

# THE QUARTERLY JOURNAL

OF

# INEBRIETY.

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CERTIFICATE OF COMPOSITION AND PROPERTIES OF LACTOPEPTINE BY PROF. ATTFIELD,  
PH.D., F.R.S., F.I.C., F.C.S., PROF. OF PRACTICAL CHEM. TO THE PHARMACEUTICAL  
SOCIETY OF GREAT BRITAIN.

LONDON, May 3, 1882.

LACTOPEPTINE having been prescribed for some of my friends during the past five years—apparently with very satisfactory results—its formula, which is stated on the bottles, and its general characters, have become well known to me. But recently the manufacturer of this article has asked me to witness its preparation on a large scale, to take samples of its ingredients from large bulks and examine them, and also mix them myself, and to prepare *Lactopeptine* from ingredients made under my own direction, doing all this with the object of certifying that *Lactopeptine* is what its makers profess it to be, and that its ingredients are in quality the best that can be obtained. This I have done, and I now report that the almost inodorous and tasteless pulverulent substance termed *Lactopeptine* is a mixture of the three chief agents which enable ourselves and all animals to digest food. That is to say, *Lactopeptine* is a skillfully prepared combination of meat-converting, fat-converting, and starch-converting materials, acidified with those small proportions of acids that are always present in the healthy stomach; all being disseminated in an appropriate vehicle, namely, powdered sugar of milk. The acids used at the factory—lactic and hydrochloric—are the best to be met with, and are perfectly combined to form a permanent preparation; the milk sugar is absolutely pure; the powder known as “diastase,” or starch-digesting (bread, potato, and pastry-digesting) material, as well as the “pancreatin,” or fat-digesting ingredients, are as good as any I can prepare; while the pepsin is much superior to that ordinarily used in medicine. Indeed, as regards this chief ingredient, pepsin, I have only met with one European or American specimen equal to that made and used by the manufacturer of *Lactopeptine*. A perfectly parallel series of experiments showed that any given weight of acidified pepsin, alone, at first acts somewhat more rapidly than *Lactopeptine* containing the same weight of the same pepsin. Sooner or later, however, the action of the *Lactopeptine* overtakes and outstrips that of pepsin alone, due, no doubt, to the meat-digesting as well as the fat-digesting power of the pancreatin contained in the *Lactopeptine*. My conclusion is that *Lactopeptine* is a most valuable digesting agent, and superior to pepsin alone.

JOHN ATTFIELD.

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This journal will not be responsible for the opinions of contributors, unless endorsed by the Association.

AN ATTEMPT TO CODIFY THE COMMON LAW  
RELATING TO INEBRIETY, FROM A CLINICAL-  
SCIENTIFIC AND FORENSIC STANDPOINT.\*

BY EDWARD C. MANN, M. D., NEW YORK CITY.

The teachings of science and the facts of observation respecting the study of Morbid Psychology have led the author to consider the following propositions as applicable to and indicating the forms of inebriety which affect the legal responsibility of men, and indicating to whom should be allowed the immunities of inebriety:—

1. If the jury in any case believe, from all the evidence in the case, that a given act was committed by the prisoner in a state of inebriety, they should acquit him on that ground.
2. To connect threats with an overt act, the jury must find that they were uttered maliciously, seriously, with the intent to execute them in accordance with the purpose expressed by the prisoner in a normal state of mind; and that the overt act occurred in pursuance of those threats.
3. Under any circumstances the jury must find, in any given case, that any threats and acts in question were the product of a normal mind.

\*Read before the annual meeting of the "American Association for the Cure of Inebriety," May 21, 1883.

4. If there is a lack of malicious purpose, of depravity of heart, and a diseased understanding or will, there is a lack of the essence of crime.

5. When there is a defect of the mind the will does not join with the act. If disease of the body affecting the mind deprives a person of a determination of his choice to do or to abstain from a particular act, there is loss of responsibility entailed on that person by reason of physical disease, viz. : inebriety.

6. The primary part of any case of the prosecution where inebriety is alleged as a defense to be established to the satisfaction of the jury beyond any reasonable doubt, is, that a person accused shall be possessed of an intact intellect, shall have shown evil designs, and that he has not been deprived by disease of the power of choice, or of moral liberty, and that the act was not the outcome of disease; and the normal state of the prisoner's mind is to be made out affirmatively by the prosecution as a part of their case.

7. Disease of the mind may deprive a man of understanding or of liberty of will, and may make him, therefore, incapable of appreciating the obligation of law, and should deprive him of his liability to punishment for violating laws which, by reason of diseased intellect, emotions, or will, he may not have the capacity to obey. In respect to a given act, such a man has not the normal consent of his will. Lord Hale says : " The consent of the will is that which renders human actions either commendable or culpable ; as, where there is no law there is no transgression, so regularly, where there is no will to commit an offense there can be no transgression or just reason to incur the penalty or sanction of that law instituted for the punishment of crimes or offenses ; and because the liberty or the choice of the will presupposed an act of the understanding, to know the thing or action chosen by the will, it follows that where there is a total defect of the understanding, there is no free act of the will in the choice of things or actions." Therefore, no man can commit a crime *unless he has the control of his will*. An unwarrantable act without freedom of the will is no crime at all.

8. An individual should be exonerated from liability for his act, where, although he knew right from wrong, he was overborne by an impulse he could not control, where he saw the wrong, perhaps, but had no power to abstain from the act.

9. In any given case, even if the evidence as to the inebriety of an individual should leave it in doubt as to whether he were intoxicated or not at the time of the commission of the alleged act, the individual is entitled to an acquittal. If the jury entertain a reasonable doubt as to the perfect sanity of an individual at the time of the commission of such act, respecting such act, they are bound to acquit him.

10. If an individual, as the result of disease, is temporarily thrown into a state of excitement, in which he is divested of his mental power to an extent placing him beyond the range of self-control, in reference to the particular act charged against him, so that he could not possibly restrain himself from the commission of the act alleged against him at the very time of its commission, he is entitled to an acquittal. Was he at the very time of the perpetration of the deed rendered by disease incapable of reasoning upon what he did, or of refraining from the commission of the deed?

11. In moral insanity, or affective insanity, which is analogous to dipsomania, the affections—passions and emotions—are affected by disease, while the intellect may be, as far as we can discover, unimpaired. Hammond has correctly testified that the mental diseases to which these terms of moral or affective insanity are applied are real, undoubted diseases of the mind controlling human action. Bucknill and Tuke of England, in their *Manual of Psychological Medicine*, so hold.

12. The knowledge of right and wrong with regard to any particular act is no test at all of a normal state of mind or mental responsibility. Fully one-half of the insane in asylums to-day perfectly appreciate this difference as well as sane persons do.

13. No act done by a person in a state of inebriety can be punished as an offense, and no insane person can be tried,

sentenced to any punishment, or punished for any crime or offense, while he continues in that state.

14. Inebriety being thus established as an absolute bar to a criminal prosecution, which forbids responsibility for a crime or offense committed while in that state, it is immaterial how long inebriety exists before or after the commission of the act. It is enough that it existed at the time of its commission. If mind is obliterated or diseased for *any* length of time, however short, it is a good reason for recognizing unaccountability.

15. If some controlling disease is the acting power within any individual, which he cannot resist, that individual is not responsible. We must remember that the moral as well as the intellectual faculties may be so disordered by disease as to deprive the mind of its controlling and directing power.

16. Judge Edmonds has said: "In order to constitute a crime a man must have memory and intelligence to know that the act he is about to commit is wrong, to remember and understand that if he commits the act he will be subject to punishment, and reason and will to enable him to compare and choose between the supposed advantage or gratification to be obtained from the criminal act, and the immunity from punishment which he will secure by abstaining from it. If, on the other hand, he have not intelligence and capacity enough to have a criminal intent and purpose, and if his moral or intellectual powers are so deficient that he has not sufficient will, conscience or controlling power, or if, through the overwhelming violence of mental disease, his intellectual power is for the time obliterated, he is not a responsible moral agent, and is not punishable for criminal acts." It will be seen that the learned judge had very correct conceptions of mental pathology, as in the remarks he includes intellectual insanity, moral or affective insanity, and temporary insanity, and inebriety. He correctly recognizes that the perception, emotions, and the will may be affected, as distinct from the intellect. Also that the absence of the power of self-control, the result of disease, is an essential element in responsibility.



17. There should be immunity resulting from a *recent* or *sudden cause* which may deprive an individual of the power of choice, of moral liberty, or of mental freedom in regard to a given act.

In a given case, if an individual, at the very time of the commission of an act alleged against him, from causes operating for a considerable length of time beforehand, *or recently or suddenly occurring*, is mentally unconscious of the nature of the act in which he is engaged, he is legally irresponsible for it. The state of mind at the time of an act is to be looked at in determining the character of such act. To put such a test to the jury as the ability or capacity to distinguish between right and wrong, is no standard as to whether a man is or is not in a normal state of mind. Most of the insane inebriates when they commit crime are carried away by ungovernable feelings, and most of them can distinguish between moral right and wrong. They are, nevertheless, totally irresponsible, criminally, for their actions. When the mind is in a state of frenzy a man is deprived of his moral liberty, deprived by the uncontrollable influence of all control over his will. *The intellect may condemn an act which the will is powerless to restrain.*

18. We may have partial inebriety in which either the intellect, the emotions, or the will may be together or separately affected by disease in a manner to completely annul responsibility.

19. If we say that a person who has sufficient mental capacity to distinguish between right and wrong, in reference to its particular act, and to be conscious that it is wrong, is in a normal state of mind, then we must empty our insane and inebriate asylums of one-half of their inmates, as they are by this test of normal mind held there unjustly, in defiance of law.

20. If an individual, by reason of the disease of inebriety, entertains false hopes, has unwarranted and unsound delusions or hallucinations of the special senses; has his natural affec-

tions perverted by disease; cannot estimate correctly the amount of property he is possessed of; has delusions of wealth or grandeur; has not the capacity to exercise will in reference to his conduct, he has not proper testamentary capacity.

21. *Testamentary Capacity.*—If an individual is intellectually and morally sane in reference to the commission or execution of a legal document; understands the nature and amount of property he is disposing of; does not ignore the claims of natural relationship; is not influenced in the making of a will by delusions respecting those nearest and dearest to him, such an instrument is valid, even if the person making such an instrument be the subject of mental disease or inebriety, and confined in an institution for the treatment of mental disorders, or in an inebriate asylum.

22. In delusional inebriety it must be remembered that the premises reasoned from by the inebriate are uniformly false. The intellect is diseased; the imagination is diseased and disordered. Morbid delusions, and not real circumstances, are the impelling motives to acts.

In the criminal inebriate a strict inquiry must be made in relation to his former habits, disposition, and modes of feeling and action. This will probably result in one of two things: either a marked change will be found to have occurred, which will be likely to date from the period when he sustained some reverse of fortune, or experienced the loss of some near and dear relative, or the alteration will be found to have been gradual and imperceptible, consisting in an exaltation or an increase of peculiarities which were always natural or habitual. There is also another tolerably extensive class of cases in which the change has been subsequent to some shock which the bodily constitution has undergone; and this has been either a disorder affecting the head, an attack of paralysis, a fit of epilepsy, or some fever or inflammatory disorder. The change, however brought about, is always found in the temper, disposition, habits, and moral qualities of the individual, and is uncomplicated with any delusion or

other evidence of derangement of the intellectual faculties. It is properly described by Haffbauer as being *a state in which the reason has lost its empire over the passions, and the actions by which they are manifested, to such a degree, that the individual can neither repress the former nor abstain from the latter.* It does not follow that he may not be in the possession of his senses, and even his usual intelligence, since, in order to resist the impulses of the passions, it is not sufficient that the reason should impart its counsels, *he must have the necessary power to obey them.* The inebriate may judge correctly of his actions without being in a condition to repress his passions and to abstain from the acts of violence to which they impel him.

Dipsomania exercises a sway, *perfectly tyrannical,* over the entire man and his actions, every moral power or faculty *is liable to be perverted or deranged in its manifestations,* but those which are the most prominent, and the most frequently exhibited in the affairs and conduct of life, are the most liable to deranged actions.

*"The principle of forming volitions, and of carrying them out into acts, must be fully possessed to render a being accountable."* When, therefore, the first is necessarily rendered incomplete, or the last prevented by some insurmountable obstacle, all accountability is destroyed. It is in the first only that we witness the agency of moral mania.

Inebriety is a disturbing element thrown into the very sources whence volitions are derived, and either contributes, in a large measure, to the formation of those that would otherwise remain unformed, or prevents the formation of others that would otherwise be formed. In either way, it disturbs the ordinary normal operations of the mind, and thus absolves it from accountability.

It is not easy to define in what respect this new element modifies the volition or the act. The inquiry in relation to the former is unnecessary, except so far as it qualifies the latter. In regard to the manner or respect in which it modifies or affects the latter, so as to absolve from its conse-

quences, there can never be expected an entire agreement between writers or thinkers, or even the decisions of judicial tribunals. I have supposed we might find, in *irresistibility*, a principle upon which all might agree. That wherever this quality should be found attached to an act, so far as to control it, the actor, in respect to such act, should be deemed irresponsible.

Without moral liberty there can be no responsibility for crime. *In the moral, normal sane state of the faculties, this enters as an essential element. In the deranged state of the moral faculties, where the sources of impulse, motive, and feeling are perverted and deranged, this liberty is destroyed, and with it the accountability for actions. Irresistibility, where it arises from deranged or perverted actions, should absolve from all accountability, because:*

1st. *The act is unavoidable, and the action, therefore, is no more a subject for punishment than a machine for going wrong when one part of its machinery is out of order. To administer punishment, under such circumstances, would shock all the moral sympathies of men.*

2d. One of the purposes of punishment would never be answered by it, viz.: the reformation of the criminal. If the act be irresistible, the whole effect of punishment upon the individual must be lost.

3d. Another of the purposes of punishment would remain equally unanswered, viz.: the salutary effect to be produced by it upon the minds of others. That effect, instead of being salutary, would be in a high degree injurious, as it would shock all moral sensibilities, and create a horror of the law itself, which could thus needlessly sacrifice life without answering any good end or purpose." From this view it should follow—

23. That in any given case where inebriety is alleged as a defense for homicide, if, at the time of the killing, the reason and mental powers of the individual who committed the deed were so deficient that he had no will, no conscience or controlling mental power; or if at the time of the homi-

cide, through the overwhelming violence of mental disease, his intellectual power was for the time obliterated, then in either of such cases the individual should not be held guilty of murder, or if, from the evidence in the case, it shall appear that the individual who committed the homicide was for a long time before, and at the time of the killing, laboring under mental disease, attended with delusions, and that in a paroxysm or outbreak of this disease of the mind, his reason and judgment were for a time overwhelmed and suspended, and while they were thus overwhelmed and suspended, the individual committed a homicidal act, he should not be held guilty of murder; or if by reason of mental disease an individual becomes subject to great, causeless, and violent paroxysms of rage, so that in any given case his power of distinguishing whether he is committing a crime is lost or suspended, he would not be guilty of murder if he committed a homicide, or, if in any given case the evidence shall show that from any predisposing cause an individual's mind is impaired, so that there is a prolonged change in his character, becoming sad, gloomy, and unsociable, and without interest in things he was formerly interested in, and under the influence of said causes, he becomes incapable of governing himself in reference to any particular person, and at the time of committing a homicide, is, by reason of said causes, unconscious that he is committing a crime as to such particular person, he should not be held guilty of murder in case of a homicidal act committed on such person.

24. The instructions of Chief Justice Perley, of the Supreme Court of New Hampshire, to the jury in the case of *the State vs. Pike*, tried Oct., 1876, show that he was well versed in the principles of psychological medicine, and believed that legal tests of responsibility should always be derived from medical authorities who found their opinions on the observation of facts, and that the courts should not trespass on the province of the expert any more as regards insanity than in the case of consumption, yellow fever, or the contagious diseases. No one but a practical alienist and neu-

rologist can have a thorough and accurate knowledge of the manifestations of mind while under the influence of disease. Such knowledge is necessarily confined to persons who have made insanity, inebriety, and nervous diseases their special study. Are men, however eminent, qualified to lay down general principles touching the measure of responsibility which is left after mental disease has commenced: who never observed a single case of inebriety closely, who know nothing of its various forms, nor of the laws which govern its origin and progress, and who are not practically acquainted with the operations of the inebriate mind? In the trial referred to, Chief Justice Perley used this language: "That, if the killing was the offspring or product of mental disease in the defendant, the verdict should be 'not guilty by reason of insanity;' that neither delusion nor knowledge of right and wrong, nor design or cunning in planning and executing the killing, and escaping or avoiding detection, nor ability to recognize acquaintances, or to labor, or transact business, or manage affairs, is, as a matter of law, a test of disease; but that all symptoms and all tests of mental disease are purely matters of fact to be determined by the jury." We should have a code which should be alike in every state of the Union, in which it should be provided that *no act done by a person in a state of inebriety, or any other condition of mind in which the person is involuntarily deprived of the consciousness of the true nature of his acts, can be punished as an offense.*

If the evidence of inebriety is once established, the responsibility of the party is done away, and no persons should be considered capable of giving opinions in judicial proceedings relative to inebriety unless they have extraordinary knowledge and skill relative to the particular disease—inebriety—and have possessed unusual opportunities for studying the character and conduct of the inebriate. The plea of inebriety calls for a careful and impartial investigation, and in criminal trials, where inebriety is alleged as a defense, only men of experience in the management and treatment of mental diseases and inebriety, should be allowed to examine the ac-

cused. With respect to the way in which this should be done we refer the readers to our address before the New York Medico-Legal Society on a "Plea for Lunacy Reform," published in the September, 1883, number of the Medico-Legal Journal of New York. It will be seen that we there advocate a commission of experts who should, as in France, examine the accused and make a written report of his mental condition to the court at the time of trial. In France, where this thing is done properly, if the commission report the accused as insane, there is no trial, the accused being sent to an asylum. In all such cases the prisoner should be placed in the state hospital for the insane or inebriates, that he might be observed by the superintendent, who, when satisfied as to the mental condition of the accused, should duly report in writing respecting his mental condition.

28 WEST 30TH STREET.

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Dr. Clouston of the Royal Edinburgh Asylum for the Insane in Scotland, remarks in his last report: "The greater my experience becomes, I tend more to substitute milk for stimulants. In every acute case of depression and maniacal exaltation, where the disordered working brain tends rapidly to exhaust the strength, I rely more and more on milk and eggs made into custards. One such case this year got eight pints of milk and sixteen eggs every day for three months, and under this treatment completely recovered. I question whether he would have done so under any other. He was almost dead on admission, acutely delirious, absolutely sleepless, and very nearly pulseless."

Not only the picket line, but the great army of research have gone on beyond the fogs and mists of vice, which are seen by the moralists and theologians; whose protests and cries of infidelity are fading, like the dying echoes of far-off sounds. Inebriety is a disease, and all exact study attests it. Its denial comes from ignorance, and incorrect observation, and want of study of a single case carefully.

THE FIXED IDEAS OF THE DRUNKEN STATE,  
THEIR CAUSES, CONSEQUENCES, AND  
ASSOCIATED RESPONSIBILITIES.

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

It is a principle in Natural Philosophy that a body projected into space will, abstractly considered, progress with an equable velocity, and in an undeviating line of direction, forever. But, in consequence of modifying influences of a local and temporary character, this great law of nature is hindered, and the missile, under the resistance offered by gravitation, and by the atmosphere, describes an increasing curve, and speedily falls to the earth.

In a manner analogous, an idea projected into the mind, no matter whence its source—whether of perception or suggestion, or of the organic processes going on within the body—has, abstractly, a natural tendency to remain fixed and unchangeable, as long as that mind is in existence. But by the intervention of certain modifying agencies, an idea so projected soon loses its ascendancy, wavers, falls, and is forgotten. The modifying forces in this case are many, but a few of them are paramount. Of such are *sensation*, producing new perceptions, mental *association*, and the intrusions of *memory*. The end is, in the sound mind, that the projected idea gives way to new perceptions, associations, and reminiscences, and it falls into oblivion.

With matter and its laws we have here nothing further to do. But respecting the fate of ideas in the mind of man, under certain conditions, we have somewhat to say.

There is a peculiar grade of alcoholic inebriation wherein the sensibilities of the entire system, general as well as organic, become seriously blunted; where, in fact, sensation is



so greatly impaired as to be nearly obliterated. Sensations often are with difficulty aroused. Even severe injuries are not noticed or known, for they are not felt. The sensibilities are so benumbed that accurate perceptions are impossible. The consequence is that any idea or ideas, that happen to be uppermost and dominating in the mind, remain unchanged and continuous, because an important function, sensation, through which they might become modified or superseded, is latent and inactive. Such ideas, under their peculiar morbid condition of the nervous system, therefore, remain *fixed*; and they are, to a considerable extent, unalterable.

Under some physical relations, this morbid state is of no serious importance. But under others, it is of the greatest moment, both as to the quality of action and the degree of responsibility flowing from action.

In the earlier periods of a drinking bout, ideas may seem to flow rapidly, with many and pleasing changes. But it is not very long, if the drinking is heavy, until the insensibility of nerve, called *anæsthesia*, becomes pretty well established. In this state of true inebriation, the fixedness of the ideas may be perceived by the tenacity of the motive and conduct of the individual. For hours together the inebriate will repeat some imbecile incongruity of mental association to all who will listen, mistaking it for wit. He will search for some thing or some person, with unabated assiduity, during periods of time greatly in excess of the importance of his quest, and of good sense and sober judgment. The leading idea of the mind is not readily changed or abandoned. The facilities for the introduction of new ideas are greatly confined and hampered by reason of the impossibility of presenting new perceptions for mental contemplation.

Thus far, however, there is little or no harm flowing from the fixation of ideas. They are usually pleasant in kind. The feelings are agreeable, and the disposition is correspondingly generous and playful. For the truth of these statements I can only appeal to the observation and experience of beholders. But assuming them to be true, they become important, in view of what next takes place.

It is well known that in a subsequent stage of intoxication the brain becomes poisoned and distressed through the retention in the circulation of urea, carbonic acid, and other noxious substances. The disposition of the mind is now wholly changed. Ideas are no longer light and frivolous, and the temper and feelings are no longer generous and playful. Yet the anæsthesia remains, and the ideas present are still fixed, and are with difficulty abandoned or modified.

The cephalic distress engenders a sullen disposition; and hate, rage, revenge, and desperation color the dominant ideas. It has been well said that "rage is a brief insanity," and that, too, of a very dangerous kind. There are few people of sound mind who have not rejoiced that rage is short in duration. There are but few who do not feel that were it otherwise, they would most probably be called upon to mourn, because of some deed of violence that rage and fury had tempted them to perpetrate. The law recognizes the insanity of rage, when it materially reduces the responsibility for acts—even homicides—committed in a sudden passion.

How different it is with the mind driven to fury by the consequences of drink! This is not a "brief madness." It is lasting, and from its very nature it is unmanageable, unchangeable, *fixed*. It is morbid in its inception and continuance, and it is beyond the power of the mind to cast it off.

For this lasting maniacal rage—as all rage is maniacal—the law makes no allowance. The criminal acting under passion, though it is morbidly fixed, when that passion arises from drink, is held accountable, even as though his acts were coolly premeditated. Yet it is not so when the fixed rage is the result of any other morbid state, as, for instance, insanity, associated with brain degeneration.

If common anger is a brief madness, invoking the merciful consideration of the law, I cannot see why the rage of the advanced stages of drunkenness, which is a long—not brief—madness, should not be entitled to a similar consideration. If the principle is correct, that sudden passion precludes the

possibility of a rational consideration of surrounding circumstances, and of threatening consequences—*because of the violence of some presiding emotion*—I cannot see why the same principle is not applicable to the sullen and unyielding passion which occupies the mind for hours, or it may be years, to the exclusion of right reason and healthful design, *because of the unwelcome intrusion of disease*. In the latter case the will is not only innocent in the inception of the madness, but it is absolutely incapable, through a morbid condition of the body, of righting the wrong state of motive and disposition.

The establishment of dram-selling as a "business" is not strictly chargeable to the drinker, the manufacturer, or the seller. The political economists, the social and civil leaders in society, are also largely chargeable with the establishment of dram-selling as a *business*, and, of course, with its evils and consequences. Drams cannot be openly sold in the way of legitimate traffic without the consent of these economists and leaders. And no consent to sell can be had without money paid down.

Could some approved plan of election be formed, by which all participants in alcoholic crimes would be brought to merited punishment; so that the consenting Pharisee would be compelled to wear the penitential stripes, for a time proportioned to his guilt as an accomplice, the business of dram-selling would disappear, and the crimes of intoxication would become comparatively infrequent.

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The condition prominent with most persons who have become victims of intemperance is inordinate eating, which induces a desire for stimulants. The wine-drinking habit, wherever it exists, is found in close sympathetic connection with convivial opportunities. Much more liberal drinking is found to exist previous to, at, or after meals, than in intervals of times somewhat remote. We matriculate our drunkards at our domestic tables, we develop them at our feasts and festive occasions, we graduate them at our saloons.

DR. JACKSON.

ples, their adoption is a certainty and only a question of time. Our principles have been antagonized by old notions and dogmas, which have befogged the public mind, and the result has been the almost complete demoralization of the temperance reform. Has not the time arrived for a new departure? Dig deep and lay the foundation in truth; probe the disease and let it become a subject for scientific investigation, that the true remedies may be applied.

The disease theory is not a new invention. More than a hundred years ago Dr. Trotter, an eminent Scotch physician, wrote an essay on inebriety, in which he defined drunkenness in the following words: "*In medical language I consider drunkenness, strictly speaking, to be a disease, produced by a remote cause, and giving birth to actions and movements in the living body that disorder the functions of health.*"

In the medical press the disease of inebriety and its curability are generally conceded.

During the past year a large number of papers have been read before the medical societies in this country on alcohol and its abuse, in which our position has been indorsed. Asylums for the treatment of this disease are steadily gaining favor and becoming more and more systematized.

We have thus far but touched the shores of an unknown continent, and have only discovered that a vast realm of physical law, of cause and effect, are behind this great army of inebriates; that it is in our power to discover these laws and forces and apply the remedies.

The magnitude of the evil inebriety, and the increasing recognition and necessity for relief, will demand a practical test of theories and means of remedy which we believe to be correct. Our buildings must be adapted to the proper execution of our work, and adequate means should be appropriated from the public treasury, and our laws should be so modified that instead of making them criminals, place them under curative regimen. Our laws in regard to inebriety are a shame and a dark blot on the civilization of the age, and strange as it may seem, there are those in this enlightened

community who are pleading for the widening of this infamous theory of coupling this disease with sin and crime.

The pet text has been for preachers, when the subject of temperance was to be discussed from the pulpit, "No drunkard shall inherit the Kingdom of Heaven." They never have a word to say about the extortioners, liars, and other vile creatures which are joined to the same text.

The friends of temperance as well as other reforms have no cause for alarm when looking over the field, the world, and view the misery, the suffering, the desolate homes, the shameful crimes, which the drinking custom is causing. The semi-savage or barbarous state to which the higher civilization is obliged now to submit, with all its grossness and selfishness, will be ultimately abated, and the violence by which it seeks its objects will be mitigated by the higher faculties, and the gentler affections of our nature. The crimes now committed under the sanction of law and public acquiescence will come to an end. Dynasties may fall, nations may be destroyed, society may be disrupted, wars and desolation may come if need be in the economy of nature's laws, before these gigantic crimes against humanity cease. The drinking system must end, even if it cause these calamities to come upon the earth.

How soon, in what precise mode, by what immediate agency, none can tell. But we are in possession of an agency which, when well understood by the community, will become a potent factor in the overthrow of the drinking system. When it is treated as a foul disease, more destructive to human life than all other diseases combined, then the people will adopt measures for its abatement, the same as they now do for the suppression and prevention of other foul and deadly pestilences.

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Governor Begole of Michigan, in a late address asserted that he had found, from an accurate study of statistics, that ninety-one per cent. of the crime and pauperism of the state came directly from the use of intoxicating drinks.

## AN ADDRESS ON INEBRIETY.

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BY DR. ALBERT DAY, SUPERINTENDENT WASHINGTONIAN HOME,  
BOSTON, MASS.

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Twenty-six years ago the Washingtonian Home had its birth. It was established because there seemed to be a positive necessity for its existence. Without antecedents, we had no precursor in our labors nor example in the records of physic to direct our steps; we walked forth in faith, and learning by hard experience our duties and the manner in which this new and novel institution should make its way and show before the world the necessity for its existence. Men engaged in it because they had faith in its future; we began to see, in the early fruits of our labor, that our hopes and expectations were to be realized, even without adequate means and without hope for the future, save in an exhibition before the public that our efforts would be of some avail in removing the most heavy burden borne by our suffering race.

Nearly a generation has passed since the organization of the Washingtonian Home. Of the eighteen gentlemen who signed the petition for its incorporation, four only are now living; yet the institution lives, and is from year to year manifesting the wisdom and foresight of its founders. Its usefulness is more apparent as time and critical observation give us clearer understanding in relation to the subtle and complicated disease we are called upon to treat.

The institution has upon its register about eight thousand names. Most of these were brought to us, reduced by their habitual use of intoxicants, to a condition of actual dipsomania, and a large percentage of the cases were suffering from *mania a potu*. A little less than one-half of one per cent. only have died while under our care.

No institution can show so small a bill of mortality as this. The institution has not been confined to the narrow limits of our own city or State, but its blessings have extended into every State of our Union, as well as to most other nations of Christendom.

Of course our means for the treatment of these cases have been extremely limited compared with what is actually demanded. Other States and nations have followed our example in the establishment of asylums for the inebriate. England, Germany, and far off Australia are successfully wrestling with this complicated problem, and several States of our Union have established asylums for the treatment of inebriety out of the public treasury. Some of these are sustained by annual appropriations from the public funds.

Our institution, the oldest, and from which all others are molded, stands alone in respect to support. The public gives no material aid, hence we rely upon our patients alone for sustenance. Of course, while this condition remains, we must refuse admission to a large and deserving class who are unable to pay for their care and maintenance.

In the past, however, we have received donations and legacies, for which we have expressed our gratitude, and without which the institution could not have continued its beneficent work. With each passing year, the demand for admission and our mode of treatment is increasing.

The best families in our land are not free from this universal evil, and the unfortunates of such households are sent to us for treatment. Meanwhile the literature of the subject of inebriety has been extending and widening. It has taken a scientific turn; the subject is studied more and more from its physical side, and if we should attempt to find out and formulate the popular mind on this we would find our opinions, as to the disease theory, indorsed on all sides.

This institution has sought to study the phenomena of inebriety from its physical side, believing that the causes could be known and prevented. Great truths are implanted in public sentiment by degrees, but if they are true princi-

## INEBRIETY: ITS NATURE AND CURE.

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BY NORMAN KERR, M.D., OF LONDON. ABSTRACTS FROM AN  
INAUGURAL ADDRESS BEFORE THE SOCIETY FOR THE STUDY  
AND CURE OF INEBRIETY.

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We are assembled here to-day to inaugurate a new society, the special work of which has hitherto been undertaken by no associate body amongst us, the want of which has long been felt by the intelligent and unprejudiced inquirers to know more of the rise and progress of the phenomena of intemperance.

Yes, indeed, another society, and no society more sorely needed. Amid the whirl of philanthropic, temperance, and religious excitement—amid the eager and crowded assemblages raised to a white heat of enthusiasm by impassioned appeals and by heart-stirring declamation—amid the glow of triumph with which so many ardent temperance enthusiasts regard the victory over intemperance as all but won—the sober truth is hid from the passing gaze, and the stern reality of an innate tendency to inebriety is either forgotten or undreamt of.

“A Society for the Study of Inebriety. What need for further study? Do not we know all about intemperance?” Alas! there is great need. The very positiveness of the assertion that we know all about intemperance is, to the well-informed scientific inquirer, the most convincing proof of ignorance. WE DO NOT KNOW all about intemperance. We know, it is true, we know but too well, much of the evil that arises from intemperate drinking; but of the origin and development of intemperate habits in the individual we know next to nothing. The complex nature of man—his trinity of spirit, soul, and body—the difference of individual



constitutions and temperaments—the varying, modifying effect of environment on his character and on his conduct—his inherited predilections—his psychical and physical susceptibilities, and the parts which all these and a variety of other circumstances and conditions play in the shaping of his actions, are matters of which up to the present we have but little accurate knowledge, if for no other reason than that most of us have been blind to the operation of such influences.

Drunkenness has been denounced as but a vice and a sin, and drunkards have been pointed at as abandoned reprobates who revel in their riotous excess to gratify their own vicious desires, and their insatiable love of intentional and shameless indulgence. The inebriate has been proclaimed from the pulpit as a willing sinner, and is punished by the law as a willful criminal. Most of our efforts at the reclamation of the drunken have been based on this foundation; and from having recognized only the moral and spiritual aspects of intemperance, we have contented ourselves with appeals to his reason, his conscience, and his affections; forgetful, or it may be ignorant, of the fact that his reason is disturbed, his conscience deadened, and his affections blighted by the narcotic action of a material substance on his body. That much good has been done by moral and religious agencies it would be an error to deny.

The total abstinence movement has wrought a wondrous revolution in many a desolate home.

But, after all this magnificent array of activity, to say nothing of the multifarious and most useful labors of many other philanthropic and benevolent attempts in the interests of temperance, there yet remains a vast and seething mass of inebriety on which this moral, philanthropic, and religious effort is almost entirely thrown away. Though a prisoner may here and there be cut out and borne off by the Coldstream cavalry, and, unfortunately, many of these are rescued only to be retaken and to be bound again more firmly than before with the heavily-weighted chains of inebriate

slavery, the gaps are speedily filled by new recruits, the serried ranks of the army of inebriates close in, and but little impression is made on the compact mass of the dispirited and woe-begone slaves of the bottle. Nay, despite all our endeavors, though, happily, there seems to have been of recent years some decrease in the extent of inebriety among males; in the female sex there has actually been a marked and alarming increase, with the added mischief that the lessened temperance of the future mothers of Britain will inevitably affect the sobriety of succeeding generations, by stamping an inebriate taint on their progeny, or by handicapping their sons and daughters with a more delicate susceptibility to the poisonous action of alcohol on the one hand, and, on the other, with a more weakly constitution and a feebler will-power.

So far from everything being known about intemperance, there is very little, indeed, accurately known. Even of the action of alcohol on the healthy living body our knowledge is limited, and there is a vast field of inquiry to be covered by close and patient observation ere the truth can be elucidated. By some it is contended that alcoholic drinks, taken in strictly moderate quantities, are conducive to health. By others it is contended that, in all circumstances, the smallest quantity of alcohol is injurious. If the first contention be unfounded, as would seem to be the verdict of science and experience, the second has no warrant either from experience or from science.

It is a mistake to suppose that education is a safeguard against inebriation. The well-known case of Porson, that prodigy and encyclopædia of knowledge, is a striking proof of the contrary. At the bedside of a dying scholar-clergyman, and wit, his last words, with a smile on his face, a playful request that we would look after his poor strollers (a few performers at a fair, whom no one but he had then been known to care for), I have met among his old college chums the most devoted and eloquent of modern missionaries, and one of the profoundest theologians of the century. Tender-

hearted as a little child to the very last, our guileless friend, whose spirit was so gentle that he would not knowingly have trod upon a worm, with all his accomplishments and kindness of heart, died from an attack of periodical inebriety.

Without exception, the most learned man whom I have ever had the honor of knowing was a habitual drunkard for some ten years before his untimely end. His knowledge was as accurate as it was profound. He was a man of wealth and culture, a member of the Legislature, and belonged to the most exclusive scientific circle in the land. His heart was as tender as his intellect was lofty, the bequests he left evincing the most touching remembrance of a revered parent, and a generous provision for the solace of suffering and for the relief of pain. Yet he was so confirmed an inebriate that he repeatedly was seen intoxicated in public; and the great work of his life, a monument of marvellous research, was unfinished when he died. Do not these and a throng of as harrowing stories of wasted and ruined lives prove, beyond dispute, that alcohol is a physical poison, and that its poisonous narcotic physical action on the brain and nervous system of those susceptible to its influence can be averted by no intellectual culture, can be altered by no moral agency, and that the paroxysm of inebriety is as truly a diseased condition as the paroxysm of gout or an epileptic seizure?

Inebriety is preventable. It is within the power of man to abolish it. Nothing comes by chance. Fixed and immutable are the laws of life. Whence comes this inebriety? and under what conditions?

Inebriety is for the most part the issue of certain physical conditions, is an offspring of material parentage, is the natural product of a depraved debilitated or defective nervous organization. Conditions most favorable for inebriety are heredity, either by an inherited tendency to excess, and the fatal potion is sipped, or by transmitted taint or defect in the brain and nervous centers. Many observers attribute the majority of cases of dipsomania to heredity. My own observation does not warrant such a conclusion, but I have no doubt that

at least thirty per cent. of bad cases of inebriety owe their origin mainly to an inherited alcoholic taint.

Though the existence of heredity in disease is, by the philanthropic world, frequently doubted, and still oftener ignored, of the operation of this natural law there is no doubt. Cancer, gout, and a host of ailments more or less serious, are constantly met with, which clearly owe their origin to an inherited diathesis. The diseases induced by alcohol are handed down in the same way. It is no uncommon thing for me to meet with clearly-defined cases of inherited alcoholic gout, rheumatism, epilepsy, and other forms of alcoholically-produced departures from health.

Even when the inebriate parent transmits no crave for alcohol, and no abnormal state attributable to degeneration by alcohol, his progeny not unseldom are stunted or defective, with a highly sensitive nervous system, a lack of mental balance, and a feeble power of will. Mentally and physically weak, the degenerate offspring is apt either to succumb to demands of childhood, or to be cut off in manhood from the extra call in acute illness for that recuperative power which they cannot spare.

The principal inherited cause is an inebriate parent. In some cases both parents have been addicted to drinking, but in the majority of cases which I have seen the fault has lain with the father. In recent years I regret, however, to have to confess to having seen a largely increasing proportion descend from the female parent.

Parental insanity accounts for a small proportion of hereditary alcoholism. Here I have not observed much disparity between the sexes.

Not only is there hereditary transmission of the drink crave itself, which needs only the slightest sip to be aroused in full force, but there is also transmitted the pathological conditions, the abnormal changes wrought by alcoholic inebriety.

Various causes of inebriety were mentioned in detail, of which, nervous shock, over-work, lack of healthy stimulus,

injuries, dyspepsia, functional cerebral derangement, and many other causes were described.

The treatment was discussed under different heads, of which total abstinence, the coöperation of the inebriate, the circumstances favorable to this end, and the medical means most important to accomplish this, were more prominent.

Also the relations of inebriety to insanity were presented. The following is the concluding appeal :

We will thus do a grand work of prevention, by which we will not only save an enormous amount of human sorrow, but, in addition, as surely as the setting right of defective drainage will prevent an epidemic of enteric fever, so surely as we prevent the greater part of that fearful and sickening amount of inebriety, the best means for attempting the cure of which this society was founded to investigate. In alcoholism, as in all other diseases, prevention is, indeed, better than cure ; and we cherish the hope that our study of the best method of cure will contribute something to our knowledge of the causes, and thus facilitate the discovery of the most effectual means of prevention.

We confidently believe that we will succeed in acquiring a more exact acquaintance with the phenomena, causation, and conditions of cure of inebriety, by engaging in the study of this intractable disease with the same strictly scientific method with which we enter upon the study of other forms of disease. We shall be satisfied if we succeed in impressing on the public mind that inebriates are not necessarily scoundrels—that to treat the dipsomaniac as a criminal is not to cure but to confirm his inebriety, not to reform him but to make him worse—that no reproach should be cast on the inebriate for surrendering his freedom in the hope of cure—that no slur should be attached to residence (voluntary or involuntary) in a Home for Inebriates any more than in a hospital or an asylum — that inebriety is the inevitable outcome of our dangerous social customs — of our halting, unrighteous legislation — that the moral, social, political, economical, and spiritual mischief arising from intemperance

are the result, the operation of natural law, of the physiological and pathological action of an inward narcotic poison on the brain and nervous centers of human beings endowed with a constitutional susceptibility to the action of this class of poisonous agents; and that it is the duty of those who are not so heavily handicapped in the race for temperance to employ every lawful means to aid and encourage their weaker brethren and sisters in a resolute, though always difficult effort at amelioration, as it is the duty of the State to make permanent, while amending, the present temporary Act for promoting the reformation and cure of the habitual drunkard, and to supply adequate provision for the care and treatment of such needy diseased inebriates as, from their serious illness of body and of mind, are unable to contribute to their own maintenance and support.

In an endeavor to inquire into the causes, and to arrive at the best mode of cure of our great national shortcoming, every intelligent truth-seeker can join. Members of a learned profession as we are, we invite the associated aid of all, irrespective of personal habits, callings, or opinions. This is an inquiry in which the makers, the distributors, and the users of strong drink may, with perfect propriety, unite with the moral suasionist, the teetotaler, and the prohibitionist.

This is a society for the study and cure of inebriety. Our object is to investigate, by strictly scientific methods, the various causes, and to educate the professional and public mind to a knowledge of those causes, and to a recognition of the physical aspect of habitual intemperance. Permitting no preconceived opinions to stand in the way of our research, allowing no foregone conclusions or sentiments to bias our judgment, we propose, without prejudice or passion, deliberately and persistently to pursue our modest inquiry, in the earnest hope and confident anticipation that in the solution of the dark and perplexing drink problem we, or our successors, may ere long be rewarded by a full, clear view.

ALCOHOL ESSENTIALLY A PARALYZANT.

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For many years past, from my own observations and experience, I have been convinced and have taught, that alcoholic drinks should not be spoken of as stimulants, as though their leading effect was the increase of power or activity in the system. That in certain conditions of disease, of shocks from injuries or suffering, and in some persons habituated to their use, they increase action temporarily, I have admitted, and still admit; but that their effect in the physiological condition is to increase action, at least to any useful extent, even temporarily, in whatever quantity used, I have for a very long time doubted, and for several years past have very confidently denied. In the particular function where the most positive and ready test can be applied—that of muscular power—experiments have always shown that no quantity of alcohol, small or great, can increase that power in ordinary healthy condition. One lifting all he is able cannot be made to lift more by taking alcohol. Experiments in France and elsewhere have invariably shown that when sufficient alcohol was taken to produce an appreciable effect upon the muscles, their power has been *diminished* and not increased. It has been proven that this is the case not only with men, but with other animals. The horse, in the races, when strength and fleetness are most exactly tested, cannot be made to run faster by any alcoholic dose; but, on the contrary, is weakened and rendered helpless by it.

These facts have long been known, though the proper conclusions from them have not always been drawn. Men who indulge in alcohol often fancy themselves stronger from

its use. When so much weakened by it that they can scarcely stand, they often boast of their strength, prompted by a deceptive feeling. When it is taken in smaller quantities the same delusion is often produced. Those who habitually use alcohol, opium, or even tobacco, feel depressed when deprived of their accustomed narcotic, and are revived by returning to it; but no physiologist thinks of calling tobacco a "stimulant" because of this. All contend that its effect is essentially sedative—a diminisher of action. \* \* \* \* Dr. Samuel Wilkes, of Guy's Hospital and Medical School, and one of the most acute and independent thinkers in the profession in England and elsewhere, says: "If most persons analyze their sensations after imbibing any alcoholic drinks, they will soon discover that to describe the effect produced upon them by it as *stimulating*, is a *misnomer*, and that, consequently, the employment of the expression almost begs the whole question as to its operation and value; for there can be but little doubt that it is owing to this misapplication of the term *stimulant* to alcohol, with many conveying an idea of strength, that causes it to be so much recommended and taken with so much satisfaction. If a person is low and a glass of wine produces a pleasurable effect, it is easy to regard it as a stimulant, and as having afforded some proportion of strength." This is a mistake. "Its stimulating effects may be regarded as *nil* compared with those which may be styled its *sedative*, or *paralyzing* ones. In a word, alcohol for all intents and purposes may be regarded as sedative or narcotic, rather than stimulant." He classes it with opium, Indian hemp, and tobacco. It doubtless sometimes temporarily soothes a worried, nervous system, but its secondary effects cause more worry, which worry it may again soothe. But by these repetitions the *alcoholic habit* and all its sad effects of chronic alcoholism follow. One of the latest series of experiments which has come under my observation was made by Sidney Ringer, M.D., author of an excellent work on materia medica and therapeutics, together with Harrington Sainsbury, M.D., published in May number, 1883, of *The Practitioner*. The object of



these experiments was to ascertain the strength of the different alcohols, and they were made upon the hearts of frogs. They were conducted in a strictly scientific manner, with the most approved instruments of precision now so frequently in use by original investigators in physiology. All the alcohols were found to diminish the power and soon to stop the action of the heart; and the experiments were so managed in the light of previous experience as to have the complete arrest occur in about an hour, and the strength of the different alcohols was determined by the quantity required to produce the effect. It was found, according to these experiments, that the action of all the alcohols was essentially the same in kind, differing only in degree. All arrested the heart in diastole—that is, stopped it in a state of relaxation or paralysis. None of them increased the power of the heart at any time or in any degree of their action, but diminished it from the first, and until it was arrested. Of the methylic alcohol ( $C_2 H_6 O$ ), the lightest and most powerful of the series, 205.5 minims were required to stop all action in the given time. Of the ethylic ( $C_2 H_6 O$ ), the common alcohol, it required 114 minims. Of the next heavier, the propylic ( $C_3 H_8 O$ ), 59.3 minims were required. Of the butylic ( $C_4 H_{10} O$ ), 17 minims were required; while of the amylic, the heaviest ( $C_5 H_{12} O$ ), only 6.6 minims were required to stop action. These articles, properly diluted, were caused to pass through the heart, and were thus applied directly to its tissue, and may not represent the action of the articles correctly in all respects as applied to the general complex human system; but the experiments showed clearly the essential action of the agents, and demonstrated more positively their paralyzing, and the absence of their stimulating effect, than their application to a complex organism, where paralysis of inhibitory or restraining functions may result in increase of certain actions. These experiments, the authors declare, demonstrate more definitely than any others that have been instituted the essential qualitative similarity of the action of all the alcohols—their sedative effects—and a certain general

quantitative relationship of one to another. It is scientifically interesting to the chemist and the physiologist to know that as the complexity of the molecular combination increases, the physiological activity, or poisonous effect, increases. There are some small quantities of these heavier alcohols in various liquors, and certain combinations of them are said to constitute the fusil oil. The quantity compared with the fifty per cent., more or less, of common alcohol in spirits is not often sufficient to modify the effect to any appreciable extent, especially as the qualitative effects of all the alcohols are so similar; but so far as they are present they increase the poisonous qualities of the liquors containing them. The report of Drs. Ringer and Sainsbury closes with the remark, announcing the most important practical fact which these experiments confirm, viz., that by their direct action on the cardiac tissue these drugs are clearly paralyzant, and that this appears to be the case from the outset, no stage of increased force of contraction preceding. In another part of the report the authors say: "The position alcohol occupies is that of a narcotic, and it is probable that its action is very similar to that of ether. \* \* The sphygmographic experiments of Parks and Wollowicz on man showed clearly the accelerating effect [of alcohol], but gave no distinct indication of increased arterial pressure. The arterial pressure is the evidence of the increased force. Increased frequency of pulsation is often the strongest evidence of diminished force or power; a very rapid, fluttering pulse usually occurring in extreme weakness. All agree that the ultimate effect of any considerable amount of alcohol is depressing and paralyzing, and that in chronic alcoholism all the conditions indicate the failure of power, but yet many, even medical men, at least by their use of language, seem to think that in moderate quantities, and as frequently used, it is a stimulant, and some, perhaps, still regard its depressing and fatal effects as the result of over stimulation. With the facts now presented before us, and others of a similar character so constantly accumulating, it cannot be long before our ideas and our language respecting alcoholic drinks will more nearly conform with the teachings of science.

## ALCOHOLIC INSANITY.

BY LEWIS D. MASON, M.D., CONSULTING PHYSICIAN TO THE  
INEBRIATE ASYLUM, FORT HAMILTON, L. I.

[Continued from April number of Journal.]

Before considering further the various methods of medication, I wish to dwell at length on the use of the bromides and chloral in persons addicted to alcohol, but more especially to the class under consideration. Personally, I believe we have in the bromides a powerful agent for evil as well as good, and I question whether or not (and I wish to lay stress on this point) the too free use of the bromides in large doses in the acute forms of alcoholic mania may not, while it modifies the acute symptoms, bring about or direct the patient into the more chronic forms of alcoholic insanity. As to the mental effect of so-called "late bromization," or bromism, we know that large and repeated doses of the bromides are very depressing, producing temporary loss of speech, blindness, loss of muscular power, and co-ordination; inability, therefore, to stand or walk. In fact, by an injudicious use of the drug we can reduce a person to the condition of a slobbering dement. Ribot\* reports the case of a clergyman who took the bromides in free doses for insomnia, the result being he lost his memory completely; this faculty, however, returned when the drug was suspended. A late writer says: "There is no question that cases of bromization are now and then mistaken for insanity."

Now if the symptoms as stated have been the direct result of experiment on strong healthy persons, and we are so informed, what could be rationally expected the effect

\*Ribot: Diseases of Memory.

would be on the nervous system of the alcoholic, broken down by disease and dissipation?

It is well to be aware that bromism produces a species of insanity in order that we may intelligently consider such a result as probable in the case before us. As regards hydrate of chloral, I am glad to say that while I witnessed its birth into the therapeutic world, I have also witnessed the gradual retraction of this powerful and uncertain drug into a more limited sphere. If used at all in cases of alcoholism, let it be used in the smallest possible dose that will answer, and with the greatest circumspection, lest we produce cardiac paralysis in a heart already enfeebled by fatty degeneration. Besides its oftentimes direct and lethal action on the organ of circulation, we should not forget its peculiar effect on the mind, due to its degenerative action on the nervous system when given even in moderate doses for a long period—a train of mental symptoms that is involved in that condition known as the chloral habit. Occasionally we see this condition associated with alcoholism.

But while we may lay aside, at least after more acute symptoms have subsided, these two remedies in the treatment of alcoholic insanity, we can find not only safe but efficient substitutes well adapted for the anæmic condition of the more chronic forms. In the judicious use of ale or stout we can oftentimes procure a safe slumber for a patient, to which, in some cases of extreme restlessness, a few minims of morphine with digitalis may be added.

The preparations of zinc, especially the oxide of zinc, has been shown to be of great value in chronic alcoholism, and has proved useful in my hands in chronic alcoholic mania. It is a safe and efficient sedative to the arterial and nervous systems, also to the gastric mucous membrane in moderate doses; it has tonic as well as hypnotic properties, and is almost a specific, as has been said, in certain forms of chronic alcoholism. According to Marcet, who first called attention to its value in chronic alcoholism, the dose will vary from two to four or even six grains twice a day, sus-

pended in mucilage of gum acacia and given after eating; being tasteless, it is readily taken by the patient and can be mixed with his solid or fluid nourishment. It is a curious fact that chronic poisoning from oxide of zinc resembles in its symptoms the features of chronic alcoholism. Anstie has not found the drug of as much value as reputed. It certainly is not successful in all cases, nor at all stages of any one case, but I believe much depends upon the time at which we use it. We should select for its exhibition the time when the malady has developed some tendency towards chronicity rather than at the inception of an attack. We have also at our command remedies that act directly upon the vaso-motor system and thus indirectly upon the cerebral circulation.

Tincture nuc. vomicæ or strychnine\* and fluid ext. ergot, these, by their tonic and contractile effects upon the arterioles and capillaries of the brain, tend to overcome that passive stasis due to vaso-motor paralysis that some writers regard as the pathological condition of the cerebrum in this state.

Tinct. of digitalis or the infusion in moderate doses sufficient to regulate the heart's action does much to establish a better cerebral circulation and is much safer than other forms of cardiac sedatives.

As the patient passes towards convalescence, the various nerve tonics, in the form of strychnine, iron, phosphorus, and the vegetable bitter tonics may be administered with advantage.

As soon as possible, out-door exercise should be permitted, and, under the care of a nurse, the patient should walk a certain time in the open air, a favorable day being chosen. Private grounds or a park should be selected, as the exposure of the patient to any unpleasant sight or sound in his yet weakened mental state may temporarily, if not permanently, prove injurious. Walking is preferable to carriage exercise,

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\*Dr. A. Luton, Prof. of School of Medicine at Reims, has written a valuable monograph on the therapy of strychnine in alcoholism.

although the latter might be occasionally resorted to as the patient's mental state improves. From the first, all unnecessary restraint should be withdrawn. At the same time, great care should be exercised to keep the patient under constant espionage. He may yield suddenly, at a most unexpected moment, to a homicidal or suicidal impulse, and inflict injury upon others or himself.

Under certain conditions, restraint in some form is imperatively demanded. When this is the case, such a patient is best confined in a room of sufficient size to permit his walking about. It should be well heated in winter, and well ventilated at all times. There should not be any bedstead or other furniture or anything that the patient could hang himself to or injure himself with. We have such rooms in our asylum. These rooms are well ventilated, and lighted by top-lights. The heating, lighting, and ventilation are all arranged with a view to the safety of the patient. The door is of extra strength, and has a small opening or window through which the patient can be constantly watched and food and drink passed. In such a room as this, the patient can have full liberty, and neither his suicidal nor homicidal tendencies can exert themselves. This method is far better, and not accompanied by those dangers to the patient, which not infrequently result from manual or mechanical restraint.

With the first returning glimpses of mental health, or as soon as it is safe to do so, the plan of regular exercise in the grounds of the asylum should be commenced, and systematically carried out. This has been already referred to. The patient should not see his friends until in full possession of his mental faculties, or, at least, sufficiently so as not to be injured by their visits too often; the tendency is to subject the yet hardly-balanced mind to a trial it is not fitted for. Friends call, and stay too long; later on he may be visited by his legal adviser, or some business matters may be submitted to him. A period of exacerbation or excitement follows, and our patient, by an injudicious act, in twenty-four hours is back where he was weeks before, and probably permanently so.

A case of this kind occurred in my experience. The patient had suffered from the chronic form of alcoholic mania for some months, but after complete recovery and some weeks of convalescence, he was apparently restored to health, and was assigned to duty as an assistant in the hospital department of our asylum. He was faithful and efficient. After being on duty a few weeks, he was allowed to assist in the case of a delirious patient. The effect was most disastrous—a relapse followed. For a year thereafter, he remained under my observation in the asylum, mentally unsound, and eventually was removed to an asylum for the insane. Do not make this mistake, and subject your patient too early to scenes of excitement. From what I have said, it is hardly necessary to add that a drinking bout, or even that which might in a healthy person be regarded as a moderate use of alcohol, will undoubtedly bring on a relapse.

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It is no uncommon thing for the periodic drinker to seek seclusion, having previously provided himself with a sufficient quantity of his favorite liquor, and to become intoxicated at once and keep up this condition for several days in succession till his stomach will no longer tolerate the abuse. The debauch over, he may remain a total abstainer for weeks or months. Hon. Mr. —, a very prominent lawyer of Philadelphia, and an ex-mayor of the city, aged about fifty, informed me that he was obliged two or three times a year to have a debauch. He has an old family residence sixteen miles out of this city, to which he resorts with a jug of whisky, which he drinks, to the exclusion of other drink and food, for several days in succession till his stomach rejects the whisky; then he abandons it, and after a few hours can retain a cup of strong coffee taken clear. He is soon able to take other nourishment; when he can return to his office and resume business. For a week or two following, he can do his best work; his mind is clear, vigorous, and active, and when he has some unusual intellectual labor to perform, he prepares for it by a week of dissipation.

DR. COMINGS.

## Abstracts and Reviews.

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### DEGENERATION IN INEBRIETY.

Dr. Maudsley in his last work "On Body and Will," published by D. Appleton & Son of New York, writes follows:

"Thus far it has been shown that moral feeling and will are impaired or destroyed by degeneration going on through generations; by the disorganizing effects of disease, and by direct physical injury to the brain. I now go on to point out that the same effects are produced by the chemical action of certain substances, which, when taken in excess, are poisons to the nervous system, by the abuse of such nervous stimulating and nerve-narcotising substances as alcohol and opium. Nowhere is to be found a more miserable specimen of degradation of moral feeling, and of impotence of will, than is presented by the person who has become the abject slave of either of these pernicious indulgences. His finest moral sensibilities are extinguished, or at least greatly blunted; steadily sensitive to his own selfish wants, and persistent to gratify them, he is insensible to the feelings and claims of his family, whose dearest interests he sacrifices without real compunction, and indifferent to the obligations and responsibilities of his social position, he will often profess to you very fine sentiments, and perhaps indulge in the pleasant debauchery of a visionary imagination, inspired by intensely egoistic feeling and stimulated by the drug, but uncontrolled by realities—the disciplinary and disagreeable hold of which the drug has deadened or destroyed; for the most part he is untruthful and untrustworthy, and in the worst end there is not a meanness of pretence or of conduct he will not descend to, not a lie he will not tell, not a deg-



radation he will not undergo, scare a fraud he will not perpetuate, in order to gratify his absorbing craving. It is not enough to say that passion is strengthened and will weakened by indulgence as a moral effect; that is so, no doubt, but beneath that effect there lies the deeper fact of a physical deterioration of nerve element; for the alcohol and opium enter the blood, are carried by it to the inmost minute recesses of the brain, and act there injuriously upon the elements of the exquisitely delicate structures. So its finest, latest organized, least stable parts which subserve moral feeling and supreme will are marred. Vain is it to preach reformation to one who has brought himself into this damnable predicament. If any good is to be done with him he must be restrained forcibly from this insane impulse for a long enough time to allow the brain to get rid of the poison, and its tissues to recover their healthy tone, which it will take a long time to do.

"Moreover, the tissues have sometimes had the congenital misfortune to begin with the original taint of a depraved tone; they have inherited the proclivity to drink; it is ingrained in their nature, and once the craving is stirred it is kindled by gratification into uncontrollable desire."

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#### A CHAPTER ON THE MEDICO-JURISPRUDENCE OF INEBRIETY.

In Dr. McLane Hamilton's *Manual of Medical Jurisprudence*, lately published by Birmingham & Co. of New York, a chapter of over twenty-six pages is devoted to this subject.

The historical significance of this recognition of inebriety is of more importance than the matter and its presentation in this chapter.

An outline of the topics discussed will be of interest to our readers, and indicate the first general study of the subject from this point of view.

Dr. Huss' divisions of alcoholism are presented on the first page, and are acute, subacute, and chronic inebriety or

alcoholism. Varieties that are with difficulty distinguished in this country.

Under the head of Development and Mental State are grouped some of the physical states which come from alcohol. The actions as influenced by hallucinations, insane drunkards, epileptiform attacks, impulses in the alcoholic epileptic, loss of memory in alcoholism, alcoholic trance, changes of character, heredity, fixed ideas, delirium tremens, and responsibility; diagnosis between alcoholism and general paralysis, are topics under which are grouped many facts, evidently gleaned from foreign writers who unfortunately are less familiar with inebriety than writers of this country.

Under the head of responsibility in alcoholism, reference is made to the mitigating facts of intoxication in all offenses where the person was under the influence of alcohol. For instance, if he kills any one in defense of imaginary enemies, and where no possible motive or malice can be imputed to him, or where he was evidently of diseased state of mind, and these facts should be considered as lessening the responsibility of the crime. Although the law is interpreted generally that no state of intoxication shall bring any immunity from punishment.

Several cases are cited where the defense of intoxication was set up, but was not recognized by the jury. These cases may be found, 48 Connecticut Reports, 92; 9 Nebraska Reports, 241; 51 Vermont Reports, 296, and 126 Massachusetts Reports, 205; also 53 Iowa, 511. In these cases it was evident that the inebriate history was very imperfectly studied, and the failure to convince the jury of irresponsibility was from the ignorance of the cases.

The Blodgett case reported by Dr. Fisher of Boston, is given in some detail, and is chiefly remarkable for the non-expertness of both judge and jury. The only general fact brought out clearly seemed to be, that any contract or course of action made or seen in an inebriate, where it was evident that he did not at the time have any intelligent idea of its nature or character, would of course be null and void.

The testamentary capacity of an inebriate is mentioned as follows :

“ The will of a confirmed drunkard will stand in law, provided the person who made it is not in a condition to be so unreasonable and irrational as to be unable to exercise anything like healthy judgment. A man may be a hard drinker, and make the will after a debauch, but unless its character is so absurd as to betray mental unsoundness, he cannot be reasonably deemed irresponsible.”

“ In a recent case in which I appeared, the testator was a man of bad habits, who drank immoderately and steadily. Evidence was produced to prove that he had done all manner of foolish things before and after the will was made, but no evidence was brought forward to show that at the time the paper was signed the testator was in any condition to prevent him from fully knowing the nature of what he was doing.”

We are to consider in such cases the degree of the drunkenness, the habits and physical condition of the person.

The will of a man of bad habits is often contested, it being as asserted that his alcoholic dissipation renders him incompetent. But though an individual may be outrageous in his ordinary conduct, a great deal more is required than these exhibitions to indicate that he has not the power of mind to make a will. Such a case fell under my notice two or three years ago, the testator being a man of middle age who had for months been addicted to drinking, although in a periodical way. A vague history of a bad temper, broken sleep, and many extravagant acts, none of which however were necessarily manifestations of insanity, were testified to by the contestants; and one physician gravely asserted that a proof of his mental perversion consisted in the irritability of his throat during the time he was making medicated applications to the same. He was alleged to have declared “ that he could not retain anything upon his stomach,” that “ he resorted to memoranda that he should not neglect his engagements,” that “ he abused the doctor

who had treated his wife during her last illness, and threatened him with violence," that "he complained of being homesick," and various persons who had seen little of the testator testified to having observed him drunk on several occasions; that "he was extravagant and bought large quantities of oranges," which, however, were "for his sick wife," and that he talked wildly about his business. It appeared, on the other hand, that he was able to attend to his affairs for some time before his death, which was not due to alcoholism; that when he made his will it was at a time between two of his sprees, and that there was no want of sagacity or any irregularity shown in the disposition of his property. \* \* \*

It did not appear that there was anything in the character of the will that indicated insanity; that it was legally witnessed, and made at the time when the individual was perfectly sober, and it was, therefore, very properly admitted to probate.

In another case of a different kind, the patient had for several years indulged in large quantities of alcohol, and it was a common thing for him to shut himself up in the room with a box of champagne and not leave until he had recovered from the effects of the intoxication produced by the dozen bottles he finished, one after the other, in rapid succession. This man, for several years before his death, drank all kinds of liquors to excess, squandered his money, giving large amounts to persons who had little or no claim upon him, and betrayed a change in character which was remarkable when contrasted with the regularity and sobriety of previous years. Within a short time before his death he manifested symptoms of the inevitable diseases which are due to excesses of this kind, and he finally succumbed to cirrhosis and died comatose. When supported in bed and surrounded by those to whom he left his money, he made a will and died a few hours afterwards. This will was very properly contested by his brother and it was admitted to probate by the surrogate, though the decision of the latter was subsequently reversed.

It is quite likely here that the man's mental condition was one which even some time before his demise would prevent him from properly recognizing the objects of his bounty, and rendered him an easy prey to designing persons ; but a will made under more outrageous circumstances it is difficult to conceive of, for he was literally in a condition of *extremis* when his name was signed to the document.

A case is mentioned of alcoholic insanity with general delusions which was decided as not affecting testamentary capacity. See 31 New Jersey equity Reports, 633.

Remarks on the influence of alcoholism as affecting life insurance ends the chapter.

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#### TREATMENT OF INEBRIETY.

Dr. Godding, in the Psychological Journal, writes as follows: "I deny that the inebriate has the right to do what he will in his own house or with himself. Whether sick man or criminal, he is at least a nuisance, and as such should be abated. When any man habitually neglects his business to get drunk, or rather makes getting drunk his habitual business, to the disgrace of himself and the terror of his helpless family, has not society, which is a compact for the best good of the whole, a right to shut him up? I have no doubt about it. But the law should confine him not as a disturber of the peace, not as a terrorizer of wife and children, not as a man dangerous to the community — all these he may be — but he should be restrained because he is a confirmed inebriate ; not for the sake of his being punished, but to cure his disease or depravity, or whatever you may choose to call it. If he is sent to a hospital for the insane it should be by commitment as an inebriate, rather than as an insane person, and a distinct building and enclosed grounds should be provided for this class. If I am right in thinking that the provision for these should be made distinct, there would seem to be no good reason for placing them within the territory of the hospital for the insane, but, on the other hand, many reasons

exist why such an establishment should be entirely distinct from any other and devoted exclusively to the treatment of the victims of an appetite for alcoholic liquors and drugs.

The law governing the inebriate should provide for his prolonged detention and compulsory labor, the proceeds of such labor to go towards the support of the institution, which may be known as the asylum, home, refuge, rest, or by whatever pleasant name you may choose to designate it. It would seem on all accounts desirable that the care and management of this establishment should be in the hands of a well-informed physician, who should have power to regulate the hours of labor in each individual case, and who should also make medical treatment with reference to a cure of the infirmity a prominent feature of the system. \* \* \* \* \*

Perhaps in the first instance the sentence for confirmed inebriety should be limited to one year. Where there is such loss of self-control as such inebriety implies it is idle to expect a permanent cure in less than a year. Should a second commitment become necessary it should be for a term of years—not less than three, with a discretionary power lodged with the court committing, to grant on the recommendation of the authorities of the institution where he is confined a probationary trial outside before the expiration of the sentence—like the ticket-of-leave of the English prison. \* \* \* \* \*

Given the proper legislation and public opinion in favor of its enforcement with the right kind of medical men in charge, I believe such institutions would be able to record quite as large a per cent. of good recoveries as the hospitals for the insane, and the lives of the remainder would at least be made decent and self-supporting while restrained. Is there any hardship to the inebriate in this? Not to the incorrigible sot, whose liberty means hopeless slavery to vice and unbridled license to abuse those whom nature meant him to protect. And for that other class, who have sinned and fallen, but might rise again, I believe there are thousands in the United States, who, being lifted from the gutter, trained in habits of industry, and restored at length to happy homes with "the

demon departed from them," would bless the wisdom and humanity that, differentiating their cases from those of ordinary insanity, placed them in these sanitariums, and, compelling them to work, reformed their idle and dissolute lives.

#### INEBRIETY A CAUSE OF INSANITY.

Dr. Major, in the April number of the *Journal of Mental Science*, gives the following table showing the results of collective records of the causation of insanity from the reports of English asylums :

1. That in accordance with previous and general experience, inebriety is a much more frequent causative agent in men than in women.

2. That the proportion for either sex remains remarkably close in all the years, but that in 1880, 1881, and 1882, the proportions are slightly lower than in 1876, 1878, and 1879.

The foregoing facts will become apparent when I give the figures, thus :—

	Males.	Females.
1876,	22.7 per cent.	7.3 per cent.
1878,	21.3 " "	7.9 " "
1879,	21.1 " "	7.6 " "
1880,	19.3 " "	6.5 " "
1881,	19.3 " "	6.6 " "
1882,	19.6 " "	6.8 " "

With respect to the total proportion varying from 13 to 14 per cent., according to these tables, it may be regarded by some as too low, and I am myself disposed to think that probably a more searching inquiry, speaking generally, would have made it higher. I would only further remark that inasmuch as these figures deal exclusively with alcoholic excess acting *directly*, it might perhaps be well to indicate the fact in the table. If this were done it might serve to avert the confusion liable to result from statements publicly made (and passing unchallenged), indicating a far higher proportion of

cases chargeable to this agency than any shown by our statistics, by showing that in such statements the influence of alcoholic excess acting *indirectly* has been guessed at and included.

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*A Treatise on Insanity in its Medical Relations.* By William A. Hammond, M.D. New York: D. Appleton & Co., publishers, 1884.

In this work of seven hundred and sixty-seven pages, Dr. Hammond discusses the subject of insanity in a most attractive way. In the first one hundred and seventeen pages the physiology and pathology of the mind are presented. Instinct, its nature and seat, fills up the next thirty pages, then sleep and its phenomena occupies nearly a hundred pages more. Finally, the description and treatment of insanity occupies the remaining space.

The reader will hesitate and stumble on the definitions and classifications, but after a short contest will fall in line and be carried along by the author's charming description of the various insanities, many of which are classical in their accuracy and clearness of outline.

It is one of the few books that the reader cannot put one side with any superficial examination, but must read it all literally; no matter how much you may differ with the author, his skill and knowledge of the subject are apparent on every page of the work. Many cases of inebriety are most accurately described under the names of circular insanity, reasoning mania, emotional monomania, paralysis of the will, and other divisions.

Altogether this is one of the most readable and suggestive works on this subject published, and should be in the hands of every specialist.

The author is a thoroughly independent thinker and forms his own conclusions, and states them clearly and emphatically. Hence his work is a pleasing contrast to the padded, wordy literature, both in books and journals, so common on this subject. The publishers have brought out a fine volume in type and size, and the work has already won a large audience of readers, which it so eminently deserves.

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*A Manual of Medical Jurisprudence.* By Dr. McLane Hamilton. Birmingham & Co., New York, 1883.

Elsewhere we have given a review, with extracts of a



chapter on inebriety. This work, in three hundred and eighty pages, gathers the various opinions of judges, and notes of striking cases of diseases and injuries of the nervous system that have been contested in court. A great variety of facts have been gathered, and while the reader may find fault with the arrangement and grouping, he will have to thank the author for the conception and labor which he has given to this work. To the practical physician as well as the specialist this work has an almost indispensable value in presenting the decisions of courts on medico-legal cases that are likely to occur any time. The table of contents indicates the scope of the work, and includes insanity, hysteria, epilepsy, alcoholism, suicide, cranial injuries and spinal injuries.

The publishers have presented an attractive volume. Our readers will find this volume a very desirable acquisition to their libraries.

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*Legislation on Insanity: A Collection of all the lunacy laws of the States and Territories of the United States to the year 1883. Also all those of England on insanity; legislation in Canada, on private houses, and important portions of the lunacy laws of Germany, France, Russia, and other countries. By Geo. L. Harrison, LL.D. Philadelphia, Pa., 1884.*

A work of great value and usefulness.

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From Dr. John Ellis of New York we have received the following: "*Deterioration of the Puritan Stock and its Causes*," "*The Wine Question in the Light of the New Dispensation*," "*A Reply to the Academy's Review of the above Work*." The first is an inquiry into the decay of the New England population, and the last two volumes discuss the nature of alcohol and the wines to be used at the communion table. These volumes can be obtained from the author, 157 Chambers street, New York City.

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*Sexual Neuræsthenia, Its Hygiene, Cause, and Treatment. By Geo. M. Beard, M.D. Published by E. B. Treat, Broadway, New York City.*

This is a posthumous work edited by Dr. Rockwell, a former partner of Dr. Beard. In the introductory occurs this passage: "The causes of sexual neuræsthenia are not

single or simple, but complex,—evil habits, excesses, tobacco, alcohol, worry, and special excitements, even climate itself, are the great predisposing causes." From this passage the value of the book can be inferred. Dr. Beard was a very acute and suggestive writer on all topics, and the presentation of this subject is among his best efforts. This volume will have a large circle of readers, and will give great pleasure and profit to all. We commend it as a most valuable work, and a new and practical topic which comes to the attention of every one.

The *American Inventor*, published at Cincinnati, is a very valuable exchange, and gives a good idea of rapid revolutions in practical science.

*Hubbard's Newspaper and Bank Directory of the World*, Vol. 3, is one of the most valuable works for an office that has been published in modern times.

The *Medical Register of New York*, for 1884 and '85, is a book of much valuable information.

*Notes on the Opium Habit*, by Dr. Meylert of New York, is a very suggestive little work. Published by the Putnams.

The *Scientific American*. Published by Munn & Co., New York city, is a weekly of rare usefulness and value.

The *Electrical Engineer* grows more and more valuable as the improvements and discoveries of electricity increase. It is published in Nassau street, New York city.

The *Asclepiad*, a Quarterly Journal devoted to medicine, is both edited and owned by the very distinguished Dr. Richardson of London. As he writes all the articles the editorial satisfaction must be very complete. The two numbers issued contain some able papers that should be widely read.

The *Popular Science Monthly* for June and July has a large number of able articles. Among them Dr. Jackson's lecture on the "Evolution and Dissolution of the Nervous System," and Herbert Spencer's papers on "Social Science." These and many other topics presented in this journal are really a part of the news of the world of thought and science that are absolutely essential for the scholar and thinker of modern times. D. Appleton & Co. of New York city are publishers.

ambitions, and every evolution, revolution, or dissolution that have altered the line of march. Months go by before the case can be accurately understood. In the meantime the patient and his friends are confident of cure and recovery, and he goes out, against the judgment of the physician, relapses, and becomes a standing advertisement of the failure to perform a miracle, in both the study and cure of a case, about which so many difficulties are concentrated.

All these cases are chronic and only come for treatment when every other resource is exhausted. If the physician has leisure and works with great industry, he will be able to trace the history of most of his cases, but this in itself, compared with what should be ascertained, is discouraging. Statistics of inebriety must of necessity be sadly wanting in many respects, because of this and other difficulties. The criticism of the profession and others, that the facts all came from specialists and are wanting in accuracy, is unfair, when it is in the power of every one to verify or disprove them by a study of cases. The facts announced by our association fourteen years ago, were contradicted at first, and are now admitted to contain half truths. A collective investigation of the history of cases could have been made any time, and settled the question. Unlike insanity, inebriety can be studied in all circles of society, with greater possibility of accuracy, because the causes are more general and enter more minutely into the varied relations of life. The great want of to-day is the coöperation of the medical profession in an effort to gather the facts of the history of inebriety, and thus establish some general lines of inquiry as a basis for future study. This must come from the general practitioner, who is able to make more accurate notes of the causes and conditions of inebriety than the specialist, because he is familiar with the history and surroundings of the patient. With these notes as a basis the specialist would be unable to more readily understand the case, and the means for its restoration and cure. A collective investigation of cases of inebriety, and observations on the causation, heredity, and early symptoms,

*Editorial.*

## COLLECTIVE INVESTIGATION OF INEBRIETY.

The physician who makes inebriety a special study soon discovers that he cannot rely upon the patient, his relatives, or even the family physician for the accurate facts of his history. The patient suffers from a delusion that his suffering is of a trifling character, and dependent on some general preventable influence, which can be easily removed; also that he is able to fully control himself and stop at will. This delusion is shared by his friends, associated with deep sympathy and efforts to cover up and conceal his real condition. The family physician adopts the theory of vice and willfulness and makes no study of the case, other than to observe some local symptoms, the direct effect of alcohol. The result is that the patient's account of himself is misleading, the friends give no reliable history, and the family physician has seen nothing but some local symptoms of the stomach or nerves. In face of these difficulties the specialist must study the case alone. Like a detective on the trail of some criminal, he must gather the facts one by one from all sources, and supply every missing link with great effort and labor. In the cases which come under special care and study, the following would fairly represent the way the facts are finally found. The statements of friends, the physician, and the patient himself are recorded carefully. The patient's conduct and mental condition will vary widely from the history, and suggest the true lines of inquiry. Then comes a period of correspondence, and inquiry from every source; a patient gathering of all the facts that bear on his life, facts that are widely divergent, that concern his heredity, education, occupation, success or failure in life, climate, living, food, motives,

has been instituted by our association, which promises very important results. Blank circulars are being sent to all the leading physicians for a record of their experience and observation on the above subjects. These records, gathered by physicians from all grades and conditions of society, will sustain or disprove the conclusions of experts, and will do more to advance the temperance cause than all the lectures and sermons of a century. If the enthusiastic reformers would make inebriety the subject of exact and positive inquiry, by giving a complete scientific history of one inebriate, showing how he had come, and what he was exactly, and the causes and conditions which made him, and the meaning of his present state, we should know what means to apply for the prevention and cure, that would be beyond all doubt and question.

It is a sad reflection on the intelligence of the medical profession that no use is made of the abundant material for practical studies into the nature and character of inebriety in every neighborhood of the land. The time has come to put aside the theological views of the past, and examine inebriety as a physical event in the progress of humanity that can be known, understood, and controlled.

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#### SOCIETY FOR THE STUDY AND CURE OF INEBRIETY.

Great truths are slowly engrafted into the public mind. Pioneers must spend long years on the frontier before the wave of full settlement and civilization reaches them. The picket lines of science are established long before the army of accepted truths come up and occupy the ground. For fourteen years our association has stood alone, far in advance of public sentiment, urging that inebriety be studied from its scientific side. Only a few weeks ago a similar association was organized in England, with the same purposes and object, called the Society for the Study and Cure of Inebriety, and consisting of medical men as members, and lay-

men as associates for the study of the various physiological and psychological causes of inebriety in the individual, and for the presentation of the physical aspects of inebriety. Dr. Norman Kerr is President, and among the Vice-Presidents are Drs. Burrows, Spencer, Wells, Cameron, Carpenter, Richardson, Bristowe, and others among the leading scientific men of Great Britain. It is a source of congratulation to our association that at last we are to have such able men associated with us on this border line of a vast undiscovered country, of a new continent of psychological fact and preventive medicine.

The inaugural ceremonies of this society brought out a large number of leading men and physicians, who, after a formal lunch, indulged in the usual after-dinner speeches. This was followed by the inaugural address of the President from which free extracts are given on another page. To the American mind the *menu*, with its unintoxicating wines, and the President's earnest effort, in his address, to harmonize the treatment on a semi-religious basis, sounds strangely. But no pioneer society or men ever realized the full measure of their work or its character on the start. This society begins a work of research the value and importance of which cannot be foreseen. It involves every department of science and preventive medicine, and concerns not only the individual but the race—yesterday, to-day, and forever. The few thousand inebriates restored in asylums are as nothing compared to a knowledge of the laws of the origin of inebriety and its prevention in the future.

If scientific research will show the physical causes and training necessary to prevent inebriety, and the dangers from the neglect of the established laws of our organism, a new era will dawn on the march of humanity. Already the advance student can see, in outline, the possibility of preventing not only a large part of the inebriety of to-day, but the insanity, idiocy, crime, and pauperism, by finding out the causes and applying the remedy at the source. Hence the real work of the Society for the Study and Cure of Ine-

## INEBRIETY FROM TRAUMATISM.

Inebriety coming from injury to the head, either from blows or mental shock, has often a stage of premonitory symptoms that should be noticed. The order of symptoms so far observed have been, an instability of conduct not noticed before, great irritability and change of temper, delusions of wrong and suspicions of injury from friends, great buoyancy or depression at little trifles. Then all at once the use of alcohol to excess, and delirium of a pronounced type while using spirits. From this time spirits are used, either steadily or at intervals, with an insane form of impulse, that triumphs over every obstacle. The memory fails, and the delusions increase; delirium follows after alcohol is used to a certain degree. Inebriety in these cases is always marked by symptoms of degenerative changes in the brain, no matter what the appearance of health may be, or how insidious and long-separated the drink periods. A diseased condition has begun, some coördinating centers have broken up, and the progress of the case to chronic states, and death, is certain. Epilepsy may appear; insanity, in some of its changeable forms, is always present. Death is always imminent from capillary hemorrhage in the brain, pneumonia, and other forms of low inflammation. Dementia is sure to follow if death does not come to the relief.

## HOW TO STUDY THE INEBRIATE.

The first inquiry is, why do men drink? and what are the external conditions and motives which regulate their conduct and character? The patients answer to the first inquiry may give the facts which will explain the entire history, but generally it is vague and unsatisfactory. Heredity will most often explain why men drink. Surroundings, occupation, and food will furnish additional evidence. Then comes that vast unstudied region of every-day life, of events that grow out of positive physical conditions of which climate food, rest,

nerve, and muscle, strain, temper, breathing capacity, eyesight, sensations, and all prominent in shaping and molding the life history.

The susceptibility to disease, an inheritance or growth, coming from disease in childhood, or injury of any kind, or cultivated by a line of predisposing causes; these are the landmarks from which to understand the nature and character of inebriety. Here the problem of the free will to drink or abstain can be determined, and how far man is the conscious or unconscious machine, moving across this ocean of life, controlling the winds and waves, or being controlled by them. From these life histories, which include every physical and intellectual event, will appear the laws, and the conditions of the line of march, by which thousands of poor victims are driven on to destruction. This is the door to the new science for the prevention of disease, and the means of escape. From such a study inebriety will emerge from the superstition of the past; human character and motives can be measured, and why men drink will be a mystery no more.

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#### INSURANCE RISKS IN INEBRIETY.

The well-known fact that life insurance companies find excessive mortality in their risks in certain sections of the south and southwest has been the subject of some interest lately. Several of the Hartford companies who have examined the facts have found that this mortality came directly from inebriety, and was due to the liberal interpretation of the agents, who did not realize that any risk of inebriety was perilous unless the insured had suffered from delirium tremens many times. No use of alcohol, either moderate or occasionally immoderate, was thought to be dangerous.

The agents and examiners had no clear conception of the danger of alcohol, and treated the companies' views as extreme. The result was that special examiners were sent from the home office to cancel all the risks of ten thousand and



upwards where the insured were found using alcohol to any excess. Finally some of the companies withdrew their agents altogether, and do not solicit business in certain sections. In one case twenty-eight deaths were all traced to the excessive use of alcohol, and were all paid, simply because it was cheaper to settle than to contest. At a recent meeting of the Tennessee State Board of Health, the Secretary reported that a Hartford life insurance company had ordered its agents not to issue any policies in six counties of the State, owing to the excessive mortality of the policy-holders. The question came up of the cause of this mortality; as no reports indicated any special disease in this section, a letter was addressed to the secretary of the company to know the reason.

The answer was that from the amount of insured lives, in these counties, the average loss to the company should be about sixty-eight thousand dollars, when in fact it was over one hundred and fifty thousand dollars. More than double the loss of any other section, and that without any special cause of epidemic disease.

The real explanation was the want of care in taking risks and the number of inebriates who had been taken as proper cases. It is the same old blunder of supposing inebriety to be a mere vice at the control of the victim, and in no way perilling life unless used to great extremes.

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A summer camp meeting devoted to the study of Hygiene and Heredity will be held at Lake Bluff, on Lake Michigan, above Chicago, from Aug. 15th to 20th, under the auspices of the Women's Temperance Union. Dr. Crothers will deliver two lectures on heredity and its relation to inebriety, at this meeting.

During the past winter eighteen different state legislatures discussed the temperance question. Two hundred and forty-six towns out of two hundred and fifty-six declared in favor of no license in Massachusetts.

## Clinical Notes and Comments.

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### LATEST WORD ON ALCOHOL.

Prof. Perrin, who, with Lallemand and Duray, published in 1860 a vigorous denial of the theory of Liebig that alcohol was a food, and concluded from extensive experiments that alcohol did not undergo any change in the body, has lately reaffirmed his former conclusions. In the *Semaine Medical* of April, 1884, he states that alcohol was found unchanged in the expired air and other excretions of animals poisoned by it. It was observed that alcohol was eliminated from the lungs for eight hours, and for fourteen hours by the kidneys after it was taken. It was found that alcohol does not attach itself to the liquids and solids of the body alike. More of it is found in the liver than in the blood, and more in the brain and nervous system than in other organs. He considers the objections urged against his methods of finding alcohol that was eliminated from the body and answers them; then gives his own experience of six months on an *aqueous regimen*, and six months on a *alcoholic regimen*. The conclusion was that less carbonic acid was excreted during the alcoholic period, and nutrition was less active. That alcohols never nourish but always retard nutrition, and lower the temperature of the body; also, as before mentioned, that alcohol was always thrown off from the body unchanged, and no part is assimilated or used in the body.

Another fact mentioned by Prof. Jaillet is of interest. He has lately shown that in passing a current of oxygen over blood containing alcohol, the latter is transformed into acetic acid.

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\*See *Therapeutic Gazette*, June, 1884.

These experiments, demonstrating the acitification of alcohol in the circulating blood, and the destruction of the acetates formed into water and carbonic acid, have an important bearing on the prevailing theory as to the refrigerant and antipyretic action of alcohol on the organism. He also showed that the blood globule, when impregnated with the toxic spirit, has lost the property of transforming all its hoemoglobin into oxyhoemoglobin, for the oxygen of respiration unites at the same time with the alcohol and the hoemoglobin of the corpuscles. This is proven when a current of oxygen is passed through the blood, that has been charged or impregnated with alcohol, and reactions of acetic acid are freely given out. This explains the marked refrigeration and other phenomena of alcohol poisoning, also the depression of temperature seen after alcohol is used. Two conditions follow: In one the gradual lowering of temperature follows from the interruption of the phenomenon of haematosiis by the alcohol. The blood globule fails to fix a sufficient quantity of oxygen, and all the varied processes of combustion and calorification are imperfect, fatty tissue accumulates, and fat granules in the serum and corpuscles of the blood. In the second state respiratory embarrassment comes from the accumulation of venous blood, and less oxygen is fixed and less carbonic acid is exhaled; the latter accumulates in the blood. The acetic acid formed from the breaking up of the alcohol decomposes the alkaline carbonates of the blood, freeing carbonic acid, and forming acetates; these latter are transformed into water and alkaline carbonates. In these conditions death is a poisoning by carbonic acid, which slows up the respiration and circulation, and produces a blood stasis of all the organs.

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Dr. Palmer, the eminent professor of practice in the University of Michigan, will deliver a course of lectures at the Martha's Vineyard Summer Institute, on "Physiology and Hygiene, with special reference to the action of alcohol and narcotics on the system."

AGITATION PERIOD IN THE HISTORY OF  
INEBRIETY.

The earliest organized effort in modern times to prevent inebriety was a temperance society which began in New York State in 1828. The object of this society was to aid others in pledging themselves to abstain from all use of spirits and help each to carry out this resolution. From this beginning have come all the varied temperance societies which at one time or another have been prominent in nearly every city and town in the country. The growth of this movement has been wave-like, appearing at times very prominent, and extending over the country, enlisting all classes for a season, then dying away. The Washington societies began in 1840, and in two or more years numbered many thousands among their members, but were ten years after practically unknown. These organized efforts, now seen in one form, then in another, have been gradually growing into more settled methods and on better plans of action. The churches have taken hold of the work, and, upon the theory of vice and sin, denounce the inebriate as a sinner, who prefers to drink and do wickedly rather than be temperate and live a Christian life; from this they have urged, as the only remedy, prayer, conversion, and religious influence. Great revival movements based on the theory, called "Gospel temperance work," have swept over wide sections of the country, creating much excitement. States and districts have been divided up and workers sent to make a thorough canvass of each section, holding meetings and urging all to sign the pledge and abstain from the use of spirits. Some of these temperance societies have very systematic organizations, extending over many States, with national councils, corps of lecturers, society papers, and large volumes of transactions. The prohibitionists, or those who would stop the sale of spirits and increase the punishment of those who use it to excess, urge that it be made a political issue, and enforced by laws. They are sanguine that this is the true

remedy to remove this evil. Within a few years all these and other labors in this direction have become very active, and now nearly all the Legislatures of the different States are urged every session to enact laws controlling the inebriate and the sale of spirits; also great summer mass meetings are held to urge the people to sign the pledge; church conferences devote days to the consideration of the subject. These are only general outlines of the work to-day in America, which is growing more intense and active. It is clear to all who look over the field, that this is especially a period of agitation, from which the real work will by-and-by emerge, along lines entirely different from that seen at present.

T. D. C.

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#### SOME FACTS RELATING TO ALCOHOLIC POISONING.

Some interesting facts were brought out at a late meeting of the Royal Medical Society of London, on this subject, and published in the *British Medical Journal*. Dr. Broadbent described a case of pronounced inebriety under the term alcoholic poisoning. The patient had used wine for years, and finally a peculiar form of paralysis came on from which he died. The *post mortem* revealed no special symptoms.

The reader cited other cases and concluded with a most child-like caution, that he felt justified in considering alcohol as the cause. As if to banish all doubt he further added that the sedentary mode of life, and the absence of exercise in these cases, were the determining cause of the alcohol acting on the spinal cord.

Dr. Wilks observed that alcohol in different cases selected different parts of the body for its attack; sometimes the liver, or the brain, or spinal cord; in the latter stages the brain was always affected. He thought its effects on the spinal cord more common in women than in men. Cases had come under his observation, where they were imbecile, wasted, paralyzed, and yet recovered, so that he could not think the organic change was very great. He had three cases of the

so-called lateral amyotrophic sclerosis ; two died, one recovered slowly, after having had dropped wrist and contraction of the fingers, by treatment of galvanism and enforced abstinence from alcohol.

Dr. Buzzard remarked that these cases of alcoholic paraplegia were very complex and varied. Dr. Thompson had long ago found that in many cases of paralysis of the extensors, an alcoholic cause was present. In his experience this was confirmed. Extreme muscular wasting often preceded this contracture of the fingers, and was in many cases followed by recovery. In all these cases lancinating pains had often been present, and hyperphlegia much greater than in other cases. The electrical reactions of the muscles were altered, the faradic excitability was abolished, but the response to galvanism was increased. From this it might be inferred that the trophic influence of the spinal cord was cut off from the muscles by disease, either of the spinal cord or of the nerve trunks. This condition was like that of lead poisoning, and it was not probable that the absence of exercise was the cause of determining the effect of alcohol on the spinal cord. Lancereaux found no change in the spinal cord or nerve roots, but in the trunk of the radial and tibial nerves degenerative atrophy.

Watteville had suggested that there was dynamic change only in the cord, a temporary suspension of its function of trophic influence. No optic neuritis was discovered and that was evidence against the existence of a chronic inflammatory condition of the nerve tissues. Other cases were mentioned and the presence of syphilis was considered a very important factor to be eliminated in a history of causes.

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Dr. Clark of Glasau, in a recent paper on tobacco and its adulterations, found from 30 to 50 per cent. of water in many samples analyzed. Cigars contained only 10 or 12 per cent. of water. In snuff, from 5 to 30 per cent. of sand was found. He calculated that the average consumption to each one in Great Britain would be nearly two pounds per head in 1883.

But it should always be kept in mind that even the milder stimulant habits have a progressive tendency, and that under certain circumstances the attempt to resist that bias will overtask the strength of most individuals. According to the allegory of the Grecian myth, the car of Bacchus was drawn by tigers; and it is a significant circumstance that war, famine, and pestilence have so often been the forerunners of veritable alcohol epidemics. The last Lancashire strike was accompanied by whisky riots; the starving Silesian weavers tried to drown their misery in schnapps. In France almost every general decline of material prosperity has been followed by a sudden increase of intemperance, and after a prolonged war the vanquished party seems to be chiefly liable to that additional affliction. The explanation is that after the stimulant habit has once been initiated, every unusual depression of mental or physical vigor calls for an increased application of the wonted method of relief. Nations who have become addicted to the worship of a poison-god will use his temple as a place of refuge from every calamity; and children whose petty ailments have been palliated with narcotics, wine and cordials, will afterward be tempted to drown their deeper sorrow in deeper draughts of the same nepenthe.

And even those who manage to suppress that temptation have to suppress the revivals of a hard-dying hydra, and will soon find that only abstinence from all poisons is easier than temperance.

FELIX I. OSWALD, M. D.

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Dr. Notebuert concludes that in consumption it is the exhaustion of nutritive matter which precludes the extinction of the vital forces, and urges that the use of himatogenes in unison with vital incitants, iron, iodine, arsenic, strychnine, hypophosphites, and phosphates are the proper remedies. This is the direction of therapeutic skill in the treatment of inebriety. Fellows' Hypophosphites is a great advance in this direction. By combining strychnine and quinine with hypophosphites, a remedy of great value and power is obtained.

## THE MORTALITY REFERABLE TO ALCOHOL.

At the end of a long and carefully-prepared report recently drawn up by a committee of the Harleian Society, it is concluded that there is, upon the whole, reason to think that in the metropolis the mortality among any considerable group of intemperate persons will differ from that generally prevailing among adults in the following important particulars, viz. : a fourfold increase in the deaths from diseases of the liver chylopoietic viscera ; a twofold increase in the deaths from diseases of the kidneys ; a decrease of half as much again in those from heart disease ; a marked increase in those from pneumonia and pleurisy ; a considerable increase and an earlier occurrence of those from disease from the central nervous system ; a marked decrease in those from bronchitis, asthma, emphysema, and congestion of the lungs ; a decrease nearly as great in those from phthisis, and a later occurrence, or, at least, termination, of these diseases ; a very large decrease in those from old age, with an increase in those referred to atrophy, debility, etc., and the addition of a considerable group referred in general terms to alcoholism or chronic alcoholism, or resulting from accidents.—*British Medical Journal.*

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Dr. David Prince of Jacksonville, Ill., has a very interesting article in the July No. of the New England Monthly, on "The Anæsthetic Action of Alcohol in Surgical Operations." Mention is made of Dr. Mason's paper on this subject, published in our journal, also the experience of Dr. Link of Indiana. The writer details four cases of his own in which alcohol was used, once by the rectum with ether, with good results.

*Kidder's Faradic and Electric Batteries* have been on the market for many years, and have become thoroughly established in reputation. We take pleasure in offering our experience of many years' use of these batteries with the most satisfactory results, as evidence of their excellence and value.



*Horsford Acid Phosphate* has become a standard remedy, to be had in every drug store in the land. Its value in replacing the quack compounds is beyond all estimate. As a remedy in nervous disease it is invaluable.

*The Vitalized Phosphates* of Crosby & Co. is one of the best preparations for the treatment of nervous disease, and all forms of inebriety that can be had. We especially commend it to all who are treating the disease of inebriety.

*The preparations of Battle & Co.,* chemists, St. Louis, Mo., of which *Bromidia, Cocala, Papine,* and others, are the best known, and the most widely used by the profession. *Bromidia* and *Cocala* are excellent preparations in the treatment of inebriates and opium cases, and should be used in all cases.

*Keith & Co.'s* pure concentrated tinctures of standard remedies, together with the famed *Avena Sativa,* deserve a wide reputation for their purity and excellence of preparation.

*We have used Lactopeptine* for some time in cases of indigestion, and can recommend it as a valuable remedy. Containing the firm, active agents which are concerned in the process of digestion, it cannot fail to aid the system in preparing the food for assimilation. It is an invaluable remedy in the Summer Diarrhoea of children. Owing to its great impairment of the vital forces, and feeble powers of the digestion tract, food frequently irritates and increases the difficulty. For such cases we learn of no agent in the materia medica as reliable as *Lactopeptine.*—*Cal. Med. Journal.*

*Fellows' Hypophosphites,* containing potash, lime, iron, manganese, quinine, strychnine, and phosphorus, is a constitutional tonic, that admits of a very wide application. We have used it with the best results always.

*Park, Davis & Co.'s Sarco-Peptones* are both a stimulant and nutritive of great value. In all cases of digestive troubles its use will be very satisfactory.

SOME DISTINCTION MADE IN ALCOHOLIC  
INSANITY.

[From Dr. Sunderland's Report to British Medical Association, in June, 1880.]

When *inebriety* is a cause, a history of drunkenness can be traced long before. When *inebriety* is a symptom, mental disorders have preceded it a long time. When *inebriety* is the cause, the symptoms are *homicidal mania, suicidal melancholy*, with eccentric conduct. When *inebriety* is a symptom, mild melancholy, or delirium tremens follows. When *inebriety* is a cause, the delusions are those of grandeur and suspicion. In such cases, when recovered they took to drinking again always. If a *symptom*, recovery was more or less permanent. In the former cases, from *inebriety* dementia rapidly followed. In the latter, they drank in moderation and were satisfied.

## CONSUMPTION OF ALCOHOL AND BEER.

The report of the Commissioners of Inland Revenue for Great Britain for 1883 shows a decrease of the amount of spirits used in the United Kingdom of about ninety-five thousand gallons.

In Ireland, although the population is decreasing, the increased consumption of spirits amounted to two hundred and forty-five thousand gallons. In England the decrease of spirits used was about the same amount.

The Commissioners think this is due to the better intelligence and habits of living, and the spread of the temperance work.

Statistics of beer in the world show that the increase of consumption of this beverage is more rapid in the United States than in any other country.

No malt liquors are made in Spain, Portugal, Greece, and Turkey. In the three Scandinavian countries fermented and distilled spirits are most largely used. In this country beer is largely consumed in the Northern States. South of the Ohio river there are very few breweries. The Germans do not use more beer than any other people in the world. Great Britain and Denmark consume the greatest amount per capita, and Germany only ranks third in this list.

## ALCOHOL ON BRAIN.

In chronic inebriety 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 connective tissue, which, by strangulation, annihilates their function.

What does it matter now whether or not the projection fibres in either direction are in a perfectly physiological condition? What does it matter whether the nerve cells 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 fibres in the brain cannot take place without the implication of both the projection fibres and nerve cells. For great as the distinctions in function amongst the nerve centers undoubtedly are, similar distinctions do not extend to the intimate nature of nerve structure. Any serious disease, therefore, implicating a considerable portion of the nerve tissue in any department of the brain, can hardly fail to reach the analogous tissues in other localities, and impress its influence upon their functions also.—*Dr. Wright.*

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Dr. Parrish's work on "Alcoholic Inebriety" has been favorably noticed by several German reviews, and its wide sale is a clear indication of the growing interest in this subject.

Given certain surroundings and knowledge of heredity, and the physical and mental state of the man can be predicted with great certainty. The history of the inebriate and his surroundings being known, the prognosis is equally certain.

Dr. Fox, in the July number of *Mental Science*, concludes an article on "Exaltation in Chronic Alcoholism," as follows:

1. The insanity of chronic alcoholism is very frequently characterized by exaltation.

2. But these exalted delusions are common to various types of insanity, and are therefore not reliable as determining classification.

3. This exaltation in some cases possesses nothing to distinguish it from that of general paralysis. Occasionally, too, the physical signs of the two diseases so far resemble one another that they can only be differentiated by the history and other circumstances connected with the case, and in some rare instances only by watching the course of the malady.

4. In chronic alcoholism delusions of exaltations are usually fixed, constant, and ineradicable.

5. This in consequence of their dependence upon cerebral changes, the result of repeated hyperæmia. Little or nothing can be done for their removal.

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In this country there is a stupendous power of heredity, and strain of adaptation to new conditions of living, new climates, new forces, new tendencies, new needs, gaining in one direction and losing in another. Inebriety is an expression of the loss and failure of the harmonious adjustment to these conditions.

*Body and Will*, by Henry Maudsley, M.D., of London, England, D. Appleton & Co., Publishers, New York City: This is a very clear discussion of the metaphysical, physiological, and pathological aspect of the will, and is a remarkable book, reaching remarkable conclusions, which, whether accepted or not, will attract great attention among all thinkers. In another place we give an extract from it, and heartily commend the volume to all our readers.

In New York city, for 1883, the deaths registered were thirty-four thousand and eleven. Of this number only two hundred and twenty were attributed to alcohol.

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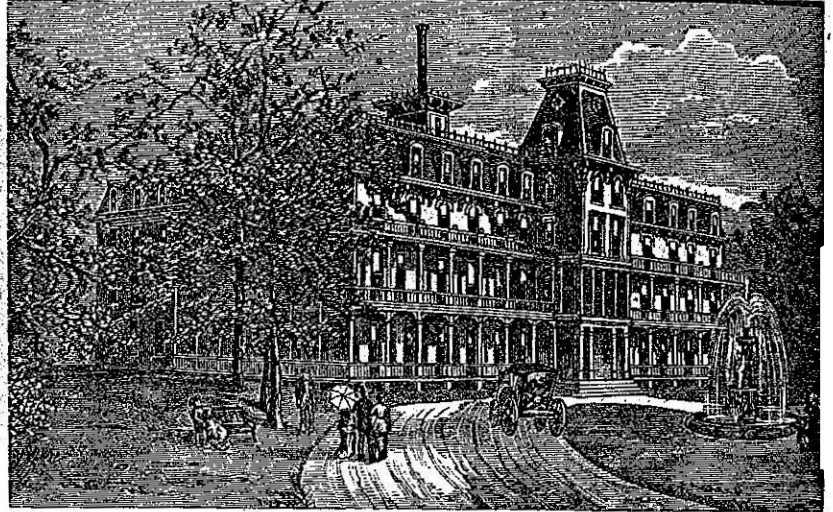
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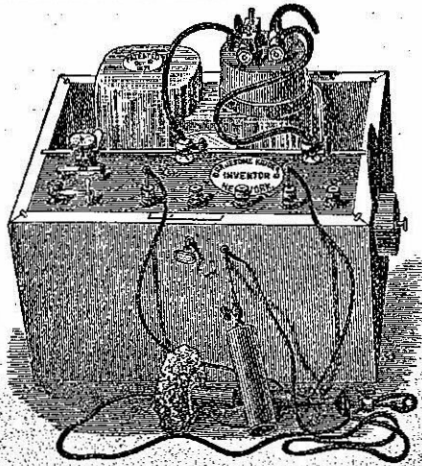
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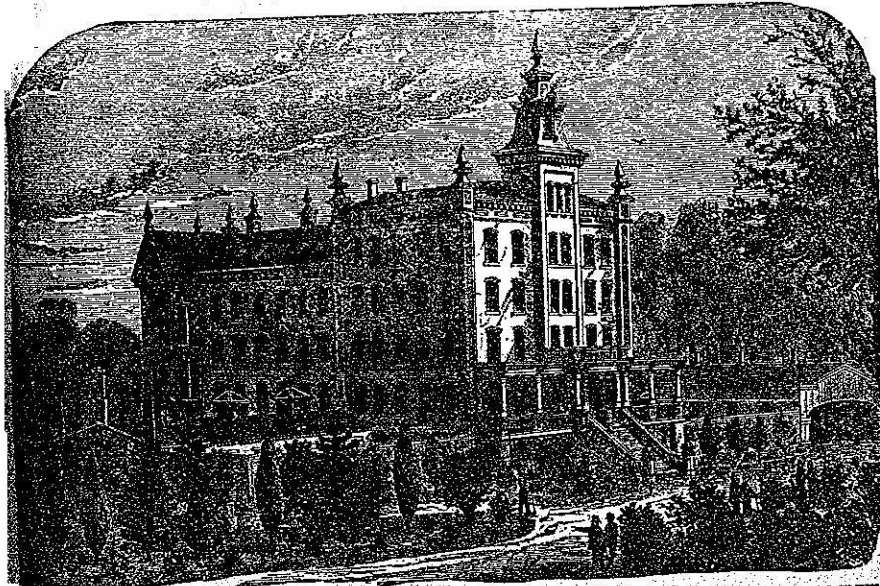
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(σαρξ,σάρκος—flesh; πεπτω—I digest.)

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