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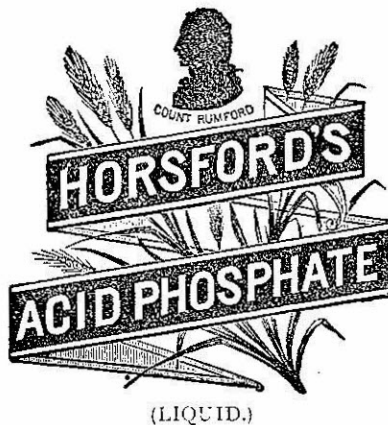
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This Journal will not be responsible for the opinions of essayists or contributors, unless indorsed by the Association.

PROMINENT TRAITS IN CHRONIC ALCOHOLISM—ORGANIC AND IDEATIONAL.

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

First, it will be well to view the ground we propose to occupy.

We have nothing to do with the transitory mania of acute intoxication, violent and destructive as it may be—the true *mania a potu*. We are not now concerned about delirium tremens, running a course of a few days only. Neither does periodic intemperance, the impulsive outcome of a morbid neurotic temperament, and mostly irresistible, enter into the present consideration.

Our business is with the effects of the steady and habitual indulgence in alcoholic liquors; not necessarily associated with actual intoxication; not, indeed, of a degree that would be esteemed by many to be excessive. We desire to note the ulterior effects of alcohol upon the brain and mind of the deliberate and systematic inebriate.

It is now the generally received opinion that about

seventy-five per cent. of the cases of paralytic dementia have a history of alcoholism.* "According to statistics, out of 160 persons affected with the progressive paralysis of the insane, 116 had the alcoholic association."† It is not essential to our purpose that the details of the other recognized causes of paralytic dementia, such as sexual excesses, prolonged mental emotion, syphilis, and sun-stroke, should be dwelt upon. It is simply desirable that the part played by alcohol should clearly stand forth in its proper individuality.

SECTION I. Now comes the inquiry, or rather the series of inquiries, respecting the morbid appearances and changes which are most commonly observed in the brains of those who die of paralytic dementia. It is the purpose to speak of those only which are well known and universally admitted; conceding, of course, that it may happen sometimes that material changes may be truly *asopic* and not recognizable by the senses.

The nature of the most obvious initial change in the brains of the paralytic insane is, says Dr. Whittaker, a hyperplasia of the connective tissue. "If we look at a microscopic section of a brain affected with this malady, we see a hyperplasia of the interstitial tissue." Certain minute changes observed in the cerebral substance of one who had suffered from this form of disease were owing, says Dr. Maudsley, "to an increase of connective tissue; . . . the degeneration of the nerve substance from the hypertrophy of this tissue has been observed by Rokitansky."

In many respects it is not a matter of great importance whether this increase in the neuroglia of the brain is inaugurated by one exciting cause or another; whether it is in fact always of one kind or of various kinds; because when the event has been reached, the effect is the same. It may be syphilitic, and the increase of substance may consist of *syphiloma*; or it may be prolonged mental trouble, and the resultant increase may be possibly *colloid* or *amyloid*; or it

* Dr. Crothers says, *eighty-nine* per cent.

† Dr. Jas. T. Whittaker, in *Lancet and Clinic*, Feb. 25, 1882.

may be that alcohol is the exciting cause, and the increase of tissue may present still different properties.

In regard to the particular kind of connective structure which is formed through the influence of alcohol, it will be well to make one or two remarks. And first, alcohol is recognized as the element more prone than any other to excite the proliferation of fibrous tissue, not only in the brain but throughout the entire system. Few structures, Dr. Bartholow remarks,* escape the *trophic* influence of alcohol when it is habitually introduced within the body. The kidneys, the stomach, and the liver, all exhibit an hypertrophy of the connective tissue, "and the neuroglia of the brain also undergoes hyperplasia." The peculiarity of the fibroid nature of the adventitious structure, produced under the influence of alcohol, is strikingly exhibited in its subsequent changes. In the kidneys, for instance, the alcoholic influence induces interstitial hypertrophy; but subsequently the hypertrophied tissue *contracts*—just as the scars following a burn contract. This contraction of the hypertrophied tissue produces interstitial nephritis. In the liver, a similar contraction of fibrous tissue, confining and squeezing the true gland structure among its meshes, produces hepatic sclerosis or hob-nail liver. In the brain a similar contraction occurs, and occasions various disasters in the conditions of the capillary circulation and the nerve fibers and nerve cells.

In every case of hyperplasia of the containing or sustaining tissues, coming from any source, whether emotional or specific or toxic, the first step toward producing the inordinate growth is some impairment in the normal state of *vitality* in the part affected. This depressed vitality invites congestion, with subsequent inflammatory and trophic manifestations. The depressing influence of alcohol upon living tissue is admitted by all; while its especial injurious impression upon connective tissue, when introduced into the circulation habitually, and visiting all parts of the organism, is thoroughly demonstrated by the illustrations already given.

* Practice of Medicine, p. 844.

SECTION 2. The hypertrophy of the neuroglia of the brain, which, says Maudsley, "it is thought has its starting-point not only from the nuclei of the walls of the blood-vessels, but also from the proper nuclei of the brain substance," really acts upon the true nerve element by mechanical displacement and intrusion. "As a consequence of the exuberant increase of the hypertrophied tissue, the nerve element, as well as the delicate capillaries, are injured or destroyed. . . . Atrophy of nerve element takes place, either in consequence of interference with its nutrition or from the growth of connective tissue."

Of course, so serious an interference with the normal condition, and even the existence of the true nerve cells, implies a corresponding decay and deflection of mental function. It is easy to conceive of the impossibility of mental activity in normal relationship with natural environments, when the structures upon which such activity relies for projection—when the nerve cells—are obstructed in function by the mechanical encroachment of an aggressive foreign substance.

SECTION 3. But the injury done to the nerve cells does not depend exclusively upon the pressure occasioned by hypertrophy of neighboring structure. The final *contraction* of the intrusive connective tissue, by a process of strangulation of the smaller vessels, induces a failure in the proper nutrition of the nerve element. Upon this defect in nutrition there often ensues various forms of cell degeneration. Nerve cells, for example, may undergo fatty degeneration. Unfitted, thus, for physiological action, they may be absorbed, and in their place the "fine elastic fibers contract, get closer and closer together, and remain as the constituent tissue of a cicatrix which sometimes causes considerable deformity; whole sections of nerve substance have been replaced by a relatively small quantity of an unyielding, compact, dry tissue."

When the degeneration of nerve cells has reached this point, it is impossible that the mental powers should be exhibited in a regular manner.

As the process of hyperplasia goes on, "the circulation is shut off and the brain substance becomes anæmic. Then *contraction* of this new connective tissue occurs, and strangulation of nerve cells and vessels ensues." Pigmentary degeneration of the ganglionic cells of the brain is observed in the various forms of paralytic dementia, says Dr. Maudsley, as also are earthy, or calcareous degeneration of the same class of cells.

SECTION 4. Passing from this class of physical degeneration of nerve element, in the production of which alcohol is so prominent a factor, it will be proper to consider some of the changes which take place in the true nerve fibers. It is true, these fibers can avail nothing in bringing mind into proper relations with external matter, if the cells which function perceptions are destroyed. But even if these cells should retain more or less of integrity of structure and physiological power, yet, if the nerve fibers are destroyed, or seriously injured, there could be no reciprocal action between the mind and the world without; because there would be loss of continuity in the only means of communication between them. Even should the batteries be in order, they would be useless if the "wires are broken."

"As a consequence of the excessive increase of connective tissue, the nerve elements are destroyed or injured. In the gray substance, the ganglionic cells appear inflated, their continuations are undoubtedly torn, and *the nerve tubes penetrating the gray substance are destroyed*. . . . In connection with the hypertrophied tissues are amyloid corpuscles, colloid corpuscles, calcareous and fatty granules—all being products of a retrograde metamorphosis—if the colloid and amyloid bodies be not, as some suppose, *fragments of broken-up nerve*."*

So it is found that, in the various changes and degenerations incident to the proliferation of the connective tissue in the brain in the progressive paralysis of the insane, mind is

* Maudsley, Path. of Mind, pp. 511-512.

rendered incapable of preserving normal relationship with extrinsic mind or matter, by reason of isolation—exclusion.

SECTION 5. But there is still to be considered, before speaking of the actual phenomena of chronic alcoholism specifically, another important nerve complication which is often brought about by the toxic power of alcohol. Besides the cells and the centers ministering to sensation, motion, ideation, and their congeners, individually and independently, and besides the various avenues to and from these centers, there exists in the brain a large and important class of nerve fibers known as *fibers of association*. These, first distinctively pointed out by Meynert, have been carefully studied, and their office determined.

“Meynert,* many years ago, called attention to the presumptive physiological role of certain arched fibers which are known to unite adjoining as well as distant cortical areas with each other. . . . I should, if asked to point to the chief factor on which the higher powers of the human brain depend, lay less stress on the cortical development, as such, than on the immense preponderance of the white substance due to the massive associating tracts. Although the projecting tracts are also larger in man than in any other animal, yet so great is the preponderance of the associating mechanism that the elimination of the former would not reduce the white substance of the hemisphere by one-half of its bulk. Both projecting and associating fiber masses increase in a nearly geometrical progression as we pass from the lower animals to man; but the ratio of progression of the associating fiber masses exceeds that of the projecting tracts. There are certain convolutions which are almost exclusively connected with *fibræ arcuatæ*; that is, with associating tracts, and which enjoy but little direct connection with the bodily periphery. It is reasonable to suppose that such cortical areas, so connected, play an important role as a substratum of the abstractions. Such cortical areas and their subsidiary

* Spitzka, *Journal of Nerv. and Ment. Disease*, January, 1881.

associating tracts, bound into the still higher unity of the entire hemisphere, constitute the substratum of the metaphysician's *ego*. A disturbance of the intricate relations which are involved in the material basis of the *ego* must be accompanied by a disturbance of the *ego*, or may even render an *ego* an impossibility."

Maudsley says,* "The habitual co-ordination of thoughts and feelings is the basis of consciousness and personal identity." Again, "When the co-ordination of function in the brain is overthrown, the consciousness of personal identity and responsibility are also destroyed."

It is evident that the perfectly consensual activity, or *consent* of all the healthy nervous attributes and capacities, is the one essential requisite to the display of sound mental function; and as such attributes and capacities are so held in activity through the integrity of the nerves of association, any disturbance or obstruction in the free exercise of the natural functions of these nerves must give rise to lamentable defects in mental operations. When the interchange of nerve influence between the various centers concerned in thought is free and unembarrassed there is present in every sound mind an impregnable sense of personal importance and individuality. The feelings of rights, duties, cares, and responsibilities spring to the front, and they dominate all the serious avocations of life. The theologian insists, with good reason, that this ever-present sense of *responsibility* which, while it exacts duties also confers power and dignity, implies to a demonstration the *freedom of the will*. Here indeed is room for thought,—nerves of association; personal identity, the *ego*; responsibility, duties, cares; freedom of the will!

But in chronic alcoholism, the free interchange and equilibrium of nervous association is overcome by the intrusion of hypertrophied interstitial tissue upon the nerves of Meynert. And especially are these nerves of association injured, both in office and structure, by the final contraction of the

* Path. of Mind, pp. 373-483.

connective tissue, which, by strangulation, annihilates their function.

What does it matter now, whether or not, the projection fibers, in either direction, are in a perfect physiological condition? What does it matter whether the nerve cells and nerve centers are or are not in a healthy state? The toning, the equalizing, the interpreting power is lost, and the mind is simply a jangling "of sweet bells out of tune." It must be a fact, however, that any considerable disturbance of the association fibers in the brain cannot take place without the implication of both the projection fibers and the nerve cells.

SEC. 6. Very important considerations of medico-legal interest are interwoven with the influence of alcohol upon brain tissue. It is easy to conceive of the unstable will, the impaired will, and the imbecile will, when the consciousness of personality is weakened, and the feeling of responsibility is lost, in consequence of injury to the fibers of association, through the hypertrophy of the interstitial tissue of the brain.

It is conceded by all whose authority is of any weight, that one of the earliest symptoms pointing to the progressive paralysis of the insane is a marked change in the disposition. There is a change in the moral nature. This is observed very early, because the sensibilities are on the surface; they are always on the alert, and any great disturbance of the nerve centers would more readily declare itself through the moral nature than through intellectual defects; because the intellectual operations have become in a great degree controlled by force of automatism and habit.

If it is true that the function of the association fibers contributes so greatly to the establishment of the feeling denominated the *ego*, with its implied senses of responsibility and of duty, it follows that the failure or inhibition of this special nervous function would be succeeded by a destruction of the *ego*, and a destruction of the senses of responsibility and duty as well.

An early sign of impending paralytic dementia is loss of memory; that is, loss of the *associating* faculty, or power.

SEC. 7. It is proper to observe that there are really two stages of chronic alcoholism; although the latter stage may be ushered in without the manifest appearance of the first.

(a.) As to the first stage:—there may arise, after a protracted period of steady drinking, not necessarily carried at any time to strong intoxication, a state of the nervous system characteristic of the chronic effects of alcohol. There is more or less debasement of the moral faculties, with muscular trembling. But the more striking symptoms relate to delusions and hallucinations. The delusions are such as indicate distress in the nerve centers; as might indeed be inferred when it is remembered that the process of proliferation of tissue is even now taking place in the brain. The delusions indicative of this stage of chronic alcoholism are those of persecutions. Dangers are apprehended; robbery or assassination is threatened; while the hallucinations are of a kind to confirm the delusive ideas.

Such a patient came to my office several years ago for consultation. He was moody, abstracted, miserable, earnest, and frowning. He assumed an attitude of listening, and suddenly said he wished he had his pistol with him; he would then see if people would insult him with impunity. He was, at the same time, looking through the window at the pedestrians upon the street. He evidently thought that the insults and threats that he conceived to be made towards him, by reason of the hallucinations of hearing, were uttered by people passing the house. Suppose this person had his pistol at hand, which he declared with emphasis to be a "cavalry weapon with a nine-inch barrel," it is not improbable that he would have gone upon the street and shot down the first man he encountered. There were great changes in the disposition of this patient as his disease progressed. He became extremely religious, although an infidel when in health; he was a devout Catholic while sick, but when well he is prone to deride the Pope.

I have lingered somewhat upon this case in order to notice the outcome. The patient is a professional gentleman of

good ability. He has quit drinking, and five years have passed since the occurrence of the sickness partly described. He is now observed, by myself—not by people in general—to be morbidly impulsive, given to much self-consciousness and vanity, with corresponding contempt for the personal and intellectual pretensions of others. The fact is, that certain changes in the structural mechanism of the brain have, most likely, taken place, which are of a permanent character. It does not follow that these changes shall of necessity assume the role of progression, and proceed to the final brain disintegration characteristic of paralytic dementia. It appears that upon the withdrawal of the toxic agency of alcohol the morbid process of cytogenesis ceased. And now the fact seems to be, that while the nerve elements, injured and abused, may partially adapt themselves to the new circumstances and relations in which they are placed, it is impossible for them to entirely overcome the effects of the mechanical intrusion upon the conditions of mental function.

This man is not sound in mind, when considered with respect to his mental powers previously to his alcoholic disease. He would undoubtedly be held responsible for criminal acts by people at large, who are incapable of rightly interpreting the significancy of slight breaks in intelligence and morals; although the *expert*, learned and skilled in mental pathology, would explain the motives underlying the same criminal acts with great caution and doubt.

SEC. 8. (b) The near advent of the second stage of chronic alcoholism may be suspected, oftentimes, by surprising exhibitions of moral obliquity. The extreme symptoms of nerve degeneration may not be observed until the patient actually appears in scenes of gross indecency or dishonesty. There is no doubt that kleptomania is sometimes a symptom of approaching dementia. The term *kleptomania* is more proper than *thieving*, because the motives causing the appropriation of the property of others are as wide apart as the antipodes, in the two cases.

In this stage of chronic alcoholism there is already great

disaster, in the cells, the centers, and the associative fibers of the brain, caused by the violent intrusion of connective tissue upon the domain of normal nerve structure.

If the nerves of Meynert must operate in harmony, in order to compromise and equalize the several properties of cell function, it must be a fact, that upon the destruction or even hindrance of the physiological activity of these nerves there must ensue great disturbances in the general result of mental activity.

There is a period in human life when it will be conceded that the fibers of association have very little activity. Association can take place, only, where there may be properties in actual existence that can be brought into relationship. In infancy and very early childhood, sensations and perceptions mainly occupy the mind; and it is only after a *period of time* that they become so thoroughly registered that they can be the subjects of association.

Hence, we see, that before the function of the fibers of association, with its power of classification, is established, there is nothing by which the infant can be held to possess a true sense of the *ego*—with responsibility. But whatever pleases its fancy through its senses,—a bright toy, or a ringing bell,—*it claims*, with violence and cries. This is not a matter of reason: it is an affair of the feelings alone. The basis of child, or at least infant life, is *desire*,—*impulse* springing from the sensibilities,—not *will* associated with reason. In the second childhood of senility a similar mental state may be observed. But, at the present time, we are more interested in the toxic power of alcohol, which also, by destroying the functions of the associating fibers of the brain, reduces the will and the condition of responsibility to the level of the infant mind. The consequences of the destruction of the physiological function of the fibers of Meynert may readily be perceived. Dr. Keirnan, of Chicago, reports a case where a person in plain view entered a store and appropriated several shirts. He was arrested and punished. The sequel was, that the man died about eighteen months afterwards, in an insane hospital, of paralytic dementia.

There was a person within my knowledge who had been a hard drinker, as well as a hard laborer. This man suddenly began a career of stealing. It was not like ordinary theft. He would deliberately take and carry away with him things notoriously the property of others. A fine gun, belonging to a relative who lived near by, was one of the articles taken by him. He made no attempt at concealment, nor did he offer any excuse or explanation. He merely claimed that the articles belonged to him—that they were his own property. Other symptoms of insanity soon followed, and the man died in the asylum in Dayton, O., demented.

This was true kleptomania; and it had the same unreasoning, impulsive basis as actuates the child, when it claims the gilded toy or the noisy rattle. It all rests upon what J. Russel Reynolds calls "impulse starting from sensation." In the infant, the fibers of association are not yet established in function;—there is no true sense of personality, no feeling of responsibility whatever. In the victim of chronic alcoholism the associating fibers of Meynert are functionally destroyed by structural changes in the brain. Hence the sense of the *ego* in its perfection is lost; the feeling of responsibility goes with it; and the mind, in its wreck and ruin, seizes upon whatever is pleasing to the fancy, without the rational power of weighing the consequences. This is precisely the condition of early childhood, as it is also of idiocy, where the fibers of association are deficient.

In the light of these facts the possibility of *moral insanity* must be admitted. It is in truth a symptom of a clearly defined structural lesion of the brain,—as much so as any form of insanity can be. It is doubtful if the morbid anatomy of moral insanity is not as clearly demonstrable as the morbid anatomy of purely intellectual insanity. Let the suggestion, then, go forth, that moral insanity is not an outcome of a mere quirking and juggling with the intellectual powers,—that it is not simple wickedness and deceit, but that it is a reality, with a visible and tangible basis.

SEC. 9. After the agonizing delusions, illusions, and hal-

lucinations, always present during the earlier course of chronic alcoholism, have passed by; after the process of wrecking the intercommunication of nerve centers is completed, and the degeneration of nerve cells, and the breaking up of nerve tubes are consummated,—there ensues a state of mental peace and happiness as wonderful as any of the phenomena that have gone before it. All troubles are passed. Dangers threaten no more. Grandeur, power, illimitable wealth are at hand, and the imagination revels in those fancied possessions which all hope to realize some day, but which, alas, never come—to the sane mind.

It is, perhaps, not a part of our duty to attempt an explanation of this strange state of the mind. If a suggestion is admissible, it is the following, which seems best. The time has now come in the course of paralytic dementia, when the perceptive faculty is exceedingly torpid, if not nearly extinguished. The memory, especially of recent events, is destroyed. "Snatches of *old* songs," alone, rise on the lips and mind. The mind knows nothing of the present,—its cares and duties. The fibers of association no longer respond in function to the stray and fugitive scintillations of degenerate and dissociate nerve cells. Personality has perished out from consciousness; and with it have gone the cares and previsions of responsible life. It only remains for the insane mind and imagination to indulge in those expansive delusions of grandeur and power which distinguish and demonstrate the complete wreck and chaos of the brain.* If the mind thinks, or imagines at all, it must be in the way of expansive delusions, because the lesions of the brain elements are such as to debar it from the consideration of things fraught with responsibilities and duties.

* There is no doubt that temporary causes may, not unfrequently, so paralyze the various nerve elements which minister to ideation, that a transitory state, affording symptoms of ambitious delirium, may be induced. Such functional embarrassment may, of course, pass off, leaving various residual symptoms. We hope to be understood as treating of the hopeless organic lesions due to *Chronic Alcoholism*.

In this connection, see a paper from *Baillarger*—tr. by Nelson in *Alienist & Neurologist*—July & Oct., 1881.

He who is intemperate from the love of idleness and degrading associations has the universal contempt and indignation of society. He, who, from constitutional defect, is a periodic and impulsive and furious drunkard, receives at least a modicum of pity from his fellows. But it has been an idea entertained by grave and sensible men, that a moderate and steady indulgence in alcoholic liquors is useful in aiding the laborer at his toil, and the business man in the perplexities of his affairs. Let those who so think reconsider their opinion, and note the fact that we have been describing the consequences, mainly, of what Dr. Maudsley calls "that *dangerous form* of habitual indulgence in small quantities of wine and spirits throughout the day, by which some active business men endeavor to spur their overtasked energies."

INSANITY OF INEBRIETY—WITH SYMPTOMS
OF PERSECUTION.

BY DR. W. NASSE, DIRECTOR OF THE ASYLUM OF ANDERNACK.

Clinically, this subject opens a field of great psychological interest as well as obscurity, distinct from other forms of insanity, easily recognized by its peculiar symptoms. There are many forms of insanity and psychical diseases, which, studied from an ætological point of view, are found to be members of the same clinical group. In the insanity of inebriety there are many symptoms observed which may be referred to other forms of insanity, and when studied alone would indicate a different form of disease, but taken together indicate some specific cause which determines the character of the insanity. The abuse of alcohol is now recognized as among the most prominent causes of insanity. Statistics of insanity from this cause vary in different countries, and different times, influenced by causes and conditions which have never been studied. Along the Rhine provinces but little variation has been noticed through a long course of years in insanity from this cause. In inebriety should be included all the acute and chronic forms, termed drunkenness, delirium tremens, alcoholism, dipsomania, and other phases not so common, which spring from the same cause, but all having a continuous chain of symptoms, with the same ætological significance. Mania and melancholia are very common symptoms following the use of alcohol. Others suppose paralysis in some form to be present in every case. Idiocy is thought by some to be most often present; all agree upon weakening of the will, loss of memory, and bluntness of the mind, symptoms common in every case. Dr. Marcell, of France,

has described a form of insanity arising from the abuse of alcohol marked with the following symptoms: hallucinations and delirious conceptions, totally ignoring all regard for the physical and moral welfare of themselves and others. No special incoherence of ideas are noticed, memory and power of concentration seems natural, also the will appears strong. A mania for suicide, accompanied with jealousy, and occasionally febrile conditions, are the most prominent symptoms in these cases. Insomnia is often present, also delirium of agitation, more or less intermittent. This form of insanity resembles Lipomania described by Calmoil. Not unfrequently hallucinations of a painful character precede the suicidal mania; fear, restlessness, anxiety, jealousy, hatred against their best friends and surroundings, are often the prominent prodromic signs. Later, when the disease has reached its chronic state, distortions of the muscles of the face and tongue, anæsthesia of the extremities, disturbances of the digestion, are common. Such are some of the most significant symptoms of this form of inebriety. In one hundred and sixty cases admitted in the hospital at Sigiburn during two years there were fifty cases of this form of insanity. The almost exclusive cause was alcohol. The following cases are given as illustrating this form of disease better than any description of symptoms:

CASE I.

H. F—, age 44, farmer. No hereditary predisposition to disease. Of medium intelligence; proud, self-conceited in manner, and always healthy and rugged. Started in business and failed a few years after; then was obliged to work hard to support his family. About this time he began to drink suddenly to great excess, and later drank less, and continued for six years to alternate between short periods of excessive drinking, with long intervals of moderate indulgence. Never had delirium tremens. After an attack of severe drinking he was prostrated in bed with a low form of fever, which continued many days. Began then to have suspicions that his wife was plotting to kill him. Heard noises at night, such as voices, threats, slanders: wanted to die; had suicidal manias, muscular tremblings, and sleeplessness. This continued for some months without change, then he was brought to an asylum. His appearance was as follows: Thin in person, face red,

arteries rigid, pupil of the right eye larger than the left, left part of the face flabby, shivering of the facial muscles when talking, pushes the tongue straight out, and complains of heaviness in the forehead, also interrupted sleep. Protests against staying in the asylum, says he is not sick, complains of persecution, which he dates back to his youth, hears voices which threaten him, saying that he is to be shot, that the ball is already on its way, hears his wife's voice at the door telling him that he must die, acknowledging that his hearing is more acute in bed. His wife shouts to him through the key-hole that he is a horse, and immediately he is made miserable by equine odors. He hears other voices calling him a dog, and begs the nurse to open the window so that he can get rid of the canine odor. He hears the voice of God, and has the taste of the Host in his mouth. From these and other voices he knows what is going on, and what will happen in the future. All his friends and relatives have conspired against him, and daily persecute him in every way. He is constantly seeking methods to take his own life, and escape from these afflictions. Generally he is elated and egotistical, also quite happy at times. Keeps himself separate from others. During the thirteen months' residence in the asylum he steadily improved in physical health, but the old delusions remained. He was at length discharged as incurable.

CASE II.

A baker, age 45. Both parents insane in youth and early manhood, was very irritable and unpleasant in his manners, of average intelligence and industry. Married, and has nine children. He is very poor. Drank suddenly and to great excess for several weeks, ending in an acute attack of delirium tremens. He did not recover from this for a long time. He then complained of persecution, sleeplessness, hears voices threatening him, wishes to escape by taking his life. Left part of his face flabby, has a shivering of the facial muscles, sleeps badly, is elated and extremely irritable, and suspicious of every one. Would write kind letters to his wife in the moments of his greatest suspicion. Delirium of grandeur would alternate with those of persecution. After a few months' residence in the asylum these symptoms disappeared; his health became better, so he was discharged. A year later he was readmitted to the asylum as a chronic incurable. Some of the points of difference between these cases (which are noted as Lipomanias and delirium tremens) may be noted thus: In delirium tremens the hallucination is mostly of the eyes, in the other it is of the ear. The feeling and condition of the organs are changed in Lipomania, and sensations of heat and burning are present. The sense of smell is affected, and the taste also. Many symptoms of paralysis, which are commonly seen in alcoholism, may be present, such as shaking of the lips, tongue, and facial muscles, difficulty in talking, formication, also anesthesia, motor disturbances, and obscure psychical symptoms. These symptoms are more or less unequally distributed through, and are rarely seen in cases of delirium tremens. Inequality of the pupils is also prominent. Suicidal mania is always present.

ALCOHOLIC ANAESTHESIA.

Dr. L. D. Mason, consulting physician to the Inebriates' Home, Fort Hamilton, read a paper at the last meeting of our Association, on the above subject of which the following is an abstract :

An anaesthetic condition of the integumentary and deeper tissues of the body can be produced by the administration of alcohol, the quantity varying with the individual. The condition of the person borders upon, and may eventually pass into a semi-comatose condition, or, if the quantity given is sufficiently great, into a state of coma. It is not necessary that the patient should be under profound alcoholic influence to manifest a marked degree of anaesthesia. This condition is transitory, passing off as the alcohol is eliminated from the system. Cases were reported in which persons while under alcoholic influence, had been subjected to major operations, such as the amputation of limbs, removal of breast, etc., without pain and, in some instances, without knowledge of the operation.

Attention was also called to a pathological condition on which an anaesthetic condition of the surface and deeper tissues may result from the long-continued and excessive use of alcohol, a condition known among neurologists as "alcoholic anaesthesia." The marked symptoms being that it is bilateral "patchy" in character, and usually affects the upper or lower extremities, more especially the latter. A case in point occurring at the Inebriates' Home, Fort Hamilton, was reported.

The fact being established that alcohol possesses anaesthetic properties, the natural inference would be, that persons suffering from painful disorder might experimentally become aware of the fact, and resort to it for such an effect. A case illustrative of this was reported. The main object of this paper was to establish the fact that a certain class of inebriates were those who were the subject of painful diseases, and that at least in the earlier stages of their use of alcohol they resorted to it for relief of pain. Attention was called to the importance of investigating carefully every case of inebriety, with the view of determining whether the patient did not rank among the class under consideration, and if this was the case we should direct our efforts toward the cure of the disorders which are the cause of his inebriety; and if this could not be done then a knowledge of his condition would enable the physician to properly qualify his prognosis.

INEBRIETY AND HOW TO DEAL WITH IT.

BY JAMES C. JACKSON, M.D., CONSULTING PHYSICIAN OF THE
HYGIENIC INSTITUTE, DANSVILLE, NEW YORK.

[NOTE. The following is one of a regular course of lectures delivered by Dr. Jackson before the institute, and contributed to our journal. The limits of our space will not allow us to publish it all, but the author has printed it in full in the *Lecturer* and will undoubtedly send copies to all who desire.—ED.]

All right-thinking persons deplore drunkenness. They consider it a great evil, to put away which would secure vast improvement in all lines of human relationship. Neither pen nor tongue has ever shown power to describe its horrors in fullness. No other evil equals it in ruinous effects upon personal, social, public, and religious life.

A sober man has in him the capability of self-possession. Whatever of faculty or force belongs to him he may by act of will bring out on occasion and make serviceable to himself and to others. But the drunken man has lost his self-poise. He is himself lost. Nothing holds right relation to him, nor does he hold right relation to anything. Everything is wrong to him. He sees, hears, smells, touches, and tastes wrongly. He is in the midst of a universe of law and order, and yet to him everything is disorderly. What evil, save absolute, incurable craziness, can compare with that of drunkenness? The drunkard cannot be a man; he cannot be a husband, nor father, nor son, nor brother, nor citizen. In no way, nor in anywise, can he be of use. He is lost. The wrong done then is incomputable.

Wherever drunkenness exists—and its existence is to be recognized in some of its horrid forms in every place where human beings congregate—society suffers immeasurably in consequence. Usually it is not considered as a physical evil

simply, but as a moral evil of the highest magnitude, and one for the existence of which the individual is to be held morally responsible. During the sixty-five years or more in which organized or associated efforts have been made in this country by moral and Christian people to put an end to drunkenness, great progress has been made in certain directions. Thousands on thousands of persons have lived sober and, in the main, happy and fruitful lives, who in all human probability would have died drunkards but for the exertions which have been made by temperance men and women. Yet, notwithstanding all that has been done, statistics go to show that there are in proportion to the whole population of the United States as many persons who habitually or occasionally get drunk, *i. e.*, who have very frequent or spasmodic periods of inebriety, as there were when the temperance reformation began.

This does not argue, as I have already admitted, that no success has been had; it only argues that there have been as many persons made drunkards as have been kept from drunkenness and rescued from it. While temperance people have great cause to rejoice at the large number who have been saved, they have abundant cause for sorrow at the constantly increasing numbers of the intemperate.

If the statistical view given be accepted as correct, then the question is a fair one, whether the past and present methods of work with a view of putting an end to drunkenness have not proved to be radically and constitutionally ineffectual, and whether it does not become all lovers of sobriety to give due consideration to any new presentation of the subject which can be offered, getting, if possible, information which may make them more successful in their efforts in time to come. . . .

Drunkenness is a disease. No matter how nor under what motive it originates, when it is developed so as to take on form and shape insomuch that it can be criticized definitely, it must be pronounced a physical disease. A man never gets drunk conceptively, until, under the use of inebria-

ting drinks, his bodily conditions have become so changed from the healthy that his moral nature is forced to take to itself a coloring from and corresponding to the physical condition. Drunkenness therefore has its origin in bodily abnormality. However it may extend itself over the moral nature, it does not begin there. Men who become drunkards never do so intentionally. I never heard of a man who was sober in his habits of life sitting down to the consideration of the question whether he should remain sober or make himself a drunkard, and concluding to become the latter. The moral sense of any sober man would revolt at the suggestion, were it made to him, to indulge in the use of inebriant drinks to a degree that would make him sottish—especially habitually sottish. He would not think of it but to reject it. Neither his judgment nor his conscience would allow him to accept such proposed degradation. I doubt if there ever was a drunkard who conceived that he was becoming such, until he woke up to the fact that his appetite for liquor was greater than his power of resistance. Even then he bemoaned himself, and in his sober moments made spasmodic attempts to break away from the degrading and debasing habit, thinking that he would gladly give anything in his possession, could he stand up relieved and free from the voracious, hungry, thirsty desire for strong drink which gnawed constantly at his vitals.

The primary cause, therefore, of his ultimate drunkenness, has its starting point in his habits or circumstances of physical life.

Very few temperance persons know much about the power of the body over the mind and moral sense. A man's physical organization, whatever its conditions at any given time may be, in many ways represents the *man* at that time. One may judge of his higher perceptions and aspirations, of his inspirations and his longings, by his state of body. Find him full of impure blood, with half-decayed particles of tissue helping to make up his physical frame, and you will find him in his mental, moral, and spiritual nature on a level corre-

sponding to that which the body occupies. A man necessarily, by virtue of the law of union between body and spirit, may become spiritually subject to his bodily states. . . .

I do then but state a philosophical truth, when I say that drunkenness is a disease originating in bad bodily states, and that if it is to be cured or overcome these states must be altered. It is of little use, speaking broadly, to make appeals to the intellectual perceptions, or the moral sense, or the spiritual instincts of any person who is a drunkard, with the hope of having him become a sober man, unless these appeals focalize whatever force they possess to the point of his habits of body. . . .

He must be made to feel that his degradation has its hold in a disordered or deranged or diseased body, and that if he wishes to become sober the physical conditions whereby he became a drunkard, and by the existence of which he continues to be a drunkard, must be changed.

No two persons are made up exactly alike in their organic structure, nor is their functional life the same. All persons have certain common constituent elements, at the same time that they have qualities which are peculiar to them individually, making them respectively unlike. The unlikeness of their wants is as easily perceived in the make-up of their bodies as in their mental or spiritual development. Thus the causes whose workings make human beings drunkards have as broad a base of difference as there are differential physical and mental and moral qualities. One class of physical circumstances, if they exist long enough to produce their proper, legitimate effects, will set certain persons on the high road to drunkenness, while just such circumstances will have no such effect on other persons.

Hence, in studying the causes that predispose men and women to become drunkards, one may range over a very wide field; but all these causes have their effectiveness in producing in the persons on whom they operate one common effect, namely that of stimulation.

There are four grades of influence or stages of progress

through which every human being has to pass in order to become a drunkard :—

The first is stimulation.

The second is intoxication or blood-poisoning.

The third is enervation or nervous prostration.

The fourth is inebriety or drunkenness.

No man ever became a drunkard who was not in the habit or practice of stimulation. By this term I mean such a condition of the circulation of the blood as is above its natural rate ; this state being the effect of some cause which operates upon the nerve-centers, inducing through them increased activity of the heart and of all the bodily organs.

Any substance the effect of whose introduction into the circulation, no matter by what means introduced, is to put the heart to a labor beyond what it is constitutionally endowed to perform, may fairly be regarded as a stimulant. If it is used so continuously as to subject the heart to its influence long enough to have the effect become habitual, at that point the person has taken the first step toward drunkenness. He is to be described as a person living above his organic or constitutional power to live healthfully. If, then, he so relates himself that his organic forces are compelled habitually to act beyond their natural capacity, he has begun a course by which, if he continues in it, he must die, either by accident or by disease, inside of his constitutional ability to live, or he will die a drunkard.

Never was there a man on earth who so lived as to put his heart, and all the organs which depend upon the heart's action for their efficiency, beyond their constitutional power properly to perform their functions, who did not die in some form untimely. Millions die from disease because their organic forces are habitually subjected to strain beyond their power to bear it.

Nearly the whole American people are living from birth onward in such a way as to render drunkenness not only possible, but probable to immense numbers of them. Their habits are indefensible either on grounds of principle or expe-

diency. Viewed simply from a point of exposure to drunkenness, their methods cannot be justified; and they are open to severe censure when high moral considerations are brought into account.

Men have no moral right to live personally or socially, or to have their children brought up so as to be subjected to constant, unintermitting excitement of the heart and all the other vital organs of the body. Yet this is the uniform, not to say universal, practice. It must not be supposed that in making this statement, I mean to imply that the great majority of the American people so live as to subject themselves habitually to the use of inebriating drinks. I do not mean any such thing. I simply mean that they so live as to subject themselves and every body who lives with or about them, over whom they exercise any personal influence, to habitual exaltation of vital activity.

Do not forget what I consider stimulation to be; the introduction into the blood, or, as it is termed, into the circulation, of any substance, no matter what, whose presence induces or forces the heart to unnatural action; and the continuance of its use day by day, until such a state of over-taxation of the heart and its associate vital organs is established, that they are compelled to assume abnormal conditions.

This result can be induced as well by the use of foods as by the use of drinks. And I affirm that seven-eighths of all the persons in the United States, including nursing infants and old men just ready to die, and all classes of persons between, eat foods which, when they are introduced into the body and compelled by digestion and assimilation to pass into the circulation, create a quality of blood that by its very nature affects the great nerve-centers, and, through them, the heart and other organs in such a manner, that they immediately assume unnatural activity. This activity, if kept up, induces disorder, derangement, disease, and untimely death, or if not this, then in the long run, drunkenness is liable to result. Although to a very great extent children are permitted to use drinks which are in some degree stimulative,

they are much more generally in the use of foods which, in addition to their nutritive properties, have the direct effect—positive and inevitable—of creating states of the blood and of the nervous system that push the heart into undue activity, and through sympathy with it, other vital organs are drawn into unnatural action. When this has become habitual, these young persons have become victims of stimulation, and through it they pass, by a natural gradation, into what is known as blood-poisoning, or into the second stage toward drunkenness.

An infant properly treated will have complete gustatory gratification in the use of food which has in it no stimulating qualities. The milk that he draws from his mother's breast is all the better for him, if it is made up only of those constituents which are exactly appropriate or appropriable to his bodily nourishment. The mother can pursue one of two courses. She can eat foods which, under her assimilative forces will be turned into wholesome nutriment for her baby, not having in it any exciting properties, or she can eat other foods which, when turned into nutriment for her child, will possess stimulating elements. As she shall do the one or the other, so will her child begin to be subject to normal or abnormal development. If the foods she eats excite her nerve-centers, increase her heart's action, and thereby make her pulse more rapid and force all her voluntary and involuntary operations to an unnatural quickness, she will give of her own secretions food to her child, which will stimulate its nerve-centers, quicken its heart's action, and work upon all its bodily organs and functions abnormally. Thus she begins with her infant to develop unnatural action through its entire bodily organization. So, while the child lies in the cradle, may originate the slow but sure processes which in years to come will make him a drunkard.

From this state of stimulation, seen so often in childhood, to that of gutter drunkenness, seen in on-coming, mature, or advanced manhood, the chain is unbroken; every link is complete. Keep on stimulating the children, and the more

you do so the more they will desire, and the more they will need to be stimulated, until from eating exciting foods and drinking stimulo-narcotic drinks, they will use drinks which are more intensely stimulating.

This matter of what children eat, has a great deal to do with the development of that condition to which I now wish to call attention, and which represents the second stage toward drunkenness; I allude to the condition of intoxication. In popular phrase, an intoxicated person is one who is drunk, but this view is not strictly correct. An intoxicated person is one who is blood-poisoned, for that is the true meaning of the term. The country is full of intoxicated persons who are not inebriates. A very large proportion of them, either at their own will or by the advice of physicians, are under the use of intoxicating or blood-poisoning liquors or medicines. Wine in all its forms of making-up, beer in all its degrees of strength, cider in all its stages of fermentation, all forms of alcoholic liquors, are intoxicants. Drunk in small quantities habitually, they disturb and derange the nerve-centers, and the nervous system at large. When derangement is established, then the person has reached blood-poisoning.

I cannot take space here to describe in detail how this blood-poisoning takes place. I can only say that all alcoholic liquors of every sort and kind, have, when introduced into circulation, the effect to check the breaking down of worn-out tissues, and this is not all the check which they establish. They retard the casting out of such materials after they are broken down and are floating in the blood. Now to retain these waste materials in the circulation beyond a proper time is to subject them to chemical change.

They undergo modification in quality; and from being innoxious, as they are when healthily broken down and properly carried out of the system, by being retained, they become noxious or poisonous, and so the blood is vitiated by their presence. Going its round and round and never ceasing round, this poisoned blood permeates every tissue of the body,

and at last creates in some organ or organs conditions more or less abnormal. Thus the brain becomes disturbed, the lungs, the liver, the heart, the stomach, the bowels, the general framework and the person is sick—made sick by the use of intoxicant foods, drinks, and drugs. These have disturbed the centers of his nervous system, have deranged the action of his vital organs, and have established disease. Unfortunately for the victim, he does not know that to take this, that, or the other substance, the direct effect of which is to make a person sick, will not have the effect, when he is sick, to restore him to health.

The use of foods then which disturb the action of the vital organs and make impure blood, leads to the use of intoxicating drinks; these additionally poison the blood, and thus the party in the long run passes into the third stage or degree of drunkenness, known as enervation, or nowadays, as nervous prostration. Herein we see how effects follow causes. A man uses stimulants habitually, and he comes to use intoxicants; he uses intoxicants habitually, and he comes into great loss of nervous energy; not knowing how to restore this energy by any other process than that of added stimulation, to this he proceeds.

What the person really *needs* is innervation, for that is God's great remedy against enervation. He wants nourishment. Feed him properly, put him to rest, create natural conditions of living for him, and by and by his empty nerve-centers and his worn down nerves will begin to show invigoration, and he will come up on a healthy basis and recover and be a man again. But if, instead of doing this right thing, you put him to the taking of alcoholic stimulants for medicinal purposes, you only add fuel to the fire, and the consequences are liable to be that the poor fellow will die, or if he recovers that he will reel in the streets a drunkard.

I have said for many years, and I repeat it with all the gravity and seriousness which belong to the subject, that so long as children are fed as they are, taxed by study as they

are, live such an artificial life as they do, inside of the pubescent period and all through their adolescent years up to adult age, and so on, there is a reactionary cry in their physical natures for stimulus. Whenever the nervous system is depressed by overdraft on its great centers, so that there is no nerve vigor to answer to the demand of the vital organs, or the general bodily wants, then nature, who always acts preservatively, and therefore conservatively, asks for a supply. Lack of nervous force in the system at large, or in any of the departments of it, whether it be stomach, liver, bowels, heart, lungs, or brain, originates a call for something to make good the deficiency.

There is but one true way of supplying such deficiency, which is by nutritious food and rest until repair can be made. But where food is bad and rest cannot be or is not taken, resort is had to abnormal methods of supply, or to artificial agencies or instrumentalities for the same ends. When one feels weak he wants something to make him feel strong. Beer, cider, wine, whisky, rum, gin, brandy, as fluid substances, or some one of the poisonous drugs denominated tonics, are required, and usually these are called for either at the social board where convivialities are in process, or at the desk where one is slaving himself, or at the bedside where one is sick. When they are taken, for the time being the person feels better, only by and by to feel worse. At last the taking of these stimulants becomes an absolute necessity on the part of the subject of their use, if he is to have any vigor of brain, or strength of body, or force of will.

If we are to have an end to drunkenness we must stop breeding drunkards. We must learn how to breed sober children, and how to train them up. Blood tells. Inflamed blood in a mother gives an inflammable diathesis to the blood of her offspring. The prospective mother therefore should live simply; and children when weaned, especially under our institutions, whose legitimate effect is largely provocative to early action both of the bodily and mental faculties, should have food and drink which nourish but do not tend to un-

natural action. Simple, healthful conditions of living to a child, such as are in accord with the laws of his organization, so penetrate to his inner consciousness, that when he reaches manhood he is impressed by them and they go with him through life. Trained up to manhood along lines which keep the physical propensities, passions, and appetites within God-ordained, constitutional limits, there is no more danger of his becoming a drunkard under any temptations to which he may be exposed, than there is that one will turn out a thief into whom has been instilled correct views of the rights of property.

I do not complain of what temperance people have done and are doing. I complain that all they have done and are doing is to fight the liking for alcoholic drinks, and its manifestations in extreme abnormal forms in the production of drunkenness, mainly from a moral point of view. Usually it has been treated as though it were a moral perversity instead of a physical disease, and efforts are made to overcome it by moral appeals. If temperance men and women can become enlightened sufficiently to recognize this liking as a physical derangement and can be induced to take action from this point, I believe they would make a great success in the course of a single generation; for this love for drink is either an inborn propensity developing itself into an appetite, or it is a developed disease working itself up into an all-controlling physical condition, subduing the moral sense, dethroning the man, and leaving him a brute. If this brute is to be reconverted into a man, and the man into a person who has quick and vigorous moral sense, the movement has to begin by converting his body.

I think it will not be denied by anyone who has observed largely, that the proportion of men who have been reclaimed from drunkenness and brought back to permanent sobriety is very small compared to the whole number of those who, being drunkards, as drunkards die. It is a very liberal proportion to allow that one in ten of all the habitual inebriates in this country is thoroughly reclaimed. Now it is possible in the

nature of things so to change this whole matter, that instead of having only one in ten of our drunkards reconstructed and enabled to assume natural relations in life by becoming sober, we might have nine in ten saved, if temperance reformers would move forward to their work on an intelligent, philosophical, physiological basis. If we will treat the drunkard as a diseased person, and deal with his drunkenness as we would with typhoid fever, liver complaint, fever and ague, or inflammatory rheumatism, or any other severe chronic disease of the system, we can restore him to sobriety. For, when the nervous system is so relieved by the general purification of the blood and tissues under proper treatment and regimen, that it can work healthfully, the appetite for inebriating liquors will have died out, and the man will not drink them, because he has neither thirst nor liking for them.

Take a drunkard and put him upon simple, healthful, nutritious food, give him proper rest, break up his habits of indulgence by placing him in pleasant and elevating associations, see that he takes no medicines that can in any measure increase the rapidity of his heart's action, clean out his defiled tissues by proper bathing, so that his blood shall be pure because all the sluice-ways of his body are thoroughly relieved of disturbing, irritating matters, and the man's appetite for liquor dies out of him and he becomes physically sober. He has a body that is healthy in all its instincts, and which dislikes alcoholic drinks as a new-born babe dislikes salted milk.

The correctness of my philosophy will be doubted by a large majority of temperance men and women of the present day. But as the years go by, more and more will it be seen to be correct, and ultimately a movement for the overcoming of drunkenness will be inaugurated, based upon the divine philosophy that "*he that striveth for the mastery is temperate in all things.*"

HINTS AND INDICATIONS FROM THE STUDY
OF HEREDITY.

BY J. MORTIMER GRANVILLE, M.D., OF LONDON, ENGLAND.

With qualities of mind and properties of the organism are transmitted mental and physical defects, weaknesses, irregularities of faculty or form, and consequent abnormal proclivities; the several forms of disease and derangement descending in the same line with the constituent elements to which they are most closely related. Thus, peculiarities of temper, nerve-state, and habit, with their morbid tendencies generally, follow the oblique line from father to daughter; while the underlying elements and characteristics, both good and evil, pass directly from father to son, from mother to daughter, subject to the laws of development. The seeming absence of certain developments of the hereditary constitution in one generation, and their re-appearance in the next or a later generation, is not a mere accident, but precisely what we should expect under the operation of the natural laws governing sex and heredity. Thus a father may transmit certain peculiarities to his daughter, and she will pass them on to her son, who consequently inherits from his maternal grandfather. The female link in the chain being incapacitated by her sex for the development of certain parts of the entailed inheritance, they lie dormant in her organism, to be transmitted, like vitalized but ungerminated seeds to her offspring when she becomes a parent. That is, this latency is not the simple consequence of incapacity on the part of the daughter to develop the inheritance in her own person, because of her sex; but the result of the repressive operation of other forces inherited by her directly from her mother. There are, in fact, two lines of inheritance—the

direct and the oblique. To the former we owe the perpetuation of the likeness of body and mind observed in families bearing a peculiar name. The force acting in this line is the stronger, or, perhaps, I ought to say, the deeper laid and more persistent of the two. This is proved by the preservation of characteristics in the direct descent. The oblique line tends to the dispersion of the inheritance through the daughters of a house and their male children. To make this clear, suppose the existence of two families which we will call respectively A and B. A male of the house A, marries a female of the house of B, and two children are born, a male A B, and a female B A. A male of some other house, say C, marries B A, and has a child, B A C, who inherits the peculiarities of A, transmitted through B A, thus dispersing the inheritance of the house A, through the house C; but A B, the brother of B A, besides inheriting the surface characteristics of the house of B, obliquely through his mother, receives the deeper underlying qualities of the house of A, directly from his father, so that the constitutional characteristics of the family A, are handed down from father to son and preserved in the direct line with the name. If the energy of transmission were not stronger in the direct line of inheritance with the descent, than in the oblique, it is easy to see that family characteristics could not descend intact, as is the fact in society. The direct force is superior to the oblique, though the introduction of powerful female elements into the line of descent may do much to weaken it. What we call "atavism" is due to the circumstance, that in case of a male child, although the energy of the female parent determines the sex and does much to influence the surface type of the organism, the force of the male parent preserves the constitutional type. This enables the male characteristics to reassert themselves in any generation in which the female influence, though sufficient for the determination of sex, is not so strong as to influence the whole course of development. Therefore the latency of peculiarities of constitution is not rythmical, but irregular, the force directly transmitted generally, however, regaining its ascendancy in every second or third generation. The laws of inheritance are inseparable

from the laws of development, which may be summarised as follows:—1. There is a force operating to produce an animal of the class *Homo*, in obedience to the law of the development of species. 2. There is another force gravitating upon this, the outcome of geographical, climatic, and racial energies and influences, which tends to give the animal so produced a national type. 3. There is a force, of which we have been speaking—namely, the energy of family exclusiveness. 4. There is the individual entity, which embodies the sum of the ancestral energies so far as these have been transmitted or may be received. One of the first and most suggestive considerations in connection with the practical aspects of this subject is, that it is by repression as well as desuetude the civil parts of an inheritance are to be destroyed. It seldom happens that a morbid or evil element in the entailed estate of nature can be directly eliminated, but it may be starved and crippled, and finally destroyed by repression and exhaustion. We can only eradicate special disease by the cultivation of special health. It is not enough to keep an inherited defect or evil tendency in abeyance, some healthful quality or property of the nature should be encouraged to over-lie and restrain it. Some sturdy branch must be trained across it. Diseases and morbid tendencies do not die out by virtue of neglect alone. They are only to be destroyed by the cultivation of other characteristics of organic form or function; of “nature” or “habit”—to use vague terms loosely—which have antagonistic or incompatible tendencies. It is not commonly within the power of the physician to make or mar the unions to which affection or policy impels adults; but it is strictly within his province and duty to offer advice that shall help to mitigate the evils, and enhance the advantages, of such unions as have been contracted. And the family medical adviser, can generally find opportunity to direct a course of training—physical, mental, and moral—for children which will tend to the fostering of any inherited though latent forces, that may be capable of being used to repress or repair the defective traits of the young organism. We leave too much to chance in relation to the propagation of the species and the improvement of the race.

Abstracts and Reviews.

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

The meeting was held in the parlors of the Young Men's Association, New York City, May 3, 1882.

Dr. Albert Day, of Boston, Mass., as Vice-president, occupied the chair.

After calling the meeting to order he remarked as follows:

GENTLEMEN: We meet under circumstances of extraordinary interest. Since our last meeting our president, Dr. T. L. Mason, and one of our most active members, Rev. John Willett, have passed over into the silent majority. Their name and memory deserve a recognition as pioneers of this work, which we can only faintly outline.

They assisted in the organization of this association, and have ever sustained and defended its interests, with a faith and earnestness, coming from a view of the subject far above the lower ranges of mental vision.

Another worker whose name and memory will be enshrined among the early pioneers of this great scientific movement in England, Dr. S. S. Alford, has gone to his reward. He was with us two years ago, and many of us knew him personally.

Of our work the times are most auspicious. Every institution for inebriates is crowded to its utmost capacity; the overflow is filling private insane asylums, and while new institutions are being built slowly, public sentiment is turning in the right direction, and seeking aid and counsel of us. In the language of the hymn "We have only to gird our loins

anew, and trim our lamps to burn more brightly" for the work that is before us. * * * * The experience of nineteen years, and the study of many thousands of cases, have brought the strongest possible proof that the great principles of our association are true beyond a doubt. I am sure you will fully agree with me, that we have passed this point, and settled it for ever, and whenever our principles are attacked, it will be going backward in our course, to enter into any defence that has been made long ago, and accepted as conclusive, by all who have examined the subject carefully.

The report of the secretary, Dr. T. D. Crothers, was then read.

(This has been embodied in an editorial, published in this number.)

After the transaction of certain routine business the committee on new members reported as follows, recommending their election as members of the association :

Dr. H. H. Kane, De Quincy Home, New York City.

Dr. J. H. Blanchard, Inebriates' Home, Fort Hamilton, New York.

Dr. T. W. Wright, Bellefontaine, Ohio.

They were accordingly elected.

The committee on the election of officers reported as follows :

For President.—Dr. JOSEPH PARRISH, Burlington, N. J.

For Vice-President.—Dr. ALBERT DAY, Boston, Mass.

For Secretary and Treasurer.—Dr. T. D. CROTHERS, Hartford, Conn.

Committee on the Management of Journal of Inebriety.—Dr. T. D. CROTHERS, Dr. L. D. MASON, Dr. J. A. BLANCHARD.

Executive Committee.—Dr. L. D. MASON, Dr. H. H. KANE, Dr. T. D. CROTHERS.

All of which were unanimously elected as officers for the ensuing year.

The following persons were elected Honorary Members, and Corresponding Secretaries of this association :

Dr. Norman Kerr, London, England.

Dr. M. Magnan, St. Annie Hospital, Paris, France.

Dr. M. Lunier, Paris, France.

Rev. P. Pieper, Mayland, near Cleve, Prussia.

Dr. C. McCarty, Melbourne, Australia.

Dr. A. Baer, Berlin, Prussia.

The following papers were then read and discussed at some length :

A paper "On insanity and inebriety; how related," by Dr. Joseph Parrish, Burlington, N. Jersey.

In the discussion which followed,

Dr. Beard said that inebriety was a special form of insanity; really a subdivision of the general condition, and not a distinct condition to be differentiated from insanity in general.

He agreed with Dr. Parrish that insanity might save us from other diseases; there was no doubt that diseases prevented diseases, diseases cured diseases, and diseases were antidotes to diseases.

Dr. Beard spoke of a case of periodic insanity of which he had heard where the man found out that he could prevent the attacks entirely by a free use of alcohol, just as he felt the attacks coming on. In epilepsy, it had been shown that subjects sometimes became insane after the convulsions had been stopped by long use of the bromides. In these cases, the bromide treatment seemed to have relieved the epilepsy, but insanity took the place of epilepsy. It is probable that insanity itself is a relief from other diseases, saving us from disease of another character, such as paralysis, etc.

The next paper was an "*Alcoholic Anæsthesia*," by Dr. L. D. Mason, of Brooklyn, N. Y., an abstract of which appears in this journal.

Dr. T. D. Crothers read a paper, "Psychical traumatism in inebriety," which will appear in a future number of the Journal.

Dr. Turner made some remarks about the growing sentiment of the necessity of treating inebriety in asylums.

Dr. Parrish offered the following resolution :

“Whereas, since our last meeting of this association, our beloved and honored president, Dr. T. L. Mason, has been called to his eternal reward, also our much esteemed fellow-member, who has been with us, in all the meetings of our association, Rev. John Willett, has passed away, therefore it is eminently proper that we should place upon record a fitting expression of our high regard for our departed friends. Therefore, be it resolved, That in the death of Dr. T. L. Mason and Rev. J. Willett, this society has suffered a loss which cannot be repaired, and that we should be stimulated by their lives and examples to greater industry and zeal in the cause which they had so much at heart.”

In support of this resolution Dr. Parrish said, “Our association and the facts we advocate, have always had a warm, energetic support both from Dr. Mason and Mr. Willett. From the first meeting of our organization they took high ground, which at that time required moral courage to sustain.”

Dr. Mason was always present at every meeting of our association, and in all his papers and addresses displayed admirable tact in presenting the subject from the most liberal points of view. For many years he was president, and I am sure you will all agree with me, when I say that his influence will be felt in our association, and in the study of this subject far down the future.

Drs. Day, Crothers, and Turner, paid eloquent tributes to the memories of Dr. Mason and Mr. Willett, after which the resolution was passed.

Delegates were appointed to the International Medical Congress and other associations.

Dr. Beard gave an illustrated lecture from the blackboard on the relation of insanity and inebriety to nervous diseases, which brought out many comments and remarks from the audience.

After the transaction of some minor business the society adjourned to the second Wednesday or 11th of October, 1882.

THE INFLUENCE OF INEBRIETY IN THE CAUSATION OF INSANITY.

The psychological section of the British Medical Association in a late meeting, discussed this question, the following of which is a general summary.

Dr. H. B. Sutherland read a paper, "On cases of Alcoholic Insanity in private practice," in which, from a careful investigation of two hundred cases, he drew the following conclusions. 1. That one-third of the cases of insanity usually supposed to be caused by inebriety, are really cases in which inebriety is only a premonitory symptom. 2. The distinction between cases of insanity caused by inebriety, and the cases of inebriety which are only a premonitory symptom of insanity are very marked, and should always be recognized.

Dr. G. M. Bacon followed in a paper, "On the influence of alcohol in the causation of insanity." This was a discussion of the statistics of nineteen hundred and fifty cases seen in the Cambridge Asylum, together with tables of insanity in the different agricultural districts. Summing up the results as follows: That there are certain classes of cases attributable to drink almost alone. 1. The acute and recent cases—allied to delirium tremens—acute poisoning. 2. The chronic toppers, who slowly degenerate in body and mind. 3. The dipsomaniacs, or those who have an irresistible craving for drink without other mental symptoms. 4. The persons who drink simply from a desire to overcome trouble or emotion, or to nerve themselves for an effort—are a neurotic class. But if we attempt to classify cases with any such accuracy, there will not be 14 per cent. of insanity caused by such patients.

The third article was by Dr. F. Buck, "On the inebriety of parents a predisposing cause of imbecility in children." This was a study of statistics, in which he reached the general conclusion, "that parental inebriety alone, in a few

cases—27 out of 138—acts as a main or direct cause; but that, in the great majority of cases, it is only an indirect accessory, or predisposing cause." I do not believe it to be usually the chief cause.

In the discussions which followed these uncertain conclusions, Dr. Hack Tuke remarked. "that whatever opinion might be entertained as to the question under discussion, those who wished to arrive at the truth must base their deductions upon ascertained facts, and not rest satisfied with vague generalizations. . . ."

There were so many factors requiring careful observation and consideration, that they need not be surprised at its being shown that some mistakes had been made in the figures. He differed entirely from the statement that 50 per cent. of the cases of insanity were due to drink; at the same time he should expect to find, that a considerable portion of the insanity owed its origin to this cause. M. Lunier, one of the inspectors of asylums in France, had shown that the departments in which the consumption of alcohol had increased most, were those in which there had been a corresponding increase of insanity. This was shown most strikingly in regard to women, at a period when the natural wines of the country gave way to the consumption of spirits. Here it was not a premonitory symptom, the alcohol had been brought to the people, nor was it an insane craving for drink. . . .

Dr. Edmunds said, "nothing could be more difficult than any attempt to disentangle the facts connected with our drinking habits, and the occurrence of insanity. Insanity seemed to crop out as the result of two directly opposite conditions of life. Without attempting to define the exact relationship of inebriety and insanity, he would refer to certain facts on which every one present would be agreed. Some men of strong constitutions and fairly organized, might go on drinking considerably and continuously to an advanced age without apparent injury, but in point of fact they underwent a slow degeneration of tissues. All such drinkers accumu-

lated masses of spongy tissue, while in their children much more serious degenerations were seen.

Alcohol when taken in large quantities, produced in the individual drinker, firstly, disease of the liver; secondly, disease of the kidneys and of other excretory organs; thirdly, coarse forms of degeneration, such as atheroma, and fatty change in the blood-vessels and other structures. Out of these degenerations come ruptures of the blood-vessels, clotting in the arteries, heart failures, and as a direct consequence, paralysis, apoplexy, and other coarse neuroses; epilepsy, following in consequence of urea accumulating in the blood, and other conditions of decay. He also believed with Dr. Brown, that the free use of alcohol brought all the neurotic cases into the crazy or insane circles, and that when healthy persons were continually exposed to this influence, they were drawn into this same circle.

Dr. Shuttleworth was confident that American statistics were exaggerated, and furnished no reliable authority. Idiocy as a result of inebriety should be traced back two generations, before you could get conclusive facts, and understand the real influence of inebriety.

Dr. Maddon and Dr. Seaton both expressed a general doubt as to the active influence of inebriety, as a cause of insanity or idiocy.

Dr. Down was satisfied that there was a kind of idiocy, which was produced by acute intemperance at the time of procreation.

Dr. Harwington Tuke never had met a case of paralysis that was produced by alcohol, and he was certain that intoxication as a form of poisoning, could not be considered a cause of insanity.

Dr. Ridge believed that the recorded percentages of cases of insanity caused by alcohol had been misunderstood.

Dr. Brushwood thought inebriety was never a direct cause, but often it was a contributory one. Dr. Bateman believed in American statistics and the conclusions which they taught, while Dr. Eastwood contended that the per cent. of insanity

ascribed to inebriety, was much exaggerated. Dr. Mould thought that this discussion indicated clearly, that statistics could not at present be relied upon. He had a patient who had been maniacal from alcohol, not less than one hundred and fifty times; from each attack he recovered in three or four days.

Dr. Stewart thought the word dipsomania should be excluded from our nomenclature. If there ever was such a disease, the only method of cure was by constant contact with persons of stronger will.

Dr. Chevallier had no faith in statistics based on the present loose methods of diagnosis, and statements of officers unacquainted with such cases.

The authors of the different papers then summed up the discussions with further statements and explanations. Dr. Sutherland could not understand why Dr. Seaton had denied that alcohol ever produced general paralysis, when the tables of the lunacy commissioners gave such large percentages.

The president, Dr. J. Crichton Brown, closed the discussion with the following remarks:

He thought medical psychologists could not sanction the extreme views on the one side or the other, as to the relations of intemperance to insanity. They could not admit that 50 per cent. of mental disease was due to drunkenness; nor could they allow that alcohol was a harmless agent, that never did any mischief in the nervous system. Alcohol seemed to him to have an immediate and deleterious effect upon the highest nerve-centers, and might induce insanity where there was no predisposition to nervous disease, and no intermediate conditions of tissue-degeneration. Perfectly healthy persons, if saturated with alcohol for a sufficient length of time, might be made insane; and there was a continuous series of mental diseases which might be traced to the toxic action of alcohol upon the nervous system. This series consisted of —1, delirium tremens; 2, mania a potu; 3, the mono-mania of suspicion; 4, alcoholic dementia. In

these diseases, no question could possibly arise as to whether drinking was a cause or an early symptom. In all of them it was a cause, and an efficient cause, which might by its sole action establish the pathological state; just as lead might, unaided, bring on colic or wrist-drop. But alcohol might be not only an efficient and direct cause of insanity, it might also be a contributory or a remote cause. It was a contributory cause when, in conjunction with hereditary predisposition or enfeeblement of the nervous system produced in other ways, it brought on mental derangement, in the causation of which it was an important, but not a sole factor. Under these circumstances, it was the spark applied to a prepared train, or the last straw that broke the camel's already overstrained and yielding back. In general paralysis, alcohol was, when it played any part in the ætiology of the disease, invariably a contributory cause, conspiring, with functional abuses of other kinds, to bring about the pathological catastrophe. But alcohol might also be a remote cause of insanity, as when a state of drunkenness led to a cranial injury in the tottering drunken man himself, or in some one who was the victim of his violence—this cranial injury resulting in mental degeneration; or as when a career of intemperance led to the squandering of wages which ought to have been spent on food, and consequently to the partial starvation of wife and children, and to an attack of melancholia in the former, made anæmic by lactation, an inadequate supply of nutrition, and household cares. He thought that the statistics of the Commissioners in Lunacy, as to the influence of intemperance in the production of insanity, notwithstanding the discredit that had been thrown on them, represented pretty nearly the true state of the case. No doubt, in these statistics, there were included under the heading of "Intemperance as a Cause of Mental Disease," a certain proportion of cases in which intemperance was an expression of a diseased state already established, and had nothing to do with causation; but, on the other hand, there were certainly included in that large mass of cases at the

end, in which the cause of the insanity was unknown, a certain proportion of cases in which secret, or concealed, or unrecognized drinking was really the undiscovered cause. The one error, he thought, balanced the other; at any rate, in two distinct and very minute investigations in which he had himself engaged, embracing 1,000 cases, and in which he had carefully distinguished between intemperance as a cause and as a symptom of insanity, the result obtained corresponded closely with that of the commissioners, and showed that about 15 per cent. of the insanity of Yorkshire must be ascribed to alcoholic excesses in that country. He offered a physiological explanation of the action of alcohol on the nervous system, maintaining that it first excited, and then paralyzed every nerve-center in succession, beginning with the highest, and ending with the lowest; and that its action was not simple, but doubly and trebly compound. The highest inhibitory and controlling centers upon which its primary action was exercised could not be paralyzed repeatedly without grave danger to mental integrity. To weaken volition was to promote anarchy in mind.

This discussion extended over two days, and aside from the wide diversity of opinion manifested among the members, was significant of a spirit of inquiry which will not be content with any half truths. The time has come for a wider and more thorough examination of all the facts, not from alms hospitals or hospitals alone, but from the studies of physicians in all circles of life.

Inebriety must be recognized as disease; then its relations to insanity can be more clearly studied and comprehended.

The Hammam of Columbia Heights, Brooklyn, N. Y., three minutes walk from Fulton Ferry, is one of the finest Turkish Bath Hotels in this country. The proprietor, Dr. Shepherd, has combined a first-class family hotel with a thorough scientific bath, fitted up with all the luxury of oriental surroundings. For comfort and real pleasure, this is one of the best places in the city.

TWENTY-FOURTH ANNUAL REPORT OF THE
WASHINGTONIAN HOME, BOSTON, MASS.

This report has more than usual interest, from the fact that Dr. Albert Day, the superintendent, is one of the oldest specialists now in this field. The number of patients under treatment last year were three hundred and fifty-six, which added to those previously treated, makes the number six thousand eight hundred and sixty-two. Dr. Day was in charge of Binghamton asylum for two years, and over two years at Greenwood, Mass., in a private asylum. The rest of his life has been spent at this asylum, and from his own statements he has treated ten thousand cases, which is by far the largest personal clinical experience of any one in this country.

The report before us discusses many facts of great interest, among them we may mention some general effects of inebriety, and the injurious action of alcohol on persons exposed to great exertion and cold. He also discusses the antiquity of the idea of inebriety being a disease, and the special mental symptoms following, closing with the following significant passage.

"It has been my aim to direct and teach our patients the true mode of living, that they may in the future avoid intemperate habits. It has been my purpose to collect from every available source facts, that I may intelligently direct them to a higher and better life. Thus, with such medical means as we have at our command, and with unswerving faith in the work to which we have been called, we are enabled to see results which cheer us on from year to year. In all our teachings we aim to purify and ennoble the character of our patients by promoting in them true virtue, strong temperance proclivities, and true piety; and to accomplish these ends we endeavor to stimulate their own exertions for a better knowledge of God and his laws, and for a determined self-control."

THE THIRTEENTH ANNUAL REPORT OF THE
INEBRIATES HOME, AT FORT HAMILTON,
NEW YORK.

Reports a greater number of patients treated than ever before, and is now one of the largest inebriate asylums in the world. Last year four hundred and eighty-three cases were admitted. The number of persons who are known to have been cured, or are still temperate after periods of from one to three years, are steadily increasing. Over 70 per cent. of all admissions go out restored, with every prospect of continued freedom from alcohol. The president dwells at some length on the value of this institution, to Kings County and the City of Brooklyn, in relieving the pauperism and misery which must ever follow all cases of inebriety. He mentions the fact that every inebriate cured, saves on an average three persons who are dependent on him, the community, or their friends for support. This report is of greater interest from the fact that the president, Dr. T. L. Mason, has since died. He was one of the pioneers in establishing this asylum, and did a great deal to stimulate similar work in both this country and Europe. His son, Dr. L. D. Mason, already well known from the many excellent papers which he has written on this subject, succeeds him as consulting physician. Dr. J. A. Blanchard, who has had long experience as superintendent of the Flatbush asylum for the insane, has been appointed superintendent in the place of the Rev. John Willett, deceased. This asylum evidently begins a new era of prosperity, under this efficient management.

It is a source of gratification to all friends of the institution, that being the largest in size it now gives promise of doing more thorough work than has ever been done in this field before.

We shall present extracts from this report in future issues.

REPORT OF THE HABITUAL DRUNKARD'S COMMITTEE ON THE DALRYMPLE HOME ASSOCIATION.

Dr. Norman Kerr, Secretary of the Dalrymple Home, which has lately been incorporated, has kindly sent the following report, which indicates that our friends are determined to have an asylum in England that will be a model if possible.
—ED.

“ The British Medical Association through its committee for promoting legislation for the control and cure of habitual drunkards has made several attempts to carry out the provisions of the act of 1879, but hitherto, in a great measure, without practical success.

“ The provisions of that act, whilst admitting the principle that the habitual drunkard may be cured by restraint, so fence the ability to place a person under restraint, that the establishment of ‘ Maisons de Santé ’ by private individuals has been made so unlikely to succeed financially, that persons having capital have not ventured to provide such institutions. A considerable number of houses have been licensed under the act in different parts of the country, but the expenses which the act compels, and the small number of persons who have availed themselves of the provisions of the act, have caused several of them to be closed within a year or so of their opening.

“ The act is framed in such a way that the voluntary entry of patients is made as difficult as possible, and inducements are held out to cause them to change their minds before they finally commit themselves to confinement ; so that it is found in practice impossible to continue a person, who is an inebriate long enough in the same mind to ensure his detention. Capital has not been freely invested, therefore, in the formation of fitting houses, under the management of responsible and satisfactory managers.

“ A considerable number of houses are advertised in the medical and other journals as (according to their owners)

adapted for the purpose ; but with some exceptions in the case of females, whose managers are assisted by committees, they are unsatisfactory. Patients admitted to some of these places obtain liquor with the connivance of the attendants, and the benefit expected from the principle of seclusion does not arise.

“ The committee appointed at the annual meeting of the British Medical Association have been aware of the difficulties and the results. They have proceeded on the principle that institutions established for the purpose of treating inebriates should not be promoted for individual gain ; that the managers should have no pecuniary interest in the detention of any individual case. To effect this object, capital is required before a house can be opened. The committee therefore, with the assistance of the Social Science Association and the habitual Drunkards Legislation Society, organized a public meeting at the Mansion House, which was held in May last under the presidency of the then Lord Mayor. At that meeting, a society was inaugurated for the special purpose of obtaining funds and providing such a house by means of voluntary contributions in the first instance, but with the ultimate intention of making the establishment self-supporting. A committee of management was appointed, who were instructed to draw up the requisite regulations, and were empowered to do all such acts as might give effect to the resolutions. This committee have had many anxious meetings, and the result of their deliberations has been that, being a trading corporation, they have thought it best to avail themselves of the provisions of the Limited Liability Act, and have become incorporated under that Act. With the consent of the Board of Trade they are enabled to omit the word (limited) from their prospectus, because the Directors of the Company declare that they have no pecuniary interest in anything they may undertake in connection with the management. There are neither shares nor dividends, and no person, except the paid officers, can profit pecuniarily by the work which is proposed to be done. It was only on March 7th

that the authority of the Board of Trade was obtained, to enable them to take this step. The Association is called the Association of the Dalrymple Home for Inebriates. The name is given as recognizing the association with the late Mr. Dalrymple, who, when Member of Parliament for Bath, was instrumental in obtaining Parliamentary inquiry upon the subject of habitual drinking, and introduced a Bill into the House of Commons, the passing of which was ultimately frustrated by his death; but upon that Bill were framed some of the provisions contained in the Habitual Drunkards' Act of 1879.

“The object is stated in the memorandum of the Association—viz., the establishment of retreats under the Act. The income and property of the Association are to be applied solely towards the objects set forth in the memorandum. The first directors consist, among others, of Dr. Cameron, M.P., who was instrumental in obtaining the Act, Dr. Norman Kerr, who acts as Honorary Secretary, and Dr. Alfred Carpenter, who is Chairman of the Committee appointed by British Medical Association. Canon Duckworth, one of the Queen's chaplains, has been appointed Chairman of the Committee of Management; and they have already advertised for sites upon which a proper home may be erected, or for a house which is capable of being adapted to become such a home.

“The steps which have been taken are decided, but the business is not satisfactory, by reason of the impediments which are placed on the working of the Act, and which require that the machinery shall be expensive, and yet so determine that there shall be but little chance of any return upon capital invested in the scheme. The majority of inebriates who would place themselves under restraint are those who have dissipated their fortune, who have destroyed their annual income and all their prospects for future advancement and restoration to wealth, and are dependent upon their friends for maintenance. It is not from such a class that capital can be recouped for the venture. It is to be hoped

that the action of the Committee of Management for the Dalrymple Home may be more successful than some others have been; and your Committee recommend the Dalrymple Home to the favorable consideration of the British Medical Association, and to the benevolent public for countenance and support."

The term *alcoholic epilepsy* is not clinically correct. Many of these cases are only moderate alcoholics, and the epileptic symptoms can not be attributed to this drug. The alcohol merely explodes a degeneracy which comes from other causes. Cerebral traumatism in its widest sense often produces inebriety, which takes on epileptic symptoms. Often epilepsy is ushered in by excess in the use of alcohol. Here epilepsy is the disease, and the drink-craving only a symptom. To be alcoholic epilepsy the case must be shown to spring directly from excessive use of alcohol. The condition known as alcoholism is the chronic stage of inebriety. The disease is inebriety with epileptic symptoms. Some cases of inebriety exhibit epileptic symptoms with every toxic effect of alcohol. Others never develop these symptoms through many years of excess. The epileptic symptoms are due to other conditions than that produced by alcohol. Alcohol epilepsy is only the name of a condition of inebriety, and not the name of a distinct disease.

Hubbard's *Newspaper and Bank Directory of the World*. This is one of the great books of the century, devoted to newspapers and banks, with some general commercial information. It is literally a cyclopedia which deserves a place in the library, with Appleton's, Johnson's and others, that are indispensable to all scholars. The publisher and author, Mr. E. P. Hubbard, of New Haven, Conn., has built a permanent monument in this work, that will go down far into the next century.

Horsford acid phosphate is one of the very few remedies we have found particularly valuable in inebriety, and all the allied states of nerve exhaustion. We have used it for some time with most excellent results.

Editorial.

INEBRIETY, AND ITS PREVENTION.

A very large proportion of all cases of inebriety can be traced to certain definite causes and conditions. The use of alcohol is often only a station in the history of the case, where the disease takes on a new form. Sometimes this station is near the source of origin, at other times it is far down in the history. In all communities can be seen men of unstable brains, with defective nutrient, and functional activity, that will develop into inebriety from the slightest exciting cause. The healthy development of the brain or its functions, has been arrested and perverted before birth, or during infancy. Degenerations that are inherited, or come on from traumatism of all kinds after the development of the brain and its functions, are the primary causes. Slowly gathering through long years like the rivulets of a stream, they burst out at last from the first toxic action of alcohol, into conditions of exhaustion which demand relief from this drug ever after. The removal of alcohol in many cases is followed by the substitution of other drugs, and means for relief. The excitable temperance orator, who thanks God for relief and cure of this disorder, and uses tobacco to excess and is a gormand in his habits, is still an inebriate, only the symptoms have changed. The removal of alcohol only turns the diseased impulses into another channel. The temperance crusade must of necessity be temporary, because it does not reach down to the first causes. It simply awakens public interest on the subject, and by agitation opens the way for scientific research. Every inebriate has a defective organization. There are degrees of unsoundness of both mind and body, which in most cases existed

before any form of alcohol was used. Such organisms foreshadow inebriety long before it appears. Just as the consumptive diathesis is seen in persons who are as yet free from the disease. This can be recognized from inquiry into the heredity, revealing a defective organization, or special diathesis for some form of nerve disorder. Any profound nerve disorder will leave its impress on the children, in various ways that cannot be mistaken. The physical training of childhood may propagate conditions that will encourage the growth and development of inebriety later. Overwork and underwork, in bad sanitary surroundings, or want of training of any kind will have the same effect. Deficient nutrition, food wanting in building-up properties, or overstimulating, either too rich or too poor, are prominent factors. Bad moral surroundings is another element which favors exhaustion, and inebriety. All studies for prevention must be founded on a history of heredity, mental and moral trainings, surroundings and occupation. All church efforts and religious training will be ineffectual in prevention, unless based on a recognition of these facts. When from such an inquiry there appears a probability of the outburst of inebriety in the future, then measures of prevention are all important. Among these, rest is of great significance. Every condition of exhaustion and fatigue should be provided for by long periods of rest. A lawyer with a marked inebriate tendency, after a period of severe labor, goes to bed and remains there for days, reading novels until thoroughly rested. A clergyman whose ancestors were inebriates, found that after a season of hard work, he had an intense desire to use alcohol. By the advice of his physician he now goes to bed for a week when this appears, resting completely, and comes out free from such impulses. A child with such an entailment should always be given long seasons of rest. All neuropathic degenerations should be treated first of all by thorough and prolonged rest. Often this rest is obtained more from change of surroundings and labor, than from physical cessation of action; troubles and reverses of life are

centers of great danger. Business reverses, social troubles, and all the many psychical shocks which come from the intensity of modern life, suddenly precipitate an already unstable nervous system into diseased conditions. The prevention of these almost certain results, comes from avoiding all centers of care and excitement, and living a most quiet retired life. The regularity of all the habits of life, is a means of prevention almost unfailing. An inebriate diathesis either dormant or developed, will be effectually checked or antagonized, by regularity of the functions of life. This is a primary principle of treatment, upon which all restoration of healthy brain and nerve power must be built up. There are certain dangerous periods of life in which inebriety is likely to be contracted. Puberty is such a period. Sexual exhaustion at this time is an exciting cause, and alcohol taken at this state is very dangerous. From twenty-five to thirty is also full of peril. At this time business and social interests are intense, and in a formative state. The exhaustion following the intense anxiety that is relieved by alcohol demands a repetition of the drug, and inebriety follows. When the vitality wanes, and the vigor of the functions are lessened late in life, a new season of danger comes on. Special care and prevention at these times are demanded. Conditions which provoke further drain of energies, and commotion of the system, must increase the causes of inebriety. This field is almost boundless. The means at command if applied by an intelligent hand would do much to lessen the number of inebriates. An intelligent study of this subject is demanded. The public must be taught how to avoid the causes that lead up to this end. This is the true field for sanitary science. The condition of our surroundings is of minor importance if we have not brains to realize and provide against them. Teach the man or woman the value of prevention, this will give power to provide means which shall effectually stamp out much of the inebriety of to-day, because it reaches down to the first causes.

THE WORK OF OUR ASSOCIATION.

The following passages from the report of the secretary of our association at the last meeting are given as significant historical facts to all who are interested in this subject.

“The American Association for the cure of Inebriates was organized in 1870, and this is the thirteenth annual meeting. Its object and aim has been the study of inebriety as a disease, and the means and remedies for its cure and prevention. In 1876 the *JOURNAL OF INEBRIETY* appeared; this, with the several volumes of transactions, has laid the foundations for a literature exceeding any branch of psychiatry known. Like all other new movements, we have been fiercely assailed, first, by the religious denominations; then by physicians and temperance reformers. Although the heavy storms of persecution have passed away, the sutlers and camp-followers are still echoing the cry of vice and sin, far back from the frontiers of science

“The managers of the temperance society, who once manifested holy horror at the disease theory, and the possibility of treatment in an asylum, now join hands in establishing an inebriate home. The novelty of the theory of the disease of inebriety, after the first wave of opposition, attracted a crowd of enthusiasts, who entertained the most extravagant expectations. Asylums went into existence, managed by men utterly incompetent, and controlled by managers who had no conception of the work or its needs, the natural result of which was failure, not of the principles upon which they were founded, but the application of the means to the ends required. Another class have instituted faith cures, and homes where religion was the chief remedy, and are the same superstitious element who are ever seeking new roads and methods outside of the line of natural laws. . . . The statement of principles of this association have become a recognized part of the great truths of the world. Every text book of medicine and mental disease refers to the disease of inebriety in one way or another, fully endorsing the central facts upon which our association rests.

"The entire subject is yet in its infancy, and although the results of thirteen years' work by this association has been almost entirely preliminary, its influence is clearly seen in the progress of scientific thought. In England and France the most prominent studies of this subject are along the line of alcohol and its effects on the system. In Germany some inquiry has been started in a psychological direction. In this country, the birth-place of the scientific study of the subject, the questions of causation and treatment have occupied much attention. Inebriety in this country is a more pronounced nerve disease than elsewhere. No experience or study in other countries can furnish reliable facts that will apply here only in the most general way. The physical and mental atmosphere of American life is charged with psychological germs from which inebriety is constantly springing. Alcohol and spirits are largely agents that explode trains and causes which have gathered through long years.

"In other words, the use of alcohol is often but a symptom of disease, as well as a causative agent.

"The problems of treatment can only be solved from a thorough knowledge of the causes; of these alcohol is only one of many, and often insignificant in its influence.

"Hence a study of alcohol and its effects on the body, can give only one view of the subject, and alone add but little information as to the methods of treatment. All inquiries into the nature and state of the temperature of the blood, or the secretions, or accurate examination after death, will only furnish facts that are collateral, and secondary to the general nerve disorder which is present. Conclusions based on these alone will be but half-truths, and often misleading, and often of the same character as the assertions of enthusiasts who study the moral side alone. What is wanted is an accurate study of all the causes which enter into the physical state and mental condition of the inebriate. Those in charge of institutions and in private practice should study the clinical history of each case, noting all the states and conditions

which are formative in the inebriety of the patient. From these records, in the future, laws will be traced and understood that will throw light on the many problems at present unknown."

Inebriates are never regular in their habits of sleep. Some sleep profoundly after a certain degree of intoxication, others suffer from continuous insomnia, which is only broken at times by periods of prolonged sleep. The want of sleep is often the exciting cause of inebriety, and whenever the patient can sleep naturally and regularly every day his recovery is more or less assured.

The inebriate patient who sits up until after midnight every night, can not expect to recover rapidly. One of the first principles of treatment is regular habits of sleep, encouraging the patient to retire every night at a stated time. If he can be induced to spend ten or twelve hours in bed regularly every day, the exhausted nervous system soon begins the process of restoration. A good sleeping room with every surrounding to encourage rest and quiet is of inestimable value in the treatment. If physicians and friends of inebriates would insist on thorough rest at stated intervals great practical results would follow, and nature would do much to bring on recovery.

The meetings of our Association for the two years past have been steadily growing in interest, and influence from the valuable papers read.

Gathering in the parlors of the Young Men's Association at New York City, few in numbers, the influence and power of our work has already been felt in the fields of science all over the world. Public sentiment is ripe for a revolution regarding the inebriate, and his treatment, and our association are teaching the great truths, which a wider knowledge and better intelligence will fully endorse.

THE BROMIDES IN INEBRIETY.

The withdrawal of alcohol in inebriety is followed by many and often grave nervous disorders, for which the bromides are found almost specific. The reflex action of the spinal cord is depressed by this remedy, until the system can accommodate itself to the new conditions. Nervous activity is lowered, and all nerve force is diminished. How far this can be used with safety must be determined in each case. This remedy is literally dangerous in its indiscriminate use for disorders following the withdrawal of alcohol. Its effects are uncertain, and can with difficulty be controlled. They are of degrees merely, ranging all the way from mild sleep, to stupor, unconsciousness, and delirium. Sometimes they act quickly, then their action is delayed and cumulative. Bromide of ammonium is now more commonly used, because it contains more bromine. For the symptoms which follow the removal of alcohol, this drug is usually given in forty or fifty grain doses, often repeated, until the patient is quiet. Some physicians give one hundred grains every hour, until sedation is secured. Cannabis indica, hyoscyamus, and digitalis are often combined with this drug, and the effects are still more uncertain. The great danger comes from over sedation, with the consequent hyperaemias and anaemias, and in cases of inebriety both of these conditions may be present and still further increased by this drug. In some cases bromides may be very dangerous in still further depressing vital energies, that are already worn out. Some years ago I gave the bromides in this state, fearlessly, and without thought of any injury following from them. Occasionally heavy stupor and long continued narcotism would follow, coming on suddenly. Such patients would recover more slowly, and seem more neuraesthenic than others. Other cases after taking one or two hundred grains would become delirious, and cause much trouble, slowly recovering. Some cases would take but little of the bromide, and their restoration would be more positive. Patients themselves will find the bromides of value to check the psychical pain

from which they suffer, and take large doses secretly. The experience of many years has taught me to inquire into the history of cases before giving bromides. A case much worn and debilitated, is given small doses of the bromide in large draughts of ginger water. As soon as sedation is apparent this is discontinued. I never give large doses of the bromides for any length of time. Where small doses produce rapid effects I combine it with a tonic, usually cinchonia. Where no effects are apparent, I give warm baths, and very often get the full effect as soon as the bath is over. The remark of Dr. G. M. Beard is confirmed by all experience, viz.: "The bromides are powerful remedies, and they may be dangerous as well as powerful, but if we use them wisely, we can obtain and utilize their full power without danger." Certain rules should always govern their administration in inebriety. 1. Never give bromides to stupor, or full bromisation. If stupor follows—use hot baths and general nerve tonics.

2. If the bromides do not act promptly, give small doses at long intervals, and watch for the cumulative effect of all that has been given.

3. Never aim at anything more than limited sedation in these cases with bromide. If it does not follow the administration of three or more drams, try other remedies.

4. Bromides are dangerous remedies in inebriety, not so much from the direct action of the drug, as its influence on the diseased organism.

The next meeting of the American Association for the Cure of Inebriates will be held in New York City, October 11, 1882. The study of inebriety has widened out to such a magnitude, that it has been deemed more practical to confine the discussions of each meeting to some special phase of the subject. The etiology of inebriety will be considered at the coming meeting. Several papers have been promised, and the session will undoubtedly be of unusual interest.

THE WOMAN'S NATIONAL HOSPITAL.

The ground for the building of this pioneer asylum was broken in October last, and the work is being pushed forward very rapidly. The location at Wilton, Conn., is a charming one, overlooking Long Island Sound for thirty miles and more, nearly a thousand feet above tide water, with extensive views of hills and valleys in the west and north. The citizens of this town have subscribed about sixteen thousand dollars to locate the building here and help it on. The land on which it is built is given to the asylum, also the granite of which it will be constructed. The building will be three hundred and seventy feet long, and over sixty feet wide, and have a central pavilion and tower, with wings on each side. There will be three hundred rooms for patients of from sixteen to twenty feet square; a chapel, library, conservatory, and parlors for each ward. Extensive arrangements will be made for Turkish baths, a hospital room, a gymnasium, an art and music gallery. The grounds covering one hundred and thirty acres are to be laid out in lawns and drives, with parks and flower gardens. The water supply, ventilation and drainage, will be all that can be desired; the water coming from mountain springs in the neighborhood, will run to all parts of the building by gravitation, and be unfailing.

This institution is a private corporation designed for charity, free from all state politics, and thoroughly national in its board of corporators and endowments, from all over the country. Every tenth room will be free for the use of those who are unable to pay. For the other rooms will be charged a small sum sufficient to cover expenses.

The building and its endowments will come altogether from the free gifts of the charitable, from all sections of the country. Probably no other benevolent enterprise (even at this stage of the work), has a class of contributors scattered over so wide a section of the country, and representing so many leading men in all walks of life. This in itself is

a significant fact, indicating a recognition of the necessity and value of such a hospital. This will undoubtedly be the great pioneer work of the century for inebriate women and opium eaters. Among the board of officers may be mentioned: George B. Hawley, M. D., Hartford, Conn., Vice-President. T. D. Crothers, M. D., Secretary, Hartford, Conn. J. Edward Turner, M. D., Wilton, Conn., Treasurer and chairman of executive committee.

The American Journal of Stimulants and Narcotics is the title of a new monthly, under the editorial care of Dr. H. H. Kane, superintendent of the De Quincy Home, New York City.

The general appearance and contents of the first number is good, and gives promise of a vigorous growth, under the enterprising care of Dr. Kane.

The scientific study of this subject has hardly begun, and no field is wider and of more practical import in all the range of medicine.

INEBRIATE ASYLUMS IN GERMANY.—Dr. Baer, Berlin, Prussia, read a paper before the *Sanitary Congress* which met at Vienna lately, on the necessity of establishing asylums for inebriates, all over the German provinces. He also urged that persons convicted of drunkenness be placed in such institutions, instead of prisons, and that work be a part of the treatment. Prof. Vircho and other eminent physicians supported this view, and agreed to aid in bringing the subject before the German legislature at an early date.

An Inebriate Asylum for women, opened in January, 1880, in Boston, Mass., has received and treated over three hundred cases during the year. In January last this institution was incorporated under the state laws and placed on a firm basis. It has provided a working room, where laundry and sewing are provided, to enable the patients to pay for their care and treatment.

Clinical Notes and Comments.

ISMS OF INEBRIETY.

The study of inebriety has been persistently retarded by a class of men who have rushed around the subject, and jumped to conclusions not founded on reliable experience or study.

They seem to be dazzled from the first view of the subject, and in the absence of strong, clear judgment, plunge off into the by-paths of inquiry, with an enthusiasm that is both useless and aimless.

Such men vehemently urge that the inebriate is purely sinful, and a victim of moral depravity, the only remedy of which is conversion and change of heart. Or they urge that the pledge is sufficient to raise up the will power, and save the man from other dangers; still another class affirm that inebriety can be cured by dietetic means, of which grains as the chief diet, is almost an infallible remedy. Lately a class of healers have sought remedies through clairvoyants and spiritualists. At a meeting in New York a distinguished physician asserted, that nothing but omnipotent power through a miracle could save the inebriate. Then come the hosts of honest and dishonest quacks, who claim with an assurance that betrays itself, the value of this or that remedy.

The very novelty of these statements, or side views of inebriety, cover up the real facts, and like a "will of the wisp" plunge the inquirer into a perfect dismal swamp of speculation and absurdity.

Here, as elsewhere, the line of study and research, must be along the province of practical science. Inebriety in many cases is a "border land" disease, and a century will come and go, before it will be fairly understood. Nothing

but fallacy and mistake will come from efforts to know the nature and character of inebriety along these side tracks of morals and isms. Like an unknown continent, which must be explored, and accurately mapped before it is understood, so inebriety can not be known except from actual observation and study of all the facts.

All conclusions from any other basis, will have a future of disappointment and failure, and all homes and asylums that are conducted on any other than the broadest scientific principles can not live.

LESIONS OF THE PERITONEUM.

The following are the conclusions of Prof. Lendet in a recent study of the lesions of the peritoneum in inebriates, read at the Congress at Montpellier, and noted in the Medical and Surgical Reporter.

1. Persons who abuse alcoholic drinks may become the subjects of ascites, which comes on without marked symptoms and without prior notable derangement of health.
2. Such ascites is susceptible of prolonged arrest, and perhaps even of a definite cure.
3. The chronic peritonitis of drinkers may come on slowly without any grave symptom.
4. It comes frequently to be the result of a slow irradiation of lesions of the digestive canal, such as gastric cirrhosis, with or without ulceration or of enteritis.
5. Chronic peritonitis may produce inflammatory recrudescences of the peritoneum, general or partial effusions or intra-peritoneal hemorrhage.

Dr. Dccaisne of Paris has for over a year been feeding some pigs with alcohol and absinthe, and testing the quality and effects of the different kinds of stimulants.

Watching and noting the symptoms as they seem in this animal, some of these animals are kept in a state of continual intoxication, others are given a free interval with the view of seeing whether they can develop a periodical craving or dipsomania.

CAUSE OF DEATH FROM ALCOHOL.

M. Grehaut, at a recent meeting of the Biological Society of Paris, read a paper on the fatal doses of alcohol as determined from the blood.

The results of a series of experiments, showed that death took place when the blood of the animal or man presents the proportion of one part of absolute alcohol to one hundred of blood. When a condition of profound coma (called dead drunk) existed, it was found that one part of alcohol existed to one hundred and ninety-five of alcohol. Nature seems to come to the rescue at this point, and cause a degree of narcotism, so profound as to make it difficult to drink any more until active elimination had taken place. It may happen that nature is unable to make the person incapable of stopping at this point, and then a state of supersaturation will follow, attended with death.

This may occur suddenly after a state of coma, in which the person keeps on drinking, or follow from prolonged excessive use of spirits.

EARLY SYMPTOMS OF INEBRIETY.

It may be laid down as a rule that the greatest number of inebriates exhibit conditions of functional alterations and perversions of nervous energy, long before inebriety begins. Conditions of exhaustions, headaches, irregularities of mental and physical action, the presence of vehement and impetuous passions; and often extravagant ideas, with delusive imagination, and incapable of continuous work or study; others are void of energy, timid, irresolute, fearful, either acutely sensitive to every impression of the surroundings, or indifferent to everything. Excessive obstinacy, and impulsive thinking or acting, coming on in a person not noted for these qualities, are significant signs. These are some of the prodromic symptoms which in many cases go on to inebriety.

The clinical investigation of inebriety should be just as

precise and elaborate a process as the examination of any disease. The thorough scientific man dare not dismiss the whole subject after a few questions, and guess at the facts, or jump to conclusions intuitively. He proceeds to test the function and powers of the brain carefully, weighing all the facts and symptoms, using all the means and appliances possible, and after all the evidence is in reaches conclusions, which the facts sustain and point out. No disease is more complex, and requires more care in the study and diagnosis. Inebriety will be found to be one of the most curable of disorders, when the friends of patients shall insist on their early treatment in asylums. When such cases are recognized they will go to these asylums as readily as they now go to sea-side hotels or sanitariums. The stupid stigma which keeps patients away from asylums until recovery is almost impossible, or until every other means have been tried, is a barbarism of the past that should die out. The treatment of inebriety in asylums should be entered on freely and willingly by every victim, and encouraged by all their friends.

RIGHTS OF INEBRIATES.

The liberty of the subject with inalienable rights is a precious trust, and all persons should be treated with due consideration, but precautionary means must be taken to prevent grievous infringement of the liberties of others. The law of protection and mutual good demands that no one be allowed to corrupt blood, and to contaminate healthy members of community with insidious infection, to become multiplying and deadly. Restriction must necessarily be imposed on the absolute liberty of the individual. A common sense view of social interest demands it, and any feasible and fairly operating law would not only show wisdom and philanthropy on the part of statesmen, but also economy, that takes the inebriate under its positive protection, building and conducting asylums where he can be both restrained and cured.

STUDIES INTO THE EFFECTS OF ABSINTHE.

We have noted from time to time some of the researches of M. Magnan, of Paris, on the effects of absinthe. He has maintained that small continuous doses of absinthe causes convulsions of different degrees in animals, resembling those of epilepsy. The principal symptoms of which are, loss of consciousness, tonic and clonic spasms, with tongue biting, involuntary evacuations, and subsequent coma. These effects follow in man where the use is prolonged and excessive. These facts are now disputed by other authorities, noted of whom are Bohn and Kobert, who assert that the results from the action of absinthe on animals, vary in man. They affirm that the essence of aniseed in absinthe possesses the deleterious properties, and that the effect is attributed to absinthe. Other observers have given large doses of this drug to animals without noticing the effect noted by Magnan. M. Laucereaux considers that all the cases where convulsions followed, there was an epileptic diathesis or hysterical condition present, which developed from the use of this drug. Chronic meningitis is supposed by one author to be the cause of the convulsions, and absinthe only the exciting cause. Another author considers that these cases are true hysteria, or hystero-epileptic, and that any form of alcohol would develop this condition if given long enough. Magnan's conclusions have received confirmation in this country, and in England, and in all probability they embrace a range of facts that are not all understood at present.

It is agreed by all observers that the effects of this form of alcoholic drink are more severe and pronounced than any others, and if it does not produce epilepsy it certainly brings on conditions which lead to this disease very soon. The delirium of grandeur, noted in many cases of inebriety during the paroxysm of drink is very significant. When it grows out of some special circumstance or condition of surrounding, and assumes a consistent reality in both thought and action, the inference of profound disturbance is clear. But when it starts up suddenly not based on any consistent condi-

tions, and seems more the egotistical vagaries of the moment, it is less grave in its meaning. Often these exaggerated conceptions of power and wealth increase as the body becomes feebler, and functional activity diminishes; and in some cases never entirely leaving the mind. The character and nature of these delusions furnish many hints of the mental condition of the inebriate.

A SUGGESTIVE INCIDENT.

A very excellent English clergyman who had overworked and continuously neglected all care of his health, called one morning on a chronic inebriate, and read him a sermon on this besetting sin, warning him in the most earnest manner to give up the use of alcohol, or he would be lost for ever. The inebriate treated this with great contempt and ordered the minister out of the house. He complied, but became so much excited that he rushed into the public square of the village, and began to pray and preach, calling down the judgment of God for such sin, and warning others of the terrible fate if they continued intemperate. So intense was his conviction, that he continued to both pray and preach at home and abroad, refusing to sleep or eat while so much drunkenness existed that should be rebuked, and after a period of twelve days of maniacal excitement died. The failure to convert this one inebriate brought on acute mania and death. Reasoning after the manner of many of our temperance friends, the inference would be clear that clergymen are in great danger of insanity who attempt to convert inebriates that are incorrigible, and resist their efforts.

Dr. Platonoff from a study of many cases of inebriety, concludes that this disease is a neurosis of impulsive character identical with kleptomania, dipsomania, etc. That it can develop without the previously existing abuse of alcoholic drinks, as the result of other conditions of the system; as in psychoses, has a central origin. *Vratch*, No. 6. *Medical Record*.

Dr. Vacher of Edinburgh read a paper lately before the British Medical Temperance Association, on substitutes for alcohol in the treatment of fevers. He said "in the personal experience of three hundred and forty cases of fever which I treated, in not one of them have I had occasion to prescribe alcohol or alcoholic liquors, except in the form of compound tincture of bark, aromatic spirits of ammonia, and chloric ether; the dose of the bark tincture has rarely exceeded half a dram. The mortality was less than in other hospitals, and the duration of the cases seemed shorter. The three drugs which I have relied upon most for substitutes for alcohol, were ammonia, cinchonia, and camphor. The carbonate of ammonia was found to be the best; with this was given a decoction or tincture of cinchonia. For the rigors, syncope, and hard dry tongue of certain stages of fever, the syrup of ginger, or a few slices of preserved green rhisome, in a tumbler of hot water, was found to have an excellent result. For fainting, Hoffman's ether and ammonia were given; for profuse perspiration, quinine, and frequent sponging of the body with acid water. For thirst, grapes and fruit were found very acceptable. Beef tea, jells, soups, and ice water were given at all times.

The causes of inebriety have been ascribed to vice and sin, simply because no better explanation could be given. Like standing on the borders of an unknown land, and supposing that the distant mountain outlines were rivers of gold, and the shadowy valleys the home of gods. The real facts can only be ascertained by a literal exploration, and study of all the valleys and mountain ranges, then the physical or spiritual causes of inebriety will be made clear.

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ALBERT DAY, M.D.,

SUPERINTENDENT AND PHYSICIAN.

P. S.—Public Temperance Meetings—always entertaining and instructive, inmates and graduates being usually the speakers—are held in the Chapel of the Home every Tuesday evening at 7.30 o'clock, and Sunday at 6 o'clock, P.M.

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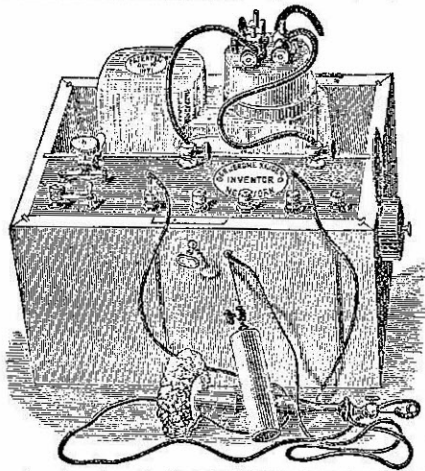
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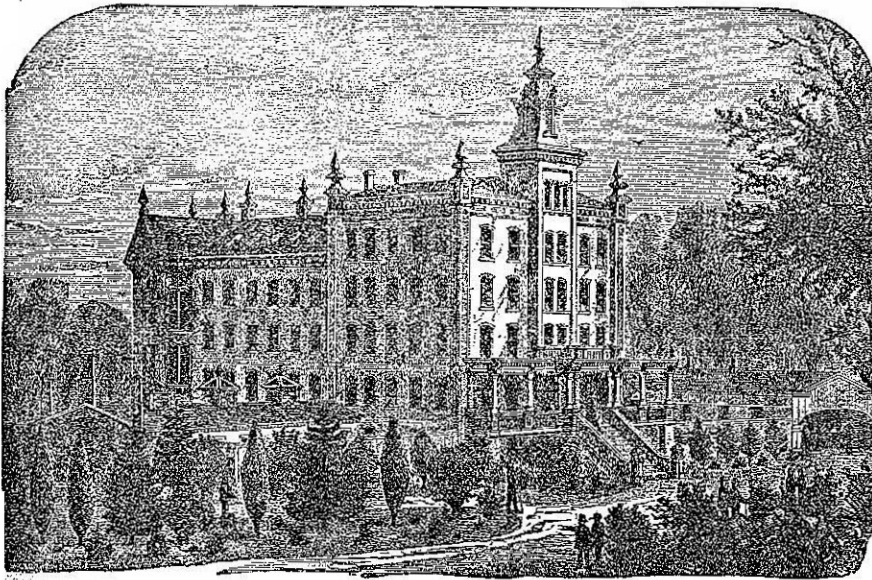
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