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OF

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

NEURASTHENIA (NERVOUS EXHAUSTION) AS
A CAUSE OF INEBRIETY.*

BY GEORGE M. BEARD, NEW YORK CITY.

The disease neurasthenia, (nervous exhaustion,) which I have in various ways described and illustrated during the past eleven years, is a condition in which the nervous system is functionally impoverished. This impoverishment, and accompanied excitability, is manifest by an immense array of symptoms, to which every organ, and every function of the body are liable to contribute. It is not my purpose here to repeat what I have already written in regard to the symptoms, or in regard to their nature or diagnosis; but only to point out the relations of this disease to the disease inebriety.

It is the common, if not the universal belief, that the disease inebriety is always the result of the habit, or of the vice of drinking; but those who study the subject thoroughly, philosophically, and practically know very well that there

*Read before the Tenth Annual Meeting of the American Association for the Cure of Inebriates, in New York, May, 1879.

are inebriates not a few who have never indulged that habit; never have been led away by evil companions, nor yielded to the temptations of social fashion, but have resorted to the habit of taking alcoholic stimulants for the same reason as those who resort to opium, or chloral, and tobacco, as a means of relief from the severe pain or distress of a vague indefinite character that accompany the nervously exhausted state.

Inebriates of this class do not drink because it is fashionable to drink; they do not drink because they like the taste of alcoholic liquors in any form; they do not drink to gain favor, influence, or social distinction; they do not drink because they are unable to resist outward temptations; the dram-shop, the bar-room, the hotel, dissolute companionship—all combined offer them no temptation; they fall into the habit of excessive drinking not from any external influence or temptation, but from the subjective temptation that comes from their mental and physical pains, and mental depressions, which are the direct and sole result of the disease neurasthenia. I may observe, also, that neurasthenia leads to very many diseases, such as, for example, hysteria and epilepsy, and certain forms of insanity, and neuralgia.

It is a fact which my professional experience satisfactorily confirms that alcoholic liquors have not only a relieving, but a curative effect in the different forms of neurasthenia; after all other remedies have failed, or lost their powers, alcoholic liquors will sometimes produce satisfactory sleep, relieve depression and debility, bringing about those agreeable results without any apparent evil accompaniments, except danger of this one terrible evil, inebriety: but when inebriety is contracted, then any number of physical evils may follow; the liver and brain may be diseased and life shortened. Physicians and patients both observe this delightful action of alcohol in the treatment of neurasthenia, and, without proper caution on the part of one or the other, are tempted to use very strong liquors in excessive amounts, just as they would use the quinines or bromides. Then again there are some—and these cases are very interesting indeed—who, so to speak, leap with a single bound into

inebriety; without any advice of their physician, without consideration, and of themselves, without reflection they rush to alcohol for relief, and become inebriates at once, with all its symptoms, just as suddenly as one breaks out with chills and fever.

There are few physicians of large observation who have not met with cases of this kind in their practice, although perchance they may not have recognized the disease neurasthenia on the one hand, nor the disease inebriety on the other; they have simply seen a case of chronic debility fall into the habit of excessive drinking.

Neurasthenia is more common in these days than formerly; it is more frequent in the United States than in any other country—hence, in part, the explanation of the fact that inebriety has increased in modern times; hence, also, the explanation of the fact that there is more inebriety in the United States than in any other country, although there is no other country where there are so many that totally abstain from alcohol.

The details of three or four cases illustrate what I mean better than the most elaborate discussion. These cases are not, I may say, extraordinary, they are not exceptional; they are simply typical of thousands of cases.

CASE I.

A young man, a little over thirty years of age, was referred to me by a physician for symptoms of neurasthenia of a sexual origin, and complicated with sexual debility; he had formed the habit of self-abuse at the early age of 15; had prosecuted it to great extremes. On the breaking up of the habit, seminal emissions followed with attacks of profound melancholy; there was, as is so often seen in those cases, great pain in the lumbar region of the back, and feeling of fullness in the head; sweating palms (*palmer hyperdrosis*) at times; very excitable and nervous; his pulse was very high, going considerably above a hundred; so nervous indeed was he, that sometimes in going in company he would become saturated with perspiration. Before he became neurasthenic he was in the habit of smoking, but when the symptoms came, he found that he could not continue the habit; driven by his despair he found relief in alcohol, and for two years was an inebriate.

There was in his case no hurried tendency to inebriety; there was no special temptation to drink offered to him; he simply drank as a

relief from distress, and he found this relief by exchanging a lesser evil for a greater. He resolved to reform, and did reform: and when I last saw him was cured of the habit, and is now seeking cure for his nervous symptoms, which are numerous, and severe, and complicated, but are yielding to treatment most satisfactorily, without the use of ardent spirits or alcohol in any shape.

I have known a number of cases where neurasthenia in women led to inebriety; cases where, although there was susceptibility to almost all other remedies, alcohol would be tolerated in very large doses. Such cases are always in danger.

Neurasthenia often has dislike for alcohol and inability to bear it even in small doses as one of its symptoms; thus these sufferers are saved through their very susceptibility. In other cases, quite the opposite symptom is noticed; there is abnormal toleration of alcohol, and feeble women may drink very freely of ardent spirits and not exhibit any one of the temporary effects on the head or nerves. Such cases are in especial danger of inebriety if they ever form the habit of drinking.

CASE 2.

A young man twenty-one years of age, of highly nervous organization, showing in every way the nervous diathesis, whose father was an inebriate, and who, therefore, undoubtedly inherited a tendency to the disease, was severely injured in a railway accident. For two or three days after the accident he was delirious. He was confined to the hospital between three and four months. Previous to this accident he had not been addicted to drink, and the physicians in the hospital assured him that he probably owed his escape from death to the fact that he had been of temperate habits. After leaving the hospital he had various nervous symptoms—melancholia—deep depression and despondency, made threats of committing suicide, and once attempted self-destruction: was also troubled with tremors and other indications of extreme nervousness. He had not been annoyed with these symptoms before the accident, but on the contrary had been of exceptionally cheerful and happy disposition. He soon contracted a habit of occasional drinking, sometimes to excess, but did not become a confirmed inebriate. A year and a half after the first accident he received another injury—he was ruptured in consequence of a severe strain, was taken to a hospital and operated upon, and was again confined to the hospital four months. After leaving the hospital the second time, he was very

weak and neurasthenic, and shortly after had a sun-stroke, which left him exceedingly nervous: and immediately he began to drink, and continued doing so for three or four days in succession, and then had a very violent attack of delirium tremens—caused, without doubt, by the sun-stroke. After this he continued to drink to excess at times, although he often abstained for quite long intervals. This continued for a period of two years, at the expiration of which time, being greatly distressed by his condition, and despairing of being able to abstain, he voluntarily went to an Asylum for Inebriates, where he remained four months, and came out apparently cured, and remained so for a year and a half, when he relapsed. During the heat of the present summer, 1879, the desire for drink came on him one especially hot day. He fought this desire with success for a week, when he gave up, drank to excess, though only for a period of less than twenty-four hours, the result being another severe attack of delirium tremens, so called. At this time I was consulted, and prescribed fluid extract of *Cinchona rubra*, which he says takes away the desire for drink.

The patient is still under observation, and I am not able to say how permanent the effect of the *Cinchona rubra* will be. I was led to experiment with this remedy from articles in the papers connected with the discovery of Dr. D'Unger, who claims that it will work a permanent cure.

In regard to the above case, two facts are clear—first, that the tendency to this disease was probably hereditary, and secondly, that the injuries he received, particularly the sun-stroke, were the exciting causes of the malady, without which, probably the tendency would never have been developed, secondly, experiments with tonic remedies for breaking up the tendency ought to be made more thoroughly and systematically. Even if the *Cinchona rubra* should prove either a partial or complete failure, it is true, nevertheless, that this is a proper and legitimate field of experiment, and the fact that this remedy has been brought forward in an apparently charlatan-like manner is no argument whatever against its use.

There is no doubt that opium inebriety can be combatted most successfully by the use of tonics and sedatives, such as electricity, bromides, strychnine, arsenic, warm baths, and the like, and there is no more doubt in my mind that alcoholic inebriety can be helped, and the treatment of it very much aided, in asylums and out of asylums, by the scientific use of

the same class of remedies in the hands of scientific medical men.

The following cases were furnished by Dr. Crothers of Hartford, Conn :

CASE 3.

H— was the valedictorian at college. Both parents healthy, with highly sensitive nervous organizations. He was early sent to school, was a leading scholar, bright, retentive memory, full of promise, of much intellectual strength. At college was conspicuous in his tastes, often ate to excess, and was sleepless for many nights in succession—elated, depressed, and changeable in his feeling and emotions; graduated with éclat, went home, was unable to fix his mind on any work or study, could not stay long in any one place, wanted to be wandering round, complained of general debility, did not sleep sound at night, could not remember well, was annoyed by music, or any continuous sounds, such as frogs, crickets, etc. For a year he traveled and tried various remedies, was examined by many physicians, who discovered symptoms of softening of the brain. In 1877 I examined him. He was hypersthetic and anæmic; wanted to be well, but feared he had lost all vigor, and never could regain it again. This lack of vigor he attributed to gonorrhœa, which was contracted before graduation, and was evidently a slight attack with no complication, from which he soon recovered. He was intently active, but without any purpose, and was unable to do any one thing for more than a few minutes; was very easily exhausted, could not walk much. He ate well, and all the secretions seemed healthy. I made no diagnosis except to caution him about using alcohol. My reason for making this suggestion was a certain restlessness and impulsive manner, a kind of half expressed agony that was apparent in every movement of face and body, which was indicative of a tendency to alcoholism. Three months later he attended commencement, and drank freely of champagne at a class supper. The effect was marvelous—all his old vigor returned: he was intoxicated, but recovered rapidly, and ever after drank wine with marked pleasure. His friends thought this was the medicine he needed, and encouraged its use. In the winter of 1878, he was intoxicated nearly every day, and finally came under my care: he recovered in part and went out to travel with an attendant. He escaped from his attendant and drank again. He is now a constant drunkard. His mind is full of delusions of writing books and making speeches. He is anæmic, has defective locomotion, and imperfect control of his muscles. Trembles, drinks regularly every night, to semi-stupor, sleeps irregularly, uses bromide and chloral when brandy is not to be had. Digestion imperfect, sensations perverted. Does not seem inclined to stop drinking—declares he cannot because it will kill him.

CASE 4.

B— inherited an impulsive disposition. Father died early of paralysis; mother died of consumption. Was educated at West Point; went into the engineering corps; was an active, stirring man, temperate, but somewhat irregular in work; went south, suffered from malaria: two years later came north, and received a furlough; was very anæmic, nervous, irritable, unable to concentrate his mind on any one thing or remain still long; was sleepless, with indigestion; thought he was able to work as before, and attributed his disorder to some conditions of the present; was full of little schemes and notions, which were soon forgotten. At times he was excessively hypochondriacal. He returned to his work, and was unable to make any calculations, or even to take charge of men. He gave as a reason excessive exhaustion, which he felt all over. He was very sensitive, could not bear noise or loud sounds. In this condition he went about to different cities, consulting several physicians, taking various courses of treatment, with no result. His appetite grew better, and he seemed stronger, but his mind and nervous system remained exhausted. He was anxious to get well, but had no inclination to work for it. All this time his wife, for some reason, had very bitterly opposed the use of any form of alcohol. A physician prescribed a *milk punch* at night, and the effect was excellent. From this time he used milk punch every night, and in a few weeks went back to his work. Some weeks later he was intoxicated, then recovered, but drank steadily. One month more, and he developed a clear case of dipsomania, which was followed by a free interval of sobriety, at first four weeks, then three, two, and one, and finally no interval. Later, he died of alcoholic convulsions. For some months before death his mind was full of delusions, and he was both anæsthetic and hypersthetic.

CONCLUSIONS.

The conclusions which I have to offer on this subject are as follows:

First Neurasthenia (nervous exhaustion) is in modern times a very common cause of inebriety. It may lead to inebriety, just as it may lead to insanity. It may do this where there is no clear hereditary tendency to inebriety. An attack of inebriety may come on suddenly in neurasthenic patients without any warning, just like an attack of neuralgia or sick-headache. It may be periodic, coming and going like attacks of mental depression. I have seen many cases of neurasthenia where the attacks of profound mental depression would come on suddenly, almost instantaneously, remain for

an hour or two, possibly longer, and go away as they came, without any apparent exciting cause. During these attacks of depression inebriety may arise.

Secondly. The temptation to prescribe alcohol for neurasthenia, like the temptation to prescribe opium for the same affection, demands scientific but not emotional consideration on the part of medical men.

It is a fact of experience, without regard to theories or philosophies, that alcohol in its different forms—wines and ardent spirits—is in some cases one of the very best means of relieving and curing neurasthenia. There are cases when it seems to be a specific for very many of the neurasthenic symptoms, such as wakefulness, mental depression, etc., when it will relieve those symptoms more speedily and more satisfactorily than almost any other agent, with the exception, perhaps, of electricity; and sometimes these effects are permanently curative. It is one of the advantages of temperate habits that, when overtaken by disease, there is better chance of obtaining relief from alcohol than by the habitual drinker who is long accustomed to its effects.

I record the case of a very eminent theologian who once consulted me for sleeplessness, the result of neurasthenia, and who found a most excellent relief in a very moderate amount of whisky taken on retiring; and I have now under observation a lady, a very unusual sufferer of neurasthenia, with uterine complications, who for years has only slept after taking a large quantity of beer at night, the ordinary hypnotics, such as chloral, bromide, Indian hemp, having no effect, while the beer after years of use does not seem to lose its effect. I know of an eminent clergyman who was lately brought out of an attack of illness with various nervous symptoms, of which claret wine formed one of the most important factors.

With these facts before us, we are brought face to face with this question: Shall we allow these cases to use alcohol, and can we do so without incurring the risk of making some of our patients inebriates? The practical hint that I have to give in answer to this question is, that we should not in these cases depend on alcohol nor use it long at a time, but

alternate it with other means of cure, so that the patient shall not contract the habit of drinking intoxicating liquors, or if already addicted to it, that he may be weaned from it. I will not allow these cases to become slaves to any one narcotic. One narcotic or stimulant may be an antidote for another narcotic or stimulant; thus opium may take the place of alcohol, or chloral may take the place of both, or atrophine may be combined with morphine. In cases of opium habit I have sometimes used with satisfaction an anodyne pill composed of all the narcotics except opium.

Thirdly. The progress recently made in the treatment of neurasthenia makes it possible for us now to dispense to a considerable extent with powerful narcotics. By the use of electricity, heat and cold, the bromides, the country, and systematic rest, we are able to bring relief and permanent cure to cases of neurasthenia that formerly kept themselves poisoned with alcohol and opium.

Improved methods of diagnosis of nervous diseases, especially the study of local irritations that are the starting point of neurasthenic symptoms, and the hunting down of reflex irritations from local diseases of various parts, particularly of the genital system of both sexes, now make it possible for the profession to get control of these cases, to relieve them, and to cure them, when formerly they would have simply combatted the symptoms by a liberal use of narcotics. Neurasthenia is in this country more frequent than any other nervous disease; it causes more distress and loss of working power than all other nervous diseases combined, save perhaps insanity.

It is the door that opens to a large number of other diseases; it is an increasing disease; rightly analyzed, it is one of the most common causes of inebriety. How to deal with this disease, how to diagnosticate it, prevent it, cure it, is one of the most important medical problems of the present and of the future; and to the solution of this problem the best energies of the best men not only in this country but in all countries must and will be directed. The scientific study of inebriety requires also the scientific study of neurasthenia.

DIPSOMANIA: ITS MEDICAL AND LEGAL
ASPECTS.

BY J. KINGSTON BARTON, F.R.C.S., LONDON.

The remarks about to be made on the above disease have been gathered from the intimate study of several cases over a lengthened period.

Dipsomania is one of the most frightful scourges of the human race, not only in its results on those afflicted with it, but upon their friends and all who have anything to do with them. Medical men have long since come to the conclusion that dipsomaniacs are entirely unable to take care of themselves, and yet our laws will not provide for any dealing with such people wholly irresponsible for their actions; and although the laws relating to insanity will not recognise that these patients are not accountable for what they do, yet even in the criminal law there is no protection. We will, however, discuss the whole of the legal aspect separately later on.

Etiology.—Hereditary taint is no doubt the most important element. There are, however, two important kinds of hereditary taint:—

1. That dipsomania is a neurosis and only a variety of insanity, other members of the same family either being insane, epileptic, eccentric, or hysterical; or some of the parents or grandparents being afflicted with one or other of the above neurotic affections.

2. That dipsomania as a neurosis only arises from an acquired habit of the parent. That is to say, a man drinks hard either because he is fond of luxurious living or from mere habit with his associates, and the result of this drinking is that his children have a strong tendency to become dipsomaniacs.

So as not to produce misconception we state here that drunkards and drunkenness is an entirely different thing from dipsomania. We shall give our reasons later on.

After hereditary causes, almost the only one is its acquirement by habits of life. Injuries to the head occasionally produce periodic dipsomania. It is extremely difficult to say often which is the real cause, as they react so much on one another. But one thing is evident—dipsomania is rare among the lower classes: it is a disease almost entirely found among the upper classes.

We do not mean to infer that the lower classes do not drink—of that there is no doubt. But the lower classes are merely drunkards when they drink, or else they acquire those numerous organic affections consequent upon beer and gin drinking, such as granular liver and kidney, diseases of the arteries, &c.

If there is one liquor above another that we are confident most often produces dipsomania it is champagne. The stimulation it produces is of a very evanescent kind, and large quantities can be taken, and for a time it does not produce the headaches and gastric irritation that brandy and spirits do. But on that account its effects are the more insidious and dangerous.

Those who most often become dipsomaniacs are those who either are rich themselves or are thrown among those who have money and live extravagantly.

The army and club life are most dangerous schools for any one with a hereditary disposition to dipsomania. For liquor is the main stay of idle men, and in peace time there is not the slightest doubt about officers having an idle life. The numbers of idlers always present at clubs speaks for itself.

We do not in the least wish to draw unpleasant comparisons between the army and navy, but we are certain more dipsomaniacs come from the army, just as we are equally sure that more drunkards come from the navy; and our reason for saying so is that in the army there is much more champagne and wine drinking in the mess-room than in the navy. Again, the weekly guest night of the army leads to

heavy drinking, as also the mere mess dinner every night, as men can go on drinking till late at night, knowing they have no work or duty till the morning.

In the navy, however, there is much less champagne and wine drinking, spirits being much more common. Again, as officers have to be on watch every third four hours, so do they have less time for sitting over liquor for any lengthened time; nor do they have the card or billiard-room of the army mess to linger in for any long time. The night-watches of the navy, moreover, tend to make men drink spirits instead of other liquors. A man just going on or off watch gets more into the habit of having a lot of whisky, brandy, or rum rather than a pint of champagne; where in the army a man invariably (presuming he drinks) gets up in the morning with a bad head from the effects of his dinner liquor, and the smoking and brandies and sodas of the card and smoking-rooms of the night previous; and his usual remedy for the head is a pint of iced champagne, which generally sets him all right for the time, but within an hour the depression following a morning stimulant makes itself felt, and another draught of liquor is the result, and so on eventually *ad infinitum*. Once this habit becomes established, large quantities of liquor are continually going through a man's system, destroying his gastric system, keeping his nervous system in a continual artificial state of excitement, and making his kidneys mere sieves.

The irritation to the gastric system produces anorexia and continual thirst, and thus furnishes a constant and increasing cause for the dipsomania.

To revert to the navy again: Men are thrown much more upon themselves for resources of pleasure, and if a man has not any means or taste for relaxation, mental and physical, he is tempted to spirit-drinking, and may eventually become a drunkard or die from organic diseases induced by his habit of living.

We might discuss many other important points of difference between the army and navy in the differences of drinking habits they produce, but as it is extraneous to our subject, we must dismiss them without further notice.

Idleness is the most important cause for inducing drinking habits, and consequently that is why members of the upper classes are frequently the subjects of dipsomania.

We have already stated that the drinking of the lower classes produces a different result, but as those differences will be better described under the symptoms of dipsomania, we pass them by for the present.

To sum up, then, the most common causes of dipsomania are a hereditary disposition as a variety of insanity or from previous drinking habits of the parents, or are acquired disease from habits of intemperance and most chiefly due to champagne drinking, and consequently more common in the upper classes. Injuries to the head must again be mentioned.

Before leaving this part of our subject there is one idea we would like to bring forward, which may explain some difficulties. It is this: May not many cases of apparently acquired dipsomania be due to diabetes insipidus? Because such a common symptom is the enormous thirst for some liquid even after all stimulants are removed. But it is very difficult to say whether a commencing diabetes insipidus might not, in a man slightly given to the use of stimulants, induce him to drink stimulants instead of plain fluid; and the large quantities of stimulants taken would produce brain symptoms which would disguise the diabetes. Dipsomaniacs always prefer a long weak draught to a short strong one, which shows a constant thirst, and it passes through their kidneys very quickly, as they are frequently passing water. However, we only raise the point in the hopes that other observers may take it into consideration when studying patients afflicted with dipsomania.

Symptoms and Progress of Dipsomania.—It would be well to mention here that oinomania is only another name for the same disease that we are treating of.

There are three main varieties of dipsomania—the Acute, Periodic, and Chronic.

The *acute* is rare, and we have never seen a case. It is said to come on after great hemorrhages, as after labor, or in patients convalescent from fevers, or from excessive ven-

ereal indulgence. This variety would seem to resemble an attack of mania in its violence and uncontrollability, and we should advance it as a proof of dipsomania being an insanity and requiring as careful watching and treatment.

The *periodic* is a more common variety. By some authors it is considered the most common form, but in our experience the chronic is more frequent. In this variety are classed those patients who get periodic attacks of drinking, lasting for a long or short period. In some patients the attack comes on suddenly. That is to say, they take to drinking large quantities of alcoholic fluids without any premonitory symptom. But more often than not, there is noticed an alteration in character and temper that forewarns those who have anything to do with the patient. In the case of a married man, the wife can almost always tell when an attack is coming on. The length of these attacks vary very much, more especially according to the duration of the disease in the patient. In the early history of the disease the drinking bouts often last from one to three weeks, and during that time the patient is constantly drinking. As he cannot get the quantities of liquor that he requires outside anywhere, he takes to drinking in his own rooms or house. Nothing will stop him. If his friends or servants try to get him to leave off, he storms and rages, and terrifies them into submission to his ways and wants. His excuse for drinking is always that he is excessively weak and nervous and requires support, and that it is absolutely necessary for his life that he should have stimulants. His appetite soon disappears, and he only makes vain efforts to partake of any food that is brought to him. Great sleeplessness and restlessness comes on, and in fact the patient is often on the verge of delirium tremens when the disease abates either gradually or suddenly, and he gets fairly well. When it ends suddenly, it is from an attack of acute or subacute gastritis, for which he requires and seeks for medical aid. The craving for drink having also disappeared, he willingly submits to medical direction, and under judicious treatment recovers. When the attacks go off gradually there are less severe gastric

symptoms, and the craving having become less, there is a diminution in the gastric and nervous troubles.

After patients have lived for several years with these periodical attacks, the duration of attack diminishes in length, and they increase in frequency; the cause of this being chiefly due to the effects on the gastric system. The stomach much sooner resents the large quantities of alcohol put into it, and consequently the drinking fits are cut short by attacks of gastritis, and often also enteritis. But from the attack being shorter, the interval of diminution in drinking also becomes shorter, so that the patient gradually goes on from bad to worse. Once the drinking fit passes off, the patient generally expresses great horror and grief at his propensity and the effects it produces, and will make all sorts of promises to abstain altogether from alcoholic drinks. If the case is not a severe one, and the moral surroundings of the patient are good, he will often keep his resolution for a long period. But eventually, from some cause either of social temptation or mental worry, he again breaks out and becomes wholly ungovernable. We have known cases where a man having recovered from a periodic attack would go for a period of from four to eight months without drinking any alcoholic liquor, but the first taste of liquor after that abstinence would bring on an attack.

A great many cases are called periodic which are really chronic, but with temporary exacerbations, and we will discuss these under the chronic variety. We only include under the periodic those cases where there are complete periods of a natural condition of mind and body; and in almost all these the patients are either total abstainers or extremely careful and temperate in their habits in the intervals between the drinking fits. The higher the moral nature of the patient, the longer are those tranquil intervals, but the lower the moral nature the shorter are those periods. The reason being that a man of high moral nature, either from culture or inherent perception, gets more control over himself and will battle long against the craving when it is coming on, although eventually he gives way not from any fault of his own, but

on account of his being the subject of a mental disease entirely beyond his control. On the other hand, a man of low moral standing will never try to keep himself from the temptations that he knows are dangerous for him, and never makes any attempt to stave off the craving, but yields at once. These last are a much more hopeless set of cases to deal with, and are almost always incurable, and eventually die from accidents or diseases induced by their habits.

Dipsomania that comes on from injury to the head is generally of the periodic variety. Blows or falls on the head are followed at a long or short period afterward by periodic attacks of drinking mania. In surgical and medical practice it is well known that similar blows on the head are not infrequently followed by epileptic fits, and both these classes of cases, viz., the accession of periodic attacks of dipsomania after injuries, and the periodic attacks of which we have been treating at length above, tend to point to a relation between epilepsy and dipsomania. Just as an injury to the head by producing some alteration in the nerve-centers brings on epilepsy, so do they at other times bring on dipsomania by no doubt causing also some alteration in the nervous tissues. Again, where there is insanity in a family, in the progeny there is a great liability to a repetition of that same condition of the nerve-centers which produces insanity, or else some modification of it, such as epilepsy or dipsomania, for in almost every case of periodic dipsomania is there to be found a history of nervous affections. There are cases on record of transitions between these two affections. Either an attack of drinking passing off by an epileptic fit, or patients at one time having an attack of epilepsy and at another time an attack of craving for drink. In fact, the two affections are very much alike in many ways. Judging from cases under observation, the periodic variety seems hardly ever to be induced by acquired habits of drinking alcohol, it being almost always the result of strong hereditary tendency to neurosis of some kind. Our object in laying such stress upon the real insanity of dipsomania is to get its recognition as such by the legislature, and we shall presently resume the subject more in detail.

We stated just now the difference in effect upon the course of dipsomania caused by the presence of more or less high moral nature in the patient. All those who have studied insanity have come to the conclusion that very often there is a complete absence of the moral nature—patients not having the slightest conception of any moral obligations due to their fellow beings or themselves. Very frequently among dipsomaniacs is there this complete absence of any morality.

It is not often recognized. Friends and acquaintances of the patient accuse him or her of immorality unjustly. For a man cannot be immoral who has no ideas of morality to start with. Many will think such a state of things incredible, but it is really not so. Patients suffering from dipsomania often behave very well for a time, but it is only from the effects of habit from the way they have been brought up. They may do what is right, and often appear to go out of their way to do what is right, but if one could get at the root of their actions, it would be found that they were not guided by any moral feeling or sense whatever.

Dipsomaniacs show this perversion, or rather, absence of morals, in almost all their dealings with their friends and relations, and it is on this account that the disease is such a scourge to the friends and relatives. The patient will give the most solemn promises not to take any stimulant, but the backs of those to whom he has made the promise are no sooner turned than he violates it, either by obtaining the liquor himself or not refusing the first or any temptation that is set before him. They always have a plausible excuse when ~~taxed~~ with their violation of promise. They will also prevaricate most cunningly until the question is put directly to them. It is curious that in spite of the absence of moral nature they will rarely tell a deliberate lie. Some people might think this was due to a vestige of morality, but it is, we think, due simply to a knowledge of their weakness, and to the power exercised by a stronger mind over theirs. This habit of prevarication, of never giving the lie direct, they are cunning enough to bring forward as a plea for their being trusted occasionally. But in our opinion, a dipsomaniac can

never be trusted. It is not right that he should be led to suppose so, for that would do him inevitable harm, as we shall see presently in discussing moral treatment for dipsomania. but at the same time one would never rely on the promises given by a dipsomaniac, more especially if it is in regard to taking any precautions for guarding against his propensity.

As regards the recurrence of these periodic attacks, they do not seem to have any regular intervals. In some patients there is a cessation of the drinking propensity for many months, in others only for a few weeks. In the chronic variety we shall have to mention that where periodic exacerbations occur they often do so at regular intervals, and the length of time is generally a month.

In women, where the generative functions are periodic, dipsomania, like so many other varieties of insanity in women, is apt to recur at intervals corresponding to the menstrual periods.

The progress, then, of periodic dipsomania is generally an increasing frequency of the recurrence of the attacks which may verge into the chronic variety, but as often as not kills the patient before that stage is reached.

Among this class, however, are found some who do appear to be cured by careful and judicious treatment during the intervals. The treatment consisting in elevating the moral nature by every possible means, improving the patient's general health, and getting him to employ his mind and body actively. There is one drug which ought to have extensive trial for treating the periodic attacks. Bromide of potassium is well known to be of great service in reducing the frequency and force of epileptic attacks, and seeing the close relationship of dipsomania to epilepsy, it ought to be of use. We have not had the chance of giving it much trial in the periodic varieties, but in the chronic it is of immense service.

In those cases where the moral nature is evidently low, weak, or absent, no hope can be held out for cure, and the patients will be an endless source of misery to themselves and relatives till they die. It is for these cases that a proper law is so much required. During the attacks nothing but restraint can keep them from liquor.

Men who suffer from periodic attacks live a little longer than those whose attacks are chronic in their nature. Among women the periodic is more common during the whole of the time of the existence of the generative functions. Chronic dipsomania in women more often comes on later in life.

Chronic Dipsomania.—We are certain this is the most common form. Those suffering from it generally commence drinking at an early age, usually 17 or 18, and by 30 years of age most of them have died. They die either from the direct effects of the drink they are continually consuming, or else from diseases induced by it, such as absolute insanity or diseases of liver and kidneys. The disease is not generally recognized in the first few years of its course, as the patient's friends and relatives merely suppose him to be living a little too fast, and that he will pull up soon. However, after a few years it is found that he is never really free from the effects of liquor. He is hardly ever really drunk, but is never sober. As we have said before, champagne is the usual drink during the first years of a dipsomaniac's career. When he takes more than enough, it shows its effects by making him very sleepy, and he will lie down at the most unusual times and places, and fall off into an apparent dead sleep, from which it is very difficult to awake him, and if one does so, he usually manifests a disgusting temper, and will curse and swear at his best friends. This sleep does not rest the brain at all, as when they do wake up voluntarily they are by no means refreshed, and immediately have recourse to another stimulant, which generally freshens them up for a short time, but they very soon require restimulating.

In the early days of their career, these men often go through a large amount of fatigue, and consequently for a time ward off the mental effects of their drinking. They will hunt vigorously, and shoot, walking long distances, but the excitement of horse exercise is what they most delight in, as the fatigue enables them to drink large quantities of stimulants without much apparent effect. But after several

years the muscular as well as mental system begins to fail. They cannot go through the fatigue they were formerly capable of. Their will also fails. Overnight they will make engagements and promises for the morrow, but the morrow finds them unable to perform their promises, nor have they the will to carry their project out.

Every now and then the patient acknowledges that he is drinking himself to death, and he will slacken in and reduce his quantities of stimulants, but never leave off entirely. He very soon, however, resumes his usual large potations. Occasionally he can be induced to go to a home or inebriate asylum for a time, but he never stays very long and is no sooner out than he resumes his former habits. It is a fearful existence, the constant craving for fluid, and that fluid must have some taste. All dipsomaniacs have a complete antipathy to water. They will drink anything but water. If they cannot get stimulants they will drink soda-water, lemonade, or ginger-beer, in enormous quantities, so much so indeed that the mere quantity of these apparently harmless fluids which they drink is quite sufficient in itself to ruin their digestive powers. Many people think that it is only necessary to substitute these supposed harmless fluids for alcoholic drinks to produce a cure. The idea is entirely fallacious, as large quantities of those fluids are as likely as not to induce dipsomania itself. There are two classes of dipsomaniacs that are very different from each other in their habits of eating. One set has the most voracious appetite, eating enormous quantities of meat cooked in all forms. These patients are generally wine-drinkers, and very often claret-drinkers. Another set of patients eat very little, their stomachs being unable to retain or digest the food. In the first class the large quantities of food taken is not properly digested, as is evidenced by their constant call to get rid of their excrement. In fact some of these patients seem to occupy a great part of their time by evacuating their bladders and rectums of the large quantities of food and drink they ingest. The diet of those who only eat a small quantity is generally a meat one. Dinner is their usual meal. Breakfast and lunch are meals they never can accomplish.

Their usual routine of life consists in getting up early or late in the afternoon, rarely in the forenoon. But during the morning they have been taking continual small doses of beer, champagne, hock, or claret, generally diluted with soda or seltzer, and have short snatches of a boozy sleep. Having come out by the afternoon they attempt a dinner in the evening, and with a fair amount of liquor in them, they bring themselves up to the scratch to play billiards or cards, but they soon get tired, as they call it, and lie down and go off to sleep. By about one or two in the morning they wake up, and from then till eight or nine is their miserable time. They cannot sleep. The effect of the liquor is passing off and they get frightfully nervous. They often wander about the house, and if they cannot obtain any liquor before the general hour of rising of others, they are usually reduced to a state verging on delirium tremens. Directly they get some liquor, however, they go and undress and go to bed, and so on till the afternoon, when the repetition of the night before takes place.

In the early history of dipsomaniacs they have usually had one or more attacks of delirium tremens, but after recovering in a way from them they are never able to drink the large quantities of stimulants they used to do formerly, as they get so much sooner prostrated and intoxicated that they never get real delirium tremens again. We have seen patients in whom the disease is of long standing so altered that one or two glasses of beer would make them quite boozy. Also after the attacks of delirium tremens they never seem to recover their muscular tone and power, and consequently cannot go through the same amount of exercise.

The reason of this is of course that they go on drinking. If their liquor was stopped, physically they would get quite well. A characteristic sign of the chronic dipsomaniac is a diffuse roseate hue of face and neck and a watery aspect of eye. They are generally full-bodied, but they are always weak on their legs, and late in the disease get into almost a state like locomotor ataxy. Besides the roseate hue of face there is another symptom indicating the determination of

blood to the head, and that is a constant recurrence of slight hemorrhages from the nose. The pocket-handkerchiefs of dipsomaniacs always contain secretion mixed with blood. This is only found in old standing cases, and is often alone due to the congestion of the liver, which is constantly present. The urine in the morning is generally very high colored. The pulse in the morning is also always weak, soft, and small. We have already stated our belief in the absence of any moral feeling in these patients. It is hard often to decide whether the drink may not have removed their moral sense by its effects on the brain. For a man may have possibly started in life with a fair proportion of the moral sense, but the physical action of alcohol on his cerebrum may have destroyed his moral appreciations. No doubt this occurs in truly acquired dipsomania. But in these latter, the disease comes on later in life. Where the disease is hereditary, and is an insanity, and begins earlier in life, one generally finds that even in their boyhood they evidently were devoid of moral sensibility. The cunning of these patients in using every artifice to get drink, when they know efforts are being made to keep them from it, is really wonderful. They will hide bottles of spirits among their clothes. They will, in the earlier stage, walk long distances so as to not be seen drinking, will use persuasions and threats to those attending on them, and will eventually beg to anybody for drink to satisfy their craving.

Before passing on to the treatment for dipsomania it is necessary to contrast drunkenness with dipsomania. That they are quite distinct is evident to any one who has studied the facts concerning them. Drunkards are men or women who when they drink do so to a complete state of intoxication, but when they recover from their drink they find themselves wretchedly ill and quite conscious of their moral wrong, and are thoroughly ashamed of themselves. They know also that they must not drink if they have to go on with their work, and so for a time they keep right, but from bad training and contact of constant temptation they frequently give way to their vice. Drunkards generally come

from the lower class, and as the whole moral sense is not raised to such a high extent among them as it is in the upper classes, they consequently give way more, and become drunkards from a real moral depravity. As perhaps the moral sense is the highest mental attribute, so it is the one that fails first in degeneracy of the mind. Now there is no doubt that insanity is a degeneracy of the intellect, and consequently in hereditary tendency there is a likelihood of this first attribute, the moral sense, to fail, and if combined with this there is a craving for drink, then occurs the real dipsomania with absence of moral feeling. Whether this craving for drink is really induced by an innate feeling in the sufferer that his brain is not up to the standard and that he wants stimulation is hard to say, but it looks very like it; for in dipsomaniacs when their liquor is removed they suffer terribly from the feeling of mental weakness, and seem not to have the power of concentrating their attention on any habits of life or any ambitious or other projects. Living for the present is their whole desire. They cannot even look forward to the future of their life in this world, much less can they bring themselves to think whether there is such a thing as future existence of the soul.

In discussing treatment we shall revert to this difference of drunkenness from dipsomania in the presence or absence of a moral sense.

It must not be supposed that because in dipsomaniacs there is generally an absence of the moral sense, that they are wholly brutal. Far from it. On account of their education and that they generally are of good birth and breeding, they inherit and acquire many refined tastes, and during their early career are favorites in society. A proof of the absence of the moral sense in dipsomaniacs is their indiscriminate way of gratifying their venereal desires. They are generally insatiable, and the wonder is they do not often get into more serious trouble, but the fact is they have a peculiar enticing way that women seem to approve of. This itself is a constant cause for keeping up their drinking habits. As their excesses are great they have to drink freely of stimulants to keep them-

selves up, and late in the disease they cannot gratify their desire except they are fairly intoxicated. Still later they become impotent and lose the desire. Dipsomaniacs are, as a rule, not very great smokers, but when their liquor is knocked off they smoke immoderately. In long standing cases when their drink is cut off they become frightfully obstinate and morose. They are utterly unable to manage their own affairs, as they are never able to go into them properly, and they invariably get into debt and all sorts of money difficulties. They lose all sense of the value of money in their intense craving, so that they become the prey of thieves and swindlers in all directions. Gambling is another taste often present. In fact constant excitement is the craving of the dipsomaniac.

Treatment.—And now comes our difficulty. How are we to treat a disease which we recognize as an insanity, but which the law of the land will not recognize? It is a shame and disgrace to England that its Parliament will not make any enactments for the physician's help. All our colonies—Canada, Australia, and New Zealand, and also America, have all seen the necessity for such laws, and have made them; but here, in civilized England, a man may destroy his health, in fact, commit a slow suicide, and destroy the happiness of his own family, without any intervention being allowed. If married, he leads his wife the most awful life. His children, who all run the risk of inheriting his disease, are under his control for their education and bringing up, and have him as an example for their lives. In this country, where men inherit titles and properties which are not their own, but only theirs for their lifetime, and in return for which titles and position they have their obligations to society and the country at large—we repeat, in this country, it is far more essential that there should be some protection by law to save insane men from utterly ruining themselves and their families. In America and our colonies there are not nearly such urgent reasons for the law interfering in such cases, yet they have seen the necessity for such interference, and have in addition found out its benefit. As long as lawyers have the making of laws for the treatment of insanity, so long shall our laws be inadequate.

Medical men, and the opinion of a large portion of the *educated* public, are those who can judge better what laws ought to be enacted. The popular hue and cry of the unthinking and uneducated classes—and, we are sorry to say, of many bigoted and narrow-minded educated people—is, that the liberty of the subject must not be interfered with at any cost. Liberty of the subject is a very good doctrine where might is right; but in a country composed of civilized beings forming a society, individuals who cannot conform to usages for the good of that society, either from wilfulness as the vice of drunkards, or those beyond their own control as dipsomaniacs, must lose their liberty if they are to remain in that community. Consequently we would advocate the punishment of all wilfulness, even including drunkenness, and the careful restraint of all those who are beyond their own control.

For dipsomania there is but one cure—total abstinence from alcoholic liquor. If the patients cannot control themselves, then should the State interfere, and place them under restraint. If dipsomania brought no evil results on any one but the sufferer himself, there would be some justification for the cry against taking away a man's liberty. But as dipsomania entails ruin, disgrace, and poverty on so many others who are absolutely dependent upon the vagaries of this variety of insanity, so is there the more reason for the State interfering.

We are not placed even in the position of making an experiment. The trial has been made, and with great success, by other State authorities.

In our colonies, if a man can be proved by good witnesses to be ruining his health by drink, squandering his means, and neglecting his family, and that he will not give up the cause of his, then has the judge of the supreme court of his district the power to have the patient committed to an inebriate asylum for a period of not longer than twelve months, for medical treatment and supervision.

This period, although short, has been of immense service. As total restriction from drink for that period gives time for the brain to recover itself, and also gives time for the patient to reflect on his condition and the consequences of his craving.

so does it send him out of the asylum for the time being cured. But as the disease is an insanity, he eventually, sooner or later, breaks out again; but on each outbreak he can again be committed for a twelvemonth, and as this loss of liberty is greatly felt by the dipsomaniac, so does it act beneficially, as that alone will enforce him to make efforts not to give way to his craving. And what is more important, his relatives have the satisfaction of knowing that when an outbreak of the disease occurs they can protect themselves or his family from incalculable injury. Again, if a man is married, as long as he is actually drinking, children begot by him run the most frightful risk of inheriting his insanity or any other neurosis. Whereas, if he can be confined during his outbreaks, and is only at large when he does not drink, there is more chance for his children, although in any case the risk is so great that we should strongly advocate for every effort being made to prevent a dipsomaniac, male or female, from being allowed to marry. It is not unfrequently that girls allow themselves to marry a man who is a known drinker, in the hopes that they can cure him. It is a frightful experiment, and woe to the happiness of the woman that makes the attempt! Nature makes efforts herself to stamp out the race by producing idiots, or mentally-diseased children, and even by inducing a tendency to abortion in women.

It is to be hoped that a day will come when the human race shall be educated to that point that marriage, instead of being the mere caprice of lust, wealth, and romance, will be under the government of sound common sense, and of the laws of health and inheritance of mental powers and bodily diseases, so that proper and judicious selection, for the welfare of those intending to live in the marriage state, and also for the promise of a good progeny, will take place.

We are not so unpoetic as to suppose that what is called *love* will ever die out, but if people in their younger years had better training, and were taught the laws of inheritance, men would instinctively shrink from a union with a girl whose family history was bad, just as a woman would avoid marriage with a man whose family inherited such diseases as insanity or tubercular affections.

We would strongly insist, as one of the items of treatment of dipsomania, on efforts to stamp it out. Women should be urged not to marry a man suffering from it, or even if it is in the family. To return to the treatment by restraint: it has been found in America, where the most extensive trials have been given to various methods of treating dipsomania, that three years is the least length of time that a patient should be kept under supervision. After that, there is some chance of his recovery. During the period of confinement every possible means must be used to improve the moral condition of the patient. That is the real difficulty. If a man has no ambition, no desire to acquit himself well in a high moral sense in his course through this life, it is hopeless to do anything with him. But all the more reason on account of this hopelessness should he be kept under control for a time, and whenever he breaks out again be reconfined for a lengthened period. Until we discover better methods of cure, we must only do what is best for the progress of our society.

A plea advanced by the opponents of State interference with dipsomaniacs is that people who wished a relative kept out of the way would often make use of this law to get an innocent individual confined. No plea is more absurd. To begin with, the judge, in whose hands the power of giving consent to the confinement of a dipsomaniac rests, is far too careful nowadays of his reputation to give such consent on insufficient grounds. Again, besides family witnesses, two medical men's opinion would be required, and the judge would satisfy himself that they were men in a position such as would prevent them also from running a risk of losing their reputation. To bribe all three to give false opinion would be impossible nowadays. And even if it were possible by limiting the term of confinement, when a man was set at liberty, if he had been unjustly secluded he could soon prove his case, and have the matter recognized. In whose hands the power should be vested would be a matter of consideration, as it would be necessary that applications should be heard whenever made. County-court judges or resident magistrates would no doubt be the proper authorities. In the colonies it

is worked thus: An application is made to the judge of the supreme court, and he grants and fixes a day for the hearing of the case *in banco*, and gives his decision there and then, making necessary orders for payment for the cost of keeping the patient, as the government keeps up the institution.

In this country it is constantly advanced as an argument against the State looking into the matter that it would entail endless expense. The majority of dipsomaniacs are of the well-to-do classes, and they can always afford to pay a reasonable amount for their keep. A proper institution of the kind could be worked by government, free of expense to the State, by charging 60*l.* to 100*l.* each patient. As regards the lower classes, if there are dipsomaniacs among them, it is cheaper for the government to keep them in an asylum for a time, and try and improve them, than to send them to jail, where they are sure to go, either from debt or crime committed during their attacks. For drunkards, that is, men who drink from vice, nothing but punishment is available, and the laws ought to be more strict. It is over and over again brought forward as an excuse for the most frightful crimes that a man was under the influence of drink. All we assert is, that if a man knows that he will get drunk by drinking, and that when drunk he may commit any crime, then he is responsible for being drunk, and consequently for any acts he commits in that state. If men knew that they would be punished for any crime committed under the influence of drink just as severely as if they had been sober, it would act as a strong deterring agent. Again, the mere fact of being drunk anywhere in public ought to be punished as a crime. In this country a man may be a disgusting sight in public, and nothing can be done to him except he assaults or interferes with some one—in fact, until he has committed some crime; that is to say, the State will not make an effort to stop it. We have not yet got to a condition that we can regulate a man's private life; but his public life should be in accordance with the pleasure and prosperity of the majority. If a man likes to get drunk in private, let him do so, but he has no right to be drunk in public, and, if found so, ought to be punished severely; that is to say, severely enough to feel it.

is worked thus: An application is made to the judge of the supreme court, and he grants and fixes a day for the hearing of the case *in banco*, and gives his decision there and then making necessary orders for payment for the cost of keeping the patient, as the government keeps up the institution.

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Of course such legislation as is sketched out above will never of itself cure drunkenness. But we have to meet an existing evil, and there is no other way of doing it. The stamping out of the curse of drinking is only to be effected by moral means. The young and the future generations are those to be trained. Nothing but force will keep existing drunkards in order. Education which has a sound moral basis is the only one capable of lifting the masses to a sense of their duties. Example is the surest method of teaching; and, most important of all other, liquors harmless in their properties should be brought forward. Coffee and cocoa no doubt are the best liquids where milk and good water cannot be obtained.

A most important element in the treatment of dipsomaniacs when they are confined is to give them occupation, even if it is enforced. Something to fix their minds on is very necessary. The sudden stopping of their liquor never does them harm. On the contrary, instantaneous good. There is nothing so ridiculous as to suppose that alcoholic drinks cannot be discontinued at once. We have never seen harm accrue from the practice. Of course we excluded wounds and fractures in heavy drinkers where delirium is apt to occur if stimulants are cut off. But in an ordinary dipsomaniac it should be discontinued at once when he is put under treatment.

Unfortunately all the advice given above is what might be and what should be, so that we must now see what can only be done.

If a man is found to be a confirmed dipsomaniac and is constantly getting ill and getting into all kinds of scrapes, the worst thing his friends can do is to be constantly paying his debts and setting him straight again. It only encourages him to continue his practices, feeling that he will always be extricated by some one. It would be far better to let the law take its course, for this class of patients would be constantly appearing in court for debt, assaults, etc., and if they get punished it might have some effect in getting our legislature to see the anomaly of punishing a man for acts for

which he is not responsible; and if the case were not a confirmed dipsomaniac, the mere fright and shame of the punishment might have an effect in stopping him.

We admit this is, of course, a clumsy and almost inhuman way of acting, and that is why we should strongly urge combined action on the part of the medical profession to get the State to interfere on behalf of dipsomaniacs as they do for other germs of insanity. At present the law only recognizes a man as insane who has delusions or hallucinations—a most absurd criterion. We believe that one of the great judges ruled it as insanity under the definition *non compos mentis*, which apparently ought to be sufficient to cover dipsomania, but unfortunately it does not. For what is a dipsomaniac but a man not of right mind! He can only think of one craving, and he invariably ruins his health and wealth and gives his family a fearful amount of trouble.

From the Americans we have learnt much as to the benefits of restraint in the treatment of dipsomaniacs. Curiously several American authors seem to think dipsomania is rare in England and Europe, and only well known in the States. We wish such were the case, but unfortunately it is extremely common in England among the well-to-do classes. To return to the treatment at present within our power, if, as we have stated, a dipsomaniac gets into debt and trouble, his relatives should only redeem him on condition that he submits to their guidance and arrangements for him. Of course, if they can afford it, he requires a medical man and an attendant as a valet, and every possible means of diminishing his liquor must be used, but at the same time every moral effort should be made to raise and improve his tone. It is of no use sending a patient away to travel, as he only breaks out in awkward and distant places, and gives no end of trouble and anxiety. Country or sea-side and the exercises to be obtained there are the most beneficial. If in a town or London, he is sure to be at clubs, music-halls, and every place where he can get drink and excitement.

The only drug that is of any real service is bromide of potassium, which is of immense use in allaying the nervous

irritability and getting them to sleep at night instead of drinking. But the worst of it is, patients also find out the benefit of the drug, and as they know it is less harmful than opium, they do not mind drinking, for they feel there is one drug can benefit them, and so there is less incentive for them to give up alcoholic drinks.

In chronic dipsomaniacs monthly exacerbations often take place, and in one case we know of, the patient used to get very nervous by the Saturday or Sunday every week, and then begin drinking heavily. Bromide of potassium is very useful when these attacks are felt or expected to come on. For the gastritis that so often comes on there is nothing so good as a mixture containing soda bicarb., liq. morphia acetatis, and hydrocyanic acid. Chlorodyne relieves the diarrhoea often present, but leaving off the liquor is the only and best cure for that symptom, as of all the others.

We may sum up, then, that dipsomania is a real insanity. That if unchecked it will assuredly kill the patient. That the only possible way to cure or stop it is to put the patient under restraint for a period not less than twelve months, but if for three years there is more chance of a permanent recovery. And we would urge most strongly the necessity for the State interfering and legislating on their behalf. Also that we require two distinct acts—an act for the treatment of dipsomaniacs, and an act for habitual drunkards.

PRACTITIONER.

In all cases where alcohol has been taken to excess there is a hypersensitive condition of the heart, responding to the slightest changes of nutrition and digestion, also to every mental impulse. The power of coördination, by which the higher centers exercise control and regulate the action of the nervous system, is impaired or lost altogether. Involuntary muscular action, perverted functional impulse, with distant irritations, giving rise to many and various complex symptoms, all evidence of exhaustion, and all demanding rest and freedom from alcohol and every exciting cause.

SPECIFICS FOR THE CURE OF INEBRIATES.

BY NORMAN KERR, M.D., F.L.S., LONDON.

The irresistible thirst for alcoholic drinks, to which the unhappy victims of the disease called dipsomania are subject, is so imperious and unquenchable as to have driven every one interested in the cure of this terrible affliction to constant effort to find a specific for the removal of this insatiable craving.

It is true that in most cases the appetite for alcohol is acquired, and that if no one tasted alcoholic liquids there would be no longing for them; but there are many who, from defective mental and moral stamina, consequent on the intemperance of their progenitors, have a hereditary predisposition to fall an easy prey to the most hopeless form of habitual intemperance. For all such, a prophylactic, which would cause distaste and abhorrence for intoxicating drinks would be invaluable, inasmuch as the moment such "weak brethren" partake of an intoxicant, that moment their doom is all but sealed, and they can be saved only, as it were, by a miracle. To the miserable beings who are in the pitiable position of slaves to the tyrant Alcohol, an antidote to the dire drink crave, which, as in the punishment of Tantalus, provokes the thirst it can never quench, would be a particular boon.

Need we wonder, then, despite disappointment after disappointment, failure after failure, the search goes unweariedly on for this "elixir" of temperance, this "philosopher's stone" of absolute safety from intemperance. The truth is, that though all these so-called "certain cures" are utterly unreliable, and of little avail in the destruction of the drink crave, they are, every one of them, valuable adjuncts to the mental, moral, and medical treatment of the inebriate. The Turk-

ish bath tends to soothe the inordinately excited brain and nerve-centers, and to induce a sleep more refreshing and infinitely less dangerous than the sleep produced by chloral or opium; while it strengthens the body, calms the perturbation of the mind, and reawakens the appetite for food. Than cocoa, there is nothing better for those who can digest it, to assuage the alcoholic thirst, and temporarily meet the frequent sinking of the enervated and worn out sot. Red, pale, and yellow cinchona barks, quinine and other similar medical agents, are of great service in aiding to restore the broken tone and power of the shattered mental and physical constitution of the hapless dipsomaniac.

But these are not always even of temporary service. Very often every one of them fails in arresting, even for an hour, the uncontrollable abandonment to alcoholic indulgence.

Though useful, they are not invariably reliable remedies for even transient improvement. That a sanitary application, however healthful, that an article of diet, however nourishing, and that a drug, however powerful, should fail, in the vast majority of instances, to prove of any avail in the rescue of the intemperate, is what every thoughtful and accurate scientific observer would expect. Alcohol is a narcotic as well as an irritant poison. It paralyzes the brain, deadens the nervous system, debilitates the will, weakens the moral power, and dims the intellect, while it alters the physical structure of the brain substance. Therefore—even if the Turkish bath, or cocoa, or bark, could be, though they cannot be, depended upon to annihilate the craving for alcohol for a time—these most valuable remedies, would be practically useless as a panacea for habitual intemperance, unless they could shake off the paralysis, reanimate the nerve-centers, strengthen the will, restore the moral power, dissipate the cloud over the intelligence, and reproduce healthy brain tissues.

Drunkenness is at once a moral and physical evil. While we must look to the will, however weakened, of the inebriate for an effectual and a lasting cure, his physical system must

be strengthened, his diseased condition of body treated, and his craving for alcohol at least lessened. To aid in the accomplishment of such desirable ends, we can usefully employ various medicinal remedies, various hygienic measures, and various modifications of diet.

"No drug in the pharmacopia is more useful as an auxiliary to the moral treatment of the drunkard than cinchona bark. Whether the red bark is preferable to the other varieties (the pale and the yellow) is doubtful. They are all invaluable. Their power for good lies in their tonic, nerve stimulating, and anti-periodic qualities."

Quinine alone, with an infusion of orange, is often very useful in aiding to allay the drink crave. All the benefit that can be derived from quinine will be obtained from repeated doses of three grains. Mr. Moseley has been the means of greatly helping inveterate drunkards to subdue the craving for alcohol, by a non-spirituous combination of red bark, chiretta, and a hot general stimulant.

There are many inebriates, intemperate cabmen for example, who cannot get on without some very fiery and biting substitute for the very ardent drinks they were wont to indulge in.

For all such, capsicum is invaluable. For those who do not crave for so fiery liquids, warm coffee, milk, and cocoa are a wonderful assistance. A cup of hot Liebeg's extract of meat, or some good nourishing soup, is also of great service. Infusion of quassia and gentian, and iron with columba, are frequently most useful; and in some cases, sips of iced lemon water allay the unnatural thirst better than anything else. But the most reliable temporary alleviation of the alcoholic craving that I have ever witnessed has followed the employment of a full emetic dose of ipecacuanha. Such are a few of the medicinal and dietetic agents which tend to lessen the overpowering craving for intoxicants to which the confirmed inebriate is subject. Such hygienic measures as cold bathing, the Turkish bath, moderate exercise, are also of much value. But there must be no absolute reliance on such aids, valuable as they all are.

To whatever of will may be left to the victim of strong drink—and very often there seems, alas, none remaining—we must look for true reformation and a permanent cure. If all moral power have vanished, and every spark of mental energy fled, the only thing left is to forcibly keep the miserable wreck of humanity where no alcohol is: but as long as reason, however dimmed, survives, and conscience, however seared, lingers, there is hope for the least hopeful, and the prospect of a happy future for the most despairing.

No charmed potion will ever slay the dragon of dipsomania, no potent talisman will ever have power to exorcise the demon of the drink crave; but wise medical, dietetic, and hygienic measures will strengthen the hands of the good Samaritans who undertake the treatment of the fallen through drink, while reviving the drooping spirits and cheering the fainting hearts of those whom the arch robber, Alcohol, has left to die by the wayside.

The following extract from the last report of Dr. Day, of the Washingtonian Home, Boston, is worthy of profound consideration, and is confirmed by the observation of every faithful worker in this field. "For forty years I have been an observer and participant in the temperance reform in its various periodical phases. It has sometimes taken on a political form, then a religious tone; but I can safely say that any movement to check drunkenness which does not include entire physiological rest to each case is devoid of all elements of success. I am so confirmed in this view that I do not hesitate to say that I know of no individual case of inebriety that has been cured in any other way than from the basis indicated. The direct path to inebriety is a pathological one, and when this point is reached the whole condition is one of disease. Hence the return to perfect sobriety must be physiological. All healthful conditions must be observed, and the path which leads up to true reform, or cure, can only be pursued by strict conformity to the laws of health."

AMERICAN ASSOCIATION FOR THE CURE OF
INEBRIATES.

*Tenth Annual Meeting held in New York City May 13 and
14, 1879.*

The Association met in the parlors of the Young Men's Association, and was called to order by the President, Dr. Willard Parker, of New York. In his opening address the President referred to the magnitude of the study of inebriety, and the increasing interest apparent among medical men all over the country. The confusion of both theory and prevalent opinion naturally followed the first study of all great topics, and was really a hopeful sign. The past year had brought the most convincing proofs that the inebriate asylum was destined to meet the question of inebriety in a more practical manner than any other. Our duty was clear: as long as the laws endorsed the free use of alcohol, so long would there be a necessity for asylums, both inebriate and insane. When the public recognized the necessity of inebriate hospitals, then the need of palace insane asylums would be lessened. He believed he was safe in saying that fully one-third of all our insane might have been saved, had they been placed in inebriate hospitals early in their history. The inebriety from which they suffered would have been checked before it went on to insanity. The Association was destined to occupy a very wide place in educating the public and developing the laws which control this complex disorder. After some preliminary business, Dr. J. B. Mattison read a very excellent paper, *On Chloral Inebriety*.

In the discussion which followed, Dr. Parrish related a case of a hypochondriac who used opium and chloral alternately, and who made many ineffectual attempts to stop. The withdrawal of these drugs beyond a certain point was attended with severe prostration and violent fever. The Doctor had also made the effort, and concluded it was great wisdom to begin again. He mentioned this case as anoma-

lous, and as indicating a condition in which the drug seemed to be demanded for life. Dr. Parker had noticed a similar case. Dr. Mason had seen a case where morphia was used for years, and the slightest increase or diminution would provoke violent symptoms which necessitated a return to the drug. The patient was living and in fair health. Dr. Mat-tison suggested that where opium was used in conjunction with the bromides, the danger of continuing its use was greatly lessened, and in cutting down the use of opium the bromides were most serviceable. Dr. G. M. Beard, of New York, had had a large experience in the use of narcotics, and had found that they were very often antidotes one to the other. In very troublesome cases of insomnia, he used always combinations of opium, bromides, alcohol, and other narcotics, and by alternating them he had often accomplished his purpose without any entailment or danger. He thought chloral as a medicine would seldom be followed by chloral inebriety if used in that way. In all cases where chloral was used, it should be watched very carefully.

Dr. T. D. Crothers of Hartford read a paper entitled "*Loss of memory and consciousness in Inebriety.*" In the discussion which followed, Dr. G. M. Beard said the cases reported by Dr. Crothers were clearly those of *cerebral trance*, a suspension of some faculties and intensification of others. That was one phase of involuntary life which was rarely studied by physiologists, and was always full of mystery. Mr. Willett mentioned a case of a man who, while drinking, supposed that he was married, and related all the circumstances with great minuteness, offering to go on the stand and make oath to them. The history showed it was all a delusion; and from that he argued at some length of the danger of accepting the testimony of inebriates, unless verified by other circumstances in important trials. He would not infer that they wilfully falsified, but the liability to delusion was great. Dr. Mason was confident that the testimony of drinking men was always more or less unreliable. He referred to a case of a man of excellent character for veracity, but who had made positive statements, and denied them equally as positively the next day. He was drinking when

he made the first statement, although apparently conscious of the import and meaning of his words; the next day he was clearer, and had no recollection of his words the day before. The doctor mentioned a second case of a man who was constantly under some delusions when drinking, and yet it was not observed by his friends, and he gave no evidence of any mental disturbance. Dr. Parrish thought that such cases were examples of paralysis of memory and will. He had seen many similar cases among the insane and idiotic. The function of memory was suddenly cut off, and the man moved about like an automaton. He might have a fair degree of intelligence left, and yet give no evidence of his real condition. Such cases were full of interest, and were of the greatest practical importance medico-legally. Dr. Elisha Harris said Dr. Crothers had opened up a new field in his discussion of these cases, and that it threw a flood of light on many of the perplexing problems of the day. They were all types of many criminal cases, where morbid impulses had resulted in morbid cerebration, often traced to inheritance or some exciting cause. The register of memory was so impaired as to be irresponsible. He had seen some remarkable cases where the memory was a total blank. One of a man who, while drinking, committed a murder, and when arrested he recovered his senses, but never could recall the events of the murder in any way. The doctor had seen other cases in which he firmly believed the person had no recollection of any of the events, and had they been well understood, they would not have been consigned to prison. He would not excuse any one for crime which they might have prevented, but these cases should be studied more carefully, and then we should understand the measure of responsibility, and do more exact justice to both the criminal and the outraged rights of society. Medico-legally, we could not estimate their importance. Inebriety ramified in every neighborhood in the land, and its effects were felt by every section; yet the public were more or less indifferent, and failed to recognize the great fact that those cases should be studied in hospitals, and treated as diseased men. As a measure of economy alone it would be a great advantage. These cases indicated how

wide a field yet remained to be studied, and how many problems of both criminality and inebriety would be solved when we understood them. The public were awakening to the importance of comprehending inebriety and its practical management. The Association then adjourned.

The second day the association was called to order by the President.

The first order of business was reports by the secretaries, Dr. T. D. Crothers of Hartford, and Dr. Joseph Parrish of Burlington. These reports are omitted, as they will appear in full elsewhere.

Dr. Elisha Chenery of Boston then read a paper "*On the effect of Alcohol upon Offspring*," in which he showed the effect of alcohol on the blood-corpuscles, with the changes of tissue, and the pathological conditions which followed. It was a very clear presentation of all the latest facts on the action of alcohol, and the heredity of alcoholized condition.

The paper was very ably discussed by Drs. Willard Parker, Parrish, Mattison, Willet, Mason, and others. Dr. George M. Beard read a paper "*On some forms of Neurasthenia resulting in Inebriety*."

Rev. John Willett followed with a paper. "*On Alcohol and its origin and character, as both a beverage and a medicine*." These papers were discussed at some length, after which several papers were read by title and referred to appropriate committees. The following officers were elected for the ensuing year: For President, Dr. Willard Parker, New York. For Vice President, Dr. Albert Day, Boston, Mass. For Secretary and Treasurer, Dr. T. D. Crothers, Hartford, Conn. For Secretary for Foreign Correspondence, Dr. Joseph Parrish, Burlington, N. J. For Committee on Quarterly Journal of Inebriety, Dr. T. D. Crothers, Dr. T. L. Mason, and Dr. Joseph Parrish.

We have omitted many of the usual details of society business and other matters, satisfied that our readers would prefer to have more important facts, and also to make way for the press of matter which is crowding our columns.

T. D. CROTHERS,

Secretary.

Abstracts and Reviews.

CHLORAL AND OTHER NARCOTICS.

BY DR. B. W. RICHARDSON, OF LONDON.

The *Cotemporary Review* publishes a long and very suggestive article on the above topic by Dr. Richardson. The limits of our pages will only permit us to make some general quotations.

In speaking of the history of chloral and the experiments which he had made, Dr. Richardson says, "I attempted to find out what was the best mode of maintaining life while the body is under the influence of a deep sleep from the hydrate. This new research disclosed that the great object of treatment should be to sustain the animal temperature. I found that, like alcohol, the tendency of chloral hydrate is to reduce the vital fire, and that of two animals under chloral, one in a warm the other in a cold atmosphere, the recovery of the one in the warm and the death of the one in the cold atmosphere could be reduced to a matter of positive system or rule. . . . It is a matter of deep regret to have to report that, since the name was given to the disease, chloralism has become rather wide spread. It has not yet spread far among the female part of the community. It has not yet reached the poorer classes of either sex. Among the men of the middle class; among the most active of these in all its divisions—commercial, literary, legal, medical, philosophical, artistic, clerical—chloralism, varying in intensity of evil, has appeared. In every one of the classes I have named, and in some others, I have seen the sufferers from it, and have heard their testimony in relation to its effects on their organizations—effects exceedingly uniform, and as a rule exceedingly baneful.

In mentioning other narcotics whose history and effects are similar, the Doctor says:

“The ancient physicians, dating from *Dioscorides* himself, tell of the use of a wine made into a narcotic by mandragora. From the leaves and from the root of the *Atropa mandragora* the ancient physicians prepared a vinous solution which in many respects had the same properties as the chloral hydrate of to-day. This wine, called ‘morion,’ was given to those who were about to be subjected to painful surgical operations or to the cautery, so that ere the sensitive structure was touched the sick man was in a deep sleep, during which the operation was performed without the consciousness of feeling, not to say of pain. The sleep would last for some hours. From this purely medical or surgical use of morion, the application of it extended. Those who were condemned to die by cruel and prolonged torture were permitted to taste its beneficence, and to pass from their consummate agony through Lethe’s walk to death. A little later, and the wine of mandragora was sought after for other and less commendable purposes. There were those who drank of it for taste or pleasure; and who were spoken of as ‘mandragorites,’ as we might speak of alcoholics or chloralists. The effects produced by morion subjectively and objectively are so much like those from chloral that they may be counted practically as the same. I have put these two examples of the action of two similar toxic agents in parallel positions, because they are remarkable as showing how, at most distant and distinct eras of civilization, a general practice in the use of these agents sprang out of a special practice relating to their use, a maleficent out of a beneficent purpose. Mandragora, opium, chloral, ether, chloroform, chlorodyne, are medical agents used in the first instance mechanically, and used in a second instance socially, and by habit in certain instances, for the purpose of making the mind oblivious, or in other and more frequently used words, for securing repose or rest.

“The chemical element of these substances which are especially concerned in the narcotism is mentioned as follows:

“Where nitrogen is present as an element, a definite line of action of the agent is marked out; when a hydro-carbon radical is dominant—that is to say, when such a radical forms

the chief part of the compound—the influence of that is most definite; while the influence of one disturbing principle on another may be most clearly traced in other cases as a neutralizing influence reacting upon the other. We have at hand many instances of this kind for illustration. Alcohol and tobacco are the most ready examples.

“In the alcohols, whichever one of the family of alcohol we may take, from the least dangerous wood-spirit, through the more dangerous grain-spirit, up to the much more dangerous potato-spirit, there is one agency at work, a hydrocarbon radical, methyl, ethyl, amyl, according to the alcohol used, which, with different degrees of intensity, plays the same part, producing similar series of phenomena. In tobacco, we have a less decisively known combination at work, but we have in that combination the element nitrogen, the introduction of which causes a new development of nervous phenomena, the analogous action of which can be traced through some other complex organic compounds containing the same element—nitrogen. In chloroform, again, we have a hydrocarbon radical playing nearly the same part as the radical methyl of methylic alcohol, but with chlorine interposing to modify the simple narcotic action of the radical, and greatly to increase the danger of the compound in its effect on the living body. Physiological research has not reached, by vital analysis of action, a perfection of knowledge on the subject now in hand. Such analysis is yet in its early days. At the same time a general line of research has been made out, and some results have been obtained which are of direct practical value.

“Other facts have also been elicited which at first sight are surprising, but which lose their singularity when they are correlated with pure chemical physical demonstrations. I found, for example, in one of my researches, that two chemical substances which are isomeric in constitution—that is to say, are composed of the same elementary forms in the same proportions, but under different arrangement—produce entirely different phenomena on the animal body. These isomeric substances are the formiate of ethyl and the acetate

of methyl. The toxicants have variation of action in their early stages. Alcohols excite the mind and quicken the pulses before they depress. Opium excites before it depresses. Tobacco does not in the strict sense excite, but depresses and soothes from the first, so that there are stages, which some persons always feel, when alcohol is antidotal to tobacco. Among those persons who are total abstainers from alcohol, few are found who can bear tobacco in the most moderate use of it. Under tobacco the heart seemed rapidly to run down in power, and alcohol is called for to whip it up again, as it seems. The fact is, that the heart is not the organ primarily concerned at all, but the minute vessels at the termination of the arterial circuit. These minute vessels are under a nervous influence by which the passage of blood through them is regulated, and which influence is readily modified by very refined causes acting through the organic or emotional nervous centers. The effect of tobacco on these minute vessels, through the nervous system, is to cause contraction of them as a primary fact, so that the face of the person affected becomes pale and the surface of the body cold, while the heart labors to force on the supply of blood until its own vascular system comes under the influence: then the stomach involuntarily contracts, and after a time the voluntary muscles deprived of blood convulse tremendously, or pass into active convulsions, as in tetanus. Alcohol, on the other hand, through its influence on nervous functions, relaxes the vessels of the minute circulation, sets free the heart, reduces the muscular power, and in every particular counteracts the tobacco. When a person receives a stun or is shocked by some intelligence, or sight, or sound, that thereby stuns him, so that, like Hamlet, he is bechilled, he is for the moment in the same state as the man who first tries to smoke tobacco, and who, with pallid face, cold surface and reeling brain, is to his sense and feeling stricken with all but mortal suffering and prostration. In each of these causes alcohol, for a moment, acts as an antidote, not necessarily as the best antidote, but as a fair one.

“When, therefore, we see a man smoking and drinking,

quaffing off the cup of wine or spirit to quiet the qualm which would otherwise be inflicted by the fumes of the cigar or pipe, we really observe the facts of a most excellently though innocently devised physiological experiment on a living animal. The man, unconsciously to his knowledge, if not to his sensation—unless he be a physiologist—is indulging a balance in the tension of his arterial circuit. In process of time the nervous system, becoming accustomed to these influences, one or both, in a certain degree tolerates them for a period. The tolerance while it lasts is an advantage to the habit, and if the habit were a necessity it would be a blessing. But the advantage is not permanent. In the end the nutrition of the organic parts which are under the influence of the same nervous regulation is sure to suffer, and in many organizations to suffer rapidly and fatally. It is probable, if not as yet provable, that all the agents named above produce their specific effect by the influence they exert over the automatic, self-regulating nervous function.

“In my researches on the action of some substances on the minute circulation, I have been able to differentiate this action by this general rule. The alcohols, the lighter alcohols, including common alcohols, relax the vessels; nicotine constricts; chloroform, by virtue of the chlorine in its composition, constricts; opium relaxes, then constricts; ether relaxes; absinthe after a time constricts; chloral hydrate first constricts and afterward relaxes. From these differences of action the differences of phenomena in the persons affected are explainable. In like manner the ultimate deleterious effects of these agents on the nutrition of the body are explainable. It is a necessary result, for example, that under the long-continued use of alcohol the constantly relaxed and congested vessels should assume a new character and local function; that the parts depending on them for their supplies of blood should be changed from the natural structure to unnatural but definable, and now well-understood conditions of disease. It is an equally necessary result that under the continued influence of opium the constantly constricted vessels should assume a new local function; that

nutrition should be arrested in the parts which those vessels supply with blood; and that the shrunken impoverished body of the confirmed opium-eater should be an outward and visible sign of the internal changes which are being so assiduously and determinately carried into effect by the narcotic. When these facts respecting the direct physical action of the various toxical agents on the body, through the line of the involuntary nervous system, are understood, they connect through the same direction the effects of more refined and much less definable influences. They show how psychological phases are ever at hand to modify nutritive changes; how grief, which shocks and dissevers the organic nervous supply, affects the animal life so deleteriously, exciting and reducing, and sometimes in part disabling altogether parts of the organic nervous track. They indicate how an equable nervous current is conducive to permanent nutritive activity and health, and show physiologically that to laugh and grow fat is after all a mechanical proposition. I must not, however, be tempted away into an inviting field of observation in which the physical and the metaphysical so neatly blend.

"It is worthy of remark that the action of the different toxicants to which I am directing attention, and which are in most common use among members of the human family, have in some cases a similar action, and in other cases a dissimilar action on the members of the lower creation. The alcohols appear to possess a toxic influence throughout all the domain of living animal beings. I can find no animals that escape the immediate action of the alcohols, or the remote effects which occur when the changes excited by the alcohols are often repeated. All our domestic animals come quickly under the ban. Birds and fishes do the same. Chloroform, chloral hydrate, and absinthe, seem to exert a similar wide range of action. Tobacco is not so extended in its range. There are animals that can take with perfect impunity a dose of tobacco which would poison three or four men. The goat is an animal which can resist the noxious, but to it innocuous weed. Opium can be resisted by certain animals with equal readiness. A pigeon will practically live on opium. A

pigeon will swallow with impunity as much solid opium as would throw twelve adult men into the deepest narcotism.

"It is a fact of singular interest that when the agents produce a definite effect upon a living body, whether it be a human body or the body of an animal that possesses desires and likings, there is caused in that body, after a number of times of practice, a craving desire for the agent that produced the effect. In man, this is so marked, that the most repugnant and painful of lessons connected with the first subjection to the agent is soon forgotten in the acquired after sense of craving or desire. It really matters little which of the intoxicants it is that is learned to be craved for; the craving for it will continue when it has struck an abiding impression. We know this fact well from the wide experience that has been gained of it in the cases of alcohol, tobacco, opium, chloral, hasheesh, absinthe, and arsenic."

The following curious fact is mentioned for the first time:

The readiness with which mankind will attach themselves to varied cravings is shown again and on a comparatively large scale in the north of Ireland. In a district there, of which Draper's Town is the center, the eminent Father Mathew labored in his lifetime with such magical effect that he practically converted the whole district to sobriety. A little after this time, and when the influence of his work was fading away, a person came into the district and introduced a new beverage or drink, which was not whiskey, which was not strong drink, and which, it was said, would do no harm. The bait took, and for over thirty years there has existed in the place I have named a generation or two of ether-drinkers. I have visited this place recently, and found the habit still in progress. The ether-drinker tosses off his two or three ounces of common ether, as another man tosses off gin or whiskey. He passes rapidly into a state of quick excitement and intoxication, is often senseless for a brief period, and then rapidly regains the sober state. He suffers less from this process in the way of organic disease than he would from a similar number of intoxications from alcohol; but he gains, as he would from alcohol, the same intense craving, and the craving

presents a similar automatic and periodical rule as has been observed in relation to the habitual employment of other active and enticing poisonous compounds. It is an indefinable desire. It is neither thirst, nor hunger, nor pleasure, nor reasonable want. It is rather like a wish to be relieved for the moment of some indescribable sense of pain or discomfort. It is often periodical in its occurrence, and it can, I believe, always be made perfectly periodical, a fact which connects it very closely with the work of the organic nervous system. In a word, in the confirmed craver the work of the organic nervous system, which is singularly periodical and rythmetical in the natural state, is, by these agents, turned into a new direction, and is made to take on a new action which in steady form repeats itself. Unfortunately, the action of the intoxicant extends beyond the mere effect of the craving that springs from it, and involves in its evils structural parts of the animal body. The nutrition of the degraded structures, the sense of muscular and mental fatigue, is soon rendered easy of development; and, *pari passu*, the mind seeking for aid in the influences it likes finds a supposed aid in the intoxicant. It takes the destructive agent more frequently, thereby establishing a more frequent periodicity of desire, and a more earnest craving.

By these combined influences, as is so commonly observed in the intemperate from alcohol, the craving increases as the animal powers decline, and the tendency to death is vastly quickened in its course. To ordinary comprehension, in these instances the craving and the sinking are the same acts. They become so at least in effect, but their beginnings are quite distinct, and they are, in the strictest expression of fact, distinct phenomena even to the end.

In some cases of inebriety there is associated a catarrhal condition of the stomach, which seems to increase the cravings for alcohol and change many of the usual symptoms. Alcohol will be demanded most after eating, and rarely on an empty stomach. Such cases should be recognized, and have a different class of tonics from others.

SIGNAL FACTS OF INEBRIETY.

[Extract from a lecture by T. D. Crothers, M.D.]

No form of mental disease to-day is so wide spread and disastrous in its effects as inebriety.

Unable to account for the various phases of this disorder by laws that are well known, the moralist and general physician immediately accept a spiritual theory of vice and depravity, and seek to explain the causes of inebriety by conclusions that are thoroughly unscientific.

The disordered impulses bursting into inebriety are only the giving way of the controlling nerve-centers, which have long before given notable signs that should be read by capable physicians.

In a large proportion of cases, from the earliest moment the inebriate is filled with delusions of his own strength, and never realizes his danger, or the necessity of making any exertions for recovery.

These delusions frequently merge into ideas of persecution and the deepest melancholy.

The more we study the physical nature of inebriety, the more clear the laws and physical agents causing it appear. Long before the indulgence of drink begins, we see warnings and early symptoms which cannot be mistaken—departures from the ordinary conditions of thought and living, moral and intellectual derangements, which, like the switches on a railway, indicate the point of departure from the main line.

These indications may be very obscure, and refer to some particular thing, as, for instance, delusions about food and drink, or strange religious conceptions, uncertainty of action, and want of continuous application.

Not unfrequently a chain of symptoms are present, which grow so gradually as to be unobserved except by the trained specialist or physician; prominent of which may be mentioned presumption, untruthfulness, extravagance, and great irritability with changing restlessness of purpose, in a previously quiet, retiring man.

Always associated with this condition are stages of

hypochondria, and periods of the "blues," as they are called. Also a disposition to concentrate all the attention upon certain organs of the body, as for instance the stomach, or heart. The nervous energy directed to these organs always causes a variety of symptoms which after a time may become positive and real. These, and many other changes which we feel sensible of but cannot define them, because they are like dull vague shadows projected over the twilight at evening. Later, alcohol is used at first moderately, then to excess, and all the latent hints of disease are unmasked, and others follow rapidly.

The reason may be clear, and the general health seem excellent, yet the degeneration may be going on rapidly, and some day explode with great violence when it has passed the stage of curability.

Many of these cases inherit directly from their ancestors diseased tendencies, which stand out all along their life like signal flags of distress.

They carry about with them physical and mental signs of degeneracy—peculiarities of thought and action—which may not be generally recognized, yet they indicate defects of organization, which with difficulty can be kept along the line of healthy activity.

The use of alcohol to excess is only a later stage of the real disease; a long train of both mental and physical defects have prepared the way for inebriety, and alcohol only unmasks and precipitates the degeneration. The want of early recognition of the physical disease of inebriety, and the general vagueness concerning the causes, are the great obstacles in the treatment. Lawyers and moralists theorize dogmatically, and physicians draw boundary lines that are unsupported by clinical evidence. Meanwhile the poor patient is rushing down to ruin, dragging his family and friends, merely because the question of disease is unsettled, and the liberty of the person might be infringed upon. The time has come when we must recognize every inebriate as diseased, and treat him accordingly, then we may hope to apply means which shall successfully reach this disorder.

TEMPERANCE IN THE TREATMENT OF THE SICK.

BY DR. MACLEOD, PROF. OF SURGERY IN THE GLASGOW UNIVERSITY.

To those who practice medicine in a great city such as Glasgow, it cannot fail to be a source of wonder and regret that so large a number of people use alcohol habitually in excess. A very large proportion of our hospital patients are addicted to such habits, and a very considerable proportion of the accidents and diseases with which we are called on to deal are more or less directly due to such tendencies. The helplessness out of which the accident arises, the complications which follow it, the difficulty of securing a complete and satisfactory recovery, are in many cases the direct results of indulgence in alcohol. Many patients are chronic inebriates, whose vital organs have been weakened by long excess, and whose recuperative powers have been sadly if not fatally weakened. In private practice, also, we are often opposed by the occult influence which arises from the same cause. Being carefully concealed from us, it may be long of being discovered, but we yet daily trace its pernicious effects in thwarting our remedies. We perceive the same thing in dealing with the children of intemperate persons. Their ailments, mental and corporeal, not unfrequently take a complexion of their own from the habits of the parents. The low vitality, the stunted growth, the late maturity, the epileptic seizures, the hydrocephalus, and numerous other morbid conditions met with, occasionally own the intemperance of the progenitor as their cause. It is now well known how apt inebriety is to become hereditary, and to beget various forms of insanity. In administering alcohol to the sick, it is important to learn, if possible, what were their previous habits regarding its use. This information is often very difficult to obtain. A large number desire to be considered very temperate, when in truth, if they are judged of by ordinary standards, they would be classed as very much the reverse. Men's notions of temperance in this and many other things differ very widely.

In the hospital, we always try to form, if possible, some estimate on this point. Occasionally in private practice we are entirely and intentionally misled. There is no more painful feature connected with intemperance than the deceit and shameless deceptions to which it leads. Whenever a patient takes exceptional pains to define to us the exact amount of stimulants he consumes, and when he reverts to it again and again, we should be on our guard against deception. . . . Further, there is a certain number of persons who consult with the very thinly veiled design of getting you to connive at their habits; very likely they have been blamed at home for over-indulgence, or possibly their own consciences demand to be quieted. They give you a pitiable account of their weakness of body, their feeble digestion, and their mental depression. They have such feelings of "sinking," such flatulence and misery. They cannot eat till they taste "a mere drop," and they commonly quote some distant or deceased practitioner for authority to take the "thimbleful" in which they so often indulge. If you oppose such practices, as you are bound to do, knowing how certain they are to increase the evil, and lead to eventual destruction, the chances are you will never see the patient again, as he will at once discover that you "do not understand his complaint," and will seek the aid of a less scrupulous practitioner.

This leads me to say that an unconscientious and unprincipled medical man may very readily increase his *cliquette* by pandering to these tastes, as many who desire the authority and countenance of a medical attendant to pursue their destructive habits will gladly seek his aid. Such success is, however, usually but short lived, and cannot fail to leave a sting of self-reproach in the breast of the practitioner. I know from experience to be the fact, that in the great run of surgical ailments—in the great majority of those I have to deal with, either within or without the walls of the hospital—no aid is required from stimulants; but, on the contrary, these complaints are much better managed without alcohol. At the moment I address you I have under my care more than fifty surgical cases, and only one, and she a very weakly woman

with blood poisoning, is taking alcohol. Among the cases I allude to, are many who have undergone serious operations, and many old and feeble people. I mention this to show that while I resolutely defend the use of alcohol in certain cases, I am but little given to its administration in the usual practice of my profession. It is food and not stimulants the mass of patients require to restore them. If food of a nourishing and concentrated kind can be taken and assimilated, that is what will recuperate our patients and prolong their lives! Alas, it is the want of this power of assimilation which baffles us so frequently in dealing with disease, and that is not unfrequently the offspring of previous intemperance.

Once for all I would add that it is wrong—it is criminal, in my opinion—to employ such an agent carelessly, and without the most scrupulous and conscientious safeguards against its abuse, and without stopping it as soon as it can be done without. The practitioner assumes a great responsibility when he administers alcohol, especially to one who has not before used it, and he must see that by no carelessness of his shall injurious habits be inaugurated. There cannot be a doubt but that intemperance can frequently be traced to the license of a sick room, and such a result must be a terrible reflection to those responsible for it. We must bear this in view, and make it clear when the use of the stimulant is to be given up.

Finally, I most heartily subscribe to the opinion which I am glad to think begins to prevail, that there is no risk whatever in withdrawing alcohol suddenly and absolutely from inebriates. I have long known and practised this. It is, in my experience, the only hope for their recovery. Half-measures always fail. Let it be absolutely forbidden in any form and quantity, and though I am not very sanguine as to success in the case of confirmed drunkards, yet for those less hopelessly abandoned there is, by following rigid abstinence, a chance of reform. Nourishing fatty food, sugar, plenty of fresh air, and mental enjoyment will help to wean the victim from his poison.—*Address before the Glasgow University.*

MEANS TO CONTROL INEBRIETY.

BY J. M. KELLER, M.D., HOT SPRINGS, ARKANSAS.

In almost every medical journal, both English and American, as well as continuously in the secular press of both countries, inebriety is becoming discussed as the crying evil and curse of the day. Medical societies and religious organizations over both countries have earnestly deliberated and pondered over various plans to check it, well meaning and zealous temperance lecturers have traversed both sides of the ocean, and fanatical women have in some cases banded together under the name of crusaders, and brought their might to bear down upon it, and still the evil seems to increase instead of diminish. Vendors of alcoholic drinks have been burdened with heavy taxes, and in many cases their houses closed, either by local law or mob force, and still the number of inebriates is surely on the increase. They are all commendable, or at least the object had in view is commendable. I do propose, though, to say that they have all failed to devise a plan to check it, and the object of this short paper is to suggest a plan I have long thought the only effectual one. When a man or woman is charged with lunacy, the law provides that a jury be called and proper investigation and inquiry be made as to the mental sanity or insanity, and if the jury adjudge the party a lunatic or insane, he or she is committed to an asylum, *volens volens*, and until the superintendent of said asylum declares the patient restored and of sound mind, the law takes from him or her all right of contract or rights of purchase or conveyance. Is not an habitual inebriate an insane person? Is he capable of thinking or acting for himself or those who are dependent upon him? If he is insane—incapable of transacting or performing the duties he owes to himself, his family, and friends, or his community—should not he and his family and friends, and the community in which he lives, have the same protection by law as if he were insane from any other cause? It seems but fair that they should: Then what are the laws to be enacted? Simply these: Let each State make laws levying a special tax on

every manufacturer and vendor of intoxicating liquors ; let the fund thus created be appropriated solely to the erection, support, and maintenance of as many inebriate asylums as may be necessary, and then, in every case of habitual drunkenness or inebriation, let the law be made to apply as in any other case of insanity. Let a jury of inquiry be called, and if upon careful investigation the charge be fully sustained, let the party charged or investigated, be so adjudged and committed, divested of all the rights taken from any other lunatic, until the superintendent or expert under whose care he has been placed shall decide that he has been sobered and become rational. Then when informed of the action of the strong arm of the law, in taking from him his power to purchase or convey any property, he will be brought to a realization of his responsibility or irresponsibility, and thus, I believe, more effectually be broken of the habit.—*Medical Record.*

I am confident that there is no risk whatever in withdrawing alcohol suddenly and absolutely from inebriates. I have practiced this for years, and in my experience this is his only hope for recovery. Half-way measures always fail. Abstinence must be rigid and positive. Nourishing, fatty food, sugar, plenty of fresh air, and mental enjoyment will help the victim out of his condition.—*Dr. Macleod.*

Attempts to define the responsibility of men under the influence of alcohol are always as vague and uncertain as it would be to draw lines or mark out the boundaries between daylight and darkness. Perhaps in the course of a half century of study and research in this direction it may be done ; but at present it is impossible, and all attempts are worse than useless.

Dr. Kerr affirms that if it were not for inebriety a large proportion of the medical profession would be unable to support themselves. The results of both secret and open drinking are responsible for over eighty per cent. of all the sickness and disease.

American Clinical Lectures. Edited by Dr. E. C. SEGUIN.
In three volumes. G. P. Putnam's Sons, publishers, New
York City.

Although these volumes have been before the public for some time, and been very generally reviewed by the medical press, they are still new and of increasing interest. Each volume is composed of twelve lectures, covering many of the most practical topics of clinical medicine, by physicians who have become more or less distinguished as authorities of the subjects upon which they write. Many of these lectures contain advanced views, that are not yet generally accepted by the profession, but are nevertheless worthy of great consideration. Practically these volumes are the most distinctive contributions to American medical literature that have been made for a long time. As a whole they indicate a thoughtful originality and breadth of comprehension exceedingly flattering to the authors.

To the busy physician in any department these volumes are a rich mine of thought, to which he will have frequent occasion to refer. The editor, Dr. Seguin, has not only contributed two excellent lectures, but he has admirably arranged the others so that the various topics include those subjects with which the practitioner is most anxious to be familiar.

The Brain for July contains a number of excellent articles by Francis Galten, Grainger Stewart, Hughlings Jackson, D. Ferrier, and others of note. *Macmillan & Co.*, of New York, are the American agents.

American Nervousness—its Philosophy and Treatment.
By Dr. G. L. BEARD, of N. Y. (An address delivered before the Baltimore Medical and Chirurgical Society.) This is a very suggestive résumé of the many physical and psychical causes at work on American civilization. Dr. Beard has presented a pioneer paper on this subject which will undoubtedly form the basis of wider and more thorough observations in the future.

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The National Quarterly Review comes freighted with several thoughtful and strongly-written articles. We wish to call special attention to this review. D. Gorton & Co. New York, are the publishers.

The Popular Science Monthly for July and August sustains its previous excellent reputation, and presents clear views of the restless march of science in all its departments.

There is a very prevalent mistake abroad that only the habitual drinkers of spirituous liquors are subject to the diseased appetite of which we are speaking, and that wine, ale, porter, cider, lager, etc., even when drunk to excess, are comparatively harmless. While it is true that the excessive drinkers of wine and malt liquors rarely wind up with an attack of delirium tremens, it is nevertheless a fact that the blood is so permeated with the poison that comparatively trivial injuries, as bruises and slight lacerations, often result seriously, and sometimes fatally. The excessive drinkers of malt liquors are frequently brutish in their habits, and there is also a marked tendency to general paralysis, insanity, and suicide. I must confess that I have less hope of the cure and reformation of the ale and beer-barrel sot than I have concerning the generality of the excessive drinkers of spirituous liquors.—*Rev. J. Willet*—"Truth and Fact."

In all forms of acute inebriety there is invariably hyperæmia, either of the whole brain or of some segment of it; also increased tissue waste and molecular disintegration. When inebriety is associated with delusions and conditions of dementia, the brain waste is extreme, and should recovery follow, there is always a marked defect and change of brain power.

When epilepsy is a prominent symptom of inebriety and intimately connected with atrophy of the brain, sudden death in this condition reveals marked conditions of congestion. Sometimes hypertrophy and induration of the brain is present.

Editorial.

PRACTICAL VALUE OF INEBRIATE ASYLUMS.

The permanent cure of inebriates under treatment in asylums will compare favorably in numbers with that of any other disease of the nervous system which is more or less chronic before the treatment is commenced.

Considering the limited knowledge of inebriety, and the imperfect means of treatment, the want of legal power, and the general confusion of both theory and practice, the results indicate clearly that inebriety is curable to a large extent.

The value of inebriate asylums are not limited practically to the number of cases which can be cured. All such asylums can and should be made quarantine stations, for the isolation of a class of inebriates who are not only a burden to the community and their friends, but a source of danger and constant misery to all.

Millions of money are yearly expended in ignorant unscientific methods of legally controlling this disorder, by fines, imprisonment, and other means, with no other result than that of increasing the disease of the inebriate, and his helplessness.

It is computed that every inebriate, from the time of his first intoxication until his death, costs the State directly or indirectly, eight thousand dollars on an average. The actual loss to his family and friends exceeds this many times. The inebriate is never a producer, but always a consumer, wasting property, periling business and industry, breaking up good order and society, and is always a burden on his family and neighborhood. All this can and should be prevented. It is simply an outrage on our boasted intelligence to suffer and assist a class of men who should be separated in asylums,

and made to maintain themselves, and if not cured, at least saved from increasing the miseries and losses of others.

Our inebriate asylums should have ample facilities to enable its inmates to support themselves while undergoing treatment. Much of this enormous loss can be prevented by forcing the inebriate into healthy, temperate surroundings, and by furnishing the means to make him industrious and self-supporting. If this can be done with criminals, who represent a lower type of physical manhood, why not with inebriates, who are possessed often with genius and talent!

To lift the inebriate out of his environs, and all the flood of exciting and predisposing causes; is literally to break up the great breeding-places of pauperism, criminality, and insanity.

As a matter of economy to the tax-payer, it promises positive relief, and as a means of successfully treating this disorder, it has an element of great certainty, because it reaches down to the active causes, and applies methods of restoration along the line of natural laws.

The time has come for an intelligent recognition of all the means of relief. Every town and city is menaced by an army of inebriates, who are rushing down to ruin, breaking up all order, morals, and industry, and leaving entailments of disease and degradation that centuries can not eradicate.

The great principle of self-protection must be recognized practically in this statement, that whenever a person habitually fails to exercise self-control in the use of alcohol and other narcotics, he is either a dangerous person or a public nuisance. It is the duty of the authorities to take care of such men, to protect them and society from the consequence of their excesses. They should be isolated in asylums, the same as in cases of infectious diseases, and if to this can be added means of self-support, it is demanded as a measure of the highest wisdom and economy to all.

Inebriety must be regarded as a physical disease, if we would understand the hidden forces which govern its march along the lines of civilization.

Then the value of hospitals and asylums will be apparent

where prolonged and profitable detention will force the inebriate into other and higher conditions of living.

There is no reason why this vast army of inebriates can not be made producers, and maintain themselves, in whole or in part, in properly organized asylums, and there are strong indications that the time is not far distant when such asylums shall be established in all parts of the country.

T. D. C.

This number closes the third volume of the *QUARTERLY JOURNAL OF INEBRIETY*.

The attempt to gather into a more permanent form the rapidly growing literature of this field has met the strongest encouragement from all classes. Our journal now circulates regularly every quarter to nearly every country of Europe, and in India, Australia, and China; and our subscribers number many of the most advanced thinkers and scientific men of the day. This is a most cheering indication of the wide-spread interest in the study of inebriety from its scientific side. We look forward confidently to the demand for a larger journal, coming oftener, and containing facts and laws from which a wider and more thoroughly accurate knowledge of the subject may be obtained.

The minutes of our last meeting in New York is given in this number, in a more condensed form than usual. The meeting, both in papers and interest, developed the fact that public sentiment was rapidly growing in the wake of our association. The doctrine that inebriety is a disease, and must be studied scientifically, is one that will be accepted by all classes in the near future. For the demonstration and acceptance of this fact our association can well afford to labor and wait.

In our present knowledge of mental diseases, every case of inebriety is a physiological and psychological curiosity.

Clinical Notes and Comments.

PATHOLOGICAL CONDITIONS PRECEDING INEBRIETY.

Prof. Jewell of Chicago, in a recent lecture on *Neurasthenia*, gives the following description, which applies in many cases of inebriety: "There is a real, pervasive nutritive lesion of nerve structure in neurasthenia. Waste has morbidly preponderated over repair. The nervous system becomes lean. This involves necessarily loss of power, and undue sensitiveness or "shakiness," of the nervous system. It is more easily excited than when healthy, and the excitement when once produced radiates farther, and endures longer, than in health. This state or physical condition of the nerve structures differs in degree in various cases or at different times in the same case, from a very slight exhaustion to that which is the most profound. It may extend to the whole nervous system or to only a small part of it, or, if to all parts, unequally so to different parts. It may be in part hereditary, or it may be acquired. It may affect chiefly the bodily functions, or it may affect chiefly the mental functions, as in some cases of melancholia, or it may involve both at the same time in varying ways and proportions, as often happens. There is another condition of neurasthenia which I wish to place distinctly before you. It consists in a morbidly fluctuating blood-supply to the affected parts of the nervous system. The nutritive lesion described seems always to involve an unsteady circulation of blood in the part which has suffered. Especially is the blood-supply likely to *fluctuate rapidly*, from a too free and tumultuous supply for healthy nutrition down to a partial anæmia. Nutrition in the part in question is therefore irregular and unreliable. Hence nervous action is unsteady and unreliable.

The condition of the walls of the blood-vessels themselves, and of the local vaso-motor mechanisms which control them, in the diseased nervous centers, is much the same as that of the worn nerve elements in the midst of which they are. The local vaso-motor apparatuses become worn and exhausted, and the muscular walls of the vessels in the seat of disease lose their tonus in a measure, and give way before any increase in the blood-pressure with abnormal ease, and this is one of the chief conditions of a fluctuating circulation of blood in the diseased nervous centres. When it is known how sensitive are the higher nervous centers to changes in the pressure and quantity of the blood circulating in them, it will not be difficult to understand how rapid and extreme fluctuations in blood-supply may give rise to many symptoms, varying according to the function of the part which is the seat of the disorder.—*Journal of Nervous Diseases.*

It does not appear that there is any theory as to the dietetic or medicinal value of alcohol which is generally accepted by the medical profession, or by any part of them, so as to warrant its trial or adoption, or indicate any approach to a basis of reliable facts which may be considered conclusive.—*Dr. Lawson.*

Much of the real injury from alcohol comes before the person suffers from paroxysms of drunkenness. These attacks indicate a degree of alcoholic poisoning and degeneration which leads rapidly to other stages, to all of which the patients are more or less oblivious.

The limits of excess are passed long before drunkenness or stupor comes on.

Dr. Lyman has used with great success amyl nitrate for the insomnia following the sudden withdrawal of the opium in opium inebriety. He has found in all cases a refreshing sleep to follow a few inhalations of this new drug.

CONDITIONS PRECEDING INEBRIETY.

In inebriety there is always a fluctuating blood supply; the local and general vaso-motor paralysis entail upon the heart increased activity to force the blood on the circulatory round. The nervous exhaustion following the spasm-like efforts of the heart reacts on all parts of the system.

Nutrition is interfered with, the blood lacks in building up material; its capacity as a medium for supplying loss and removing waste is diminished. Rest and nutrition is inadequate to the demands of the tissue. The higher nervous centers give way to the changing nutrition and blood supply and a vast army of symptoms come on, both psychical and physical, all hints of the starved, disorganized brain centers.

The approach of inebriety is often foreshadowed by symptoms so slight and trivial as to pass unobserved. Nothing can be farther from the truth than to suppose each case to have a stage of vice, or period in which the use of alcohol was vicious, and wantonly used. A noted physician referred a case of inebriety to my care, as one having a distinct stage of vice.

The clinical history indicated an inherited consumptive diathesis, and well marked neurasthenia, attended with insomnia for weeks before he drank. He suffered from melancholy and periods of great depression, for which he sought gay company and wine.

It brought him relief; he continued, although deploring his weakness, and striving in a blind, emotional way to stop. At last he was an inebriate, the result of physical conditions which he was more or less powerless to resist. T. D. C.

A very cheering sign of the times is the passage of a resolution to appoint a special committee to inquire into the liquor traffic, by the House of Representatives, last May. After three year of constant petitioning Congress, the temperance people have at last succeeded. This is the first great public recognition, and indicates clearly that the age of inquiry has begun.

SCIENTIFIC VALUE OF ALCOHOL.

BY DR. B. W. RICHARDSON, LONDON, ENGLAND.

As a therapeutical agent, I have never excluded alcohol from my practice. But this is what I have done for nine years past: I have, whenever I thought I wanted its assistance, prescribed it purely as a chemical medicinal substance, in its pure form in precise doses, in definite order of time; as I have prescribed amyl-nitrite, or chloroform, or ether, so I have prescribed alcohol. By this method I have an absolute experience of the clinical use of alcohol which, I may safely say, does not belong to many other prescribing physicians. There are thousands of physicians who, in the same time, have probably prescribed alcoholic fluids a hundred times to my single time; but if they were to be asked the precise doses they have ordered, the actual purity of the substances they have ordered, they would be quite unable, in most cases, to answer at all.

So many ounces of wine, so many ounces of brandy or whiskey, really means nothing at all that is reliable. Therefore, an absolute experience of alcohol, and that only, is a novelty. When I order alcohol, I prescribe so much of it as I think or know will have the desired effect, directing the specific gravity of the fluid to be .830, which is not absolute alcohol, absolute alcohol being .795, but which is sufficiently near to be reliable. This is the alcohol commonly retailed as absolute alcohol, and is made without the expense and trouble of removing the last portion of water. Used medicinally in this manner, the therapeutical action of alcohol may be soon reduced to a positive method. There is no ambiguity of action about it at all. It is as easily manageable as chloroform, and is as definite in result as mercury, or iodide of potassium. The differences of statements as to its influence in disease are, in fact, one and all due to the unscientific and utterly fallacious mode of ordering it as wine, or spirit, or beer, without regard to quantity, quality, or admixture; for when it is ordered in that way the percentage of the alcohol is unknown; the fact that there is no other alcohol save the ethylic is unproven, and the other disturbing agents that

may be present, in the way of ethers and acids, are not calculated for, though they may be very important.

From the simple method and scientific course pursued, I may say that when alcohol is prescribed for the sick in a positive mode in relation to quantity, quality, and purity, so that nothing but the action of ethylic alcohol is brought under observation after the administration, the phenomena which follow are singularly corroborative of the physiological facts which have of late years been made known as to its action on healthy bodies. It is probable, indeed, that the influence of no other medicine in the pharmacopœia can be more correctly read by the light of physiological learning than alcohol. The chief difficulty that attends the administration for securing positive results lies in the circumstance that so many persons have accustomed themselves to the use of it in varying quantities, there is no standard dose applicable to the community at large for insuring the precise degree of action that may be desired. We are often in the same condition, in respect to this drug, as we are in respect to opium, when on rare occasions we have to treat a person who is addicted to the daily use of opium. When, however, we have under treatment those who are not accustomed to alcohol, the results are regular and decisive. Then the dose of half a fluid ounce, by measure, of .830 ethylic alcohol administered to an adult is, as a rule, sufficient to produce a brief temporary action. The action commences within ten minutes after the fluid is taken, and the first sign of its action is detectable in the circulation. The action of the heart is quickened, the rate of quickening being distinct even when the pulsation is previously quickened from disease. The rate of increase runs, as a rule, from five to seven pulsations per minute, and even in cases of permanently slow pulse the rule is maintained as I found in the instance of a member of my own profession who has a permanently slow pulse of thirty-five. With this rise in the pulse, there follows the temporary elevation of surface warmth, and all the other signs and subsequent effects of that ephemeral fever from alcohol with which we are so conversant; a fever which in some respects resembles a mild ague,

and in other respects a hectic. By the use of alcohol in this pure form, we learn with much accuracy its effects when it is administered in minor doses, so as not to produce any objective effect; but it is presumed to conserve metamorphoses of tissue, or quicken local circulation.

On the whole I am not inclined to deny the use of alcohol in this strictly scientific sense. I could do very well without it, since there are other substances which take its place that are less persistent in their effects, and are not so prone to create a constitutional appetite for themselves; but as a remedial agent of a third or fourth class value it deserves to be retained in the arcanum of physic.—*Inaugural address before the British Medical Temperance Society.*

ALBUMINURIA IN DRUNKARDS.

The phenomena of transitory albuminuria in drunkards has not until recently attracted the attention of the profession. Dr. Fuerstner has observed the symptom in 40 per cent. of patients suffering from delirium tremens. He has often found that the albuminuria and the delirium lasted the same length of time. He has also sometimes noticed a relation between the quantity of the albumen and the violence of the delirium. The violence of the muscular action cannot be considered as a cause of the symptom, for it is sometimes absent in the most excited patient, and found in great abundance where delirium is mild. In cases of chronic alcoholism albumen is not so found nor is it in such large quantities. The urine of men in a state of extreme drunkenness has occasionally shown traces of albumen. The short time in which this symptom is present, the microscopic examination of the urine, and some autopsies allow the author to exclude any organic trouble of the kidneys as the cause of the albuminuria. It must be attributed to the circulatory disturbances or to some cerebral influence. Dr. Weinbery of Hamburg, has observed albuminuria, in 51 persons out of 156 who had delirium tremens—that is to say 33 per cent.—*American Medical Bi-Weekly.*

SIDERODROMOPHOBIA.

In a late number of the *Medical and Surgical Reporter* of Philadelphia is a brief notice of a new form of disease, described by Dr. Rigler, a German railway surgeon, to which he has applied the above name.

This is a form of intense spinal irritation, coupled with a hysterical condition, and morbid disinclination for work, which is the result of shock, and occurs among railroad men; most commonly seen in cases of railway-engine mechanics who have some altered nerve condition, or irritation of the nerve-centers. It is the perpetual jarring, shaking, and noise which lead by degrees to this change, and which under the influence of some unexpected shock completely breaks up the nervous equilibrium.

This form of nervous disorder is particularly interesting as often preceding the most intractable cases of inebriety. It is the experience of every one acquainted with the clinical history of inebriates, that railroad men, of all other classes, present a combination of special symptoms, consisting of convulsions and paralysis, when they become inebriates. Alcohol seems to unmask and bring to light the results of nerve irritation and strain so common among railroad men. Probably no class are more subject to inebriety, as a result of their irregular life, and the constant strain and exhaustion to which they are subject. Many railroad men feel a craving for alcohol or its compounds which for a long time they are able to control; others give way precipitately to it. In all cases it is a clear hint of exhaustion of the nerve-centers, demanding rest and relief. Alcohol is found to paralyze this want, or obliterate it temporarily, hence it is used.

According to Dr. Finkelburg, member of the Russian Public Health Commission, alcoholic liquors cause over one-fifth of all the insanity, and two-fifths of all the criminals. As one cause, he gives lack of physical and intellectual education, insufficient food, unhealthy dwellings, and general bad habits of living and sleeping.

Journal of Inebriety.

JAS. G. BATTERSON,
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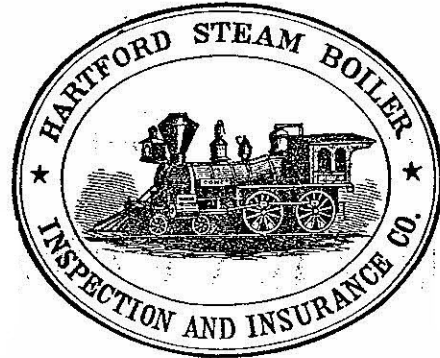
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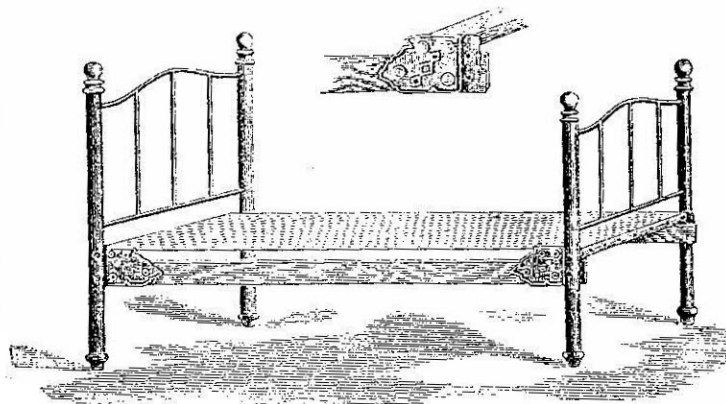
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INSTITUTION FOR THE RELIEF OF THE RUPTURED AND CRIPPLED,
New York, Jan. 3, 1870.

I consider the WOVEN WIRE MATTRESS one of the most invaluable inventions of the day, as it contributes so largely to the relief and comfort of the sick. The wire fabric, of which it is formed, yields uniformly to the body, obviating undue pressure on the prominent parts of the emaciated patient. Two thicknesses of a comfortable are a sufficient protection to the patient from the wire fabric, and is all that is required for warmth in a temperature of sixty degrees. This light covering is readily removed and washed in extraordinary cases, and the facility afforded for changing the bedding obviates the necessity for disinfectants. This information may be used by the Company, wherever it will tend to the comfort of the sick, at home or in the hospital, or for family use, as I consider the MATTRESS not only a comfortable bed, but a means of maintaining good health.

DR. JAMES KNIGHT,
Physician and Surgeon to the Institution

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MARY E. ROCKWELL, Asst. Supt.

BUTLER HOSPITAL, PROVIDENCE, R. I., Feb. 25, 1876.

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Gents: We already have a supply of the Woven Wire Mattresses, some of which having been in use for six years at least. In comfort, convenience, and durability, they far exceed my expectations, and I consider them unequalled by any other device for the purpose.
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Yours truly,
EUGENE GRISSON, Supt.

OFFICE OF THE SOUTH CAROLINA LUNATIC ASYLUM, J. F. ENSOR, M. D., Supt.
COLUMBIA, S. C., 7th April, 1876.

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Yours respectfully,
J. F. ENSOR, M. D., Supt.

Journal of Inebriety.

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Subscriptions and all business connected with the JOURNAL may be addressed either to Dr. J. S. Jewell, at 70 E. Monroe Street, Chicago, or to the Eastern publishers, G. P. Putnam's Sons, 182 Fifth Avenue, New York.

Respectfully,

J. S. JEWELL, M. D.,
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Journal of Inebriety.

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(See Transactions of American Medical Association for 1876, page 176.)

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Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO.:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .577; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœa, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly, SILAS H. DOUGLAS,

Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of Malt than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ lbs. of the Extract.

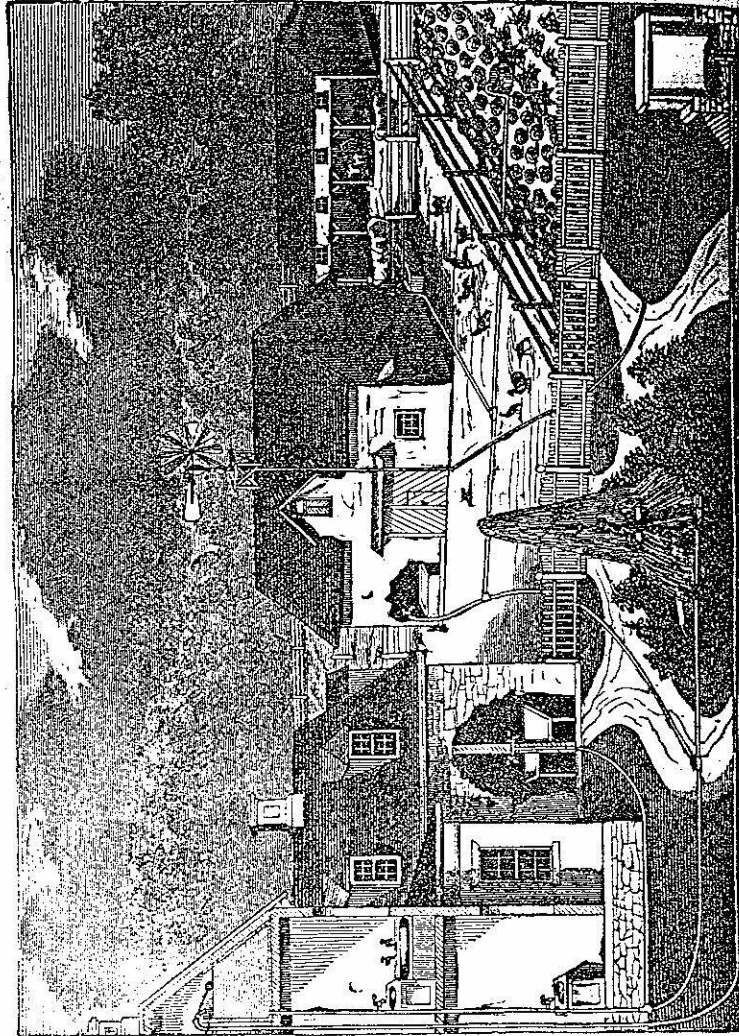
Our preparations of Malt are for sale by druggists generally throughout the United States and Canadas, at the following prices:

EXTRACT OF MALT, With	Hops (Plain),	- - - -	\$1.00
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"	"	Cod Liver Oil,	- 1.00
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ESPECIALLY ADAPTED FOR SUPPLYING LARGE INSTITUTIONS.
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Journal of Inebriety.

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The dry soluble extractive matter of the drug is triturated with Milk Sugar in such proportion that one Troy ounce of these Extracts represents one Troy ounce of the drug.

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These Extracts are the ONLY preparations extant representing ALL the active principles of the vegetable remedies in a convenient and reliable form, ENTIRELY FREE FROM ALCOHOL.

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5. Their general application to any form of medication, as CAPSULES, COMPRESSED PILLS, or TROCHES.

Correspondence solicited. Price-lists and information sent upon application.

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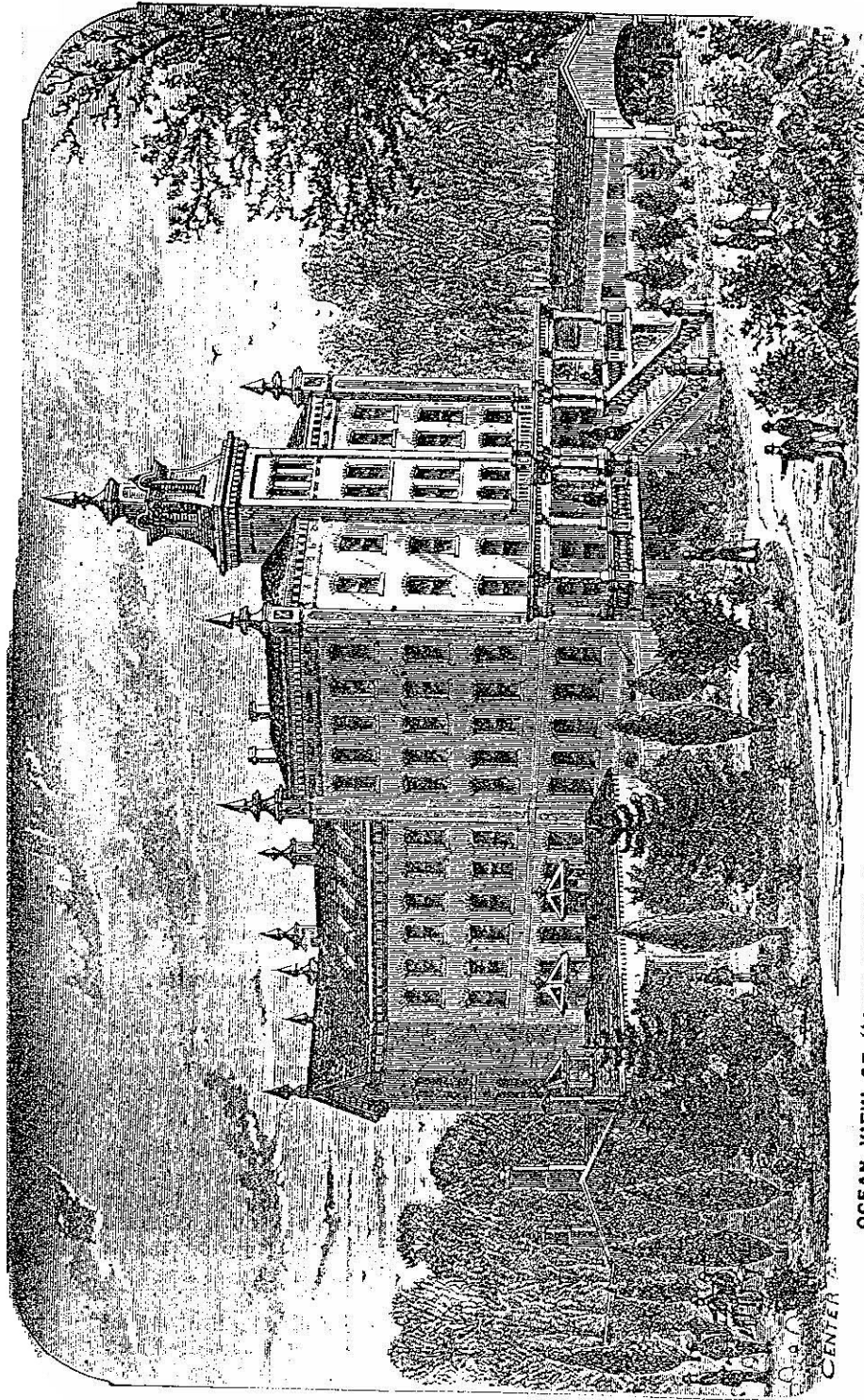
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OCEAN VIEW OF "THE INEBRIATES' HOME," FORT HAMILTON, N. Y. (INCORPORATED 1866.)

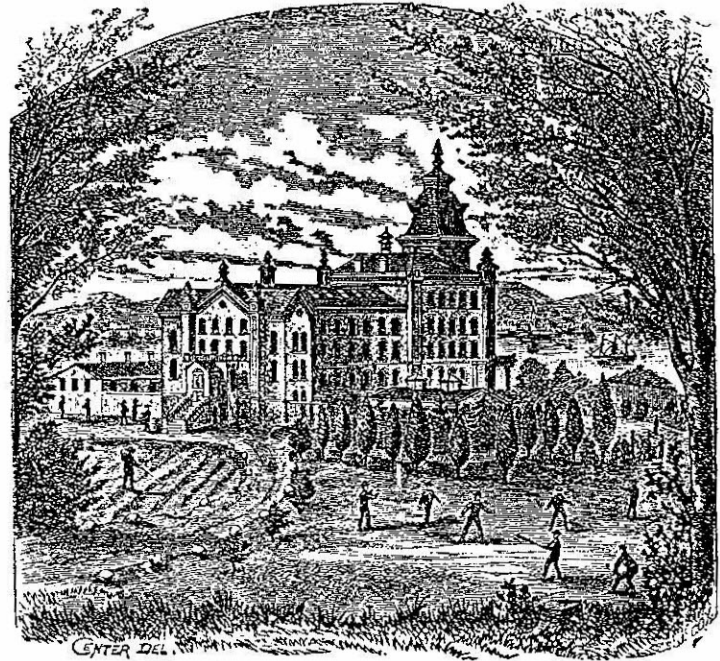
CENTER

The Inebriates' Home,

FORT HAMILTON, N. Y.

This is the Best Constructed and the Best Furnished Institution
for the Care and

Treatment of Inebriety and the Opium Habit
IN EXISTENCE.



VIEW FROM ENTRANCE OF PARK GROUNDS.

The Treatment of the Opium Habit a Specialty.

President and Consulting Physician—THEODORE L. MASON, M. D., also President of the "American Association for the Cure of Inebriates," and the "Collegiate Department of the Long Island College Hospital." *Attendant Physician*—L. D. MASON, M. D., assisted by a staff of resident physicians. *Superintendent and Secretary*—REV. J. WILLETT.

THE BUILDINGS are constructed for this special purpose, and they are more complete and better adapted for the treatment of Dipsomania and the Opium Habit than those of any similar institution in existence. They are situated on one of the most attractive points on the Bay of New York, and stand on a high bluff within one thousand feet of the Narrows. The sea and land views are unsurpassed in extent and grandeur. The enclosed Park Grounds are extensive.

There are separate dining-rooms, lodging-rooms and parlors, billiard and bath-rooms. There is also a lecture-room for religious services, read-

THE TREATMENT OF THE OPIUM HABIT A SPECIALTY.

ings, concerts, etc. All the New York morning and several other newspapers and periodicals are regularly taken. For the treatment of the better class of female patients a floor is set apart, handsomely furnished, having separate approaches, effectually secluding the sexes from each other.

THE MANAGEMENT is systematic, thorough and adequate. There has been no change in the staff of medical or other active officers since the inauguration of the Home, eleven years ago.

THE CLASSIFICATION of patients originated with and is peculiar to this institution. Being determined and regulated upon a strictly commercial basis, it is made to depend upon the character of the lodging, board and other accommodations which the patients or their friends are willing to pay for, and is accomplished in such a manner as to completely isolate the boarders from the free patients in the County or State wards of the Home.

By this equitable arrangement we are enabled to offer board, washing and medical attendance at rates varying from \$7 to \$35 per week. Those paying \$14 and upwards, according to size and situation of quarters selected, are provided with a single apartment and a seat at table in private dining-room—the accommodations in the select rooms and the table being in every respect equal to those of a first class hotel. Rooms in suit may be had upon terms to be agreed upon.

REMARKABLE IMMUNITY FROM DEATH.—The total death-rate since the opening has been one-half of one per cent., or one death for every two hundred patients. The total deaths of legitimate cases for treatment in the Home have been only one case in eight hundred during the same period. The rest were dying when admitted.

TREATMENT OF THE SICK.—One of the essential characteristics of the institution is its ample provision for the isolation, when necessary, of new inmates from the convalescent patients until they are sobered down and the sickness consequent upon their late debauch has passed away. In the treatment of the victims of the Opium Habit the seclusion and repose of our hospital arrangements frequently prove to be essential to present relief and final cure. In connection with this department we have always at command a large staff of careful nurses, who are placed under the direction of experienced officers. Our hospital department is reduced to an exact system, and its discipline is thorough. Our methods of restraint and management in delirium tremens cases are of the most efficient and humane character. There is the absence of the straight-jacket and every other instrument of torture which tends to impede the free circulation of the blood, and thereby intensify the sufferings of the patient, and padded rooms are substituted by a commanding but nevertheless humane system of personal restraint.

THE RESTRAINTS.—Our system of restraint is compatible with the fullest liberty for each boarder patient to avail himself of all the recreation, amusement and enjoyment which the billiard-room, park and ball grounds, readings, lectures, concerts and musical exercises, etc., coupled with the society of intelligent and agreeable fellow-inmates, can impart; but this liberty does not embrace leave and license to go and come to and from the neighboring cities, villages, etc. Many of our boarder patients have consisted of former inmates of other kindred institutions, who have been placed under our care because our system of restraint to the grounds of the Home has commended itself to their friends when those confidential experiments have failed.

THE DISCIPLINE.—The established code of discipline is comprehended in the observance of "THE LAW OF PROPRIETY," as universally understood

THE TREATMENT OF THE OPIUM HABIT A SPECIALTY.

by gentlemen and ladies in the guidance and control of well-regulated family and social relationships. The Superintendent and officers lay it down as a rule that they can only govern wisely by avoiding any unnecessary appearance of authority, and at the same time maintaining mild but firm discipline whenever the occasion demands. What is most needed is a method of discipline which will inspire confidence and lead to self-reliance and the restoration of will-power.

HOW TO OBTAIN ADMISSION.

THE design of the Institution is to treat patients, men and women, who have contracted the habit of inebriety, from whatever cause, whether from the use of alcoholic, vinous or other liquors, or opium, or other narcotic or intoxicating or stupefying substances, with a view to cure and reformation. Persons suffering from chronic affections, or other diseases than those immediately produced by inebriety, or the infirmities of age, are not received into this institution. Cure and reformation are the only purposes kept in view in the reception and detention of patients.

In order to prevent the reception of improper cases, the consent of the duly authorized officers is in every instance made a pre-requisite to the admission of a patient.

VOLUNTARY APPLICANTS for admission may submit their request in the following form:

To the Superintendent of the Inebriates' Home, Fort Hamilton, N. Y.:

SIR:—Having unfortunately indulged in the use of _____ until such practice has become a confirmed habit, which I cannot control, and which I feel powerless to overcome without assistance, and being convinced that such aid can only be obtained by submitting myself to restraint, I hereby voluntarily apply for admission as a patient to "The Inebriates' Home for Kings County," stipulating that if I am received into said institution, I will remain a patient therein for such time as the officers thereof shall deem requisite for my benefit, not exceeding the term of six months, and pay, or cause to be paid, to said Institution three months' board in advance, at such rate as may be agreed upon; promising to obey all the rules, regulations and orders that may be in force in said institution at any time during my residence therein, and to submit to such restraint and treatment as the Superintendent thereof may deem necessary in my case. (Signed.)

INVOLUNTARY CASES.—In all cases where the inebriate declines to enter the Home voluntarily, the nearest relatives or friends may take action either before any Justice of the Peace having jurisdiction where he or she resides, (within the State of New York,) or by a process of any County Court or the Supreme Court of said State. Where there is no property at stake, summary proceedings before a magistrate are the quickest and least expensive measures to secure removal to the Home. This action is authorized by Section 2, of Chapter 797, of an Act passed June 18, 1873.

Where the case is urgent, the Supreme and County Courts have the power to commit temporarily to the Home while proceedings are pending.

Full directions, with the requisite blank forms, together with such information as may be necessary can be obtained on application to the Superintendent, at Fort Hamilton, N. Y.

☞ Two daily mails, and telegraphic communication to all parts of the country.

HOW TO REACH THE INSTITUTION FROM NEW YORK.

Cross the East River to Brooklyn on Fulton Ferry Boat and proceed either by Court st. or Third ave. Horse Cars; or, cross from South Ferry on Hamilton Avenue Boat and proceed by Fort Hamilton Cars.

THE INEBRIATES' HOME,

FORT HAMILTON, L. I., N. Y.,

Is the best constructed and the best furnished Institution for the care and treatment of Inebriates in existence.

The Buildings,

which are new, were erected for and are well adapted to the special purpose of the Home. They are situated on one of the most attractive points on the Bay of New York. They stand on a high bluff within one thousand feet of the Narrows, and the park grounds are extensive.

The Management

is systematic, thorough, and adequate. There has been no change of Superintendent or in the staff of medical or other active officers since the inauguration of the Home.

The Classification

is more perfect, and the beneficial results are fully equal to those of any other kindred institution.

Boarder Patients

are classified according to accommodations required, and the charges are proportionately adjusted. Their department is divided up into several floors, each containing such accommodations as the patients or their friends are willing to pay for. There are separate dining-rooms, lodging-rooms and parlors, billiard and bath-rooms. There is also a lecture-room for religious services, readings, concerts, &c. Several daily journals and periodicals are regularly taken, a library is in process of accumulation, and all the appointments for the exercise and the amusement of patients, and which contribute greatly to their cure, are provided.

Female Patients.

For the treatment of the better class of FEMALE PATIENTS an entire floor is set apart, handsomely furnished, having separate approaches, effectually isolating the sexes, and under the charge of the Matron and Assistant Matron, together with a staff of efficient female nurses.

Remarkable Immunity from Death.

The total death-rate of all the patients who have entered the Home since the opening, upwards of nine years ago, has been one-half per cent., or one death for every two hundred patients, and the average time of residence in the institution has been upwards of six months. The total deaths of legitimate cases for treatment in the Home has been only one-eighth per cent., or one case in eight hundred, during the same period. The average annual death-rate in our large cities ranges from two to three per cent. of the population.

Patients are received either on their voluntary application, or by due process of law.

The charter confers power to retain all patients entering the Home.

For mode and terms of admission, apply to Rev. J. WILLETT, the Superintendent, at the Institution, Fort Hamilton (L. I.), N. Y.

SEE PAGE 1

THE
Quarterly Journal of Inebriety.

THIS Journal will be devoted to the study of Inebriety, Opium mania, and the various disorders which both precede and follow. The many forms of Neuroses which arise from the action of these toxic agents are increasing and becoming more complex, requiring special study, and as yet, are comparatively unknown to the profession.

This Quarterly will be a medium for the presentation of investigations and studies in this field; also the official organ of the

American Association for the Cure of Inebriates,

publishing all its papers and transactions, and giving the practitioner a full review of the literature of this subject.

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