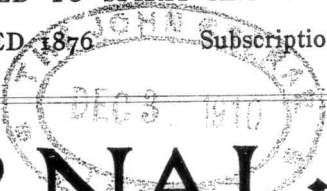


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OFFICIAL ORGAN OF THE AMERICAN MEDICAL ASSOCIATION FOR THE STUDY OF INEBRIETY AND NARCOTICS

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WINTER, 1910

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THE JOURNAL OF INEBRIETY

WINTER, 1910.

ALCOHOL AS AN ACTIVE CAUSE OF INSANITY
BY FRANK WOODBURY, M. D., FELLOW OF THE COLLEGE
OF PHYSICIANS OF PHILADELPHIA; SECRETARY TO THE
COMMITTEE ON LUNACY OF THE BOARD OF PUBLIC
CHARITIES OF PENNSYLVANIA.

NOT much time need be spent in discussing whether or not the use of alcoholic drinks is an active cause of insanity. This is a question that will receive an affirmative answer, not only from alienists and physicians generally but also from all intelligent students of the effects of alcohol upon the human body.

Although known universally as an academic truth, as a matter of fact, the great importance of alcohol in the production of insanity is realized by comparatively few. Certainly it is not appreciated by the man in the street or there would be fewer saloons and other drinking places. It is with the hope of impressing such lessons upon the public that this meeting is held, and this also furnishes the excuse for this brief communication.

Pennsylvania is now supporting in thirty hospitals, in whole or in part, nearly 16,000 indigent insane, a very large proportion of whom owe their unfortunate condition directly or indirectly to the toxic effects of alcohol. If statistics are desired, we may quote the investigation into the causes of insanity of several thousand patients admitted into the Manhattan State Hospital, which, as recently reported by the Superintendent, Dr. Mabon, shows that about 33 per cent of the cases of insanity are due directly to alcoholism and if those are also counted in which alcoholism only acted indirectly the proportion would be increased to nearly 66 per cent. of the male patients.

I have but just returned, only a few days, in fact, from a visit to several institutions for the insane in the West Indies. While I was away, I inspected hospitals at Mazorra, near

Havana; at San Juan, Porto Rico; at Kingston, Jamaica; at Port of Spain, Trinidad; at Bridgetown, Barbadoes; at Hamilton, Bermuda, and also at Ancon, in the Panama Canal Zone. In each institution, I made special inquiry into the cases of insanity, and especially with regard to alcohol as a factor. I found that in Spanish institutions, they were not disposed to consider this a prominent cause. The Spanish physicians reported that the natives were not addicted to the excessive use of alcoholic drinks, and evidently were not disposed to look unfavorably upon their use as a part of the daily diet to eke out scanty sustenance. In fact, in Cuba, a ration of grog is served to the patients in the hospital for the insane, once a day. Observation of the working population of the Island, however, I think warrants the statement that a large proportion of the community is quite obviously below the normal in mind as well as in body. In the Canal Zone itself alcoholic drinks are excluded, but I was informed that in the adjoining city of Panama the drinking of rum is very common among the lower classes, so that a large proportion of them is constantly more or less under the influence of alcohol. By an arrangement between our Government and the Republic of Panama, the insane of that country are admitted into the United States Hospital at Ancon. In this hospital alcohol is recognized as the greatest active cause of insanity among the natives. Without discussing the other hospitals in detail, I may say that the general view of alienists was expressed by Dr. Harvey, of Bermuda Lunatic Hospital, who stated that "heredity occupies the first rank among the causes of insanity and alcohol comes next."

Just here, I would make the comment that inherited insanity and intemperance go in hand, and abuse of alcohol by the parents is generally acknowledged to be the most potent cause of imbecility and nervous instability, or the insane heredity, in the children. That this view is correct is warranted first by clinical experience, second by pathology, and physiologic experiment, and third by psychiatry, and especially recent investigations into the influence of the blood in causing insanity.

It may be profitable to discuss these heads briefly:—

First. Clinical experience abundantly demonstrates the action of alcohol in producing temporary impairment of the rational faculties. The patient under its effects shows rapid loss of his customary self-control, becomes hilarious, noisy, emotional, argumentative, silly, obstinate, and then stupid, or comatose, followed by a variable period of depression. In certain susceptible subjects such an experience may develop a latent insane tendency, and permanent insanity may result. Mania a potu and delirium tremens cases are instances of insanity while they last, and are included among the toxic insanities.

In addition to the acute cases we constantly observe cases of chronic alcoholism where the patient keeps his blood tintured with alcohol for a considerable period of time. Such persons manifest obvious signs of constitutional impairment both of mind and body, and are really, in some degree, insane, and their disease may be of such character as to require their commitment to a hospital or other establishment where the insane are detained for care or treatment. In such cases hallucinations, imperative conceptions, instability of temper, delusions, and maniacal outbursts may occur and precocious dementia may terminate the intellectual life of the patient. Among the mental disturbances resulting from alcohol are confusional insanity, mania-like conditions, melancholia, persecutory phenomena, simulating paranoia, obsessions, epilepsy, stupor, impulsive or automatic acts, and progressive mental deterioration. The lowering of the moral sense frequently leads to offenses against propriety or decency in victims of alcoholic brain disease. Clinical experience therefore shows that alcohol in its action on the brain is a poison, and this is further demonstrated by the teaching of morbid anatomy.

Second. The pathological effects produced by alcoholism may be summarized as a universal tendency to fibroid and fatty degeneration. While these changes are taking place throughout the entire body, they are most destructive in their effects in the great nerve centers. As they are fully described in all the text-books and are familiar to you, I will not attempt to review them in detail. Professor Berkley, of Johns Hopkins University, in his "Treatise on

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Mental Diseases," summarizes its ultimate effects in the statement that "under the continual abuse of alcohol the whole organism suffers psychical and somatic degradation; which is not confined to the transgressors themselves. As a result of the excesses of the progenitors, there appears in the descendants lowered vitality, stunted growth, mental and moral imbecility, deaf-mutism, sterility, with the result that within a few generations the family becomes extinct, or consists of members physically and mentally incapable of holding their own in the great struggle for existence."

Third. Psychiatry shows that blood changes are responsible for a large proportion of cases of insanity. By restoring the blood to the normal condition such cases may be cured, provided that irremediable secondary pathological alterations of structures have not occurred. Alcoholic psychoses, therefore, are amenable to appropriate treatment up to the point where fibrosis and steatosis bar the way to recovery. In some cases this occurs early; in others, comparatively late. As regards the individuals possessing an underlying tendency to insanity, which is made active by alcohol, the prognosis is always uncertain. In such cases the drinking habit and periods of alcoholic excess themselves are evidences of mental impairment and are attributable to chronic alcoholic dementia.

In conclusion, I would say, that this Association is engaged in a great philanthropic work in constantly impressing upon the public the true character of alcohol as a poisonous drug. There are encouraging evidences in every direction that the lesson is being learned,—that the spirit of wine is an evil spirit, which has been well characterized by Shakespeare as a thief which men put into their mouths to "steal away their brains."

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ALCOHOL IN THERAPEUTICS

BY CHARLES E. DE M. SAJOUS, M. D., LL.D. PROFESSOR OF
THERAPEUTICS AND PHARMACOLOGY IN TEMPLE
UNIVERSITY, PHILADELPHIA.

WHEN invited to address you on the merits of alcohol in therapeutics, I was asked to treat the question from the standpoint of my own views. This meant that, in addition to the more familiar functions, those of the main ductless glands—the adrenals, the thyroid and the pituitary body as I have described them—should be taken into account. Had not all the work done in recent years served to emphasize the strength of my position, I should hesitate to comply with the courteous request of your officers, lest my views open false paths and lead to erroneous conclusions. As it is, however, no fear on that score need be entertained, even though I attribute to the organs referred to a role at least equal in importance to, if not greater than, that of any structure in the human economy. Indeed, if pulmonary and tissue respiration, which uphold cellular life, and the processes through which the body defends itself against disease, and which thus perpetuate life, are paramount functions, we must concede the same relative rank to the thyroid, the adrenals, and the pituitary body, which jointly, from my viewpoint, carry on these functions.

To interpret adequately the manner in which alcohol affects the organism in the light of these newer facts, a brief account of the role of the adrenal secretion is necessary, since it is this secretion which it influences directly. The prevailing teachings concerning the manner in which the blood takes up the oxygen of the pulmonary air has been shown to be defective by many physiologists. One of these, Dr. Bohr, suggested in 1891 that the production in the lungs of some secretion capable of absorbing the oxygen would alone explain the respiratory process. Although considerable work was devoted to the question by various physiologists whose experimental results coincided with those of Bohr, the identity and source of the secretion remained obscure until 1903. My own researches then showed that it was not the lungs which produced the required substances, but the adrenals. I traced the secretion of these

organs to the vena cava, and as a constituent of its venous blood, to the pulmonary air-cells. Here it was found to fulfil precisely the needs of the respiratory process: it took up the organ of the air and became a constituent of the arterial blood, or, more precisely, of its hæmoglobin, the identical substance which carries oxygen to the tissues to sustain in them the vital process.

The connection of this process with the effects of alcohol appears when we realize that it is precisely this oxidizing or oxygen-bearing component of the blood that it affects when used immoderately.

Buchner, Chittenden, Mendel, Jackson and many other authorities have shown that beverages which contain a small proportion, about 5 per cent., of absolute alcohol, such as light wines, beer, etc., increased the production of gastric juice and the activity of the digestive process. Being entirely oxidized in the stomach and promptly eliminated by the lungs and kidneys, this small percentage, unless taken in large quantities, does not influence morbidly either the blood or its oxidizing body. Such is not the case, however, when the proportion of absolute alcohol exceeds 5 per cent. to any marked degree. A beverage containing 10 per cent., for example, retards digestion manifestly, and if stronger, as is the case with brandy, whisky, etc., it tends besides, as first shown by Claude Bernard, to cause coagulation of the gastric secretion and its ferments. Under these conditions, the functions of the digestive tract are not alone interfered with, but considerable alcohol is absorbed into the blood. It is this absorbed alcohol which does incalculable harm. Being oxidized at the expense of the blood's oxidizing body—of adrenal origin—it robs the tissues of that which sustains their life. It does more: Inasmuch as the defensive power of the body fluctuates with its vital activity, beverages rich in alcohol, besides inhibiting the life process itself, place it at the mercy of disease-breeding germs, and thus actually help to destroy life.

This is further emphasized by the influence of alcohol on the ductless glands themselves. While small doses or weak solutions, as stated by Lorand, stimulate these organs, large quantities or beverages strong in alcohol cause

their degeneration, as shown by numerous autopsies. My work on the "Internal Secretions" contains a microphotograph showing a pituitary body in which alcohol produced sclerosis. Hertoghe and de Quervain have found alcohol harmful to the thyroid—an organ which, as is well known by cretinism and the marvelous effects of thyroid preparations in this disease, has much to do with the development of the body. The defensive functions of the body, if carried on, as I hold, by the ductless glands are thus directly hampered by the use of alcohol in any but very weak solutions. This coincides with the recent observations of Parkinson, who studied the influence of alcohol on the auto-protective functions of the body. While his experiments showed that small quantities temporarily enhanced the production of antibodies, as soon as they were replaced by large doses the opsonic index fell; and if their use was continued, it remained low permanently, which meant that the immunizing functions were paralyzed. This confirmed the earlier experiments of Muller, Wirgin and others.

It is because of this fact that drunkards in general fare so badly in infectious diseases; their auto-protective mechanism is powerless to defend them. Quite in accord with these teachings of experience, Parkinson found that the reaction to vaccines was much less effective in alcoholized rabbits than in normal rabbits, and that the difference was still more marked when living micro-organisms were used. Many experiments by competent observers afford evidence in the same direction. Again, I have showed that the immunizing process of the body is closely linked and runs on parallel lines with oxidation; since alcohol in anything but small doses reduces oxidation, it inhibits in proportion our power to fight disease during the active or defensive phase of the morbid process, especially in febrile infections and toxæmias.

If alcohol is used at all, therefore, in the acute infections and toxæmias, it should only be given in small quantities and freely diluted: But better agents to enhance the defensive process are now available.

Alcohol is considered as a food-sparing agent by some observers, its value corresponding with its dynamic equiva-

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lent of pure food hydrocarbon. This presupposes, however, that alcohol is utilized by the tissues in the same manner as these hydrocarbons—merely because its oxidation liberates energy in the form of heat. But this is a fallacious conception; alcohol only simulates normal oxidations; far from being the product of cellular exchanges which constitute the vital process, the heat it liberates is at the expense of the tissue, since by becoming oxidized itself, especially in the liver—whereby the body is protected against its toxic effects—it utilizes oxygen intended to sustain tissue metabolism. If alcohol were a food large doses would prove more profitable to the organism than small ones; but the reverse is the case; large doses inhibit all activities that would be enhanced by a liberal use of food. The debilitating action of alcohol on the nervous system, for example, has been demonstrated by Bunge, Schmiedeberg, Ach and Krepelin, and others, while Dogiel found that it depressed markedly both motor and sensory nerve centers. It does this not only with nervous tissue, but with all tissues. A depressing agent cannot logically be regarded as a food.

On the whole, and strictly from the standpoint of pharmacodynamics, the researches on alcohol which have taken into account the functions of the ductless glands have only served to confirm, and perhaps to place on a firmer basis the opinions of those investigators who have considered the question both from the experimental and clinical standpoints. They have shown:—

(1) That, as is the case with all food accessories, coffee, tea, pepper, common salt, etc., alcohol becomes toxic when used immoderately, and when insufficiently diluted. Light wines, beer, and other beverages that contain a very small proportion of alcohol, when taken in moderation, tend to activate the functions of the ductless glands and therefore the auto-protective functions of the body.

(2) That the harmful influence of alcohol begins as soon as the proportion of absolute alcohol in a beverage exceeds 5 per cent. to any marked degree, the toxic effects being due mainly to its property of becoming oxidized at the expense of the blood and other body fluids and cellular elements.

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(3) That when the proportion exceeds 10 per cent. and approximates that of brandy, whisky, and many patent or proprietary nostrums available in most drug stores, alcohol becomes an active toxic; it tends to paralyze the functions of the ductless glands, and therefore the auto-protective functions, thus giving free sway to pathogenic germs, their toxins and other toxics, venoms, toxic wastes, etc., that may be present in the blood, thus defeating indirectly and insidiously the efforts of the physician.

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THE ALCOHOLIC PSYCHOSES

BY C. G. MCGRAFFIN, M. D., ASSISTANT PHYSICIAN AND
PATHOLOGIST, TAUNTON STATE HOSPITAL, TAUNTON,
MASSACHUSETTS.

IT has only been within recent years that scientific workers have been able to point out and satisfactorily explain the intimate relationship that exists between insanity and intemperance. The importance of alcohol in the etiology of insanity has been recognized for ages, for even Shakespeare made Cassius to say, "Oh, that man should put into his mouth a poison to steal away his brains."

A drunken man exhibits the abstract and brief chronicle of insanity going through its successive phases in a short space of time and in many cases prolonged use of the stimulant produces permanent mental-derangement. There was perhaps a weakened constitution to begin with and a low grade of mentality, but the cause was the same, as is the result.

The stigmata probably came from parents addicted to the use of alcohol, and the strength that should have been given him was lacking. Alcohol as a fertilizer for the family tree has ever made the twigs bent and dwarfed and the fruit small and wormy. Its influence is felt in almost every history of cases of dementia praecox, imbecility and epilepsy. Mönkmöller found, in the reformatory school in Berlin, hereditary taint due to parental alcoholism in 67.2 per cent of all pupils.

The population of the insane hospitals is being increased in large percentages every year by alcoholic cases to say nothing of the other forms of insanity in which alcohol is an etiological factor. In this hospital during the last twenty years the average percentage of the alcoholic psychoses has been 11.2%, the highest 17% in 1899 and the lowest 7% in 1890. This does not take into account other forms of psychoses in many of which alcoholic intemperance was a causative factor.

In 1906 among the 21,297 patients admitted to the asylums in England and Wales intemperance in drink was responsible for 31.7%.

Herschl, in Vienna, found an alcoholic etiology in 34% of all cases that he studied. These patients are about of an

age when they should be active members of the community and not the cause of broken homes and an unnecessary expense to the state.

The grade of alcoholism may be either acute or chronic, but the chronic alcoholic may have acute attacks as his desires and income will permit.

Acute alcoholism is the acute intoxication following excessive indulgence in alcoholic beverages. There is over activity in the psycho-motor field. The patient is active, jolly, speaks and acts without restraint—the motor excitation is increased, voice is louder and smile broadens into laughter—he is hasty and passionate and a trifling word or accident suffices to start a quarrel. Later, excitation is replaced by signs or paralysis, disturbance of speech, staggering gait, and even complete motor paralysis.

Chronic alcoholism is well described by Diefendorf as follows: "A gradually progressive dementia with diminished capacity for work, faulty judgment, defective memory, moral deterioration, occasional delusions, frequent hallucinations and various nervous symptoms.

Many characteristic psychoses arise on a basis of chronic alcoholism. Among these may be mentioned delirium tremens, Korssakow's psychosis, acute alcoholic hallucinosis, alcoholic hallucinatory dementia and alcoholic paranoia.

Delirium Tremens: A form of psychosis characterized by apprehensiveness, mental confusion, disorientation, motor restlessness, illusions and hallucinations, both auditory and visual. The hallucinations of sight are perhaps the most characteristic symptom of the disease and from their character cause much of the fear shown by the patients. They see all sorts of animals, large and small, moving about them; rats scamper about the floor, vermin cover their food and crawl into their eyes and mouths; serpents crawl over the bedding; birds of prey and fantastic figures hover about in the air. At other times the hallucinations may be of a pleasing nature—angels are seen and beautiful music heard. The patients hear all sorts of noises—the roaring of beasts, ringing of bells, firing of cannon. They are the subject of conversation of their friends, are taunted by passing crowds and threatened with death.

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The attention shows a marked disturbance. Forcible language may hold them for a few moments, but they constantly revert to the objects which particularly attract them.

There is usually some clouding of consciousness and a marked disturbance or orientation. Memory for remote events is unimpaired, but recent events are not distinguished.

In actions, the patients are controlled more or less by their hallucinations, and carry out the commands made to them by the voices or try to ward off the impending attack of the grotesques of their false sight.

Prognosis is good and recovery rapid, although pneumonia may be a complication especially during the winter months.

Case I. J. R. (No. 17974), age 33, admitted to this hospital on October 11, 1907, from Taunton, having been taken off an East Taunton car in a badly intoxicated condition, suffered from delirium tremens at the Taunton jail and was sent here. Patient says he began to drink when nineteen or twenty years old, is not a steady drinker but goes on periodical sprees. Has had delirium tremens seven or eight times.

His hospital history has been a series of long periods of detention here, when he has been able to work well in the kitchen and elsewhere, then he would be allowed to go out and look up work for himself and after a week or less residence outside he would be brought back in a drunken condition, covered with dirt and bruised; he would then have a period of delirium tremens from which he would recover quickly and take up the old cycle. In his periods of delirium tremens he has given evidence of numberless phantastic visual hallucinations but auditory hallucinations have been absent. He is very apprehensive and begs not to be left alone. During his drinking he eats little or nothing so his stomach is badly upset and will not retain any food for some days. After his delirium has passed off, he remembers his hallucinations perfectly and "describes" them vividly.

Korsakow's psychosis has been termed a chronic alcoholic delirium, and by some is regarded as a severe form of delirium tremens. It is usually associated with polyneuritic symptoms and is characterized by loss of the impressibility of memory,

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disorientation and a tendency to fabrications. The symptoms at onset are very similar to delirium tremens. The delirium symptoms subside in due time but the disorientation continues and the *Merkfähigkeit* becomes marked. Memory for remote events is not wholly lost, but the recent memory is much of a patchwork and it is here that the patient uses the pseudoreminiscences to fill in these blanks. They are of apparent accuracy and possess a wealth of detail.

At the onset the patients are anxious but later become indifferent and apathetic. The physical symptoms are usually those of alcoholic neuritis, although they may be absent; tremor of the fingers and tongue are common; and a loss of tendon reflexes.

Case. 1 P. W. L. (No. 18396), male; age 64. Patient was admitted from Fall River, Mass., September 1, 1908; had suffered from what his sister calls "horrors and jim-jams" four weeks before admission, and had been in Fall River hospital since then.

On admission was quiet, did not know what year it was or how old he was—memory for recent events very poor, knee jerks absent and at times complains of neuritic symptoms. Later became entirely disoriented, not knowing the date and thinking he was in the Soldiers' Home, Togus, Me., when questioned usually says he had his last drink yesterday and gives many details of his expeditions out to get a drink, also relates some wonderful tales of his daily experiences; impressibility of memory very poor—32, 25, 11, after one minute with conversation is recalled as 25, 86, 19, similar results with words.

He is agreeable and pleasant, and during his hospital residence has shown no conduct disorder.

In acute alcoholic hallucinosis we have a psychosis closely related to delirium tremens, the etiology of the two diseases are identical and why one individual develops the one and another the other is not known. Acute alcoholic hallucinosis represents a large percentage of the cases of alcoholic insanity admitted to institutions in this country, and occurs in men of middle age who have been accustomed to drink a little every day. The onset is usually sudden with auditory hallucinations of a disturbing nature and they are

called vile names, murderers and liars—hear that they are to be killed or that the wife is unfaithful. All this is very real to the patient and it is almost impossible to persuade him to the contrary. There may be a few visual hallucinations but they are rare.

Soon a series of depressing delusions arise on the basis of the hallucinations. These delusions usually remain within the realm of possibility and seem to be one effort on the part of the patient to explain his hallucinations. Consciousness is rarely disturbed, and the emotional attitude is usually one of anxiety. They may become very dangerous patients, taking the law into their own hands to avenge their persecutions.

Case I. E. M. D. (18450), aged 42. Patient was admitted from Taunton on November 8, 1908; had been in Howard, R. I., State Hospital for two months before coming here. His home is in Berkley and while visiting his brother in R. I., he had been drinking heavily and was sent to Howard. Has been drinking more or less for years. He is constantly bothered by auditory hallucinations, but they have been less troublesome lately. The voices tell him what to do and what not to do; they threaten him and say he is to be killed; they talk about his relatives and friends and he says he don't know what to drink. He believes in them thoroughly and thinks they have an influence on his life.

On admission he was much absorbed in his hallucinations and it was hard to gain his attention, but now they bother him less and he conducts himself in a more natural manner. He works in the laundry every day and shows no conduct disorder. Shows marked insight, but will probably tend to dement.

Chronic alcoholic hallucinatory dementia: A type of alcoholic psychosis frequently representing the end stage of acute alcoholic hallucinosis and numerous attacks of delirium tremens. The active symptoms of the hallucinosis or delirium have almost passed off, when suddenly the patient develops hallucinations particularly of hearing, they are threatened, others are reading their thoughts or are being experimented upon as they sleep, many somatic delusions arise, their organs are shrinking up. They do not change

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but remain the same from week to week, judgment remains fairly good and memory is somewhat retained, but a considerable amount of mental weakness can be detected. The patients usually show anxiety or irritability at the beginning, but this changes later to the humorous attitude of an alcoholic. The course of the disease is commonly progressive, the abstinence will tend to the slow disappearance of the hallucinations and delusions, leaving a condition of simple dementia.

Case I. M. J. H. (No. 17976), age 49. Patient was admitted on October 15, 1907, from Fall River. Strong alcoholic history—one brother has been in this hospital with an acute alcoholic attack. Physical examination revealed nothing abnormal. On admission patient was hallucinated, fault-finding and irritable; has many somatic delusions, thinks his lungs are all gone and he breathes only in his throat, stomach completely filled up and that he never has any bowel movements; says he does not sleep at night. He talks with God on many occasions; tastes saltpeter and acid in his food. Has attempted suicide once. He assumes a jocular attitude at some times and at others is cross and irritable.

Alcoholic paranoia: A psychosis very similar to the preceding and by some classed with it. This disease comprises a small group of patients who slowly develop a delusional state of extreme jealousy. Delusions of unfaithfulness on the part of the husband or wife are the most common, trivial happenings are looked upon as proof of infidelity. Along with these there may be delusions of poisoning. There is no clouding of consciousness, but in actions they present much weakness.

The course of the disease is usually progressive, the delusions seldom disappear permanently but abstinence brings improvement. Return to home surrounding with a chance to secure alcohol soon leads to a recurrence of the delusions.

Case I. C. L. B. (No. 18381), aged 35. Patient was admitted from Fall River, August 18, 1908. An alcoholic history—one brother (No. 14844) died in this hospital. Before admission had been very jealous of his wife and ac-

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cused her of being with about every man in Fall River—thought that his fellow workmen were trying to poison him as his lunch tasted strangely. Physical examination revealed nothing abnormal. On admission patient was very apprehensive, very suspicious, thinking that his fellow patients are talking about him—when his wife visits him he accuses her of immorality. After a year's residence in this hospital he seems to still be governed by his delusions, but he evades direct questions and says he wishes to forget the past and let bygones be bygones.

Of course the first point in the treatment of these cases is complete abstinence from alcohol in every form. Care in an institution is the best in most cases to accomplish this end, as they are unable to reach it independently. Legal commitment becomes necessary when the patient does not appreciate the need of treatment. The patient's power of resistance is shown by his insight and willingness to prolong hospital residence.

To ward off an attack of delirium tremens, ergot has been advised in fifteen minum doses or apomorphine hypodermatically gr 1-30, increased until vomiting sets in.

Hypnotic suggestion is of advantage in some cases, but much depends upon the personality of the one in charge of the patient.

When an alcoholic patient comes into this hospital he is given a warm bath and put to bed, where he remains a variable length of time, according to his condition. He is given an ounce of magnesium sulphate followed by an enema in the morning. If in a state of delirium the continuous bath is of much advantage, with a special nurse to attend the case. This use of a separate attendant is very beneficial to lessen the apprehensiveness in delirium cases especially. Good nutritious food is an essential, and forced feeding is always indicated.

Book Reviews

Some Etiologic Factors in Drug Addictions.

Dr. G. E. Petty, a well-known specialist and superintendent of a sanatorium at Memphis, Tenn., has lately contributed to the *Journal of Clinical Medicine* an article of more than passing interest.

Some comments and quotations will give our readers a very good idea of this paper and its value as a study. The author notes the great increase in the use of narcotic drugs in recent times and considers one of the most important reasons, is the popularizing of the hypodermic methods of giving medicines.

The physician finds it much easier when called to give relief from pain, to use the syringe and a little morphia, than to make an exhaustive study and try and remove the causes. He believes that a majority of the addictions of narcotic drugs are due to the careless administration by the needle of morphia.

He thinks that physicians are more addicted than other classes in proportion. This conclusion is confirmed by other observers. A number of prominent specialists who have sanitoriums report that over one-fourth of their patients suffering from morphia addictions are physicians. Some show even a larger proportion.

This does not indicate the full extent, because a large number of the profession using morphia and spirits seldom come for treatment at hospitals or homes. The author makes a very strong statement, which is literally true, that so many men enter the profession without any fixed convictions other than to get along as easily as possible, and are without any strong purposes in life.

As a result they fall into many temptations, neglects and are careless and unscientific in the care of themselves as well as the patients. They are not taught regarding the danger of morphine addiction, but are made acquainted with its good effects in great detail.

The following is a very graphic description of how physicians become morphia-takers.

If he is well qualified and energetic, and settles in a community where his services are in demand, he may, in a few years build up a practice that taxes his strength. Coming in after a full day's work, he finds other calls awaiting him. He is tired, in

fact his strength is exhausted and he should not undertake more; but he reasons that some of these calls are from people whom he cannot afford to turn away, that he must go. In order to whip up his flagging energies to enable him to meet these extra calls he takes a stimulant. Yielding to this temptation is often the first step toward ruin.

If this man is brainy and successful, his work not only continues but grows, and he is frequently confronted by emergencies which call for the expenditure of more strength than he can spare, and so, from time to time, he resorts to stimulants of one kind and another to enable him to meet this additional work.

Whiskey is usually taken for a while; but that soon begins to show on him and its tell-tale odor on his breath is something he would like to avoid. In seeking something to take its place an eighth of a grain of morphine is tried. This, he finds, overcomes the sense of fatigue and tides over the emergency more satisfactorily than did whiskey and apparently does not have as bad after-effects. His work increases and demands for more working hours continue to come, and soon he finds himself resorting to the stimulant more and more often.

Then he begins to think about the matter and asks himself the question, "Am I taking any risk in doing this? It is true, I should not advise anyone else to do as I am doing, but I have perfect control of myself, in fact I know myself and I can take it or not just as I wish." He tries such omission, and the fact that he can, at this stage, take it or leave it alone at will leads him to feel that he is entire master of the situation, and in that belief he goes on taking a dose occasionally and at other times refraining from doing so, but always fully confident of his own power of self-control. Thus his over-confidence in himself, coupled with a lack of convictions, leads him to resort to the drug to lengthen out his working hours and to sustain him in every emergency, either real or imaginary, until before he is aware of it he has reached a stage where he finds himself unable to do his work without the support of an artificial stimulant.

At this stage he still could stop the use of the drug if he would quit work, but he feels totally unequal to the tasks before him unless he has the support of a stimulant. He realizes that he should go away for a rest, but if he goes away his clientele will fall into the hands of his rival and he thinks he cannot afford to

allow that, or possibly he is in a section where there is no one to take his place. He has some very sick patients on hand and he feels that their lives would be jeopardized by his leaving just at that time, or his obstetric engagements are such that he could not get away without leaving them unprovided for. Reasoning thus, he continues to work 'under stimulation and to put off to "a more convenient season," taking the rest which would enable him to stop the stimulant, until, before he realizes it, he has passed the point at which he could stop it even by quitting work. In fact, he has inadvertently woven around himself chains which he is in no wise able to break. He is a helpless victim in the hand of a monster with whom he is unable to cope.

Now, the motives that prompted this course were not vicious, neither did real elements of dissipation enter into it. To hear some of these victims relate their experiences, the impelling necessities under which they continue to work after they realize they were endangering their own freedom, would almost lead one to justify them in that course. Many of them have felt that they were making the greatest personal sacrifice in continuing to meet their obligations, which they regarded as sacred, and which they felt they must meet, even if it involved sacrifice to themselves.'

The author thinks that this is practically the history of 75 per cent of the physicians who become addicted to morphia. The statement that these men are as a rule among the most active and talented men, and that the addiction occurs in the first ten years of their practice is confirmed by other practical experience.

That the number of persons who begin the use of morphia out of mere pleasure or curiosity is very small. The number of persons who take morphia for the relief of the irritable symptoms following the use of alcohol is no doubt very large.

The author condemns very justly the professional attitude towards narcotic addictions, both in books and personal influence. The general profession pay little or no attention and look down sneeringly at persons who are suffering, and thus drive them to the charlatan and nostrum venders.

This means a sharp decline of character, pride and personal effort, and as a result chronicity and death. The profession regards and even teaches that the addiction to drugs is a vice, an appetite, an unnatural craving, a mere habit, as the result of some moral

perversions. Not being able to demonstrate a structure of pathology, the disease theory is denied, and the inference is that there is nothing to treat, except to withdraw the drug.

All the late authors of practice and teachers of therapeutics encourage this view. Thus Osler says, "Morphinism is a vice of recent years." Wilson declares that the irresistible craving for the drug is an artificial appetite for an unnatural stimulant, and if this craving is overcome, all is easy. Tyson calls morphinism an irresistible craving, and in many of the books on nervous diseases the same inference is implied, and very emphatic statements of the withdrawal of the poison, as the main indication of the treatment. As a result of this mediæval teaching the profession are led to believe drug addicts are vicious perverts without purpose of object, who allow themselves to be dominated by an appetite.

The author declares that the drug addiction is a functional disease in the following statements:

During the past few years the structural pathologists have lost their influence with the profession in their assertions that there is no disease with structural pathology. They seem to overlook the fact that disease may be functional, and escape the finest microscopic examination possible at present.

The narcotic drug-addictions belong to this class. While there are no structural lesions peculiar to them, there are functional derangements of the most striking character, in fact, the functional activity of every organ in the body is impaired. So grave is this impairment that if the supporting and restraining effects of the narcotic be suddenly withdrawn, the patient goes into profound collapse. Should he escape these he would be called upon to endure suffering that defies description. Should the withdrawal be gradual the suffering incident thereto is still so severe that no patient will endure it unless he is compelled to do so. Notwithstanding it is well known that the withdrawal of the drug is always followed by suffering of the most intense character, men of high standing in the profession, who write medical books and whose teachings are supposed to be worthy of credence, still continue to speak of the morphine-addiction as an "appetite," a "vice," a "mere habit" and to maintain that the principal indication in the treatment is the withdrawal of the drug. These men have evidently written of this condition at long range and merely

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continue to repeat the statements of some former writer who also drew his conclusions from sources other than clinical experience.

The man who is addicted to a narcotic drug is as truly a diseased man as one who has typhoid fever or pneumonia. The necessity for therapeutic measures is as great and the indications for their employment are as positive in the one as in the other. Why these important measures are totally ignored by leading medical writers is beyond comprehension.

Reviewing the author's experience covering a large number of cases extending over many years, he says:

I reached the conclusion that the drug-habitue who was to be relieved from his addiction was really a sick man and that he should be treated as such, and that any physician who regarded him as a pervert and his addiction as a mere appetite or vice, of which he is to be broken, was, because of such opinion, totally unfit to undertake the treatment of his case. A careful physical examination revealed the fact that every organ in his body was in a deranged condition. The indications for therapeutic measures to correct these derangements were as positive as they would have been had the same derangements existed in one who was not addicted to a drug. These patients were found to be in an extremely toxic condition.

To relieve this toxic state, all the excreting organs were urged to increased activity; and this treatment was persisted in until the system had been fairly well cleansed. When this had been attained it was found that the drug could be withdrawn without the development of many of the distressing symptoms which had always been encountered before when the withdrawal had been undertaken without this previous preparation. This step was taken in disregard of all former teachings on the subject, but I now realize that it was the first and most essential step in the development of a rational treatment for these addictions. Other indications were met as they arose, and in a remarkably short time, by a simple application of the general principles of medicine, the patient was brought into a condition in which all desire for the drug was gone and there remained no further necessity for its use.

One of the definite conclusions which the author has formulated are that morphinism is an auto toxæmia with a distinct pathology. When the system is freed from this poison only the active causes

are removed. A long complex class of physical and psychological symptoms appear which unless treated will result in collapse.

The author thinks that during the first period of treatment great care should be exercised to prevent nerve strain and damaging mental impression. By nerve strain he evidently means some form of psychological pain or anxiety which he proposes to remove, or at least lessen by hyocine and other drugs.

It is difficult to understand how he can prevent damaging mental impressions, unless the patient's environment is ideal, and even then conditions from within and without would be most likely to produce impressions of all sorts. It would seem that the best one could do would be to prevent these from becoming permanent.

The author very clearly remarks that no drug patient can be considered cured until he has been made mentally and physically independent of all drugs and taught to rely on his own resources, and fully convinced of his ability to do so.

No drug patients can be considered cured as long as he takes a tonic or drug of any kind. The drug which he originally took, and any substitutes for it, must be put aside, and he must learn to do without them.

Physical training is a very powerful method of treatment. The patient must train himself, developing his physical resources, either in a gymnasium or on a farm, and in every way building himself up, improving his general health and vigor.

Alcohol is the most dangerous of all the drugs that can possibly be taken for the removal of symptoms of any kind.

The author says on this point:

The use of alcoholic stimulants even of the mildest kind will inevitably lead to a resumption of the narcotic. Many authorities still advise the use of alcoholic stimulation in the after-treatment of these cases, but no more fatal error was ever made. No man who has been addicted to the use of morphine can use alcoholic stimulants in moderation. If he uses them at all he will go to excess and this excess leads to his sobering up by returning to the use of the opiate. If he would continue to be free from slavery he must give up stimulants of all kinds and live a sober and discreet life.

The author lays great stress on the sudden painless withdrawal of the drug by substituting other narcotics, and is convinced that

in this way both the mind and body of the patient are saved from exhaustion and psychological derangement which would continue on the rest of life.

There is another side to this question that has many advocates, and some experience to sustain it, namely the gradual withdrawing of the drug without narcotic substitutes, and the physical and mental training of the patient through tonics, baths and electricity.

There is also another consideration that is very prominent, namely, the idiosyncrasies of the patient and his peculiar mental and physical condition, which would seem to make it impossible to treat every case alike.

All authorities agree that these cases are curable and Dr. Petty has very clearly outlined the great principles which must be followed. Evidently the subject has not been studied minutely enough to determine the minute details of treatment, or the particular drugs found to be most valuable.

Of necessity there will be many differences of opinion concerning therapeutic measures to relieve the physical and psychological pain centers, but these can be overcome and the treatment can be made a practically painless one.

The profession owes Dr. Petty many thanks for his vigorous protest against their stupid indifference and neglect to realize the magnitude of these cases, and to treat them in a rational, sensible way.

The New Psychology: Its Basic Principles and Practical Formulas, by A. A. Lindsay, M. D., Eugene and Arthur Lindsay, Publishers, Portland, Oregon, 1910.

This book is in the form of a manual for suggestive treatment, giving general principles as well as specific details. The author has combined a great variety of facts and theories in a very pleasing, graphic way.

The tone of the book is scientific and optimistic, and while the reader may object to the positiveness of the statements, he must admire the suggestiveness of it and possibilities of future research.

The new psychology with all its theories of consciousness and subconsciousness, is put in a very clear, satisfactory way, and is commended for its candor and fairness of statements.

This book is a most valuable contribution to the subject, and

should be studied by every student, who would know something of the truths in this new field of possible therapeutic power.

The author is very clear and practical, and the book will be found a very welcome addition to studies on this subject.

Radiation, Light and Illumination. A series of engineering lectures delivered at Union College, N. Y., by Charles Proteus Steinmetz, A. M., Ph. D., compiled and edited by Joseph Le Roy Hayden, New York, McGraw, Hill Book Co., 239 W. 39th St., 1909.

This volume of over 300 pages is intended to be a text book on illuminating engineering, giving the physics of light and radiation and pointing out the methods and physics of light, and its use in commercial life.

In form of a series of lectures the author has given a very clear description of the problems of light and radiation, and the possibilities that will come from farther study. This book has a peculiar interest to every medical student who is using light as a therapeutic agent. It suggests uses and possibilities, and gives certain physics of radiation, not found elsewhere.

We commend this volume as a text book of the greatest value

Insanities Caused by Acute and Chronic Intoxications with Opium and Cocaine. Gordon has observed 171 such cases, and he remarks that if an attempt is made to find in acute or chronic morphinism and cocainism any of the well known forms of psychosis, a total failure follows. Some cases may stimulate melancholia, mania, manic depressive insanity, and even paranoia, but in none of them can be found the typical pictures of these psychoses. Outside of the special tactile hallucinations of cocainism, we find in the acute form sometimes a delirious or a stuporous state. An element of confusion always accompanies them. Hallucinations of sight and hearing are frequently present. In the chronic form, the part which gives us the most concern, we do not find any of these psychoses in their typical forms, but we do find vague manifestations, as delusions of a transient, fleeting, and fragmentary character. It is true that at certain periods of their evolution the latter assume the form of systematized ideas and conceptions, reinforced by hallucinatory images, and thus may present a picture of paranoia or other forms of insanity, but

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the ensemble of the condition does not permit us to consider them as such. A characteristic symptom is the gradually on-coming dementia, which develops very insidiously in the inveterate habitues, and increases with years until a complete psychic decrepitude is established. It is this threatening progressive quantitative diminution of mental power that presents the alarming problem for us when we are called on to counsel and render assistance to the community. When we compare intoxications from other sources with that of our present study we do not find any essential difference. Each agent may add a new special symptom, as, for example, the tactile hallucinations of cocaineism, but the fundamental clinical picture in all remains invariably identical. In the acute forms there is a confusion of all sorts of mobile and contradictory conceptions, a dissociation of all elements of normal psychic life. Hebetude, stupor, and amnesia follow. These manifestations may be accompanied by hallucinatory images and sometimes superimposed by incidental delirious states. Not infrequently is observed a dreamy state, which is the continuation of dreams occurring during the night. The images seen by the patient in his dreams are confounded with the impressions of real life and thus increase the contradiction of conceptions. In the chronic form all varieties of intoxications invariably lead to the gradual enfeeblement of mentality, viz., dementia.

The Morphia Habit and its Voluntary Renunciation, a personal relation of a suppression after twenty-five years' addiction, by Oscar Jannings, M. D., Paris, Fellow of the Royal Society of Medicine, London, Bailliere, Tindall and Cox, Paris, Brentano.

This work of nearly 500 pages by a physician who has distinguished himself as an expert in the study of morphine addiction is of more than usual interest. As a personal record of experience and as a clinical study of cases that have come under the author's care, it presents a very graphic picture of details in management and treatment that are not found in the larger works.

For this reason, we shall make some extended extracts and comments, giving our readers a general idea of the peculiar value of the book. The preface begins with the following statement:

"Not withstanding the fact that one medical man out of four is a drug habitué, usually a morphinist, that a portion of medical addicts to the total of cases is in some statistics as high as 90 per cent., (in my own practice 75 per cent) and that one-fifth

of the mortality in the profession is said to be caused by morphinism, the indifference and even hostility of English medical practitioners in general, to the question discussed in the present volume is notorious.

He states that the opinion by the profession is that all persons using morphine are unworthy of confidence, and therefore it is a waste of time to study their cases; also that morphinism develops the habit of prevarication, or the habit of stealing or drunkenness, therefore does not come within the range of *materia medica*.

He says as a matter of fact, this is untrue. The morphine habitues are not willing slaves or degenerates, as is generally supposed."

"Very often they are the victims of medical carelessness and ignorance without suitable guidance, and of discouragement following ill success. Their one hope by day and dream by night is to be free from their bondage, and the time is past in abortive attempts at emancipation.

Unsuccessful because they are not properly seconded by efficient treatment. Such patients as a rule were originally asthenic, and although they may have the desire and will to get well, they are wanting in the power to do so. Like all psychoneurotics, they are deficient in self-control.

If they can be convinced of the certainty of recovery by persistent properly-directed intentional thought and act, this can be made to accumulate and charge the brain like a storage battery, and so develop into a healthy efficient controlling idea."

This is a principle factor in the book to train the mind and body of the patient to such a high degree of vigor that relapse will be impossible, and the patient can practically cure himself and remain restored.

The first chapter on the Re-education of Self-control, contains many very suggestive studies, in which after the proper therapeutic measures have been adopted, the real role of the physician is to encourage the mind of the patient, and secure his intimate and loyal co-operation, and in this way eliminate a large part of the doubt and anxiety and give new value and strength to the drugs used.

The term toxic psycho-neurosis very clearly describes the condition to be treated. The author uses the term "physical rebirth

and regeneration" in describing conditions requisite to restore the feebleness of mind and body.

This chapter is very suggestive, and points out the possibilities which must be recognized in all cases.

The second chapter on the general medical treatment takes up various drugs and shows their value and limits. Among them he calls alcohol as a drug, criminal and destructive to the last degree, in any stage of treatment.

Various heart tonics are studied and their value in which the following sentence gives the author's opinion.

"The morphia habit is a toxic neurasthenia, for the flagging heart deprived of its accustomed stimulation, nearly all the somatic symptoms may be looked upon as *nervo-catabolic*. The result of this is fatigue of the nervous centers, and the formation of acids, and a condition of nervous exhaustion by chemical changes of the cells. The author suggested this fact first, and years afterwards Dr. Haig found excessive acid in morphinism, and by diminishing this, a great variety of symptoms were removed.

The author has found that vichy water is particularly valuable, and should be used in all stages of the treatment. The reasons for this have a very large clinical endorsement.

In the sanatorium treatment of drug addictions, the author quotes largely from authorities, giving his personal experience. The conclusion is the same as that of other authorities, that the best and most certain results can be attained in homes and sanatoriums, where the surroundings are controlled.

In a chapter on hypnotism and suggestive influence, the author shows the power of suggestion, and when accompanied by positive means and measures is very essential. Much stress is laid on the after treatment of morphine addiction, and here the author is particularly suggestive and instructive, pointing outlines of treatment that must be followed in the future.

A number of cases are given in great detail where the efficient after-treatment was very successful. Details of methods and means used and their results give one a very clear idea of the great difficulties encountered, and the need of prolonged studies.

Very interesting chapters on morphinism, complicated with chronic rheumatism, albuminuria, heart disease and tobacco. Morphinism and Cocainism is the subject of another chapter. Morphinism and Tuberculosis. Morphinism and heart disease.

Morphinism with impulses to use alcohol and Heroine habits. These are chapters of great interest, illustrated with records of cases and their treatment. Opium smokers are described at some length, and experimental morphinism are also subjects of extensive clinical studies.

A chapter on the failures of morphinism brings out very startling facts and experiences. The author evidently has had a very large experience and unusual opportunities to study and treat these obscure cases. The great value of the work is in its clinical presentations of experiences and studies that are so diverse and complex as to make it impossible to group them into fixed conclusions.

On the whole, this book is one of the most valuable recent contributions to the subject of morphinism, and should have a place in the library of every physician who is called on to treat such cases.

Light Therapeutics. A Practical Manual of Phototherapy for the Student and the Practitioner, with Special Reference to the Incandescent Electric Light Bath. By J. H. Kellogg, M. D., Member of the British Gynecological Society, the International Periodical Congress of Gynecology and Obstetrics, etc., American Medical Association, Superintendent of the Battle Creek Sanitarium, etc., etc., Battle Creek, Mich. The Good Health Publishing Company, 1910. Price, \$2.50.

The author of this book, Dr. Kellogg, has become distinguished in style and manner of presenting the subjects in the books he has published. There are no paddings or quotations of doubtful interest. There are no complex bibliographies or unsupported theories to swell the size of the book.

The statements are clear, sometimes too brief for the reader, and all divided into sub topics and put in such a suggestive way that like an advertisement, the reader wants to know more about them.

This work treats specifically of the physics, physiological effects of light and the various modifications of heat and cold and their use as remedies. Most of it is new and very strikingly presented with numerous illustrations. While lacking in some details and void of case reports, there is a wealth of suggestion that is very impressive.

This is the first book in the form of a manual addressed to the profession and its practical value cannot be over-estimated. Its biologic and physiologic interests, as well as the therapeutic possibilities, open up a new field for the advanced physician, and this is a literal guide-book which every student interested should possess and study.

We commend this book to our readers as one of the most desirable and practical new works which has appeared during the year.

Medical Men in the Time of Christ. By Robert N. Willson, M. D., Philadelphia Sunday School Times Company, Publishers.

The author aims in this volume to give in a popular form some of the general facts concerning the early history of doctors of medicine. The first chapter is a review of medical history. The second chapter describes the conditions and surroundings of medical men at and before the time of Christ. The third chapter gives a very graphic account of the Asklepian Temples of Health. The fourth chapter concerns Luke the physician and the last chapter the Master physician.

There is through it all a deep reverential tone making prominent the religious side of the medical life, and directing the reader to the great Master and the spirit of his work. The facts presented and their popular grouping give it a particular value, which even the busy physician, familiar with the larger work of histories, will fully appreciate.

We commend this work to our readers, because it brings a distinct message that is helpful and gives a wider view of the great past history of medical science and progress. As a gift-book to medical students, it is almost ideal. Write to the publishers for a copy.

Diagnosis of Syphilis by George E. Malsbary, M. D., Professor of Medicine, Cincinnati, Polyclinic, and Post-Graduate School, Author of text-book on the Practice of Medicine, etc., etc. Harvey Publishing Company, Cincinnati, O., 1911.

This special work of over 400 pages groups a great variety of facts along diagnostic lines that are exceedingly practical. The author gives an extensive bibliography which enables the reader to follow him and confirm the various statements made.

The grouping of the various facts make the book exceedingly suggestive and valuable. The reader can find exactly what he

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wishes with the least possible effort, and in this particular the book is a model.

The author seems to have a very rare faculty of condensation, stating in the shortest possible way the exact facts, and giving reference to them. This book will rank as a handbook of reference that will be consulted constantly, rather than read in detail.

Such works have a peculiar value that the busy physician always appreciates, and this is one of the great works on this topic that should be in the library of every physician as a constant guide and source of reference.

The publishers have presented it in a very attractive volume and we commend this book to all our readers as one of the few that should occupy a prominent place in their libraries.

Physical Therapeutic Methods. A handbook of Drugless Medical Practice, including a chapter on Radiography, by Otto Juettner, M. D., Ph. D., author of *Modern Psychotherapy*, etc., etc. Harvey Publishing Company, Cincinnati, O. 1910.

This very attractive volume of over 600 pages is an effort to organize the new facts and new principles of treatment into a scientific system that can be made practical.

The author asserts that the present efforts to draw scientific data from the great mass of facts is the object of this work and represents the therapy of the future. This is strikingly brought out in the various chapters of the book.

The chapter on the philosophy of physiological therapeutics is probably one of the best and most suggestive of the book. That on the physiological effects of cold and heat, and the science of foods and the art of dietetics are exceedingly suggestive. His discussion of the physics of force and the mechanical principles of electricity are very strong presentations of facts that are not seen in ordinary medical books.

Electricity and massage occupies a good deal of space and many of the illustrations add immensely to the text.

The author is very clear in his descriptions, and much of the book seems like a popularization of topics that are rarely seen in general literature. While there is some unevenness in the discussion of various subjects, and occasionally a theory that has become somewhat belated by modern research, on the whole

the book is an exceedingly graphic modern presentation of a topic which concerns every physician and particularly readers of this journal.

There is no doubt a future in this direction of far greater importance than anyone at present can conceive of. Hence we commend this book, and believe that it is the forerunner of a great literature and both the author and publisher are to be praised for leading, out in this new field, first in such good, clearly-stated matter, and second in the presentation of the work, which comes nearer to the ideal of an art work than many other medical book.

EDITORIAL.

Defects of Memory in Inebriety

The excessive or continuous drinker shows faults of the senses and uncertainty of memory. The question is asked if memory is more seriously affected by the use of alcohol than the senses. Experience indicates that it is. Often moderate drinkers will assert that they are in no way different, and that no faculty is weakened by the use of alcohol, and yet when examined carefully, or tested by the usual card methods, their percentage of errors will be very high.

In the ordinary accustomed work they may exhibit few if any defects, but let the mind be turned to some matters foreign to their every day thought, and this defect becomes apparent.

A physician who drinks beer regularly is unable to follow any new range of ideas and retain the facts. The impressions made at the time seem to be very transient and quickly disappear. Two men, one an abstainer and the other a moderate drinker, were sent on a commission to examine and report on the water-shed of a large lake.

The abstainer saw many things and gave a minute, accurate report. The moderate drinker's report was very imperfect and omitted important facts, and failed to put down several data that were necessary. Both wrote the reports the day after the examination. The difference was the fault of memory.

It has been noted that moderate drinkers more frequently carry note-books to put down items of facts and information which they fear may escape their attention. Men who are engaged in absorbing business requiring exact attention of details always depend on notes made at the time and place, and this is frequently the indirect result of spirits and a damaged memory.

In a noted trial in which a number of persons participated in a riot that ended in a murder, it was noted that every drinking man gave a very different account of the events which passed under his observation.

Each one was examined separately so that no one could confirm the experience of others. The few men who were abstainers agreed on all the general details and many of the particulars, showing that their memory was clear and their sense perceptions were normal.

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Similar illustrations are apparent in many of the affairs of life. No doubt this is owing in some measure to the sense defects. Both sight and hearing may be greatly impaired and this will prevent the memory from registering events as they occur.

Total amnesia or loss of memory is a very common symptom of persons who use spirits to excess. Noted examples have been published where distinct intervals of loss of memory have occurred in which the persons could not recall anything that happened, although the other senses were apparently awake and alert to all the conditions.

These are extreme cases which occur frequently, especially in the paroxysmal drinker. They are explained as results of local congestion or palsy, or as some spasmodic effects localized at the seat of memory. The vasomotor paralysis extending to all the arteries of the brain may very likely be more pronounced in one section than in another, and this would be followed by cutting off the impression or functional activity of that section.

Washington City Inebriate Asylum

Fifty years ago Dr. J. T. Howard of Washington started a movement for the establishment of an inebriate asylum in the District of Columbia. An organization was effected and a bill was introduced to Congress for the establishment of such an institution.

After lingering along for some time, this plan failed. Private efforts were more or less successful, but all lacked legal recognition and ability to control their patients.

Many institutions have come and gone, some managed by very good men, but all finally collapsed. As a result of our Association meeting last year a new effort has been made, and a bill has been sent to Congress to take up the matter and appropriate a sum of money to support an institution for the care of inebriates, to be called the Washington City Inebriate Asylum.

Dr. Howard, the original promoter, is still living and takes an active interest in this matter. The coming Congress will be asked to put aside a sum of money to start this institution.

Electricity in the Treatment of Inebriety.

The perfection and development of the electric current have brought new uses and curative effects that were largely unknown before. Enthusiasts in the use of electricity have repeatedly urged that some of the forms of electric currents were very powerful remedies in the neurosis of spirits and drug takers.

Careful observers have confirmed this power and value, particularly when combined with other agents. From the limited experience so far reported, some very remarkable facts indicate that the vibratory action of the electric current has a very great power of elimination, particularly of toxins, and to restore degenerated cells and protoplasm.

Where the currents are used in connection with hydropathic measures, some very startling results have followed. Cases of local paralysis and marked sclerosis have disappeared under the influence of this current. Other remedies have been used in conjunction and no doubt have contributed very largely to give power to the current.

The disappointment so often experienced in the use of the electric currents in other neurosis is undoubtedly due to the faulty knowledge of their uses and applications, and also to the absence of other indicated remedies. So far the indications point to the electric current as a most valuable remedy in nearly all cases of spirit and drug neurosis, particularly the narcosis from opium and its derivatives.

The promise of specifics in this direction is greater than that of any drugs, and we hope our readers will take up this subject and make some practical experimental work in this field.

An increasing number of physicians who have regarded the temperance question as a fit topic for women and weak-minded men, and look down upon all efforts to examine the point scientifically, have suddenly wakened up and found that a mine of great wealth is suddenly opened at the doors.

They begin to realize that alcohol is one of the greatest degenerative forces and to eradicate it is the highest skill in scientific medicine. As others have done before, they rush into print with a mere scratching of the surface of the subject, scarcely realizing the great rich mines that extend way below.

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They never realize that the earlier workers have been down in these mines, opening up products which are available for examination. One of these men proposed to organize a society for the study of this great question. He lived in a large city, and claimed to be a leader. When told that a society for this purpose had been in existence for over forty years, and for thirty-four years they had published a journal, he was astonished.

Another man, whose observations had been confined to probably some members of his own family, assumed that he was a pioneer and wrote with the greatest of assurance, exactly what inebriety was and was not, and when his paper was returned to him, with a remark that science had gone very far beyond him in the discussion of the question, he, too, was astonished.

As in all great advances somebody is belated, and falls far back in the rear, never realizing how far the great topic has gone. The Fortieth Anniversary of our Society is to be celebrated this coming year, with appropriate ceremonies. Our readers will be apprised of the meeting and programme at an early date.

The Coming Anniversary.

The Thirteenth International Congress on Alcoholism will be held at The Hague, Holland, from the 11th to the 16th of September 1911. The Queen of the Netherlands will invite all the nations of the world to send delegates, particularly those who have been active in studying this great subject.

The committee have determined to combine the meetings into two great sessions, in which two special topics will be made prominent, first the community against alcoholism, and the state against alcoholism.

These are very broad subjects, and will include all the minor considerations and give opportunities for the great temperance reform societies to be present and show what they have done.

The London Congress gave special prominence to the Government recognition of the cause, and the means of prevention, and it is quite evident that this congress will become more and more a national affair.

The time of meeting will enable the delegates to go and return outside of the great rush of tourists, and presents many features that will be attractive to American delegates.

Demand for Total Abstainers.

There is no sentiment or theory in the fact that the business world is distinctly prohibitive of all use of alcohol and growing more and more so. It has been graphically presented in the statement that the business world is going "dry," meaning by this that only total abstainers can occupy responsible positions and do the exact work of the world.

The United States Commissioner of labor recently gathered some statistics on this subject. Seven thousand circulars were sent to employers of labor, asking how far they required their employees to be total abstainers. Six thousand nine hundred seventy-six replies were received. Of these nearly 4,000 will not employ men who use alcohol in any form, and 5,363 say that they consider the use of alcohol as a personal habit in all employees as an important factor in the efficiency of the work to be done.

The laws in several of the states make the employers liable for damages done by accident in his establishment, hence it is a very vital matter to employ men with clear heads and total abstainers. These facts are significant in the highest degree of the change in public sentiment, and indicate the growth of prohibition to an extent beyond anything seen in reform circles.

The *Journal of Abnormal Psychology* appeals to students who are making technical studies of the psychology of the brain and its diseases. It has a rare value and covers a field that is largely unknown to ordinary medical men. This Journal published at the same office as THE JOURNAL OF INEBRIETY, has a special value to students of science along these lines. These three great topics of public health, popular psychology and scientific psychology seen in inebriates and other abnormalities are the coming fields for startling discoveries and changes, and deserves the closest study and attention.

The *Progress Magazine* is also a popular presentation of psychological truths put into common language for the masses. Both of these are exceedingly valuable studies for medical men and laymen, and deserve a notice as pioneer studies along the frontiers of the new world of science.

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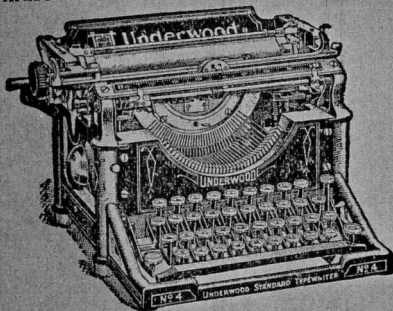
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