

TABLE OF CONTENTS.

MARCH, 1878.

	PAGE
INFLUENCE OF ALCOHOL ON MENTAL MALADIES BY M. MAGNAN.....	65
INEBRIATE ASYLUMS, BY DR. N. S. DAVIS.....	80
CURABILITY OF INEBRIETY, BY DR. ALBERT DAY.....	89
ABSTRACTS AND REVIEWS.	
NERVOUS EXHAUSTION AND OTHER NEUROSES.....	111
EPILEPSY FROM ALCOHOLISM.....	113
INEBRIETY A CAUSE OF IDIOCY.....	114
ALCOHOLISM AND DIABETES COMPLICATING WOUNDS.....	115
EDITORIAL DEPARTMENT	
REPORT OF THE TEMPERANCE COMMITTEE OF THE HOUSE OF LORDS..	117
TEMPERANCE LEGISLATION.....	119
CLINICAL NOTES AND COMMENTS.....	121

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THE INFLUENCE OF ALCOHOL UPON MENTAL
MALADIES.*

BY M. MAGNAN, PHYSICIAN TO ST. ANNE HOSPITAL, PARIS.

The increasing use of alcohol and its pernicious influences upon individuals and posterity in a physical and moral point of view, makes the subject one of great interest to humanity and of danger to society. Alcohols produce all kinds of insanity according to the qualities of the liquors used, with modifications of the phenomena, resulting from many complex causes.

In France the difference is great between the alcoholism of the workman of the cities and that of the peasant of the wine-growing districts. Among the former the ordinary drink is brandy, or wine of poor quality, often diluted with alcohols distilled from corn, beet-root, or other deleterious substances.

*A paper read before the International Medical Congress at Geneva, Switzerland, September, 1877; Contributed to the QUARTERLY JOURNAL OF INEBRIETY by the author. Translated by T. D. C.

The latter class ~~drink~~ non-adulterated wine containing its proper alcohol (*ethylique*) combined with active principals, as tannin, which, ~~being~~ harmless, often corrects in certain limits its poisonous *action*.

In Scotland *alcoholism* causes grave results, particularly among those who *are not* content with ordinary whiskey; these use the highly *pernicious* residuum which comes from the distillation and *refining* of the same.

It is a conceded *fact* that the varying effects of alcoholism are due to the *kind of* alcohol absorbed into the system. M. Cros, in 1863, made known the injurious action of starch alcohol. In 1873, M. Rabuteau demonstrated that the alcohols are dangerous, as their atomic composition is more complex. M. Dujardin Beaumetr and Augigee arrived at analogous results by a comparative study of the alcohols, ethylique, prophylique, butylique, and amylique; they noted that the toxical phenomena provoked by alcohol differed *not* in nature, but in degree of intensity as the proportions of carbon and hydrogen were augmented.* It was proven that the alcohol amylique is almost four times more poisonous than the ethylique; but this law does not apply exactly to all the alcohols, the difference seeming to depend on its insolubility in the ordinary temperatures, or on the forms of administration, by stomach or hyperdermically.

Outside of alcohol there are many substances which enter into the composition of liquors used on the table that are especially poisonous. Absinthe in particular, in small doses, causes giddiness and muscular tremor; in large doses, attacks of epilepsia and delirium. We have learned the real cause of premature delirium in drinkers of absinthe, and are able to direct its treatment. M. Prevost, in his work upon

* The poisonous dose for ~~dogs~~ is per kilogramme of weight of body for these different alcohols, 7 gr. ∞; 4 gr. 32; 2 gr. 15; 2 gr. 02.

"Alcoholic Delirium," mentions a peculiar phase of the disease attended with hallucinations which resemble alcoholism, although coming from different causes.

He asserts that alcohol prepares the ground for delirium, but absinthe brings it to life promptly in man, but with less rapidity in animals. Upon a dog the results produced were hallucinations accompanied with fear, anger, and cries of agitation.

Small doses provoke muscular tremblings, with vertigo; these increase, and complete intoxication, often ending in epileptic attacks, results. Epilepsy, or the tremulous condition called *delirium tremens*, are not the highest expressions of disease in the inebriate; they are irregularities of another order which superadd themselves to the other phenomena. These epileptic symptoms sometimes surprise the patient at the onset of the disease, again at its decline, quite as frequently in the middle of his attack, but always the trembling remains the same as at first.

In *alcoholic* delirium the trembling diminishes if the attack is on the decline, or increases if it is commencing. By experiments upon animals it has been found that epileptic attacks can be produced without trembling, sometimes without the least premonitory symptoms, and further, that neither alcohol nor any of its series have the property of producing epilepsy by prolonged usage.

In all attacks of epilepsy following the abuse of alcohol, *we must be assured* that the person attacked had no epileptic fits previous to the excess, was not predisposed to this disease, and that the alcohol may be the only exciting cause.

In epilepsy, following the use of absinthe, the attacks terminate with the cessation of the drug. They are rarely ever fatal, and always separated by intervals of many hours or weeks. If they follow at intervals of a few moments, the

patient goes into a comatose condition, and dies in a few days.

The use of alcohol is followed by convulsions, but these do not appear as epilepsy; they are evidences of poison, analogous to those which are seen in the general paralytic, arising from profound injuries produced on the nerve centers.

Another fact of prime importance is, to know what is meant by *delirium tremens*.

Is it a delirium following recent excesses in drinking?

Is it the alcoholic delirium, with fever, which comes on in the course of alcoholism?

Is this delirium of alcoholics associated with intercurrent affections and transmitted?

These varying conditions, connected with acute phases of chronic alcoholism, should not be clinically confounded; often the two forms of alcoholism are difficult to diagnose, viz., the acute simple (or apyretique), and febrile or grave. It is important to be able to prognosticate these with approximate certainty. As an example, take a case of alcoholism with hallucinations, multiplied and very active, excessive trembling, great agitation, cries and fears of violence, resulting from illusionary perceptions and hallucinations, injection of the eyes, alteration of the traits of the face, profuse perspiration, frequent and rapid pulse. These may be more than usually violent, yet recovery is often rapid. Again, in another case, where all the indications are less alarming, death not infrequently follows. In these two cases alcoholic poisoning presents similar characteristics, such as hallucinations that are painful, unsteady, and revolving upon the daily occupations or the dominant thoughts of the hour. In some cases the delirium is so violent as to overshadow the other and more dangerous evidences of the alcoholic condition of the patient. For this and other reasons, errors of diagnosis

and prognosis are common; we must go beyond the agitation and intellectual phenomena that appear on the surface. One of the most important signs of great danger is the feverish element; of this we can learn with much certainty by means of the thermometer.

Every patient attacked with acute alcoholism, without complications pectoral or abdominal, or other intercurrent affections, has more or less fever; the temperature taken at the rectum may vibrate at about thirty-nine degrees, but will often rise to forty and forty-one degrees in grave cases; this would constitute an unfavorable prognosis. After a rapid elevation from thirty-nine to forty degrees in twenty-four hours, and a later falling back to thirty-nine, the prognosis is generally favorable. . . .

The pulse does not follow the march of the temperature, and cannot be relied upon to furnish exact information.

The symptoms presented by fever are not the only guides indicating the condition of the case. The *kind of agitation*, and the *intensity of the attacks, with their duration*, are of significant value. An alcoholic presents an enormous trembling of arms, legs, or face. If this trembling does not continue, if it does not extend to all the muscles of his body, we can assure ourselves that it will pass away without leaving disagreeable traces of its presence. But if the trembling extends to all the muscles of the body, and is accompanied with shaking, shuddering, and muscular undulations, which persist after sleep; if these continue through the second or third day, nervous prostration to complete failure of nervous force will follow. These symptoms indicate intense irritation about the nervous centers, particularly the *axes rachidien*; this, frequent autopsies abundantly confirm. These two signs, viz., the fever and character of the trembling, are of great importance, and are often unperceived.

The skin, covered with perspiration, permits to the touch only an incomplete appreciation of the temperature, thus making recourse to the thermometer absolutely necessary. On the other hand, the slight tremblings and muscular tremor are not clearly perceptible in the face; only *by applying the hands upon the body* can we recognize the disordered activity of the exhausted muscular forces. Ordinarily these two conditions, fever and trembling, exist in all cases *together*. Fever does not depend on the trembling, nor is it a consequence of it; it has often an independent existence, and may be very violent when the trembling and spasmodic action are imperceptible. Such cases are followed by great muscular feebleness. Not infrequently the patient walks about without any increase of trembling the second or third day of the attack, although his motions may be wavering and uncertain. This incomplete paralysis is more marked in the lower extremities, and is clearly explained in the hyperæmia and hemorrhages revealed by autopsies, in addition to the special action of the poison upon the spinal cord, producing or making more active other causes.

Fever, trembling, muscular feebleness are the essential elements which separate *delirium tremens* febrile (or apyritique), from *delirium tremens* associated with intercurrent and transmitted affections.

Febrile *delirium tremens* almost always follows recent and numerous excesses in drinking, while *delirium tremens* associated with intercurrent affections appear in cases of chronic alcoholism—not following any particular excess or illness. In febrile *delirium tremens* fever is an essential element depending only upon itself; in other forms fever may come from pneumonia, erysipelas, pericarditis, or transmitted affections. In both of these forms of *delirium tremens* there is chronic intoxication present, in one case the gravity of the

case depending upon the intensity of the acute attack, in the other upon the presence of some superadded affections. In the pathological union between an intercurrent affection and alcoholism, the phenomena present may vary greatly in degree of intensity. Sometimes it reveals itself in nocturnal hallucinations, with nightmare or with troubles of motion, such as tremblings of the hands, legs, and of the face, *not* accompanied by that peculiar shaking of all the muscles of the body so strongly marked in febrile *delirium tremens*. In this latter form the violent irritations of the nervous centers are evidence of hyperæmia or hemorrhages, but the autopsies indicate little that is positive, even in advanced stages of alcoholism.

In the other form of *delirium tremens* the lesions are more apparent outside of the alterations following intercurrent affections. The different characters of these two forms of *delirium tremens* are usually separated by distinct lines of demarcation. As alcoholic intoxication progresses it leads to insanity, to partial, and sometimes to general, paralysis.

Is this a new disease, a complication, or is it one of the modes of evolution of chronic alcoholism? Under the influence of alcohol a double process is developed: this is demonstrated by physiological experiments and researches in pathological anatomy, the entire organism, struck with petty degeneration, suffers profound modification. A condition of *steatose*, with a tendency to chronic diffuse irritation, is the characteristic of chronic alcoholism; or a double condition of *schlerose* and *steatose*, depending upon the prominence of one or the other of these injuries or morbid processes in the nerve centers; we find in the chronic alcoholic a tendency toward insanity *steatose* and *atheroma*, or toward general paralysis (*schlerose in stertelle diffuse*). These alternations are presented with the same characteristics in the muscles,

the glands, and particularly in the liver, where fatty degeneration is marked.*

The diffuse interstitial encephalite degeneration or general paralysis is the result of the regular evolution of any one of the pathological processes of alcoholism; it is not an inter-current complication, but a mode of termination of alcohol. In an examination of some of the intellectual symptoms, we shall more readily understand their complex variations.

The prolonged abuse of alcohol, after the phenomena of drunkenness and the period of irritability and unrest has passed, leads to a marked delirium. This is the result of some peculiar property in spirituous liquors, which seems to act on the perceptive centers, creating sensations always painful, and so vivid as to become sources of torture.

These hallucinations vary without end, but often reflect the daily avocations, or the predominant emotions of the moment, with a singular leaning toward that which is most disagreeable.

Another characteristic of these illusive sensations is their mobility; men, animals, and things, everything that enters into or makes up the hallucination, comes and goes like the figures in a panorama. These sensations follow each other with exceeding rapidity, often made manifest by fear, anxiety, unrest, aggression, suppliance, or emotions entirely opposite.

Through the sensation of sight, unclean animals, thieves, assassins pass before him and act in the most harrowing manner: his wife is outraged, his children massacred, he is in the midst of flames, or soon to go to the scaffold.

Through the hearing, he is positive of receiving insults, threats, accusations against his honor, his morality, or he hears firing of guns, groans, deep sighs, cries, the click of

* See Lacereaux's article on "Alcoholism."—*Encyclopédie des Sciences Médical.*

arms, or the step of the assassin who is constantly seeking his destruction.

Through the smell, the most disagreeable odors afflict him—odors that suffocate and produce fear of death. By the touch, he believes himself subjected to the most frightful punishment; he feels the blade of a knife penetrate his flesh, or a serpent appears, which glides over his body and winds itself about him,—again, insects and worms crawl over him, millions of flies enter his mouth, nostrils, and eyes; he is on the verge of precipices, or drowning, or falling upon a terrible death.

Under the influence of these hallucinations the unhappy patient acts in a variable manner; he is excited, defends himself, menaces, strikes, or else remains quiet, overwhelmed and startled, or sinks into melancholy and stupor.

These phenomena seem to follow in successive gradations, passing from simple functional troubles to the illusive, and from that to confused hallucinations, which multiply, becoming positive and distinct, as though they existed in reality.

In a measure, as the improvement begins, the symptoms disappear gradually, after an order analogous to that in which they presented themselves; the positive hallucinations become confused, then become illusions, and these in turn are followed by simple functional disorders.

This is the common evolution of hallucinatory phenomena in alcoholism; exceptionally they reach the height at once, as in the cases of absinthe drinkers. It is usually in the night that these troubles show themselves, and often it may be difficult to decide the mode of evolution by reason of the confused memory of the patients and their inability to indicate with certainty their order of approach and disappearance.

The hallucinations at first continue day and night; commence to disappear during the day, but reappear during the

night with the same intensity, becoming less active later, particularly just before going to sleep; after this certain waves follow, coming on for a few moments when the patient awakens. As these wear away, simple dreams and an appreciation of the false sensorial perception comes on, and these soon cease altogether. To sum up—at first, hallucinations day and night; afterwards, only in the night; later, confused hallucinations, illusions at the moment of going to sleep, during the night awaking with nightmares and dreams, which grow less frequent and vivid until health is restored.

When the alcoholic delirium is recognized, how is it associated in mental diseases?

In a general way we shall find that in the combinations which it offers, the alcohol acts sometimes as a simple excitant, and renders more apparent the symptoms of the first affection without modifying them; at other times the toxic agent strikes the organism more profoundly, imposing a special delirium, which grafts itself upon the preëxisting cerebral trouble, influencing it in a different direction.

We have seen the powerful *rôle* of alcohol in the development of general paralysis *which it of itself produces*; in other cases its influence is felt in the general paralytic through diverse causes. These, by the particular character of the delirium, are not only pushed to drink, but solicit and seek the occasion,—this can be seen by all who watch the degrees of acute alcoholism.

Sometimes alcohol, taken in small quantities, excites and stimulates that diseased activity always so prompt to show itself in the paralytic; at other times, passing that limit beyond the excitement, it provokes illusions and hallucinations; finally, in a higher degree, it creates an excessive alcoholic delirium, masking the physical and intellectual symptoms of general paralysis, and renders impossible all

exact appreciation of the intellectual level, creating illusive ideas which appear so prominent as to cover all other manifestations.

Sometimes the alcoholic trembling conceals all the phenomena of paralysis, and in some cases, while the quivering seizes the muscles of the face, the hesitation of speech loses its particular character. In such conditions the patient is at the first period of paralysis, where the symptoms of the encephalite instertitelle diffuse are not very decided; he shows himself as a simple alcoholic where the diagnosis is more difficult, but little by little the hallucinations and delirium which accompany them diminish and disappear, the toxic trembling grows less until ceasing altogether—then one by one the signs of general paralysis appear.

Sometimes toxic delirium remains in a slight degree after the disappearance of the acute forms, neither is it rare to observe during many succeeding months hallucinations and ideas of persecutions joining ambitious conceptions or habitual hypochondria.

In senile insanity alcoholism exercises an analogous influence: alcohol in sufficient doses provokes its special insanity. The combination of alcoholism with senile insanity is less frequent only with the general paralytic, but is not rare, as is proven in numerous cases which come to the asylum of the senile insane suffering from an excess of alcoholic delirium, or of agitation following the abuse of drinks. Here the toxic phenomena disappear so rapidly as to leave the habitual symptoms of senile insanity and in many cases hallucinations with ideas of persecutions, which may continue many months. Alcoholism is frequently combined with imbecility, and all the degrees of intoxication can be seen in the imbecile. In these subjects, originally degraded, the action of alcohol is much more powerful; their drunkenness is frequently accom-

panied with violent anger, sometimes with great fury, and insanity follows any great excess more rapidly than in other cases.

Imbeciles who become paralytics are most frequently drunkards—and it is not rare to find developed in imbeciles strange impulses from the abuse of alcohol: in two incendiary imbeciles under my care, the act was committed after the use of brandy.

The epileptic more than the imbecile suffers from the influence of alcohol, although there are exceptional cases; the greater number fall lower from drunkenness, and in a large majority of cases the abuse of drinking is the exciting cause, awakening a latent tendency which otherwise would have remained dormant a long time. Alcoholic epilepsy is a most dangerous malady, because it joins to the morbid impulses those which spring from intoxication. It is a curious clinical fact, that in the alcoholic epileptic there may exist two species of delirium in the same subject: the one following the epileptic attack of which the patient has no knowledge—no remembrance; while in the other the patient recalls perfectly all the hallucinations and ideas of persecution, and passes in review all the phases of his delirium. The two attacks of delirium have sometimes the same character, as, for instance, a man, aged thirty-five, an alcoholic epileptic, after a convulsive attack, imagines himself pursued by some one who would assassinate him—he cries, protects himself, and suddenly rushes upon his domestic, whom he tries to strangle; an hour later, becoming more calm, he retains not the slightest remembrance of the scene of violence. Toward evening he hears threats of violence, abuse, he sees animals and incendiaries, is very much excited, and passes the night in fear and lamentation, at times being irritated and menacing. The next morning he recounts with great detail all that has passed

during the night, but the aggression upon his servant is entirely forgotten.

Sometimes, when at its height, the character of the delirium differs; as an example: a soldier, aged forty, an alcoholic epileptic, after an attack which happened in the street, believed himself a great person, imagined that the people bowed down before him, gave orders, demanded an equipage. He was arrested in the midst of his ambitious conceptions.

After reaching hospital St. Anne, he was for several days possessed of painful hallucinations; he saw cats, rats, and heard threats, believed himself pursued by thieves, etc. He had a clear remembrance of his delirium at the hospital, but could not recall that which had occurred prior to his arrest, and was surprised and incredulous when told of his ambitious ideas. We see, then, in the same subject, two states, very different, with distinct manifestations concerning their particular character, and advancing simultaneously. It would be an error to suppose they did not exercise any influence over each other; on the contrary, the existence of one nervous disease renders more vigorous the action of the poison, and also makes more violent the delirium which follows the attack. The epileptic from absinthe has similar blind paroxysms of delirium, of which he remembers nothing. These facts are well known, of great importance in a medico-legal point of view.

Alcoholism seems to aggravate certain mental forms of partial delirium, particularly the delirium of persecution, in which usually exist ideas of a painful nature. In most cases, the difference between persistent delirium and that of intoxication is apparent; the partially delirious patient, subject to the prolonged action of spirituous liquors, changes rapidly, becomes a prey to hallucinations of all the senses, and

these symptoms do not amend or disappear except on the return of sobriety.

Often patients are brought to the hospital from alcohol accidents, who have unexpectedly developed an active delirium following great excitement and agitation. Alcoholism complicates habitually dipsomaniacs; before drinking he is in a condition analogous to melancholly; is sad, sleeps badly, is restless, constantly seeks to gratify his appetite, experiences pre-cordial anxiety—in other words, is an ordinary lunatic. At first, when the attacks of dipsomania are separated by long intervals, the drunkenness which accompanies it, leaves little or no trace of its passage; later, when they are more frequent, and the alcohol works continuously, the hallucinations and delirium develop in their turn. On other mental maladies, alcohol acts as an excitant, imprinting its special form of delirium so well, that dipsomania presents itself with alcoholic delirium, and it is only after the disappearance of the acute accidents that we find again the principal malady of dipsomania.

In alcoholics that are morbidly predisposed, the access of alcoholic delirium undergoes peculiar transformations, prolonging themselves indefinitely. We find following the acute conditions, in consecutive order, painful conceptions coming from hallucinations, multiplied, variable, sometimes changing the form of delirium.

In some instances, persons assert that they are deceived by their wives, construing in that sense all that is done about them; others seem to be the objects of persecution, and hear themselves accused of obscene acts. In one case the patient remained many months the prey of the hallucination of hearing voices calling him a "sodomist." Added to this he had troubles of general sensibility, with hypochondriac ideas, and fears of being poisoned. This delirium has a melan-

cholic form, circumscribed in some cases, leaving, as in the partial delirious, a certain liberty of spirit to those who, passing readily from painful conceptions to acts, furnish numerous examples of suicides and homicides.

We stop here; the field of alcoholism is so vast, the questions which come up for solution so numerous, that it is impossible to discuss them within the limited time allowed us. To limit our inquiries, we have reduced our discussion to the following summary, all of which may be said to be well-ascertained facts, mutually supporting each other:

1. Alcoholism presents different characteristics, following the nature of the liquor used.
2. Alcohol by itself does not produce epilepsy; when it appears in a patient who is drinking, it depends upon other causes, or predisposition of the subject to epilepsy. The epileptic attacks of chronic alcoholism are not caused by the spirits taken, but by some organic weakness already produced in the nervous system.
3. From many obscure symptoms we can distinguish three forms of *delirium tremens*. The first, symptomatic of transmission, or intercurrent affections. The second, spontaneous, apyretique, and benign. The third, spontaneous, febrile, and grave.
4. Alcoholism may lead directly to general paralysis, certain terminal lessions of chronic alcoholism not differing from general paralysis.
5. The alcoholic disease is distinct from all others. It often complicates other maladies, hastens their development, or masks their approach. Finally, it is the point from which partial or complete insanity sooner or later follows.

INEBRIATE ASYLUMS.

THE PRINCIPLES THAT SHOULD GOVERN US IN THE TREATMENT OF INEBRIATES, AND THE INSTITUTIONS NEEDED TO AID IN THEIR RESTORATION.*

BY N. S. DAVIS, M.D., CHICAGO.

To enable us to appreciate fully either the principles that should govern in the treatment of inebriates, or the kind of institutions needed to aid in such work, we must have a clear and definite knowledge of what constitutes inebriety and its tendencies. And just here is where we encounter one of the greatest difficulties in our work. All the opposition we have encountered from moralists and Christians, and most of the controversies that have sprung up concerning the treatment of inebriates, and the value of inebriate asylums, have arisen from the confounding of causes and effects. In other words, the habit of drinking or using intoxicants have both been included in the single words drunkenness, inebriety, dipsomania, etc. To the moralist, either of these words, and more especially either of the first two, convey the idea of a voluntary act of the will in drinking to intoxication, and hence he very properly regards the inebriety as a vice, an act of moral turpitude, for which the inebriate must be held morally responsible. To the physician, the same words convey rather the idea of a morbid condition of physical organs induced by a material agent acting upon them.

* Read before the "American Association for the Cure of Inebriates," Chicago, Sept. 12, 1877.

The former calls inebriety a vice, the latter a disease; and hence the controversy between them. Yet both are correct so far as regards the leading idea in their minds, and both incorrect in so far as they use the same words to convey different ideas.

That the voluntary act of taking intoxicants sufficient to induce inebriety or intoxication is a vice for which the individual is morally responsible, probably none will deny. That the condition of the brain, nerves, and blood, which constitutes inebriety or intoxication, is a morbid or diseased condition of those parts is equally plain. Alcohol and opium are physical agents. When taken into the human system they are capable of so modifying the condition of the brain and nerves as to pervert their functions, constituting plainly a diseased condition. The habit of using intoxicants voluntarily and with a knowledge of their effects is certainly a vice which is to be corrected by mental and moral influences. The effects of such intoxicants on the human system, just as certainly constitute a diseased condition of the various organs and structures, which is to be removed by treatment on the same principles as we treat other manifest diseases of our physical organization. If we limit the word *INEBRIETY* to a designation of the latter, we leave no room for controversy in regard to the question of disease. If we allow it to include the former, we embrace under one name things essentially different, and at once open the way for misunderstandings and controversy. Another fruitful source of error consists in the confounding of a predisposition to a disease with the disease itself; as when we say such and such cases of inebriety are hereditary; that such a man was born an inebriate, etc.

This again startles the moralist with the idea that if a man is born a drunkard he cannot be held responsible for

his vice, and the same old controversy returns upon us. It has seemed to me, we would avoid all such misunderstandings and make much better progress in the enlightenment of the public as to the nature, consequences, and responsibilities involved in the cause of intemperance, if we were more careful to use only such words and phrases as convey our ideas accurately. I presume no one in speaking or writing of hereditary inebriety means actual inebriety at birth or during the period of early childhood; but simply that the child was born with certain weaknesses or susceptibilities which made it more easily contract the habit of using intoxicants, and more readily succumb to their influence during the progress of life. Hence, instead of saying he was "born an inebriate," or that the case was one of "hereditary inebriety," we would express the truth much more accurately by saying that he was born with a PREDISPOSITION to inebriety; or the case was one influenced by HEREDITARY PREDISPOSITION. My own observations through a period of forty years, on a field not very limited, have induced me to believe that even the hereditary predisposition to inebriety has been greatly over-estimated. The statistics on the subject have all rested on only a partial observation of the facts involved.

Whenever an inebriate was found to have had intemperate parents or grandparents, he has been placed in the hereditary list. And when it was found that a larger proportion of the children of the intemperate became addicted to the same habit than of the children of the temperate, it was regarded as conclusive proof that the disposition to use intoxicants was transmitted hereditarily. It requires but little observation, however, to show a very important source of error in these conclusions. The fact that children of intemperate parents are generally in direct contact with, and are taught to use

these drinks even from their infancy, having thereby an opportunity to acquire a taste or love for them long before they arrive at maturity, is overlooked. And yet if we note the difference between the circumstances favoring the formation of an acquired habit and taste for intoxicants among the children of intemperate parents, compared with those surrounding the children of the temperate, we will find ample reasons for the difference in the results without even a recognition of hereditary predisposition.

Another mischievous fallacy is taught by some scientists, and eagerly adopted by many magazine writers, in the assertion that a taste or longing for some kind of stimulating or intoxicating agent is an inherent or instinctive quality of our nature; and consequently its gratification is a legitimate compliance with the designs of the Creator. The only proof ever adduced for such doctrine, is the assertion that all nations and tribes have sought out and adopted the use of some article of this class. Now, if we analyze the facts involved in a careful investigation of this subject, we will find it readily resolved into this—that man was created with a susceptibility to feelings of anxiety, pain, sorrow, weariness, weakness, heat, cold, etc., and an intelligent desire to be relieved from all such unpleasant feelings.

This desire for relief prompts the intellect to seek means for affording such relief.

Neither the feelings themselves nor the desire for relief suggest any particular remedy or class of remedies. They inherently or intuitively suggest no more idea of a glass of whiskey than of a glass of milk; no more thought of a mug of beer than of a basket of beans. But if by accident or design they happen to use anything that affords relief, then they will be likely, not only to use it again themselves, but will recommend it to others. Thus the article used, whether

alcohol, milk, tea, water, opium, cannabis Indicus, is altogether a matter of experience or information.

Without pursuing these thoughts further, I may sum up the whole in the following brief propositions :

First. That the use of alcohol and all other anæsthetic and intoxicating agents is founded primarily on simple experience, and not on any innate or natural instinct belonging to the human race ; the only instinct involved in the matter being a desire for relief from unpleasant impressions, or the enjoyment of pleasant ones.

Second. The voluntary use of alcohol or other intoxicants is primarily a mere act of the will under the influence of motives, for which the individual is morally responsible just in proportion to his knowledge of the consequences of his act, and the character of the motives governing him.

Third. As alcohol and other intoxicants are physical agents, incapable of undergoing digestion and assimilation when taken into the living system, they alter the properties and functions of some one or all of the physical structures and organs of the body from their natural condition. In other words, they produce an unnatural, morbid, or diseased condition. At first such morbid conditions are temporary, but by frequent and long-continued repetitions they may become permanent, constituting important and extensive changes both of function and structure, which no mere exercise of the WILL can control.

Fourth, When the physical changes indicated in the preceding paragraph have become well-established in the inebriate, both analogy and observed facts point to the conclusion that children born of such parents will be more liable to have weak or defective physical and mental organizations, predisposing them to yield more readily to all morbid influences. If such children in the progress of life become in

any degree exposed to the influences of alcohol, they yield more readily to its evil effects, as they do to the evil effects of any other injurious agents. In this sense, and this only, do we regard alcohol as capable of perpetuating a hereditary influence towards inebriety.

If these views concerning the causes, nature, and tendencies of inebriety are correct, the principles that should govern in its management are easily deduced, and may be expressed in few words, as follows :

First. To remove the inebriate from the further direct action of the cause ; that is, to separate him from the further direct use of alcohol or whatever intoxicant he is accustomed to use.

Second. To subject him to such intellectual and moral influences as will fully enlighten his mind in regard to the effects of alcohol on the human system, and arouse his moral faculties and conscience to a more active appreciation of his duties and responsibilities towards himself, his fellow-men, and his God.

Third. To secure for him such hygienic and medical treatment as the morbid condition of his mental and physical system may need.

The whole class of drinkers or users of intoxicating agents may be divided into three groups or subdivisions, viz. : moderate drinkers, or those who do not use enough to produce intoxication, and consequently are not classed as inebriates.

These only require a faithful application of the means indicated in our second proposition, viz., intellectual and moral enlightenment.

The second group embraces all those who have actually become so far addicted to the use of intoxicants as to become more or less frequently intoxicated, but yet are capable of exercising much self-control, and are susceptible of a strong

and honest desire to be free from their vicious habit. These need, at least, temporary separation from their accustomed drinks and comrades, under such circumstances as will give them the full benefit of intellectual and moral enlightenment, with such moderate hygienic and medical treatment as will aid in removing most effectually whatever morbid effects may have been induced in their physical systems.

The third group or division embraces the whole number of those who have become confirmed drunkards, substantially incapable of self-control, and unsafe as members of families or communities, and substantially disqualified for discharging the duties of good citizens. In these the morbid effects of the long-continued use of intoxicants on the structures and functions of the individual are such that nothing less than a protracted isolation, accompanied by a faithful and persistent application of all the principles of management above enumerated, will afford any fair prospect of recovery.

In rendering the foregoing views available in practical application, it is evident that we need two classes of institutions or asylums for our end; that are specially adapted to the accommodation of those belonging to our second group of cases. These institutions should be furnished with pleasant and comfortable accommodations, and all the means for intellectual, moral, social, and medical treatment, all to be administered in the spirit of genuine kindness and sympathy. Admission to, and stay in these, should be entirely voluntary on the part of the patient and his friends, subject to such rules as are necessary to insure proper order and discipline on the part of all inmates.

The asylums and homes already established afford very good examples of this class.

The second class of institutions should be specially adapted to the wants of those we have included in the third

group of drinkers—the chronic or persistent inebriates. These should be established and maintained under State or municipal authority; and, in addition to the means of intellectual, moral, social, and medical treatment belonging to the first class of institutions named, these should have regular systematic and useful work provided for all the inmates. Admission to these should be through legal process, with legal authority to detain for a sufficient length of time to admit of thorough renovation and recovery. Our whole system of police management of drunkenness should be changed. Instead of repeated arrests, petty fines, and thirty, sixty, or ninety-day sentences to bridewells or prisons, in direct contact with other criminals, which all past experience has shown only aggravates the evil, the law should provide for having complaints against all of this class lodged with the judge of the county, or other court of record, and such judge should be authorized, on the certificate or testimony of two competent and well-known physicians, to commit the party to an asylum such as we have indicated, for a term not less than one nor more than five years, unless sooner discharged for good conduct and full recovery by the superintendent in charge of the institution. Under such a system of management this class of institutions could be made very nearly or quite self-supporting, and a very large proportion of those brought under their influence permanently restored to health and good citizenship. Such a system would place the legal relations and personal liberty of the confirmed inebriate on the same level with the insane, with institutions specially adapted to effect his reformation and at the same time protect their friends, families, and the whole community from the depredations and crimes so constantly being committed by the class to which he belongs.

I might fill a volume in giving the details of managing

the two classes of institutions here described, and the benefits direct and indirect to flow from them, but I have neither the time nor the inclination to do so at present. I have only aimed to give you in the most concise and plain manner possible the conclusions of a long life of observation and study concerning this whole subject.

REMEDIES USED IN INEBRIETY.

In many cases of inebriety, attended by severe insomnia, bromide of sodium is found to have excellent effect. From thirty to sixty grains are given in syrup of zingerber, or with some bitter tonic, of which columbo is a favorite, every two or three hours. Where cerebral symptoms are prominent, with a tendency to mania or delusions, hydrate of chloral works well. When the physical system is much exhausted and in condition of great irritability, chloral is often a stimulant and counter—indicated by an increase of all the symptoms. Lupuline and valerian are excellent sedatives at this time, and frequently lessen the irritable condition when all other remedies fail. The tinctures are not always available, because of the alcohol they contain, which not unfrequently produces the very symptoms necessary to combat. Watery infusions are far more safe and reliable in this condition.

THE CURABILITY OF INEBRIETY.*

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IT will be found on close examination that most cases of inebriety are the result of social habits, rather than inherited or predisposed desire for the use of stimulants. There seems to be in man a natural desire for cerebral stimulation; and while this is indulged by the use of any artificial agent, there is always danger of excess, which produces inebriety or drunkenness.

Mankind has not yet arrived at a point where he will choose, or make a wise choice in articles of diet. Man has not yet learned that simplicity of diet is in harmony with Nature's laws, and that the Creator did not intend that man should use anything in nature to produce intoxication; and, as far as we know, the history of our race, wherever man has used intoxicants to excess, a curse has followed. The result has been demoralization of mental forces and vitiated body.

There can be no doubt that the use of exhilarants, such as tea, coffee, cocoa, and kindred drinks, are in harmony with Nature's laws, and nearly all of the human race use them for the pleasant and mild exhilaration which they afford.

No doubt that wine—the natural product of the vine—was intended as food for its exhilarating, cheering qualities, and not as an intoxicant. We find man in every country of

* Read before the American Association for the Cure of Inebriates, September 12, 1877.

the globe expressing juices from various plants for the purpose of giving a variety of taste to his drink. If we turn to the works of the most remote antiquity we find that in the earliest periods of society, in the days of primitive innocence and patriarchal simplicity, the art of making fermented liquors was known and practised. Among the infinite ramifications into which the human family is divided, we do not meet with any tribe so barbarous or so insulated from commerce with the rest of mankind, as to be unacquainted with some mode of giving variety to their ordinary drink, and no one can doubt that fermented and other liquors are universally diffused through the mass of people.

It is urged by modern philanthropy that reason must control the appetite; that true temperance consists in a moderate use of all good things, and a total abandonment of hurtful things. But in dealing with this subject in a practical way, we meet with serious difficulties. We find that what may be useful to one man is injurious to another. Like the noxious plant, when eaten it may be food for one species of animals, while it is a deadly poison to another.

One man will drink wine and spirits with a self-assurance that he is benefited by their use. He never exceeds the bounds of moderation; is a man respected by the community, a model in business circles; and is regarded as a model Christian. His neighbor, who started in life with as fair prospect of success, also drank, and, for several years, kept within the bounds of moderation and physiological law; but at last he becomes a drunkard. He becomes bankrupt in property, morals, and health. He is completely at the mercy of morbid desires, and has no power to lift himself out of his horrible condition.

The latter condition is pathological, while the former is

physiological. One is diseased, while the other enjoys a condition of health.

Now, this point of difference is where I propose to start from in dealing with this matter. It cannot be expected that all the ground can be covered in this paper. Should I attempt this, I should far exceed the reasonable limits to which I am properly confined.

In making a general statement, we say that excess was the cause of his drunkenness, which is true; but no one can tell where moderation left off, and excess commenced, any more than we can tell the exact point where boyhood ceased and manhood began.

Both men had a mind to do right. The man who failed had a purpose as high and honorable as his neighbor. He attended the same church, worshiped at the same altar, and their feet trod the same halls of learning. Their purpose for success and honorable living was the same.

I now come to the following propositions regarding these two cases:

1st. In the case of the intemperate, there was an organic condition of nerve matter, which, by the moderate use of alcohol, produced molecular changes, which at last became chronic. The appetite for healthy food was lost, the system was not well nourished, and excess in the use of alcohol was the only thought, dreamed of at night, and cherished by day. His only object now in life is to gratify his morbid desires. This fierce craving, which will leap forth like the flames of a conflagration, demanding more food for destruction, and continue until he himself is reduced to ashes, unless he is rescued by some power stronger than his own, and placed out of danger by remedial means.

2d. The man who has not fallen continues drinking in

moderation, and is loud in his condemnation of his friend who has allowed himself to become a drunkard.

3d. It is a well-known fact that alcohol has a powerful affinity for water, as can be observed by a very simple experiment. Take, for instance, the spirits of camphor, pour water into the same, and at once the alcohol will throw down the camphor, and affiliate with the water.

May it not be true, that when alcohol is taken into the system, it will at once affiliate with the fluids of the system, and cause a change which will lead to a pathological condition of chronic alcoholism? But why not this same condition in both men? Physiological chemistry is no respecter of persons, and the action must be the same in both bodies. The answer to this is, that the eliminating forces in the one case are much greater than in the other. One did not fall because he was a worse man than the other. The difference between them was a physical condition, moral nature having had nothing to do with it. It may be, and often is the case, that the man who falls is far superior in moral culture to the man who does not fall; therefore we come to no other conclusion than the following:

1st. The condition of the drunkard is one of disease, and,

2d. That it is curable, and is as often cured by proper treatment as other diseases.

I have recently issued a circular directed to a large number of this class of patients, who, during the last twenty years, have been under my care, and have been cured of this malady, containing among others the following questions "The number of years intemperate previous to treatment?" "How long under treatment?" "Length of time since discharged?" To the question, "Have you now or since treatment an appetite for intoxicating drinks?" a majority

of cases inform me that they have the same desire, but since treatment are enabled to control themselves. Some of them say, "Since I have learned how to keep sober I have lived a new life." One man writes as follows: "The habit was formed by the social customs of my youth, fifty years ago. At that time I became a drunkard, and continued so until placed under your care nineteen years ago; since which time I have entirely abstained from the use of all intoxicants. I have passed through all the stages of inebriation, having had delirium tremens and convulsions several times. My life was wretched beyond description. I am convinced that with me the disease was hereditary. My parents, and relatives as far as I know, were intemperate. I now consider myself cured of inebriety through the agencies of the institution."

I have always considered this a marked case of inebriety, and I regard the cure as complete. Twenty years ago no one would have supposed that this man could ever have been cured. At that time he seemed like an imbecile; but now he is an intelligent and honored citizen.

In giving a brief account of this case, it may be well to remark that at first it presented symptoms of cerebral disturbance. He dared not go near the elevator in the store where he was employed. He dreaded to approach a stairway, and even when walking on the ground he had a constant fear of falling. After the nervous system was restored to its normal condition his health returned, and he has been for eighteen years a well man. For years he wished to abandon the habit of intoxication, but he dared not. The moment the effects of stimulants had passed off, fears of an indescribable character would return, and at such times he would do anything to obtain a new supply. As he has often

informed me, he would murder his best friend, if necessary, for the satisfaction of this mental craving.

Here was a case of disease ; a pathological condition, and but for asylum treatment would probably soon have died.

I have the statement of another case that, on admission, was similar to the above.

In a somewhat lengthy letter to me, he writes as follows in relation to himself:

"I left the institution June 30, 1876; had been under treatment since March 10 of the same year. Previous to entering the institution I had been addicted to the use of intoxicants to a greater or less extent for over eighteen years. I have reason to believe, that in my case the tendency, predisposition, appetite, or whatever name should be properly applied to a case of intoxication, was hereditary, although I willingly accept the whole measure of responsibility in becoming a victim of the habit. Indeed, it strikes me as idle work to attempt to fix the responsibility for the habit. In my case, the name of the predisposing cause was —*Liquor*. A sickly, delicate infant, I had a drunken wet nurse, and was reared on mint julep. A slight, weakly boy, I was intellectual in advance of my years, and was associated in school with boys my seniors in age, and superior in size and strength. Thus stimulated to extraordinary mental exertion, my feeble body was kept up to its work by stimulation, chiefly alcoholic, in some form or other. A mere lad when taken from school, I acquired the practical knowledge of my profession in the field, on public works in a malarious region, where whiskey and quinine were in as common use as bread and beef ; passing to active service in the army throughout the war, the reaction of a monotonous round of garrison duties for several years subsequent to the close of the war, afterwards busily engaged professionally and politi-

cally in the most abnormal condition of constantly exciting circumstances, 'keeping up steam' all the time, the wonder is, not that I fell into habits of dissipation, excess, constant stimulation, and continued drunkenness, but that I lived through it; and that at the 'end of the rope,' exhausted and enfeebled in body and mind, literally broken down in every sense of the word, I had strength left to try the treatment at your institution as a forlorn hope, a *dernier ressort* when there was nothing else apparently left to me, except to reform and start life afresh, or to 'curse God and die.

"This, I trust, although but a meager summary of facts and circumstances, will sufficiently embody my reply to the first four questions in your circular. To the fifth, ('Have you reason to believe that you owe your reformation or cure to the treatment, both moral and medical, which you received at the institution?') I answer, with the deepest sense of gratitude, that I do sincerely, devotedly, and without any reservation, attribute my recovery and restored health, my content in the present and hope in the future, to the treatment, moral and medical, which I received at the institution.

"To analyze the causes which have led to this state of body and mind, and awakened in me the firm and steadfast purpose of devoting the remainder of my life to principles and practice of total abstinence, would be as difficult as to enumerate and account for the causes and circumstances which brought me to the institution. Stimulants were withdrawn, and wholesome food substituted. By treatment, my nervous system was restored to a normal condition, and good health was established. The daily morning lectures were instructive and my mind was stimulated and gradually strengthened. Now I am enabled to resist all temptations to drink. The teaching and moral atmosphere of the institution is such as will lead men like myself to a better life. I

now realize the fact, that absolute total abstinence must be observed, and any agencies which will lead men to this practice are the true agents of cure."

I have given the case of this man in his own words.

I may not be able to give the exact type of the neurotic disease which he had acquired by the excessive use of alcohol from early boyhood, but I am satisfied that it was a well defined case of *dipsomania*. He was a thin, small man, with a clearly defined nervous temperament.

I will give the case of another man, in his own words, who was also of a nervous temperament, and liable to neurotic disease.

When he came under my care, there was great nervous degeneracy, caused, I have not the least doubt, entirely by the use of alcohol.

"Since first meeting you, a gradual advance has been made by me in knowledge of the true position of the periodical drinker, and with that has come consequent benefit. Let me say briefly, that previously to this era in my life, I had been in the habit since childhood of using intoxicating liquors, which habit gained such power that for twenty years I indulged, periodically, in the fearful excesses which mark the course of drinkers of this class,—no sentiment of affection strong enough to insure resistance, no sacrifice too great to act as a barrier. With this indulgence came always the physical suffering, the humiliation, and the thought that 'now I had done with the matter.' Mine was the only case of excessive drinking known in our kindred, but I may add that it had always been the custom at home to have at hand for family use and for guests, wines and liquors.

"It was not until the family circle had been broken, by death and separation, that I became subject to the force

which so long controlled me, and the departure from moderate to excessive drinking seemed abrupt.

"I had been with companions, drinking, for many evenings; after one of these convivial gatherings I essayed, as usual, to create tone and appetite by morning drink; took it; re-took it; continued during the morning to indulge; in the afternoon was unconscious and regardless; and from that time, over twenty years ago, I have never taken a glass of liquor that was not followed by excessive partakings, and all the sorrow and remorse that is implied in that.

"Why, then, did I take it? A natural query. The most truthful answer I can give is, because I did not then know how to refrain from taking it.

"The more important question, however, for solution is, how do I now keep from taking it? I answer, that I have been instructed by you, directly and indirectly, in the law. I have accepted the facts, and I have applied the remedy.

"Every thinking man will admit of the existence of great forces which are invisible: the wind, which bursts into a tornado and relentlessly sweeps on, its path marked only by death and destruction, is invisible; the odor of a sweet flower, recalling some happy day in the long past, is an unseen power; the flash across the brain, which dazzles reason and lights the way to the drinking stand, cannot be seen, and is, alas! hardly recognized as having an existence. The tingling of the nerves, which whisper in the plainest speech, 'Come and be relieved, drink and be joyous,' is a hidden power. The influence which quiets the will and stands guard till there is no choice left it but to act with the impetus given it by alcoholic stimulants, has no true recognition in general; yet all are real, and we behold their workings and their effects.

"Periodical drinking is not an uncontrollable appetite, so

called, but is rather produced by an unrecognized force. That is, unrecognized in its true character; wherein exists the great danger of the disease.

"It avails but little to battle with outgrowths on the surface, when a system of decay is left to waste the root. Hence the necessity of radical thought and thorough analyzation of the operations of the mind, which, given a groundwork of solid truth, rebuilds, expands, becomes healthy, clear, and vigorous.

"The dissemination of the truth rests with you; the ultimate responsibility with the individual.

"The records of your labors show how successfully you have educated patients out of disease.

"It is a mighty accomplishment to lead men from such darkness as we have known, to conquer upon a principle which does not interfere with individual liberty.

"With what marvellous freshness and force did the old truth that—for us—to drink at all is destruction, present itself to me in your institution. I thought I *knew* it before; but found that in all the previous years I had only *received it as a statement*.

"Loss of friends, money, and position had in their turn produced temporary effects, but the dawning of this as a great truth inspired a feeling of confidence that I had made a gain. As put, it produced deep thought, investigation, and strength.

"The associations of your establishment and your personal teachings were the corroborative evidences of the solidity of this position.

"Oft-repeated statements of men who had not accepted and fallen, and of those who had built upon it and stood, impressed it more deeply upon my mind. Intercourse with those who had placed themselves under your treatment,

confident that they could find the needed remedy, and had realized their brightest hopes, and with those in whom this confidence had to be awakened, but who had by degrees been led through this mental process necessary to an acceptance of the principle and its power when properly applied, gave testimony which could not fail to create a new determination.

“Sincere examination of the subject was the result of the first seed; then gradual development into a knowledge that here was a key to the solution of the great problem; that this point gained there could be a definite advance, and that it was possible to make the stand. Here was a foundation upon which to build. Instead of being swayed, or negative, when former feelings which led to destruction came, I had before me the incontrovertible fact, that positive, aggressive thought must be brought to bear, and that to hesitate was to fall.

“Discipline prepared me to meet with offensive weapons the insidious forces which had hitherto conquered; mental strength was gained by the exercise necessary, and capabilities which had lain dormant and forgotten for years, were brought to light.

“With the awakening of these faculties came added strength, and all are ever on the alert to aid in keeping me out of the depths.

“There are struggles, but there is also the knowledge which decides and conquers. The power to place, unequivocally, happiness—as the result of denial—on the one side, and misery—the consequence of indulgence—on the other; the ability to oppose treacherous thoughts and cravings as if they were material enemies, and to banish them.

“This is the result of the inspiration of your work. With

sincere desire on the part of the patient, there seems to me the most comforting probabilities under your system."

I have given the letters of these gentlemen in full, because they are similar in all respects.

They began the use of alcohol when young, and no doubt there was an early degeneration of nerve-matter, and lesions of other parts. They are now in fair condition of health, and performing the duties of life.

They have each learned in the same school the all-important lesson,—that they can never safely touch one drop of any liquors containing alcohol in any form or degree. Should they do so, there is no power on earth except actual imprisonment which will prevent them from going back to a state of drunkenness.

The condition will always remain. Time will never obliterate it.

Hence, the cure of inebriety consists in the administration of such remedies as will restore lost energy, remembering always that wholesome food is the most important remedial agent.

After alcohol has been taken into the system, it is as such at once eliminated, while there is a large residuum, especially when malt liquors have been used.

In those who drink excessively, and eat little or no healthy food, morbid secretions collect in the intestinal canal, which at once sets up a nervous condition, and which is oftentimes alarming, resulting in convulsions, asphyxia, extreme nervous prostration, and delirium. The latter condition generally indicates a favorable prognosis. The dangerous stage is usually passed when the delirium begins.

In the treatment of such cases, it is always well to see that the alimentary canal is well cleared from all noxious

matter, and I have always found *mit. chlo. hydrag* (*calomel*), in cathartic doses, an admirable agent for this purpose.

Before the days of chloral hydrate, delirium would continue from three to six days; but now I never allow this *vigilant watchfulness* to continue more than as many hours.

I combine with the chloral the bromide of potash; the amount of chloral must be determined by the condition of the patient.

When the action of the heart is feeble, it must be given with great caution.

I seldom find it necessary to administer alcohol at any stage of the disease. When this delirious condition approaches, man will usually voluntarily cease drinking alcoholic liquors. Abused nature comes in and bids the reckless drunkard to stop; and, although he has no will of his own to obey, there are bounds which he cannot pass. Hence, the common error, that delirium and other alarming symptoms are superinduced by the sudden abandonment of the habit is the reverse of the truth.

When we have raised the patient up from this deplorable state, then the real treatment of inebriety begins. We now have him in a condition where we can apply all the moral agencies which are essential to a cure.

The question is often asked, What percentage of patients have been *permanently* reformed?

That is not a fair way of putting the question, for this reason: we cannot satisfactorily answer it until all the patients are dead. No physician can answer such inquiries in reference to his patients, no matter what their disease may have been.

The word *permanent*, when applied to persons or things, has a relative, rather than a specific or positive meaning.

A man has no *permanent* life. He is alive to-day, but to-morrow he may be dead.

It cannot be said that a man has *permanent* good health; for, though he may have enjoyed good health for a large number of years, he is liable to be taken with some fatal disease at any time.

Let me give an illustration.

A man lives in a malarious district; he breathes impure air, eats improper food, is irregular, and, finally, is taken sick and sends for a physician. The doctor will diagnose his case, and will ascertain that his patient has a violent and dangerous attack of fever, and with great tenderness and care, treats him accordingly. In a few weeks he is restored to health. The man says he feels well, strong, and active, and was never better in his life. But, can the physician truthfully say that he is permanently cured?

If this man, now so healthy, continues to live in the malarious district, breathes foul air, eats unwholesome food, etc., he may, and most probably will, be sick again.

In such a case, was the physician's treatment a failure? Certainly not. He effected a *thorough* cure, and not a permanent one.

It might have been permanent if the patient had followed the physician's advice, to change his residence to a healthy locality, to be more particular in his diet, and to observe the simple rules that usually insure good health.

The physician's treatment was successful. The fault was in the conduct of the patient. It is precisely so in treating inebriety. A man goes to an asylum, bloated, trembling, and completely worn out from excessive and prolonged indulgence in stimulants. His case is understood and ably treated. In a short time the bloat has disappeared, the trembling has ceased, his complexion is clear, and his con-

versation is lucid and intelligent. The physician in charge makes all necessary inquiries in relation to his health, and perhaps asks the following question: How would you relish a glass of whiskey now:

"Don't mention it: it makes me sick to think of it; I'd sooner take a dose of castor-oil."

I maintain that this man is cured, though I cannot say that his cure is permanent. If he follows the advice of the physician, avoids his old haunts and associates, makes new friends who are total abstainers, and attends to moral and religious teachings, he may live and die a temperance man. But if he neglect all these, and thinks it no harm to go into a saloon for a glass of soda, mineral-water, or ginger-ale, the chances are that he will be in some asylum again before long.

In such a case, there are many people who would say that the asylum was a failure, and, perhaps, that the superintendent was a fraud. Facts, however, teach us that institutional treatment was a success,—the failure was with the man. He left the institution thoroughly cured, and caught the disease again by his own folly and imprudence.

What the world needs more than anything else is *education*. By direct education, I do not mean the mere capability of reading and writing, but a systematic development of the different powers of the mind and body. The fostering of good feelings, the cultivation of good principles, and a regular training in good habits. We need to cultivate habits of self-control, to make a proper use of all needful things, and to totally abandon all things unnecessary and baneful.

Our whole system of education is deficient in this matter. The school-master will tell his pupils that these things must be left to home instruction, while the home is oftentimes as

void of knowledge as the undeveloped brain of the child who seeks it.

We have religion in all its forms sufficient to suit the taste of the most fastidious; but religious forms and tenets, taught as such, do not save men from becoming drunkards; if so, why do so many Christian ministers, whose piety no one can doubt, become intemperate? why so many of good standing in the church that indulge in the use of intoxicants intemperately?

Some will say, "Why, he is pious; he can never fall,— God will not allow him to become intemperate." Yes; but God will allow it if he drinks, just the same as God will allow him to be poisoned with any other poison which he may take into his stomach. God will not suspend His laws, even to save a good church-member.

We cannot ignore the religious element in the treatment of inebriety. Let the excellent and heaven-born truths taught by Jesus of Nazareth underlie all our teachings. But let them be shorn of all their dogmatisms, and taught in their beautiful simplicity.

Let us not forget that the human body is made up of perishable elements, subject to fixed laws, and the main duty of life is to preserve these elements intact; always studying to have them in a normal and healthy condition, in order that the mind, the soul principle, may have a pure medium through which to manifest itself. We cannot have healthy and normal mental action unless we have a pure, healthy body for its manifestation.

I cannot conceive of *diseased mind*; but I do see that where it is attached to an impure body, all its developments are abnormal.

What patients need in our asylums is, proper instruction in relation to their own physical condition and to be taught

the true and only way to be saved in the future from the errors of the past. Their eyes should be opened to new truths. Philosophy and the science of life should be continually kept before their mind, and in this way we inspire them to make a new struggle for a better life.

Dr. C. Henfield Jones has given an illustration. He quotes from "Household Words": "After the crossing of the Green River, the whole party went on foot, and the men were becoming weaker every day for want of food. The painter, who had one foot badly frozen, became at last, through lameness, constantly the last man on the trail, and once his energy almost deserted him. He was at the top of a mountain of snow, with not a tree to be seen for many miles. Night was approaching, and in the direction taken by his comrades not a sign of life could be described. He sank exhausted on the snow-bank, and took out of his pocket, for a farewell look, the miniatures of his wife and children. *Power came to him out of their faces.* He thought how little his wife could afford to be a widow, or his children to be fatherless; he beat down his despair and struggled forward. It was not till late at night that he arrived at the camp-fire."

Thus it often is, when we hold up to the face of the man who has lain down to die because of the bankrupt condition of his vital powers and fortunes, something to live for, we are enabled to induce him to make a struggle for life and respectable position. He is advised not to look back upon wasted hopes and fortunes, but to a new life, which is full of promise to him.

A man who is now seventy-three years of age, was, at the age of sixty, a hopeless drunkard. He wandered over the world forty years in that condition previous to treatment. He writes as follows:

VOL. II.—14

“For thirteen years I have been a total abstainer, and have been enabled to thus remain, through the teachings received at the institution.”

That this result could not have been obtained outside of institutional treatment is evident.

The following is from a gentleman blessed with Christian parents, and who was educated for the ministry. After graduating from college and passing through a complete course of study at one of our best theological seminaries, he was called to take charge of a wealthy and influential church. But, unfortunately, in youth he formed the habit of using intoxicating drinks,—a habit which Dr. Wilks, of Guy’s Hospital, London, declares is never necessary, but always hurtful to the young, even in small quantities.

This young and promising minister of the gospel continued to drink. The habit grew upon him, and, despite all the kind offices of loving friends, he fell, lost his position, and was abandoned by all the world, except a loving sister and a devoted wife.

As a last resort, he was placed under my care. He was told that he could regain his former position; but when thus informed he wept, and said, from the recesses of a deep and broken heart, “Would to God it could be so, but I cannot see the least hope.”

In a short time he saw there was still a chance for him, and his hope revived. He writes me as follows:

“Just one year ago to-day I came to you and placed myself under your care, a poor, weary, almost broken-hearted man, shackled with the chains of a fearful habit; the future dark to me as the past had been, with none but God to help me, and fearful lest even He had forsaken and cast me off. To-day I am pastor of a kind and intelligent people, and comfortably settled in a pleasant home which they have

fitted up for me, with my dear wife and children around me, and every comfort that I could reasonably desire. What a change! It seems sometimes too good to be true, and I almost fear it is a dream, from which, when I awake, I shall find all these mercies flown. . . . I find no difficulty whatever in pursuing the path you pointed out, and am *keeping right along the road of total abstinence* on which you first placed my feet."

I wish it was practicable for me to give the letter in full, but I cannot, as the language is directed to me personally, and it is my desire to keep *myself* in the background as much as possible.

Another man writes: "I am daily and hourly with my old associates; am invited many times to drink. It is all around me; but I can conscientiously say, with perfect truth, that I have not drank for one year, or even thought that I wanted to drink liquor. My body and soul are, I believe, as free from the curse as if I had never been intemperate; but I try no experiments."

I have in my possession more than a thousand letters from those who have been under my care, dated from one to twenty years ago, all attesting to the same facts; therefore, it would be superfluous for me to quote from them further. I make these extracts to prove that institutional treatment is full of hope for the drunkard.

I cannot too strongly urge the importance of systematic instruction daily communicated in our asylums. Our patients are usually men of intelligence, quick to perceive facts, and judge correctly of conclusions. They are good judges of human nature, and will quickly discern between the false and the true, the honest man and the hypocrite. They are men who know the world in all its different phases and departments; consequently, they must be treated fairly and

honestly. They will listen to philosophical reasoning, but despise cant and hypocrisy; so the truth must be told them plainly, and being matter-of-fact men, they will listen to teachings properly presented.

We must not treat them as if we believed them wicked above all others, neither should we treat them as objects of pity. They must not be "cursed nor pitied" if we would benefit them. They must be subject to discipline properly applied, and they are usually obedient to reasonable rules. We must convince them that our only aim is for their good,—the security of a better life in the future.

As far as treatment goes, but little can be done with medicine after the patient has recovered his health, except what I have already indicated.

Physiology and pathology are two branches of one science; and he who studies the one, must, if he would work wisely and well, study the other also.

We must embrace every opportunity and occasion to indicate the principles which should guide our efforts for what must always be the highest object of medical science and art,—the production and preservation of a sound mind in a sound body.

We may not be able to accomplish all we could wish in this direction, but we can bring together fragmentary observations and various opinions, and point out the bearing of them on one another, and in this way our own minds will be open to new fields; the giver, and him who receives, will become blessed with richness of thought, which will tend to a higher conception of life and its duties.

The more I see of inebriety, the more I am convinced of my own inability to cope with all its subtle and intricate developments; and I consider a man, whether he is a physician or not, incapable of properly treating these cases—as

one would be of conducting an insane asylum—who knows nothing of mental diseases.

Comparatively a short time since, the study of insanity and its treatment stood quite aloof from general medicine, in a mysterious and mischievous isolation, caring little or nothing for the results of progress in other branches of medicine, and contributing nothing to them.

The habit of viewing mind as an intangible entity or incorporeal essence, which science inherited from theology, prevented men from subjecting its phenomena to the same method of investigation as other natural phenomena. Consequently, the treatment of the insane was not in the hands of intelligent physicians, who aimed to apply the resources of medicine to the alleviation or cure of bodily illness, but was given up to coarse and ignorant jailors, whose savage cruelties will for all time to come be a great and ugly blot upon the enlightenment of the age which tolerated it.

A century will not pass before the same will be written of the treatment of the inebriate of the present day.

In the past ages they sought to "whip the devil" out of the insane by cruel lashes, the number of which would be prescribed by the ecclesiastic, who was only controlled by the number and size of the devils possessed by his patient.

Now the inebriate is fined and imprisoned in order to press the devil out of him.

Before a legislative committee at the State House, in Boston, some years since, a police judge from a neighboring city gravely informed the committee, with an air that convinced all present, that this was the embodiment of sound wisdom, that the best way to treat the inebriate was to impose a "smart fine upon him that would deprive his family of support, and make him do better." When asked if he ever knew of such result, he was unable to answer.

Now, to my mind, there was more common-sense in whipping the insane than in making the drunkard's family "smart" for the purpose of curing him.

Such folly is doomed, and the reign of common-sense, I trust, is at hand. In conclusion, permit me to say,—

1st. That inebriety is a disease; developing diseased emotions; weakening the will power; depressing the moral elements of nature, and developing the lower or animal propensities. It is a disease that feeds upon itself, and if the habit is entailed by a family, it will become extinct in the third or fourth generation. It depresses the vital forces, and makes men indolent and improvident.

2d. Alcohol in excess is not a stimulant, but a powerful depressent. Instead of stimulating, it produces anæsthesia. The victim becomes insensible to all outside impressions, and produces not only chronic alcoholism, but other diseases in their various forms.

3d. That with proper treatment, the disease or habit may be cured, as other diseases of the nervous system.

4th. That, while we would not in any degree undervalue public sentiment which is calculated to correct this great evil which affects our race, yet there is a vast and important necessity for asylums and homes for the cure of the intemperate, as experience has shown.

States and communities cannot too soon be made aware of their value. That intemperance may become the study of all intelligent communities, and that its treatment may become a subject of study for the scientific, who will suggest more efficient means for its amelioration and final extirpation, that our suffering race may become free from its evils, is my earnest wish.

Abstracts and Reviews.

Nervous Exhaustion and other Neuroses.

Dr. BEARD of N. Y. has a very suggestive article in the *Record* on the nature and treatment of various functional neuroses, which contains many hints of the pathology of certain cases of inebriety.

After grouping by name, and describing the obscurity of these affections, the most prominent of which are spinal and cerebral irritation, neuralgia, nervous dyspepsia, hay fever, inebriety, etc., he remarks, "they all have a common pathology, a common prognosis, a common history, and a common treatment. . . ."

"The general pathology of all of these affections is undoubtedly *mal-nutrition*—circulatory disturbances—anæmia or hyperæmia, local or general, being secondary.

"In the pathology, as well as physiology, of the nervous system, both nerve-force and blood are indispensable, and act and react on each other; but if either comes first, it surely must be the nerve-force, which originates in the nerve cells. When the nerve tissue is exhausted from any cause we have neurasthenia, which may exist even where there is no anæmia, and which may be entirely independent of the circulation, although it usually affects it more or less, and is affected by it."

Speaking of the nature of these disorders, he says: "The vicariousness, interchangeability, and correlation of these neuroses is one of the most significant and suggestive facts in medicine. . . ."

"Inebriates and opium takers seem to suffer less from other maladies than if they were free from these disorders.

He points out the variation of the phases and combinations of symptoms, changing from one to another, as an evidence in the differential diagnosis of the kind of neurosis; and asserts that inebriety and hay fever affect men more than other neurosis; also that these disorders may soon reach the maximum, and begin to decline.

Of the hygiene he mentions what every person who has treated inebriety will indorse, viz.: "the great factors to be applied are *rest, food, and mental diversion*. The man of feeble resolution, moderate intellect, and who sees only the dark things in life, will remain an invalid where the man of *grit* and courage and hope would rapidly recover. The expectation that a certain course of treatment, whatever it may be, will have a certain effect in a specified time, has itself a tendency of the strongest kind to produce that very effect in that time. The science and art of exerting such definite and limited expectation so as to lead the patient by his own mind, step by step, towards recovery, requires much study and experience. The simple promise of recovery or general encouragement is not enough; there must be a limited and specified task for each day or week or month. Health, like a house, is to be built, not all at once, but brick on brick, one at a time. Specifically the patient should aim to get rid of a single symptom at a time, or to make a certain percentage of improvement each week or month. Certain functions, as sleep, appetite, and digestion, are wonderfully under the influence of definite expectation. Mental therapeutics may be systematically combined with any one or the other forms of objective treatment, and when so combined will greatly increase the quickness and number of the recoveries."

Epilepsy from Alcoholism. Dr. DROUET, Physician to the Ville Evrard Asylum, France, in an elaborate paper on this subject, makes the following suggestive statements :

"Epilepsy is exceedingly rare in acute alcoholism, but may occur in cases where unusually large doses of alcohol have been swallowed.

"Convulsions are rarer still in cases of occasional drunkenness. In the immense majority of instances they do not appear as an initial symptom, but rather as late symptoms of alcoholic poisoning. The patients are almost always habitual drunkards. Long before suffering from convulsions, they have passed through the various phases symptomatic of chronic alcoholic intoxication. Their diseases have assumed either the gastro-hepatic or the nervous form. Almost all have had, at one time or another, difficulty in speech, muscular trembling, formication, cramps, partial hyperæsthesia, or anæsthesia.

"Now, though convulsions are rare in acute alcoholism, it is not by any means easy to determine the special cause of their occurrence in each case. It seems probable that they are chiefly due to the original or acquired morbid predispositions which exist in the majority of men, if not in all, through which their organisms present different symptoms under the influence of the same modifying agent. However latent they may be, these varied morbid tendencies exist, and one must be blind to deny them. If an equal dose of any alcoholic fluid be given to ten persons, the effect will vary in each person; in one, gastric symptoms will predominate, in another, cerebral, and so on."

He believes that the nature of the drinks has a strong influence in the production of epilepsy, particularly that of

the oils and spirits of alcohol, and that the symptoms and prognosis are materially modified by these agents.

He further observes: "As already stated, alcoholic convulsions occur chiefly in chronic drunkards whose brains have undergone a special morbid change. The tendency to convulsions may exist in three degrees of intensity. In the first stage, an epileptic attack may occur after an unusual excess in drinking. Later, seizures occur, although the patients drink comparatively moderately, and without ever becoming drunk. In the third stage the tendency to convulsions is increased. There is a pretty numerous class of patients who, though confined in asylums and deprived of all stimulants, continue subject to epileptic attacks. When things have gone so far, we may say that the epilepsy is constitutional. The most varied lesions are observed in those who have died during the course of chronic alcoholism. The principal are: hemorrhagic pachymeningitis; adhesive inflammation of the pia mater and arachnoid, specially well-marked on the superior surface of the hemispheres in the neighborhood of the great fissure; dilatations of the meningeal vessels, the result of repeated congestions; excess of cerebrospinal fluid; granulo-fatty degeneration of the cerebral vessels, frequently accompanied by hemorrhages; abnormal proliferation of the interstitial connective tissue; fatty degeneration, an atrophy of the nerve-cells or fibers; and circumscribed encephalitis."

Inebriety a Cause of Idiocy.

IN the psychological section of the British Medical Association, at their last meeting, Dr. Shuttleworth of Lancaster read an elaborate paper on the above subject, from which the following is one of the general conclusions:

"No doubt, habitual drunkenness is a common factor of pauperism and of idiocy, and the heritage of an unstable nervous system may readily give rise to epilepsy. No doubt but the nursing a child derives from its mother will intensify any predisposition to mental defect. What will be the answers to these two questions :

First, are an unusually large portion of the immediate progenitors of idiot children intemperate? and, secondly, are an unusually large proportion of the children of drunkards idiots? In the light of such British statistics as we possess, and judging from personal observation, I should hesitate to answer the first question in the affirmative; and with regard to the second, I think an affirmative answer would only apply when the subject was considered broadly. Congenital idiocy is not, as a rule, the immediate legacy of the drunkard to his offspring; but physical and mental degeneracy is doubtless the heritage, and scrofulous disease, epilepsy, nervous instability, and moral obliquity are the direct bequests; and from these latter but one step was necessary to arrive at actual idiocy. Thus, no doubt the sins of the fathers were visited upon the children to the third and fourth generations.

Alcoholism and Diabetes complicating Wounds.

Prof. Verneuil of Paris said, in a recent paper, that these affections considered apart appear to act in a similar manner on the progress of wounds, and induce very analogical traumatic accidents.

Alcoholic diabetes perhaps modifies in a special manner the reparative process; but we have no precise knowledge on this point.

It however seems to be quite probable that it imparts to the prognosis an aggravation for which the alcoholism is chiefly responsible. When called to treat a diabetic patient, the practitioner should always inquire whether alcoholism co-exists or not; and whenever this is not the case, he should always try to prevent its occurrence.

When alcoholic diabetes is present, great care must be taken in instituting operations and even explorations or surgical manœuvres.—*Med. and Surg. Reporter.*

Changes in New England Population. By NATHAN ALLEN, M. D., Lowell, Mass. A Paper read before the American Social Science Association, September, 1877.

A very able paper, presenting some remarkable and suggestive facts.

Katotonia—A Clinical Form of Insanity. By Dr. JAMES G. KIERNAN, New York City Asylum for Insane.

This is evidently a very clear description of a new form of insanity, which has not been observed before. It is pleasant to note how much more familiar the doctor is with this subject than with inebriety.

Aken as a Health Resort. By Dr. W. C. GIDDINGS.

A valuable contribution to the relation of climate to disease, in and about Aken, and the sand hills of South Carolina.

Wines of the Bible.

An address by the Rev. Dr. Fowler, published by the National Temperance Society. A review of this subject, well worth reading.

Numerous pamphlets and reports await future notice.

Editorial.

Report of the Temperance Committee of the House of Lords.

The third report of this committee, with the medical evidence, is the latest, and in some respects a valuable, contribution to the literature of this subject.

This committee has for its purpose exhaustive inquiries into the prevalence of intemperance, its causes, with the results of recent legislation, etc.

Two reports have already been issued (and this is the third one); when completed, they will probably be the most complete mass of evidence on this subject extant.

A large part of this report is devoted to the evidence of Drs. Thomas Lauder Brunton, John Burdon Sanderson, and Sir William Gull.

The testimony of the two former physicians agrees as to the value of alcohol in medicine, particularly in some forms of fever; and all three agree that it is injurious in excessive cold and heat. Dr. Sanderson affirms that, in his belief, the human race would be situated just as favorably if the use of alcohol did not exist.

Sir William Gull's testimony on the effects of alcohol on the body is of unusual interest. He asserts that alcohol at present has a value, but only a subordinate one; chiefly that of a sedative of the nervous system, calming the patient, till by natural processes he is cured.

In conditions of fatigue, instead of flying to alcohol, people might very well drink water or take food, and would be very much better without spirits. . . .

Sir William thought that a moderately healthy person, so far from being benefited by alcohol, would be injured "as regards the intellect." . . .

"All alcohol, and all things of an alcoholic nature, injure the nerve-tissues *pro tempore*, if not altogether, and are certainly deleterious to the health. . . . I should say, from my experience, that alcohol is the most destructive agent that we are aware of in this country. . . . I think there is a great deal of injury being done by the use of alcohol in what is supposed by the consumer to be a most moderate quantity, to people who are not in the least intemperate, to people supposed to be fairly well. It leads to degeneration of tissues. It spoils the health and it spoils the intellect. . . . I do not think it is known how alcohol acts on the human body, but I know it is a most deleterious poison. . . . I would like to say that a very large number of people in society are dying day by day poisoned by alcohol, and not aware of it."

As to breaking off the supply of alcohol to persons suffering from alcoholism, Sir William gave a very clear note:

"I should not be afraid to stop it altogether in most cases. I should think it highly desirable to stop it altogether. Of course it depends upon the age of the patient, and the likelihood of doing him any good at all. It produces many diseases of the liver, from which arise disordered conditions of the blood, then diseased kidneys, diseased nervous system or gout, or diseased heart. . . .

"I hardly know any more potent cause of disease than alcohol." . . .

He advocated punishing a mere drunkard, and doing it early. He would publish the name of a man found drunk, and if found a second or more times, he would put the number of times opposite his name for public reprobation, although quite aware that society would not at present agree with him in this. . . .

Sir William Gull is of the opinion that the whole question of drunkenness cannot be dealt with by legislation, but must be dealt with by society at large, by a better knowledge of the disadvantages of stimulants, and by a better moral condition of the whole of society.

The London *Lancet* and *British Medical Journal* indorse the evidence of these physicians, as representing the views of the profession generally.

The temperance journals and reformers take sharp issue with Drs. Brunton and Sanderson. T. D. C.

Temperance Legislation.

There is evidently at present a great wave of temperance legislation sweeping over this country and Europe.

In England, Dr. Cameron's *Habitual Drunkards Bill*, which was before the house of commons last year, and laid over for want of time, has again been introduced, and will have the second reading and hearing July 3d, of this year. The main features of this bill have been published in past numbers of this journal.

The *Permissive Prohibitory Liquor Bill*, which enables owners of property in certain districts, to prevent the sale of spirits, has a second hearing June 26th.

A bill to close all places for the sale of liquor on Sunday, will have another hearing on the 29th of May.

Four other bills, of similar character, amending and controlling the license laws, have been presented, sustained by numerous petitions.

In this country, the most important bill is that which has been presented, and reported favorably by the United States Senate, to provide a commission of enquiry, concerning the liquor traffic. This is similar to the temperance committee of the House of Lords, England.

Another bill, to reduce the tax on liquors and extend the time of paying such tax, in the House of Representatives, is exciting much interest.

In Maine, a law is proposed to authorize druggists to sell liquors for medicinal purposes. In over twenty of the State legislatures, in session this winter, numerous bills have been presented, regulating the use and sale of alcohol. Some of them have passed, others are hotly discussed. Three charters for inebriate asylums have been presented.

Many of the Southern States have for the first time taken up this subject in their legislatures, and even on the Pacific coast, the efforts at legislation and the increasing interest, give promise of a great revolution in public sentiment

T. D. C.

Dr. Moor, Medical Officer of the County Antrim Prison, argues that habitual drunkards should be committed like prisoners under remand, the remand to be for a period of not less than three months; and after being discharged they should be liable to be called upon periodically, to prove that they are conducting themselves in a quiet, sober manner; the evidence of this state of things to consist of a certificate from a clergyman or a physician, and three householders; this supervision to last for twelve months.

The law regulating inebriates, in Connecticut, embodies all these suggestions.

Clinical Notes and Comments.

NEW STIMULANT.

The *British Medical Journal* has a long account of a new stimulant, which has been lately described by the papers of Australia. It is called by the natives pitcherine, and is used as we use tobacco, for both smoking and chewing. The effect is that of pleasant exhilaration; when long continued, intense and continuous excitement follows. It is used, when, on long foot-journeys, to invigorate and keep up the strength, or excite them to courage in battle; large doses are said to infuriate all the passions. Some of the natives make a plaster of this plant, and place it back of the ears, believing they are influenced by it.

MEDICINAL SUBSTITUTES FOR ALCOHOL.

An English journal gives a list of several remedies which are used as medical substitutes to overcome the craving for alcoholic stimulants.

The first is called "*pick me up*," and is composed of sal volatile, spirits of chloroform, compound tincture of cardamons, of each a half an ounce. Dose, a teaspoonfull in a wine-glass of water.

The second is a solution of the perchloride of iron, spirits of mildererus, spirits of chloroform,—of each half an ounce; water, a half a pint. Dose, a tablespoonfull twice a day, in water.

The third preparation is citrate of quinine and iron a drachm, spirits of cloves, half an ounce, water, half a pint. Take a tablespoonfull twice per day.

The fourth is quassie chips, a quarter of an ounce, cold water, a pint. After standing for half an hour, strain; the infusion is then ready for use, and may be taken a wineglass at a time, alone or mixed with a teaspoonfull or two of malt extract.

These remedies are to be taken thus: No. 1 should be used when the craving is very great. Nos. 2 and 3 are suited for persons whose strength has been deteriorated by long habits of excess. No. 4 is specially adapted for those accustomed to a bitter with meals, but need not be taken with meals unless desired.

This has been sold as a secret nostrum for the cure of drunkenness in England, and is accompanied by minute directions for its administration.

In this country there are several similar compounds on the market, and it is needless to say, that they are more or less useless.

TAPE-WORM CAUSING DIPSOMANIA.

Dr. Harman of Warren, Ohio, reports the removal of a tape-worm from a robust, healthy man who had for the past year been an uncontrollable drunkard. After the removal of the worm all desire for liquor disappeared. A similar case occurred at one of our larger inebriate asylums, where the patient was brought by his friends through force, as a hopeless case.

Three weeks later he began to pass sections of a tape-worm, which was encouraged by active medication. The

result was a complete recovery, and perfect freedom from his old craving for drink. The irritation from the presence of the worm reacted from the brain in intense craving for stimulants.

ALCOHOL ON NURSING CHILDREN

The *Four. de et de Chir. Prat.* for September, gives the details of two cases of children suffering from nervous agitation and convulsions, with a strange rash, all of which resisted the usual remedies, when it was found to proceed from alcohol taken by the mother and nurse.

M. Andrien, in the *Archives de Toxicologie*, reports two cases of children in which the cause was evidently the use of alcohol by the nurse. When the alcohol was withdrawn from the nurses, the convulsions ceased altogether.

Similar cases have been observed in this country, particularly in large dispensary practices, and among the poorer people.

The physician should always inquire into the physical condition of the nurse, when called to treat a case of convulsions in children.

MANY of the leading and wealthy citizens of New Jersey have just had a meeting in Vineland to organize a State Inebriate Asylum for that city. Charles McGee, a wealthy citizen of Philadelphia, and a large owner of Vineland property, proposes to donate \$20,000 to the institution. The purpose is to have a large asylum, complete in all its parts; one that shall take rank with the insane asylums of the country.

INEBRIETY A CAUSE OF INFANT MORTALITY.

In a paper on the "Occult Causes of Infant Mortality" by Dr. Reed of England, appear the following significant passages: "The cruelty of herding children at all seasons of the year in close, crowded rooms, either shortens their life or renders them less able to endure the struggles of the battle-field of life; and this is the foundation and prolific cause of nervous disorders of heart and brain, and a resort, later, to alcohol, to give the strength and spirit wanting. . . . This is the starting-point where the seeds of inebriety are sown.

"Drunkenness in the parents, before and after birth, has more effect on infant mortality than all other causes. I am well satisfied that a thirst for liquor is engrafted on the inebriate's offspring, and, like scrofula or insanity, liable to break out in full blow at any period before or after the meridian of life."

Among the causes mentioned as often overlooked, are coma from poisoning by alcohol which is given to quiet the child, pneumonia from exhaustion, spasms, marasmus, etc.; suffocation from carelessness in covering the face is also noted as a common cause. The explanation is, probably, the low vitality of the child will not permit obstruction to respiration without great danger.

In England the debtors' prisons were often a welcome means of relief to thousands of families by the forced restraint they placed upon the gratification of the fatal passion for drink, but the debtors' prison is extinct, and no means exist for preventing and curing this disease, which ordinarily defies all means short of compulsion.

MEMORY IN INTOXICATION.

Intoxication sometimes restores the memory of events that occur during previous attacks, which have been a blank while sober.

A lawyer, of high position, became intoxicated while in charge of valuable papers, when sober all recollection of what he had done with the papers had vanished. Several days later, in distraction and sorrow at the loss, he drank again, and at once the location of his papers flashed through his mind, and they were restored. Similar instances are not uncommon, and indicate a morbid condition of mind and memory when under the influence of liquor, that had no power to continue impressions to other physical conditions, but when this condition was attained again the previous impression returned.

ALCOHOL ON THE GANGLIONIC SYSTEM.

From some experiments by M. Oliver of France, it is evident that alcohol has a decided tendency to produce hypertrophy of the ganglionic system and leucocythemia. Several cases of the latter affection have been traced to alcohol alone.

INEBRIETY INHERITED BY WOMEN.

The reason why women do not exhibit inherited inebriety as soon as men, is because of a higher degree of vitality, and greater power to restrain the appearance of the predisposition, and a lower degree of developmental evolution restraining in their constitution as germs what in men become full diseases and defects.

RESULTS OF THE TEMPERANCE HOSPITAL.

The London Temperance Hospital, established four years ago, for the express purpose of treating patients without the use of alcohol, does not seem to have met the expectations of all its friends. The mortality and the continuation of diseases in this hospital differ but little from other well-conducted institutions, but indications that alcohol is not necessary as a medicine are quite conclusive.

Dr. Richardson in an address delivered at the Sheldonian Theater, Oxford, in October, 1876, demonstrated that the action of alcohol on the system is to cause paralysis of nerve power, an excessive supply of blood is driven into the nervous centers, and the nervous action is first excited and then blunted; the brain is first in a state of glow, and if the action progresses, the opposite condition obtains; the higher mental centers become uncontrolled, and the man is debased by degrees to the condition of actual madness.

Dr. Paley, in the second volume of his treatise on Moral and Political Philosophy, devotes a chapter to intemperance, showing that persons addicted to excessive drinking suffer in the intervals of sobriety, and near the return of their accustomed indulgence, a faintness and oppression *circa præcordia*, which exceeds the ordinary patience of human nature to endure. This is usually relieved for a short time by a repetition of the same excess, and to this relief, as to the removal of every long-continued pain, they who have once experienced, are urged almost beyond the power of resistance; and as the liquor loses its stimulus, the dose must be increased.

FATAL POISONING BY ALCOHOL.

A few weeks since, a Canadian farmer left his little son in the barn where he had been at work with a whiskey bottle. When he returned he found the whiskey-bottle *empty* and his boy *dead*.—*Daily paper.*

The above case reminds the writer of a similar occurrence which came under his notice. Summoned in great haste, he found a child *in articulo mortis*. The mother had left the child alone, and during her absence it had climbed to a shelf on which was the whiskey-bottle, drank largely of its contents, and was found insensible, literally *dead-drunk*, by her on her return, and died soon after my arrival.

Cases are not infrequent in which men drinking for a wager, fall fatally poisoned and die almost instantly.

What more is needed to convince the *skeptical* that alcohol is literally a *poison*?

WINE CELLARS OF LONDON.—In the reign of Elizabeth thirty kinds of strong, and fifty-six kinds of light wine were to be found at London vintners. These wines were chiefly of foreign growth. The strongest were, according to a high authority of the time, the best liked, and the strongest of all was called Theologicum, answering to the "Priest" of Madeira and the Pfaffenwein of the Germans. "The merchant thought," says this authority, "his soule should have gone streightwaie to the divell, if he should have served them—the priests—with other than the best." M.

In England milk taverns are being introduced to take the place of liquor saloons.

MALTINE is the name of an excellent preparation, mentioned in our advertising columns. We commend it as worthy of a trial, feeling confident it will meet many wants of the sick-room.

We invite special attention to the advertisement of the Woven Wire Mattress Co. of Hartford, Conn. For comfort, durability, and economy, it is superior to anything we have seen. We urge all institutions to examine these beds before purchasing others.

CURIOUS ITEMS.

A Yorkshireman of England, having exhausted every other means to keep his wife from going out for liquor, finally hit upon a plan of painting her face black when she was unconscious in drunkenness. This keeps her in until the color comes off, a period in which sobriety is enforced, after which she relapses and receives the paint as before.

In Virginia the dealer has a bell punch and registers every drink taken by his customer, and pays a tax to the State on the amount sold. This tax comes from the drinker, who pays more for the liquor.

In Liverpool, the names and addresses of those convicted of drunkenness are published in the newspapers. In Oregon it is proposed to license the consumer at so much per year, for the privilege of drinking all kinds of liquor.

In England, a few years ago, habitual drunkards were punished by placing their heads and arms through a barrel and walking them around the principal streets.

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LIFE
IN THE



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AGAINST
ACCIDENTS
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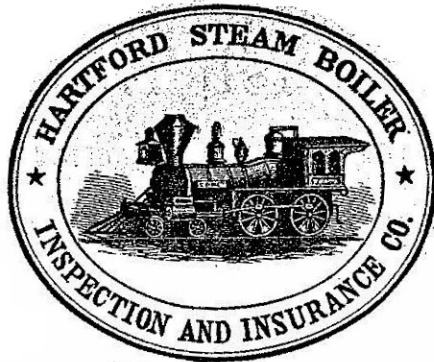
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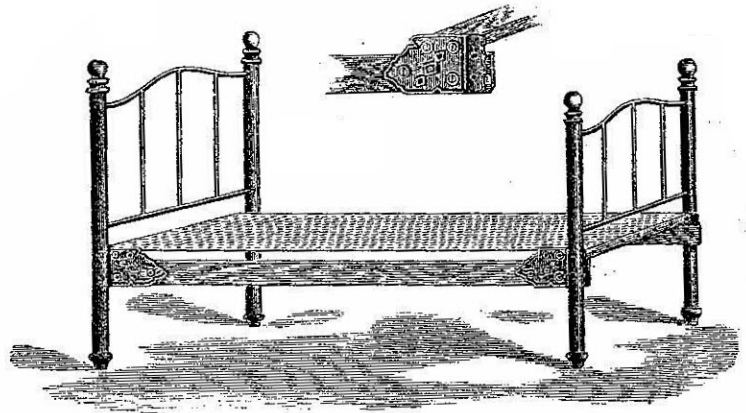
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Can undoubtedly be used with greater success than any other remedy now known, in cases of general and nervous Debility, Indigestion, imperfect Nutrition and deficient Lactation; Pulmonary affections, such as Phthisis, Coughs, Colds, Hoarseness, Irritation of the Mucous Membranes and difficult expectoration; Cholera Infantum and wasting diseases of children and adults; Convalescence from Fevers, and whenever it is necessary to increase the vital forces and build up the system.

We manufacture the following preparations, the formulas and doses of which are given in our dose books and on the label attached to each bottle:

MALTINE WITH HOPS.

MALTINE, FERRATED:

This combination is specially indicated in Anemia and Chlorosis, and in all cases of defective nutrition where Iron is deficient in the system.

MALTINE WITH PHOSPHATES IRON AND QUINIA:

A powerful general and nutritive tonic.

MALTINE WITH PHOSPHATES IRON, QUINIA, AND STRYCHNIA:

A powerful nutritive, general and nervous tonic.

MALTINE WITH HYPOPHOSPHITES:

This preparation is specially indicated in Phthisis, Rickets, and deficient Ossification.

MALTINE WITH PEPSIN AND PANCREATINE:

One of the most effective combinations in Dyspepsia, Cholera Infantum, and all diseases resulting from imperfect nutrition. It contains three of the all-important digestive agents, Diastase being one of the constituents of the MALTINE. We believe there are few cases of Dyspepsia which will not readily yield to the medicinal properties of the above combination, while the system is invigorated by its nutritive qualities.

MALTINE WITH BEEF AND IRON:

One of the most valuable combinations in cases of general Debility, when there is deficient nutrition and a deficiency of Iron in the system.

MALTINE WITH COD LIVER OIL:

The most perfect emulsion, and most agreeable and effective mode of administering this nauseous but valuable Oil yet discovered.

MALTINE WITH COD LIVER OIL AND PHOSPHORUS:

In this combination the Phosphorus has no irritant effect upon the stomach.

MALTINE WITH COD LIVER OIL AND IODIDE OF IRON:

This is prepared with the tasteless Iodide of Iron, which undergoes no chemical change from contact with the Oil, and does not blacken the teeth.

MALTINE WITH ALTERATIVES:

In this preparation MALTINE is combined with the most valuable Alteratives known, such as Iodides, Bromides, and Chlorides, and will fully meet the requirements of the practitioners in Syphilis, Scrofula, and all depraved conditions of the blood.

Each fluid ounce contains: *Chloride Calcium*, 10 grains; *Chloride Magnesium*, 10 grains; *Bromide Sodium*, 5 grains; *Iodide Potassium*, 1 grain; *Iodide Iron*, $\frac{1}{2}$ grain. DOSE, one teaspoonful to one tablespoonful.

We also manufacture a perfectly prepared EXTRACT OF MALT, from *Barley only*.

MALTINE preparations are sold at the same prices as EXTRACT OF MALT and its combinations, and are put up in amber bottles holding sixteen fluid ounces; each bottle inclosed in a folding paper box.

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MANUFACTURING PHARMACISTS,
196 and 198 FULTON STREET, NEW YORK.

The Inebriates' Home, FORT HAMILTON, N. Y.

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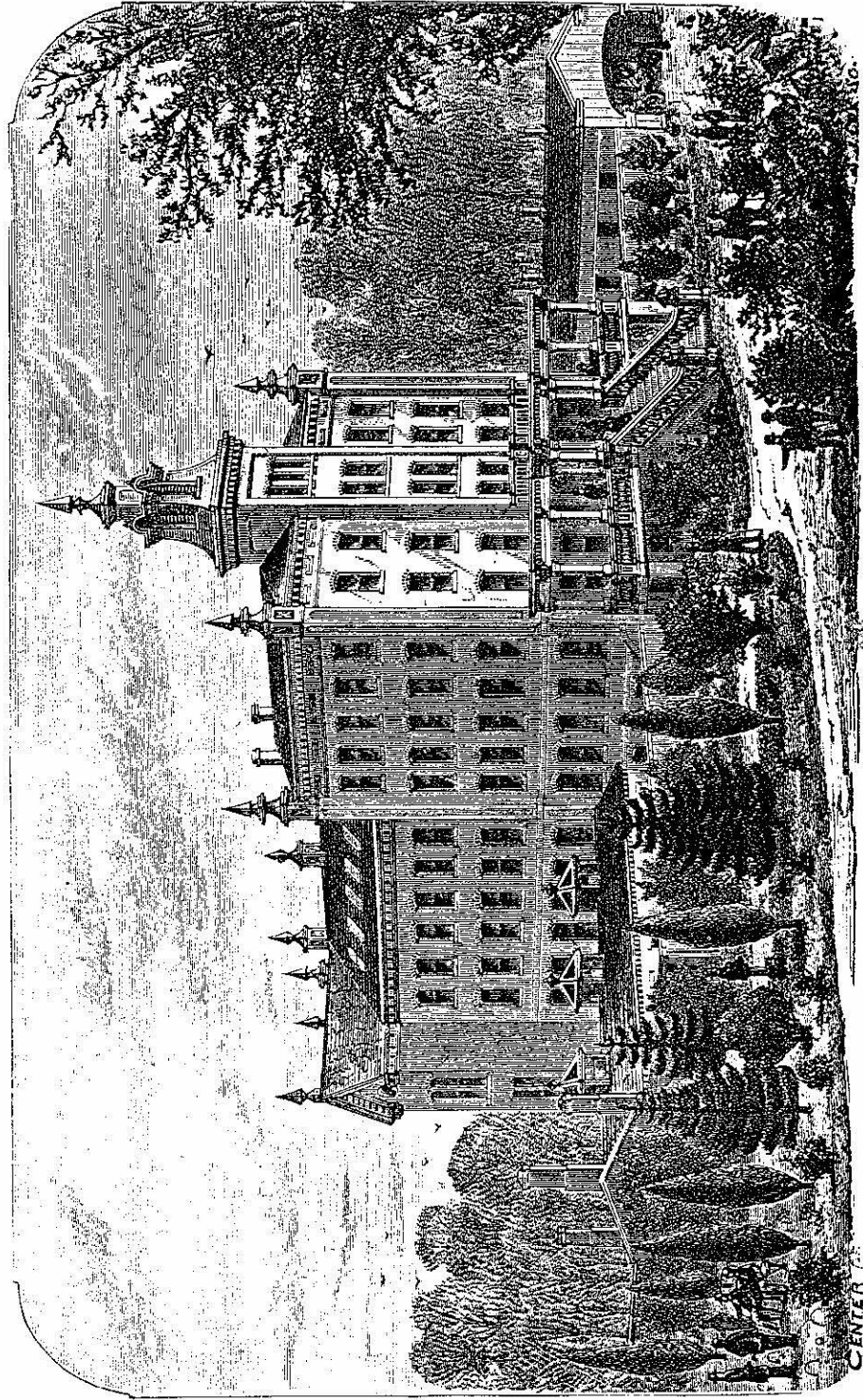
VIEW FROM ENTRANCE OF PARK GROUNDS.

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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.

Male Patients

are classified according to accommodations required, and the accommodations are proportionately adjusted. Their department is divided up into several divisions, 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 reading-rooms. There is also a lecture-room for religious services, readings, concerts, etc. Several daily journals and periodicals are regularly taken, a library is in process of formation, 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 elegant apart-ment, handsomely furnished, having separate approaches, effectually separating the sexes, and under the charge of the Matron and Assistant Matron, is provided 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 its opening, upwards of nine years ago, has been one-half per cent., or one case in 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 patients, during the same period. The average annual death-rate in our large cities ranges from one to three per cent. of the population.

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