inexcusability*, the *positive malpractice* of subjecting patients of this class to that torture of mind and body the German method entails. It is wrong, grievously wrong; it is more, it is *cruel* to demand that they shall run the gauntlet of such suffering.

In various papers we have expressed our view on this important part of the subject, and enlarged experience tends only to confirm them. More and more pronounced is our belief that "no physician is warranted, save under circumstances peculiar and beyond control, in subjecting his patient to the torturing ordeal of abrupt withdrawal. We are well aware that it has the sanction of men otherwise eminent in the profession, but we venture to suggest, with no lack of respect to these gentlemen, that, like a somewhat famous nautical individual, "they mean well, but they don't know." Theory is one thing, practice another; and we are quite certain, were *they* compelled to undergo the trial, there would be a rapid and radical change of opinion. We regard it as cruel, barbarous — "*utterly unworthy the healing art.*"

We care not who advocates it, but speak feelingly,

emphatically, and advisedly on this point, for the simple reason that our experience, again and again repeated, proves beyond all dispute, that the opium habitue can be brought out of his bondage without any such crucial suffering as this method of treatment entails.

Bartholow says: "Having had one experience of this kind, I shall not be again induced to repeat it, if for no other, for strictly humanitarian reasons, since the mental and physical sufferings are truly horrible."

For proof of this and more in detail, the reader is referred to papers by the writer,— "Clinical Notes on Opium Addiction," Cincinnati *Lancet and Clinic*, March 3, 1883; "Neurotic Pyrexia with Special Reference to Opium Addiction," *New England Medical Monthly*, June, 1883; "The Treatment of Opium Addiction," St. Louis *Courier of Medicine*, June, 1883; and "A Personal Narrative of Opium Addiction," New York *Medical Gazette*, July 7, 1883,—reprints of which can be had if desired.

More: many, unaware that a more humane method is at command, and dreading the ordeal of abrupt disusing, refuse to accept it, and, continuing their narcotic, bind all the more closely "the web that holds them fast as fate." During the past year a medical gentleman, nine years addicted to morphia, came under our care. Six years ago he first consulted us. During this time he had read Levinstein's book, and the dread of such suffering as that author's patients underwent was, he avowed, the reason for his delay in making an effort to quit the morphia. Finally, summoning sufficient courage, though not without much apprehension, the trial was made, and with the most gratifying success; for, greatly to his surprise and pleasure, he made a notably good recovery, with so little nervous disturbance that not a single bath was called for, and with such freedom from pain that not once was an anodyne demanded, and who was dismissed on the twenty-sixth day of his treatment.

Commenting on his case, he declared the manner of his recovery seemed almost miraculous, and asserted that, "had

he ever thought so much could be accomplished at so little cost of time and discomfort, his effort years earlier would have been made," and in a recent letter he wrote: "My own swift and easy passage of that 'one more river to cross' is an ever-recurring source of wonder and astonishment to me, and not a day passes, not a morning comes, without a keen sense of exultation at my escape from the old slavery, a blessed freedom from the old self-accusing conscience, and a return of the old instinctive habit of looking every man straight in the eyes! I think I shall never entirely get rid of a certain 'shadow of the past'; nearly nine years of mental distress, which I thought well-nigh hopeless, must leave a deep and ugly scar at my time of life; but thank God that I have *only* the scar to trouble my memory, and not the festering, corroding, ever-present ulcer which made me unspeakably wretched, and kept me in continual fear of discovery."

Reference to this is made simply to support our statement, and convince, it may be, some, hoping, yet dreading, that scientific treatment has much to promise for their relief.

Before closing, let it be noted that this, beyond question, is a vincible disease, and reassert — *vide* "Opium Addiction Among Medical Men" — that "repeated experience warrants the assertion that every case of opium addiction free from organic disease, and in which there is an earnest desire to recover — be the extent and duration what it may — admits of prompt and positive relief."

The *Popular Science Monthly* needs no comment to scientific men. Its table of contents for June and July indicates a field of thought that is a very large factor in shaping the destinies of civilization. Such journals are great teachers, whose influence is almost boundless. Not to read this journal is to lose a great individual power essential to success.

SOLITARY MIDNIGHT INEBRIATES.

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

CASE I. A clergyman, aged forty-six; drinking habitually for six years; neuroaesthetic melancholy, with hallucinations. This is a representative case. A gentleman in the prime of life. His profession an accepted warrant for uprightness and probity. A victim of neuroaesthesia—nervous exhaustion. Worn and debilitated by pulpit and pastoral labors, he had expended more force than he could afford to spend. He sought to replenish his wasted energy in the retirement of his own study. His calling forbade the public use of intoxicants. He never entered a saloon, and if wine was offered at social gatherings he forced himself to refuse it. He was an ardent student, and in the silence of the long night hours, while his family slept, he was found in his lonely study.

There, with his bottle and his books, his wearied nerves contested with his conscience for the right to forget his cares and invite his slumbers by the free use of the bottle. At first the conflict was severe; there was no localized distress, and yet every nerve tendril seemed to throb and yearn for repose. A sort of moral mirage enveloped him, and his thoughts lost themselves in the mist. Then he emptied the bottle, and the sleep of intoxication put an end to thought.

The following day brought with it a parched mouth, a dry tongue, headache, irresolute purpose, and remorse. Is it any wonder that season of melancholy sometimes comes, to bow the spirit with forebodings of coming evil, and that countless spectres of unreal things should float in the atmosphere of such a mind?

I can scarcely conceive of a state more miserable. Secret intoxication, lasting only for a night, to be followed in the

morning by the semblance of normal life, visiting and counseling, holding meetings and conducting public worship, and all the while, behind the invisible mask, the memory of the closet debauch stinging the spirit, with no other relief than in its repetition. Carrying with him the image of the scene he cannot forget, and yet wishing the hours to hasten on, that he may cast aside the mask, and, behind the locked door, the bottle, the drink, and the narcotism, may rest him again for another day.

This is no fancy sketch. Many an eye may rest on this page that has witnessed similar struggles, and fallen into the same forgetfulness. There are many such men—men of learning, integrity, and piety. They are solitary, night inebriates, who avoid alike the glittering saloon and the giddy circles of social revelry, but who almost nightly retire to their secluded Gethsemanes, where they may commune with the profoundest needs of their nature, and know not how else to supply and satisfy them. The world does not know their frailty, much less the means they take for relief. To this class belong orators and literary men—men of genius. Such cases are apt to terminate in some form of chronic alcoholism, the evidence of which becomes apparent in local paralysis, or some similar neurotic or brain disorders. Dr. David Skae, an eminent alienist of Great Britain, and a physician in the Royal Edinburg Asylum, says that "there is a regular drunkard who keeps sober during the day and gets drunk at night, and attends to his business regularly during the day. Such men carry on for years without injury to themselves or others. I know one case, where a gentleman was carried to bed drunk every night for fifty years, and yet he made a large fortune, and was in the market every morning attending to his business. Many of them, I know, live to a great age. I have known men upwards of eighty who have been drunkards of that kind."

The craving for liquor in these cases is different from the craving in some other forms of the disease. There are no long intervals of sobriety which are suddenly interrupted by an

unexpected outbreak of a passion for drink. The craving takes the form of a habit, more like that for a night meal after a long interval of privation of food, but it is nevertheless positive in character, and regular as to time of occurrence.

That they sometimes terminate in paralysis, is illustrated by the following:—

CASE II. Age 73. Retired gentleman; has been drinking regularly for forty years. Loss of memory, partial paralysis, etc. Such is the abstract of the entry made on his coming under my care. Forty years drinking, but not often what is called drunk. Solitary night drinker. Attended to business during the day, took part in public affairs, was reported to be a man of experience and judgment, and well esteemed as a good citizen. One feature of his drinking was that his potations were not always excessive, and failing to sleep soundly, he would rise from his bed, appear on the street during the night, call at the houses of friends, and finding them closed, would return, without confusion or embarrassment, to his home, in a sort of semi-conscious, bewildered state, go to bed, and be refreshed by sleep. With the return of morning, however, he failed to recall any of the transactions of the previous night. Following this mode of life in a short time partial paralysis succeeded the loss of memory, and motorial functions being on this account interfered with, the night walks were discontinued, and exercise of any kind becoming difficult, he slowly yielded to the progress of parietic disorder, and "death from dementia" was the final verdict of his medical attendant.

Solitary or secret drinkers are found in almost every community. Some of them will never come to the surface. Perhaps the majority of them are able to conceal their disorder and it may never be known. They are generally men of mark and of work—intellectual work—men of genius often, men whose habits, aside of the use of intoxication, incline them to late hours, to study and seclusion. And we know not how many effusions of poetic genius, or how many discoveries in the realm of science or philosophy, have been evolved from amid the fumes of the bowl.

For it is certainly true, that the impression made upon the human constitution by such beverages, both hinder and quicken brain forces, so that under its influence a certain degree of brilliancy may be imparted to mental operations of some persons, while in others, the consequence of its use may be confusion and incoherency. In these secret and night-drinkers, the craving which constitutes the morbid desire does not manifest itself, as it does in persons of a different temperament and habit. It is a neurasthenia, but it is associated with the idea of privacy, secrecy, concealment. Drinking is not spoken of. It is regarded as a practice not to be made known. For such a person to visit a public saloon and drink, would be as unusual and repulsive to the moral sense, as in the case of a temperance advocate. It does however, happen, that there may be a divergence of this impulse into other lines: like a current of electricity that follows a single line to a point where the line is connected with several others, this current will separate into many, and flow in each. So a certain constitution may, up to a certain point, be direct in its leadings, and then from age, difference in condition or circumstances, exhibit other tastes and follow other pursuits, in which case the craving will be modified as to time of appearance and the character of its demands.

The *Alienist and Neurologist*, edited by Dr. Hughes, has taken high rank as a quarterly representing the best thought from the very front line of research in the field of mind and matter. The editorials by Dr. Hughes are really famous for the wide circulation they receive in the daily press; an unmistakable proof of their excellence.

The *Scientific American*, published by Munn & Co., New York, brings weekly the news from the van of scientific progress.

The *American Inventor* comes monthly, and we turn its pages with a fascinating interest, to see where the restless mind of man seizes the secrets of nature and turns them to do his bidding.

Abstracts and Reviews.

ALCOHOLIC ANÆSTHESIA. A MEDICO-LEGAL CASE.

Dr. Wright in the Detroit *Lancet* gives the following case and notes:

In the earlier periods of a drinking bout, thoughts may seem to flow readily, and with many pleasing changes. But very shortly, if the drinking is heavy, the state of anæsthesia supervenes. In this stage of inebriation the fixedness of the ideas may be readily perceived in the actions of the individual. He is pertinacious in demanding audience. For hours together he will reiterate some imbecile incongruity of mental associations, to all who will listen, mistaking it for wit. He will search for a particular thing or person with unflagging assiduity, during periods of time greatly in excess of the requirements of good sense or sober judgment. The leading idea in the mind is not readily changed or abandoned, because the facilities for the introduction of new conceptions are confined and injured by reason of the prevailing difficulty of producing perceptions for rational contemplation.

It is known that in a subsequent stage of intoxication the brain becomes poisoned and distressed, through the accumulation in the circulation of carbonic acid, urea, and other noxious substances. The disposition is then wholly changed. Ideas are no longer agreeable or frivolous; and the feelings cease to be generous and playful, yet the tactile anæsthesia remains, and the dormant ideas are still fixed and sluggish; and they are not readily abandoned or modified. The cephalic pain now engenders a sudden disposition; and hate, rage, and revenge color the leading thoughts and feelings. It has been said that "rage is a brief insanity."

The law recognizes the insanity of rage when it materi-

ally reduces the responsibility for acts committed in a sudden passion. But the mind, driven to fury while under the influence of alcohol, occupies a very peculiar position. It is possessed with madness, indeed, but not brief in duration. It is a madness that, from the nature of anæsthesia and of alcohol, the mind is powerless to arrange or overcome with ordinary facility, or in a reasonable time.

In illustration, I will relate the following: One H——, a young man of my acquaintance, shot and killed a person with whom he had been quarreling. Both parties had been drinking heavily for a number of hours. Had H—— perpetrated the crime in the midst of dispute the law would have exonerated him, in a considerable measure, from responsibility. But it so happened that there was a lull in the quarrel before the final catastrophe. The actors had become separated. H—— went out and walked around two or three squares, during which time a companion placed in his hands a revolver. Soon after he returned to the presence of his enemy, and shot him down, firing twice. There was no new controversy indulged in; and the man who was fatally hurt seemed desirous to get away.

H—— was indicted for murder in the first degree. In consideration of the time consumed by him in walking the street, and away from his antagonist, it is the opinion of many that he was guilty of premeditated murder.

If it is true that the law is right, in that it would hold H—— guilty of manslaughter only, if he had killed his opponent at the moment when he first left him, then it is also true that the law is wrong and unjust in holding him guilty of a greater offense for committing the crime immediately upon his return to the scene of the original trouble. The reason for the conclusion is, he came back in precisely the same state of mind as that in which he departed.

Let us explain a little more particularly the elements of this case. When H—— went out upon the street, and away from his opponent, he was, without doubt, under the influence of alcoholic anæsthesia. His motives, thoughts and ideas

were, to a considerable degree, fixed and established, and without the possession of any natural and rational power of modification or change. Besides this toxic disability, the entire functions of the venous system were under the predominant control of alcohol. Every expression of the countenance was alcoholic. The movements of the eyelids, the crooking of the fingers, the changing positions of the limbs, we all alcoholic, and by no exertion of the will or of automatism could the motor functions be brought into a semblance of a normal and reasonable appearance. They were all *alcoholic*.

In a parallel way alcohol assumed, with irresistible power, the control of reason and morality. Reasoning, motives, judgments, and mental decisions were alcoholic; and by no process of the intellectual powers could they be brought into a natural exhibition of the normal and healthy state. Every nervous function, motor, rational, moral, and volitional, was inexorably alcoholic.

The time that elapsed between the separation of the two men, and the return of H—, could not have exceeded half an hour. It was probably about twenty minutes. When H— returned, his anæsthesia still prevailed. His ideas and intentions were most likely still fixed and unaltered; alcohol was still surging and raging through the capillaries of his brain; compelling all his powers mental and moral to bow to its supremacy. It is not preposterous to claim that, under such circumstances, a mind may "cool down," and its responsibilities become radically changed in a few minutes?

The exigency of expediency may possibly excuse the law as it is applied to the responsibility belonging to the drunken state; but equity never will. If common anger is a brief insanity invoking the merciful consideration of the law, I cannot perceive any just reason why the settled fury attending the advanced stage of drunkenness should not be entitled to a similar consideration.

In the latter case, the will is innocent of the inception of the madness; and the mind is also incapable, in consequence

of the toxic condition of the body, of righting the wrong state of motive and disposition. In the heat of passion, it is claimed justly, that there is no opportunity for reflection, and the calm and rational consideration of consequences. In a state of mind when passion is morbidly continuous, there is also no available point where cool reflection can be introduced, or the consequences of conduct calmly canvassed.

In true insanity from undoubted brain disease, a long and fixed hatred or rage is esteemed to be good reason for an abatement of responsibility, or an entire release from it. The belief is reasonable that functional incapacity of the brain, as from alcoholic anæsthesia, may present the same symptoms and disabilities, as structural lesions; and, as long as it remains, it should receive similar privileges and exemptions.

DIPSOMANIA.

The following extract from Dr. Clouston's late work of "Lectures on Mental Disease," noticed in this Journal, will be of great interest as the views of a leading specialist, in striking contrast with some opinions expressed in this country.

"What is meant by dipsomania is a morbid, uncontrollable craving for alcohol and other stimulants. What we really want is a good word to express the cravings for all sorts of neurine stimulants and sedatives, as well as alcohol. The confirmed opium eater, the inveterate haschish chewer, the abandoned tobacco smoker, are all in a certain category. No medical man who has been long in practice can doubt for a moment that there are persons whose cravings for these things are uncontrollable, and who have therefore a disease allied to all the other psychokinesia. Particularly the morbid craving for alcohol is common, and so intense that men who labor under it will gratify it without regard to health, their wealth, their honor, their wives, their children, or their souls' salvation. Certain causes predisposed to it. They are, (1) hercd-

ity to drunkenness, to insanity, or the neuroses ; (2) excessive use of alcohol, particularly in childhood and youth ; (3) highly nervous diathesis and disposition combined with weak nutritive energy ; (4) slight mental weakness congenitally, not amounting to congenital imbecility, and chiefly affecting the volitional and resistive faculties ; (5) injuries to the head, gross diseases of the brain, and sunstroke ; (6) great bodily weakness and anaemia of any kind, particularly during convalescence of exhausting diseases ; (7) the nervous disturbances of menstruation, parturition, lactation, and the climacteric period ; (8) particularly exciting or exhausting employments, bad hygienic conditions, bad air, working in unventilated shops, mines, etc. ; (9) the want of those normal and physiological brain stimuli that are demanded by almost all brains, such as amusements, social intercourse, and family life, (10) a want of educational development of the faculty and power of self-control in childhood and youth ; (11) the occasion of the recurrences of alternating insanity or the beginning of ordinary insanity, being co-incident in a few of these cases with periods of depression, but mostly with the beginning of the periods of exaltation ; (12) the brain weakness resulting from senile degeneration. More than one of these causes may, and often do, exist in the same case.

"The neurine-stimulant craving is nearly always associated with impulses or weakness of control in other directions in by far the majority of the cases, while there may be no insane delusion. Yet all the faculties and powers we call moral are gone, at all events for the time the craving is on. The patients lie ; they have no sense of self-respect or honor ; they are weak and fawning ; they cannot resist temptation in any form ; they are erotic, especially at the beginning of an attack ; they will steal ; the affection for those formerly dearest is suspended ; they have no resolution, and no rudiments of conscience in any direction. The common objection to reckoning such persons among the really insane is that, though they have brains predisposed by heredity, they have often brought this condition on themselves by not exer-

cising self-control at a period when they had power so to do, but this applies to many cases of ordinary insanity. Another is, that, when deprived of their stimuli for a short time, they are sane enough in everything except resolutions not to take them again.

The effect of the excessive use for a long period of nerve stimuli of all kinds, is to diminish the controlling power of the brain in all directions, and to lower its highest qualities and finest points. The brain tissue is always so fine, so delicate and so subtle working, its functions are so inconceivably varied and high, that under the most favorable circumstances it runs many risks of disturbances of its higher functions. But when we have a bad heredity, a bad education, and a continuous poisoning with any substance that disturbs its circulation and paralyzes its capillaries, that excites morbidly its cells, that proliferates its neuroglia, thickens its delicate membranes, that poisons its pure embedding neuroglia cerebro-spinal fluid, we cannot wonder that its functions become impaired and are not fully or readily resumed in all things. The unfortunate peculiarity is, that while we may restore the bodily and even the nervous tone so far as muscularity, sleep, and sensory functions are concerned, we have the utmost difficulty in restoring the higher functions of self-control and morals in some cases.

A dipsomania when at his worst is readily recognized to be so really insane as to be in a fit state to be placed under the control of others for proper care.

ACTION OF ALCOHOL ON THE BODY. BY ALFRED CARPENTER, M.D., M.R.C.P.

The following is a quotation from the Hunterian lecture on the place which alcoholic drinks should occupy :

Take another class. There is no possible chance of relief to those who are inclined to the lithic acid diathesis if they arrest oxidation by the use of stimulants or narcotics of any kind. Have patience with the pain, and it will cease as soon

as the oxidation in the nerve cell is complete, and the nerve cell has recovered its healthy state. Arrest that oxidation by the use of alcohol, and you add to the amount of unhealthy waste which has to be removed, and hasten the rise of degenerative disease in that particular organ, or in the nerve battery which regulates its function. Patience with pain in this class of cases, is the right doctrine to preach to our patients. Gain time, let the oxidation be perfected, and healthy nerve tissue results; or, in the case of cancer, the nerve current is cut off; in either case, the total quantity of pain is not a tithe of that which the habitual indulger in alcohol or opium will really suffer. I need not urge this line of action in the treatment of those hysterically inclined, because I hope none here present will ever support the notion that a hysterical patient ought to be treated in any way by alcohol or narcotics even if they be anemic. An empty house is better than a bad tenant. Any form of lithic acid deposit in any tissue is a bad tenant. It can only be removed by oxidation. Yet, for the purpose of temporary relief, if we use alcoholic drinks, we advise the use of remedies which only add to the amount of morbid tissue in the blood. Let us help to remove the waste matter from the system; but do not let us be inconsistent to our duty. We shall be so if we advise the use of that which may render it dormant for the time being, but which only keeps it in the system.

I will now go to another class of cases in which the brandy bottle is supposed to be absolutely necessary, namely, syncope. A violent or long continued hemorrhage has placed the patient's life in danger. The great effort of the bystanders, and too often of the medical man also, is to prevent fainting. It is sometimes the same in cases of *post partum* hemorrhage. "Oh, she is fainting, give her some wine!" is the cry; and the medical man sometimes administers the glass of strong brandy and water. If he do, he is interfering with the very process which nature has set up for the purpose of saving the patient's life. The passive tension in the smaller vessels prevents the injection of blood into the nerve

battery which regulates consciousness as well as other functions. Syncope results, and nature takes the opportunity of allowing a plugging of the bleeding vessel by stopping the *vis a fronte*. The heart is only able to carry on circulation sufficient for organic, but not functional life. If we give so-called stimulants, we dilate the capillaries so as to allow the heart to go on sending blood into the bleeding organ, and we assist to send our patient out of the world instead of allowing syncope to have its sway; we may bring back the patient by supplying cold water so as to fill up the comparatively empty vessels, and thus allow a more satisfactory circulation to be renewed. Our duty is to fill the blood-vessels with harmless materials, such as water, which is rapidly taken up as the patient comes out of the syncope; we ought not to arrest that faintness which is laying the first stone for the arrest of hemorrhage.

There is another class of cases closely connected with these in the lying-in-room, in which sudden syncope, with rapidity of breathing, collapse, and a cerulean aspect, brings a sudden end to the patient's life. I have always found that there has been a free administration of stimulant before this kind of syncope has developed itself. The cause of the end is recognized as thrombosis or embolism. A clot has formed in the heart, and has hampered or brought an end to its movements. These clots are generally allied to a lithic or lactic acid (a gouty or rheumatic) diathesis. Persons who have been "low" are kept up by stimulants. They lose some blood in their confinement; the vessels are not well filled; the blood is loaded with fatty matter, with an excess of fibrin. The two combine to form a clot, and the more alcoholic stimulant you give, the more certain will be the ultimate result. Sometimes life appears to be kept in the body by its administration. I take it that in such cases the brandy is actually acting on the clot by absorbing some of its constituent parts, and diminishing its size, so as to allow a more easy passage of blood between the clot and the sides of the vessel.

This is so in some cases of embolism of the pulmonary artery; but the cases have ultimately died, all the same, or disease has been set up which has rendered the patient a miserable invalid for the rest of her short life. I would rather give solvents for fat and fibrine instead of those remedies, which certainly add to the quantity of peccant matter in the serum of the blood; and the more empty the vessels may be, the greater the danger, because the alcohol is more quickly diffused.

I have on more than one occasion, when called into consultation, had reason to believe that the coma had been caused by excess of stimulant, and not by the disease. I have withdrawn the stimulant, and found that the coma has departed, and the previous delirium has not recurred. It requires a very studious care of all the alliances of the case by daily observation with instruments of precision, if one is not to do serious mischief by over stimulation. It is no advantage to save a patient from death by typhoid fever, and then to have him sink from after consequences which have been set up by the remedies which have been used.

There are certain conditions in which it is absolutely necessary to relieve the heart by the rapid action of a diffusible stimulant, as when the internal organs are loaded, the vessels of the skin contracted, and all but empty. The physiological action of alcohol comes rapidly into play, and thus a weak organ may be saved. This may be possible when such an one has been suddenly chilled by immersion in water or by fright. Life may be saved and strains on internal organs taken off by a good dose of brandy. But such are the dangers attendant on a good dose, that if a patient be already recovering, I would much prefer the outward application of warmth and friction to the disturbing influences of strong drink. I am asked sometimes, "Surely you do not object to the administration of wine and spirits to those who have a weak heart?" The answer is, assuredly I do, if the weak heart is due to excess of fat in its periphery. I would take off the load of hydrocarbon by a diminution of supply, and the

administration of oxidizing agent. I would not give an agent which takes the place of the latter; while if it be due to fatty degeneration we are only hastening the end.

We may make our patients the merrier by one daily dose, but assuredly we are making life shorter also. To whip a tired horse may enable you to catch a train; but if the action be indulged in daily, and you do not let your horse have the necessary rest to enable it to throw off its tired condition, you will find one day that your horse will not respond to the whip at all. The usual action of alcohol is to quicken the heart's beat, to cause it to make more contractions in a given time, and to shorten the time for its rest. It is in the time of rest between beats, that there is repair.

If alcohol does quicken a weak heart it is actual poison to it, though it may for a time make the patient more comfortable by diminishing the symptoms of danger. The beats of the heart require the interval of time to be lengthened between each, if you mean to get rid of the weakness which results from fat or any kind of degeneration. To quicken its action must diminish the power of restoration which the organ might possibly possess if its beats were not slower, not quickened. Alcohol, therefore, to be beneficial in such cases must slow the pulse and not quicken it, and then it may act, as Dr. Radcliffe suggests, as a tonic. I have very seldom seen this result. What may we understand by physiological saturation, beyond which it is not prudent to go? It seems to me that the use of alcohol appears to be safe within certain limits, only because we are unable to appreciate its effects. The millions of blood corpuscles must have a certain percentage altered before any perceptible effect is produced, such as may approach to physiological saturation. A certain number of liver cells may be rendered fatty, and the patient appear in perfect health; a few of the brain cells may be altered, or some of the glomeruli in the kidney changed, and yet the subject may appear perfectly well; but at length the stage of saturation is reached, beyond which the subject becomes either diseased in some of his organs from fatty degeneration,

or he is a drunkard in consequence of the change in his nervous system. The limit is passed. Then physiological saturation is reached, and our antagonists agree with us that total abstinence is the only remedy. Those who believe in the tonic power of alcohol would take their patients close to the edge of the precipice, and then warn them of their danger, too often when it is too late. My feeling is that it is our duty to prevent the commencement of so-called physiological saturation; and to do this, I feel bound to advise my patients in all its forms it is a powerful remedy for good, in a few instances, in acute diseases of a certain type, in which it is requisite to paralyze the vasomotor system in the periphery of the body, so as to relieve pressure in the internal organs; that it is especially powerful for good in total abstainers, but that it becomes a dangerous remedy for those who may be upon the borderland of "physiological saturation," and ought never to be given in any case in which there is any approach to atheroma, or fatty degeneration of any kind. I cannot believe in its real benefit in want of digestive power, except in rare cases in which a whip may be temporarily of service. For any one to trust to it, and not to take measures to remove the real cause of his indigestion is trusting a broken reed, which will run into his side in due time, and cause him serious hurt.

TREATMENT OF INEBRIETY,

Is the title of a paper read before the Society for the Study and Cure of Inebriety, at their June meeting, by Dr. Howie of Liverpool. He divided inebriates into three classes: 1. The deliberate inebriates. 2. The feeble inebriates. 3. The automatic inebriates. In the latter class he places the dipsomaniac, and very truthfully says, "they are maniacs in every sense of the word."

"The murderous maniac is straightway confined by the authorities, and prevented doing injury to the persons of his neighbors; but the poor dipsomaniac remains unnoticed, unprovided for, until some frightful murder leads to his tardy

apprehension. Under the influence of the dark demon of his life he imbrues his unconscious hands in the blood of an innocent fellow-creature. He kills his mother, his wife, or his infant child; he sets fire to a house and envelops a sleeping family in the flames of death; he wrecks an express train, and sends its precious human freight to pieces in a mountain cutting, or rolls them mangling over the nearest embankment. I ask why the latter should not have been confined like the former? There is more life sacrificed by the dipsomaniac than by the homicidal maniac; and yet we have no power to prevent him in his deeds of death. I hope that the time will ere long come in this country when every man who has been three times convicted of intoxication will be locked up in an asylum as a maniac. Such men are a disgrace to our present civilization, and a source of urgent danger to the community in which they reside. Any man who has been three times drunk is evidently unfit to be trusted in a town, where one unclosed gas jet may be the means of extinguishing the life of a score of human beings.

"The inebriate, while actually intoxicated, is as dangerous as a lunatic, and if he has been three times intoxicated or convicted of drunkenness, we do not know at what moment he may again become insane. He is no more accountable for intoxication than the homicidal insane is for murder."

He urged the folly of attempting to cure inebriates by lectures and temperance work, and the necessity of physical means and medical care.

The Twenty-Seventh Annual Report of the Washingtonian Home, Boston, Mass., Dr. Day, Superintendent, is before us. It is a thirty-five page pamphlet of more than usual interest. During the year, three hundred and forty-six cases have been admitted, and the results have been very gratifying—a large per cent. have been discharged more or less permanently restored. The following extract from Dr. Day's report deserves a wide circulation:

"The most efficient aid to prevention of intemperance comes from the establishment of asylums for the treatment of those who are beyond self-control, and to aid from the public funds those institutions which are already established.

"This institution which you represent, gentlemen, has a record of twenty-eight years of constant labor in this field of reform, and with such a record, it seems to me, it has a right to ask for a consideration of this the most important subject from the standpoint which this institution occupies. We advocate the establishment and sustainment of these asylums as a means which experience has proved to be the best yet discovered for reforming the evil, for reviving production and removing the burden on taxation.

"The practical operation of these institutions, in a few words, is to withdraw the candidate from the work-house or the prison, from the scenes and associations of his temptation and degradation, to receive him with kindness, and having first expelled the evil within him, to re-awaken his manhood and self-respect, and after a season to restore him to the community with a sound mind in a sound body, capable of performing all the functions which his natural powers enable him to, and to become a healthful influence, and an active worker in the great human hive.

"This is a statement of the whole problem. I assert that it is the practical operation of this and other similar institutions, from long observation and experience in the management of them. During the last twenty-eight years I have been connected with them (most of the time at this institution), and have during this time treated over ten thousand cases.

"From this experience I am ready to demonstrate from statistics, that asylums properly conducted are an actual saving to the State in dollars and cents, that from their establishment, the balance in the treasury at the end of the year, is greater than it would be without them. Of the thousands of cases which have been under our care, the instances of relapse have been less than is generally sup-

posed. The patients have come to us worthless as citizens ; they have left to become active, useful additions to the trades, occupations, and professions from which they have come ; producers, producing taxable results.

"We ask that the knowledge of this important fact should be known to every reflecting man, that the benefits of this reform and its modes may reach thousands, where now it reaches hundreds."

Comparative Physiology and Psychology. By S. V. Clevenger, M.D.: Fansen, McClurg & Co., Chicago, 1885.

This volume of 247 pages treats of the evolution and relations of the mind and body of man and animals. Like many other efforts to extend the boundaries of exact science in the region of mind, and its relations to matter, the reader is not certain that the author has succeeded. This uncertainty comes from the strange use of metaphysical expressions employed to express the most opposite tendencies, which leaves the author's meaning obscure and doubtful. One idea of this work is to apply the "laws of Darwin and Spencer to the consideration of many points in comparative physiology and anatomy." Another idea that seems to be prominent, "is that chemical relations and reactions originate all life, and are the beginning and ending of all material and immaterial things and forces." Job expressed a strong desire to have his enemy write a book, and those who do not love the author of this work will be well satisfied with this effort.

The impression on the reader's mind is that the author has not done justice to himself, and with time and study he could have produced a much better work. Notwithstanding these faults the student of mental science will find much that deserves consideration and careful study. The publishers have given a very attractive volume, and no doubt a large sale will reward their efforts.

Clinical Lectures on Mental Disease. By T. S. Clouston, M.D., Superintendent Royal Edinburgh Asylum for Insane: Lea Brothers, Philadelphia, Pa., 1884.

This volume contains eighteen lectures by Dr. Clouston, and an appendix of over one hundred pages by Dr. Folsome of Boston, Mass., giving an abstract of the laws relating to the insane in this country. The first lecture is on the clinical study of mental disease, and the last lecture treats of the medico-legal and medico-social duties of medical men in relation to insanity. All the intervening lectures describe almost every phase of insanity, and illustrate it from histories of well-reported cases. The author is evidently a clinical teacher of rare skill and ability, and every page is replete with suggestion and practical fact. It is perfectly safe to say that this book comes nearer the wants of the general practitioner than any other in the language. While it may lack in a systematic generalization of facts, it is replete in vivid pictures of disease, that cannot be forgotten by the reader. To the specialist it is invaluable, as presenting a purely clinical study of the subject, supplementing his daily experience, and suggesting new facts and fields of observation full of interest. There is a certain freshness in these lectures, coming from a practical man at the head of a large asylum, that is in striking contrast with other works on this subject, that are evidently theories of others worked over. Although many of the statements of the author will be opposed to the experience of the readers of this journal, yet many other topics are so graphically presented, and are so full of suggestion, that the mistakes are forgotten. Altogether this is a most admirable book, and one that the general practitioner as well as the specialist should read. The appendix by Dr. Folsome is of doubtful value. The publishers have presented a fine volume, and it is quite evident that this work will take a very prominent place in the literature of this subject, and have a very wide circulation. We have given an extract in another place, and hope to give others from time to time.

First Annual Report of the Dalrymple Home, is a pamphlet of nineteen pages containing many encouraging facts. During the year thirty-two cases have been admitted and thirty-one discharged. A summary of the history of the cases admitted from the time of opening of the home, forty-nine in all, indicates a great advance in the study from the physical side alone. Both the report of the board and superintendent show that this home is in good hands, and the problems of inebriety will be thoroughly worked out in the future. The superintendent, Dr. Branthwaith, is well known and brings rare judgment and skill to this pioneer work. The secretary of this home is the distinguished Dr. Kerr, whose writings on this subject have placed him among the pioneers in this field. The work of this asylum is watched with much interest in England, but this most excellent report shows that it has passed the stage of experiment, and is now a reality that must not be ignored.

Good Health is the name of a very spirited journal published at Battle Creek, Michigan, under the charge of Dr. Kellogg. The *Sanitarian*, advertised in our pages, under the care of Dr. Kellogg, is the leading asylum of the kind in this country. It has been in existence eighteen years, and has grown into the fullest confidence of the public and profession everywhere.

"Inebriism, a Pathological and Psychological Study," is the title of a most excellent work, from the pen of Dr. Wright, of Bellefontaine, Ohio, so well known to our readers. This work is in press, and will soon be issued.

The Medical Register of New York, for 1885 and 1886, has appeared. It is edited by Dr. White, and published by G. P. Putnam's Sons, and is almost indispensable for reference to physicians and others.

Editorial.

EDGAR A. POE AS AN INEBRIATE.

The addresses delivered at Poe's memorial celebration lately held in New York were chiefly remarkable for their misconceptions of the poet and his character. The eulogies and praises heard on this occasion mingled strangely with regretful reference to his inebriety as a vice and great sin. It was a wicked and deceitful heart that clouded all his genius, the prevalence of a vicious passion that made him what he was, and so on. Poe complained justly of the persecution of both friends and enemies who sought to judge him from this standpoint. Now, nearly half a century from his death, the same old mediæval dogmas are brought up to test the man and his character. Edgar A. Poe, as a willful, voluntary inebriate, is a conception of the man contradicted by all teachings of science, and, from any standpoint of exact study, a physiological impossibility. When he is seen as an inebriate of the periodic and dipsomaniac type, suffering from a disease of the central brain and nervous system, all the mystery of his life clears away.

His career, from infancy to death, differs in no way from others of this class. Beginning in like manner, passing the same roads, crossing the same bridges, with the same experience and termination. His life and writings are replete with evidence of his diseased brain and nervous system. Even the drink paroxysms have left their indelible traces in his prose and poetry. To the specialist, given a history of his heredity and the first ten years of his life, and all the future could have been predicted with much certainty. The character of his writings could also have been clearly outlined; or, given his writings, with no mention of his life, and his inebriety and its nature would have been equally clear. In a

brief review of his life and the indications of his disease some of the reasons for these conclusions will appear.

Left an orphan at four years of age, he was adopted by a wealthy, indulgent family, and brought up petted and unrestrained. After some preliminary training in private schools he entered the University of Virginia. Here he drank and gambled to such an extent that he was cast off by his foster-father, and started out alone in the world. He enlisted in the army, and after two years was discharged and appointed a cadet at West Point. A few months later he was dismissed for neglect of duty, and from this time was engaged in writing for the press. He held various responsible positions on leading magazines, was greatly praised and blamed, but drank, lost his positions, and was ever poor and in trouble. He was always planning for the future, was restless, proud, and ambitious, yet failed. After the death of his wife, he became more dissipated, and used opium freely. He finally died at forty years of age, from exhaustion, having alcoholic delirium and coma at the last.

Although he wrote very largely, most of his work, like his life, was vague, gloomy, and erratic. A few of his poems are remarkable, but the themes are sorrow and ruin. When the facts of his life are examined more closely, a well-marked morbid heredity is seen. On his paternal side, his father was said to be an impulsive, unreflective character and boon companion, who early ran away from home and went on the stage. He was also called a weak-minded, narrow, rather insignificant actor, who played light parts and never attained any proficiency. He was undoubtedly a moderate and possibly an excessive drinker at times; also a weak, nervous man, dying young. On his maternal side, his grandmother was an English actress, who appeared in Boston with her daughter, Poe's mother. She excelled in light dramas and concert singing, her daughter taking the juvenile parts. After marrying a piano player she disappears from history.

Poe's mother comes out prominently when about twelve years of age as a member of a stock company. Later she is

married, and her husband dies ; then she is married to Poe. Like her mother, she was a concert singer, and excelled in light comedies. She was a bright, stirring woman, who worked hard up to a short time of her death, from consumption. She was also evidently an impulsive, excitable character, from an incident mentioned in which her husband was urged to cane a reporter who praised her domestic virtues and moral character.

From these ancestors Poe inherited an unstable brain and nerve organization, and no doubt a predisposition to inebriety. His early precocity and exhaustion pointed to neurasthenia and nerve debility, for which alcohol and other drugs were most grateful narcotics. Among the earliest references to his character and training is a mention of his precocity, and ability to sing and dance. One of the amusements was to mount him on the table after dinner, where he would declaim and pledge the health of the company. His teacher wrote that he was a clever boy but was spoiled by an extravagant amount of pocket money. His education seems to have been very superficial and fitful, at times leading his class and taking the highest honors ; then, from irregularities, which must have meant drinking and other excesses, falling into disgrace and obscurity. All through life he lacked in diligence and accuracy, but was brilliant and presumptuous. Although his mind was of an analytical type, and at times seemed very clear, yet it lacked vigor, and was narrow and changeable in its action. His emotional faculties were always unstable, and the imagination had become acutely morbid.

The use of spirits began early. At school, long before puberty, he drank in a wild, impulsive way. " Drinking full glasses of spirits without tasting it and without sugar or water." After puberty this desire for spirits became more intense, and was followed by profound intoxication, from which he rapidly recovered. All through his life these drink paroxysms were irregular, and of variable duration, seemingly dependent on unknown and very uncertain causes.

Sometimes recurring at stated intervals, then disappearing for a long time, but always impulsive and maniacal in intensity and character. The latter part of his life they were followed by periods of great prostration and debility. He often complained of exhaustion before the paroxysms came on. As he grew older the degeneration from these drink paroxysms became more pronounced, and he resorted to opium, probably because its effects were less noticeable, and the narcotic action equally gratifying. Of course his manner and actions were more mysterious and unexplainable, from this time. He was either greatly depressed, or elated. Later, periods of great indolence and dreamy indifference, followed by seasons of great mental activity, during which he would give up all work, or write incessantly. His manners changed, and he became harsh, abrupt, or emotional and sympathetic as a child.

Like all others of his class, he protested that he never drank much, and all his troubles were due to other causes. On several occasions he was delirious, had distinct alcoholic blanks, and could not remember events that had happened. Finally (as before on many occasions), he suffered from a drink paroxysm, on the eve of most important events; had delirium which was no doubt followed by capillary hemorrhage, ending in death.

Among the signs of mental defects noticed from childhood up, in Poe was his vanity and egotism. He was always self-assertive, and thought he was a universal genius. Wrote a theory of the universe, and always claimed great justice and independence as a critic. In reality he was notional, and either severe or very generous. All through life he sought every opportunity to bring out his old pieces in a new dress, and claim originality for them. He claimed to be a humorist, and when praised, made great efforts in this field. The failure of the world to comprehend his genius was attributed to envy and ignorance. Closely associated with his egotism was distinct delusions. One most commonly seen in every similar case, that his use of spirits was always a mere acci-

dent within his control, that he could and would stop any time. He always believed his drinking due to causes governed by his friends and enemies. He also boasted of great poetic insight and judgment, and yet his criticisms never rose above the faults of style and methods of expression. He seemed a bitter hunter for plagiarisms, and yet he himself was a close imitator of Moore, Byron, and Coleridge. His really famous poems were inferior to others that never attracted any attention, in his estimation. Delusions of neglect and persecution grew to be a constant thought. He never realized that his harsh criticisms of others, and defects of character, brought down upon him these enemies. Through the deepening gloom of his life, glimpses of his real condition burst on his vision, and he declared that he was insane, and should have been under the doctors' care long ago. Edgar A. Poe was clearly a mental defective as seen from almost any standpoint. In childhood he was called self-willed, defiant, and willful, breaking through all restraint. Later he was described as excitable, moody, and inclined to magnify every event of life, either good or ill. His defective brain force found relief from spirits, and in poetry and prose, congenial realms of thought. The early intoxication, and continuous or irregular use of spirits, would have been fatal obstacles to eminence in most cases, but in this case they served to bring out his talents in greater contrast. Intellectually he never rose above a certain level. The theme of all his writings was sorrow, ruin, and a morbid ideality of love and beautiful women. Flashes of genius, like sun-bursts through the black clouds, had a deep background of despair. Ideas of pain, misery, and sorrow, colored all his thoughts, and were brooded over with a satisfaction only seen in the insane. The higher brain centers suffered, and his low moral sense of duty, and conceptions of right and wrong were apparent at every step. He was always full of intrigue, and when pressed took advantage in many ways. When most prosperous he was restless and undecided, always planning some new scheme. The materials which he furnished for

the history of his life were false, and indicated great moral degeneration. His child-like efforts to conceal the events of his life, and make them appear different, and boasts of great honesty and honor, while doing the most opposite acts, were all symptoms of a diseased brain. In brief, both his intellectual and moral life was identical with his history, full of great irregularities and extremes, and also marked by a progressive march of degeneration.

His complaint of being the victim of others' ignorance was most terribly true. His enemies always magnified and increased the publicity of his drink paroxysms, and his friends thought to help him by continually presenting the enormity of these excesses, supposing that the pain and suffering which they caused would in some way give him strength to grow stronger. It is the same principle that to-day sends inebriates ten days to jail, hoping by wounding their pride in the worst possible physical and moral surroundings to better prepare them for a life of sobriety. In reality they are removed farther and farther from possibility of recovery. If Poe had been recognized as a diseased man, and been placed under medical care, his genius and poetic conceptions would have found more sunny paths, and left the world brighter for its songs. His life began with a sad heredity, intensified by surroundings and want of training into the disease of inebriety, which followed a regular line of march on to death.

Thus from his entrance into active life he grew more and more out of harmony with the surroundings, and found in spirits and opium an oblivion and rest. To say that Poe had a deep insight into the supernatural, with great originality, and extraordinary intellectuality, and so on; and also that this was sadly marred by moral obliquity and vicious weakness, that was sinful, etc., is to describe a character unknown to modern times. To say that Poe, as an inebriate, showed great genius in poetic expression, is to represent a class of cases, whose histories are known and have been studied. The conclusion apparent to every thoughtful mind is that Edgar A. Poe as an inebriate should have been recognized early in

life as a diseased man, and placed under treatment and care; also after the lapse of many years, and the great progress of science, his malady and character should have been better understood, and his work more correctly estimated.

“CURSED BY HER APPETITE.”

A dispatch with this title went the rounds of the papers, describing the murder of a woman by two brutal men in a low place. The murderers claimed that the woman was intoxicated and assaulted them, and in self-defense they threw her out of the house; the injury she received from this caused death. This event called out much comment, as the woman was the divorced wife of a distinguished man, and had herself occupied a very high place in the social and literary world. After a speedy trial the murderers were convicted of manslaughter, and the event passed into forgetfulness. The wrongs of this world can never be forgotten, somehow and somewhere they will surely come to judgment. The facts of this case were brought to my notice and were verified by a physician beyond all possible doubt. B, the woman murdered, and called “cursed by her appetite,” was the only daughter of a moderate-drinking merchant who died early of gout. Her mother was a nervous invalid, hysterical and bed-ridden, dying of consumption at forty-two years of age. On her mother's side insanity, inebriety, and general paralysis had appeared in many members of the family. B was a woman of unusual intellectual force and brilliancy, graduating at Vassar at twenty-two, and marrying at twenty-four, she was the leader of the circle she moved in. Wine was used on the table freely, but she was never known to use it only sparingly. At twenty-eight she suffered from abortion, followed by severe hemorrhage, fever, and great prostration. Spirits were given freely, and when she recovered they could not be taken away. Finally she became intoxicated, and from this time a great struggle was made to break away from the drug. Pledges were signed, prayers and advice from the clergyman freely given.

Threats, entreaties, and every form of mental and moral influence was brought to bear to cause her to abstain. The husband still drank wine at the table, and the clergyman urged that the failure of the wife to do so in moderation was simply a moral weakness, which she could overcome. The physician joined in this view, and after two or three years of fruitless effort decided that she was a wicked, bad woman, who would rather drink spirits than live a temperate life. Acting on this theory the husband procured a divorce and she was driven away. From this time to death, four years later, she drank continuously, and was several times before the police court for drunkenness. The impulse to drink was so powerful that all her thoughts were directed to gratify this; every other thing was secondary. Finally, her death followed an assault, and the statement "cursed by her appetite" should have been "cursed by the ignorance and false teachings of friends." Two centuries ago Cotton Mather wrote concerning the execution of a witch, that "she was given over to the Devil and deserted by God," and history repeats itself in this case. The purely physical character of this case was not recognized. She was sick and diseased, and the real murderers were her husband, the clergyman, and physician. They drove her away from all hope of restoration, and she was a victim of persecution, as much so as any poor so-called witch of long ago. A better intelligence would have given this poor woman tender care and nursing, and housed her from the exciting causes, and from this restoration might have followed. Moral treatment was folly, divorce was certain death, and no more criminal stupidity could have been displayed, had the friends intended to have destroyed her. A similar incident, in a well-known family, was where the son became an inebriate dating from a partial sunstroke, and was driven out and condemned as wicked and vile, and soon after was shot in a low saloon. His death was literally caused by his parents who stupidly turned him out to die. Many such cases are taking place all over the country where men and women are cast away from all care and restraint, and

hurried on to a terrible death, that a clearer knowledge would have prevented. Truly, the old persecution of witches has not died out, but is seen to-day in the condemnation of inebriates as sinful, who are sick and diseased, and need care, treatment, and restraint.

LAWS IN SWEDEN RELATING TO INEBRIETY.

Where it can be proven that the husband is an inebriate, a dissolution of marriage will be granted the wife. If the husband is convicted of drunkenness more than twice, the wife can obtain a divorce at once by applying to the king. If the clergymen or guardian shall find either husband or wife to be inebriates, and manifestly unable to take care of themselves, he may apply to the courts, who will order a separation for one year, and longer if necessary. The penalty of visiting each other during this time will be imprisonment from one to six months. Should the inebriety continue, the king may decree a permanent divorce. If either a man or woman contracts marriage in a state of intoxication, or promise to marry, the contract is void. No transaction entered into while in a state of intoxication, or in a condition of mind in which he could not fully realize its nature and consequences, can be sustained at law. But, with a curious inconsistency, he is held fully responsible for any crimes he may commit in this state. The same penalties are to be meted out as if conscious and sane, in addition to those incurred for inebriety. Should anyone become intoxicated in a public house, and the landlord allow him to go out on the street, the landlord is liable to a fine for damages which the drunken man may inflict. It is the duty of the saloon-keeper and landlord to take care of and protect all persons who become intoxicated on their premises. No person can be received in a lunatic asylum in a state of intoxication. Three private asylums have been opened for inebriates; the local judges can send persons to these places rather than to the house of correction. A strong sentiment in favor of inebri-

ate asylums has been growing among the medical men and law makers. But, unfortunately, the temperance party is against it.

CAPACITY TO COMMIT CRIME AMONG
INEBRIATES.

In several cases which have come to my notice, the question has been raised, Is not the inebriate incapacitated for committing certain crimes by reason of the injury from alcohol to his brain and nervous system? Thus in one case, a continuous inebriate, who was under the influence of spirits all the time, doing nothing, and in a state of partial stupor, was accused of forging a name to a check, and drawing the money on it. He denied all knowledge of the event, but was recognized as partially intoxicated when he presented the check for payment. It was shown that his condition was such that he could not have forged another name to the check. His own signature, written at this time, was very imperfect, and, as no free interval occurred in his drinking, it was not reasonable to suppose that he was capable of forging a name with skill and accuracy in his condition. This defense was ignored, but it was undoubtedly correct.

In another case, a periodical inebriate, who, during the drink paroxysm, was either in a state of acute delirium or partial stupor, signed a contract in a bold, steady hand, greatly dissimilar to his ordinary signature. On recovering he denied it, and, in an action to recover, it was claimed to be a forgery. The same defense was made, but failed.

In a third case, a man with uncertain reputation, was found in a state of partial intoxication, near a bank which had been robbed, and arrested for the robbery, or complication with it. The defense of incapacity to have committed the crime was urged without success, and had the prisoner been a man of character, he would undoubtedly have escaped. The facts all indicated a strong probability of his innocence.

A case involving a similar question was argued in the supreme court of Wisconsin in 1879. The prisoner was con-

victed of larceny, cutting a hole in a window pane large enough for his arm and effecting an entrance, etc. The prisoner was known to have drunk very freely of whisky and beer on the night of the larceny. He denied all knowledge of it, and claimed to have left town long before the crime was committed. The defense claimed he was incapacitated to commit this crime by reason of his condition occasioned by excess of alcoholic drinks. The judge refused to allow this in evidence, and the case was taken up to the supreme court.

On this the court ruled as follows: "As we understand the offer, it was not to show that the accused was in such a mental condition as would excuse the commission of an act which would constitute the crime of larceny if committed by a sober man. It was not offered as an excuse or defense for a larceny committed, but for the purpose of showing that it was highly improbable that the accused did in fact commit the acts complained of, *viz.*: the entering of the shop and removing the goods therefrom; not as a defense for want of mental capacity, but as evidence tending to show that the acts which constituted the offence were not done by the accused. . . . It would seem, however, that there can be no doubt as to the right of a person accused of crimes to show that at the time of its commission he was physically incapable of committing it. There can be no doubt of the right of the accused to show that he was at the time prostrated by a disease which rendered it highly improbable that he could have endured the exertion and labor necessary to commit the crime and so we think if, in this case, the evidence had shown that within a few hours of the time this larceny must have been committed, the accused had been temporarily prostrated by drunkenness, so as to render it highly improbable that he could have been present at the place where the crime was committed, or, if able to be present, that he could have done what the evidence shows was done by those who committed the larceny, he is equally entitled to show that fact. In such case the intoxication is not shown for the purpose of excuse or mitigation of the offense charged, but as evidence

tending to show that he was not present and did not commit the acts constituting the offense. Evidence of this kind would have but little weight against direct evidence showing the actual presence of the accused at the time and place when and where the crime was committed; but certainly in the absence of any such direct evidence, the accused may give in evidence any fact, which would have a natural tendency to render it improbable that he was there and did the acts complained of, and the fact that drunkenness was the thing which tended to prove such improbability, can make no difference. If a man by voluntary drunkenness render himself incapable of walking for a limited time, it is just as competent evidence to show that he did not walk during the time he was so incapable, as though he had been so rendered incapable by paralysis of his limbs from some cause over which he had no control. The cause of the incapacity in such case is immaterial; the material question is, was he in fact incapable of doing the acts charged? We cannot speculate upon the effect which the evidence, if admitted, would have had upon the verdict in this case. It was offered, apparently in good faith, as evidence tending to show that the accused could not have committed the offense.

“Had the drunkenness been proved so complete as to have destroyed his powers of locomotion, or so as to have destroyed the steady use of his limbs, it would have had a tendency to disprove the charge made against him. The evidence being material, it should have been admitted, and its rejection was an error for which this court is compelled to reverse the judgment.”

INEBRIETY AND SUNSTROKE.

Those who use alcohol in any form, either moderately or in excess, suffer more frequently from sunstroke and heat apoplexies. The fatality of these cases are greater than in those who are abstainers. The brain disturbances following are more serious and prolonged, and in many cases acute

manias, various palsies, and dipsomaniac impulses are very prominent.

Many of these cases occur in persons who are not thought to be other than moderate drinkers, particularly as they are seldom seen intoxicated, and, although at the time of the sunstroke may have the odor of alcohol about them, yet are not considered to be injured by spirits in any particular way. These cases suffer from sunstroke in two ways: either from the direct rays of the sun, or from the heat of close rooms or areas. In the latter case it occurs most frequently after sunset and before midnight. Very serious mistakes are frequently made in the diagnosis by physicians. A man will be found in the street in a state of coma, with an alcoholic breath, which, to a superficial observer, points to spirits as a cause. The real cause, sunstroke, is not recognized, and death follows in a cell at the station-house, or in some other place, and nothing has been done to avert this event. In any case of coma found in the street in hot weather, the diagnosis of apoplexy from heat should be considered, irrespective of all alcoholic odors in the breath. A moderate and only an occasional user of spirits, feeling bad, took a glass of brandy, and soon after suffered from sunstroke and was taken to the station-house, where he had been ordered by a physician who made a diagnosis on the odor of his breath alone. A clergyman who drank only wine at meals, and was a red-faced man, was struck down by the sun soon after drinking some wine, and was taken to the station as a drunken man, the diagnosis being made on the same grounds. The physician should not forget that the odor of spirits is often an indication of a tendency to apoplexy, excited by sunstroke or any other cause, and the circumstance of being found insensible in the hot sun is sufficient to warrant a diagnosis of sunstroke, rather than that of coma from alcohol.

In the second class, more difficulty follows. Thus, a man who has drunk in moderation, or not at all, will be stricken down in a close room, and if the odor of alcohol is present he is supposed to be intoxicated. Cases of this kind are fre-

quent in bar-rooms, and close, crowded tenement houses in hot nights. The real diagnosis, heat apoplexy, is often overlooked. A man comes home from a hard day's work, takes a glass of spirits, and goes to some close room where the air does not circulate and radiation is imperfect, and soon after has an attack of heat apoplexy; or, he may go to some close bar-room, and late in the evening be stricken down.

These cases occur most frequently in large cities, and close, narrow streets, but will be found in all sections of the country where the conditions of heat and surroundings are favorable. The advice given in India to the English residents and troops is very sensible and correct. First, to abstain from all alcoholic drinks during the hot season; and, second, to drink large quantities of water, especially in hot days. With this are many directions about the care of the body, namely: to avoid over-work, pressure of clothes, bad food, and so on. Partial sunstrokes are more common where the person has a faint, attended with dizziness, momentary loss of consciousness, followed by severe headache and great prostration. These attacks have a very serious influence on moderate or excessive drinkers. Often it is the beginning of profound degenerations, which go on rapidly to death. Heat apoplexies are very intimately associated as causes of inebriety, and when occurring in inebriates lead to the gravest results.

The use of spirits in any form undoubtedly favors and predisposes to sunstroke; and, whatever the explanation may be, it is certain that he who uses alcohol has less vigor and resisting power to high degrees of heat.

A Chicago physician sends us the following: The State Board of Health of Illinois reports the death of two hundred and two physicians. Six are attributed to suicide; five are recorded as coming from the accidental over-dose of morphia, and two from an over-dose of chloral. Over thirty of this number were known to use spirits to excess. He thinks that twenty-five per cent. of all physicians who die under forty may be classed as victims of alcohol or other narcotics.

Clinical Notes and Comments.

HEREDITY.

The great principle of each begotten creature is but the sum and essence of what has preceded it, admits of but few exceptions. This principle does not merely refer to the form and size of the body, the features, or the system, but extends to the minutest parts of all the organs and their functions. At the time of its birth the child can only possess what it has derived from its parents, and, though after this it may receive the best care, education, and influences, these can only modify and direct that which is originally predetermined in its physical, intellectual, and moral organizations conferred upon it by its parents. DR. IRWIN.

• Dr. Danforth writes: In the habitual drinker the connective tissue undergoes a gradual increase by the action of alcohol until it comes to encroach upon the nerve fibers to a most disastrous extent. As a general thing the nerve fibers are in the first place stretched and distorted, and this produces a condition of extreme vitiation, as manifested by explosions of petulancy or anger, often amounting to maniacal violence. Later on the nerve fibers are gradually compressed so they become functionally impaired. Thus the functions of the cerebrum, the seat of the intellectual operations, are disturbed and rendered more or less abnormal by mechanical vitiation exercised by the connective tissue, which is due to the exciting influence of alcohol.

A man who had drunk wine at the table for years and was considered a temperate man, suddenly rushed to a low saloon, drank to great excess for a week, also associated with

low company, and was after this a confirmed inebriate. Prayers, pledges, confinement in jail, were useless. He went on, squandered his property and pauperized his family, and died in the station house. The money and time spent in efforts to save him by moral means were wasted, and his ruin precipitated and made more positive. Had his case been recognized and physical means applied, permanent recovery would have followed, or at least temporary restoration, and the promise of the future would have been greatly increased.

In the Paris letter to the *Medical Record* is a notice of Dr. Combe's paper before the Academy of Medicine on the effects of morphanism on the teeth, showing that dental caries and a falling-off of the hair were common symptoms. The commission who reported on this paper, affirmed that the dental lesions and other changes were the result of alterations in the functions of nutrition, similar to the gangrenous and suppurative processes observed in morphiamaniacs.

Some curious statistics of Sunday drunkenness come to us from Scotland. From the police reports it seems that in Glasgow, with a population of over 500,000, an average of over 900 cases were arrested for drunkenness on every Sabbath. In Edinburgh, with a population of over 200,000, over 200 persons were arrested each Sunday for this offense. In Greenock, with a population of over 65,000, nearly 250 persons were convicted each Sabbath. When it is remembered punishment brings no relief, but steadily precipitates the victim into more incurable conditions, these figures are simply appalling. The philosophers of Scotland are evidently unable to comprehend this problem practically.

In the southern agricultural counties of England, eleven per cent. of all the cases sent to the lunatic asylums were epileptic insanities, due largely to the universal use of beer, low wages and bad food.

The Homewood Retreat is the only private asylum for insane and inebriates in the province of Ontario. The superintendent, Dr. Lett, is a man of high reputation and acknowledged ability.

Green Spring Sanitarium of Green Spring, Ohio, under the charge of Dr. Marshall, is a very attractive place, and combines the virtues of a mineral spring with all the appliances of an excellent asylum.

Decided superiority is claimed for the Anglo-Swiss Milk Food in comparison with any other farinaceous food for infants. No so-called Milk Food consists entirely of milk; all are partly composed of cereal products, involving, when not properly prepared, the presence of an injurious amount of starch, which the highest authorities agree in condemning for young children. Its value for grown persons is coming into great prominence.

Fellows' Hypophosphites has been used by Dr. Brown in many cases of opium inebriety with great success. As a nerve tonic and stimulant it deserves the study of every practical student of therapeutics.

Papine, prepared by Battle & Co., St. Louis, should be tried by all who have occasion to use any form of opium. It is without doubt safer, and less likely to be followed by bad effects than other forms of opium.

Horsford's Acid Phosphate is a preparation of the phosphates of lime, magnesia, potash, and iron, with phosphoric acid, that seems to have a most positive action in the varied states of exhaustion and debility which come from inebriety.

Lactopeptine, like quinine, is more or less a matter of certainty as a medicine, and in the digestive disturbances following inebriety it is most excellent, and should be used always.

Coacine seems to be fast taking high rank as an anæsthetic in the varied nerve disturbances so often seen among inebriates. Parke, Davis & Co.'s preparations may be depended upon in all cases.

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THE READING AND RECITATION TERM will commence September 27, 1882, and close at the beginning of the Regular Term:

THE REGULAR TERM will open January 24, 1883, and continue five months.

FACULTY OF THE COLLEGE.

SAMUEL G. ARMOR, M.D., LL.D., Professor of the Principles and Practice of Medicine, and Clinical Medicine, and Dean of the Faculty; GEORGE W. PLYMPTON, M.D., Professor of Chemistry and Toxicology; CORYDON L. FORD, M.D., LL.D., Professor of Anatomy; ALEXANDER J. C. SKENE, M.D., Professor of the Medical and Surgical Diseases of Women; JARVIS S. WIGHT, M.D., Professor of Operative and Clinical Surgery, and Registrar; JOSEPH H. RAYMOND, M.D., Professor of Physiology and Sanitary Science; EDWARD SEAMAN BUNKER, M.D., Professor of Histology and General Pathology; JOHN D. RUSHMORE, M.D., Professor of Surgery; JOHN A. MCCORCKLE, M.D., Professor of Materia Medica, Therapeutics, and Clinical Medicine; CHARLES JEWETT, M.D., Professor of Obstetrics and Diseases of Children.

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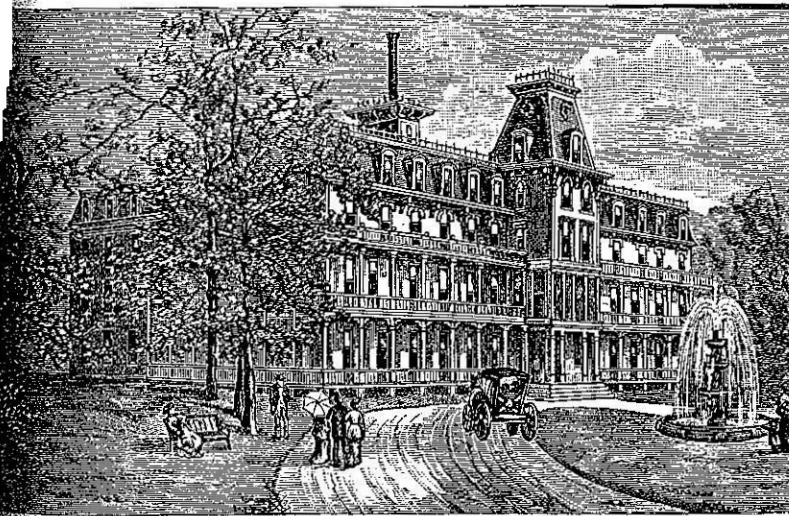
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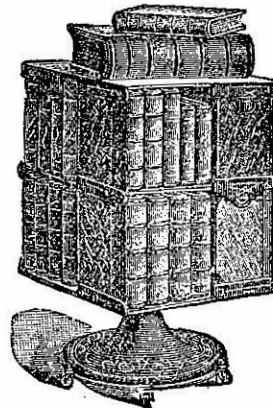
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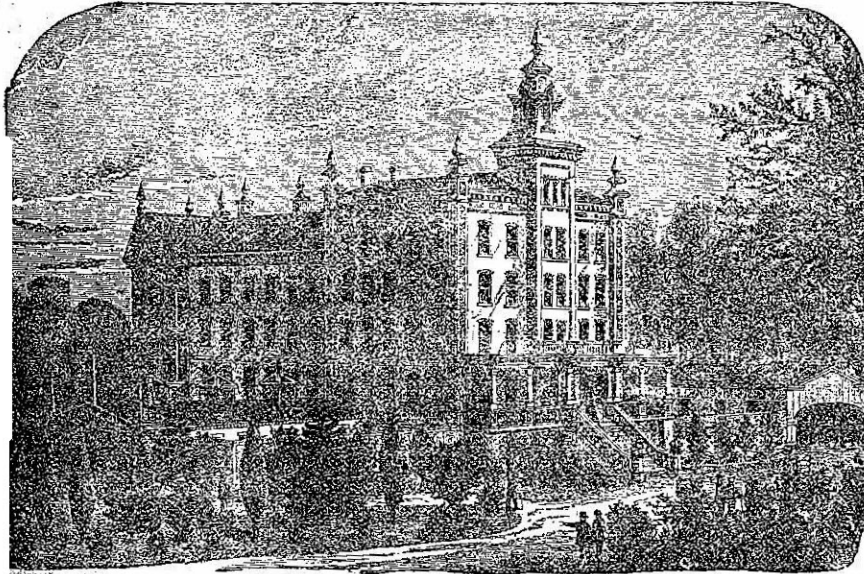
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THE MANAGEMENT is systematic, thorough and adequate. There has been no change in the staff of medical officers since the inauguration of the Home.

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.

By this equitable arrangement we are enabled to offer board, washing and medical attendance at rates varying from \$10 to \$40 per week. Those paying \$16 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 on terms to be agreed upon.

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, musical exercises, etc., afford.

THE DISCIPLINE.—The established code of discipline is comprehended in the observance of THE LAW OF PROPERTY, as universally understood by gentlemen and ladies in the guidance of well-regulated family and social relationships.

Patients are received either on their application or by due process of law. For mode and terms of admission apply to the Superintendent, at the Home, Fort Hamilton (L. I.), New York.

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 street or Third ave. horse cars to transfer office; or, cross from South Ferry on Hamilton Avenue boat and proceed by Fort Hamilton cars to transfer office, thence by steam cars to the Home. Request conductor to leave you at the Lodge Gate.

COCAINE.

(ERYTHROXYLINE.)

COCAINE HYDROCHLORATE.

(MURIATE OF COCAINE.)

COCAINE ALKALOID, COCAINE CITRATE,

COCAINE OLEATE, COCAINE SALICYLATE.

The remarkable discovery announced last October that a solution of muriate of cocaine applied to the conjunctiva of the eye produces complete anesthesia of that sensitive membrane, has created a demand for the salts of this alkaloid which it has been difficult to supply.

Coca leaves are scarce, and held at a very high figure, and the scarcity is likely to continue for some time. We have, however, been fortunate in securing a supply of leaves of good quality, and are now in position to fill all orders for the alkaloid or its salts.

The extraordinary power of cocaine salts to obtund the sensibility of the delicate membrane of the eye has suggested trial of its powers on other mucous membranes, as those of the throat and respiratory passages, the urethra and genital apparatus, etc., and the results have exceeded the most sanguine expectations. Its almost instantaneous effect in relieving the excruciating pain in otalgia, in some cases of super-orbital neuralgia—probably of reflex origin—and in toothache, where the nerve is exposed, should secure for it a place in the pocket medicine case of every physician.

Cocaine salts, however, have an appreciable action on the deeper tissues unless given by hypodermic injection, but when so administered are capable of affording great relief in some painful affections. The medical journals are full of accounts of the triumphs of this new local anesthetic, which is sure to hold a rank hereafter in the materia medica with opium and quinine.

We offer the following preparations of cocaine:

Cocaine alkaloid.		Cocaine muriate, 2 per cent. solution.	
In 1 gramme vials, per gramme.	\$1.00	In 1 ounce vials, per ounce.	\$6.25
In 5 and 10 grain vials, per grain.	.35	Cocaine oleate, containing 1 per cent. of the alkaloid.	
Cocaine citrate.		In 1 ounce vials, per ounce.	\$6.00
In 1 gramme vials, per gramme.	\$1.00	Cocaine salicylate.	
In 5 and 10 grain vials, per grain.	.35	In 1 gramme vials, per gramme.	\$1.00
Cocaine muriate, salt, anhydrous.		In 5 and 10 grain vials, per grain.	.35
In 1 gramme vials, per gramme.	\$1.00	Cocaine salicylate, 4 per cent. solution.	
In 5 and 10 grain vials, per grain.	.35	In 1 ounce vials, per ounce.	\$6.25
Cocaine muriate, 2 per cent. solution.			
In 1 ounce vials, per ounce.	\$1.00		

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