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The Quarterly Journal of Inebriety

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THE
QUARTERLY JOURNAL OF INEBRIETY.

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THE DOGMA OF HUMAN RESPONSIBILITY,
MORE ESPECIALLY AS IT RELATES
TO INEBRIETY.*

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

THE UNIVERSALITY OF LAW.

In every age and in every clime, under every divine dispensation and under every form of temporal government, the dogma of man's responsibility has invariably been recognized. The human family may be said to be divided into two classes, viz., *those who govern, and those who are governed.*

Whatever the form of government, whether savage or sage, from democracy to despotism, the people are amenable to the powers that be.

This dogma of responsibility to law presupposes the

* Read before the Annual Meeting of the American Association for the cure of Inebriates.

existence of will power, and the mental and physical capacity to render obedience.

All legislation, whether divine or temporal, is assumed to be restricted to the capacity of the human intellect, and also the physical ability of each individual amenable to authority.

THE ANTIQUITY OF NATURAL LAW.

The dogma of human responsibility is, indeed, older than all known temporal law and dates back to the first generation.

Blackstone, the standard jurist, says, "It is clear that the right of punishing crimes against the law of nature, as murder and the like, is, in a state of mere nature, vested in every individual—for it must be vested in somebody; otherwise the laws of nature would be vain and fruitless, if none were empowered to put them in execution; and if that power is vested in any one, it must also be vested in all mankind, since all are by nature equal. Whereof the first murderer, Cain, was so sensible, that we find him expressing his apprehensions that *whoever* should find him would slay him.

THE SOVEREIGN POWER OF LAW.

"In a state of society this right is transferred from individuals to the sovereign power; whereby men are prevented from being judges in their own causes, which is one of the evils that civil government was intended to remedy. Whatever power, therefore, individuals had of punishing offences against the law of nature, that is now vested in the magistrate alone, who bears the sword of justice by the consent of the whole community."

EXEMPTIONAL PROVISIONS.

Inasmuch as general laws embrace within their provisions the whole community to which they relate, no persons can be excused from rendering obedience except those who are expressly exempted by said laws.

Blackstone defines the various pleas for exemption from the punishment of violated laws as follows:

"All the several pleas and excuses which protect the committer of a forbidden act from the punishment which is otherwise annexed thereto may be reduced to this single consideration—the *want or defect of will*. An involuntary act, as it has no claim to merit, so neither can it induce any guilt: the concurrence of the will, when it has its choice either to do or to avoid the fact in question, being the only thing that renders human actions either praiseworthy or culpable. Indeed, to make a complete crime cognizable by human laws there must be both a will and an act. . . . For which reason, in all temporal jurisdictions, an overt act, or some open evidence of an intended crime, is necessary in order to demonstrate the depravity of the will before the man is liable to punishment. And, as a vicious will without a vicious act is no civil crime, so, on the other hand, an unwarrantable act without a vicious will is no crime at all. So that, to constitute a crime against human laws, there must be, first, a vicious will; and, secondly, an unlawful act consequent on such vicious will."

CLASSIFICATION OF EXEMPTIONAL CASES.

The learned writer then proceeds to classify the cases which come under the exemptional provisions of law on the ground of "defect of will," and since they are so clearly and tersely stated, we cannot do better in the consideration of this phase of the question than to further quote his illustration of these conditions of will-power. He observes:

"Now there are three cases in which the will does not join with the act. 1. Where there is a defect of the understanding. For where there is no discernment there is no choice, and where there is no choice there can be no act of the will, which is nothing else but a determination of one's choice to do or to abstain from a particular action; he, therefore, that has no understanding can have no will to guide his

conduct. 2. Where there is understanding and will sufficient residing in the party, but not called forth or exerted at the time of the action done, which is the case of all offences committed by chance or ignorance. Here the will sits neuter, and neither concurs with the act nor disagrees to it. 3. Where the action is constrained by some outward force and violence. Here the will counteracts the deed, and is so far from concurring with, that it loathes and disagrees to, what the man is obliged to perform."

He then proceeds to define the several species of defect of will, and classifies them under the heads of "Infancy," "Idiocy," "Lunacy," and "Intoxication."

INFANCY.

In reference to the first class, the question of responsibility is not to be regulated by age, but rather by the capacity of the child to comprehend the requirements of law. It is a question of the measure of the understanding, judgment, and will-power.

IDIOTS AND LUNATICS.

As it regards the second and third classes, viz., idiots and lunatics, the above rule will to a considerable extent apply. Under the English law the idiocy must be passed upon by a jury as total, or the insanity as absolute, before the perpetrator of crime can be excused from the guilt and punishment of an illegal or criminal action. If the insane person has lucid intervals of the understanding, judgment, and will, he is, during those intervals, as much amenable to law as though he were a person of sound mind.

While temporal laws cannot take cognizance of the fact that lunacy is frequently induced by the voluntary action of the victims of this malady, nor that in many instances it is the sad result of indulgence in intemperate and vicious

habits which at one time they had full physical and mental power to control or resist, the interest of good government and the protection of society from violence demand that all pleas of immunity from the punishment due to crime on the ground of the insanity of the perpetrator should be regarded with suspicion and should undergo the severest tests before they are allowed to prevail. In almost every case where physical disease is assumed the skillful physician can easily detect any attempt at fraud; but it is not uncommon for criminals to feign lunacy and frequently to deceive those who claim to be experts on all questions pertaining to mental diseases. On the other hand, though a person may deliberately commit a criminal act while in a sound condition of mind, and should subsequently lose the powers of memory and reason, and consequently not be able to plead when arraigned at the bar of justice, he ought not to be tried until the faculties of his mind are restored; if after conviction he becomes insane, the punishment due to the crime of which he has been found guilty should be suspended until the return of sanity.

Lunacy, when once established by competent authority, should be held to be a bar against all procedures of law which are framed on the basis of the responsibility of the party in question.

INEBRIATES.

The fourth and last class of persons for whom exemption from punishment is sometimes claimed on account of "defect of will" are those who commit crime while intoxicated. The police courts of all our cities bear daily testimony to the fact that violence, unnatural crimes, and even murder itself, are in the greatly preponderating majority of cases unmistakably traceable to the drunkenness of the perpetrators.

Blackstone defines intoxication as "artificial, voluntary

contracted madness by drunkenness or intoxication, which, depriving men of their reason, puts them in a temporary frenzy." He adds: "Our law looks upon this as an aggravation of the offence rather than as an excuse for any criminal misbehavior." Sir Edward Coke says: "A drunkard, who is a *voluntarius dæmon*, hath no privilege thereby; but what hurt or ill soever he doeth, his drunkenness doth aggravatè it."

The views of these ancient jurists, as above stated, do, with some modifications, continue to prevail in most of the nations of Europe and also in this country. The question of how far they are correct, when viewed from the standpoint of advanced science, is one of grave consideration, and inasmuch as cases involving the same are constantly arising for adjudication in our criminal courts, a review of these doctrines must sooner or later force itself upon our several legislative assemblies. Those who have given the closest attention to the various phases of this question must, we think, be free to admit that the whole subject is surrounded with difficulties of no ordinary character. But the fact of the existence of these difficulties should impel thoughtful men to the further pursuit of their investigations rather than deter them from their consideration. If the question of how far inebriates are *de facto* responsible for their actions is as yet undefined, seeing that we live in this nineteenth century, and in the centennial year of this great republican empire, does it not behoove us in the light of science to determine where and when that responsibility shall terminate, as we have already determined where and when it shall commence?

The laws of the State of New York have long since provided that "The Supreme Court shall have the care and custody of all idiots, lunatics, persons of unsound mind, and

persons who shall be incapable of conducting their own affairs in consequence of habitual drunkenness, and of their real and personal estates, so that the same shall not be wasted or destroyed; and shall provide for their safe-keeping and maintenance, and for the maintenance of their families and the education of their children, out of their personal estates and the rents and profits of their real estates, respectively." In the above-quoted provision we find drunkards classified with "idiots, lunatics, and persons of unsound mind," and the custody of their persons and estates is placed at the disposal of the Supreme Court. The reason assigned is, because they are "incapable of conducting their own affairs by reason of habitual drunkenness." Does not this law virtually recognize that condition of mind which Blackstone defines as "*the want or defect of will?*" The Supreme Court, of course, performs these functions by proxy, and appoints a committee to take charge of the person and property of the inebriate. *That committee may, at its pleasure, dispose of the person by placing him either in a lunatic or inebriate asylum, or even in a prison, or said committee may elect to permit the inebriate to roam abroad at his own discretion. If during the time of his incarceration in a lunatic asylum the inebriate, without imbibing intoxicating liquor, should kill a fellow inmate or one of his keepers, it is almost certain that he would be acquitted of the crime of murder on the ground of insanity. But suppose this committee allowed this same man the liberty of his person, and that while in a state of intoxication he should smite down a fellow passenger on the cars or a stranger on the streets, the chances are that he would suffer death as the penalty of his crime.* Take another view of this subject. According to the returns of the highest authorities on lunacy, the most prevalent cause of insanity is the excessive use of alcoholic liquors. Drunkards and their offspring throng our

lunatic asylums, and the probable outside candidates for admission are far in excess of the present occupants of those overcrowded abodes of madmen. Does it not therefore become a peculiarly interesting question to know how many of this outside class have arrived at that stage of the disease which would justify their incarceration? In the mean time should not the law define how far they ought to be held responsible for their actions?

THE MAJORITY OF INEBRIATES RESPONSIBLE TO LAW.

We are very far from assuming that all inebriates are irresponsible either for their excesses or for the crimes which they may commit when intoxicated. On the other hand, after many years of careful investigation, surrounded with facilities for inquiry and study which few men have been able to command, we are free to state, that while we are forced to regard drunkenness as a disease, at the same time we are fully convinced that in its preliminary stages it is in the large majority of cases voidable, and therefore this class of inebriates are mentally and physically responsible for their debauches and for all the consequences resulting therefrom. There are, however, advanced stages of this disease which are only curable by skillful medical treatment; and since one of the symptoms is the entire suspension of will power; another, the loss of all appetite except for alcoholic liquors, and a third, a condition of sleeplessness which must soon culminate in *delirium-tremens* and probably death, it is therefore essential that the physician's remedial treatment should be supplemented by the care and restraints of the hospital. It becomes a serious question for the friends of the inebriate to determine how far they are justified in permitting him to drift from stage to stage into this probably fatal condition without using the means at their disposal to

restrain him before his property is wasted, his family impoverished, and he himself is found staggering on the threshold of the door of a lunatic asylum or on the verge of a drunkard's open grave.

But we must pursue this question of the responsibility of the inebriate still further. In the first place we will take the cases of

INHERITED APPETITE.

The victims of an inherited appetite for alcohol are considerably more numerous than the fragmentary records of published statistics would lead us to suppose. In the large majority of these cases the patient evades every question and tries to baffle every inquiry which would stamp the brand of drunkenness on either of his parents. It would be well for him if he could only blot out of the book of his remembrance the sad record that his father or his mother, or perchance both, were drunkards, and that he is only an inheritor of this vicious constitutional propensity. This man drinks because one or both of his parents drank before him! Is he responsible for his action? Let us see!

The celebrated Dr. Darwin says :

"It is remarkable that all the diseases from drinking spirituous or fermented liquors are liable to become hereditary even to the third generation, gradually increasing, if the cause be continued, until the family becomes extinct."

Dr. Willard Parker of New York, says :

"The inheritance is a sad one ; a tendency to the disease of the parent is induced as strong as that of consumption, cancer, or gout, and with the tendency he must wage perpetual war, or he becomes a drunkard. . . . There are nations or large communities with whom this fearful tendency to drink is an inheritance, as we have seen, to the perversion of their own character."

Dr. Parrish remarks that:

"This appetite is often an inheritance with which its possessor would gladly part if he could. It constitutes an element in his temperament. It is a part of his constitution. He did not create it—he does not cherish it—nay! he abhors it; but it clings to him like the poison of other forms of disease.

"Consumption is a terrible disease; and you see a young man lingering feebly along the avenues of life, wasting strength and energy, not by any physical indulgence, but because there is an insidious, invisible poison in his blood; you ask about his parentage, and he tells you, 'My mother died of consumption,' or his father, or one or all of their parents; and you say, 'Poor fellow! he is doomed; he has inherited that narrow chest, those feeble lungs, that impoverished blood, and he will soon bid farewell to all visible things.'

"You see a drunkard reeling through the streets. He is jolly and playful with the boys, or he is boisterous and insulting to you as you pass. A policeman arrests him, arraigns him before a magistrate, and he is committed to the lockup. Why? Because he is drunk. Why is he drunk? In many cases because his father was so before he was born, or his mother, or both. If they were not, they might have been good citizens and exemplary Christians; and yet, ten to one, when this drunkard, whom you have just committed by law to a jail, was a babe, his mother dosed him with some 'infant cordial,' 'soothing syrup,' 'teething drops,' or other nostrum, the base of which was alcohol, and thus created a taste against which nature revolted, but to establish which that kind and generous mother persisted by the continued use of such needless stimulants. This is one of the habits that is dooming thousands of people to lives of drunkenness—a very bad habit, growing out of the purest affection, but yet the fruit of sorrowful carelessness or ignorance."

Dr. Dugas, Professor of Surgery in the Medical College of Georgia, observes:

"What is true with regard to the influence of intemperance upon the offspring of the first drunken parent becomes most painfully so if the son himself follow the example of his father, and becomes also a drunken parent. The issue of this second generation of drunkards will, in all probability, be few in number and their stamina be so much impaired that it will be with the utmost difficulty that any of them can reach maturity. Let us follow this third generation and see. If it also take to the bottle, it will be the last of the family. For I do not hesitate to proclaim it as a law of almost universal application that three successive generations of drunkards will leave no issue! The third generation may have children, but not one of these will be reared."

Morel, a French authority, records the following sequence as the result of his observation :

"First generation : Immorality, depravity, excess in the use of alcoholic liquors, moral debasement.

"Second generation : Hereditary drunkenness, paroxysms of mania, general paralysis.

"Third generation : Sobriety, hypochondria, melancholy, systematic ideas of being persecuted, homicidal tendencies.

"Fourth generation : Intelligence slightly developed, first accession of mania at sixteen years of age, stupidity, subsequent idiocy, and probable extinction of the family."

The apparent difference of sequence which appear on the surface as existing between the two last-quoted authorities do not involve a contradiction, especially in reference to the number of succeeding generations ere extinction ensues, but are reconcilable from the fact that their observations were respectively gathered in widely separated countries and differing climates, and more especially because of the essential difference in the character and quality of the liquors consumed, the one being distilled from unmalted corn and rye, and the other from malted grain or the fruit of the vine.

Dr. Forbes Winslow states that—

"A very large percentage of frightful mental and brain disturbances can be traced to the drunkenness of parents, confirming the great physiological law, that 'like begets like.'"

Dr. Wood, of London, in his work on insanity, speaking on the subject of hereditary inebriety, says :

"Instances are sufficiently familiar, and several have occurred within my own personal knowledge, where the father having died at an early age from the effects of intemperance, has left a son to be brought up by those who have severely suffered from his excesses, and have therefore the strongest motives to prevent, if possible, a repetition of such misery; every pains has been taken to enforce sobriety, and yet, notwithstanding all precautions, the habits of the father have become those of the son, who, never having seen him from infancy, could not have adopted them from imitation. Everything was done to encourage habits of temperance, but all to no purpose ; the seeds of the disease had begun to germinate ; a blind impulse led the doomed individual by successive and rapid strides along the same course which was fatal to the father, and which ere long terminated in his own destruction."

Dr. Howe, in his report on idiocy to the Legislature of Massachusetts, states that three-fourths of all idiots are born of intemperate parents.

Dr. Carpenter, of England, says :

"It is scarcely necessary to accumulate further proof in support of the assertion, that of all the single causes of insanity habitual intemperance is the most potent. . . . We should expect to find that the offspring of habitual drunkards would share with those of lunatics in the predisposition to insanity."

In numerous cases where the loss of reason has not overtaken the children of drunken parents, the impaired intellect and the various propensities which have been induced by intemperance are transmitted from parents to their offspring.

Dr. W. A. S. Brown says :

“ They reproduce their perverted moral nature, as well as frames similar to those which have been enervated and ruined by indulgence. The genealogical tree of some families presents successive generations of drunkards.”

Dr. George Burr, of Binghamton, observes that—

“ The evidence in favor of the hereditary transmission of inebriety is no less strong than that upon which the fact that mental disease is inherited is admitted. In one case intellectual mania or dementia is developed ; in another dipsomania.”

THE DOWNWARD SLIDING SCALE.

The above-mentioned conditions represent a downward sliding scale, commencing in excessive indulgence in intoxicating liquors, and descending step by step into the fourth generation, until the dark, impenetrable gulf of extinction mercifully blots out of existence for ever this race of hereditary drunkards. During the interval recurring from the first to the last generation the successive inheritors of this disease continue to live on and are divided up between the lunatic and inebriate asylums, the prisons, and the outside world. Some have passed over the line of demarcation, and the power of will having lapsed, they are no longer regarded as amenable to law ; others are, justly or unjustly, suffering the penalties due to crime. Comparatively a few, impressed with the conviction that they have lost the power of self-restraint, have sought refuge in inebriate institutions, but the vast majority of this class are continuing to struggle on against all odds in this world of probation. Here is a man who must either stop drinking or else he will shortly be stricken with paralysis. There is another man fast drifting into a condition of chronic melancholy, and that because he is the descendant of one or more generations of drunkards. He

must arouse himself and awake from this sleep—arise from this living death, or he will shortly become a lunatic or a suicide, or both. Yonder stands a woman whose father was a drunkard, and already the incipient symptoms of mania are slowly but surely developing. She must be divested of care and surrounded by circumstances of cheer, or else her loving friends will find it imperatively necessary to place her under restraint. Behold that nervous, excitable creature, watch the motions of his ever-restless, wandering eye, sometimes sparkling with a degree of intelligence, but turning aside the moment that you exchange glances. He talks like a rational being, and somehow makes his way in the busy world, but he has a hang-dog countenance and a twitching motion in his limbs. He is alternately kind and cruel, devout and profane. He loves or he hates as the barometer rises or falls, or as the moon changes. Strong drink maddens his brain and he becomes a raving maniac for the time being. What are his antecedents? His father and his father's father were confirmed drunkards, and the taint flows through his blood, unstrings his nerves, and alternately stupefies or intensifies the functions of his brain. Nobody regards him as a fit subject for a lunatic asylum, but when intoxicated the homicidal tendency dangerously predominates, and unless he can be kept sober he will probably ere long become a subject for the gallows. Then again, there is that driveling idiot, who wanders harmlessly through the streets, the sport of the boys and the butt of ridicule for the fools of the village. His ancestors were a generation of drunkards, and he is the last relic of his degenerate stock.

These are the generations of hereditary drinkers, and yet they live and move and have their being in our midst, and are held to be amenable to law and responsible for their

actions; and, moreover, many even of this class gave proof of their responsibility by their good behavior.

By a wise arrangement of the physiological laws, as they relate to the human structure, there are to be found in most constitutions counterbalancing powers, both physical and mental, which enable men successfully to struggle against the inroads of the diseases of both body and mind. There are a host of living men and women to be found who never drank, and who dare not drink, intoxicating liquors or beverages, because one or both of their parents were inebriates before they were born into the world; and, besides, a number of these have brothers or sisters who, having given way to the inherited appetite, are now passing downward on this descending sliding scale. The greater portion of them have already passed over the bounds of self-control, and the varied preliminary symptoms, of melancholy, mania, paralysis, ideas of persecution, etc., etc., are developing. As to the question of responsibility, each case is either more or less doubtful and can only be tested on its separate merits. There is, however, abundant evidence to prove that this predisposition to inebriety, even after long indulgence, can, by a skillful process of medication, accompanied by either voluntary or compulsory restraint, be subdued; and the counterbalancing physical and mental powers can at the same time be so strengthened and invigorated as in the future to enable the person to resist the temptations by which he may be surrounded. Yea, though the powers of reason may for the time being be dethroned and lunacy be developed, these cases, in most instances, will yield to medical treatment where the surrounding conditions of restraint and careful nursing are supplemental.

We have observed that in many instances the fact of the patient being convinced that he is an hereditary inebriate

has produced beneficial results. Summoning to his aid all the latent counterbalancing energies which he has at command, and clothing himself with this armor, he goes forth to war, throws up the fortifications of physical and mental restraint, repairs the breaches and inroads of diseased appetite, regains control of the citadel of the brain, and then, with shouts of triumph, he unfurls the banner of "VIC-TORY!"

There is another class of drinkers who may be designated

INEBRIATES FROM CHOICE:

Some weak-minded men regard it impolite to refuse an invitation to drink with a friend or in company when invited to do so. The great bulk of this silly class of people drift into habits of intoxication.

Some men drink for stimulation. This is frequently the case in literary circles. This class work and sweat the brain until drowsiness ensues, but the work being partially unaccomplished, the fountains of thought must be stimulated with alcohol. As the dram must necessarily be increased from time to time, intoxication ensues, and the mighty men are brought low.

Some men drink in order to drown sorrow. These are the veriest cowards on the face of the earth. Even the suicide is brave when compared with them, for he does venture to take a leap in the dark. In trying to drown sorrow this class of men very soon succeed in drowning the little brain power once possessed.

Some men drink for the purpose of forwarding business. They cannot buy or sell without ratifying the bargain with a debauch.

Notorious criminals drink for the purpose of nerving themselves for the perpetration of premeditated crime.

They first charge the revolver with powder and bullet and then fire the brain and stimulate the nerves with alcohol, so that they may be prepared for the perpetration of any deed which may be found necessary for the accomplishment of their object.

In this last class of cases which we have presented all the parties concerned are obviously responsible for their conduct, and they ought not to be allowed to plead intoxication as an excuse for the crimes which they may commit while under the influence of liquor.

Thus far we have treated of responsibility to human law, but we cannot close this paper without referring to the obedience we owe to

THE LAW OF GOD.

Temporal laws are not always based upon justice and equity. On the contrary, they are frequently at variance with the fundamental principles of righteousness and conflict with those of civil and religious liberty. Hence it has not unfrequently happened that the commission of certain acts may constitute crime against the laws of the state, but may at the same time be right in the sight of God.

According to the laws of most civilized nations drunkenness is constituted a crime; but there are States where it is not so regarded.

The divine law is full and explicit in its denunciations against this sin, and, moreover, the penalty is exclusion from the "Kingdom of Heaven."

Both in the Old and New Testament drunkards are ranked with the abominable of the earth. The Bible does not throw any garb of respectability over them, neither does it offer any apology for their sin. In Holy Writ they are held to be responsible for their inebriety just in the

same manner as other sinners are for their offences when committed with the concurrence of the will but in opposition to the dictates of the understanding and judgment of the offenders.

Neither will it avail the drunkard to plead that he has acquired a diseased appetite which he cannot control. That may be, and doubtless is, a good ground why the physician ought to aid him and why inebriate institutions should be established for the purpose of restraining his class until the disease is removed.

It forms no part of the duty of the physician to upbraid his patient because he has acquired this disease; but, finding him to be sick, it therefore becomes his business to exercise his healing skill in behalf of this afflicted man.

But the sin against God antedated the disease and was continually indulged in at a period when the inebriate could have arrested the progress of the growing evil by the exercise of his own will and without the aid of the physician. Hence he stands convicted by the divine law.

Does the inebriate inquire, "Is the physician more merciful than God?" The answer is, "No, in no wise," for He explicitly declares, "When the wicked man turneth away from his wickedness that he hath committed and doeth that which is lawful and right, he shall save his soul alive. . . . For I have no pleasure in the death of him (that dieth, saith the Lord God, wherefore turn yourselves and live ye."

"Yes," the inebriate replies, "that is all very well for those who can turn away from their wickedness, but as for me, the generation of my fathers were drunkards, and they transmitted this diseased appetite; I inherit it from them and have no power to control it." If that is indeed so, God will not hold you accountable for their sins,—for He further

declares that "the son shall not bear the iniquity of the father, neither shall the father bear the iniquity of the son."

The sin was your father's, the affliction is yours; but, at the same time, you need to be very careful how you urge this plea, for, though you may have no power to resist the temptation so long as you roam abroad, you can place yourself under restraint, and thus forcibly separate yourself from this accursed thing.

It may, indeed, be like cutting off the right hand or plucking out the right eye, but if it proves to be the only door into the Kingdom of Heaven, then we say, trusting in God's mercy through Christ, enter in thereat and be saved.

ATMOSPHERIC INFLUENCES CONTROLLING
INEBRIETY.BY T. D. CROTHERS, M. D., SUPERINTENDENT OF WALNUT
HILL, HARTFORD, CONN.

At the Philadelphia meeting of the Association for the Cure of Inebriates, I reported a curious fact, that periods of great restlessness and irritability so common among inebriates under treatment, seemed to follow the rapid fluctuations of the barometer, and be particularly marked, in low areas of atmospheric depression.

At that time my observations had been confined to a short period, and the statement made seemed to be indicated, although not confirmed, by sufficient evidence. I propose now to state some of the observations which have been noted, as a confirmation of the above statement. All persons who have charge of inebriates and note the progress of the cases from day to day, are surprised at the exceedingly variable character of the disorder generally manifested in extremes of physical and mental debility. Noted as either abject invalids, craving for medicine and help, or ignoring all efforts and boasting of conscious strength, accompanied with periods of restlessness and excitement from trivial causes, which come and go rapidly.

These paroxysms seem to appear at all times and pervade all classes of inebriates, from the patient lately arrived and not over the immediate effects of alcohol, to those who have been for months residents of the Asylum. My attention was

called to the similarity of these paroxysms, and their frequent returns, without any apparent cause.

This led me to note down carefully all the symptoms, which may be described in a general way, as follows: Without premonition or apparent cause the patient becomes restless and exhibits a tendency to boisterous emotional displays. Patients will walk up and down the halls or grounds, or desire to go away on long tramps, without any particular purpose, and laugh loudly and immoderately at trivial things; show great irritability and anger at insignificant objects; or manifest in extreme sensitiveness and complain bitterly of their conditions and surroundings. The appetite seems to decline, and a half defined stage of general depression comes on, attended with an intense longing for medicines of any kind; various neuralgic affections appear, accompanied with pains of all kinds, headaches, dyspepsia, sense of weight and fullness. A degree of recklessness and abandon are manifest, rules and healthy restraint are disregarded, and keen pleasure is apparent in detailing drinking scenes, etc.

In appearance they betray agitation and general nervousness; often the flashing eye and the tremulous lips and muscular movements, betoken the coming storm. The mind is free from delusions, although intensely sensitive, and likely to explode in outbursts of indignation, or appeals of generosity, flying from one extreme to another. The management of such cases during these paroxysms is always difficult, requiring rare tact and judgment. The care and attention must be increased, and not unfrequently all the medical and hygienic measures are taxed to their utmost. Such attacks usually last from twelve to thirty hours, then subside. Frequently these paroxysms end in drunkenness from liquor introduced into the asylums with the greatest adroitness and cunning.

After recording a number of these instances and trying to eliminate all possible complications and coincidents, I was surprised to notice that they seemed to occur just before or during a storm.

Turning to our barometer, whose readings are recorded three times a day, I found that the time of these paroxysms corresponded to the sudden fluctuations of the atmosphere, particularly a falling barometer and low area of pressure. I directed the observer to note with care the sudden changes and low area of pressure, with temperature, winds, etc. While I recorded carefully all the circumstances and conditions that seemed to enter into these paroxysms, each keeping his record distinct, and not under the observation of the other.

Having recorded twenty instances or paroxysms, similar to that described above, extending over seven months, a comparison of records was made, showing that fourteen of these instances occurred at the time the barometer indicated a very low area of pressure, nearly or about 28.30 inches.

In the six remaining instances there was a steady or changing barometer, the mercury in two cases being on the point of fluctuating either way. In six cases, this low barometer continued eighteen or twenty hours, and in the other cases a much less time. The length of the paroxysm seemed to correspond to this long-continued pressure; also cloudy and threatening storm was marked at some of the times recorded. Paroxysm number twelve in my note book was noted as coming on in the afternoon, and attended with unusual depression, extending to nearly every patient, and manifest in a very marked way, clearing up next day.

The record of the barometer at this time indicated a rapid fall and an unexpected low pressure, with an almost

equally sudden rise. The range of the barometer was below 28 inches and rose within eighteen hours to 29.26.

It was found that from four to six hours after the barometer began to fall, or reached its lowest area, these paroxysms commenced. The records of the temperature at these times, and the direction of the winds, were not in any way significant. On two occasions a severe thunder storm followed, which was noted in my records by an unusual degree of fault-finding and general disaffection among the patients. I regret that I cannot give a diagram showing the correspondence between these two records, but trust to continue these observations in the future with results more satisfactory. These statements are not presented as conclusive in any way, but rather as hints and suggestions of the possibilities awaiting farther investigations.

There is a widespread belief of the influence of the atmosphere over nervous diseases, and superintendents of insane asylums have noted the emotional and other changes appearing in their patients before the occurrence of a storm. Dr. S. Weir Mitchell remarks very clearly as follows: * "Apart from these outside conditions of weather which we may conceive of as influencing us by checking or increasing perspiration, and lessening surface pressure, or altering the amount of oxygen inspired and carbonic acid thrown out, there are no doubt personal elements in the equation which are more or less mysterious, and which must be taken to account for a certain number of the neuralgic fits which do not seem to have perfect relations to casual weather states; moreover it is conceivable that as we are changeful instruments, the body may be sometimes more liable to respond by pain to conditions of weather favorable to its production.

"The human economy is arranged by nature to have, as it

* See American Journal of Medical Science, April, 1877.

were, a climate of its own, with very permanent states as to temperature, humidity, electric conditions, and the like; but all of these are subject to variations, some of them natural, and, so to speak, rhythmic and choral; others more or less irregular. As they are part of the functional activities of the body, so do they, of necessity, enter into every consideration of the causation of pain. While, however, we may feel sure that they are thus active, their precise relations to the existence or to the favoring of the birth of pain are too uncertain for us to do more than surmise that they sometimes obscure or interfere with or prevent the positive effects of external climatic states in this direction. Any lowering cause, such as dyspepsia, overwork, and anæmia, however brought about, is apt to increase this sensitiveness to barometric changes; and so every enfeebling agency, as it were, tones a man's nerves up to the capacity of producing pain, when once there exists a permanent cause in the way of neural disease." . . .

In an inebriate asylum it is difficult to eliminate all the possible causes which might produce these so-called paroxysms, and limit it to atmospheric influences alone. Inebriates, as a class, are extremely sensitive to all changes of surroundings, and likely to become greatly agitated from the most trifling causes.

The arrival of a patient, very much intoxicated, at the asylum, particularly if he is allowed to stand around and be seen, creates more or less excitement that is dangerous to others, and often awakens diseased cravings for liquor that are uncontrollable. At certain times patients will recognize their ill feelings as arising from perverted nutrient desires, and reason clearly about it, seeking relief with earnestness. On other occasions they become secretive and reserved in their manner, exhibiting morbid excitement and want of principle that is abject.

The exercise of wholesome discipline at times creates much sympathetic excitement, and the absence of restraint necessary to check the precipitation of some cases, has the same effect. To eliminate these and other causes, and indicate how far the atmospheric influences control the organism, will require extended observation in many asylums. I have noted several cases where some obscure conditions of the atmosphere, either physical or electrical, seemed to be the exciting cause of inebriety.

In one instance the salt air of the sea shore raised intolerable cravings for liquor; in another, a mountain region and the solitude of the woods, etc.

The inference which I have drawn from these and other observations is that conditions of atmospheric pressure do often exercise a powerful influence over inebriety, and that frequently a change of climate is followed by a lessened desire for stimulants; also, it is not improbable that we shall find in the future that certain temperatures, climates, and conditions of the atmosphere are favorable for the continuation of inebriety, or rapid decline, and final dying away of the disorder.

The influences of climate, changing conditions of weather, winds, fogs, dampness, cold, heat, dense or rarefied air, rivers, oceans, soil, and contour of the land, act either to raise or lower the standard of healthy activity; and the reaction of these changes manifest in the nutrient wants, when perverted, constitute the starting point of inebriety.

Abstracts and Reviews.

Intoxicating Compounds Used in Paris.

Dr. DECAISNE, in the second number of "La Temperance," describes some of the dangerous liquors and compounds used in Paris. He asserts that a study of the fashionable drinks and liquors used by any people generally, will furnish many indications of public health and vigor, and also of the prevailing diseases.

Within a few years the great increase of the use of absinthe and its dangerous qualities have attracted public attention and investigation, and has shown that it is one of the most destructive in its effects of all other drinks used. Two compounds called vermouth and bitters, have become very popular within a few years, and are used as a substitute for absinthe, with the supposition that they are less harmful. The author shows this to be an error, and refers to his investigations extending over five years, (which he communicated to the Academy,) and also to observations made on thirty-five cases who used vermouth only, the result of such researches is, that these compounds are as pernicious as absinthe, and particularly followed by derangement and disorders of the nervous system and digestive organs.

In all the cases noted, gastralgia was present, and general anæmia; the author urges that stringent laws be passed, forbidding its sale, except for medicinal purposes, and then by the hand and advice of a physician. We give the formula, in which absinthe is used in Paris as a drink, and also the composition of the two substitutes now so commonly used. The

great similarity will be noted, and the effects would seem to be the same. The author affirms these formula to be the same as that used all over the city with some slight variations of quantities and qualities.

ABSINTHE.—100 LITRES.

Alcohol, 85 per cent.,	-	-	-	-	82 litres.
Aquæ,	-	-	-	-	18 litres.
Absinthe, essence,	-	-	-	-	35 grammes.
Anise seed, “	-	-	-	-	100 “
Angelica, “	-	-	-	-	6 “
Chinese anise seed, essence,	-	-	-	-	100 “
Coriander,	“	-	-	-	4 “
Sweet Fennel,	“	-	-	-	30 “
Hyssop,	“	-	-	-	6 “
Balm mint,	“	-	-	-	6 “
Sugar candy,	-	-	-	-	100 “

VERMOUTH.—100 LITRES.

Grand Absinthe,	-	-	-	-	125 grammes.
Gentian,	-	-	-	-	60 “
Angelica root,	-	-	-	-	60 “
Hoy Thistle,	-	-	-	-	125 “
Calamus aromaticus,	-	-	-	-	125 “
Elecampane, -	-	-	-	-	125 “
Lesser Centaury,	-	-	-	-	125 “
Germander, -	-	-	-	-	125 “
Sweet White Wine, -	-	-	-	-	95 litres.
Alcohol 85 per cent., -	-	-	-	-	5 “
Nutmegs 15; 6 fresh oranges.					

BITTERS.—20 LITRES.

Anise seed, -	-	-	-	-	80 grammes.
Orange peel, -	-	-	-	-	30 “
Calamus aromaticus,	-	-	-	-	80 “
Juniper berries,	-	-	-	-	80 “
Sage,	-	-	-	-	80 “
Grand Absinthe,	-	-	-	-	60 “
Angelica, -	-	-	-	-	40 “
Peppermint, -	-	-	-	-	40 “
Lavender flowers,	-	-	-	-	40 “
Cloves,	-	-	-	-	20 “
Alcohol at 80 per cent., 10 K.,	-	-	-	-	65 “
Sugar, 3 K., -	-	-	-	-	60 “
Water, 6 K., -	-	-	-	-	65 “

Within a few years another compound has become very popular among the lower classes of Paris, which has already brought about a new type of drunkenness, and promises to be more dangerous than all the others. The following is the formula :

SWISS VULNERARY, AND OTHER FANCY NAMES.

Alcohol, 60 litres at eighty per cent.

An infusion of 1 K. of the leaves of the following :

Absinthe, angelica, sweet basil, callamint, fennel, dwarf sunflower, lavender, marjoram, sweet clover, balm mint, mint, origanum, rosemary, rue, savory, sage, wild thyme and thyme.

This is sold under different seductive names at all the low drinking places of Paris and was originally used as a lotion for wounds and bruises, and for a long time enjoyed a great reputation.

It produces a peculiar form of delirium and hallucination, which seems to permanently impress the organism, and is very largely used by both sexes in Paris. The author thinks its influence over the dangerous classes and working people, perilous to the welfare of the nation. He intimates the possibility that the degeneracy following the use of this drink, will not only increase the number of the dangerous classes, but influence the atrocity and violence of their crimes.

There can be no doubt in this country that the dangerous classes and their crimes can be often traced to kinds of liquor or qualities of alcohol used. The study of crime and pauperism in this country may reveal many startling facts connected with the abuse of liquors. T. D. C.

The Nineteenth Report of the Washingtonian Home for Inebriates. Boston, Mass., 1877. DR. ALBERT DAY, Superintendent.

The Superintendent very ably discusses at some length

the pathology of drunkenness, and states that the line of demarcation is as yet obscure between the responsibility and irresponsibility of the inebriate. He affirms his belief that inebriety is the result of insane propensities more or less developed, and insanity and inebriety are found interwoven in morbid mental developments. He then discusses chronic alcoholism or ebriosity, of which hallucination is the first symptom, and gives many cases in illustration of the mental disease superinduced by the use of alcohol, often in quantities that would not be regarded as immoderate. He regards the man as fortunate who, when drinking, loses the power of locomotion, as his opposite will drink and walk erect until he goes crazy, never, in the common acceptation of the term, being drunk. A drunkard may begin to drink because he has the nervous condition necessary for insanity, and in seeking to relieve his depression set fire to a train of nerve disorganization. He thinks that excesses are to be regarded in the light of symptoms, rather than causes. As the result of his observation he affirms the following propositions:

1. The habit of drinking to produce mental ease is most destructive, and most hopeless of reform.
2. Alcohol in excess produces changes in the internal organs, effecting changes which render a cure quite impossible.
3. Alcohol affects the circulation, increasing the action of the heart and dilating the terminal blood-vessels.
4. It increases the blood supply to the brain, producing those mental states which develop marked brain diseases.
5. Alcohol in all its forms is injurious to the young: arrests muscular and mental development.
6. Alcohol is not necessary to sustain muscular activity.

7. Habits of intoxication are sometimes due to a physical condition, viz. : a deficiency of blood in the brain.

8. Alcohol causes the loss of heat, thus rendering the body more susceptible to cold, and for this reason alcohol is never used by those visiting the high latitudes.

9. Alcohol, when taken into the system, at first seems to give energy, but it is only at the expense of the reserve vital force. The person who uses alcohol for the purpose of stimulating himself to a greater mental and physical exertion, will sooner or later become bankrupt in vital force. Having spent his capital and squandered the power of recuperation, his ruin is near at hand.

The conditions most favorable for the cure of patients are found to be :

1. The enjoyment of good health.

2. Those who have in youth enjoyed the blessings of a religious training, and are the offspring of intelligent, moral, and cultivated parents, who have been subjects of mental discipline, whose passions have been kept in check while young, and who have not suffered shocks—concussions of the brain, or spinal cord—and who are free from tuberculous, scrofulous, or any other inherited disease.

There are also conditions which render the prognosis unfavorable, such as :

1. When it originates from injury to the brain.

2. No regular business or occupation.

3. Weak or untrained will power, or very limited education.

4. No family connection, and homeless.

5. Nervous or cerebral disorders, or hereditary predisposition to inebriety or insanity in any of their varied forms.

6. Habitual use of opium, chloral, or any form of narcotics, used for the purpose of producing sleep.

The above conditions may combine and, with other mental obliquities, lead their victim on to swift ruin, despite the voice of reason or any human effort.

The number of patients received during the year was 317.

These are some of the landmarks which guided us in our treatment; yet we are never *sure* of a favorable or unfavorable prognosis. We cannot fathom all the conditions which surround and, more or less, control the mind or restrain the body. There are unseen forces, acting upon us, which are beyond human recognition.

In this connection it is pleasant to note the meetings of the Suffolk District Medical Society at this Home, and the general interest and discussions which followed the presentations of the principles and methods of treatments.

The Annual Report of the Committee of Management of the Melbourne Retreat for the cure of Inebriates, for 1876. DR. MCCARTHY, Superintendent. Northcote, Australia.

This report is one of much interest, and indicates great energy and spirit in its managers.

This asylum came into existence four years ago, under great opposition, and without means; it has now property worth nearly \$12,000, and is self-supporting.

It has received thirty-two patients during the past year, fifteen males and seventeen females.

Dr. McCarthy, the superintendent, is very sanguine that a large number will be permanently cured, but thinks only statistics which show the condition of the patient after two or three years, can be trusted.

He also says that retreats for this class should be self-

supporting, and they should receive either all patients who cannot pay, or make payment a condition of admission.

He advocates that the government give fifty per cent. of its licensed revenue to inebriate asylums rather than apply this to detect adulterations in liquors whose most dangerous element is alcohol, and quotes a passage from Dr. Richardson : "If all the liquors sold under various names, as wine, gin, rum, whisky, brandy, ale, etc., were divested of their alcoholic spirit, they would contain comparatively little of anything that would affect those that partook of them."

The following passage explains the basis of the institution : "This institution cannot be considered an asylum for loafers, for the money test is applied in most cases.

"It is for those unfortunate people who are not only willing to pay for their cure, but who, if left to themselves, would neither provide such a place nor desire to be cured. But three years' experience in this retreat has afforded me much information; the first and most important is the fact of the total unreliability of the statements of inebriates, especially female inebriates. I had not the slightest conception of the havoc made on their moral faculties by alcohol until I experienced it here, especially in regard to truth and moral duties and obligations.

"I am decidedly of opinion that the testimony of an inebriate ought not to be received in a court of justice, unless corroborated.

"I would not rely on the testimony of a lunatic or an inebriate, for both are insane. The lunatic has mental insanity, the inebriate moral insanity. The lunatic has delusions, and his acts are the consequences of these delusions; the inebriate has no delusions, unless in delirium tremens, or when his brain is structurally diseased, when he is really insane.

"The most marked deterioration of the moral faculties is

in his disregard of truth ; the next is his disregard of domestic and family duties and obligations as husband or parent, and, as it would appear, as a consequence of that, his disregard of religion and its practices, and his distaste for any allusions to spiritual matters, unless to deny them.

"I have called this a retreat, to remind the patients that they are in retirement, where they can leisurely, with a cool head and mind, survey the past, the present, and the future, a matter which many had been incapable of doing for years. It appears to me that colonial adults partake in a high degree of the restless spirit so much spoken of in colonial youth, inasmuch as, were it not for the 'Inebriates Act,' I would require a very high fence around this farm, for some would try to move heaven and earth to get away, under the pretence of urgent business, but in truth to get drunk ; hence friends ought to keep away, and make their visits few.

"The moral defects above described do not apply to young inebriates of short standing, but to those who have for years indulged in excess. This is easily understood, for as a few hours' indulgence will so alter a man's temper and conduct, this change of temper and conduct by frequent indulgence to excess will become chronic, and an acquired second nature, which certainly cannot be altered in three months ; for the time for cure must bear some proportion to the time of indulgence.

"Let not, therefore, friends expect a speedy cure where the man's nature is changed, his structure saturated with alcohol, evil habits acquired, self-respect lost, religious ideas avoided, self-indulgence his constant thought. Add to this the certainty of a weakened will, and the probability of a diseased brain, and we cease to wonder at the result, and must come to the conclusion that to attempt to cure an old inebriate is uphill work, but that it is a noble, though difficult task,

and hence that those entrusted with such an arduous duty, ought not lightly to be interfered with ; and that those whose friends are indulging to excess, should anticipate the time in which cure becomes extremely difficult, if not impossible. I allude to structural disease of the brain from alcohol. In these cases, as the mind is gone, there is nothing left to resist temptation ; the man is a wreck, and can only be made happy or comfortable, or his life prolonged, by his being placed where he cannot get alcohol."

Dr. Druit says "that it is the people who are a little cracked that furnish the most obstinate and incurable cases of habitual inebriety in private life."

Alcohol, long continued, even in moderation, will injuriously affect every part of the body, as well as the mind.

**Annual Report of the Nova Scotia Inebriate Home,
located at Dartmouth, N. S. H. S. K. NEAL, Superin-
tendent.**

This asylum was opened August 2, 1875, and up to April of 1877 had received 93 patients, and readmitted 14. Of the condition of those discharged, the superintendent and physician, Dr. H. S. K. Neal, says over one-quarter of those discharged are now doing well, and over one-half of all the patients are restored, and give promise of permanent reformation. Some of these cases have become prominent in the work of reforming others. This asylum, although in its infancy, exhibits a balance of \$245.95 in the treasury.

We give the following pertinent extracts from the report :

"We believe it is not well to have all classes together, for one discontented, weak-minded patient throws a gloom around those who would otherwise be of good spirits.

"We think restraint is also very necessary in a large number of cases, for we have found that while we could grant a large amount of freedom to some, there were others who could not be trusted out of sight. We do not mean restraint by the way of a cell or straight-jacket, but to have grounds well secured, with everything inside to attract and amuse, as well as to have employment for each one to better promote his reformation, for it is our opinion that a patient that does not like to be busy has a poor chance for a permanent reformation.

"We believe that, connected with an institution of this kind, a farm would be invaluable, as there is not a man who would not be able to find a diversity of labor on such a place, and, if in earnest to be thoroughly renovated, would seek exercise of such a nature.

"Then, for that class of patients who are not able to pay their board, but who show a desire to reform, such labor could be turned to good account, both for the Home and patient, as there is not an article of farm produce but that brings a large price, and a patient staying for six or twelve months, could be rewarded not only by being able to pay for his keep, but have a small pittance on his leaving the institution.

"We cut off all stimulants and tobacco from newly-arrived patients, and allow them very little water; milk, and lime-water, lime-juice, and beef-tea making up our drinks."

Appleton Temporary Home, Needham, Mass. D.
BANKS MCKENZIE, Superintendent.

This Institution occupies a building, formerly known as the Oakland Institute, a famous classical school, which was leased to the founders of this Asylum a few years ago. This Institution is self-supporting to a large degree from the

patients, although a large number are charity cases. During the last year over 200 persons have been treated here, and over 95 per cent. are affirmed to have been discharged restored. The Superintendent remarks: "Of course the nature of this disease is such that it is impossible to insure against a relapse, and to say that because a man is discharged as cured, he is sure to lead a sober life, would be sheer nonsense, as are also all the attempts to express in figures, the ultimate and definite beneficial results of the treatment of any patient's future associations and surroundings, having so much to do with every case."

Inebriate Home, Fort Hamilton, Long Island, N. Y.

Rev. J. WILLETT, Superintendent. 1877.

The whole number of cases treated at the "Home" last year was 264; this is inclusive of thirty-seven re-admissions. The whole number of persons was 227. Of this number, twenty-five remained in the Home for less than thirty days, and the average time for the remaining 202 patients was 220 days, or thirty-one weeks and three days. Of the 264 patients, 202 were males, and sixty-two females. Of this number, 198 entered voluntarily, and sixty-six were placed in the Home by due process of law.

There were forty-eight patients who required the aid of the attending physician at the time of admission, and, in addition, forty-one were the recipients of medical aid on subsequent occasions. Of the former number, sixteen were delirium tremens cases; others were either the victims of the opium habit, suffering from convulsions, or other maladies growing out of intemperate practices.

The Superintendent remarks the results, as far as known, as follow:

"Of the 227 patients treated last year, 142 have left the institution to pursue the active duties of life. As before stated, twenty-five of this number left within one month—having in most instances no desire, or lacking the determination to reform—while 117 remained over a long period. Of this last number, eighty-five are known to be doing well at present, but we do not profess that this large percentage of patients are permanently cured. One died in the institution, four have died since leaving, and the greater portion of the remaining twenty-seven are lost sight of for the time being. The balance of the above 227 patients, viz., eighty-five, were remaining in the Home at the close of the year, and many of these are earnest and hopeful concerning the future.

"Only eight patients have died in the institution from the time it came into operation, nine years ago, to the present time. Of this number only two were legitimate cases for admission to an inebriate institution at the time they entered. The other six were in a dying condition when they entered. Two out of the six patients were delirium cases given up by their own physicians. These are the only delirium cases which we have had, and in justice to the institution they ought not to have been admitted. Although the average time of patients remaining in the Home is upwards of six months, our death rate does not exceed one-half per cent. on the number of patients treated. This remarkable immunity is the result of skillful medical treatment combined with careful attention by skilled nurses."

Of the treatment of dipsomaniacs, the Superintendent remarks: "It is admitted that inebriety is a very prolific cause of insanity. Temporary derangement of the intellect induced, either directly or indirectly, by excessive drinking, is easily curable, when promptly treated, providing that the treatment

and patient's surroundings are alike conducive to the restoration of reason. On the other hand, unskillful treatment and violent measures may speedily intensify the malady, until it finally assumes a chronic and incurable type.

"The propriety of thrusting dipsomaniacs into lunatic asylums, because they are temporarily insane, is a question which demands serious and prompt consideration. More or less of this class of patients are, from time to time, received into this asylum, and their cases have invariably been treated with success, the powers of reason having been completely restored. It is more than probable that in nearly every one of these cases a consignment to a lunatic asylum and the companionship of madmen would have produced such a shock as to have rendered them incurable.

"If this class of dipsomaniacs could be arrested on their way to lunatic asylums, and in lieu of being incarcerated with the crazy inmates of these establishments, they could be cared for in an inebriate asylum, and treated by medical experts who have made the diseases incident to alcoholism a specialty, there is reason to believe that the rapid increase of chronic insanity would be checked, and that an asylum for incurables would rarely be in demand."

The Annual Report of Home for Incurables. A. P. HAYNES, M. D., Superintendent. San Francisco, California, 1877.

From the report of this Asylum it appears that 723 patients were admitted during the year; 198 of whom were found to be insane, and transferred to an insane asylum; 500 were suffering from delirium tremens and general intoxication when admitted. There were 10 deaths during the year. Unlike all other asylums for inebriates, the legislature requires this

institution to receive all cases arrested on the street supposed to be under the influence of liquor, and incapable of caring for themselves. This does not include ordinary cases of street intoxication, picked up by the police and sent to the station.

But persons supposed to be insane are examined after a few days' residence in the asylum and classified. The Superintendent reports a large increase in the number of cases of delirium tremens and inebriety, which he attributes to the exciting life and uncertainties of business peculiar to San Francisco and other new cities.

**Annual Report of New York State Inebriate Asylum,
1877.**

The number of patients treated in 1876 was 249. The Superintendent affirms that of these patients more than the usual number were of the better class desiring reformation, and using all endeavors to attain it. Also, that the current expenses of the institution were decreased, and the excess of the receipts over expenditures much greater than formerly, for the number of patients treated. The Board of Managers discuss at some length the usefulness and value of the Asylum, and its practical workings, asserting "that the treatment of inebriety is no longer an experiment, but has taken rank with the care and management of other infirmities of a self-imposed or independent and inherited character. . . . The cost of maintaining the refractory and non-producing elements in society, is more than two millions of dollars in excess of the necessary outlay bestowed upon the schools, academies, and colleges in the state. This discrepancy between the cost of disorderly living, embracing intemperance, and the cost of educational effort, is so striking, as to

suggest the application of a remedy which shall strike at the root of the most formidable evil with which society is infested, and which it is in the province of the managers of this institution to consider and relieve. It should be considered, also, that the punishment of the inebriate for violation of law, compels him to share the company and fellowship of criminals of the lowest description, with whom drunkenness, perhaps, is the least of the vices with which they are contaminated. The treatment of the drunkard by process of law is thus converted into a certain and ready method of advancing his infirmity toward the steps or stages of criminal life. The observations of magistrates and others familiar with this phase of the punishment of inebriates leads them to regard the so-called remedy as actually worse than the disease. It is clearly insufficient as a means of correcting the habit of intoxication, and subjects its victims to a singularly inappropriate hardship, penalty, and risk, which, in the occasional as in the well-defined and inherited form of the affection, is liable to aggravate the force and inveteracy of the malady.

Among the obstacles to the work, they affirm: Prominent as a hindrance in the way of reformation and cure, may be mentioned the reception of many cases of chronic alcoholism, in which physical and mental deterioration and decay entirely forbid the operation of restorative agencies. Such cases find in the Asylum a longer or shorter interruption of the habits which have served to produce the extreme condition into which they have lapsed. Generally, no other advantage than temporary isolation and seclusion attaches to this class of patients; chronic alcoholism with structural degeneration and a state but little removed from dementia, presents nearly a hopeless prospect of amelioration; under the disciplinary care and management of the Asylum, however, in which good

food regularly administered, freedom from anxiety and irritation, and rest and recreation are the chief factors employed, certain apparently irremediable cases of drunkenness have been permanently restored.

Another hindrance in the plan of reformation consists in the admission of men sent by friends, who come with the fixed resolution not to be benefited by the plan of treatment instituted in their behalf. In a few examples, a full comprehension of the scope and purpose of treatment, expanded by observation and reflection, has been efficient in changing their resolution, and making them yield to the benign influences by which they are surrounded. A further obstacle in the system of reformation, consists in the freedom exercised by patients to make their sojourn in the Asylum short and insufficient for the purpose of absolute removal of the habit of inebriety. The brief tarry of the patients in the Asylum, even of the most promising class, is commonly without reward, and no greater error is made than to infer, because temporary correction of drunkenness is attained under asylum treatment, further improvement necessary to eradicate the infirmity can be wrought among the individuals and scenes which originally suggested the vice of intoxication.

Washingtonian Home, Chicago. Thirteenth Annual Report, 1877. Prof. D. WILKINS, Superintendent.

This Asylum occupies an elegant building opposite Union Park. The statistics of last year indicate that 258 patients have been under treatment, of whom less than one-third were free patients. In the history of the Asylum up to the present time, 2,252 persons have been treated, and the history of eleven hundred and eighteen which have been fol-

lowed up, exhibiting over sixty-six per cent. who have been sober, or nearly so, for all this time. Of the record of last year, only thirty-one have relapsed, the others giving great promise of recovery.

The physician, Dr. Earle, remarks: "We have always found diseases of the nervous system, complicating inebriety, the most unmanageable; and diseases of the respiratory organs the most dangerous to life." Of the causes, he remarks, "that fourteen per cent. were men whose work had been during the night; and the order of frequency of these occupations are as follows: printers, traveling men, actors, editors, and railroad men." He remarks, also, "that many diseases unnoticed during the time of drinking, become prominent and active as the patient recovers or becomes sober, requiring medical care."

Of the mortality, he remarks: "It is very light. In 736 cases of alcoholism, with 450 complications, we have had nine deaths. In that number, one died from delirium tremens within an hour after admission; three with delirium tremens and pneumonia; one with delirium tremens, erysipelas and pneumonia, and three committed suicide, and one with delirium tremens.

"In the treatment of this affection, alcohol is not given in any form. Sedatives, with good nursing, are relied on exclusively."

Washington City Inebriate Asylum. First Annual Report, 1877.

This Asylum was chartered by Congress in 1876. Grounds have been purchased, and an organization effected, but owing to the financial depression of the times, little more has been done.

It is expected, during the coming year, that the enterprise

will be started through the energies of its superintendent and a large number of friends who recognize the pressing need of such an institution in that city.

Inebriate Asylums in Great Britain.

The following Inebriate Asylums in Great Britain are eminently successful, although all are private institutions, and the detention of the patient is voluntary; no legal power exists to keep the patient when he chooses to go. The fact of their success under such conditions is the strongest argument for such institutions

Obot House, Dunvegan-Skye, under Dr. J. Maclean; Tiverton Home, under Mr. L. H. Fawell; Balham Asylum, under C. Holthouse, F.R.S.C.; Cobar House, Burton, under Dr. Thomas Dixon; Blairerno, Drumlithie Fordoun, under Mr. Forbes.

The following Asylums are exclusively for females:

Page Green, Tottenham, Mrs. Clayton, Lady Superintendent; Tower House, Avenue Road, Leicester, Mrs. Theobald, Lady Superintendent; James House, Ebenezer Terrace, Kensington Park; Roxted House, W. Dulwich; Queensbury Lodge, Edinburgh.

The Situation in Minnesota.

Four years ago the legislature of Minnesota passed an act "For the establishment of a fund for the foundation and maintenance of an Inebriate Asylum," by the terms of which all "saloons, groceries, wholesale or retail liquor stores, breweries, drug-stores, or other business houses in any way dealing in spirituous, vinous, or malt liquors" are required to

take out a special license in addition to any and all other licenses required by law, and to pay for the same the sum of ten dollars. The money accruing to the State Treasury from the sale of these special licenses is set apart and kept as a separate fund, known as "The Inebriate Asylum Fund," said fund to be devoted exclusively to the purpose indicated in the title of the act.

As was to be expected, this law met with determined opposition from the liquor dealers of the State, but their most strenuous efforts to secure its repeal at the hands of subsequent legislatures have failed. Like efforts before the courts have resulted in two decisions from the Supreme bench affirming the validity of the law.

Meantime a considerable fund has accumulated, and a much larger amount is due the State, collection of which has been delayed pending the judicial decisions aforesaid, but will now be pushed. The necessary legislation for the organization of the institution was effected two years ago. Said organization consists of a board of seven directors (including Governor and Secretary of State, ex-officio), who have full power to erect buildings and put the institution into operation, making annual reports of their proceedings to the Governor. By the same act the institution was located in the city of Rochester, one of the most beautiful, prosperous, and healthful towns in the State.

The directors have secured a handsome farm of 160 acres near the city as an immediate site, and building is fairly begun. Contracts are let for the erection of a central structure and one wing, to be completed in September next. The plans adopted are such that the institution can be opened for the reception of patients, and will, indeed, make a very commodious hospital, with a capacity of about forty beds, as soon as the parts specified are finished. Additional

building is contemplated next year, and an establishment equal to the best of its kind in the United States is intended.

The directors feel confident that the attractiveness and beauty of the location selected, and the reputation of the climate of Minnesota, will secure for the institution, if fairly managed, all the patronage desired, even if their own State shall be so fortunate as not to require all its accommodations.

The Medical Aspect of Drunkenness. Read by request before the Annual Conference of the Diocese of Central New York, February, 1877. By William C. Wey, M. D., of Elmira, N. Y.

This paper is admirably calculated to arrest attention among the clergymen to whom it was addressed, and presents very clearly many of the phases of inebriety not well understood. We quote the following :

“When inebriety has been begotten in a family directly from alcoholic origin, or collaterally by the engrafting influence of insanity, it follows the rules observed in other forms of transmitted disease, and overleaping one generation and appearing in the next, or skipping even the third generation, it crops out beyond, in the shape of disturbing and disorganizing moral and physical tendencies. If the line of descent is continued by assimilation with inebriate or insane elements instead of elements of a better character, the transmission of qualities of drunkenness becomes more persistent and inveterate.”

Reports of Supervising Surgeon-General of Marine Hospital Service, U. S., 1873-1875, by Dr. John M. Woodworth, Washington, D. C., have been received.

Dipsomania—Its Prevalence, Causes, and Treatment.

A Paper read before the Manchester Statistical Society by
STEPHEN R. ALFORD, F. R. C. S. London: H. K. Lewis,
136 Gower street. 1877.

This excellent paper was read before the learned Statistical Society of Manchester, and had particular reference to the "Habitual Drunkards' Bill," now before the House of Parliament (a synopsis of which we published in the last number). The subject is treated in a very clear, comprehensive manner, and the extraordinary strictures of Dr. Bucknill are clearly refuted by positive statements of many authorities. Dr. Alford has presented a very strong array of facts, showing the necessity of separate treatment of inebriety, and its curability as a disease, and, as a contribution to the literature of the subject, is very suggestive and timely.

The Danger of Alcohol Administered in Uterine Diseases.

The able editor of the Philadelphia Medical and Surgical Reporter, in a late editorial, reviews the recent medical opinions on this subject, grouping many interesting facts that are very suggestive. We quote at some length. On the relation of Uterine disease to Alcoholism, the eminent physician, Dr. Hicks, remarks:

"I have known many cases of alcoholism produced by the constant nausea consequent on uterine disturbances. . . .

"Women, as a rule, rather underfeed themselves habitually, or eat un nourishing food, and thus gradually arrive at a state of general atresia, more or less marked; and this is a fruitful source of functional disturbance. There are many reasons for this: carelessness; want of healthful exercise to

give appetite; reflex irritations, giving rise to more or less constant nausea. A common cause arises from the fact that, having to look after her own food, and having little desire for it, or having nausea, she does not take trouble to get it; or, in our English mode of living, having to care for a large family, she does not help herself till the food is cold and not inviting. It is fortunate then that she does not seek to replace the solid food by stimulants."

At the Dublin Obstetrical Society, last March, Dr. Doyle read a paper, the subject of which was to show that the habit of taking alcoholic stimulants by females with ample means, frequently depended on a diseased condition of the uterus, and that by curing it, the cause being removed, they gave up using stimulants, as was proved by the results in three cases described by the reader of the paper. Another case recorded by Dr. Doyle, showed that when alcoholic drinks are taken to appease a depraved appetite, they did not produce disease of the uterus, except as in the case in question, a congestion depending on a mechanical cause from enlarged liver.

Another able gynecologist, Dr. Kidd, added his testimony that uterine disease often gave rise to a craving for stimulants. That uterine cachexia would give rise to habits of intemperance he thought they saw every day, and he thought they could not wonder at it, for there was no doubt that in many cases of uterine disease stimulants would impart temporary relief in a manner that nothing else would. In a very common disease, dysmenorrhœa, he believed the universal practice among old women was to administer gin, whisky punch, or brandy, and in the majority of cases he knew of nothing that would give such prompt relief as a good large dose of a stimulant of that kind. In cases of endometritis, where they had constant pain in the back, constant exhaust-

ing discharge, and perhaps every month hemorrhage, more or less, going on, they had that cachexia produced. In such cases the desire for stimulants was constant. In dysmenorrhœa, where the occasion was only every month, the desire was constant, and the relief obtained from the use of stimulants, which would last some hours, induced the patient to fly to her remedy very frequently. Perhaps the relief might not last more than a few hours, and as soon as the effect went off the remedy was employed again.

He believed it was that, that often gave rise to intemperance in women. Instead of intemperance being the cause of uterine disease, uterine disease was the cause of intemperance, and if there was any practical lesson they might derive from the consideration of the subject, it was this—that they must cultivate their knowledge of the disease, and endeavor to cure it, and thereby do away with the desire for stimulants. That was the true way to check intemperance; it was not by restrictions placed on it.

This subject is attracting much attention abroad, and numerous inquiries have been received in this country by superintendents of inebriate asylums, where women are treated, for statistics and facts relating to the early causes. Unfortunately the number of female inebriates in this country under treatment in asylums, is very small, and the statistics of private practice difficult to obtain, owing to the widespread belief that inebriety is a vice, and a disgrace which should be concealed at all events.

We commend the above subject as worthy of serious consideration.

The fifth Annual Report of the Franklin Home, Philadelphia, Pa., 1877, has been received.

The First Report of Temple Home. A Private Inebriate Asylum for Women. Dr. S. J. TABOR, Superintendent, Binghamton, N. Y.

This Asylum was opened in August, 1876, and bids fair to occupy a prominent place as one of the great charities of the day.

Dr. J. B. Mattison, of Brooklyn, has done good service in exposing some of the numerous *opium antidote quacks*, who are advertising largely. He shows that all their antidotes are composed of morphia in gradated doses.

GENERAL PARESIS.—By facts ascertained regarding patients in asylums, the belief as to the influence of alcoholic intemperance as an active cause, is strongly sustained. In one hundred and fifty-five patients, one hundred and sixteen gave a history of habitual intemperance, while all but ten claim the designation of moderate drinkers. . . . The question arises whether insanity does not precede the drunkenness or lead to it, and not the reverse order of procedure.

DR. McDONALD, *American Journal of Insanity.*

SOME CURIOUS EXPERIMENTS on the *influence of colored light in the treatment of lunatics*, have been made by Dr. Ponza, at Alessandria, Peidmont, in which it appears that a gloomy patient became gay and affable, and a patient who would not eat, became anxious to eat, after a few hours in a red chamber. Another very excitable patient grew calm in a short time in a blue chamber, and a very wild case, after a night in a violet chamber, came out apparently cured, and has remained so.

Editorial.

REFORM MOVEMENT.

The present temperance movement, which is attracting so much attention through the press, deserves a passing notice. As a great wave of public opinion, it has many cheering indications of a better sentiment toward the drunkard, and the necessity of seeking more positive relief from inebriety and its effects.

The enthusiastic meetings held in all parts of the country, with their extravagant measures, utterances, and passionate appeals to the poor inebriate, arousing a hope and desire for a better life, are only the beginning of reform. If it stop here it is the work of pledging men to restoration and leaving them to their own strength and weakness, or convincing a sick man of his illness, and binding him mentally to get well, leaving all other measures to chance and circumstances. Permanent restoration must be along the line of natural laws; no other course can succeed.

The inebriate is sick both physically and mentally, the weakened organism and disordered nerve functions are often powerless to sustain the will in its endeavors to build up again.

As in malarious fever, the victim cannot pledge himself to be strong again, and succeed with no other effort, but he must avoid exposure to the exciting causes, and use the proper medicines, then restoration will follow. In like manner many who sign the pledge and honestly determine

to be well, must use other measures to fix and bring about this condition.

This craving for stimulants to restore some want in the body leaves the organism perverted, disordered, exhausted, and acutely susceptible to the surroundings; the mind is powerless to control such a condition. They may honestly make many exertions to recover, but unless the organism sustains the mind in its endeavors, failure will be the rule and not the exception.

What the poor inebriate needs most is, isolation from exciting causes with conditions and circumstances that will build up his body; then pledge him to reform, and he is in a condition to get well. All healthy mental activity must depend upon the body: if this is deranged the mind cannot be strong.

The failure to sustain the pledges and resolves which the inebriate makes sinks him lower and lessens his faith in himself, literally precipitating him morally and physically. If our temperance friends will organize retreats and work-houses and send the inebriate who is pledged to reform to these places, where he can build up his physical health and grow strong to resist temptation, the results may be permanent. Such retreats should be organized in all our large towns and cities, and could be made self-sustaining and, in many cases, profitable. Here, under the care of specialists, all the conditions and surroundings which build up and encourage health can be provided, and all medical and hygienic measures combined with thorough isolation from excitement, and with the cultivation of the higher spiritual nature; from these elements his ultimate recovery would be almost certain. To this might be added labor, that would be profitable, which would go far towards supporting him in these retreats.

Such homes could be made very attractive, and become

the center of great usefulness and interest in every community. Here, the patient may surround himself with all that encourages health and vigor, and like a ship on the dry-dock, become thoroughly refitted and repaired for the voyage of life.

If the money and labor now so freely spent in this movement could be directed towards providing homes or retreats to continue this reformation, the results would be more positive and certain. It is pleasant to note in this connection, that the united friends of temperance in Tennessee have already taken the advanced ground, in declaring that one of the objects of their organization is to provide for the establishment of inebriate asylums and other measures looking to the final restoration of the drunkard. A few months ago the citizens of Nashville petitioned the general assembly of Tennessee that steps might be taken to organize one or more inebriate asylums to further the work of the cure of inebriates.

These are indications that the time is not far distant when all efforts in behalf of the drunkard will be founded on a broader scientific knowledge of inebriety and its treatment.

We hail, then, the present temperance movement as an advanced step of public opinion towards that better day.

T. D. C.

RETROSPECT.

This number completes the first volume of the first journal ever published devoted to the consideration of inebriety as a disease, and the various methods of treatment and cure.

As a pioneer journal, in a comparatively new field, its measure of success has been very flattering. The interest

manifested by both the medical and secular press, at home and abroad, and the frequent notices and inquiries received, together with numerous exchanges and lists of subscribers from nearly every state and territory, are unmistakable indications of the increasing importance of this subject.

The past year has been an eventful one in the progress of the study of inebriety, most prominent of which has been Dr. Bucknill's extraordinary condemnation of the whole system of treatment of this class of cases.

The replies which his statements have elicited, both at home and abroad, would form a volume of the most unanswerable proofs, showing the position taken to be entirely untenable; also bringing out many facts not well understood before. The reply of Dr. Parrish, published in this *JOURNAL*, has been widely read, and attracted much attention.

The result of Dr. Bucknill's attack will be undoubtedly good, serving to clear away much of the confusion, and encouraging renewed study of the principles of treatment.

We publish in this number reports of a large number of asylums from all parts of the country, indicating great prosperity and success, notwithstanding the depression of the times.

Among the patients received at these asylums, broken-down merchants, bankers, business men, who are inebriates of recent date, and chronic cases that have been moderate drinkers for many years, seem to be more numerous. The explanation is found in the peculiar times in which so many of the business men are ruined; and the discharge of a class of employees whose uncertain habits and want of special fitness for their work make them less valuable.

Both of these classes drift to the inebriate asylum, and, if not able to pay, finally go to insane hospitals and disappear.

Another class of patients seem more prominent this year,

namely, the hard-working professional and business men, who formerly went away to Europe, or some watering-place, with a retinue of servants; now they appear at our retreats, spend a few months, and go away much restored. The outlook was never more cheery than at present, the advent of several new asylums, and the increased usefulness of those in existence, with the constant agitation of the subject among medical men at home and abroad, are evidence of great promise for the future. Of the JOURNAL we can only say that, as the organ of the American Association for the Cure of Inebriates, it will represent the broadest principles and studies which the experience of all asylums confirm, and, independent of any personal interest, strive to present the subject of inebriety and its treatment in its most comprehensive sense.

T. D. C.

CASES OF INEBRIETY TREATED IN AN ASYLUM will usually recover, but every patient that goes out into active life, carries with him less power of resistance to future attacks. He is restored, and by care and prudence may continue well. In some cases the liking or desire for alcohol continues ever after, but by constant exercise of the will, the patient is able to govern this craving, and remain temperate. Inebriety, like hernia, may be controlled for a long life time, and never give the patient *any serious* inconvenience.

Clinical Notes and Comments.

CHLORAL AS A MEDICINE IN INEBRIETY.—The *Lancet*, in commenting on the sudden death of an inebriate, following a moderate dose of chloral, makes the following very excellent remarks on the special danger of the use of chloral in inebriety :

“Alcohol, as is well known, produces, when continuously employed, fatty degenerations of all the organs, and, among others, the heart; this more especially in some cases of spirit drinking.

“Chloral, too, like its ally, chloroform, probably gives rise to a fatty degeneration of muscular tissue, and in particular of the heart, closely analogous, both in its mode of production and character, to that due to alcohol. Again, as is well seen in some cases of delirium tremens, alcohol causes a fluid condition of the blood, in which the normal state of the blood corpuscles, and their relation to the liquor sanguinis, are altered; and as a physical condition evidencing this, we see the defective coagulation of the blood, and its tendency to transude too readily. We are not here entering into the intimate relations of these changes, and the effect they have on oxygenation and tissue nutrition; it is enough for our present purpose merely to indicate them.

“Chloral has a like effect, and similarly causes gradual destruction of red blood corpuscles; so that in chronic chloral poisoning, purpura is of frequent occurrence. In toxic doses, chloral was formerly said to destroy, first the cerebral,

then the muscular, thirdly the respiratory, and finally the cardiac functions.

" But this is certainly not true so far as concerns the usual result in suddenly fatal cases in the human subject, and modern research goes to disprove this view, and to show that cardiac paralysis, whether produced through the central nervous system, or by a direct action on the heart, is the usual mode of death.

" And especially will this be the case when, from the effects of alcohol or of continued chloral drinking, the cardiac muscle is already considerably degenerated, while at the same time the condition of the blood is such as to supply an imperfect stimulus to its contraction, and the impaired reaction between the blood and pulmonic capillaries affords an additional impediment to the circulation.

" In such cases, sudden cardiac paralysis or asystole may put an end to life before any cerebral symptoms or retarded respiration have given the warning note of danger. Nor can any amount of negative evidence, derived from the absence of marked physical signs of organic disease, be sufficient to counterbalance the clear and decisive results of pathological investigation which show how grave a degeneration may co-exist with apparent health.

" And, be it remarked, such fatal results do not of necessity occur only after a large dose.

" In healthy subjects death has occurred in this manner from so small a dose as thirty grains ; and there is abundant evidence that the toxic effects of chloral are cumulative in a higher degree than the hypnotic, and that this does not depend solely upon accumulation of the poison itself in the blood."

THE EFFECT OF ALCOHOL ON THE BODY IN THE ARCTIC REGIONS.—The return of the British Arctic Expedition, in the publication of its experience, has revived the subject of the effects of alcohol on the body in extreme cold. Both the medical and secular press of the British Isles has discussed this subject very thoroughly for the last few months. The *London Lancet* and the *British Medical Journal*, as well as many of the daily papers, have presented articles containing many curious facts. These are summed up in a leading article of the *Medical Temperance Journal* of London, for January, 1877. The principal idea which seems to be settled beyond controversy, is, that alcohol paralyzing the basomotor centers followed by dilatation of the capillaries, increasing the current of blood passing through them, ending in a greater loss of heat by radiation, evaporation, and conduction, and consequent rapid exhaustion, making it positively dangerous in such temperatures to use it. Scurvy seemed to follow in almost every case where alcohol was used in this cold climate. A curious story is told of Russian regiments who are about to march in inclement weather, of the positive orders, that no stimulants should be taken on the journey. So strict are they in this matter that the officers go round smelling the breath of the privates to find if any one has violated this rule. If so, they are turned out of the ranks and punished. Such victims, if not discovered, become an easy prey to frost-bite and exhaustion. In place of the spirits an extra amount of oil is given, which proves efficacious. It seems to be the united experience of all the Arctic expeditions that alcohol is positively dangerous when used in any way as a beverage; tea and coffee seem to have taken pre-eminence above all other fluids in those hyperborean regions.

THE MEETING OF THE AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES.—The eighth annual meeting of this Association will be held in the chapel of the Washingtonian Home, Chicago, Ill., September 12, 1877. Sessions will commence at 10 A. M.

The following very interesting papers are promised:

“Manifestations of premature mental decay and nervous exhaustion, induced by inebriety and its treatment.” By DR. E. C. MANN, New York City.

“Morbid Appetites.” By DR. GEORGE BURR, Binghamton, N. Y.

“On the principles which should govern the management of inebriates, and the institutions needed to aid in their restoration.” By DR. N. S. DAVIS, Chicago, Ill.

“Nature and treatment of inebriety.” By DR. GEORGE M. BEARD, New York City.

“Insanity and inebriety contrasted.” By DR. JOSEPH PARRISH, Burlington, N. J.

“The obligations of the State respecting inebriety.” By DR. T. H. EVARTS, Rushford, Minn.

“The curability of inebriety.” By DR. ALBERT DAY, Boston, Mass.

“Persistent alcoholism.” By DR. C. W. EARL, Chicago, Ill.

“Inebriety and its symptomology.” By DR. T. D. CROTHERS, Hartford, Conn.

“The work of managing inebriates.” By PROFESSOR D. WILKINS, Chicago, Ill.

“The responsibility of the medical profession in the production of opium inebriety.” By DR. J. B. MATTISON, Brooklyn, N. Y.

“Hereditary inebriety.” By DR. B. N. COMINGS, New Britain, Conn.

"The gradual reduction of opium in the treatment of opium inebriety." By DR. C. T. WIDNEY, St. Louis, Mo.

"Appetency for alcohol." By DR. D. H. KITCHEN, Binghamton, N. Y.

Other papers are promised, but the titles are not yet received.

The President's address will be on the disease of inebriety; one evening will be devoted to a public reception, in which addresses from prominent men are expected.

This promises to be one of the most important meetings ever held by the Association.

LAW CONCERNING INEBRIATES IN CONNECTICUT.—In the last number appeared a synopsis of a bill controlling inebriates, which has been presented to the House of Commons, England, and will become a law. This and the law now in force in Connecticut may be said to be the most advanced legislation on this subject extant. We give the law in full, as follows :

Be it enacted by the Senate and House of Representatives of Connecticut in General Assembly convened :

SECTION I. Whenever any person shall have become an habitual drunkard, a dipsomaniac, or so far addicted to the intemperate use of narcotics or stimulants as to have lost the power of self-control, the court of probate for the district in which such person resides, or has a legal domicil, shall, on application of a majority of the selectmen of the town where such person resides, or has a legal domicil, or of any relative of such person, make due inquiry, and if it shall find such person to have become an habitual drunkard, or so far addicted to the intemperate use of narcotics or stimulants as to have lost the power of self-control, then said court shall order such person to be taken to some inebriate asylum within this State, for treatment, care, and custody, for a term not less than four months, and not more than twelve months; but if said person

shall be found to be a dipsomaniac, said term of commitment shall be for the period of three years : *provided, however,* that the court of probate shall not in either case make such order without the certificate of at least two respectable practicing physicians, after a personal examination, made within one week before the time of said application or said commitment, which certificate shall contain the opinion of said physicians that such person has become, as the case may be, a dipsomaniac, an habitual drunkard, or has, by reason of the intemperate use of narcotics or stimulants, lost the power of self-control, and requires the treatment, care, and custody of some inebriate asylum, and shall be subscribed and sworn to by said physicians before an authority empowered to administer oaths.

SEC. 2. Any person committed as a dipsomaniac to any inebriate asylum in this State, under the provisions of this act, may, after one year of treatment in said asylum, be permitted by the managers thereof to go at large on probation, and without custody or restraint, temporarily, or for a term of time, when and under such conditions as the managers of said asylum shall judge to be for the best interests of such patient.

SEC. 3. The managers, trustees, or directors of any inebriate asylum, established by the laws of this State, may receive any inebriate or dipsomaniac who shall voluntarily, or by the persuasion of others, make application to be received into such asylum, and may retain such inebriate or dipsomaniac for a period of not less than four months, nor more than twelve months ; and they shall have over such inebriate or dipsomaniac the same legal power of restraint as is given them by this act, in the case of persons committed directly by any court or other proper authority.

SEC. 4. Whenever any information shall be received by any judge of the supreme or superior courts of this State, that any person is unjustly deprived of his or her liberty, by being confined or restrained in any inebriate asylum of this State, such judge, at his discretion, shall appoint a commission of three persons, who shall hear such evidence as shall be offered touching the case, and without summoning the party before them, shall have one or more private interviews with such person, and shall also make due inquiries of the physician and superintendent having charge of said asylum. Said commission shall, within a reasonable time, make report to said judge, and if, in their opinion, the

party is not legally detained, or is fully cured or recovered, said judge shall issue an order for his or her discharge.

SEC. 5. The commission provided for in the fourth section of this act shall not be repeated, in respect to the same party, oftener than once in six months.

SEC. 6. Persons placed in any inebriate asylum, under any of the provisions of this act, may be discharged by the managers in whom the government of the institution is vested, pursuant to such rules and regulations as they may from time to time adopt in relation to patients and the management of the institution.

SEC. 7. The estate of any inebriate or dipsomaniac, received by or committed to any inebriate asylum, shall be liable for his or her support therein; and the costs and expenses of any of the proceedings herein provided for shall be paid in the manner and by the person or party that the court or judge before whom the case shall be had, shall order and direct, and such court or judge is hereby authorized to issue his execution for such costs accordingly.

Approved July 25, 1874.

Dr. T. D. Crothers, assistant physician of the State Inebriate Asylum at Binghamton, New York, has resigned, and Drs. Richard Koch and Edward C. Kitchen have been appointed.

The State Inebriate Asylum at Walnut Hill, Hartford, Conn., will be open for the reception of patients October 1st, under the superintendency of Dr. T. D. Crothers, formerly of Binghamton, N. Y.

LOSS TO THE STATE IN NOT ESTABLISHING ASYLUMS.—
Every insane man who is sent to an asylum, is simply removed from doing harm, and well cared for, and rarely comes back to be a producer again. But inebriates (the hopeful class) promise immeasurably more in their recovery.

They are, as inebriates, non-producers, and centers of disease, bad sanitary and worse moral surroundings. All their career leads down to crime and poverty. The more drunkards, the more courts of law, and almshouses, and insane asylums, and greater the taxes. Statistics show that from fifty to sixty per cent. of crime is due to drunkenness; and we all know how large poverty is due to this cause. Drunkenness is alone responsible for from twenty to twenty-five per cent. of all our insane.

We assert, and believe it can be proved, that reclaiming the drunkard is a greater gain to the State, practical and immediate, than any other charity.

It is a low estimate to say it costs every county in the State three hundred dollars yearly to support a drunkard; that is, this amount, and more, is diverted from healthy channels of commerce, and is, practically, lost to the State. At an inebriate asylum, but little over that amount would, in a large majority of cases, restore them as active producers again.

Figures cannot represent the actual loss to society, nor can we compute the gain from a single case cured and returned to normal life and usefulness. Inebriety is sapping the foundation of our government, both State and National, and unless we can provide means adequate to check it, we shall leave a legacy of physical, moral, and political disease to our descendants, that will ultimately wreck this country. Inebriate asylums will do much to check and relieve this evil.

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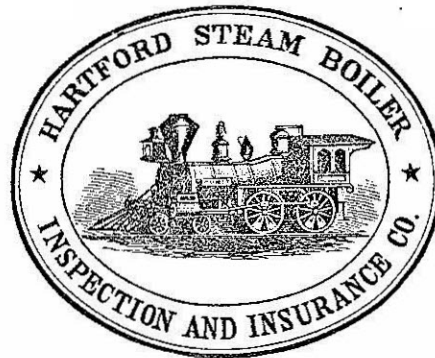
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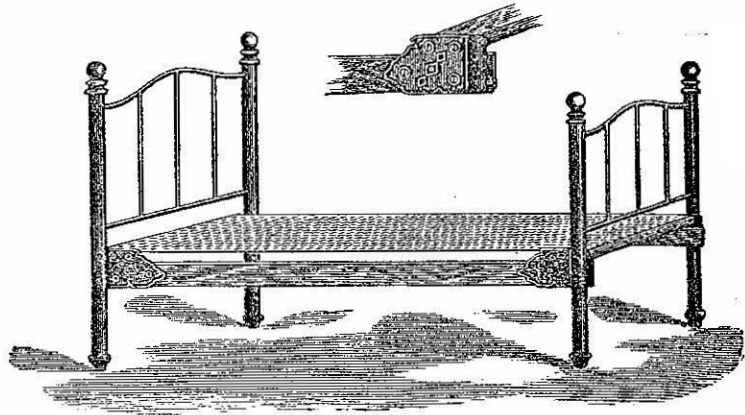
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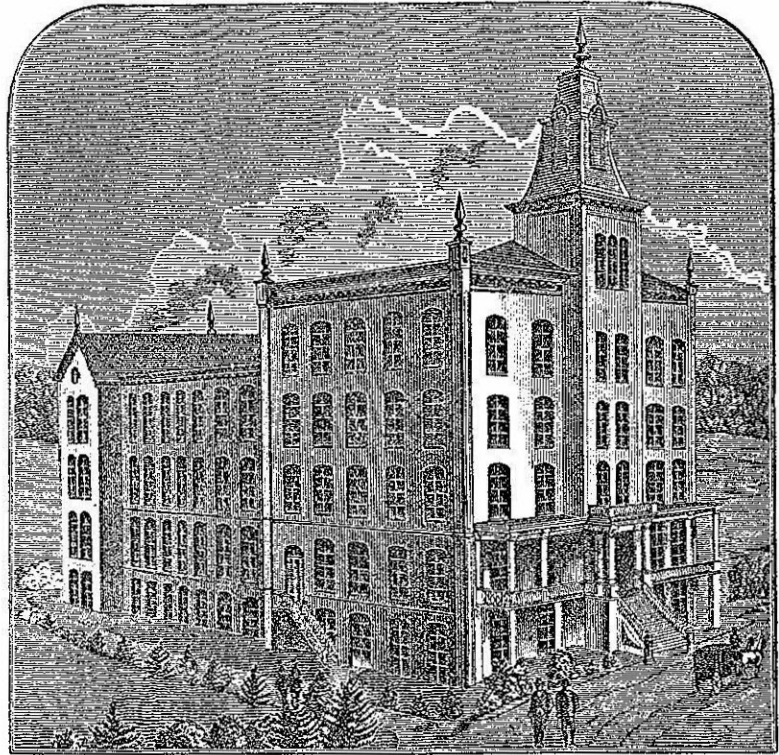
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