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THE QUARTERLY JOURNAL

OF

INEBRIETY.

PUBLISHED UNDER THE AUSPICES OF THE AMERICAN
ASSOCIATION FOR THE CURE OF INEBRIATES.

Vol. VI.

OCTOBER, 1884.

No. 4.

HARTFORD, CONN.:
THE CASE, LOCKWOOD & BRAINARD CO.,
PRINTERS.

EUROPEAN AGENCY:
BAILLIERE, TINDALL & COX,
20 KING WILLIAM STREET, ON THE STRAND, LONDON, W. C.

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Ph.D., F.R.S., F.I.C., F.C.S., PROF. OF PRACTICAL CHEM. TO THE PHARMACEUTICAL
SOCIETY OF GREAT BRITAIN.

LONDON, May 3, 1882.

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OCTOBER, 1884.

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

HYPERÆSTHESIA A CAUSE AND CONDITION OF
INEBRIETY.

BY JAMES T. SEARCY, M.D.,* TUSCALOOSA, ALA.

If we take the Greek word *aisthesis*, meaning feeling or sensation, and prefix to it the prepositions, *hyper*, over, *hypo*, under, and *a* or *an* privative, we have some derivative words denoting different conditions of sensitiveness in the brain. For instance, hyperæsthesia designates an over-sensitive condition; hypoæsthesia (or hypæsthesia) a condition of brain in which the faculty of sensitiveness is dulled, diminished, or lessened; and anæsthesia, a condition when the faculty is entirely suspended or lost.

In a normal brain the functional metamorphosis of structure occasions a degree of disintegration that can be readily reintegrated. The tone of action in it is prompt, strong, efficient. So much, or such kind of functional action produces a disintegration that can be readily reintegrated. Its sensitiveness to its receptive, adjusting, and emissive actions is all normal, customary, best, and pleasant. Such a brain in all its actions works pleasantly, without pain or discomfort.

In a hyperæsthetic brain disintegration from functional

*Read before the American Association for the Cure of Inebriates at the October meeting, 1884.

action is too great, beyond what is readily reintegrated—the brain is over-sensitive.

In a hypoæsthetic brain, from some cause, the functional disintegration is lessened, there is less sensation, less consciousness. The sensitiveness is dulled, lessened.

In an anæsthetic brain all action, from some cause, is suspended. There is, therefore, no functional disintegration, no sensation, no consciousness while this condition continues.

An appreciation of the physiological principles enunciated above will aid us to give a definition to the question—What is pain? When I say pain is excessive sensation, because of excessive disintegration, I believe I am correct. The disintegration of structure on which normal sensation is dependent, is of the kind and to the degree that it can be readily reintegrated, but if the functional disintegration be carried beyond what can be readily reintegrated, tending by excess to disintegrate too much, because there is excessive disintegration, there is excessive sensation or pain. All is functional because it is in accordance with the established capabilities of the part, but is excessive.

If there be abnormal action, inflammatory action for instance, disintegrating abnormally, going on in a distant part of the body, the afferent action borne to the sensing brain, is correspondingly disintegrating, and produces correspondingly disintegrating receptive action, which is, because excessively disintegrating, painful.

Many kinds of abnormally disintegrating action in the distal tissues of the body can begin and transmit painful action to the brain, or rather, make painful action in the brain. Functional excess of action in the muscles can transmit disintegrating action to the brain in the shape of sense of fatigue. There can also be excess of action in the brain itself, which will be painful or discomforting. We can have "brain tire" *per se*, from brain work.

When, therefore, I say pain is excessive sensation, I am sustained by all physiology. Excessive functional disintegration of the brain, whether it be occasioned by excessive

functional adjusting action, or excessive functional receptive action, is painful.

The conscious sense of the brain is dependent upon functional action. Unless the action is functional there is no sense of it. Any other kind of action and disintegration than functional does not produce sensation. There is no sensation or conscious sense unless functional action is going on at the time. For example, any outside force, jar, shock, or concussion, sufficient to stop for the time being, the sensating brain's capacity to functionally act, stops all sensation and consciousness until the brain sufficiently recovers to resume functional work; any medicinal or poisonous agent, in the circulation, that has the physical or chemical property when it comes in contact and chemical union with the exceedingly delicate, rapidly acting colloidal cells of the sensating brain, so as to paralyze, arrest, or suspend their capacity to functionally act, at once suspends the conscious sense, and it is suspended while the chemical contact and union continues to suspend the functional action, and in proportion to the degree that it does this.

When the functional action of the high brain is suspended during natural sleep, there is no consciousness or sensation in proportion to the completeness of the suspension; when there is entire suspension of functional action in sleep, there is no conscious sense; when there is slight or partial suspension of functional action, as in dreaming and the like, there is partial sense; and there is complete and good consciousness when there is complete and full functional action going on—when the brain is fully awake. While functional action in the sensating brain is entirely suspended, there is perfect sleep. While it is only partially suspended, there is partial sleep. In proportion to the functional action going on at the time is there conscious sense.

We can force a condition of artificial sleep with some of our medicines, which is always a condition of suspended functional action in the independently acting sensating high brain. Our anodynes, our anæsthetics, and our narcotics act

in this way. In limited quantities they only partially suspend or hypoæsthetize the high brain; in increased and larger quantities they entirely suspend action or anæsthetize or narcotize the high brain. These high structures are peculiarly susceptible to the action of this class of drugs, because of the peculiar physical and chemical properties of the medicines, and because of the delicate constitution of the parts. The lower orders of structure in the body, and even the lower orders of nerve centers, are not so readily affected; hence we see during the administrations of anæsthetics the lower structures continue their work, their functions go on, while the high brain suspends. Sleep, either natural or artificial, is a suspension of functional action in the high brain.

In objectively studying the symptoms of any brain condition in others, we have only the emitted acts to go by, the other two-thirds of the arc, the receptive and the adjusting actions, are out of reach of our senses. We only know what is going on in another's brain by what is emitted and is shown in external actions, conversation, deportment, and the like. A short way of describing the external symptoms of hyperæsthesia in another is, he "is full of complaints." It does not need that a hyperæsthetic should have abnormally disintegrating inflammatory action going on in any part of his body, for him to be pained or discomforted, or "feel bad." During his hyperæsthesia, malaise is a frequent condition. He "feels bad" when he ought not to. The ordinary muscle actions, or other organic actions of his body, or the ordinary thought actions of his high brain, if continuous or if severe, are discomforting. That boy was a hyperæsthetic, as well as considerable of a philosopher, who said he was "not lazy but born tired." Fatigue is easy in a hyperæsthetic; like the boy, the person is "tired to begin on." Strictly speaking, fatigue is always a brain sense. The sensation is alone in the brain, and it is the organ that is discomforted. If you cut off in any way afferent communication between the muscles and the brain there is no sense of fatigue in them.

The very "effort sense" in a hyperæsthetic brain of even

its highest adjusting and emissive actions, soon is one of discomfort and pain; continued or excessive brain work easily occasions discomfort.

The great amount of work performed by the brain in proportion to that performed by any other organ in the body is evidenced by the great amount of blood going to it. It far exceeds that carried to any other organ, and varies in quantity, whether the brain is in waking action or its functional action is suspended in natural or artificial sleep.

We can have brain tire or brain-fatigue in the high brain itself from over brain work. The high brain, independent in much of its high adjusting work, can be excessively disintegrated, discomforted, fatigued by abstract adjusting work, the receptive and the emissive acts not being much engaged or involved in the action.

A hyperæsthetic will complain of inability to think strongly or clearly after much abstract brain exertion, as well as being easily fatigued after muscular exertion.

The hyperæsthetic is easily worried. I would define worry to be the high brain sense of inability to adjust to external surroundings. When there is a continued presentation of externals to which there is a constant necessity for adjustment, and there is the brain effort sense of inability to do so, this is worry. A hyperæsthetic brain is easily pained and also easily worried.

A very large proportion of the multiform symptoms of what we usually call nervousness are due to this brain condition. And in the majority of cases the term hyperæsthesia represents and more particularly designates the true condition than the term neurasthenia.

As another fact, attending the hyperæsthetic condition of the high sensating brain, we sometimes also have a similar condition prevailing in the centers below sensation. Such patients often exhibit badly adjusting control of the lower organs. The heart beats irregularly, or palpitates; the control of muscular action is bad, there is tremulousness; the person is very sensitive to change of temperature, and dis-

ordered adjustment of these centers is shown in "taking cold" easily. There is also bad functional control of the stomach, the liver, the kidneys, etc. In aggravated or in congenital cases of hyperæsthesia such a condition of the lower centers is apt to supervene.

The symptoms described above as belonging to hyperæsthesia will at once be recognized as exceeding common and very prevalent. The condition of the nervous system giving rise to them, whatever you may call it, is said to be on the increase in our generation. Especially has this been declared to be the case in our own country, and it is further said to be very prevalent and increasing in all civilized nations.

This brings us directly to the question—What are the causes of hyperæsthesia?

In discussing these causes we very naturally divide hyperæsthesia into acquired, and transmitted. How a normal brain can be rendered hyperæsthetic in the life of the individual, is the question in acquired hyperæsthesia; and how much acquired hyperæsthesia is transmitted to posterity, is the question in transmitted hyperæsthesia. Of course a person originally hyperæsthetic can acquire an additional degree of trouble from the same causes that produce it in the first place in a normal brain, so that superimposed hyperæsthesia is, I think, a very frequent condition, especially in aggravated cases. I mention the following as the most frequent causes of hyperæsthesia: First, over brain work; second, worry; third, continued pain from bodily sources; fourth, the use of hypoæsthetic drugs. In the first place, in reference to all these causes, it is well to state that they have to be continued to produce the state of hyperæsthesia. A very short period of over brain work, or of worry, or of pain, or a single dose or two of a hypoæsthetic drug, would not make the permanent condition of hyperæsthesia. There can be a short condition easily recovered from, and one more fixed; the fixed condition is the one more properly called hyperæsthesia.

First—Over brain work—adjusting work—has long been

set down as a cause of all kinds of brain failures. I think as a cause by itself, or of itself, it has been very much over-rated. Tested accurately, we would find over-work of the brain about as often produces brain injury as over-work of the muscles produces muscle injury. When over brain work does injure, I think most often (and so often that it is the rule) there is already brain defect existing, and for the real cause we have to go further back. The natural disintegrating processes that produce the painful feeling of brain tire and fatigue are a barrier to excess in this direction, in the same way as in muscle tire; and dangerous excess so as to induce a permanency of the condition seldom obtains. Straightforward, direct, simple brain effort is seldom a cause of permanent hyperæsthesia.

Second—I mention worry as a cause of hyperæsthesia. I defined worry to be the brain "effort sense" of inability to adjust to external surroundings. Worry, therefore, occupies in external adjustment a parallel position to pain in internal adjustments. Continued worry leaves the brain hyperæsthetic in proportion to its lack of tone, or want of nutritive, recuperative, re-integrating power; and the condition continues a longer or shorter period according to the lack of this capacity to recuperate.

Third—Continued pain is a cause of hyperæsthesia. Any kind of disintegrating action in the periphery sends disintegrating action to the brain and the receptive action, excessively disintegrating, is, or makes pain. I need only appeal to your experiences to illustrate this. A person a long time pained is hyperæsthetic, he exhibits the symptoms described, even after the removal of the cause of his pain.

Fourth—The next cause of hyperæsthesia in a brain originally normal, is the continued use of hypoæsthetic drugs.

There is a long list of drugs in our *materia medica* that have their specific effects high in the nervous system, that may be said to begin at the top. The most frequent object in their administration is to abate or suspend sensation.

From their property to do this they obtain the names of anodynes, anæsthetics, and narcotics. Taken into the circulation, diluted in the blood, such drugs do not first have effect upon the slower acting, less delicately constituted structures of the lower organs, nor of the lower nerve centers, but upon the peculiarly susceptible, rapidly acting, sensitive cells of the high brain. Whether the drug produces its specific effect of lessening or suspending sensation and consciousness by "hardening" or "coagulating" these highly delicate colloidal structures or not, the suggestion is a plausible one, especially in reference to some of them like chloroform or ether, or chloral, or alcohol, that evidently have this effect on colloidal matter outside the body.

However the specific action of anodynes or an anæsthetic is obtained during their administration, the fact is plain, they partially or entirely suspend functional action in those high centers that reach the grade and have the faculty of being sensitive. A small dose will lessen or diminish conscious action in the high brain, and a larger or full dose will entirely suspend it. The moderate degree of effect is hypoæsthesia, and the full effect is anæsthesia.

Dulled or diminished sensitiveness, for physiological reasons, is a pleasant condition. If the sensating brain is so fixed or affected by a drug that for the time being it can have no particular sense of anything, the condition, even though artificially produced, is a pleasurable one, because it simulates, so far as brain sensations go, the happy condition of perfect adjustment. Apparently there is perfect equilibration internally and externally. Especially is this the case if there is at the time a relief from the sense of pain or discomfort. Relief from discomfort is pleasant, no matter if the relief is obtained, not by removing the cause of the discomfort, but by fixing the sensating organ so that it cannot feel, or be discomforted.

Brain rest, even obtained at the expense of injury to brain structure is still, while it lasts, a pleasant feeling, simply because the sensating organ cannot sensate. In the "happy

state" of perfect adjustment naturally obtained, the brain sense is one of entire equilibration of all internal and external disturbances. The functional action of the sensating brain is diminished or suspended by an anodyne or anæsthetic so that the sense of perfect adjustment is artificially obtained, whether the actual condition of circumstances be so or not, and it is always an artificial condition at the expense or injury of these parts, even though it may be pleasant for the time.

The condition of hypoæsthesia is more often sought after in medicinal treatment than anæsthesia; indeed, when I say it is the most frequently sought of all medicinal effects, I am correct. Notice how frequently the anodynes and light doses of the anæsthetics are employed in the practice of medicine. Patients have learned to demand, and expect in every trouble, that we first allay their pains.

The fact that the hypoæsthetic condition, even in an undisturbed normal brain, is a pleasant one, has led to the use of several of the milder, less dangerous of these drugs as common luxuries. The consumption of some of them for this purpose is enormous, and the secret of their so general use altogether lies in this property of theirs of hypoæsthetizing the high brain. The consumption of tobacco and alcohol alone, among civilized nations, has grown to immense proportions. Their specific injury in the short time they have been in common use can be readily shown on succeeding generations, in the increasing hyperæsthesia, until now we are almost a race of hyperæsthetics — very few feel continually well — to feel bad is a common condition in society.

Exactly in proportion to the amounts taken of these drugs and the frequency of the repetition of the doses, does the local hyperæsthesia of the brain increase, until the constant user, of even as mild a one as tobacco, cannot allow his circulation to be free from nicotine, or his sensating brain to be rid of its effect, without finding himself in a constant state of malaise and discomfort. Without he is continually hypoæsthetized, he is in constant discomfort.

The physiological explanation given to the mode of action of these drugs would, *a priori*, lead us to expect that the hypoæsthesia induced by them would, as soon as the brain is allowed to show its proper condition by riddance from the drug, be followed by a state of hyperæsthesia. Science explains what practice demonstrates. The traumatic chemical effect of any such medicine upon the delicate sensating cells of the sensorium leaves them more easily disintegrated by subsequent action—more sensitive. Hypoæsthesia or anæsthesia, produced by any drug, is always followed by a condition of hyperæsthesia. A single administration of one of the stronger anæsthetics is followed by hyperæsthesia, which is transient, of but few hours duration, because the repair can be made if sufficient time be allowed; but the continued use of even the very mildest of these medicines, will in time be followed by more or less permanent injury; and the habitual user of one of them will run sometimes for weeks and months after he has left off his drug, with more or less bad feeling and easy discomfort and pain, because it always takes time and hygienic observances to correct the condition.

When the "habit" is fixed on a man he cannot think strongly without discomfort, nor can he exercise without fatigue, unless he is hypoæsthetized. He starts his day's work in discomfort and ends it in pain, unless he have constantly in his circulation a certain amount of caffien, nicotine, or alcohol; and their continued use increases his hyperæsthetic condition, until he frequently reaches such a degree of the malady, that he has to take repeated doses of all three of these agents to allay his increasing discomfort. A little examination and inspection in society will show you any number and all shades and degrees of such hyperæsthetics. The inebriate is an example of an extreme case, in which there is every shade.

In the brain work of competitive business, or in the steady muscle work of manual labor, a hyperæsthetic quickly reaches a condition of brain tire or fatigue, and it is very

tempting for him to deaden his sense of discomfort with his tobacco, or his alcohol, or both. Every day brings round the necessity for renewed exertion, and every day finds him more and more hyperæsthetic under the use of his drug. It is very seductive for him to constantly repeat the medicine in increasing doses as his hyperæsthesia increases. You find numerous cases where the use of these drugs, begun it may be in the first place as luxuries, simply to obtain the hypoæsthetic pleasure they occasion, in time produces such constant and continuous discomfort of the sensating brain that they have to be continued to relieve the pain of the injury they are themselves doing. It takes a brain strong in the first place, with capacity to firmly adjust action in accordance with wise rules of conduct, to resist, or withstand, or recover from the injury, and but few are able to do it. Especially is such conduct hard to remedy when you find even medical men encouraging the use of these drugs with such assurances, as they are "beneficial," "strengthening," and "nourishing." More injurious philosophy was never invented. To not appreciate the brain effect, and the brain injuries, following the use of continued doses of even the milder of these drugs, is a sad opprobrium upon our profession. The hypoæsthetic brain effect is the object sought after in their use, and the hyperæsthetic brain injury is the first and most frequent result. Hyperæsthesia acquired, and hyperæsthesia superimposed, is so obviously abundant and frequent in society from this cause, that the most casual observer can find it. This state is always a sequel to the use of any one of these drugs. It is slight and temporary when the administration of the drug has been slight and temporary, and is severe and continuous when the administration of the drug has been severe and continuous. It is always the constant condition of brain in the man who makes the "habit" of the repeated use of any one of them—no matter how mild a one he may select, even tobacco; and it is much more obviously the condition with the user of a stronger one like alcohol or chloral or opium.

It is a brain injury that fixes the habit, and continues it. I cannot emphasize this fact too much, nor draw your attention to it too strongly. There is nothing in all sanitary medicine that equals it in importance to-day.

The condition of brain known as inebriety is a form of excessive hyperæsthesia. Most usually it is congenital, transmitted from a parent who himself was a hyperæsthetic from the use of alcohol, and is a transmitted defect peculiarly and particularly adapted to the use of that drug. The drug fits it in to relieve the discomfort, because the injured condition resulted from its use. The returning spells of drunkenness are due to returning periods of excessive hyperæsthesia, and accompanying it, of defective adjusting capacity. The periods return like epilepsy, or like recurrent mania, and the man has spells of excessive bad feeling, when, his adjusting capacity being feeble at the same time, he yields to temptation.

INEBRIATE LEG PAINS.—T. Clifford Allbutt writes to the *British Medical Journal*: These pains are so characteristic and so often met with that I feel surprise that they have received but little attention. These pains are commoner in women than in men, they are often tibial in distribution, but also often occur about the ankles and feet. They are usually associated with marked cutaneous hyperæsthesia. I have diagnosed in women many a case of secret drinking by these pains alone. Indeed, if a woman were found to complain bitterly of pains in the legs below the knees, pains somewhat nocturnal in occurrence, and as severe as those of syphilitic periostitis, if she resented any free handling of the limbs, if again she lay with legs abducted, extended, and with the feet pointed, much as in lateral sclerosis, but without permanent rigidity; if for all this outcry there were no visible cause whatever, the tibiæ smooth, and no more sign of spinal disease than perhaps a slight ankle clonus, then I should almost without hesitation, infer that alcohol was the cause. They can be cured only by abstinence.

CRIMINAL IMPULSE ASSOCIATED WITH
INEBRIETY.*

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

The inebriate criminal is seen very often in the lower courts, and rarely is the object of any interest except to establish some general facts concerning his crime and the degree of punishment. Often these cases urge in defense an uncontrollable desire or impulse which prevented any other line of conduct. This is considered a mere subterfuge unworthy of attention, and in most cases the judge increases the sentence on the supposition that this defense indicates greater depravity. Thus the poor victim is pushed lower down and made more incapable of becoming a law-abiding citizen. I have met some cases that clearly represent the early stages of this class, which, from study and treatment, might have been saved from death in the worst possible conditions. Such cases are evidently quite common among drinking men, but are unknown to the medico-legal jurist. The following is a late illustration:

W— was placed under my care as a periodical inebriate who at this time was suffering from delusions and delirium in which he heard voices urging him to kill his wife and set fire to the house. He also felt a strong impulse to kill some one at times, particularly when recovering from the effects of spirits. He loved his wife, and told her of his condition very frankly. If he went out into the street he seemed to hear the same voices telling him to do something startling that would create a sensation, and impulses to find an occasion for some great event filled his mind. These impulses were pleasing, and indulged in, although recognized as foolish

*Read at the June meeting of Association for the Cure of Inebriates.

vagaries of the brain. He would walk about for hours, living over in his mind scenes of great excitement, such as rescuing some great man from death by a runaway, or saving him from the cars, or from drowning, or a burning building. He would come home all exhausted and repeat what had been passing through his brain, go to sleep, and hours after wake up with but a faint recollection of it. His parents were inebriates and neurotics, and died early in life. He was brought up by an uncle, and trained as an inventor and machinist. He was temperate, and intensely devoted to his work. Having made several profitable inventions, he became wealthy and married, living well in good surroundings. At thirty-five years of age he began to drink from the loss of a child by drowning, the result of his carelessness.

Ten years after, from drink, he became a workman in the factory he had once owned. He used spirits to great excess, periodically, and the free interval became shorter steadily. The drink paroxysm came on without any intimation, and would not be realized until he had drunk several glasses of spirits; then he would struggle against it, but to no purpose. Usually he would be walking the streets, after his work was over, with no thought of drinking, and only complaining of general exhaustion, when suddenly, without thought, he would enter a saloon and drink. When the spirits began to affect him he realized the danger for the first time. He never drank in company at the beginning. His mind remained about the same until the effect of alcohol passed away, when melancholy and hallucinations appeared. Not only his senses were disturbed, but his reason and judgment suffered, and he fully realized it in the remark "that it seemed like a thick cloud, full of deceptive voices and impulses that he was powerless to disobey, although he knew they were wrong."

The second or third day's removal from alcohol brought relief from these mental conditions, and later the memory of them grew fainter, and only remained as dim shadows of the past, his mind recovered its apparent force, and he seemed

to be more anxious to be successful. His leisure was spent in reading and drawing models of new inventions, living very temperately in every respect. If some one should present the subject of temperance in private, or from the lecture stand in his hearing, he would be strangely agitated, and always drink within forty-eight hours. The same result would follow if he should try to help any one who was intoxicated.

A temperance revival in the neighborhood had the same effect of causing him to drink, although he was a shining example of those who were cured by grace. Three years before admittance, for the first time he had an impulse to place obstructions on the railroad, and thus witness an accident. From that time these impulses varied more or less, and from his own statements were often influenced by newspaper accounts of crime and deeds that created a sensation. If, while drinking, he should read of some great sensation, in which one man became very noted, he would revel in the thought, and even speculate how he could do the same. Later, these morbid fancies grew into homicidal impulses, which filled his mind with the greatest alarm, for which he sought every means to drive away. He drank to stupor for this purpose, and then when he recovered drank again as the only means for relief. His recovery under my care was rapid, and all these morbid states faded away. His mind was unusually clear about himself, and except a degree of nervous irritability, and a shrinking from personal contact with any one, he was not to any general observation different from others. Six weeks after admission he awoke one morning depressed, and soon after heard voices and felt impulses to burn up a neighboring church. Then they changed to a plot to blow up all the saloons in the city with dynamite at one time. He was fully aware of the nature of these thoughts, but it afforded him pleasure to go over the details and think of the results of this plot. The next day they faded away, and left but little impress on his mind. Four weeks later, after a period of some excitement concerning a business

transaction, a similar plot filled his mind to destroy a drug store whose proprietor was not reputable. This was the last appearance of these morbid states, and after being under treatment four months, he went away restored. Nearly two years after he was well and temperate, living in a country village, occupying a position of respectability. These morbid states had not returned; he lived retired and avoided all excitement of every kind.

In all probability this recovery will be more or less permanent, depending on the surroundings and freedom from any great strain or drain.

This case was on the borderland of crime, and would positively have developed into a homicide or incendiary very soon. In court the only evidence in defense would be periodical inebriety, and possibly the purposeless or motiveless character of the crime. In the prosecution it would appear that the crime was premeditated and performed coolly, and beyond some transient excitement and muscular trembling there was no clear evidence of delirium tremens or alcoholic mania. The mind would appear to be clear, and his statements of voices and impulses to do the act would be considered a mere plea in defense. If the medical expert of criminal courts should be called on to examine the case, looking at his present state and comparing it with the general features of the crime, he would find nothing to indicate legal irresponsibility.

The result would be that all these cases would suffer the full measure of punishment, the practical effect of which is to make criminals and paupers of them ever after.

In this way our courts, from want of study and knowledge of the cases which are brought before them, are cultivating and developing the very conditions which they seek to prevent.

This case would be called alcoholic mania in the early stages, and very largely concealed, because the patient recognized its nature, and was ashamed to acknowledge its presence. These delusions and hallucinations were held in

INEBRIETY, A DISEASE ALLIED TO INSANITY.*

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

Is inebriety a disease? Many deny that it is. In the words of a friend of his own who, however, confesses that he has bestowed little thought on the question, in all drunkenness they see "only a moral vice." What is a disease? If we adopt the classic definition by Watson, as embracing "all deviations from the healthy standard," the intelligent and scientific observer of the origin and development of inebriety can have little doubt of the diseased condition of the inebriate.

Take one case—a clergyman, learned, studious, self-denying, is an active and energetic worker in the service of his Master to the smallest living rooms of the humblest of his congregation; at the bedside of the sick and the dying, he is as scrupulous and faithful in the discharge of the hallowed duties of his sacred office as when in the pulpit, with eloquent and persuasive words, he promulgates the great doctrines of his church. This is but a feeble record of his work and worth—the work and worth of an earnest, humble-minded man ever striving to do his duty, and a total abstainer to boot. Under the influence of some sudden, nervous shock, or through exhaustion of brain, through excessive toil and worry, his nervous system is shattered, he is completely crushed, and, it may be, medically takes an occasional alcoholic stimulant. He feels refreshed and reinvigorated for the renewed performance of the duties which lie so near his heart, so he more frequently falls back upon his deceptive pick-me-up. Insensibly he is drawn closer and closer within

* Read before the section on Physiology at the British Medical Society meeting.

control by a very slender cord, which might break any moment, and pass off like a storm, leaving the mind comparatively free and clear, no matter what had occurred.

It is impossible to estimate the mental capacity of the person who commits crime following or during a paroxysm of drinking from a general study of the character of the crime. In this case the delusion or delirious conception to commit crime was known only to his wife. If he had killed her, no one could have corroborated his statement of a morbid impulse. The fact could only have been brought out by a careful study of his history.

In a case which had been sent repeatedly to jail for drunkenness and assault, it appeared that after a certain period of excess in the use of alcohol most positive delusions of persecutions appeared and readily attached themselves to any one who opposed him, that he assaulted any one on the slightest provocation, with all the characteristics of an insane man; yet the court, lawyers, and medical experts saw nothing but drunken fury, that punishment in jail could best relieve.

In another case an inebriate, after a certain point in the use of spirits, embarked on the most questionable business transaction, lost all consciousness of right and wrong, committed criminal acts of various kinds, was arrested, and the court considered only the nature of the acts, their evident premeditation, and the coolness with which they were committed, and fixed the punishment to the extreme limit of the law. In both of these cases, heredity, and a marked history of physical causation and progressive degeneration extending back for years was noted; but, as in most of the cases of this disorder, it was unknown, not studied, and concealed from general observation. These men had, to all appearance, full knowledge and control of themselves, and yet they were generally waifs without power and ability to guide or direct their actions.

Alcohol seemed to suspend their self-control, and leave the disordered impulses subject to every wave of influence.

Upon this point turns all questions of responsibility, not upon knowledge of right and wrong, and feeling, but upon power of control. This is the teaching of science, above all law, or decisions of courts. The inebriate, or man who uses alcohol to excess, has always a defective organization, either originating before alcohol was used or developed by this poison. In both cases states of physical and psychical degeneration exist, which make it impossible for the mental operations to be carried on normally.

In my studies many cases appear in which these strange, unaccountable criminal impulses are present that do not develop into crime. Why they do not is not known; but it is clear that all the conditions are present. The impulse and disposition, and the details of the act is lived over in the mind of the person, but its literal fulfillment is not consummated. I think future studies will show that these impulses are common, and refer to every state and condition of the mind and body. When they appear in kleptomania or pyromania, or any of the many crimes that are so often associated with inebriety, they are both pathological and psychological.

The methods of cure by legal means, to confine them in the worst mental and physical conditions, and then turn them out less able to become good citizens, less able to live a normal healthy life, is a disgrace to our civilization.

These cases are in our neighborhood and at our firesides and mutely appeal to us for help.

They are victims of physical conditions which physicians only are competent to determine. Courts and moralists are incompetent; they must be studied by scientific men from a physical point; then much of the confusion of the present will clear away.

Every human being will be found between two points of existence: one of degeneration and dissolution, the other of development and evolution. A regular movement of ascendancy or decline is constant all the time. Sometimes the current flows up, then downward, and the names of diseases merely signify the direction of the current.

the fascinating narcotizing physical embrace of alcohol. His friends see his imminent peril; but he laughs at their fears, and resents their warnings. Open outbreaks of intoxication follow with intervals of abstinence; but after each relapse his attempts to continue abstaining become more difficult, till, with all his former noble deeds and present high resolves, his life ends under the dark shade of an alcoholic eclipse of the understanding and the conscience. If ever there was a deviation from health, this being one, the first deviation was from bodily health, the moral deviation coming long afterwards.

In females I have repeatedly seen both periodic and confirmed inebriety, ending in death, follow the medicinal use (recommended usually by the mother or by some female friend of the family) of alcohol for the relief of painful menstruation. In all such cases as those of which the two preceding, drawn from my own practice, have been types, there is no departure from health in the form of some obscure condition of the nervous system which craves for temporary relief afforded by some stimulant or narcotic.

I may state that these observations apply with equal force to opium, to ether, to chloral, and allied substances; these three narcotizing agents, unhappily for the bodily and mental health of our women, are becoming all too rapidly fashionable intoxicants. Let us try inebriety by a still more particular definition of disease; let us leave out of reckoning the cases in which disordered function, without apparent structural degradation, is the source of inebriety (though, as we have seen, even this is a departure from health, and therefore constitutes a true disease), and let us define disease more minutely as a condition of body, or brain, accompanied by alteration of structure. It is impossible to narrow the definition further than this, the accuracy of which all will admit.

When first engaged actively in the temperance propaganda, absorbed by the thought of the numberless miseries of the drunkard's family, the moral riot produced by alcohol in his lying, cunning, and debauchery, by their magnitude

overshadowed the effects of alcohol on the material frame. Thus was I blinded to the truth, and relied on moral and spiritual means only in attempting the reformation of the drunkard; repeated relapses and absolute failures in the apparently converted shook my confidence in the efficacy of moral means only. This process of disillusion was quickened by having in the course of professional duties to make frequent *post-mortem* examinations in the case of persons who had been known to have died inebriate. I almost always found a typical series of pathological appearances, the observation of which gradually opened my eyes to the facts and dissipated the incredulity with which I had formerly received the statement that inebriety was a disease. What were those appearances, the testifying to which has in a number of inquiries into the cause of sudden death led a coroner's jury to return a verdict of "Death by poisoning from alcohol"? *Stomach*—patches of congestion, thickening of walls, extravasation of strumous blood, presence of undigested food; *liver*—nutmeg or hobnail; *kidneys*—fatty or other degeneration of structure; *heart*—fatty, feeble, fatty degeneration of muscular fiber; *brain*—cerebral congestion (in *delirium tremens*, intense), alteration of exterior; portions of gray matter on microscopical examination, thickening and opacity of membranes, vessels atheromatous. These appearances observed after death, as well as other structural derangements which from functional disorder may during life have been reasonably inferred to have existed, are undoubtedly marks indicative of changes in vital organs, signs of a diseased condition of body and brain. Thus even if the term "disease" be so restricted to departure from health, accompanied by definite pathological changes, inebriety in many cases is a true disease.

But, in fairness, so severe a test ought not to be applied to inebriety to insure its classification under the head of "disease." There are many derangements of function which we have no hesitation in calling "disease" to which as yet we have detected in corresponding *post-mortem* appearance no corresponding alteration in structure. Disease in the living

body is revealed by symptoms. The medical observer reviews the various symptoms in each case, and bases his diagnosis thereon. He collates the symptoms of inebriety in one of its varied forms of acute alcoholism, chronic alcoholism, dipsomania, delirium ebrosium, or alcoholic degeneration, and concludes that it is a disease just as he concludes from another group of symptoms that epilepsy or insanity is a disease. If we try inebriety by Dr. Bristowe's comprehensive and philosophical definition of disease, there can be no doubt of the disease element, his definition being "a complex of some deleterious agency acting on the body and of the phenomena (active or potential) due to the operation of that agency." In the disease of inebriety there is the deleterious agent, alcohol, opium, chloral, or other narcotic, and there are the phenomena—material, mental, moral, and spiritual—due to the operation of this agency. I might add that the etiology of inebriety, in most cases in which the medical history of the inebriate has been traced, is as well marked as is the etiology of the majority of diseases. In inebriety we often find pathological degeneration of the tissues of individual organs, and in addition general depression or degradation of the whole organism.

Inebriety being a disease, to what group should we assign it? There can be but one answer: Inebriety belongs to the group of "Diseases of the Nervous System," and its nearest ally is insanity! In all stages of inebriety, we at times see inclinations often of the most transient duration of mental alienation. In *delirium tremens* there is an abnormal fear, an insane terror indicative of temporary madness, with illusions and deliriums. In the occasional—it may be very exceptional—over-indulgence of many a steady, moderate drinker (these symptoms I have been called to treat in young ladies of generally abstemious habits, who had taken an extra glass or two of champagne or other wine), we meet with symptoms of acute mania. Sometimes the character of the maniacal attack is erotic, at other times destructive or violent. These symptoms may not last long, but while they continue the patient is simply beside herself, and requires to

be taken charge of. I have known this also occur in men ordinarily temperate to a degree. For example, one gentleman in a mad fit after dinner one evening sold all his horses and carriages for a mere song, and would not believe in the reality of the transaction till his signature of the previous night was produced.

Periodic inebriety affords extraordinary examples of temporary insanity. One man becomes the embodiment of piety, oracularly delivering solemn religious counsel to all with whom he drinks, though in his intervals of abstaining soberness he is an avowed Atheist. Another labors under the delusion that he is "The last man," and bids all his fellows an affectionate farewell. A third is literally mad, and can be controlled only with the utmost difficulty and by the employment of considerable force. There is no end to the variety of hallucinations and of insane acts committed by periodic inebriates when "mad through drink."

The career of the confirmed inebriate is often studied states and acts indicative of unsoundness of mind. Time will not permit of illustration, but who can doubt the insane condition (for the time being at all events) of the man who, like a medical friend of mine last week, offered to cut off his right hand if his attendant would procure one glass of brandy? Pyromania, kleptomania, and other special forms of mischief are attempted under the influence of alcohol. What are these but different forms of acute mania? Definite kinds of violence, too, to which certain inebriates are always incited during exacerbation of their inebriety, can only so be classed. If we employ a restricted definition of insanity, we find it consists in an exaltation or derangement of the nervous faculties, rendering the insane person unable, in some points though not necessarily in all, to use his reason, exert his will, and control his actions. Distinguished alienists adopt a wider description, but I prefer this restricted definition in order to apply as crucial a test as possible to the classifying of inebriety almost alongside of insanity. The wider the definition, of course the more will the justness of my contention be confirmed.

In inebriety there is usually an exaltation, short-lived it may be, of the faculties of the mind. To secure this exaltation, which occurs even in cases of pronounced alcoholic melancholia, the inebriate will often lie, cheat, steal, crawl, at any cost, temporal or eternal, and try every agent which will ensure the fleeting gratification. Alcohol is the exaltant generally resorted to in this country, because it is in common use; but indulgence in opium, chloral, ether, or other narcotic agent is steadily spreading, and by women frequently in addition to, or alternating with, alcohol, even when the exaltation is not apparent, and I have seen a very few cases presenting the feature. There is in inebriety derangement of the mental faculties, so that consciousness, perception, reasoning power, and conscience are impaired, the will being paralysed. This is the most complete in habitual inebriety, but though in an interval of abstinence, the periodic inebriate seems to be in the full possession of all his normal powers. How often do we see a renewal of the predisposing cause, or a fresh exciting cause disclose the eclipse of his reason, the deadening of his conscience, and his enfeebled will-power. The etiology of inebriety and insanity is, in many particulars, practically identical, and there is a remarkable likeness in the progress of both. Hereditary exhaustion, nervous shock, over-work, and syphilis play a large part in the causation of both diseases, while a relapse in either case is apt to be induced by similar physical and moral states of depression, or disturbance of function. So much alike are many of the symptoms of insanity and inebriety, and so close is the relationship between these diseases, that every now and again I am consulted in "borderland cases," which neither I nor any of my colleagues can, for a time, range under their category.

The disease of inebriety resembles in many particulars the disease of insanity, and it is as much the duty of the Christian, the philanthropist, and the State to establish homes for the treatment of the inebriate, as they have acknowledged it to be their duty to sustain asylums for the care of the insane?

SOME ASPECTS OF THE INEBRIETY QUESTION.*

BY LUCY M. HALL, M.D., BROOKLYN, N. Y.

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There is perhaps no subject which is creating more discussion, and upon which more widely divergent views are entertained by both the medical and non-medical world than that of the etiology of inebriety and the treatment of the inebriate.

The two extremes of opinion are embodied in the disease or physical theory, and the vice or moral theory. Until recently the latter has been received almost without question. The former was in the beginning looked upon as erratic and without foundation, but is now rapidly gaining adherents all over the civilized world.

The new English Society for the Study and Cure of Inebriety boasts a large number of eminent and learned men among its officers, *to wit*: Sir Spencer Wells, M.D., Sir Geo. Burrows, M.D., Dr. G. S. Bristowe, Drs. Carpenter, Farquharson, Cameron, Richardson, and many others.

I quote a few extracts from the addresses delivered upon the occasion of the first meeting of the society, April 25th of the present year: Dr. Kerr, President of the Society, said: "Inebriety is for the most part the issue of certain physical conditions; whatever else it may be it is as unmistakably a disease as is gout or epilepsy or insanity." Dr. Carpenter: "There can be to my mind no question about it; moralists may say what they please, the medical men know perfectly well that inebriety is, when once it is estab-

* A portion of the general report of the Secretary of the Department of Health of the American Social Science Association, read at Saratoga, Sept. 10, 1884.

lished, a disease that is beyond moral treatment altogether." Dr. Drysdale: "There can be no doubt; inebriety is a disease and should be treated as a disease." Dr. Bridgewater: "Inebriety is undoubtedly a disease and should be treated as a disease." Mr. A. Oakey Hall, Ex-Mayor of New York, said that he had been public prosecutor in New York for twelve years, and an observation of thousands of inebriates left no doubt in his mind that inebriety was a disease. Dr. J. K. Poole said: "I cannot understand how any medical man, who has had cases of inebriety under treatment, can possibly doubt that inebriety is a physical disease." Dr. Albert Day of Boston, also writes: "During the past year a large number of papers have been read before the medical societies of this country in which our position (theory of disease) has been endorsed."

When such opinions are backed by such authorities they surely are deserving of the most careful consideration.

Upon the other side are hosts of physicians, moralists, philanthropists, and ministers of justice who hold to opposite views and believe that the inebriate is fully responsible for his acts and treat him accordingly.

The degree to which the inebriate is responsible for his condition must of necessity be involved in a greater or less degree of obscurity. Many of our simplest acts are due to impelling forces of the most complicated order, the result of combined and interdependent factors both external and internal which in their individual variations are infinite and entirely beyond the reach of our powers of analysis. We are therefore forced to attribute the action to what seems to be the dominating force or especial influence under which it was committed, and if a large number of persons commit or repeat a certain act under the operation of certain specific influences we may assume that under like influences like results will follow.

It has been my privilege to study a large class of women committed to prison for various offenses, a very large number of whom had been in the habit of indulging in intoxicants.

Here were furnished illustrations of every stage of the inebriate's career, from the young girl who had no desire for intoxicating beverages, but who had drunk carelessly and thoughtlessly, as a simple means of hilarity, to the old inebriate wreck, dominated by a craving, over which she had no control. Others, always nervous and unstable in organization, furnished marked types of the diseased condition which finds expression in inebriety.

I have been forced to the following conclusion: 1st, That among this class of offenders inebriety is in a very large number of cases the result of various influences, foremost among which is association with drinking companions, the action in the earlier stages being subject to the control of the will. 2d, That in a somewhat less number of cases inebriety is the result of hereditary predisposition or some later influence or accident by which the equilibrium of the nerve forces is impaired or destroyed. These persons may, upon the slightest indulgence, become hopeless dipsomaniacs. 3d, If continued inebriety, in all cases, becomes a disease, the period varying with the characteristics of the individual and the degree of indulgence. 4th, After the diseased condition has become established, the inebriate is no longer responsible for his acts, and he should be deprived of the power to do himself further injury.

Under the first head it may be urged that the will power is not strong enough to overcome the force of the inducements to indulge in intoxicants. This may as reasonably be urged as an excuse for any other course of wrong doing. A person healthily organized and in good condition has no physical reason for becoming a drunkard. As illustrating the second point. I will instance two cases which seem to prove that a dipsomaniacal predisposition may exist even where there has been no indulgence in intoxicants:

The first, an infant, received with an inebriate mother at the Massachusetts Reform Prison. The mother had been committed twice for drunkenness during her pregnancy. The child was born a little before the expiration of the

second term and two days after her discharge she received a third sentence for drunkenness. She was a florid, dull, phlegmatic woman, with a violent temper when aroused. The child was pale, thin, and extremely nervous. His nurse used to say of him that he seemed strung on electric wires. This child was indifferent to his food, but he would almost shriek with eager desire at the sight of a bottle. He would clutch at and seem ready to devour it. The peculiarity was so marked that various liquids, unpleasantly flavored, were offered him. They were invariably swallowed without a grimace if given from a bottle, otherwise they were as invariably refused. There can be no doubt but that this child was a born dipsomaniac. If his life is spared who can question what his doom will be.

The second case is that of a lady of high standing. (I publish this with her permission.) She had never been aware of any neurosal taint and her general health was good. During a period of overwork and great mental strain she suddenly developed an intense desire to indulge in intoxicating beverages. Every moment, night and day, when not completely absorbed in her work, visions of decanters, bottles, popping corks, and wine-glasses filled with tempting liquids possessed her brain, and the desire to swallow something which would intoxicate was at times almost overpowering. She grew nervous, lost flesh and appetite, and was in every way unlike her former self. She was a leader in several temperance organizations, a woman of high principle and strong will. By dint of bringing every force at her command to oppose the morbid craving which possessed her she successfully resisted it, and after a prolonged season of rest was restored to her normal condition. This lady felt certain that if she indulged her appetite in the least degree it would pass forever beyond her control. She was saved by knowing her danger.

The tendency of the age is to exactness in investigations and conclusions, but with our present knowledge of the causes of inebriety we must not hope to draw our lines too

sharply, there must still be much debatable ground. If the conditions found in either extreme be made the basis of a too general classification wide differences of opinion will continue to obtain. We know that when the inebriate can no longer control the action necessary to the gratification of his appetite he becomes irresponsible. In every case there is an exact limit to the power of the will to overcome the forces which are opposing it, but we cannot accurately weigh all these forces, consequently cannot tell at just what point the balance is lost. We know that in many of the worst cases of inebriety the conflict between a strong will and a stronger craving forms one of the most terrible phases of the drunkard's sufferings; in many other cases, especially of the lower classes, there is little or no effort of the will to oppose the appetite. Until very recently there has been little but the harshest judgments, the most rigorous punishments meted out to the inebriate, no matter how diseased, hopeless, or irresponsible.

It is now conceded by nearly all careful observers, that the inebriate is never helped by punishments which tend to deepen his degradation.

At no time in his career should he be branded with the disgrace attached to a prison and its associations, for this offense alone. In some of our best reformatory institutions, there is much to mitigate the feeling of disgrace, and the remedial measures adopted are of the best; but even here, it would be far better if the stigma of *prison* and the association with criminals could be avoided.

To the appreciable diseased and irresponsible cases, the sending them, term after term to a convict's cell as is now practiced, is as useless as it is demoralizing, a mockery of justice, a libel upon common sense and a disgrace to our civilization in its continuance. In the treatment of earlier stages, where there is often no decided nervous derangement, moral means may be sufficient to effect a cure. In the older and more complicated cases, it should depend upon the especial analysis of each observer. We all know how a

strong mental impression will sometimes readjust the balance in diseased conditions. The molecular changes may remain forever histological and psychological mysteries, but the results are demonstrable. The mental impression, shock in some cases, is experienced, and the individual is a changed being. If he was an inebriate the appetite is extinguished, or if it remain, there is power to control it. Such cases, though rare, have come within the notice of almost every observer.

I would therefore urge, 1st. That all cases of inebriety be studied early and carefully, and from a medical standpoint. 2d, That all aids to recover, moral, medical, or otherwise, be employed. 3d, In case of continuance in the indulgence, that all sources of temptation be cut off and the necessary control secured by early, and if necessary, compulsory removal to an especial asylum arranged for this purpose, other remedial measures being continued. 4th, For highly neurotic, old, and confirmed cases, a system of permanent control should be devised which will secure to the patient the greatest degree of usefulness, with the least sacrifice to his self-respect.

Dr. Guisland was a distinguished member of the Society of Mental Medicine of Belgium, and that association is making an effort to erect a statue to his memory. They appeal for help to all specialists of mental medicine. Any one wishing to help on this good work may send subscriptions to Dr. Ingles, Hospital Guisland, Belgium.

Dr. Napier has been making some inquiries into the nature of diet to solve the question of how far certain foods encouraged or prevented the drink craving. He finally concludes that macaroni, haricot, beans, dried peas, and lentils very markedly antagonize the desire for alcohol. Farinaceous foods are to be used in preference to all others in the treatment.

ALCOHOLIC INSANITY.

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

[Continued from July number of Journal.]

But the duration of the treatment is of no less importance than the place and method of treatment. The time over which we should extend our treatment should not alone be until we have effected more or less complete mental restoration, and the proportionate degree of physical health that necessarily must accompany it; but there should be a period of convalescence—a test or probationary period, so to speak. The patient should be under little, if any, restraint; nevertheless, proper espionage should be continued. By this time, medication will have been gradually withdrawn. The diet must be nourishing and generous; habits of regular out-door exercise insisted upon. Mental occupation, as well as amusement, must occupy some portion of the daily routine of life. He must have all reasonable liberty and the companionship of proper persons.

The mental condition of our patient is not what it was; it is now such that he can appreciate and be both influenced and elevated by moral and intellectual surroundings. By degrees, he is thus prepared to be reinstated in society. To plunge such a person into the vortex of commercial or social life would be to cause a relapse. The retirement to the quietude of a rural life for a few months, after the patient has left the care of his physician, will do much to strengthen the mental and physical condition as yet unfitted for active duty.

The duration of the period of treatment, if we include the time of convalescence, would vary from six months to

one year, but there can be no fixed limits, each case must determine that for itself; too much importance cannot be given to the period of convalescence or probationary period.

But we should neglect a very important part of the after-treatment of these cases, if we did not speak of the future occupation of our patient; change of business may be actually necessary, from sedentary in-door life to out-door life. The employment should be congenial to, and suited to, the capabilities of our patient. Want of occupation, where the patient is capable of being employed, would have an injurious effect.

When repeated relapses occur in spite of the most judicious treatment, then such a person must be committed to the Inebriate Asylum and remain there indefinitely, or he will most assuredly become permanently insane.

From the consideration of the various phases of insanity to which inebriety may give rise, or with which it may be connected, we cannot but come to the conclusion that the average inebriate, if not all inebriates, are on the line which divides sanity from insanity. Some have not yet crossed the line, a certain proportion have crossed and recrossed this line, oscillating between periods of sanity and insanity, while not a few have passed over on the side of insanity, and permanently so.

When we further consider the intimate relation that exists between inebriety and insanity, how in family histories we see inebriety in one member, and insanity in another, and the tendency of the former to lapse into the latter, as already stated, we must regard the inebriate, whether periodical or habitual, as one whose mind, to say the least, is unbalanced, as a person who is on the verge of one of the many phases of insanity with which alcoholism may be associated. If this is the case, and we do not think regarding the inebriate in this light, we are acting contrary to sound judgment; certainly not if we are guided by prudential motives, what practical deduction may we derive from such a view? We find the inebriate defective in will-power, his reason and judgment,

to a greater or less degree, suspended, certainly while under the influence of his potations, and for some time thereafter.

His motives, if he can be said to have any motives, originated by a brain whose cerebration is defective, and the moral faculties, uninfluenced by proper intellection, either annulled or greatly impaired. We ask what position should such a person hold either in society or business relations?

The question also naturally arises if the mental condition of the inebriate is more or less defective, how can we hold him responsible for his acts? He will lie, he will steal, he will commit forgery, there is no crime in the criminal calendar that he may not sooner or later commit. Shall we associate him with his act in a punitive relation? But if we assert a prior condition of mental deterioration, how can we hold him responsible for the deed?

It seems to me that the responsibility cannot rest on the inebriate, but upon the unfortunate customs of society and insufficient application of legal measures that permit him to be at large.

We believe, however, that better days are in store for the inebriate. The period of the policeman's club and ten dollars or ten days is rapidly giving way to a more enlightened sentiment, and society will not suffer the inebriate to injure himself or transgress its own code of law and morals repeatedly as it has in the past, but place him under prompt and humane care, and if possible recover him from his diseased condition.

Much misery and expense will be avoided if the correct theory concerning the true status of the inebriate is accepted, and the proper standpoints from which he should be viewed we have endeavored to set forth in this paper.

Abstracts and Reviews.

THE EFFECTS OF THE EXCESSIVE USE OF ALCOHOL ON THE MENTAL FUNCTIONS AND BRAIN.

Dr. Clouston of the Edinburgh Asylum at Morningside, the noted author and specialist, in a recent lecture on this subject writes as follows:

"The effects of a single dose of alcohol differs widely in different individuals, and this lies at the root of all scientific inquiries into the matter. The variety of the effects on the mental faculties of different brains is also extreme. This indicates such different qualities and susceptibilities in different brains as regards this agent, that it makes the whole question of the effects of alcohol a most complicated one, not to be explained by a few unqualified assertions. In reply to the question, What are the normal effects of alcohol on the mental forces of the brain? the scientific man must reply, What kind of brain do you mean? and it is only by a careful study of the qualities, the tendencies, and potentialities of different brains, that we can answer the first question properly. We need to study the mental qualities of the brain at different periods of life, in the two sexes, in different temperaments and constitutions, in different races, in different states of health and vigor, and with reference to the hereditary tendencies of the organ; for all these things influence the effects of one single small dose of alcohol. So we find, looking from the point of view of the amount of the doses, the effect is very different. There is, I believe, no other agent known which differs so greatly in different instances in the dose needed to produce the same effect, on the mental powers as a dose of alcohol, and herein again we

find that there must be the greatest difference in the power of resisting the effects of alcohol in different brains. Taking the lower animals that difference is exceedingly small, an ounce of alcohol given to a dozen dogs of the same size will practically have the same effect on them all; but an ounce given each to a dozen men has not only the most different effects in the mental faculties it stimulates, as we have seen, but in the *amount* of the effect it causes. Some brains are exceedingly sensitive to very small quantities; other brains have the power of resisting or tolerating alcohol in a wondrous degree, this being an innate quality quite apart from the effect of the use and custom. These differences are so great as to compel us to conclude that there are enormous inherent disparities in human beings in this respect, and this is no doubt one of the very great dangers in the use of alcohol. So we also find at the various periods of life, ordinary small doses of alcohol have very different effects. In a child the effect is extremely great, in a boy or girl it is also great, but it is not so great in a growing adolescent. In the two sexes there are also considerable differences, the female having less resisting power, her brain being unusually much more susceptible to the influence of this agent. Looking at different races, the difference of effect of the same dose is also extremely great. There are some savage races that are so subject to its influence that a very small dose indeed—half an ounce—will have greater effect on them, than two or three ounces will have on an ordinary European. The psychological, the mental effects of small doses of alcohol are therefore exceedingly various, and we have not yet discovered the precise qualities of brain which caused these differences. We can not tell beforehand which brain will be susceptible to its effects, and which will not. Looking at the matter next from a point of view of the effects of a much larger dose, these will be found much more uniform. The effect instead of being stimulating is then narcotic, and we have a deadening, paralyzing, and temporary arrestment of the mental functions of the brain in

every individual if a sufficient quantity is taken. But here we find much variety in the way the result is arrived at, when carefully studied.

In one person we have this paralysis, this deadening taking place first on the intellectual faculties, in another on the emotional, in another on the propensities, and in another on the power of motion. We see a certain kind of mental degeneration of a slight type, which results in those who habitually take an amount of alcohol that is to them excessive. This slow but quite marked type of mental degeneration a doctor of experience soon comes to observe in his patients; and others a certain change mentally, morally, and bodily, in the man who is taking more than is good for him. The expression of his face and eyes—those mirrors of the mind—you see has changed, and for the worse. The mental condition of the man is lowered all round, and especially one effect is noticed, that his higher power of control is lessened. I am safe in saying that no man indulges for ten years in more alcohol than is really good for him, without this kind of degeneration being observed, and that although during these ten years he was never once drunk, we find him psychologically changed for the worse in his independence of mind, in his spontaneity. After a man has passed forty, such changes are very apt to be faster, and more decided. We see such a man's work and his fortune suffering, but we dare not call him either a drunkard or dissipated, because, as a matter of fact he has never been drunk, and never intends to be drunk. Whether this degeneration takes place soon or late depends upon inherent resistive capacities of his brain cells. In some individuals the resistive capacity against alcohol is so great that for years they may indulge in its excessive use without this degeneration taking place to any great extent, but in other instances we have it very rapidly developed indeed.

Some men pass into a premature old age and become old at fifty, when they ought to have lived on and been young men up to sixty, and this merely owing to the excessive use of

alcohol. Memory and the power of thinking are affected, but you see the lowering most in the finer faculties, the tastes, the more delicate perceptions of things, and the force of character. This is an effect which, I believe, is especially to be observed in men who have used their intellectual powers constantly and vigorously. We often see this effect on the brains of men in our profession of medicine, at the bar, and even among the clerical profession, in a very marked degree, without their owners having been once drunk. In such persons, their mental powers having been greater to begin with, and with a finer edge on them, you notice in a more marked way this degeneration in its progress. This, I may say, is the least marked mental effect of alcohol taken, not so as to produce drunkenness, but taken in greater quantity than the physical constitution of the brain can stand over a long period. In some brains a very small quantity indeed, taken daily, will produce this degeneration.

DELIRIUM TREMENS.

"The most important predisposing causes of the disease connected with the cerebrum and its circulation are :

"1st. Habitual stimulation from any cause, either by *drugs* such as alcohol or opium; or *physically*, from over brain work, anxiety, emotional disturbance or excessive sexual indulgence.

"2d. A constitutional predisposition to the acquisition of the neuroses. A neurotic temperament, predisposing to insanity, epilepsy, or dipsomania proper.

"3d. Condition of the brain existing as the result of previous brain diseases, such as encaphalitis; the sequelae of mechanical injuries to the head, sunstroke, or diseases, affecting the brain. The most important predisposing causes of the disease connected with conditions affecting the blood are: 1st, the presence of alcohol in the blood; defective supply of nutrient materials in the blood consequent on loss of appetite or poor digestion, the presence of fever germs

and retained excreta, carbon, carbonic acid, bile, and urea. The most important predisposing causes of the disease connected with *conditions of important* viscera are: 1st, inflammatory affections, gastritis, duodenitis with constipation; haepatitis and chronic nephritis and chronic congestion of the kidneys; 2d, structural diseases of the liver (fatty degeneration and cirrhosis) of the stomach (chronic thickening and ulceration) Bright's disease and cirrhosis of the kidneys. In treating delirium tremens our patient must have complete muscular repose, must be kept in bed or he will exhaust his nervous system. If he must be restrained, use chemical restraint, chloroform, not mechanical restraint. In cases where this disease appears in a daily drinker we must stimulate by concentrated peptonized beef broth upon leaving off stimulants, and give him healthy food; but when the disease appears in a man who is an habitual drinker and who has a good constitution and has been drinking to excess, where we have not exhaustion but congestion of the brain the inhalation of chloroform acts admirably, the patient falling asleep before the inhalation has been pursued five minutes."

DR. E. C. MANN.

SOME MEDICO-LEGAL FEATURES OF INEBRIETY IN LIFE INSURANCE.

Max F. Eller, Esq., a prominent lawyer of New York, read a paper before the Massachusetts Medico-Legal Society lately in which some phases of the above topic were brought out very significantly. In discussing the cases where the applicant makes an intentional misrepresentation or concealment of the truth of his habits or mode of life, he says: "The majority of such cases are those of 'intemperance.' The habitual, excessive use of alcoholic beverages has in its train a variety of dangerous diseases, such as probability of early death, exposure to fatal accidents and violent abbreviation of life, and for these reasons excludes applicants addicted to such habits. The moderate use of stimulants is not for-

bidden or deprecated. (Only in a few companies.—ED.) Yet a majority of the applicants, for fear of being rejected, refuse to admit even that. There seems to be no reason why the concealment of this habit, or whatever you may call it, should not vitiate the policy. The point to consider is, would the risk have been accepted had he been known as a drinking man? The answer is, No."

A case was mentioned as follows: "A New York merchant of very convivial habits conceived the idea of providing for his family by securing a \$10,000 policy and then drinking himself to death. He had been a hard drinking man for years, which, of course, the company did not know. In furtherance of his design he did what he otherwise would not have done. He kept sober for a number of months, and being a man of original sturdy constitution and powerful frame, succeeded in destroying or at least obliterating for the time being all traces of his intemperate habits. The examination was eminently satisfactory. Among other things he stated that he never drank alcoholic liquors. The policy was issued, and within eight months thereafter he died of delirium tremens. It was subsequently shown that from the day of the issuance of the policy to the day of his death, his life had been one continuous 'spree,' without any sober interval. The company refused to pay, the case was taken into court by the widow, and the result was a compromise. This ending deserves censure, being the compounding and condonation of a palpable fraud from motives of expediency and business interests.

He takes the moral view of inebriety, that at first it is pure vice, which may at last become a disease of pronounced character, that is, self-inflicted and brought on by deliberate and willful exposure. This he regards a bar to all payment of policies, and thinks that no company should be held responsible for deaths from this cause. That is not in the nature of deliberate fraud, it is a frailty and weakness which the company can not insure against. He thinks if inebriety should come on after the policy is issued, as a result of some accidental state, it should be construed on a liberal basis of consistent justice and equity. Where fraud and misrepresentations and concealments are present the contract is, of course, vitiated, and the company should resist the payment.

WASHINGTONIAN HOME, BOSTON, MASS.

The twenty-sixth annual report of this institution indicates increasing prosperity, and numbers of patients under treatment. The Superintendent, Dr. Day, is now the oldest man in active service who has made inebriety a specialty in this country. The results of his experience, extending over a quarter of a century, may be inferred from the following sentences, which are quoted more by way of contrast, with some recent statements of persons of very limited experience, who are emphatic in supporting a theory of vice in inebriety:

"As civilization advances and knowledge increases we shall learn more of the nature and character of this most subtle disease of inebriety, about which to-day so much theory and moralizing prevails. Like the most mysterious epidemic, it appears in all ranks and conditions of life, and is accompanied with curious and strange phenomena, that covers that neglected "border land" where health and disease meet and blend in strange confusion. All experience show that inebriety is not a matter of sin or moral obliquity, it is a neurosis, the result of injury to the nerve centers and nerve system. How this is so, and what conditions perpetuate and explode this defect in this form, must be determined by future generations.

"This is the great fact that is confirmed in so many ways, as to be beyond all question, and starting from this point every inquiry should be directed to the means of prevention and treatment. All asylums should be schools and centers of investigations to both discover and apply the laws which govern the development and growth of inebriety, and how to control and check it. At present, the moral discussions, and sad efforts of State to check inebriety by punishing the victims, are as deplorable as the persecutions of witches, and the punishment of the insane a few centuries ago."

His last report closes with the following cheery words: "Let us take courage, and be strengthened by a wider faith,

when we look about upon the shores of this vast continent, not yet explored, where the silent forces of nature move on with the same grand order that is seen in the march of the stars. Here inebriety will be traced as the result of laws and forces, and not mere caprice and accident, and its control and treatment will be matter of exact science."

WASHINGTONIAN HOME, CHICAGO, ILL.

The twentieth annual report of this institution shows that eight hundred and fifty cases were admitted during the year. In the tables it appears that nine hundred and twenty-seven were under treatment during the year, and of this number eight hundred and forty-three were periodic drinkers, and only eighty-four constant drinkers. Nine hundred and twenty-two are put down as having acquired the habit (disease) of inebriety, and only five inherited it. Only seven cases used opium. The Superintendent, Prof. Wilkins, believes in reformatory educational measures, with other means, and to this end gives a course of eight lectures, illustrated with maps and plates, to the inmates. The topics are as follows :

1. The cause why nations and individuals use narcotics, and especially alcohol and opium.
2. Why do these narcotics affect some more than others ?
3. What is physical life, and the cause of physical heat ?
4. Give the effects that alcohol has upon physical tissue.
5. The effects of alcohol upon the intellectual, moral, animal man.
6. The reconstruction of the physical man.
7. The reconstruction of the intellectual and moral, and the control of the animal man.
8. The means to be used to render reformation thorough and permanent.

He dwells at length on the effects of alcohol upon the conscience, the intellectual faculties, and moral affections ; the will and sensibilities are shown by a psychological chart.

Through these and other means the inmates will be instructed, so as to make permanent their reformation. The inmates are encouraged to go out and become occupied in some work after a month's rest, and the failure to continue sober after this rest and instruction is supposed to indicate some incurable state. The following extracts from Prof. Wilkins's report indicate the work and its character very clearly :

“ Hence, how to plan and execute the reformatory work so as to accomplish the most possible good requires much prudence, much study, and much labor. In former years two months was the minimum time for the inmates to remain in the Home ; now, on account of the large increase, one month is the minimum time, and frequently they leave in two or three weeks. Some men, under the influence of intoxicants, have much less control, and are rendered much weaker than others, hence they should remain in the Home longer than those who are not so weak, and they need much more reformatory instruction and medical treatment. To discriminate, judge, and thoroughly develop these different classes, and determine who will probably make a success, and who will fail, requires great experience and foresight. In short, to delve down to the very bottom of the wrecked physical, the bewildered and fettered intellect, the almost obliterated and overpowered conscience, the debased and demoralized affections, and the destruction of the will, is a work as deep and as intricate as are the wells that flow from the deep bosom of humanity itself: The man applies voluntarily for admission. He is a resident of Cook county ; he has the smell of drink on his breath ; he takes from his pocket a recommendation signed by a responsible man. Now, it matters not how wise you are, nor how deep you may think you fathom your applicant—trial and time can only reveal him. This trial must be made. He is placed in the hospital. Oh, how polite and docile you find him while under the steward's and physician's care ! As he emerges from the hospital how earnestly he talks temperance and reform ! In short, you

have a man that almost all would declare will make a grand success in reform. Four weeks pass by. He has been frequently notified that he ought to be out looking for work. He goes out, but he returns as he left—no work, no money. But the time comes when the committee say he must go. All his efforts up to this time have been reform, and how he loves and praises the Home! The committee are tolerant and kind; yet, at the same time, he must go and give place to another. He leaves because he is compelled to, and in the first and second saloon he drinks, and in the third one he gets drunk and curses and abuses the Home. In short, your supposed grand, noble, reformed man, is nothing but a counterfeit, a confidence man. And could you know until you found it out by experience? Hence this is a work of hope and disappointment, and we know our patients only as we try them. This is only a single illustration of the difficulty attending the work. The ways of impostors are as numerous as are the ways of treacherous humanity."

"The physician, Dr. Earl, reports that long ago he considered the inebriate a poor, unfortunate, diseased victim; but he has since discovered that he was mistaken. Like the Superintendent his experience differs from other workers in this field, and he complains with sadness of the deceptions they are subjected to by the inmates. It is evidently a difficult task to comprehend these cases from a moral standpoint, and for ways that are dark and tricks that are vain, the average inmate of this home has a very high reputation with its officers."

The Martha Washington Home, a branch asylum for women located at Belle Plains, a few miles out from Chicago, received eighty-seven cases during the year. It is conducted by ladies, and occupation is provided as far as possible to its inmates.

The *Sixteenth Annual Report of the Inebriates' Home at Fort Hamilton, N. Y.*, is before us. Three hundred and sixty-one patients were admitted during the year, and three

hundred and fifty-three were discharged. Of this number one hundred and thirty-three are engaged in business and doing well, and forty-one are unimproved, and the remainder were lost sight of or readmitted, etc., also five have died since leaving the asylum. Tables of statistics are given, bringing out many interesting facts. This Home has been crowded, and the demand for more room is very pressing. The restraint and management is very excellent, and this asylum is undoubtedly the largest and best equipped in the country. Under the able management of Dr. Blanchard, with Dr. Mason as consulting physician, the best care and highest medical talent is assured to all its inmates.

A Text-Book of Medical Jurisprudence and Toxicology, by John F. Reese, M.D.; 1 vol., 606 pages. P. Blakiston, Son & Co., publishers, Philadelphia, Pa.

In many respects this is a work of great value, particularly in the excellent condensation, giving all the essential facts of many volumes in the most complete manner. It may be called a practical encyclopedia, giving just those things which are wanted in medico-legal inquiries. The following passage is taken from the chapter on inebriety and insanity: "The criminal responsibility of drunkards is more rigidly regarded by the law than their civil responsibility. Thus a murder committed by a drunken man is not extenuated because his brain may have been crazed by drink, if voluntarily induced on his part. If it can be shown that the drunkenness has produced a disease of the mind to such an extent as to have deprived him of a consciousness of the illegality of the act, then his irresponsibility must be admitted. A mitigating circumstance in such a case would be, if it could be shown that the prisoner was not actuated by malice or grudge against the deceased, but had killed him while under the effects of alcoholism. Although drunkenness does not excuse crime in the eye of the law, yet the insanity which may react from habitual drunkenness does certainly confer irresponsibility."

The part devoted to toxicology is very complete, and is brought up to date, and is undoubtedly the best presentation of this subject in print. The thoroughness and skill of the author is apparent on every page, and the work may be especially commended as the best single volume on this subject in print. The publisher has brought out a very attractive work.

The Adjudged Cases on Insanity as a Defense to Crime, with Notes, by John D. Lawson, author of the "Law of Expert and Opinion Evidence," etc. St. Louis: F. H. Thomas & Co., 1884. 953 pages.

The preface of this work indicates clearly its scope and value in the following: "The design of this work is to present in a single volume all the reported cases where insanity and inebriety has been set up in defense of a criminal charge, and has been passed upon by a court of justice in America or Great Britain. I have endeavored to give every reported case of this kind. If the case turned wholly on the topic of insanity or inebriety, then the case is given in full; if there were other questions involved, then only that part the reports bearing on the subject will, I think, be found in this volume. This book will enable the judge or criminal lawyer to have in the trial of any cause where this defense is urged all the authorities in the court-room in one work. A chapter of two hundred and thirty pages is devoted to drunkenness as a defense in crime. Cases are given and the rulings of judges, and both are frequently very remarkable.

The defense of inebriety and the evidence to show that it was a distinct form of mental disorder is in many cases urged with great clearness and psychological skill. This chapter has a special value to every student of inebriety, and groups all the legal views that have been expressed on a great variety of cases that have come under judicial notice. Its value is not only historical and legal, but psychological, showing progressive stages of advance, and distinct intimations of the early recognition of inebriety as a disease in the

courts. A chapter is devoted to *Kleptomania* and *Somnambulism*, and cases where opium inebriety has been urged in defense are given. It will be seen that such a volume covers a new field of medico-legal interest, and puts in the hand of every physician who is called on to determine cases where insanity and inebriety are urged in defense a full report of all similar cases, and the opinions of judges. Such a work is invaluable for reference, and especially to arrive at the exact facts and their method of statement in the court-room. The author is evidently a law writer of great skill and judgment in arranging the facts so they can be understood at a glance. He divides the book into six general divisions: 1. The legal tests of insanity; 2. The burden of proof of insanity; 3. Drunkenness; 4. Kleptomania and Somnambulism; 5. Evidence and Practice; 6. Insanity at trial or after conviction. The increasing interest of these subjects make this work eminently practical, and we advise all our readers to procure a copy as an essential part of a working library for every scientific man.

A newspaper Annual, giving all the names and other facts about every paper and magazine in the country, has a great value to every scholar. Ayers' American Annual, published at Philadelphia, Pa., is one of the latest and best of this class of publications.

In the JOURNAL for 1880 we noticed the saccharated extracts of the *Wheeler Chemical Works* of Chicago. Since then our experience has given renewed confidence in this form of medicines, and we take pleasure in saying that the objection so commonly made to most of the ordinary extracts, which are alcoholic, are entirely removed in these medicines. This firm make all the extracts with sugar of milk, producing not only a very pleasant tasting medicine, but one that is stable, of convenient form, and thoroughly safe to give in all cases. We urge a trial of these extracts, confident that they will be found of great value.

The *Asclepiad*, Dr. Richardson's unique magazine, sustains itself with great skill in both contents and freshness of matter.

The *Good Health*, under charge of Dr. Kellogg of Battle Creek, Michigan, is a very valuable popular health journal, and should and could be read with great profit by the millions.

The *Popular Science Monthly* grows in value, until it becomes almost indispensable to every student and reading man. The October and November numbers are libraries of themselves.

Lock-jaw of Infants (Trismus nascentium), by J. F. Hartigan, M.D.; *Birmingham & Co., N. Y. City, publishers*, is a small, very clearly-written volume on the history, cause, and prevention of this disorder. Price, 75 cents.

The *Scientific American* of New York city, a weekly, The *American Inventor* of Cincinnati, Ohio, a monthly, and The *Electrical Engineer* of New York city, a monthly, are three journals that report the world's progress on the greatest topics of modern times. The triumph of mind over matter, the reign of the physical sciences, and the subjection of nature to do the work and bidding of man.

Dr. Maudsley's late work on *The Body and Will*, published by D. Appleton & Co. of New York, should be read by every one who makes inebriety a special study. The questions of will-power in inebriates, so much talked about, and so little known, are presented in this work with great clearness. No man can read it without getting a wider view of inebriety and its relations, and realizing something of the new territory he is called on to explore.

Dr. Brune, in a recent lecture in Philadelphia on the effects of inebriety, mentions some points of difference between insanity and alcoholic delirium. The former is marked by delusions; the latter by terrors and hallucinations. In uræmic convulsions a history of suppressed urine can be made out; in alcohol epilepsy, the convulsion, the urine is normal in quantity, the skin is moist, the pupils not usually contracted, and the breathing not deep or stertorous. In alcoholic coma some local paralysis is present not seen in other conditions.

Editorial.

MEDICAL SUPERNATURALISM.

This journal must continue to protest, against all attempts to explain the phenomenon of inebriety as a half vice and half disease, or to consider it a mere wicked impulse that seeks gratification in this way. During the past summer a number of excellent physicians have appeared on the temperance platform in many of the great gatherings of temperance people. From the newspaper reports, and some of the lectures which have been sent direct to this office; their teachings concerning the nature of inebriety has been a sad mixture of mysticism and medical supernaturalism.

Clergymen and reformers who urge the power of conversion, and the pledge, are unfitted by training, and have not the facts, to point out any other conclusions. But the physician who leaves the path of exact science, and observation, and urges such views, has put one side his common sense and professional training, and become a mystic charlatan. Dr. Toppling of Michigan, in a late address, says: "Some good physicians and other people, have conceived notions, of healing and disease in which a spiritual element and origin are prominent; such notions are nonsense, and dangerously misleading." It is singular that physicians who were invited to teach or discuss inebriety, should accept and support the vice question, when it is in their power to have known the fallacy of such views. It is singular, the average physician fails to apply the same rules in the study of inebriety that would govern him in the examination of typhoid fever or insanity. It is singular that the physician should be content to accept a spiritual explanation of a mystery relating to inebriety, when applied to any other phenomena of mind or

body, it would be considered unworthy of attention. Inebriety is a medical subject and belongs to the realm of exact inquiry, and physicians who regard it from any other standpoint simply indicate their non-expertness and inability to grasp the subject.

THE RELATION OF INEBRIETY TO OTHER DISEASES.

One who makes inebriety a careful study is constantly surprised to find that tuberculosis, hysteria, chorea, insanity, and epilepsy are most intimately related to it, and seem to alternate one with another, depending on some unknown causes. If the inquiries concerning a case of inebriety extend back to the parents, and include brothers and sisters, and other relatives, the frequency of the occurrence of these diseases indicate a constitutional state, manifest as a neurosis, of which inebriety is only one of a large family group of diseases. Clinically this is seen in families where one is partially insane, another dies of tuberculosis, a third is hysteric, hypochondric, or may have rheumatism, and another will be an inebriate, from little or no apparent exciting causes.

Often a remarkable phenomena of apparent alternation and equilibration between these diseases appear. A case of marked hysteria or tuberculosis may suddenly merge into inebriety, and all former symptoms subside. Should the inebriety disappear from treatment, or from some obscure cause, epilepsy, asthma, or some neurosis may follow.

Often chronic inebriates who recover or stop drinking, have severe and fatal pneumonias, from no special exposure, or have attacks of rheumatism, migraine, arthritism, and other affections that do not yield to ordinary treatment. In one case a girl who had chorea, became at twenty-five, hysterio-epileptic, and later an opium inebriate. She was treated and relieved of this disease, and died soon after from tuberculosis. These were only expressions of a constitutional state manifest in different forms.

No separate study of any one of these affections will reveal the real facts, the causes are farther back, and include some fundamental diathesis that relates to the perfection and nutrition of the cell growths. Inebriety is very often only another phase of this diathesis, which would have developed into insanity, tuberculosis, or epilepsy, depending upon some unknown conditions. This diathesis is often seen in persons of irregular brain and nerve force, with constant tendency to exhaust themselves, and who live a life of great extremes of both mind and body. They often oscillate from abject inebriety, to wild temperance reformers, suffering from all forms of nerve affections, and finally die of tuberculosis, or heart disease. When the tuberculosis appears the inebriety ends, and when epilepsy, mania, or dementia comes on all desire for alcohol ceases. A distinct alternation has taken place, a substitution of one affection for another. It is clear in some cases that inebriety is only another form of insanity, epilepsy, or hysteria, and that tuberculosis will replace any one of these diseases rapidly.

Clinical facts to sustain these statements are both ample and conclusive. Denial of the disease of inebriety, is to doubt the existence of any of the members of the same family. An inebriate came under my care, described as "a poor, wayward, sinful man." His mother died of tuberculosis, his father was a moderate drinker; two sisters died of consumption, one brother was an epileptic, and he had been choreaic in early life. The inebriety was simply another phase of the same disease. This relationship of disease is a chapter in the history of inebriety that is unwritten. Already a large group of facts are known, which establishes a kinship to various diseases of the nervous system, and no matter what inebriety is in Europe, or has been in the past, it is becoming more and more a distinct neurosis in this country, and more intimately allied to the diseases mentioned.

Inebriety is a neurosis, some peculiar state of the nervous system unknown to us, but which exists dynamically or anatomically; and this state is in turn symptomatic of a

general disease, or diathesis. Some exceedingly interesting facts sustain this view; facts that outline a great chapter to be written, which will show this "*diathetic family*" and its various members.

Therapeutically the fact that inebriety is only one of a large group of neurosis, will enable us to be more exact in our prognosis and treatment. All studies of inebriates should include a history of the relatives, and the diseases which have appeared in the family groups.

TEMPERANCE AGITATION.

Inebriety and its prevention are more widely discussed to-day than ever before. Temperance reformers and moralists have for a long time been dissatisfied with the slow progress of the pledge and prayer, and have carried the subject into politics, expecting by legislation and law to stop inebriety and its evils. This effort for relief has assumed great magnitude this year. From Maine to California the question of prohibition is discussed in almost every town and hamlet. In twenty-one States political organizations, founded on this theory, have been formed, and great numbers of speakers are urging its claims and practical character. It is quite evident that the leaders of this movement are astonished at the sudden unusual interest manifested by the public. This they interpret as a full endorsement of prohibition as the great remedy for this evil. This notion is also encouraged by the failure of medical men, to rise above the levels of these leaders, when they have been called to present the subject from a scientific side. As a result the expectations and enthusiasm of the leaders have passed all normal bounds, and aspire to nothing less than full control of legislation, and forcing prohibition as a remedy for this disorder.

To the close observer it is apparent that this unusual interest in inebriety springs from a deep-settled conviction which is growing in the public mind, that the evils from

drink have reached such a magnitude as to require national recognition, and national and rational means for relief. It is also apparent that all this interest and agitation is simply the reaction of a suffering public, a rebound from the past apathy and indifference, and not a demand for any special means of cure or prevention, but a call for light, for a knowledge of the causes and remedies of inebriety. This new interest grows out of a necessity that is felt in thousands of homes and firesides, and is born out of great sorrow and suffering, and is not the result of temperance reformers and agitators. The latter may intensify the sense of danger, and seek to point out methods of relief, but unless they are founded on a knowledge of the nature and causes of inebriety, must fail.

For ages the phenomena of inebriety has been interpreted from a spiritual stand-point, and every fact has been viewed through the smoked glass of spiritual theory, and as a result the study of inebriety has not yet passed the stage of superstition and infancy. The whole subject in the popular mind is to-day as practically unknown as the region of the poles.

The thunder and noise of temperance agitations have not been voices of science and truth, they have not taught the public what inebriety is, and how it can be cured and prevented, because they did not know. No one ever crosses into that unexplored region of disease, and brings back correct views and representations of the causes and progress of this affection, but all are content to stand on the borders and theorize. How can appeals to the ballot-box, how can means addressed to the moral sense, how can the pledge, how can the prayer, bring relief from an evil that is unknown. How can agitation of any form that is not based on a knowledge of the object of this interest be of any service? Evidently all these temperance movements have another meaning and object, and are leading in another direction from that which is seen. One of these meanings is clearly an appeal to medical and scientific men for the facts, for a knowledge of this new territory of disease, and

the laws which govern it. It is a demand that inebriety be made the subject of exact inquiry and study. The suffering public are entering a protest against the means offered for relief, that are founded on mere theory. The physical character of inebriety calls for physical remedies not found in the ballot-box or churches. To the practical economist all this excitement and temperance agitation is a sad display of ignorance and loss to the world. But to the psychologist this is but the clearing clouds and fogs that will lift, revealing the bright sunshine of a new era, a new conception of inebriety, and a knowledge of its remedies and prevention.

LEGAL JUSTICE TO INEBRIATES.

In the following case the usual administration of justice to the inebriate who has committed crime, is illustrated :

John Doe was put on trial for the murder of a neighbor who was quietly conversing with his wife, while waiting to see him on business. He had been drinking severely for over a week, and came home intoxicated, and finding his neighbor in his parlor, seized a chair and killed him at once. In a short time he seemed to realize what he had done, and made a blundering effort to escape. He was soon arrested, and for several weeks after was delirious at times in the jail. The defense was insanity, based, first, on the fact that several uncles and aunts of both ancestors were drunken and insane. Second, that he had acted queerly, and had drunk to great excess at times ever since he was liberated from a Southern prison ; that he had exhibited failure of memory, and had been unable to sleep for a time ; also had been depressed and greatly excited at long intervals. Third, the motiveless character of the crime ; the victim was a friend who had rarely or ever been at his house ; he never manifested any ill feelings, or uttered threats against him, or had occasion to do so. The crime was committed without a word or a possible extenuating cause. These and some other facts were put in to sustain the claim of insanity.

The prosecution claimed that this was not evidence of insanity, but simply a jealous passion which he had exhibited before ; that he had made threats, and had drunk for the purpose of killing a man who had avoided him on several occasions ; that his conduct and mental state had always been that of a sane man. His drinking was passed by as insignificant, and simply a common weakness of soldiers and others. The judge charged in substance that in no case could inebriety be urged as an excuse for crime, or as evidence of insanity, but rather should be regarded as a greater reason for responsibility and punishment. Also, that the prisoner had not a single extenuating fact to excuse or modify the nature of the crime. In his opinion, from the evidence, no other verdict but guilty and the severest punishment of the law was demanded. The verdict was guilty, and the death sentence pronounced. The case was placed in my hands by his friends, and the following facts elicited : 1. A well-marked heredity was present. Both grandfathers were inebriates, and insanity had appeared with consumption in many members of the family. His childhood was marked by many and prolonged diseases, such as whooping-cough, scarlatina, and chorea. At puberty he recovered and was in good health up to the time of entering the army. After a few months of hardship as a prisoner, he became a periodic inebriate, and continued to drink to great excess at intervals up to the time of committing the murder. 2. During these drink paroxysms he was very quiet, and had never exhibited any anger or irritability ; was more demented than maniacal. He would have a restless night and be dazed and unable to concentrate his mind on his work, before the drink paroxysm came on, then go to the saloon and drink freely ; a few hours later he would take home a jug of spirits, and remain in bed until this was used ; then recover and go about his usual work again. He had never exhibited any jealousy or want of confidence in his wife, or anger at any one of his associates. The night before the murder he was very restless and complained of much headache, saying that he was afraid

of another spree, and that he would avoid it if it was possible. After trying to work a short time, he gave it up and went to a saloon and drank. In this saloon he listened attentively to some stories of the infidelity of the bar-keeper's wife, and heard the strong expressions of sympathy from the loungers, and advice how to drive the betrayer away. Each one counseled sudden violence and revenge to the betrayer, and justified this course in emphatic language. With these thoughts fixed on his mind he drank excessively, then returned home, finding a neighbor in the parlor talking with his wife, and instantly he concluded an occasion had occurred to act on the advice given. Without a word he sprang on his victim and broke in his skull with a chair. The maniacal fury subsided instantly, without a word of explanation. A short time after he realized what he had done and ran away into the woods, and was secreted for a day or more.

3. His conduct in the jail was a mixture of delusion and delirium and childish efforts to explain his crime. At one time he would consider it a plan of his enemies to destroy him; at another he considered it a farce or scheme to prevent him from drinking again. The crime was not clear in his memory, and often he doubted that a murder had been committed. On all other matters he was clear and rational, but this event was not well defined or clearly realized. At the time of trial, six months after, he was dull and did not realize his condition very clearly. From these and other facts, I concluded that as an inebriate he was irresponsible and incapable of discerning the nature and character of his conduct or acts; that the murder had been committed in a thoroughly unconscious state of insane impulse; that he was, during these paroxysms of drink, unable to control or to realize his condition; hence, he could not be punished for this crime.

The judge was asked, from these and other facts, to sign a petition to commute the death sentence. This he indignantly refused as a perversion of justice, and a pernicious example; asserting his belief that the prisoner was sane, and only made otherwise by his own free will. The Governor

commuted the sentence to life, and the judge considers a wrong has been committed.

Thus John Doe escapes the gallows, but will live and die a victim to the ignorance of the times and generation. To have hung him would have been a legal murder; to punish him as a criminal is an outrage on the intelligence of the age; to hold him responsible for this crime was to assume a state of the brain capable of knowing right from wrong, entirely at variance with every fact of the case. Society is responsible for not demanding that the inebriate be placed under treatment the moment he is seen going about demented or delirious from alcohol. Society should recognize in inebriety a form of insanity that is even more dangerous than insanity itself, because it is masked and covered up. Society is a party to the crime when it permits the inebriate to go on year after year in a course of conduct that most naturally leads to insanity and crime, and makes no effort to help him, taking no recognition of his case until the most serious results and incurable conditions have come on; watching him destroying mind and body, and when this is accomplished, rudely seize him and demand that he be punished. In like manner a judge who fails to recognize in the prisoner insanity and inability to recognize right from wrong, simply because he is an inebriate, and accepts the view of moralists, who see only wickedness and vice in all such cases, is most obviously unfit to administer justice.

LEGAL ABUSES IN THE PUNISHMENT OF INEBRIATES.

It is a fact well attested that in the lower courts of different cities and towns which depend upon fees for their income, the arrests for inebriety are greatly in excess of other places, particularly where the court officers are salaried. In many places this increase of arrests suggest a ring rule, or complicity of officer and magistrate to make as much business as possible, irrespective of the consequences. In a

paper by R. O. Waters of Michigan, before the Union Association of the Superintendents of the Poor for that State, this matter is presented very clearly. He says: "In at least one town of every county of this State there is a ring composed of arresting and committing officers organized for business and fees. The alert arresting officer thus stimulated, goes about daily seeking for a victim." The seedy looking stranger who has an odor of beer or whisky about him is seized at once, and the magistrate commits him to jail. The officer spends all the time possible in taking him to prison, charging by the day for services. If he is a chronic inebriate the sentence is short, on the supposition that the victim will relapse and can be arrested again. The officer keeping a bright lookout for him when his sentence is out, and from the slightest suspicion arresting him again. This is repeated over and over again, and the tax-payers have to pay for the arrest and commitment of the inebriate from four to six and seven times a year. In other States the same complaint has been made, and the same scramble for fees by courts and officers, constituting the administration of law to inebriates a wretched farce and outrage. The entire system of legal remedies by fine and imprisonment not only fails, but increases the very disorders which it is supposed to check. The courts and jails are training schools to intensify and build up a class of incurables who are increasing burdens on the tax-payers. Nothing seems more barbarous than for a group or ring of officials to brand the victim of drink by arrest and punishment, for their own selfish gains. Let the enthusiastic reformers who are so anxious to aid the inebriate turn to the courts of law, and demand that common justice be given to the inebriate who has committed wrong. Let the hunter of abuses turn to the statistics of arrests for inebriety, and inquire why this startling variation of numbers in different towns of similar character and condition: Why one town reports a thousand inebriates as arrested, and another of the same size only three hundred? It is clear that statistics of inebriety from court records are

unreliable and misleading. The sentiment urged by some clergyman that inebriety is a vice and crime is literally carried out in the wholesale arrests of poor inebriates, by grasping court officials. This preying on the inebriate under the sanction of the law prevails to a far wider extent than can be imagined. It is encouraged by the idea that he is a free moral agent, and should be made to suffer. Dishonest men are quick to take advantage of this theory and arrest every one who can possibly be called a victim, if their gains can be increased. If the victim is poor and without friends, he can make no defense and must be driven lower and lower down to degradation and death. If this abuse is prevalent in every county of the State of Michigan, who will doubt its existence in older and more settled communities where all the conditions are present to encourage its growth

INEBRIETY FROM BAD SURROUNDINGS.

In a paper with above title, published in the *Medical and Surgical Reporter* of April 26, 1884, I mentioned some facts and cases showing that inebriety not unfrequently originated from unsanitary surroundings among the better and wealthy classes of society. Since this paper was written an additional case of great interest has come to my notice.

The unhealthy surroundings of tenement houses, and the want of ventilation, sunlight, drainage, cleanliness, and other conditions of health are apparent to ordinary observers.

But the homes of the wealthy and the better classes are supposed to be free from these most obvious sources of danger. Yet observation and inquiry fails to confirm this impression in many cases. Inebriety appearing in the low tenement where all the surroundings are adverse to health, is in a measure explainable, but when it breaks out in the rich homes of the best families, it is difficult to conceive that it has been developed from bad physical surroundings, and yet such is the fact in many instances. The following case is a good illustration of this class:

A. B. came under my care in 1871, as a steady drinker. He was a merchant with large business, forty-eight years old, married, and living in wealth. He had been temperate up to seven years before, when without any special reason he drank to excess. From this time he had used brandy every day after business hours, at first in moderation then of late to excess. From his own statement his drinking seemed to be an accident at first, or a mere happening of favorable events. But of late years he needed the effect of spirits to enable him to keep up or sleep well at night. He was very much reduced in health, had frequent attacks of delirium, and suffered from delusions, which, while he recognized, he could not escape from. No evidence of heredity was apparent, and from his history inebriety had grown up from unknown causes beginning after he was forty. He was brought up in the country and made his way into wealth by industry and temperate living. He lived in a boarding house until he was married, then moved into an elegant residence, and with the exception of drinking had lived a very exemplary life. Although very much broken down in body and mind, he recovered rapidly under treatment. For many days he slept over half the time soundly, without aid from narcotics. He went away after three months residence, and relapsed a few months later, returning for treatment more debilitated than ever. His recovery was very rapid and unusual for such cases. The next year he relapsed again, and spent two months in the north woods of New York and recovered. Again he drank to excess and went to Europe, returning improved. He advised with many physicians and tried every means to keep from alcohol without success. He could abstain from spirits by going to the country, to the seashore, or away where it was quiet, but notwithstanding all his efforts he could not keep from it at home, or in his place of business. I considered this a case where some unknown atmospheric or electrical conditions, peculiar to New York, were the exciting causes. Yet in many respects it differed from other cases where evidently these unknown factors or causes

were prominent. It seemed more intense in the fall and winter, and less active in the spring and summer; that is, his power of control at these times varied greatly, all other things being the same. He grew worse and I was called to see him. He lived in a modern house in a fashionable street, and was lying in a rich upper chamber unventilated except from the hall, and the windows of a room adjoining. The back yard was a box-like area shut in on all sides by tall buildings. The house was heated by a hot-air furnace, and the air taken from the bottom of this area. All the rooms were covered with heavy, rich carpets, and the windows with silk and lace curtains. The doors of the living and sleeping rooms were covered with heavy draperies, and the bed was surrounded by curtains. A gas light was burning all the time in the sleeping room. No sunlight could penetrate the room, and it was impossible to procure proper ventilation. His wife and two children were invalids suffering from various nerve troubles, and were pale and anaemic. The conclusion was inevitable that inebriety had sprung from these bad surroundings. The effects of this poisonous air for a long time had developed a low state of vitality, and alcohol was found to be a narcotic relieving it. This was farther confirmed by the recovering in other and better sanitary surroundings, with his ability to control the desire for spirits. My advice to move out in the country and occupy some house where the air and sunlight were pure and abundant has been followed, with most excellent results. I have no doubt that this case is a good illustration of many others, that might be cured with certainty in changed surroundings removed from all unsanitary conditions. Physicians who are called to advise on cases of inebriety must look for physical cases, such as bad air, and bad food, and unhealthy surroundings in the homes of the wealthy, as well as among the poor. If coupled with these conditions there exists a neurotic diathesis, and temptations to use alcohol, inebriety will follow with much certainty.

Clinical Notes and Comments.

REPORT OF THE LONDON TEMPERANCE HOSPITAL.

The surgeon of this Hospital, Dr. Gould, concludes a long surgical report of the year's work with the following propositions concerning alcohol and its use: 1. That alcohol is contraindicated in all cases where it is important to secure physiological rest. 2. In the period immediately following operations and injuries, especially large wounds, such as in amputations and excisions, compound fractures, and severe hemorrhage, alcohol is contraindicated. 3. For exhaustive diseases alcohol is contraindicated, except as a temporary stimulant, for the following reasons: *a*—By increasing the frequency and force of the heart's action without at the same time proportionately increasing the nutritive activity of the heart, it hastens the exhaustion of that organ. *b*—By dilating the small vessels it increases the difficulty with which the circulation is carried on. *c*—By increasing the action of the digestive and assimilative organs it lessens the supply of nutritive material entering the blood. *d*—By increasing the work thrown upon the lungs and the kidneys, alcohol hinders the proper depuration of the blood, and hastens the occurrence of hypostatic congestion so prone to occur in the cases. *e*—By its narcotic influence upon the central nervous system it interferes with the due discharge of its functions. 4. In alcoholism, acute or chronic, alcohol is contraindicated.

Wanted: Number two of volume four of JOURNAL OF INEBRIETY. Any one having extra copies of this number will be paid a liberal price either in cash, or in exchange for other journals, by addressing this office.

CAUSES OF DIPSOMANIA.

Dr. Clouston in a recent lecture thus very clearly outlines the causes of this affection:

Certain causes predispose to this kind of uncontrollable craving. These are, 1: Heredity to drunkenness, to insanity, or to nervous diseases; 2. Excessive use of alcohol, particularly in childhood and youth; 3. A highly nervous diathesis, and disposition combined with weak nutritive energy; 4. Slight mental weakness congenitally, not amounting to congenital imbecility, and affecting the volitional and resistive faculties; 5. Injuries to the head, gross diseases of the brain, and sunstroke; 6. Great bodily weakness and bloodlessness, particularly during convalescence from exhausting diseases; 7. The nervous disturbances incidental to the female sex, and to motherhood, and the climacteric period; 8. Particularly exciting or exhausting employments, bad hygienic conditions, bad air, working in unventilated shops, mines, etc.; 9. The want of those normal and physiological brain stimuli that are demanded by almost all brains, such as amusements, social intercourse, and family life; 10. A want of educational development of the faculty and power of self control in childhood and youth; 11. The occasion of the recurrences in alternating insanity or the beginning of ordinary insanity, being coincident in a few of these cases, with the periods of depressions, but mostly with the periods of exaltation; 12. The brain weakness resulting from senile degeneration. More than one of these causes may and often do exist in the same case.

INEBRIETY AND LIFE INSURANCE.

Litigations frequently arise between life insurance companies and the heirs of deceased persons who have either drunk to excess or who have died from inebriety. In most of the policies, there is a clause which explicitly states that excessive indulgence in alcohol, or any drug that tends to materially shorten life, must vitiate the contract. In some

instances the patient withholds his bad habits from the company, in others, the formation of the bad habit arises sometimes after the applications for the policy, and again the heredity arises, and the patient makes his declaration entirely ignorant of any family taint or predisposition to drink. It sometimes happens that policies are transferred, and the individual subsequently drinks himself to death, thus inflicting a loss upon the assignee, and perhaps giving rise to a suit brought against his executors. The question of alcoholic indulgence in this connection gives rise to a number of possibilities. The individual may be a hard drinker, and yet show no signs of drunkenness, and may drink to excess and presumably to a degree to shorten life, still it will be exceedingly difficult to prove this.

Several English companies refused to pay losses to the families of hard drinkers, and in court the family was able to show that the decedent had never been thought drunk. When asked to define drunkenness, the judge stated it was a state in which a man loses his reason and the use of his legs, and is incapable of responding to questions when addressed. This is a most general definition, when we bear in mind the variety of conditions in which the same state of affairs exist.

Hamilton's Medical Jurisprudence.

Dr. J. K. Baudry, Prof. of Nervous and Mental Diseases, Missouri Medical College, says: "After a thorough and continued trial of Bromidia at St. Vincent's Asylum, I can cheerfully certify to its great therapeutic value and purity. Its effects are much more rapid and efficient than the ordinary chloral mixtures. The sisters in charge of the wards, after using the Bromidia and comparing its effects with the ordinary chloral mixtures used so long as a hypnotic, claim great superiority for the former. Its success has been tested where the other, in similar doses, has failed. The purity of the chloral and the extracts of cannabis indica and the hyoscyamus which it contains, together with the small dose

of the remedy which is required, make it almost invaluable to medical practitioners, who are guaranteed a pure and efficacious remedy in the use of Bromidia. They are not left at the mercy of pharmacists, who sometimes dispense inferior if not adulterated preparations of chloral. We could not for some time be induced to try the remedy, entertaining some prejudice against all such preparations. But experience in its use requires us, as a matter of justice, most emphatically to indorse the preparation after an extended and impartial trial. In fact, we expect in future to use Bromidia exclusively.

Pauperism is diminishing in England in the last thirty years very rapidly. The statistics of the money spent for relief of the poor, show that in the United Kingdom, for 1849, one million six hundred and seventy thousand pounds was paid out for poor relief. In 1880, when the population had increased over half more, the money spent in this way was over six hundred and sixty thousand less. Crime has also diminished. In 1839 fifty-four thousand persons were punished in the United Kingdom. In 1880, with double the population, only twenty-two thousand persons were punished as criminals.

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The Sarco-Peptones made by this firm, have proved of great value in all those anaemic and exhausted cases from alcohol so often met with in asylums. As a stimulant in opium cases, it has exceeded all expectations and should be used freely.

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THE READING AND RECITATION TERM will commence September 27, 1882, and close at the beginning of the Regular Term:

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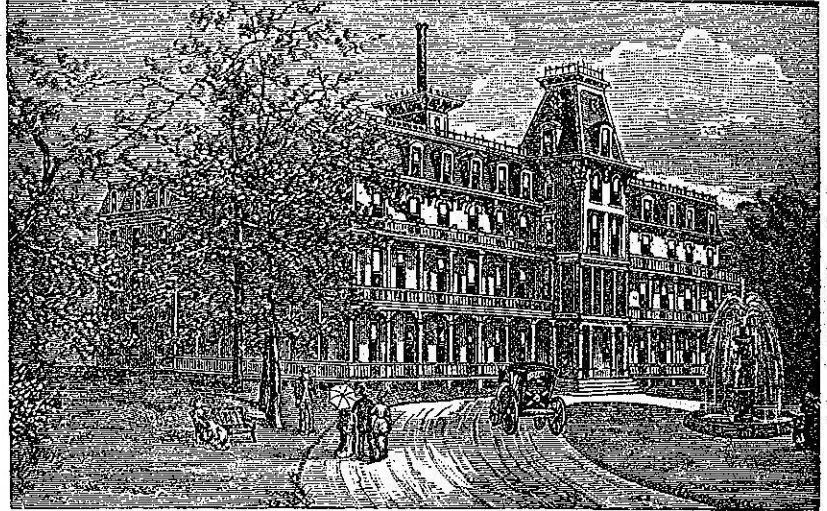
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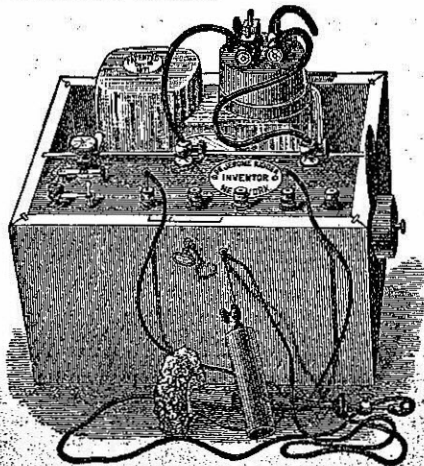
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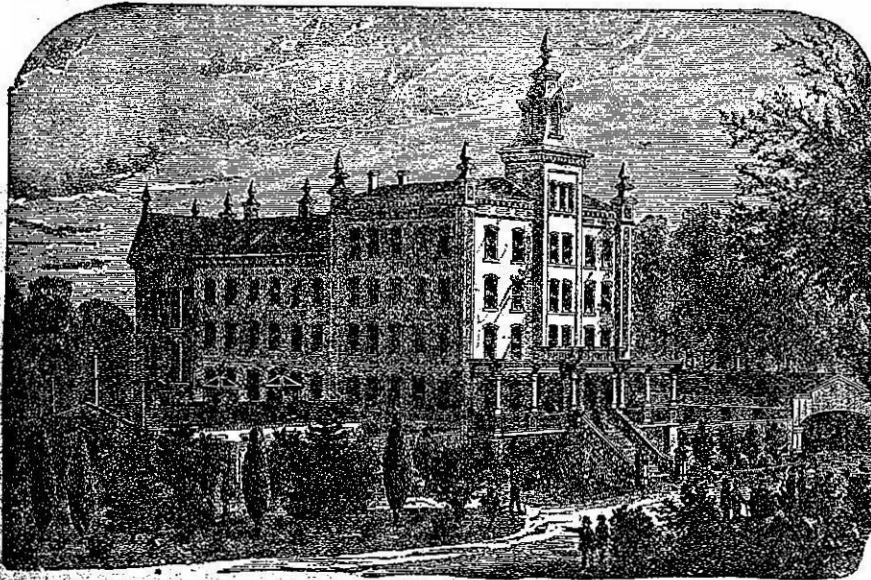
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