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The Quarterly Journal of Inebriety

Is the official organ of the AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES, and will contain the transactions of this Association, with other contributions from leading specialists in this new field.

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T. D. CROTHERS, M. D.,

SECRETARY,

BINGHAMTON, N. Y.

THE
QUARTERLY JOURNAL OF INEBRIETY.

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INEBRIATE ASYLUMS AND THEIR MANAGEMENT.

BY DR. D. G. DODGE, LATE SUPERINTENDENT OF NEW YORK STATE INEBRIATE ASYLUM, BINGHAMTON, NEW YORK.*

Inebriety is a condition of the system exhibiting a class of symptoms resulting from a long-continued and excessive use of alcoholic stimulants, which brings the subject to a condition he is too weak to overcome, and for which he is not responsible. All stimulants containing alcohol must produce the disease; but those containing the most alcohol, when habitually taken, act more thoroughly and rapidly. It is alcohol, and nothing else, that is the exciting cause of the disease. The more pure the stimulant or beverage, the greater the danger and effect. Adulterated liquors are more harmless than pure as a cause of inebriety, although the former pro-

* Read at the seventh annual meeting of the American Association for the Cure of Inebriates, at Philadelphia, Pa., Oct. 7th, 1876.

duce injurious effects upon the system, aside from chronic alcoholism, owing to the baneful mixture.

Much has been said and written, recently, on the drinking customs of particular races, and upon the "cosmic law of intemperance," or the influence of climate as a cause of inebriety, which is interesting and valuable.

Occupation has a powerful controlling influence in developing, or warding off the disease. In-door life in all kinds of business, is a predisposing cause, from the fact, that nearly the whole force of the stimulant is concentrated and expended upon the brain and nervous system. A proper amount of out-door exercise, or labor, tends to throw off the stimulus more rapidly through the various functioned operations of the system. Occupation of all kinds, mental or muscular, assist the nervous system to retard or resist the action of stimulants—other conditions being equal. Want of employment, or voluntary idleness is the great nursery of this disease.

The use of tobacco predisposes the system to alcoholism, as it has the effect upon the brain and nervous system similar to that of alcohol. The use of tobacco, if not prohibited, should be discouraged. The treatment of inebriates can never be wholly successful till the use of tobacco in all forms is absolutely dispensed with.

Statistics show that inebriety oftenest prevails between the ages of thirty and forty-five. The habit seldom culminates until thirty, the subject to this age generally being a moderate drinker; later in life the system is unable to endure the strain of a continued course of dissipation.

Like all hereditary diseases, intemperance is transmitted from parent to child as much as scrofula, gout, or consumption. It observes all the laws in transmitted disease. It sometimes overlaps one generation, and appears in the suc-

ceeding, or it will miss even the third generation, and then reappear in all its former activity and violence. Hereditary inebriety, like all transmissible diseases, gives the least hope of permanent cure, and temporary relief is all that can generally be reasonably expected.

Another class possesses an organization which may be termed an alcoholic idiosyncrasy ; with them the latent desire for stimulants, if indulged, soon leads to habits of intemperance, and eventually to a morbid appetite, which has all the characteristics of a diseased condition of the system, which the patient, unassisted, is powerless to relieve—since the weakness of will that led to the disease obstructs its removal.

The second class may be sub-divided, as follows : First, those who have had healthy and temperate parents, and have been educated and accustomed to good influences, moral and social, but whose temperament and physical constitution are such that when they once indulge in the use of stimulants, which they find pleasurable, they continue to habitually indulge till they cease to be moderate, and become excessive drinkers. A depraved appetite is established that leads them on slowly, but surely, to destruction.

Temperaments have much to do with the formation of the habit of excessive drinking. Those of a nervous temperament are less likely to contract the habit, from the fact that they are acutely sensitive to danger, and avoid it while they have the power of self-control. On the other hand, those of a bilious, sanguine, and lymphatic temperament, rush on, unmindful of the present, and soon become slaves to a depraved and morbid appetite, powerless to stay, or even to check their downward course.

The second class of this sub-division is composed mostly of those who are much like the first class in temperament

and physical constitution, and who have contracted the habit in the same manner, but are widely different in other respects. They are in all their instincts, and are fitted by birth, association, and education, only to fill a position in life which accords with their animal instincts and degraded desires. Their moral and intellectual faculties are powerless to control their brutal propensities. This class has no desire for improvement or reformation. To associate them with the better and more hopeful, and to prescribe for them the same mode of treatment, is obviously impolitic. In an institution where all classes are admitted, a proper separation or classification of the patients, at the discretion of the superintendent, is absolutely necessary to assure the entire success of inebriate asylums. Such classification should be made with regard to the conduct of the patients, as regards their strict obedience to rules and regulations. Without this, the good, if in the minority, will naturally gravitate towards the bad, and this has, we regret to say, had a tendency to depreciate the value of our asylums not only by the public, but by the medical profession.

It might be well to divide inebriates with two other classes: the constant or daily, and the periodical drinkers. Of these two classes, the constant drinkers are the most susceptible of treatment and cure. We find by a reference to the annual reports of the New York State Inebriate Asylum for the years 1870, 1871, and 1872, the whole number of patients admitted during that time were 713. Of this number 402 were constant, and 311 periodical drinkers. Out of the whole number, the hereditary taint, immediate or remote, existed in 347 cases, being nearly fifty per cent.

It is necessary to show that inebriety is hereditary, and also to exhibit the intimate connection of inebriety with

insanity, to determine the general plan of treatment and discipline demanded in these peculiar cases.

Dr. Willard Parker, in speaking of inebriety as a hereditary disease, says: "The inheritance is a sad one; a tendency to the disease of the parent is induced as strong as that of consumption, cancer, or gout, and with the tendency he must wage perpetual war, or he becomes a drunkard." He further says: "There are nations, or large communities with whom this fearful tendency to drink is an inheritance, as we have seen, to the perversion of their whole character." He states—the condition of the inebriate is abnormal; he is in a state of unrest throughout the whole system, and the urgency for relief is so great that the will has not the power to resist.

Dr. Joseph Parrish, in an article on the Pathology of Inebriety, says: "The fact is remarkably evident in the history of hereditary drunkenness. I have known it to be developed in the years of minority; again after three-score years of sobriety."

Dr. George Burr, in a paper on Insanity of Inebriety, says: "The evidence in favor of the hereditary transmission of inebriety is no less strong than that upon which the fact that mental disease is inherited, is admitted. In one case intellectual mania or dementia is developed; in another dipsomania."

The report of the Board of Public Charities of Pennsylvania, for 1871, says: "In speaking of the results of the habit of excessive drinking, as having affected the cerebral constitution, or whether it springs out of a propensity which is the consequence of an abnormal organization, an inherited disease."

In England, in 1872, before a Select Committee of the House of Commons, to consider the best plan for the con-

trol and management of habitual drunkards, Dr. Francis Edward Austie says: "There is a kind of drinking which is paroxysmal, and which never occurs except in persons of a certain hereditary confirmation."

Dr. Alexander Paddie says: "One class of habitual drunkards inherit the proclivity from drunken parents, or from a constitutional insanity in the families, of which the most marked manifestations is a tendency to drink."

Mr. Thomas P. Nelson says: "There is a hereditary taint which may lead a person to fall into dissipation very easily, and there is a peculiarity of temperament which marks a person for an incurable drunkard."

Dr. Robert Druitt says: "In many cases the condition which gives rise to inebriation is hereditary; a drunken father or mother, or a half-insane, or eccentric father and mother would be likely to have drunken children."

Dr. Forbes Winslow said: "A large percentage of frightful mental and brain disturbances can be traced to the drunkenness of parents; confirming the great physiological law, 'that like begets like.' He had observed in a list of criminals, a case in which a father was a drunkard, grandfather a drunkard, grandmother an idiot, and in the whole line that family had figured. They were drunkards, they were criminals, they were idiots. All the forms of vice were hereditarily transmitted.

Dr. William C. Ney of Elmira, in a paper read before this Association, says: "When inebriety is begotten in a family, directly from an inebriate origin, or collaterally by the engrafting influence of insanity, it follows the rules observed in transmitted disease."

INSANITY OF INEBRIETY.

As the two diseases, inebriety and insanity, are closely connected in both their manifestations and results, nearly the same remedies, restraint, and discipline, are applicable to both conditions. Although inebriety is temporary insanity, those suffering from mania for drink, should not be confined with the actually insane, for it would have an injurious effect, nor on medical and dietetic grounds is it advisable.

Nearly seventy years ago, Dr. Rush regarded the habit of drinking as a disease of the will, giving rise to uncontrollable movements, the subject of it not having the power to resist.

Dr. Austin Flint, Sen., says: "Dipsomania is to be treated as a form of mental derangement."

Dr. Joseph Parrish says: "Medical observations and diagnosis have determined that the diseased portion of the mind in cases of intemperance is the will, not the intellect. The inebriate knows but is impotent to perform."

Esquirol says: "There are cases in which drunkenness is the effect of accidental disturbances of the physical and moral sensibility, which no longer leaves to man the liberty of action."

Dr. James Crichton Browne said: "He made a distinction between habitual drunkenness and dipsomania; that in the former the indulgence of the propensity is voluntary, and in the latter it is not." He further said: "Dipsomania is invariably associated with a certain impairment of the intellect, and of the affections and moral powers; sometimes, also with delusions, but rarely so."

Dr. David Skae, in speaking of dipsomania, said: "He regarded it as a species of moral insanity, and the causes were mostly hereditary."

Dr. John Nugent says in his evidence: "If there is a

predisposition to insanity, drink is sure to develop it; and on the other hand, there are persons who show their insanity by a disposition to drink."

Dr. Forbes Winslow says: "The legislature does not recognize habitual drunkenness as a form of insanity, although medical men do." He further says: "There is a morbid craving for stimulants which is clearly traceable to a brain condition; it is a form of insanity, although it is not recognized by law."

Dr. Thomas B. Christie testified, "that he thought nineteen to twenty per cent. of the cases of insanity under his charge was a low average to attribute to intemperance."

Dr. Robert Druitt, says: "without associating inebriety with insanity, it was his opinion, that much drinking accelerates the process of falling into insane conditions."

Dr. Arthur Mitchell said in his testimony, "the children of habitual drunkards are in a larger proportion idiotic than other children, and in a larger proportion become themselves drunkards; they are also, in a larger proportion, liable to the ordinary forms of acquired insanity."

For a better understanding of the requisite discipline demanded in the way of remedial restraint of inebriates, we notice some of the results of chronic inebriation, affecting more particularly the brain and nervous system—which in addition to the necessary medical treatment, necessitates strict discipline to the successful management of these cases. We have alcoholic epilepsy, alcoholic mania, delirium tremens, tremors, hallucinations, insomnia, vertigo, mental and muscular debility, impairment of vision, mental depression, paralysis, a partial or total loss of self-respect, and a departure of the power of self-control. Many minor difficulties arise from mere functional derangement of the brain and

nervous system which surely and rapidly disappear when the cause is removed.

We are warranted in repeating, even with more emphasis, the principles formulated by this association at their first meeting in 1870, substantially as follows :

1st, Intemperance is a disease.

2d, Its primary cause is a constitutional susceptibility to the alcoholic impression.

3d, The constitutional tendency may be inherited or acquired.

4th, It is curable in the same sense that other diseases are.

It is now well established that inebriety is a formidable disease that may be inherited or acquired ; and a disease that is closely connected with insanity in its manifestations and results, and to a certain extent in the means to be used for its removal and cure.

Medical Treatment. The peculiar medical treatment to be pursued must be left wholly in the hands of the officer in charge, who should be an experienced physician, especially adapted for the position. He should be well informed in all matters pertaining to the disease, the treatment of which should be based upon a correct pathological condition of the poisoning effects of alcohol on the different tissues and organs of the body, with a proper knowledge of the peculiar method to be pursued in individual cases, as well as a thorough understanding of the general practice essential for the cure of all inebriates. The practice in some institutions of letting down patients by degrees in the use of stimulants, is decidedly impolitic, unless the patient is in a much debilitated condition, and likely to sink. The general rule should be, cut off at once and altogether the use of alcohol in every form—more can be done by diet and medicine,

than can be obtained by a compromise in the moderate use of stimulants for a limited period. It is a mistake to suppose that any special danger arises from stopping the accustomed stimulus. Alcohol is a poison, and we should discontinue its use at once, as it can be done with safety and perfect impunity, except in very rare cases.

To secure all the benefits to be derived from medical treatment, we should have institutions for the reception of inebriates, where total abstinence can be rigidly, but judiciously enforced for a sufficient length of time to test the curative powers of absolute restraint from all intoxicating drinks. When the craving for stimulants is irresistible, it is useless to make an attempt to reclaim and cure the drunkard unless the detention is compulsory, and there is complete restraint from all spiritous or alcoholic stimulants.

Dr. George Burr, in speaking of the treatment of inebriates, says: "The means of restraint employed are perhaps not adequate to meet every case."

The Board of Public Charities of Pennsylvania, in speaking of the treatment of inebriates, says: "They need an appropriate method of restraint, attendance, and treatment just as certainly as do the insane."

Dr. Francis Edward Austie says: "There is very little chance except forced abstention, tonics, nutritive treatment, and the regulation of the diet."

Dr. Alexander Peddie says: "As regards the probable results of treatment, he considered those springing out of a vicious habit and terminating in disease, as the most hopeful cases; those inherited are decidedly unpromising, and would require a long period of detention. He favored the voluntary admission of patients with the power of compulsory detention."

Dr. Robert Druitt advocated asylums, "When there is

the power of detention for a proper period, and was of the opinion inebriate reformatories are quite as necessary as lunatic asylums."

Dr. Austin Flint, Sen., in speaking of the treatment, says: "The successful management is rarely practicable except by means of institutions, in which the patient is under the same restrictions as in insane asylums."

Mr. Geo. W. Mould said: "He would enforce compulsory abstinence as a means of cure."

Dr. Thomas B. Christie said: "He felt convinced that hospitals for the cure of drunkards might be established, and he would make detention compulsory, and for a certain time."

Dr. Arthur Mitchell said: "He strongly favored the special treatment of inebriates in buildings erected for that purpose."

Balfour Brown says: "The habitual drunkard having the power to refrain from drink, punishment would have some good effect; the treatment of the dipsomania ought to be curative instead of purative."

In 1875, a deputation, principally representative of the medical profession, urged upon the British government the desirability of measures for the control and management of habitual drunkards.*

*The memorial was signed by the Dean of Westminster; Sir Geo. Burrows, M. D.; Sir Thomas Watson, M. D.; Sir William Ferguson; Sir James Paget; Sir William Gull, M. D., F. R. S.; Edward H. Sieveking, M. D.; and Cæsar Hawkins, F. R. S., and many others of equal eminence. On presenting the memorial to the Secretary of State for the Home Department, Sir Thomas Watson, M. D., observed: "That during his very long professional life he had been incredulous respecting the reclamation of habitual drunkards; but his late experience had made him sanguine as to their cure with a very considerable number of whom excessive drinking indulged in as a vice, developed itself into a most formidable bodily and mental disease, resulting from alcoholic

At a meeting of the Association of Medical Superintendents for the Insane, at Auburn, N. Y., in May, 1875, about sixty members being present, the following resolutions were adopted, after an able and spirited discussion, with only one or two dissenting voices:*

All inebriate institutions should be public, founded and conducted by the State or corporations. Laws could be enacted which would provide for the detention of even voluntary patients a proper period of time. Such a law would give authority to compel total abstinence during the entire course of treatment. It would give the legal authority to enforce all judicious rules and regulations, which is an absolute necessity in restoring to themselves, and to the world, certain classes of unfortunate and diseased men, whose cure and restoration by all other means and appliances have heretofore failed.

Classes of Institutions. For different classes of inebriates separate and distinct asylums should be provided. One for those who are able, or partially able, to pay for board, and

poisoning of the system. Introduction in excess continually from time to time of intoxicating drinks, led to an accumulation in the system of the specific poisons. The tissues of the body, and the nervous system, which included the brain, became at length so impregnated, so charged with the poison, as to produce in the unhappy victim of this condition, a craving for the accustomed stimulant, which became absolutely irresistible. Such people as these were 'dipsomaniacs,' and for these victims, there could be no doubt, that there was but one remedy—absolute restraint from all access to spiritous, or alcoholic drinks, for a sufficient length of time, so that they should gradually recover from the mania. When men are inclined to renew the vice, there should be 'institutions,' or 'retreats' for their reception, where they might be placed by their friends, or well-wishers, by their own personal desire, or by the authority of the magistrates for periods of three to twelve months."

* These resolutions were published in the April number of *QUARTERLY* and were commented on in the editorial, hence are familiar to the profession generally.

care, and who have healthy and temperate parents, and have been educated. A large proportion of this class can be cured in an asylum. Another for those who cannot pay for treatment, and are depraved in all their instincts, and who do not desire either improvement or reformation. The incurable, of whatever social condition, might with propriety be included in the latter class. Both institutions can be made self-supporting; the latter could be sustained on the industrial plan, similar to that adopted by other State charitable institutions or reformatories.

Moral Influences. Every patient should be required to conform to all rules and regulations which have for their object the improvement of his social, moral, and religious condition. He must begin a different mode of life, by breaking up former habits and associations; driving from the mind the old companions of an intemperate life; forming new thoughts, new ideas, and new and better habits, which necessitates a new life in every respect. This is the aim and object of the rules for the control and government of inebriates. To assist in this work, inebriate institutions should have stated religious services, and all the patients and officers should be required to attend them, unless excused by the medical officer in charge, for sickness, or other sufficient cause.

Rules and Regulations. The patients should be governed by rules, calculated to preserve order, and insure proper and thorough discipline. It is of the utmost importance that the rules for the government of the patient should be strictly but kindly enforced, as they are absolutely necessary for the recovery as well as the comfort and well-being of the patient. Without an implicit obedience to judicious rules, the vital objects of the asylum cannot be obtained.

Classification. The first step essential to the cure of the patient, is the revival of that self-respect and self-control

which will compel him to consider his cure not only desirable but imperative. To effect this, the patients should feel that they are on the same footing, and subject to the same treatment. The most intimate association should be encouraged, and naturally will be with those who are earnestly engaged in the same honest purpose. But so long as human nature remains unchanged, the division of patients into two general classes is unavoidable. There are those who submit willingly and cheerfully to the rules necessary to the successful management of the institution, and there are others, who from disease, or willfulness, or both, persistently evade or neglect the same. After the lapse of a specified time, at the discretion of the Superintendent, to the first class may be conceded favors and privileges, from which the second class will rightly be deprived. This kind of classification would be reasonable and just; any other classification would be unreasonable, if not impossible. With this sort of distinction, or classification, an incentive to reform is placed before the patient as soon as he puts himself under the discipline of an asylum. This kind of promotion in prospect, will stimulate the self-respect and ambition of the patient in his own behalf.

Duties of Officers. All patients should receive kind care and consideration from the medical officer in charge, whose duty it is to study the peculiarities of each individual case, so as to ascertain the cause of the disease, and the special treatment necessary, and in every way to assist him to regain his health and manhood. There should be no discrimination in exacting obedience to the rules. There should be no favoritism shown to patients, and no distinction made on account of birth, education, or pecuniary circumstances; all should be treated alike. Discipline, while necessary, should be administered, and privileges awarded without reference to

the position or standing of the patient. Such a course will secure to the Superintendent the respect and confidence of his patients, and enable him to maintain that supremacy necessary to the successful management of inebriate asylums.

Hygienic and Sanitary Measures. A well directed inebriate asylum not only affords effectual removal of the patient from temptations and associations which surrounded him in the outer world, but by precept and example it teaches him that he can gain by his reformation, not the ability to drink moderately and with the least safety, but the power to abstain altogether. With the restraint imposed by the institution, and the self-restraint accepted on the part of the patient, are remedial agents from the moment he enters the asylum, growing stronger and more effective day by day, until finally he finds total abstinence not only possible, but permanent. With this much gained in the beginning, the asylum is prepared to assist in the cure by all the means and appliances at its command. With the co-operation of the patient, and such medicinal remedies and hygienic and sanitary measures as may be required, the most hopeful results may be confidently looked for. The hygienic and sanitary measures consist in total abstinence from all alcoholic beverages: good nourishing diet: well ventilated rooms: pure bracing air: mental rest, and proper bodily exercise. The patient should be required to be prompt in his attendance at meals, and to observe regular hours for rising and retiring, and to obey with military regularity and promptness all requirements that may be conducive to health, and the formation of new and better habits.

Length of time necessary to a cure. The length of time necessary to cure inebriation is a very important consideration. A habit covering five, ten, fifteen, or twenty years, cannot be expected to be permanently eradicated in a week

or a month. The fact that the excessive use of stimulants for a long period of time has caused a radical change physically, mentally, and morally, is not only the strongest possible proof that its entire absence is necessary, but also that it requires a liberal allowance of time to effect a return to a normal condition. The length of time necessary to the cure of inebriation will depend upon the duration of the disease, and the amount of organic lesion which exists. The shortest period of continuous restraint and treatment, as a general rule, should not be less than six months in the most hopeful cases; and extending from one to two years with the less hopeful, and more especially for the class of periodical drinkers, and those with an hereditary tendency.

Employment. To relieve the inevitable monotony of such a life, an inebriate asylum should be provided with a library, reading-room, and gymnasium; physical exercise should be encouraged, such as walking, out-door games, and other healthy amusements that will occupy the time and have the effect to invigorate both mind and body.

In view of the known tendency of a large majority of inebriates while under treatment to turn their attention in the direction of mechanical employment of various kinds, both useful and ornamental, there should be workshops for patients who would devote much of their time to mechanical recreation, which would have a marked influence upon their conduct and cure, by doing away with the restlessness and discontent incident to idleness.

There can be no difficulty in the way of providing profitable employment for the inmates of institutions on the industrial plan, which would probably wholly support such greatly needed institutions.

Large or small institutions. Inebriate asylums as now established are of two classes—public or private, and large

or small. Conceding that all inebriate institutions are comparatively successful in their management, the question is, which of these two classes are advisable in point of practicability. Large institutions are desirable for the following reasons: 1st. In respect to economy, which requires no argument to show their superiority over small asylums. 2d. The influence of a large number of patients upon each individual has a salutary effect; nothing can supply its place, and it is impossible to secure the same favorable results with a small number of patients. 3d. Large asylums are better able to provide well-supplied reading-rooms, good libraries, healthful amusements, and other means which do so much to relieve the monotony of a residence in the **these** establishments. Then things which large institutions alone are expected and able to sustain, are strong inducements to patients to come, and to prolong their stay till a cure is effected. 4th. Another great advantage possessed by large institutions, if controlled by the State, is that they have more power to restrain patients, than is possible in a small or private asylum; and discipline can be better administered among the many than where the number is small. 5th. The presence of a large number of patients will admit of the needed classification; with a few patients a classification of this kind would be not only difficult, but impracticable.

The expulsion of refractory and disobedient patients.
All inebriate asylums should provide for the expulsion of refractory and disobedient patients, but should enforce the penalty only in cases of repeated disregard of the ordinary rules of the institution. Expulsion should be prompt, however, on the disobedience of a leading and important rule. Any deliberate violation of the rules by a patient should be considered good and sufficient cause for his removal, as the

judicious enforcement of the rules requiring expulsion will have a wholesome effect by deterring others from committing like errors; and at the same time would benefit the whole number of patients, by inducing a proper regard for all the rules of discipline. With the enforcement of such rules, there will be no complaints with regard to the discipline, or the entire success of inebriate asylums as reformatory as well as curative institutions.

In conclusion, with all the apparent success claimed for inebriate asylums as now constituted—institutions of this character, directed and controlled by the State, should be further advanced by the enactment of laws which would render expulsion unnecessary, by giving to the superintendent the proper power to restrain, discipline, or even discriminate punish, mainly by closer detention, all refractory patients, whether voluntary or otherwise. Until superintendents are so empowered, the complete success in such institutions, in all respects, cannot reasonably be expected.

THE CAUSE, EFFECT, AND CURE OF INEBRIETY.*

BY D. WILKINS, SUP'T OF WASHINGTONIAN HOME,
CHICAGO, ILL.

An occasion like this, gathered as we are, from different parts of this great country in this Centennial year and in this great metropolis, whose very name expresses the brotherhood of the race, and where true political freedom first received its birth, to calmly, intelligently, and honestly investigate the greatest evil of the age, to ascertain, as best we can, its causes, effects, and cure, *can* but be fraught with the deepest interests. The day of fine-spun theories and speculations on the cause and removal of inebriety have passed away. The facts, experiences, and results of the various reformatory institutions in behalf of the reformation of inebriates during the past ten or fifteen years in this and other countries, are the fields we should cultivate in our deliberations, and so cultivate them as to ensure a rich and golden harvest in the future.

PRIMARY CAUSE OF DRUNKENNESS.

Since the fall of man from his primeval state of purity, innocence, and love, the history of the race in its development has shown a universal desire or hankering for something to mitigate and satiate man's evil inclinations and pro-

* Read before the American Association for the Cure of Inebriates, at their annual meeting, Philadelphia, Sept. 26, 1876.

propensities. He seeks for rest and relief in the indulgence of the very appetites and desires which make a demand for this rest and relief. This demand is general, in some more, others less. It is most strongly developed in warm-hearted, sociable, and excitable persons. Such individuals long continually for something to satisfy this craving of their natures; happy, seemingly, yet discontented, always receiving, yet always wanting.

The philosopher's stone is the goal sought, but never attained. Plato, Socrates, and many other ancient and oriental philosophers labored with all the energy and ability they possessed, to discover a code of rules of action and proclaim them to the world, whereby these longings could be met, these desires satiated, and the race lifted from the moral and physical degradation in which it is plunged, but all to no effect. Plato, in one of his discussions upon this very subject, seeing that all his efforts were *futile*, cries out in language something like the following: "Who knows but what the gods will send a messenger from the skies who will bring a code of rules that will lift the world up to happiness and rest." In these inclinations, these propensities, these longings, to me, is found the primary cause of inebriety, the great substratum upon which drunkenness rests. Man early learned that intoxicants, for the time being, satiated these longings, calmed these turbulent feelings of his being, and gave him temporary relief. If they would give him permanent relief, grand indeed would have been the discovery, but these intoxicants satiate only to increase the undying longings of these propensities, and at the same time produce an undying demand for themselves. Man is so constituted that through much toil he becomes weary, through great adversity and disappointment he becomes anxious and discouraged; from bodily suffering and mental

pain, and melancholy, he demands relief; from continued excitement, nervous prostration, and weakness, he must have rest. Thus we are forced to conclude that anything which would relieve man of these feelings in whole or in part, would be grasped with intense eagerness, not from a disease produced by intoxicants, but from the fact that the use of these intoxicants would relieve him, if only temporarily, of them. This admitted, it would follow as a sequence, that those in whom these desires and emotions are the strongest, would the most easily and naturally indulge in these intoxicants. Facts from the beginning substantiate this position, not that man is naturally an inebriate, or that even he has inherited an appetite or demand for alcoholic drinks from his parents, but that by the use of intoxicants, he creates this appetite or demand. If it is hereditary then it is not acquired, and facts go to show that the appetite or demand for intoxicants is formed by the habitual use of alcoholic beverages. Dr. N. S. Davis says, in an article contributed to THE WASHINGTONIAN:

“If we should say that man is so constituted that he is capable of feeling weary, restless, despondent, and anxious, and that he instinctively desires to be relieved of these unpleasant feelings, we should assert a self-evident fact. And we should thereby assert all the instinct or natural impulse there is in the matter. It is simply a desire to be relieved from unpleasant feelings, and does not in the slightest degree indicate or suggest any particular remedy. It no more actually suggests the idea of alcohol or opium than it does bread and water. But if by accident, or by the experience of others, the individual has learned that his unpleasant feelings can be relieved, for the time being, by alcohol, opium, or any other exhilarant, he not only uses the remedy himself, but perpetuates a knowledge of the same to others. It is in this way, and this only, that most of the nations and tribes of our race, have, much to their detriment, found a knowledge of some kind of intoxicant. The same explanation is applicable to the supposed

"constitutional susceptibility," as a primary cause of intemperance. That some persons inherit a greater degree of nervous and organic susceptibility than others, and are in consequence more readily affected by a given quantity of narcotic, anæsthetic, or intoxicant, is undoubtedly true. And that such will more readily become drunkards, if they once commence to use intoxicating drinks, is also true. But that such persons, or any others, have the slightest inherent or constitutional taste or any longing for intoxicants, until they have acquired such taste or longing by actual use, we find no reliable proof. It is true that statistics appear to show that a larger proportion of the children of drunkards become themselves drunkards, than of children born of total abstainers. And hence the conclusion has been drawn that such children INHERITED the constitutional tendency to inebriation. But before we are justified in adopting such a conclusion, several other important facts must be ascertained.

1st. We must know whether the mother, while nursing, used more or less constantly some kind of alcoholic beverage, by which the alcohol might have impregnated the milk in her breasts and thereby made its early impression on the tastes and longings of the child.

2d. We must know whether the intemperate parents were in the habit of frequently giving alcoholic preparations to the children, either to relieve temporary ailments, or for the same reason that they drank it themselves. I am constrained to say, that from my own observation, extending over a period of forty years, and a field by no means limited, I am satisfied that nineteen out of every twenty persons who have been regarded as HEREDITARY inebriates have simply ACQUIRED the disposition to drink by one or both of the methods just mentioned, after birth."

But is it an absolute fact that children of inebriates become drunkards more than those of temperate parents? True, the children of wicked and criminal inebriates may generally become drunkards, for they are educated and in many instances *forced* to drink, but the children of those who are otherwise moral, only accustomed to drink, generally have mothers that are temperate, and the sufferings they endure and the degradation to which they are subjected,

make them the most positive, efficient, and thorough temperance men and workers in the country. While on the other hand the children of temperate and Christian parents know nothing of the sufferings, feel not the degradation, and when they leave the favorable and restraining influences of home and go out for themselves, they are not prepared to meet the wiles of the deceptive serpent of the still, and are easily led astray and become faithful devotees at the shrine of the altars of Bacchus. I know not what may be the statistics of the reformatory institutions represented in this body, otherwise than the one I represent, the records of which show, that of four hundred and thirty-seven admitted from January 1, 1875, to July 1, 1876, only *ten* would admit, upon close examination, that they inherited their appetite or demand for liquor from their parents. From these *facts*, it seems to me, that men drink intoxicants, not from any hereditary desire for them, more than for anything else, but from a cultivated appetite or demand resulting from longings which spring from the passions, appetites, desires, and emotions of man's fallen nature.

THE TENDENCIES OF SOCIETY LEAD TO INTOXICATION.

The popular tide of the world floats in this direction. With the most, to be popular, you must drink. The intoxicating bowl is found upon the tables of emperors, kings, and presidents. Statesmen, judges, and politicians know and use its power and feel its influence. In the form of wines, brandies, whiskies, rum, and beer, this inebriating poison or infatuation is found in the cellars of the rich and poor, learned and unlearned, noble and ignoble, and the young and old are entrapped by its seductive snares at every step. The strong arm of the law is thrown around the sale of it, to give it credence, weight, and popularity. The general custom of

treating in this country is one of the most diabolical ever formed, and rushes the moderate drinker down to a swift and sudden destruction. Night work and night dissipation enfeeble the nervous system, and thus rush men on to drunkenness. Physicians, some of them unworthy of their noble calling, prescribe and use intoxicants at such times and in such quantities as to lead their patients to lives of inebriety. These, with various other causes, lead men into lives of drunkenness. Drunkenness is the *result* of indulgence and not *indulgence* the result of drunkenness. These same desires, longings, and propensities lead to various other evil habits and customs, and it is the great work of philanthropy, benevolence, and Christianity to so restrain, direct, and conquer them that they shall not lead the race astray. Teach children to lead lives of virtue, honor, and industry, to govern their passions, desires, and appetites, and they cannot be drunkards.

EFFECTS OF DRUNKENNESS.

The effects of alcohol upon the physical, moral, and intellectual constitution of man are obvious in many respects, yet in other respects mysterious and unknown. Its action upon the molecular structure so as to deprive the mind and moral feelings of their healthy and proper functions, the muscles of their natural energy and power, the nerves of their healthy sensibility and keenness of perception, the brain of its true intellectual power and intelligence, is a problem that has never yet been fully solved, and probably never will be perfectly demonstrated. How alcohol acts as an anæsthetic, so as to suspend man's perceptive and moral nature, and while under its influence makes him lower than a brute, will ever be a secret so long as the connection of intellectuality and spirituality with materiality, and the

moral with the physical man are unknown. Its effects, to some extent, upon the body, upon the mind, and upon the moral feelings we can see, but the *modus operandi* producing these effects are as yet beyond our reach. That it acts as a poison, that it irritates and debilitates the stomach, injures the digestion, enfeebles the functions of the heart, weakens the purifying action of the lungs, retards and injures the process of secretion, curbs the healthy action of the brain, and deranges the whole physical man so as to render him an easy prey to all the diseases common to the race, are to a certain extent admitted facts. Under the infatuation of alcohol, man will expose himself to extreme heat and intense cold, to the greatest fatigue and severest endurance, to deprivation of sleep and rest, to licentiousness, and the deepest moral and physical degradation, in short, he will expose himself to everything calculated to weaken his physical constitution and destroy his health. Its influence upon the animal passions, appetite, and moral feelings are very striking. While it weakens and suspends the moral feelings, it strengthens the animal appetite, desires, and passions, while it undermines chastity it strengthens licentiousness, while it enfeebles man's integrity and honor, it makes him deceptive and dishonorable. The young man starts with the idea, that to drink will make him a man. He commences his drinking career inspired with the hope that drinking will make him wise, but he ends his awful career with the reality that he has made himself a fool. He drinks when cold, to remove the chills, but instead of removing the chills it suspends the perception which God has given him to inform him when he is cold, and leaves him a senseless prey to the ruthless blast. If he is hot he drinks to remove the heat, and dies under the scorching rays of the mid-day sun. He is in pain, and he drinks to remove the cause, but this only stifles the God-

like faculty which his Creator has given him, to reveal to him his danger, and leaves him to die under the ravages of the disease he sought to cure. He is hungry, and he drinks to satiate his appetite, but the sensation by which he perceives his hunger is gone and he is left to pine away and die. He becomes weary of toil, and resorts to the cup to rest his weary limbs, and thus he suspends the only safeguard given him by his Maker to teach him when he should refrain from toil, and he is left to overburden his physical strength, and he unconsciously destroys his bodily powers. He is poor, he drinks, and he is as rich as Cræsus, but his riches are visionary images that pass away as fast as the strength of the cup departs. He is weighed down with disappointment, opposition, discouragement, melancholy, and the blues, and he drinks to remove them, but this only buries them for the time being, and the deluded one, as he awakes from his stupidity, feels them a thousand fold stronger than before. Death removes from him his wife, his child, and he resorts to the glass to kill his sorrow, but this only allays for a moment and plunges him deeper and deeper into grief. A Booth desires to assassinate a president, but his manhood revolts at the thought; he has only to resort three times to the saloon, as the dispatch announced, and fire his brain with brandy; his conscience stifled, his manhood gone, he is ready for the act, the work is done, a nation is draped in mourning, and Booth must meet the fate of a murderer.

To-night a hundred men around the family board will embrace their wives and kiss and dandle their little ones upon their knees, bid them a sweet good-by as they leave, then hie away to the saloons. Drink after drink is taken, and at one, two, and three o'clock, they will return to those homes they left so pleasantly, beat and murder those wives and children they love so dearly, and why? Alcohol has

stified their moral sense, drowned their love and affection, and they are left to be driven on by their direful passions and propensities.

In short, while alcohol promises liberty, it gives slavery ; while it promises long life, it brings sudden death. It is a base deception to be realized only by the inebriate when alas ! it is too late.

HOW CURED.

To know the cause, to understand well the effects of any moral or physical disease, is important and necessary, but to understand thoroughly the remedy, to be perfectly familiar with the cure, is the grand problem in which the suffering millions of earth are intensely interested and the one they desire solved. There is no family, no community, no state, and no nation, but whose very heart, pierced through and through with the fiery darts of intoxication, is bleeding and suffering almost in intense agony to-day. Humanity, struggling, writhing, and staggering under the mighty curse of intemperance, demands relief. Man must be taught that he, and he alone is responsible for the sin of drunkenness. That to satiate these desires and cravings by indulgence in intoxicants is a sin, not only against himself but against society and against God. That his Creator holds him responsible for right-doing, and for wrong-doing that he is accountable not only to his brother, but his God. To steal because I desire to steal, to be licentious because I desire to be licentious, to murder because I desire to murder, to drink rum because I desire to drink rum, or to indulge in anything wrong, because I desire thus to do, or if even all men should have an inclination thus to do, does not excuse or screen me from the consequences resulting therefrom, or the terrible sin of such indulgence. Or even if all nations should enact

laws to direct in these indulgences, yet man may err, God never; and to God, high above man, we must render an account of our stewardship. If I steal, I leave my physical and intellectual powers *intact*. If I murder I do the same, but I become intoxicated and lay senseless in the gutter, for the time being I have murdered my body, my moral feelings, my intellect, robbed myself of my true self, my wife and children of a husband and father, society of a man, my country of a citizen, and Heaven, unless I reform, of a soul. In short, I have removed, by my own sinful act, the last vestige of the image of my Creator and degraded myself below the brute. Can there be any greater sin, a more terrible sight for a God of love and justice to behold? Is it strange then, that God should declare "That no drunkard should inherit the kingdom of Heaven." The sin of drunkenness is not the work of a moment. It commences with the first glass, and accumulates with each successive drink until it is consummated in a premature grave. We should teach the young that there is death in the first cup. That intoxicants are unnecessary as a beverage and sinful. That during the first years of indulgence the appetite or demand is formed which holds its victim in future years as a slave to its behest. The terrible effects and awful results of indulgence in intoxicants should be lessons taught the young in the schools of our country. Children should be taught that to drink is a sin and a crime the same as lying, stealing, and murdering.

It seems to me, the primary cause for drunkenness is found in the fact that man, when he is weary, longs for rest; when he is miserable, he desires happiness; when he is doing wrong, he courts freedom from the stings of the consciousness resulting from the wrong-doing; when he is in pain, in a melancholy state, in affliction, or trouble, he seeks

relief. Experience early taught that intoxicants satiate, temporarily, the longings of the appetites, passions, and desires of men. But while they satiate these longings, so long as the person is under their influence, they strengthen the causes of these longings, and settle deeper the disease they are given to cure. Thus the devotees of Bacchus are ever seeking permanent rest, but permanent rest never comes; ever using a remedy to drown their troubles and sorrows, which remedy always feeds the cause from whence these troubles come, and makes a greater demand for itself.

A man may, by educating himself and laboring for others, so strengthen his moral power as to resist temptation and maintain a life of sobriety, but the same desires, appetites, and passions which led him into a life of drunkenness still live and must be fought. The only remedy which can remove them is the same that is used to remove all the other evil maladies of the race—the help of God. “Train up the children of the world in the nurture and admonition of the Lord,” and if they walk therein, there will be no more sorrow resulting therefrom.

LEGAL ENACTMENT.

Our Legislative bodies, instead of popularizing the sale of liquor by legal enactment, should legislate it out of existence as a beverage, by fixing penalties adequate to the terrible evils resulting therefrom, so that the sale and use of it would be looked upon as a crime and a sin by society, and so recognized by the law.

NIGHT LABOR.

Night work should be so protected that night laborers, instead of resorting to the saloon for liquor to relieve their nervousness and weariness, should have provided nicely

arranged restaurants well furnished with all that is essential to restore weary and prostrated nature to its accustomed strength and vivacity. Night dissipations of all kinds should be denounced and avoided. Darkness is the *Devil's* day for work. Under the covering of darkness he gathers his cohorts for *deadly conflict*. Night is for rest and not for dissipation, revelry, debauchery, lasciviousness, and moral death, and he that uses night thus, ruins himself. The want of sleep weakens the nervous system, and makes men an easy prey to drunkenness and all other vices. Inebriates are generally night watchers, night wanderers, and dissipaters. To reform they must have regular habits, to overcome the power of drink, they must rest at night and work days.

Printers on morning papers, telegraph men on night work, and steamboat and railroad men, who cannot rest at night, the vast majority of them drink, and are the most difficult to reform. The time and labor devoted to their reformation is generally lost. The circumstances are so unpropitious, they scarcely ever succeed.

PHYSICIANS AND MINISTERS.

In this reformatory work physicians and ministers must take the leading part. While the former must show to the world the direful effects of intoxication, as a beverage, upon the physical constitution of man, it is the province of the latter to show the terrible effects they have upon the moral feelings and higher emotions of the soul. While the former must show how they enfeeble, weaken, and debilitate the whole physical man by rendering him an easy prey to all classes of disease and even a premature death, it is the duty of the latter to show that indulgence in these intoxicants debase and destroy the spiritual man and lead him to eternal death. While the former must teach that indulgence in

drink makes a man almost impervious to restoring remedies, the latter must inculcate that the use of liquor renders him impervious to all moral and religious truth. Side by side, the herald of medicine and of the cross must go, in order to reach and save this mighty army of drunkards that are rushing into this awful gulf of death and destruction.

THE CHURCH.

The church must, with renewed energy, enter into this work. True charity, charity that suffers long and is kind, charity that reaches down into broken hearts, and walks through the squalid lanes and by-ways of earth in search of the lonely unfortunate outcast, should emanate from the church of Christ. Church members, instead of looking upon the inebriate as a degraded, hopeless wretch, must realize that although he is responsible for the sin of drunkenness, yet in his drunkenness, of all men, he is the most helpless, and of all subjects of charity, he should be the first to receive their aid and sympathy. They should understand that gathering these unfortunate ones into their churches once or twice a week to give them religious instruction and then leaving them the rest of the time to fight habits of years of contraction, boon companions of the cup, and saloons opening wide their doors and welcoming them in to free lunches and free whisky, will never reform or save them. Higher services and greater sacrifices are demanded of the churches. It is their imperative duty to make the influences thrown around the inebriate, stronger for reformation than those are against him. Give the struggling one a chance and he will succeed. He must be lifted up out of the life of a drunkard and placed into a new life of temperance, virtue, morality, and Christianity, and helped to walk therein until he requires sufficient moral and relig-

ious strength to stand alone, until he learns that wisdom's ways are ways of pleasantness, and all her paths are paths of peace, then will he go forth a noble, reformed, redeemed man. The time has now approximated when the church of Christ should do her whole duty and rescue the millions of the devotees of Bacchus from the thralldom of rum. The spirit of alcohol is the antipodes of the Spirit of Christ; where one lives the other cannot.

TREATING.

The custom of treating should have the universal condemnation of the world. It hurls thousands upon thousands of the young and old swiftly into the maelstrom of intoxication. In many countries this custom is branded as barbarous, but here in Christian America, it matters not how large the crowd assembled, each must treat and be treated before they separate, and thus, in a short time, all become intoxicated. Banish this custom from the land and thousands will be saved from a life of inebriety.

WORK OF OUR REFORMATORY INSTITUTIONS.

The great part which the reformatory institutions of this country ought to take in the grand work of reforming inebriates, is what we are most directly interested. How can we best save the fallen ones, restore them to their manhood, their families, and society? The effect of alcohol is such as to make a man feel that he is the most independent being in the world, until by actual and personal experience in his resolves, and re-resolves, he finds out and believes that he cannot without help break from the insidious charm of the tempter. Money, friends, relatives and all have forsaken him, his hopes blasted, his ambition gone, and he feels that no one has confidence in him, no one cares for

him. In this condition he wends his way to an institution of reform, a penniless, homeless, degraded, lost, and hopeless drunkard. Here is our subject, how shall we save him? He has come from the squalid dives, and lanes of filth, of misery, of want, of debauchery, and death; no home, no sympathy, and no kind words have greeted him, perhaps, for years. He is taken to the hospital. A few days pass and he awakes from the stupidity of drink, and as he opens his eyes, what a change! He looks around, kind and gentle voices welcome him, his bed is clean and soft, the room beautiful, tasteful, and pleasant in its arrangements, the superintendent, the physician, the steward, and the inmates meet him with a smile and treat him as a brother. He is silent, lost in meditation. Thoughts of other days, of other years, pass through his mind in quick succession as the tears steal gently down his cheeks. He talks thus to himself. "I am mistaken. *Somebody does care* for the drunkard. And if somebody cares for me *I ought to care for myself.*" Here reform first commences. In a few days, when free to some extent from alcohol, he is admitted to the freedom of the institution. As he enters the reading-room, the library, the amusement, the gymnasium, dining-room, and spacious halls, the conviction becomes stronger and stronger that somebody is interested in the inebriate, and he should be interested in himself. Then comes the lessons of the Superintendent. He is taught that he cannot be reformed, but that he can reform himself. That God helps those only who help themselves. That he must ignore all boon companions of the cup as associates, all places where liquor is kept and sold, that, in order to reform himself, he must become a reformer, labor for the good of his brother, in short, he must shun every rivulet that leads him into the stream of intemperance, and as a capstone which completes

the arch, that he must look to Him from whence cometh all grace and power to help in time of need.

As he converses with those that are strong in experience, listens to the reading of the Holy Scriptures in the morning devotions, joins in the sweet songs of Zion and unites in unison with his brother inmates in saying the Lord's prayer, as he hears the strong experiences in the public meetings and secret associations of those who have remained firm for one, two, three, and up to ten or fifteen years, little by little his confidence is strengthened, and almost before he is aware, the firm determination is formed and the resolve made, *I will drink no more.* As week after week and month after month glides pleasantly away, these resolutions become stronger and stronger, and by thus educating his intellect and strengthening his moral power, the once hopeless, disheartened, and helpless one regains his former manhood and lost confidence, and becomes a moral, independent, reformed man. Perhaps the most difficult thing in this work of reform, is to convince our inmates, that resolving to stop drinking, or even stopping drinking for the time being, is not reforming. Those admitted, generally, in about two weeks, under the direction of a skillful physician, and the nursing of a faithful steward, recover so as to sleep well and eat heartily, and their wills, seemingly, are as strong as ever. Feeling thus, they often leave the institution, sobered up, not reformed, and when the periodical time arrives, or temptation comes, they have no moral power to resist and they rush back to habits of intoxication. They forget that the will is like a door on its hinges, with the animal desires, appetites, evil inclinations, and passions attached to one side leading them into trouble and making them unhappy, unless they are held by the strong power of the sense of moral right attached to the other side, and that

for years they have been stifling and weakening this power until its strength is almost, if not entirely, gone, and that the only way they can possibly strengthen it, independent of the grace of God, is by education, moral light, and testing it under circumstances so favorable that it will not yield. It took years of disobedience to destroy the moral power, and it will take years of obedience to restore it again. The inebriate must be taught that he can refrain from drink only as he strengthens this moral power, and this requires time and trial. Here is just where we, as superintendents, or reformers, assume great responsibility. To understand just when to test, and how much temptation can be resisted by those under our charge, requires much wisdom and great experience.

CONCLUSION.

In conclusion, if the foregoing positions are correct, alcohol is the great enemy of the race. It undermines the very foundations of all moral reform. It matters not whether in the church or State, in society or family, wherever used, as a beverage, it debases and degrades. The work in which we are engaged is a herculean one, it is as extensive as are the wants of the age. The millions who are crushed, debased, enslaved, and dying under the yoke of the tyrant of the still, are looking up to us and the temperance men and women of the world, pleading and beseeching us to deliver them from the curse of rum. Universal humanity demands, aggressive Christianity demands, and God demands of us the freedom and speedy emancipation of the deluded suffering millions from the reign of this usurper of the hopes, the happiness, and the salvation of man.

Abstracts and Reviews.

General Considerations on the Intoxicating Power of Alcohol. BY DRS. DUJARDIN-BEAUMETZ, AND AUDIGE.

This very important paper appears in *La Tempérance*, a quarterly journal published in Paris, January, 1877, and the organ of the French Temperance Society.

The reputation of the authors of this paper and the obscurity of the subject would seem to demand an extended review, but our limited space will not permit more than an outline, with some, perhaps, of the general conclusions that have been reached.

The uncertain effects following the use of intoxicating liquors have been the subject of much study, and the general conclusions have been, that these peculiarities were due to the presence of foreign matter other than alcohol, and that liquors containing alcohols of standard measure, were always pure. Recently it has been asserted that these adulterations or impurities of liquors were harmless, and the variable effects following its use were due to the presence of alcohol in more or less quantities.

The authors of this paper go further, and show that these dangerous qualities (or elements) of liquors, depend on the presence of certain primitive alcohols which are produced in the methods of extraction, &c., &c. Without any effort to give a literal translation, we shall simply present some of the *general observations* of the authors.

This article is the last of a series on the intoxicating

influences of monoatomic alcohols, and sums up all the conclusions which previous investigations have authorized.*

The problem discussed is : Does the nature (*l'origine*) of alcohols exercise any appreciable influence on the power of their effects ?

The authors observe : This question is both comprehensive and complicated. Alcohol is never found alone, and the number of substances discovered in combination with it are increasing so rapidly every day as to form distinct groups of a parallel series.

To understand them we should first know the action of the different alcoholic series ; because the researches of M. Isadore and Piere indicate the fact, that in all alcoholic drinks there are found primitive (*premordeaux*) alcohols in various proportions.

Alcoholic groups may be divided into two great classes. The first class and its combinations exhibit but one atomicity, and are called the monoatomic alcohols : the second class comprises combinations more complex, and are termed polyatomic alcohols. The monoatomic group are subdivided into three principal classes, the first of which are alcohols produced by process of fermentation, and the second class are alcohols produced by synthesis, or any other process, except by fermentation :

The third class is composed of a series of substances, presenting the same characteristics (*formule*) as *fermented* alcohols, but are produced by the process of synthesis ; and are called "iso-alcohols."

Fermented monoatomic alcohols formed the subject of our

* Bergeron, Rapport sur le vinage (Bulletin de l'Academie de medecine, Mai-Juin, 1876).

considerations last year; they are four in number as shown in the following table:*

Ethylique alcohol,	-	-	-	$C_2 H_6 O$
Propylique	"	-	-	$C_3 H_8 O$
Butylique	"	-	-	$C_4 H_{10} O$
Amylique	"	-	-	$C_5 H_{12} O$

Experiments on these alcohols prove that in a natural series of an analogous substance the most powerful are those which contain the greatest number of atoms.

This progression may be called mathematical, so that if we represent by the figure 1, the intoxicating power of alcohol ethylique; then, the power of alcohols, propylique, butylique, and amylique would be indicated by the figures (1-2) (1-3) (1-4.)

Now fermented monoatomic alcohols were the subject of a communication to the Academy of Medicine last year, with the following table:†

Methylique alcohol,	-	-	-	$C H_4 O$
Heptylique or Cœnanthylique,	-	-	-	$C_7 H_{14} O$
Octylique or Caprylique,	-	-	-	$C_8 H_{16} O$
Cétylique or Ethal,	-	-	-	$C_{16} H_{34} O$

Our experience has demonstrated that alcohols methylique, or the spirits of wood, are more intoxicating than alcohol ethylique, and its intoxicating influence varies more or less, according to the purity in which it is produced.

Hygienically this is of great importance, not only as indicating the small amount of alcohol mixed with ordinary liquor

* Dujardin-Beaumetz, et Audigé, Recherches expérimentales sur les alcools monoatomiques par fermentation, 1875.

† Dujardin-Beaumetz, et Audigé, De l'action toxique des alcools œnanthylique, caprylique et cetylique (Compte Rendu de l'Académie des Sciences, Juillet 1876.

to make it intoxicating, but as possibly enabling us to determine from the symptoms or effects, the kind of alcohol used.

If the chemist can so determine the nature of alcohols present, the intoxicating qualities, and the doses which will produce such results, we shall have the subject reduced to a mathematical problem. The author says :

The pernicious effects of the spirits of wood depend on the quantity of acetone (C_3H_6O), which they contain.

The intoxicating power of acetone, which is represented by 5 grammes to the kilogramme of the weight of the body, has a different action from that of alcohols ; and this substance is intermediate between alcohols and ethals, more resembling in its physiological action the latter.

When methylique alcohol is as chemically pure as possible, a dose of 6 grammes 50 c. per kilogramme will produce intoxication that is fatal : in alcohols not pure, 5 grammes 75 c. will suffice.

Alcohol heptylique, or œnanthylique produces different results when administered pure, than when diluted with alcohol ethylique.

In the first case, 8 grammes to the kilogramme will cause death ; if diluted 10 p. c. 3 grammes will suffice.

This difference is owing to the fact that this alcohol is insoluble in water, and to make it palatable it must be diluted in a large quantity of alcohol ethylique. The same result is produced in alcohols octylique and caprylique, and proves that a small portion of these alcohols mixed with the ordinary drinks, will largely increase their intoxicating effects.

This fact is very suggestive, and indicates the possibility of knowing the precise mixture of these alcohols which will produce intoxication, and the quantity with ordinary liquors that will make them pernicious in their effects. Having as-

certained this, their value medicinally, or otherwise, can be readily determined in a given case.

The authors continue: Octylique and caprylique alcohols are intoxicating in the following doses: 7 grammes when diluted, and 2 grammes and 50 c. when mixed with alcohol ethylique.

Alcohol cathylique, or ethal, is insoluble in water, or alcohol at ordinary temperature, and the intoxicating phenomena (when administered experimentally), has never been determined.

Having obtained these results we find the intoxicating power of the monoatomics compared with the polyatomics verify this statement in one or more groups, but when the two groups are united in the same series, the principle does not apply.

Here are two alcohols having the same atomic characteristics, the one produced by synthesis and the other by fermentation, differing only in the process of extraction.

Now if we discover a difference in the action of these two substances, it will give a triumphant answer to those who hold that the atomic character of alcohol determines *a priori*, their physiological properties.

The difficulty in this problem consists in the production of "iso-alcohols."

The authors regret that they have not completed their experiments on iso-alcohols, and cannot give any definite results. They are studying the effects from intoxication by iso-alcohols, and are sanguine that important conclusions will follow. The action of these alcohols, have never been studied before, and without question. they are a very dangerous element in liquors.

They go on to say: we have taken for our experiments, alcohol propylique, produced by fermentation, and alcohol iso-

propylique produced by synthesis, as a point of comparison, with acetone as a standard.

This last substance, however, has not yet been produced, in a pure state, and in sufficient quantities, to authorize us to exactly determine its intoxicating effects.

Polytomic alcohols, which constitute the last group of the alcoholic series, form a class recently discovered, and are the results entirely of the labors of Messrs. Wertz and Berthelot.

This group comprises the glycoles and glycerines.

We have only experimented with the last of these substances.

Glycerine ($C_3 H_8 O$), or glycorisma, the active principle of sweet oil, when given in large doses, exhibits a series of phenomena which resemble those resulting from alcohol—death ensuing in from twenty-four to thirty-six hours, when the dose exceeds eight to ten grammes by the kilogramme to the weight of the body. These statements are confirmed by M. Berthelot, who, from a chemical point of view, has grouped these substances in the class of alcohols.

M. Catillon * further confirms these statements, adding, that when *taken by the mouth (par la bouche)* in a dose of seventy-five grammes by the kilogramme, death rapidly ensues. In a general examination of this series of alcohols, with reference to their intoxicating doses, the following table will result :

MODERATE INTOXICATING DOSE FOR A DOG.
ALCOOLS.

			<i>Non dilut.</i>	<i>Dilut.</i>
Méthylique	$C H_4 O$	par fermental.	o gr. oo.	6 gr. oo.
Éthylique	$C_2 H_6 O$	“ “	8 “ oo.	7 “ 25.
Propylique	$C_3 H_8 O$	“ “	4 “ oo.	3 “ 50.

*Catillon, "Recherches Expérimentales sur l' Action Physiologique de la Glycérine, 1877."

Butylique	$C_4 H_{10} O$	par fermental.	2 gr. 50.	1 gr. 90.
Amylique	$C_5 H_{12} O$	" "	2 " 00.	1 " 70.
<i>Monoatomiques :</i>				
Caproïque	$C_6 H_{14} O$	Pas expérimenté.		
Œnanthylrique	$C_7 H_{16} O$		8 " 00.	3 " 00.
Caprylique	$C_8 H_{18} O$		8 " 00.	2 " 50.
Caprique	$C_{10} H_{22} O$	Pas expérimenté.		
Célytique	$C_{16} H_{34} O$	Pas d'effets toxiques.		
<i>Triatomiques :</i>				
Glycérine	$C_3 H_8 O_3$	9 à 10 gr.		
<i>Iso-Alcools :</i>				
Iso-propylique	$C_3 H_8 O$	En expérience.		

The intoxicating phenomena of the above alcohols may be grouped in three different classes.

The first comprises fermented alcohol, with such similar symptomology as is observed in other alcohols, the difference to be ascribed to the strength of the alcohol.

The second class, composed of alcohols méthylique, differs from the first in the rapidity of its intoxicating influences, and resembles closely in this respect the alcohols of ethols, and is accounted for probably by the presence of acétone.

The third class consists of œnanthylrique and caprylique alcohols, and resembles the second in depression of temperature, both differ in the appearance of convulsive phenomena.

In this class may appear the glycerine whose action differs from other alcohols in the fact that temperature constantly ascends instead of descends. The symptoms observed are always identical, and are manifest in the liver, kidneys, bowels, and brain, usually characterized by hemorrhages and congestions more or less violent.

Examining, then, in a methodical way, our commercial alcohols, taking alcohols éthylique, as a standard, the following is the result at which we arrive :

Alcool de vin (dit de Montpellier),	-	-	7 gr. 90
Alcool de lait (Koumys),	-	-	6 " 90
Alcool de Marc,	-	-	6 " 80
Alcool de cidre,	-	-	6 " 86
Alcool de Mèlasses (rectifié),	-	-	6 " 60
Alcool de betteraves (do),	-	-	6 " 60
Alcool de blé,	-	-	6 " 55
Flegmes de mèlasses,	-	-	6 " 45
Flegmes de betteraves,	-	-	6 " 45
Flegmes de grains,	-	-	6 " 40
Alcool pour les arts,	-	-	6 " 40
Alcool de pommes de terre (rectifié),	-	-	6 " 30
Eau de vie, de très mauvaise qualité (debit de vin),	6	"	25
Alcool de pommes de terre (brul),	-	-	6 " 20

This table represents numerous experiments made with these primitive alcohols, extending over months of time, requiring great accuracy as well as patient labor. They form a part of many observations, that will be published in a forthcoming work, on the intoxicating influence of alcohol, which the authors are preparing.

He continues—

The conclusions from the above table authorize the statement that alcohol of wine is the least intoxicating, and that alcohol from potatoes is the most so. Although there is very little chemical difference, amounting to scarcely a grain, yet experimentally it is considerable; a dog being killed in thirty-six hours, even when the substances are introduced hyperdermically in doses proportioned to the weight of the animal.

The authors assert that they have adopted similar methods and experiments on the same animals—dogs being commonly used; and from the impossibility of experimenting on man, and opposition to this mode of determining facts, their labors have been increased. All the problems of

this subject must be solved by an examination of the facts collected in this way.

The author concludes—

There is no question here of liquids chemically pure, for all alcohols, propylique, butylique, etc., are more or less complex or mixed in their nature, and the differences shown are less marked, than if chemically pure.

That which shows that it is to the mixture in certain proportions of these different liquids, that the more or less intoxicating influence of strong drinks are due—is that by adding to alcohols éthylique, any one or other of the alcohols, we increase its intoxicating effects. For instance : in a solution of from three to four per cent. of alcohol amylique, with éthylique, we have the same intoxicating effects that we obtained from potato whisky.

These results not only confirm, but demonstrate beyond question, that alcoholic accidents follow an increasing progression in proportion as they are removed from the alcohol of wine, and approach fermented alcohols, extracted from grain, beet-roots, molasses, and potatoes.

From these and many other proofs we are able to answer affirmatively the question under discussion, viz.: Does the origin (*l'origine*) of alcohols exercise an appreciable influence on the nature and force of their intoxicating effects?

The authors have made two hundred experiments, extending over two years, developing a class of facts, of which the above is prominent. We shall look forward with great interest to the publication of the work embodying these facts.

Dr. Jeniere, the secretary of the French Temperance Society, has compiled a table showing the progress of crime and drunkenness in different parts of France, and demonstrating that it goes hand in hand with the increased con-

sumption of different kinds of alcohol. This and many other facts give additional confirmatory testimony.

We cannot conclude this remarkable paper, embodying results so vital to the entire subject, without expressing thanks to the authors who have so laboriously reached these conclusions. Although not yet complete, they open a new field of inquiry, that promises a revolution of all our previous views of alcohols and their effects on the race.

T. D. C.

A Bill to Facilitate the Control and Care of Habitual Drunkards. (Introduced into the House of Commons, England, February 28, 1877.)

In our last number we noticed the society for the promotion of legislation for the control and cure of habitual drunkards, organized in London, and including among its members some of the most learned and scientific men of the kingdom.

We have received a copy of a bill introduced into the House of Commons, and ordered printed, etc.

This bill was prepared by Dr. Cameron, Hon. Evelyn Ashley, Mr. Clare Read, and Mr. Edward Jenkins, members and active workers of this society.

It is supposed to embody the latest and most practical methods of dealing legally with this class, and is of unusual interest, from the fact that it is evidently prepared by some of the best legal and scientific men of England.

Some of the prominent features of the bill may be of interest to our readers.

It is arranged under ninety-one paragraphs or clauses; and these are divided under several heads; the first of which

is called preliminary, in which are described what is meant by the legal terms mentioned in the bill. (A feature worth imitating by our legislatures in this country.)

The second division relates to the establishment of retreats or asylums, and gives power to any person or persons by special license to open such retreat for twelve months, the local authority having power, from time to time, to revoke or renew such license.

The proprietor of such retreat, when incapable, by sickness or otherwise, of managing an asylum, or dies before his time of license runs out, the authorities may transfer it to another person. No repairs or alterations of such asylum shall be made without the consent of such authority.

Patients confined in such retreats when they are disbanded or removed, may be transferred to other retreats.

Any drunkard may be admitted at his own request, his application to be sworn before a justice of the peace, and the time stated which he will remain. Such patient can be held by law for a term not exceeding twelve months. The friends of inebriates may make application for his confinement before a justice, who shall decide whether he is an habitual drunkard, or leave the matter to a jury of twelve men.

If the patient is not found to be a drunkard, the cost of the trial shall be paid by the applicant.

Such patient may be discharged by order of the justice, at the request of the proprietor of the asylum, or by the justice himself, at the request of his friends, should he consider it reasonable and proper.

In other respects the same law controlling private insane asylums apply as in this case.

The third division is that of Industrial Hospitals, in which any hospital, by application to the Secretary of

State, and with the approval of the inspector of industrial hospitals, may be fitted up and arranged for habitual drunkards.

The Secretary of State may withdraw his authority and close up the hospital at any time, if it does not conform to the act.

The local authorities of any town or county may provide such industrial hospitals and manage them themselves; may build up, tear down, or arrange, as they may see fit. Contributions to these hospitals may be made by the local authorities, or otherwise; and all changes must be made under the approval of the Secretary of State.

The local authorities have power to contract with other hospitals for the care of inebriates, or erect joint industrial hospitals.

Habitual drunkards who are defined as persons who, through the intemperate use of intoxicating liquors, are dangerous to themselves and others, or incapable of managing themselves or their affairs, may be sent to such hospitals for a term not less than one month nor more than twelve.

Any person who shall be convicted of drunkenness three times within twelve months, in addition to a fine or imprisonment, may be ordered to find securities for his good behavior during the next twelve months from his third conviction or expiration of time of imprisonment, in default of this he shall be deemed an habitual drunkard, and committed accordingly, the time of his commitment to be specified.

When such hospitals cease to exist, patients are to be retained and delivered to the proper authorities.

The fourth division relates to inspection and visitation of such hospitals.

An inspector of these hospitals shall be appointed by the

government, with authority to appoint visitors and local inspectors.

These visitors shall comprise one or more justices in the neighborhood, who shall have power to admit and discharge patients on sufficient reasons, such reasons to be recorded with the clerk of the board.

The fifth division relates to leave of absence from retreat or industrial hospital.

Patients may reside outside of the hospital after three months' detention, with responsible persons, who are willing to take charge of them for a period not exceeding two months; which must be renewed from time to time, until the whole time is expired.

Misconduct shall forfeit all the time passed, and compels him to begin anew his time of sentence.

The visitors and chief officers of retreat may grant such absence or revoke it at any time.

The sixth division relates to expenses, and describes how money for such hospitals shall be raised.

The friends of patients, or the patients themselves, shall be liable to all expenses in the conveyance and maintenance, and the sum per week shall not exceed fourteen shillings.

Where the patient or his friends are unable to pay, it shall come out of the poor rate.

The seventh division relates to offenses, and provides the penalties of a fine not exceeding £20, or six months imprisonment, for any person who brings in or conceals liquor to these asylums, or ill-treats a patient, or assists him to escape, or fails wilfully to comply with this act, etc.

If a patient runs away, he can be arrested anywhere without warrant, and returned to the hospital to serve over again his full term of sentence. Penalties are prescribed for all

violations of this act, and the schedule of *commitments are defined minutely.*

This bill will undoubtedly become a law, and was evidently framed from a similar law (in many respects) now in force in Connecticut.

This, without question, is the most practical and sensible legislation ever attempted for the reform of drunkards.

DR. DANIEL G. DODGE resigned the superintendency of the New York State Inebriate Asylum, in March last, and Dr. Daniel H. Kitchen, Chief of Staff of Charity Hospital, Blackwell's Island, was appointed in his place.

THE STATE MEDICAL SOCIETY of Kentucky, in their annual meeting in April last, appointed a committee to report on the organization of an inebriate asylum, of the following well-known physicians: Drs. W. N. Martin, L. P. Yandell, Jr., Thomas, of Covington, J. W. Thomson, L. Atkinson, of Bowling Green.

THE MEDICAL TEMPERANCE JOURNAL, PUBLISHED FOR THE TEMPERANCE NATIONAL LEAGUE, BY TWEEDIE & CO., LONDON, is welcomed among our exchanges as the second journal in the world presenting the medical side of inebriety. The contents are excellent, and singularly free from startling sentiment and extravagant statements.

THE NATIONAL QUARTERLY REVIEW, edited by D. H. Garter, M. D., and published by the same, is welcome, and brings a rich storehouse of solid reading for all classes.

LA TEMPERANCE, a quarterly journal of the French temperance society, published in Paris, January, 1877. The first number is well printed, and has much interesting matter; of one article we give an extended review. We take pleasure in acknowledging our obligations to Dr. Lineur, the Secretary.

Editorial.

"HABITUAL' DRUNKENNESS."

AN OPEN LETTER TO JOHN CHARLES BUCKNILL, M. D., OF LONDON, ENGLAND, BY JOSEPH PARRISH, M. D.

JOHN CHARLES BUCKNILL, M. D. :

My Dear Sir:—Reports of your speech at Rugby, before the Temperance Association, of your correspondence with Dr. Clouston, and your essay in the *Contemporary Review* for February last, on Habitual Drunkenness, etc., are before me.

You seem to have used these means of communicating with the medical profession, and to some extent with the general public of Great Britain, for the purpose of discrediting the testimony of witnesses from this country, before what is popularly known as Dr. Dalrymple's Parliamentary "Committee on Habitual Drunkards," in 1872, and of injuring the cause which they represented before said committee.

As some of your statements are, to say the least, unguarded, and as the impression they are evidently meant to convey, must be false and injurious, I feel it to be due to my colleague and myself, who appeared before the committee above referred to, and to the Inebriate Asylums and Reformatories in this country, that your erroneous statements should be corrected.

On several occasions, both in your own land, and during your recent visit to America, you have publicly expressed

your right to make open enquiry into the "credibility" of "statements" made by Dr. Dodge and myself before the committee of your own Parliament, in answer to important questions which were submitted to us by the committee. You also accuse us of being "deputed to teach" the English people "how to change the laws of your country," etc., and of "vaunting the absolute cure of thirty-four per cent. of their (our) diseased drunkards, and pushing their (our) creed, and their (our) system, with an unblushing propagandism," etc.

For this reason I shall address you by an open letter. I shall spend no time, however, in attempting to prove the "credibility" of the American witnesses before the committee of your House of Commons. That is sufficiently recognized in this country, and as the committee were abundantly satisfied of it before they sent for the witnesses, and by intercourse with them, were reassured of their position, your sneering reproach has no weight. As to our being "deputed to teach," etc., I have only to refer you to the following official communication, which was addressed both to Dr. Dodge and myself :

"HOUSE OF COMMONS,

"LONDON, March 2, 1872.

"SIR :—I am directed by the Select Committee of the House of Commons, appointed to consider the best plan for the control and management of habitual drunkards, and of which committee Dr. Dalrymple is chairman, to *request your attendance before them for the purpose of giving evidence.* The committee would be glad if you would make it convenient to attend upon them during the week commencing the 15th of April. Should this be inconvenient, on as early date after as convenient to yourself. The days of meeting the committee are Tuesdays and Fridays.

"I am, Sir, Your Obedient Servant,

"ARTHUR F. KINGSCOTE, *Committee Clerk.*"

t for such a request, from such a source, we should not left our own land, on such an errand, and I am quite

sure that no member of the committee will sustain you in your ill-natured reference to our testimony in this connection, as the relation between the British Committee and the American witnesses was of the most agreeable and satisfactory nature.

But to your several statements. You assert that your observation of American Inebriate Asylums was, "that the gentlemen *confined* in them were generally rather proud of their position," etc., and that "they were there under a very lazy and shameful pretense of curing a disease which did not exist, by remedies which were not applied." In the very next sentence you refer to the absence of restraint and *confinement*, and of the perfect freedom of inmates to walk out, procure liquor, and bring it in to their own rooms. The evidence which you offer for this, is what a "friend told" you about being invited to take "his choice of spirits," by four of these unfortunate inebriates, during a visit he made to one of these Asylums "for the City of New York."

But you have overlooked the fact that this interesting social interview between your friend and his friends, occurred at an institution that was never represented in the "American Association for the Cure of Inebriates," and hence the story has no place as evidence against the Association whose "creed" and "system" give you so much pain.

You seem also to have forgotten that said "Asylum for the City of New York," as you term it in the *Review* article, is located on an island, on the East River, where there is no saloon or other place where spirits are sold or given away.

The objective article in the "creed" to which you refer, is, that "intemperance is a disease." But I fear your labor to convince the profession and people of Great Britain that the phenomena of drunkenness are not abnormal and pathological, will be as fruitless as your attempt has been to en-

graft your own prejudices on the subject, with the public sentiment of America.

In this country, not only physicians believe in the disease doctrine, but our temperance societies, and even the children of our common schools, recognize in the flushed face, wandering thought, confused utterance, unsteady gait, and unseemly behavior of the inebriate, symptoms of poisoning, (disease,) and are taught to abstain from the use of the poison, that they may be saved from the distressing disease. I have even heard in your own lovely England, from the platform and the pulpit, that this terrible disorder was destroying its tens of thousands annually, and that in the aggregate, it had already scourged with death, the generations that are past, more than war, pestilence, and famine.

You have doubtless heard the same story, and you doubtless believe it, as by your own well-chosen words in the magazine article before me, (p. 434,) you admit it when you say: "But that strong drink does often cause disease of the nervous system, with disturbance of its mental functions, and also, that such diseases of the mind, arising from other causes, etc., also *give rise to the passion for strong drink*, are facts which can admit of no doubt." In this statement you, perhaps inadvertently or unconsciously, say all that we have said upon this point. Had you modified your language a little, you might, in almost the same number of words, exhibited the vice, as well as the disease, in their intimate relation as we understand them, thus:

But that the vice of habitual indulgence "in strong drink" is the precursor of "disease of the nervous system," and especially of "disturbance of its mental functions," and also, "that such diseases of the mind, arising from indulgence in other vicious habits," "do also give rise to the passion for drink" "are facts which can admit of no doubt." You say

still more on the same page, to wit, that "heredity, periodicity, the intermixture of their mental symptoms, with other nervous disorders and defects" are well-known, etc., and in pronouncing this opinion, you say just what we have said, and your language might have been substituted for our "creed" without altering its sense.

What troubles you evidently is, that "specialist physicians" on both of sides the water, have treated such cases in lunatic asylums without success, while other specialists have treated, and are now treating, such cases in inebriate asylums with abundant success.

The personification of your idea in John Jones, is certainly felicitous and worthy of notice. You ask, (p. 436) "whether John Jones, being often drunk, is diseased or vicious?" In the same place, you tell us that if John eats "more than he can easily digest," or is "exhausted by debauchery" or suffers disturbance "from any other sensual excess," he is diseased; that is, that when "he is actually drunk, his *organism* is in a state of disease *pro tanto*, as the same must be admitted of him when he has eaten more than he can easily digest," etc. You would not hesitate to accept John as an inmate of a hospital if he was suffering from the "sensual excess" of gluttony or venery, or any other lust; nor would you stop to consider the difference between the *vice* of the man, and the *disease* of his organism, but you would come to his relief with all needed appliances of the medical art, and furnish him with advice as well, that would teach him to avoid a recurrence of his disorder. But if John should suffer from the "sensual excess" of drinking, instead of eating, while you would admit that his "organism is in a state of disease," you would assume that John himself was vicious, or as you elsewhere express it, a "miserable sinner," thus separating him from himself, and for the sin of his nature permitting him to

end his "worthless existence" as speedily as possible, repeating to him perhaps, your very remarkable words, which I find on p. 441 of the Review, to wit:

"It would be a national—nay, a world wide blessing if alcohol were really the active poison which it is so often represented to be, that men who indulge in it, might die off quickly."

Now, if you would hold men equally accountable for gluttony, or for "disturbance of healthy function from any other sensual excess," while you treat the diseases of their organisms, for the purpose of cure, and influence their moral natures with reference to reforming their characters, you would place yourself just where we stand, and the two first articles of our "creed," namely: 1. "Intemperance is a disease," and 2. "It is curable in the same sense that other diseases are," would be both intelligible and acceptable to you.

But John Jones may be the victim of a morbid "heredity." A corrupt ancestry may have entailed upon his organism a positive predisposition to "sensual excess" in one or more directions. He may possess what our "creed" calls a "constitutional susceptibility to the alcoholic poison," which stamps him with a deathetic character, such as in your large experience, you must have noticed as the inheritance of very many persons. Where now will you locate his disease? If you desire him to "die off quickly," it would be little matter where. But as a searcher after truth, as a humane enquirer into the occult forces of our being, with the view of discovering the sources of morbid appetites, and the reasons for their undue indulgence, so far as the organism is concerned, you would not be content with any such superficial and hasty disposal of the subject. Nay, if you assume the position of a reformer merely, you would not, with anything like an expansive view of the realm of morals, attempt to recover an

erring, or a lost human creature, by any such careless method as you have indicated. You would recognize the intimate relation between the manifold phenomena which combine in the creature, and the intricate relations which they bear to each other. You would recognize the "primary cause" of drunkenness to be in the inherent quality, which predisposes to excessive indulgence, and you would appreciate also that undue gratification of this lust of appetite, may engender conditions which greatly complicate the original fault, and render it necessary to do something more than simply administer remedies to promote sleep, and restore the desire for food. You have in such cases a *neurosis* to contend with. When you have taken away the cups, and obtained a promise of abstinence, you have still the taint of inheritance, which is intertwined with the fibers of the organism, and which, according to your own logic, does not belong to the individual simply as a vice to be reformed, but as a disease to be cured. I cannot very well see how you avoid accepting the other portions of the disease theory which our "creed" declares, namely, that there is a "constitutional susceptibility" or alcoholic diathesis, which may be "inherited or acquired."

This brings me to notice the two classes of inebriate institutions which exist in America, the difference between which, you do not seem to have fully appreciated. Some are called Reformatories or Homes, and others are called Asylums. These terms are not accidental, but are meant to be distinctive, and to indicate the classes of inmates to which they are severally adapted. Drunkenness is treated as a vice by moral and reformatory means in the Homes, and as a disease by medical and hygienic means in Asylums, and yet both, in a degree, recognize similar general conditions in all their inmates.

Dr. R. P. Harris, of the Franklin Reformatory Home of Philadelphia, whom you represent as prominent in his advocacy of reforming the vice, rather than of curing the disease, puts the case strongly, when he says in his report to the American Association in 1872, as follows :

“Men become drunkards from very different causes, and require very different treatment to effect a *cure*.” “The case of the regular tippler is as a general rule, more hopeful than that of one, who for a long period has no desire for drink, and then becomes *seized with an inordinate passion, even before he has tasted it.*” Some are described as “losing command over their appetites,” and becoming “drunkards in old age.” “Some have an *innate fondness* for liquor, which *makes them* run on to intemperance at the first indulgence, and continue the habit with occasional intermissions throughout life.”

Dr. Harris then proceeds to describe “the unfortunate possessors of a peculiar nervous organization from childhood up, which renders them liable to indescribable attacks of agitation of the nervous system, which are at first under the control of alcohol, but require for their continued suppression larger and larger potations, until the amount consumed is in some cases marvelously great.” One case of this kind was under treatment at the Home at the date of the report, and the Doctor states that “there is every reason to hope for his *permanent cure.*” Are not these examples of a neurotic condition, which impel to excess, and which require treatment other than that which is strictly moral and reformatory? And yet such cases find their way to the Homes, as those who are not tainted from childhood, and who have no primary “inordinate passion,” or “innate fondness for liquor,” find their way to Asylums. It would be remarkable if this was not the case, and that the testimony of officers of both classes of institutions is concurrent as to the different forms of in-

temperance, and the advantage of different methods of treatment, is a fact which I fear you have not allowed to influence you, in making up your judgment concerning the Inebriate Institutions of America. No inebriate asylum exists among us, in which special attention is not given to efforts at reforming the evil habits, and changing the course of life of the inmates, by daily incentives and teachings, the effect and tendency of which is to improve the moral sense and character. So also, no Reformatory or Home for Inebriates exists among us, in which the necessity of medical treatment is not acknowledged, and every such institution has its medical adviser.

In concluding this part of the subject, I can but quote the following forcible passages from a paper by Dr. George Burr of Binghamton, N. Y., on "The distinction between disease and the morbid anatomy of disease, as applied to inebriety":

"The inebriate is impelled by a false sensation, amounting to an hallucination, as to his wants and needs,"—"a morbid condition of that portion of the sensory apparatus in which resides the sense of want of food and drink, conveys false impressions, and makes unnatural demands,"—"an error in sensation or an hallucination of nervous sensibility, quite as well marked as is seen in hallucinations and illusions in the special senses." "*It is the condition of the nervous system calling for alcoholic stimulants that is essentially the disease.* It is the desire to drink, the insatiate demand for excitants; not the act of drinking or getting drunk, that constitutes the real morbid condition." "The latter are the pathognomonic symptoms of the fully-developed disease—the indications which denote its maturity and complete mastery over the unfortunate subject of it." "It is the delusion of the crazy man that constitutes his insanity, not the maniacal ex-

citement, the incoherent ideas which follow, or the extravagant acts which his delusions impel him to commit." "It is likewise not only probable, but certain that many cases of inebriety have been brought into activity by voluntary acts, and perhaps, by a wicked or an inexcusable disregard of prudential measures in commencing the practice of drinking, but I cannot see that this fact changes, or alters the chain of morbid sensations attending those addicted to intemperate habits. Is syphilis any less a disease, on account of the moral delinquency under which it may have been contracted?" "To declare intemperance to be a vice, and the parent of vices at that, applied as a stigma to those unfortunate enough to be the subjects of it, is a most cruel and heartless assertion."

Dr. Ed. C. Mann, the proprietor of a private retreat for inebriates in New York, says: "The great diagnostic point attending the *disease* is the *irrepressible impulse*, by which the patient is impelled to gratify his morbid propensity, being, during the paroxysm, blind to all the higher emotions, and pursuing a course against which reason and conscience alike rebel."

With these views I believe most physicians, who have made cerebral pathology a study, agree. Healthy nutrition is regarded as the chief factor of normal mental function, and if the nutritive plasma which is carried to the cerebral cells is deficient in quality or quantity on account of the acquired habits of an individual, he is a diseased person from vicious indulgence. If, however, the normal supply of healthy plasma is withheld or perverted, as the result of an inherited organism that is defective and inharmonious, he is a diseased person by transmission of taint. Which of these conditions exists in any given case, (John Jones, for example,) is for the astute physician and pathologist to discover, and decide

whether it is a case of mere "vice," of mental impulse, or drink-craving.

The American Medical Association—a body of physicians representing every State, and different sections of all the States of the Union,—has expressed itself on this point, in the following resolution, which was presented before the Section on Medicine, by Dr. Comings of Connecticut, and passed in June last. I offer it as evidence of the sense of medical opinion on the subject in the United States :

Resolved, That inebriety being both a disease and a vice—a vice as relates to man's moral nature, and a disease of his physical organization—special treatment in institutions adapted to the purpose is required for the inebriate, and it is the imperative duty of each Commonwealth to establish and maintain public institutions for the treatment of inebriety.

This, together with similar action taken at a late meeting of the "British Medical Association," would seem to show that the medical opinion of both countries is in harmony on this vitally important subject.

The only opposition from any body of professed scientists, with which the disease theory has met, has come from the "Association of Medical Superintendents of American Institutions for the Insane," and that body has now formally withdrawn its opposition, as you are aware, by the passage of resolutions in the discussion of which you participated at their Auburn meeting in 1875. These gentlemen have expressed their opinion "that the treatment in institutions for the insane, of dipsomaniacs, or persons whose only obvious mental disorder is the excessive use of alcoholic or other stimulants, and the immediate effects of such excess, is exceedingly prejudicial to the welfare of those inmates for whose benefit such institutions are established and main-

tained, and should be discontinued just as soon as other separate provisions can be made for the inebriates."

You do not seem to be aware that our Association has never occupied itself, as an Association, with the political or ethical aspects of this great subject. These grounds were already occupied. We entered upon the more novel line of research into the pathology of the subject. It was expected at the first, that we should meet with opposition from those who, in their zeal, believed themselves to be in possession of the entire field. In this, we were not disappointed. For a time the religious press criticised our position as untenable, but we do not know a single influential religious journal in the United States that now denies its validity. Organized associations of ministers in our chief cities have examined the whole ground, and we know of no opposition from such sources.

It may interest you to know that during the current year the convention of the Protestant Episcopal Church of Central New York have, by unanimous vote, and with the approval of the Bishop, issued one of the most able and emphatic papers in advocacy of the disease theory, written by Dr. Wm. C. Wey of Elmira, New York, that has been submitted to the public from any source. We believe, also, that while religious bodies throughout the country are engaged in efforts to reach this evil by means which are consistent and appropriate for themselves, they are at the same time in accord with the opinion that is expressed in the following resolutions, which "were carefully considered and unanimously adopted," by the American Association for the Cure of Inebriates, at its annual meeting in 1871. (See Minutes.)

Resolved,—as the expression of the Association,—That we are dealing with inebriety as a disease, without reference to the motive, or want of motive, in the inebriate himself.

Resolved, That the effect of poison on the blood and nervous system, and the reflex action of this morbid agent upon the whole physical structure, is the same in the virtuous as in the vicious, and that antecedent or subsequent moral conditions are incidental to the main fact of disease.

Resolved, That, in the opinion of the Association, it is the duty of the Legislature, as a measure of State economy, to provide means for the erection and encouragement of hospitals for the detention and treatment of confirmed inebriates.

I now proceed to notice your reference to what you call the change in the "condition and position of Inebriate Asylums" in the United States, since Dr. Dalrymple's visit in 1871. You speak with the coolest complacency of "the State Inebriate Asylum at Media," as "supported partly out of public funds," and add, that it "had been suppressed because it was said to be a failure." In every word of this statement you are entirely at fault. The Sanitarium at Media was not a State institution. It never received a shilling from the public treasury. It was never "suppressed." In my answer to question 2586, before the House of Commons Committee, in 1871, I said distinctly, "It is a private asylum; it has an act of incorporation by the State, to give it legal position and recognition, but it is managed by a Board of Corporators, purely as a private enterprise." If you consult your Blue-book, and pursue your investigations to other parts of the testimony, you will learn more about the institution than perhaps you care to know. It did not prove "a failure." On the other hand, it did discharge thirty-three per cent. of its inmates, most of whom are to-day living, and are honorable and productive citizens. Its Board of Directors has never been dissolved, and it still holds its chartered rights. It was closed voluntarily, because it was expensive to maintain on a private basis, and it was the desire of its Directors to see it conducted under the auspices of the State. I was the Presi-

dent of its Board of Directors, from the time of its inception to its close, and knew personally every inmate. I frequently visited the Capitol during the sessions of the Legislature, had repeated interviews with the Governors and with the Committees on Appropriations, and what I have said elsewhere, I repeat here, to wit:

The reason the Sanitarium and other valuable institutions in Pennsylvania have failed to receive the State aid that they deserved, is owing in great measure, to the exacting demands for immense sums of money for the insane. You say, also, that the asylum on Ward's Island "had been ordered to be suppressed for the same reason," but my previous reference to that institution is sufficient. It was never so far acknowledged as an inebriate asylum by its officers, as to induce them to affiliate with those who have believed in, and promulgated the disease doctrine. You speak also changes in the law, and refer especially to "the New York Statute" as being declared "unconstitutional, and it is, therefore, now never acted upon." In reply to this sweeping declaration, which conveys the impression that there is no law in New York on the subject, I copy for your information, the following extract from the comprehensive law, which may be found in the

**"REVISED STATUTES OF THE STATE OF NEW YORK, IN RELATION
TO THE CUSTODY AND DISPOSITION OF THE ESTATES OF IDIOTS,
LUNATICS, PERSONS OF UNSOUND MIND, AND DRUNKARDS.**

§ 1. The supreme court shall have the care and custody of all idiots, lunatics, persons of unsound mind, and persons who shall be incapable of conducting their own affairs in consequence of habitual drunkenness, and of their real and personal estates, so that the same shall not be wasted or destroyed; and shall provide for their safe keeping and maintenance of their families and the education of their children, out of their personal estates, and the rents and profits of their real estates, respectively.

§ 2. Whenever the overseers of the poor of any city or town in this state discover any person, resident therein, to be an habitual drunkard, having property to the amount of two hundred and fifty dollars, which may be endangered by means of such drunkenness, it shall be their duty to make application to the supreme court for the exercise of its powers and jurisdiction.

§ 3. If such drunkard have property to an amount less than two hundred and fifty dollars, the overseers may make such application to the county court of the county, which is hereby vested with the same powers in relation to the person and real and personal estate of such drunkard, as are by this title conferred on the supreme court, and shall in all respects proceed in the like manner subject to an appeal to the supreme court."

I might quote similar statutes from the law records of various States in the Union, but the limits of this letter will not permit a complete exhibition of the legal view of the case.

It is very evident, my dear Doctor, that you did not visit our institutions with the purpose of learning much about them. You did not see them in any spirit of earnest enquiry and examination. You display a very discreditable ignorance of their polity, and of the laws by which they were created, and under which they exist.

You did not sit down as did Dr. Dalrymple, with the Officers and Directors of Asylums, examine their statistics and records, and converse freely and fairly about their work. I have yet to learn from a single institution that you visited, that you made any real search into the facts concerning a single case, and that you made no medical or clinical enquiries, or gave yourself time to examine and study recorded facts. According to your own statements in the papers before me, you took what "the physician to a neighboring hospital told" you about the use of spirits, and "concluded that these American Inebriate Asylums seemed in some way to be part of the great whisky fraud."

You also talked with some of the disaffected inmates of Asylums, who, according to your own expressed estimate of them, are unworthy of confidence, and took their testimony as conclusive. Your superficial and hasty view covered only six institutions, and the fact that since Dr. Dalrymple's visit the number of them has increased, and that preparations for the organization and construction of new ones have been commenced in several states, entirely escaped your notice. Under these circumstances you cannot censure us on this side of the water, for calling to your mind, and to the mind of the public, your extraordinary, and as it seems to us, unpardonable oversight.

Had you visited this country, on your professed errand of enquiry after truth, in the same spirit, and with the same genuine philanthropy that prompted the late Dr. Dalrymple, you would have pursued a similar course of enquiry and returned to your country, doubtless with a confirmation of the same views and experience that he conveyed to his Committee, and through it, to the world.

And now, in conclusion, permit me to say, that the work among us, in this behalf, was not entered upon in any spirit of rivalry with "Lunacy Commissioners" in Scotland, or elsewhere. Nor did we place ourselves in antagonism with Lunatic Asylums and their management, in this or any other country. We realized in common with the whole world of philanthropy this dreadful scourge of intemperance. We were compelled to admit that all was not being done that might be done to mitigate its sorrows, and reduce its burdens. We were willing to aid if we could. From the standpoint of medical men, we thought we saw a vulnerable point of attack. We believed, as I have endeavored to show you, that there were morbid impulses, morbid conditions, and morbid results, in the chain of causation and consequence, which it was our duty to investigate, and if

possible, to relieve. We hail with pride and gratification every effort of every kind, from every source, that promises palliation or modification of the direful calamity with which mankind is scourged in this fact of inherited and acquired propensity to alcoholic excess, and count our instrumentality as but one among many that are being brought to bear upon the evil. With these views we think it strange that alienists, either abroad or at home, should be aggrieved because our efforts have been in a good degree successful, and are attracting favorable attention, and it is still a source of regret that this class of scientists remain in doubt as to facts which have been verified by all the known means of evidence within the range of our profession, and which the popular mind accepts as well established.

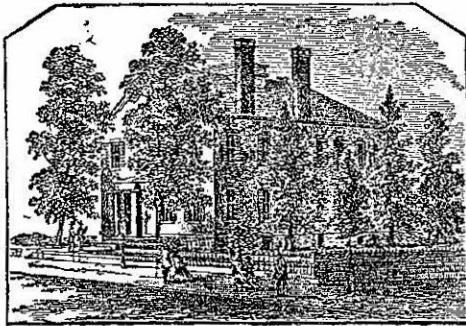
We shall continue our work in the same spirit of earnest and faithful enquiry, and shall, at all times, be ready to meet objections, and consider them fairly, from whatever quarter they may come. We congratulate ourselves that such men as Drs. Peddie, Clouston, Boddington, Playfair, and others, who are distinguished for fairness and research, on your side of the Atlantic, have already given their honorable names, and their vast influence, in support of this noble cause, and I feel assured that when you allow yourself time and reason to secure the removal from your own vision of the mist of prejudice, that you will not be content to stand with a diminutive minority of the British Medical Association on this very important subject.

Yours truly,

JOSEPH PARRISH.

BURLINGTON, NEW JERSEY, U. S. A., May 10, 1877.

NOTE.—We have omitted important editorial and other matter, to make room for the very excellent letter of Dr. Parrish.



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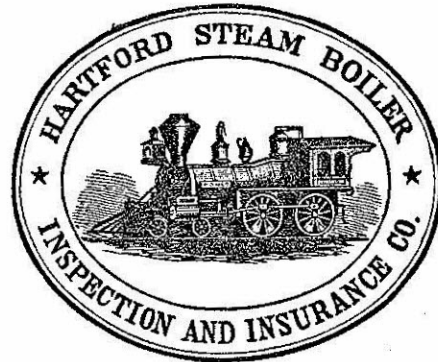
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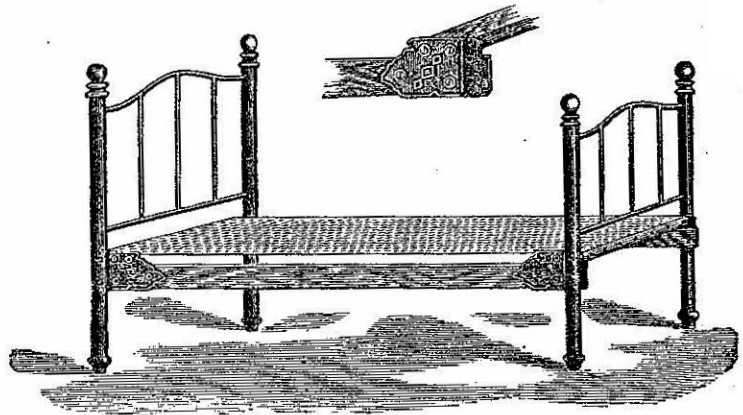
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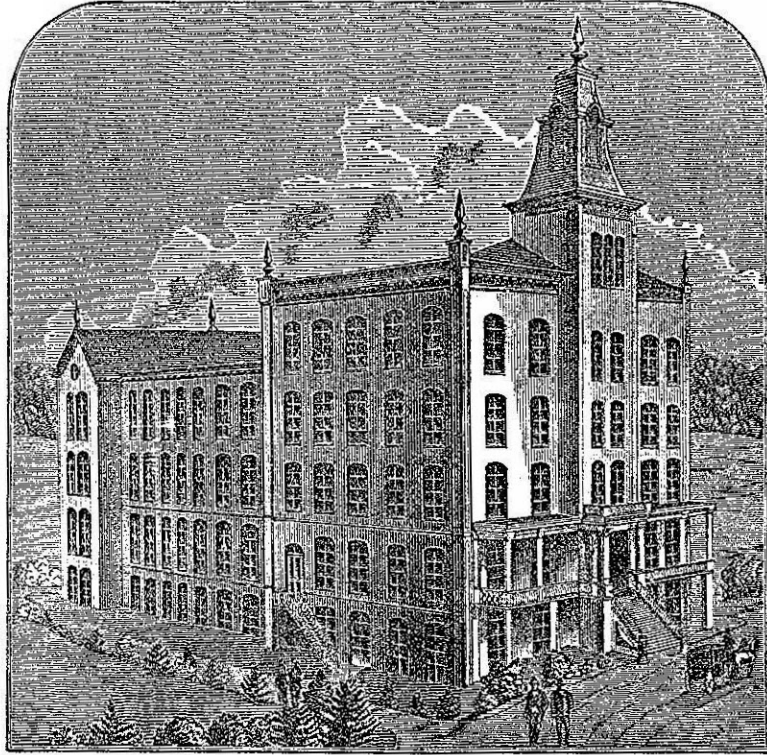
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Is the best constructed and the best furnished Institution for the care and treatment of Inebriates in existence.

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.

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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.

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

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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, &c. 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.

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