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VOL. X



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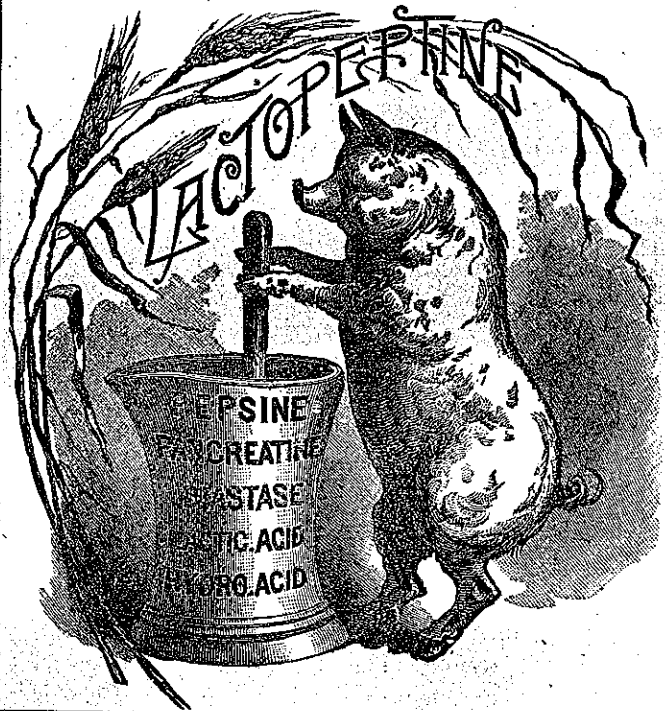
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This Journal will not be responsible for the opinions of contributors, unless indorsed by the Association.

THE ETIOLOGY OF DIPSOMANIA AND HEREDITY OF "ALCOHOLIC INEBRIETY."

BY LEWIS D. MASON, M.D.,

*Consulting Physician of the Inebriate Asylum, Fort Hamilton, N. Y.*

The term inebriety, in a general sense, implies an intoxication from any inebriating or intoxicating agent—opium, belladonna, cannabis indica, chloroform, or alcohol. But the term, in its popular meaning, is applied to alcoholic inebriation alone. It would seem more scientific to prefix the adjective in all instances, and thus define strictly what we mean to assert when we use the term "inebriety." Dr. Anstie used the term "alcoholism" to cover the various neurotic conditions resulting from alcohol, and peculiar to it,—*alcoholismus chronicus*, *delirium tremens*, *delirium potatorum*, *mania potatorum*, *ebrietas*, chronic alcoholic intoxication. Some of these being convertible terms, of the two, "alcoholic inebriety" and alcoholism, the latter would seem the most preferable. It is the shortest word and most expressive of the two. But the term inebriety has been in such general use and for so long a period that it will, in all probability, continue to be used as the synonym covering the

various conditions resultant from the action of alcohol on the nervous system, just as the term insanity is applied to the various conditions incident to the different degrees and forms of mental alienation.

We cannot write or speak intelligently concerning any of the neurotic conditions resulting from alcohol, unless we specify by its special name the form of the disease we are to consider. A careful attention to this point is of paramount importance to avoid confusion, and a diffusive and irregular manner of writing or speaking on this subject.

The successful pursuit of the study of any department of medicine, science, or literature presupposes an intelligent knowledge of the terms we may desire to employ, and the ability to apply those terms to the conditions, places, and objects they are supposed to represent. When, therefore, a prominent member of the medical profession, appearing as an advocate for the moderate habitual use of alcohol, "doubts the inherited evils which are propagated and handed down from drinking ancestors," we readily see how an unfortunate use of language necessitates a more specific statement or use of terms. To what does the writer allude? To pauperism, crime, or disease in the form of alcoholism, insanity, imbecility, idiocy, or the various neuroses often due to alcohol—epilepsy, chorea, paralysis, etc. These are some of the "inherited evils" that alcohol hands down to the children of drunkards and their children's children. There may be others who doubt the "inherited evils" that alcohol gives rise to. This is our apology, then, for presenting to the profession a few facts, which are so familiar to those who have dealt with "alcoholism" in its protean types.

And, first, we would submit for consideration the fact, "*That alcoholism in progenitors will produce physical and mental degeneration in their descendants and all the neuroses that arise from a defective nerve organization—epilepsy, chorea, paralysis—and all grades of mental degeneration from slight enfeeblement of intellect to insanity and complete idiocy. And, further, that the laws which regulate those degenerative*

*changes, are similar in their mode of development and action to those that govern congenital degenerative changes from other inherited causes."*

Plutarch, in his essay on "Delays of Divine Justice," thus writes: "The children of vicious and wicked men are derived from the very essence of their fathers. That which was fundamental in the latter, which lived and was nurtured, which thought and spoke, is precisely what they give their sons; it must not, therefore, seem strange or difficult to believe that there exists between the being which begets and the being begotten a sort of occult identity, capable of justly subjecting the second to all the consequences attending on the acts of the first." Plutarch also taught: "One drunkard begets another." Aristotle that: "Drunken women bring forth children like unto themselves." Plato forbade the use of wine to the newly married, while a greater than they said: "The fathers have eaten sour grapes and the children's teeth are set on edge."

And, amid the thunders of Mount Sinai, the finger of God wrote on tables of stone: "The sins of the fathers shall be visited upon the children."

Elam writes concisely on this point: "It is not necessary that children should always inherit the actual alcoholic tendencies of their parents in order to present a type of progressive degradation. Some of them may enter the world completely degenerate, in the condition of hopeless imbeciles or idiots." A forcible illustration of this point is found in Norway, when the spirit duty was removed in 1825. Between that time and 1835 the increase of insanity amounted to 50 per cent. on the previous proportion, but the increase of congenital idiocy was 150 per cent.

Dr. Howe, in the State of Massachusetts, examined the family history of 300 idiots, 145 were the children of intemperate parents.

Dr. Magnus thus testifies that, in Sweden, owing to the free consumption of spirits, the whole people are degenerating; insanity, suicide, crime are frightfully on the increase;

that sterility and the premature death of children is much more common, and that congenital imbecility and idiocy are in fearful proportion to the number born. And that children born of intemperate parents live intellectually up to a certain age, after which they either remain stationary or gradually sink back into a state almost resembling idiocy.

M. Morel writes: "I constantly find the sad victims of the alcoholic intoxication of their parents in their favorite resorts — asylums for the insane, prisons, house of correction. I as constantly observe, among them, deviations from the normal type of humanity, manifesting themselves, not only by arrests of development and anomalies of constitution, but also by those vicious dispositions of the intellectual order, which seem to be deeply rooted in the organization of these unfortunates, and which are the unmistakable indices of their double fecundation in respect of both physical and moral evil."

Dr. Morel had, again, an opportunity of proving the hereditary effects of alcoholism on the "children of the Commune." He inquired into the mental state of 150 children, ranging from 10 to 17 years of age, most of whom had been taken with arms in their hands behind the barricades. "This examination," he says, "confirmed me on my previous conviction as to the baneful effects produced by alcohol, not only on individuals who use this detestable drink to excess, but also their descendants. On their depraved physiognomy is impressed the threefold stamp of physical, intellectual, and moral degeneracy."

There is no doubt in his conclusions; so acute an observer as M. Morel regarded other considerations — the environments of unhealthy habitations, improper or insufficient food and clothing, and immoral associates that surrounded these unfortunates in addition to the deteriorating effects of alcohol. This is the argument of those who insist that we claim too much for the baneful effects of alcohol and consider too little other demoralizing influences.

Maudsley writes, in his work on "Responsibility on



Mental Disease": "A host of facts might be brought forward to prove that drunkenness in parents, especially that form of drunkenness known as dipsomania, which breaks out from time to time in uncontrollable paroxysms, is a cause of idiocy, suicide, insanity in offspring."

Richardson, in his "Cantor Lectures on Alcohol," writes: "Amongst the many inscrutable designs of nature none is more manifest than this, that physical vice, like physical feature and physical virtue, descends in line. Not one of the transmitted wrongs, physical or mental, is more certainly passed on to those yet unborn than the wrongs which are inflicted by alcohol."

Blanford, writing on the causes of insanity, says: "Though the parents may not have been insane, they may have become the subjects of neuroses, which in their progeny become insanity; they may have been 'chronic drunkards,' epileptics, hypochondriacs, etc."

Dr. Sykke, physician to the city hospital, Copenhagen, Denmark, writes: "Brühl Cramer, from a long examination of this subject, concludes that drunken parents are seldom prolific, and when so the children are stupid, malicious, and full of mental defects."

Skae collected 82 cases of dipsomania. In 32 cases inheritance was clearly marked. In collateral branches he found drunkenness, dipsomania, suicide, mental disease.

Thompson, another observer, quoted by Sykke, reports 20 cases, in 19 of which the inebriety was inherited; many of these families contained 2, 4, or 8 members either drunken, epileptic, or insane. In three families, reported by Sykke, both parents were drunken and insane; every member suffered from mental defects and epilepsy; dipsomania and suicide were common.

Dr. Martin, while interne at Salpêtrière, obtained data of heredity in 83 insane epileptics out of 130. Of these 83, in 60 cases he established intemperate habits in parents. There were 244 brothers and sisters in this class of 60 cases; 130 of these were dead; 112 were still living, mostly young;

many with defective nerve organizations. From the large preponderance of epilepsy over other neuroses, and inebriate heredity being established, he draws the conclusion "that alcoholism, in ancestry, is an extraordinarily frequent cause of eclampsia and epilepsy in their descendants."

The American testimony is equally conclusive on this point. The late Dr. D. G. Dodge, superintendent of the New York State Inebriate Asylum, writes: "Like all hereditary diseases, intemperance is transmitted from parent to child as much as scrofula, gout, or consumption. It observes the laws of transmitted disease. It sometimes overlaps one generation (atavism) and appears in the succeeding, or it will miss even the third generation and then reappear in all its former activity and violence. Hereditary inebriety, like all transmitted diseases, gives the least hope of a permanent cure, and temporary relief is all that can be reasonably expected."

Dr. Joseph Parrish, in his work on "Alcoholic Inebriety," considering "hereditary inebriates" and the "alcoholic diathesis," says: "Not only is there a transmission, but a transmutation of disease by heredity. Inebriety may descend as inebriety, but it is just as likely to change the form of its appearance into insanity or other allied morbid manifestation."

Dr. Dodge, already quoted, reports 42 cases out of the records of three hundred and sixty (360), as the offspring of intemperate parents, or one in eight; 36 had intemperate fathers, or 1 in 10; 6 had intemperate mothers, or 1 in 60; 9 had intemperate brothers and sisters, or 1 in 40; 66 had intemperate ancestors, exclusive of parents, on paternal side 36, or 1 in 10 — on maternal side 30, or 1 in 12.

My own observations on this point, endorse the statements of previous observers, and I therefore present the tabulated statement taken from a statistical report of 600 cases of alcoholic inebriety, treated at the Inebriates Home, Fort Hamilton, N. Y.:

*Etiology of Dipsomania and Heredity of Inebriety.* 307

| INEBRIETY.                          |     | INSANITY.               |     |
|-------------------------------------|-----|-------------------------|-----|
| Fathers, . . . . .                  | 168 | Fathers, . . . . .      | 3   |
| Mothers, . . . . .                  | 9   | Mothers, . . . . .      | 3   |
| Fathers and mothers, . . . . .      | 12  | Brothers, . . . . .     | 6   |
| Fathers and brothers, . . . . .     | 7   | Sisters, . . . . .      | 7   |
| Fathers and sisters, . . . . .      | 2   | Mother and grand-       |     |
| Fathers and grandfathers, . . . . . | 7   | mother, . . . . .       | 1   |
| Fathers and uncles, . . . . .       | 4   | Aunts, . . . . .        | 4   |
| Brothers, . . . . .                 | 16  | Uncles, . . . . .       | 6   |
| Grandfathers, . . . . .             | 12  | Cousins, . . . . .      | 7   |
| Grandparents, . . . . .             | 2   | Grandparents, . . . . . | 1   |
| Other relatives, . . . . .          | 26  | No insanity, . . . . .  | 562 |
| No inebriety, . . . . .             | 335 |                         |     |
| <hr/>                               |     | <hr/>                   |     |
| Total . . . . .                     | 600 | Total . . . . .         | 600 |

Insanity of parents should be regarded as one of the predisposing causes to inebriety in their children (*vide* cases 167, 172, 204, 273, 278, 296, 360, 365, 366, 415, and 537). But the principal hereditary cause of inebriety is an inebriate father or mother, especially as these records show an inebriate father in 209 of the above 600 cases. It is also true that an inebriate parent will beget insane as well as inebriate offspring (*vide* cases 13, 123, 125, 252, and 413). Instances of atavism, a peculiarity recognized in other forms of diseases, are found in these records.

Cases 13, 116, 123, 125, 252, show an inebriate father and son and a son insane; cases 17, 87, 116, 442, show an inebriate father and two inebriate sons; cases 300, 386, 402, 445, 541, 568, 597, show father, mother, and son all to have been inebriates; cases 273 and 365, father and son were inebriates and mother insane; and in case 413, father, mother, and son were inebriates and sister was insane.

I may add that the observations of Dr. Norman Kerr, consulting physician to the "Dalrymple Home for Inebriates," and president of the Society for the Study and Cure of Inebriety, London, England, confirm these and similar statis-

tics. We might continue to quote, did space permit, from the published writings of Drs. Crothers, Parrish, Day, W. C. Wey, Wright, and other American observers. They fully endorse that which has already been presented.

Surely on the face of all this testimony we may advance the statement of Elam as an axiom. "*The offspring of the confirmed drunkard will inherit either the original vice or some of its countless protean transformations.*"

As the children of inebriates may inherit all shades and grades of a defective nervous system, we must not generalize but select from the various types of alcoholism — that type which best and most markedly demonstrates the hereditary tendencies of alcoholism. This is best shown in the form known as dipsomania — literally, thirst madness, an irresistible craving for alcohol in some form and this to intoxication — not insatiable, because the periodical dipsomaniac will have his sober interval, weeks or months perhaps, in which his craving will seem to be in abeyance. Dipsomania may be acquired; it is possible, by the frequent indulgence in alcoholic liquors, after a time to develop dipsomania, even when the subject had a good ancestral and personal history, and inherited none of the neuroses nor acquired none during his life preceding his use of alcohol. The degenerative effects of alcohol alone in this class of cases are the exciting and determining cause of the dipsomania. Some observers doubt and even deny that this class of drinkers become true dipsomaniacs; that a neurotic ancestry is essential to the development of a true dipsomaniac. Until more conclusive evidence is secured on this point we will allow it to rest as a mooted question.

A second class of dipsomaniacs are those who have had a good ancestral history and have no preceding history of alcoholic abuses or acquired disease, but after a head injury, or sunstroke, or cerebral concussion, with or without fracture or cerebral lesions from other causes, may suddenly become dipsomaniacs. Cases also in which insanity from other causes than alcohol precede or accompany the dipsomania properly belong to this class.

The third class, by far the most numerous, are those who have a history of inebriety or insanity, epilepsy, or other neuroses, in the direct line of descent generally, or in collateral branches, or in both; who inherit a weak, nervous organization; who become dipsomaniacs, not from habit or choice, but from necessity. The predisposing cause here is strongly marked and stands out vividly in the life history of the patient. The exciting cause may be of a slight character or one which a person of fair normal physique would overcome, but this class yields to and readily succumbs.

Dipsomaniá may then arise from one of several causes. It may be acquired from habitual use of alcohol; it may be accidental from a blow on the head, sunstroke, etc. The tendency may be and generally is inherited. The predisposing cause in this case is prominent and potent. The exciting cause is often trivial, and not always markedly present. It may be associated with the second or accidental class, constituting a mixed origin.

It is to the consideration of this latter class of cases — dipsomania by inheritance — true congenital inebriety — that we design to call attention and present in evidence the views of prominent observers.

The testimony of British medical experts before a select committee of the House of Commons, is as extensive as it is valuable. Physicians, magistrates, chiefs of police, governors and chaplains of prisons, and superintendents of insane asylums, all had their sadly uniform experience to relate of the evils of intemperance.

The investigation extended over several months and filled a blue book of over 600 pages. We will now proceed to abridge the testimony of the British experts, necessarily excluding much matter of interest not directly bearing on our subject, and confine ourselves to the medical testimony, especially as to heredity.

Dr. Francis Edmunds Anstie testifies:

“He was quite prepared to say that there is a distinction between the frequent drunkard and the man who has drunk

himself into a state of perfect want of resisting power, but he should say it is a matter of degree. But there is another affection connected with drink which is separated absolutely as a matter of kind, namely: the kind of drinking which is entirely paroxysmal, and which, so far as he knows, never occurs *except in persons of a certain hereditary conformation.*

"I know several such cases. Those persons are the children of families in which invariably, or almost invariably, insanity is hereditary, and very often drinking has been hereditary in a marked manner."

Dr. David Skae, physician to the Royal Edinburgh Asylum for Insanity, testified: Dipsomania he regarded as a species of moral insanity. *The causes were mostly hereditary*, although some were caused by blows on the head, hemorrhage with large loss of blood, and sometimes by disease of the brain."

Dr. Alexander Peddie, a physician of thirty-seven years' practice in Edinburgh, Scotland, has, for twenty years, paid especial attention to the causes and effects of intemperance, and also written upon the subject from a medical standpoint, testified:

"Sometimes a wasting disease, a severe nervous shock, a stroke of the sun, a blow on the head, heavy grief, or a reverse of fortune, will bring a mind which is in a somewhat weak state into the condition of an habitual drunkard, because recourse is had to stimulation in the first instance in order to overcome feebleness, to exhilarate or to comfort in some way or other. The disease may be acquired, springing out of vicious courses, *but in a large proportion of instances he believed that the habitual drunkard inherits the proclivity from drunken parents or from a constitutional insanity in his family, of which the most marked manifestation is a tendency to drink.* He could cite scores of cases that had come under his notice in proof of the transmission from drunken parents to their children, of a proclivity to drink."

Dr. John Nugent, twenty-six years Inspector-General of Lunatics in Ireland, testified:

"He knew of the case of a professional man who became intemperate, and each of whose four children were either malformed or insane. As to whether drunkenness leads up to disease or whether disease leads up to drinking; he thought they both acted on each other as cause and effect. If there is a predisposition to insanity, drink is sure to develop it, and, on the other hand, there are persons who show their insanity by a disposition to drink. He cited a case: one brother became a drunkard and the other brother insane, without showing any tendency to drink. In this case, the hereditary disposition showed itself in one by actual insanity; in the other by habitual drunkenness."

Dr. Arthur Mitchell, Commissioner of Lunacy for Scotland, testified:

"In a great many cases frequent habitual drinking precedes this state (dypsomania), but not necessarily so; it sometimes appears without previous habits of drinking as the result of cerebral injury, of fever, of hemorrhage, of mental shock, of the commotion of the system which attends the establishment of puberty, or the arrival of the climacteric period. In the latter case, the disease, dypsomania, is a symptom and product of the disease, not the cause of it. Constant drinking may beget the disease. In some men habitual drinking leads to other diseases than insanity, because the effect is always in the direction of the proclivity, but it is certain that there are many in whom there is a clear proclivity to insanity who would escape that consummation but for drinking. Excessive drinking in many persons determines the insanity to which they are at any rate predisposed."

*"The children of habitual drunkards are in a larger proportion idiotic than other children, and in a larger proportion themselves drunkards. They are also in a larger proportion liable to the ordinary forms of acquired insanity."*

Dr. Forbes Winslow testified:

"A large proportion of frightful mental and brain disturbances can be traced to the drunkenness of parents, confirming the great physiological law that 'like begets like.'"

Dr. Robert Druitt testified:

"In many cases the condition which gives rise to inebriation is heredity, as a drunken father and mother, or a half-insane or eccentric father or mother would be likely to have drunken children."

This will close our extracts from the testimony of British experts before the special committee, but before taking a final leave, let me call attention to the writings of the late Dr. F. E. Anstie, who was one of the first to testify before the committee; but as he has recorded his views more fully we will quote from his writings on the subject :

"There is another kind of predisposition which is *constant in its operation* (the italics are his own) and which is probably at least as influential, both in producing alcoholic excess and in aggravating its ill effects as any of these occasional causes which have been enumerated (ill health, mental shock, neurasthenia from any cause, injury) viz., *a peculiar inherited constitution of the nervous system*. In the course of a large experience of alcoholism among hospital out patients, I have been greatly struck with the number of drinkers who have informed me that their relatives either on the paternal or maternal side have been given to drink; my own experience has led me to a firm conviction that particular causes of nervous degeneration affecting individuals, do very frequently lead to the transmission to the offspring of those persons of an enfeebled nervous organization which renders them peculiarly liable to the severer neurosis and which also makes them facile victims of the temptations to seek oblivion for their mental and bodily pains in narcotic indulgence. I believe that things often work in a vicious circle to this end, and that the nervous enfeeblement produced in an ancestor by great excesses in drink, is reproduced in his various descendants with the effect of producing insanity in one, epilepsy in another, neuralgia in a third, alcoholic excesses in a fourth, and so on. Among the higher classes where it is easier than in the case of the poor to obtain tolerably complete family histories extending over two or three generations, careful inquiry elicit facts of this kind with surprising frequency.



So strong is the impression left on my mind by what I have observed in this direction, that I am inclined to believe that the great majority of most inveterate and hopeless cases of alcoholic excesses among the higher classes are produced by two factors, of which *the least important* is the circumstance of external momentary temptation, in which the person has been placed where the *more momentous and mighty cause* is derived from an *inherited* nervous weakness, which renders all kinds of bodily and mental trouble specially hard to be borne. It need hardly be remarked that in this view of the case, the fatal rapidity with which habits of intemperance exaggerate themselves is only what might be expected.”\*

Finally let us close this line of testimony by that of Dr. Andrew Clark of London, physician-in-ordinary to her majesty the Queen, and an extensive, experienced, and leading London practitioner, who, in a lecture delivered in London in 1881, thus refers to “heredity” in connection with “alcoholism”:

“There is another side as well of this question, and it is no abuse of language to say it is an *awful side*. It would be bad if we men who abuse alcohol were to suffer in ourselves, and to suffer in those around us whom we love or ought to love, surely that is terrible enough to prevent men from using alcohol freely; but there is even a more terrible statement than that behind, it is not they alone who suffer, but so soon as a man begins to take one drop more than what I have called the “physiological quantity,” the desire is not only begotten in him, but the desire becomes a part of his very nature and that nature so formed by his acts is calculated to inflict curses inexpressible upon the earth when handed down to the generations that are to follow after him as a part and parcel of their being. And I ask, what are you to think of those who are born of drunkards, who come into the world, so to speak, with a curse not only upon them, but in them, the terrible desire for that which is to blast them speedily, a desire which no human power can save them from, and which God alone in His wisdom and mercy can protect them from? What an awful thought is this. Can there be any man here present who, if he is taking more

\* “Anstie on Alcoholism.” “Reynold’s System of Medicine.”

than he ought to take, is indifferent to all this? How can he think without dread of this terrible fact, for fact it is as surely as two and two make four, that this desire is becoming part of his nature, and that he is handing it down, not for good, but for the most terrible evil that man can suffer, unto generations yet unborn."

French authorities are equally explicit. Magnan, physician to St. Anne Asylum, Paris, defines dipsomania as a peculiar form of instinctive monomania having its source most frequently in heredity. M. Trélat brings out clearly the difference which exists between the alcoholic and the dipsomaniac. "Drunkards," he says, "are people who get drunk when they find an opportunity of drinking." "Dipsomaniacs are diseased persons who get drunk whenever their attack seizes them."

We might thus go on and exhaust the leading authorities of all nationalities. They all agree that there is an hereditary form of "alcoholic inebriety." But we have, I think, fully proven and are able to endorse the proposition of Elam which we again repeat: "*The offspring of the confirmed drunkard will inherit either the original vice or some of its countless protean transformations.*"

Some points of interest arise in connection with the subject of alcoholic heredity.

Gintrac taught "that the children of female drunkards, if they escape the morbid influences which compromise their existence in the womb of their mothers or at birth, are often idiots, insane, imbeciles, or epileptics."

The life of the foetus may be threatened, intemperate women miscarry; should this crisis be passed, the child may be born an idiot; should it at its birth be apparently normal intellectually and physically, it may develop later on mental and physical characteristics having the alcoholic imprint, it may become epileptic, choreic, or a dipsomaniac; if the latter, then at what period will the individual first exhibit his alcoholic proclivities? The following tabulated statement which I have taken from my study of 600 cases may be of interest on this point.

*Etiology of Dipsomania and Heredity of Inebriety.* 315

| Age.      | Cases. | Age.      | Cases. |
|-----------|--------|-----------|--------|
| 10 to 15, | 26     | 10 to 15, | 26     |
| 15 " 20,  | 121    | 15 " 25,  | 294    |
| 20 " 25,  | 173    | 25 " 35,  | 207    |
| 25 " 30,  | 111    | 35 " 45,  | 49     |
| 30 " 35,  | 96     | 45 " 55,  | 23     |
| 35 " 40,  | 29     | 55 " 60,  | 1      |
| 40 " 45,  | 20     |           |        |
| 45 " 50,  | 12     |           |        |
| 50 " 55,  | 11     |           |        |
| 55 " 60,  | 1      |           |        |
| <hr/>     |        | <hr/>     |        |
| Total,    | 600    | Total,    | 600    |

In 501 cases, or in over five-sixths of the 600, the diseased tendency manifested itself between the ages of 15 and 35, and in the larger proportion of cases (294) between the ages of 15 and 25.

The question also arises, can we prognosticate which child in a family of several will be apt to follow in the footsteps of the inebriate father or mother, or inherit the terrible legacy?

Giron states that "hunters have a proverb which says 'Chien de chienne et chienne de chien,'" meaning that the mother's qualities are found in the son and the father's in the daughter. Buffon also held to cross heredity, but we presume that the same laws that apply to other inherited diseases will apply here also, so that the subject of it can be placed under early espionage and guarded accordingly.

Another point of interest and of practical importance is suggested by the following consideration: Can a couple, otherwise sober, one or the other or both being drunk during the act of conception impress the result of that conception? In other words, will the offspring be modified injuriously by the condition of the parents at the time of the conception? will the child be idiotic, feeble-minded, imbecile, or inherit and develop the "inebriate diathesis"? Voisin reports twelve epileptics whose parents were drunk during the

honeymoon. However difficult to prove, there is a possibility in tracing out an alcoholic lesion, to overlook this intoxication of the parents, otherwise sober, at a special time as the cause.

We might continue to carry out many lines of thought: How shall we deal with the subject of the "inebriate diathesis"? How shall he conduct himself socially? Ought he to contract marriage? How shall we protect him from contact with alcohol in any form, either as a beverage or a medicine? Can we eradicate the "inebriate diathesis" from the family whose destruction it eventually threatens? The value of a knowledge of the "diathesis" in regulating our prognosis, as to the future of special cases of inebriety. The use of malt or spirituous liquors during the period of lactation.

Many other considerations might occupy our attention and repay our researches in this important field of medical science. But in this paper, we shall not be able to discuss in detail all the collateral branches of this important subject, but simply call attention to them.

In conclusion, and in view of all the testimony that we have collated as to an hereditary form of inebriety, we assert:

*First*—Alcoholism in parents produces a degenerate nervous system in their children, and subjects them to all forms of neuroses: epilepsy, chorea, paralysis, mental degeneracy, from slight enfeeblement to complete idiocy and insanity

*Secondly*—Alcoholism in parents produces a form of inebriety in their children known as dipsomania, which in the large majority of cases is inherited in the same manner that other diseases are inherited, and we can with propriety and correctness use the term "Alcoholic or Inebriate Diathesis" in the same sense that we use the term "Tubercular Diathesis," or other terms indicating special tendencies to other inheritable diseases.

Some physicians of experience will not accept the term "inebriate diathesis," and will not endorse the idea that the inebriate becomes an inebriate in the same manner the con-

sumptive inherits a "tubercular diathesis," or the scorbutic, scrofula, or the "congenital syphilitic," syphilis; but believe that the majority of cases of dipsomania are acquired; they acknowledge that the dipsomaniac is irresponsible for his acts, and cannot control his desire, and fully accord with all these views, but believe that the dipsomania, now a disease, is the result of vicious habits, that could have been avoided in the first instance, but through ignorance, social environment, the person indulged in alcoholic stimulants, and so produced the dipsomania or uncontrollable condition of drinking.

But although holding these views, they also believe that a class of persons who have insane or inebriate progenitors, or a family history of insanity or inebriety either in the line of direct descent or collateral branches, inherit a neurotic tendency to inebriety, insanity, epilepsy, hysteria, etc. That while a person with a sober and healthful ancestry may use alcohol for a long period in moderation and not degenerate into a drunkard or dipsomaniac, that class who inherit the above tendency, who have a "bad family history," will quickly, if they use alcohol, most certainly become dipsomaniacs or uncontrollable drunkards. In other words, they believe that the will-power always remains in sufficient force in those of a neurotic ancestry to resist the use of alcohol or other narcotics, if they so will, and therefore, they are irresponsible if they do not exercise that will power. They deprecate the idea of "irresponsible inebriety," of "hereditary inebriety," of inebriety from "necessity" not from "choice," and hide their faces from the truth.

That class of dipsomaniacs that result from head injuries, sunstroke, cerebral disease, or from other causes not dependent upon the exercise of the will, from causes in which there is not an opportunity to exercise the right of choice, these, observers regard as irresponsible.

Again, insane persons cannot in their opinion, be held responsible if they become inebriates, because the will power is destroyed, or at least, held in abeyance. They cannot

exercise the right of choice, they are pyromaniacs, erotomaniacs, kleptomaniacs, dipsomaniacs; but we must show that insanity preceded the inebriety or directly accompanied it.

This in brief is the doctrine of those who oppose hereditary alcoholic inebriety in any form, we confess that we would from choice select these views, we are loath to accept the idea of "irresponsible inebriety" as applied to the first class of cases, but we cannot consult our preferences when we deal with facts.

If ignorance is at the bottom of the whole difficulty, if this is the underlying cause, then the problem resolves itself into simply one of education.

Sober, temperate people with a good ancestry, must remain as such, or they may become drunkards, or if not themselves, they may impress on their children a neurotic temperament to say the least, which will predispose them to inebriety or some kindred neuroses.

Again, those who have a "bad family history," must never, under any circumstances, "touch, taste, or handle" alcohol in any form, as a beverage or as a medicine.

The advice of the old Quaker to his intemperate friend is certainly apropos: "Only open thy hand, friend, and the glass will drop," certainly if the will power is there, the glass will drop. Nevertheless, let the grand work of education go on, teach the masses what they shall eat and what they shall drink. Let temperance organizations and prohibition clubs wage an uncompromising war with liquor dealers, and pot-house politicians and those who depend on these for political preferment. Let "high license" limit the sale and "no license" stop it altogether. We endorse and fully believe in all efforts directed to suppress a nefarious traffic worse than any that has ever cursed a people. But will these measures restrain or restore a will degenerated and weakened by the excesses of an "alcoholic ancestry." Are there not those who became "inebriates from inheritance," from "necessity" not from "choice"?

We submit to all candid minds the evidence we have

presented in this essay, and ask them to sit in calm judgment on the dispassionate and uniform testimony of men who have made the subject of inebriety a life study; under whose professional eye thousands of inebriates have passed, by whose skillful treatment and advice many have been saved, men who have not presented theories or finely spun sophistries, but willingly and cheerfully give in their testimony and affirm what they know according to their "best knowledge and belief."

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#### DIAGNOSIS OF INEBRIETY.

All cases of inebriety may be classed as persons of *undeveloped*, *degenerate*, and *disordered* minds. The first class, the *undeveloped*, represents all grades of defective retarded growths, sometimes seen in external conformations of head and body. Grades of ancestral defects and brain failures, seen in faulty acts and thoughts. The second class, of *degenerate* brains, are those who are retrograding both in mind and body. Such cases frequently date from illness, injuries, shock, diseases of all kinds, and diseases of old age, and of the nerve centers. The third class, the *disordered* brains, are those who from ill-health, bad conditions of living, and surroundings have developed inebriety. Such cases cannot bear the strains, drains, or any extreme circumstances, which tax the energies, and vigor of the body. In all these cases, inebriety starts from unknown states and exciting causes, and these marked physical conditions are both primary and secondary. Inebriety is always disease and degeneration, and the fact often disputed is, can this disease be traced in any uniformity of symptoms or progress? Dr. Jackson has clearly pointed out, that all disease follows a regular retrograde march, which can be outlived and studied as clearly as growth and development. Inebriety is no exception to the rule.

## NOTES ON HEREDITARY INEBRIETY AND INEBRIETY AS A DISEASE.

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

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There is considerable discussion respecting the true nature of dipsomania or constitutional drunkenness. While few will claim forbearance for the sporadic and idle drunkard, there are many who view the periodical and furious inebriate as deserving at least careful study. Is there a form of inebriety allied to those neuroses which mark a constitutional defect in nerve balance, a defect, the conditions of which are transmissible by heredity? Some noted gentlemen deny the reality of the dipsomaniacal diathesis, and especially deny that such a constitutional proclivity can be handed down from ancestry. The real importance of the subject causes one to inquire with a good deal of interest: "What do the highest authorities say on these points? The testimony of the competent gentlemen\* who have conscientiously studied inebriety for some years, will not be taken. Their great interest in the subject might expose them to the imputation of prejudice in viewing the facts. Authorities who are supposed to contemplate scientific principles through an atmosphere pure and uncolored by sympathy, are the only ones who will be questioned. The attempt will be made to show that if epilepsy, spasmodic asthma, prolonged neuralgia, hysteria, suicidal melancholia, and the like, are constitutional diseases, then dipsomania, or as it is called by some, inebriety; is also a constitutional disease.

Morel, quoted by Maudsley (*Path. of Mind*, p. 114), when

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\* This of course will eliminate from the discussion such eminent names as Hughes, Parrish, Crothers, Mann, Mason, and others in this country; and Clouston, Mitchell, Kerr, Peddie, Cameron, Carpenter, and a host of others in Great Britain, any one of whom is fully competent to decide on the merits of the question.



speaking of the degeneration and final extinction of a neurotic family strain, gives a history from his own personal observation thus: "*First generation*—immorality, depravity, alcoholic excess, and great moral degradation in great-grandfather who was killed in a tavern brawl. *Second generation*—hereditary drunkenness, maniacal attacks ending in general paralysis in grandfather. *Third generation*—Sobriety, delusions of persecution, and homicidal tendencies in father. *Fourth generation*—defective intelligence, mania at sixteen; transition to idiocy; generative functions feeble; sisters imbecile; wife had a bastard child of good constitution." Dr. Maudsley remarks, "if this were an invention, it would be one of those inventions which teach excellent truth." When treating of heredity, Maudsley divides the subject into three branches: 1st, heredity of the same form; 2d, of allied form; 3d, with transformation of neurosis, as when the ancestral defect was simply a nervous disease. Of heredity of the same form, this author says (p. 108): "That is, when a person suffers from the same kind of mental derangement as a parent, which he seldom does, *except* in cases of suicide or dipsomania." Dr. M. says in another place: "This mingling and transformation of neurosis which is observed sometimes in the individual, is more plainly manifest when the history of the course of nervous disease is traced through generations." The book of inebriety is open everywhere and to everybody. But to study its pages aright, particularly in respect to its habits of descent through individuals and generations, the observer himself must abide for a long series of years amongst one and the same community of people. It is obvious that in this way only can he study the facts respecting the influence of alcohol upon individuals and upon families.

In the work already cited (p. 91) it is written: "With respect to an individual's legacy from his parents, he inherits not only their family nature . . . but something from their individual characters, as these have been modified by their sufferings and doings, their errors and achievements, their development or their degradation."

Dr. Blandford (*Insanity and its Treatment*, p. 139), speaks as follows: "As I have said, the particular character of the mania or melancholia depends on the constitution of the individual, . . . and the same person may at one time be maniacal and at another melancholic. It is true, we frequently see the same form in successive generations, e. g., suicidal melancholy and hereditary drunkenness." Blandford teaches that there is a vast number of cases where the descending form is different from its parent; and that the same form may, or may not, appear in posterity. The idea that the hereditary transmission of different but interchangeable neurotic form, is an indication of the insane temperament, is universal amongst alienists. That "alcoholism is more liable to produce epilepsy, or idiocy, than to repeat itself," places alcoholism (or inebriety) at once amongst the hereditary and insane neuroses. Maudsley affirms (*Path. of Mind*, p. 107) that such forms of nervous disease as "epilepsy, paroxysmal neuralgia, strong hysteria, dipsomania, spasmodic asthma, hypochondriasis, and suicidal melancholia, may predispose to mental derangement in the offspring, as conversely insanity in the parent may predispose to other forms of nervous disease in the offspring." In view of this principle the remark of Blandford (*Insanity and its Treatment*, p. 145) is important: "Making all allowance for the highly colored pictures drawn by the advocates of total abstinence, it is probable that intemperance is increasing rather than diminishing." After remarking that drunkenness is abating amongst the better classes but not in the lower classes, Dr. B. continues: "Hence, I believe springs the ever renewed insanity of our lower classes. . . . My opinion is, that amongst the lower classes of our countrymen, insanity is on the increase. . . . There is a degree of drunkenness among the lower classes of this country that is not found in the higher. . . . The amount of drunkenness is enormous, and is almost confined to the lower orders—below the shopkeeper class."

This is placing habitual drunkenness, or rather the neu-

rotic mood which with those neuroses with true insanity in one family. . . . distinctive of the unstable or abnormally unmanageable nature of the hereditary connection: "From its connection to its habits, it affects its organs, so it produces a series of nervous diseases of mind; it tends to produce a tendency towards a certain expression of

Dr. D. H. Churchill, London, in his language: "The period of and experience especially to the case of Dr. Bucknill (*Path. of Mind*) origin of insanity is different besides the position; for instance of old age, and of procreation." a predisposition unquestionable state of one or propagation."

"When men insanity descends," says Dr. examples from

rotic mood which craves intoxication, very closely in alliance with those neurotic states which immediately interchange with true insanity, if it does not indeed classify them together in one family. The intense desire for intoxication which is distinctive of the dipsomaniac, appears to issue from some unstable or abnormal state of the brain, as other lawless and unmanageable nervous symptoms frequently do. The observation of Maudsley (*Path. of Mind*, p. 103) is apposite in this connection: "As the form of every living creature answers to its habits, it desiring only what it can attain by means of its organs, so it is with the particular neurosis of that congeries of nerve-centers, which constitute specially the organ of mind; it (the neurosis) inspires a desire for, and determines a tendency to that form of mental activity, in other words, to that development of the psychosis, which is the fullest expression of its function."

Dr. D. Hake Tuke (*Psychological Medicine*, p. 57, Churchill, London, 1874), speaking of the influence of parentage in impressing a morbid diathesis upon posterity, uses this language: "The causes of insanity may come into operation at the period of conception. We should expect this *a priori*, and experience appears to prove it. We allude more especially to the case of a parent begetting children when drunk." Dr. Bucknill (*Psyc. Med.*, pp. 396, 397), while treating of the origin of insanity declares that "other conditions in the parent besides that of actual insanity may create this predisposition; for instance, violent and *habitual* passion, the debility of old age, and most of all *habits* of intemperance at the time of procreation." In describing the establishment *de novo* of a predisposition to insanity, Dr. Maudsley adverts to "the unquestionable influence of the particular mental and moral state of one or both the parents before and at the time of propagation." (p. 97.)

"When mental disease is transmitted, does the form of insanity descend? Very frequently this appears to be the case," says Dr. Tuke. The doctor then proceeds to give examples from various authorities of the direct descent, from

ancestry to posterity, of hallucinations, monomania, melancholia, mania, general paralysis, and idiocy; and then he adds upon his own authority: "Of dipsomania, the cases are so common that it is not necessary to detail any examples." (*Psyc. Med.*, pp. 67-70). Dr. Tuke on page 65 (same work) gives a table "Exhibiting the proportion of hereditary cases in the different forms of insanity, observed in the Crichton Institution, as reported by Dr. Stewart." Mania descends as such in 51 per cent. of cases; melancholia, 57 per cent.; monomania, 49 per cent.; moral insanity, 50 per cent.; idiocy and imbecility, 36 per cent.; dipsomania, 63 per cent.; general paralysis, 47 per cent.; dementia and fatuity, 39 per cent. Whatever may be thought of the grade of per cent. in this table, the statement clearly shows the tendency of heredity in producing, not only like morbid constitutions in generality, but also like specialization of morbid constitution in particulars.

Dr. Bucknill declares when again treating of the origin of insanity (*Psyc. Med.*, p. 401) that "Enquiring into the habits of a patient, will often discover cause for the production of insanity; habits of intemperance for instance, and habits of strong mental excitement." It would seem, however, to be a matter of indifference whether a habit can be transmitted in its own form, or in some other representative form, if it is to be resumed further on, and lower down, in an irresponsible progeny. Neither does it seem to be of much moment whether the pernicious and disabling habit in an innocent posterity is, or is not, the outcome of vice, or sin, or heedlessness in remote ancestry. Posterity itself is helpless.

Dr. Bucknill, in a work noted for the bitterness of its style (*Habitual Drunkenness and Insane Drunkards*, p. 57), assails the doctrine that drunkenness is commonly a disease, and he advocates, with the skill and subtlety of great learning, wide experience as a practical alienist, and strong intellectual endowments, the dogma, that habitual drunkenness is, in a great proportion of instances, simply vice. But he takes pains to assert with careful precision "That strong

drink does often cause disease of the nervous system with disturbance of the mental functions; and also that such diseases coming from other sources, do give rise to the passion for drink. These are facts which can admit of no doubt. The history of such cases, their heredity, periodicity, . . . are very well known to physicians who have made madness their study." Dr. Bucknill has little sympathy with the drunkard. He says: "The thorough-going drunkard soon puts an end to his worthless existence, and there the evil stops. But he who prolongs the agony, remains for an indefinite number of years . . . and sows the seeds of hereditary mischief." In the concluding member of this sentence, Dr. Bucknill seems to recognize the greater damage flowing from habitual, steady drinking, in small quantities, over the furious periodical sprees of the neurotic inebriate.

Dr. Wynter says: "Among the more special forms of moral perversity, or, as the alienist physician would say, insanity, which are transmitted by an insane parent, may be mentioned dipsomania." (*Borderland of Insanity, London, 1875, pp. 49, 50*). Again, the same author speaks of "the known fact that persistent drunkards plant the seeds of insanity, and the other allied diseases in the offspring. Once planted there, the fruits may be diverse; in one, there may be persistent neuralgia; in another, the ancestral drunkenness may assume the form of dipsomania; while another may be afflicted with partial paralysis or with epilepsy."

Dr. Forbes Winslow (*Lectures on Insanity, p. 156*), declares: "I maintain, and facts clearly demonstrate my position, that there is a vast amount of crime committed by persons who occupy a kind of neutral ground between positive mental derangement and mental sanity. I do not support the dangerous opinion that *all* crime is referable more or less to aberration of mind, but I do affirm that in estimating the *amount of punishment* to be awarded, it is the duty of the judge, not only to look at the act itself, but to consider the physical condition of the culprit, his education, moral advantages, prior social condition, his early training, the tempta-

tions to which he has been exposed, and, *above all*, whether he has not sprung from intemperate, insane, idiotic, and criminal parents."

It is by no means an unusual thing for a man to suddenly and mysteriously disappear, and after the lapse of time more or less prolonged, he will "find himself" possibly hundreds of miles from home and friends. There is a certain condition of impaired consciousness connected with nervous derangements, which is liable to disrupt the mental relations of a man from their ordinary associations and material surroundings. When restored to his rightful nervous condition, this breach in normal mental continuity will, if it has been considerable, prevent the mind from associating itself with facts as perceived through the ordinary avenues of observation. There is here a hiatus or gap between the plane of consciousness occupied by the impaired mind, and the plane of true and normal consciousness, such as belongs to a perfectly sound, mental sensibility. Consequently, in the absence of any suggestion or association connecting the morbid with the healthy consciousness, the impaired mind, *when restored*, has no recollection of the common occurrences of the time while it was occupying a false position.

It is something of this kind to which the name of "trance" has been applied when speaking of certain effects of alcohol upon the attention and sensibilities. This state of trance may spring from other causes, however, than alcohol. A certain well-known clergyman for years suffered from epilepsy. The disease suddenly left the patient, although he remained complaining and ill. While in this state, the man wrote and delivered a sermon and filed the manuscript away. About a month afterwards, at the end of a vacation, he wrote and delivered a sermon from the same text — substantially the same sermon. Upon filing this away, he was astounded to find the MSS. of the sermon last given. He had no recollection of having written or delivered it, and he has none to this day. This was certainly a kind of trance, and at the same time a transformation of the neurotic form. The au-

tomatism of ordinary life, the amount of which is little suspected, makes the detection of such states of trance very difficult.

A condition of amnesia with respect to the affairs of common life, is far from being exceptional when the mind is even slightly under alcoholic dominion. Alcoholic trance belongs to a neurotic constitution, a constitution of which a bad symmetry of function between the several nerve subsystems is distinctive. Neurotic constitutions belong to family strains as a rule, although many causes may develop them, *de novo* in individuals. It is not unlikely that brief periods of impaired consciousness occur to a vast number of minds, but, speedily "catching on" again, neither themselves nor any one else becomes aware of them.

Alcohol, while a universal paralyzer, is not a co-equal depressant. Some nerve centers are apt to be more affected than others. This is seen when a drunken man walks pretty well but has no sense, or when he is fairly acute, mentally, but is a rag on his legs. It seems probable that, while alcohol may greatly depress an inhibitory nerve center, it may depress the center inhibited in a less degree, the effect being really a stimulation of the latter, and an exalted expression of its functions. Such causes impress upon the nervous system a condition which is displayed by contradictory, incoordinate, and incoherent activity. Unquestionably such a condition of the nervous system is peculiarly fitted to modify the nature, and constrain the actions of consciousness, to such an extent, that it is placed out of normal relationship with common things.

Is dipsomania a neurotic and impulsive crave for intoxication, a disease?

Dipsomania is declared by authorities to be one of the hereditary transmissible neuroses, which is interchangeable with other neuroses that are indisputably allied to insanity. Dipsomania is an aptitude for intoxication, but it is an aptitude that is not subject to rules or laws. It is pathological for it is insatiable, unmanageable, in fact, an outlaw. A

physiological appetite, hunger for instance, is reasonable; it can be readily satisfied. When the condition called hunger is relieved, the appetite ceases and food is refused. The appetite called hunger therefore denotes good health, while the neurotic desire for intoxication (falsely called a thirst) is exaggerated and lawless. It is impossible to satisfy it. It is a storm coming no one knows whence, going no one knows where.

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The Medico-Legal Society of New York, has decided to hold an International Congress of Medical Jurisprudence at which representatives from all countries will be invited to attend and contribute papers. The congress will be held in June, 1889, and continue four days. Members of the Medico-Legal Society will entertain as guests all foreign visitors, and arrangements will be made for reduced rates of ocean and railway travel for those who attend from a distance. Eminent men of Europe and this country have promised to attend and contribute papers, and the meeting promises to be the most important one ever held. All active, honorary, or corresponding members who will contribute papers, to be read at this congress, will please forward their names and the title of their papers to the secretary of the sub-committee, or to the president of the society, at No. 57 Broadway, N. Y. City.

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I look upon all movements to check drunkenness, that do not include entire and physiological rest to each case, as devoid of all elements of success. So confirmed am I in this view, that I do not hesitate to say that he who stimulates his body when he is tired by the use of any ordinary excitants, or who resorts to medicines to give tone, or who rallies his flagging energies by the use of nervines of any sort, can furnish no security in the strength of his own will, in the depths of his own convictions, in the firmness of his own purpose, in the purity of his own principles, in the largeness of his own faith, against becoming an inebriate.

—DR. JACKSON *in lecture.*



TRAUMATIC INSANITY AND INEBRIETY.\*

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etc., etc.*

Head injuries do not invariably produce mental disease, but when insanity results there are, in most cases, peculiar symptoms constant enough to justify the designation of Skae, traumatic insanity, which has been adopted by Krafft-Ebing, Spitzka, and the other leading psychiatric authors.

There are important medico-legal bearings that should induce the scientific physician to accord the traumatic etiology a just consideration even where the malady did not, upon superficial observation, appear to otherwise differ from the ordinary epilepsies, paranoias, paretic dementias, etc., which, as sequelæ, are often prominent, but which are, as a rule, modified by the traumatism markedly.

The mental ailment being apt to develop long after the receipt of the injury, surgeons do not ordinarily encounter or recognize the disorder, as is evident in the bare mention by Agnew and Bryant that insanity may follow head injury and there be no external evidence, upon the head, of the injury.

In hospitals and private practice cranial injuries are seldom followed, from lack of opportunity; even military surgeons are debarred from a satisfactory study, for in the field such cases are sent to the rear, discharged as disabled, or otherwise escape observation, after the wound, if any, has healed.

The average proportion of traumatically caused to other forms of insanity is thus 5.4 per cent., ranging with different asylums from less than 1 up to 10 per cent. of the admissions. But traumatic insanity proper, is probably related to

\* Extracted from the *Alienist and Neurologist*.

other insanity in the proportion of 1 to 2 per cent. About one-fifth of all head injury insane cases.

Traumatism may precede insanity and have no relation to the insanity, just as head injury is compatible with insanity.

Traumatism may predispose to traumatic, or other forms of insanity, especially *alcoholic* and syphilitic.

Traumatism may be the exciting cause of traumatic or other forms of insanity in the predisposed, as hebephrenia and paranoia.

Traumatism may modify, complicate, or aggravate other forms without the clinical symptoms of traumatic insanity appearing. The latter may co-exist with other forms of insanity.

Traumatism may act as both predisposing and exciting cause, producing traumatic insanity by itself, but hereditary or other taint causes greater liability.

Insanity may develop at any interval after a head injury, but usually several years intervene.

While heredity renders the individual with a head injury more liable to insanity than one with the same injury would be without the heredity, and while this predisposition plays a very important part in a large but undetermined number of traumatic cases, the psychosis may exist without any previous insane tendency inherited or acquired.

The prognosis of traumatically induced insanity is unfavorable.

Under head trauma that affect the brain, with or without demonstrable cranial or cerebral lesion, may be included contusions, compressions, incisions, punctures, concussions, the effects of transmitted or direct violence (such as could be imparted by a jar of the spinal column), lightning stroke, sun-stroke, overheating, exposure to sudden alterations of intense heat and cold. Neck wounds, through probable injury to the cervical sympathetic, and injuries to the limbs or trunk, may occasion insanity.

Conspicuous as symptoms are:

*Change of Character.* This is very often only ascertainable by a comparison of the behavior before and after the injury upon testimony of relatives and acquaintances. Commonly the traumatic lunatic is described as "not being the man he was." These changes are often radical and consist of

*Lapses of Memory*, as in epilepsy, more prominently than a general failure of that faculty. Forgetfulness of names, persons, places, and transactions are occasional to frequent, but the most notable are the memory gaps.

*Headaches and sleeplessness* are noticeable, especially as preceding or accompanying the most troublesome periods of the disorder. Both conditions are apt to be hyperæmic and aggravated by constipation, liquor imbibing, business or domestic worry, etc.

*Irritability*, varying from occasional irascibility provoked by trifling affairs, an explosion of anger, a passionate manner, to the most violent outbursts of temper. Usually the head is flushed at such periods, and there is a swagger and bullying differing from the epileptic irascibility or *petit mal intellectuel*, which is attended with pallor, a cynical, sarcastic or sneering "hatefulness," rather than boisterousness. The usual sun-stroke or traumatic irascibility, to a lesser degree, can be observed in many cooks who are "hard to get along with." Its cause is in cerebral turgescence from heat.

*Suspiciousness* is a frequent feature, as in phthisical insanity.

*Long apparently lucid intervals.* There is no telling at what moment the insanity may explode in an outrageous act, and while hallucinations and other features of insanity exist, even though the patient may talk and act rationally, the insanity is not absent. Personal inspection of the patient may reveal nothing beyond a slight peculiarity of manner, or not even this.

*Homicidal and suicidal impulses*, as frequent and characteristic occurrences in traumatic cases are recorded by Spitzka and Clouston, who cite cases.

Verity\* narrates a case where the pain and heat appeared upon the side of the head opposite to the part struck, with mental degradation, drunkenness, hallucinations of hearing, disagreeable in character. Three years after the hurt he struck and threatened to kill his wife; at this time he was sober. Two days later he committed suicide by hanging. Brower † observed three cases. One was an army captain, æt. twenty-three, wounded in right parietal region, suffered from headaches and insomnia and four years later became irritable, resentful, quarrelsome, and dissolute. His wife abandoned him on account of his conduct. He went to France and became conspicuous for his outrages as a leader of the Commune. He committed a murder and mail robbery. "The immorality was obviously pathological and the case has in it the evidences of logical perversion." The second case, with heredity, hurt in the army, upon the head, underwent character change, was quarrelsome and subject to fits of ungovernable fury, suspected his family of a desire to poison him. After an attack of epileptic convulsions, his delusions of conspiracy and suicide increased. He carried a knife and pistol for self-defense. The Catholic Church and clergy, to which he had been devoted, he especially regarded as persecuting him. He had attacks of fury, in one of which he killed his wife and then attempted suicide. The Illinois prosecution claimed the man's irregularities to be due to whisky. The judge instructed that if the insanity was the result of inebriety it was no defense, which resulted in the following verdict: "We, the jury, find the defendant guilty in the manner and form charged in the indictment, and fix his punishment at death by hanging. We also find the defendant insane at the present time." The prisoner committed suicide the next day.

"The propensity to suicide is very often combined with the impulse to homicide, and acts of suicide like those of homicide are generally preceded by a morbid change of character and habits.

\* Amer. Journal Neurology and Psychiatry, May, 1882, p. 196.

† Alienist and Neurologist, Oct., 1883, p. 650.

In many cases of traumatic insanity murders, the previous insane predisposition is emphasized by a number of immediate relatives having been insane.

*Alcoholic complications* are very numerous, and where one exists, a murder, especially a wife murder, may be the result of this, as alcoholic lunatics influenced by their marital infidelity, delusions, and hallucinations commit peculiarly horrible crimes of this kind. A drunken katatoniac disemboweled his wife in Chicago, running into the street in his nightgown. He was sent to the penitentiary after puzzling the doctors with the alternations of that disease.

Spitzka mentions Lennon, a New York alcoholic, who cut his wife up in regular checker-board pattern.

That both alcoholic and traumatic insanity are murderous might raise the quibble in court as to which the crime was attributable. As the head injury impels to the alcoholic lunacy it should not matter, but there is a psychological interest in the disentanglement. The delusion of the wife's unfaithfulness might shift the homicide upon the liquor lunacy.

1. Alcoholism may in the ancestry predispose through transmitted nervous or mental instability, so that traumatism will more likely induce insanity in a descendant.

2. It renders the individual liable to accidents, despite the old saying that drunkards escape injury.

3. Previous alcoholic habit complicates and aggravates traumatic cases as it does pneumonia, and may be the determining factor of insanity, where the abstemious, with the same injury would survive and may remain sane. It retards recovery and alcohol after a head wound or sunstroke readily congests the brain, a condition especially to be avoided.

4. A proneness to alcoholic addiction is observed as remarkably frequent after a head injury, sunstroke, or overheating.

5. Traumatic cases are quickly, readily, and badly affected by small amounts of liquor which previous to the injury would have had little if any effect. "A little will

always make them maniacal and often very dangerous and homicidal," says Clouston.

6. Alcoholic insanity may be superimposed upon traumatic, and many degrees of these two psychoses combined are observable.

7. The delusions peculiar to the alcoholic insane are sometimes found in traumatic cases complicated with alcohol, even though the alcoholic insanity may not fully exist. This is an important observation.

8. As a probable majority of head injury cases are addicted to liquor the relations of alcoholism to this insanity should be clearly understood as of medico-legal importance for the law makes a distinction between acts done through insanity from liquor continuously used and those occasioned by liquor "voluntarily" taken. Fearing that advantage may be taken of the plea if drunkenness secured acquittal the legal fiction remains, to be swept away by further advance in civilization, that every drunkard is responsible for his crime. Since this is in the statutes there should be careful discrimination of the effects of alcohol in criminal cases. It should be known that injury predisposes to alcoholism and that one or the other psychosis may predominate in the same individual.

Frequently we have to combat the error of an effect or product of insanity being mistaken for the cause; and nowhere is so much injustice exhibited as in these instances.

I knew an officer of the regular army whose eye was shot out and fore-brain injured during the late war. He was jovial, but dissipated, and occasionally irascible, especially when marching. He was twice court-martialed for acts committed under liquor influence and threatened with cashiering. He had no sympathy from his brother officers, who were harsh in their condemnations. His previous brilliant record for bravery stood him in good stead, whereas the pathological condition should have been recognized in mitigation or excuse. A fireman is in an Illinois asylum with a battered head received in the course of duty. He was pre-

viously temperate, and as he drank heavily afterwards, this was blamed as the cause of the insanity and his wife is refused the customary pension.

If we adopt the Earl of Shaftesbury's dictum (he was in a position to make such an affirmation, being the head of the English Lunacy Commission for fifty years), that fifty per cent. of all insanity is due to alcohol, I think that careful tabulation will show much of this alcoholism to be induced or precipitated by cranial injury, which latter becomes the real and the former the apparent cause.

*Delusions, illusions, and hallucinations* are those of being persecuted and are often hypochondriacal, as in paranoia; those of grandeur as in parietic dementia; those of poisoning and marital infidelity as in alcoholic insanity.

The divisions of traumatic insanity I would suggest, are as follows:

*Traumatic dementia*, which usually runs a rapid course to death, and follows upon severe injuries.

*Traumatic parietic dementia*. This is not the ordinary paresis, but a mixed form blending the peculiarities of the traumatic with those of a shifting, illy-defined paresis, and often linked to a prominent enough paranoia, but the latter is modified by the paresis which governs the prognosis.

*Traumatic paranoia* may occur with or without the parietic symptoms simultaneously or successively thereto. I should judge from the accounts of the "American crowbar case" that paranoia was the prominent, if not the sole, manifestation in that instance. Left frontal hurts or heredity appear to determine the appearance of this logical perversion.

There are cases wherein paranoia, epilepsy, and parietic dementia are united, where one predominates or persists to the exclusion of the other form.

*Case I. Traumatic dementia.*—L., æt. forty-eight, mechanic, vigorous, cheerful, industrious, was hit in the head by a flying stone and in a year was helpless, irritable, stupid, with great intolerance to liquor which "went to his head and made him crazy."

*Case II. Traumatic parietic dementia.*—M., æt. thirty, machinist, struck in the forehead and top of head by conductor's lantern and soon after began drinking heavily, developed irritability, memory and business ability impairment, sleeplessness and prodigality, and is advancing to dementia.

*Case III. Paranoia with traumatic insanity and alcoholism.* Peter Deegan, æt. sixty, farmer, had lived in Ozaukee county, Wisconsin, about, thirty years, an Irishman, surrounded by Luxemburgers with whom he was incessantly at war. He had been beaten over the head with a club and had fallen out of wagons upon his head during drunken bouts, and to use his own words, "swam in whisky." He turned his family out of doors and was cruel to his children in many ways. There was evidence that his sister and himself were primary paranoiacs. She was hemiparetic and passing into dementia. Both of them saw and talked to the fairies or "good people," left food out of doors for them, and had delusions concerning the dead not compatible with their professed religion. Deegan, in a dispute over a trivial matter (a wagon load of straw) brought two guns from the house, one of which he discharged into the thigh of a neighbor, from the effects of which he died. On a change of venue he was tried at Sheboygan, Wis. The evidence was overwhelming as to the traumatic and alcoholic nature of his insanity, but there was great popular prejudice against him, and he received a twenty years' sentence.

*Case IV. Traumatic paranoia with alcoholism.* Mathias Busch, æt. thirty-two, German, brewery beer vender. Grandmother threw herself in a well while insane, father "eccentric," a paternal uncle John insane and confined in a cell in his own house. A son, Henry, of this uncle is in the Jacksonville Asylum, insane; another paternal uncle, Fritz, was insane, who had two daughters, one of whom died in epileptic convulsions and the other gave birth to two idiots.

Busch had been struck on the left forehead when a boy, the scar is still visible; and also a punctured wound in left temple at outer angle of eye from a pitchfork thrust. He



ementia.—M., æt. thirty, and top of head by con- an drinking heavily, de- siness ability impairment, advancing to dementia. *alcoholic insanity and alcohol-* er, had lived in Ozaukee ears, an Irishman, sur- m he was incessantly at e head with a club and head during drunken swam "whisky." He is cru to his children that his sister and him- was hemiparetic and saw and talked to the of doors for them, and compatible with their dispute over a trivial ht two guns from the the thigh of a neigh- ed. On a change of s. The evidence was alcoholic nature of his prejudice against him, e.

*alcoholism.* Mathias beer vender. Grand- isane, father "eccen- confined in a cell in uncle is in the Jack- nal uncle, Fritz, was nom died in epileptic two idiots. forehead when a boy. ured wound in left chfor rust. He

had twice been sunstruck in addition. He had been industrious and kind to his family up to the date of his first sunstroke, six years ago, when stupid and depressed attacks followed with occasional irritability, and drink affected him more than formerly. His occupation led him to drink considerably. He suspected his wife of being unfaithful at times. These troubles with headaches and sleeplessness increased after the second attack, but he transacted his business as usual with occasional moroseness and accusations against his wife. Three years ago he attempted to commit suicide with a pistol. He finally cut his wife's throat, and after a two weeks' trial was given a life penitentiary sentence.

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The Count de Villeneuve was tried at Hyeres, France, for selling wines falsified by arsenic. It seems several persons, noted wine drinkers, had died, having many symptoms of arsenical poisoning, and others were made very ill. The wine used was found to be heavily charged with arsenic to hold it from change, and was the direct cause of the death and illness. The trial was for damages by the friends of the victims, but the prosecution failed. The judge condemned the process of wine falsifying and the case ended. A curious sequel to this event followed in September last, when the Count de Villeneuve gave thirty thousand francs indemnity, and two plantations to over two hundred of the sufferers who had drunk this wine.

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Where *inebriety* is associated with epilepsy and can be traced to head injury, dangerous impulses are common after the drink paroxysm. In nearly all of these cases the grand-mêlée is followed by explosive violence.

THE BRITISH MEDICAL ASSOCIATION INQUIRY  
INTO INTEMPERANCE.

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

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For some time past the Collective Investigation Committee of the British Medical Association have conducted an inquiry into the connection of disease with habits of intemperance. The report, on which Dr. Owen bestowed great pains, was published in a recent number of *The British Medical Journal*. The 13,000 members of the association were asked to fill in returns from the counterfoils of their death certificate book for the preceding three years. This investigation, however valuable as an experimental effort, is too defective to warrant any general deductions.

There are one or two serious defects, among the chief of which is the small number of reporters, and the limited total of deaths reported on. Only 178 members sent in returns, and the whole number of deaths returned was 4,234. These data are far too few to justify any dogmatic conclusion. Perhaps a still more serious drawback has arisen from the fact that the returns have been drawn from the death-certificate counterfoils of the preceding three years. The memory of a busy practitioner of medicine is too overburdened to admit of reliance being placed upon recollections of particulars of cases even a few months back, and this defect alone, in my judgment, vitiates the whole report. Besides, probably not half-a-dozen of the reporters had their attention, during the period of observation, directed to the relation of temperate or intemperate habit of life to the causes of death. I have no doubt that the reporters have all done their best to give as accurate returns as possible, but from my own experience of a previous attempt to procure a similar return on a much smaller scale — for only twelve months back — I feel con-

ident that the only judicious plan would be to ask reports of deaths for a future period extending, say, from the 1st of January 1889, for one, two, or three years. The practitioner could then accurately fill in the particulars (to which his attention would be specially called) of each death while his memory of them would be fresh and trustworthy. A third important defect is that of classification of drinkers into (1) the habitually temperate, (2) careless drinkers, (3) free drinkers, (4) the decidedly intemperate. The habitually temperate are defined as drinking small amounts, only with meals, and rarely taking spirits except as a medicine. The latter part of this definition did not apply to whisky-drinking countries, so that the Scottish and Irish figures are on a different footing from those of England. The careless drinkers were described as neither "intemperate" nor "free," yet as not confining themselves within a rigid rule, not objecting to spirits occasionally as a beverage; at times drinking between meals, or even getting drunk occasionally, but not making either practice a habit; and on the average, not materially exceeding the so-called "physiological amount" of  $1\frac{1}{2}$  ounces of pure alcohol daily. The free drinkers were stated to be men who drink a fair amount, or take their wine freely, habitually exceeding the physiological amount to a material extent, yet who could not be called drunkards or considered as having forfeited a reputation for sobriety. The decidedly intemperate were called "drinking men," "hard drinkers," and "drunkards." This distribution will, by those who have devoted much attention to the subject, be recognized as most indefinite so far as the habitually temperate, careless; and free drinkers are concerned. There is a large proportion of drinkers who are abstemious to a degree in company, but who indulge to excess in secret, their habit of intoxication, or of less pronounced drinking, never being discovered unless by accident.

Bearing in mind these, among other qualifications to be applied to the results of this investigation, let us consider the results, remembering that only males dying over 25 years

of age were included. 2.8 per cent. were abstainers, about 42 per cent. were habitually moderate, 25 per cent. were careless, and 30 per cent. more or less distinctly intemperate (one-half of these latter having been decidedly so).

The most interesting to temperance reformers, of all the figures, are the returns of the average age at death. The table is as follows :

|                                  | Years. |
|----------------------------------|--------|
| Abstainers, . . . . .            | 51.22  |
| Habitually temperate, . . . . .  | 62.13  |
| Careless drinkers, . . . . .     | 59.67  |
| Free drinkers, . . . . .         | 57.59  |
| Decidedly intemperate, . . . . . | 52.03  |

Here the average age of the habitually temperate is the highest, the careless drinkers next, the free drinkers third and the decidedly intemperate fourth. There has thus been a difference in length of life of ten years between the habitually temperate and the decidedly intemperate.

The most remarkable feature of this table of the average age at death is, however, the apparently shorter duration of life of abstainers as compared with drinkers of all degrees. The average length of life of the nephalists was about eleven years less than the average of the habitually temperate, eight years less than the average of the careless drinkers, about six years less than the average of the free drinkers and, wondrous to relate, actually about three-quarters of a year less than the average of the decidedly intemperate. Here's a nut for the teetotalers to crack at last! Some of our friends—the enemy—are already crowing over this marvelous demonstration (?) that teetotalism kills more quickly than habitual drunkenness!

But this dire doom of water-drinkers is, after all, but an illusion. The truth is, that drinking, as a general habit, has descended from remote antiquity, while the general adoption of abstinence has been of but comparatively recent years. The greater proportion of converts to teetotalism have been amongst the young, so that the average age of abstainers in the land of the living must, at any period within the three

years reported on, have been very much less than that of drinkers of all grades. This is Dr. Owen's explanation.

That there is much in this mode of accounting for the apparent superior longevity of drunkards and other drinkers over abstainers is apparent from two other tables constructed by Dr. Owen. When all cases of death under thirty years of age were excluded, the average age of the teetotalers was about four years more than that of the decidedly intemperate. When all deaths under forty were excluded, the average age of the teetotaler was one year greater than that of the free drinkers, and more than five years greater than that of the intemperate. Dr. Owen candidly and very properly states that we have not in these returns the means of coming to any conclusion as to the relative duration of life of total abstainers and habitually temperate drinkers of alcoholic liquors.

This explanation is sufficient to account for the returns embodied in this enquiry apparently showing an average duration of life different from that obtained from observation of the living. But, I think, a little of the discrepancy may be due to the defects in the investigation to which I have alluded, and to other defects of minor importance. The returns of the United Kingdom Temperance and General Provident Institution prove conclusively the remarkably greater length of life among abstainers than among drinkers who are not drunkards. The statistics are spread over twenty-two years, and afford the best proof attainable of the marked longevity of abstainers, as compared with drinkers, drunkards being excluded altogether:

|                          | Temperance Section. |                | General Section. |                |
|--------------------------|---------------------|----------------|------------------|----------------|
|                          | Expected Deaths.    | Actual Deaths. | Expected Deaths. | Actual Deaths. |
| 1866-70 (5 years), . . . | 549                 | 411            | 1008             | 944            |
| 1871-75 " . . .          | 723                 | 511            | 1268             | 1330           |
| 1876-80 " . . .          | 933                 | 651            | 1485             | 1480           |
| 1881-85 " . . .          | 1179                | 835            | 1670             | 1530           |
| 1886-87 (2 years), . . . | 553                 | 390            | 713              | 700            |
|                          | <hr/>               | <hr/>          | <hr/>            | <hr/>          |
|                          | 3936                | 2798           | 6144             | 5984           |

"Facts are chiefls that winna ding," and till these, as well as other life insurance statistics telling much the same tale, are proved to be inaccurate, teetotalism is demonstrated, by the most practical and crucial test that can be applied, to be unmistakably favorable to long life.

I trust that no one will consider my criticism as in the smallest degree reflecting on the Investigating Committee, or on Dr. Owen, the latter having simply had to deal with the material placed before him. In fact, he deserves the highest praise for presenting so elaborate an analysis, and drawing up so fair a report of the returns at his disposal. Enquiries of this kind are subject to defects altogether beyond the control of the investigators. Taking the report as it stands, it is gratifying to the advocates of temperance to find the following, among other deductions drawn by Dr. Owen: That habitual indulgence in alcoholic liquors, beyond the most moderate amounts, has a distinct tendency to shorten life, the average shortening being roughly proportioned to the degree of indulgence. That cirrhosis and gout are largely caused by alcoholic excess. That the effect of alcoholic liquors is generally to predispose the body towards the attacks of disease. That total abstinence and habitual temperance considerably augment the chance of death from old age or natural decay without special pathological lesion. So it ever is. The more the effects of strong drink are enquired into, the more confirmation there is of the fundamental principle on which abstinence and prohibition are based; that intoxicating liquors are dangerous beverages, perilous to life in all quantities, of the effects of which we have as yet any means of knowledge.

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Dr. Rauch has found that in the statistics of eight hundred deaths of physicians in Illinois during the past ten years, eighteen came from overdoses of opiates and hypnotics, and twelve come from alcohol.

SHOULD INEBRIATES BE PUNISHED BY  
DEATH FOR CRIME?\*

BY T. D. CROTHERS, M.D., OF HARTFORD, CONN.

It is a common error to suppose that law and its practice, and the facts and theories of science generally accepted to-day, are final and fixed truths. The fact is not often recognized that theories, creeds, and laws, and their application to the events of life, are only human conceptions of truth. Hence the demand for change and readjustment of the relations of life to conform to the new truths and new facts constantly appearing. Whenever human conduct, thought, and law fails to adapt itself to these new conceptions of life, great injury and loss follows.

The treatment of insanity, medically and legally, has totally changed from the past century. A better knowledge of such cases has demanded an adjustment of theory and practice to conform to the new views. The armies of the lawless and defective are no longer concealed by the fogs of superstition. Their origin and march are growing more and more distinct with every advance of the age. The hosts of the insane have been outlined and traced; the idiot has appeared as a growth from distinct causes; the epileptic has emerged from the theory of being possessed with an evil spirit; criminals are found who are not deceitful and desperately wicked, but the direct products of conditions of life and living; the inebriate, who for ages has been the subject of ridicule and punishment, comes into view as defective and diseased. Thus, from the front lines of advance come new facts, new views, requiring new laws, new adjustments of the theory and practice of yesterday to meet the clearer, wider knowledge of to-day. The farmer must put aside the old implements of his fathers; the mer-

\* Read before the New York Medical Legal Society, Sept. 8, 1888.

chant must use the telegraph and telephone because correspondence is too slow; the practice of the courts, the theory and treatment of diseases, the teaching from the pulpit, are all changing. The spirit of the age questions and demands reasons for the theories and practices of to-day. It inquires if our methods and theories are destructive or obstructive in the race march from the lower to the higher. My purpose is to show that the death penalty, as a means of punishment for inebriates, is opposed by all teachings of science and experience, and should be superseded by other means based on a more accurate knowledge.

An outline view of the present legal methods of dealing with inebriates who commit petty crime will make clear both the destruction and obstruction which follows from the failure to comprehend and utilize the facts which science and experience teach.

Of the estimated half million inebriates in this country, ten per cent. are yearly convicted of crime of all degrees. Of this number, two per cent. commit capital crime, and one per cent. of this number, or about one hundred persons, are executed every year. These statistics are only approximate estimates, but they illustrate in a general way the extent of inebriety, and how far the courts are called to restrain and check it. A study of the local statistics show that in every town and city of this country a large part of the business of courts of justice is the legal punishment of inebriates. The inmates of jails and prisons who are inebriates are variously estimated from fifty to eighty per cent. of the whole number. Year after year the courts administer the same treatment of fine and imprisonment for both inebriety and crime, and yet the number of inebriates is increasing. When this fact is studied, it appears that a species of fatality seems to follow the first legal punishment of inebriates, seen in a repetition of the same offense and the same punishment, with an ever-increasing frequency. In the courts these are called "repeaters," and the number of sentences of the same man for the same crime in some cases extend into the hundreds.



In one thousand cases confined to Blackwell's Island, nine hundred and thirty-five had been sentenced for the same offense from one to twenty-eight times before. This fatality seems to start with the first sentence and punishment; and the victim is precipitated lower and lower, becoming more degenerated and incapacitated, until finally death follows in prison, the insane asylum, or alms-house.

The natural history of such cases is continuous punishment for inebriety, assault, theft, burglary, and petty crime, and finally murder. Each period of punishment is followed by the same or more aggravated crime. The intent and purpose of the law is defeated, and this means of treatment both directly and indirectly increases crime and prepares the inebriate for worse and more hopeless states. The courts and prison officials are powerless, public opinion sustains the law and demands its execution irrespective of all consequences. The poor victims punished to-day reappear to-morrow, under arrest for the same or a worse crime. The severity of the punishment makes no difference. The inebriate who, under the influence of alcohol, commits assault to-day, will do so to-morrow, and next year, and so on, as long as his inebriety continues. No legal punishment of fines and imprisonment can stop him. These facts are sustained by the experience of all courts and prison officials. They are also equally true in the death punishment of inebriates for crime.

When the crime is the direct or indirect result of inebriety, it is only the natural outcome or logical result of conditions of brain disorder and surroundings. The assumption that inebriety is always a voluntary condition within the control of the person, is a most fatal error. On this error is based the death penalty. Its practical failure is apparent in the increase of capital crime by inebriates. The inebriate who has been arrested for petty crime while intoxicated many times before, finally commits murder in the same condition, and is executed. His friends and companions do the same thing and suffer the same penalty. Thus one brutal

murder committed in a state of intoxication is followed by another equally brutal, and the execution of the murderer makes no diminution in the number of similar crimes that follow. In every daily paper appear records of the same murders by inebriates under the same circumstances. A wave of public vengeance may dispose of the criminal by lynch law, or only be satisfied when he is hung, but the same murders are committed again by the same class of men. This is only the repetition of the same blunder of fining and imprisoning inebriates for inebriety and petty crime. In both cases the victims are destroyed and similar offenses are increased rather than diminished. In one case imprisonment and fines make the inebriate more incurable and less capable of change of life and living; in the other, the execution of the inebriate leaves a brutalizing, combative influence and a form of contagious glamour that defective brains are powerless to resist. These are the facts which experience and observation fully confirm, and which the latest teachings of science explain and point out.

To-day it is known that the action of alcohol on the brain and nervous system is anæsthetic and paralyzant. The use of alcohol to excess at intervals or continuously always benumbs and paralyzes the higher operations of the brain; the over-stimulated heart reacts and depression and feebleness follow. All the senses are disturbed and become more or less incapable of transmitting the impressions which are received. The brain is incapable of accurately comprehending the nature of acts and the relation of surroundings when under the influence of alcohol. The palsy which follows from this drug masks all brain action. Delusions of vigor and strength appear; events and their consequences and motives and conduct are all exaggerated, misconceived, and misinterpreted, and the brain is unable to correct them. The pronounced delusions, illusions, delirium, mania, imbecility, and stupor seen in states of intoxication are only the advanced stages of brain conditions which begin with the first glass of spirits. The early changed conduct and speech

of men who use spirits are the first symptoms of the paralyzing action of alcohol. More spirits are followed by more paralysis, and finally all judgment and experience and all distinctions of right and wrong, of duty and obligation, are confused and unreal. The supposed brilliancy which follows from the use of spirits is unreal and transient,—it is the glamour of the mind which has lost its balance and is unable to correct itself. No other drugs are known whose paralyzing effects on the higher brain centers are so positive and insidious. The inebriate and moderate drinker have always impaired brain force and nerve power. The automatic nature of their life and brain-work may cover up this fact; but change the surroundings and demands on the brain, and its incapacity appears. Every toxic state from alcohol more or less permanently impresses and debilitates brain integrity.

The fear of the law and consequences of acts make little impression in such cases. The brain is anaesthetized and crippled, and cannot realize events and their nature and consequences. The crime committed by an inebriate cannot be the act of a healthy brain. The more pronounced his inebriety and the longer its duration, the more positive the disease and incompetency to reason and control his acts. The effort to fix a point in all disputed cases where sanity and responsibility joins insanity and irresponsibility is an impossibility which every advance of science demonstrates. It is equally impossible to use alcohol to excess for years and have a sound, normal brain. It is impossible in such a case to fully realize the nature and consequence of acts and obligations. It is a legal fiction to suppose that a crime committed while under the influence of alcohol was the voluntary act of a sane man. It is a legal fiction to suppose that a sane man would plan a crime, then become intoxicated for the purpose of executing it. It is a legal fiction to suppose that premeditation in crime committed by inebriates is evidence of sanity and consciousness of his acts. These are some of the facts of science which bring additional evidence of the error of capital punishment in such cases.

A study of the crime committed by inebriates amply confirms the fact of brain incapacity and disease. Thus in cases of capital crime by inebriates, delusions, illusions, morbid impulses, and epileptic explosions are common symptoms. In many cases capital crime is the result of peculiar circumstances and sudden strains on the enfeebled brain, or the possession of a morbid impulse, a delusion, or illusion that suddenly dominates the mind; also epileptic explosions, that are real attacks of maniacal fury and unreasoning. Alcoholic somnambulism or trance is present in many cases. The mind in these cases is oblivious to all outside influences or considerations and is subject to passing impulses that may spring from internal causes. At the time no general indications of unconsciousness may be present, yet a certain automatic line of conduct and history of crime give clear hints of brain enfeeblement. All crime by inebriates will be found associated with concealed or open delusions, morbid and epileptic impulses, and sense deceptions. In all these cases the brain is unsound and cannot act rationally and clearly. There are present in these cases either insanity of inebriety or the inebriety of insanity. The inebriety of the prisoner has merged into insanity, or some concealed insanity or brain degeneration has developed into inebriety or dipsomania. The death penalty to such cases has no horrors. It is rather welcomed. The struggle for life is the attractive publicity that makes a hero of the man, and the mystery of the end of life intensifies the interest to the last moment.

A summary of the facts we have outlined would sustain the following statements:—

1. The legal treatment of insanity has changed in obedience to a more accurate knowledge of the brain and its diseases.
2. The legal treatment of inebriety is unchanged to-day. Although it occupies two-thirds of the time of courts, all teachings of science and a larger knowledge of the inebriate and his malady are ignored.

*Should Inebriates be Punished by Death for Crime?* 349

2. The ruinous error of punishment by fines and imprisonment of inebriety, and petty crime associated with it, which notoriously increases and perpetuates the inebriate and criminal, is a fact demonstrable in every community.

3. Thus public opinion, through mediæval theories and laws, are training and preparing a class of inebriates who first commit petty, then capital crime, with a certainty which can almost be predicted.

4. The death penalty for such crime utterly fails for the same reason. The execution of any number of this class simply opens the door for an army already prepared and trained to take their places.

5. From a scientific study of these cases, it is clearly apparent that they are diseased and incapacitated to act sanely. Alcohol has palsied the brain and made them madmen. The very fact of continuous use of alcohol is evidence of mental impairment and unreasoning act and thought.

6. To hold such men accountable for their acts, and by punishment expect to deter them from further crime, and by such punishment check others from similar crime, and by which both scientific teaching and experience point out.

7. The object of the State, through the law, is to protect society and the individual; but if the execution of the law-breaker fails to accomplish this end, the laws are wrong.

8. The unfounded fear that the plea of insanity in crime, and the failure to punish, is an encouragement for further crime, is flatly contradicted by statistics.

9. Among the mentally defective, the insane, and inebriates, the death penalty is followed by an increase rather than a diminution of crime.

10. The inebriate should never be hung for crime committed while under the influence of alcohol.

11. This method of punishment is never deterrent, but furnishes an attraction for other inebriates who commit similar crime in the same way, following some law of mental contagion.

12. The inebriate murderer should be confined the rest

of his life in a military work-house hospital. He should be under the care of others, as incapacitated to enjoy liberty and incompetent to direct his thoughts or acts.

13. A change of public sentiment and law is demanded, and a readjustment of theory and practice called for. The criminal inebriate occupies a very large space among the armies of the defective who threaten society to-day, and his care and treatment must be based on accurate knowledge, not theory.

14. Inebriate murderers should never be placed on public trial, where the details of the crime are made prominent or the farcical questions of sanity are publicly tested. They should be made the subject of private inquiry, and placed quietly in a work-house hospital, buried away from all knowledge or observation of the world.

15. The contagion of the crime and punishment would be avoided, and his services might repair some of the losses to society and the world.

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A true knowledge of inebriety always begins in observations and generalizations that are condemned as empirical and absurd. It is the accumulation of these observations and conclusions that form the bases of all true scientific advance. Spencer wrote: "Every science begins by accumulating observations and presently generalizes these empirically; but only when it reaches the stage at which its empirical generalizations are included in a rational generalization does it become a developed science."

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The ideas of great men are eagerly seized by small brains and with slight modification presented again as their own. Thus the retail dealer often gets more credit for originality than the maker of the thoughts.

STATEMENTS OF PHYSICIANS ON THE HEREDITY OF INEBRIETY.

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The following questions and answers are very suggestive of the great fields of facts, awaiting scientific study, and clinical explanation in the future. This grouping comprises only a part of the replies to the first question of the circular sent out to the profession by the JOURNAL OF INEBRIETY. Many replies to other questions will be given in the coming numbers of the JOURNAL, the object of which we hope will be to rouse up greater interest in the study of individual cases. The question was "Can you give any facts from observation, bearing on the heredity of inebriety; particularly as to the presence of insanity, epilepsy, phthisis, inebriety, or other neuroses in the parents or relatives of the inebriates? Give cases with histories if possible?"

Dr. Conrad of Baltimore, gives the following case: M. A., age 27, single, the son of an inebriate father. His sister is an epileptic. His father had convulsions during the drink periods, and died in one of them. His mother was of a delicate physical organization. The son, M. A., was a dipsomaniac, and during the drink periods he has to be confined to the station-houses or asylums because of his violence. During the free intervals he is restless, nervous, excitable, and very unstable. He is mischievous and full of intrigue, and in act and conversation of low moral character. Yet when it is his interest to do so, can both act and appear very well. The drink storms are irregular as to time and duration, and in the interval he loathes spirits. He has had convulsions when drinking to great excess. He thinks he can not help it as it is inherited from his father.

Dr. Hughes of St. Louis, has treated a case who had

more than twenty attacks of delirium tremens. This man's wife died early of phthisic — two surviving children are markedly neurotic. He has observed a large number of cases which brings most abundant testimony in the affirmative of this question.

Dr. Clum of Amsterdam, N. Y., mentions three cases, one of a professional gambler who drank daily for eighteen years, and died at forty years of age. He left three sons who were most carefully and religiously brought up. They were model boys in intelligence, purity, and general mental and moral culture. The oldest tasted spirits for the first time at college when eighteen years of age. A year later he was expelled from college, and after seven years of most impulsive drinking he died from suicide. The second son drank for the first time at twenty-one, from social trouble, and after a severe attack, attempted to drink moderately. In this he failed, and four years later was killed when intoxicated by jumping from a railroad train. The third son became a very reputable man in the church and society. Then began to drink in secret, and was soon intoxicated in public. He developed into a periodical drinker, and has had several attacks of delirium tremens. He is now, at thirty-five, a complete wreck in body and mind.

Dr. Colgan of Oelina, Tenn., writes: "From my extensive observation I must answer the question of hereditary inebriety in the negative. All the children of inebriates which I have seen, have been so disgusted with the inebriety of their parents as to be conspicuous for their sobriety. I can recall five cases where the fathers drank all their life time, and raised families which were exemplary for their sobriety. One of these cases had a son who became insane from a supposed concussion. A tendency existed to insanity in the family; an elder brother, who was a sober man, had three cases of insanity among his children. Another of these inebriates had two children die of phthisis. This disease seems to have been in the family a long time."

Dr. Bayles of Orange, N. J., writes that he has seen two



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cases in sons of an inebriate parent. It is probable that a diathetic influence prevailed in these cases, through heredity. Both of these cases were not inordinate or habitual hard drinkers until they had reached manhood. The grandfather was a hard drinker, and the family were people of high social standing and wealth.

Dr. Trail Green of Easton, Penn., says: "I have the history of a family for three generations, five sons of which are inebriates, and all but one died from inebriety. One son did not use spirits, but his son became intoxicated. These five sons had no children. In another family all the grandchildren, like their fathers, were inebriates. When insanity exists in the family of inebriates, suicide is very common. Inebriety most commonly follows from inebriate parents. Idiocy is also a common heredity from inebriety. I knew an inebriate who was sober for years, then suddenly was seized with an overwhelming desire to drink. He went to New York to gratify it, but became so disgusted with his old friends and old haunts, that he came back without drinking, and remained sober. Several years later he died of intoxication.

Dr. Kinlock of Charleston, S. C., says: "In his long experience he has noted many instances of the heredity of inebriety and this fact is beyond all question."

Dr. Patterson of Illinois, writes: "I have seen many cases where parents were intemperate and the children would be dissolute, epileptic, or insane, or fall rapidly into vagabondage."

Dr. Otis of Boston, Mass., says: "In common with other physicians I have seen many cases where the disease of inebriety was inherited, the parents being inebriates. To be more exact, the tendency was inherited, which under favorable conditions, such as poor physical conditions, overwork, worry, etc., will assert itself. In one case a brilliant physician, who started out with most flattering prospects of life, began to drink from no apparent reason, and died a drunkard at thirty years of age. He was a colleague of mine, and his

father, a lawyer, did the same thing and died about the same way. He seemed possessed with the idea that he must do as his father had done."

Dr. Ogden of Toronto, writes: "I have seen many cases in the past twenty-five years, where I have been able especially to mark the heredity of inebriety. So numerous are these cases that I have not the slightest doubt on this subject. In some instances scarcely a member of the family of inebriates have escaped drunkenness and vagabondage. I have noticed phthisis and insanity follow from long-continued use of liquors. I cannot give particular cases for want of time, but I am perfectly sure of the facts which I have mentioned."

Dr. Blanchard of Des Moines, Iowa, says: "In one case under my observation, the grandfather and father were intemperate, the father died of alcoholism. This case was a prominent public man, of more than usual mental force. He had a son who became insane and died of phthisis at twenty-three. This was a clear illustration of heredity."

Dr. Knowlton of Agawam, Mass., answers: "In the cases I have seen, all but one gave clear histories of heredity. In one case the patient's father, grandfather, and great-grandfather all were inebriates. This patient's father had alcoholic epilepsy after a severe drink paroxysm."

Dr. Hunt of Trenton, N. J., writes: "It is always a difficult matter to prove what seems to be a heredity. I have seen many cases where facts seemed to associate imperfect developments of children with the inebriate habits of parents. I am very sure that children begotten during a debauch are apt to show imperfections."

Dr. Dana of New York City, says: "Most cases of inebriety in my experience have not been hereditary, but have been the result of exciting causes, such as bad environment, working possibly on a neurotic soil. Among over fifty cases of epilepsy I recall no case of inebriety in parents, though in some the father was a hard drinker."

Dr. Thompson of Northampton, Mass., writes: "A family

of ten children, father of chloric temper, powerful physique, temperate, and his ancestry temperate, with eccentricities and genius in the blood. Mother of gentler lineage—a *Mayflower* ancestry. Insanity, suicide, inebriety, perversity, appearing here and there in their history. Mother's father and one of his sons and a nephew suicides. Mother herself a small, delicate, nervous lady, with symptoms considered to be phthisical down to her marriage; not after childbearing began. Her character sweet, intelligent, good. Hands tremulous, and given to borrowing trouble, a poor sleeper, and total abstainer. Of her children, four girls, all of them possessed of fine minds, one had congenital curvature of spine, scrofula sores; died at twenty years. One died of phthisic, one died of cancer, and the fourth of dysentery. Of the males, two were pronounced inebriates; one of the sottish, constant type, the other with distinct intermissions. In each case there was a tendency to dementia; theirs was a psychosis along with the inebriety that was not inebriety, 'a power behind the throne, greater than the throne itself.' A disease was attached to the inebriety in these cases by a Siamese twin ligament, in blood, wherein heredity of disease was present. Was not therefore the inebriety inherited, and a disease one of the twins? The other man of this family presented an instance of splendid talents and temperance, a tendency to Carlylian eccentricity, and an example of great age.

"In another case, which I call maternal impression instance, and I have seen at least two more. Patient's father temperate; mother of an intemperate, aristocratic Irish family, containing several inebriates. During the gestation of this lady, she took spirits freely for pectoral symptoms, for which she at this time had an inordinate desire. After the birth of the child she abstained. This child grew to manhood, and was the only inebriate of that family. I am pleased to say that he has become restored under my care, and has the promise of permanent recovery."

Dr. Howard of Washington, D. C., says: "This case is a

type of many I have seen. The father was an inebriate, the mother was temperate. He had four sons, three of whom died from inebriety at twenty-five, thirty-two, and forty years of age. The fourth one is a periodical drinker. In this case the father died during the childhood of his children, and their early training and surroundings were most excellent. I have no doubt insanity and phthisis are often the sequelae of inebriety, and are frequently transmitted from sire to son."

Dr. Russell of Winchendon, Mass., writes: "From long observation I am satisfied that inebriety is very commonly inherited. I am familiar with the history of several distinguished families, where the father is not an inebriate, but a free liver, making free use of stimulants, whose children became inebriates in after life. In one case a man who was a neighbor of mine, and an inebriate, had four sons, three of whom became inebriates. Insanity and phthisis I know to be transmitted from intemperate parents, and I could cite hundreds of cases. Echeveria, in *Journal of Mental Science* for January, 1881, has many very illustrative cases."

Dr. Hubbard of Winchester, Mass., writes: "I have seen many cases where inebriety on the part of the father was followed in the children by phthisis or epilepsy, although the family history from both branches showed no trace of either phthisis or epilepsy. Case 1 was a prominent illustration. A girl of seventeen years of age, whose parents were strong and healthy and with no trace of any disease in the past. The father drank from early manhood for many years, then stopped. Finally began again, then married, and continued to drink to excess up to death a few years later. He died of delirium and was much broken down. He had two children, girls, one grew to maturity and was very feeble physically; she died soon after marriage of quick consumption, that seemed to start from no special causes and terminated in two weeks. This was the first case of phthisis in the family. The second girl was conceived when the father was intoxicated, and had epileptic fits from early infancy. They stopped

for several years and appeared at puberty, then merged into an uncontrollable desire for spirits. She was a girl of average intellect, but exceedingly nervous and irritable at times. The mother married again and had four children, who grew up strong and well with no taint of disease."

Dr. Griswold of Manchester, Conn., mentions: "Family of A. Father a cider brandy distiller. Drank habitually from the age of twenty to death at sixty-two from heart disease. History of mother not known. Left two children, a son and daughter. The daughter was always called nervous; had hysteria at times from seventeen to twenty; married at twenty-one; no children. Died at twenty-six from consumption. Son a farmer, was very eccentric, called odd, but strictly temperate. Died at sixty-five from heart disease. He was married at twenty-one. The second daughter of B., whose family history will hereafter be given. Had four children — one son, three daughters. Son worked on farm till age of seventeen; while away at school at eighteen years of age, had typhoid fever. On recovering began to drink some, but seldom to excess, till at twenty-four he contracted syphilis. Afterward frequently drank to excess, and now at forty is a confirmed inebriate. Of his four children, his eldest daughter was very nervous, and has a violent temper. Her reputation for chastity was not good either before or after marriage. The second daughter married at twenty-two and has three children. No traces of neurotic troubles, and is an exemplary wife and mother. The third daughter developed a train of nervous symptoms, at sixteen had hysteria, hysterical coma; and confined for six months in an asylum for hysterical mania cases. Decided tendency to lewdness. Is now a confirmed morphine habitue, and uses a considerable amount of spirits. The A heretofore mentioned married second daughter of B. B's father was a drunkard, mother died insane. Had four daughters and one son. The son is a strictly temperate and good business man. Oldest daughter mildly insane since twenty-four years of age; second daughter (wife of A) insane when about fifty years old.

Third daughter very violent temper, fond of liquor, of bad moral reputation, married, has no children. The fourth daughter married at sixteen years, no children, very bad morals; drinks habitually, but not to excess, very eccentric. Both A and his wife were very exemplary people of high standing in church and society."

Dr. Hurd, Superintendent of Asylum at Pontiac, Michigan, writes as follows:

"In answer to your first question I would say that there are many cases of inebriety where insanity, inebriety, epilepsy, or some other neurosis exists among the ancestors of the inebriate. In one patient who had all his life been subjected to periodical attacks of inebriety, but who came to the asylum suffering from melancholia, it was found upon inquiry that his father and mother, and nine brothers and sisters, were all addicted to the immoderate use of alcoholic liquors. When sober he was quiet, capable, and industrious. He had, however, at irregular intervals an irresistible desire to drink. It was said by his friends that he had never been able to resist an attack for a longer period than five months, and most of his periods of abstinence had been of much shorter duration. He had suffered from repeated attacks of *mania a potu*. After one of them he became intensely jealous of his wife and had definite delusions about her, accusing her of criminal intimacy with a neighbor. He attempted to shoot her on several occasions. He came to the institution in a state of great depression and so continued for a couple of months, when, under judicious treatment, he so far recovered as to be able to go away from the asylum and has since been able to support his family for a period of two years. During that time he has had but one period of drinking, and from the fact that no application was made for his re-admission, I presume it was followed by no mental disturbance.

"In another instance a gentleman, occupying an extremely influential position in a neighboring city, had a large family of children. The father was a steady, systematic uniform drinker, but was not a "sot." Of his children, one

daughter was wayward in youth, and at the age of forty developed mental disease. Another son suffered from epilepsy and ended his life by suicide. Another son was an inebriate. Still another, although possessing much more than ordinary mental capacity and force of character, had periods of drinking, developed epilepsy, and finally died insane. Among his grandchildren, almost all the sons have a tendency to drink or to mental disease. They are excited upon slight disturbing causes and after an indulgence in strong drink they become 'crazy drunk.'

"In another instance which came under my observation, an inebriate father had five daughters, one of whom married and lived respectably; another was free from a tendency to drink or to use opium, but her reputation was not good; a third used opium and whisky, but seemed to retain her womanly instincts, and so far as I could get any information was not unchaste; a fourth used opium and whisky and was lewd; a fifth was addicted to a moderate use of morphine, but not to alcoholics, and was able to maintain herself. The third and fourth developed mental disease. One of them made a good recovery; the other one died a drunkard. Similar histories might be repeated indefinitely."

Dr. Horner of Marshall, Va., gives the following:

*Case I.*—"R. M. The father and grandfather were drunkards, who lived in the South, prior to the late civil war, when racing, gambling, and drunkenness prevailed. The grandson when drinking to excess at the public bar-rooms, was quarrelsome, belligerent, and the terror of his companions. When demanding drink of the bar-keeper, he threatened violence if refused. The bar-keeper drew out a penknife, severed the arteries of the throat and killed him instantly. R. M. had no inheritance of insanity, epilepsy, or phthisis."

*Case II.*—"T. S. Father was of the most respectable parentage; he became and continued a confirmed sot. His wife's mother was insane and her brother is supposed to have committed suicide in a paroxysm of insanity. The son, T. S., in a few years wasted a fine estate and lost a lucrative

public office and has been a life-long drunkard, having disappeared entirely from the high social position which he at one time held and is now leading a life of infamy with low, ignorant, and drunken companions, in a state of practical "communism" of both sexes, and with the burthen of numerous illegitimate children. T. S.'s grandfather was a Scotch clergyman. No epilepsy, insanity, or phthisis on the paternal side."

*Case III.*—"W. S. A gallant soldier of the southern army. The mother a weakly and nervous female. Her uncle was insane and died in this condition. W. S.'s father was a healthy, vigorous, and virtuous farmer, the son in early childhood, if not from infancy, exhibited symptoms of epilepsy, which were overcome by strict hygiene, dieting, and medical treatment, and he grew to manhood in comparative good health. Unluckily his parents indulged him in every possible manner, and he became self-willed, idle, indulging in extravagant ideas of wealth not possessed, excepting by his parents. The disasters of the civil war brought to him chagrin and financial ruin, and to be relieved of depression of spirits, which seemed to affect him more in midwinter and during the spring season, he became intemperate. When drinking to excess the whisky of the country bar-rooms he was passionate and quarrelsome and at times markedly homicidal, and on two occasions during the stage of depression, would have committed suicide, had he not been closely watched and restrained. His worst paroxysms succeeded overwork on a farm, and from mental strain incident to the support of a large family. His circumstances have changed, and amid comfort and restored prosperity, he has not drunk for three years. Judicious medical treatment for twenty years has been carried out in the management of this case. The religious sentiment has exerted a salutary influence also, and he has united himself with the Christian Church."

Among the cases of inebriety whose history, symptoms, etc., of chronic alcoholism which were furnished to the columns of the JOURNAL OF INEBRIETY some years ago by the



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writer, was one who died in a condition of mental inebriety, with all the proofs of cerebral paresis. The two sons of this individual are now drunkards, and one declares that though his surroundings are of the most favorable character, he is unable to resist his impulse to use intoxicants, and believes that he is destined to die a drunkard. Unfortunately for this class neither the intelligence of the people nor the laws in the Southern States allow any hope to save the drunkard from his inevitable ruin, when the malady is inherited. In his connection may be quoted the utterance of Forbes Winslow, M.D., in his treatise on "Obscure Diseases of the Brain and Mind," page 119: "May not all these melancholy departures from ordinary and healthy modes of thought and impulse and action constitute evidence not only of depravity and vice in their ordinary signification but of undetected, unperceived, unrecognized mental disease in all probability arising from cerebral irritation or physical ill health necessitating not restraint but a careful attention to the physical health."

Dr. Conors of Oil City, Pa., mentions this case: C. J. married in 1848 at twenty-four years of age. Now is father of six boys and four girls, and has remained at home during all this time, excepting a period of nine and a half months spent in the far west. Two weeks before going away he took the pledge, as he was in the habit of drinking moderately. During that fortnight his wife, who was strictly temperate, conceived, and just before his return gave birth to a boy, the second child. On coming back C. J. resumed his moderate drinking, and has continued it ever since. Every child except the one who was conceived while temperate and born while he was away, uses alcohol occasionally. The man in question, although in the company of all classes of men, has not drank or even had a desire to use alcohol, having no taste for it, though he has it constantly within reach."

Dr. Webb of Liberty, Miss., says: "I know a man who was born literally drunk. His father drank to great excess for a long lifetime, and died from its effects. His son stag-

gered and reeled along, talking and looking like a drunken man. He drank at intervals, but he was the perfect image of a man in a state of complete intoxication. This was a well-marked case of heredity."

Dr. Skirving of Tavistock, Ont., says: "There is no doubt that inebriety is a hereditary complaint, as pointed out by Dr. Gardiner, but I do not believe it will be the primary cause of insanity, unless the patient yields to the natural inherited predisposition, or acquires or indulges in a natural craving."

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"The *Disease of Inebriety* is slowly and surely being recognized, and with it a revolution of treatment follows. The hospital and asylum are replacing the jail and penitentiary. The public recognition of this disease is still violently condemned, and public institutions are retarded by this opposition. Hence the number of private asylums that have arisen to meet this growing demand. Every insane asylum must open its doors for these victims, on the plea of insanity, and yet the necessity grows more and more urgent every year. Crimes and criminals grow more frequent from this class, who are neglected, unrecognized, and made worse by the present methods of treatment." — DR. DAWE.

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Theoretical and moral opinions, and statements of the nature of inebriety, are contradicted by clinical observations. Theories of habit, vice, and free will to control every act, have no support in the history of cases. The theorists reason out the nature and treatment of inebriety, logically, and along the lines of moral and mental science. The clinician studies and compares the histories of many cases to find some general laws and uniform symptoms and progress. From these data he draws general conclusions of the nature and character of inebriety, always accepting these conclusions as probable facts, which further evidence will either confirm or disprove.

*Abstracts and Reviews.*

HISTORICAL SKETCH OF THE AMERICAN ASSOCIATION FOR THE CURE OF INEBRIETY.

BY JOSEPH PARRISH, M.D., BURLINGTON, N. J.

No. 3.

DEAR DR. CROTHERS.—I shall devote No. 3 of my historical sketch to the consideration of topics discussed in some of the papers that were presented at the first meeting of the association.

The first was a "Brief Paper on the Pathological Influence of Alcohol, and The Nature of Inebriation," by N. S. Davis, M.D., of Chicago. I regard it as an important fact, that the Association was honored in the very beginning by the teaching of Dr. Davis. There is no man in the ranks of the profession in this country more deserving of the distinction to which he has attained, or more worthy of the esteem and confidence of his professional brethren than the "Professor of Principles and Practice of Medicine in the Medical College of Chicago, Ill."

As the founder of the American Medical Association in 1844, and the President of the Ninth International Medical Congress in 1887, his career of more than forty years between these two distinguished epochs has been one of uninterrupted usefulness and honor; and that he should have come into our ranks, and sounded the key-note of our doctrine and policy in the very beginning of our organized work, is a fact that should be made prominent in our history. I copy the following extracts from his paper, which was the first one offered.

"It might appear to some, superfluous to enter upon a

serious inquiry into the nature of so familiar a condition as alcoholic inebriation. And yet, we doubt whether there is any subject relating to the social interests of man, concerning which more mischievous errors exist in the popular mind. Perhaps four-fifths of the people at the present time regard inebriation or drunkenness simply as a vice, a crime, or moral delinquency, arising from the abuse of those fermented and distilled drinks, which properly used are tonic, nutritive, and life-sustaining.

“But is inebriation really a crime or a disease? Is it a state of moral torpitude, or a morbid condition of the physical organization, induced by the action of a material agent brought in contact with such organization through the blood? It may be a crime to drink an intoxicating draught for the purpose of inducing inebriation, or with a full knowledge that such will be the result, in the same sense that it is a crime to deliberately expose ourselves to such atmospheric changes as will very certainly cause an attack of rheumatism or pneumonia, or otherwise impair our health and usefulness.

“But that the appetite for alcoholic drinks and the state of inebriation are diseased conditions of certain organs or structures, is susceptible of clearest demonstration. To procure a full recognition of this fact by the community at large, is a step of paramount importance in preparing the way for the adoption of such measures as will either prevent or cure the disease.”

He then proceeds to show that “numerous chemical analyses of the blood and different tissues” had demonstrated that “when alcoholic drinks are taken, the alcohol enters the blood and permeates with it every tissue of the body,” and that it undergoes no chemical change “but is eliminated through the excretory organs a few hours after it is taken.”

It is thus that “the alcohol like other anæsthetics, diminishes the sensibility of the brain and nervous system,” and by diminishing also the atomic changes in the tissues of the body, the strength and power of endurance are reduced with the necessary reduction of temperature. These facts are

illustrated by official records of nearly all species of manual labor.

Such change cannot go on year after year, or even month after month, without producing a condition known as disease.

" This hasty review of the well-known pathological effects of alcoholic drinks, shows results strictly in accordance with the deductions from experiments, and the observed facts of every-day life.

" These deductions have a most important bearing on the question of how ought we to treat the inebriate? If the inebriate is the victim of a positive disease induced by the action of an alluring and deceptive physical agent, alcohol, will any number of moral lessons addressed to his intellect, or any amount of denunciation hurled at his degradation and his vices, cure or reform him? Or will his arrest, arraignment in a police court, and extortion of a few dollars he has left as a fine, eradicate the disease that is preying upon the most delicate part of organization? Abundant experience throughout the civilized world answers these questions in the negative. The treatment demanded by the nature of inebriation, and the interests of humanity, is the same in kind as that awarded to the sick and the insane.

" The law must recognize the important fact that inebriation is temporary insanity, caused by the morbid effect of a physical agent on the brain and nervous system. Instead of arrests, petty fines, and temporary imprisonment in police stations, Bridewell, etc., ending only in a further demoralization and speedy return to the dram-shop, the law must provide well-appointed asylums in which the victims of alcoholic disease can be legally placed, until, by the combined influence of correct instruction, abstinence, productive labor, and proper medication, the disease and morbid appetite are effectually removed. Such a change in the management of drunkenness would speedily work other changes of vital importance to society.

" Alcoholic drinks, becoming directly associated with the

idea of disease and mental alienation in the public mind, would speedily come to be universally regarded in their true light as debilitating to body and mind, instead of tonic and life-sustaining. This would necessarily be accompanied by a corresponding change in the language of the physician at the family fireside, and in the phraseology adopted in the press and the current literature of the day. Such a change would do more to discourage dram-drinking and all its direful consequences than all other measures combined."

Such was the lesson first proclaimed at the first meeting of the Association in 1870. It is in harmony with the "Declaration of Principles" passed at the same time, and no subsequent action of the association has been contradictory to it. In reviewing the different papers that were offered at the first meeting, it is a noteworthy fact that they were prepared by gentlemen mostly unknown to each other, living hundreds of miles apart, and without any conference or arrangement as to the subjects for discussion.

Next in order is a paper by Dr. Joseph Parrish, entitled the "Philosophy of Intemperance." Its author assumes "that there is no fact in physiological history more potent than that certain admixtures of temperaments on the one hand, and certain departures from a healthy and temperate use of natural gifts on the other, originate unsound or deficient offspring, and it is to this fact that we owe the infirmities with which many persons are born into the world.

"Blindness, deaf muteness, and idiocy, with all the grades of short and long-sightedness, hesitancy or stammering of speech, feebleness of intellect, or want of balance of mental powers, are so many indications of defects in the combination or the physiological adaptation of parents. Again, take the mental nature, with all its obliquities and perversities, its waywardness and infirmities, its eccentricities and oddities, and it is impossible to estimate the resulting effect of combination and defective training upon each new generation."

The doctrine of heredity is urged as exhibiting an important and indeed a potent factor of individual intemper-

ance. "The existence is familiar to the general history of the race, and is recognized and is admitted in common sense, and is difficult to conceal."

"The idea that alcohol should not, however, be used for alcoholic liquors, is a mistake, and by no means some persons are predisposed to it, which predispose them to obtain from alcohol."

He then proceeds to discuss the effects of alcohol, and describes the effects of debauch and profligacy, and with the demonstration of the effects of alcohol, etc., and adding that annually get drowned in mishaps of other kinds.

He refers also to the effects of alcohol on certain percentages of the population, and compares with the effects of alcohol how many people die every year, and the longevity of life, and the accuracy to form capital investments, and the effects of alcohol on the origin, continuation, and connection with the nervous system.

Among these disorders known to have exhibited, and nervous system are justified in a

ance. "The existence of a pre-disposition to diseases is as familiar to the people at large, as any other fact in the natural history of the race. It is a part of every family record, and is recognized as a common belief, and why it should not be admitted in connection with this form of disease, it is difficult to conceive.

"The idea that intemperance is sometimes hereditary, should not, however, be taken to mean, that the mere taste for alcoholic liquors is transmitted from generation to generation, by no means. It should rather be taken to mean, that some persons are born with temperaments and tendencies which predispose them to seek such exaltation or relief as is obtained from alcoholic stimulants."

He then proceeds to show how this predisposition is manifested, and describes the symptoms which often precede a debauch and proclaims a "Law of Inebriety," comparing it with the demonstrated statistics of crime, diseases, accidents, etc., and adding that "about the same proportion of persons annually get drowned, or get their legs broken, or meet with mishaps of other kinds."

He refers also to vital statistics which show that only a certain percentage of insanity, and of some other diseases recover, and that such results when carefully studied and compared with life insurance statistics, which claim to tell how many people of certain ages, habits of life, business, etc., die every year, and how by the extension of this principle, the longevity of races and communities is fixed with sufficient accuracy to form the basis of immense and successful financial investments. "So intoxication from alcohol has its law of origin, continuance, and result, modified by constitutional temperaments, race, climate, etc., and must be studied in connection with such facts and circumstances."

Among these facts is the one great factor of nervous disorders known as *intensity of life*. "Mortuary statistics have exhibited a large increase of diseases of the brain and nervous system, during the last generation, so that we are justified in assuming that there has been an increase

year by year, of nervous susceptibility in our race, which is clearly exhibited in the increased intensity of American life.

"The haste with which we live, is not merely an impulsive, erratic, short-lived haste, but it takes the form of method, of business system, and has infused an impetuous inspiration into the whole texture of society."

Such a condition of society in which the wear and tear is constantly exhibited in the excitements and impulses, and re-actions of community life, men are in great danger who are the subjects either of a hereditary alcoholic diathesis, or who possess such an infirmity of will as renders them an easy prey to corrupting forces.

The author refers to *pravity of will* that is characteristic of a certain class of persons, and says: "A wide distinction exists between the terms here used, pravity and depravity, and it is important that this distinction be maintained. Depravity of will signifies a state of natural debasement without any cause. Pravity of will signifies a departure from a right purpose, and implies a cause for such departure, hence it is a disordered, enslaved will, the cause of which may be in a limited or inharmonious organization but may result from the ignorant and restless mode of life, or habits of thought which deteriorate the moral sense and blind the conscience.

"The impaired will is frequently among the first indications of the infirmity which results in intemperance. I do not mean that it appears only after men have become confirmed in habits of inebriety, but frequently as a primary defect. Such persons are so organized by nature, or so warped by early training, that a life of unsteadiness is a legitimate sequence, which is as much beyond their control, in a state of ignorance of their condition and circumstances, as other infirmities or diseases are, the incipient nature and causes of which are either unknown or misunderstood.

"There can be no question among physiologists, that this condition of the will may result from pre-natal and constitutional causes.

"It is quite natural, however, that persons who are unac-



customed to investigate the philosophy of physical causes, should fall into the error of arranging these symptoms in the reverse order, as follows: first, drunkenness; second, an increased appetite; third, a loss of will; fourth, a diseased condition of body or mind. If our philosophy be true, we have primarily a defective condition of body or mind, and an impaired will, among its earliest evidences; then an appetite, and lastly drunkenness with all its resulting evils."

The author proceeds to discuss the inebriate's relation to society, considering his responsibility, and quoting freely Blackstone, describing the nature of crime:

"When drunkenness is the result of a deliberate perversity or recklessness of will, it invariably carries with it its own punishment.

"It is in the nature of the relation between human consciousness and its Divine Author, that it should be so, and in this sense, human law can take no cognizance of it.

"When drunkenness is the result of an impaired moral nature, or of a defective physical organization, and this becomes the expression of an unbalanced system that may develop itself in this form, in melancholy, or mania, or in any other shade of insanity (whether such condition be congenital, or induced by false views and habits of life), it is to be considered as a disease, and treated accordingly.

"When it occurs from any cause whatever, be it a personal sin, or a disease, and affects the peace and safety of the community, it becomes a social offense, and is amenable to law."

The paper concludes with a consideration of "Intemperance as a disease," "The Effects of Pledges," "Temperance Societies," and "Prohibitory Legislation," and a section showing the difference between insanity and inebriety:

"The sentiment of the people, and not partisan statutes, will of necessity regulate both the demand and supply.

"I submit, therefore, whether the logic of history and science does not lead us into contact with remote causes, as the starting point of efforts at renovation, and whether we

have not been at fault in supposing it possible to reform society by legislating in behalf of special virtues, without aiming toward the region of all the virtues and the reformation of the moral character.

"An earnest protest is demanded against all excesses which enervate the nerve force; against all excitements which tend to impair the moral sense; and against every habit which engenders infirmity in one generation, in order that the next may be secured against the evils resulting from such excesses.

"The immediate channel that seems to be open for such a protest is the press; and the direct source of experimental knowledge on the subject is to be found in the several institutions for the cure of inebriates. These should be so many centres of light and information, from which may radiate the truth, which our people, who are already scourged to sadness by this evil, are eagerly waiting for.

"A literature founded upon scientific observation and experience, would largely influence the pulpit, the stage, and more important than all, the common school; and a popular education, based upon such facts, could not fail to accomplish good, while science and Christianity would gain new courage to join their kindred ministries, in the work of renovation and reform."

#### COFFEE INEBRIETY.

Most physicians are doubtless able to recall numerous instances in which coffee has induced more or less serious symptoms. It seems that personal idiosyncrasies often determine the extent of the evil. The evils upon the eyes and ears of people are more frequent from coffee than from tobacco or alcohol. It does not absolutely destroy vision or hearing, but it induces functional troubles very annoying to their possessors. That coffee is the efficient agent appears from the fact that, upon the entire discontinuance of the use of coffee, the symptoms complained of disappear.

Dr. Guelliot has published twenty-three cases of chronic caffeism. Of these cases seventeen were women.

He gives as the characteristics of caffeism: anorexia, disturbance of sleep, trembling of the lips and tongue, attacks of gastralgia, different kinds of neuralgia, dyspepsia, and leucorrhœa, often profuse. In the twenty-three cases, he found in eighteen, anorexia; in sixteen, disturbance of sleep; in sixteen, trembling of the lips and tongue; in twelve leucorrhœa; in eleven, gastralgia; in ten, dyspepsia; in ten, neuralgia of various forms; in eight, cephalalgia; in four, vertigo and convulsive attacks; in four, obstinate constipation; and in three, constipation and diarrhœa alternating.

The evil effects of coffee are especially observable in children. The coffee drunkard is described as thin, pinched features, pale, wrinkled face, and a grayish yellow complexion. The pulse is weak, frequent, and compressible. The sleep is troubled with anxious dreams.

Although coffee does on the whole far more good than evil, it is important to bear in mind the evils that it is able to produce under favoring circumstances. In a general way it may be said that indoor brain workers do not bear coffee as well as outdoor muscle workers. Persons of nervous temperament bear coffee badly.

The effects of coffee when pushed to an excess may be to some extent confused by the alcohol and tobacco which often accompany it, but they can be studied more accurately in women, especially in those who do not drink coffee, but eat it. Dr. O. Guelliot quotes a case of this kind, a woman of thirty-five. Her pockets were always full of roasted coffee, and she ate it in unstinted quantities. Her skin, which was originally dark, took on an earthy tint; constipation was most obstinate; sleep was almost completely gone; she was restless, anxious, and emaciated. As a rule both nervous system and digestion suffer in these cases. The lips and tongue become tremulous, the tongue dry, red, and cracked; the appetite fails; there are attacks of sharp epigastric pain, much vertigo, and prolonged headache. There is less insomnia than might be supposed by those who know the weakening power of a single cup, but much dreaming and

restlessness of a non-aphrodisiac type. The pulse is weak and quick; there is often an anæmic murmur. The muscles waste quickly; the alcohol-drinker may be fat, the coffee-drinker is always thin — he may be a mere skeleton; his eyes are bright and quick in movement, dark, their pupils large; he may be mistaken for a tea-drinker. The best treatment is by exercise, baths, and water-drinking. It may be that in the insomnia which follows the giving up of his coffee a cup of the old poison is the only thing which will give sleep. — *Dietetic Gazette*.

#### HISTOLOGY OF ALCOHOL NEURITIS.

Prof. Eichhorst of Zurich describes the case of a habitual drunkard, who died of alcoholic paralysis after six weeks' illness. The symptoms began with inco-ordination, and then paralysis of the legs, followed by paralysis of the extensors of the wrist, with rapid wasting of the paralyzed muscles, tenderness of the muscles, some cutaneous anæsthesia, abolition of reflexes, and ultimately vesical and rectal paralysis. At the post-mortem examination no gross lesions could be seen in the nerve-centers. The brain was not examined microscopically, but the cord showed some asymmetry in the anterior cornua, and some recent hemorrhages in the gray matter in the dorsal region, with thickening of the blood-vessels — changes which did not suffice to explain the general paralysis. The spinal nerve-roots were found to be normal. The tibial and radial nerves, on the other hand, were found to be profoundly diseased, osmic acid preparations showing very extensive degeneration and atrophy, with absence of the axis cylinders in a large proportion of the nerve-fibres. Tracing the nerves to their peripheral terminations in the muscles, Professor Eichhorst found the lesions to be more advanced and complete there than in the nerve-trunks. Indeed, within a muscle there was not a single normal nerve-fibre. Nor were the lesions of these intra-muscular nerves limited to degeneration, as in the nerve-trunks; but

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each degenerated fibre was surrounded by numerous laminae of connective tissue produced from the endoneurium and perineurium. It would seem as if the existence of the degenerate nerve-substance had excited inflammatory change around it. Another remarkable fact was that the muscular fibres did not exhibit the tropic changes usually met with in neuritis, although in the vicinity of the diseased nerve-endings the muscular fibres were atrophied apparently secondary to the perineurial lesion. Professor Eichhorst, therefore, proposes to term the condition "neuritis fascians," as denoting what he considers to be the essential feature of the change, viz., the inflammation of the nerve-sheath, and the extension therefrom to the interstitial tissue of the muscles. He points out that similar changes in muscles have been described by Fraenkel in phthisis, and by Eisenlohr in infantile paralysis, the former raising the question whether the ensheathing bands of connective tissue arose from the blood-vessels or the neurilemma. Eichhorst does not infer that neuritis fascians is special to alcoholic paralysis, but that it is an important feature of it. Certainly the clinical phenomena of "peripheral neuritis" harmonize with the occurrence of lesions within the muscles themselves, and we may direct the attention of pathologists to the more precise determination of such lesions, which in all probability precede the degeneration of fibres observed in the nerve-trunks. The latter change has been amply studied, but the former, and, indeed, the essential change, has not as yet been much dealt with.—*Lancet*, May 19, 1888.

#### THE LATEST CONCLUSIONS ON ALCOHOL.

At the medical congress held in Wiesbaden, in which leading physicians from Germany, Austria, Switzerland, and other countries took part, the question of Alcohol as a Remedy was discussed.

Prof. Bintz gave a very careful review of the subject, in

which the following facts were stated as sustained by the best evidence up to the present time :

In small doses alcohol increases the arterial pressure, in large doses the opposite effect is produced. Alcohol increases the activity of the left ventricle of the heart, and diminishes the moments of rest, and increases the respiration. Alcohol in moderate doses is eliminated by the lungs and kidneys. Alcohol burns up into carbonic acid gas, and water taken into the system. This action produces heat, and is of value to temporarily stimulate and strengthen the system. Alcohol does not increase oxidation. Only such substances can be rightly considered as nutritives which promote the heat of the body without producing any injurious accompanying symptoms. It is known that alcohol in large doses increases the decomposition of albumen, and hence, in many cases of severe illness, tends to hasten the fatal result rather than retard it. Alcohol has the power to reduce the temperature of the body in certain conditions. Moderate doses which do not produce the least symptoms of intoxication will cause a fall of temperature of from 3° to 6° C. The habitual use of alcohol deadens the heat-reducing property until it becomes no longer observable. Narcotic doses of alcohol reduce the temperature several degrees, and this reduction remains for several hours. All the causes of this fall of temperature are not understood. One of them is an enlargement of blood vessels of the skin, and an increased radiation of heat. Alcohol seems to be a drug of great value in therapeutics, but it must be given with great discrimination. In a healthy man, it is always an injurious drug. A habitual beer drinker is as much an alcoholic as a habitual whisky drinker. It is the duty of physicians to support every effort, to break up the indiscriminate use of alcohol as a beverage, or medicine, and insist that it be used with therapeutical precision. These views were sustained by the members of the congress, and a general agreement was reached that all possible caution should be observed in the use of alcohol as a medicine, and its changing effects on different individuals.

—*Therapeutic Gazette.*

## FRENCH TEMPERANCE SOCIETY.

At the last annual meeting of this society, M. Daviller and Monin each read long papers, which are summarized in the *Temperance Record* as follows:

The paper by M. Daviller, which has as its title "Alcohol and Alcoholism." The author carefully describes the symptoms of alcoholism and all the particularities of an autopsy practiced by himself, which shows the ravages caused by alcohol in the whole organism. "The facts reported by M. Daviller, victoriously refute the theory of Liebig and De Bouchardat, who, basing their views on the chemical composition of alcohol, thought that it was a respiratory aliment, and that, consequently, its use would in part dispense with the employment of fat and sugar. This thesis was combated, long since, by Lallemand, Perrin, and Duroy, who, as M. Daviller, in the autopsy in question, have withdrawn alcohol in nature from the viscera. In a word, alcohol is a poison, which the organism endeavors to eliminate by every means at its disposal, but if it be found in excess and cannot be eliminated in sufficient quantity and in time, there is intoxication and death. Alcohol does not nourish; it disorganizes." After an exact picture of the consequences of alcohol, M. Daviller enumerates all the dangerous drinks and their special effects on the organism. He pointed out that the innumerable drinks which appear every day under the name of aperients never open the appetite, that they contribute rather to lessen it, and even to destroy it in the long run. It is incontestible that more drunkards are now seen than formerly. M. Daviller explains that fact by three principal reasons: 1. The exaggerated and continued multiplication of drink shops; 2. The cheapness and abundance of the products of distillation; 3. The bad quality and adulteration of these products. The author only took into consideration the bad quality of the distilled products. Also what responsibility the government incur when they leave the citizens of a great country to poison themselves without opposing the least veto.

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It seems to us, however, that similar arrangements should be made all through France as at the Paris Municipal Laboratory, which renders so many services, and which has become the terror of public poisoners. M. Daviller asks why, in the official mortality statistics, one never sees the alcohol cause. Alcohol, the prime cause, has as its final limit some organic malady, diseases of the liver, heart, pulmonary phthisis, epilepsy, general paralysis, albuminuria, cancer of the stomach, gout, diabetes, madness, suicide, etc. Alcohol undermines and destroys such and such viscera, according to individual or hereditary predispositions, according to the nature of drink taken. In describing the principal adulterations, M. Daviller denounced wine in which there was not one raisin, manufactured with an alcoholic liquid, mixed with various substances more or less hurtful, such as fuchsine, for example, beer in which the hop is replaced by picric acid, sulphuric acid, aloes, nux vomica, and gentian. He spoke of the fashion of sweetening with liquorice, of making it brown with hartshorn, of bringing it up to the required alcoholic strength by means of Indian berry, the means of flavoring it with sulphate of iron and sea salt, etc. He summarily described the dangers of certain alcohols which were not the product of the raisin, and the several adulterations of brandy, and entered into some interesting details on the manufacture and adulteration of kirsch.

While recognizing that it is difficult to clearly distinguish the categories of drinkers, M. Daviller truly observed that drunkenness assumes different aspects according to the individual and drink. He set up a marked distinction between one belonging to the upper classes, a member of circles each day consuming a notable quantity of alcohol without presenting the same features of intoxication as the working man who drank vile brandy, and he described the difference in form and gravity in these two classes of society. We said long since, said M. Decaisne, that we only occupy ourselves with the fatal results observed among the working classes by the abuse of alcoholic drinks, as if the superior



classes were not numbered among the intemperate. The effects of alcoholism among the latter have attracted less attention among hygienists because they present themselves under particular aspects. The phenomena of alcoholism are notably retarded among people of the moneyed classes. Chosen alimentation and certain hygienic cares attenuate their effects, and when they manifest themselves, the true cause often escapes notice, because attention is distracted by other causes of illness attaching to the richer classes.

Long experience has taught us that we must attribute a large number of maladies among the middle classes to the daily use, although moderate, of fermented drinks. This is well-known in England. In 1873 the Archbishop of Canterbury addressed a vigorous circular to the English clergy on the abuse of alcoholic drink among the middle and upper classes of society, and with the support of the celebrated surgeon, Sir Henry Thompson, he formed in England a vast association (the Church of England Temperance society). *Apropos* of this initiative taken by the English prelate, one cannot refrain from saying how regrettable it is that in France the clergy seem entirely uninterested, or nearly so, in this question of alcoholism. In a certain number of districts especially, and a little everywhere, we have the conviction that the authority of the priest, his insight, and his charity are a great help to the efforts which are being made on all sides at this present moment against drunkenness. After the exposure of the evil—the remedy. M. Daviller presents it thus: Strict inspection of distilled liquors; penalties to apply to the delinquents; taxation of alcohol and of wines of luxury; relief from taxation of *vin ordinaire*; propagation of the use of beer and cider as table drinks. The other means are moral, and for a long time the temperance society has endeavored to put them in practice.

The paper of Dr. Monjn, "Alcoholism, a Medico-Social Study," more extended than that of Dr. Daviller, is a complete treatise on the subject. The author describes acute alcoholism and acute poisoning by alcohol, its principal forms,

its various periods. He afterwards goes through drinkers' diseases, the action of alcohol on the composition of blood, on the digestive tubes, on the circulation, on respiration, on the genito-urinary organs, on surgical diseases, etc. There is here a synoptical table of the diseases caused by alcohol, which is certainly the best fact which can be known. With some slight modifications, we should like to see it posted everywhere, in all public places, in every school. M. Monin graphically paints the history of alcohol, the extent of the evil among all peoples, its expansion, and its causes.

Everyone knows that alcoholism causes less damage in vine-growing countries which consume much less alcohol. In Europe, Sweden and Norway stand at the head. In these two countries there is an average consumption of 100 litres of eau de vie per head per year. England follows. In this country, out of a million poor, there are more than 800,000 drunkards. In Germany there are annually made two hundred million litres of alcohol. Alcoholism there numbers 40,000 victims a year. It ravages are greater still in Russia. In Denmark the consumption is 67 litres per head per inhabitant over twenty years of age. In Belgium more than sixty million litres of alcohol made from grain are consumed. There are in Belgium 125,000 cabarets. In Switzerland, in the single canton of Berne, there are 670 distilleries, which annually produce 2,595,016 litres of spirits. Besides which, there is an importation of a million litres. In England and America, for some time now, beer has competed to a certain extent with alcohol. The most sober Europeans are the Italians, the Greeks, and the Spaniards. In Africa the peoples of the Congo and Abyssinia get drunk on palm wine and millet beer. The Tahitians and Fijians are drunkards to the supreme degree. In France the departments which hold the lead for the consumption of alcohol are: Leine Inférieure, Calvados, Manche, and Pas de Calais, all non-vine producers. It is at Clermont-Ferrand that wine consumption is greatest, a mean of 240 litres per year per head, and at Tourcoing the least, fourteen litres. Wine is

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replaced in the Nord by beer, and especially by alcohol. Rennes, Caen, and Le Mans consume most cider. At Paris the consumption of alcoholic drinks has largely increased. In 1840 a Parisian drank about 100 litres of wine a year, in 1885 he drank 225, plus twenty-four litres of beer and twelve litres of various other alcohols. "In the corner of every brain sleeps madness," said Moreau of Tours; "the difficulty is not to awaken it."

M. Monin, said M. Decaisne, shows how alcohol awakens madness and becomes an intellectual poison *par excellence*. He describes it as asphyxiating the globules of blood from which it chases the oxygen, to replace it by carbonic acid. Thence circulatory congestion and stagnation in the vessels of the envelopes of the brain and of the brain itself, grave alterations of the walls of these vessels, sometimes even apoplexy. It is to these congestive states, followed by thickening and opacity of the nervous tissues, that are due the cerebral symptoms of drinkers and the mental state of alcoholics.

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*Alcoholic Inebriety from a Medical Standpoint with cases from Clinical Records.* By JOSEPH PARRISH, M.D. P. BLAKISTON, SON & CO., PHILADELPHIA.

For a considerable time, there have been floating upon the wide sea of speculative thought and inquiry, certain unclaimed and unclassified ideas of an advanced character, respecting the nature of drunkenness, and of the inebriate proclivity. This book may be esteemed to be the first great effort to systematize and arrange with respect to each other, isolated principles and facts, as well as to contribute other and new doctrines to the main subject.

"Inebriety," says our author, "is a question of nerves — a neurosis — the issue being between soundness and unsoundness of structure or function." Turn away, in other words, from mere drunkenness, and observe also the drunkard, the man himself. What ails him? Dr. Parrish attri-

butes drunkenness to disease, and he discusses the several forms of this disease at some length.

In speaking of the connection that may subsist between drunkenness and crime, we are reminded that sometimes "the criminal takes his draughts of whisky in just such quantity as will harden his conscience." The property of alcohol as a paralyzer is here recognized. The moral sensibilities are blunted by it, in common with others, and the criminal proceeds without remorse.

Our author asserts that crimes attributed to intemperance are, not infrequently, the offspring of the same depraved nature from which intemperance springs, rather than of intemperance itself. "Being children of the same stock, the various forms of crime take certain directions, in accordance with allied physical tendencies." Every prominent constitutional trait is attended by a group of kindred traits. Crime, disease, each is the head of a family. Each also in its purity, is *sui generis*, and is distinctively marked. But when modified by collateral influences and outside relationships, the distinctive markings amongst them become obscured, mixed, erased; so that it is sometimes difficult to determine whether vice or crime predominates; or whether indeed disease is, or is not, the prevailing force impelling to conduct.

As to heredity, Dr. Parrish says: "Inebriety may descend as inebriety, but it is just as likely to change the form of its appearance into insanity, or other related morbid manifestation." This principle obtains in the heredity transmission of any of the neuroses. For instance, epilepsy or hysteria, or melancholia, and so on, are not necessarily transmitted in the same form, but quite likely in some other allied form. This might be expected from the fact that heredity transmission is a compendium of multiplied characteristics, neither parent solely controlling the conditions of the transmitted constitution.

Still the fact seems to be, that the dipsomaniacal diathesis is fully as transmissible as any other, and probably a little more so. Daniel Hake Tuke declares that the instances of

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the transmission of dipsomania in its own form "are so common that it is not necessary to detail any examples." (*Psychological Medicine*, pp. 67-70). Dr. Stewart, of the Chric-ton Institution, says the per cent. of descent of inebriety by heredity amounts to sixty-three. Dr. Blandford says (*Insan-ity and its Treatment*, p. 139), "we frequently see the same form in successive generations, *e. g.*, suicidal melancholia and hereditary drunkenness." Ample testimony to the same effect could easily be drawn from the highest authorities.

Dr. Parrish remarks, with the wise conservatism which is characteristic of his writings: "In the stream which flows from one generation to another, there are collateral feeders that are modifying the old, and eliminating the new morbid forces." Is there any period in the life of man, when the conditions for reform and recovery from inebriety are more favorable than at any other? On this point our author says: "There comes a time in the course of one's life, when the forces which have been engaged in structural repair and waste come, as it were, to a standstill." This is the period when sensibilities die out, when appetites fail, the period which comes to every one in advancing years, when passion abates, and even the turbulent and unruly spirit of dipso-mania may find peace and repose. This is called the "cli-macteric period" of inebriety, by our author, and he dates from it a frequent change and abatement of the inebriate diathesis. Every now and then, a short and pithy sentence from Dr. Parrish opens a new vista, revealing interesting and beautiful fields for inquiry and contemplation.

The unexpected and pleasing suggestiveness of the style and substance of the doctor's book clearly indicate a mind well stored with bright new facts and ideas, delightfully and naturally arranged. The disease inebriety, is defined to be "an irresistible longing for the state of drunkenness, not so much for the liquor that produces intoxication" (p. 91). The constitutional defect, is not one pertaining to simple appetite, like, for instance, an appetite for some particular article of food. There is, indeed, a remarkable unanimity in

respect to this point, among those who have carefully observed the hereditary predisposition to drunkenness.

Dr. Kerr says that inebriety is "an overpowering impulse to indulge in intoxication; . . . this impulse is not for inebriating agents for their own sake." The writer of this in a discussion of the subject in a prominent scientific journal, published the following: "It seems best to say, that dipsomania is *an irresistible desire for intoxication*, not intoxicating liquors." (*Alienist and Neurologist*, April, 1882, p. 228.)

On page 96, Dr. Parrish remarks: "A drunken carouse not infrequently arrests and forestalls an impending seizure of insanity."

It is not often that the voluntary induction of one neurotic form can be used to abort some other forms. The observation, however, is in accordance with the fact that drunkenness is of family kinship with insanity. In the section on inebriate asylums, many new and important facts are brought out. These resorts have the unqualified approbation of our author. It is, of course, a difficult matter to cure constitutional inebriety. According to the best authorities it takes many months, or even some years, to so modify the inebriate constitution that it can be controlled by the will.

Dr. Parrish deserves the thanks of all right feeling men for his excellent work. He has taken a great subject, surrounded by mists, uncertainties, doubts, darkness, and ignorance, and has placed it in the light of science and of truth. No man can contend with a courageous heart against a hidden and mysterious foe; but in the light of day, with the enemy in plain view, and his armament clearly discerned and understood, the conflict is more equal and more hopeful.

T. L. WRIGHT, M.D.

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The Catholic Total Abstinence Society is one of the most active, aggressive societies of the country. Their organ, the *C. T. A. News*, is a well edited, spirited weekly, presenting the subject above the levels of politics and dogmatic theory.

INEBRIETY—ITS CAUSES, ITS RESULTS, ITS  
REMEDIES; BY FRANKLIN D. CLUM, M.D., AUTHOR  
OF "MEN AND WOMEN." PHILADELPHIA, PA.: J. B.  
LIPPINCOTT COMPANY PUBLISHERS, 1888.

From the preface it is stated "that the object of this book is to give a clear, correct, and impartial description of drunken frolics; their consequences, and how to avoid them. The subject is treated from a scientific standpoint, and the drunkard is pictured in colors that are true to life. His habits, his diseases, his misfortunes, his miseries, are described exactly as we find them, and the easiest and best way to cure and reform him is made known so simply and clearly that all can understand."

In twenty-one chapters which covers two hundred and forty-eight pages this plan is carried out. To the non-professional reader the great number of new facts will be of much interest. The average medical man will be both pleased and greatly confused, and the expert will conclude, after reading the book, that he has been wandering through some great lumber-room of facts and theory. The book is in some respects undoubtedly the record of the author's experience, and groups many facts of psychological interest. It is written in an easy popular style, and will have a large circle of readers. The publishers have presented a very attractive volume.

ALCOHOLISM—ITS MORAL CONSEQUENCES  
AND CAUSES; BY SEIGNOR COLAJANNI. PUBLISHED  
AT CATANIA, ITALY.

This work of four hundred pages discusses the question of inebriety in Italy. After describing the prevalence and peculiar causes which seem to prevail in that country, he shows that in a district where the least spirits were sold, the greatest number of murders were committed; also that crime and inebriety seem to have no ultimate connection in that country. He takes the position that excesses in the

use of spirits are really manias, which the alienist should consider and treat. This is by far the clearest work that has appeared in that country, and points to a physical origin to be reached by physical remedies in all these cases. This work is another unmistakable sign of the new era of study of inebriety and its causes.

MANUAL OF MEDICAL JURISPRUDENCE; BY  
M. D. EWELL, M.D., LL.D., PROF. OF COMMON LAW IN  
UNION COLLEGE OF LAW, CHICAGO, ILL. LITTLE,  
BROWN, & CO. PUBLISHERS, BOSTON, MASS.

This work seems to be a very useful manual for ready reference. All the more common medico-legal topics are presented in a brief, concise way. The general principles which should govern in these cases are outlined. Such works are often of great value in guiding the student to more exhaustive studies. This work should be most heartily commended as both a student's and handy text-book. It is a fine, well-printed volume of over four hundred pages, sold at \$2.50 and \$3.00.

*The New Abolitionists, the International Federation for the Abolition of the State Regulation of Vice*, a paper read by Mrs. Anna Rice Powell, at the Social Purity session of the International Council of Women, which has just been published in pamphlet form, twelve pages, is a deeply interesting sketch of a great international movement for the abolition of State-sanctioned vice, and for the promotion of social purity. It is a timely, valuable contribution to social purity literature, and should be widely circulated. Price, by mail, post paid, 10 cents; per hundred, \$3.00. Address, THE PHILANTHROPIST, P. O. Box 2554, New York.

*Alden's Manifold Cyclopaedia*. It is generally admitted that a good cyclopaedia is a desirable possession for every home. The fifth volume of Alden's more than sustains the good reputation of the previous issues, and is in every respect to be preferred to all others where a moderate outlay and



concise information is a desideratum. The publisher will send specimen pages free to any applicant, or specimen volumes may be ordered and returned if not wanted. John B. Alden is the publisher, 393 Pearl Street, New York.

*The Medical Department* of the University of Vermont is one of the great popular schools of medicine in New England. The instruction and corps of instructors comprise the best methods, and leading men of the profession. It is a national college in the largest sense.

*The Wide Awake*, D. Lothrop & Co., Boston, Mass., is one of the best magazines for young people published. Its artistic beauty, pure tone, and exalted literary character is charming for all readers of any age.

*Aesthetics, Dreams, and Association of Ideas.* By Profs. Sully and Robertson. Humboldt Library. J. Fitzgerald, publishers, New York City.

This is a popular discussion of some very attractive topics, by exceedingly able authors. This effort to present the best thought of the age in a form within the reach of the masses is a great success in this library. Send for a years' subscription to the publisher.

*Lend a Hand* is a most attractive journal of philanthropy and charity, and will always be read with both pleasure and profit.

*The Servant Question* is the title of an excellent essay by Dr. Drayton, editor of the *Phrenological Journal*, published by The Fowler & Wells Co., of New York, in the Human Nature Library. This little work is devoted to the choosing and management of servants, and gives many excellent hints and practical points of great interest to every family.

*The Homiletic Review*, published by Funk & Wagnalls, is one of the best theological magazines in this country.

## SOME VALUABLE JOURNALS.

The *Alienist and Neurologist*, edited by Dr. Hughes of St. Louis.

The *American Journal of Insanity*, edited by Dr. Blumer of Utica, N. Y., and the *Journal of Mental and Nervous Diseases*, edited by Dr. Hammond of New York.

The *Popular Science Monthly*, D. Appleton & Co., publishers, New York City, is one of the best presents that can be made for any professional man. Each number is a volume of itself of the latest and most matured thought of science.

*The Science*, a weekly paper of New York city, is exactly what its name implies, a weekly review of all that is new in the field of science. No other journal is more interesting, and we especially commend it.

The *Scientific American* is an excellent weekly giving a review of the new inventions in science and the arts, and Munn & Co. of New York city, are the publishers.

The *History of the New York State Inebriate Asylum*, by its founder, is creating quite a sensation in New York. Already several newspapers have given long extracts from it, pointing out the injustice of the State in seizing this asylum and using it for the insane.

Dr. T. D. Crothers lectured on "Inebriate Asylums and Their Work," before the Young Men's Christian Association, at Toronto, Canada, Oct. 2, 1888.

Dr. A. Baer of Berlin, Prussia, proposes to issue a monthly review of original studies and discussions of the disease of inebriety and its allied disorders. Leading men all over the world are invited to join him in the effort to group all the new facts in this field. We welcome this journal.

Editorial.

HISTORY REPEATS ITSELF.

In 1838, Dr. Duncan, a writer and medical teacher of Edinburgh, wrote that "the teachings of all science and philosophy opposed the statement that insanity was always a disease. In some cases it was the giving way to wicked impulses which should be treated differently from others where it was evidently disease. He expressed fear that in calling all cases of insanity disease, the insane would be encouraged to unlawful acts on the plea of irresponsibility."

Dr. Balch, of Philadelphia, asserted in 1840, that "many cases of insanity were more vice than disease, and the theory of disease in all cases was a delusion. He believed that unless physicians could discriminate between the vice and disease of insanity no real progress could be made in its treatment."

In 1847, a Boston clergyman condemned the notion of disease in all cases of insanity, and the folly of building asylums to encourage insanity, by false sympathy for the insane.

The following extracts from a distinguished writer and teacher in this country, shows that history is repeating itself in the study of inebriety :

"The law and the Gospel take no note of an exclusive disease theory of intemperance, nor could a view that all intemperance is disease by the product of true psychological science, but of mingled sentimentalism. . . .

"Great harm may be done to the cause of true temperance by palliating all intemperance with the false plea of disease, to which extenuation this vice is no more entitled than are those of lechery and gluttony. . . .

"The question for medical men and jurists to solve is how much of intemperance is the result of disease and how much

is vice. . . . Some differential sign is wanted between the man who speers of deliberate choice, and the inebriate victim of a morbid organic impulsion who has no power to control. . . . There is often vice and disease in persistent voluntary inebriety." . . .

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#### INEBRIETY AND MANIA.

When a previously temperate man begins suddenly to drink to great excess, acute mania may be expected. Such cases should always be watched with great care, and if the drink thirst continues should be placed in an insane asylum. This drink thirst is only another form of acute mania, and unless recognized early and promptly treated, serious results may follow. In a recent case of this kind a man previously temperate began to drink to great excess, he was placed under a nurse at home; in rage at his confinement, he shot his nurse and killed himself by jumping out the window. In another case, a man, after a sudden drink impulse which he indulged freely, was taken to a hospital as merely drunken. He committed suicide by jumping out the window.

The fact of sudden impulsive drink craze is sufficient evidence of the probable onset of mania, and if the patient is placed where spirits cannot be procured, the mania will become apparent. All cases of this character should be sent promptly to an insane asylum, or, if they are kept at home, should be placed under the care of an experienced nurse, and receive the closest attention.

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A correspondent sends us a long statement of a noted physician who boasted of not having used alcohol in his practice in nearly half a century. A druggist found that over half of all his prescriptions contained tinctures, most prominent for the alcohol they contain. Another physician who is almost violent in his opposition to alcohol, uses tinctures in all his remedies, asserting that the danger from alcohol is neutralized by the drugs they hold in suspension.

DISCUSSION ON THE PATHOLOGY OF  
ALCOHOLISM.

The discussion of the morbid anatomy and pathology of chronic alcoholism, at the Pathological Society of London, will, as has already been announced, be opened by Dr. Payne. A circular has been issued proposing that the subject should be discussed and specimens exhibited under the following heads:— 1. Effects of Alcohol on the Digestive System. (a) Morbid changes in the tongue. (b) Morbid changes in the stomach. (Microscopical or other specimens illustrating the changes of these parts, attributed to alcohol, would be valuable.) (c) Morbid changes in the liver. (Specimens illustrating any important or unusual features in alcoholic cirrhosis or degeneration.) 2. Effects of Alcohol on the Urinary System. Morbid changes in the kidney. (Specimens illustrating the effect of alcohol in producing Bright's disease, a question about which wide differences of opinion exist, would be valuable.) 3. Effects of Alcohol on the Nervous System. (a) Morbid changes in brain. (b) Morbid changes in spinal cord. (c) Morbid changes in peripheral nerves, including nerve endings and muscles. 4. Effects of Alcohol on the Respiratory Organs. (Relations of alcoholism to phthisis, chronic bronchitis, or other diseases.) 5. Effects of Alcohol on the Skin or any other organs. Members intending to contribute specimens or to take part in the debate are requested to communicate with Dr. Coupland before Oct. 15th.

TEMPERANCE CONGRESS AT SYDNEY,  
AUSTRALIA.

An international temperance congress was held May 14th, 15th, and 16th, at Sydney, Australia. From the transactions before us this was in some respects a very important gathering. Sir Andrew Stephen presided. The first four addresses were mainly devoted to the early history of the temperance work in Australia and New South Wales. Then followed a

larger number of papers and addresses, the following of which are some of the topics : The Scientific aspect of the temperance movement ; The social and moral phases of the temperance question ; Legislative remedies for intemperance ; Woman's influence in relation to the temperance question ; Grocer's licenses ; Temperance economics ; Temperance in relation to seamen. Clergymen, members of temperance organizations, and others without title made up the congress. No physicians or scientific men seem to have taken any part in this convention. No one seems to have had the faintest suspicion of any other view of the subject, except that of vice, habit, and immorality. Beyond this the earnestness and energy of those who took part is to be commended. This congress was an effort to discover the causes and remedies of a great marked disease, which other men and other times will make clear. As a sign of movement and progress, it is full of promise, and is really a most important event in this far away new land of civilization.

#### PHTHISIS AND INEBRIETY.

A large amount of space is given in this number to heredity. Several of our readers and friends have been startled at the denials of this whole subject by some physicians, who have managed to have their views widely published. Literally, all such contradiction brings out the facts more clearly, and the truth of heredity becomes more fully established in proportion to the doubts expressed. The following history bears on the question of phthisis and inebriety. George Ulmer came from England in 1798, and settled at New Haven, Conn. He was a harness-maker, a beer-drinker, and after middle life drank rum to excess, until death at sixty-one years of age. His wife was a healthy woman, and lived to eighty years of age. Eight sons grew to manhood and married. Six of them died of consumption under forty-five years of age. One was killed by an accident, and one died from excessive use of spirits. Two daughters

grew up and married, one died of consumption, the other in childbirth. They left four children, two were inebriates, and the others were eccentric and died of consumption. Of the children of the eight sons only ten grew up to manhood. Four of these drank to excess and died. Three of the six remaining died of consumption, and two others were nervous invalids until death in middle life. The last one, a physician of eminence, has become an inebriate and is under care at present. He is the only surviving member of all this family. The male members of this family were farmers, tradesmen, and men of more than average vigor in appearance. They married women (so far as can be ascertained) without any special hereditary history of consumption or inebriety. These are some of the facts from which a most reasonable inference could be drawn of the heredity of inebriety breaking out in phthisis and inebriety, depending on some favorable conditions, and resulting in the extinction of the family. An evolution backward to death.

It is rare that an author in the field of medicine has the satisfaction of realizing that his work has given form and shape to the literature of the subject of his book. Dr. Kerr's most excellent work on inebriety, although scarcely a year old, is already a power in English medical literature, and the frequent quotations and references to it are the unmistakable signs.

In this country Drs. Parrish and Wright have had the same most agreeable experience of being silent teachers, in directing scientific study in this field. Of course these authors are often quoted without credit, and long papers made up entirely of their writings are published as original. This JOURNAL has refused a number of such articles, to the disgust of the pretended authors. The field for the study of inebriety is so wide, and has so many new and unknown facts, that authors should have no reason for rivalry and repeating the experience of others as their own, without credit.

In the meantime the authors of these pioneer works may find cause for abundant congratulation at the influence and power they are exercising in calling attention to this new land of science.

#### CRIMINAL NEGLECT.

A good illustration of the folly of the vice theory of inebriety, is noted in the following: A cashier of the Southend bank in Columbus, Ohio, who was an inebriate, overdrew his account sixteen thousand dollars. He promised to make good the account, and after signing the pledge was allowed to remain. Later he was found to be a defaulter for a much larger amount, and had continued to drink as before only more secretly. The bank suspended and the cashier went away, and the president and directors thought they had done their full duty in having him sign the pledge. In reality it was criminal to allow an insane man to control the interests of the bank. It was culpable not to recognize the irresponsibility of a man who persisted in poisoning himself with alcohol day after day.

The following suggestive extract is from a recent lecture on the Pathology of Inebriety, by Dr. Day of Boston:

Inebriety is a disease, but not in the sense generally understood. It is the condition of the nervous system calling for alcoholic stimulants that is essentially the disease. It is the desire to drink, the insatiate demand for excitants; not the mere act of drinking or of getting intoxicated that constitutes the disease. It is the delusion of the crazy man that constitutes his insanity, not the excitement and incoherent ideas which follow, or the extravagant acts which his delusion impel him to commit. These are the consequences of a previously existing morbid state of the brain, and correspond and are similar to the developments of inebriety as manifested in acts of drunkenness. Most cases of inebriety are brought into activity by voluntary acts — and perhaps by an inexcusable disregard of prudential measures in commencing the



practice of drinking, but this fact does not change or alter the chain of morbid sensations which attend those addicted to intemperate habits. To declare every case of intemperance to be a vice, he said, was a cruel and heartless assertion. The individual suffering from diseased appetites should be as much an object of care and treatment as though he was laboring under delusions of mind or maniacal excitement. The various and what sometimes appear to be conflicting views upon the subject under consideration are by no means obstacles to its advance, or to a successful result. When the darkened glass can be removed from before our eyes, and we can see clearly, much of the confusion now existing will be removed, and there will be many less who will oppose the plan of placing excessive drinkers in asylums for the purpose of medical treatment."

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The close of the tenth volume of the JOURNAL OF INEBRIETY brings additional confidence and satisfaction, in the knowledge of the growth of the fact of the disease of inebriety and its curability in asylums. During the year past this fact has been recognized and urged in nearly every country of the world. The literature of the subject has grown to such an extent, that one hundred pages a week of the size of this journal would not include all that has been written, both directly and indirectly bearing on this topic. As in former years the JOURNAL is a source of great offense to many people, who are alarmed at its heretical doctrine of disease. It is sad to be condemned by good people, and we are forced to console ourselves with the fact that God is good, and truth is mighty and will prevail.

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Dr. Shepard, of Brooklyn, N. Y., so well known as the pioneer in the development of the Turkish bath in this country, has issued a pamphlet giving an excellent summary of the facts which have been established in his experience of over a quarter of a century.

The physicians who persist in continually rebuking the JOURNAL OF INEBRIETY and its managers, for their unscientific heresies are like camp followers, who have never been at the front, but shout frantically from a safe position, in the rear, to the men in the dust of the struggle, that they are proceeding on wrong principles, and hunting for truths that can not be found. Such men are always obstructionists of any real progress.

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Dr. Mattison of Brooklyn, N. Y., gave a very interesting lecture on narcotic inebriety before the Bermuda Branch of the British Medical Association, at the town hall at Hamilton, Bermuda, recently.

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In some cases the delusions of inebriates continue in all after life. An inebriate of much mental force of character had a delusion that his brother, a clergyman, wished to destroy him, and was doing all in his power to increase his troubles and cause him to drink to death. He stopped drinking and remained sober for fifteen years, freely acknowledging his delusion and living most amicably with his brother. His brother went to Europe and he relapsed and the same old delusion returned with greater intensity. He imagined his brother had sent spies who followed him all the time, and in the free interval of his drink paroxysms could not connect these false impressions. Had he committed a crime this delusion would not have been admitted in court as evidence of an unsound mind. His brother was not aware of his relapse, and at intervals wrote most kindly letters, which he construed as marks to cover up his real design. In other respects this man seemed sane, except when intoxicated, yet he was practically insane, and incapable of realizing the nature and consequences of his acts.

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## Clinical Notes and Comments.

### DIPSOMANIA AND HEREDITY.

Dr. Kemps in the *Progress*, writes as follows :

"Dipsomania is a mental alienation due to a morbid condition of the nervous structures, generally, though not always hereditary. The strictly periodical return of active phenomena, the tendency to gradually shorten the intervals as the years pass, and the peculiar mental conditions preceding the debauch are a proof that dipsomania is a disease of the cerebral nervous centers analogous to recurring neuroses, such as epilepsy, etc. . . .

"A dipsomaniac is not always an habitual drunkard. There lives a young man near my office who gets drunk about once every two months, though the attacks are getting more frequent, and during the intervals he is honest, honorable, industrious, and upright. During a spell or spree he is a sot.

"In the earlier part of the nineteenth century there lived a worthy couple in Baden. The husband was addicted to the excessive use of alcoholics. The wife was his superior in will-power and intelligence. At her solicitation they moved to this country for the sake of the children, four girls and two boys. The husband started a saloon in ———. His rapid downfall was the consequence. The elder of the boys followed the father into a drunkard's grave. Some of the offspring of the girls are dipsomaniacs. Among the number one granddaughter fell a victim to the destroyer.

"The younger son, who had inherited all of his mother's ambition and family pride, determined to better his lot. He studied medicine and graduated, and engaged in the practice of his profession in the backwoods of ———. Acquiring an immense practice for his extent of territory, and his physical

condition being much below the average, his health broke down, and now appeared on the surface the dormant hankering for liquor. A tremendous will-power enabled him to struggle successfully against what seemed to him 'fate.' This physician, a surgeon of no mean repute, is now dead. He left three sons and four daughters. One of the daughters is a chronic sufferer of hysteria, palpitation being the predominant symptom. Two of the boys are extremely melancholic. One other of the boys is a confirmed dipsomaniac. The oldest son was in a worse condition six years ago, as far as periodical drinking is concerned, than his brother, but he has not been intoxicated from alcoholic liquor since 1882. He considers himself cured."

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*Bromide of Ethyle* has assumed a new value as a narcotic in alcohol delirium. *Simulo*, from a fruit of that name, has been found to have a peculiar power in nerve irritation from alcohol. In hysteria, epilepsy, and general nervousness it promises to be an excellent remedy. *Sulphonal* is a new hypnotic of great power which seems to exceed all others in value and safety. *Sparteine* is another narcotic which will take the place of digitalis in reducing heart action, and with more safety. These preparations are prepared by Merck & Co., the great German chemists.

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#### ALCOHOLIC AND URÆMIC INTOXICATION.

The close resemblance between the delirium from uræmia and alcohol, makes the diagnosis often difficult. In most cases uræmic delirium is ushered in with severe headache, vomiting, and some form of a convulsion. In some cases a continuous or occasional excessive user of spirits will have Bright's disease, and convulsions from some central irritation, then delirium. In these complex cases no distinct diagnosis is possible. In cases where the delirium is continuous and of a changeable type, renal complications may be expected.

Sudden melancholy in an inebriate whose urine shows albumen and casts may arise from uræmia. The same condition may follow from a blow on the head or severe shock to the nervous system; the urine suddenly becomes loaded with albumen and delirium and melancholy following. The urine should be examined in all cases of inebriates especially where delirium or melancholy appears. The treatment should be salines and hot baths. An early diagnosis is essential with regulation of the diet, and full control of the case and the surroundings. A grave diagnosis should always be made, as these cases are uncertain and difficult to understand.

M. Miramhat presented a paper before the French Academy of Medicine, showing the intimate relation between inebriety and criminality. He found in three thousand criminals seventy-nine per cent. of confirmed inebriates; sixty-four per cent. of all persons under twenty years of age were excessive users of spirits. Of the crimes of violence, eighty-eight per cent. were inebriates.—*Medical Journal*.

*Unfermented wines* are in nearly all cases nothing but acidulated and colored fluids made at the cost of a few cents per gallon, and sold for as many dollars. A correspondent reports a thrifty deacon making up a few gallons of unfermented wine for sacramental purposes from Horsford acid phosphate, and cochineal as coloring with brown sugar. The church paid him two dollars and a half a gallon.

*Cocaine Usage, and Cocaine Addiction; also Cocaine Toxicæmia*, with other reprints by Dr. J. B. Mattison of Brooklyn, N. Y.

These most excellent reprints will well repay reading. Send to the author for copies.

## A FAMILY OF OPIUM EATERS.

Near Wilton, Connecticut, resides Mr. Edward Britto, 75 years old and the father of twenty-two children, fourteen by Mary Lynes, whom he married about the year 1828, and eight by Martha Jump, to whom he joined himself in 1850. Six of the latter and ten of the former are living. Some of these children have married and now reside in neighboring towns, but there is still under the paternal roof a numerous family. So far as can be learned they are ordinarily intelligent, sober, industrious, and without any bad habits save an inclination to partake of a drug, to obtain which they exercise their best efforts and often practice wonderful self-denial. Mr. and Mrs. Britto eat, and have learned to love opium. How the habit was induced cannot be learned. Mr. Britto was never given to excesses, and from youth till the present time has been a hard laboring man, and while he has not accumulated very much of this world's goods, has always been considered a useful citizen of Wilton on account of his varied knowledge of farm work. At the age of about 40 years he is said to have practiced reducing alcohol for drinking purposes, and in talking about it always pronounced the product superior to and cheaper than other distilled liquors. His past history does not show a tendency to indulge extravagantly in the ardent, though he had been known to use considerable quantities of laudanum and alcohol. Gradually alcohol was dropped and crude opium substituted. This he eats at stated times during the day. Mrs. Britto eats it, as do the children. The drug has become a necessity with them, and in the absence of bread, which those living near declare is often the case, is the staff of their lives. The children have all been, and with one exception are now, opium eaters. The amount consumed by each depends mainly upon their ability to buy, and neighboring druggists study the demand which regularly comes from their direction, prepare for it, and often fill their orders on credit and they have yet to note in their ledgers the first charge on the Britto score to "profit and loss account." One ounce of the drug each per week is not a large estimate of the quantity

used, though they cannot always get so much. None of the children appear to care for alcoholic stimulants, and do not exhibit that tendency to dissolute ways so often seen among those swayed by the besetting sin of too much drink. They are all bold when talking, and picture mighty deeds which they have performed or would like to, but are notoriously timid in the presence of physical force. They cannot be called cowards, because they are never seen outside their portals after nightfall, but, on the contrary, they are brave in that regard, setting an example which many of those about them would do well to imitate. In conversation they appear to prefer imagination to reality, and have been known to advance theories which well-balanced, educated minds might study and ponder, though they are not very reliable as character models for writers of Sunday-school books. In the line of literature their achievements are limited, only one of the family, so far as known, having learned to read and write, and yet they are gifted by nature with brains. Socially, they do not mingle with the higher classes, preferring the retirement which their humble cottage affords and the dreamy exhilarations which their peculiar indulgence secures. Like induces like. The parents being opium eaters, the children follow in their footsteps, and have yet to learn that by so doing they are infringing known natural laws. The continual use of the drug does not appear to have affected their physical growth. They are tall, well-formed, and to all appearances perfectly developed children. Their nervous forces are powerless though unless stimulated by opium, and they engage in no undertaking or routine duty without first dosing themselves with it. There are few days in the year that they are not in some way employed, and the result is a fair aggregate income in money. A large share of it, however, goes into the hands of the drug sellers who do a sure business to that extent on their account. Without opium they are depressed, gloomy, petulant, with it cheerful, bright, and pleasantly talkative, and strange as it may seem their habits have not tended to induce disease, or to shorten the term of their lives. At the age of 75 years, having been a slave to opium so long, Mr. Britto walks nearly erect, engages in light work every day during his summers, and the winters he devotes to basket making, the children doing him good service as assistants. His hair is but slightly gray, and his face indicates a man who has not yet reached his 50th year. A difficulty of breathing, a sort of asthmatic trouble is the

only physical infirmity with which he is afflicted. Suffering from this many years may serve as an explanation of his own indulgences. As yet there is nothing in his personal appearance indicative that he may not reach, and even exceed four score years.

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- |   |   |
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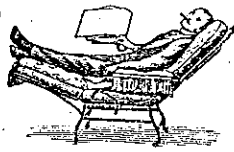
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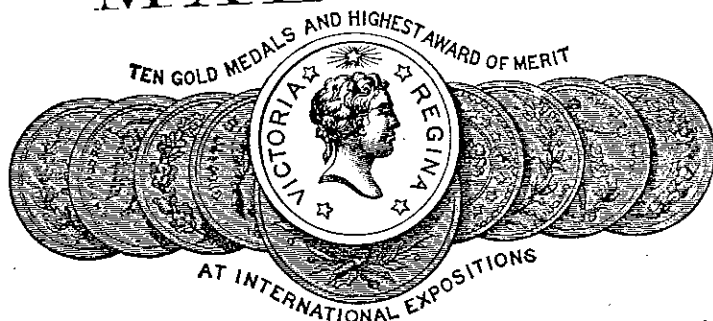
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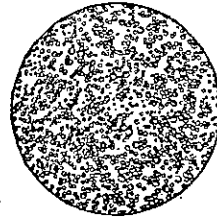
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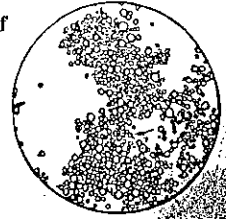
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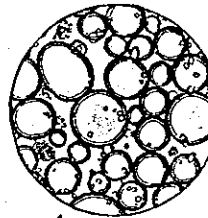


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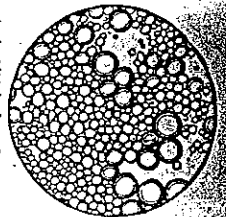


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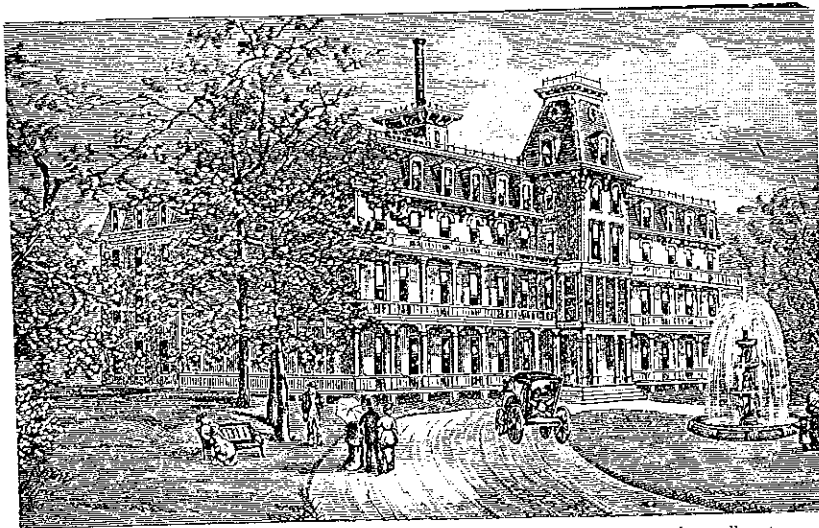
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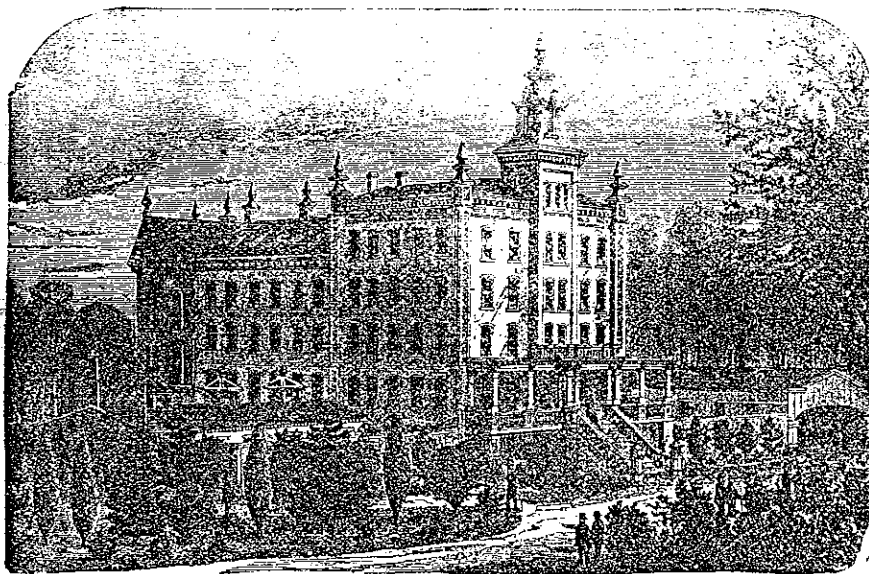
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Each fluid ounce represents 60 grains fresh native coca leaves.

This elixir of coca leaves, prepared in the native habitat of the drug, differs from all other preparations of coca in that it contains all the original constituents of the native leaves. It has now become well known that coca leaves suffer very extensive changes in transportation, and that there are no means by which these changes can be prevented. That the loss begins as soon as the leaves have been collected is shown by the fact that the Indians themselves refuse to accept the leaves after they have been dried for a few weeks. (*Coca at Home*, by Dr. H. H. Rusby, *Therapeutic Gazette*, Nov., 1888, p. 165.)

The precise chemical nature of the change has not been fully made out, but it is known that the volatile alkaloid hygrine, of which only a minute quantity is found in the exported leaves, exists in them in large quantity in the recent state, and can be obtained in abundance from this elixir. That it exerts a profound influence on the nervous centres, is indicated by the experiments of Prof. Ralph Stockman, of the University of Edinburgh. (*Pharm. Journ. and Trans.*, April 23, 1887; *ib.*, Feb. 25, 1888).

Experience has shown that from cocaine, the only appreciable constituent of exported leaves, the characteristic effects of coca-chewing cannot be obtained in any degree. Obviously, these effects are to be obtained only by the use of a preparation of the recent leaves. This elixir, made for us from carefully selected leaves immediately after they are collected, represents their full strength, and possesses the stimulating and supporting powers of the native drug. Representing only 2 oz. of dried leaves to the pound, each fl. oz. contains only about  $\frac{1}{2}$  gr. of cocaine, so that its continued use is free from the objectionable features of that drug.

Of the therapeutic effects of coca-leaves in their original condition our knowledge is limited, as their use has been heretofore necessarily restricted to the country where grown. But trials that have been made with this preparation by leading practitioners, and its extensive use in Bolivia fully warrant us in recommending it in the following conditions:

1. In exhaustion due to excessive physical or mental strain, or resulting from disease.
2. In pneumonia and kindred diseases involving difficult respiration.
3. In dyspepsia, either gastric or intestinal, of the atonic type.

The dose is a fluid ounce and should be taken immediately after eating.

It is earnestly requested that physicians should make known the results of their trials of this entirely new preparation.

## PARKE, DAVIS & CO.,

MANUFACTURING CHEMISTS.

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