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

A PATHOLOGICAL VIEW OF INEBRIETY IN
GERMANY, AND ITS THERAPEUTIC TREAT-
MENT.*

BY DR. PIEPER, MARYLAND, PRUSSIA.

Since the time when a Moscow physician, Dr. Von Bruhl-Cramer, in a work published in the year 1819, "On Drunkenness, and a Rational Method to Cure it," drew public attention to the pathological consideration of drunkenness, this view has obtained a permanent place in medical science. At first, as with all branches of human progress, one party of physicians adopted the new view as the only correct one, while others continue to see in drunkenness nothing more than a vicious habit. The latter view, which was supported by Heinroth, Ideler, and Trotter, has at present no hold in medicine, and only obtains among the mass of the public, whence it first originated. The view first stated has been powerfully defended by Prof. Edmund Rose, in the "Surgical Text-book," of Pitha and Billroth, Book I, Part II, page 125, "On Delirium Tremens, and Delirium Traumaticum." But

* Contributed by the author to the QUARTERLY JOURNAL OF INEBRIETY and translated by Dr. N. Mayer, Hartford, Conn.

he is not likely to have found many supporters, if his statement is meant to represent more than a single phase of the view,—that is, if it is meant to be the whole and only true view of the subject.

Hoffman and C. Roesch, writing about 1830 to 1840, made a compromise between the two opposite views on inebriety. The former says: "Trotter is mistaken, because he considers the disease not physical, and Bruhl-Cramer errs in considering it as merely physical and not psychical." Roesch, who agrees with Trotter, observes: "It does not depend in this case on remote causes. The remote cause of inebriety is the vice of drinking, and the sin of it; but drunkenness brings about disease, disease causes psychical disturbance, and this is therefore simply a mediate result of sin." (Dr. C. Roesch: "The Abuse of Spirituous Liquors," Tubingen, 1839, page 116.) And further he says: "Drunkenness is first a vice, and then becomes a disease. The beginning is a desire for spirituous beverages, of which the person knows that they will procure him a pleasant, agreeable evening. The second part is an almost irresistible longing, produced by the necessity to supplement his strength, which has suffered by abuse of spirits. The third part is a totally irresistible, and, at times periodically appearing, desire to drink, which is nothing else but a monomania."

On page 248 he says: "Experience proves that the best moral sermons do not reform a drunkard. Even the physician, who treats a person sick in consequence of excessive drinking, should not begin by reproaching his patient. Only when he has arrived at convalescence, and the medical man has won his full confidence, is it proper to broach this theme. Then he may show him the abyss in which he was about to fall, and into which he will most assuredly fall, unless he renounces the vice of inebriety." On page 253 he continues: "Psychical treatment is less effective in the same ratio as drunkenness is deep-seated and has assumed the form of a disease, of a *mania*, as Bruhl-Cramer expresses it. The crisis of the degenerated blood must be restored, the nervous system put in order, the digestion regulated. The drinker

to whom drink has become a physical necessity, must be treated like a sick man, for he is indeed a sick man."

It must be granted that Bruhl-Cramer has given medical science in Germany a lasting impetus to consider and weigh the pathological side of increasing inebriety. He distinguishes :

1. A permanent form, which may be continuous or remittent.
2. A temporary form (which appears in single, well-separated attacks).

Roesch has also adopted this division. The latter form he subdivides into several :

1. The intermittent ; for example, if patient is attacked three certain days of the week or month, and at all other times is sober and reasonable.
2. The periodic ; which returns after longer intervals, for instance, every fall.
3. The mixed ; which exhibits no regular features of interval or return.

Next to the above-named authors, the late Prof. Fr. Nasse of Bonn, deserves honorable mention. He has, in an impartial manner, exhibited all causes which develop an inclination to intemperance, including physical disease and social conditions. (*Rheinische Monatschrift für Heilkunde* 1851, the article on "The Therapeutics of the Abuse of Liquor.") In this article he says :

"Woe to the unfortunate, whom opportunity, temptation, or want of moral force have delivered over to the abuse of liquor ; who has become a drunkard, partly by his own fault, but not wholly so. Vice is vice. But the *roué* who has procured some contagious disease in a brothel has certainly not been drawn so gradually into this condition as the person devoted to liquor has drifted into his. His unimpaired consciousness is better fitted to restrain him, and the command of his sensuality does not inflict upon him such tortures as drive a complete drunkard back to renewed devotion to his drink. His relatives reproach him, he sees his affairs go to ruin. But that does not cure him ; he is simply annoyed

and drinks more. If the clergy is called to aid, they confess that their influence is insufficient here. Temperance societies leave the unfortunate to his relatives; they, also, are powerless. The police take no notice of the drunkard before his conduct militates against their ordinances. Then they fine or imprison him. Where, then, is help and recovery for such a man except with physicians, in what they are able to do themselves or to cause the public to do? It should be well considered what medical men may accomplish in these cases." He, and his son W. Nasse, then communicate a number of cases which resulted successfully, and which had been treated according to the Swedish method of Schreiber-Berzelius, in the hospital at Bonn.

But this powerful plea was not seconded at the time. In 1861 Dr. Solomon, who practices in an agricultural district of Prussia where much liquor is drunk, complained of it as a cause of suicide. He says: "Unfortunately medical science has not occupied itself sufficiently with this vice, because even enlightened men hesitated to treat it as a pathological subject. They hesitate on account of the consequences and opposition they would have to encounter. But the altogether material causes of drunkenness are too evident to be overlooked. Drunkenness is a result of poor food, domestic trouble, chronic gastritis; and also of a disposition to insanity which may be hereditary, and, taking the place of other psychic disturbances, results in drunkenness. Those that lose life in this manner are killed by the *causes* of drunkenness." In the year 1874 he renewed his accusation: "In what manner does a person become a drunkard? has rarely been asked. Alcoholism is always looked upon as a consequence of immorality; and yet no inquiry into ætiological causes will be so productive of useful results. But to prosecute it, it is necessary to observe patients for a considerable time, and to have control of them. The disposition to become a drunkard may arise in three ways: (1) From social causes; (2) from acquired disease; (3) from insanity, generally of a hereditary nature." The writer arrives at the following conclusions:

1. That the number of drunkards who have become so by habit is much smaller than generally believed.
2. That in most cases a close investigation and observation disclose definite causes which seem to have brought about drunkenness.
3. That these causes spring in part from unhealthy social conditions ; in part from disease of a well-defined sort ; and in part from primary, and generally hereditary, psychosis.
4. That both private charity and government, together with the specialists for mental disease in Germany, have neglected to do much for the amelioration of this wide-spread calamity."

However, even at that time, Prof. Griesinger of Zurich, and then of Berlin, pointed out the powerful pathological influences of excess in his "Pathology and Therapeutics of Psychic Disease." He enumerates inebriety among the "mixed causes of psychic disease ; acting directly by over-excitation of the brain and disturbance of its processes of nutrition, and indirectly, by degeneration of the liver, disease of the stomach, and development of scurvy. Besides these, acting psychically by excitement, disturbance, ruin."

He also maintains that drunkenness may appear as a consequence of these influences. He continues: "It is certain that every degree of drunkenness represents a grade of real insanity, being a dreamy condition, with numerous illusions and hallucinations. The habitual drinker exhibits, even when not drunk, many signs of a chronic brain trouble. His condition may gradually merge into insanity or idiocy. In the brain of the habitual drinker, as in that of many insane, may be found the results of passive stases, of chronically developed opacities, and thickening of the membranes. The habit of drinking is so strong, the representations against it in the drinker so feeble, and his will to abstain so weakened, that, though fully conscious of becoming dishonored and despicable, though his health is failing, and his domestic happiness going to ruin, yet every day anew he will break his good resolutions. The lassitude, the dizziness, the blunted senses, the muscular weakness, and the gastric troubles which afflict

him, are momentarily ameliorated by the liquor. Hence, since he can every day help his condition in this manner, drunkenness gains upon him and becomes a habit.

The past warnings and occasional attempts to treat drunkenness pathologically have now attracted the consideration of those German physicians that devote themselves to the treatment of the insane. They have lately stirred in the matter in a practical way, and I regard it an especially favorable sign that the movement has originated with them. Dr. W. Nasse, the president of the society of medical officers of insane asylums, in their meeting in Hamburg, September 17, 1876, presented this question for their consideration: "How can we specially assist in preventing the harm which the abuse of alcohol produces in our nation?"

Bruhl-Cramer, Roesch, and even Rose looked upon the different kinds of alcoholic excess as of one species, and regarded periodical drunkenness as one division of continued inebriety. But specialists of the present day incline to make a perfect division between (1) dipsomania; (2) a sort of periodical insanity with free intervals; and (3) habitual drinking. This classification affords us Germans but few examples of the first kind. We have no information as yet whether habitual drinking may not eventually become dipsomania in a mixed or unclear form, and without typical regularity of appearance, because we have not had sufficient material for observation. In the address above mentioned Nasse gave the first full account of the American asylums for the intemperate, and declared at the same time that German medical men would accept the thesis, "Intemperance is a disease," only as regards real dipsomania, in which an irresistible desire to drink is the symptom, and not the cause, of this specialty of insanity. Of the habitual drinker, we can only maintain a gradual merging of intemperance into a disease in the more advanced stages of inebriety, when the will and energy grow weaker every day, when memory and judgment lose their acuteness, the emotions turn dull, and the drinker becomes daily more a slave of his passion who has lost the faculty of self-control.

With the same views Prof. Nasse, in 1877, addressed a conference of physicians and laymen, on the "Origin of Drunkenness": "It is usually considered to be a moral vice, which owes its origin and growth to thoughtlessness and habit, and as the result of a willful misdemeanor; it is generally judged with harshness. But if we investigate thoroughly the causes that have led to drinking, we can perceive, besides those above enumerated, a great variety of others. Poor, innutritious food, insufficient protection from the weather, chronic stomach and liver affections, debility after exhausting diseases, inherited mental disposition,—these may be classed as some of the causes resulting in a special physical condition which is not fitted or capable to offer sufficient resistance to the desire for alcohol, that has proved its cheering and ameliorating influences on previous occasions. Drunkenness does not deserve, in all cases, a severe moral condemnation, since physical causes, also, may bring it about, almost with compulsory power. But however differently it may be produced, by moral or organic causes, the drunkard, once become so, generally advances without halt or hesitation on the destructive path of his habit, and surely undermines his own moral strength, his condition of fortune, his physical and mental health."

In regard to the chronic effects of alcohol, he says: "The physical disturbances that result from the abuse of alcohol are numerous; besides the digestive apparatus and the brain, the blood-vessels gradually degenerate, and there is hardly an organ of the body which does not undergo pathological changes in consequence of impaired general nutrition."

As to the final result, he says: "Every habitual drinker arrives finally at a state of mental disease, founded on tangible changes in the functions of the brain, and characterized by dullness of the senses, the judgment and memory, by weakness of will and loss of the faculty of self-control. Whether he has arrived at this point by way of a vicious habit, or under injurious influences in consequence of an abnormal organization, the result of continued drinking is the same. We have a morally depraved, physically and mentally

sick individual on our hands, and are compelled to meet the question : ' Whether and how we can help him ? ' "

Following the same views, Dr. Selman, director of an insane asylum, has treated the matter in addresses delivered in Dusseldorf, and articles published in periodicals. He, however, does not so strongly defend the pathological direction of this question. He says, " It is only in a small number of cases that we succeed in establishing a really pathological cause of drunkenness and to urge in excuse of the drinker heredity, physical or mental disease, or misery and suffering. In most cases the affair is differently situated. Imitation, want of education, and chiefly the force of habit, and again cheap liquor and the increase of bar-rooms, these are the springs that contribute to the broad stream of this vice." Yet, he also acknowledges continuous drinking to be a disease, and concludes with these words, " It is chiefly the duty of physicians by addresses and literary efforts to spread among the people the view that drunkenness is a disease."

Dr. Baer, in his comprehensive work on " Alcoholism," Berlin, 1878, does not merely analyze the effects of alcohol on the animal organism, but adopts Nasse's views, that continued inclination to inebriety is a disease. And his views have never met with successful refutation by any medical writer.

In accordance with all these views, " special asylums for drinkers " have been proposed and demanded long ago.

In regard to the necessary limitations of personal liberty in these cases, Roesch writes : " A habitual drinker is to be treated as one who is not *sane mentis*, and does not desire to be. He should certainly be kept under observation and guidance ; like a minor or demented person, he is not to be permitted to manage his estate, to make contracts, to give evidence, to hold office, to incur debts—and especially are debts for liquor not to be paid, a good means to limit drinking." And again : " The incurable drunkard is to be confined in an asylum, where medical influences and means that disgust him with drinking may be brought into play."

The earliest proposition for such an asylum is that of Pro-

essor Nasse, in 1851. He alludes to the English private asylums for the cure and improvement of drinkers, and continues, "It is the duty of physicians to make it plain to the authorities that in such institutions it is possible to cure drunkards of their vice, that the means at hand may speedily and permanently help them, and that no great expense is called for by this attempt. If once the authorities decide to order that inebriates, like the insane, should be confined in asylums for this purpose, then physicians will readily be found to establish such institutions. There is no call for such extensive expenditure in this matter as when founding an insane asylum. It is very likely, when the usefulness of such institutions has been proved, that drunkards not altogether lost to their situation may, of their own accord, desire admittance. Communities and towns, to whom a resident drunkard is an annoyance by his bad example and by the disturbances he causes, to whom he is a danger by his neglect of precautions against fire and by the possibility of murderous onslaughts, would gladly bear the small expense required to place him in an asylum, as far as the laws may give them such authority.

Dr. Salomon writes, in 1861: "An asylum for drunkards, under the direction of a competent physician and organized in the manner of insane asylums, will be of more advantage and effect than one hundred addresses of the most eloquent temperance apostles." He continues later, "There are various means to reduce the number of the victims of drunkenness. But the right means are only made use of in rare and solitary instances. Were there asylums for drunkards many a suicide would be prevented, because physical diseases that cause drunkenness would receive treatment and cure." In another place he again advocates asylums of this kind, and says: "Whenever a drunkard may be placed into an asylum by coercion he would be subject to the same kind of reasoning which obtains in the confinement of the insane, and civil law must decide this question." Lastly, he advocates separate divisions in these asylums. The physicians for mental disorders must weigh the advocacy for the establishment of such institutions.

Private undertakings and humanitarian efforts would follow in their train.

Only a few years ago the first accounts of American asylums were received in German medical circles. The *Berlin General Psychiatric Gazette* and the *Vienna Psychiatric Central Journal* published short accounts of them. Dr Roller of Illenau, a meritorious specialist for mental diseases, in the twenty-eighth volume of the first-mentioned periodical, after a description of the condition which awaits the inebriate and his family, says, "As for this there is no other help but the erection of suitable institutions. By these much sorrow and misfortune may be prevented; and, if the detention is continued long enough and supported by suitable treatment, it may be possible to cure the cause of it. It is to be hoped that much sorrow will be prevented should the dread of being placed in such an asylum cause some drinkers to refrain from excess, while others habitually addicted might be put under treatment there before insanity has fully developed. If the reports we receive from Binghamton prove only partially true, it is enough to stimulate us to begin the work." He also discusses this matter in his work, "Psychiatric Questions of the Times," Berlin, 1874.

Rose remarks: "To establish asylums as in the United States is highly praiseworthy, and is a great benefit for those who are drunkards without their own fault." The Westphalian physicians, Drs. Koster and Vorster, also demanded the establishment of such asylums in their reports of 1871 to 1872.

Dr. Nasse, in his first lecture in 1874, could give a more particular account of the American asylums, and then the movement in this matter became more general and spirited. The speaker, then in Hamburg, did not accept the first accounts from America without criticism and caution. Yet he gave his full attention to the American system of combating the consequences of the abuse of alcohol, and acknowledged its justification in theory as well as the possibility of practically carrying it out, "all the more so as a stricter and more energetic procedure, and consequently a more precise

and healthy way of treatment had lately gained favor in the American asylums." He concludes with a statement of the conviction that the participation of psychiatrically educated physicians is absolutely necessary to create interest at large for the cause of inebriate asylums. The presiding officer of the association of German physicians for the insane was commissioned by the society to take the matter into further consideration, and prepare suitable resolutions for a future day. And we may hope for the best from the position and reputation of this gentleman. The point to be reached here is the passage of a law by which drunkards may for a certain time be compelled to subject themselves to treatment in an asylum. To succeed in this there are statistics necessary to illustrate the pressing necessity of the case, and again, it is desirable to secure the favorable opinions of the legal profession and the public. Pelman says to the physicians, "We must exert a pressure upon public opinion. The conviction that something must be done, and in what direction it must be done, must assume such proportions, that legislators are compelled to respond to it, and remove the obstacles that are still in our way. Only then inebriate asylums can develop their full usefulness. Till then we must gather observations and experiences to support our claims. The aim which we have, and which we must never put aside for a moment, is the legally-regulated and compulsory lodgment of drunkards in inebriate asylums, where they are treated in accordance with medical principles, and, if possible, cured."

This subject has ever since remained before the influential association of physicians for the insane. The president has continually worked to initiate the procuring of statistics by discussions with the ministers of state. Still, he confesses that the matter may proceed very slowly, and hence does not deem it proper as yet to propose resolutions regarding the confinement of drunkards.

In the meanwhile, the public has been influenced with success. The first address of Prof. Nasse was printed in pamphlet form, and circulated widely in religious and humanitarian circles. The second address was delivered before those

circles, and spread abroad by print; and this has already borne some fruit. We have had in Germany, for some time, a small asylum for discharged prisoners and vagabonds, situated at Lintorf, near Dusseldorf. It could accommodate about twenty-four persons. It came to pass in the course of time that many inebriates sought refuge there. It was under the direction of a clergyman, and the treatment of the inmates was religious, moral, and disciplinarian. Admission and discharge were uncontrolled, at the will of each. Under these circumstances, few drinkers remained long.

As a result of the movement above described, it was resolved to enlarge this asylum by the erection of an additional ward. This was carried out, and the new division arranged for twenty patients. They were to remain under the direction of the same clergyman, Rev. Mr. Hirsch. Unfortunately it was not designed to receive the poorer classes, that really need it most; but, in order to cover the expense sooner, and make the ward self-supporting, only inebriates of the educated and well-to-do circles were admitted. The building has just been finished, and the necessity for medical treatment has so far been recognized among the supporters of this measure, that it is contemplated to secure medical attendance on the inmates. No other inebriate asylum exists in Germany.

Further than this, Dr. Pelman has endeavored to influence in this direction by lectures physicians and municipal authorities of the Rhine provinces, and to spread these ideas among the public at large by printed articles. Last December the association for the promotion of public health in the Rhine provinces, which is composed chiefly of medical men and officials, adopted the following resolution: "Legislation must confer authority to confine habitual drunkards in asylums, even against their will;" and the officers were deputed to draft suitable propositions for a law of this nature.

As will be seen, the movement in favor of inebriate asylums in Germany is well on foot. We owe much in this matter to the United States. They have set us a practical example, and we have profited by their experiences. However,

we Germans are still convinced that inebriety is of a mixed character, and we are likely, therefore, to use a mixed system in our asylums. We desire to make them curative and correctional, an institution that holds a place between the hospital and the workhouse.

Concerning the further progress of our endeavors, I will gladly report to the JOURNAL OF INEBRIETY at a future time.

INEBRIATES FROM THE PRODUCERS.

A large part of inebriates belong to the bone and sinew of the land; men who cultivate the soil, pay taxes, and give prosperity to the State; and those of every trade, occupation, and profession, who have done their much to assist in the maintenance of the wealth and advancement of the State, and who, with their wives and children, when misfortune overtakes them, are a burden on their friends or the community.

It is neither humane, philanthropic, or Christian, to say that such persons forfeit the right to be cared for by the State when they become inebriates; we owe them a duty to provide means by which they can return to society and usefulness.

Gutzeit has found ethyl-alcohol present as a natural constituent or product of certain plants, particularly of the natural order *Umbelliferae*. The presence of this alcohol in the essential oils derived from this family is often noticed. The oil of cumin has been found to particularly contain traces of this alcohol, by Prof. Kraut. This interesting fact confirms the theories of late investigations into the nature of alcohol, and suggests some very practical inquiries as to the unexplained effects from many of the essential oils.

**MENTAL STRAIN AND HEREDITY A CAUSE
OF INEBRIETY.***

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THE doctrine of heredity is as old as the decalogue and as undeniable as revelation.

The promulgation that the "Iniquities of the fathers shall be visited upon the children of the third and fourth generation," comes down to us through the centuries with an historic fulfillment that we cannot disregard. The survival of the fittest and the destruction of the weakest, is the formula of the modern scientist for expressing the same great truth.

"Blood will tell," is the forcible and common-sense phraseology of common people.

The fact that parents transmit to their posterity the physical characteristics which they themselves possess, modified by dissimilarity of parentage, is as well understood as the descent of property by legal inheritance. But the transmission of traits of character, habits of life, and spiritual qualities, is not so fully appreciated.

Each member of the human family is in structure and function the recapitulation of all that has gone before,—an abridgement of his ancestry,—a new edition, though not always revised and improved.

Standing on the high bridge at St. Louis, you look down on two distinct streams of water flowing in the same channel. On the east side, the waters of the upper Mississippi, clear and pure; on the west side, the waters of the Missouri, thick and turbid. A few miles below, both mingle in a common stream,

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and carry the stronger characteristics of the Missouri far out into the Gulf of Mexico.

Such is human life ; two streams of ancestry mingle in each individual, and as a general law, the stronger character for the time being predominates, but never so strongly that some feature of structure, or character, pertaining to the weaker, is not represented. When the child is superior to either, or both parents, we have the rare combination of the best qualities of each.

In reproduction, we transmit not alone what we inherit, but what we are at the time being. Not the powers and faculties which we might, or ought to have had in exercise, but those which actually prevailed.

In this point of view, the peculiarities which exist in individual members of the same family, become an exceedingly interesting study.

This, however, is a field of inquiry which we may only glance at, in passing to the main subject of this paper.

In the vegetable kingdom, "like produces like" with no variation except such as may be the result of climate and soil.

The law of vegetative life holds good in the lower orders of animal life, and it is not till we reach a higher development of the nervous system, as in our domestic animals, that we recognize the capacity to transmit individual qualities, and this we shall find to exist in proportion to the activity and functional power of the nervous system.

So far as man's animal life is concerned, there is in constant operation the law of lower organizations, that "like produces like," and if there were no other forces in operation, there would be as much uniformity among men as in reptiles or fishes.

So great, however, is the force of nervous influence, that no one person is the duplicate of another, and the varieties of organization are as numerous as the individuals.

Approximate uniformity exists most among the uncivilized and uneducated, and variety reaches its maximum among those most highly civilized and educated. In the higher

forms of life there is such an infinite variety of influences operating on the nervous system, that it will be utterly impossible to lay down any uniform laws of reproduction which shall be of universal application. Any rule we may suggest will of course be subject to its exception. But the more fully we study psychology and the physiology of the nervous system, and the more complete our knowledge of the circumstances of the parents during conception and gestation, the more accurate and complete will be our theories.

We cannot predict what will be the prevailing characteristics of the children by the original qualities of the parents, unless we comprehend their spiritual nature, and know their habits of daily life.

The general causes of departure from the organic law (like produces like) are dissimilarity of parents, the occupations they pursue, the physical and psychological conditions during conception and gestation, and the vices they indulge in and the virtues they inculcate.

Cultivation of the earth is, perhaps, the most normal occupation of the human race in civilized life, and we here find the most faithful adherence to family types, and the strongest resemblances between children and parents.

When marriages take place between parties residing in the same neighborhood, and often associated together in the sports of early life, in schools and in churches, and pursuing substantially the same style of living, family resemblances are preserved from one generation to another with great distinctiveness.

Under such circumstances we find, for instance, longevity as a characteristic as far back as we can trace the history of the family. In another family, short life and premature death prevails, till there is none left to perpetuate the name.

Methods of thought, religious and political views, like the face, are transmitted from one generation to another. Some are uniformly religious, and others as uniformly skeptical, without faith in God or man. Some are temperate and uniform in their habits; others are continuously falling into vice, and temptations of the appetites and lusts.

Change of occupation from active, out-door life, or from muscular work to more intellectual employment or more skillful labor, very soon results in a marked departure from the old family type.

We first notice a marked change in the physical organization of our stalwart New England men in the manufacturing towns and cities, where in a single generation there is a depreciation in weight of from fifteen to twenty per cent.

Incredible as such a falling off in physical organization may seem, it may be verified in almost any congregation gathered in a large town or city. The fathers, reared to early manhood on the farm, average from one hundred and sixty to one hundred and seventy pounds and upwards, while their sons have dwindled to one hundred and forty or one hundred and thirty pounds.

I am not unmindful of the fact, however, that there are some families among our agricultural people who have so overtaxed their muscular powers, in working early and late, that they have nothing left to transmit to their children but nerves that were constantly kept up to the tension of a fiddle string; and we have all heard voices that were pitched to the sharp note of such an instrument.

In large families of children we often find a living illustration of different periods in the history of the parents.

In one family the parents began life on a mortgaged farm. For a few years it was the ambition and struggle of both to pay that mortgage and get out of debt. In a few years this was accomplished, and the parties took life easier. The first child was bright and intelligent, and possessed of remarkable executive ability, ambitious and penurious, but subject to periods of great nervous excitement. There were three other children, each less nervous than the preceding. One, the fourth, combined the best qualities of both parents, was energetic, self-possessed, and free from any neurosis. In another family you may find this order reversed. The husband had a comfortable little property or inheritance, was a book-keeper in a large establishment, and for a few years led a life of comparative quiet, and was then promoted

to the charge of the business, which kept him in constant anxiety and excitement. The first children were well balanced, self-possessed, and exempt from neurosis. The children born after the change in business had an organization so different from the first that a stranger would doubt whether they had the same parentage.

We sometimes see in a group of children a single child, like the black sheep of a flock, possessed of characteristics strikingly different from all the others. If we can only reach the history of the parents, we shall probably find the cause in some temporary excitement which deeply affected one or both: a family affliction, a business disaster, an exciting political campaign, or even more trivial events. Children conceived under such circumstances are sometimes very marked and eccentric characters, but more frequently, they either fall victims to some nervous disease early in life, or grow up to be insane, inebriates, criminals, or paupers.

The most marked illustration of the transmission of temporary conditions in parents may be seen in families where indulgence in alcoholic stimulants has prevailed at one period, and total abstinence at another. I have personal knowledge of several families where the children of the temperate period are well organized and healthy, while those conceived during the period of indulgence are all subject to some form of neurosis.

The occupation of one of the parents is not unfrequently personated in a child. I have seen the son of a saloon keeper who had the physiognomy, gait, and general appearance of a drunken man to such an extent that a stranger, at first sight, would consider him intoxicated. A son of a butcher, when quite young, exhibited a mania for destroying insects and small animals, as he became older he seemed to delight in hurting and tormenting other children, though he has not yet been guilty of any great crime. While such cases as these are to be regarded as monstrosities, yet they serve to illustrate a principle which has a very wide application.

A New England yankee is said to be a natural born mechanic, and the children of some of our artisans take to

invention and mechanism as a duck to the water. A close observer, from the amusement of the child, could easily infer the occupation of the father.

Overwork in the parent, especially if it exhausts the nervous system, begets imbecility or inferiority of organization as truly as impairment of health will beget disease.

Track horses while exhausted by frequent races are not reliable to breed fast stock.

The sons of great men rarely sustain the reputation of their parentage. If we except the Adamses not one of the great statesmen of our country have left a single descendant worthy to represent their names in history. The names of Washington, Franklin, Hancock, Hamilton, Calhoun, Benton, Clay, and Webster are known to the American people only in the past. The force of their great powers was exhausted in the arduous and exciting labors in which they were engaged.

The children of great brain-workers are oftener below than above mediocrity. Our best men, to a large extent, originate from sound stock in rather humble life. A parentage of good physical organization, strong common-sense, industrious habits, fair intelligence, and a life free from vice.

An exhausted nerve force, whether it be from over-work, excitement, or unnatural stimulation, lowers the standard of health and propagates the prevailing nervous condition in some form of neurosis. The exact form will be determined by prevailing circumstances. It may be epilepsy, some neuralgic affection, imbecility, inebriety, or insanity.

We recognize in reproduction, two distinct forces which bear a part in the ultimate result, the physical and the spiritual. The physical tends to uniformity of family type, and the spiritual tends to variety.

The vices men indulge in are transmitted by the twofold force of the physical and spiritual nature, and thus we have hereditary vice and hereditary disease in the same individual, the one leading into the other.

Hence, the man who inherits inebriety, has both a physical organization and a moral nature predisposing him to it.

Inebriety is closely allied to insanity and epilepsy, and is

a form of neurosis specially adapted to eccentricities of life. First of all, the power of self-control is below that of well-organized men. In the conflict between reason and appetite, which all men experience more or less, appetite triumphs. He may reason just as intelligently and just as forcibly in regard to indulgence in alcoholic stimulants as any total abstainer, but his reasoning is unheeded. Some of the most effective public lecturers on temperance are hereditary inebriates, who are able to hold on to their good resolutions by maintaining a constant excitement in another direction. So great is the tendency to periodic extravagance of appetite in this class of men, that they often plunge into excess in other things. They will chew or smoke extravagantly, or use some other narcotic. Sometimes they consume large quantities of fruit, eating oranges and drinking lemonade by the hour. A reformed man recently informed me, that when the desire for strong drink comes upon him, he resorts to apples, using six or eight large greenings in an evening, while he seldom used more than a single apple in an evening while he had his accustomed stimulants.

Indiscriminate indulgence of the appetite in children, tends to the vice of drunkenness, and a lack of control of the appetite in children, is a premonitory symptom of hereditary inebriety. The indulgence to which they are inclined, if gratified, leads to an exalted excitability of the organic nerves, which regulate and sustain the digestive functions.

Excitability is a marked characteristic of the hereditary inebriate, any unusual occasion switching him off the track of a sober life. Fourth of July, Christmas, New Year's, a general training, a birth, a death, makes him wild and excitable, and takes away his power of self-control, and he is swept before the passion of the hour, like leaves before the gale. This characteristic is not alone the outgrowth of his previous life, but it is a condition often manifested in early life, which predisposes him to it.

Dullness of moral perception, inability to appreciate the turpitude of wrong acts, want of truthfulness and veracity, all characterize, more or less, the inebriate, and in proportion

to the prominence of these qualities, we estimate the probability of his reformation. It is obvious enough that a person in whom such traits of character predominate, must be destitute of true self-respect; and when a man is destitute of self-respect, there must be only a very slight foundation on which to construct a reformation.

Persons who do not possess the characteristics we have considered, are seldom, if ever, liable to become inebriates. Personal habits, or associations in life, may make men not so organized, common drunkards, but not inebriates. We recognize inebriety as a disease, and drunkenness as a vice which may possibly develop the characteristics we have named. Just as extraordinary exposure or debility may develop consumption in those not predisposed to it.

We have been taught that in consumption and cancer there is an organic germ, or a physiological unit transmitted from one generation to another, and this constitutes, by growth and multiplication, the hereditary disease. Our theories of treatment were based on this limited view. We treated the local disease.

With the advance of physiological science, we have discovered that the development of tubercle, is the result of certain physical conditions, and that the diet and manner of living are necessary factors in the result.

Tubercle does not grow in a state of perfect health any more than the seed germinates in the soil without heat and moisture.

Those who inherit consumption are rarely, if ever, good feeders. They are delicate eaters and usually fastidious in their tastes, and for the most part, select a diet most favorable to the formation of tubercle. Dr. Hooker used to say, that he had never known but two persons who disliked the fat of beef live to be over forty years; one of these was extravagantly fond of eggs and the other of milk.

The consumptive usually has a delicate organization throughout, a weak muscular system and moderate nerve force. They are bright, cheerful, and hopeful, seldom courageous or self-reliant, and readily yield to disease without any

determined effort to resist it. I have often felt that they were more inclined to reckless exposure than other persons.

By a better understanding of the conditions of health tending to consumption, the percentage of mortality from this disease has materially decreased. In the State of Connecticut, during the last seventeen years, the decrease has been twelve per cent., and nervous diseases have increased in about the same ratio.

The causes which have contributed to the increase of nervous diseases may be found in the management of children, and the manner in which adults labor. The instruction of the child is conducted on business principles. The largest amount of knowledge is to be acquired in the shortest time possible. Rapid progress is the highest test of a desirable school. Teachers are sought who are earnest and enthusiastic in their work. A magnetic power of inspiration, is, par excellence, the best qualification. In many schools, those who do not possess this gift need not apply. That teacher is most sought after who can secure the greatest brain tension during the hours allotted to study. The home management, in too many families, contributes to the same result. Late entertainments, the reading of exciting works of fiction, keep up the brain-tension till late hours, and thus the nervous system is crowded into morbid and unnatural growth. Any thing is now dull and stupid that does not furnish excitement. Nervous excitement prevails in schools, in our homes, and in business.

The utmost speed is demanded in machinery and in handicraft. The business man, the mechanic, and the artisan leave each days' labor with an exhausted nerve-force. As a consequence, the next generation becomes more nervous than the preceding, and more liable to all forms of neurosis. A resort to the artificial stimulation of drink after the hours of labor are over is a natural consequence of nervous fatigue. The narcotic effects of alcohol bring a sense of restfulness and relief. Moderate drinking in the farmer, who lives in the open air and exercises his muscles more than his brain, may be comparatively easy, but it is exceedingly improbable in the

brain-worker, mechanic, or business man. One may continue a moderate drinker for a long time, the other is destined to be a drunkard or an inebriate in a few years, if he drinks habitually. If such men escape themselves, there is absolutely no hope for their children, except in total abstinence.

While nervous diseases have been on the increase from the causes to which we have referred, consumption has decreased from improved diet and methods of living, more fruit and vegetables, a greater variety of food and less pork has improved the nutrition of the present generation, periods of rest, and short vacations have exerted a recuperative influence and kept up a higher standard of health. So long as the general health can be fully maintained tubercles are not formed. Formerly, consumption was thought to be incurable and it was so treated in all hereditary cases. But we now know that this hitherto fatal disease can be averted or prevented by the indirect means of promoting the general health. We prescribe a generous diet, open air exercise, and frequently a change of climate. Under this treatment, persons with the premonitory symptoms of tuberculosis become healthy and escape the disease. So long as we adhered to the direct treatment of consumption we failed. Cough mixtures have probably hastened the descent to the grave of more than they have ever cured.

May not our experience in the treatment of consumptives, furnish a hint for the management of inebriates? The consumptives are deficient in the oil globules of the blood. We prescribe a diet and course of life adapted to supply this want. On the same principle, we find inebriates deficient in the power of self control and moral perceptions. It is therefore of the utmost importance that we secure the subjection of the appetite to reason, and the observance of regular habits of life, and bring into exercise the moral faculties in the management of all persons who have a tendency to hereditary inebriety.

Logically, the inebriate who indulges in several vices is much less likely to be reformed, permanently, from inebriety

while he adheres to the others, than is the person who asserts complete self-control and abandons all vicious habits.

Persisting in the use of tobacco while attempting to abstain from the use of alcoholic stimulants has caused many a man to fall, who might otherwise have resisted the temptation. There are several incidental reasons why this is likely to be the result.

Again, the moral perceptions of the hereditary inebriate are deficient. He is like the consumptive, who lacks vital force to take and assimilate sufficient nourishment.

Some reformers are in the habit of asserting that conversion takes away the appetite for drink. There may be miracles of grace, but the day of physical miracles has probably passed. Conversion substitutes a new set of motives stronger, and entirely different from those which have heretofore prevailed. And this so far overcomes the appetite as to seemingly take it away.

The analogy here presented seems to suggest the principle which should guide us in the treatment of inebriety. First, as in consumption, restore the physical health and then reinstate the power of self-control and elevate the moral perceptions.

The physical treatment of inebriates is comparatively an easy matter, but the moral treatment is the most important and the most difficult; whatever advancement we make in the treatment of inebriety, must be largely in this direction. It is in fact, one of the specialties, requiring patient and conscientious investigation.

In every case of inebriety there is a physiological and psychological element entering into the causation and progress of the case. Physiologically, the integrity of the organism and its healthy activity are the prominent factors; psychologically, the moral vigor and control by the higher motives of the brain-power are the active forces.

DIPSOMANIA.

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Dipsomania is a disease of great interest. Because of its most prominent symptom, the intolerable thirst for alcohol, it is often mistaken for alcoholism, or drunkenness. Such persons are considered responsible for this condition, having brought it on themselves. Medico-legally, this gives rise to many doubtful questions. In the paroxysm of drink the dipsomaniac will often commit criminal acts, for which he would be responsible in the intervals, when all symptoms of the disease were wanting. The question of vice and disease is a difficult one, and on its determination the responsibility and consequent punishment must often be decided. There is yet much difference of opinion as to whether dipsomania is the principal disease, or only a symptom of it; its most important symptom, periodicity, has also been disputed. I propose in this article to explain briefly how it is understood here; also to show its complex symptoms and some of the prominent facts in the differential diagnosis, with a mention of the literature, and from this show how it should be regarded pathogenetically, and where its place is in the system.

Dipsomania is a marked neurosis, analogous to epilepsy. It is an inherited disposition breaking out periodically in irresistible attacks of cravings for alcohol, which overwhelms the patient, effectually controlling his mind and will, destroying all moral freedom. These paroxysms are followed by free intervals in which the patient has regained complete command over himself and makes the best intentions for the

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future, but always fails when the attack returns. Sooner or later this ends in dementia.

Of the symptoms, I shall only describe those which characterize the simplest form without any complication, verifying them in description of cases to be mentioned afterwards. The attack is generally preceded by prodromes of shorter or longer intervals. Most conspicuous is a decided change of character; the patient is very irritable and ready to quarrel; is excitable, and boisterous in language and manner; he is restless, discontented, and full of anxiety; his thoughts move slowly; a feeling of impending disease, and uncertainty, with decreased appetite, restless sleep, and inability to work, continues for some time. After a few days a desire for alcohol comes on. The mind is filled with such thoughts, which increase until every energy is absorbed. A single glass of alcohol relieves all this oppression and mental disorder, but the improvement is short; the same morbid feeling reappears with greater intensity, and the same source of relief is sought; and the more he drinks the greater becomes this want, and until finally the natural man disappears, and the monomaniac, with no other thought but drink, comes out in his place. Often he is at home drinking constantly, in a semi-bestial condition, in which he drinks to stupor, and awakens to again drink himself to the same condition. If he is away from home in a saloon the same condition follows. Sometimes he will shut himself up with a large quantity of alcohol, and remain till it is all used up. If he is prevented from gratifying his impulses he shows great suffering and dissatisfaction, and readily uses every means by threat or force to procure spirits. This want is imperative, and for this reason he is deaf to all persuasions of family, oblivious to respect of friends or pride of position. He sells or pawns any thing for money, and has no fear of committing crime if it will procure the means to gratify his thirst. Severe vomiting ensues at the termination of the paroxysm. His mind returns, and he begins slowly to resume all his former habits, and shows absolute or relative temperance. In the interval he is morbidly conscious of his disease, seeks every means to repair the injury he has done,

and has the strongest intentions for the future ; but despite all his efforts the disease breaks out again, after an uncertain interval peculiar to each case. In some cases the attack occurs with great regularity, appearing always at certain times. In cases of long standing the length of the paroxysm increases, and the interval becomes shorter.

Unfortunately, nearly all our cases never come under observation in the earlier stages. Only when they become more or less chronic are they put under medical care. In some of the cases I have observed, the earliest paroxysm was about six days duration, with a free interval of three months. Some years after, the duration of the paroxysm was six weeks, and the free interval only two months. In another case, the free interval was one month in length, and the paroxysm one week in duration. Foreign authors mention instances where the paroxysms would begin late in the fall and last through winter (Esquirol), or cases where they were repeated twice a year, etc. The duration of the paroxysm may be said to vary from one day to several months. Brühl-Cramer is of the opinion that the paroxysms will always end on certain critical days, which he supposes to be the third, fifth, and seventh days, etc. This is not verified by other authors. The duration of the prodroma varies as much as in epilepsy. In some cases they have been noticed a week before the attack ; and in others, less time.

The vomiting which ends the paroxysm is not always present, but is replaced by profuse perspiration. The convalescence lasts from a few days to a week. In some cases there is no apparent convalescence, particularly in the early paroxysms of dipsomania ; but where it has lasted several years, the convalescence is sometimes slow and protracted. Another symptom is worthy of mention. Some patients are exceedingly temperate during the interval, and have a great disgust for alcohol. Others show abstinence for the first few days after the paroxysm, and then return to old habits of moderate drinking. Dipsomania has appeared in persons who never used alcohol before. Some authors believe that dipsomania always attacks those who have indulged in alco-

hol. This is not sustained by general observation, and an examination of the literature will show that it originated in persons previously free from its use. The opinion held here is that dipsomania depends upon a neurosis or morbid disposition, inherited and analogous with epilepsy. This will explain why it appears in those previously temperate as often as in those who have been addicted to its alcoholic use, and also explain the absolute temperance and disgust for alcohol manifested in the free interval of many cases. As the attacks approach nearer each other the duration is lengthened. Finally mental disorders come on. The patient is melancholic, talks little, is anxious, and restless, and has hallucinations. The memory grows weaker, the thoughts are slow, and all interest is lost, ending in complete dementia. The duration can be very long. Brühl-Cramer reports a case which lasted twenty years. Usually intercurrent diseases cause death much sooner.

This is a description of simple dipsomania. All writers agree that the complex, or transitory forms of the disease, are more frequent than the foregoing, where the attacks occur irregularly, and do not altogether constitute the disease. Often they appear alternately with other phenomena of an impulsive nature, simulating the principal disease. All such patients have a marked predisposition to nervous disorders. In some cases a loss of the moral sense is a prominent early symptom; with this there is often a morbid disposition, which breaks out through instinct for dangerous acts of crime and lawlessness, as well as an irresistible desire to use alcohol. Such patients are by some authors classed as true dipsomaniacs, and by others placed in the category of moral insanity. French authors define all these cases as born with a defective organization bordering on idiocy, or as varieties of the so-called "*Folie Instinctive*." In the differential diagnosis, it is important to distinguish between dipsomania and common drunkenness. The habits and appearances of both are often confounded one with the other. The drunkard is often dependent on circumstances and conditions,—such as money, opportunity, etc., for the gratification of his desire.

Several forms of drunkenness have been described. One intermittent, where the person drinks the first days of the week and is sober the last. Remittent, where he drinks any part of the day and is sober the remaining part. Also continuous form, where the patient drinks constantly, and the periodical form which closely simulates dipsomania. These are all classed under one head as inebriates. Skaë claims that the worst and most common form is continuous dipsomania.

What is the difference between the dipsomaniac and the drunkard? The drunkard, until his mind is entirely lost, is always able to exert a certain command over himself and control of his acts. The desire for drink seems to be governed by circumstances,—such as time, place, financial condition, social position, etc. This is a point of much importance. In cases of intermittent drunkenness it is noticed that persons of the working class may drink Sunday, Monday, and perhaps Tuesday, then go to work and remain sober the rest of the week. These intermittents do not depend on the recurrence of the periodic desire, but only on the circumstance of having money and idleness. This periodicity may be changed by time and circumstance; it is the same with the remittent forms. In the case of a man under my observation who has drunk over twenty years, very hard at night, and been perfectly sober every day, because his position and work demanded it. The diseased appetite was fully controlled during this time, but when the work was over it obtained mastery over him. This is characteristic of drunkenness, and may continue for a long time, or until the terminal stage of alcohol comes on with bluntness of the mind and loss of all control. The remittent and continued drunkards follow the same path. I know a continuous drunkard who has for years drunk only so much every day, never incapacitating him for ordinary business, but when night comes he increases the amount till stupor intervenes. This is called dipsomania by Skaë. In all these cases there is a certain restraint and control which exist up to a certain degree over the habit of drink, and this distinguishes it from dipsomania.

In the latter disease the desire for alcohol is uncontrollable, and all moral freedom seems lost. He cannot work, and has but one desire, and that is to drink. The want of money is no obstacle, and all other circumstances can seldom break up this impulse. Hence the difference between the two, the dipsomaniac and the drunkard, is the preservation or loss of control over himself. In the diagnosis, it is important to know whether any early attacks existed or not, and their remitting or intermitting character; also the length of the free interval. In dipsomania the free intervals early are of long duration. When both of these cases become chronic they resemble each other in the frequency of the attack and absence of intervals. The paroxysm of the drunkard is excited by certain conditions or causes. Such cases must be discriminated from dipsomania. Dipsomania coming on systematically is common in many cases of insanity. This form is marked by the impulsive tendencies. In the prodromic stages of general paralysis, this impulse to drink appears with great force, making the principal disease somewhat doubtful, the dipsomania appearing to be the cause when it is only the effect. The same morbid condition will appear in the early stage of paralysis. In the city hospital of —, three patients began suddenly to drink who were previously temperate. The impulsive character of the disorder led us to suspect something more serious. A few months later symptoms of general paralysis developed.

In another case the patient became furiously drunken, and a few months later acute mania developed. This case had in youth been wounded in the parietal region, which was the seat of a depressed cicatricial eschar. He died soon after, and an examination revealed inflammation about the seat of the wound. Such instances are not uncommon where injury early in life develops later in the desire for drink. Morel recites some cases of girls, who, following a hysterical paroxysm, drank largely. Esquirol reports instances of idiots who exhibited marked periodicity of impulse for drink. There are many physiological conditions such as pregnancy, menstruation, and the menopause together with perverted

habits which provoke irresistible desires for alcohol. About the pathogenesis of dipsomania and its place in the nosology, opinions have varied greatly. The reason, I think, is that the nature and essential character of the disease has been understood very differently. Brühl Cramer supposed dipsomania to be a physical disease, depending upon an irritable condition of the cardia, as proven by the declarations of many patients that this was the spot where the desire for drink began. This author believes all forms of chronic alcoholism to be phases of dipsomania. Hence, he would naturally explain this to be the seat of disease. He thinks chronic catarrh of the stomach and cardialgia common symptoms. He also asserts that the essential cause of the disease is found in previous alcoholic excess. This with a previous predisposition may be developed into a disease by different opportunities, such as idleness, overwork, mental strain, trouble, imperfect nutrition, etc. The idea of dipsomania being a physical disease is supported by Bonsdorf, who believes it to be dependent upon a paralytic affection of the sympathetic nerves of mucous membrane of the stomach, and hence following, expansion of the vessels with overfilling of blood, which should cause a different sensation of the mucous membrane. The alcohol which is taken instinctively causes a contraction of the vessels, and thus the abnormal sensations are relieved. This opinion is disputed by some. Erdmanne considers this disease as purely psychal, and compared to uterine furor, also, that its early origin depends on excessive use of spirits. Fluss considers it partly physical and psychal. The physical beginning first from drink, followed after by psychal abnormalities. Removing the first cures the second. Esquirol partly claims that in these cases, that the abuse of alcohol arises more from insanity, and as a symptom of mental disease, than as a disease itself. Proven by an example of cases that were previously temperate becoming violently drunken at once. In dipsomania the will was the first to suffer, then followed the other faculties producing a monomania "divresse," the principal symptom, the alcoholic impulse which periodically destroyed the power of judgment, he thought to be

common to all cases, only in a lesser degree. In the etiology he considers that the period of menopause, the effect of climate, and certain skin diseases, as among the causes overlooked.

Such views have been held a long time by French authors. Lately, Morel has shown clearly that heredity is a powerful factor in the origin of dipsomania. He indicated that psychal abnormalities in the parents are developed in the next generation, and that if an improvement of the morbid condition is not attained by intermarriage, the result will be complete degeneration. One of the prominent symptoms of such degeneration is a lack of moral capacity, and the preponderance of ungovernable instincts, and dipsomaniac tendencies. Hence he supposes dipsomania to be a symptom of hereditary degeneration or insanity.

Brühl Cramer, from a long examination of this subject, concludes that drunken parents are seldom prolific, and when so, the children are stupid, malicious, and full of mental defects. Skaë and Thompson have both made deep researches into the hereditary disposition. The cases which they examined, were largely of the mixed form of dipsomania, and all showed decided tendencies to insanity. Skaë found in eighty-two, thirty-two cases of inherited dipsomania. In the parents of the children of the collateral branches, he found drunkenness, dipsomania, suicide, and other mental diseases. Thompson found in twenty cases, nineteen in which inebriety was clearly inherited. Many of these families containing two, four, and eight members, were all either drunken, epileptic or insane. In three families which I have studied, where both parents were drunken and insane, every single member following, suffered from mental defects of which epilepsy, dipsomania, and suicide were most common.

All authors agree that heredity is the prominent cause in the etiology of dipsomania ; but they disagree as to the place it should occupy in the nosology, and whether it should be considered as a principal disease or only as a symptom. It is clear that insanity and nervous diseases develop into dipsomania in the next generation, and vice-versa. The intimate

relation between these diseases is evident. Its marked characteristics of progress and development, indicate a nervous disorder. Its sudden origin, the periodicity of the attacks, the free intervals, the increase of the attacks in number and duration, and finally, its transition into dementia, are all parallel symptoms closely allied to epilepsy. Brühl Cramer relates a case of a man who, during sleep, received a blow on the face, which alarmed him very much; from that time he became a dipsomaniac. The attacks came on at the end of each month and showed a peculiarity of fainting during the attack. A severe sudden emotion of the mind may cause dipsomania, in a person previously predisposed. As in epilepsy in the later stages where the attacks are frequent, a clouded mental condition follows the paroxysms for some days. Hallucinations, deep depressions, and even mania, are not uncommon. These symptoms are frequently noticed in dipsomania. Lenz relates a case of dipsomania who in the beginning of the first stages was either melancholic or very much excited, but later, when the case became chronic, he was greatly depressed and had muttering delirium. In both epilepsy and dipsomania, all memory of events is obliterated. Tuchs describes a case, where before the dipsomania came on, one or two paroxysms of epilepsy followed by depression occurred. After a few years, the dipsomania appeared first, and afterward the epilepsy, and this continued vice-versa for several years. The prognosis is generally bad; both Salvatori and Brühl Cramer report cases where a permanent cure has been effected. Most authors consider dipsomania inherited, to be incurable.

In the treatment the most which can be done is to prevent the patient from procuring drink. Many authors think such means will only lessen the intensity of the attack and not its recurrence, and that the paroxysm will return whether alcohol is secured or not. Lenz has described several cases which were prevented from using alcohol during the paroxysm, but were noted for marked maniacal symptoms, and criminal tendencies. In one case, alcohol was suddenly removed from the patient in which the paroxysm had begun.

This was followed by acute mania. All such cases should be placed in an asylum, and during the free interval, given work under the direction of an attendant. If the attacks appear frequently, the patient should be confined constantly in an asylum.

The author adds to this paper a number of cases, which are described minutely, and presented, to bring out his meaning more clearly. These are omitted for want of room but will be published in the next number. Eds

NEED OF SOUND SLEEP.

The habitual use of alcoholic drinks acts as a destroyer of nerve power. Tobacco operates as a powerful sedative and depressor of nerve force. When in a state of nervous prostration both tend to prevent sound sleep. Want of sleep is one of the earliest symptoms of loss of nerve-power, and a brain over-worked, over-fatigued, or unduly stimulated, is more quickly relieved by proper preparations of the phosphates than by any other remedy. Flint says, "Simple repose suffices to relieve fatigue of the muscles; but sound sleep, and sound sleep alone, relieves fatigue of the brain; without it there can be no rest for the organ, and no repair of brain tissue." To get sound sleep the brain must be fed, not narcotized.

It is a fact worth noting, that many of the cases of Hystero-Epilepsy studied in the wards of the La Salpêtrière, Paris, Prof. Charcot, are found to be children of drinking parents, and to inherit an unstable, nervous condition, which, through causes more or less accidental, takes this phase of disease.

Abstracts and Reviews.

MORTALITY FROM INEBRIETY.

Two somewhat remarkable papers have been lately presented on the above subject, by Drs. Norman Kerr and Thomas Morton. The first one, entitled "The Mortality from Intemperance," was read before the Social Science Congress at Cheltenham, England, in October, 1878. The second one was read before the Harveian Society of London, November, 1878, "On Mortality referable to Alcohol." The first paper, by Dr. Kerr, was devoted to an examination of the correctness of Dr. Farr's statements "that the deaths referable to alcohol were rapidly decreasing, and few in number."

It was ascertained that the usual death certificate of physicians rarely ever mentioned inebriety as in any way a cause of death. Often when inebriety was the real cause, pneumonia, cerebritis, embolism, and other diseases were put down in the certificates; hence Dr. Farr's reports based on such data were of no value. To reach some basis of facts as a starting point, Dr. Kerr kept an accurate record of all the deaths occurring in his practice for a period of twelve months. During this time he testified, by certificate or before the coroner, to the death of fifty-five persons. Of these, thirteen died either directly or indirectly from the use of alcohol.

Taking the number of physicians in the Kingdom and deducting the proportional cases which each one would have, making allowance for variations of place and practice, and supposing them to have a comparatively similar experience, he found that the actual death-rate from inebriety would exceed one hundred and twenty-eight thousand a year. In corroboration of this Dr. Kerr made a study of the deaths

occurring in the practice of twelve physicians in different parts of the country. The results indicated a still greater mortality from inebriety than in his own practice.

Examining Mr. Nelson's statistics, which affirmed that there were six hundred thousand inebriates in the British Isles, with an annual death-rate of about forty-five hundred, it was ascertained that these figures were not in any way exaggerated. Adding to this one-fourth of the infant mortality as directly or indirectly due to inebriety, which would amount to sixty-five thousand, this would leave only twenty thousand to make up the original estimate of one hundred and twenty-eight thousand. This number must cover all the deaths from violence and accident and excesses among women and children who either suffer directly or indirectly from inebriety.

No mention is made in this estimate of the diseases, or pauperism and crime, which comes directly from this source, and the heavy mortality following.

Of the deaths occurring in the workhouse and public institutions, over twenty-three thousand were found to be traceable to inebriety. Fully twelve thousand engaged in the liquor traffic died each year from inebriety. Mr. Wakely, the well-known coroner, held fifteen hundred inquests in one year, nine hundred of which were attributed to inebriety; he gave it as his opinion that from ten to fifteen thousand persons die annually from the same cause over which no inquests are held. Other statistics were presented, together with the estimates of several health officers, etc. In conclusion, Dr. Kerr affirmed that he was confident that farther inquiry extending over the United Kingdom would show over two hundred thousand deaths annually from inebriety.

Dr. Richardson's estimate that over two hundred and twenty-seven thousand lives would be saved annually if Britain could be converted to temperance, was thought to be not far from the truth. A spirited discussion followed, in which these startling statements were confirmed, and no exceptions were taken to Dr. Kerr's computations.

Dr. Morton, in his paper "On the Mortality referable to Alcohol," questioned the correctness of Dr. Farr's estimate,

and gave the results of the observations of twenty physicians who carefully tabulated the causes of death in all cases in their practice.

These statistics referred only to England and Wales, and were confined to persons who had died from inebriety, between the ages of twenty-five and seventy-five. These cases were nearly all drawn from the middle classes.

Applying the figures obtained from this source to the deaths from all causes between these ages, the result was thirty-seven thousand deaths from inebriety. A comparative application of these figures to the causes of death before and after this period, increased the number to over thirty-nine thousand, and this represented the deaths clearly traced to inebriety. The remainder of the paper was devoted to confirmatory evidence and correction of possible inaccuracies of figures.

The influence of alcohol in causing cirrhosis, affections of the kidneys, stomach, and brain, and other diseases, were specially pointed out as being prominent and indicating the whole mortality. These statistics had reference to deaths outside of all public institutions or hospitals; if to these figures were added the deaths from alcohol in the public institutions, the results would exceed that of Dr. Kerr's estimate.

A long discussion followed the reading of this paper, which was participated in by Drs. Kerr, Hardwicke, Richardson, Cleveland, Farquharson, Fitzpatrick, and others.

Dr. Hardwicke said that he had made some studies of statistics, and his firm belief was that Drs. Morton and Kerr's figures were considerably less than the facts would indicate.

A very general agreement seemed to exist among the members that one hundred and twenty thousand deaths annually occurred in the Kingdom from inebriety, and this number is rather the minimum than the maximum figure.

These papers open up a field of startling interest, one that is comparatively unknown in this country. We suggest to health boards and temperance societies that they gather mortality statistics of their own neighborhoods and circles, that are accurate, and those presented to the public will be far

more convincing and effectual than many of the arguments now used.

From the *British Medical Journal* we make the following extract :

“ Acting on the suggestions of these papers, the Harveian Society of London have undertaken to investigate this subject of mortality referable to alcohol, and appointed a Committee for that purpose.

“ This committee, turning first in their endeavor to collect a body of facts on the question, to the members of the Society, have issued forms of schedule for collection of experience. It is probable that alcohol is frequently a cause of disease, or contributes to render it fatal in many cases ; and, for various reasons, no mention of it appears in the certificate of death. What they ask those whom they address, therefore, to do, is simply to go through the counterfoils of their death-certificates, or such of them as they can readily lay their hands upon, for the last two or three years ; and to enter the age and sex of each adult (over twenty years of age) in the appropriate column in an accompanying form ; adding in cases of death distinctly referable to alcohol, either wholly or partly, very brief particulars of occupation, sex, age, and reasons for assigning death to this cause. Going back no further than memory will serve, they don't think this will occupy much time, perhaps not more than hour, and very probably much less ; while the aggregate result would be very valuable. The form, they believe, will be rather a help than not ; but if any one should prefer to give the same or any part of the same information—even the bare number of cases of each kind—in his own way, they will feel obliged ; and they will also welcome any general remarks on the subject which may be thought likely to be of use to them.”

THE POPULAR DISCUSSION OF ALCOHOL.

The English *Cotemporary Review* has published a series of papers on alcohol, written in a popular style, by several London physicians of more or less eminence.

These papers are more remarkable for their uncertainty and vague hesitation, than for any special information or facts they contain.

They are all evidently written to combat the doctrine of total abstinence, and indicate unmistakably the revolution of opinion relating to alcohol that is agitating society.

We have noticed in former numbers of this journal the voluminous reports of the temperance committee of the House of Lords, and the very general demand by all classes for legislation, and means to control the use of alcohol.

The bill to establish inebriate asylums, and the rapid growth of temperance reform, have alarmed the English mind with the idea of total abstinence, hence these papers.

We present a synopsis of the arguments of each paper, more as a matter of history, leaving all inferences and deductions to our readers.

SIR JAMES PAGET advocates the moderate habitual use of alcohol as certainly pleasant, and probably useful. Of moderate drinking, he thinks that the balance of medical and of popular feeling favors it, and that neither statistics nor physiological or pathological researches have proven it injurious. He doubts the inherited evils which are propagated, and handed down from drinking ancestors, and finds no proof of it in comparisons of different nations.

Dr. T. LANDER BRUNTON discusses how and when alcohol may be of value. He thinks that to a small class it may be a poison, and to a still smaller number it may cause mania. Another class is exhilarated markedly so, and to such persons the risk is great. Most persons do not need alcohol, and are better without it; but late in life it is excellent, and acts often as food and as a stimulant. As a food, it is one which sometimes interferes with the oxydation of other foods in the body, while it is being itself decomposed, and as a food it is only adapted to febrile conditions. As a stimulant, alcohol is often useful to tide over a severe crisis, but its best effect is in rousing the system at the close of an exhausting work.

Dr. ALBERT J. BERNAYS describes with great minuteness
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the causes and extenuating circumstances of intemperance. He thinks the water, the adulterations of beer, the bad atmosphere, and the variations in the strength of alcohol, are most common causes. Beer is considered the safest kind of alcohol, and wine the next best. Teetotalism in his opinion is no remedy for intemperance; we must secure it by other means.

Dr. WALTER MOXON is also opposed to total abstinence. After a long argument to show why men drink, he defines it both a blessing and a curse, and thinks certain temperaments are more susceptible to alcohol than others.

Dr. S. WILKES defines alcohol to be a narcotic and not a stimulant. He shows how its use has become so general over the country; that its value is chiefly that of lessening pain and suffering, the same as opium or other narcotics.

SIR WILLIAM GULL is confident that in disease and debility it is useful, and also in overwork. But the constant use of alcohol is dangerous, and should be avoided; short of drunkenness alcohol is the most dangerous agent in the country.

Dr. C. MURCHISON doubts if alcohol has any value in health, but in some kinds of disease and debility it may be very beneficial. He makes a special point of urging that it should not be used on an empty stomach.

Dr. JAMES RISDON BENNETT urges the temperate use of alcohol as both a food and a medicine. He is confident that physicians have investigated the facts very thoroughly, and that a middle-aged man may safely use it in moderation, but children and young people must abstain. As a medicine, it is invaluable in his opinion.

Dr. C. B. RADCLIFF believes that alcohol is both a sedative and stimulant, and as important as opium or quinine in medicine. He urges that it is cheap food, to be used by all classes in moderation. Drunkenness is the exception to the rule; moderation must be learned by each one for himself.

Dr. JOSEPH KIDD would have all men educated to restrain their animal passions, and thus indicate how far alcohol could be safely used. In large doses it is a poison, in small doses

it may be a food. If it was studied on a scientific basis, and minute directions given as to its use, little danger would follow.

Dr. R. BRUNDENELL CARTER relates his own experience in favor of alcohol. He calls teetotalism a delusion, and believes the disasters from alcohol originate from impurities. The more pure, the less liable to be taken in excess. The palate will not lead the man astray if it is properly gratified.

Dr. A. B. GARROD urges that alcohol be taken largely diluted in water, and only at meals; that it is of great advantage, both medicinally and otherwise, if taken properly.

The *British Medical Journal*, which represents the highest talent of Great Britain, sums up the whole subject in the following summary manner:

"The series of inharmonious utterances in the *Cotemporary Review* on alcohol have, we hope, come to an end. The idea was not a good one, and it has been very ill executed. A 'symposium' of friends in council gravely listened to each other, and, with a full note of concord, educing a full variety of experience, is a pleasant and useful mode of discussion; but we have here a Donnybrook Fair, in which every man is hurled pell-mell into a sort of undignified spectacular fight, without any harmonizing communication. Medicine has suffered in reputation, and the cause of social science has not profited. We are glad to see that Sir Henry Thompson and Dr. Quain, who had been announced for the fray, have declined to be buffed out. The list began, *formosa superne*, with Sir James Paget; it ends, fishily enough, with a homœopathic dictum. We hope this sad display before the thinking public is the last we shall see of the kind, and we cannot but regret that so many eminent medical men fell into the trap."

THE CONTROL OF INEBRIATES.

Dipsomania is not a disease, like gout, limited to a comparatively few persons, but is a wide-spread evil, carrying into every community its baneful influences, and any pro-

posed remedy for its eradication must be broad and deep, must bear the impress of the state's authority, must lay hands armed with the whole power of the Commonwealth upon the drunkard and compel his obedience until such time, as in the opinion of those competent to judge, he shall be able to use his liberty without prejudice to the happiness and safety of others.

The objections urged in 1870, by the reviewers in medical journals, and elsewhere, to my scheme of a Reformatory for inebriates, owned by the State and under the jurisdiction of the courts, were—first, the unconstitutionality of depriving a person of liberty who was neither a criminal nor a lunatic; and second, the expense to the State of supporting such institutions. We have hardly space here, nor does it devolve upon the physician to discuss the constitutional question. It seems to us, however, a self-evident proposition that society has a right to protect itself against the acts of persons who, if not technically insane, are by their own admission incapable of self-control. But it would seem that this objection has already been surmounted in at least one State in the Union. The State of Connecticut legalized, by an act of its legislature passed on the 25th of July, 1874, the compulsory confinement by the courts of inebriates, dipsomaniacs, and habitual drunkards, in any inebriate asylum of the State, for a period, depending upon the stage and curability of the disease, ranging from four months to three years. It only remains now for this enterprising little commonwealth to establish the necessary Reformatories and organize the same in the manner advocated in our published Annual Report of 1870.

The other difficulty, the expenses of their support, we think, can be quite as effectually and far more satisfactorily disposed of. State Reformatories for inebriates, like our public hospitals for the insane, to be effective must be open to dipsomaniacs of all classes, especially the poor, or those who are unable to bear their own expenses; and it is indispensable to its success that ample provision be made for the regular and profitable employment of all its inmates. For the luxu-

ious and profitless methods of passing away the time, which for a conspicuous and attractive part of the curriculum of all the private asylums for inebriates, regular and remunerative labor should be substituted. Most of the inmates would soon acquire strength enough to engage in manual labor, and thus contribute to their own support. That this should be exacted of them according to their ability, is, to my mind, too evident to be insisted upon. No one who is able to work has a right to live in idleness. It is the decree of God that man must live by the sweat of his brow, and if health and strength permit, the accidental fact of his confinement does not relieve the inebriate from the operation of this universal law. To support the inmates of such establishments in idleness or luxurious ease, is so manifest a violation, not only of the divine law, but of all the principles of public economy and honesty, it is not surprising that the States have preferred not to augment the public burdens, already sufficiently onerous in the care of their really helpless members—the insane, deaf, dumb, and blind—by the establishment and support of institutions for the detention and cure of inebriates.—Dr. BRYCE, in *Report of Alabama Insane Hospital*.

CIRRHOSIS FROM INEBRIETY.

Dr. Fox, in the *British Medical Journal*, describes the case of a boy, eleven years of age, who died of cirrhosis which was evidently largely inherited. His mother was a hard drinker, and during pregnancy and lactation, had used alcohol excessively. During the last year the boy had developed a strong craving for stimulants. The children of drunken mothers are often imbecile, insane, or epileptic, as a consequence of congestion or hemorrhage into the membrane or nervous substance. If alcohol carries into the composition of the fecundating material certain unknown modifications, why may not cirrhosis be one of its manifestations? In this case all other possible causes were excluded, leaving the strong inference that the cirrhosis was the local expression of the inherited diathesis to inebriety.

EARLY CAUSES OF OPIUM INEBRIETY

In a report to the State Board of Health of Michigan, Dr. Marshall makes the following suggestive remarks :

“Those who have become addicted to opium generally give as an excuse for acquiring the habit, that it was taken in the beginning of some painful or incurable disease. The diseases for which opium was first taken, as reported, were neuralgia, rheumatism, chronic diarrhoea, asthma, bronchitis, consumption, palsy, fractures, and diseases peculiar to women.

“The opium-habit in this country seems to arise from many different causes, prominent among which is the indiscriminate use of medicines without intelligent medical advice. Few families are to be found who are without their stock of remedies. Common among these are opium, morphine, dover's powder, laudanum, and paregoric, besides the domestic prescriptions containing opium. For the nursery, in addition to the common opiate preparations, are the patent soothing-syrups, cordials, and anodynes, nearly all containing opium.

“To show to what an extent the dosing of infants with opiates is carried, it is claimed that three-fourths of a million of bottles of Mrs. Winslow's soothing-syrup are sold annually in the United States. According to the analysis made by the *California Medical Gazette*, each bottle contains from one-half to one grain of morphine. Placing the average at three-quarters of a grain to each bottle of this syrup, the amount used in this manner would be 562,500 grains, or about 1,171 troy ounces—enough to kill a half million of infants not accustomed to its use.

“The effect of the frequent administration of opiates to infants is most disastrous, and is probably the cause of thousands of deaths every year as a result of its interference with digestion, assimilation, and its over-stimulation of the nervous system. Hydrocephalus, meningitis, convulsions, cholera-infantum, diarrhoea, dysentery, rickets, and marasmus often follow the continued use of opiates in infancy, as a consequence.

“From the predisposition to nervous and neuralgic affec-

tions produced by it, probably many cases of opium-habit in the adult have their first cause in the use of opiates in infancy and childhood. A want is created in the child which is satisfied in the adult when opium is taken, tolerance being already established.

"Prostitution and drunkenness are given in the reports as causes of the opium-habit. The first is mostly confined to the larger cities. The prostitute, broken in health and exhausted by disease and debauchery, is a willing victim to a new vice. These remarks apply with nearly equal force to licentiousness in the male.

"It is claimed that many reformed drunkards become opium-eaters, and that the agitation of the temperance question and the passing of prohibitory liquor-laws have been the means of increasing the opium-habit. Probably the truth of this matter is, that those who substitute opium for alcohol when reforming from the vice of drunkenness, had probably dabbled with opium.

"The most frequent cause of the opium-habit in females is the taking of opiates to relieve painful menstruation and diseases of the female organs of generation. The frequency of these diseases in part accounts for the excess of female opium-eaters over males.

"Undoubtedly in many instances physicians are directly responsible for the habit in continuing the medicine too long, or too frequently resorting to it; but more often the opiate is prescribed and afterwards indefinitely continued without the physician's knowledge or consent. The prescription intended for a day is repeated by the druggist many times, and its use is continued until the habit is formed. I believe there is no effectual law to reach these cases or prevent the sale of opium in any quantity. At present, it would not be difficult for a lunatic or a child to obtain at the drug-stores all the opium he called for, provided he told a plausible story, and had the money to pay for it.

"View the subject in whatever light we may, the evidence shows that the consumption is enormous in this country, and out of all proportion to its necessity in disease.

"When we consider the fact that the amount of opium imported into the United States annually is greater than the amount China received from abroad a hundred years ago, there is reason to be alarmed at the progress of the habit among us.

"With no more rapid increase in the habit than this country is now making, it takes nearly four thousand tons of opium, in addition to the home production, to supply China, with her millions of opium-eaters and smokers. In an enlightened country like ours there is little excuse to be found for the existence of the habit; and it would seem that some effort should be made to check its further progress. With a properly educated people and a medical profession, with laws to regulate the sale of opium and nostrums, much could be accomplished to remedy the evil."

I regard the refusal to take proper physical rest, when tired from labor, as one of the most important and powerful in inducing a love for, and an indulgence in, the use of ardent spirits. Men work till they get so tired that they cannot wait to feel sensibly rested by processes of change going on in their systems from suspension of labor. They either want to work more hours than they are able to do; or when they have done as much as they feel themselves at liberty to do, they are so tired that they cannot rest. They get rest, therefore, in artificial ways, by resorting to eating and drinking. Some get rested by drinking tea, others by drinking coffee, others by chewing and smoking tobacco; but the great majority of tired people in this country—and the larger share of our people are tired—drink ardent spirits in some or other of its forms or preparations. They fall back on stimulants instead of the intrinsic vitalities of their bodies. They therefore are lifted up into false conditions. Accepting these as true, they keep on working till they become so functionally impaired as to induce positive inability to work longer, or they become so constitutionally depreciated as to be smitten with incurable disease.—Dr. JACKSON.

NERVE EXHAUSTION OR NEURASTHENIA, IN ITS BODILY AND MENTAL RELATIONS.

Dr. J. S. Jewell, Professor of Nervous Diseases in the Chicago Medical College, and editor of the *Journal of Nervous and Mental Diseases*, in a course of lectures lately delivered on the above subject, refers to a class of symptoms which describe the early stages of inebriety very accurately.

We give the following extract from the first lecture, confident that it will explain many of the complex phenomena, which both precede and follow the use of alcohol.

Neurasthenia is rather the comparatively permanent exhaustion which is the result of prolonged over-strain, mental or physical, or both, too little rest, insufficient or defective nourishment, long continued, until the substance of the nervous system, and often of the blood which nourishes it, is wasted or worn away far below healthy limits, entailing as a necessary consequence a corresponding *loss of nerve power* and in most cases *morbid exaltation of the sensibility*, not to speak at present of other important, though auxiliary elements of such cases. Neurasthenia may be exhibited in the sphere of the mind as in weakness of thought, but especially weakness and vacillation of will, or in other words, loss of control and lack of decision; in unduly excitable and unhealthy emotions, generally of a distressing or depressing character; or in the sphere of the simple physiological activities, especially in feebleness and irregularity of muscular action; exaltation of physiological sensibilities of any or all kinds, but especially *reflex excitability*; the circulation of the blood is also, as a rule, unsteady and fluctuating, the action of the heart and small muscular vessels being easily disturbed by multitudinous causes, mental and physical. Then, again, it may be general, extending to the whole nervous system, or it may be strictly localized, involving only limited parts of the nervous system, while other parts do not participate to the same extent or at all. Again, it may be hereditary, or congenital, especially the former. People are born into the world daily, to begin, live, and end life, neurasthenic, or at least to be brought early into that state; persons who have

from the beginning weak, tricky nervous systems, either as a whole, or in some of its parts. On the other hand, there are persons to be met with everywhere these times, at all periods in life, and of both sexes, who are naturally healthy, as the phrase goes, who from prolonged over-exertion, mental or physical, or from being under a load of care or distress, or from prolonged loss of sleep or loss of appetite, or from insufficient food, or, on the contrary, excessive waste, as in hemorrhages or diarrhoeas, or on account of some wasting disease, etc., and suffer a loss of balance in their nutrition, so that waste for a long time predominates over repair, to the exhaustion of the nervous energies, and a great gain in mobility, or "shakiness" of the nervous system, especially the nervous centers.

It may form a disease (as it must be called) by itself, or it may and it does form a more or less conspicuous element in a great variety of diseased states, one which behooves you all to learn and detect and estimate. It is often overlooked or under-estimated, and often is the obscure and all-important element in cases that are widely different in appearance. It is the undertone in the picture in a vast number of cases of "heart disease," "brain disease," even "softening" of the brain, of hysteria, epilepsy, melancholia, neuralgias, paresis, mental weakness, feeble circulation, insomnia, etc. It prevails in all periods of life, and in both sexes. Instead of becoming less common, it is becoming more so, as time passes, and as people as a whole become more sedentary in habits, more intellectual in activities, more engaged by occupation or by culture, so as to augment the sensibilities at the expense of the forces or power of the nervous system.

Dr. Marshall of Michigan, reports to the state board of health the case of a child who had been given morphine from birth up to seven years of age, then it suddenly refused to take any more, suffered from diarrhea, vomiting, collapse, and died in three days.

Alcoholism : Its Rise and Effect upon the individual and social organism; also, the means of remedying it. By DR. A. BAER, Sanitary Councillor and Chief Physician to the Prison at Berlin. Berlin, 1878.

In many respects this work may be said to be the most comprehensive treatise published on this subject.

A selection from the preface will indicate the character of the book. "This work will present the physiological and pathological effect of alcohol upon the individual economy, and will determine the value of alcohol as a food, as a luxury, and as a medicine; it will endeavor to show what peculiarities the consumption of alcoholic beverages in the different countries among the various peoples and races present, and what influence it has upon the social economy, and upon the physical, mental, and moral life of the nations; finally, it will speak of the means which have been used in the various States for the control of intemperance, and will notice the results which have been obtained with them."

Over this immense field the author moves cautiously and with much candor, fairly presenting the facts at his command, with an evident purpose of reaching the truth alone; and in this respect contrasting very pleasantly with the partisan, narrow views of others who have written on this subject.

He describes at some length the absorption of alcohol, its physiological effect upon the blood, the circulation, respiration, nervous system, digestion, secretion of the kidneys, metamorphosis of tissue, and finally, its excretion. In the pathology, from chronic alcoholism, he puts much stress on the fact that changes in the blood and every tissue of the body are found as a result, confirming Dr. Richardson's assertion, that "alcohol, of all other substances, was the very genius of destruction."

In discussing alcohol as a food and luxury, he indicates that its use is contraindicated in both cold and warm climates; also, that it fails to give any increase of power for work; although greater energy may be manifested at the time, it is always followed by reaction. Its regular use in the army has

been found to be prejudicial to health and efficiency. The author thinks in old age it is valuable as a medicine, and in some forms of fever, etc.

In treating of the consumption of alcohol, and its influence upon the social economy, he first describes the spread of drunkenness and of the use of alcoholic drinks in different countries, then the influence of such beverages on the physical life, and lastly, the influence on national prosperity and morals. Under the first head, the facts and statistics given will only apply to Germany and England, and although correct as far as they go, are far from being conclusive.

In the second division he shows that alcohol affects the welfare of the people, by inducing degeneration of the race, and a greater predisposition to disease; also a greater mortality from all causes, etc.

In the third part, alcohol influences national life, by increasing crime and pauperism, and insanity, and all the attendant evils.

In the last division he discusses at length the value of various means for controlling inebriety. Of the temperance associations and societies, he thinks they have done good work, but more in calling attention to the evils following the abuse of alcohol, than in reforming inebriates; also, that their real work is limited, and when we shall understand the subject better, other means will take their place. He gives an interesting account of the origin and rise of these societies.

The various legal measures which have been tried in different countries are also mentioned at length, also the curious laws and prohibitory methods of regulating the sale of alcohol; finally, he refers to inebriate asylums, and affirms that they have done much good, and are destined to occupy a very important place in the future; a large per cent. of the drunkenness can only be satisfactorily treated in such asylums.

The author closes his long treatise with remarks upon the substitution of beer and wine for stronger alcohols.

Altogether, this work is one of great value, not only in

statistics, but in broad views and practical suggestions. From such books only can we expect a correct public sentiment on this vexed subject of alcohol.

Alcohol: Its Use and Abuse. BY W. S. GREENFIELD, M.D.
Health Primers, No. 2, D. Appleton & Co., New York City,
1879.

This is an interesting little book of ninety-six pages, discussing, in an easy, frank manner, the physiological effects of alcohol, and its use in health and disease.

It is especially to be commended for accuracy and candid statement; representing the latest studies in this direction, free from all partisan shaping.

As a contribution to this subject, it condenses many facts from larger works, not readily accessible, making a practical hand-book of much value to all who are interested in this topic.

The Index Medicus. A monthly classified record of the current medical literature of the world. Compiled under the care of Dr. John S. Billings, of the U. S. Army. Published by F. Leyboldt, 37 Park Row, New York city.

This is one of the most valuable publications of the times. We commend it to every medical man who would keep up with the literature of medicine in the world.

Canon Farrar's "Talks on Temperance" is a strong common-sense little book, published by the National Temperance Society, New York city

The National Quarterly Review, D. G. Gorton & Co., publishers, 53 Maiden Lane, N. Y. city, is one of the best scientific and literary journals that comes to our table.

Arthur's Home Magazine, published in Philadelphia, Pa., is an excellent magazine for the family. For years it has occupied a high place in the homes of temperance reformers. Its pure sentiment and high tone of thought commend it to all.

Popular Science Monthly.—The January and February numbers of this excellent monthly are before us, full of valuable matter, always written in an easy, attractive style. To both the physician and specialist this monthly is almost indispensable, if they would keep up with the times

The Eighteenth Annual Report of the Alabama Insane Hospital at Tuscaloosa is a very broad, liberal discussion of insanity and inebriety, as it has been presented to the superintendent, Dr. Bryce, during the past year. We have made some extracts which will be noticed elsewhere. This asylum is evidently very well managed, and worthy of all confidence.

The *American Bookseller*, published by the American News Company, is a very valuable index of all new books and papers, in both science and literature, and should be seen by every physician.

For five years past, one hundred and forty-two millions sterling (equal to nearly seven hundred millions of dollars) have been expended yearly in Great Britain for intoxicating drinks. The population has increased sixteen per cent., and the expenditure for drink has increased sixty-four per cent. Crime and pauperism have also increased in a corresponding ratio. In the county of Lancashire, over fifty per cent. of all the people cannot read and write. In view of these facts, we cannot wonder at the very general movement to organize inebriate asylums, coffee taverns, and other means to suppress these terrible evils.

Editorial.

BEER DRINKING IN THE UNITED STATES.

For some years past a decided inclination has been apparent all over the country, to give up the use of whisky and other strong alcohols, using as a substitute, beer and bitters and other compounds. This is evidently founded on the idea that beer is not harmful and contains a large amount of nutriment; also that bitters may have some medicinal quality, which will neutralize the alcohol it conceals, etc. These theories are without confirmation in the observations of physicians and chemists where either has been used for any length of time. The constant use of beer is found to produce a species of degeneration of all the organism, profound and deceptive. Fatty deposits, diminished circulation, conditions of congestion, and perversion of functional activities, local inflammations of both the liver and kidneys, are constantly present. Intellectually, a stupor amounting almost to paralysis arrests the reason, precipitating all the higher faculties into a mere animalism; sensual, selfish, sluggish, varied only with paroxysms of anger, that are senseless and brutal; in appearance the beer-drinker may be the picture of health, but in reality he is most incapable of resisting disease. A slight injury, severe cold, or shock to the body or mind, will commonly provoke acute disease, ending fatally. Compared with inebriates, who use different forms of alcohol, he is more incurable, and more generally diseased. The constant use of beer every day, gives the system no time for recuperation, but steadily lowers the vital forces; it is our observation that beer-drinking in this country produces the very lowest forms of inebriety, closely allied to criminal insanity. The most dangerous class of tramps and ruffians in our large cities are

beer-drinkers. It is asserted by competent authority that the evils of heredity are more positive in this class than from alcoholics. If these facts are well founded, the recourse to beer as a substitute for alcohol, merely increases the danger and fatality following.

In bitters we have a drink which can never become general; but its chief danger will be in strengthening the disordered cravings, which later will develop a positive disease. Public sentiment and legislation should comprehend that all forms of alcohol are more or less dangerous, when used steadily; and all persons who use them in this way, should come under sanitary and legislative control. T. D. C.

THE STUDY OF INEBRIETY AS A DISEASE.

The disease of inebriety has never been comprehensively studied.

Most of the papers and discussions which have been presented for the past ten years have been largely preliminary, clearing away the prejudice and obscurity, and preparing the way for a wider and more accurate study.

The literature of inebriety as a disease is chiefly composed of papers devoted to some particular phase of the disorder, or to the support or opposition of some theory, together with a few general discussions of the whole subject.

Opposed from the beginning by the most ignorant clamor and positiveness of doubters, yet the literature has grown steadily in clearness and vigor, until now it may safely challenge comparison with that of the early years of any other branch of medical progress.

Although from necessity incomplete, and wanting in breadth, yet as a whole this literature is remarkable in the clear intimations of the results of further studies in this field.

The publication of the *JOURNAL OF INEBRIETY* has stimulated renewed interest, and the time has come for a more thorough and comprehensive knowledge of this disease and its curability.

We have now established, beyond all question, that inebriety is a disease, and curable. Some of the problems of ætiology, pathology, and heredity, have been studied, but from the want of accurate clinical facts and data, they are more or less incomplete. Researches into the action of alcohol, although filling many volumes, are unreliable and confusing for the same reason.

To understand the disease of inebriety, we must have studies of the physiological and psychological conditions which both precede and follow it ; we must know the inherited defects of organism, and the influence of surroundings, climate, and occupation, and the effect of alcohol on nerve force, and nutrition ; the early predisposing causes of nerve exhaustion, and diseased tendencies ; and later, when once established, the causes which continue the disease, the relation to other diseases, and the progress and termination ; these and many other conditions which enter into every case of inebriety, are yet to be studied. We must have all the facts and phenomena of each case recorded by competent observers, arranged and classified in a logical form ; from this basis only can we hope to understand the causation and progress of this disorder.

Inebriety must be studied clinically and physiologically, the same as insanity, or any of the diseases of the nervous system. It must be studied by persons who have only the truth to determine, and who are trained to discriminate between cause and effect, and interpret rightly mental phenomena.

It is a curious fact, seen in almost every stage of human progress, that the most superficial students of any subject are the first to assume complete knowledge of it. Thus, in many of the general discussions of inebriety, a class of men are often seen who insist on defining the boundary lines between vice and disease, and seek to show where responsibility begins and terminates ; and even go further, and pronounce positively what inebriety is and is not ; making statements and assertions that would require half a century

of study and observation to verify or confirm. It is this class which bring obstacles and confusion to the study of inebriety.

No theological or legal training, alone, will enable a man to understand the origin and progress of inebriety. No specialist, however learned he may be in his own field of study, can decide the questions of inebriety, from any other basis than that of actual study and acquaintance with all the clinical facts and conditions. No student or physician can form any reliable judgment based on observations of the acute stages of a limited number of cases; and last of all, no reformed man, whatever his experience may be, can define and interpret all the phenomena of inebriety, based on his memory of certain stages.

The study of inebriety must be made by earnest, pains-taking men, who will only draw their theories from clinical records and histories covering all the conditions of causation, and which have in them the promise of confirmation by other observers. The study of inebriety must be lifted above all dogmatical assumption and speculative theory. We must demand the facts upon which to base our knowledge. Our *Association* has begun to work out the many problems of this topic on the advanced ground of science, and the best experience and judgment of any one man can only add a few facts, which the test of time and further study will confirm.

The presence of over one hundred thousand inebriates in this country, going through the successive stages of an insidious and fatal disease which has only recently been studied, and that very imperfectly, should stimulate us to renewed exertion, and exactness in our researches.

We urge our friends and contributors to confine their studies to clinical facts, leaving out all theory and controversy, and only from this source can we hope to comprehend some of the great laws which govern the disease of inebriety.

T. D. C.

Two very excellent papers, one from Dr. Chenery of Boston, and one from Dr. Mattison of Brooklyn, are unavoidably laid over for the next number.

We present in this number of the JOURNAL two very important papers, which are particularly significant at this time. In them we have unmistakable indications that the profession abroad are clearly recognizing the principles we advocate. With a wider, clearer apprehension of the whole subject, the clamor and dogmatic assumption of those who presume to decide without any bases of facts, will die away. If the principles of our association are wrong, they will speedily fall; but if founded on truth, no misrepresentation or prejudice can modify or change them.

ALCOHOLIC MANIA.

Dr. Seguin, in a recent lecture, made the following reference to this disorder, which we quote:

"Chronic alcoholic mania is not uncommon, and is a very important form of insanity. The patient is not much excited, and there is almost always dementia from the start. The loss of intellect has progressed steadily from an early period, but we do not get the peculiar jerky speech and shakiness seen in general paralysis. Neither are the tremors exactly like those of general paralysis; they are coarser, and more like common trembling in alcoholic mania. This condition seldom admits of cure; the patients may have remissions, but they gradually grow worse. We may have other diseases, due to alcohol, occurring at the same time, such as cirrhosis of the liver, or Bright's disease of the kidneys, arterial degeneration, etc.

"The diagnosis between the chronic mania of alcohol and general paralysis is sometimes difficult.

"Persons suffering from this disease are dangerous individuals. They have ideas that other people are persecuting them, and consequently they are often led to assault strangers or their friends, break windows, smash furniture, etc. A great many persons are arrested and imprisoned for offenses of this kind, and their true condition is not recognized."

Clinical Notes and Comments.

DREAMS OF INEBRIETY.

M. Vedel has lately made some curious studies into the character of the dreams of inebriates. He finds that visions of animals, such as cats, dogs, birds, and monkeys are most common. The explanation is given as follows. The use of alcohol excites all the cerebral functions, exaggerating especially those of sensation :

"The repeated use of alcohol may cause passive congestion of the parts of the brain that govern movements. The relation between these motors and the periphery of the body become altered ; hence, during sleep, all the impressions coming from the periphery are transformed into tickling or prickling sensations of sudden and fugitive character, which awaken in the brain of the sleeper the idea of animals which crawl or run like serpents or mice."

In our experience, such dreams are mostly confined to the acute stage of inebriety, when the patient is not yet free from the immediate action of alcohol, limited to the first few days after entering the asylum.

If the patient is a periodical inebriate, the recurrence of the time when accustomed to drink will be marked by dreams of the pleasures of drink ; from which he will awaken with all the debility and prostration which follows a literal paroxysm of drunkenness.

These dreams are singularly vivid and exact in detail, and are described with a half-consciousness of reality by the patient.

Conditions of excitement, following and caused by stories of drunkenness, or sights of drunken men, will often provoke such visions. Patients who have been in good

health on retiring, have awakened in the morning after a night filled with such dreams, with congested eyes, trembling, staggering gait, and all the symptoms of a prolonged drunkenness. The restlessness and craving for spirits will be intense and almost unbearable. This condition is not uncommon among dipsomaniacs, and is sometimes not understood by either the patient or the physician. All recollection of any dreams will be lost, and only the depression, thirst, and exhaustion following is recognized. It is not unlikely that such cases are unusually susceptible to the influence of alcohol, or that alcohol provokes very agreeable sensations.

In some cases patients are able to recognize some indications which provoke these alcoholic dreams, and break them up by large doses of bromide of potassium.

Many curious cases have been observed in inebriate asylums which have not yet been studied. There can be no doubt that the significancy of these dreams are of greater import after the alcohol is withdrawn than while under its influence.

We hope some of our friends will make some studies of these psychical symptoms that shall make them better understood.

T. D. C.

NEW STUDIES INTO IMPURITIES OF ALCOHOL.

At a late meeting of the French Biological Society, M. Rabuteau submitted some new researches, which he has just completed, upon the common alcohols of commerce. He found that the oils of the different alcohols, independent of amylique alcohol ($C_6H_{12}O$), which are so common, have different boiling standards, or degrees in which they would boil; as, for instance, alcohol propylique (C_3H_8O) boils at 67° , and alcohol isopropylique at 85° , and alcohol butylique at about 109° , etc. These alcohols exist equally in the brandies sold in the ordinary drinking-places on the streets; this property indicates their variableness and toxic power, and the great danger to public health. The general fact, so well established, that the alcohols from potatoes and beet-roots, are

rapidly toxic, while that from wine is almost inoffensive, explains the sources of danger which may be present in alcohols that are not known.

The academy of medicine indorsed by resolution alcohols as pure coming from a certain process of manufacture; this he denominated a stupendous blunder, and not confirmed by the researches of the chemist and physiologist.

The cause of so many men becoming alcoholics, who a few years ago drank steadily without any apparent ill effects, is due to the presence of these complex alcohols, which are both formed naturally and artificially by the dealer, although he is not aware of it at the time. All classes suffer, and the hint we get in the variable boiling points of these common alcohols is of the most importance practically. M. Magnan, in the discussion which followed, asserted that we must have many facts, and more observation about the effects of alcohols, and the composition of alcohols, ere we could come to a scientific solution of this problem.

One of the saddest sights of our times is the neglect to care for inebriates until their recovery is hopeless.

In every town and city of the country there are men and women who are slowly committing suicide, by drink; destroying the peace and happiness of others, breaking up good order and healthy society, and gathering about them influences which always end in misery and ruin. Because such cases do not give strong evidences of mental disorder, they are allowed to go on destroying both themselves and family. Nothing can be more reprehensible than to stand by and see all this sacrifice of both life and property, and not forcibly stop it. Every inebriate should be placed in an asylum, and cared for as an insane man; if he is incurable, keep him under restraint all his lifetime. This is humanity, this is charity, this is economy, and this is the highest civilization of the brotherhood of man.

TROMMER EXTRACT OF MALT CO., FREMONT,
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The Malt Extract prepared from Trommer's receipt is designed to fulfill much the same purpose as cod-liver oil, carbo-hydrates (malt-sugar, dextrin,) taking the place of fatty matter. The simple (much or little hopped) and the Chalybeate form of Malt Extract are coming more and more into favor as substitutes for the oil; they are more palatable and more easily digested, and should, therefore, be preferred in the dyspeptic forms of anæmia. During the last few years Malt Extract has almost entirely taken the place of cod-liver oil in the treatment of phthisis, and other wasting diseases, at the Basle hospital, and we have as yet found no reason for returning to the use of the latter remedy. The extract may be given from one to three times a day in doses varying from a teaspoonful to a tablespoonful in milk or broth.—*From Ziemssen's Cyclopædia of the Practice of Medicine, Vol. XVI, page 474.*

See their advertisement in another column.

Dr. Parker, in a late address, remarked

A very large proportion of our taxes now come upon us to take care of our crime, our pauperism, our idiocy, and all these outgrowths of inebriety. The average life in New York city from 1810 to 1820 was 26.15; from 1820 to 1830 the average dropped to twenty-two or twenty-three. In 1843 it dropped to nineteen and a fraction, and from 1843 to 1860 it dropped to fifteen, as the result of increased inebriety. The average life here in our city,—no place on earth could be better situated than we are by nature, surrounded by the waters, swept by western, eastern, and southern breezes, everything to put us in good condition,—and yet with an average life of less than fifteen years.

"If we continue in the same ratio down to the present time, from 1860 to 1879, we are not far from twelve as our average of life.

ALCOHOL A CAUSE OF HEPATIC ABSCESS

In a recent discussion by the St. Louis Medical Society, published in the *Medical and Surgical Journal*, Dr. Moore thought that alcohol was a common cause of hepatic disease; it acts as a direct irritant to the liver by being absorbed and finding its way through the blood-channels into the hepatic tissue, producing hepatitis. The sympathy between the stomach and liver is of three-fold character: 1, From associated function; 2, from continuity of tissue; 3, from proximity of parts. Alcohol gives rise to hepatitis, first as a direct irritant; and secondly, through the intimate sympathetic connection between the stomach and liver. A very general opinion was expressed that alcohol causes hepatic abscess, in chronic cases, and that it acts as a direct irritant, producing interstitial inflammation, etc. Constant functional excitement of the liver is followed by proliferative changes. Alcohol is a hydro-carbon. The office of oxygen in the system is to burn off the effete matter of the system. If the oxygen is consumed in combustion with the alcohol there is a superabundance of fatty matter remaining in the system, and the liver suffers from this excess of hydro-carbon.

"The great temperance movements of the day are interesting as illustrating a certain well-defined peculiarity of human character. They are the product of psychological rather than of moral conditions. Like many forms of disease, they exhibit, to a remarkable degree, the phenomena of periodical re-appearance. It is no objection to this hypothesis, that they vary often in form and manifestation. At one time they are religious; at another, political; and again they are social or economic.

"Perhaps the leaders, as being the ones who set the direction of the current, are principally instrumental in determining this peculiarity. Such movements never can be permanent; never can crystallize into a religion, because it is not in harmony with the formative processes of the age."

DR. WILDER.

INEBRIETY AND INEBRIATE ASYLUMS.

The Louisville *Medical News*, in a recent editorial, makes the following very excellent remarks: "We cannot believe inebriety is merely a vice; on the contrary, we believe that, like lunacy, epilepsy, cancer, and consumption, it is often hereditary, and in other cases it is induced by dyspepsia or other disease, over-work, trouble, anxiety, etc. Again, a long habit begotten of accidental surroundings or the injudicious prescription of alcoholic drinks by physicians, may be to blame for it.

Doubtless the day will come when inebriate asylums may be made the means of accomplishing great good to mankind; but to secure this desirable end laws must be enacted enabling drunkards to be sent to the asylums just as lunatics and criminals are now committed to appropriate places of restraint. The drunkards should be tried by jury, and competent medical men would make the best jurors. They should be sentenced to terms of imprisonment commensurate with the gravity of their cases. Honest, wise, learned medical men would be the proper persons to put in charge of such asylums, and they should be empowered to employ moral, physical, and therapeutical measures, as they might deem best in different cases. . . .

Acute drunkenness is a temporary poisoning of the brain. Chronic drunkenness is accompanied probably by organic changes in this organ. Acute drunkenness is almost always preventable. Chronic drunkenness is often curable up to a certain period of its existence; but after that time there is no hope, and no man can say when this dead-line is crossed. In this fact lies the great danger of even moderate and occasional indulgence. In a single debauch there is little danger; but each time that it is repeated the danger of the development of dipsomania is increased. A single convulsion from an excess in eating, or from teething, or from worms, gives little ground for uneasiness, but if the irritation be frequently repeated and several convulsions are thus brought on epilepsy may be the result, and so it is with the use of alcoholic drinks.

PATHOLOGY OF INEBRIETY.

Whatever tends to innutrition aims directly at that strength and balance of its forces, that coördination, so to speak, between its peripheral and central portions, that it is needful for the equable discharge of its multitudinous functions. Innutrition, by lowering the vitality of the brain-cells, and diminishing the store of power held by the central ganglia from the steady and well-timed responses to all the demands upon them, into spasmodic, irregular, and insufficient supplies of the force which it is their province to furnish. But alcohol especially promotes innutrition, and the very stimulation which it produces is the surest evidence of its drain upon those reserve forces, that exuberance of the central nervous fund, that wealth of power which is indispensable to the maintenance of the full vigor of the constitution during those brief and rare occasions when unforeseen circumstances shall make unusual demands upon them. Nor is this exhaustion and innutrition all the evil which alcohol works in the constitution. The blood and secretions are vitiated and loaded with material foreign to their normal constitution, and there is a universal departure from that almost infinite delicacy of balance, resiliency of the organization, which in the natural healthy state characterizes its various portions, to say nothing of that deprivation of the higher spiritual nature which is the inevitable concomitant of the habitual deviation from natural methods which is forced upon it. Nor is this all of the evil. How unreasonable it is to suppose that children begotten of a parent during such exhaustion of the ganglionic force—during such prolonged vitiation of the blood and secretions and the perversion of the intellectual and moral forces—should not carry in their physical and spiritual natures evidence of the outrage done to natural laws!—DR. BRYCE, *in Hospital Report.*

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

Dr. Jackson in Lecture.

Journal of Inebriety.

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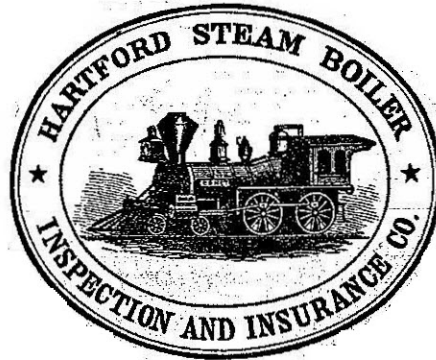
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Journal of Inebriety.

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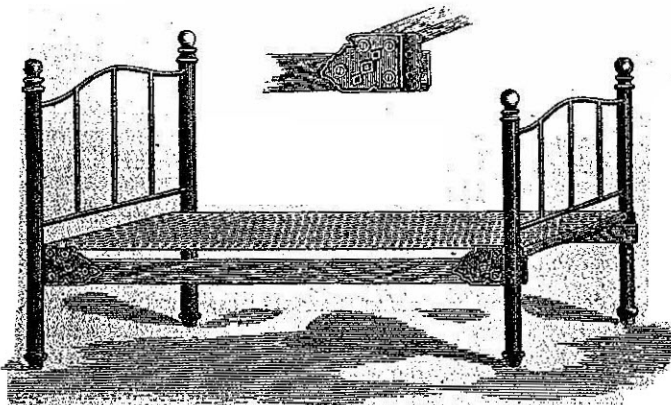
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INSTITUTION FOR THE RELIEF OF THE RUPTURED AND CRIPPLED,
New York, Jan. 8, 1870.

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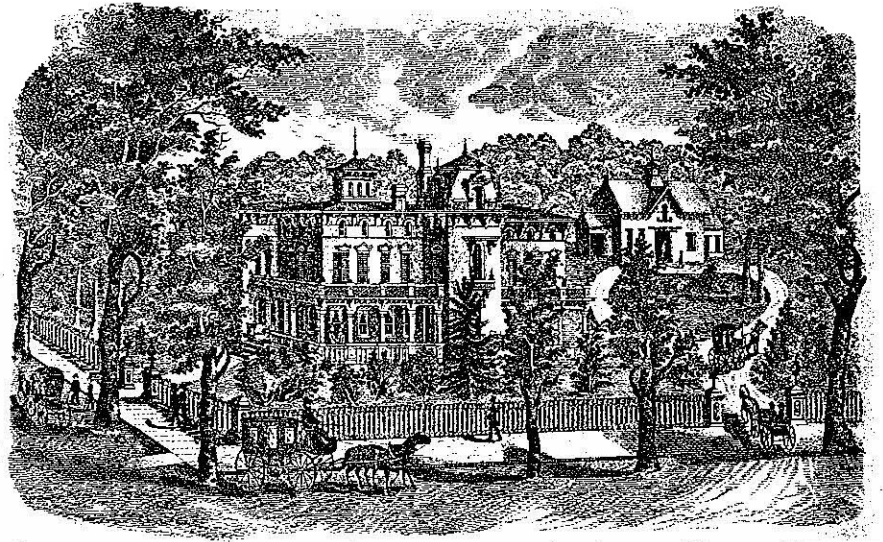
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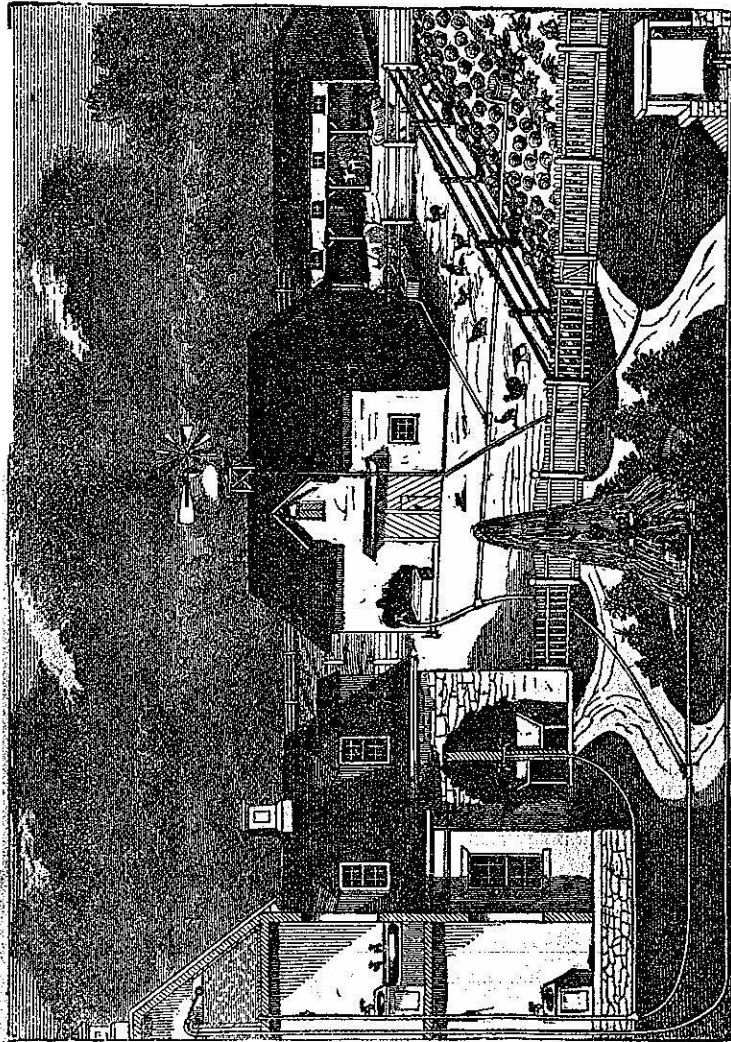
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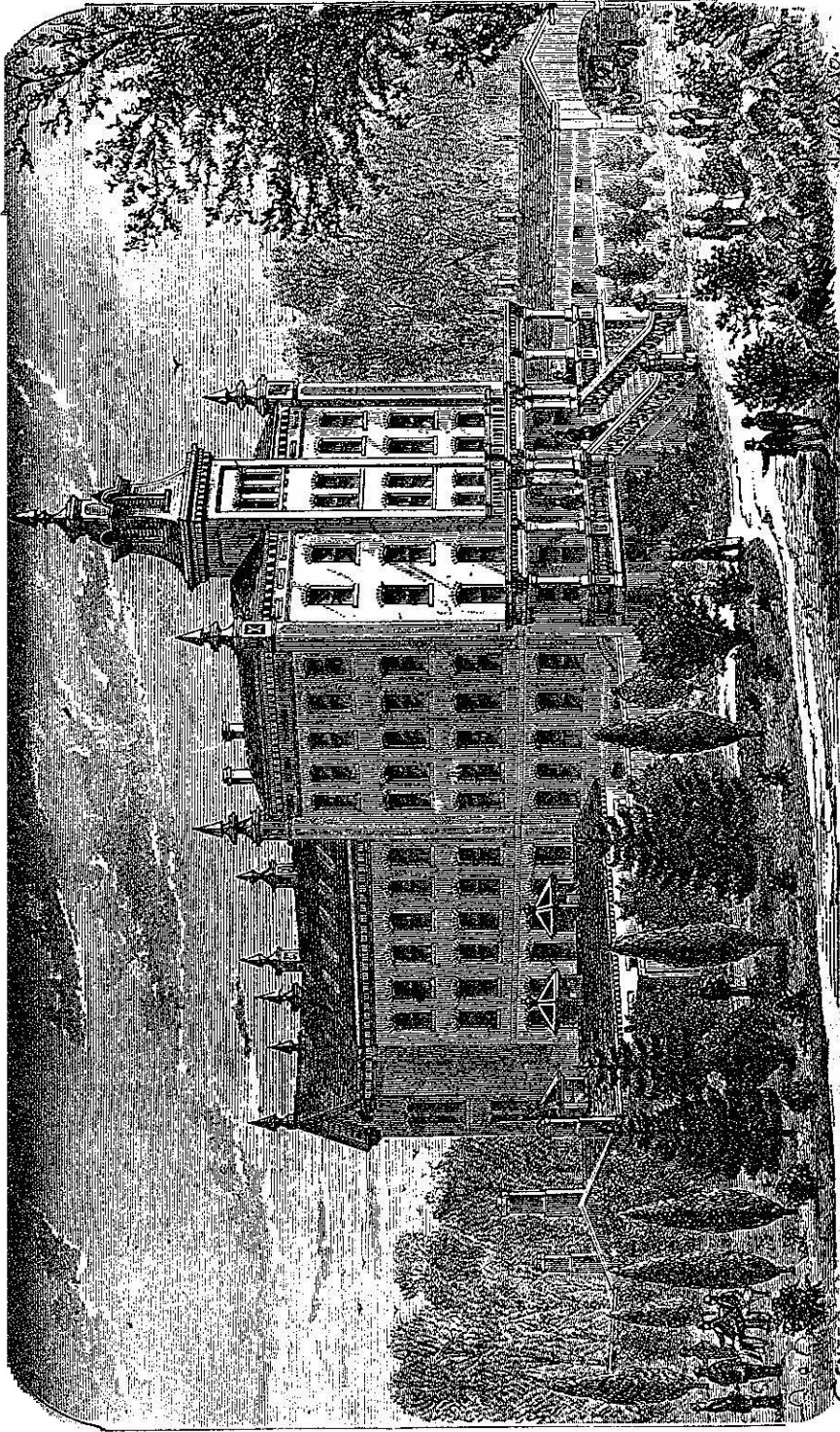
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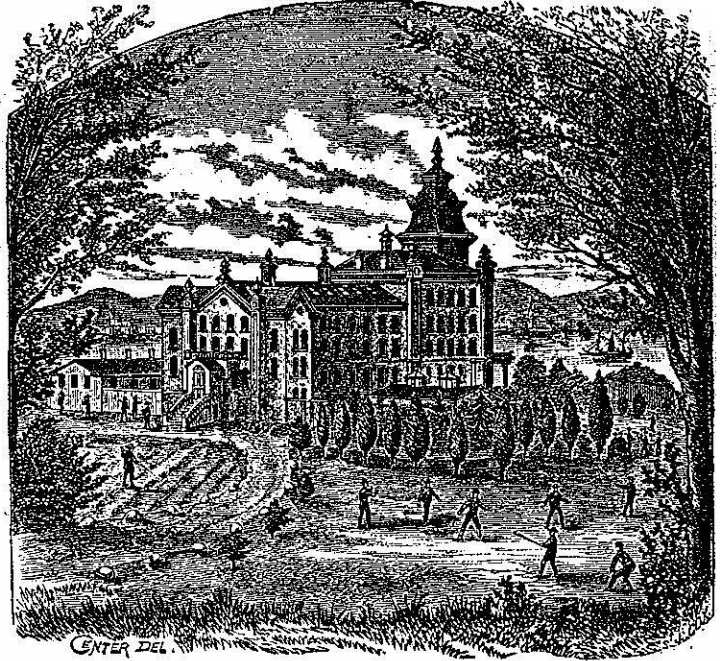
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The Inebriates' Home,

FORT HAMILTON, N. Y.

This is the Best Constructed and the Best Furnished Institution
for the Care and

Treatment of Inebriety and the Opium Habit IN EXISTENCE.



VIEW FROM ENTRANCE OF PARK GROUNDS.

The Treatment of the Opium Habit a Specialty.

President and Consulting Physician—THEODORE L. MASON, M. D., also President of the "American Association for the Cure of Inebriates," and the "Collegiate Department of the Long Island College Hospital." *Attendant Physician*—L. D. MASON, M. D., assisted by a staff of resident physicians. *Superintendent and Secretary*—REV. J. WILLETT.

THE BUILDINGS are constructed for this special purpose, and they are more complete and better adapted for the treatment of Dipsomania and the Opium Habit than those of any similar institution in existence. They are situated on one of the most attractive points on the Bay of New York, and stand on a high bluff within one thousand feet of the Narrows. The sea and land views are unsurpassed in extent and grandeur. The enclosed Park Grounds are extensive.

There are separate dining-rooms, lodging-rooms and parlors, billiard and bath-rooms. There is also a lecture-room for religious services, read-

THE TREATMENT OF THE OPIUM HABIT A SPECIALTY.

ings, concerts, etc. All the New York morning and several other newspapers and periodicals are regularly taken. For the treatment of the better class of female patients a floor is set apart, handsomely furnished, having separate approaches, effectually secluding the sexes from each other.

THE MANAGEMENT is systematic, thorough and adequate. There has been no change in the staff of medical or other active officers since the inauguration of the Home, eleven years ago.

THE CLASSIFICATION of patients originated with and is peculiar to this institution. Being determined and regulated upon a strictly commercial basis, it is made to depend upon the character of the lodging, board and other accommodations which the patients or their friends are willing to pay for, and is accomplished in such a manner as to completely isolate the boarders from the free patients in the County or State wards of the Home.

By this equitable arrangement we are enabled to offer board, washing and medical attendance at rates varying from \$5 to \$35 per week. Those paying \$14 and upwards, according to size and situation of quarters selected, are provided with a single apartment and a seat at table in private dining-room--the accommodations in the select rooms and the table being in every respect equal to those of a first class hotel. Rooms in suit may be had upon terms to be agreed upon.

REMARKABLE IMMUNITY FROM DEATH.—The total death-rate since the opening has been one-half of one per cent., or one death for every two hundred patients. The total deaths of legitimate cases for treatment in the Home have been only one case in eight hundred during the same period. The rest were dying when admitted.

TREATMENT OF THE SICK.—One of the essential characteristics of the institution is its ample provision for the isolation, when necessary, of new inmates from the convalescent patients until they are sobered down and the sickness consequent upon their late debauch has passed away. In the treatment of the victims of the Opium Habit the seclusion and repose of our hospital arrangements frequently prove to be essential to present relief and final cure. In connection with this department we have always at command a large staff of careful nurses, who are placed under the direction of experienced officers. Our hospital department is reduced to an exact system, and its discipline is thorough. Our methods of restraint and management in delirium tremens cases are of the most efficient and humane character. There is the absence of the straight-jacket and every other instrument of torture which tends to impede the free circulation of the blood, and thereby intensify the sufferings of the patient, and padded rooms are substituted by a commanding but nevertheless humane system of personal restraint.

THE RESTRAINTS.—Our system of restraint is compatible with the fullest liberty for each boarder patient to avail himself of all the recreation, amusement and enjoyment which the billiard-room, park and bail grounds, readings, lectures, concerts and musical exercises, etc., coupled with the society of intelligent and agreeable fellow-inmates, can impart; but this liberty does not embrace leave and license to go and come to and from the neighboring cities, villages, etc. Many of our boarder patients have consisted of former inmates of other kindred institutions, who have been placed under our care because our system of restraint to the grounds of the Home has commended itself to their friends when those confidential experiments have failed.

THE DISCIPLINE.—The established code of discipline is comprehended in the observance of "THE LAW OF PROPRIETY," as universally understood

by gentlemen and ladies in the guidance and control of well-regulated family and social relationships. The Superintendent and officers lay it down as a rule that they can only govern wisely by avoiding any unnecessary appearance of authority, and at the same time maintaining mild but firm discipline whenever the occasion demands. What is most needed is a method of discipline which will inspire confidence and lead to self-reliance and the restoration of will-power.

HOW TO OBTAIN ADMISSION

The design of the Institution is to treat patients, men and women, who have contracted the habit of inebriety, from whatever cause, whether from the use of alcoholic, vinous or other liquors, or opium, or other narcotic or intoxicating or stupefying substances, with a view to cure and reformation. Persons suffering from chronic affections, or other diseases than those immediately produced by inebriety, or the infirmities of age, are not received into this institution. Cure and reformation are the only purposes kept in view in the reception and detention of patients.

In order to prevent the reception of improper cases, the consent of the duly authorized officers is in every instance made a pre-requisite to the admission of a patient.

VOLUNTARY APPLICANTS for admission may submit their request in the following form:

To the Superintendent of the Inebriates' Home, Fort Hamilton, N. Y.:

SIR:—Having unfortunately indulged in the use of _____ until such practice has become a confirmed habit, which I cannot control, and which I feel powerless to overcome without assistance, and being convinced that such aid can only be obtained by submitting myself to restraint, I hereby voluntarily apply for admission as a patient to "The Inebriates' Home for Kings County," stipulating that if I am received into said institution, I will remain a patient therein for such time as the officers thereof shall deem requisite for my benefit, not exceeding the term of six months, and pay, or cause to be paid, to said Institution three months' board in advance, at such rate as may be agreed upon; promising to obey all the rules, regulations and orders that may be in force in said institution at any time during my residence therein, and to submit to such restraint and treatment as the Superintendent thereof may deem necessary in my case. (Signed.)

INVOLUNTARY CASES.—In all cases where the inebriate declines to enter the Home voluntarily, the nearest relatives or friends may take action either before any Justice of the Peace having jurisdiction where he or she resides, (within the State of New York,) or by a process of any County Court or the Supreme Court of said State. Where there is no property at stake, summary proceedings before a magistrate are the quickest and least expensive measures to secure removal to the Home. This action is authorized by Section 2, of Chapter 797, of an Act passed June 18, 1873.

Where the case is urgent, the Supreme and County Courts have the power to commit temporarily to the Home while proceedings are pending.

Full directions, with the requisite blank forms, together with such information as may be necessary can be obtained on application to the Superintendent, at Fort Hamilton, N. Y.

☞ 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 Ferry Boat and proceed either by Court st. or Third ave. Horse Cars; or, cross from South Ferry on Hamilton Avenue Boat and proceed by Fort Hamilton Cars.

THE INEBRIATES' HOME,

FORT HAMILTON, L. I., N. Y.,

Is the best constructed and the best furnished Institution for the care and treatment of Inebriates in existence.

The Buildings,

which are new, were erected for and are well adapted to the special purpose of the Home. They are situated on one of the most attractive points on the Bay of New York. They stand on a high bluff within one thousand feet of the Narrows, and the park grounds are extensive.

The Management

is systematic, thorough, and adequate. There has been no change of Superintendent or in the staff of medical or other active officers since the inauguration of the Home.

The Classification

is more perfect, and the beneficial results are fully equal to those of any other kindred institution.

Boarder Patients

are classified according to accommodations required, and the charges are proportionately adjusted. Their department is divided up into several floors, each containing such accommodations as the patients or their friends are willing to pay for. There are separate dining-rooms, lodging-rooms and parlors, billiard and bath-rooms. There is also a lecture-room for religious services, readings, concerts, etc. Several daily journals and periodicals are regularly taken, a library is in process of accumulation, and all the appointments for the exercise and the amusement of patients, and which contribute greatly to their cure, are provided.

Female Patients.

For the treatment of the better class of FEMALE PATIENTS an entire floor is set apart, handsomely furnished, having separate approaches, effectually isolating the sexes, and under the charge of the Matron and Assistant Matron, together with a staff of efficient female nurses.

Remarkable Immunity from Death.

The total death-rate of all the patients who have entered the Home since the opening, upwards of nine years ago, has been one-half per cent., or one death for every two hundred patients, and the average time of residence in the institution has been upwards of six months. The total deaths of legitimate cases for treatment in the Home has been only one-eighth per cent., or one case in eight hundred, during the same period. The average annual death-rate in our large cities ranges from two to three per cent. of the population.

Patients are received either on their voluntary application, or by due process of law. The charter confers power to retain all patients entering the Home.

For mode and terms of admission, apply to Rev. J. WILLETT, the Superintendent, at the Institution, Fort Hamilton (L. I.), N. Y.

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THIS Journal will be devoted to the study of Inebriety, Opium mania, and the various disorders which both precede and follow. The many forms of Neuroses which arise from the action of these toxic agents are increasing and becoming more complex, requiring special study, and, as yet, are comparatively unknown to the profession.

This Quarterly will be a medium for the presentation of investigations and studies in this field; also the official organ of the

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