

# THE QUARTERLY JOURNAL

OF

# INEBRIETY.

EDITED BY  
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HARTFORD, CONN.

1893

Vol. XV. JANUARY, 1893

HARTFORD, CONN.

THE CASE, LOCKWOOD & BRANFORD

PRINTERS.

EUROPEAN AGENCY

BAILLIEE, TINDALL & CO.

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Subscription, \$2.00 per year.

Vol. XV.

JANUARY, 1893.

No. 1.

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

SOME QUESTIONS CONCERNING THE RESPONSIBILITY OF INEBRIATES.\*

BY DRs. M. MOTET AND VETAULT OF PARIS, FRANCE.

Pathological intoxication is characterized by multiple modifications brought to the habitual symptoms of acute poisoning by a morbid pre-existing state which gives to the intoxication a more serious physiognomy. Here the intoxicating drink is only the blow of the whip which will favor the explosion of the phenomena of delirium of an extreme violence.

It is, as M. Lentz says, "The match which lights the conflagration," and this will vary according to the nature of the materials upon which it shall strike. Some have tried to establish some varieties of pathological intoxication, and, according to the manifestations to which it most often gives place, they speak of maniacal intoxication and of convulsive intoxication.

Without engaging in tedious accounts of a descriptive development, we will only recall that these forms meet most habitually in persons predisposed to mental affections.

\* Read before the International Congress of Mental Medicine in Paris.

With them we always find the stigmata of a defective cerebral organization, which has for its first effect to diminish their resistance to the intoxicating action of alcohol, and in the second place to favor the development of an intellectual and moral disturbance more considerable at the first onset.

Apart from the insane, properly so called, imbeciles and epileptics, with whom drunkenness is always particularly dangerous, there exists an entire class of degenerate or hereditarily diseased persons whose grave defects of mental condition manifest themselves less by delirious conceptions than by the strangeness of their acts, the looseness of their existence, and who leave everywhere the impression of their incapacity or of their lack of balance. These are the truly diseased persons who no more resist the desire of drinking than other morbid compulsions. With them all the acts executed under the influence of intoxication have, in some sort, the characteristics of impulse. In these cases the expert physician finds himself in a struggle with medico-legal questions of a rare importance.

When one is in the presence of an ill-balanced individual, attacked with intellectual weakness, or being in a state of evident mental inferiority, the part to assign to his responsibility is unquestioned. Unhappily these cases are not always clear nor accepted, and the physician sometimes finds himself in this grave alternative, either to favor an alcoholized person who can, in an apparently short time, compromise all social security, or of exposing him to too severe a punishment. Let us recall in this relation some *desiderata* well known to all physicians accustomed to medico-legal practice. We all know that most of the time the special alcoholized persons of weak intelligence, whose forfeiture of liberty the physician decides without power of formulating, in regard to them, a decisive conclusion, it is also just as impossible to take severe judicial measures as durable administrative measures in regard to them.

We are astonished that the affirmation of irresponsibility does not have for corollary a prolonged commitment to an

insane asylum, especially when the question is in regard to persons notoriously feeble-minded, whom an excess of drink may conduct to worse acts of violence. The fault does not belong to us but to those who do not understand that to keep an insane person legitimately suspected of relapse, is to accomplish a work of protection and of social defense.

Habitual drinkers are susceptible of presenting in the course of their existence symptoms of acute intoxication of an intensity and gravity much greater than those observed in intoxication. These symptoms, which are designated under the name of acute or sub-acute alcoholic delirium, are characterized by many multiple disturbances by varied conceptions of delirium, disorders of immotivity, and acts of which the degree of acuteness is variable, the duration generally short, renewing themselves more or less often, and necessitating for that reason numerous sequestrations. These morbid phenomena are not always in relation with the degree of the saturation of alcohol. With some the alcoholic delirium will make its appearance consequent on some excesses only. With others, on the contrary, it will show itself much later, after excesses repeated every day, during years often without bringing intoxication. Sometimes the delirium will follow more copious libations; sometimes it will be observed to develop apart from all excesses, either by the fact of abstinence or by the action of external circumstances, the physical traumatism, a moral shock, an illness, etc.

Numerous subjective sensations, and, above all, hallucinations of sight, of a painful and terrifying nature, characterize the acute alcoholic delirium. According to the habitual state of the subject and the intensity of the disturbances of his senses, acute intoxication results in forms of mania, melancholia, or stupor. According to the termination, more or less rapid, of the attack, we can distinguish three categories. In the first, the duration is relatively short, and as M. Magnan has stated, the convalescence is benign, rapid, and complete. In the second category, we can class the cases of alcoholic delirium with longer convalescence and rather frequent relapses.



When the delirious ideas, the disturbances of the actions, have lost their acuteness, we observe often vague ideas of persecution, hypochondriacal ideas, an emotional state, which are only slowly effaced. In fine, in the third class, we have to study the manifestations of alcoholic delirium with the predisposed. These persons, who have been so well studied by Morel, Magnan, Laborde, and also others, find their special predisposition either in a cerebral inferiority, which has been transmitted to them by heredity, or in an intoxication more considerable and more prolonged. Among them it is possible to observe not only toxic delirium, but also and co-existing with the latter, another delirium which has its origin in the special, natural dispositions, and for which the duration may belong. In all these cases the toxic agent has modified the intimate constitution of the nervous cell, and has created for it a special susceptibility under the influence of any excitement whatever. This susceptibility reveals itself by pathological reactions involving with them a veritable cerebral raptus, characterized by sudden obscurations, ataxia, the perversion of the intellectual faculties. Some disturbances of the general sensibility, some painful hallucinations of different senses determine for the patient a state of anxiety and terror difficult to describe.

The conscience altered, the reason vanished, are powerless to constrain the alcoholized person who finds himself absolutely incapable of withdrawing himself from the domination of sensorial disturbances which subjugate him. The instincts take the ascendancy, and, favored by the nature of the emotional and hallucinatory disturbances, urge to acts of a formidable violence. In what measure will the offense committed under such conditions render its author responsible? Of all the states due to alcoholic intoxication, it is, perhaps, the acute attack of delirium which furnishes the least to the controversy in a medico-legal point of view. Almost all authors are in accord upon this question and show themselves favorable to the absence of culpability in the agent who commits a reprehensible act in a state of alcoholic madness.

Marc maintains that the acts committed during a paroxysm of delirium tremens ought to be considered as the products of a mental lesion, implying the absence of all moral liberty. Tardien, Fournier, and the author are of the same opinion. The evolution in the attack contemporary with the culpable act is sometimes so rapid that often the physician charged with giving his estimate, finds himself in the presence of a person who has recovered his freedom of mind. The expert is then under the obligation of studying the antecedents, of reconstituting the pre-existing mental state, the circumstances which have presided over the accomplishment of the offense or crime and the special conditions under which the accused is found. The act charged ought to be brought into conjunction with the impulse of delirium which has been the cause and the occasion of it.

A man is, by the fact of his profession, exposed to drinking each day sufficiently considerable quantities of alcohol without ever appearing intoxicated. He is, nevertheless, in a permanent state of alcoholic intoxication. Under the influence of any cause whatever, a paroxysm of delirium breaks out. After some days of uncomfortableness, this man cannot keep quiet. At night he leaves his chamber, urged by the irresistible need of walking and to withdraw himself from the terrors born of his hallucinatory disorder. In the street he joins in a fight, he is struck and himself strikes with an energy of which only the alcoholics are capable who attack or defend themselves, a prey to disturbances which their delirium produces. This man has been only a blind agent. He is not punishable. In general, under the influence of alcoholic madness, the person enters at the first onset into the paroxysm of fury, and one cannot say that he has voluntarily provoked it. He has lost consciousness of the moral value of his acts. He has obeyed a morbid impulse which his will was powerless to repress. He is no longer himself; he no longer directs himself. In this kind one can only recognize the absence of all moral liberty, consequently, of all responsibility. It remains for us to examine

the consequences of an alcoholic delirium which we sometimes observe among habitual drinkers in the absence of more copious libations. It is, in fact, an experience, we might say, daily, that a man yielding habitually to alcoholic excesses, attacked, it may be, by an acute febrile malady, or by a wound, or even by a violent moral or physical disturbance, is, by the simple fact of the accident that has occurred unexpectedly, almost fatally exposed to a paroxysm of consecutive alcoholic delirium. In health, sheltered from all preoccupation, he might have continued to drink, each day, the accustomed quantities of alcohol without disturbances of delirium befalling him; ill, preoccupied he is not slow to present acute or sub-acute phenomena of delirium. If he resists, the pathological evolution is regular; eight or ten days suffice for the elimination of the poison and for the modification of the toxic excitability of the nervous cell. Convalescence accomplished, there remains only a few traces of the symptoms. Little by little they are effaced, and if the life is sober, regular, the disorders cannot return.

A man has betimes taken up the habit of alcoholic drinking. He drinks each day quantities considerable enough, and his robust constitution has not had too much to endure from these repeated excesses. Let this man have a serious fall, receive a violent blow, be attacked by pneumonia or any other acute malady, and suddenly the alcoholic delirium may break out. It is not to be doubted that an offense or a crime committed at this moment cannot be imputed to him.

It is the same when alcoholic habits are roughly interrupted, or likewise under the influence of a purely moral shock. Lively emotions, preoccupations, above all, those of a painful nature, causes eminently depressing which profoundly excite the drinker, can, like traumatism, fever, hemorrhage, diminish the resistance to the slowly prepared action of alcohol, and bring the explosion of delirium with all its train of symptoms.

One of the most interesting of cases often presents itself for observation. The question is in regard to prisoners

who, at the first questions, have seemed sound in mind, and who become insane after two or three days of detention. The author considers at some length the following case :

A man who has been drinking, while in a state of consciousness, has committed an offense, is sent to prison ; depressed by his imprisonment, he has an attack of delirium tremens. The action of the alcohol, which up to the moment of the attack has, in some sort, remained latent, is exhausted little by little. The balance is re-established, the prisoner recovers the integrity of his faculties and returns to his normal state.

In such a case it is important to understand the paroxysms for what they are in reality. They are the acute or sub-acute manifestation of an alcoholic intoxication. Their duration is ephemeral. They are dissipated at the same time that the action of the toxic agent which has provoked them, is exhausted. They are a symptom of the same kind as a paroxysm of fever, and do not authorize in any fashion a doubt in regard to the integrity of the intellectual faculties of those who have been subject to them.

Beside the attacks of acute intoxication, drunkenness, or alcoholic insanity, which are purely accidental, one who is professedly a drinker acquires in time certain modifications of the state of his intellectual and moral faculties which it is interesting to study from a medico-legal point of view. These modifications becoming more accentuated conduct the drinker to chronic alcoholism, the last stage of the complexus ; but before arriving at that point, before being so profoundly injured, he is a drunkard, and will later be a chronic alcoholized person.

The physiognomy of the drunkard is too well known to detain us a long time. One drinks every day, at the same hours, the same quantities of alcohol. Another commits excesses at the chance of occasions and of meetings. For the two the result is the same. By the fact of a veritable habit, they are surprised by complete intoxication only when the habitual amount is exceeded. The toxic agent does not

less surely exercise its influence; the intelligence is benumbed. The moral sense is blunted and lost. The will lacks strength. All reach that state of indifference which leaves them without resistance to evil suggestions. They become lazy, passionate, violent; the modifications have an effect above all upon the character, and, in spite of the alterations undergone by the faculties, the drunkard may preserve enough intelligence and moral liberty to direct himself and appreciate the nature and value of his acts. Leuret compares drunkenness to mental alienation.

The prolonged abuse of spirituous drinking creates, in the long run, numerous pathological disorders, of which the ensemble constitutes chronic alcoholism. The nature and expression of the manifestations of this morbid state vary with the different phases of its evolution. It is important to distinguish them. With certain drinkers the progress of intoxication has not completely obscured the intelligence and consciousness. With others, on the contrary, unconsciousness is absolute, and sottishness complete. With others, in fine, who seem to stand midway between the preceding, reason and consciousness, without being absolutely perverted, no longer direct them. Often the physician does not experience very great difficulties when the purpose is to estimate the part of responsibility which belongs to one of the different stages of chronic alcoholism.

In studying the man, in his antecedents, in his habits, in his character, as well as in the accomplishment of the acts which are charged against him, he has the measure of his intellectual and moral worth. But the difficulties begin when it is necessary to admit to the magistrates the mental aberration which is the peculiarity of the patient's and which sometimes seems to contrast singularly with their apparent state.

We would speak of those alcoholized persons whose portraits have been so well traced by our masters. M. Fournier says these men with intelligence depressed without being destroyed, with moral sense obscured without being extin-

guished, persons always giddy through alcohol, even fasting, not knowing very well what they do, often indifferent, and acting like machines, simple, deprived of character and of energy, credulous, easy to subject to the domination of another and to drag upon the declivity of evil, persons always near the state of infancy with the appearances of free will and of reason.

*Racle* recognizes the unhealthy transformation undergone by the chronic drinker, and thinks that he has right to a larger extenuation of culpability.

*M. Fouquier*, indeed, admits with the moralists, that the degradation which characterizes the chronic drinker is reprehensible in itself, but he adds, that it none the less creates a particular moral situation, of which the judge ought to take account. This is also the opinion of *M. Tourdes Tardieu* in his medico-legal study of madness, after having indicated the pathological characteristics of the mental state of the chronic drinker, and having insisted upon the apathy, upon the peculiar carelessness of which he daily makes proof, and from which it is impossible for him to escape, estimates the importance of all these signs which, says he, without making of every drunkard a madman, make of the drinker a type eminently subject to irresistible impulses, and consequently, in many cases, unconscious and irresponsible.

*M. Lentz* does not recognize a criterion which can serve to determine the exact value of the responsibility of the chronic drinker. For him it is evident, that so long as the moral modifications are but little emphasized, the culpability can be only diminished, while, when the subject has reached degeneracy, stupefaction, torpor, he is a person almost unconscious, who can be exonerated almost completely from all imputability.

It seems to us that too often the mistake is made of comparing the inveterate drunkard with the chronic drinker, properly so called. Without doubt, drunkenness conducts in the long run, and fatally, perhaps, to chronic alcoholism. But there are, even here, two very particular states which it is important to distinguish.

The greater part of the states described by authors, considered by them as belonging to the first phases of chronic alcoholism, and conducting the expert in many cases, which it remains with him to determine to develop motives of extenuation, belong to intoxication already old and not to the alcoholic diathesis itself.

As to confirmed chronic alcoholism, the pathological state which expresses itself by manifestations positive, well-defined, symptomatic of profound permanent and irreparable lesions of the intellectual, moral, and effective faculties, we do not hesitate to affirm that it involves unconsciousness and suppresses all imputability.

#### DIPSOMANIA.

This term, for a long time synonymous with intoxication, has definitely conquered in our medical language its true significance. It is a pathological impulse returning by paroxysm to drink to excess, intoxicating liquors. The paroxysm of dipsomania ranges itself in three periods. Prodromic, that of the state itself and of the decline, during which, we observe different psychical symptoms in regard to which we do not think we ought to insist.

Intoxication, whatever has been said of it, is the almost fatal consequence of considerable drinking of alcoholic liquors. During the paroxysm it shows itself with its habitual symptoms, but its duration can be prolonged during several days. So long as the paroxysm endures, we observe a double spectacle, that of the impulse to drink, which becomes more and more imperious, for the more it is satisfied, the more exacting it is, and that determined by the intoxicating action of liquors. At the beginning there are only phenomena of inebriety which disappear after the crisis without leaving traces; but later, when the paroxysm is renewed a great number of times, when its duration is longer, it is not rare to observe, at first acute then chronic manifestations of the delirium of intoxication.

Lasegue was not of this opinion. Nevertheless, it is



often thus that things take place. M. Magnan has justly remarked, "It is alcoholic delirium which promotes the admission of the patient to the asylum, and sometimes it is only after the disappearance of the acute symptoms, that we find again the elements necessary for the establishment of the diagnosis of the hereditary diathesis, and of the morbid impulse. The paroxysms are separated by intervals of greater or less length, during which the dipsomaniac seems to possess the integrity of his faculties, but often it is only an appearance. It is not rare, in fact, that an examination, more minute, more attentive, reveals the lack of balance, and shows the nature of the natural imperfections of the character and tendencies.

It is important to insist upon the differences which exist between the dipsomaniac and the habitual drinker. The dipsomaniac is a drinker on occasions of a particular sort. Apart from his paroxysms he generally has a deep disgust for alcoholic drinks. "Drunkards," says Trélat, are persons who get intoxicated when they find occasion for it. Dipsomaniacs are diseased persons, who become intoxicated whenever their paroxysm seizes them.

With the dipsomaniac the alcoholic symptoms are only secondary. They are the result of the morbid impulse. The drunkard becomes diseased by the simple fact of his excesses.

"The one is deranged before drinking, the other is deranged only after having drunk" (Magnan).

From the medico-legal point of view, a larger number of questions can be put to the medical expert. They require on his part a study so much the more serious, that the greater part of the time the dipsomaniac is taken for a common drunkard.

The dipsomaniac can make himself guilty of a crime or an offense during one of the three periods of the paroxysm or during the intermissions. In these different cases, the culpability, and, consequently, the responsibility are susceptible of variation.

We can leave aside the study of culpability during the intermission of the paroxysm. It belongs to the medico-legal history of hereditary madness.

We ought to consider here only the intoxication or the alcoholic delirium which are produced during the paroxysm, and are the consequence of it. As to that which relates to alcoholic delirium, what we have said previously applies to the dipsomaniac as well as to ordinary drunkards. It involves irresponsibility for all the acts committed under its influence. As to the intoxication which comes upon the dipsomaniac at the height of his paroxysm, it equally exonerates him from all culpability. With him not only is the intoxication not voluntary, not only was it not in his power to shun it, but, moreover, the abuse of drink which has produced it is the result of the morbid force of an irresistible impulse, with darkening of the mind, inhibition of the will, and absence of consciousness. In these conditions the intoxication of the dipsomaniac fully involves his irresponsibility.

---

THE English *Prison* commissions report that fifty-nine per cent. of all prisoners convicted during the year have been convicted before. Some of them have been in prison from eight to two hundred times before, and from this they conclude that the present system of treatment of criminals is a lamentable failure.

Of the persons convicted of murder in Great Britain for a period of ten years, from 1879 to 1888, thirty-two per cent. were found to be insane. Thirty six per cent. of the remainder had their sentences commuted on the ground of mental weakness, and doubtful mental soundness. At least ten per cent. more were questioned for the same reason, leaving less than one-third who were punished as sound and responsible.

RECENT JUDICIAL EVOLUTION AS TO CRIMINAL RESPONSIBILITY OF INEBRIATES.

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By CLARK BELL, ESQ.,

*President American International Congress of Medical Jurisprudence.*

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By the common law of England it was conceded the words *non compos* meant a total deprivation of reason. Lord Cook divided it into four parts, or, as he called them, **Manners."**

*First.* The idiot or fool.

*Second.* He who, of good and sound memory at birth, **lost** it by visitation of God.

*Third.* Lunatics who have lucid intervals, and sometimes of good sound memory, and sometimes *non compos mentis*.

*Fourth.* By his own act a drunkard.

So that drunkenness at and by Common Law under certain circumstances was a form or species of insanity. By the same common law it was held:

*First.* That the drunkard was responsible for all his acts **criminally**, even if the state of drunkenness was such as to **make** him insensible to his surroundings and unconscious of **his** acts.

*Second.* That drunkenness, instead of being any defense **to** a charge of crime committed while in a state of intoxication, was not only no defense, but that it aggravated the act.

These doctrines were upheld by the English Courts in **Dammaree's** case, 15 St. Tr., 592; **Frost** case, 22 St. Tr., 472; **Rex v. Carroll**, 7 c. and p., 115; and these doctrines have been held likewise in nearly all the American States.

In Ala., **State v. Bullock**, 13 Ala., 413; in Cal., **People v. King**, 27 Cal., 507; in Conn., **State v. Johnson**, 40 Conn.,

106; in Del., *State v. McGonigal*, 5 Har., 510; in Ga., *State v. Jones*, 20 Ga., 534; and in nearly every American State similar decisions have been made.

The Common Law which would not uphold a deed, will, or contract, made by a drunken man in an unconscious state of intoxication, would hold the same man criminally liable for every act constituting a violation of the criminal law. To-day we are regarding these views as legal curios and relics of the past.

The law should have its museums for the preservation of its antique anomalies. A silent, unconscious change has been wrought in the law, not by legislation, but by the growth of ideas, the diffusion of knowledge.

Insanity is now demonstrated to be a disease of the brain, of which it is itself an outward manifestation. Inebriety is also shown to be a disease of the man, manifesting itself through brain indications, which demonstrate it to be a form of insanity wholly dominating the volition and beyond the power of the victim to control, and is now treated as such.

The essential element of crime, intention, hardly fits into the acts of the unconscious inebriate, who, while blind or dead drunk, kills an innocent victim, and the absence of motive, like the absence of intention, are missing links in that chain which the law exacts in regard to all criminal action. It would be next to impossible now to find a judge willing to charge a jury that a crime committed by a man in a state of intoxication, in which the accused was unconscious of his act, or incapable of either reflection or memory, should be placed on a par with one fully comprehended and understood by the perpetrator.

Buswell says, in speaking of the old doctrine of drunkenness being an aggravation of the offense: "It is apprehended that this is the expression of an ethical rather than a legal truth." (Buswell on Insanity.)

Such considerations compel us to enquire: What is law? There are two schools of thought regarding it.

Webster, the great expounder of the American Constitution, is credited with saying: "Law is any principle successfully maintained in a Court of Justice. This represents one school.

Richard Hooker, in his ecclesiastical polity, represents the other. He says of Law: "There can be no less acknowledged than that her seat is the bosom of God, her voice the harmony of the world; all things in heaven and earth do her homage; the very least as feeling her care, the greatest as not exempted from her power." The gulf intervening between these two extremes is as wide and deep as that which divided Abraham and Lazarus in the parable of our Lord.

The framers of the New York Penal Code, without the courage to hew down the error of the old doctrine, engrafted thereon a provision that enables a jury now, in that State, to pass on the motive and the intention of the unconscious and wholly insensible inebriate, so that by law now in New York, since the Penal Code of that State, a conviction would, in such a case, be well nigh impossible.

How have the English judges met the question? In 1886 Mr. Justice Day, in *Regina v. Baides*, at the Lancaster assizes, charged a Lancaster jury, that if a man was in such a state of intoxication that he did not know the nature of his act, or that it was wrongful, he was insane in the eye of the law; and that it was perfectly immaterial whether the mental derangement resulting from such intoxication was permanent or temporary.

In 1887 Chief Baron Palles held that if a person, from any cause, say long watching, want of sleep, or deprivation of blood, was reduced to such a condition that a smaller quantity of stimulants would make him drunk, and that would produce such a state if he were in health, then neither law nor common sense could hold him responsible for his acts, inasmuch as they were not voluntary, but produced by disease.

As long ago as 1865, in the case of *Watson*, tried at

Liverpool for the murder of his wife, before Baron Brammwell, the evidence showed that he was laboring under delirium tremens. After the act, he grew calm and said he knew perfectly well what he had done, and that his wife was in league with men who were hidden in the walls.

Baron Brammwell, who favored hanging insane men who committed homicides, when acting under an insane delusion, if of sufficient intelligence to understand the nature and quality of the act and its consequences, tried the case, and charged the jury that there were two kinds of insanity, by reason of which a prisoner was entitled to be acquitted. Probably the jury would not be of opinion that the prisoner did not know the quality of his act, that it would kill and was wrong, but it was still open to them to acquit him, if they were of opinion that he was suffering from a delusion leading him to suppose that which, if true, would have justified him in the act. One more remark he would make, viz.: That drunkenness was no excuse, and that a prisoner cannot, by drinking, qualify himself for the perpetration of crime; but if, through drink, his mind had become substantially impaired, a ground of acquittal would then fairly arise. The prisoner was acquitted.

Under the English law there is no right of appeal to the convicted homicide, as in the American States, and so it is difficult to find the decision of English higher courts on the questions involved in the discussion.

In the American States no person is executed except on the decision of the highest court of the State, if the accused desires it and appeals. In England the appeal does not lie as a matter of right, and so the opinion and dicta of the English trial judges form the real body of the law of England upon these questions.

Baron Brammwell undoubtedly regarded Watson as entitled to an acquittal, and the case shows a remarkable result in this respect. Had he been insane and committed the homicide under delusions which dominated his will and controlled his action, he would have been convicted if he

106; in Del., *State v. McGonigal*, 5 Har., 510; in Ga., *State v. Jones*, 20 Ga., 534; and in nearly every American State similar decisions have been made.

The Common Law which would not uphold a deed, will, or contract, made by a drunken man in an unconscious state of intoxication, would hold the same man criminally liable for every act constituting a violation of the criminal law. To-day we are regarding these views as legal curios and relics of the past.

The law should have its museums for the preservation of its antique anomalies. A silent, unconscious change has been wrought in the law, not by legislation, but by the growth of ideas, the diffusion of knowledge.

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while to state at what period of time the temporary madness merges into the permanent madness; and, also, what is the abstract difference between their capacity of responsibility.

Remarkable nervous conditions sometimes become epidemic. They are largely confined to persons of uncultivated and superstitious minds. They may evolve delusive beliefs, leading to the most serious consequences; or they may, through illusion and hallucination, so impose upon the senses and imagination as to supplant rational perception and right judgment.

The following incident is abridged from Brierre de Boisment. "In Germany certain superstitious people believe that ghosts of slain troopers were seen from time to time in the night. They were said to appear in uniform and on horseback, and caused great consternation among the peasantry. Two laboring men, fatigued with work, were seated and partook of some wine they had with them. They became much intoxicated and excited by drink, and imagined they were surrounded by Swedish cavaliers. They carried sticks with them, as was their custom, and thinking they were battling with the Swedish horsemen, they began to strike and knock each other, until one of them disappeared. The other, taking up his friend's hat and thinking it was a helmet of the enemy, carried it in triumph to the home of his companion, who, he thought had gone before him. As he approached the house, he cried out: 'The devils wanted to take me away, but I gave one of them such a dressing with my stick that they will not come again.' He had in reality killed his companion by a blow on the back of his head, fracturing his skull.

"The next day, filled with grief, all he could say was, that having continued to drink with his friend, it seemed to them that they were surrounded by spectres on horseback, in their blue and red uniforms; and being convinced that evil was about to happen to them, they resolved to defend themselves with their sticks; that they both attacked the spectres, having heard that when fearlessly confronted they would be-

take themselves to flight. In the midst of the struggle he missed his companion, and the spectres seemed to have disappeared."

This case was referred to the legal faculty at Helmstadt. The decision was that—"If any one becomes voluntarily intoxicated, and in this state commits a crime, he must be responsible for it, for the loss of reason was due to his own act."

The criticism of Boismont on this legal decision is: "If at the time and in the country where this event took place, the doctrine of hallucinations and illusions had been better understood, and the power of those which accompany drunkenness more fully appreciated, the punishment would have been less severe." The accused was sentenced to ten years hard labor.

Respecting the criminal responsibility of the man who drinks from mere idleness and without any driving neurotic stress, and who is free from congenital and from constitutional defects—the latter arising from disease or injury—and who is free from the physical degenerations of habitual drunkenness, no doubt the rules of accountability should be strict. But even in such instance, principles of responsibility should not be "lumped," or generalized. The effect of alcohol is so modified by special nervous sensibilities and peculiarities, that it is the right of every individual guilty of inebriate crime to have his trial made a *special* one. He is entitled to a full inquiry respecting the facts that pertain to himself alone.

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THE *British Women's Temperance Association* has founded a home for Female Inebriates, whose successful operation has attracted unusual attention. Women who are indigent and diseased have the protection of a hospital and an opportunity to earn a living in the best conditions for permanent recovery. This is more practical than engaging in political efforts to incorporate a theory that is not established by facts.

## DRUNKENNESS AS A DEFENSE.

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 BY CLARK BELL, ESQ.
 

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The law as now settled in England and the American States may be stated as follows :

While drunkenness is not *per se* a defense upon a charge of crime, yet mental unsoundness, superinduced by excessive intoxication and continuing after it has subsided, may excuse ; or where the mind is destroyed by a long-continued habit of drunkenness ; or where the long-continued drunkenness has caused an habitual madness, which existed when the offense was committed, the victim would not be responsible. For if the reason be perverted or destroyed by a fixed disease, although brought on by his own vices, the law holds him not accountable.

*Rex vs. Meakin*, 7 Car. & P., 297 ; *Reume's Case*, 1 Lewin, 76 ; *Reniger vs. Fogassa*, Plow., 1 ; 1 Russ. on Crimes (9th ed.), 12 ; 1 Bishop Cr. L. (6th ed.), 406 ; 1 Wharton Cr. L. (8th ed.), sec. 48 ; McDonald C. L. of Scot., 16 ; 1 Hale, 4 ; Black. Com., 26 ; *Beasley vs. State*, 50 Ala., 149 ; *Peo. vs. Odill*, 1 Dak. Ter., 197 ; *Estes vs. State*, 55 Ga., 30 ; *Baily vs. State*, 26 Ind., 422 ; *Roberts vs. People*, 10 Mich., 401 ; s. c. 19 Metc., 402 ; *State vs. Hundley*, 46 Mo., 414 ; *State vs. Thompson*, 12 Nev., 140 ; *Lanergan vs. People*, 50 Barb. (N. Y.), 266 ; *Maconnehey vs. State*, 5 Ohio, 77 ; *Com. vs. Green*, 1 Ashm. (Pa.), 289 ; *U. S. vs. Forbes, Crabbe* (D. C.), 558 ; *Stuart vs. State*, 57 Tenn., 178 ; *Carter vs. State*, 12 Texas, 500 ; Bell's Med. Jurisp. of Inebriety, p. 10, and cases there cited.

The rule of law is well settled that evidence of intoxication is always admissible to explain the conduct and intent of the accused in cases of homicide, although the rule does not apply in lesser crimes, where the intent is not a necessary element to constitute a degree or phase of the crime :

Bell's Med. Jur. of Inebriety, p. 10, and cases there cited.

In cases where the law recognizes different degrees of a given crime, and provides that willful and deliberate inten-

tion, malice, and premeditation must be actually proved to convict in the first degree, it is a proper subject of inquiry whether the accused was in a condition of mind to be capable of premeditation :

Gray, J., in *Hopt vs. People*, 104 U. S., 631 ; *Buswell on Insanity*, § 450 ; *Penn vs. McFall*, Addison, 255 ; *Keenan vs. Commonwealth*, 44 Pa. St., 55 ; *Jones vs. Com.*, 75 Pa. St., 403 ; *State vs. Johnson*, 40 Conn., 136 ; *Pirtle vs. The State*, 9 Humph., 663 ; *Haile vs. State*, 11 Humphrey, 154 ; *Smith vs. Duval* (Ky.), 224 ; *Boswell vs. Com.*, 20 Gratt., 860 ; *Willis vs. Com.*, 32 Gratt., 929 ; *People vs. Belencia*, 21 Cal., 544 ; *People vs. King*, 27 Cal., 507 ; *People vs. Lewis*, 36 Cal., 531 ; *People vs. Williams*, 43 Cal., 344 ; *Farrell vs. State*, 43 Texas, 508 ; *Colbath vs. State*, 2 Tex. App., 391 ; *State vs. White*, 14 Kan., 538 ; *Schlacken vs. State*, 9 Neb., 241 ; 104 U. S.

The reason of this rule of law rests upon the fact that intoxication is a circumstance to be weighed in connection with the other circumstances surrounding the commission of the act in determining whether it was inspired by deliberate and malicious intent, and whether immediately before and at the time of his act the intoxication of the accused was so great as to render him incapable of forming a design or intent, which the jury must find from the facts in the case, without regard to opinions of others :

*Buswell on Insanity*, § 452 ; *Marshall's Case*, 1 Lew. Cr. Cas., 76 ; *Thacher*, 7 in *Kelly vs. State*, 3 S. & M., 518 ; *Armor vs. State*, 63 Ala., 173 ; *People vs. Belencia*, 21 Cal., 544.

And because, since he who voluntarily becomes intoxicated is subject to the same rules of law as the sober man, it follows : that where a provocation has been received which, if acted upon instantly, would mitigate the offense if committed by a sober man, the question in the case of a drunken man sometime is, whether such provocation was in fact acted upon, and evidence of intoxication may be considered in deciding that question :

*Buswell on Insanity*, § 423 ; *State vs. McCants*, 1 Speer, 384.

The New York Penal Code defines precisely this question of responsibility in that State in such cases as follows : " § 22. Intoxicated persons.— No act committed by a person while

in a state of intoxication shall be deemed less criminal by reason of his having been in such condition. But whenever the actual existence of any particular purpose, motive, or intent, is a necessary element to constitute a particular species or degree of crime, the jury may take into consideration the fact that the accused was intoxicated at the time, in determining the purpose, motive, or intent, with which he committed the act."

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Rev. Dr. Hale of Boston remarked, "Take away the saloons and bars for the sale of spirits from Boston, and my church will take care of all the poverty and distress of the city without any strain."

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ALCOHOLISM AND DEGENERATION.— In the Commune of Fauborn, near Limbourg-sur-Lahn, in the Grand Duchy of Hesse-Nassau, there are several distilleries, and the population appears to be composed of cretins and examples of degeneration of all descriptions. The contrast is the more striking as in the neighboring villages which contain no distilleries the population is healthy.— *Le Progrès Médicale*.

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THE *Brewers' Journal*, with exultation, calls attention to the fact that it appears, from the annual report of the Commissioner of Internal Revenue, that there was an increase in the output of malt liquors during the fiscal year ending June 30, 1892, of 1,339,641 barrels as compared with the preceding year, the totals for the two years being respectively 30,478,192 and 31,817,836 barrels. There was also an increase in the production of distilled spirits for the same period, of 5,830,723 gallons. These figures have an ominous significance for the friends of temperance, and suggest the urgent need of a greatly increased total abstinence propagandism.

DELIRIUM TREMENS AND THE LAW.

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BY CLARK BELL, ESQ.

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The rule of law is well established both in England and the United States, that insanity produced by delirium tremens is a good defense to a criminal charge. Even if induced by intoxication, the victim is no more punishable for his acts than if the delirium had resulted from causes not under his control :

Regina *vs.* Davis, 14 Cox C. C., 563 ; Bell on Med. Juris. of Inebriety, 9, and cases there cited ; J. Crisp Poole, Med. Leg. Jour., vol. 8, p. 44 ; U. S. *vs.* McGlue, 1 Curt., 1 ; Wharton's Crim. Law (8th ed.), sec. 48 ; People *vs.* Williams, 43 Cal., 344 ; U. S. *vs.* Clarke, 2 Cr. C. C., 758 ; Lanergan *vs.* People, 50 Barb. (N. Y.), 266 ; s. c. 6 Parker, Cr. R. (N. Y.), 209 ; O'Brien *vs.* People, 48 Barb., 274 ; State *vs.* Dillahunt, 3 Harr. (Del.), 551 ; State *vs.* McGonigal, 5 Harr. (Del.), 510 ; Cluck *vs.* State, 40 Ind., 563 ; Bradley *vs.* State, 26 Ind., 423 ; O'Herrin *vs.* State, 14 Ind., 420 ; Dawson *vs.* State, 16 Ind., 428 ; Fisher *vs.* State, 64 Ind., 435 ; Smith *vs.* Com., 1 Duv. (Ky.), 224 ; Roberts *vs.* People, 10 Mich., 401 ; State *vs.* Hundley, 46 Mo., 414 ; State *vs.* Sewell, 3 Jones (N. C.) L., 245 ; Cornwell *vs.* State, Mart & Y. (Tenn.), 147 ; Carter *vs.* State, 12 Tex., 500 ; Boswell *vs.* Com., 30 Gratt. (Va.), 860 ; U. S. *vs.* Drew, 5 Mason C. C., 283.

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Mr. Thomas Burt, an English cabinet minister, declares, if we had no intoxicating drink, all the poverty and pauperism of England could be relieved and cared for by the present philanthropic and charitable agencies.

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THERE is one saloon to every eighty-seven inhabitants in France, and twenty-seven thousand in Paris alone. The whole number of saloons decreased from 1869 to 1875, since that time they have slowly increased. From 1886 to 1891 this increase amounted to 12,000 saloons.

## Abstracts and Reviews.

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### MARRIAGE AND INEBRIETY.

In Dr. Strahan's work on *Marriage and Disease*, noticed in last number, occurs the following in the chapter with the above heading :

It is not necessary to say in the way of proof of the transmissibility of the "drink crave." It speaks for itself from every grade of society in the land, and its voice gives forth no uncertain sound. With instances of the hereditary transmission of this curse, everyone is only too familiar. All anyone has to do, is to look around among his friends and acquaintances to see how this sin in parents is visited upon the children. The hereditary character of the abnormal condition, of which habitual drunkenness is the outward sign, although firmly established and universally admitted, is not understood as it should be. It is too often looked upon as a vice acquired by the individual, the outcome of voluntary wickedness. In the vast majority of cases, inquiry into the family history will reveal the presence of an inherited taint, such families generally showing the neurotic or insane diathesis more or less distinctly marked.

No grade in the social or intellectual world is, or ever has been, free from this disease, and if we study the family histories of the great ones of the earth who have fallen victims to it, we shall find that there the cause is the same as among the obscure, viz., that they have inherited a degenerate nerve condition which renders them, above others, susceptible to this and allied neuroses, such as epilepsy, idiocy, madness, suicide, and the like. In fact, the dipsomaniac and habitual drunkard are as much sinned against as sinning, inasmuch as they have inherited an unstable nervous system which renders them liable at any time to fall victims to this



vice under provocation, which, upon a stable nervous organization, would be powerless for evil.

Evidence of the hereditary character of this and other transmitted pathological conditions, is seen in the tenacity with which they stick to their victims despite all treatment. An acquired disease often gives way before persistent judicious treatment, but the innate evil is only to be eradicated by treatment carried on through several generations. Nevertheless, the physician's duty is to make the attempt in every case. In some few, his efforts will be rewarded with more or less success, but, unhappily, in the vast majority, they must end in utter failure, for the simple reason that he has been called in too late. As Dr. Holmes has said, "the doctor should have been called in a hundred years earlier."

By reference to Dr. Stewart's table, it will be seen that he fixes the proportion of cases of dipsomania, in which he found hereditary taint, at so high a figure as 63.4 per cent., which is above that of any other form of mental disease given. Of late years, the legislature has been induced to recognize habitual drunkenness as a diseased condition, and has made certain laws for the temporary confinement, care, and treatment of those so afflicted, if they themselves sanction it. This is only a first step in the right direction, but the path is entered upon and we may hope before long to be able to detain, as we now can a raving maniac, those unfortunate, semi-responsible creatures who at present outrage society by indulging their degraded appetites, and are free to propagate their innate degeneracy. And, when that day arrives, we shall enter upon an era in which it will be possible to lessen, in some part, not only habitual drunkenness, but all the diseases, mental and bodily, which arise from the use of alcohol.

It is a curse upon the community, for it is the starting point of insanities, epilepsies, crime, and endless disease in posterity, while as to the individual, there is no other diseased condition known, which so utterly and rapidly destroys all moral sense, unless it be epilepsy, to which it is nearly

allied. The victims of this horrible and irresistible craving, may, at first, honestly express shame and regret for their weakness, and for the disgrace which they bring upon those who should be dearest to them. But this spirit is only too short-lived; soon the moral nature, never strong in such persons, becomes undermined, and we find the man or woman who, but a short time before, would have scorned dissimulation or untruth, transformed by his vice to a cunning, scheming liar, without the remotest sense of truth or honor and ready to do absolutely anything to gain the wherewithal with which to feed his thirst.

Once on the down grade, a man soon reaches a level where honor, truth, and even common honesty, are unknown, but in woman the descent is even more rapid and terrible. Once launched upon the downward journey, her course is not to be stayed. To every deep, she finds a lower depth; her home, her husband, her family, her very honor, are, in turn, given a sacrifice to the demon who is not to be appeased. Yet, after all that has been said and written on this subject, these unfortunate creatures are still misunderstood, and when their inborn vice leads them beyond the lines laid down for the guidance of the mass, they are haled before a court of justice and punished like the thief or other law-breakers. As might be anticipated, this seldom, if ever, does any good, and if proof of this were wanted, it would be found in the regularity with which they return, time after time, to their place before the judgment-seat. Who has not come across such passages in the reports of the proceedings at our police courts, as these?

"A shoe rivetter made his fiftieth appearance at the police court this morning, when he was charged with being drunk and disorderly; and having, thanks to the holiday time, no money to pay for his 'jubilee,' was sentenced to seven days."

"Margaret West, who was said to have been before a magistrate upwards of fifty times, was charged with being drunk and disorderly, was fined forty shillings, or in default,

bility for inebriates differs in civil from that in criminal cases. Our business is with the responsibility of inebriates for criminal acts.

"The law assumes that he who, while insane, puts himself voluntarily into a condition in which he knows he cannot control his actions, must take the consequences of his acts, and his intentions may be inferred."

The inquirer, upon reading this plausible and rather fair rule of law, is hardly prepared for the very next thing that he will hear (or see), namely: "therefore, drunkenness is no defense for crime." This is a *non sequitur*. Yet it is heard from the bar, the bench, and the pulpit, and it rings and reverberates throughout the civilized world, as though it contained all the wisdom applicable to inebriate crime, and settled once and forever the whole subject.

What class of inebriates is it that most frequently violates the laws of the land—and particularly those laws that relate to crimes of violence? Clearly that class that drinks the most immoderately, the most irrationally, the dipsomaniacal class.

Dipsomania is a mental disease. The convulsive or spasmodic drinking of the dipsomaniac is only one of the *traits* of the malady—showing that the insanity, no longer latent, has become active and raging. Magnan says: "The alcoholic excitement with which an attack of dipsomania terminates, should not be confounded with dipsomania itself, as it is a complication, not a symptom of it." Trelat also says: "Dipsomaniacs are patients who become intoxicated whenever their attacks come on." Other writers of note adopt these propositions as substantially correct. But who is the dipsomaniac? Always he is of the neurotic constitution. He is in a state of hypnotic automatism much of the time, not only when intoxicated; but the strong presumption is, that he labors under the same disability, very often indeed, at the very moment when he begins to consume alcohol in order to become drunken. This is inconsistent with the idea of free will or rational volition.

Drunkenness is not always, if it is ever, a factor or a part of dipsomania, but may be a consequence of it. The dipsomaniac cannot be assumed to be "sane"; and in drinking he does not "voluntarily" put himself in a condition in which he "knows" he cannot control himself. On the contrary, the dipsomaniac, being insane, cannot control himself when—and before—he *begins* his ungovernable movements of intoxication. His drinking is one of a series of causes tending toward crime—the first one of which was formed in an insane mind; and for the existence of which the inebriate mind is totally irresponsible.

In the neurotic constitution, the condition called *trance* is not uncommon—and this is especially true in dipsomania. The hypnotic state is not recognized by its subject. He moves by *suggestion*, coming not only from the outside world, but also from memory and inward impulsion. He may suspect that he has suffered, by afterward seeing the effects of his unnatural state—as, strange localities, writings, and the like. But if there are no perceptible effects, neither himself nor his friends may suspect that he has been under hypnotic influence.

It is impossible for the inebriate to foresee this peculiar effect of alcohol, even should he be perfectly sane; and it does not seem fair that he should be held accountable for acts done by him when in the trance condition.

It is true that the uncertainties, imperfections, and necessities of human nature make it incumbent on society to hold, within certain limits, even the insane responsible for criminal acts. Sometimes the presumed knowledge of right and wrong, abstractly, is made the test; or, whether the insane criminal knew that a particular act "was wrong," may be chosen to determine the measure of his responsibility. Nevertheless the assigned limits of insane responsibility are narrow, and often difficult to establish. It is probable that true dipsomania may sometimes be of such moderate intensity that it should not be excused from accountability for

criminal deeds.\* Again, the mental disease may be more severe; and grave *doubts* may arise as to the rightfulness of holding it responsible for inebriate misconduct. But there are instances wherein the violence of dipsomaniacal insanity is superlative; and there can be no question as to the injustice of exacting responsibility for its conduct. And now the scene of strife is reached. To distinguish accurately the truly responsible, the doubtful, and the wholly irresponsible among dipsomaniacs themselves, is the work in hand. In view of the facts of dipsomania, it seems unjust and untrue to declare that *drunkenness is no defense for crime*. In strict accordance with the legal maxim already cited, dipsomania does, in all cases, present a good *prima facie* defense for criminality. The reasonable mind, the sober mind of the dipsomaniac, has nothing to do in deciding upon the probabilities of intoxication; for the intoxication of dipsomania is only one of a series of more or less insane movements, begun and carried on under the forceful suggestions of mental disease. As long as the insanity is latent there is no drunkenness.

The subject under discussion may be viewed in other lights. For example: In order to excuse responsibility for inebriate crime, there must be a morbid incentive, a judgment incompetent to pass upon conduct intelligently, and a defective will. The crave for drink is, in the dipsomaniac, the outcome of disease, and of unmanageable nervous distress. The powers of mind are overcome and dominated by a peculiar form of insanity; and the will, in all such contingencies is latent, or powerless. It must be borne in mind that the question here is not of the actual commission of crime, but it relates to the voluntary establishment of the criminal propensity through the act of drinking.

Similar considerations apply to the character of criminal responsibility in the *habitual* drunkard. In him, incurable

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\* The facility with which the moral nature may "fall in" with the improper representations and motives exhibited in dreams, will serve as an illustration of the character of both mind and morals, sometimes seen in the mental wreck of insanity.

physical degenerations have impaired the integrity of important organs. Structural degradations of the gravest import affect perhaps, the liver, or kidneys, or brain. These may serve as centers of irritation to the entire nervous organism; and to allay this, a crave for the lethal effects of alcohol may become overmastering. Here is the incentive to drink till the full alcoholic influence is established.

Degenerations within the brain materially interfere with sound judgment and rational discrimination. Here is incapacity to reason on the wisdom and the moral nature of conduct. Will, too, is inefficient and helpless, because the diseased appetites and impulses of the animal being are stronger than the determinations of rational choice—and they rule the life while reason slumbers.

The rigid responsibility demanded for so-called alcoholic crime should be somewhat mitigated in view of the fact that alcohol, *alone*, is rather infrequently the exciting cause of criminality. Recent intoxication is generally agreeable. The mind is elated and happy. It is mainly after prolonged inebriation that the surly and truculent disposition, often attributed to simple drunkenness, appears. Then it is that strange poisons other than alcohol have become present in the circulation. It is then that carbonic acid, urea, and other poisons not alcoholic oppress the brain, and force the mind into vicious thoughts and incentives. Under circumstances of this kind, alcohol should not be charged with the sole agency in the formation of the criminal nature; it is only one of many.

I might add, as an excuse for the establishment of the criminal mind through the alcoholic influence, this fact: In all enlightened countries whoever is licensed by the law to deal in alcoholic beverages is forbidden, in the permissive contract, to furnish liquor to insane persons and to habitual drunkards. Therefore, when these agents of the public do sell to dipsomaniacs, to persons intoxicated, and to those in the habit of getting drunk, the public should rightfully share in the accountability for the crimes of such drunkards. So-

ciety should enforce its own law, and compel the fulfillment of contracts made under it. By the very terms of the law affecting the liquor traffic, the State implies its complete knowledge of the incapacity of the dipsomaniac and of the habitual drunkard to control their own actions when intoxicated. Should not the State — that is, society at large — be responsible for the legitimate consequences of its own neglect? And in case of crime, should not the "intent" [of the State] to commit the crime "be inferred?"

In selling alcoholic liquors by law there is no escaping the fact that the State is the *principal*, and the seller is the *agent*. The principal is responsible for the acts of his agent. It is said to be a poor rule which will not work both ways. Whenever a dipsomaniac becomes inebriated, or a habitual drunkard is seen staggering under the influence of alcoholic liquor, it is manifest that the public has been violating its own laws. When the State will actively interfere to protect its own insane and sick *from themselves*, it will be time to discuss the interests and rights of society — as they may be jeopardized by the freaks of insanity and disease.

It will be remembered that the legal *dictum*, assumed to include all the contingencies of certain phases of inebriate responsibility for crime, presupposes:

(a) That the criminal was *sane* when he partook of liquor.

(b) That the act of drinking was *voluntary*, and

(c) That he *knew* he would, through that act, become unable to control his conduct.

Nothing, on a superficial view, could seem to be a more reasonable test of alcoholic responsibility. Yet it appears to be composed of plausible assumptions that are not fairly applicable to the facts of practical life. It contains a summary of essential prerequisites that cannot be made to operate in unison; for it is impossible to accurately measure the acts of inebriate life by the rule of law as it has been formulated. But before entering more specifically upon the nature of inebriate responsibility certain facts of general application may properly be offered for consideration.

When the material instruments of the mental and moral powers are, for a protracted reason, inhibited in function by the anæsthetic property of alcohol, great disturbances must ensue in the manifestations of mind and morals. Anæsthesia withdraws the nervous centers from spontaneous activity and compels the mind to assume that inferior plane of exhibition, which is merely imitative, habitual, automatic. It is impossible for a mind in which the sense of personality is wavering or destroyed to so establish its own relations with morality as to be capable of distinguishing accurately between right and wrong. To perceive what is right requires alertness and the intellectual power of clear discrimination. To recognize wrong requires the same mental properties, and also a sensitive condition of the moral faculties — which is quite inconsistent with the torpor imposed by alcoholic anæsthesia.

The questions often propounded in courts of law respecting the moral capacity of criminals are in substance these: "Could the man distinguish between right and wrong? Did he know when he committed the act that he was doing wrong?" These questions embody what the courts in England and America insist shall be a real test of legal responsibility for crime. But the power of discriminating between the fine shades of the moral qualities must be weakened when consciousness is defective; and it must be defective in some degree in every grade of anæsthesia. There is a distinction to be made between the purely rational process of discriminating as to the nature of moral qualities and the living and appreciative feeling of the same qualities. The knowledge of right, abstractly, and through reason only, and the knowledge of wrong, abstractly, may be present and yet the power of discriminating between the two, in a comparison or an analysis of the elements of right as relates to the elements of wrong, may be wholly absent.

Relevant to this subject are the words of Seppilli: "We must remember that cerebral activity is manifested under



two different aspects— that of the conscient and of the inconscient. The conscient activity, or consciousness, is constituted of knowledge by the *ego* of its own acts. On the contrary, in the inconscient activity of the brain (called also automatism) all those actions enter, in which the *ego* takes no part, or is aware of any; but these latter are combined and directed so as to resemble those which the *ego* perceives, wills, and directs.”

Here is explained the difference between responsible life and automatic life. In the former, the mind under consciousness directs, perceives, wills; while in the latter, conduct is matter of habit, imitation, custom; in brief, automatism. Conduct directed by consciousness is amenable to the requirements of right and wrong; but it is not responsible when it is founded upon automatism. Yet the apparent features of these two phases, or lines, of mental existence resemble each other; or rather, the automatic life imitates and resembles the purely rational life.

The conclusion is that it is difficult, very frequently, to determine whether a criminal can discriminate between right and wrong. The semblances of automatism are so like those of conscious rationality that they disguise the actual incompetency of the moral powers. Habit and automatism are not under the supervision of judgment or will, and consequently they have little or, perhaps, no place in the formation of intelligent comparison or in the determinations of choice. They cannot act as arbiters in questions wherein the qualities of right and wrong are involved.

The “test” of a sensitive knowledge of right and wrong is, therefore, fraught with difficulties; and it may be liable to such interpretations as will confound the judgment respecting the motives and incentives which lead to criminality.

There is, then, a difference of opinion respecting the criminal responsibility that should commonly be exacted from drunkenness. The law, however, is pretty well established in its doctrines and decisions on the subject. J. R.

McIlraith (Barrister at Law, London) says: "Hallucinations and illusions, which are common effects of drunkenness, do not seem to constitute insanity when so induced." Apparently different is a charge of Justice Stephens, namely: "If you think there was a distinct disease caused by drunkenness, but differing from it, and that hence he did not know the act was wrong, you will find a verdict of not guilty, on the ground of insanity."

Brierre de Boismont declares that: "The man who is convinced that he is surrounded by enemies whom he perceives before him and hears threatening him (through hallucination) will endeavor to injure them, to strike them, to kill them; and should he, through illusion, convert the persons of attendants into those of imagined enemies, the most disastrous results might ensue from this error. We are beginning to be aware that there are certain extravagant actions hitherto inscribed among the annals of crime which might be referred to insanity, and especially to hallucinations."

The law recognizes the fact that the man drunk is insane. There is actually, and founded upon the uncontrollability of the mind in drunkenness, a remarkable legal inference (already referred to), to the effect that *drunkenness is no defense for crime*. True, this has the appearance of a strange inconsistency; for the law also declares that "where there is insanity, there can be no crime." The legal conclusion respecting responsibility for inebriate crime involves an assumption that may be disputed. "The law has settled that a drunken intent is just as guilty as a sober one." This may be settled as law, but it is not settled as fact. There is no pretence that the law has proven the equality, or even the similarity, of a drunken and a sober intent.

But the law claims that the drunken man is a "voluntary" madman; and this voluntary element is the core of the assumption as to responsibility. There seems to be in this assertion a contradiction in terms. A madman is supposed to be bereft of reason, not only as being mad, but

as becoming mad. There is something beyond the bounds of rational conception in the idea of voluntary insanity; that is, insanity brought on by express purpose; as though, *being in a sound condition*, a mind would use its volition to destroy its volition. Such a use of will would be the act of a mind already insane. The assumption is a very questionable one, that a mind, being sound, ever voluntarily places itself in a situation in which it knows it will be unable to control itself.

The perfect mind cannot conceive of itself as being insane. The drunkard does not believe that he cannot control his actions when drunk—although he cannot. He knows nothing of hypnotism, nor of invading poisons, unexpected and unknown. The sober *ego* is wholly different from the drunken *ego*. The body is the same, but the minds are two. A sane mind may speak for another mind also sane; their faculties are on the same plane of consciousness, both by reason of possessing similar powers and by reason of a similar presentation of surroundings. But a sober mind cannot speak for itself as though drunken. The different states of the mind cause it to act as two; and they can no more explain the motives and interpret the movements of each other, than a sound mind in one person can interpret the impulses of an unsound mind in some other person.

The following remark is made by a distinguished lawyer, the Hon. Clark Bell: "The medical view that irresponsibility should follow where insanity exists, has nowhere been conceded by the law."

Another legal writer declares: "A voluntary demon who has produced a condition in himself by his own act, which is not the disease known as insanity, is not excused."

There is objection to the formidable epithet, *voluntary demon*. There are no demons, voluntary or otherwise, wandering about—although there is no lack of bad men. The term was employed by Lord Coke in an age when evil-inclined persons were presumed to come, through choice, under

the guidance of certain vagabond devils. These individuals were supposed to be incapable of self-control, but responsible for their acts by reason of their chosen associations—in contradistinction to *lunatics* who, while incapable of self-control, were not responsible for their acts. *Voluntarius dæmon* simply signifies "a man who is drunk."

Lord Coke says: "As for a drunkard who is *voluntarius dæmon*, he hath no privilege thereby, but what hurt or ill soever he doeth, his drunkenness doth aggravate it." That drunkenness can aggravate the guilt of homicide, for instance, is a strange conceit. The man who deliberates and executes murder for purposes of robbery, is surely more guilty than the man who commits homicide in the haste and madness of a drunken frenzy, and without premeditation or criminal motive.

A case in Vermont is cited, wherein it is said: "Voluntary drunkenness will not protect a person from liability for torts or for crimes committed while in that situation." The reason given for this decision is to the effect that, as some one might pretend to be drunk and commit crime, in order to render such an excuse of no avail, punishment should be imposed on another who really does get drunk and commits crime. The language employed is: "In respect to torts, sound policy forbids that intoxication should be an excuse for crime; for if it were, under actual or feigned intoxication, the most atrocious crimes might be committed with impunity." Why may not this doctrine be applied to insanity as well as drunkenness? By inflicting the death penalty upon insane homicides, an effectual stop would be put to the proceedings of those who feign insanity in order to commit murder.

Judge Hale says: "By the law of England such a person shall have no privilege by this voluntary contracted madness, but shall have the same judgment as if he were in his right senses." "If, indeed," says Holroyd, J., "the infuriated state at which he arrives should continue and become a lasting malady, then he is not amenable." It would be worth

twenty-one days' imprisonment." Such persons as are here referred to, are not responsible agents, and the State should recognize that fact and act accordingly. These creatures are as helpless to fight against the desire for drink as is the hereditary suicide to fight against the fate which impels him to destruction, and their punishment is neither more just nor more beneficial than would be that of the epileptic for creating an obstruction by falling down upon the pavement. Justice will not be done until these "weak ones," instead of being packed off again and again to prison, and being permitted to propagate their kind in the intervals, are sent to some kind of industrial home or penitentiary, where they will be guarded against temptation, where they may spend the full value of their labors in any comforts they please, except only intoxicants, and where the sexes shall be kept apart.

The fact that this drink crave is handed down through generations in most instances, can in no way justify any man or woman, however clean their family bill of health may be, in thinking that their indulgence in this vice will be harmless to their offspring. It must be remembered that acquired characters tend to be transmitted, and that the most vicious hereditary predisposition existent, had a beginning in a healthy individual. Therefore, those who wish to live in posterity and see their children free from the mark of the beast, endowed with all the heaven-born attributes which raise man to his high position above all other creatures, must never degrade their nature.

True, one indulgence may not leave an impress sufficient to appreciably affect the children. But that way danger lies. An act once done, whether good or evil, is easier to repeat for having been done before.

The appetite for alcohol is only too easily cultivated, and the man or woman, who, through weakness or thoughtlessness, saturates his brain with it frequently, must not be surprised if his sin be visited upon his children as idiocy, epilepsy, or other grave nervous or physical deformity.

From the earliest times, it has been known that drunken-

ness is one of the most fruitful sources of idiocy and also of physical deformity and crime in the children. It will be remembered that it was the drunkenness of Jupiter when Vulcan was conceived, to which was attributed the deformity of that god.

Dr. Beach sets down drunkenness, either alone or associated with some other obliquity of nature, as the cause of 25 per cent. of all the idiocy received into the Darent Asylum, and with this estimate almost every other observer agrees. When spoken of in this connection, it is generally chronic drunkenness that is meant, and certainly, a large part of the evil caused by the abuse of alcohol arises from chronic or continued dissipation; nevertheless, it must be clearly understood, that a single debauch may result in the idiocy or deformity of the child then conceived. Cases are quite common where a temporarily drunken person has begotten an idiot child. As Dr. Maudsley says, "Here, as elsewhere in nature, like produces like, and the parent who makes himself a temporary lunatic or idiot by his degrading vice, propagates his kind in procreation, and entails on his children the curse of a most hopeless fate."

A striking illustration of the part played by drunkenness in the production of idiocy, is to be found in Norway. In that country, in 1825, the spirit duty was removed, and, consequently, intemperance at once began to increase alarmingly among the people. The result, or rather one of the results of this was, that during the first ten years following this regrettable event, insanity increased among the Norwegians by 50 per cent. This was, perhaps, to be expected under the circumstances, but no one anticipated that the increase of congenital idiocy among the children born during the same decennial period would amount, as it did, to 150 per cent. Drunkenness is one of the greatest — perhaps the greatest — agent of degeneration at work among the human race, and to it must be attributed much of the disease, crime, moral obliquity and general degeneracy, physical, mental, and moral, which we find so common among the poorer classes in all large centers of civilization.

The dire effects of this agent of degeneration are to be found among almost every people upon the face of the earth, and in some countries they are simply appalling. In Sweden, for instance, which is one of the most drunken countries in the world, the people are deteriorating in a manner positively alarming.

Some years ago, Dr. Magnus Huss wrote of the Swedes : " The whole people are degenerating ; insanity, suicide, and crime are frightfully on the increase ; new and aggravated diseases have invaded all classes of society ; sterility and premature death of children are much more common ; and congenital imbecility and idiocy are in fearful proportion to the numbers born."

Here is a history of a family which well shows the degenerating effect of drunkenness upon the stock :

*First generation.* Father a drunkard.

*Second generation.* Son, a drunkard. Was disgustingly drunk on his marriage day.

*Third generation.* Seven grandchildren. First died of convulsions. Second died of convulsions. Third was an idiot at twenty-two years of age. Fourth, melancholic with suicidal tendency, became demented. Fifth, peculiar and irritable. Sixth, has become insane repeatedly. Seventh, nervous and depressed, and indulges in most despairing anticipations as to his life and reason.

This drink crave takes one of two forms, either habitual drunkenness as seen in the toper, who is at all times, when he can procure the drink, more or less intoxicated ; or dipsomania, in which the disease takes on a periodic character, breaking out at intervals of one to six or nine months, and rendering the individual wholly irresponsible while the paroxysm lasts. These two forms of the disease are totally distinct, the paroxysmal seldom running into the habitual, or the reverse. Indeed, they seem to attack persons of altogether different temperaments, the toper being in most instances a slow, obtuse, lethargic person, both in mind and body, with but little power of will, while the true dipso-

maniac is generally of quick, excitable nature, active and impulsive, and not infrequently, before his disease has gone too far, of superior intellectual ability. In both cases, if life be prolonged, the end is the same; for while the dipsomaniac is specially liable to sudden death from violence, suicide, delirium tremens, etc., and the toper to disease of such organs as the kidney, heart, liver, and brain, yet, if they be not so cut off, each will arrive at the same terminus, viz., gradual weakening of the mental faculties terminating in complete dementia. In some cases epilepsy, or some form of delusional insanity with attacks of maniacal excitement, may precede the final dementia, but dementia is the end.

The distinction between these two forms of the disease is also marked in the progeny. The offspring of the habitual drunkard generally inherits such degenerative conditions as idiocy, scrofula, deaf-mutism, the tendency to phthisis and sometimes epilepsy, while that of the dipsomaniac is liable to the more active or spasmodic forms of nervous disease, as suicide, acute mania, epilepsy, and crime. The children of both are peculiarly liable to convulsions, and death at an early age from this cause is a frequent occurrence in such families.

This diseased condition, like any other hereditary predisposition, may remain latent for a generation and reappear unexpectedly in the next, but it is seldom that it does not show in some member of the family, more especially in those children which were begotten after the disease had been active in the parent; for, as in other hereditary diseases, those children, begotten after the disease has declared itself by an acute attack in the parent, are much more liable to inherit the predisposition than those born before such outbreak, these latter appearing at times to escape the blight altogether.

It is, perhaps, unnecessary to say, that in this disease, as in the other neuroses, it is highly improper that those in whom it is well marked should become parents. They are



unfitted by their inherited infirmity to undertake the duties and responsibilities of married life; as husbands or wives, and as parents, they are equally sad failures. They are always improvident, and their early death often saddles the community with the care of a helpless family, while of the children it may be said, that there is not sufficient chance of their being useful to themselves or to the commonwealth to justify their being brought into existence. Above all, there should be no intermarriage among persons inheriting this disposition. If there be any person whose partner should be without taint, it is assuredly him that carries within him the germ of such an insidious and degrading disease as this drink crave. In this, as in the other insanities, the disease is much more dangerous in the mother than in the father, which is a sound reason why the daughters of drunken parents, often fascinating by their flighty, excitable, vivacious, neurotic manner, should be carefully avoided by men in search of mothers for their children. The man who marries the daughter of a drunkard, not only endangers his own self-respect and happiness, but entails to his children a wretched inheritance of degradation and suffering. On the other hand, no woman should be induced to marry a confirmed drunkard, and the disposition and character of the sons of such should be most carefully inquired into before any engagement is entered upon. This is one of the few instances in which a long engagement is not to be condemned, for frequently the engaged man loses that desire to appear well in the eyes of all women, which actuates most single men, and displays much of his real character.

Not a few of the best of our women throw themselves away and ruin their whole lives, by marrying confirmed rakes and drunkards, in the hope of saving them from the fate to which they have been foreordained by a bad inheritance.

The spirit which prompts to such devotion and self-sacrifice is not to be treated lightly. An attribute so Christ-like is not to be rudely pushed aside by cold, calculating reason without a word of sympathy. In some few cases, doubt-

less, men have been snatched as brands from the burning by noble women, who have risked all in the hazard, and such wife-heroes should stand in the forefront of the ranks of nature's nobility. Yet, I would point out, that the attempt so rarely ends in salvation, and so frequently in complete failure and despair, that such an experiment can, in no case, be advised ; and further, that while one might not feel justified in interfering with attempts at the reclamation of the erring, if only the fate of the volunteer were at stake, he feels it his duty to speak when he remembers the children whose fate is also staked upon the hazard.

It may be argued that a person has a right to risk happiness, even life itself in the hope that some other may be benefited, but it cannot be said that a person should have legal or moral right to jeopardize the future of a whole family, to satisfy any instinct, however noble.

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#### SOME CONSIDERATIONS OF INEBRIETY.

When a man is intoxicated the symptoms are generally sufficiently pronounced for a diagnosis to be made. However, there are cases that we occasionally see when it is a difficult point to decide as to whether the person is "dead drunk" or is suffering from some form of brain trouble. Physicians are aware that chloride of ammonium is a remedy that will "sober up" an individual who is intoxicated in a comparatively short space of time.

Quite frequently, after a person has indulged in the use of alcoholic drinks for a long time, there is such a change produced in the nervous system that the desire for the stimulant is stronger than the will. The person then becomes a slave to this morbid appetite, and, at the same time that he may express a desire and even make an effort to quit, yet the change in the nervous system is so great that the "good intentions" have no control over the morbid craving for alcohol.

Some men, when they find that the habit is growing on them, make an effort to quit, and are very much surprised to find that they are in the grasp of the monster and he will not relax his grip at their bidding. Through social intercourse and business pursuits, persons have had the habit develop so gradually and insidiously that they did not know that they were victims until they made an effort to stop. Then, to their surprise, they find that the craving for drink was uncontrollable by any will power that they could command.

If a man honestly and earnestly desires to quit drinking and cannot of his own volition do so, he would probably call on his physician and ask him for assistance. The question then arises with the physician, What shall I give this man? How shall I treat him? With the consent and desire of the victim to be cured, there are three courses that may be pursued. The first is, medicine to be taken into the system through the stomach; second, by hypodermic medication; and third, by a combination of the two.

A simple yet efficient prescription for allaying the craving for drink in dipsomaniacs is as follows:

R	Tr. capsici,	.	.	.	.	.	.	℥	x.
	Tr. nucis vom.,	.	.	.	.	.	.	℥	x.
	Ac. nitric dil.,	.	.	.	.	.	.	℥	xx.
	Aquæ,	.	.	.	.	.	.	℥	ii.

M. Sig. This quantity to be taken three times a day.

Dr. McKinley treated dipsomania in something like the following manner: He generally gave the man a pint of good whisky and let him help himself to as much as he wanted of it. If there was a sluggish action of the liver or a disposition to dropsy, he gave him a large dose of hydrargyrum protochloride dry on the tongue, to be washed down with whisky. Then the treatment consisted of a few large doses of ipecac dropped dry on the tongue and washed down with whisky. Generally two large doses of pulverized ipecac were given and afterward smaller doses. The diet to be light and whisky to be allowed as long as he wanted it, and

in some cases to be given even after it had become nauseous to take.

The doctor's conclusions are as follows :

" First, that medicine offers the confirmed inebriate relief from the trammels of appetite, with as much certainty as relief from any other pathological condition.

" Second, that what is done by specialists in the treatment of chronic drunkenness can and should be done equally well by the profession at large.

" Third, that reformation by the aid of medicine has a solid and real foundation in changes of structure on which appetite depends ; which purely moral reformations lack, and are, therefore, less permanent."

Some men are dipsomaniacs because they cannot help it, at least there is no effort put forth to be otherwise. Their relations and friends would like to have the habit broken up, and they consult the physician to know if they can procure something that can be administered secretly. For this purpose sometimes the following is used :

R	Powdered capsicum, . . . . .	1 part.
	Powdered ginger, . . . . .	8 parts.
	Powdered bayberry root bark, . . . . .	16 parts.
M.	Sig. A small quantity to be placed in a cup of coffee.	

On account of the color of the coffee it would not be seen, and a few dregs at the bottom of the cup would not be suspected as anything except coffee grounds. There are other medicinal agents, some of which can be put directly in the whisky itself, and the person drinking the whisky would not know it.

We will now speak of the method of treating inebriates by hypodermic medication. There is this difference between medicine given by the mouth and hypodermically: The former can be prescribed and the patient given the necessary instructions as to how it should be taken; the latter must always be administered by the physician himself.

Nitrate of strychnia has long been known as an agent that has a powerful influence in controlling the desire and

craving for alcohol when given hypodermically. It not only allays the craving for drink, but it has a direct effect upon the brain and nervous system.

Alcohol at first stimulates and causes a fullness of the vessels that may amount to a congestion. If this condition is continued long enough the effects will be the same as an engorgement and dilatation from any other source. The secondary effects are just the opposite of the first, and we have the engorgement giving way to contraction, showing that a vaso-motor disturbance has been produced by the unnatural and long-continued congestion.

The effect of alcohol upon the nervous system may be seen and demonstrated by its effect upon the optic nerves. The pathological effect is atrophy following inflammation of the axial fibres of the nerve. Here, in the second pair of cerebral nerves we have an actual demonstration of the structural change produced in the nerve and its effect upon vision.

If alcohol can so change the organic structures of the optic nerves as to partially or completely destroy vision, why may it not act on the cerebral centers in such a manner that a morbid or depraved appetite may be produced?

The reflex function of the brain and spinal cord are changed by keeping the system saturated with alcohol in such a manner that frequently the power of the will is completely subservient to the dominating influence of desire.

— *Cincinnati Lancet.*

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#### THE TOXINE ALCOHOL.

Dr. Broadbent's introductory address at the opening of the session at Owen's College, Manchester, deserves more attention than most of these formal deliveries. He dwelt on the intellectual interest which attaches to the study of medical science, and illustrated it, among other ways, by the interest excited by recent observations on the action of bacilli and the combat which goes on between

these invading hosts and the guardian cells or leucocytes of the living body. Inflammation surrounding a wound is regarded and caused by the influx and multiplication of leucocytes to engulf and destroy septic bacilli which have gained entrance from the air, a "local war" of defense. The issue of this pitched battle will depend upon the relative number and activity of the respective hosts. Inflammation round a poisoned wound is an evidence of vital power and a means of protecting the system at large from invasion and devastation. If this first line of defense is broken through the bacilli pass through the lymphatic spaces and ducts to the glands, and another battle ensues which produces glandular swelling and inflammation and, possibly, abscess. This second line of defense may be insufficient, and then we get general septicæmia. It is now well proven that the injury is done, not by the bacilli themselves but by the toxins which they secrete or excrete. Dr. Broadbent very properly points out that the action of the bacilla of fever in the body is strictly comparable to the action of yeast in a fermentable liquid. The yeast cells grow and multiply at the expense of the sugar, in destroying which they produce alcohol, carbonic dioxide, and other substances. When the alcohol amounts to some 17 per cent. of the liquid the process is stopped by the poisonous action of the alcohol on the yeast cells. In just the same way the toxins produced by the bacilli at length stop their further multiplication and put an end to the disease. Alcohol is, in fact, the toxine produced by yeast, and, like many other toxins, it is not only poisonous to the cells which produce it, but to any animal into whose veins it may happen to get.

There can be little doubt that the state of immunity which one attack of certain fevers confers against future attacks depends partly upon what is called the phagocytic action of leucocytes. These have been actually observed to draw into their interior and destroy bacilli which would otherwise have multiplied and produced their special effects. There can be little doubt, either, that we are continually

taking into our systems bacilli of all sorts, and that, again and again, disease is averted by the activity of the germ-devouring leucocytes. Dr. Broadbent describes an experiment which proves that power of resisting disease is largely dependent on the activity of these cells. A rabbit, having had a certain quantity of bacilli injected under its skin, suffers from inflammation at the spot, and perhaps abscess, but recovers. At the same time, another rabbit is treated in precisely the same way, but, simultaneously, a dose of choral is injected into another part of the body. The choral, circulating in the blood, is known to paralyze leucocytes, and, as a result of this, they do not collect and wage war on the bacilli injected under the skin; there is very little local reaction, the bacilli get free course into the lymph and blood, and the animal dies. But, in the words of Dr. Broadbent, "alcohol in excess has a similar action on the leucocytes, and this, as well as the deteriorating influence of chronic alcoholism on the tissues, predisposes to septic infection. A single debauch, therefore, may open the door to fever or erysipelas." A similar experiment of Doyen confirms this. He found that guinea pigs can be killed by the cholera microbe, when introduced by the mouth, if a dose of alcohol has been previously administered. It has been the general testimony of observers in cholera epidemics that those addicted to much alcohol are far more liable to fatal attacks. But while large doses of alcohol are, of course, more obviously injurious, it would be absurd to imagine that lesser quantities are entirely without influence in the same direction. It has, indeed, been shown by Dr. Ridge that even infinitesimal quantities of alcohol, such as one part in 5,000, cause a more rapid multiplication of the *bacillus subtilis* and other bacilli of decomposition, while, by the same quantities, the growth of both animal and vegetable protoplasm is retarded. Hence, there can be no longer any question that alcohol renders the body more liable to conquest by invading microbes, less able to resist and destroy them. Alcohol, a toxine injurious to living

cells, is destroyed or removed from the body as fast as nature can affect it, but while it remains, and while able to affect the cells at all, its action is detrimental to healthy growth and healthy life, and the less we take of such an agent, the better for us. This is a dictum which it becomes the profession to enunciate far and wide. "The less, the better" is a watchword which all may use, and the wise will interpret in a way which will infallibly preserve them altogether from all possible danger from such a source.—*The Medical Pioneer.*

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#### TOXIC INSANITIES.

Dr. Edwards, the medical superintendent of the Michigan Asylum for the Insane for 1891 and 1892, makes the following reference to such cases:

Classed under the head of toxic-insanities is a certain form of psychoneurosis manifesting itself as a result of prolonged opium eating in a person with a hereditary history of either alcoholic or opium dissipation.

The opium habitué with an opium-taking ancestry displays a singular tolerance for the drug. This fact may explain, perhaps, the less injurious effects of the practice in India and China, where, for hundreds of years, generation after generation have been accustomed to the use of this narcotic. Those thus prepared, as it were, for the drug can withstand its action a much longer time than the novices at the dissipation. In the hereditary class from ten to fifteen years were required in the cases recently observed to produce a mental aberration sufficient to warrant commitment to the asylum, while in the non-hereditary class the time varied from one to four years. All of the cases under observation required a period of probation in the use of alcoholics in order to pave the way for the more deadly indulgence. Thus the loss of moral sense and responsibility which to a greater or less extent is found in those addicted to alcohol,



both in the hereditary and non-hereditary cases, is only too easily nourished and cultivated by the substitution of opium for that stimulant. The hereditary cases present the most striking examples of moral perversion.

Case I. An irregular practitioner of medicine, "self-educated," possessing a smattering of medical education. Mother and maternal grandmother were opium habitués. Resembles his mother mentally. Twenty-five years ago he began the use of alcohol and continued its use excessively until fourteen years ago, when he substituted opium. He married and raised a family of bright, intelligent children. The alcoholic habit did not materially affect his intellect except to cause him to desert his calling, which was that of a carpenter, and to begin his "self-education" as a physician. The limited knowledge he acquired in this direction proved dangerous, for he learned of the fascinations of the drug that was to be his ruin. For thirteen years he worshiped his idol moderately, and at no time did he exhibit any signs of active mental confusion. He became, however, exceedingly irritable, and later careless of dress and deportment. An attack of la grippe during the winter of 1889 was sufficient to destroy further resistance, and a decided alteration of mental action now appeared. The ordinary doses of morphine appeared to have but little effect in satisfying his appetite and he became suspicious of his friends. He was at first suicidal, restless, hysterical, and then exceedingly irritable. Sexual delusions made their appearance, the most fixed being that his wife and son were criminally intimate. After the development of this idea he made life miserable for his wife by reason of his attempts to prove the truthfulness of it. He talked about the alleged crimes of his family to his neighbors, to strangers, to all who would give an ear, until his family in despair sent him to the asylum. By the acuteness of his persecution, the plausibility of his theories, and the sauvity of his arguments, he had ruined the character of his family. After his escape from the asylum, which he effected by the assistance of an attendant whom

he had converted to the idea that he was not insane, he succeeded in having his guardian discharged, and having the courts set aside the verdict of insanity. He continues the persecution of his family and the indulgence of his dissipation.

Case II. A physician, well educated, and with fair prospects upon leaving college. He at once began the use of morphine, having used alcohol before for some years, and continued it uninterruptedly for fifteen years. In the history, as given by his wife, there is mentioned one convulsion occurring eight years before he was adjudged insane, and at different times slight attacks of excitement. One year prior to admission he added cocaine to the morphine, giving as an excuse that by this means he could check the habit. He was then using daily sixty grains of morphine and added ten grains of cocaine. Shortly afterwards delusions began to be manifest; he was irritable, suspicious, very vulgar, and rough in language. He finally became restless and mildly maniacal, and was committed to the asylum. He passed through the usual train of symptoms with the addition of most exaggerated sexual delusions and hallucinations. He was at first vulgar and obscene in language, and accused the attendants and other patients of talking of him in an offensive manner. Being misled by his hallucinations, he made several violent assaults upon both attendants and patients. He insisted that his food was contaminated with venereal pus and his hallucinations of sight relating to sexual matters, especially at night, were vivid in the extreme. He was yet hallucinated when removed by friends two months after admission.

Case III. A druggist, married, resembles father mentally and physically; father and uncle were morphine eaters. As a druggist he received a good salary, but spent a large portion of it earlier in alcoholic and other dissipations. Ten years before he came to the asylum he began the use of morphine and has continued it to the present time. He gradually became irritable and quarrelsome, and six years

later he received a blow on the head which left him unconscious for three hours. Thereafter he was more demented, easily excited, and given to exhibitions of violence. These attacks occurred at intervals of a few months and lasted from three days to three weeks. He became very suspicious of his wife and five months ago left her. Ten days before admission he had a severe convulsion and was much confused and threatened suicide. He was exceedingly vulgar and obscene, careless of dress, and finally deported himself in such a manner that it became necessary to remove him to the asylum.

He proved to be one of the most irritable, quarrelsome, vulgar, and repulsive patients about the institution. He bent all his energies to stirring up dissension, quarreling with his companions, and threatening all sorts of desperation. After two weeks of turmoil, he succeeded in making his escape and was not returned to the asylum.

Case IV. A merchant, successful in business, father, paternal grandfather, and several uncles were alcoholics. He began the use of alcohol twenty-three years ago and of late years has used large quantities, from two to four quarts of whisky a day. About two years before coming to the asylum, under the guise of attempting to reform, he began the use of opiates. He soon carried this dissipation to excess, using about one drachm of morphine a day. Three months prior to admission he probably began to comprehend that his indulgence was harming him, and attempted to reform. He at once became confused, delusive, and destructive. As soon as possible he was sent to an inebriates' home, but soon became so violent that the officers declined to retain him. While returning to his home in Michigan, he talked almost continuously of the depravity of his wife, her use of obscene language, and, after his arrival home, accused other females of the family of vulgarity and obscenity. He drove them from the house and because of his violence was sent at once to the asylum. For a short time the activity of his hallucinations regarding his

wife was very evident, but as he improved and became quiet he was more politic in conversation and, although his manner towards his wife was indicative of suspicion, he would not commit himself to further denounce her. He was later allowed the liberty of the grounds, but was soon reported to have taken, with a female whom he met on the grounds, liberties unbecoming one of his age and civil condition. Four months after admission he was removed by his wife. Shortly after his return home he deserted his family, and for many months was not heard of.

The peculiarities most characteristic of the hereditary cases as differing from the non-hereditary are the sexual delusions and hallucinations. In each case the wife is accused of infidelity or gross immorality. Hallucinations pertaining to the sexual economy were present in each case, and in all the cases under observation were sexual perversities noticed. Knowing the depressing influence that opium taken habitually has on the sexual functions, would it not be probable that the possible sexual center situated in the base of the brain participated in the well-known depressing action of the drug upon these organic centers, and that the action is thus a purely psychic one, and that by the disturbance of this cerebral sexual center are produced pure hallucinations of a like nature? The relation of the facts is at any rate quite noticeable.

The medico-legal aspect of these chronic cases should require a passing glance. It is quite impossible to keep them in confinement for a prolonged period. After ceasing the use of the drug there is no return of the moral nature. Deceitfulness, cruelty, want of gratitude and responsibility have become a part of the man's character, and it is impossible for him to be other than criminal in his tendencies. In the asylum he contaminates his fellow patients with his vicious ideas and by his adroitness and plausible theories, augments delusions in the more susceptible. By strenuous efforts he effects his release and pursues the vagaries of his delusions without mercy. As has been seen, the wife

or some female member of the family is the chosen victim, and the result is usually disastrous to their reputation. The law does not hold an opium-eater, unless maniacal, irresponsible, and his friends cannot conscientiously proceed against him for alleged criminality. Hence there is no check upon his persecutions, nor relief to his family.

#### STRYCHNIA IN INEBRIETY AND DELIRIUM TREMENS.

Hahn (*Der ärztliche Praktiker*, September 1, 1892) questions whether the cases of chronic alcoholism, cured by strychnia or other drugs, were not in a degree influenced by hypnotic suggestion. He cites Biswanger's assertion that the main task of temperance societies is to "suggest" aversion to alcohol.

He distinguishes between kinds of action of strychnia in alcoholism :

1. The curative action, which many authors suppose strychnia exerts, and
2. The effects of strychnia upon the results of chronic abuse of alcohol.

While the former is debatable, Hahn says that since about four years he has treated a large number of cases which undeniably prove the effect of strychnia upon the chronic vaso-motor, nervous and nutritive disturbances produced by alcohol.

Hahn employs strychnia in the manners mentioned below:

℞ Strychnin. nitric. . . . .	0.05 vel 0.1 vel 0.2 ( $\frac{1}{2}$ or $1\frac{1}{2}$ or 3 gr.)
Acid. phosphoric. . . . .	15.0 (f 3 IV)
M. d. s. Ten drops, 3 times a day.	
℞ Extr. nuc. vom. . . . .	0.5 (gr. VIIss)
Spts. vin. ad. sol. . . . .	5.0 (m LXXXV)
Acid. phosphoric. . . . .	15.0 (f 3 IV)
M. d. s. Ten to fifteen drops, 3 times a day.	

The author orders albuminous food, avoidance of strong spices, and temperance. Sometimes he uses milk diet.

In all his cases matutinal vomiting subsided, regular passages and appetite set in, sleep improved, the general appearance grew better, headaches disappeared, the patients regained control of their extremities, tremor and paræsthesiæ ceased, and psychical disturbances were arrested.

Hahn (in *Delirium Tremens*) reports a vigorous patient with delirium tremens who had been given 4 to 6 grammes (3I to 3Iss) chloral hydrate within 2 hours, without any benefit whatever. The excitement increased, delirium grew strong, the pulse rose from 90 to 140.

The author then gave strychn. nitric. 0.001 (gr.  $\frac{1}{80}$ ) four times at intervals of 3 to 4 hours, and when the pulse fell to 110 in the evening, the patient dropped to sleep, from which he awoke entirely well.

In another case, delirium tremens complicated severe empyema and purulent pericarditis. While death was not averted, the nervous manifestations, muttering delirium, excitement and cardiac debility ceased promptly after several doses of strychnia.

Hahn agrees with Strümpell that strychnia should be given at once in asthenic delirium tremens.

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#### THE REFORM OF HABITUAL DRUNKARDS.

As an illustration of the attention which this subject is attracting throughout the more intelligent classes of the civilized world, and the form which this inquiry is taking, we note that Lord Herschell, of the British Government, has had the matter under consideration, and has asked the advice and assistance of some of the most eminent medical men of Great Britain. The press of the English medical world is abounding in leading articles on the subject of the physical and mental state of the inebriate, and the proper disposition of those who are shown to have deficient self-control.

All of this indicates a rapid progress in the right direction. The *Medical Press* remarks that "the returns show that

imprisonment, as a punishment for drunkenness, whether regarded as a deterrent or as a preventive, is a disastrous failure." Mere legislation, it claims, is utterly inefficient, and it maintains that this indicates that it has been on wrong lines entirely. It believes that at present a better apprehension of the nature of the disorder is obtaining, and that public opinion is gradually being brought to view the inebriate as less of a criminal and more of a victim of disease partly inherited and partly acquired. The remedy which it points out is "to provide, that after a certain number of convictions for inebriety within a given period of time, the accused be dealt with as suffering from a malady calling for special and appropriate treatment." In other words, that an order for sequestration follow, say the third conviction within six months. The patient would then be relegated to a special house of detention or confined in wards set apart for the purpose.

The *British Medical Journal* speaks of the "inutility of the present penal procedure," mentions the interest of the Home Secretary in the proper legislation for the habitual drunkard, and commends the inquiry of Lord Herschell in the House of Lords to ascertain "whether some better means of dealing with such cases cannot be adopted." Lord Herschell also stated that while one-seventh of the males convicted of habitual drunkenness had been imprisoned ten times or upwards, the proportion of females had been one-third, and that 80 to 85 per cent of the female commitments had been for drunkenness or allied offenses. It claims that the present judicial system is only "a training school for inebriety." It expresses the hope that the objections to the compulsory detention of habitual drunkards, which have hitherto, in both Houses of Parliament, proved insurmountable, may be removed.

These are favorable signs, and serve to indicate that the day is not far distant when our whole treatment of the inebriate will be readjusted along more scientific and more humane lines. We must recognize the full force of inherit-

ance and of structural peculiarities before we can attain to any efficient eradication of the disease.

The kernel of the nut is in the indeterminate compulsory confinement of the inebriate, under proper regulations and restrictions, in an institution organized for the specific purpose of the rational treatment of the disease of inebriety, in the charge of trained and scientific experts, and with all the advantages which the present status of medical science affords for the control and eradication of the disease.

— *The Cincinnati Lancet-Clinic.*

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#### DRAFT REPORT OF INEBRIATES LEGISLATION COMMITTEE.

Your committee is happily in a position to report the continued diminution in the use of ether as a means of intoxication, consequent on the judicious step taken by the authorities in scheduling this drug as a "poison," which can be sold only by chemists and druggists under the provisions of the Pharmacy Act. The making of methylated spirit more nauseous has also tended to arrest the spread of another mode of intoxication.

A departmental committee has been appointed, pursuant to Lord Herschell's motion in the House of Lords, to inquire into the best method of dealing with habitual drunkards, especially such as are at present repeatedly dealt with at the police-court. The evidence of London and provincial police magistrates, followed by the encouraging results obtained by the Dalrymple Home and other similar institutions for the treatment of inebriates, and the opinion of members of the profession who have had experience in this class of cases, with the testimony of authorized representatives of British colonies and other countries, cannot fail to have due effect in improved legislation.

Your committee has for several years strongly urged the pressing need for decided and thorough-going measures for



the compulsory reception and detention (for purposes of cure) of such inebriates as have become so powerless of will that they have not resolution left to apply for admission to a home of their own accord. This, in your committee's belief, is the most important and urgent want, and should apply to all classes, due provision being made for the poor at the public charge.

The amendment next in importance would be the discontinuance of the existing barriers to the reception of inebriates applying voluntarily for admission. In the case of ladies especially, there is great difficulty in persuading them to surrender their liberty, by the forbidding process of an appearance and declaration before two justices. It would also be a decided gain to include, under the provisions of an amended Act, forms of intoxication other than the alcoholic form. Chloral, opium, and other varieties of habitual drunkenness, in the opinion of the committee, require to be similarly dealt with.

Your committee would hail with pleasure the passage through the legislature of a measure for Scotland on the lines of the Restorative Homes Bill drawn by Mr. Morton, W. S., late Crown Agent, and trusts that his proposals will be duly considered in Parliament. The main provisions which your committee supports are (1) compulsory reception and detention, (2) reception and detention on the voluntary application of the patient, without an appearance before magistrates; and (3) contributions from the public funds.

In Germany, the United States of America, and other countries, agitation for compulsion is increasing, and some of our colonies already possess this desirable power.

Your committee specially desires to note the remarkable response to its invitation to petition Parliament by so many branches, by the Royal Colleges of Edinburgh and Dublin, and by a large number of temperance societies, philanthropic associations, and religious bodies.

The committee recommends its re-election as follows : the President and President-elect *ex officio* ; Dr. Withers Moore,

President of Council ; Mr. D. B. Balding, J.P.; Dr. T. Bridgewater, J.P.; Dr. C. Cameron, M.P.; Dr. G. B. Clark, M.P.; Dr. C. R. Drysdale; Mr. Geo. Eastes; Dr. J. W. Eastwood, J.P.; Dr. R. Farquharson, M.P.; Sir Walter Foster, M.P.; Dr. W. T. Gairdner; Mr. W. C. Garman; Dr. J. Hill Gibson; Dr. A. Grant; Mr. F. J. Gray; Dr. C. J. Hare; Dr. Norman Kerr; Mr. H. R. Ker; Mr. R. N. B. Nicholson; Surgeon-Major G. K. Poole, M.D.; Mr. J. Prankerd; Surgeon-Major R. Pringle, M.D.; Fleet-Surgeon Geo. Robertson, M.D.; Dr. G. Danford Thomas, Coroner; Dr. H. W. Williams; Dr. Wynn Westcott, Deputy Coroner; and Dr. E. Hart Vinen. Your committee desires to point to Victoria as in possession of legislation which would be invaluable in Britain. In that colony a county court judge, on the application of any relative or friend, and a statutory declaration by two medical men, can send an inebriate to a retreat for any period not exceeding twelve months.

NORMAN KERR, M.D., *Chairman.*

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#### NEURITIS FROM ALCOHOL.

Dr. Drysdale of London in a recent discussion remarked as follows :

“ The statement that alcoholic neuritis is more common with women than men, is not sustained by my experience. The changes which take place in these neurites are either interstitial or parenchymatous ; the latter is the more common. The spinal cord is usually unaffected, but the muscles of the limbs are atrophied. The patient first complains of tingling of the extremities or numbness, at first in the hands and feet, then extending to the legs ; which gradually lose their power. The patient is usually apyretic, going about his usual occupations for a time, until, at last, he takes to his bed. The extensors first show a decided weakening of both the upper and lower extremity, the patient lying in bed with the toes pointed or exhibiting foot drop. The weakened muscles

gradually atrophied, especially the anterior tibial, and interossei of the hand. These muscles do not react to interrupted current, and are variously affected by the continuous current. Anæsthesia is marked in many cases, but occasionally the reverse is present. The muscles are tender to pressure for a long time, especially over the calf. The reflexes are absent, and the legs eventually become contracted and adhesions form round the joint. The patients are, as a rule, apathetic and without appreciation of their condition. Often this disease simulates locomotor ataxy when it effects the lower extremities specifically. It is distinguished from ataxy by tenderness of the muscles and dropping of the foot. In syphilis there is great tenderness of other parts of the body, especially as seen in female patients. The main point of treatment is cutting off the alcohol at once. Where rheumatism complicates the case, salicylate of sodium is of value. The continuous current is valuable in wasted muscles, and in cases much reduced a water bed is essential to prevent bed sores. The treatment is essentially a tonic and building up one.

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#### OPIUM STATISTICS.

For eight years over sixty thousand pounds of opium have annually passed through the custom house at San Francisco. In 1888 the amount reached one hundred thousand pounds. From Jan. to June, 1891, forty-nine thousand eight hundred and fifty-six pounds of prepared opium passed the custom house. It is estimated that fully one hundred and twenty thousand pounds of opium are consumed on the Pacific coast by Chinese and other habitués annually.

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#### SOME CRIMINAL STATISTICS.

The judicial statistics for England and Wales for 1891, have been recently published, and are very suggestive. Of over seven hundred thousand commitments, two hundred

and sixty-five thousand were for drunkenness and its associated crimes. A table of the number of persons arrested for the past twenty-five years and the percentages of the whole number are given as follows :

1867,	-	-	21 per cent.	1879,	-	-	28 per cent.
1868,	-	-	23 "	1880,	-	-	26 "
1869,	-	-	24 "	1881,	-	-	26 "
1870,	-	-	23 "	1882,	-	-	26 "
1871,	-	-	26 "	1883,	-	-	25 "
1872,	-	-	27 "	1884,	-	-	27½ "
1873,	-	-	51 "	1885,	-	-	27 "
1874,	-	-	30 "	1886,	-	-	26 "
1875,	-	-	31 "	1887,	-	-	24½ "
1876,	-	-	31½ "	1888,	-	-	25 "
1877,	-	-	30 "	1889,	-	-	25 "
1878,	-	-	29 "	1890,	-	-	25 "
				1891,	-	-	25½ "

These figures bring strong confirmation of the unknown tide-like movement of inebriety ; rising slowly from a certain low level to a high point, then receding. They are only fragmentary hints because they are confined to persons who come under legal recognition, and indicate a small part of the army of inebriates.

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TWELVE LECTURES ON THE STRUCTURE OF THE CENTRAL NERVOUS SYSTEM, for physicians and surgeons. By DR. LUDWIG EDINGER of Frankfurt-on-the-Main. Translated by Dr. Vittum of St. Paul, Minn. F. A. DAVIS, Publisher, Philadelphia, Pa., 1891.

This volume comprises a series of lectures delivered before active practicing physicians, with the purpose of showing some of the more recent discoveries in the anatomy of the central nervous system. It is profusely illustrated, and is clear and explicit in the descriptions of the structures of the brain. The reader is pleased with the author's candor and frankness of statement, and finds in the methods a thorough teacher's spirit, presenting the thought in the clearest

way. To the hard-working physician this work will be an excursion into a new realm of wonder-land of most intense interest. The work is among the most practical, useful, and valuable additions that can be placed in any medical library. To the student of inebriety it will be invaluable as showing many of the locations where the lesions of alcohol appear. Send to the publisher. Price \$1.75.

**ALCOHOLISM AND ITS TREATMENT.** By J. E. USHER, M.D., Surgeon and formerly Superintendent and Medical Officer of Health to the Queensland Government, etc., etc. BAILLIERE, TINDALL & COX, London, G. P. PUTNAM SONS, New York city, Publishers. 1892.

This little work is the result of a recent study of the subject by a clever English doctor, who personally visited all the asylums, and conversed with the leading specialists in this country and Europe, thus getting all his facts from original sources. The author has given an excellent summary of the leading facts concerning inebriety, even to the specifics so lately vaunted as cures. The chapter on inherited, acquired, and infantile forms of inebriety are the most suggestive. The treatment is also valuable as giving the practice and opinions of many persons of large experience. This is literally one of the best contributions to this subject published during the year, and will be of great service to all readers who wish to have the most authoritative facts in a condensed form.

**DISEASES OF THE LUNGS, HEART, AND KIDNEYS.** By N. S. DAVIS, JR., M.D., Professor of Principles and Practice of Medicine in Chicago Medical College, etc., etc. F. A. DAVIS Co., 1231 Filbert Street, Philadelphia, Pa., Publisher.

This volume of three hundred and fifty pages is a very pleasant grouping of the leading practical facts of a course of lectures which the author has delivered. It has the rather rare merit of conciseness, and yet containing full descriptions of the facts most essential for the practice of medicine.

The author is an able teacher and evidently could produce a much more thorough work. While this book belongs to the students' series, it can be read with profit by the older students who have been in active work for years. We have elsewhere quoted some very sensible advice which the author gives concerning alcohol in medicine.

The *National Temperance Almanac* for 1893, contains a valuable grouping of statistics and other facts well worth preserving. Published by the National Temperance Society of Reed Street, New York city.

*The Homiletic Review* always brings a charming table of contents for scholars and thoughtful readers. The publishers, Funk & Wagnals of New York city, have made this one of the best magazines of the country.

*The Popular Science Monthly* is a library in itself for every reader who wishes to keep abreast of all general topics of science. Medical science is discussed in its higher aspects, and many very important papers are presented here not seen elsewhere.

The Physicians' Visiting List, P. Blakiston, Sons & Co., is so widely known as not to require any special notice. Its simplicity and conciseness are unequalled, and where it is used once it is seldom given up. This year's edition has many improvements, and should be in the hands of every medical man. Send to publishers at Philadelphia, Pa., and get a copy.

*Childhood* is the name of a monthly magazine that is devoted to the care and culture of children. It is edited by Dr. Winterburn and published by A. L. Chatterton & Co., 78 Maiden Lane, New York city. The price is only one dollar a year. The numbers already published are very attractive and both instructive and suggestive, and it gives promise of being the most popular magazine of the day, in all families where there are children. Send ten cents to publisher and receive a sample copy.

*The Hospital Bulletin*, published by the Minnesota Hospital for the Insane, under the special care of Dr. Phelps, the first assistant physician, is a very attractive quarterly, devoted to all matters pertaining to the care and treatment of the insane in asylums. It is under the care and patronage of the entire staff, and promises to be a great power in the literature of mental disease.

E. B. Treat of N. Y. city, will issue early in February, for the Association for the Study and Cure of Inebriety, a volume "*On the Disease of Inebriety*" and its Treatment, composed of the most authoritative studies which have appeared in the journal for the past fourteen years. This volume will enable the reader to study in a condensed form the best papers which have been published on this topic.

*The Weekly Review*, published at No. 5 Somerset Street, Boston, Mass., by J. M. Fuller, gives a running comment on all the leading articles which have appeared during the week. Also the titles of all prominent papers covering the entire range of literature, art, and science are given. Copies of any of these articles can be had from the same firm. This is the most practical of all journals for the physician, who can see at a glance the contents of all the leading medical journals of the country.

E. B. Treat of 5 Cooper Union, New York, has just published a new work (price, \$2.75) on *Mental Diseases*, including their classification, synonyms, and symptoms, their etiology, diagnosis, and treatment, with the present methods of certification of the insane, by James Shaw, M.D., formerly medical superintendent. Haydock Lodge Asylum, London. Its semi-dictionary form of compilation makes its ready reference exceedingly convenient for practitioners and students, and for us a valuable introduction to the more comprehensive treatises and exhaustive monographs. The work is largely a compilation from the bibliography of the subject, yet the author has stamped his own individuality as a specialist upon the book by observations and experience, both in

asylum and private practice. Its several chapters are devoted to: (1) Definitions of insanity and classification of mental diseases. (2) Index of symptoms somatic, physiological and psychical, with the mental diseases in which they occur. (3) Index of mental diseases, with their synonyms and symptoms. (4) Etiology. (5) Diagnosis. (6) Prognosis. (7) Pathological anatomy, pathology, and pathogenesis. (8) Therapeutics and hygiene. (9) Legal regulations and forensic psychiatry. . . .

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### WORRY, DRINK, AND LUNACY.

(From the *Lancet*.)

It is no new thing to hear of the close connection between indulgence in alcohol and the development of insanity. Accordingly, we feel no surprise at a statement by Dr. Augustine Planus, that a large proportion of the cases of lunacy registered in Paris of late years, are attributable to this form of excess. Far more significant is his observation that drunkenness has increased very markedly in the French capital. This effect is, of course, due to a variety of causes. Among these one is of particular interest, from its bearing upon the neurotic aspect of the alcoholic dyscrasia. It is the pressure and worry of overwork, probably combined as usual, in the like circumstances, with irregular feeding and want of sleep. Though felt by all classes of workers, an important characteristic of its action as a cause of alcoholism is its increasing influence among those who labor with their brains. Artists, authors, and especially journalists — a group of persons by no means usually given to excess — are enumerated as having succumbed to the subtle poison; and this result has, doubtless with truth, been attributed to the craving depression of mental fatigue. It is not difficult, indeed, to trace a connection here, and we may accept it as a warning that forced labor is ever prone to become the natural parent of other and worse excesses. The best work, however hard, is always methodical enough to permit of timely rest and of regular nutrition, and the full recognition of this fact is a mere question of public utility which we hope to see more and more widely admitted in practice.

— *Temperance Record.*



## Editorial.

### MEMORY IN INEBRIETY.

The aberrations and decadence of memory is one of the most common symptoms of inebriety. In some cases this is along regular gradations from the complex to the simple, according to Dr. Jackson, from that which has been least thoroughly organized into the brain, to that which has been most so. Hence recent events are first lost, then intellectual acquirements, then the impressions which belong to the domain of the feelings, and finally how to perform automatic acts. This depends on some unknown modification of cells in the cortex and centers, some special damage to a particular region, which may be permanent or transient. When the obscuration clears up and events are recalled in part, the injury is removed; when the confusion continues a pathological decay has begun. This failure to recall events of the past is the most significant symptom of brain decay and dissolution, the reversal of evolution. In a recent murder trial, the prisoner, an inebriate, had for years a progressive failure of memory, and yet he had performed a certain routine work without suspicion of brain incompetence. It was held that this fact of failure of memory could not be considered as evidence of inability to comprehend the nature and consequence of his acts. Further study of this case revealed dementia and delusions, and yet the man was hung as sound and responsible. Inebriates always suffer from failure of memory which takes on widely varied forms and degrees. The inebriate may have the delusion that his memory is sound and clear, and will unconsciously supply the defects by imagination and stoutly affirm they are real. He may by a dim sort of intuition retain a conception of his conduct under certain conditions, especially if they are along automatic lines of previous acts. It may be seriously questioned if any inebriate

ever has a sound clear memory of events that occur during the drink period, and whether interested or not he is never a safe witness of past events. Memory of drink storms in these cases are always confused, although some acts may be clear, and certain motives and reasons may seem to have governed, but in reality they were merely after-thoughts.

The action of alcohol increasing the circulation of the blood in the brain may seem to give greater sharpness and distinctness to the memory for the moment, but the inevitable reaction both confuses and blurs all these impressions.

When the brain is in a state of great activity bordering on delirium, impressions of events follow each other so rapidly that they cannot be organized or incorporated as fixed facts.

The anæmia following the diminished blood circulation makes it more impossible to recall the events whose registration was imperfect. This alternation of excessive circulation and diminution of the blood in the brain, following from the use of alcohol, is early apparent in the failure of the higher governing centers and changes of memory.

The strain on the heart from alcohol raising and lowering its activity is followed by muscular and valvular changes, disorder of the nerve plexus and lesions, that can be studied and observed.

The same strain and damage occurs in the brain, and the blunting of the moral centers and derangement of the memory are the unmistakable evidence of it.

Along this line there is a great need of accurately observed facts from which future generalizations can be made that will confirm or correct the present theories. The sad want of knowledge was most startlingly displayed in the recent testimony of an American alienist, who swore that the continuous use of spirits for twenty years had in no way impaired the brain of the prisoner. Also that he had observed persons who had used spirits for a longer time who were of sound mind. To the unthinking public such statements seem to have some confirmation in the chronic unstudied

cases that go about automatically without attracting attention. Change the surroundings and occupations of these cases, and the mask of health disappears. Almost any general examination will reveal degrees of dementia and brain degeneration, with decay of memory, morals, and all the higher brain centers in such cases.

The study of the memory in inebriety will open up a new field of facts and break up the delusive theories that are now repeated as if they were absolute facts.

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#### RELATION OF INEBRIETY TO CRIMINALITY.

Alcohol used either in moderation or excess always deranges sensation, and the brain centers which receive and determine the value of such impressions. Intoxication is an illustration of the extreme derangement of the senses and the controlling brain centers. False impressions of every description come from all the senses, and the brain is unable to correct them, hence false judgment, unreasoning acts and conceptions.

Associated with this is the delusion of mental health and clear accurate judgment of his condition and the surroundings. This condition is present in every drinking man, only differing in degrees. One who uses alcohol at intervals will recover from this derangement more or less during the free interval. If the interval is short the derangement is not repaired, and if the drinking is excessive it is doubtful if restoration is ever complete. It may be stated as a rule to which there are few or any exceptions, that all inebriates have deranged senses and defective brain conceptions and power of control.

This can be verified by a careful study of the mental processes and acts of the person. He may appear in public and to superficial observers to have no impairment of the senses and brain, and he may even act and think wisely along lines of automatic every-day life, and be mentally unsound and incompetent.

These defects are the essential factors of criminality. The senses send false impressions to the brain, and the brain is unable to correct them, hence false thoughts, false acts, and abnormal conduct. Criminal acts come from inability to understand the relation of surroundings, and to adjust the conduct to the varying conditions of life. The criminal acts of the inebriate spring from this confusion of senses and judgment. Acts are misinterpreted, motives are ascribed to conduct that have no reasonable basis. Illusions and delusions come and go with increasing frequency, and finally become settled conceptions that are systemized and cannot be corrected. Delusions of sexual wrongs lead up to assaults and homicide; delusions of persecutions have the same ending; delusions of strength bring on reckless conduct and insane acts, together with unreasoning credulity and equally strange suspicion and want of confidence. Nearly all the crimes committed by inebriates are assaults against persons and delusions of ability to understand and act in relation to business and ethics along unusual lines of conduct. Such persons forge notes, misappropriate moneys, engage in dishonest transactions of every form, sustained by the delusion of superior skill to conceal it and ability to avoid the legal consequences. While an inebriate may think and act along automatic lines with judgment and honesty it is doubtful if he can take up any new business or line of conduct and pursue it sanely and with integrity. The motive to do right may be unimpaired, but the damaged senses and imperfect brain cannot control and regulate conduct, and keep it up to a high ethical level. The study of this side of these cases very strongly confirm the statements of the irresponsibility of inebriates, and indicate the danger of trusting them in places of responsibility and power.

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A SPECIAL meeting of the Association for the Study and Cure of Inebriety has been appointed to discuss "*specific remedies*" for the treatment and cure of inebriety. This

meeting will be at the New York Academy of Medicine in the early part of March ; and will consist of a number of short papers by different members of the Association on the various phases of the secret specific remedies now so prominent in the public mind. This meeting is called for the purpose of showing the position of the Association on the general question of secret remedies and empiric methods of treatment, and also to refute the statement that its members are in sympathy and using the same means of treatment.

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#### PNEUMOPARESIS IN INEBRIETY.

In 1888, Dr. Richardson of London described a form of pneumonia, in which sudden failure of nerve force seemed to concentrate in the pulmonary and vascular systems. There was no acute stage, no pain, only dullness, moist and bronchial rales, slight cough, intense weakness, depression, and death within twenty-four or forty-eight hours. This he called pneumoparesis, and believed that it came from premature exhaustion of the nerve-supplying centers. He also believed that it might be due to sudden pressure or shock to the nerve centers or its plexuses, or to the sudden generation of some chemical product which, like amyl nitrate, reduces to paresis the organic nervous supply. This term appears to describe a large number of cases of so called pneumonia following inebriety. The following is a good example. An inebriate in apparently fair health and vigor, from whom the alcohol had been removed for over two months, and still under treatment, became suddenly alarmed with the fear of impending death. Intense prostration and increased heart's action with slight cough, and increased temperature. Some dullness and coarse rales appeared a few hours before death, which followed twenty-eight hours after the alarm of dying. There was no pain and no apparent fever, the temperature went up steadily to one hundred and eight, the pulse raised to one hundred and thirty, then descended, fluctuating back and forth

down to sixty and death. Intense depression, ending in low muttering delirium, followed. In another case a chronic inebriate in active life at the head of a mercantile house, suddenly called a lawyer, made a will, and went home saying he was going to die. The family physician could find no symptoms or change except mental depression. In a few hours dullness, rales, and cough appeared, no pain was present, and death followed the next day. Many instances are noted of the sudden overwhelming impression of death that comes to inebriates, and no examination will give any indications for such belief. The idea will be followed by a low form of trembling emotional excitement, with slight cough, expectoration, and prostration. The patient will go to bed and die in a few hours, and a *post mortem* will reveal congestion of both lungs. There is, probably, in most of these cases a tendency to disease of the lungs. A marked consumptive heredity has been masked, or taken on the alcoholic phase, then suddenly the alcohol is given up and pneumoparesis follows from some unknown exciting causes. In three cases of this character, the parents had died of consumption, and a marked heredity was present. One began the use of alcohol as a preventive to consumption, and became an inebriate, drinking regularly to excess for ten years. He then came under treatment, recovered, went into active business in the most encouraging circumstances. He seemed in good health and cheerful, and in the height of his prosperity was seized with a fear of death. He went to bed, physicians were called, and no indications of such a termination were found. In twenty-four hours dullness, cough, and rales appeared, and the next day he died. The second was of marked hereditary phthisis, at twenty-four had an attack of pneumonia from which he fully recovered. He had used wine at the table from early life; at thirty became a periodical inebriate, and six years later gave up spirits and became a temperance lecturer. Two years after, in the midst of an exciting temperance revival, he became suddenly impressed with the idea of death. He made a farewell address to the

audience, went to bed, and at once cough, expectoration, and dullness appeared, and death followed in ten hours with all the symptoms of acute pneumonia. In the third case, the same consumptive heredity was present, and inebriety had been of an irregular character, coming and going with long intervals for ten years. After a severe drink paroxysm, the same intense mental depression came on, and acute pneumonia without pain or fever ended in death in a few hours.

Many cases are not so prominent, where the same hereditary tendency exists, but in all the characteristic depression and fear of death are marked symptoms. In two cases the history indicated attacks of pneumonia and pleurisy, before and coincident with the inebriety, creating a strong tendency to merge into this form of disease. In one case, a reformed inebriate who had abstained for two years, but who was a gourmand in his habits, and suffered from indigestion and nutrient troubles, had the same fear, sudden collapse, and death. Here it seemed possible that some chemical product had formed and produced paresis of the nerve centers controlling respiration.

In a recent case, an apparent robust beer drinker suddenly settled up his business, bade good-by to his associates, and went to bed, saying he was going to die. His friends thought his mind was affected, and a consultation of physicians was called. No symptoms of any kind were discernible except the idea of impending death, with feeble heart's action. The next day acute congestion of the lungs, and death followed. The treatment in all these cases has little or no influence. Where spirits have been given, the fatal termination has been clearly hastened. The nerve stimulus to the pulmonary circulation is arrested, and the supply is exhausted, and death follows the same as in other states of nerve failure. In inebriety, the higher nerve centers suffer, the continuous paralysis from alcohol of all the organic nerve centers sooner or later ends in exhaustion which may be sudden or gradual. This may appear in acute inflammation of the kidneys, ending in sudden nerve failure. The

prominent symptom in both cases is intense mental depression. Where the kidneys are affected, this mental symptom may come from the non-elimination of poisons that are absorbed by the blood and act on the brain centers, producing delirium and coma before death. Where it is failure of the nerve forces acting on the respiratory centers, death follows from asthenia. In both cases treatment is useless, stimulants increase the degeneration, and it is wisdom to treat the dominant idea of death in the mind of the patient.

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DR. ALEXANDER PEDDIE, whose portrait appears in this number, was the great pioneer in Scotland who first urged that inebriety was a disease and curable by physical remedies. In 1854, he startled the medical world by showing that delirium tremens could be most successfully treated without stimulants or opiates. He urged the immediate withdrawal of these drugs from the beginning of treatment, a plan which has only recently been recognized and come into active practice.

Four years later, in 1858, he urged the necessity of the separate legalized treatment of dipsomania as a disease of similar nature to insanity, giving a great variety of facts and statistics that was recognized as both true and startling. In 1861 he repeated these statements in a vigorous paper before the National Association of Social Science. These papers were very widely circulated, and gave him a national reputation as a pioneer student in this field of study. In 1872 he gave very important testimony before the Parliamentary committee on habitual drunkards, which has since become classic in the literature of this topic. In 1876-7 he held a very spirited controversy with Dr. Bucknil, who denied both the theory of disease in inebriety and the possibility of cure. Since this time Dr. Peddie has contributed many very clear sensible papers on inebriety which have been republished in this country and translated into many foreign languages. These early papers of Dr. Peddie may be said to have been



the first and most influential in forming a correct conception of the disease of inebriety.

A few years after Dr. Peddie's papers appeared, Dr. Dalrymple began a vigorous agitation of this subject, which was followed by the Parliamentary Inquiry of 1872, in which the late Drs. Parrish and Dodge of this country testified. Then followed Dr. Kerr and others, who have carried the subject up to the present. Outside these very important studies, Dr. Peddie has been a frequent contributor to general medical literature, and has published a very entertaining biographical sketch of Dr. John Brown, better known in this country as the author of "Rab and his Friends." This volume will shortly be republished in this country. He was Harvaian orator in 1890, and was president of the College of Physicians and Surgeons of Edinburgh in 1877, and has received numerous titles and honors from many distinguished societies both at home and abroad. Dr. Peddie has been honorary member of the Association for the Study and Cure of Inebriety for many years.

Dr. Peddie is now eighty-two years of age, and has been a general practitioner in Edinburgh during all these years. He graduated at the Royal College of Physicians and Surgeons, and was for many years an assistant to Mr. Syme of the famous Minto Hospital at Edinburgh. His father was a popular clergyman of the dissenting faith, and his wife was the daughter of Dr. Selkirk, a noted surgeon of the early part of the century. Over half a century has passed since Dr. Peddie became an active practitioner of medicine, and yet to-day he is still at work. He has lived to see his views of inebriety (which at first were opposed) now accepted and defended by societies of leading medical men in nearly all civilized countries of the world. In the rapid evolutions and revolutions of the drink problem, Dr. Peddie's name may be forgotten, but the history of the literature of the subject will be inseparably bound up with his early pioneer efforts to rouse and concentrate scientific interest on this topic. Our American readers will take much pleasure in studying the strong, clear-cut lineaments of this octogenarian, who long

ago wrote and urged what is so *clear* and sensible to us to-day. Both our *Society* and JOURNAL extend the warmest greetings and hope that his life's journey may be still more extended and full of good works, whose influence will continue in the future.

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#### THE PAN-AMERICAN CONGRESS.

A rapidly-growing interest is gathering about this first great congress of physicians in the new world. Although it will not occur until September of this year, the preparations are nearly all completed; the various sections are arranged, and the papers to be read are announced, and the success of the congress is assured beyond all question. The gathering of over a thousand physicians from both continents, and the reading of more than a hundred papers on all sides of the science of medicine, will be merely the externals of this great forward movement.

The narrow provincialism of medicine is breaking up, dogmatism in medical practice is passing away, and the tendency of all scientific culture is to concentrate and unite all efforts and studies on one broad path of progress. This congress is a practical recognition of this fact, and will do more to raise the character and standard of science than the ethical discussions of a century.

Central and South America and the West Indies are parts of the continent that will occupy a very important place in the civilization of the coming century. The time has come to enlist its many physicians in one confederation for the study of the problems of medicine. This congress will be historic and preliminary to other and larger gatherings in the future. To its projector and secretary, Dr. Reed of Cincinnati, the world of science owes a debt of gratitude, and to the other officers, who have so ably assisted in this work. The papers to be read cover a vast field of the most practical topics in medicine, and among them a prominent place will be given to inebriety, and its allied diseases. It will be a

historic gathering which no medical man can afford to miss. Send to Dr. Reed of Cincinnati, Ohio, for circulars and preliminary announcements.

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#### THE NEW YEAR.

Another year brings the subject of the disease of inebriety and its physical treatment more prominently before the public, and the evidence on which this fact is based is accepted, and now recognized in all medical and scientific circles.

The bitter criticisms of the disease of inebriety, the journal and its writers, are almost entirely confined to clergymen, obscure physicians, and drinking specialists, who are out of the drift of scientific progress. The severe critics of a few years ago are now almost exclusively engaged in showing that inebriety is first a vice, then a disease, and drawing lines between these stages. Some alienists have made a sad exhibition of non-expertness in wild denials of heredity in inebriety. One quite eminent teacher and writer has placed himself on record, as doubting all heredity of alcoholic diseases, and in the secular press declaring that the secret specifics for the treatment of inebriety must contain some great truths. The usual bitter protests and letters which came to the JOURNAL from physicians and medical clergymen are disappearing. In the first ten years of the publication of this JOURNAL each issue was followed by a wave of criticism, consisting of personal letters pointing out errors and false statements, and sending papers to be published in the JOURNAL contradicting the facts it supported. Recently this has died away, and now only sneers and sarcastic contempt is heard, with epithets of cranks, enthusiasts, and unreliable persons. The JOURNAL has not stopped to engage in these windmill battles, or reply to the large number of critics who wished to correct its principles. The final truths concerning the disease of inebriety and its treatment are not yet in sight, yet there are abundant hints and intimations

that they can only be found along this line of scientific research. The evidence pointing to the disease of inebriety and its curability is rapidly accumulating, and no one can predict what the final outcome or conclusion this mass of facts will develop. Each year the JOURNAL becomes more valuable as a record of this growth and movement.

The great wave of empiricism that is just now passing over the country is a very significant sign of the times. It points to a great change of public sentiment and restless reaching out for other remedies than the pledge and prayer. In the light of all history it is the same old empiric stage which marks every advance of truth. The age of credulity is always quickly followed by that of reason.

To all our friends the JOURNAL sends its greetings and warm assurances that the problems of inebriety are far beyond all our theories, opinions, and plans of treatment. No one yet has earned the right to speak dogmatically, or to assume that final truths have been found on this line of work. We are all explorers in a new land, and the few facts at present outlined constitute a very small part of the wide continent before us.

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#### ERRORS AND MISTATEMENTS.

The December number of the *American Journal of Medical Sciences* contains a paper "On the Differentiating Action of Alcohol on the Nervous System, with observations on its toxic symptoms," by Prof. Robertson of Glasgow, Scotland. He calls attention to the great diversity in the external forms of the body, and believes that the same variety extends to the arrangement of the elementary cells and fibres of the internal organs. The individualities and differences of disposition and habits, and so-called temperaments, are due to corresponding varieties in the combination of chemical and physical structures, of brain and nerve cells. The different degrees of sensitiveness and readiness to take on or resist disease, exists in some peculiar inherent force that is a part of the organ. He asserts that alcohol possesses the power

of differentiating this property to a high degree, the proof of which is the diverse phenomena of intoxication.

Then comes the old theory "that alcohol is a revealer of character and true disposition." That "alcohol when taken unveils the natural brain and nerve characteristics." This theory has no support from any study of cases, and is a curious error that is persistently repeated without possible reason or support in fact. The author then distinguishes some of the phenomena following the use of alcohol, into motor and sensory disturbances. Another group he calls vasomotor and glandular abnormalities, and a fourth group is called psychical manifestations.

He asserts that many of the peculiar symptoms noticed in poor people who drink in Scotland, are due to fusel oil in the spirits. Five cases are given to illustrate the disorders of the motor power from alcohol; and case five, who has drunk for seventeen years is said to have "all his faculties acute, and mind as clear as ever."

After discussing disorders of the sensory system, he makes the following startling statement in reference to cases of delirium tremens: "Patients have come under my care who have had from twelve to twenty attacks of delirium tremens, whose intellectual faculties after they emerged from the effects of their last excesses were not found to be appreciably impaired in strength." This statement should be fortified with some account of the quality of the intellectual powers of the man at the beginning.

Such a statement would have been an immense help to a southern physician, who had delirium tremens several times and carried a heavy insurance, and also passed others in like condition for large insurance policies, as sound and good risks. He manifested great indignation at the ignorance of the medical officers of the company who insisted on canceling all such engagements, and who refused to believe an attack of delirium tremens was harmless to the brain, and the longevity of the policy-holder.

This article is a good illustration of much of the confus-

ing literature that exists concerning the effects of alcohol. Beginning with theories that are untrue, a few clinical facts are strained to support and build up some previous conception and theory. Such study and record of cases are misleading and reflect on the capacity of the author. No careful study of these cases would ever lead to such conclusions, and no writer or teacher should trust to the prevailing theories of alcohol or its effects — more especially when it is possible from clinical study of cases to ascertain facts that can be trusted.

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THE following is from the annual report of the Washingtonian Home, under the care of the distinguished Dr. Day.

On the individual the effect of vicious alcoholic indulgence is disease of the body, as we have seen. Sooner or later it must come. Intemperance cannot dwell in a sound frame, or at least it never does. Disease of the mind, too, is not far off. It may be delirium or insanity, temporary or confirmed; or it may stop short of that, resting at senile driveling and childish folly. The moral sense is blunted, and the better part of man sustains both degradation and decay. The man is dying, and, if not restrained, will soon be dead.

Drunkenness is the scourge of our land, and the main secondary cause of its spread most certainly seems to be the false dietetic and domestic place of alcohol. Undo this fatal error; put back this perilous drug whence it came — into the medicine-chest and laboratory — and then, I believe, a master stroke will have been achieved in favor of temperance.

How far the Washingtonian Home has been instrumental in correcting these errors in mankind, more particularly those of our own city, no one can tell. One thing we do observe, that it has in a considerable degree removed the remorseless curse from many homes. We also know that many have been restored to lives of usefulness and honor. More than this: we know that good and salutary influences have gone out from us to all parts of the civilized world, and good tidings have come back to us, manifesting the truth that our theory and practice in relation to the treatment of inebriety is the true one, and its healthful influence is spreading more and more, wherever the curse of intemperance is found.

COMPULSORY TREATMENT OF INEBRIATES.—At the quarterly meeting of the Society for the Study of Inebriety, held in London, the president, Dr. Norman Kerr, spoke of the recent remarkable growth of public opinion in support of more drastic legislation for the care and treatment of inebriates. There was a general consensus of opinion in favor of the compulsory reception and detention of those who had lost all power of voluntary application for admission to a home for inebriates for curative purposes. Several of our colonies had, by legislation, adopted compulsion in such cases, as had some other countries. The time was opportune, he said, for a resolute and widespread agitation in support of this proposal of compulsory admission and detention, which had practically originated with the medical profession. At the instance of the president it was resolved to invite an expression of opinion in favor of compulsion, by individuals and by medical and other associations, and to urge the presentation of petitions to Parliament by all persons interested in the care and treatment of diseased inebriates. Dr. W. Wynn, Westcott, deputy-coroner of Central London and Middlesex, read a paper on "Alcoholic Poisoning in London, and Heart Disease as the Fatal Result," in which he summarized the results of a tabulation of 1,900 inquests held in London by himself. Of these cases two-fifths were children and young persons under 16 years of age. The remaining three-fifths, or 1,150, supplied 255 cases in which medical evidence testified to alcohol as a direct factor in causing the death. This gave a proportion of one death due to alcohol in every 4.5 cases, a rise in percentage since 1888, when the proportion was one in 5.25 cases in the same district of the metropolis. Of these deaths due to alcohol, 38 were suicidal, 47 accidental, and 170 from natural (or unnatural) causes. Of this last class 73 died of syncope in consequence of fatty disease of the heart, leaving only 97 to the account of all other diseases. Again, of all the deaths due to syncope, there was proved alcoholic excess in more than one-third of the cases. He regarded alcoholic intemperance as the most

frequent and important of all the causes of fatty degeneration of the heart — a disease which was very difficult to diagnose and still more difficult to cure. Mr. F. A. A. Rowland, solicitor of the Supreme Court, followed with a paper on "The Principle of Compulsion as Relating to Inebriety," in which he held that legal restraint in the case of disease must depend upon its peculiar circumstances. On the whole, Mr. Rowland believed that there ought to be compulsory power, and that provision should be made for the poor.—*Times*.

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INHERITED INEBRIETY. — William Albert Heaslip, four years old, died suddenly under peculiar circumstances Sunday morning at his parents' home on the top floor of No. 398 Fifth avenue. He was the younger of two children of John and Alice Heaslip, who have the care of the apartments and offices at this number. The child when very young was subject to cramps and to relieve his pain the mother gave him small doses of whisky. A taste for alcohol was thus early planted in the infant, and when he learned to talk he would cry for whisky. Though the cramps were soon outgrown, the fondness for alcohol remained and was kept up by the parents every now and then yielding to the boy's abnormal and unnatural taste.

Some friends called upon the family Saturday night and whisky was opened. When they left, a bottle containing a heavy toper's "swig" was left uncorked on the table. While the parents were asleep Bertie arose early Sunday morning and, sighting the bottle with the familiar odor, drank the contents. When his parents awoke about 9 o'clock they found the child very sleepy and hardly able to stand. He was put to bed and quickly fell asleep. When he awoke a couple of hours later his appearance alarmed the father, who hurried for Dr. Charles H. Gulick, of No. 30 West Thirty-sixth street. The doctor saw at once that it was a hopeless case of alcoholism. The child died in an hour. Deputy-Coroner Jenkins will make an autopsy to-day.

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## Clinical Notes and Comments.

### INEBRIETY AND JURISPRUDENCE.

A series of four lectures will be delivered in the Hall of the Medical Society of London, 11 Candos Street, Cavendish Square, W., on successive Tuesday afternoons in January, 1893, by Norman Kerr, M.D., F.L.S., President, Society for the Study of Inebriety; Consulting Physician, Dalrymple House; Chairman, British Medical Association Inebriates' Legislation Committee.

I.—INTRODUCTORY—"Inebriety and its Treatment," 10th January, 1893, 5.20 o'clock.

II.—"The Relations of Inebriety to Insurance," 17th January, 1893, 4 o'clock.

III.—"Inebriety as a Plea in Civil Cases," 24th January, 1893, 4 o'clock.

IV.—"Inebriety and Criminal Responsibility," 31st January, 1893, 4 o'clock.

E. J. AYDON SMITH, L.S.A., L.M.S.

(Hon. Sec. Society for the Study of Inebriety.)

### COCILLANA — AN INTERESTING ADDITION TO THE MATERIA MEDICA.

Respiratory inflammations always form a large proportion of the physician's cases. A Bolivian remedy which gives promise of much therapeutic efficacy is cocillana, which was introduced a few years ago through the researches of Professor H. H. Rusby, the eminent botanist.

Experiments were made with it by many medical investigators, who found its action very satisfactory in catarrhal inflammations of the respiratory organs, in coryza, hay asthma, bronchitis, acute and chronic, influenza, and pneumonia.

It possesses also laxative and purgative qualities, and

has been employed successfully as a substitute for ipecac and abomorphia in catarrhal conditions.

Parke, Davis & Co., who introduced the remedy to physicians, will supply reprints of articles affording information concerning its therapeutic application, and invite the medical profession to test its virtues further by clinical experiment.

They have, after much difficulty, obtained an amply supply of it, and will be glad to afford any facts desired concerning this or any other of their new remedies for respiratory affections.

#### THERAPY OF PHENACETINE.

*John V. Shoemaker, A.M., M.D., Philadelphia, writes as follows :*

Phenacetine was originally introduced into medical practice as an antipyretic, and subsequently was found to possess analgesic powers. In diseases attended by hyperaxia, such as rheumatism, pneumonia, typhoid fever, and phthisis pulmonalis, phenacetine exerts a very happy effect in about half the dose of antipyrine, the ordinary dose being from 3 to 8 grains. The mortality of the typhoid fever of children has been very materially reduced by the employment of phenacetine. The fall of temperature does not occur until half an hour after the drug has been taken, and the effect continues from four to eight hours. As an antipyretic, phenacetine is considered by many good authorities as the safest and most efficient member of the aniline group. In epidemic influenza, phenacetine rapidly relieves the muscular pains and favors diaphoresis; the catarrhal symptoms subsequently require other remedies.

In ordinary colds, one or two five-grain pills of phenacetine remove all symptoms. The combination of solal [or salophen] with phenacetine is especially useful in influenza and rheumatism.

The analgesic effects of phenacetine are very marked in various forms of headache, including migrain and the headaches from eye-strain, having the advantage over antipyrine in not so frequently causing a rash.

In the neuralgic pains of tabes dorsalis, in herpes zoster, and intercostal neuralgia, five grain doses, given every hour for three or four hours, usually afford complete relief and cause sleep.

Phenacetine is extremely useful in chronic neuritis, and, according to Kater, is unsurpassed in the treatment of cerebral disorder due to excessive indulgence in alcoholic drinks.

In whooping-cough,  $\frac{1}{2}$ -grain doses dissolved in 10 drops of glycerine are readily taken by children, and afford prompt relief, permitting sleep and ameliorating the attacks.

In delirium, a dose of ten grains of phenacetine usually affords a quiet sleep.

Mahnert considers phenacetine a specific in acute articular rheumatism, as it reduces fever, relieves pain, and lessens the duration of the attacks. It has been found useful in some cases of gonorrhoeal rheumatism, and is worthy of more extended trial in this rebellious affection.

In insomnia from simple exhaustion phenacetine acts admirably.—[*Shoemaker, Materia Medica, Pharmacology and Therapeutics, Vol. II.*]

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The *Phrenological Journal* for January is a great advance in appearance and contents over the past. Evidently, it has caught the evolving spirit of the age and has pressed ahead, carrying phrenology to a much higher level. Under the charge of Dr. Drayton, this journal has taken high rank as a popular educational periodical almost indispensable in every family. Send to Fowler, Wells & Co., of New York city for a year's subscription at \$1.50 per year.

THE disinfecting fluid of the American Sanitus Co. of New York city, is one of the most practical disinfectants that can be placed on the market for all conditions and under all circumstances. Try it and its merits will be apparent.

F. Colet Larkin, M.B. & C.M., of Kingsbridge House, Avenue Road, East Cliff, Ramsgate, Eng., on Jan. 10, 1892, writes :

"It may interest you to know that I have had a most satisfactory result from the administration of your bromidia in a case of sleeplessness, after a slight apoplexy, with partial paralysis of the right cheek and arm. The patient (male 63 years old) suffered from weak heart, and before coming under my care had been given sulphonal, paraldehyde, etc., without sleep being obtained. The first night here he received one

drachm of bromidia and got seven to eight hours' quiet sleep without any ill after-effect from the drug. The same dose continues to give the patient some hours' sleep every night.

*Dr. Abbotts'* granules give promise of becoming very popular, and should be tried by every physician.

A sharp quack has opened a shop on the Bowery in New York, for the cure of the drink craze. He uses *Warner's Bromo Potash* in connection with Syrup Ipecac, and claims marvelous results. The Bromo-Potash will always relieve the drink craze for a time, and is in common use at many institutions.

*Horsford's Acid Phosphate* has gone on beyond the experimental stage. It has become a fixed remedy in therapeutics.

The *Liquid Peptonoids* with coca has come to meet a long-felt want in defective nutrition and as a force producer. Send to the Arlington Chemical Co., of Yonkers, N. Y., and try a sample of this excellent remedy.

*Kymysgen* is the powdered form of *Kymysgen*, prepared by Reed & Carnrick of New York. It will prove a welcome addition to drug foods so essential in many affections of the stomach.

*Fellows's Hypophosphites* is one of the best domestic tonics which a physician can recommend to his families with confidence and satisfaction.

*George Stinson & Co.*, of Portland, Me., are the great art publishers of this country. Their steel plates are unrivaled in beauty and cheapness.

We recommend the *Morris* safes of Boston, Mass., as the most practical in the market.

Spalding's gymnasium is a most complete apparatus for asylum and home use.

The *Philanthropists* of New York city is a most excellent paper devoted to social purity, clear, sensible, and most admirably adapted to teach the higher truths of life.

# CHOLERA.

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## HORSFORD'S ACID PHOSPHATE.

By the researches of Koch and others, it is found that the cholera bacilli require for their growth a mild alkaline nutrient medium, and that acids are most useful to kill them

Horsford's Acid Phosphate has been successfully employed by the Physicians in Europe and America, and possesses special advantages over other acids, because of its beneficial action upon the nerves and process of digestion, and its tonic and general strengthening effect upon the whole system.

Half a teaspoonful in half a tumbler of water, with sugar if desired, will make a palatable drink.

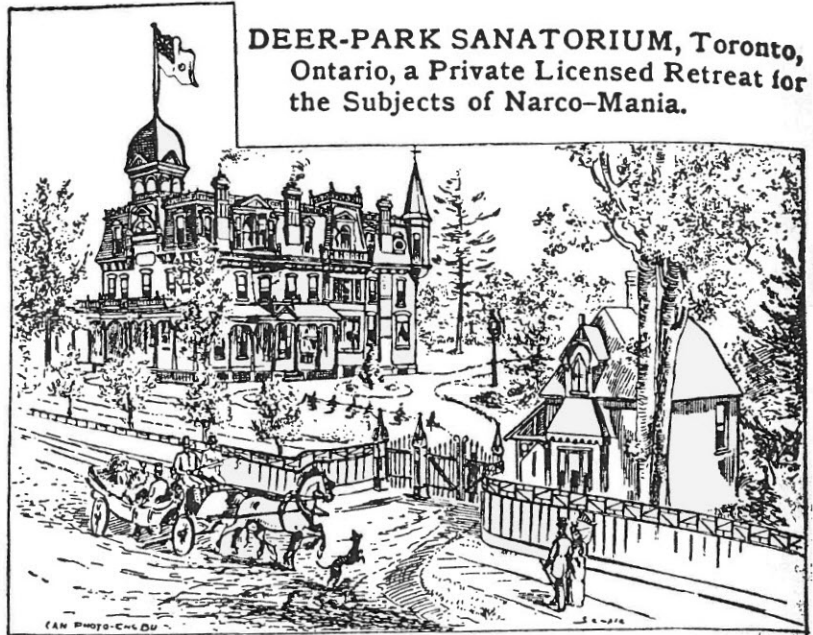
Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction  
of Prof. E. N. HORSFORD, by the

*Rumford Chemical Works, Providence, R. I.*

**Beware of Substitutes and Imitations.**

**DEER-PARK SANATORIUM, Toronto,  
Ontario, a Private Licensed Retreat for  
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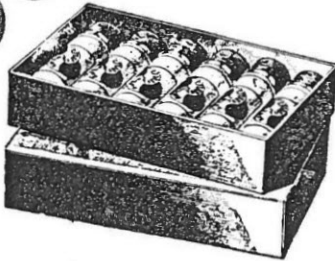
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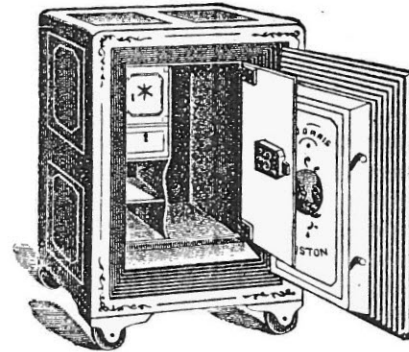
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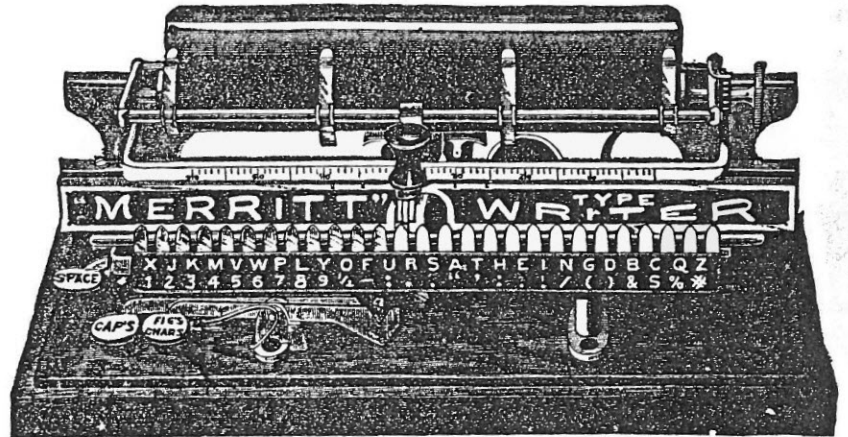
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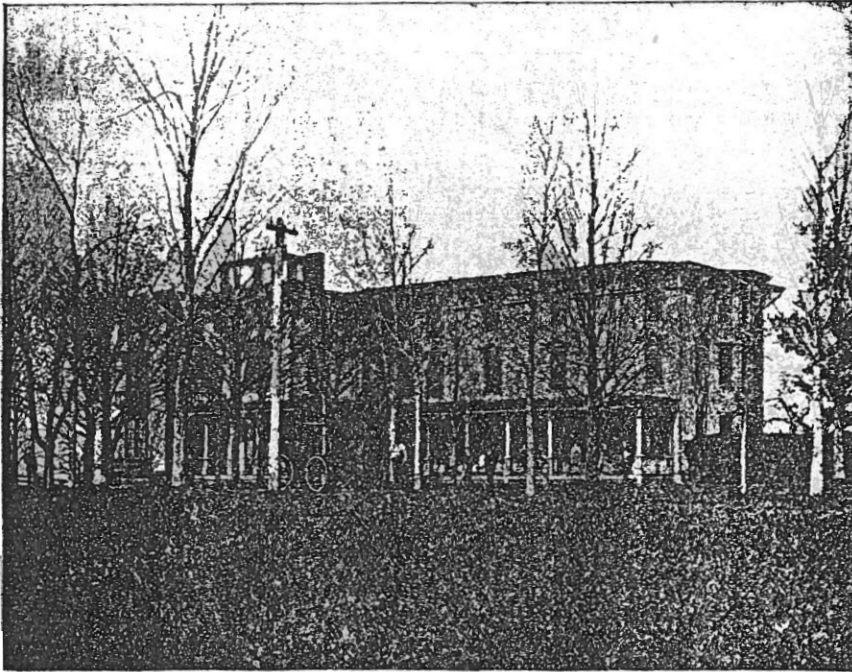
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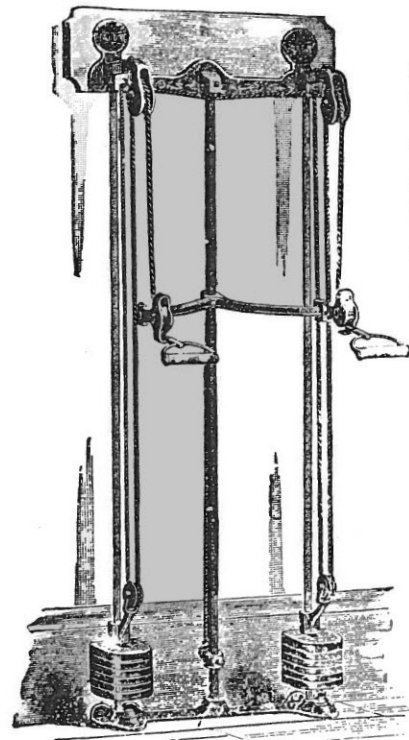
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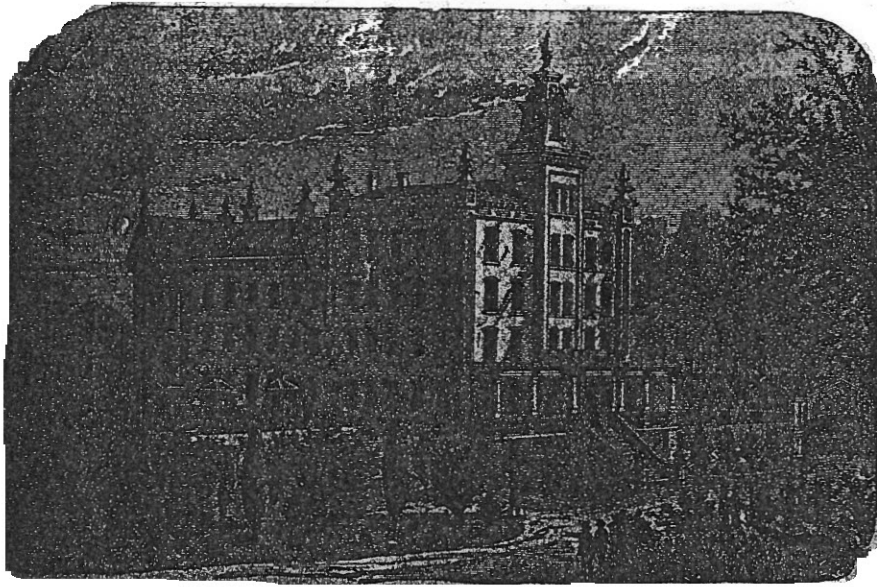
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