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## JULY, 1886.

# LACTOPEPTINE.

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THE
QUARTERLY JOURNAL OF INEBRIETY.

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# SOME ASPECTS OF DIPSOMANIA.

BY DR. MAGNAN, ST. ANNA HOSPITAL, PARIS, FRANCE.

The dominating influence in dipsomania is heredity. An occasional cause may have a certain action upon particular seizures, but the disturbance is secondary; it has to do only with the manifestation present at the time of attack. Upon the morbid centers of action, it has not the importance often attributed to it.

Some writers, instead of seeing in the morbid impulse to drink the manifestation of an interior condition of profound disturbance, regard it as developing only after long periods of alcoholic excess. This opinion, together with that which would make of dipsomania a distinct malady, in an otherwise healthy individual, does not withstand careful investigation. Esquirol saw in dipsomania a distinct malady characterized by an unusual desire to drink, and paid no attention to antecedents. But in order to comprehend dipsomania, this inquiry must certainly be made. Nothing can be more certain than that dipsomaniacs, at various periods of their lives, and many years before the development of their disease, have presented eccentricities of character and serious intellectual difficulties which their after lives have amply ac-

counted for. Other writers have confounded the symptoms of dipsomania with its causes. Dyspepsia, so often regarded as a cause of the drinking impulse, is only a consequence of the malady, though it afterward aids in giving rise to the drinking seizure. The same is true of certain curious conditions to which writers have too readily applied the term hysterical, and which constitute in reality the habitual condition of the physiological life of the dipsomaniac. So also with the periods of melancholy. Far from being the causes, they are the first manifestations of the disease. To menstruation and the menopause have also been attributed a large importance in the causes of dipsomania. Their influence is slight, however, and only at the time of the access, the return of which is sometimes hastened. But, even if menstruation has a certain action upon the periodicity of the access, it would be a gross exaggeration to say that it had anything to do with the cause of the trouble.

Marie D———, 45, had been in bad spirits for four years since her husband's death. For eighteen months, she had been seized at intervals with a violent desire to drink. Then followed a period of deeper sadness and discouragement, which immediately preceded her first seizure. She complains at the time of attack of a constriction of the stomach and the throat. As the impulse increases, she reproaches herself and tries desperately to surmount her desire to drink. Incapable, however, of a prolonged resistance, she obtains a supply of liquor and locks herself up for the sole purpose of secret and unrestricted drinking. The melancholy continues to increase and symptoms of alcoholic poisoning appear. Hallucinations take the place of sleep; she sees skulls with flaming eyes and hideous faces grinning at her; objects assume all colors by turns, and dance around her bedside. Her skin is troubled with sensations which she ascribes to vermin. The symptoms disappear in a few days, and the patient remains sober, perhaps for three months, without even a desire to drink. The odor of liquor then becomes so disagreeable as to be almost nauseating.

The patient denies that she has a liking for drink. She says that she proceeds wholly against her will. "This is not," she said to us, "a passion with me; it is in spite of myself that I drink." During the attack she becomes irritable and has rushes of blood to the head. In each succeeding seizure the impulse to drink is more imperative, and the resistance less powerful. Of this particular case I am unable to speak with certainty concerning hereditary predisposition. Of eight cases now with us, however, two receive the impulse from both parents, and five from either the father or the mother.

The term monomania, introduced into science to explain "a kind of mental alienation characterized by a partial obscuration of the intelligence, of the affections, or of the will," is daily losing its force. In a general way I reject monomania absolutely, without denying that certain impulses may be the most striking features in certain forms of insanity. But they can have only a symptomatic value. Monomania is but a mental condition in the midst of which a particular tendency manifests itself. It is not the essential disease, though it sometimes so dominates and absorbs the patient's mind as to give his trouble a special appearance. Enough will be shown to prove that, if the necessity of drinking is, in the dipsomaniac, the most striking act, it does not constitute the disease. It is an episodical syndrome of a more profound mental state which is governed by heredity. One of my patients had suicidal melancholia, followed in turn by religious mania, nymphomania, and homicidal impulses. Observers should be able to understand from such a case that all these manifestations, far from being monomanias, are different presentments of a single pathological state.

Dipsomania is essentially intermittent in character. The alcoholic delirium which becomes associated with its seizures after they have become very frequent, is a complication, not a symptom. The attacks of dipsomania leave behind them a cerebral restlessness, which lessens by degrees when the patients, regretting their excess, return to a habit of sobriety.

The attack is always preceded by similar prodromas. Some of the important symptoms are noted in the following case:

Louise B., 23, daughter of a drunkard whose father was a suicide; mother intelligent; patient's brother died of hydrocephalus. At 20, Louise had periods of melancholy, nervous twitchings of the stomach, and a feeling of weight in the hypogastrium. The phenomena increased at the catamenial period. She had already remarked that a little wine allayed the uneasy feelings in the stomach. She married and became pregnant. She then became more melancholy and lost much of her interest in life. She felt a disgust for solid food, and began to have an incessant thirst which would not be allayed, together with extreme heat and dryness of the throat. She began by using peppermint water, but soon commenced to take wine freely, and finally decided upon small quantities of spirits. The relief she experienced caused increased drinking, and within a short time she became on one occasion completely intoxicated. Then she remained absolutely sober for fifteen days. Melancholy soon seized her again, and, after a short struggle, she found that she must soon give way. Fearing the reproaches of her friends, she left home with her portable property, which she soon disposed of at insignificant prices. Then she bought a bottle of brandy and, taking a room at a hotel, drank until she rolled to the floor unconscious. Her husband found her and took her home, but his protestations were useless; she continued her habit at intervals until her child was born, an event which, strangely enough, took place at term and without accident. She now carried her excesses still further, and added absinthe to her list of excitants. Then this woman, so chaste and reserved in her intervals of sobriety, lost her modesty with a very remarkable facility, not only when under the influence of liquor, but when simply dominated by a desire to drink. For a drink she would give herself to the first comer. The saloons of the lowest order served her on these occasions as a place of refuge, and it was in the midst of the most degraded people and in the company of the lowest prostitutes that she

gave herself up to the most shameful forms of debauchery. Sometimes she was obliged to leave a considerable portion of her garments to pay the cost of her potations.

The agents of police had found her, more than once, lying in the street in a state of almost complete nudity. The crisis past, the lady regains her self-possession, becomes profoundly grieved and makes resolutions which beyond question are sincere. She was then docile and ready to assist her friends in any effort they made for her. They placed her in a commercial house, hoping that regularity of life and constant surveillance would benefit her. She did well for a time, but a single glass of wine broke through all of her precautions, and in twenty-four hours she was in the gutter. She was now sent to the house of a relative — a physician — where she improved for a short time. Soon afterward her husband, on entering his house, found her lying fully intoxicated and almost nude upon the floor of her home. On one occasion she remained four days from her friends, without food, but almost wholly intoxicated with absinthe. She sometimes went into the streets at night, and wandered about while waiting for the opening of a liquor saloon. At another time her husband found her at the prefecture of police — she had been found drunk and nearly naked, lying in the street. Once, when apparently free from her appetite, she went to walk, taking her little child with her, in the belief that she would thus have the firmness to resist any temptation. She thought it no harm to take a glass of wine on the way, as she felt some bodily distress. Her distress was in reality a seizure. She confided her child to a drunkard — a stranger whom she encountered — and did not return until the next morning when she was accompanied by a workman whose services she had requested. Some days afterward she was sent to friends who agreed to watch her; but she soon escaped and wandered to a distant part of the city, where she was arrested and fined for drunkenness, twice in two days. To-day, the effects of these excesses remain profound and durable. Louise has lately drunk

habitually until she has fallen unconscious into a condition of complete prostration; she often remains in a state of hebetude for five or six days. Since she has been brought to the Saint Anne Asylum, she has been calm and reasonable. She fully understands her terrible situation, and has often, she says, made up her mind to destroy herself. But she drinks alcohol to give her the necessary courage, and takes so much of it that she soon loses recollection of her intended suicide, and gives herself up to debauchery.

Although in dipsomaniacs the impulse to drink is preceded by the same prodromes, persons of education soon perceive their malady, and, for a long while, show much ability in concealing their habit. The struggles these people often make against their impulses indicate in the clearest manner how widely they differ from ordinary drunkards. The latter seek occasions to drink. The dipsomaniac avoids them, reproaches himself deeply for his impulses, and often seeks by a thousand means to destroy his desire for liquor. He even soils his drinks in the most disgusting ways, in the effort to sicken himself with his destroyer. The ordinary drinker does not do this.

Madame N. was a woman of a serious character, regular, and of irreproachable habits. She became suddenly seized with a drinking impulse, which became irresistible. She put in her wine substances calculated to inspire disgust — even excrement — yet she still craved for more liquor, and finding such to be the case would curse herself terribly.

"Drink, then, drink, miserable drunkard!" she would exclaim. "Go forth, dishonor yourself and your family." And she would do so, though often sober at the time.

When the dipsomaniac ends by succumbing, he does not behave like the ordinary drunkard. In the early stages of the disease, he drinks furtively, and generally conceals himself. The professional drinker is noisy, seeks companionship, and in most cases disputes, or relates his own exploits. The one is insane before he drinks, the other becomes so because he drinks.

Marie T., 51, maternal grandfather a suicide; mother at forty was affected with melancholia. Patient was a "Child of the Regiment" (*Cantiniere*), and sometimes drank a little *eau de vie*, not because she cared for it, but, as she said, "it belonged to the business." The curious point in this case is that though it was in reality a latent dipsomania, the disease did not then seize her, and when she left the business the habit of drinking ceased. At thirty-four, however, she complained of cramps in her right hand so severe as to compel her to learn to work with her left. Then the sensibility of the member slowly left it. Two years later, without apparent cause, she had an attack of melancholy. She tried to dissipate it by using a moderate quantity of brandy, but only succeeded in losing her sleep. This attack was not yet, properly speaking, a well-characterized seizure of dipsomania, but some time afterward the woman fell into another condition of melancholy, and suffered acutely for two days. Then followed stomachical spasms, and at the same time a desire to drink strong liquor which soon became irresistible. She left her locality to escape observation and began the "run of the cabarets." These attacks were continued and brought about, she thought, by horrible burning sensations in the stomach, and a feeling of obstruction in the throat. Alcoholic accidents brought her at last to the Pitie Hospital, where, however, despite her abstinence, the mental disease which brought about the dipsomania steadily continued its course. Ideas of suicide pursued her steadily. She succeeded on one occasion in precipitating herself from a staircase. Finding that she was not seriously injured, she crawled higher up, and was about to jump when she was restrained. "A voice," she said, had commanded her to do this. On the following night she attempted to strangle herself with her clothing. Her hallucinations became terrifying. For eighteen months this condition was not modified.

As showing how dipsomania may exist without any alcoholic excess for months previous, the fact may be cited that she was once seized in the middle of the night with an

attack of the disease accompanied by frightful hallucinations. When the attack was over there was left but one hallucination, a voice was continually saying to her, "It is vain to resist; you will end by killing yourself." This patient has developed a remarkable peculiarity; when she walks with another patient, she is always careful to place her at her right side, for it is impossible for her to feel the presence of any one at the left. All objects that she looks at with the left eye seem to her to oscillate. Her arteries are athermotous; all of her organs of sensibility on the left side are weakened.

As to the liquors chosen by dipsomaniacs, all are good enough if they contain alcohol. One patient, however, the Count de R., who is well known in the medical world, has a preference for ether and sugar. His mother — also a dipsomaniac — has the same habit, and sometimes bathes herself in ether. Both of them, however, will seize any intoxicating liquor which comes to hand when the fit is on. A marked difference between the dipsomaniac and the drunkard is, that between their potations the latter has no special dislike to a favorite drink, while the dipsomaniac feels for it an almost insurmountable repugnance. Our first-mentioned case cannot, when sober, support the odor of her customary drink; of the two other patients, one drinks water habitually, and the other will go for days without taking any liquor whatever.

The state of exhaustion and self-humiliation in which the dipsomaniac finds himself after he has recovered from his seizure, should not be confounded with the phase of melancholy which precedes the attack. The prostration is a consequence of mental and physical fatigue, and especially of the repentance and despair which followed his act. His discouragement often leads to suicide, and his contemplation of such an end is almost always persistent. Sometimes he becomes very dangerous, from the fact that the suicidal impulse is often complicated with the homicidal mania.

Louis H., 35, father drunkard, attempted suicide; mother hysterical. Patient has always had a predisposition to mel-

ancholy, and his sadness is increased by the belief that he is a natural child. He knows "how it will all end," for his mind has for several years been haunted with ideas of suicide. In Lyons he threw himself into the river through fear of entering the barracks after one of his attacks. Later, after the rupture of a long-contemplated marriage, he had a period of melancholy, during which he drank for four or five consecutive days. He then hung himself above the door of the lady to whom he had been engaged, but was rescued. Four years later, from a motive *which he does not even remember*, he attempted suicide after one of his seizures. Later, he was stopped as he was about to leap from the Austerlitz bridge. The following year, during another seizure, he attempted to open his veins in a bath-tub, but was surprised in the act by the attendant, who had been struck with his wild appearance. He tried to poison himself, but his stomach rejected his mixtures; he afterwards made a further attempt at suicide, which was equally abortive. Every three or four months he appears progressively melancholy, and the seizures are much more marked. He loses appetite, complains of pain and constriction in the stomach; his head feels as though bursting; his sight is troubled — he feels as if trying to see clearly in a fog — and then comes the irresistible thirst for liquor. After drinking for three days he resumes work, and his ordinary appetite returns. Apart from his attacks of alcoholic delirium this patient has some of the ideas of persecution. He often believes himself followed by men in the street who menace him with knives. Sometimes he hears at his left ear threats and insults of all sorts, simultaneously at his right ear he hears agreeable things. For three years he has been troubled with an interior voice which urges him to strike at the life of some one. He fears that he may one day give way to this impulse as he has to the others. The sight of a knife causes in him a painful impression; he never touches one when he can avoid it.

The attacks of dipsomania last from two to fifteen days. At the commencement of the disease they occur generally

but once or twice in a year, and grow in frequency until they become separated by an interval of a few days only. Writers have altogether too strongly insisted upon the resistance of the constitution of dipsomaniacs to the effects of alcohol. When the quantity taken is sufficient these unfortunates will, sooner or later, be subject to the toxic delirium of the ordinary drinker in addition to their own special symptoms. At first, drunkenness, which alone accompanies the seizures, leaves no trace, but as these cases come so nearly together as to act continuously, toxic symptoms will develop. Sometimes a true dipsomaniac comes to the asylum suffering from common alcoholic delirium, and it is only after the acute symptoms have disappeared that we find the profound indications of the principal malady. The co-existence in the same patient of several species of delirium is a demonstrated fact.

Hortense B., 53, whose father was a suicide, remained temperate until forty. She married at twenty, and was a widow eight months afterwards. From twenty-one to twenty-seven she suffered from irregular attacks of gastralgia, followed by vomiting. At thirty-one, remarried; became greatly troubled through business losses. Drank occasionally, but was rarely intoxicated. It was much later when the gradual development of dipsomania attracted her attention The symptoms were pain in the head and stomach, pressure upon the back and epigastrium, repugnance to food, and insomnia. She was restless, sad, and discouraged; was filled with strange fancies. Everything wearied her; trifles exasperated her; a hallucination, which seemed to her "an image of death," pursued her without ceasing. So great were her other troubles that she hailed this last appearance as an object which would soon bring deliverance. It was in this condition that she felt her first irresistible impulse to drink. She soon went from wine to brandy without being able to quench her thirst, and in a few days had an attack of alcoholic delirium — apart from the dipsomania affection — and while suffering from hallucinations of sight and hearing, she believed she saw the dread shadows of the Commune

and heard the musketry. She thought all who met her in the street reviled her. Life became insupportable, and she had been taken to the asylum in toxic delirium after a determined attempt upon it. Discharged in three months, she quietly and soberly resumed her work, and remained in good health for fifteen months. Then an attack like the first one led her to drink for several days and sent her again to the asylum. After her discharge came a further period of perfect sobriety for eight months, followed by a further attack, which ended in deeper mania and more terrible hallucinations. She believed herself about to be cut into pieces, thought she was to be arraigned for assassination, and even falsely complained to the police that a person in her house had killed a child. She was again taken to the asylum and again discharged, and continued in this way for four years with perfectly sober intervals, lasting six, eight, and fifteen months, when she was troubled with neither melancholy nor unnatural thirst. The fourth time she was admitted she had attempted suicide, and on the fifth was suffering terrible anguish from hallucinations in which she believed that dead persons whom she had known when living were talking with her. She thought her mother was not only reproaching her but beckoning her to follow her shade to the regions beyond.

There are some dipsomaniacs who, outside of their periods of impulse, behave at times like common drunkards, and live under the worst possible hygienic conditions. These patients frequently end their lives in chronic alcoholism. But it is always possible to determine whether the person drinks from unhealthy impulse or because he has adopted drunken habits. Impulsive drinking is always preceded by a phase of melancholy, and is characterized by a thirst which causes the victim to drink glass after glass in quick succession; he is filled with shame and constantly makes desperate efforts at reform, hoping, on each occasion, never to fall again. His resolves are pathetic in their perfect sincerity. Our last patient has sent us a note in which his promise never to drink again is written in his own blood.

The mental state of some dipsomaniacs is such, in the intervals of the attacks, that on a superficial examination one would believe them wholly cured; their frequent lucidity of mind gives a misleading impression as to the real condition of their faculties. These appearances have caused them to be considered, even by some of the most eminent chemists, as subject to a sort of partial delirium. But a careful investigation of the patients' lives shows that there is no need of creating for them a special malady, whose chief characteristic is an irresistible passion for fermented liquors. It is always possible, thanks to an attentive observation of pathological facts, to reduce these depraved tendencies to their true generative causes. These are simply hereditary predispositions.

The acts of the dipsomaniac always demonstrate that he is unbalanced. "But they are only insane," say some of the writers, "when their attack comes on." This is an error. Dipsomanics present a host of other weaknesses which make them beings having a tendency to act from perverted instincts (*êtres instinctifs*), and are possessed with all sorts of evil tendencies whose objective point varies according to education and surroundings. The essentially unhealthy nature of these beings should be too clearly understood to need demonstration. Among their most salient impulses are those which lead to robbery, suicide, homicide, and the erotic predisposition. It appears as though chance may decide the particular direction of their morbid disposition, but none escape their logical ending. All are subject to similar impulses, though it may be under different forms. All, or almost all, have insane antecedents; many present peculiarities of mind from infancy. A man, now an ether drinker, states that in childhood he had already made two attempts at suicide, the first at nine years because he had been punished unjustly, the second at sixteen because he had been separated from a friend. When his family vexed him he used to push pins into his body knowing that they feared he might open a vein.

The physical development of the dipsomaniac also pre-

sents certain peculiarities in infancy. They develop too early or too late in the matter of intelligence, and show phenomena of a nervous, convulsive nature; they often develop chorea. It is not rare also to find certain hysterical manifestations, which explains to a certain extent why dipsomania is more frequent in women than in men.

If dipsomaniacs are not always in delirium, they constantly keep one part in the domain of insanity — without doubt the patient is wholly different in his paroxysmal state from what he appears in his remittent period; but many, even in their lucid intervals, conduct themselves like the veritably insane. Most all of them are not only unbalanced but fantastic; with the ever present tendency to sadness, they exaggerate in all things; with few exceptions they are reasoning fools. To interrogate them is sufficient to demonstrate this fact. It is harder to imagine a more dramatic and tempestuous life than it is the destiny of one of these unfortunates to lead. I will give a case in point:

Eugénie M. is a school-teacher of forty-eight; her father was a drunkard, and her grandmother (maternal) drowned herself. Has two brothers in good health. Her early youth was passed without notable illness. At twenty she felt drawn to a religious life, entered a convent, and gave herself with fervor to a monastic life. Was nourished poorly, practiced fasting and abstinence, and slept little, giving up a portion of her nights to self-discipline. The Superior pointed her out as a model. Eugénie's first hallucination soon appeared; she thought herself surrounded with the heads of angels. This soon gave place to a shadowy appearance of one of her religious companions, the extreme tenderness of whose expression affected her so profoundly that she fell into a condition of ecstacy which lasted for some hours. The circumstance naturally created a strong affection between the two, and at times of religious ceremony, when they were unable to speak to each other, they spent hours in looking into each others eyes. But their affection did not remain confined to those straight paths of mysticism

in which it took its rise. I will not speak at length of the details in this matter. They secretly held continual conversation, and after a time Eugénie and the other Carmelite abandoned themselves to mutual caresses, and gave themselves to masturbation. Thirty years have passed, yet Eugénie in relating the circumstances to us, stated that the thought of them, even now, made her almost beside herself. "I have a remorse mingled with shame," she said to us, "which after all gives me a certain kind of pleasure." At another time she said: "You would hardly believe how painful it is to be obliged to reproach myself for the most agreeable souvenir of my life." Following these practices, she fled from the convent one day and looked for a husband. But the man of whom she dreamed was in no great hurry to marry. Then she was sorry she had broken her vows, and this fact, followed by the threatened rupture of her negotiation of marriage, led her to despair and she attempted suicide. Saved from this, she was the victim of further troubles, and then she commenced to drink, though in very small quantities. Married at last, her husband excited her by taking a mistress, and she drank more freely. This condition increased and she commenced to talk injuriously of her neighbors and to create scandal. One day she struck her husband, and on another occasion she struck him brutally in the midst of a large company at a dinner party.

Eugénie gives an excellent account of her condition at that time. At present we observe the continued growth of dipsomania; she feels the irresistible longing; yet, once it is satisfied, may go for many days without the least desire to drink. The symptoms of attack in her are not unlike those of the other. She becomes sad and irritable, has headache, contraction of the stomach, and a choking sensation in the esophagus. She is one of those who mix fecal matter and petroleum with their liquor without bringing about the disgust they hope for. After the suicidal impulses become pronounced, homicidal ideas appear. Sometimes she wishes to strangle her husband. Sometimes even, as she states, the

idea occurs to her to kill persons for whom she has no enmity. Her husband finally became discouraged. Fearing that his wife might not always resist her desire to kill him, he left suddenly for Australia and has not since been heard of. Eugénie, although assisted by her brothers, could not resist the force of her predispositions. One night her brothers became entangled in a crowd who were watching a drunken woman lying in the gutter. It was their sister. Hastily writing on a piece of paper the words: "If you have any heart left, you will, for the honor of the family, disappear to-morrow." One of them put the billet in her pocket. The consequence was that Eugénie forthwith jumped into the Seine. She was rescued, and made many other attempts at suicide, which also miscarried. She was arrested many times, and often wandered for days without eating, but drinking all she could obtain. She was now subject to terrible hallucinations and impulses. The latter took physical form. One day she armed herself with a knife and attacked the brother who had written her the note. This brought her again to the asylum. "I reason well enough," she remarked, "yet no one is more crazy than I am." She easily returned to a lucid interval, became reasonable, and resumed her habits of work. But the inevitable attack occurred. This time she made desperate resistance, prayed with fervor, and passed days in the churches. But the hallucinations redoubled, and one morning she was picked up completely drunk, and lying upon the steps of a church. Since the departure of her husband, Eugénie had been living with another man. This individual always tried to restrain her by force from drinking. At such times the woman would not hesitate to implore the assistance of her brothers to shake off the man, declaring in such moments that he was a perfect stranger to her. Once her attack was over she would write him the most affectionate letters, imploring his pardon and promising not to recommence her habit. On one occasion, after a stay of three months in the hospital, she had a very marked attack.

She felt it coming and purged herself, though with no preventive effect. She was extremely restless and went to bed, but rest was not to be had; nightmares awakened her almost as soon as she had commenced to sleep. A cold sweat covered her and her body grew icy. This condition, counting from the first day of uneasiness, lasted for nearly a week before she felt the need of drinking. Her thirst was very great, and her throat so parched as to leave her hardly enough saliva to enable her to speak. She ran at last to a rum-shop, where she hastened to intoxicate herself, and then took refuge in a partly demolished house, where she spent the night. At dawn she returned home and went to bed for three hours without taking anything but some milk and a little broth. Both wine and beer disgusted her, and it looked as though the attack would prove abortive. Three days afterward, however, the seizure returned in full force; she drank all day, slept in a cellar away from home at night, and on the following day locked herself in her chamber for ten days without drinking a drop of liquor. In one of her attacks she determined not to give way, and accordingly soiled her quart of mixed wine and brandy with fecal matter. She slept awhile, but when she awoke she swallowed the frightful mixture with avidity. In the short time between the good resolution and the full onset of the disease her sufferings had become insupportable tortures. Taste, hearing, and smell were involved, her body burned in agony, and her mind was filled with fears and hallucinations. Her curious experiences have been almost numberless, and they continue to grow worse. At this time she has an incomplete hemianasthesia, with a general weakness of the functions of sensation. The pricking of a pin is almost unnoticed, and the sensation of cold produced by ice water cannot be felt. The right ear seems to be reserved for the constant hearing of all sorts of supposed revilings from those she meets, while the pardons of an offended Deity and the encouragements of friends seem to be heard only on the left side. "It has always been so,"

she said, "even when I was at the convent twenty years ago"; *that is, before she had tasted liquor at all.*

There are two indications for the treatment of dipsomania: first, to combat toxic accidents, and afterward to attempt to modify the course of the disease itself. As to the first, the patient must be protected against himself and from doing injury to others. Elimination of the poison must be favored in every way; the physical forces must be sustained. For the modification of the deeper malady, moral treatment is useful, no doubt, but is insufficient. Distractions, affectionate advice, and the ablest reasoning have little effect during the active period. Hydropathy methodically used, and particularly the cold douche applied upon all parts of the body except the head, give good results. The action of arsenic upon the general nutrition commends it greatly in these cases; and if its use is continued there will be more or less long intercalary periods of repose. My formula is:

℞ Aq. dest. gram. 200;
Iodii arseniates, centgr. 10;
Aq. dest. prun. laurocerasi gram. 4. M.

When excitation and insomnia persist, recourse must be had to warm mucilaginous baths — those of elm wood, for instance, — and doses of 4 to 6 grammes brom. pot. at night. Preference should be given to the polybromides if the treatment is to be long continued. Sometimes the patient is deeply depressed, and sulphur baths are indicated. Great benefit will also be derived from vapor baths of warm turpentine, followed by immersion in cold water or an application of the douche. This is one of the most powerful alteratives, and the patient rarely fails to be favorably influenced by so energetic a therapeutical method. Good hygienic treatment and a tonic medication are necessary in using this system of alleviation. The isolation of the patient is indispensable. This will in time attenuate the impulsive predispositions, and if it does not prevent a reproduction of the attacks will delay them. Patients have had attacks of dipsomania with delirium despite the total discontinuance of spirituous liquors. Do not

forget that patients must always be watched for suicidal or homicidal indications. The daily use of bitter drinks is recommended; it calms the desire of the patient for "something stronger."

A large number of medico-legal questions arise in connection with dipsomania. We have seen that these patients have tendencies which are susceptible of interpretation through impulses of a diverse character. Hence, to become completely certain upon this subject, it would be necessary to make a complete medico-legal history of hereditary insanity. But it may be said that all true dipsomaniacs are irresponsible for acts committed immediately before, during, and after attacks. This is on account of their intellectual condition before the crisis, on account of the impulsive character of their actions, and on account of the toxic delirium with which it is often followed. In the eyes even of those who regard drunkenness as an aggravation of crime, the dipsomaniac should be regarded as irresponsible, because he is not master of his desire to drink. As for the wrong, or even criminal acts which they commit in their lucid intervals, we should never forget that they are possessed of an undeniably morbid disposition, that they have a defective intellectual organization, and are in reality beings who have degenerated.

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There are over 17,000 inmates in the alms-houses of New York State. Over 100,000 persons are in asylums, and registered as out-door poor. Over half of this number are inebriates, or children of inebriates. Except the insane and idiotic, they are all regarded as sane, and persons who have voluntarily brought this condition upon themselves, and, as such, subjects of punishment and persecution. This is the new undiscovered country of future research.

*Inebriety* cannot be prevented by throwing the responsibility on the inebriate, and punishing him for this, as if for crime. He is a sick man, and must be taken out of his surroundings and fully quarantined until he can recover.

# THE OTTO CASE—A MEDICO-LEGAL STUDY.

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

Peter Louis Otto was tried for the murder of his wife at Buffalo, New York, December 7, 1884. The crime was committed November 14th of the same year. The following facts in the history of the prisoner and crime were undisputed:

The prisoner was thirty-six years of age, born in this country. His father was a German shoemaker, who drank more or less all his life, and at times to great excess. He was a morose, irritable man, of violent temper, who finally entered the army and died at Andersonville prison in 1863. His father, grandfather of the prisoner, was insane and died in an asylum in Germany. The prisoner's mother, now living, was a nervous, eccentric woman; very passionate and irritable. For years she had been quarrelsome, and untidy in her appearance; has suffered greatly from rheumatism, and is a cripple. She is called by her neighbors "half crazy," and has a marked insane expression. Her ancestors in Germany were crazy; both her mother and an aunt died in an asylum.

The prisoner's early life was one of neglect and general poverty in a cheerless home—on the street, in saloons, and in company with persons who frequent such places. He had beer at home at the table, and, from his earliest childhood, drank it with others. At eight years of age he was sent to school. When about ten he was thrown from the cars, and injured in the forehead. He was unconscious, and taken to the hospital, where he was treated for this injury and a dislocated ankle. From this time, up to about fourteen years of age, he went to school, and spent his nights and mornings on the streets and about saloons, living an irregular life. Then he went to work in a stove manufactory, where he remained for seven years, then went

to learn the printers' trade; three years after gave it up and went into a candy shop. About the time he entered the stove works he began to use beer regularly, and was occasionally intoxicated. He drank at night, and at the period of puberty gave way to great sexual excess, with drink. From this time, up to November, 1884 (when the murder was committed), a period of over twenty years, he continued to drink more or less to excess all the time.

When about twenty years of age, he married in a saloon, and was intoxicated at the time, and did not realize what he had done until the next day, when he became sober. For a long time after his sexual excesses were extreme, and he was often intoxicated. Then his mind began to fail, and he became irritable and abusive. He was stupid at times, then would have a delirium of excitement and irritation, talking violently, and be angry with any one, with or without cause. He frequently quarreled with his wife; often both mother and wife combined against him, and turned him out of the house. For several years he has been steadily growing worse and more violent and irritable in conduct; this often depended on the amount of money he could procure for drink. At times he would bring home beer and his mother and wife would join him in drinking it. Nine years ago, while in a torch-light procession, he was struck on the head by a brick. A lacerated wound was produced, with unconsciousness, from which he recovered, but complained of severe head-aches for a long time after. Four years later he was struck on the head with a mallet, knocked down and made unconscious, and recovered, complaining of head-aches as before. Both of these injuries are marked by scars.

For some years past a deep-seated delusion of his wife's infidelity has been steadily growing, also suspicions of intrigue and poisoning by his wife and mother to get him out of the way. He has imagined his wife was alone in her efforts to drive both him and his mother away. The mother owned a small house which they occupied, and he claimed it, and was suspicious that it would be taken away from him. These

delusions and suspicions were very intense when he was intoxicated, but at other times were not prominent. He attributed deep sleep, when intoxicated, to medicines put in the beer by his wife or others. He heard voices at night, out in the street, plotting his death. On one occasion, after a quarrel with his wife, he became depressed and tried to commit suicide by swallowing the contents of a bottle of rheumatic medicine, supposed to be poisonous. On another occasion he placed some fire-crackers under the lounge, firing them with a slow match, expecting to be blown to pieces. His drinking and violence had increased to such an extent that both wife and mother complained to the authorities. He had been arrested six different times, and confined in jail. Once he served sixty days in the work-house for violence and drunkenness. Two months before the murder he was sent to jail, and was delirious and confused, and the police surgeon, Dr. Halbert, was in great doubt whether it was not a case of real insanity.

The judge ordered his confinement that he could be observed a longer time. He had what the physician called alcoholic insanity, but after eight days' confinement was discharged as sufficiently improved to go out again. For a week before the murder he had drank every night to excess and was, as usual, quarrelsome and very irritable to all he came in contact with. He bought a revolver, and was taught how to use it, giving a fictitious name where he bought it, and greatly alarming the clerk by placing the pistol to his head and offering to shoot himself. The day and night before the murder he drank freely of beer and whisky. On the morning of the murder, he drank as usual, and had an altercation with his wife; was seen to follow her into the house, and pistol shots were heard. Otto was seen to run out through the back yard, running against the door of a house in a dazed way, then walked out in the street, and some hours after was arrested in the store of a friend. He did not seem intoxicated, and talked of getting into a "bad job"—meaning the murder. At the station he was at first very talkative, told many stories of his wife's infidelity, but denied

the crime; said nothing had happened. Later, he was dazed and silent The jail surgeon found him in the afternoon of the murder in a cell, in a stupefied, confused condition, with no apprehension of the crime, and, although not apparently intoxicated, was nervous, restless, and dazed. The next day this state of mental aberration continued, he talked but little and stoutly denied the crime, saying it was all a conspiracy. His confused, dazed state gradually passed away, and he seemed to realize his condition, but the delusion of conspiracy grew more positive. He believed that a scheme had been formed to keep him in jail so his wife and mother could secure the property. One reason he gave for his wife's infidelity was, that she had done washing for the inmates of a bad house, and that he heard voices of persons out in the yard planning to get in and stay with her, and other more absurd reasons—all without the slightest basis in fact. His suspicions extended to others, whom he believed to be always trying to cheat him. He claimed not to remember any events from a day or more before the crime, until some days after, when he awoke in the jail. He had evidently a faulty memory which had been noted in many things long before the murder.

As in many other cases, the medical testimony given on this trial was a medley of faltering, confused statements. Two physicians thought these delusions and mental defects were no indications of insanity. One man doubted the existence of alcoholic insanity. Another was sure loss of memory could not occur unless dementia was present. Others swore that it was possible for persons to drink as the prisoner had done and not have a defective brain. Alcoholic trance and monomania were denounced as having no existence.

The judge very naturally seemed to ignore the medical testimony, and fell back on the letter of the law, merely asking the jury to discriminate between a mind actuated by revenge and jealousy and one full of diseased emotions and impulses.

A verdict of guilty followed, and sentence of death was

pronounced. An appeal was taken, and a year later I examined the prisoner in jail as to his mental condition. I found him pale and anæmic, with no other indications of ill health. He has had attacks of neuralgia in his head and shoulders from time to time; his appetite, nutrition, and sleep seemed natural. His face was blank and stolid, the eyes were staring and unequal in size. Talked in a slow, hesitating way, and changed with difficulty from one subject to another. He had become very religious since confinement in jail, and read the Bible and prayed often during the day. His ideas of God and heaven were confused and childish. He saw lights on the prison walls, and thought God had something to say to him, and opened the Bible, and the first verse he read was God's message to him. He often heard voices at night, telling him various things; sometimes they were threatening, calling him bad names. Then he heard God's voice telling him that he would not die, but live. These hallucinations of hearing and sight had all a meaning. The day before this visit a flash of light, like lightning on the wall, appeared, and he found an explanation in this sentence from Jeremiah: "Is not my word as a fire, saith the Lord, and like a hammer that breaketh the rock in pieces?" He still thought that his wife was living, and the whole thing was a plot to destroy him. He was very suspicious of every one; thought every person was deceiving him, and no one was true but God. He said all the stories of the murder were false, and that after a time God would bring back his wife to her senses, and she would live with him again. Said he would never drink spirits again, and would like to live with his wife in quietness. He had no concern about the future; was indifferent about the efforts made to stay his sentence. His mental powers, or capacity to realize what was said, were dull and slow. He stared, and asked, with suspicious hesitancy, "What do you mean?" or, "What is that?" He was unable to go from one subject to another unless the subject was often repeated and pressed on his attention. When he came to realize the topic, he talked in a confused, dogmatic way, asking questions

as answers, and expressing great doubts. Recited the lies that had been told him, and inquired how he could believe any one or any thing? He heard voices in the street talking about him at night, and the howling or barking of a dog he thought was the work of enemies, who wished to annoy him. He dreamed of going home and living with his family, and heard God speaking to him through those dreams. He described those dreams with great minuteness, and when laughed or sneered at, turned away with disgust, but forgot it quickly. He doubted his mother and counsel who visited him; was sure they were lying to him steadily. He selected out passages of Scripture and applied them to his case, but without plan or idea, except that God would defend him, and that the Devil would be finally driven out. When pressed sharply to explain his inconsistency, he turned, repeating the accusation with disgust. He was not greatly disturbed or annoyed, and seemed not to remember much that was said to him. When talking of himself, was not boastful of what he had done. The past seemed enveloped in a mist, and the future of no interest, and the present had no anxieties of moment. He saw different colored lights and interpreted them as God's answers or wishes to him. The jailer mentioned his defective memory: of asking for the same thing many times a day, even when it had been brought to him. Of sending for a thing, then forgetting that he had done so a moment after. He had been uniformly quiet in jail, reading his Bible and praying many times a day, and manifesting no concern about anything in particular. A depression was noted where he had been injured on the head.

From these facts I concluded that Peter Louis Otto was insane and irresponsible for the crime he had committed. A summary of these facts would be as follows:

1. Otto had a bad heredity, with no training, and was brought up on the street in the worst mental and moral surroundings. He was ill-nourished, and suffered from defective hygienic surroundings, and also from severe traumatisms of the head at least three times in his life.

2. He drank beer from childhood. At puberty began to drink to excess, and gave way to great sexual excesses. From this time his life was that of a suicidal dement; constantly growing worse. Long before the crime was committed, he was an alcoholic maniac, on the road to either suicide or homicide.

3. Delusions of his wife's infidelity, so common in these cases, deliriums of suspicion and wrongs from others, great irritability and violent temper, with hallucinations of the senses, constitute a group of symptoms about which there could be no mistake.

4. His conduct after the crime, and the persistence of delusions and hallucinations after a year's residence in the jail, indicated a permanently impaired brain.

5. The crime was a most natural sequel to his life, and although a degree of premeditation was indicated in the purchase of the pistol, yet it was evidently the cunning of a maniac, and not the design of a sane mind.

6. The probability of an alcoholic trance stage in his case is well sustained by all the facts of his defective memory, as seen in jail, noted before the crime was committed, and sustained by his steady denial of memory of the murder or any of its details. The continuous denial of recollection of the crime could not have been planned by his weak mind for any possible gain it could bring him.

7. His irresponsibility was most conclusive from his cloudy, defective brain, and general indifference as to his present and future, and also the delusions of himself and surroundings.

The prisoner continued in the same mental condition up to the time of his execution, May 21, 1886; manifesting great indifference and even coolness up to the last.

The counsel for the prisoner, Mr. E. A. Hayes, deserves the warmest praise in urging the insanity of the prisoner to the last. Finally, a commission of two physicians appointed by the Governor, and designated by the district attorney, reported as follows on his case:

"BUFFALO, N. Y., May 10, 1886.

"We, the undersigned, have the honor to report that in accordance with your request, we have made a careful examination of the condition of Peter Louis Otto, the condemned murderer, as to his mental state at the present time, and since the date of his trial. In the course of this examination, lasting for one week, we have had repeated personal interviews, together and separately, and have taken the testimony of those who have had the most intimate knowledge of him since his confinement in jail, namely: the sheriff, jailer, the assistant jailer, the watch, the jail physician, and his spiritual adviser. We have in this way taken every means to inform ourselves fully as to his true condition. We find no evidence of any physical or mental change having taken place since the time of the trial, which must necessarily have been the case if he were suffering from any form of insanity. He is in good flesh, and in good physical condition. His circulation and respiration are normal, and all of his physical functions are normally performed. He eats and sleeps well, and there is no complaint of any form of illness.

"We find that his mental state is entirely inconsistent with any form of insanity known. And we believe that he is feigning mental disease. We therefore pronounce him, in our judgment, sane and responsible.

"CONRAD DIEHL, M. D.
"WILLIAM H. SLACER, M. D."

On this report, Otto was executed, May 21, 1886; another victim of medical non-expertness and judicial incompetency. Otto, in the grave, or in an asylum, is of no account, but the treatment of Otto and his crime is of the greatest importance. Psychology protests everywhere against the so-called administration of justice on the theological dogma that inebriety is always a vice and sin. To hang insane, diseased men is to go back to the days of savagery and the punishment of witches as criminals. Society gains nothing, and the progress of human justice is put back by the injustice, law and order becomes a mob rule, and inebriety and wife-murder is increased rather than diminished. The

Otto trial is only another landmark of the low legal standards and psychological levels on which insanity is measured. Two hundred years ago, eminent men of the three learned professions sat in judgment over some poor, insane people at Salem, Massachusetts, and hung them, and have gone down into history as more to be pitied than the poor victims who suffered. It is the same non-expertness that considered Otto, after twenty years of excessive use of beer and spirits, with changed character, habits, temper, disposition, and intellect, committing murder from an insane delusion, as sane and conscious of the nature and character of his acts. Less than two centuries ago, both judges and clergymen urged that witches should be punished as a means of safety to society, and prevention of the extension of this crime. But witches increased, until science finally pointed out the real facts. In the Otto case, both judge, jury, and experts took the same position, opposed by all psychological teaching of science, and the result will be the same. It is a pleasure to note that some of the medical men on this trial saw the real facts; among them were Drs. Halbert, Campbell, and Daggett, who all testified that Otto was clearly insane. The charge that Otto was feigning insanity was not sustained by the facts of his history and mental condition. Such a man might exhibit cunning in some directions, but his mind was incapable of planning and carrying out any scheme of assumed insanity. Both judge and experts started from the mediæval theory that inebriety is ever and always moral depravity, and controllable wickedness, and that Otto as a drinking man should be punished, no matter what the circumstances of the crime were. If crime was committed the punishment should be increased, and to call such a case insane was a dodge to avoid the penalties. It was such views that hung witches and even persecuted persons of different religious faith.

The Otto trial is only another strange, inexcusable blunder of our boasted civilization, in mistaking insanity for wickedness, the injustice of which will react on both the court and the community where it was enacted.

# TEMPERANCE IN THE TREATMENT OF THE SICK.

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

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

obtain. A large number desire to be considered very temperate, when, in truth, if they are judged of by ordinary standards, they would be classed as very much the reverse. Men's notions of temperance in this and many other things differ very widely.

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

This leads me to say that an unconscientious and unprincipled medical man may very readily increase his *clientele* by pandering to these tastes, as many who desire the authority and countenance of a medical attendant to pursue their destructive habits will gladly seek his aid. Such success is, however, usually but short lived, and cannot fail to leave a sting of self-reproach in the breast of the practitioner. I know from experience to be the fact, that in the great run

of surgical ailments — in the great majority of those I have dealt with either within or without the walls of the hospital — no aid is required from stimulants; but, on the contrary, these complaints are much better managed without alcohol.

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

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

Finally, I most heartily subscribe to the opinion, which I am glad to think begins to prevail, that there is no risk whatever in withdrawing alcohol suddenly and absolutely from inebriates. I have long known and practiced this. It is, in my experience, the only hope for their recovery. Half-measures

always fail. Let it be absolutely forbidden in any form and quantity, and though I am not very sanguine as to success in the case of confirmed drunkards, yet for those less hopelessly abandoned there is, by following rigid abstinence, a chance of reform. Nourishing fatty food, sugar, plenty of fresh air, and mental enjoyment, will help to wean the victim from his poison.

A girl was taken before the Paris tribunal charged with stealing a blanket. She pleaded that she was under the influence of another person and could not help herself. In prison it was found that she was in a hypnotized condition, and acted readily under the commands of others, doing anything that was told her. She was examined by a commission of Charcot, Brouardel, and Mollet, who reported that this state came from the use of morphia, suffering, and hunger. That these suggestions from others, acting on an unstable nervous organism, greatly deranged by morphia and other causes, rendered her irresponsible for her acts. She was acquitted.

*Toxic idiocy* in the children of alcohol and opium inebriates is far more frequent than is supposed. In the history of twenty cases taken indiscriminately, eight were found to come from inebriate parents. Quite a large percentage of these cases come from the use of opium and beer in infancy. The former in the shape of soothing syrup to quiet children who are irritable, and the latter to give them strength. In these cases some state of atrophy of the nerve-centers takes place, and arrests of development from faulty nutrition. In a neurotic family this is a source of great danger.

Three hundred thousand pounds of snuff are sold annually in Atlanta, Ga., according to the *Surgical Journal* of that place. It is all consumed in that section and not exported, and that city is said to be the third largest snuff market in the world.

# Abstracts and Reviews.

## THE QUESTION OF RESPONSIBILITY.

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

It has become a maxim in law that drunkenness is no excuse for crime. The interpretations of phenomena by theology and medicine are undergoing modifications in consonance with the advancement in science and discovery, which distinguishes the age in which we live. Similar interpretations by the law, however, are not so impressible. The movements of the law are necessarily cautious and deliberate. The legal principle which denies to drunkenness any liberty with respect to crime must have its reason in some presumed expediency, in the absence of exact knowledge. For the true principles which underlie the several and distinct varieties in motive and intent, inciting the inebriate in the gratification of his unnatural appetite, are even now undergoing study and analysis. The law has been unable, hitherto, to offer a comprehensive and satisfactory explanation and definition of drunkenness; and its dictum, therefore, that inebriation is no excuse for crime, must be open to suspicion.

It is certain that a man indubitably drunk is not in his right mind, and that he can not, by any power within himself, either mental or physical, conduct himself as he would do when not intoxicated.

It is also certain that his departures from the lines of right reason are fundamental and not frivolous. But drunkenness is a state of mind and body, usually of brief duration. The sober mind has means within itself of studying the nature of drunkenness between spells, as well as observing it in others. It is capable of perceiving that the use of alcoholic liquors will induce a condition of the mental facul-

ties wherein motives and intents are unusual and unsound, as well as beyond volitional control. But the questions arise: Are there not radical differences in the motives which impel to drunkenness? Is not intoxication, very frequently, indeed, the result of the demands of a disease, or of an urgency in the feelings which an attending imbecility of mind is unable to control or overcome? If these interrogatories really foreshadow actual facts, then it must be that there are important exceptions to the proposition that drunkenness is no excuse for crime. For the inebriate may then be not merely irresponsible, abstractly, when drunk, but he may be irresponsible for the imbecility of will which so readily yields to the demands of the neurotic constitution. In the neurotic constitution even slight intoxication is often succeeded by an utter blank in the memory. This withdrawal of the mind from the direct line and knowledge of conscious life implies radical disabilities in the assumption of responsibility for conduct. Drobisch explained clearly the general nature of the law of association in psychology in the language following: Psychology shows that not only memory and imagination, but judgment, reasoning, conscience itself, and, in general, all higher activity and all development of the mind rest upon the association and reproduction of states of consciousness; that this explains also the different variations of feeling, emotion, desire, passion, and rational will. But these explications are supported by generalities that have always an indeterminate character. This arises from their lack of quantitative determination. Whatever, therefore, is conceded or permitted to a congenital infirmity of mind in its relations with the world at large, must also be accorded to a constitutional incapacity in any special direction. The well-defined neurotic or spasmotic drunkard is an imbecile in respect to his desire for intoxication; for in the congenital inebriate, the association and reproduction of states of consciousness neither are, nor can they become, with respect to his special besetment, either normal or manageable.

In general terms it may be said that inebriety is origin-

ally — that is, anterior to its hereditary descent in varying forms — the outcome of very serious bodily injury, but more especially injury to the head. The history of the late civil war abounds in exemplifications of this fact. Certain physical wounds affect directly portions of the brain, or they may withdraw from normal correspondence and relationship with the brain to important parts of the body elsewhere. The means, and measure, and quality of consciousness, through many channels of sensation and association, are thus permanantly destroyed. Thus there are produced radical defects in consciousness, which in respect to inebriety prevent those conservative mental operations and associations upon which all higher activity and all development of mind rest. I have said neurotic inebriety is primarily occasioned by some physical injury, possibly in remote ancestry. This includes, of course, such injuries to nervous integrity as may arise from any adequate cause, perhaps not technically, yet in reality — physical, as prolonged grief, great nervous shock, excessive study, protracted and profound disease, malaria, and many other recognized sources of that peculiar state of nervous instability and inadequacy which goes under the general designation of the neurotic constitution. Absence of function begets incapacity to act through sheer debility of nerve, or even through atrophy of substance.

Dr. Livingston, after years of absence amongst the black tribes of Africa, says, that upon coming into the presence of his countrymen he was at home in everything except his own mother tongue. He seemed to know the language perfectly; but the words he wanted would not come at his call. It is difficult to divest the mind of the idea that the inebriate is really capable of mastering his morbid proclivity at will. And that there may be — in view of the lack of quantitative determination in the character of the nervous disability in the neurotic inebriate — certain instances wherein the defect is not overmastering, seems probable. Yet this very qualification may doubtless include innumerable instances in which voluntary restraint is impossible. No man by taking thought

can add one cubit unto his stature. Neither can a man by any process of reasoning or any effort of will change the functions appertaining to physical defect or pathological deterioration into the ways of normal and physiological life.

—*Neurological Review.*

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## THE HEREDITY OF INEBRIETY.

Dr. Faquet, in a late number of the *Annales de la Soc. Med.*, in France, writes as follows:

"The immoderate use of liquors is one of the main causes of the decrease of population, and of the corruption of morals of human society. With one death of an inebriate the effect of the poison may not be ended, but probably it may have already been inherited by his descendants.

"Physical weakness, epilepsy, deafness, and many other nervous symptoms, are the bodily defects; debility of mind, inertia, impulsive instincts, idiocy, and insanity are the psychological infirmities of the children of drunkards. Neither sword nor starvation have conquered the Indians, but alcohol has conquered and destroyed them. The consequences of drinking were already known to the ancient Greek. Diogenes remarks about a stupid boy: 'Your father must have been drunk at the time of your procreation.'

"In alcoholism there are inherited dispositions which may be similar to those possessed by the parents, or somewhat changed. Many a child is already born with the disposition for future intoxication, if the parents or grandparents have been addicted to drink. Some children may be free from this hereditary vice, but it is apt to be developed in them at the beginning of manhood. In all countries where liquors are immoderately used, physicians have often met with families, and even generations, in which drunkenness, delirium tremens, and even suicide were hereditary. The morbid germ, which the children of drunkards inherit, does not often appear in early age; on the contrary, young people exhibit a certain prematurity of mind, so that they shine in certain

branches of art and science, and become the pride of their teachers. But just then, when their brilliancy is at the acme of height, a collapse may take place, perverse actions, insane deeds, and abnormal affections appear, and offer to the psychologist a difficult problem. Knowing that the father and perhaps the mother have suffered from alcoholism, the diagnosis of such disorders of the mind will be easier. Persons afflicted with hereditary insanity are not as often met with as those of an eccentric manner, who give the impression of pretended insanity."

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## THE DISEASE OF INEBRIETY.

Dr. Mann, in a late number of the *Medical Times*, writes as follows: "Inebriety is a disease, probably of certain parts of the brain, resulting from some morbid irritation of the cortical sensory centers, or from special molecular changes in these centers, perverting brain function, a condition markedly hereditary, and evinced outwardly by great nervous irritability or restlessness, unnatural sensations, an uncontrollable desire for alcoholic stimulus, and a disposition to frequent fits of intoxication. There is a departure from a healthy structure of the nervous apparatus, as in mental diseases generally.

"The pathological evidence in favor of these facts was at first slender, has been yearly increasing, and is to-day conclusive and unanswerable. The inebriate is a subject of disease, in which normal function is acting under abnormal conditions, and we should recognize this fact both as to medical or moral treatment. Dipsomania is inconsistent with a healthy discharge of the functions of the brain and other portions of the nervous system. It is a symptom of a morbid condition of some portion of the nervous system, and experience shows us that this disease is the most frequent where diseases of the nervous system are most fatal.

"In the disease of inebriety we have deranged nutrition, which precedes the blood-changes, and the disease arises in

abnormal primary and secondary assimilation. Defective assimilation in this disease gives rise to defective secretion.

"There is an abnormal state of the blood; the blood supply is not sufficient; there is an abnormal condition of the ganglionic or great sympathetic nervous system, and the parts that are to be nourished are not normal. We have a poor state of the blood, and disturbed conditions of life, which are often the cause of the disease of inebriety. We have the subjected symptoms, which relate to the sensations or feelings of the patient as expressed by himself in this disease, and we have the objective symptoms which the physician observes for himself unassisted by the patient. In this disease we should examine with care the digestive system, the circulatory, system, the respiratory system, the tegumentary system, and the secretory system. The symptoms of inebriety are three signs of disease which are apparent to either the patient or physician on superficial examination. The different parts of the blood may be affected in this disease."

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## ALCOHOL IN HOSPITALS.

Dr. Drysdale, leading physician of the Metropolitan Free Hospital of London, England, lately read a paper before the British Medical Temperance Association, on the above topic, in which the following conclusions were prominent.

1. Alcohol is not a real food, but must be classed among the anæsthetics, in company with ether and chloroform; hence it ought not to be used as an article of ordinary diet.

2. The treatment of fevers by alcohol in large quantities is inferior to the treatment by cold and ordinary diet.

3. There is no clear proof that alcohol is changed into carbonic acid and water in the system; and, at any rate, part of it remains unchanged for as much as twelve hours in the system, irritating the internal organs.

4. Moderate amounts of alcohol neither raise nor lower the temperature, but excite the heart's action, and in some cases, in small doses, less than one ounce gives appetite.

5. In large and stupefying doses, alcohol lowers the temperature.

6. The amount of alcohol administered in various hospitals is so wanting in uniformity, as to show that there is no settled opinion in the profession at present as to its value.

7. It would be well, when alcohol is prescribed in clinical hospitals, that some exact amount of it should be prescribed, and not a varying amount of an alcoholic fluid not analyzed.

8. The London Temperance Hospital experiment seems to indicate that many diseases do well without the use of any alcohol, which previously were thought to require it.

9. Hence, whilst the modesty of science forbids us to say that alcohol will prove useless in any given disease, it seems advisable for patients in hospitals to have that drug administered to them with far greater caution than has hitherto been the case. And it would seem also to follow that all mere dietaries should be free from the routine use of alcohol, which should in all cases in hospitals be distinctly ordered to the patient by his medical adviser.

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## ACUTE INEBRIETY.

Dr. Campbell, in the *Canada Practitioner*, gives the following case.

Was called to see W. R., aged 42, a grain merchant, at 8 A. M., and found he had had a sleepless night. Was restless and taking, at intervals, tremors and spasms of all the voluntary muscles. He had a furred and tremulous tongue, cool skin bathed in perspiration, cold hands and feet; saw ships sailing; was going to have a great show, at which he would exhibit the now defunct "Jumbo"; sometimes was buying and selling wheat by telephone; occasionally asked for his revolver. Pupils somewhat contracted, no intolerance of light, pulse steady but somewhat rapid, tongue moist, no albumen in urine. He complained of pain in the top of his head, of a boring nature, and asked me to cut the piece out. He has been a steady drinker for five or six years at least,

and drank moderately even before that time. Sometimes drank large quantities at a time. He had a puffed-up, red face, full of acue roacea. Had been from home for six weeks, and it is believed had been drinking hard. Came home two days before, and was in my office pretty drunk at 11 o'clock the night before I was called. He had eaten literally nothing since he came home. Procured sleep with syrup of chloral, followed with potass. bromid. Ordered feet to be put in hot water, and cold cloths to be applied to the head. After sleep a saline purge to be given, and plenty of liquid nourishment in the form of cold beef tea, milk, and raw eggs, with ice to suck — and to be kept quiet in a darkened room. Called during the afternoon, and found him dancing through the house. An old friend had prescribed some whisky — a pint having been used between them — hence the revelry. Was called at 7 P. M., saying that he was worse. The whisky having evaporated, the trembling spasms returned. Treatment as before until sleep had been procured. Four men stayed with him. Was dealing extensively in wheat until he went to sleep. Called in the morning and found that he had a good night, though the medicine had to be repeated several times. Had taken a large amount of liquid nourishment as before. Dr. Elliot was with me and considered that he was doing well. Treatment continued during the day. Trembling spasms were always allayed by the medicine, and the nourishment was retained. A purgative was again ordered. Patient kept quiet. Saw him, with Dr. Elliot, in the evening. Spasms had returned; still complained of the pain in top of his head. Quite sensible in the intervals between the tremors. Was annoyed at our statement that his trouble had been brought on by drinking.

On the advice of Dr. Elliot, added one of Wyeth's pellets (gr. ¼) to our previous treatment — eggs, milk, and beef tea as before. We both saw him the next morning. Reported to have had a good night. Symptoms on the whole unchanged. Still complained of pain in a small spot on the top of the head, and also of our diagnosis. Saw him again

at 7 P.M. Found him sitting on the edge of his bed, smoking his pipe. Spoke rationally, but was taking spasms of the voluntary muscles every ten or fifteen minutes, when the bed would fairly shake under him. Symptoms unchanged.

Dr. Scott saw him about 8 P.M., noted the symptoms and watched the spasms. Thought at first that they were partly feigned, but came to the conclusion that they were involuntary. Between spasms he talked sensibly, and still complained of the pain, and complained of the name given to his trouble. Dr. S. told him that his disease had been brought on by drink. The doctor gave as his opinion that he would recover, as there were no dangerous symptons at present. While the doctor was yet speaking, he took another convulsion severer and longer than any previous one. The head was thrown back, the eyes turned up, the pulse became weak, intermittent, then imperceptible — respiration ceased — he was dead.

*Remarks.*— (1.) From the manner of death we both concluded that the immediate cause of death was apoplexy, but as no *post-mortem* was allowed our opinion could not be verified.

(2.) That the cerebral hemorrhage in all probability had occurred at the spot where the severe and constant pain had been complained of, and that the pain in question had been the result of severe congestion.

(3.) That the disease from the first was one form of acute alcoholism, with some anomalous symptoms which are not often present.

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*Twenty-eighth Annual Report of the Washingtonian Home, Boston, Mass.*

Three hundred and thirty-five patients have been admitted during the year. Seventy five were treated for delirium tremens. Two cases died of pneumonia during the time.

The following extract from Dr. Day's report gives some idea of its nature, and philosophy of this work.

"During the last thirty years I have treated quite ten

thousand cases of inebriety, many of whom have relapsed, and applied for treatment the second, third, and fourth time; yet I do not remember a single instance where the excuse for relapse was alleged to be the necessity for using intoxicating drinks. Those persons know the utter absurdity of the excuse that there existed any real necessity for the use of the beverage. Even the drinking man, when thirsty, will drink cold water in preference to any other drink. When natural thirst occurs, nature, with her sparkling water, meets all demands of nature's laws.

"But I am met with the statement that man needs something to drink other than water, or at least he demands it. Not if his stomach and nervous system is, and ever has been, free from alcoholic beverages. Why he demands it is because the nervous system has been degraded to a lower level, and depraved by the use of stimulants. His system is not in a healthy condition, and it is base quackery to advise persons to take alcoholic beverages simply because the victim of excess or moderation wants it.

"It is the *poison hunger* which demands intoxicants, and not a healthy desire. In its general character and in many respects it is like *Cretinism*, or the chalk and dirt eaters; and several authors have observed that the pathological condition of children by drunken parents is much the same as cretins. The degeneration which is sure to follow in each case is much the same. The subjects of alcoholic degeneration are found at birth ill-conditioned in various ways. The skin is flabby and cyanosed, and the general anatomical development is defective. There will generally be a fair development of intelligence until the age of fifteen or sixteen years is reached, when epilepsy often develops, and there will be a mental decline to complete idiocy, and before the age of thirty is reached the sad drama is closed by death.

"This condition is more likely to be transmitted by what is termed moderate drinkers than those of an occasional character. With the periodical drinker, although he may go to great excess, there are generally several months between

the paroxysms, and this respite gives the system a chance to resume a healthy tone, while the one who drinks daily (and he thinks he is very temperate, and no one will denounce the drunkard like him) never allows the blood and nerves to obtain a healthy condition. From such persons comes the depraved condition of body and mind.

"In most of the chronic or constant drinkers there are various complications. They are especially liable to pneumonia of a low type, to rapid phthisis, various types of liver diseases, valvular disease of the heart, gastric catarrh, albuminuria (Bright's disease), and these diseases are frequently caused not only by spirits, but by the use of large quantities of beer. Most cases of what is called *delirium tremens*, a disease with which we have much to do, are from the constant drinker. I frequently meet such cases, where the history reveals the fact that the patient was a very temperate man, who drank but few times each day, and his friends were slow to believe that it was possible for the patient to be afflicted with such a disease. The first stage of this mania is indicated by inability to take food; marked anxiety and restlessness, tremor of the voluntary muscles, furred and tremulous tongue, cool skin which is frequently bathed in perspiration, cold hands and feet, and soft, weak pulse. There is complete insomnia, and the nights are tormented with horrid insects and reptiles, and constant fears of being killed, and all his powers are exercised to escape from his apprehended danger. He has illusions of all the senses. He often attempts suicide in order to escape the danger he imagines himself to be in. Such cases require careful watching and treatment. They usually recover unless there are complications, such as pneumonia or kindred diseases."

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The *Neurological Review*, edited by Dr. Jewell of Chicago, begins with the most flattering auspices and promises for the future. The field for such a journal, and the editorial skill and ability to manage it, are combined, making success assured from the start.

*Evolution and Religion.* By Henry Ward Beecher. Part II. Fords, Howard & Hulburt, publishers, New York city, 1886.

This second volume contains eighteen sermons on the application of evolutionary principles and theories to the practical aspects of Christian life. This, like the first volume, which we noticed in the last JOURNAL, is without doubt the best presentation of the scientific philosophy of religion that has appeared. The following extract from a sermon on the "Drift of the Ages," indicates that this work should have a place in the library of every scientist and thinker of the country:

"In the first place, the final age, the perfect age, must be an age made up of men that come into life better than the generations do to-day. Men do not have a fair chance. A man who is born with robust health has a better chance than the man who is born an invalid for his father's sins. The man who is born of temperate parents, and bears health in every throb of his veins, has a better chance than the man who is the offspring of a miserable drunkard or debauchee. The man who has a large and healthy brain, has a better chance in this life than the man who has a shrunken brain, and most of it at the bottom. These are the inequalities of condition in this world to-day, but do you suppose that we are going forever to undertake to lift monkeys up to saints? That we shall forever be obliged to bombard animals that have just intelligence enough to direct their passions and appetites? Do you not believe that in the coming time there is to be such knowledge of heredity as shall lead men to wiser selections? And that the world that has learned how to breed sheep for better wool, horses for better speed, and oxen for better beef, will not by and by have it dawn on their minds that it is worth while to breed better men too, and to give them the chance that comes from virtuous parentage on both sides? As goods well bought are half sold, so men well born are half converted.

"There must be a vast change on this subject. We have

not come to it yet, or only here and there in mere scintillations of knowledge, but before the great ripeness comes the race will be regenerated in physical birth. Generations will in the ripe age supersede regenerations. There must be, also, a regeneration of society, for man is so made that he is largely dependent for his education, shape, and final tendencies upon influences that act upon him when he is a child, and that meet him when he goes out from the family. Men under certain forms of government, compressed, misled, are not competent for the things that they would have done if they had been under a purer, nobler, and wiser government. There must needs be a regeneration of government, and there needs to be also a regeneration of business.

"All institutions, governments, and laws, are but organized human nature. Governments and business, notwithstanding all their benefits, are varied with selfishness, full of cruelty, largely void of love. They may restrain the worst elements of mankind, but cannot develop the best. Thus, the human body must be born better, the human mind and dispositions must come into life better, men must come into life through better families, families must stand under better institutions and better governments — under divine laws and institutions; and we can only come to the higher through the imitation of these. But that is a slow work, a gradual work. There are very few pulpits that teach it, or that are competent to teach it, but it must come. It is a great work, it is a glorious work, the fulfillment of which will be the new heaven and the new earth."

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*How to care for the Insane. A Manual for Attendants in Insane Asylums.* By William D. Granger, M.D. G. P. Putman's Sons, publishers, New York city, 1886.

This is a very practical little work, giving much information, and will be found of great service in the training of attendants. This work should have a place in the libraries of all who are engaged in nursing, and will be read with pleasure by both physicians and specialists.

*I. The Mystery of Matter. II. The Philosophy of Ignorance.* By J. Allanson Picton. J. Fitzgerald, publisher, 393 Pearl St., New York. .Post free, 15 cents.

There exists in our time no such schism between religion and intellect as that which characterized the eighteenth century. On the contrary, side by side with a growing independence of traditional creeds, there is a more marked tendency than the world has ever known before to associate the emotions of religion with the discoveries of science. To those whose only notion of alliance between religion and science consists in the futile compromises of the current schemes of "reconciliation," this may appear a bold assertion. But those to whom the most obvious emotion of religion is reverential awe, and its chief fruits self-subordination, uncompromising truth and charity, will gladly allow that science, as represented by its most distinguished masters, is increasingly affected by the inspirations of the spiritual life. This view of the relations between science and religion is admirably illustrated in the two very remarkable essays named above.

*Hand-book for Instruction of Attendants on the Insane.* Cupples, Upham & Co., publishers, Boston, Mass., 1886.

This work is prepared by a committee of the Scottish Medico-Psychological Association, and is most admirably written for popular instruction. The following is the table of contents: "The body, its general functions and disorders. The nursing of the sick. Mind and its disorders. The care of the insane. The general duties of attendants." The clearness, brevity, and accuracy of its statements commend this work to every specialist, and to any one who would be instructed in the every-day care of mind disorders.

The *Journal of Heredity*, *Phrenological Journal*, *Demorest's Monthly*, *Lend a Hand*, and the *Homiletic Review* are all distinguished in their lines, and may be commended to all readers.

*Illustration of Unconsious Memory in Disease: including a Theory of Alteratives.* By Charles Creighton, M.D. J. H. Vail & Co., publishers, New York city.

This volume points out the influence of unconscious memory in health and disease. This is shown to be a cause of human action beyond the sphere of conscious life, and beyond the responsibility of our wills. This is another of those most suggestive studies on the border-lands of mind and matter, which will be read with great pleasure by all. We shall make some quotations from it in our next number, and advise all our readers to send to the publishers for a copy of the book.

The *Popular Science Monthly* for June and July presents a most valuable table of contents. Next to a medical journal, this science monthly is almost indispensable for the physician's library. The best thought from the ever-widening fields of science comes as a most stimulating substitute for the studies of a physician; and those who read regularly this journal must be far in advance of others.

The *Scientific American* completes its fifty-fourth volume in June, and may be said to have attained a maturity and solidity of character that commends it to all.

The *Electrical Engineer* is not only a readable but most fascinating journal for all who are interested in electricity.

Dr. Shepard's Turkish baths, on Brooklyn Heights, is the most attractive place to spend a few days, to all who are worn out and who are invalids, and wish to have the value of sea air with a scientific system of baths.

According to a correspondent the grape and wine growing regions of California are not increasing as rapidly as other fruit sections. Last year the grape growing sections covered 150,000 acres, while the orange culture extended over 200,000 acres. Other fruits are more largely cultivated every year. The inference is that the wine industry will give place to other and more profitable labors.

# Editorial.

## THE RECOGNITION OF THE DISEASE OF INEBRIETY IN THE CLASSIFICATION OF MENTAL DISEASE.

The effort to formulate some general classification of mental disease, taken up by an international committee of specialists all over the world, has brought out the fact that the disease of inebriety is now almost universally recognized. A number of leading specialists have each submitted a plan of classification for the consideration of the committee, and from these are to be selected some general plan which will be adopted as the latest conclusion of science in this field. It is interesting to note the place inebriety is given in these plans by specialists in different countries. Dr. Verga, of the Italian specialists, calls inebriety an acquired psychoses, and divides it into alcoholic and tonic. Dr. Lefebore, of Belgium, places it under the head of toxical alienation. Some German alienists, at a conference at Frankfort-on-the-Main, arranged inebriety under the head of alcoholic mania, and another division called it "those who need watching." Westphal's plan called the cases toxic and delirium tremens. Dr. Steenburg, of Denmark, made a distinct division of these cases under the head of delirium tremens, with subdivisions of chronic alcoholic insanity and periodic dipsomania. Dr. Wille, of Basle, calls these cases, psychoses of intoxication, from alcohol and other intoxicants. Dr. Mynert's classification calls these cases toxic, from alcohol and other agents. Dr. Hack Tuke, of England, puts them under the head of manias and chronic deliriums. These are only a few of the different reports that have been submitted by committees of different countries, which will eventually be examined and compared in a general congress. The chairman of the

American committee, Hon. Clark Bell of New York, has invited committees of the leading societies in this country to join in uniting upon a form of classification of mental disease that will be presented to this international congress in the future. The committee from our association is as follows: Drs. Parrish, Day, and Crothers. The American committees will meet some time during the year.

It is a source of great pleasure to realize that at last the fact of the disease of inebriety is being recognized as a form of insanity, and our efforts through the JOURNAL, and otherwise, have been influential in the progress of science. Our society may well congratulate itself on opening up a new field, and leading the world's march in the recognition of a new and curable form of mental disease.

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THE following is taken from Rev. Dr. Van Dyke's address before the graduates of the Long Island College, at their Commencement, and is a fitting tribute to one of the founders of our association, a pioneer worker who was far in advance of his day and generation, and whose name and work will be monuments in the march of science: "I am sure your hearts will beat in unison with mine, and make much sweeter music than my voice, when I mention the name of Dr. Theodore Mason, one of the principal founders and the first President of the Long Island College Hospital; a man whose hands, I believe, have conferred the diplomas up to this time upon a majority of the graduates of this institution. Wise in council, patient in endurance, indomitable in courage, conservative, and yet progressive, with a wide outlook for the future, he built his life-work deep in the foundations, not only of this college, but of other institutions benevolent and sanitary; a gentleman and a scholar, a Christian and a philanthropist, the friend of labor, and of the poor and the needy; he visited the widows and the fatherless in their affliction, and kept himself unspotted from the world, and the just blessed him."

## TEACHING THE NATURE OF ALCOHOL.

The effort to prevent inebriety by teaching in the common schools the nature and character of alcohol and the danger of its use, is a psychological advance of the subject worthy of note. Many States have passed laws requiring this subject to be taught in the schools, and many text-books and an army of lecturers have appeared discussing the scientific facts concerning alcohol. These lecturers are clergymen, teachers, and irregulars in the medical profession, mostly non-experts, and most incompetent teachers of facts, who, from a small basis of truth, draw the most startling conclusions; conclusions that would require a century of study by the most competent men to determine. From the lecture-stand and before a general audience these exaggerations and fictions pass unchallenged. But when they are presented in text-books for purposes of teaching, the effect is bad. No one can doubt the importance of the subject, and the pressing need of information; but no argument or inaccurate statement can benefit or help on the cause. The zeal of earnest, misinformed men and women which betrays them into statements regarding alcohol that are untrue, is an injury, and in time will react and weaken, if not destroy all their efforts. No matter what is believed to-day by the masses, the truth will be recognized and accepted by-and-by.

The text-books to teach alcohol in the schools are already numerous and voluminous. When we consider that all the known facts concerning the nature and action of alcohol can be placed on a single printed page, the dozen or more text-books on the market, presenting this subject in from one to three hundred pages each, must appeal strongly to the reader's credulity. With one or two exceptions the authors of these works, and their peculiar emphatic style of writing, go far to deepen the suspicion of error and non-expert teaching. The conclusion is inevitable, that all present teaching of alcohol and its dangers must be empirical from such works, and the real results will not come from the impressions pro-

duced on the minds of the children, but from the general agitation of the subject, and the growth of a broader conception in the minds of the community. Alcohol, like electricity, will by-and-by become known, and its place in nature determined; then it can be harnessed safely into the service of progress and civilization. It is the profound ignorance of its nature and character that makes it so dangerous and fatal. The effort to teach the danger from the use of alcohol is a movement in the right direction. But unfortunately these efforts, like the movements of the first settlers or squatters of a new territory, will be transient. Occupying the land here and there, they will give way after a time to the real settlers, who will make permanent improvements and develop the country into an organized state. The real responsibility rests on the medical profession, not on moralists and clergymen. It is a scientific subject, that requires a medical training to study and determine. The public will justly turn to medical men for instruction on this subject. It is too early to teach what alcohol is, because it is unknown; but if this empirical teaching will rouse up inquiry to find out the facts, then good will come from it. If the money spent in this direction had been used to equip laboratories and employ competent men to discover the real truths, the cause of temperance would make great strides. What is wanted most are facts concerning alcohol proclaimed and maintained through all good and evil report.

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## INEBRIETY AND PYROMANIA.

A most excellent physician of a large town in New York State sends us a long account of two cases which have excited great interest in his community, and requests an opinion in the pages of the JOURNAL. A, one of the cases, came from an insane ancestry. His mother was more or less insane all her life, and died in Utica asylum. His father was a boatman on the Erie canal, and lived a life of great irregularity, using spirits to excess at times, and was finally

drowned. A was brought up by a miserly and very religious farmer. At twenty he went into a grocery store, and soon after began to drink beer to excess. When twenty-six he was considered a very dissipated young man. He worked when obliged to, and spent his time about saloons and stables. At times he drank quite steadily, and for days would be on the verge of stupid intoxication. He would seem quiet and at times express a strong desire to get even with some imaginary person who had injured him. Then he would recover, sign the pledge, and work for a time apparently quite sober. Two years ago he was arrested on the charge of setting fire to a barn; as the evidence was not strong, he was discharged. A few months ago he was caught in the act of putting fire to a large factory. It appeared on the trial that, in company with a younger man, he had put fire to many buildings about the town during the past year, and had been very prompt and energetic to extinguish the flames. He plead guilty, and gave as a reason that he could not help it, and that it was the work of rum. He did not ask for pardon, but simply deplored his weakness and said it was whisky alone. His accomplice, B, was a German, with unknown parentage, who seems to have been brought up in beer saloons, and finally graduated as a bar-keeper. He was a weak-minded, steady beer drinker, who, when he had drunk too much, was very morose and talked revengefully of resenting some imaginary wrongs. He was considered childish and incapable of committing any great crime. For the past two years he was the boon companion of A, and seemed to be very obsequious and deferential to all his wishes. They would be seen walking out at night, B always conceding to A in everything, and never making any protests. B was arrested with A, and confessed the crime, giving full particulars of many instances in which he both assisted and committed the act under the direction of A. On the examination both stated that after drinking they would walk out to sober up, when suddenly A would suggest they have a little fun, meaning put fire to some property. This they did with caution, but without any

special design as to whose property was burnt. The fire would be started, both would run away, A would return and try to put it out, while B remained concealed at a distance watching it. When it was over they seldom talked of it. B claimed that A had bewitched him, and that he could not help doing what A commanded him to do.

The counsel for the defense contented himself by pleading for mercy on the ground of previous good character; that they had never been known to have violated any laws, and that they were repentant and confessed at once. The judge read them a severe lecture and sentenced them to a long term of imprisonment. A described his impulse to set fire to buildings as the temptation of the devil, which he could not resist, and which possessed him like a cloud, filling every thought; but when the fire was under full headway vanished, and was replaced by a feeling of regret and desire to repair the injury.

These are the leading facts, and assuming them to be true, there was no doubt great injury done in their sentences. A was an inebriate with pyromaniac impulses. He was born a defect, with an insane and alcoholic tendency, and almost any form of insanity might have been reasonably expected. He was clearly unaccountable for his acts, and was the victim of an insane impulse, both born and acquired. B was likewise an irresponsible, defective person. How far these pyromaniac impulses were the growth of disease in his brain or the projection of A's morbid impulses on a mind weak and prepared to receive them, cannot be determined. Both of these men were clearly insane, and punishment in prison is a most dangerous remedy for them. They will come out terribly unfitted for a life of sane act and conduct. They cannot be made sane and well by prison treatment; all those morbid impulses will be intensified and break out in some other direction when they regain their liberty again.

The State is simply schooling them for other and more insane acts. The normal power of self-control will be broken up, and should they live through their long term of imprison-

ment will be prepared for other crimes, and always be dangerous persons in society. Facts and experiences within the observation of every one fully sustain these statements.

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## MORBID IMPULSES IN INEBRIETY.

A most fascinating field of premonitory symptoms appear in the history of nearly every case of inebriety. The impression grows on the mind of the observer that these symptoms, when better understood, will be found to be more or less uniform in their growth and progress, and to spring from causes that can be understood. Most cases are preceded by, or follow, some condition of mind and body that is alike at all times. In others, complex and most obscure states of mind appear, that are only recognized after the paroxysms occur.

The following case shows a very curious mental condition which precedes the drink paroxysm, and suggests more pronounced states of insanity than was apparent from general inquiry. A, forty-four years old, a lawyer and editor of great brilliancy of mind, came under my care in 1882. He had served with great credit in the army, and began to drink at long intervals to excess after his discharge. He is a paroxysmal drinker, with free intervals of sobriety of from three to twenty months. In meantime, is very actively engaged in literary and professional work. For the first ten years the paroxysm for drink would come to his mind in a rapidly growing desire to feel the exhilaration of alcohol. He would hold a continuous debate in his mind whether he should use spirits or not. Often he would decide against it, then when the mind grew calm again the impulse to drink would come up, pleading and urging reasons for the use of spirits. This debate would go on for a week, then finally he would yield, and after three or four days of excessive use of spirits he recovered, and continued for months free from all desire for it. This mental debate became a season of wretchedness, apparent to his friends, and was marked by a reckless over-

work and state of excitement, literally to get away from this impulse. His wife and physician did everything possible to break up this, but without avail.

Two years before I was consulted, a new phase of the drink paroxysms appeared. Withou tany warning, and in the best of health and spirits, he would go to a saloon or hotel and drink to great excess for twenty-four hours; then suddenly start up and become terribly excited about his condition; hear voices of warning and accusation, and make great efforts to get away from danger. He would go home, call his physician, and suffer from intense melancholy and insomnia; have gastric inflammation, and be unable to keep anything on his stomach. Then this would cease, and an inordinate appetite would follow. He would remain in bed a week or ten days, and while suffering in mind, have many and varied pains in all parts of the body; also be alarmed for fear of insanity, and expect a sudden eclipse of mind; call in his clergyman and become very earnest in prayer to let this cup of sorrow pass from him. Some little thing would serve as a turning-point, and he would get up as suddenly as he went down, go out and resume work with all his usual calmness and brilliancy. He was offended if his past was alluded to in any way. The onset of these drink cravings was a form of trance state, in which all sense of responsibility and duty seemed to be suspended. His memory of what he did was not clear, but at the time he drank in a precipitate way, and gave as a reason that he could not help it.

These paroxysms have continued up to the present time, two or three every year. The drink period is longer and the recovery is also longer. His mind is more sensitive, and these drink paroxysms often seem to start from some little cause; as, for instance, the sight of a drunken man, some little irritation from any source, as bitter words, sudden excitement or sorrow. It would seem when the mind reaches a certain stage, a moral paralysis comes on, and he is the victim of the drink impulse until it is exhausted, then his paralysis lifts, and his danger and situation come into view.

Another curious fact is noted, that these little causes are inoperative and make no impression except at such times, and his friends can only judge of their approach by the length of time which has elapsed since the last drink period. His mind is very acutely sensitive to the danger of another drink paroxysm, and he resolves and pledges himself to stop, and makes every effort to prevent their recurrence. When these times come on he forgets all these efforts, and all advice seems lost, and the efforts of both wife and friends are lost. In a few hours he awakens to the situation, and his alarm and fears are morbid. If a clergyman or friend should be in prayer at this time, he joins in the faith that his sudden change is the answer to prayer. Should a dose of medicine be given, or a word be said, he attributes to them the same power. But this faith dies out after a time and is lost in other views.

He is still in business, and able to work with his accustomed skill, but he is less buoyant and cheerful, and, like all others who drink, is confident he will recover by his own will, and has the usual delusion of great loss of character in going under treatment in some institution.

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WHEN an inebriate suddenly develops mania which continues for some time without cessation, some head injury or sunstroke will be found in the history. If the mania is preceded by a stage of depression and melancholia, the prognosis is grave. If the mania comes on gradually and seems to be dependent on the spirits used, yet keeps on when spirits are removed, serious trouble may be anticipated. If the mania goes away and returns again without any external cause, some state of physical exhaustion produces it. If the mania is violent and destructive, more debility will follow than if mild and delusive. Deliriums of grandeur and power are not grave where they are transient, but when they grow in intensity and duration, grave lesions of the central nervous ganglia are indicated. The manias of inebriety should always be studied with great care.

## INCREASE OF INEBRIETY IN HOT WEATHER.

The hot waves which follow each other during the summer months, register their duration and intensity in the police courts, station-houses, and hospitals of all large cities by the sudden increased number of inebriates who come under observation. A sudden rise of the thermometer brings more drunken men to the station-house, and more acute intoxication is noticed on the streets. Why this is so is not clear. Why should the nerve and brain debility of inebriates seem more easily affected by extreme heat? Why should alcohol have more rapid action, causing pronounced narcotic effect? Why should the inebriate use spirits more freely at such times? These and many more inquiries await an answer from the scientists and future investigation.

One view of the subject should be practically recognized everywhere. *First*, the great danger of confining intoxicated persons arrested on the street in hot weather, in close, badly ventilated cells; such cases are in great danger of heatstroke. Narcotized with alcohol, and thrust into close, stifling air — all the favoring conditions are present, and the person is found dead next morning in the cell, or in a state of deep stupor from which he dies later. The real cause was not the intoxication, but the heatstroke from the close air of the cell. Close, hot cells should never be used for the purpose of confining intoxicated men in hot weather.

*Second*, in a number of cases, drinking-men suffer from partial sunstroke in the street or saloons, and are taken to station-houses, as simply drunken men. They are placed in cells, receive no care, and die. They may be temperate, and, feeling bad, take a glass of brandy for relief, fall into a state of coma, the real cause being the sun or heat-rays; but from the alcoholic breath they are judged to be intoxicated and taken to the cell, only to have an increase of their injury and die.

Another class of cases, far more common than is supposed, are those who, after a partial sunstroke, take a single glass of

spirits, become delirious, and are called "crazy drunk." They are roughly taken to the station, and, perhaps, hit on the head, with no other idea than that of willfulness, and next morning are dead, or are taken to the hospital, and supposed to have meningitis, from which they die. The real cause was the policeman's club, and hemorrhage from traumatism.

Another class drink ice-water, or soda compounds, to excess, then, to relieve the distress from these drinks, take brandy or whisky and become delirious. They are arrested, and thrust into a cell like the others, and if they do not have a heatstroke suffer from injury in their delirium by striking their heads against the walls. Policemen have no other standard except the alcoholic breath for determining the state of the person.

An instance came under my observation, of a man, poorly dressed, who was overcome by heat and exhaustion, and was given a glass of whisky by a kind-hearted storekeeper. He became delirious, was taken to the station, and from thence to the hospital, where he died a few days later. The autopsy revealed a fractured skull and a ruptured artery, which came from the struggles in the arrest or self-inflicted injury in the cell.

*Third*, judges who administer so-called justice to these poor victims, often assume that this sudden increase of inebriates demands increased severity of punishment; and the wrong of arresting every one indiscriminately and sending them to station-houses is still further increased. Justice is outraged, and the burdens of the tax-payer increased, and the danger to life and property made greater by recruits to the dangerous classes — classes diseased and incapable beyond recovery, yet treated as law-abiding citizens and held responsible.

The medical men in every town should insist that all men arrested during hot periods for supposed intoxication should come under medical care, and be examined carefully before they are thrust into cells. The community should be taught that the increased number of acute inebriates in hot weather points to ranges of physical causes that

require study, and can not be treated by policemen or police judges. Hot cells in the ordinary station-houses are sources of danger that should be avoided. The delirious or comatose inebriate who is placed in such cells over night is practically murdered. The chances of escape from heatstroke and traumatism are far less than the hope of recovery. The skill to correctly determinate the condition of these acute inebriates who are arrested in hot weather is far greater than in ordinary insanity, and should not be trusted to policemen and non-experts. Here is a field for the ambitious physician who would discover new ranges of physical causes, and point out methods of prevention of the greatest practical importance.

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We have received a long, bitter appeal from Dr. Evans, to give an opinion on a case in which many medical men have differed. The case was that of a lady lately confined, and nursing and infant who seemed healthy. For some neuralgia or malarious complication, she was given morphia and spirits in sufficient doses to be quite stupid for some days. In meantime, the child, who was nursing her, had convulsions and became stupid and died. The diagnosis seemed to rest between tuberculous meningitis and opium poisoning. Questions of fact in science can never be settled by acrimonious debates and sharp personalities. It would be more profitable to read some of the literature on this subject, and find that many cases of this character have been reported, also that the best authorities point out this danger in nursing-women, and warn the practitioner against the use of opium in any form to such cases.

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The narcotic called *Hopeine*, reported to be a new principle of hops, has been found to be a preparation of morphia concealed with an extract of lupulin.

*Inebriety* precipitates the system into premature old age. Fatty and chronic interstitial degenerations come on. Both mind and body take on all the symptoms of age and decline.

# Clinical Notes and Comments.

## INEBRIETY FROM TEA.

Dr. Slayter, in a late number of the *Lancet*, writes of a case of delirium in a girl who chewed large quantities of tea. It appeared that masses of tea leaves had lodged in the bowels, and the delirium was in some measure dependent on the irritation and reflex action which followed. Trembling delirium, and delusions of injury from others, gave it a strong resemblance to delirium tremens. The amount of tea chewed daily was over one pound. The patient recovered by the use of free cathartics and the withdrawal of the tea. In 1881 I saw a boy who had delirium and trembling that had existed at intervals for two months. The fact that his father had died an inebriate seemed to be a sufficient reason for his symptoms in the minds of his friends. It was ascertained that he had for years drank large quantities of tea. Having been employed in a tea-store, he had chewed it freely. He was literally a tea inebriate. He had inherited an inebriate diathesis, and the early and excessive use of tea was a symptom of it. He had all the symptoms of one who was using alcohol to excess. He recovered, and a year later used coffee to great excess, until he became unfit for work; then was under medical care for a time, recovered, and finally became an opium-taker. Another case came under my observation in the person of a little girl twelve years old, the daughter of a patient under my care for inebriety. She had gradually and steadily become excessively nervous. Could not sleep, had muscular twitchings and delusions of fear; would burst into tears, and complain that she was going to be turned out into the streets. She heard voices at night, and could not keep still. She also imagined that her father was being burned. It was finally found that she was a tea inebriate, and both

drank and chewed it at all times and without any restraint. A physician consulted me about a singular stage of trembling and mild delusions which had appeared in a family of three old maids living alone in the country. It was found to come from excessive use of tea, and to be tea inebriety. When this was stopped they recovered. My observation leads me to think that these cases are not uncommon among the neurotics. They are of such a mild character at first as to escape special observation, and hence are supposed to be due to other causes. Such cases, after beginning on tea, take other drugs and become alcohol, opium, or chloral takers, or develop some form of neurosis, which covers the real and first causes.

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ANY comparison of the results of treatment in insane asylums with that of inebriate asylums brings out some very positive evidence in favor of the latter. Of five thousand cases under treatment at Binghamton and Bay Ridge ten years ago, over thirty per cent. are now temperate, and a large per cent. of this number are occupying responsible positions, have charge of property and estates, and are active business workers in their communities. Compare this with the history of five thousand insane who were discharged ten years ago as cured or benefited, and not ten per cent. can be found to-day who are producers in active life. Practically when the insane are removed to an asylum the causes of insanity are not removed, but when you remove the inebriate to an asylum many of the active causes are removed. In the diagnosis and treatment of the inebriate you have the coöperation of the patient. Not so with the insane. The insane recovers slowly, because he cannot reason on his case; the inebriate recovers more rapidly because he can reason and adapt himself to the new circumstances and conditions of life. Inebriate asylums are always more practical and will do far more towards restoring men to the ranks of producers than insane asylums. DR. TURNER.

## CLINICAL STUDY OF A CASE OF INEBRIETY.

A young man possessing rare gifts of mind, an only son, in many respects the counterpart of his father. They were both professional men of ample means, and with but little to think of, except how best to enjoy life; and, of course, each had his own ideal of what constituted enjoyment. The father was an extremist in religion of the transcendental order, and seemed to dwell in an atmosphere that imparted to his inner sense the most exquisite delights, and when not ranging in invisible spheres, and communing with unseen friends, he was intent on securing converts to his faith; and especially was he anxious to enlist the gifted mind of his son in the same pursuits with himself. The son, on the other hand, could not adopt his father's ideal, though he was envious of his ecstatic flights, and determined to avail himself of the intoxicating and bewildering effects of ardent spirits, hoping thereby to arouse, if possible, similar ecstacies to those of his father's mental state. His judgment could not accept the religion of the father, though he thought he discovered that its realm was, to a great degree, within the scope of a lively imagination, and that by stimulating his own powers he might occupy the same field, and enjoy similar fellowships and fancies.

Both parent and son were alike in temperament; the bodily health of each was good, and on more than one occasion, both in my presence and in the presence of each other, were earnest and sincere in argument and appeal to convince me that the other was insane. The son conceived the father to be a monomaniac on the subject of religion; and the father believed the son to be insane, because, not accepting the dogmas of his transcendentalism, he obtained enjoyment from the bowl. The brain of one was disturbed by a faith which inspired his conduct to a degree, and in a manner, to warrant his being classed with those who

> "Are drunk, but not with wine,"

and who

> "Stagger, but not with strong drink."

The brain of the other was so far athwart its balance as to believe he could substitute the intoxicants for a religious faith, and draw from their inspiration similar delights and enjoyments. By unreasonable methods both sought to realize what they could not possess in a normal state, or could not obtain by reasonable means. The recompense to each was in harmony with his tastes and with the means employed to indulge them.

These men occupied the border-land between sanity and insanity, for a season. They kept pace with each other in concurrent lines, during several years, each following his own course to its end. Occupying separate homes was among the early signs of domestic dissolution, and the sequel of the son's career was a permanent lesion of the brain, requiring a care-taker for the remainder of his life.

The natural outgrowth of his father's vagaries was a gradual but continuous loss of mental poise, and a corresponding diminution of worldly fortune. Both of them, from a common impulse, that was purely psychical, sought happiness through channels that were alike familiar and congenial with their tastes, but leading to one and the same result. The son reveled in an artificial atmosphere, the product of alcoholic intoxication. The father delighted in a rapturous communion with a counterfeit world, which was brought within his reach from beyond our own sphere, not by the poison of alcohol, but by the toxic wand of a bewildered imagination. The brain was intoxicated in both cases, and yet neither was an inebriate. The father exhibited psychical, and the son physical symptoms of intoxication.

DR. PARRISH.

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DR. CLOUSTON of Edinburgh Asylum, Scotland, writes: "I am safe in saying that no man indulges for ten years continuously, even though he was never drunk in all that time, without being psychologically changed for the worse. And if the habit goes on after forty years, the change is apt to be faster and more decided. We see it in our friends, and

we know what the end will be, but we cannot lay hold of anything in particular. Their fortunes and work suffer, and yet we dare not say they are drunkards, for they are not. It all depends on the original inherent strength of the brain how long the downward course takes. Usually some intercurrent disease or tissue degeneration cuts off the man before he has a chance of getting old. I have seen such men simply pass into senile dementia, before he was an old man, from mild, respectable alcoholic excess, without any alcoholism or preliminary outburst at all. And I am sure I have seen strong brains in our profession, at the bar, and in business, break down from chronic alcoholic excess, without their owners ever having been once drunk.

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DR. OGLE, the superintendent of Statistics of the Registrar-General office in England, in a late paper on the mortality of physicians brought out the following startling facts: "The annual mortality of medical men in England has been increasing since 1880. Compared with other callings, this mortality was found to be very high. Among the causes of death, alcoholism or inebriety was more frequent among medical men than among the general people." Thus the annual deaths per one million people are one hundred and seventy-eight medical men from alcoholism, to only one hundred and thirty deaths from this cause, in the general population. In almost all the causes of death, the mortality of medical men was greater than among other classes.

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## VALUABLE REMEDIES IN INEBRIETY.

The remedies advertised in our pages are very near specifics in most cases of inebriety and its allied disorders. In our experience *Horsford's Acid* is excellent in the beginning of treatment, where the stomach will bear an acid, and later, when the case has recovered, as a drink its effects are marked. The *Lactopeptine Compounds*, by the *N. Y. Pharmacal Association*, especially those combined with iron, bismuth, strychnine, and other remedies, can be used in all cases with the most satisfactory results. *Colden's Liquid Beef Tonic* is invaluable in cases of great exhaustion and debility, and can be used in the early stages of these cases with great benefit. *Wheeler's Tissue Phosphates* are valuable, after the acute stage of inebriety has passed, to build up and restore the system. *Maltine Preparations*, by the Maltine Company of New York and Yonkers, being extracts of malted wheat, oats, and barley, combined in many cases with various drugs, is an excellent combination. We have used the *Maltine plain* and the *Maltine Cascara Sagrada*, the latter for constipation and deranged bowels, and most heartily commend it. The *Bromidia Compound* of Battle & Co., St. Louis, is a combination of narcotics that is not excelled, and is a remedy that should always be in readiness for emergencies. *Beef Peptonoids* and *Coca*, prepared by Reed & Carnrick of New York, is another of those nutrient stimulants that are so valuable in cases of exhaustion from inebriety and opium taking. The *Coca cordial*, by Parke, Davis & Co., has the same action, and as a coca preparation will be found indispensable in those cases of border-land disease. *Fellows' Hypophosphites* acts promptly as a stimulant, and in all of these cases of debility of brain and nerve organization can be used with the most satisfactory results. The *Lactated Food*, prepared by Wells, Richardson & Co. of Burlington, Vt., is found in our hands of much value in the low grades of chronic inflammation, following from excessive use of alcohol. Compared with beef tea it seems it is far superior as a rapid stimulant, and should be used in all cases of great exhaustion. We shall in the future make a note of some comparative studies with this and other foods.

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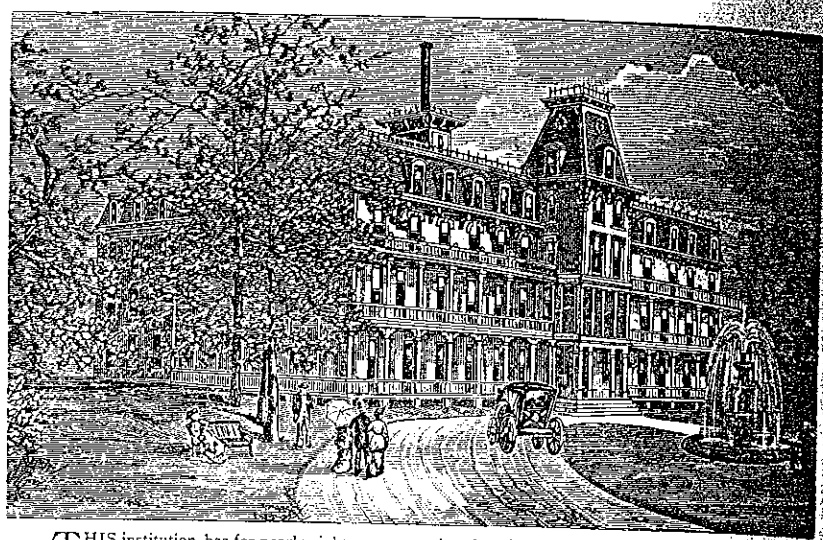

THIS institution has for nearly eighteen years enjoyed an increasing patronage from all parts of the **United States and Canada,** during which time

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A SALUBRIOUS LOCATION,

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TRADE MARK.

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Decided superiority is claimed for the Anglo-Swiss Milk Food in comparison with Any Other Farinaceous Food for Infants and Invalids.

### Chemical Analysis.

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|---|---|---|---|---|
| Moisture | 5 | to | 6 | per cent. |
| Nitrogenous matter (Nitrogen, 2.25 to 2.35) | 14.5 | " | 15 | " |
| Carbo-hydrates, soluble in water | 54 | " | 55 | " |
| Carbo-hydrates, insoluble in water | 15 | " | 16 | " |
| Fat | 4 | " | 5 | " |
| Ash (inclusive of 0.6 Phosphoric Acid) | 2 | " | 2.5 | " |

The proportion of nitrogenous matter or plastic aliments to carbo-hydrates or respiratory constitutents in mother's milk is 1:4.5, and in this food the proportion is practically the same, namely, 1:5.7. The fat, as a respiratory substance is here reduced to the equivalent of starch.

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"I have used Anglo-Swiss Milk Food in my practice, and commend it with confidence to those who may need it for infants or invalids. The introduction of the Anglo-Swiss Milk Food into America is a great blessing to sick children, weary mothers, and almost discouraged physicians, for medicine will not take the place of food."—E. A. JENNINGS, M.D., Provident Dispensary, 62 W. 14th St., New York.

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"Out of fourteen trade samples of Malt Extract examined by *Messrs. Dunstan & Dimmock, only three possessed the power of acting on starch. These brands were MALTINE, Corbyn, Stacey & Co's Extract, and Keppler's Malt Extract.*"

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**MALTINE with Alteratives**—Each fluid ounce contains: *Chloride Calcium*, 5 grains; *Chlorude Magnesium*, 5 grains; *Bromide Sodium*, 5 grains; *Iodide Potassium*, 1 grain; *Iodide Iron*, 1-4 grain.

**MALTINE with Pepsin and Pancreatine**—Each fluid ounce contains: *Pepsin*, 15 grains; *Pancreatine*, 15 grains.

**MALTINE with Cod Liver Oil**—A very agreeable mode of administering Cod Liver Oil.

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**MALTO-YERBINE**—Each pint of this preparation contains: MALTINE, 14 ounces: *Carrageen*, 1 ounce: *Yerbine*, 1 ounce.

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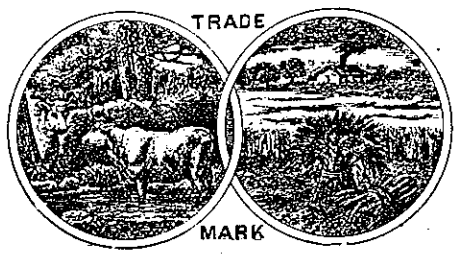


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## SUGAR OF MILK

Is now recognized as an important element of any artificial food for infants which can be claimed to be similar in composition to mother's milk, which contains it in larger proportion than does cow's or goat's milk.

It has an important influence in overcoming any irritable condition of the stomach and bowels, and thus its presence in an Infant Food is of the greatest value.

Being a pure carbo-hydrate, however, it is not of itself sufficient to constitute a nutritious and healthful food. With it should be combined that best of all foods for the muscular and nervous systems, the Gluten of Wheat, rendered easily soluble by proper treatment.

With these the infant should be given that digestive agent, which it most lacks, diastase. This is easily obtained from Malted Barley, and may be so combined with the other constituents that the result will be a food which will nourish every portion of the system, and be digested and assimilated with the greatest ease. This is our claim for Lactated Food. As indicated by its name, it has for its basis Sugar of Milk or Lactose. To this is added the purified Gluten of Wheat and Oats with Barley Diastase and Malt Extract. The small amount of starchy matter remaining is wholly changed to a soluble form by the action of the diastase.

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If any physician that has not yet made a trial of the Lactated Food will write us, we will send a package of our regular size, post-paid, without charge, with the understanding that it will be given a careful trial as soon as possible.

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Combined in the form of a syrup, with *slight alkaline reaction.*

**It Differs in Effect from all Others,** being pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

**It has Sustained a High Reputation** in America and England for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success.

**Its Curative Properties** are largely attributable to Stimulant, Tonic, and Nutritive qualities, whereby the various organic functions are recruited.

**In Cases** where innervating constitutional treatment is applied, and tonic treatment is desirable, this preparation will be found to act with safety and satisfaction.

**Its Action is Prompt;** stimulating the appetite and the digestion, it promotes assimilation, and enters directly into the circulation with the food products.

**The Prescribed Dose** produces a feeling of buoyancy, removing depression or melancholy, and hence is of great value in the treatment of Mental and Nervous Affections.

From its exerting a double tonic effect and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

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PREPARED BY

## JAMES I. FELLOWS, Chemist,

48 VESEY STREET, NEW YORK.

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*CIRCULARS SENT TO PHYSICIANS ON APPLICATION.*

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FOR SALE BY ALL DRUGGISTS.

# The Inebriate's Home, Fort Hamilton, N. Y.

INCORPORATED 1866.

**A HOSPITAL for the TREATMENT of ALCOHOLISM and the OPIUM HABIT.**

*President*, HON. GEORGE G. HERMAN. | *Vice-President*, SAMUEL A. AVILA.
*Treasurer*, HON. WILLIAM M. THOMAS. | *Secretary and Auditor*, I. W. RICHARDSON.
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THE BUILDINGS are constructed for this special purpose, and they are more complete and better apted for the treatment of Dipsomania and the Opium Habit than those of any similar institution in xistence. They are situated on one of the most attractive points on the Bay of New York, and stand on high bluff within one thousand feet of the Narrows, commanding a full view of the whole Eastern Shore Staten Island, also the broad expanse of the Upper and Lower Bay, dotted with the representative sails navigations, and enclosed on the horizon by the blue outlines of the Jersey Coast to the North and the the Ocean to the South. There are separate dining rooms, lodging-rooms and parlors, billiard and ooms. There is also a lecture-room for religious services, readings, concerts, etc. All the New York nes and other newspapers and periodicals are regularly taken.

THE MANAGEMENT is systematic, thorough and adequate. There has been no change in the staff medical officers since the inauguration of the Home.

THE CLASSIFICATION of patients originated with and is peculiar to this institution. Being deter- ined and regulated upon a strictly commercial basis, it is made to depend upon the character of the lodg- board and other accommodations which the patients or their friends are willing to pay for.

By this equitable arrangement we are enabled to offer board, washing and medical attendance at rates rying from $12 to $30 per week. Those paying $16 and upwards, according to size and situation of uarters selected, are provided with a single apartment and a seat at table in private dining-room—the ommodations in the select rooms and the table being in every respect equal to those of a first-class hotel. oms in suit may be had on terms to be agreed upon.

THE RESTRAINTS.—Our system of restraint is compatible with the fullest liberty for each boarder ient to avail himself of all the recreation, amusement and enjoyment which the billiard-room, park and ll grounds, readings, lectures, concerts, musical exercises, etc., afford

THE DISCIPLINE.—The established code of discipline is comprehended in the observance of THE W OF PROPERTY, as universally understood by gentlemen and ladies in the guidance of well-regulated mily and social relationships.

Patients are received either on their application or by due process of law. For mode and terms of admis- apply to the Superintendent, at the Home, Fort Hamilton (L. I.), New York.

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

HOW TO REACH THE INSTITUTION FROM NEW YORK.—Cross the East River to Brooklyn on Fulton ry boat and proceed either by Court street or Third ave. horse cars to transfer office; or, cross from th Ferry on Hamilton Avenue boat and proceed by Fort Hamilton cars to transfer office, thence by n cars to the Home. Request conductor to leave you at the Lodge Gate.