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THE PATHOLOGY OF INEBRIETY AND THE
IMPORTANCE OF THE EARLY RECOGNITION AND THE REPRESSION OF THIS DISEASE IN ITS INCIPIENT STAGES.

A PAPER READ AT THE ANNUAL MEETING OF THE AM. ASS'N
FOR THE CURE OF INEBRIATES, HELD AT FORT HAMILTON,
APRIL 25, 1883, BY DR. EDWARD C. MANN,* OF NEW YORK.

Inebriety is a disease exhibiting certain essential psychic and physical signs. It is a disease in which the victims are all more or less irresponsible, as are the insane. It is a disease in which the tone and power of the nerve centers is lost. There is generally, and I believe always, could we get at the true family history, an inherited neuropathic condition; but here, as in insanity, it is in the higher classes very difficult to elicit the whole truth from the relatives. It is a disease perhaps more than any other excepting insanity requiring for its cure time and long, persistent, hygienic influences to restore the normal vaso-motor condition, affecting the nutrition and circulation of the brain and nerve centers.

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From, in a certain sense, this inherited neuropathic constitution and disposition will appear on the exhibition of the almost existing causes. This constitutes an important feature of the disease. Cosmical influences operate with great readiness in producing an outbreak of the disease in persons thus predisposed to it.

The phenomena of nervous exhaustion, which one who inherits this neuropathic constitution generally exhibits to the investigations in medicine, exhibits before the actually developed disease, are certain functional disturbances of the whole body or organs.

There is a relaxation of the general muscular tone, which gives rise, 1. To partial or total loss of voice, generally but not the most tones are weak; 2. Relaxation of the facial muscles, so that the face appears speechless and expressionless; 3. Relaxation of the ocular and orbital muscles, giving a staring appearance to the eye; and 5. This same relaxation of the general muscular tone may produce involuntary tremor and parasthesia.

There is parietal stimulation and palpitation; the palpitation being, the more prominent. Irregular action of the heart most expresses this state. I refer to: If you command the individual to hold out his hand and arm perfectly straight before him with the palm downward, you will perceive that the hand trembles visibly. This is a very good test for the general relaxation of muscular tone all over the body, and a very simple one. The arm is to be held out straight from the shoulder.

There is local tremor, trembling of the legs, especially at the knees, a way of the digestive, excretory, and other organs, producing, in general indigestion, idiopathic fits of parasthesia, and rigors. There is great irritability of the cerebral and spinal centers, evinced by flight at slight causes. 3. Persons have fears of inability to perform certain acts, such as that of involuntary performance. It is the fear of inability to speak loudly, which is at the bottom of the phenomena of speech exhibited by neurasthenics who are

destined to become inebriates, to articulate clearly, which gives rise to the vocal tremor; fear of not keeping hand or head steady which makes them tremble. Respecting their cerebral actions, they are afraid of not being able to collect their thoughts; if brain-worker, that they shall not write or speak in eloquent language. There are muscular twitchings, a hasty, imperfect utterance, and a quick, agitated manner. If, from this simple state of nervous exhaustion, a patient passes into the graver state of hysteria or hypochondriasis, according as it is a female or a male we are treating, we shall now observe more complex phenomena, which may or may not usher in the paroxysm of dipsomania. There will be local pain, due to visceral disease. There will be pains referred to parts not diseased, due to transference of the nerve force, or vascular disturbance of nerve centers. There is diffuse hyperaesthesia due to this vascular disturbance of nerve centers. There is defective functional action of viscera due to reflex action. There are disordered muscular movements, due proximately to reflex action or vascular disturbance of nerve centers. Among the different forms of trembling occurring in the first state of nervous exhaustion I omitted one peculiar feature, which is an inability to keep the head steady when walking. The head trembles only in an antero-posterior direction. In this first stage, fear lest muscular and cerebral actions cannot be performed effectually prevent their proper accomplishment.

Aside from heredity, excessive seminal expenditure, loss of blood, excessive mental and muscular exertion, or any painful disease may be the cause of the nervous exhaustion or neurasthenia which ends in inebriety. Excessive indulgence in tea and coffee drinking may also induce it, owing to the over-stimulation of the nerve centers by the active principles of the tea and coffee. Tobacco, being a great nerve sedative, is in moderation in nervous irritability of service. We can tell, by the tone of the tissues, pretty correctly as to the state of vigor or weakness a person is in. If the brain cells are normal, their function, i. e. thought, is normal. Function depends upon cellular health.

the heart, the spinal cord, and the brain all functionate abnormally in the neuroschemata of mebrity, and all the forms of fear of which I have spoken are the characteristics of activity of brain due to general failure of the normal nutritive appropriating power of the brain. These morbid fears and ideas, these morbid colored perceptions, conceptions, and misconceptions, the terrors, irresolution, irritability of manner and speech all foreign to a healthy person, are the essential psychic signs of the neuropathic condition of mebrity. There is a decided change from the normal standard in the manners of thought, feeling, and movement of these persons. There is mental and nervous instability and irritability analogous to that seen in the neuroschemata preceding insanity, and the very similarity stamps indubitably the kinship of the two diseases to any unprejudiced observer on sober after truth. The psychic symptoms in both diseases are alike: the symptoms of inadequate nerve nutrition—and in the brain centers there are instability, irresolution, timidity, dread, and fear, morbid and groundless suspicions, hallucinations, and delusion, all abnormal and not found in health. Positive hallucinations and delusions appear when the activity of dementation has become actively established. Who has not witnessed in the neuroschemata of the dementation and dementation after that change in the mental character in which dementation has replaced former decision of character? The resolution of energy and indecision of mind and manner are essential features in both diseases, and as active insanity or mebrity, the same in both diseases, and as active insanity or active dementation appear well developed, all these psychical characteristics of the prodromic neuroschemata increase in degree. I would, therefore, insist on the existence of this neuroschemata stage of mebrity as one of the most important points in the pathology of the disease, a stage which the general practitioner should regard as the danger signal of active dementation or active insanity not far off, even though the state may bring not manifest symptoms may have yet actively displayed. If active treatment is delayed, he will soon have the opportunity of studying the natural history

of a case of insanity or dementation, is the case may be. If an observer in an early stage of insanity, the mental state of the disease may be seen to result in the mental movements in the voice and will, and in the functional, nerve irritability and the terms of his patient and his is the earliest and most curable stage of the disease.

In those instances, the neuropathic condition the phenomena may be observed from earliest infancy, and in the sleeplessness and night terrors of childhood, the brain of phenomena becoming gradually intensified as the child grows up, and becoming well marked at the age of puberty. The phosphenes and red even on objects be tried to such children from earliest childhood as a religious duty, so that nature, if possible, may restore her self to the normal standard, and have stimulation of the brain in too premature education be avoided with care. If the unstable brain tissue is injured in such children by a forcing process of education, insanity or dementation will prove sure, the awakening. Nervousness of such fully. Cautious building of the nervous system, and a careful direction of the mode of the brain, childhood up, may restore functional energy, antagonize the morbid psychosis, build up the nervous centers, and induce at least a moderation and perhaps a total diminution of this neuropathic state, the child unmarked. Preventive medicine is a wide field for study, and by such study of dementation and insanity to be prevented and of crimes stamped out.

It may be endeavored to be as brief and concise as possible in these remarks on the pathology of mebrity. The fully developed disease, extending the great nervous irritability and restlessness, the unnatural sensations, the uncontrollable desire for alcoholic stimulants, and the disposition to frequent fits of intoxication, the tendency to all here present. The great question point to me in the pathology of the disease—mebrity—is that there exists a departure from a healthy structure of the nervous apparatus, and that it is this abnormal condition of the entire nervous system, demanding stimulants, that is essentially the disease, that mebrity and

disposition are governed by the same laws which govern mental diseases generally. How far, and in what degree the phenomena are controlled by cosmical influences, such as electrical phenomena, lunar attractions, velocity and directions of winds, geological formations, elevations above the sea-level, the approaches of storms, barometrical changes and temperature, are most interesting questions for the complete elucidation of which time is yet required. The diatheses and exherms, reflex excitability, previous diseases, traumatic causes, over stimulation of the brain in school children, puberty, the menopause, the question as to whether there are *de facto* cases in which the nerve tissue is sound and free from defect, what per cent of the higher and middle classes, as compared with the same number of the lower or laboring classes, exhibit the disease of inebriety, the effect of men- struation upon the disease, are all very interesting points in the pathology of inquiry upon which I should like to dwell did time permit. The accumulated results of the experience and indefatigable labors of which have already gone to their reward prominent members of which have already gone to their reward for work well done, indicate, however, decidedly, that the propensity for drink in this disease, when under the influence of exciting causes, arouses the appetite, overcomes the will, blunts the moral sensibilities, and makes everything else subservient to its demands. The will power of the individual is overcome by the force of the disease precisely as in mental disorder.

The great medico legal question, and one which needs to be clearly demonstrated to the legal fraternity, is this. If this morbid craving for stimulants is clearly traceable to a brain condition, what is the mental responsibility of the inebriate?

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The real source of prevention in inebriety is an appreciation of the disease condition. If domestic effort, professional care, and religious teaching were based upon this theory, much more permanent good could be accomplished.

—*Dr. Anthony*—

HOW TO TREAT INEBRIATES

BY DR. JOSEPH PATRICK MURPHY, M.D., BROOKLYN, NEW YORK

Within the whole range of painful eyes there is no more minute inquiry than into the mental signs of the alcoholic diathesis, so there is nothing in the domain of materia medica more difficult to find than a remedy or remedies for it. Nothing has yet been discovered either in the realm of physical or mental forces, that could be said means be called a specific remedy for inebriety.

As in the case with a great variety of neurotic disorders, the co-operation of the patient is essential to the remotest degree, to a proper management of the case. On his part, and on the part of his family, it is requisite that there should be an intelligent apprehension of the conditions to be overcome, and a confident reliance upon methods to be employed. Notwithstanding all that has been said and written, to the contrary, it is to be demonstrated that inebriates, asylums and reformatories, as they are so very often called, have done more in proportion to the number of inebriates who have been under their care, to restore and establish them in their normal relations to the family and to society, than any other instrumentality.

This has been accomplished, not by specific medication, nor yet by appeals to the moral sense. It has been done, not by pledges, nor yet by the enforcement of disciplinary regulations. It has been done at great odds, by the recognition, first, of a diseased body, and its dependence upon extrinsic agencies to fortify it against the morbid forces which have disrupted its normal equilibrium. It has been done, secondly, by the creation of a model family bond which recognizes mutuality of interest, and an obligation to main-

to such by the exercise of mutual confidence and trust. To such in the worse phases that have been described by the writer in earlier chapters, which has rendered the case susceptible to the toxic action of alcohol, has been the chief factor in the toxic action of alcohol. It has been done, thirdly, by the application of all general principles. The avoidance of the average observance of hygienic laws, and the avoidance, as far as possible, of exciting causes. There is no doubt that there ever been, about institutions for the care of neurasthenics, and so soon as any household in which the disease of neurasthenia becomes apparent, shall be equipped with the simple appliances and methods that have been described, it is necessary to such systems, and the genius that has inspired and controlled them, shall become the prevailing factor in the family, there shall have been inaugurated a new era in the life of that domestic circle that shall make itself felt as a power in the social life of a community. The first thing to do, then, is to place, preferably along side of the medical disorders, by removing it primarily from the domain of nurses, and dealing with it as allied conditions under other names, are dealt with. Everybody knows that there are diseases that are a source of constant trial and disappointment, both to families in which they are found, and to the physicians who are called to treat them. Unclassified, and even unwritten disorders, nameless and mysterious, which are the outcome of our intense American life, for which little can be done, without time, patience, and earnest research into the laws of our being, and the multiplied forces about us, which tend to disturb them. From their very complexity, not always preventing the patient from attending to business, and yet creating distress and disorder, waking illness at night, and irritability and restlessness during the day, they came not only discontent and unhappiness to the invalid himself, but distrust and suspicion on the part of associates and friends. Such cases are of frequent occurrence. Their name is legion, for they are many. Among them neurasthenia has a conspicuous place, and it cannot be separated from others of its class, without doing violence to

facts and a grave injustice to the victims of such neurasthenic conditions. Most authoritative testimony has demonstrated the fact that the propensity to drink is induced by physical causes. The following cases in the *Medical Record* noted by my friend Dr. Crothers are striking examples.

A strong, vigorous merchant, with no heredity and temperate, suffered from a partial sunstroke. He remained greatly debilitated, for two months, in bed, and then began to use spirits to excess, and was a continuous inebriate up to death, four years later. He made great exertions to recover by the pledge and prayer, but failed, and died of demencia. The drink craving was clearly traced to the brain injury from sunstroke.

Another:—

"B., a vigorous man, temperate and correct in all his habits. At 31 years of age he married, and his wife was killed on the wedding tour, in an accident." Profound grief followed, with inability to attend properly to business. He became sleepless, with loss of appetite, which resulted in drunkenness and death. The sudden shock, technically a "psychical traumatism," was followed by a change in the normal functions of the nerve centres, which was the starting point of a general moral and physical degeneration. "He talked and reasoned clearly, and made efforts to recover, signed the pledge, asked the prayers of the church," etc.; but the change of brain and nerve integrity was the beginning of a general disorganization, and things went on from bad to worse, in spite of all effort by himself and friends.

"Financial disaster came upon another, a wealthy merchant of much character, exemplary and honorable, with an inherent dislike for the taste and smell of spirits, which were never allowed in his family. Sudden poverty, the loss of wife, and a scattered family, all within a few short months, turned his hair gray and left other marks of physical change. Suffering told upon him, and the changes that were wrought in his constitution, were in the direction of dishonesty, untruthfulness, and intoxication. Great efforts were made to

The habitual drunkard belongs to another class. He has no protected intervals of sobriety. He frequents the saloons before breakfast, perhaps, and keeps up his potations till midnight. He does not *get off* on "spruces," as the term goes. He is not free from the alcoholic impression at any time. He is more or less intoxicated continually. Can the habit be broken? The moral sense of such persons is frequently blunted, it is true, and yet there is no occasion for despair. The will power is enfeebled, it is true, and yet if the will of another is permitted, for the time being, to assume control, there is hope. How feeble the will is, how powerless sometimes, is witnessed in the frequent violation of pledges and vows. It is said by some that the will is always supreme, and that it is always at command, and only requires to be exercised in the right direction to secure desired results. Facts do not sustain this view. The poison of typhoid fever prostrates a strong man, and he becomes a child. Why not the poison of alcohol?

The wear and tear of life exhausts nervous energy; prostrates vigorous manhood, and subjugates the will. The friction of inebriety depletes all the forces of life, and renders the victim a toy to disease impulses. Habitual inebriates are not usually men with a strong inherited diathesis; similar to that of a paroxysmal drunkard. They have possibly developed the disease by the inordinate use of alcoholics, and in so doing have set up a series of merbid changes, which are symtomized by a variety of functional disturbances that require close watching and careful management. Some form of liver or kidney disease is almost sure to attach to the history of such cases, or a complication of some kind as frequently noticed as having existed prior to the disease.

Nerving can be more unphilosophical or unreasonable than to expect such a person, by a mere act of the will, or by subscribing to a pledge, to abandon at once the habit of years. There are cardiac disorders to be corrected. They may be cardiac, gastric, renal, or hepatic, or any combination of these, and the natural order of things will not be restored by any mere act of will, nor yet by the primitive behests of law.

First interrupt the habit and cut off the spirits used at once, and substitute such remedies as will build up and improve the system.

The existence of these functional disturbances are continually absorbing every effort of the mind to control itself, and it is folly to attempt the assertion of a normal self. Much more is it absurd to rely upon any such proceeding, to arrest or control organic deterioration, and the use or disuse of drugs, whether alcoholic or not, depends largely upon the indications presented by the organic lesion, whatever it may be. By pursuing such a course, many persons who have been addicted to alcoholic use in excess for many years have been restored to a state of sobriety, though they are frequently, perhaps generally, left with an entail of chronic disease, which finally carries them off. They die from chronic alcoholism after years of total abstinence. They may appear on the mortuary list as having died from paralysis, brain or liver softening, or other form of vital impairment, but the true pathological description of the cause would be *alcoholism*. There are, doubtless, living to-day, many men who were once intemperate, and who will never again use alcoholic beverages, who will die of alcoholism. The tissues have been poisoned, and so continue through years of sober living, in which they are said to have reformed. They have abandoned the habit of drinking, and thus given nature and remedies a chance to do their part toward reinstating the patient in a normal relation to society and to the world. The machinery, however, is impaired beyond renovation, and it only works with the semblance of normality, by the strictest watchfulness and care.

An excellent gentleman once called on me in behalf of a ward, for whose welfare he was deeply concerned. The young man was an habitual drunkard, though the proprietor of a temperance restaurant, in which employment he engaged as a means of keeping him in the path of sobriety. After describing the case and expressing a strong desire that I should visit his ward, he made this remark: "I do not expect

FACTS CONCERNING INEBRIETY.

BY DR. ALBERT DAY, 4077 WASHINGTON HOME, BOSTON, MASS.

No intelligent or honest observer will, in this age, deny that there is a disease, sometimes hereditary and more often acquired by social habits and customs of society, which we call dipsomania or alcoholism. I will not attempt to discuss the moral aspects of this subject, though I admit them to be momentous and appalling; neither can I have any close concern with its relation to our social system or its influence upon the growth of civilization, the sanctities of religion and justice, or the progress of human institutions, though these, also, are complicated, vast, and widely ramified, to an extent far beyond what can be meagerly represented by the naked figures of the statistician.

Leaving such topics to constitute, as they well merit, the grounds of distinct inquiries, my attention will be exclusively directed to the action of intoxicating fluids upon man as a living organization, and to examine within the strict circle of facts, of their influence upon his state of sanity, whether mental or bodily. We cannot consider this subject on any narrow basis, but on the broad ground of facts as we find them. We observe in cases of inebriety symptoms of nervous degeneracy. It is manifest that disorders of sensation and muscular action must result from disease in the nerves, because will and perception are never exercised in this world but in connection with nerves.

All the senses are manifested through the nervous system, and whatever we imbibe which will interfere with the normal action of the nervous system will sooner or later produce disease. There is no substance which is so prolific in destructive elements and is so certain to degrade the nerve

any ordinary man, does not, but he gradually, under the influence of liquor, and will fall so far as to be brainless, but to reach an exceptional case, will fall off the time on the way. He does not disappear completely, he sinks, and I have lost hope of any human agency he could ever be of. The most that I can expect is that he will be able to get him sober, and keep him sober, and make the remainder of his *existence* *et cetera*. That is all. This would be a interfering case. He was sobered, became quiet and thoughtful, and doubtless the excited condition was secured. He was a youth of abundant resources, could be given a post, and of considerable literary attainments. With such resources within himself, and by the use of suitable remedies to meet the unusual conditions of his body, his course of life was changed for a time, so that he was really called a sober man, but disease had fastened upon him, and he could not for any considerable length of time completely abstain, he it cost him to keep sober, and finally, as I have already stated, he it cost him, though the record of the facts after that name was "Died from parents."

Such is the history of many an habitual inebriate. They struggle with themselves, by themselves, and against their senses, and succeed in walking soberly for a time, but the person has within us own name on their vitals, and whatever the daily conditions may reveal, the fact of pathology is Alcoholism.

Alcoholic degeneration is a necrosis which must come to the end of the human organism, and be dealt with on the same principle as is other disorders of this class.

In many cases the ground for divorce, because it is a disease, the inebriate has lost the mental and physical vigor of youth, he is incapable of directing and controlling the normal activities of his life, he is suffering from certain physical conditions which may be known and removed. What remains as a basis in this disease as in any other nervous disease, is simply a question of ways and means to be taken, and the aim is to restore the lost balance of health.

forces as alcohol, which is in common use in its various combinations. Excess is the law, with rare variations, which follows the use of alcoholics, and with this excess and its extremes we have to deal.

It has been said that there is an inborn element in the nature of man which develops inebriety. Could we trace the cause of this, we should doubtless find that the whole race is tainted with this disease, coming down to us through the ages, in obedience to the laws of heredity. Our fathers from earliest history, we find, were addicted to drunkenness.

I have a book before me now, containing two sermons preached in Belfast, Ireland, two hundred years ago, by a bishop of the English Church, the purport of which was to tell the people that "it was wrong to get drunk on the day of the funeral of a bishop," but when a ruler or king died it was "not a sin to get drunk."

The Anglo-Saxons and their near relations, the Teutonic family, have for ages been addicted to habits of intoxication, and we, their descendants, almost I dare say without individual exception, are tainted with the disease inebriety. This fact is lost sight of in efforts of Christian communities to reform men and crush out this great curse, intemperance.

The streets of all our large cities are lined with liquor shops, and their traffic defended as no other business is fostered, simply because people demand it, and the generations to come will demand the same as the former.

Were it now possible to deprive every man, woman, and child of intoxicants in the future, I believe it would require more than a century to eliminate, by the natural laws of evolution, the disease produced in the past by alcoholic indulgence. This will account for the "failures" which are such a source of astonishment in the present age. We have not scientifically studied the causes which are such a dead weight, holding back the car of civilization. The community must be educated. Our efforts must be educational. The laws of hygiene must be taught in their highest and broadest sense, curative measures must be adopted, and a more humane treatment must be given the unfortunate inebriate.

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HISTORICAL NOTES CONCERNING THE LEGAL RESPONSIBILITY OF INEBRIATES

BY T. W. BROTHERS, M.D., HARTFORD, CONN.

Many years ago Prof. Artermeter discussed the question of legal responsibility of inebriates in the *Monatsschrift für Jurisprudenz* for July, 1840. His views are in many respects sustained by the latest teachings of science, and are quite phenomenal as outlining the jurisprudence of the future regarding this form of disorder. The question of responsibility of inebriates seems to have occupied much attention among the Romans. The jurist Marcian called crime committed by inebriates an impetus which should be punished by less severity than any other, intimating that there might be present in these cases a loss of consciousness and lessened responsibility. The teachings of other Roman jurists indicate that the prevailing sentiment in courts was that inebriety relieves, in some measure the criminal responsibility, also the greater the degree of inebriety the more uncertain the character of the acts of the criminal. Thus the common and imperial law recognized inebriety as something more than a vice, a condition approaching disease, which in some cases was a general ground for extenuation.

This same principle was mentioned by the oldest Italian and German law writers. In some instances it was regarded as an insanity, or condition of sleep, that was more physical than mental. In the sixteenth century the first attempt at a legal discrimination was made. When the inebriate drank to intoxication by his own free will, and without the influence or bias of another, the responsibility for crime committed was supposed to be much greater. But if he became intoxicated

by no will of his own, or in consequence of wine having been given him without his knowledge, the responsibility was greatly lessened. These views prevailed a long time, and were interpreted with great liberality in Spain, Portugal, and the Netherlands. In England and Scotland, where theological law was strict and divine justice was interpreted from a human standpoint, all inebriety was punished as a crime and offence.

It is a fact of various interest that the legal notion of inebriety as a sin and crime to be remedied by punishment grew out of the dogmatic theory of the reformers. These views prevailed in Germany for a time, then gradually were laid aside and each case was judged from its history in the punishment that was meted out. For a long time all European countries have by general consent adopted the view of limited responsibility in crime committed by inebriates. In France, inebriety is considered a partial insanity, and is an excuse for the highest crimes. In many cases the fine distinctions between the conditions and causes of the inebriety are made the subject of inquiry. Dipsomania and partial insanity with dementia are held to be states in which the inebriate is responsible. In all cases this question of physical condition is allowed to enter into the defense.

The question often appears whether the inebriate was able at the time of committing the crime to exercise control over his actions, and did he realize the consequences of his act and its relation to others and the law? Was his consciousness of right and wrong obliterated by the action of alcohol at the time?

Again it is asked if the action of alcohol increasing the circulation of the blood to the brain, and its consequent disturbed activity, interrupting the normal flow of ideas, stimulating the imagination with its phantasies, images, and delusions, is sufficient ordinarily to break up consciousness of the present, and his knowledge of the normal relations of himself to the external world.

If this is the case, and it can be made reasonably clear,

the inebriate is not responsible for his acts, but is a mental defect without him or set.

In inebriety there is always a more or less complete disorder of the senses, in which false impressions prevail. A condition of excitement prevails, of the muscular and nervous system, manifest in acts that are of an irresistible character. The result is that the nature and character of his thoughts and acts are unknown to himself, and he is a marionette in many things. Punishment for this state can not influence or lessen it. It is beyond his control, and his mind is too feeble to realize it. The excitement and disorder of the senses break up his normal mental activity. Fortunately this state of partial insanity does not predispose the victim to crime, only in exceptional cases, because he becomes more or less oblivious to the circumstances and surroundings of his life. When opposed or under the influence of some delusion or impulse, he acts with unreasoning impetuosity, and crime may be the result.

A study of crime committed by inebriate's shows that it differs widely. In one case a furious passion ends in crime, in the other a state of stupor and partial unconsciousness bursts out suddenly in crime that could be in no way predicted or anticipated, and was without any evidence of passion. A study of the manner in which the crime was committed, and its character and nature, with the personality and individuality of the inebriate will throw much light on the case. It is very difficult to classify and define the degree of inebriety. Here as elsewhere the very fulness of life and its complex combinations makes every attempt to draw sharp lines; the different classes and degrees flow into each other so completely as to break up all identity, and the exceptions are so numerous as to be confusing. As an illustration, a strong, passionate man who is an inebriate differs widely from a heavy, dull man, or one highly cultured, or grossly ignorant. The action of alcohol will produce all degrees of physical and mental difference, and the nature of the crime committed by these persons will also differ.

Not infrequently a degree of seeming consciousness exists, and the criminal acts may be characterized by apparent reason and method, which is misleading. No inference can be drawn from this condition which can be reliable as a test of responsibility.

This point I have fully illustrated in an article on the France state in inebriety read before the New York Medical Legal Society. Here it was made clear that inebriety may cause a well-defined France state in which the person may be in apparent full possession of his senses, and yet be as unconscious as if in a somnambulistic state. Crime committed at this time should never be punished for the inebriate is simply an automaton. As an insanity concealed delusion may be present controlling the actions and guiding the motives of the man.

In all these cases where crime is complicated with inebriety, inquires into the habits, character, and mental state of the inebriate should be made. It is a curious historical fact that all the older English and German laws held that the insane could always control themselves, and were responsible and should always be punished for crime. In the *Hist. Prussian Law Journal* are noted some very curious decisions on this point which were made as late as the beginning of this century. Later certain states of insanity were recognized as implying irresponsibility, and finally the study of these cases brought out the facts. Inebriety is passing the same stages in its legal history, and the results will be the same.

Dr. Hammond states that in his experience inebriety produces every form of insanity, including that most hopeless form known as general paresis. He also from his own experience gives a list of ten distinct diseases of the brain, three diseases of the spinal cord, four diseases of the cerebro-spinal system, that is of the brain and spinal cord combined, and five of the nerves which are distinctly traceable and often develop from chronic inebriety.

HISTORY OF THE GROWTH AND PROGRESS
OF PUBLIC SENTIMENT RELATING TO INE-
BRIETY IN ENGLAND.

The Habitual Drunkards' Act of 1879 is the result of the action of a small but influential society, organized on September 22, 1870, when Dr. Alfred Carpenter, of Croydon, presided at a meeting held at the Charing Cross Hotel, and the "Society for Promoting Legislation for the Control and Cure of Habitual Drunkards" was formed. Lord Shaftesbury was appointed president, Dr. Carpenter treasurer, and myself honorary secretary. To the unvaried exertions of this society the much needed, and at length achieved, legislation is mainly due.

The public had long been perplexed by the helpless condition of habitual drunkards, the insane irritation of their vital craving, and the consequent abandonment, which tended undoubtedly to the fostering of crime, lunacy, and pauperism; and hence the conviction was entertained that, mated, they were powerless to extricate themselves.

The importance of restraining habitual drunkards was enforced in Dr. R. B. Grindrod's prize essay, "Bacchus." In the first edition, published in 1839, page 506, is the following extract:

"Intemperance may correctly be considered as a species of voluntary insanity. A question therefore arises, whether, under such circumstances it would not be justifiable and humane on the part of the legislature to enact such a measure as would place persons subject to this of offence under temporary confinement or control. The question is of great importance; a law indeed to this effect would be not only an act of mercy to the drunkard himself, but in its operation it might be productive of a salutary influence in restraining the prevalence of intemperance.

Twenty thousand copies of this essay were circulated in America, and doubtless led to legislative effort in that country.

The question had a special prominence in the evidence given in 1855 before the Scottish Lunacy Commissioners, and in the Report of these Commissioners in 1857. In January, 1858, Dr. Alexander Peddie contributed a paper on "The Necessity of Legislation for the Control and Treatment of Insane Drinkers" to the Medical-Chirurgical Society of Edinburgh. In March of the same year Sir Robert Christison delivered a lecture at a conversation of the Royal College of Surgeons, Edinburgh on "The Medical, Legal Relations of the Habits of Intemperance." Dr. Peddie also read a paper in September, 1860, before the Social Science Association meeting in Glasgow, on "Dipsomania, a Proper Subject for Legal Provision," which caused considerable discussion at the meeting and in the papers and journals of the day. Dr. Peddie also got up a meeting of the medical profession in Scotland in June, 1861, "for considering the proposed amendments of the Lunacy Act," but mainly for the purpose of bringing the inebriate question to the front, as shown by the report of the meeting, and a resolution proposed by Dr. Peddie, and seconded by Dr. W. T. Gardner, and agreed to unanimously, part of which ran as follows:

"That many cases of excessive intemperance depend on disease, and constitute a form of insanity. That such cases cannot be treated without confinement, more or less strict, than in the present condition of the law such treatment is frequently unobtainable."

The newspapers of the day kept up a controversy on this subject. About this time it took a practical shape in America; and in Australia it was pushed forward by Dr. C. McCarthy, of Northcote, Melbourne, and in both countries legislative enactments were established.

In 1868 Dr. Peddie wrote an article on "Dipsomania" in *Chambers' Encyclopædia*. Thus Dr. Grindrod and Dr. Peddie have been the pioneers of the movement in this country.

Difficulties were constantly occurring in the disposal of this helpless class, tying the hands of medical men and friends, so that they were obliged to leave them to work out their own destruction, and the misery and ruin of all depending on

them. Hence there arose a feeling in the public mind that something ought to be done by the legislature to remedy this evil.

In 1866 the late Dr. Forbes Winslow published a pamphlet on "Uncontrollable Drunkenness considered as a Form of Mental Disorder. With Suggestions for its Treatment, and the organization of Sanatoria for Dipsomaniacs."

Mr. J. Turner, a solicitor, in 1867, prepared a short bill as an amendment of the Law of Lunacy, so as to include habitual drunkards; but after much trouble and expense he was obliged to abandon it. This neglected class was further recognized by the Licensing System Amendment Association—an association founded in 1868 by Colonel Akroyd, of Halifax, for promoting a measure for the transfer of the power of granting licenses from the excise to the magistracy. Having accomplished its object, the society turned its attention, in 1870, to the question of habitual drunkenness. On March 4th, in that year, the late Dr. Donald Dalrymple, M.P. for Bath, moved the following resolution in the House of Commons: "That it is desirable to legislate for the proper reception, detention, and management of habitual drunkards;" which resolution he withdrew on an intimation from the Home Secretary (Mr. Bruce) that he would consider a bill on the subject if presented. During the session of that year a bill "To Amend the Law of Lunacy, and to Provide for the Management of Habitual Drunkards" was submitted to the House of Commons by Dr. Dalrymple, Mr. Gordon, and Mr. Pease. The bill, however, was withdrawn. The Licensing System Amendment Association then placed at the disposal of the promoters of the bill their extensive organization and support, the value of which Dr. Dalrymple was often wont to acknowledge. The first occasion, outside the House, on which Dr. Dalrymple publicly explained the provisions of his bill was in November, 1870, when he addressed a meeting which had been convened for the purpose by the Licensing System Amendment Association. That Association had previously obtained valuable data in the shape of returns from

nearly all the chief and head constables of the kingdom as to convictions for drunkenness. These returns were fabricated and printed and placed in the hands of Her Majesty's Government, of Peers, Members of Parliament, and other leading men. The Association also raised a considerable sum in support of this special agitation.

During the recess, Dr. Dalrymple visited eight inebriate institutions in the United States, and one in Canada. His interesting account of this visit will be found in the Report of the Habitual Drunkards Committee of the House of Commons of 1872.

In the next session of Parliament (1871) Dr. Dalrymple's bill was again introduced, but the Home Secretary (Mr. Bruce) promising to support the appointment of a Select Committee on the subject, the bill was for the second time withdrawn. The committee was nominated in 1872, when witnesses were examined from all parts of the country. The superintendents of two of the successful American institutions, Dr. J. Parrish and Dr. D. G. Dodge, were also specially invited over, and gave most useful and valuable evidence. The committee brought up their report in June, and in July a new bill, based on the recommendations of the committee, was presented by Dr. Dalrymple, Colonel Akroyd, Mr. Downing, Mr. Read, and Mr. Miller. In 1873 the bill was again brought in, but, on the order for the second reading, the House was counted out, and later on in the session the bill was withdrawn. A concurrence of circumstances—namely, the death of Dr. Dalrymple, the general election of 1874, the retirement of Colonel Akroyd from parliamentary and public life, and the consequent dissolving of the Licensing System Amendment Association, tended to retard the progress of the movement for promoting this legislation.

On July 2, 1875, a large and influential deputation, representing the legislature, the clergy, and very largely the medical profession, both of England and Scotland, waited on the Home Secretary (Mr. Cross) with a memorial signed by the leading men of the United Kingdom, urging the government

to carry out practically the recommendations of the Select Committee appointed at the instance of the late Dr. Palmby, M.P., "for the control and management of a class of persons known as Habitual Drunkards or Dipsonnians." . . . The Home Secretary thought there were difficulties in the way, but promised that the memorial should receive that consideration from the government its importance deserved.

In July, 1874, Mr. W. C. Gannan read a paper on Habitual Drunkenness before the Birmingham and Midland Counties Branch of the British Medical Association. Dr. J. Russell also addressed the same branch on "Alcoholism from a Criminal Point of View."

At a General Meeting of the British Medical Association at Edinburgh in August, 1875, papers were read by Dr. A. Peckie, entitled "Remarks on the Necessity of Legislation for the Control and Treatment of Insane Drunkards;" and by Dr. G. F. Bodington, on "The Control and Restraint of Habitual Drunkards;" after which an important discussion took place on the subject, which was then referred to an Habitual Drunkards' Committee that had recently been appointed by the British Medical Association. Many pamphlets appeared in this year on the subject; among others, one by Dr. Eastwood, of Darlington, on "The Treatment of Habitual Drunkards," and one by myself on "Drink-Craving." The question was also noticed at the Chirch Congress, held at Stoke-upon-Trent, in the autumn of that year.

In 1876 there appeared in the *Quarterly Review* an article known to have been written by Lady Eastlake, which roused a strong feeling on the subject. On March 29th, of the same year, Dr. A. Carpenter, of Croydon, read a paper at a meeting of the Social Science Association, on "The Legislation which is required to meet the case of the Habitual Drunkard," after which a discussion took place. In August of that year I read a paper at a general meeting of the British Medical Association, at Sheffield, on "Obstacles which delay our obtaining Legislative Power for the Protection and Treatment of Confirmed Drink-Cravers;" and Mr. Holthouse read a paper on "Twelve Months' Experience of the Treatment of Inebriates

at Batham." In October of the same year I read a paper at a general meeting of the Social Science Association, in Liverpool, on "The Necessity for Legislation for the Control and Cure of Habitual Drunkards;" and in May, 1877, before the Manchester Statistical Society, on "Dipsonnia." In the same year Mr. G. W. Mould, of Cheddle, and Dr. Norman Kerr, of London, read papers on the treatment of habitual drunkards in the Psychological Section of a general meeting of the British Medical Association at Manchester, and a resolution was unanimously passed in favor of the bill introduced in that year by Dr. Cameron.

The "Society for Promoting Legislation for the Control and Cure of Habitual Drunkards," which, as already stated, was established in September, 1876—taking for their guidance the report of the Committee of the House of Commons (1872), on Habitual Drunkenness, the late Dr. Donald Dalrymple's bill founded on that report, and the various Acts already in operation in America and Australia—after considerable labor, and with the assistance of counsel, prepared a bill for Parliament. This bill was introduced into the House of Commons by Dr. C. Cameron, M.P. for Glasgow, in 1877; and again, in 1878, when, on the 3d July, it passed the second reading in that House, without opposition, on Dr. Cameron consenting to withdraw the compulsory clauses. It was, however, too late to proceed any further with the measure during that session. In the year 1879 it was reintroduced, and passing through the House of Commons, Lord Shaftesbury taking charge of it in the House of Lords. With a few modifications it received the royal assent on July 3, 1879, and came into force on January 1, 1880. It does not come up to the expectations of the society, but they congratulate all interested in the reformation of inebriates on the affirmation, by Parliament, of the principle on which the Act is based.

The readers of this journal are familiar with the errors of the late Dr. Alford, and his distinguished successor, Dr. Kerr, to establish an asylum, and the many papers and lectures which have been scattered abroad to bring up public

sentiment to this end. The following circular shows how well they have succeeded:

There is a prevalent belief that habitual drunkards cannot be reformed. Those acquainted with the facts, however, know that extended experience in America and in Great Britain has shown that many of these victims of strong drink can be cured. Numerous cases of reformation have been recorded by moral and religious effort; but there are large numbers whose faith and nervous system have been so altered by alcoholic medicine, or who, by heredity or other physical causes rendering them peculiarly susceptible to the narcotic influence of alcohol, may never be able to be freed from addiction. Their will-power has become so weakened that the only chance of their recovery appears to lie in seclusion in some institution, where appropriate remedial treatment may be applied, and where they will be freed from the temptations which in their diseased state they are powerless to resist. The Habitual Drunkards' Act (1870) was enacted to enable habitual drunkards to surrender their liberty for a period not exceeding twelve months; that they might secure for themselves the conditions most favorable to a cure. The Act, of which nearly seven years have yet to run, is very defective; the having to confess himself an "Habitual Drunkard" before two magistrates proving a barrier to applicants for admission to a retreat. But imperfect as is the Act, the committee feel that it would be a public scandal and a deep disgrace if this Act were to be allowed to expire without a resolute effort to take advantage of it, especially as the authoritative record of the cure of a few typical cases might induce the Legislature to renew the Act, make the admission to a retreat less formidable, and grant more extended powers of compulsory detention.

With this view the committee procured the reformation of the "Dalyryple Home for Inebriates" Association, as a philanthropic association limited by guarantee. After examining a great variety of sites, and extreme difficulty in obtaining one of suitable character, the committee are happy to be able to state that they have succeeded in acquiring The Cedars, Rickmansworth, a freehold property, for the sum of £3,700. The house contains twenty spacious rooms, has attached to it four and a half acres of charmingly laid out grounds, is beautifully situated on the banks of the Colne in a secluded situation within a mile of Rickmansworth railway station, and is admirably adapted for the purpose intended.

The committee earnestly appeal for funds to complete the purchase and so furnish the Home, for which purpose £2,000 will be required. A number of committees has promised to contribute £500 if nine others will each give a similar contribution, or the amount be raised in smaller sums. The following distinguished persons are on the committee: Robinson Duckworth, D.D., Alfred Carpenter, M.D., J.P., Norman Kerr, M.D., F.R.S.

ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES.

The fourteenth annual meeting was held Thursday afternoon and evening, April 26, 1883, through the courtesy of Dr. James A. Blanchard, superintendent of the Inebriates' Home at Fort Hamilton, in the parlors of that institution. The annual address was delivered by the President, Dr. Parrish.

The speaker referred to the advance that has been made during the past year in the public mind concerning the objects and methods of this association. Our principles and plans, he said, have never been understood so well as they now are. Even the technical and professional temperance advocates are beginning to change their standpoint of observation. The exclusive reliance upon moral and religious influences to correct the habits of intemperance which are so much deplored is giving way to the facts of a physically diseased condition. It is understood and admitted by the most intelligent and candid temperance men that some new departure is a demand of the times. Appeals to the moral sense of a man whose moral sense has departed, or is at least paralyzed, is found to be an error. Mere sentiment, however pure and effectual in its application to a sound mind and body, has no effect on a specific form of a diseased mind. Physical remedies must be applied to physical moral conditions; and this point being reached by intelligent temperance advocates opens to them a most influential means of approach to thoughtful people, who accepting it and acting upon it increase the chances of success, and if old prejudices are laid aside and the new departure followed to its logical end will result in a great impetus to the temperance reform.

their important theories, yet during the last year there had been a steady growth of science in the field which the association covered.

The annual election of officers resulted in the following: President, Dr. Joseph Parrish, of Burlington, N. J.; vice-president, Dr. Albert Day, of Boston, Mass.; secretary and treasurer, Dr. J. D. Cothens, of Hartford, Conn.

The following new members were elected: Dr. John S. Marshall, of Dr. Charles F. House, of Painesville, Ohio; Dr. William A. Hubbard, of Bittera, Mass.; Dr. Rufus M. Griswold, of North Manchester, Conn., and Dr. N. Roe Kramer, of Philadelphia.

The following gentlemen were elected honorary members of the association: Dr. Henry Howard, Government Visiting Physician of Montreal, Canada; Dr. A. Danville, Government Inspector General of Jussak Asylums, Paris, France.

They followed the reading of some very interesting papers which are simply mentioned by name, as they will appear either in full or abstract in future numbers of the journal.

The pathology of inebriety and the importance of its early recognition and repression in its incipient stages, was the title of a paper read by Dr. Edward C. Mann, of Brooklyn, N. Y. Dr. J. B. Mattison read a paper on the "Genesis of opium Addiction." Dr. Albert Day, of Boston, read a paper "On Inebriety, its Causes and Effects." Dr. Lewis D. Mason, of Fort Hamilton Asylum, read a paper on "Alcoholic Insanity," which brought out a very general endorsement and commendation from all the members.

Dr. J. D. Cothens, of Hartford, read a paper on the relation of inebriety to inebriety. Delegates were appointed by the president to the Connecticut, Massachusetts, New Jersey, and Pennsylvania medical societies; also to the American Medical Association and the Association of Medical Superintendents of the Insane.

Resolutions expressing the sorrow and loss to the Society by the death of the late Dr. George M. Beard were passed.

Revisions of thanks to Dr. Blanchard for his courtesies were passed.

A resolution was passed regarding the Journal committee to prepare circulars to be sent to the profession for the purpose of eliciting some facts about the prevalence of inebriety and its physical manifestations, etc.

After some general routine business, the society went into the committee of the whole on the study of inebriety in different asylums. A resolution was passed directing a committee consisting of Drs. Parrish, Watson, Day and Crellers to present the subject of our association before the social science convention at Saratoga in September, 1883.

The society finally adjourned to meet in New York City, Oct. 17, 1883.

Friend that in case of inebriety which has been superinduced by excessive drinking ought to be sent to a lunatic asylum. The public are beginning to be alarmed at the enormous increase of insanity and not without reason. Instead of a large percentage of cures being reported, as there were in remote years, monster buildings are springing up all over the land which are designated as Asylums for Lunatic Incurables. Only substitute Inebriate Homes for Lunatic Asylums in the treatment of all cases of alcoholic mania, and instead of banishment for life in a madhouse, to which and the specialists in lunacy are now bearing away their defenceless victims, a stay in the Home of from three to twelve months might be sufficient to cure the mental malady and physical deteriorations, and to restore the patient to society and the active duties of life.—Dr. JACKSON.

No man who has led a temperate life can suddenly become an inebriate without physical cause to produce the change. Such a transformation would be contrary to reason and natural law. Some physical change must take place in the nerve centers—a defect has occurred and this is the explanation of it.—Dr. HOWARD.

Abstracts and Reviews.

CHLORAL INEBRIETY.

Professor E. S. Costa, of Philadelphia, in a clinical lecture at the Pennsylvania Hospital on chloral poisoning, as reported in the Medical Times, makes the following reference to this subject: "Since the introduction of this valuable but seductive remedy the people have gradually learned that chloral promotes sleep and relieves the condition of 'nervousness' or restlessness that is so commonly a cause of insomnia, and they now resort to it just as they do to opium, to get relief from any inconvenience. In this way they form a chloral habit that may be as injurious as the opium habit. Chloral, when it is thus taken for a length of time in ordinary or small doses, will give rise to peculiar symptoms, which you should be able to recognize. These symptoms, as you may infer from the acute case before you, are principally those indicating disorder of the nervous system and the circulatory apparatus. As these features are peculiar and of general interest I will discuss a few of them with you. First, let us consider this question: Can a man become habituated to the use of chloral as he may to the use of morphia? Take our case for an illustration. This man had used it during his sickness, and had since continued its use, but, as he has told us, he required constantly increasing doses. Is this the rule? There is a good deal of difference of opinion among observers, and I think, a great deal of difference, in this regard, in individuals. It has been my experience to find in some people great susceptibility to chloral, which does not pass away. Some persons are always affected by small doses, while others require the amount given to be increased in order to keep up the effect, until enormous doses are

used. One case I recall—that of a gentleman who, during some temporary sickness, was ordered chloral by his physician in doses of twenty grains some or twice during the night. He took it, and obtained much relief. The physician discontinued his visits, and, indeed, forgot about the remedy; he had administered. About six months afterwards, he was again called to see the case, and was astonished to find his patient suffering with all the symptoms of delirium tremens. It was difficult for him to account for the delirium tremens, for the patient was not of intemperate habits, and had not been for years. Upon searching for the cause of this unfortunate condition it was learned that the gentleman, partly through carelessness and partly from a desire to sleep pleasantly, had been accustomed to use the remedy even at night in order to relieve restlessness and produce sleep; but, instead of confining himself to the prescribed dose, he had increased it until he was taking from eight to twelve times the quantity ordered. Under proper care, however, he rapidly recovered. This case, as I told you, wound up as a typical case of delirium tremens, and it answers the question: in some persons the system becomes habituated to the use of larger and larger doses of chloral, the smaller doses failing to produce the desired effects. Among the most striking features of chronic chloralism is muscular weakness; this is particularly manifested in the legs. There is such marked debility that in attempting to walk the patient appears to be paralyzed. There is, no special group of muscles that is affected, but there is a general loss of power in the limbs; this paresis may manifest itself also in the upper extremities. As regards other symptoms, there are some in connection with the circulation and nervous system which deserve discussion. There is febrile action of the heart, with cold extremities and a tendency to profuse sweating; the pulse is accelerated, but weak; arterial tension is reduced. The nervous phenomena are very remarkable. The active delirium, like that of alcohol, has been mentioned; but there is also a less marked condition of the mind, which is even more significant

The patient becomes constantly full-dreamy, the will power seems completely wanting, the judgment and intellectual faculties are impaired. The vaso-motor centres lose to a certain extent their functional powers; this is partly shown by the condition of the cutaneous circulation, the extremities become cold and blue, there is also a strong tendency to cutaneous eruptions. I have noticed erythematous blishes come and go with great rapidity. I have also seen papular eruptions, more or less red and itching, not always the same. Therefore, in addition to the alteration in secretions, the perspiration directly referred to, we may have various inflammations of the skin as a result of chronic chloral poisoning. I have already mentioned the fact that sugar may appear in the urine, although it is not constant; at least I cannot say that I have found it so. In some cases the bodily nutrition is well maintained and the appetite remains good; the contrary is the case in others. The digestion is not materially influenced, except that there may be relaxation of the bowels in place of the constipation accompanying opium and its preparations.

What should be the treatment of chronic chloral cases? Suppose that a patient like this says that the habit is growing upon him, and comes to you for advice, what course would you pursue? I would answer that you must reduce the dose gradually. As large doses of chloral are only given exceptionally, there will be less difficulty on this score than with opium; but as you reduce it I would strongly advise you to give strychnia or nuxvomica for its effects on the nervous system, it antagonizes the effects of the chloral and acts as a tonic at the same time. Those nervous centres which are reduced in their activity by the paralyzing effects of the chloral are stimulated by strychnia. If you use strychnia you may stop the chloral almost at once without any bad effects being observed.

I had a case in point last summer. A gentleman who had been taking chloral for some time found him self very weak his will power impaired, and he felt miserable. He desisted

mined to stop off entirely. He went to Atlantic City without a single gram of chloral. He took constant outdoor exercise. He was sleepless for a time, but he was able to overcome his evil habit, and although he had been using chloral regularly for eighteen months he recovered entirely. It should be stated, however, that while giving up the chloral habit he took from time to time strychnia or nuxvomica.

WHAT SHALL WE DO WITH THE DRUNKARD?

Is the title of a monogram of fifty pages by Dr. Everts of the Cincinnati Sanitarium.

For a long time Dr. Everts has been recognized as a writer of a philosophical order, on mental diseases. Many of his conclusions have attracted attention and been largely quoted. In this little work the previous reputation of the writer suffers in the confused recognition of vice and disease that is supposed to contend for the mastery. His division of occasional and confirmed inebriates, and the assertion that not one in ten of the former became a confirmed inebriate, is not sustained by any clinical study. He asserts very truthfully that inebriates exist in all communities, more or less unknown and unnoticed; that they belong to the "constitutionally unfit" who, with the weaker and more defective, are by virtue of their conditions and relations moving towards extinction through progressive deterioration and decay. These defects are impressed on their descendants more and more positively.

After describing the causes, symptoms, and general treatment of inebriety, the writer discusses prohibition, declaring it impracticable and undesirable.

One of the reasons which he gives is the value of alcohol based on its antiquity and general use. A writer reading would have convicted the doctor that the value of alcohol in any particular, as a food or medicine, is seriously questioned by eminent authorities, and the scientific man can draw no fixed conclusions at present on this topic.

Under the head of Imhibition the following very clear presentation of the true remedy is made, and is worthy of close study.

The real remedy is by legally restraining the drunkard himself.

Such legislation as is necessary for this purpose is entirely practicable, and would meet with no opposition from the public mind worthy of consideration.

Affecting the privileges only of the drunkard, but a small number of people in any community would be affected thereby. Hence such legislation could be carried into full effect. The drunkard himself, more often than otherwise, would accept the implied restraint as a boon; and the drunkard's friends would regard such legislation as practically beneficent.

It should not be vindictive, nor punitive; and yet, while conservative of individual as well as of social interests and rights, it must be positive.

It is to the interest of the individual who is not capable of such self-control as enables him to conform to the social laws and customs regarded by a large majority of his fellow-men as essential to the peace and happiness of society, that he be so far constrained by force as to prevent constant collisions between himself and society, by which both suffer, and neither are benefited.

It is to the interest of an individual who, by reason of infirmities, natural or acquired, is not able to support himself, and so becomes a burden, if not a terror, to his friends and neighbors, to so stay his infirmity, by inhibitory restraints, and so surround him with appliances suited to his capabilities, that he not only can, but will, become a producer instead of a pauper, with an opportunity to develop, rather than to obliterate, whatever moral qualities may be latent in his character.

That society has a right to restrain or to coerce an individual whose conduct is obnoxious, even to the extent of wiping him out from among men, is not a matter of question.

with the intelligent. That it is a duty of society to so protect itself is as well understood and established.

If an individual harm no one but himself, directly or indirectly, he is not held responsible to society for his conduct. If society permits itself to be injured by the conduct of individuals, society is responsible to itself for the damage done.

To ask society to deny itself the pleasures and the benefits of freedom, beyond the necessity of self-protection, for the benefit of individuals, is unreasonable.

The strong may, and should be, generous towards the weak; but they cannot aid the weak materially by renouncing their own strength.

What, then, shall we do for the drunkard?

Declare him by law to be, just what he is now recognized to be by the intelligent—a man of unsound mind—who, by reason of infirmity, is incapable of performing the full functions of citizenship unaided, and, also, by reason of inability to control his own actions, periodically or continuously, is dangerous to society and himself.

This first step taken, all the rest become easy, and follow as a matter of course.

Further requirements embrace State hospitals (not inebriate asylums) for the cure of drunkenness, whether caused by alcohol, opium, or any other drug.

With these, hospitals, owned, equipped, and officered by the State, should be associated farms and shops, affording ample opportunity for a variety of inmates to apply themselves to a variety of industries, in which, by reason of habit, qualification, or choice, they can be most profitably employed.

To such hospitals and places of industry every man and woman who, by the accumulating force of morbid habits, is incapable of refraining from the causes of drunkenness, should be committed, by well guarded laws, and become, for all needful time, wards of the State.

The basis of commitment to these places should be well

defined, and every liberty or natural right of the person so to be committed which can be conserved without lessening the efficiency of the law, should be carefully considered.

Commitment should be for a definite period, but never for less than six months; and every person, after discharge, should be held subject to recommitment, on information properly verified, by order of the proper authorities, a single relapse or repetition of the disease, indicative of mental infirmity, being a sufficient justification therefor.

All inmates, as soon as able to labor, should be employed by the State, not as paupers or prisoners, but as "protected citizens;" and should be credited by all earnings, upon a just basis, of wages for labor, and charged only with actual cost of maintenance—all credits accruing over cost to be paid to such inmates on discharge, or to their families, if dependent on them for support, as fast as earned.

A certain percentage of State revenue derived from traffic in alcoholic drinks and other intoxicants should constitute a hospital fund for the support of those incapable of earning any thing, or for deficiencies which might obtain from any cause whatever.

Every precaution should be exercised to prevent these institutions from being looked upon as prisons in an offensive sense. Yet they should not be left powerless to accomplish their appointed end, as are and have been all experimental "asylums for inebriates" in this country, for want of authority to do whatever is most needful to be done for the drunkard's good.

The result of the successful operation of such institutions may be briefly summarized as follows.

Entire or partial restoration of drunkards from disease. Protection and partial or entire support of drunkards' families. Protection and support of the drunkard. Prevention of recurrence of the disease, or a permanent home, under sanitary influences for the drunkard, secured by recommitments. A gradual decrease of the class liable to the disease through heredity. A saving to the State in the prosecution

and maintenance of criminals, and the support of paupers; and a compulsion on the part of other States to adopt similar measures in self-defense as a protection against the immigration of drunkards from the State first adopting such inhibitory measures.

In the appendix is presented a full copy of a law for the protection of drunkenness, which in many respects is a model which should be copied.

The following defines what a drunkard is as noted in section second:

Any person who may be in the habit of daily, using alcoholic drinks, or any preparation of food or drink containing alcohol; or in the habit, daily, of using opium, or any preparation containing opium or any of its stimulating or narcotic elements, not prescribed by a reputable physician for the relief of disease, in quantities sufficient to affect his or her physical or mental condition so as deleteriously, to interfere with the performance of his or her duties as a good citizen, or to affect his or her conduct in a manner prejudicial to the peace and welfare of society; the happiness or prosperity of his or her family; or to in any way render himself or herself dangerous or offensive to community, shall be regarded, for all purposes contemplated in this act, as an habitual drunkard. Any person who is in the habit of becoming intoxicated at certain intervals, more or less frequently, and continuing so intoxicated, from day to day, for a longer or shorter period, known as "a spree," shall be regarded as a periodical drunkard; and any person who may be in the habit of becoming intoxicated occasionally, so frequently as to indicate an inability or indisposition to refrain from so becoming, shall be regarded as an occasional drunkard, and so treated under the provisions of this act.

We trust this little monogram will have a wide circulation, for it deserves it. Such efforts are unmistakable hints of the march of science along the line of truth and law.

PARRISIS AND INEBRIETY

The following case by our esteemed friend Dr. Howard, of Montreal, Canada, appeared in the *Journal of Neurology* of New York, and is very suggestive of an almost unknown realm of study.

On the 3d of April, 1881, there was admitted into the asylum as a government patient, A. _____, M. _____, aged 44; married, and father of a family; a medical man suffering from an attack of acute mania, his papers said caused by drink. I was told that in his youth he was unfortunate and had syphilis, but never drank and during his married life was a man of most exemplary character, but for some months he acquired the habit of drink and finally became an inebriate, which ended in insanity. One of my duties is to examine all patients admitted under the pay of the government and report to the government every month the mental state of all admitted during the month. After the violence of his attacks had subsided I made a clinical examination of him. He had perfect use of his legs and arms, but from the keeper's account appeared impotent; there was very slight hesitation of speech, upper lip and tongue tremulous, knees jerk exaggerated, pupils normal in shape, but sluggish in action, general anesthesia, insomnia, pulse 80, axillary temperature 96. He told me he was worth millions of money, he would give me a million, he was not in the asylum as a patient, but came to assist me. My diagnosis was progressive paresis. I saw the poor fellow every week from that till he died on the 4th of January, 1883, after successive attacks of pseudo epilepsy. For fully twelve months he had been a poor dirty and wet dement.

This man was admitted as a case of toxic mania—cause, stimulants. There was not in his papers the slightest hint of his having been a paritic. I could learn little or nothing of his family history. The question in this case is, was the drink the cause of the insanity, or the insanity the cause of the drink? I think the latter. No man who had had a tem-

perate, he could suddenly become an inebriate without physical cause to produce the change. Such a transformation would be contrary to reason and natural law. The nerve lesion which produced the mania and the psychosis was, in my opinion, due to syphilis, and the inebriety was the outcome of the insanity and not the cause.

I do not mean to say that inebriety could not cause mania and progressive psychosis; but that no temperate man could suddenly become an inebriate except as the result of some physical change in the nerve-center. The breach of natural laws is generally due to some physical defect in the mental organization.

WHAT IS AN INEBRIATE?

Is the title of a very conclusive paper by Dr. Griswold of Manchester, Conn., in reply to a paper by Rev. Dr. Todd, in which the vice question was presented in the most extreme light. The following selection gives a clear idea of the tone of the paper:

"No man becomes an inebriate without a deterioration of his body from normal, healthy tissue. Every inebriate is defective in nerve structure, and it may be laid down as a positive fact, susceptible of proof in most instances, that inebriety is always preceded by some circumstance or event, indicating molecular change, and productive of a special pathological condition, or abnormal alteration of tissue. Drunkenness, whether from carelessness of habit, bad intention, or hereditary influences means poisoning, and when a man is poisoned from anything else than alcohol, he generally thinks himself diseased, and seeks medical advice. If, however, he becomes poisoned by alcoholic drinks, it is thought by some very good people that he should keep out of the doctor's hands, lest he should be thought that he is diseased, and that this fact should vitiate his sense of moral obligation, and make it easier for him to get drunk again."

LIBERTY OF THE INEBRIATE

In the case of the inebriate who has shown himself to be altogether incapable of managing his business or taking care of his property, who is recklessly wasting or alienating it, thereby sweeping away the means of support for himself and family; who makes it evident that, unless he is at once arrested in his mad career, both he and those dependent upon him will become a burden upon the community, to be maintained at the public cost, most assiduously in such a case has, in self defence, the right to restrain the inebriate to any extent which may be necessary for the protection of his business or estates, or both. Or, in the case of the inebriate who manifests by acts of violence that he or she is dangerous to himself or herself, or to others, who will presume that such (and their name is legion) ought not to be effectually restrained by the sovereign power of the law? Or, if, by reason of his or her habitual drunkenness, the inebriate fails to support his or herself, ought not such an one to be placed in some suitable hospital and reformatory institution with a view to cure and reformation?

If this neglect and failure be superseded by a diseased condition of the nervous system, would it not be better to reverse the present order of dealing with these unfortunate and substitute remedial treatment for penal servitude?—

DR. JACKSON.

TEST FOR ALCOHOL IN THE URINE.

According to Dr. Woodbury the following test can be relied on to show the presence of alcohol in the urine: Into a tube containing a grain of white sulphuric acid, pour twice as much of the urine to be tested as to over lay the acid, then drop in a small clean crystal of potassium bichromate and slowly mix the liquids by a rotary motion of the test-tube. If alcohol is present in proportion as large as two or three parts per thousand, a permanent discoloration of the liquids will result; if there is less than this the liquids will remain of a ruby color.

CARE OF INEBRIATIVES

1. The habitual drunkard is a diseased person—his disease (physiomania) being generally recognized as such by medical men—having a specific history, symptoms, diagnosis, and treatment; as have other diseases the subject of medical attention; therefore he is entitled to the same medical humanity in other diseases. Wherever found he should be provided with all things necessary for restoration to health, moral and physical.

2. The habitual drunkard is *not* a criminal *per se*; therefore he should never be classed with them, be compelled to associate with them, be confined with them, nor committed to the same place with them, under any circumstances whatever except *per se*.

Suitable places should be provided for the unfortunate drunkard apart from criminals, in which he may have proper care and medical attendance.

As restraint is absolutely necessary in order to carry out any rational plan of treatment, judges of the courts should be granted discretionary power to commit to such places, provided by law, for such time or times, as he in his judgment shall deem necessary, for the treatment and cure of their disease. Also to remit the fine usual in such cases.

The moral management for the purpose of reform and cure should be in the charge of physicians appointed for that purpose.—Dr. NURS, in *N. E. Medical Monthly*.

BEER STATISTICS.

According to the address of the president of the National Brewers' Association at Washington last May, the consumption of beer has gone up during eighteen years six hundred and seventy-nine per cent. That this consumption was increasing over thirty per cent yearly; and the number of breweries and capital and men employed were also increasing.

ALCOHOLIC INEBRIETY, FROM A MEDICAL STANDPOINT.

With this title, P. Blakiston & Son, of Philadelphia, publish a volume of nearly two hundred pages, written by our distinguished co-laborer, Dr. Joseph Parrish, of Burlington, N. J.

To a large proportion of our readers and the medical public generally the mere announcement of this work is sufficient. Unlike most authors whose books signal their first appearance in the scientific world, Dr. Parrish has been before the public as an author and pioneer worker in this field for over a quarter of a century. Hence this book brings a certain experience and reputation, that forces a recognition from both friends and skeptics.

It is apparent from the start that this work is the result of long study and observation, and that it is a grouping of some general facts, presented with scientific candor, not as a complete exhaustive study, but as suggestive, and as an outline guide to further exploration.

In this sense it is a remarkable book, and, unlike other pioneer efforts, singularly free from dogmatism, although addressed to an audience who are not in general sympathy or acquainted with the subject. The author has aimed to make the facts clear to the non-professional reader as well as to the scientific man. In this he is eminently successful.

The central topic of the book is the disease of inebriety, and its causes and treatment. The relation of insanity to inebriety, and the psychology of inebriety, are particularly rich in suggestive outlines, and stimulating for future inquiry. To the expert this work will bring a peculiarly fascinating interest not from the facts as presented, but from the indications and possibilities that will grow out of a wider study in the future, which is so graphically suggested in its pages. To the non-expert it will attract attention, and force conviction on the minds of all who are not familiar with the physical side of the subject.

The great principles of our association, and the teachings of this journal for the past seven years, are grouped in this book, and, outside of a certain personality and individualism incident to every author, it may be called the latest voice of science, marking an epoch in the study of the subject. No matter what the reception of this book may be, or the interest it will excite at present, it will have an audience in the future, and be studied as the first effort in the form of a volume to organize the facts concerning inebriety and ascertain their real meaning and significance.

This journal congratulates the author, whose work is literally a legacy to the future, the value of which will grow as the subject is better understood.

The publishers have presented a very attractive volume, which is sold at a popular price, so as to bring it into the hands of all interested in the subject. The influence of such volumes is very salutary, and we trust the author will continue in this field, preventing the subject again in future volumes.

Medical Standard of the papers read before the New York Medico-Legal Society from its organization, and published by the society, is a work of unusual interest.

The topics discussed form a very instructive history of the various medico-legal questions which have become prominent during the past decade. All of them are presented by teachers of science and medicine, and outline the latest work of science and the decisions of the courts. This work should be read by every specialist who expects to be called in court for his opinion. Copies can be had of the President, Hon. Clark Hall, 128 Broadway, New York City.

The Electrical is a monthly journal of Electrical Science, published by Williams at No. 115 Nassau street, N. Y. Copies should be on the table of every one who would keep abreast of the most wonderful era of discovery ever known. For many years a new movement with practical possibilities far beyond the wildest dreams of the enthusiasts.

Dr. Quarr's Dictionary of Medicine, published by D. Appleton & Co. of New York City, is a work of great value to all physicians.

It is primarily a Dictionary of Medicine, in which the several diseases are fully discussed in alphabetical order. The description of each includes an account of its etiology and anatomical characters; its symptoms, course, duration, and termination; its diagnosis, prognosis, and, lastly, its treatment. General Pathology comprehends articles on the origin, characters, and nature of diseases.

General Therapeutics includes articles on the several classes of remedies, their modes of action, and on the methods of their use. The articles devoted to the subject of hygiene treat of the causes and prevention of disease, of the agencies and laws affecting public health, of the means of preserving the health of the individual, of the construction and management of hospitals, and of the nursing of the sick. The best evidence of its value is that it has run through three editions in a few months, and the demand is increasing.

The *Medico-Legal Journal* of New York, comes to us in a vigorous, substantial make-up, and with an air of one who is going to live, and be a great power in the future. It is the only journal published devoted exclusively to medical jurisprudence, and will contain all the papers read before the Medico-Legal Society, and all matters relating to this subject.

We commend this journal as essential to both physicians and lawyers, who would keep up with the march of practical science.

It is published at 55 Broadway, New York city, at three dollars a year.

The Medical Register of New York for 1883-84, edited by Dr. White, is a volume that shows the changes in the medical profession, and marks the march of science in one of the great centers of medical thought.

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Editorial.

INEBRIETY PROVOKED BY THE CHURCH SACRAMENT.

It is a curious fact that every few months some one feels called upon to show that the devoted Christian, no matter what he may be, can use wine at the communion service and be protected from injury by the special power of God. We have received several articles for publication defending this theory; some of them citing cases in proof; but, unfortunately, these cases came from the observation of persons who, although very pious and reputable, are not experts in the dis- crimination of such facts. Hence we have declined to pub- lish them. A writer in the *English Medical Temperance Journal*, discussing these views, asserts very clearly that all cant from the physical consequences of any kind of wine on this occasion, are lamentably ignorant of the laws of nature and chemistry. He urges that it would be most practical for temperance societies to institute a course of instruction in chemistry for the special benefit of the clergy who urge such views. It is singular that, when the facts are so numerous and easily obtained, any one should find a basis for an argu- ment to show that the laws of nature are suspended in this re- spects etc.

It may be stated as an absolute fact, the exceptions to which should always be regarded with suspicion, that the restored inebriate cannot, under any circumstances, partake of wine at this ceremony and not suffer.

No matter what degree of vigor he has attained, and how long he has abstained, there is present a latent neurosis and condition of degeneration which bursts into activity from the

application of this exciting cause, that is almost phenomenal in nature. In one instance an inebriate, who had been tem- perate for eleven years, after using wine at this service, felt a strange tremor and agitation, which in twenty-four hours became a delusion that he was going to die. A painful mal- ancholy alternated with this feeling, and a fluttering of the heart's action followed. After using alcohol freely, these sensations vanished, and he did not at the time realize the real cause.

In another instance a strong-minded temperance man, who had used spirits freely, and been sober sixteen years, became converted and joined in the communion. He went home thoroughly prostrated, asserting that the realization of the sin of his life had come over him like a black cloud; the melancholy increased. The prayers of the clergyman and others brought on a state of great exaltation, which reacted quickly when they left. He thought this was a spiritual conflict, and his friends encouraged the idea. After a week of severe emotional agitation, he drank to excess and recov- ered. These cases are, by no means uncommon, and at the time are unknown. Psychological disturbances begin with the use of wine, and increase up to a positive mania for alcohol, always under a mask of specious reasoning. In other instances the desire for spirits comes on at once, and the mind falls into a train of reasoning to explain its necessity. In an instance lately under my care, the use of wine at the com- munion produced neuralgia, which became intense, and finally ended in drink. In another case chills and fever fol- lowed, ending the same way. The study of these cases opens a field of great psychological interest, that is practically unknown.

Since 1876 the Chinese population in the United States has remained nearly stationary, but the importation of opium has greatly increased. In 1872 the amount of prepared and gum opium consumed in this country was 238,731 pounds. In 1880 it had increased to 320,407 pounds.

THE LEGAL AND SCIENTIFIC MEANS OF TREATMENT IN INEBRIETY.

The following cases are presented for the purpose of showing the difference in results of treatment, occurring constantly in every neighborhood of the land:

Two men, born in the same village, brought up in the same society, and general conditions of things, returned after three years' service in the army, both moderate and occasional drinkers. In the families of both insanity and inebriety had appeared, yet not in any way prominent. Both were young men of fair average ability. One went on to a large farm; the other went into a manufactory. In three years the farmer, from marriage and inheritance, was owner of the farm, and the manufacturer a partner in the mill. Both drank to excess at times. Five years later one was a periodic inebriate, the other a constant paroxysmal drinker; that is, using spirits all the time, and occasionally to great excess. The farmer, in one of his paroxysms of drinking, was locked up four weeks in an insane asylum. Two years after he was taken to an inebriate asylum, and remained six months. He returned, and relapsed three years after; was returned for two months to the asylum, and now, in 1883, is a sober, prosperous citizen. He has a large family, and is a leading man in his community. The manufacturer, in one of his periodic paroxysms of drink, involved the prosperity of the firm, and the question of placing him under treatment for the drink paroxysm was indignantly repelled as degrading and unworthy serious notice. He became more reckless, and two years later the firm failed most disastrously. A large number of persons were thrown out of employment, and much suffering and distress followed. Two years after he was arrested for drunkenness and assault, and sent ninety days to jail. A year after he served three months more in jail. He then became a barkeeper, and during the next five years was confined nine times in jail for inebriety and assault. He became demented, was taken to an asylum, and died soon

after. His family has been a burden on his friends, and one of his children is now in the Reform School for juvenile criminals.

A comparison of the cost of supporting or treating these two men is significant. The farmer spent at the insane asylum and at the inebriate asylum, twice in all, five hundred and fifty dollars. If to this we add the value of his time, the sum total will be about eight hundred dollars. The result is that he is now a producer and a reputable citizen. The manufacturer, through his excessive drinking, wrecked a large business, and caused loss and suffering which cannot be estimated by figures. He was sentenced eleven times to jail in six years, at the lowest computation costing the State at least twelve hundred dollars. He then became insane, and died in an asylum, increasing the expense of two hundred more. His time as a temperate producer should have been an equal sum, making in all about three thousand dollars moneywell loss to the State, irrespective of the injury to his family, the loss to society, and the entailment of suffering on the community.

The neglect of the insane until they committed some overt act, then punish them in jails, would be substantially the same thing and of equal wisdom with the present legal treatment of inebriates.

If the manufacturer had been sent to an inebriate asylum early, his restoration would have been as certain as anything in this world. If the farmer had been sent to jail in the experience of ninety-nine cases in a hundred, he would have become an incurable and never recovered.

Under all circumstances, it will be clearly evident to any observer that the method of treating inebriety by punishment in jails, produces the very physical and mental condition that make permanent restoration more and more impossible.

The institution for the care and education of feeble-minded children at Barre, Mass., under the care of Dr. Brown, is undoubtedly the finest private asylum in this country.

EARLY STAGE OF INEBRIETY.

There are found in all parts of the country men and women who use alcohol regularly and in limited quantities. To the casual observer they go on for years in this state and are apparently no worse, and finally die at last of some common disease, leaving the reputation of having lived what an inebriate would call an "ideal life" of moderate drinking. Why they drink is not clear. If they have any reasons, it is always sustained by their unbounded faith in the capacity to abstain at any time at will. These cases are inebriates in every respect, except in the prominence and intensity of the symptoms. There is no difference between the chronic case of the lowest type and the highly respectable, moderate drinker, except one of degree. Both are suffering from a positive physical disease. In one case the disorder is developed, in the other it is in the incipient stage. In the latter, from some obscure reason, the case never goes on to full development, but is always on the "border-land," awaiting the action of some exciting cause, which may or may not be applied. A repelling power exists, which builds up and neutralizes the injuries received from alcohol to a certain extent. It is not will-power which makes the difference, between the inebriate and moderate drinker. It is physiological and pathological conditions of the brain and nervous system, which the possessor ascribes to will-power. Alcohol cannot be used in moderation without grave injuries to the nerve centers. The moderate drinker is always diseased, although to the non-expert there are no clear symptoms or conditions that can be seen. A careful study will reveal physically an irritable condition of the heart, with stomach and digestive troubles, also changing and disordered functional activity of all the organs, at times. Psychically the disposition, habits, temper, and mental state slowly and gradually degenerates and becomes more unstable. The higher mental forces drop down, or give place to lower motives and ambitions. No matter what his position of life may be, or his

objects or plans, the moderate use of alcohol will alter and break down both physical and psychological and precipitate destruction. Moderate users of alcohol always die from diseases provoked and stimulated by this drug. They always transmit a legacy of defective cell energy and exhaustion, which most readily finds relief in any alcohol or narcotic. But only a small per cent. of moderate drinkers remain so until death. The disease goes on to full development in inebriety, in a vast majority of cases. The boasted will-power to stop at all times is powerless before its peculiar exciting cause. Those who never go beyond this moderate use, have simply never been exposed to this peculiar exciting cause. The moderate use of spirits for a lifetime is a mere accident in the order of nature, and the ability to stop resting in the will-power, is a popular fallacy. A certain number of cases have signs of incipient phthisis, which may never burst out into the full disease. A small number of cases exposed to small-pox, or any infectious disease, never take it; but these are the rare exceptions, whose causes are unknown, from which no deductions can be drawn. Moderate drinking that does not go on to inebriety is also the exception. The chain of exciting causes that bring on these extreme stages, may or may not be understood, but they always break out sooner or later in the history of the case. Practically the study of this early stage of inebriety is of the utmost value in the treatment. Here remedial measures can be made of the greatest avail in checking and preventing any farther progress of the disease. When inebriety is fully recognized as a diseased condition, requiring study and medical care, this prodromic period of moderate drinking will receive the attention it deserves.

In the meantime, as scientific men, we must continue to call attention to this early beginning of inebriety, so full of indications and hints of the march of disease whose progress and termination can often be predicted with positive certainty.

CURABILITY OF INEBRIETY.

In 1876 A. B. was admitted to the asylum at Binghamton with the following history: Thirty-five years of age, a wool dealer, married, without family, no clear history of neurotic inheritance. Had been temperate up to five years before. Now drank constantly, had delusions and delirium, was considered dangerous and insane. His drinking was evidently the result of overwork, and great ambition for wealth, and unexpected losses which caused sleepless nights, for which alcohol was the most seductive sedative. As his mind failed from excess of drink avarice increased, and delusions of persecution followed. He never was stupid from alcohol but always excited and suspicious, boastful, dishonest, and very plausible. He remained under treatment seven months and went away restored. In May, 1883, I found him the senior partner of a large mercantile house, and occupying a position of great trust and eminence. He was thoroughly temperate, the leader of his business, and the center of business and social surroundings.

The same year C. D. was admitted to this asylum, given up as an incurable. He had served with distinction in the late war. He became a speculator, amassed a large property, then began to drink. In the army he had drunk for the first time, and had occasional paroxysms of great alcoholic excess. After he had accumulated great property, these periods of drink craving increased, until the free intervals were less than a week. When admitted he was suffering from delirium, had suicidal impressions, functional paralysis, and his mind was demented. He was under treatment eight months and more. In March, 1883, this man owned one of the largest stock farms and was a prominent State officer of a western State. He has fully recovered, and is respected as one of the most prominent citizens.

F. F. was also admitted to this asylum during this year. He inherited a consumptive diathesis, and drank during col-

lege and after when admitted to the bar. He went into politics, and five years later was brought to the asylum a paroxysmal inebriate of a marked insane type. His history was not different from others, and indicated the same progressive degeneration extending over years. He was under treatment three months, went away, relapsed, and returned, staying five months more. In June, 1883, this man was judge of one of the highest State courts, and occupied a position that commanded the highest respect and esteem of others.

These three cases were under treatment at Binghamton in one year, and are mentioned as having been started at that time as incurable cases. Six years have passed, and their present condition fully warrants the assertion of cure. In all probability their history of inebriety and treatment in the asylum is unknown, except to a very few persons. The false sentiment that would regard these cases as wilfully depraved has caused them to adopt the utmost secrecy in concealing this part of their life. Another class, who fail to be restored, seem to delight in making public the failure of the asylum in producing what would be almost a miracle in their case.

In these three cases the benefits accruing from their restoration and return to society as producers can not be estimated by figures. During that year (1876) there was nearly three hundred patients admitted, and these are only three cases whose present history became accidentally known. Inquiry concerning eleven hundred cases who had been under care at this asylum five years before, indicated that sixty-one per cent. of this number were yet sober and temperate. Eight years have passed since these statistics were published, and from all sides strong confirmatory evidence has accumulated.

The reformation was declared a failure; the revolutionary war was affirmed to be a great blunder of the colonies; our late civil war was a failure; the telegraph was a failure; the asylum at Binghamton on the same principle was a great failure. This is the spirit which has met every advance of

THE TREATMENT OF INEBRIETY

Dr. Strong's Remedial Institute of Saratoga Springs, is a most excellent place for invalids, and all who need rest, and the tonic of mineral waters, and Turkish baths. It is open all the year, and combines all the luxuries of a hotel and sanitarium, managed on the most approved scientific principles.

It will be apparent at a glance, to all who have any experience with the treatment of this class of persons, that our pages contain the names of remedies of almost indispensable value. Without particularizing any one, we ask our readers to remember that these are remedies of established reputation, which should be included in all therapeutic measures used in the treatment of inebriety.

It has been the object of this journal to make its advertising pages the medium for the presentation of such remedies as have been found by experience to be of value in the treatment of inebriety and opium taking. In this way the reader can have before him, not only a view of the progress of the study of inebriety, but a very correct idea of the various medicines which are used in the treatment.

The last meeting of our association will be memorable from its pleasing social incidents, as well as the high character and original thought manifest in the papers read. The study of inebriety from a scientific point is rapidly advancing, and it is no flattery to say that our association is leading this advance, and public opinion is falling in our wake with a certainty that can not be mistaken.

Dr. Charles McCarty of Melbourne, Australia, so long known as superintendent of a retreat for inebriates, and an original worker in this field, concludes as the result of a long experience, that inebriety is always a form of moral insanity, which in some cases is very pronounced from the first, and in all cases apparent in the chronic stages. This theory is supported by clinical histories in every asylum for inebriates.

Clinical Notes and Comments

THE MEDICAL RECOGNITION OF INEBRIETY.

Dr. Varian, the president of the State Medical Society of Pennsylvania, in the annual address before the society at its last meeting, made the following remarks:

"In the study of mental and nervous diseases, there remains a form of disease which has too long received scanty and slight attention, and whose claims I wish to urge upon you. As a question of political economy, and because of its effects upon the social fabric of society, none of the problems of civilization have aroused greater interest, have demanded more thoughtful consideration, have excited the passions and fanaticism, as well as the earnest, prayerful enthusiasm of mankind, to a greater degree than the abuse of alcohol, in all its kaleidoscopic forms.

"There is a problem connected with the subject which has rarely been discussed, and which belongs to us, as a profession, as well as to the bodies of the sick, to endeavor to solve. By which stand in the way of our legislators and reformers to reduce the number of criminals and paupers, and tend to diminish the number of inmates in our county workhouses, jails, and insane asylums.

"The question is, what can we do to restore the intricate and complicated system of moral, mental, and physical health? Let us earnestly answer this question, and we at once reduce the number of our paupers to eighty per cent., largely diminish the crime rate, and thereby reduce the death rate consequent on disease of the liver, stomach, kidneys, lungs, and brain. Moreover, I look upon as purely a medical question. I am

as a medical man, rests the responsibility of satisfactorily answering it.

"Shall it be said that we are, and always will be, unequal to the task? In view of the stupendous benefits to be obtained, are we not to ourselves, and to others if we longer delay in fully grappling with the difficulties, and, by care and study, overcoming them?

"Although we have ever been fearless in the pursuits of our art, eager to grapple with the mysteries of pestilence and disease, pursuing our investigations regardless of personal risk, alike through the slums of the city, the furrows of the camp, and the pestiferous fields of the ship, we seem to have delegated this disease to the care of the political economist, the poor-law commissioner, or the civic judge.

"We are all familiar with the result of treating the inebriate as a felon—thrusting him into the workhouse or the jail for a few weeks or months, and then sending him out with enfeebled mind and body, to encounter the temptation of his appetite, without having obtained any physical or mental strength to resist its depraved instincts. The frequent repetition of this course soon produces a real criminal, or else chills in a pauper's grave or in insane asylum.

"Neither the penitentiary nor the asylum—the one a representative of physical force, the other of moral suasion—has as yet proved effective. Yet, perhaps, it will be to the better, in its proper development, that we must turn to accomplish our end.

"What is the medical problem which we have to encounter? Given: A man diseased in mind and body, with his nervous system debilitated and deranged, and his physical organs changed and disordered: how can we cure him?

"My own aim is not to elaborate a plan of treatment, but simply to suggest the subject as one worthy of the attention of these able and experienced men who make mental diseases a study, who, when their attention is once elicited, will doubtless soon demonstrate a practicable course of treatment for the accomplishment of so important a purpose.

"Since our efforts during the past fifty years have resulted in such remarkable benefit to the insane, the feeble-minded, and other wards of the people, let us study to accomplish as much in the near future for the equally unfortunate and irresponsible victim of alcohol."

—*Medical and Surgical Reporter.*

STATISTICS OF THE INCREASE OF THE REVENUE FROM THE TAX ON SPIRITS.

The following table furnishes an indisputable argument that the use of spirits is increasing far beyond the increase of population; hence more inebriety, insanity, and pauperism. The present revenue system went into operation September 1, 1862.

Year	Receipts from Distilled Spirits.	Receipts from Permitted Liquors.
1863	\$5,176,530	\$1,628,934
1864	30,320,149	2,299,009
1865	18,731,422	3,734,928
1866	33,268,172	5,220,553
1867	33,312,952	6,957,591
1868	18,055,031	5,955,769
1869	43,071,231	6,099,879
1870	53,606,004	6,319,127
1871	46,381,818	7,389,502
1872	49,475,516	8,258,498
1873	52,099,372	9,324,938
1874	49,444,099	9,304,680
1875	52,081,991	9,444,004
1876	56,426,365	9,571,281
1877	57,469,450	9,480,789
1878	58,425,816	9,937,052
1879	52,570,285	10,759,320
1880	61,185,500	12,859,803
1881	67,133,975	13,700,241
1882	69,873,498	16,153,920
Total	560,486,786	\$163,130,828

PREVENTION OF INEBRIETY.

My thought therefore is to put a stop to drunkenness by stopping the incitements thereto through dietetic habits. Drunkenness will cease, because it must cease, when persons are not habitually subject to habits which inevitably provoke and oftentimes insure drunkenness. A man can not become a drunkard who has no unnatural activity of the circulation; no loss of nervous energy, no poisoning of blood, caused by his habits of living. Drunkards have to be made. The processes of making them are widespread and varied, and, as a grand fact, they are slow.

There is, an old Latin maxim which, liberally translated, bears upon this question with great force. The author of it was one of Rome's most splendid orators. In one of his grandest efforts, describing the wickedness of the man against whom he was pleading, he took occasion to say: "No man suddenly becomes wicked." Virtuous to-day, one is not vicious to-morrow, that not being according to the law of development. The steps that take hold on hell have long descent. One beginning at the top travels a long way to get to the bottom.

It is so in this matter of turning a sober man into an inebriate. A person who is in good health, sober, well-behaved, bearing himself manfully and to the satisfaction of his fellows and to his own credit, is not seen in the full possession of his faculties at sundown of a given day, and the next morning found turned into a well-developed, habitual, rollicking, reeling, remorseless drunkard. Between the top of this staircase and the bottom, oftentimes it takes years to travel. A child begins to descend the staircase, and is incited to be a drunkard when he is stimulated constantly; and he has become such, in one form, when stimulation has reached the habitual efficiency that his powers have lost their natural instinctiveness of exercise if his stimulant is wanting.

—DR. JACKSON.

INEBRIETY FROM INHERITANCE.

The female children of drunkards suffer in relative frequency from the following forms of insanity: Mania (excitement), dementia (loss of mental vigor), melancholia (depression), epilepsy (convulsive seizures), and idiocy (inherited mental deficiency). Male children suffer from dementia most frequently, next from mania, then from epilepsy, melancholia, and idiosyncrasy. If both father and mother are intemperate, there is an increased tendency to epilepsy or imbecility. If inebriety be present in one parent, and insanity in another, an incurable form of insanity is very apt to be developed in the children. In the majority of cases, mental disease develops itself at the period of life when the greatest strain comes upon the endurance of the individual—that is, between the ages of twenty and forty-five years. Between these years women suffer from the perils and accidents of child-bearing. They have the cares and responsibilities of families, and undergo the fatigue and exhaustion consequent upon the care of children and the nursing of the sick. Men, during this period, labor the most constantly and endure the greatest hardships. They encounter greater business perplexities and assume larger responsibilities. The grosser passions are also more active, and the danger of exhaustion from this cause is largely increased. When the nervous energy and physical vigor of the individual are exhausted, the nutrition of the brain cells is interfered with, and irritative changes occur within them. These changes produce attacks of mania, a form of insanity characterized by excitement; or melancholia, a form of insanity marked by depression, painful delusions, and morbid fears. If the original nerve constitution be unstable, as in the offspring of drunkards, there is a lack of recuperative power after the attack of excitement or depression is over, and the termination of the disease is in permanent weakening of the mind.

—DR. HURD.

DISEASE OF INEBRIETY.

The man that has become so diseased that except under the most favorable circumstances the distance between where he lies completely enervated, to a grave, or where he shall be found lying in a gutter, an insensible clod, is a short one. Out of the condition of stimulation he has passed into the condition of blood-poisoning; out of this he has passed into the state of enervation; from this into incurable disease or inebriation, and is a miserable wretch in human form, as ready to make his bed with the wine as he is ready to drink. I repeat, drunkenness wherever seen is a disease. It is one of those bodily states wherein the body has dethroned the soul, and the man has sunk from the rational, responsible person to the irrational, irresponsible thing. An habitual drunkard has no observable soul. He is an animal; none of the qualities of reason obtain in him; no moral sense asserts itself; no spirituality works in him. He is so poisoned as to be dead to all those higher motives which, stirring within the man, bring the human to the surface and clothe it with energy, with power, and with glory. The human is dead, and well was it said by the Apostle that "no drunkard can inherit the kingdom of God."

My criticism on the past action of temperance men and women finds its point where human life begins. I might stretch this farther backward and justly say that the dietetics of the mother before her child is born, expose her offspring to this terrible ruin, though it does not reach him in twenty or forty years; but put into him as a constitutional tendency or proclivity, it furnishes him a driftage which may float him on till he lies drunk in a hovel or by the roadside.—Dr. JACKSON.

BURR'S MEDICAL INDEX.

Published in Hartford, Conn., is of special value in the grouping of facts from cases and books, so that they can be readily seen at a glance. It has saved us much time, labor, and vexation.

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Delirium and stupor coming on suddenly in cases where a small amount of spirits are used, point to some latent brain disease. Often obverse traumatism and mental shocks which have produced some injury to the brain are developed into positive disease from this cause.

Pepto-Quinine, prepared by the Chemical Manufacturing Company of Philadelphia, Pa., has proved to be of much service in cases of inebriety where malaria existed; also, in the peculiar debility seen in some cases that is so difficult to reach by any ordinary remedies. We very cordially urge that this combination be tested by all who are treating inebriates, and its real value be determined.

The Turkish Bath Hotel of Dr. Shepard of Columbia Heights Brooklyn, N. Y., is one of the first successful attempts to combine oriental luxury with the most advanced teaching of science, in baths as both a remedy and pleasure.

The Social Science Association meets in Saratoga in September next. Inebriety will be discussed by Drs. Crothers, Mason, Parrish, Day, and others, and be literally the first scientific presentation of this subject before this learned convention.

We cordially commend the following places to our readers, and hope in the future to give a detailed review of all the places in this country where inebriates and opium cases are treated.

Dr. Hubbard, at Billerica, Mass., receives only inebriates and opium cases.

Drs. Marshall and House have charge of the Riverside Retreat, at Painesville, Ohio, where both nervous and mental diseases are treated, with inebriates and opium takers.

Dr. Livingston, of Philadelphia, Pa., has both a city and country residence, where cases are treated of inebriety and mental disease.

Dr. Mattison, of Brooklyn, gives all his time to opium cases.