

# THE QUARTERLY JOURNAL

OF

# INEBRIETY.

PUBLISHED UNDER THE AUSPICES OF THE AMERICAN  
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RECENT PROGRESS IN THE STUDY OF INEBRIETY IN FRANCE.

BY W. H. VITTUM, M.D.

It is gratifying to see that in France, as elsewhere, the real nature of inebriety is being carefully studied, and that experiments to this end are being carried on by those men who are best able to observe and appreciate their results.

The last number of *La Tempérance* contains several articles of interest. Dr. Decaisne makes some remarks which we quote at length.

Inebriety is not only an individual malady, it is a family malady, and one which affects the race. It is certain that the families of drinkers are usually few in number, and they, without doubt, are right who claim that drunkenness stops in the bud two-thirds of those individuals who ought to have been procreated. Dr. Magnus Huss, the Swedish physician, has shown that the northern peoples who abuse alcohol degenerate sensibly, and afford more frequently than others examples of monstrosities at birth. During the first years of the eighteenth century the English government was alarmed at the great diminution of births in London, and set on foot an inquiry, from which it resulted that the principal cause was drunkenness.

"In an excellent work on Alcoholism, Dr. Lancereaux has divided the after-effects of alcoholism into two classes. One purely functional revealing itself by an excessive nervous susceptibility, an abnormal reflex excitability, and at a certain period of life by an imperious craving for fermented liquors. The other showing itself in material lesions which bear more particularly on the central nervous system, and whose consequences vary according to the period of life at which they are manifested.

"According to this author the purely functional disorders constitute the mildest form of hereditary alcoholism in the case of children of drinkers; the nervous system generally does not function well, and presents certain disorders. M. Lancereaux has discovered that almost all the young girls suffering from hysteria who came under his observation, had drinking people for ancestors. By searching in the same way the antecedents of children subject to convulsions he proved that almost always the father or mother had used alcoholic drinks immoderately.

"Our colleague and other observers have held that the descendant of a drinker possessed ordinarily a marked instinctive desire (appétence) for drinks of an alcoholic nature, especially at the time of the great physiological changes, the age of puberty, for example, and in the case of women during pregnancy and at the change of life." M. Decaisne here pauses to differ slightly from the author he has just quoted, in regard to the cause of alcoholic tendencies in the young, but goes on to say: "What seems to be beyond doubt, is that this tendency, sometimes continuous, sometimes intermittent, is pretty generally accompanied by evil instincts, vicious inclinations, which make the unfortunate heritor a being, lazy, vagabond, and incapable of living in society. On the day after the Commune Dr. Morel and Dr. Vintgrinier went to the prison of Rouen to attend the examination as to the mental state of a hundred and fifty children, from ten to seventeen years of age, the greater part of whom had been captured, armed, behind the

barricades. This examination confirmed Morel in his previous views as to the disastrous influence exercised by alcohol, not only on the individuals who use it to excess, but also on the descendants of those who are enslaved by this detestable drink. 'They are, indeed,' exclaims Morel, 'worthy sons of their fathers, these precocious assassins and incendiaries, on whose depraved physiognomy is stamped the triple seal of their degeneracy, intellectual, physical, and moral. They presented to us a saddening spectacle, and one well calculated to cause moralists and friends to the progress of humanity to reflect. Faces hardened and repulsive, heads without symmetry and without harmony, forms below the average in size; these are the physical marks of the little wretches. In these hundred and fifty children we hardly found ten attractive faces. The boys of seventeen appeared not more than fourteen; those of fourteen hardly appeared ten. The absence of the moral sense was notable in the majority. However, they almost all knew how to read and write. Only fifteen were absolutely without education, a proof that instruction without moral and religious principles is still worse than ignorance.'

We also, through long days of misery and shame which are not yet far in the past, we also have met him, this child of the drunkard, the *gamin de Paris*, a misformed creature, the unhealthy growth of the streets of the great city, whom romancers and play-writers have sought to poetize; we have met him everywhere, where there was blood to spill, a victim to slay, an arson to be committed, a profanation or a sacrifice to be done. This creature exsanguinated, rachitis, abject, livid, you could doubtless meet him on the benches of the court of assize in the midst of those assassins of from eighteen to twenty years whose crimes even now so often horrify Paris.

This is the lamentable subject which is treated by Dr. Legendre, in a work having for title, 'Hereditary Alcoholism. The black book of Alcoholism.' This important work which has no less than 120 pages, is the *résumé* of all

that has been written on the question during the last few years. The author, with an excellent method, and borrowing from the best authorized sources, admits the theory of hereditary alcoholism, and divides it into two well-defined classes. 'Similar alcoholic heredity,' and 'transformed alcoholic heredity.' (It may be well to say here in explanation of these terms that 'Similar alcoholic heredity' is where the descendant inherits a form of disease similar to that of the ancestor; in other words, he inherits the instinctive craving for strong drink. 'Transformed alcoholic heredity' on the other hand, is where the inebriety of the ancestor appears in the descendant transformed into some other neurosis, epilepsy, mania, dementia, idiocy, etc.) He shows the disastrous consequences of hereditary alcoholism on the child, in whose case it engenders eclampsia, epilepsy, scrofula, tuberculosis, hysteria, hydrocephalus, imbecility, idiocy; in the youth, in developing epilepsy, hysteria, evil inclinations, wickedness, cruelty, resistance to all teaching, to all work, a tendency to vagabondage, to alcoholic appetites, to crime, and to intellectual enfeeblement; in the adult, tremblings, hyperæsthetic troubles analogous to those of drunkards, a tendency to crime, to suicide, to insanity, to mania, to general paralysis, to dementia. The author describes with care the effects of dipsomania on the family, on the race, showing it destroys the nuptial union, brings ruin to the household, enfeebles paternal authority, produces demoralization of the child, contributes to his neglect, and even dries up the source of life. In a word, the influence which it has in weakening the intellect, in producing degeneracy and change in the race, and in mortality. He arrives at the following conclusions:

"1st. Under the name hereditary alcoholism is included the totality of the pathological manifestations transmitted to a child by one or the other of his parents who are drinkers, and sometimes both.

"2d. The inheritor of this taint, as well as the drinker himself, can hand down not only his own vice, but a special



morbid tendency, a particular neuropathic state, which can always be charged to inebriety.

"3d. The alcoholic inheritance may at first be dormant. When it exists it shows itself in infancy, or later, or in another generation. It shows itself as congenital paralysis, convulsions, epilepsy, hypochondriasis, idiocy, etc.

"4th. The increase in the number of the insane, of the number of suicides, of crimes and misdemeanors, such are the results of hereditary alcoholism.

"5th. It is in hereditary alcoholism that can be found the explanation of certain monsters who come from time to time to horrify society and scandalize the courts of law.

"6th. These degenerate beings are smitten with sexual impotence. The female inebriate is apt to abort, and lastly the mortality of the newly born among drinkers reaches a figure truly frightful.

"7th. It has often been proved that in the case of drinkers, there is a loss in stature and physical force.

"8th. To sum up hereditary alcoholism as well as the acquired, determines an enfeeblement of the species, the destruction of the family, and the degeneration and abasement of the race.

9th. From a medico-legal point of view, the hereditary inebriate, in particular the dipsomaniac, should be regarded most of the time as irresponsible, or at least his responsibility should be regarded as very limited. He is a sick man who should be cared for, remembering that he presents an undeniable propensity to sickness, that he possesses a defective intellectual organization, in a word that he is a degenerate. If the moral sense has not completely disappeared in his case, at least its use is not accurately regulated. The judge then ought to take into account this moral state in appreciating his acts.

"10th. The treatment consists for the child in a strict hygiene and a wisely ordered education, hydrotherapy, the gymnasium, exercise in the open air, a tonic and reparative

alimentation. Such are the general indications. Later, hydrotherapy combined with bromides, hot air baths, etc."

Dr. John Lemoin has put forth a work entitled "Experimental researches as to the passage of alcohol into the milk." The experiments were carefully carried out, and the milk of cows and goats was subjected to experiment as well as human milk. The results are not conclusive, but it is an encouraging sign when such subjects are made the theme of a scientific treatise.

Dr. Jacquemard has also published an article under the heading, "Alcoholism and Epilepsy. The influence of alcoholism in producing epilepsy in the new-born." This work, although presenting nothing new in scientific matter, is a good *resumé* of what is known on the subject. The author attributes many of the disastrous consequences of alcoholism to the use of poorly rectified and adulterated liquors. He closes his paper by a vivid and truthful picture of the physiological evils of hereditary alcoholism.

M. Mattell, at a recent meeting of the Academy of Medicine, treated the subject of criminal responsibility of inebriates. Crimes, murders, etc., committed when the perpetrators are under the influence of drink, are rapidly increasing. The author believes this to be the result of the increased use of toxic alcohols, which contain empyreumatic substances that exercise a most dangerous influence on the nervous system, often manifest in sudden fits of frenzy, mania, and morbid impulses. Judges are at a loss how to regard a criminal who suddenly commits crime without any reason or motive. If the momentary delirium were the result of some former cerebral lesion, the medical expert would have some clue to understand the evidence. But in these cases the former moderate and harmless inebriate passes at once into a ferocious and dangerous criminal maniac, committing the most terrible acts. A case was mentioned of an Italian, who always worked in compressed air, and was of sober habits; he allowed himself to be persuaded to drink large quantities of alcoholic drinks. At

midnight he was alone on the street trying to find his way home, when suddenly, without the slightest provocation, he drew a knife and stabbed several people on the corner of the street. One of them died. The murderer was captured, and after a sleep in the station-house, awoke next morning without any idea or conception of what had happened. He denied all memory of these events, and could not understand how he should have done it. The author believed that working in compressed air induces neuralgia, nervous disturbance, and a general cerebral condition which increases alcoholic susceptibility. He should have been regarded as one of limited or questionable responsibility, yet this man was convicted; but the final judgment considered these facts, and a less sentence was given him.

These and many other facts give most cheering evidence of progress in the fields of science and the rational methods of viewing the inebriate and his malady.

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M. Vallin read a paper before the French Society of Hygiene on the danger from the use of tobacco. He showed that cardiac narcotism, manifest by an intermittent pulse and tendency to faint, was common among excessive users of tobacco. A discontinuance of its use would be followed by cessation of these symptoms. In children, chloro-anæmia and diminished blood corpuscles were present. Blowing sounds were noted in the carotid arteries, and a general dullness was noticed. Young persons with this chloro-anæmia from the excess of tobacco often develop pulmonary phthisis. Women who smoke suffer more than men, and have more cardiac symptoms. Young men who use tobacco in excess, are more often inclined to find in alcohol a relief from their nerve disturbances, and hence more often resort to drink.

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The liberty of an inebriate ends when that liberty becomes a curse to others, and interferes with the good order of society.

## ARSENIC INEBRIETY.

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

A man was lately brought to me for consultation with the following history: Born in England, age forty-four, both parents died in infancy, no history of any special hereditary taint. He became a horse-doctor and trainer, and used beer in moderation from childhood up. When twenty-five years of age he came to this country, and was employed in a livery stable at Charleston, S. C. During the war he was engaged treating horses in the cavalry service.

It is probable that he drank to excess at times, as he lived an irregular, uncertain life of a horse-jockey and trainer, going about the country up to 1875, when he settled in Washington, D. C. From his own statements and that of his employer, it appears that he began to use arsenic about this time to prevent typhus and other fevers. He was very superstitious and afraid of death, and was, no doubt, familiar with the effect of arsenic on horses, and very likely applied this knowledge to his own case.

Up to 1880 he was in good health, and did his work well, although he took from one to two drachms of Fowler's solution every day or second day, depending on circumstances, of exhaustion, over-work, and bad feeling. He could not drink beer or spirits, because of the intense nausea and headache which followed. From this time up to January, 1885, he seems to have wandered round from place to place, doing service as a trainer and horse-doctor. The use of arsenic had steadily increased, until he was taking three ounces of Fowler's solution a day. Often it was difficult to procure this. Then he used the powder, taking what he supposed to be fifteen or twenty grains a day. He thought the effect of this was not so marked as the solution. His appearance was that of good health. The face was full, and the skin

clear and white. The eyes were brilliant, but seemed to be unsteady; when talking the facial muscles moved inordinately, yet when quiet no wrinkles or marked lines were visible. His walk was deliberate and hesitating, and cutaneous sensibility was diminished. The muscular power seemed unimpaired, although he complained of rheumatic stiffness, which he said was very prominent when he was deprived of his usual dose of arsenic. His appetite, formerly very good, had within the last year been irregular. At times he ate inordinately, then would abstain for a week or more. His bowels seemed to act with his appetite, at times constipated, then very loose. Within the past year his sleep was broken by bad dreams. He would wake up covered with perspiration, and his mind filled with a sense of fear, not clearly defined, but vague and oppressive. He would fall asleep during the day in any surroundings that were monotonous, and wake up in a short time feeling bad. When he awoke in the morning a drear sense of exhaustion and pressure all over his body would come on, growing steadily worse until the arsenic was taken. In an hour after, all these bad feelings passed away, and a sense of quiet exhilaration prevailed, which formerly was marked, but lately was less distinct and shorter. Respiration was difficult from any general exertion before this drug was taken, but after, no change was observed. The heart was evidently enlarged, and indicated much functional disturbance. He complained of failure of memory and general indisposition to work, was in doubt which course of action would be the best, was filled with fears and dread of mistakes, particularly when the effect of the drug wore away. After he had taken the usual dose this passed off, but the indisposition to work continued. He could not concentrate his mind long on any topic. At times he would seem to be very emotional, laughing and crying at the least little things; then he would be oblivious to all emotion — be stolid and indifferent. The sexual function seemed paralyzed, but pride of dress and appearance seemed to be the only pleasure and object of his life. He would dress himself

with great care, and spend his time in a stable or on a hotel stoop, gazing out into space in silence. When the effect of the drug wore off, he would be boastful, excitable, walk round, and drive different horses. At such times his judgment was bad, but when he had taken the drug it was generally very correct. He was very methodical in his habits, and took the drug twice a day, without change. He did this in secret, and was known to his companions as a very changeable, eccentric man, who, early in the morning and late in the afternoon, was "half crazy." These and other symptoms indicated a general failure of both body and mind, rapidly approaching dementia. At times he was alarmed, and wished to give up the use of the drug; then, later, he was indifferent. The action of this drug seemed that of a stimulant and narcotic. When the effects wore away, great depression and exhaustion followed. To the general observer no indications of his real condition would appear. He remarked that if he could get this drug always he never would abstain; but he found it difficult to always keep a supply. He was taking regularly from twelve to twenty grains of arsenic every day. The urine was not examined, but evidently there was little or no trouble with his kidneys. He bathed very often, to take away a strong, offensive odor of the skin, which was evidently the elimination of the arsenic. He evidently failed to take my advice, and disappeared, a few weeks later, in New York. The interest of this case turns on the length of time arsenic had been taken, and the comparatively small dose after all the years' addiction. Second, on the general absence of any very special prominent symptoms. This was probably owing to the care and method of taking it. The effects of this drug as an exhilarant and narcotic deserves a wider study. Third, the inquiry is suggested, Did this man inherit a neurotic diathesis which found in arsenic a source of relief, in the same way as that found in alcohol and opium? Is it not likely that arsenic will take the place of alcohol and opium in a certain number of neurotics, having some peculiar

organization? Is there not danger in using arsenic for any length of time in inebriates? From correspondence I find that an impression prevails among many medical men of large practice, that the secret use of arsenic is rapidly increasing. The peculiar tolerance of this drug in some cases suggests the possibility of its use as a stimulant or narcotic, like alcohol or opium. How far these are exceptional cases, and to what extent this form of inebriety exists must be determined by future study.

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The *Turkish Bath* is the most satisfactory and effective remedy that can be used in inebriety. Dr. Shepard of Columbia Heights, Brooklyn, who has the most complete baths of this kind in the country, and whose experience extends over a quarter of a century in this field, says, "The Turkish bath may be depended upon to relieve the cravings for drink; in many cases for a very long time, and often permanently. Complete restoration has followed the use of the baths in many cases, especially where they have been used once or twice a week, and the Turkish has been alternated with Russian and Roman baths."

To this we add our experience that there is no remedy or means that can be used so positive in its effects, particularly in cases who are trying to be restored at home.

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Dr. Woodward wrote half a century ago as follows: "I have in a long practice noticed many persons who have been frequently arrested for petty crimes and drunkenness, become insane and idiotic. These cases were in the prodromic stages of their disease, and the symptoms of drunkenness, debauchery, idleness, petty dishonesties and vices, were unrecognized. The question of their responsibility, and where insanity began, and what the treatment should be, will be discussed and settled in the future."

## INEBRIETY, AND THE RESULTS OF ITS TREATMENT IN ENGLAND AND ELSEWHERE.

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BY NORMAN KERR, M.D., F.L.S.,\* PRESIDENT OF THE SOCIETY FOR THE STUDY AND CURE OF INEBRIETY; CONSULTING PHYSICIAN TO THE DALRYMPLE HOME FOR INEBRIATES; ETC., ETC.

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Habitual, in common with occasional inebriety, has been very generally looked upon as only an offense against moral and social order, and a sinful act. This is the view which, I regret to say, has been taken by the great bulk of the religious, philanthropic, and temperance worlds in other countries as well as in Britain. Imbued with this belief, the measures which have usually been employed in dealing with the inebriate have been his treatment as a criminal by fine and imprisonment for the offense against the community, by rebuke and scorn for the breach of morals, by denunciation and excommunication for the sin. The intemperate, having been regarded but as wicked and premeditated sinners, have, with a few honorable exceptions (who have understood the true nature of inebriety), been treated as if they must have been specially vicious and depraved persons to have become units in the vast army of the drunken. Proceeding on the same lines, efforts at the reclamation of the tippler have generally been limited to religious exhortation, and to the administration of the teetotal pledge,—in other words, to the moral and spiritual, to the exclusion of the physical, disorder. What has been the result? Enormous numbers of drunkards have taken this pledge, only a comparatively small minority of whom have remained steadfast in their disuse of intoxicants.

Moreover, notwithstanding all the brave and gallant

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\* Read to the International Congress against the Abuse of Alcoholic Drinks, held at Antwerp, Sept. 12, 1885.



efforts of the warriors in the cold-water army, drinking to excess goes on merrily apace ; insobriety, while somewhat decreasing among men, has been terribly increasing among women. This is a state of things pregnant with yet deeper ills to coming generations, for, by the advancing intemperance of the mothers of the future, our successors, endowed from their birth with an inborn tendency to excess, cannot fail, from their heightened nervous susceptibility and their diminished will power, to be less fitly equipped to do battle with their inherited proclivities, and with the temptations to drinking which the tyrant customs of society, the sacred sanction of the Christian Church, and unrighteous legislation by the State, cause so to abound on every side.

Why, after having done so much, has abstinence accomplished comparatively so little during the past fifty years of its august and active propaganda ? Whence has arisen this legislative inaction, or rather wrong action, for most of the acts hitherto passed by the British Parliament have been based on the mistaken lines to which I have alluded ? The reason is not far to seek. Both moral and legal reforms have, as a whole, been so engrossed in temperance work on an extensive scale, carried away with the pleasing notion that there is a short cut, a royal road, to sobriety, that they have never bestowed a moment's thought on the rise and progress of inebriety in the individual.

Why do men and women become drunkards ?" Many are content with the epigrammatic reply, "Because they drink." Very true, so far as it goes, but this is only half the curriculum of education in confirmed intoxication. The inquiry which has been omitted, an inquiry essential to a proper understanding of the most effectual means of prevention and cure, is, "Why do men and women TAKE TO DRINK ?"

If philanthropists, Christians, temperance reformers, and statesmen had appreciated the teaching of that far-seeing pioneer of temperance, Dr. Benjamin Rush of Philadelphia, one hundred years ago, they would have realized the physical character of intemperance ; they would have seen that

inebriety is often either a diseased condition in itself, or is the outcome of certain antecedent diseased conditions of body or brain.

The procedure of indignant reproach and excited appeals to the heart is incomplete, as it has been founded on a defective view of the genesis and development of the drinking habit. Inebriety has a physical as well as a moral and religious aspect. In whatever form it appears, it is always partly physical, inasmuch as, without the intervention of a material intoxicating agent, there can be no intoxication.

In many instances it is at first purely physical; as, for example, in the inheritors of the drink diathesis, the individuals weighted with which are, as it were, so seared with the red-hot iron of alcoholic heredity, that all their life long they are unable to drink any intoxicating liquor in moderation. If these drink at all they drink to drunkenness.

A society, of which I have the honor to be president, was founded in England last year for the elucidation of the causes of intemperance in the individual, under the title of the "Society for the Study and Cure of Inebriety." It consists of members who are medical men, and of associates who are ladies and gentlemen not belonging to the profession of medicine. Among the former are some of our best known physicians and surgeons, and many leading temperance reformers are among the latter. The papers already read, as published in the quarterly numbers of the proceedings, afford ground for hope that a fuller and more accurate knowledge of the etiology of inebriety will ere long be acquired, a study which has been carried vigorously on for the past fifteen years by the American Association for the Cure of Inebriates.

Broadly, inebriates may be ranged under four classes.

I. The common sot, who never refuses to drink, and drinks any kind of liquor, as much and as often as he has the opportunity. By many this ordinary drunkard is regarded but as a vicious fool. He is not necessarily so by any means. He, (and alas, too often she,) may be a person of

gentle heart and unselfish disposition, who, no matter how frequently he is guilty of excessive indulgence, as frequently repents and loathes the bonds that drag him to his doom. Not unseldom the mental powers are deficient from birth; in very truth, as in popular language, he is a "born idiot." If not afflicted with idiocy, he is still oftener endowed with insufficient control, and thus has little ability to resist the narcotizing power of the magic potion. In such cases, — and they are numerous, — drunkenness has a physical origin.

II. Others resort to drink only on the recurrence of an attack of insanity. These are not insane through drink, but become drunken through insanity. When sane they are perfectly sober; when insane they drink to insobriety. In their lucid intervals they are strictly temperate in their habits, and well-conducted in their walk and conversation. The drunken outburst is but the mode in which their recurrent madness is manifested. Here, again, drunkenness springs from physical causes.

III. Others, — and this is an extensive class, — lapse into inebriety through the effects of actual poisoning of the bodily and mental man by alcohol. Alcohol is an irritant, narcotic poison, poisonous alike to the intelligence and to the material frame. Inebriety may result as a *sequela* of alcoholic disease of the brain, or of its membranes, or of some other organ or tissue. It may also be the direct consequence of the disturbing influence of this poisonous agent on the cerebral and nervous centers. In the first case, inebriety is the issue of bodily disease; in the second case, it is itself a form of disease. In both these groups inebriety has a physical origin.

IV. The operation of no natural law is more patent than is the operation of the law of alcoholic heredity. The drunken mother, the drunken father, or a drunken grandparent, may hand down to their descendants an alcoholic stain which not even a lifetime of entire abstinence from intoxicating drinks can eradicate. I have known men and women of the highest culture and the most irreproachable

morals, of strong will and deep thought, of unaffected piety and exalted aim, who have been compelled by bitter experience to acknowledge to themselves the saddening fact that they could never dare to dally with strong drink. The continuous and victorious struggle of such heroic souls with their hereditary enemy,—an enemy the more powerful because ever leading its treacherous life within their breasts,—presents to my mind such a glorious conflict, such an august spectacle, as should evoke the highest efforts of the painter and the sculptor. Before so protracted and so lofty a combat, the immortal group of Laocoön contending with the serpents, grand though that great work of art is, must pale its ineffectual fires.

In this comprehensive group of cases of habitual drunkenness, with an inherited predisposition, inebriety has also a physical beginning.

Only of late years has an attempt been made to conduct the treatment of inebriety as the enlightened physician would order the treatment of any other disease. In America, where, as we have already seen, Dr. Benjamin Rush pointed out the way, the disease aspect has been recognized, and, to the credit of their legislation be it recorded, many large homes are supported in great part at the public expense, where the poorest male or female habitual drunkard, either on his own application or on the application of others, may be treated with a view to cure. The results have been, on the whole, encouraging. Of 600 cases treated at the Home at Fort Hamilton, New York, the after history of which has been ascertained, about one-third are reported to have done well.

In the British Colonies something has also been done. The Melbourne Retreat, for instance, has discharged a number of patients during the eleven years of its existence, with a cheery tale of decided improvement.

In England, Scotland, and Ireland, very little has been attempted on behalf of the diseased inebriate, and that little only very incomplete, either by voluntary effort or by the

State. A temporary measure, entitled the Habitual Drunkards Act, which will expire in five years, has been enacted. No power of compulsory committal of an inebriate to a Home has been given. Entrance must be voluntary, and the application of an inebriate for admission into a Retreat is made very formidable indeed by having to make a declaration before two justices that he or she is an habitual drunkard, is desirous of being received into a home in which he or she undertakes to remain, and surrenders his or her liberty for any period not exceeding twelve months. A statutory declaration, signed by two persons, must also be produced, stating that the applicant is an habitual drunkard within the meaning of the act. In the case of females especially all this procedure before magistrates is a strong deterrent to requests for admission.

For years past there have been several private homes for the reception of male and female inebriates, some of which have been genuine efforts at reformation and cure, and have, to my personal knowledge, done considerable good. There are also five Retreats at present licensed under the Habitual Drunkards Act. The Government Inspector, in his fifth annual report, just issued, states that, as a general rule, the Retreats have worked well. The only attempt to present the particulars and results of each case treated, in such a form as to prove of permanent value, will be found in the report of the first fifteen months' working of the Dalrymple Home for Inebriates at Rickmansworth (about twenty miles from London). This is the only institution of the kind which is conducted without personal profit to the proprietors, being owned by an association no member of which can derive any pecuniary return from the undertaking, and is, at the same time, licensed under the Act. The Home was established for the purpose of giving the Act a fair trial, with no private interests involved in its financial success or failure, and under such conditions as are calculated to secure the highest degree of trustworthiness and enlightened supervision. The Government Inspector declares the report of the Superintendent

to be "very satisfactory," the "success of this Retreat to be very marked," and thinks that "it may well form a model for similar establishments which may be opened in future."

Patients are received privately as well as under the Act. Forty-nine have been admitted in all.

*Education.*—All but one had been well educated, 8 having passed through a college curriculum. *Marriage.*—26 were married, 20 single, and 3 widowers. *Occupation.*—13 were gentlemen of fortune. There were 7 civil servants, 4 lawyers, 4 medical men, 4 clerks, 1 librarian, and the remainder were engaged in commercial pursuits. *Heredity.*—In 25 cases there had been inebriety in the family; in 6, either father or mother; in 5, grandparents; in 7, brothers; and in 7, uncles. In the remaining 24 cases, it must not be supposed that there had been no hereditary predisposition. All we can say is that we have been able to hear of no record of the kind. *Insanity.*—In 6 cases insanity had been known to have been present in the progenitors. *Associate Habits.*—43 used, and 4 did not use, tobacco; 2 were addicted to chloral. *Drinking Habits.*—25 were regular and constant, or 24 periodical inebriates.

*Frequency of Periods.*—4 of the latter had on an average an outbreak every week, 1 every 2 weeks, 1 every 3 weeks, 3 every 4 weeks, 4 every 6 weeks, 6 every 2 months, and 4 every 3 months. The average time during which the habit had been going on was  $8\frac{1}{2}$  years. *Delirium Tremens.*—9 had had one attack previously, 3 two attacks, 2 three attacks, and 1 five attacks. *Exciting Cause.*—In 18 social drinking, in 15 nerve shock from domestic business, or financial worry, in 6 idleness, and in 4 special temptations of their calling. *Complicating Diseases.*—31 had none, 4 had syphilis, 3 gout, 3 phthisis, 1 rheumatism, 3 dyspepsia, 2 chest troubles, 1 stricture. *Discharges.*—26 had left from efflux of time, 3 from illness, and 3 who were found not to be amenable to treatment.

*After History.*—1 had become insane, 3 had died, 1 was not heard from, 1 was re-admitted, 6 were unimproved, 6 were improved, and 14 were doing well. In other words 50 per cent. of the survivors had been enabled once again to

fulfill their duties in life, while 20 per cent. more had been improved. Though, from the brief space of time which has elapsed since the opening of the Home, it would be unwise to speak with confidence of the proportion of permanent cures, the results as yet attained have been so far beyond what any one had ventured to hope for, that the friends of the victims of strong drink have good reason for encouragement in their endeavors to raise the fallen and strengthen the feeble.

There ought to be improved legislation. There is a class of inebriates on whom, as —

“On the impassive ice the lightning plays,”

all advice and aid seem utterly wasted, who, in short, appear to be not amenable to treatment. Though I look upon no case as absolutely without hope, these are practically beyond the pale of remedial care under the present legislative provisions, and require at least three to four years' seclusion from temptation.

For such, and for the not inconsiderable number of inebriates who will never of their own free will enter any institution, and submit themselves to discipline, it is desirable that magistrates, or some other authority should be invested with the power of compulsory committal.

The path leading to the Home should, too, be made as inviting and as easy as possible to the drunkard desirous of cure. This can be done by dispensing (in the case of voluntary entrance) with the appearance before justices. Means, by inspection and investigation, might easily be adopted to prevent any abuse of the powers of either committal or detention, which latter ought to be considerably increased.

For the rich there would rapidly be provided ample accommodation, and for the poor, in the interests of the sufferer, as well as for the protection of the community, Homes ought to be established where both males and females could be received, the deficit, after the produce of whose earnings, being made good at the public expense. This would be a saving to the community, for it is much cheaper to prevent than to punish.

It would be well, in addition, to place all Homes for Inebriates, like Asylums for the Insane, under government visitation, a plan which would afford an effectual reply to any complaints, and be a safeguard against cruelty on the one hand and lax management on the other.

The terrible extent of habitual drunkenness which we see over most of the civilized world is a reproach to good government, and a standing menace to public order. The philosophy of inebriety lies in a nutshell. Alcohol is an irritant, narcotic poison, and in intoxicating liquors is present in such proportion as tends to distort the mental vision, disturb the reason, and enervate the will. The great majority of drinkers, happily, are able to resist the full strength of the alcoholic invader, and, though many may suffer in bodily infirmity from his ravages on the person, can stop, at various stages, short of confirmed drunkenness. But vast numbers have not this power of resistance, and, either from inherited alcoholism or from a transmitted feebleness of resolution, go down like chaff before the victorious progress of the foe. These fall by the operation of natural law, because they are susceptible to the benumbing influence of the poison, and are, physically speaking, truly "weak brethren." Your inebriates are the sad, though sure, outcome of your drinking customs, your ecclesiastical patronage of a narcotic poison, and your legalized public temptations to indulgence. Let the community, the Church, and the State once master the truth that intoxicating drinks are material poisons, affecting human beings as other poisons do, in varying degrees, according to the idiosyncracies of the individual; and effectual remedies, social, ecclesiastical, and legal, will soon be adopted, which will steadily lessen the evils arising from the common use and sale of intoxicants. Meanwhile, the afflicted through alcohol are with us, the legitimate fruit of our perilous habits and our muddling statecraft; and, as a simple matter of equity and fairness, we are bound in honor to do everything that within us lies to supply ample and rational opportunities of reformation and cure to the very feeblest of the victims of our self-indulgence and our sensuality.



JUDICIAL RECOGNITION OF INEBRIETY AND  
MORAL INSANITY IN CRIME.

The following opinion of Judge Robertson of the Court of Appeals of Kentucky, in the case of *Smith v. Commonwealth*, tried in 1864, outlines many facts, which a quarter of a century of farther study has fully confirmed. Smith, an inebriate, was tried, convicted, and sentenced to be hung, for the murder of Landaur. An appeal was taken for reversal, and on this the judge decided. "The judge of the lower court instructed the jury, 'that, in case of homicide without any provocation, the fact of drunkenness is entitled to no consideration, and that temporary insanity which has followed as the immediate result of voluntary drinking to intoxication is no excuse for crime.' In all this we cannot concur. If a man designing a homicide drink to intoxication, either to incite his animal courage or prepare some excuse, the killing will be murder. But if sensual gratification or social hilarity, without any premeditated crime, induced the drinking, surely his condition may be such as to reduce even an unprovoked homicide from murder to manslaughter. And if transient insanity ensue, although it should not altogether excuse, yet it should mitigate, the crime of the inevitable act. There was testimony in this case tending to show that the appellant, when he killed Landaur, was intoxicated, and also that such a condition superinduced moral insanity, and the jury had a right to weigh that testimony and determine, not only the fact of intoxication, but its actual effect on the mind and will, and consequently on the conduct of the appellant. Had they believed that it was neither simulated nor malicious, but without even producing momentary insanity, prompted a homicide which otherwise would not have been perpetrated, they had a right to decide that the act was not so criminal as murder; and if, especially, they had been satisfied that the act was the offspring of momentary insanity, they could

not, as conscientious triers, have doomed such a victim to the gallows. The instructions tacitly concede that permanent insanity produced by drunkenness may excuse a homicide, and this, contrary to the ancient doctrine, is now universally conceded to be American law. And why is it law? Only because no insane man is responsible for insane acts. And why should an insane act, prompted by transient insanity, have no exculpatory or mitigating effect on the question of crime or its grade? In Lord Coke's day a man could not avoid a contract on a plea of insanity or incapacitating drunkenness. That absurdity has been long exploded. And why should its spurious twin—that drunkenness, whatever may be its effect, is no excuse for crime—be still recognized as law in this improved age of a more enlightened and homogeneous jurisprudence?

“We conclude that this instruction did not clearly and distinctly embody the true modern law, and may have been, therefore, prejudicial to the appellant. The next instruction we shall consider is the following, as given to the jury: ‘When the jury, from the evidence, entertain a rational doubt on the question of insanity, they should always find in favor of sanity.’ This, too, is not now either altogether or always a consistent and true doctrine. Can it be possible that, here and now, a jury is bound to hang a man for murder when they naturally and strongly doubt his capacity to commit any crime? The ‘rational doubt,’ which should result in an acquittal, lest an innocent man might be unjustly punished, is a doubt as to all or any one of the constituent elements essential to legal responsibility or punishable guilt, and, unless they all concur, acquittal is the legal consequence. As a sound and responsible mind is indispensable to such guilt, why should not a strong and rational doubt of the capacity to commit the imputed crime favor the acquittal of the accused? It is true that, *prima facie*, every man is presumed to be sane, and, therefore, the burden of proof to rebut this presumption devolves on the party claiming the benefit of the plea of insanity. But so, too, in like manner,

Every man charged with crime is presumed innocent, and will be so held, until the commonwealth shall rebut that presumption.

“But if the testimony for rebutting it should leave room for a rational doubt of guilt, ‘not guilty’ is the verdict of the law. Why, if the evidence of insanity is strongly preponderating, should not the presumption of sanity be rebutted, and why should the jury be bound to find sanity merely because insanity has not been proved with such absolute certainty as to exclude a rational doubt? If this be their duty, then, in all cases of partial insanity, a case could be scarcely imagined, and perhaps may never arise, in which a plea of insanity can be made available. A doubt of sanity is essentially different from a doubt of insanity—the former should always avail, the latter never. When the proof of insanity is ever so strong, there may, and generally will, be a doubt whether, nevertheless, the accused was not sane. This is a doubt of sanity which should never convict, but should always acquit. ‘Belief’ is of different degrees of certainty and assurance. On such a metaphysical question as that of partial insanity, no proof of it can impress the jury with moral certainty. The preponderating probability of insanity may be as assuring as that on which they individually act in the affairs of ordinary life, and, therefore, they may be said to ‘believe’ the alleged insanity, and yet may feel some rational doubt of it. Such a doubt in such belief may compel a rational doubt of responsible sanity; and, so doubting, the jury ought not to convict. But when the evidence strongly preponderates in favor of sanity, a doubt whether, nevertheless, the accused was not insane should never acquit. And that is what we mean by a doubt of insanity. The instruction does not discriminate between the two classes of cases, but compounds them, and it was therefore misleading. And this conclusion is not at all inconsistent with the principle of the case of *Graham v. Commonwealth*. In that case the instructions, adjudged indefensible, assumed the sufficiency of a doubt of insanity, not of sanity, and the decision

of the question thus propounded was all that was judicial in the case. The last instruction we shall notice is in the following words: 'To establish a defense on the ground of insanity, the accused must prove that, at the time of the killing, he was laboring under such defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing, or, if he did know it, he did not know he was doing wrong.'

"All this may be true in most cases of intellectual insanity. This species of insanity, as first defined by Erskine, and illustrated by the sustained verdict in Hadfield's case, 'is delusion,' arising from a partial eclipse of the reason, or from a morbid perversion of the percipient faculties which present to the abnormal mind as accredited realities, images of objects that have no actual existence, or a false and distorted aspect of existing objects. Whether the true theory of the human mind be psychological or only physiological, spiritual or material, man is certainly so constituted as to be compelled to believe the testimony of his own senses. This is the ultimate test of all human knowledge, and necessarily has the force and certainty of intuition, which no reasoning can overcome or impair. An intellectual monomaniac may reason logically, but he reasons from false premises which his morbid mind assumes, with intuitive confidence, to be undoubtedly true. His false conclusion may result, not from 'defective reason,' as assumed in the instruction, but from an insane assumption of false premises. To punish a homicide, committed by the insane victim of such delusions, and under its resistless influence, would be punishing for what every other man in the same condition would ever do in defiance of all penal consequences; and, therefore, such punishment would be useless, and inconsistent with the preventive aim of all criminal jurisprudence. Although he had an abstract knowledge of 'right and wrong,' and knew that crime is justly punishable, nevertheless he did not know that his act was criminal, but felt sure that it was lawful and righteous. But if he knew that he was doing wrong, he was not

impelled by delusion, and his act was criminal. As the intellectual was the only species of monomania recognized for many years after the trial of Hadfield, the doctrine repeated in this instruction, excepting only the 'defect of reason,' which it seems to presuppose, was established as applicable to all pleas of insanity in criminal cases; and until lately it had been applied to a class of cases which are not within the scope of its philosophy. Moral insanity is now as well understood by medico-jurists, and almost as well established by judicial recognition, as the intellectual form. Mentally, man is a dualism consisting of an intellectual and moral nature. It is this peculiar nature that exalts him above the animal, and makes him legally and morally a responsible being. The animal has neither reason to guide nor a moral will to control its passions. Passion governs and instinct alone guides its conduct. It is, therefore, not responsible to the criminal law. But a proper man in a sound and moral state, with *a mens sano in corpore sano*, has peculiarly and pre-eminently the light of reason to guide him in his pathway of duty, and also has a free and rational presiding will to enable him, if he so choose, to keep that way in defiance of all passion and temptation. It is this intellectual and moral nature alone that makes him, in the probationary sense, a man, and holds him responsible for his voluntary conduct. And it would be as useless and cruel to hold him accountable, either criminally or morally, for an act done without a free, rational, and concurrent will, as it would be if his reason had been in total eclipse. The common law progresses with all other sciences with which it is affiliated, as a growing and consistent whole, and consequently, as the science of man's moral nature has developed the phenomenon of insane affections, emotions, and passions, which either neutralize or subjugate the will, medical jurisprudence recognizes this morbid and overwhelming influence as moral insanity, and pronounces it as exculpatory as the other form called intellectual insanity. No enlightened jurist now doubts the existence of such a type of moral, contradistinguished from intellectual,

insanity as homicidal mania, or morbid and uncontrollable appetite for man-killing, and pyromania, or the like passion for house burning, and kleptomania, or an irresistible inclination to steal. In each of these cases, and others of a kindred character, whether the unnatural passion be congenital or only the offspring of some subservient cause, moral unhinging and subjugated or subsidized will are the invariable characteristics. This is disease, and the man thus doomed to the anarchy of morbid and ungovernable passions is, in law, as well as in fact, insane, and to the extent of the operation of that blind and brutal influence, he may be no more responsible than a tiger or other brute. But if his sanity extend no further than a morbid perversion and preternatural power of insane passion or emotion, he not only 'knows right from wrong,' but knows also that the act he is impelled to do is forbidden both by moral and human law. Yet, nevertheless, his will being paralyzed or subordinated, the uncontrollable appetite necessitates an act which he knows to be wrong and justly punishable. But as he was a helpless puppet in the hands of Briarean passions, he is no more a fit subject for punishment than an animal without a controlling will, or than he, himself, would have been, had he never been blessed with that moral pilot of the passions.

"The instruction, as given, excluded any such insanity from the jury. The instruction given by the circuit judge in the case of *Graham vs. Commonwealth*, was much more comprehensive—as nearly right as any we have seen on that subject, in any case. It was as follows: 'The true test of responsibility is, whether the accused had sufficient reason to know right from wrong, and whether or not he had sufficient power of control to govern his action.'

"The instruction we have been considering in this case was therefore not only inapplicable to the species of insanity relied on by the appellant, but was radically defective in principle. We conclude that the verdict and judgment in this case ought not to stand. Therefore the judgment is reversed, the verdict set aside, and the cause remanded for a new trial."

## Abstracts and Reviews.

### FORMS OF ALCOHOLIC INSANITY.

The late M. Lasèque of Paris, in a monograph on alcoholic studies, describes an intermediate form of alcoholism, between acute and chronic, which he calls sub-acute alcoholism. This is marked by a peculiar delirium and trembling palsy, a restlessness, and continuous insomnia associated with digestive troubles, etc., etc. The patient feels that he must move with the impulses of his delusion; he must act upon every conception of his imagination, no matter what it may be; he must enter into conflict with his imaginary enemies, must do what he can to stay their intrigues; he has hallucinations of sight which he acts upon with promptness; when he fails and becomes conscious of it, seeks escape by suicide. He draws a distinction between this form of alcoholic delirium and delirium of persecution, so called; in one hallucination at first prominent. In the delirium of persecution seen in the latter, the patient is pursued by sad thoughts, but is exempt from terrors. Each one of the fancies or ideas which torment them, have passed into a state of accomplished facts: his disturbances are retrospective; he does not expect anything he recalls, and suffers from troubles of the past. The alcoholic melancholic is constantly menaced by bad thoughts; he is terrified and trembles, lives in continual fear and dread of the future; he may be compared to a person accused and dreading sentence. The other to those already condemned and living over the past. He draws some distinctions between the dream state and alcoholic delirium. The dream follows a natural delirium, and is only an elaboration of a series of pathological thoughts. The ideas of an awakened alcoholic are only a continuation of the ideas commenced during the

dream. He compares alcoholic delirium to a natural dream brought about by no extraneous influence. In both these states nothing but visual hallucinations are recognized. Like any other dreamer, the alcoholic is in an incessant physical and mental movement during this crisis; he tells long stories with confused and illogical form or shape; he deals with facts, never with reflections; he has no surprise, and makes no analysis of his own state or what will happen in the future; no recriminations of his persecutors or what they will do, is remembered. Like a dream, this alcoholic delirium passes away and is forgotten. As in a dream, this alcoholic state can be suddenly checked or suspended by the intervention of a powerful emotion.

He says that dipsomania bears the same relation to alcoholism as hysteria does to epilepsy.

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#### INEBRIETY AND MALARIA.

Dr. Griswold of Manchester, Ct., in a series of very interesting papers on Malaria in its relations to other diseases, published in the *New England Monthly*, groups many curious and suggestive facts on the above topic. He says: "Malarial poisoning, when combined with unhygienic surroundings, as close, badly ventilated, overcrowded tenements, insufficient and improperly cooked food, prolonged and exhausting mental labor, and the worry and anxiety incident to a life of poverty is one of the most active agents for the creation of an abnormal appetite for drink."

Two cases are mentioned in which malaria preceded the inebriety. In one, when the malaria was checked, his desire for alcohol stopped. In the other, excessive drinking always followed the paroxysms of ague. Bird's remark is quoted: "That drunkards abound in damp and badly drained localities by the same law that they abound in uncomfortable lodging-houses and badly ventilated tenements." Dr. Gray of the Utica Asylum, writes to the author of these papers as follows: "A disposition to drink in chronic malarial poison-



ing, might often be accounted for, on the theory of relief from suffering, and a desire on the part of the unfortunate victim to substitute for the state of mental depression, so common in malaria, one of mental exhilaration. Thus, the onset of a debauch might be precipitated by a fresh attack of malaria."

Dr. Mason of Fort Hamilton Asylum, writes "that any depressing or enervating cause, as chronic malarial poisoning, would predispose to as well as prove an exciting cause of alcoholic inebriety."

Dr. Wright of Bellefontaine, Ohio, writes: "I have no hesitation in declaring that there is frequently a direct connection as a matter of cause and effect, between the malarious influences upon the constitution, and the development of the unmanageable craving for alcoholic intoxication, and I am of the opinion that malaria often operates as a powerful cause in the production of dipsomania."

Dr. Day, of the Washington Home of Boston, Mass., writes: "Malaria is the cause of alcoholic craving in many cases. Patients who come from malarious districts are of a different type from those of other localities. I also find more excessive inebriety coming from unhealthy habitations, where poisonous gases are known to exist. Those who are brought up in non-malarial districts, in clean, well-ventilated houses, are less likely to suffer from inebriety."

Dr. Crothers writes: "The connection between malaria and dipsomania, as cause and effect, is a well-established fact. Chronic malarial poisoning will in certain cases create nerve exhaustion for which alcohol is the only remedy or source of relief. Confirmed inebriates rarely have malaria, but when they are associated, one intensifies the other."

To this we would add that the periodicity and paroxysmal character of dipsomania has many features in common with the chills and fever of malaria. Dr. Wall, who had many years experience in India, affirmed that inebriety in malarious districts always took on a dipsomaniacal type. Dr. Holt of Georgia, wrote long ago "that ordinary moderate drinkers,

whenever they became infected with malaria, their drinking assumed a periodical, paroxysmal, and dipsomaniac form."

It would be a question of much interest to determine whether the moderate drinker would always grow into this form of inebriety from the presence of malaria. It may be considered as established that malaria is always a predisposing cause of inebriety. The practical fact to be remembered is the danger of using alcohol as a remedy in such cases. Given a defective inheritance from insanity, phthisis, epilepsy, inebriety, or any general nerve or brain disease, with malaria, treated with quinine and alcohol, and the result in inebriety is a matter of great certainty. Excepting two short papers published in the *Medical and Surgical Reports* of Philadelphia, some years ago, with notes of cases from my records, this is the first discussion of this subject. We especially commend this to our southern readers, as one of the many unknown fields awaiting discovery.

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#### APHONIA FROM INEBRIETY.

Dr. Morgan, in a paper published in the *Journal of the American Medical Association*, gives two cases of this affection. He refers to the literature showing that it has been noticed as far back as 1761 by Morgagni, who speaks of alcoholism as a cause of aphonia, and particularly of the central lesion giving rise to this trouble. Other references are made to show that it has been noticed by different observers. Dr. Cohen thinks it comes from the exposure, muscular relaxation, and lowered vitality following inebriety. Other writers suppose it is only one of the many palsies, which may appear in the various muscles of the throat and larynx, or that it is a reflex from some central nerve lesion. Undoubtedly it acts very much as other poisons do which affect the throat and voice. Dr. Morgan's remark that these cases are more common than the scanty literature would indicate is confirmed by all who are treating these cases. In our experience about ten per cent. of all cases suffer from this paralysis of the lateral

crico-arytenoids. Often it is very transient, and disappears in a few days; in other cases it lasts a longer time. The treatment, most effectual, seems to be active catharsis, and cold applications on the outside of the throat. All internal medication and electrical currents have not been satisfactory.

The removal of alcohol and building up the system, is always followed by a disappearance of this affection. It will be found in most cases that aphonia is associated with other palsies of different parts of the body which escape attention at the time, but come out when this passes away. Bronchitis or laryngitis are the usual associate affections, and often the hearing is disturbed and lessened, and catarrh is also present. When erysipelas and rheumatism are present, the prognosis is more difficult, but usually the future of the case is promising. This subject should receive more careful study and clinical observation before it can be well understood.

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#### INTOXICANTS IN INDIA.

The *Dublin Review* for July, has a long article on Intoxicants and their revenues in India, from which we gather some interesting facts. India is one of the very few countries in the world where the introduction and sale of foreign liquors has never succeeded. The English-born residents use beer and wine, and some of the higher classes of natives; but the great mass of the population who drink, use fresh, native spirits, distilled from palm juice and rice.

The Hindoo, as a rule, does not drink, and the orthodox Hindoo is always a total abstainer, although he may use opium and smoke ganga-root. The manufacture of these spirits is regulated by law; in former times it was done by government, now the right to distil is sold at auction to the highest bidder. All distilling must be done in day time, and only one still is allowed for every ten thousand inhabitants, and no spirits can be sold at any other place. The palm and rice are so abundant that distilling can be quickly

done, and the spirits are always fresh and less intoxicating than older liquors of other countries. Since 1880, the number of distilleries have decreased: evidently the business is not so profitable. The government control is very severe and exact. It is estimated that over forty per cent. of the better classes are total abstainers from religious scruples. The class who drink seem to seek the narcotic effect in drunkenness at once, hence the drink is excessive. The ganga plant is smoked, and is taxed by the government in the same way as spirits, houses being licensed for its sale. Its effect, in causing rapid intoxication, is found to be more pernicious than alcoholic spirits or opium. A large per cent. of the insane admitted to asylums, become so from the use of this plant.

The *India Medical Gazette* mentions the great frequency of criminal assaults lately noticed in Bombay, where the assailants were under the influence of this drug. The very low price of this intoxicant makes it readily procurable by the lower classes. The delirium it produces has a certain fascination to many persons who use it. But unlike opium, it leaves the brain in an exceedingly sensitive and unstable state, ready at any moment to revenge real or imaginary injuries, or take offense from any cause. The frequency of these assaults has called attention of the government to devise some means to stop the sale, and control these victims.

Opium is cultivated under strict government supervision. In 1883, 876,454 acres of land were used for cultivating this drug, and the product was 8,071,120 lbs. of crude opium. Most of the land is used for a second and third crop of Indian corn, or other grain, the same year. The use of opium among the poorer classes is rarely excessive, but among the wealthier people abuses exist. The idea prevails that it is a drug of great value, and it is used in nearly all ailments, both externally and internally. A commission appointed to examine the revenue reports declared that the use of intoxicants had not increased in proportion to the population and increase of wealth.

*The Seventeenth Annual Report of the Inebriates' Home of Fort Hamilton, New York, by the president, Hon. G. G. Heaman, is out. From it we learn that in 1884, three hundred and forty-four patients were admitted; this with the number under treatment at the beginning of the year made a sum total of 471 persons treated during the year.*

On the 31st of December, 1884, there were 134 patients remaining in the institution, viz.: 53 boarders and 81 indigent poor.

During the year 4 patients have died in the Home, 2 were transferred to hospitals, and 3 to the lunatic asylum; 328 left during the year; 138 of these are engaged in business and doing well; 49 unimproved; 78 have been lost sight of; 55 were re-admissions; 7 have died since leaving the institution. Among the tables given, the following are suggestive:

## SOCIAL CONDITION.

*Males*: married, 213; widowers, 23; single, 172; total, 408. *Females*: married, 50; widows, 11; single, 2; total, 63. Grand total, 471.

## APPROXIMATION OF AGES.

Under 20 years, . . . 2	40 to 50 years, . . . 141
20 to 30 " . . . 87	50 to 60 " . . . 64
30 to 40 " . . . 166	60 to 70 " . . . 11
Total, . . . . . 471.	

The oldest patient was 70 years; the youngest patient was 19 years. The following extracts from the president's remarks are worthy of note:

"By a comparison of the statistics of this year with those of 1883, it appears that there were a less number under treatment, but the average time of stay was somewhat lengthened. The number of re-admissions was considerably lessened, which latter is in itself a great gain, as the re-admissions usually consist of those coming and remaining but a short time simply to recuperate and with no intention to reform.

"To such a class but little permanent good can be done, and they are very objectionable people to have as associates for others.

"With the present capacity of the building, the longer each remains the less the number that can be accommodated, as the institution has been filled to its utmost capacity during the whole year, and admission could only be obtained by waiting for a vacancy to occur.

"The trustees have already made arrangements to enlarge the building, which will probably be completed by spring, thus considerably increasing the capacities of the institution for the care and maintenance of free patients.

"The usefulness and necessity of this institution is thus abundantly proven; its reputation is now world-wide, and it draws its inmates from all parts of the United States and also from Europe, and we believe that to-day it is the best institution of its kind existing.

"The necessity for such hospitals is now generally acknowledged, and it is stated by the best authorities that at least thirty-eight per cent. of all cases of inebriety that come under treatment in inebriate asylums, are cured.'

"Inebriate hospitals have demonstrated some facts at least which cannot be gainsaid; many intemperate men who have entered them voluntary and conformed to their teachings, have gone forth to the world stronger and better than before and are still pursuing sober and useful lives in at least the proportion as stated. One man out of three has been saved, and this against strong adverse circumstances in most cases.

"It has been shown also that there are not a few cases of incurable inebriates which may remain quietly and soberly within an institution, for years together, and thus shield themselves from risk of debauch, and their families from annoyance and danger.

"It has also been proven that inebriate asylums are a constant rebuke and warning to the people on the subject which has a deterrent influence in favor of temperance.

"These facts, taken together with the fact that inebriate asylums and homes record about a third of their cases restored, and that public sentiment is strengthening every

day in favor of sobriety, there should be no discouragement from any quarter, nor rivalry between different methods, other than that which is born of high purpose and earnest effort to accomplish the most good for the individual and the general public."

The officers of this hospital are the well-known Dr. Blanchard as superintendent, Dr. Barker as assistant, and Dr. Mason as consulting physician.

*Inebriism: a pathological and psychological study*, by T. L. Wright, M. D., Bellefontaine, Ohio, 1885. Our readers are already familiar with portions of this work, which have been published in the JOURNAL during the past year. In the flood of temperance literature, and the noise and shouting of this centennial temperance era, this little book comes as the still, small voice of science and truth, that will be heard when all the roar and noise of moral reformation will have died away. Future generations will regard with wonder the theories of this age, that all this drink insanity and its calamities should spring from a healthy mind and body, and be only a moral malady and disorder. Dr. Wright's book is a refutation of this theory, and may be said to mark another step forward in the evolution of the study of this subject. The pathological and psychological effects of alcohol on the organism are presented in a most suggestive way. Also many of the conditions from which this disease springs, which may be latent, or go on masked for years; then suddenly at any moment, spring into great activity from the application of some exciting cause. To those who are only acquainted with the popular scientific literature of the drink question, this book will be a revelation, and a new continent of facts not dreamed of before. They will realize that inebriety and its disasters can not be described by figures, or made clear by lectures or legislative acts. But, back of all this, where the subtle forces of life are massed and directed, the inebriate or the temperate man is made with as much certainty as the surface of the ground upon which the

raindrop falls determines whether it will empty into the Atlantic or Pacific. The object of the author to present the latest and most accurate conclusions of science on this topic is admirably accomplished. Superficial critics may find fault with the absence of classification and distinction of certain forms of alcoholic maladies, and also consider his minute descriptions of the degeneration from alcohol too sweeping, and only true in certain cases. But in this they will overlook the fact that Dr. Wright's book is a pioneer effort, and of necessity can only be an outline study, which will require long years of observation to perfect and complete. The philosophy of this work was recognized eight years ago, in the birth of the *JOURNAL OF INEBRIETY*. What the *JOURNAL* has aimed to do for these eight years, viz. the gathering and grouping of the facts of science on this topic, Dr. Wright has done in this volume. The philosophy and principles of this book are old as the centuries, and Dr. Wright comes forward as an organizer of these facts, placing them on a practical basis, where they can be utilized and made available in the efforts to comprehend this disorder. Like Dr. Parrish's work, Dr. Wright carries the subject into wider fields, indicating boundaries and landmarks, of great undiscovered countries of laws and forces, that for centuries to come will be a most fascinating field for the psychologist. We query if Dr. Wright's little book will pass all unnoticed in the first stage of indifference which greets every new phase of science. Or will it find the second period of fierce denial and opposition, or will it come to the calm seas of acceptance as the last voice of science in one of the most important fields of progress? Whatever the history of this book may be, our readers will join us in saying that this is the best publication in print on this subject of inebriety and its cure.

*Second Annual Report of the Hangchow Medical Mission Hospital for 1884*: Shanghai Presbyterian Mission Press, 1885. This report is an account of the year's work, and an appeal for help and assistance to enlarge its operations.



4,707 patients have been treated during the year. The physician in charge, Dr. Main, devotes much space to the methods found valuable in the treatment of opium cases. He seems to have tried the American quack plan of curing opium smokers by pills of morphine and opium, and comes to the conclusion that the latter end is worse than the beginning, and opium smoking is a more curable condition than opium eating. He finds the heroic plan, or sudden "knocking off," preferable to the gradual weaning. He remarks: "I have never seen any bad results follow this mode of treatment, although patients have been admitted suffering from diarrhoea, dysentery, anæmia, and advanced phthisis. For the first few days, patients suffer from considerable uneasiness about the stomach, vomiting, diarrhoea, etc., but these symptoms soon pass off and the patient under simple tonic treatment makes steady progress towards recovery." The observations on opium mania are quite interesting, and it is evident that this large mission hospital is doing a good work, and should have the fullest support of all charitable persons. The doctor is also engaged in teaching a class of four students in medicine, who have made excellent progress in their studies. To those of the profession who are suffering for want of work, we commend such a mission hospital.

*The Fifth Annual Report of the Inspector of Retreats in England, for 1884,* shows a considerable improvement over previous years. The opinion of different managers of asylums are given: Thus Dr. Brown of the *Tower House* reports great success, thinks that nearly all of the fifty-six patients under his care for the year were greatly benefited, and many of them permanently. Dr. Ker of the *Coleman House* is positive that twelve months should be considered the minimum time in which any good results can be expected. Faults in the law of commitment are mentioned, and the inspector gives his views in some detail, leaving a very painful impression on the reader's mind, that the inebriate is regarded as a man whose liberty must be as little restricted as possible, and even this may be liable to many and serious abuses. It is evident

that inebriety must be better known in England before its hospital treatment can advance very far, or show permanent positive results.

*Insomnia and other Disorders of Sleep*, by Henry M. Lyman, M. D., Chicago, 1885; W. T. Keener, publisher. This work of two hundred and forty pages presents, in seven chapters, a suggestive discussion of the following topics: The nature and cause of sleep. Insomnia or wakefulness. Remedies for insomnia. Treatment for insomnia in particular diseases. Dreams. Somnambulism. Artificial somnambulism or hypnotism. The author gives in these pages an excellent summary of the accepted views of experts, and adds some very practical therapeutic hints on the treatment. A spirit of candor, accuracy, and genial culture marks every page, leaving a pleasant impression on the reader's mind. It may be truly said that this is one of the very few works that will repay the reader for his time and study. These border-land fields should receive more study before we can clear up many of the great mysteries which confront us on all sides.

*What the Temperance Century has made Certain*, is the title of a little book by Rev. W. T. Crafts, published by Funk & Wagnalls, New York City, price 35 cents. This same firm publish the *Homiletic Review*, a monthly magazine of religious thought and sermon literature. This furnishes to the scientific student, a most admirable review of the best thought of the pulpit, and will be found almost indispensable for every library where the moral march of the world is recorded.

*Mothers and Daughters, a manual of the hygiene of women*, by Mrs. Dr. Cook; Fowler & Wells Co., publishers, New York, 1884. This is a popular hand-book on the physiology and hygiene of women, fairly written, and contains a great deal of information. Unfortunately the writer makes a bad impression on the reader's mind for candor and scientific accuracy. The publishers have presented a very neat volume.

*The Medical and Surgical Directory of the United States*, published by R. L. Polk & Co., Ledger Building, Philadelphia, Pa., will be the largest and most complete ever printed. It will contain a full list of all physicians, showing where they graduated and where located, also every hospital and private asylum in the country, and a great variety of other medical information invaluable to physicians.

*Perils of American Women, a doctor's talk with maiden, wife, and mother*; by J. L. Austin, M.D., Boston, Mass.; Lee & Shepard, publishers, 1885. This is a most excellent non-professional work, addressed to women, and whatever it may lack in brevity, is made up fully in accuracy. The style is good, and commends itself as singularly free from misinformation and bad doctrines.

Dr. Mattison's paper on the "Treatment of the Opium Addiction," recently published in this journal, has appeared in a very attractive little volume from the press of G. P. Putnam's Sons, of New York. It is very gratifying to the author to find it so highly commended by the press and profession generally.

Dr. Searcy of Tuscaloosa, Ala., has issued, in pamphlet form, a very pleasing oration delivered before the medical association of his State, "On Success of Life," physiologically considered.

Sir Andrew Clark, in his Lumelian Lectures, considers alcohol very dangerous and injurious in fibroid phthisis. In this form of disease it will increase the tissue degeneration, and rapidly precipitate fatal conditions.

So familiar also is the drink crave, to gratify which, even for a moment, love, honor, truth, and duty are forgotten. This malady, which some would vainly persuade us is a vulgar vice, is often an inherited neurosis.—DR. YELLOWLEES.

Dr. Bauer of St. Louis, relates a case of an inebriate who turned from alcohol to cocaine, and has been using this to excess hyperdermatically. Literally a cocaine inebriate.

The *Scientific American* of New York, very pleasantly supplements the studies of the psychologists, by carrying him into new fields of progress and thought.

The *Popular Science Monthly* brings more suggestive thought for the scientists and scholar, than any other science journal in the language.

The *American Inventor* of Cincinnati, describes and illustrates the new inventions every month. It is interesting to trace the psychological bearings of these new efforts to grasp and apply practically the law of nature in the work of life.

The *Electrician and Electrical Engineer* of New York City, is a forty page, double column monthly. The following are some of the topics discussed in the late numbers: "Electric Railways in Practice;" "The Electric Light Convention;" "Underground Wires;" "The Calorimetric Measurement of Incandescent Lamps;" "Electric Light-houses;" "Electric Fire Arms;" "The Compass in Iron Ships;" "Measuring the Candle Power of Light," etc.

The *American Farmer*, by Charles L. Flint. R. H. Park & Co., Publishers, Hartford, Conn., 1885. This work is intended to be for the farmer what the dictionary is to the scholar. It may be called a library in which almost every topic relating to farm-life is presented in a clear practical way. The work is systematically arranged, and so divided that the exact information can be obtained at once without reading over other topics. To all our readers who manage either a farm or garden, who have stock and poultry, who cultivate trees, shrubbery, lawns, and who are interested in soils, motor farm powers, water, drainage, buildings, and every other topic relating to the home in the country, this work will be a most valuable advisor. All managers of asylums will find in this book practical facts of the greatest value. We commend it as a text-book on all topics concerning the farm, and farm-life. The work contains two thousand pages, well illustrated, and is issued in fine style. Address the publishers for circulars.

## Editorial.

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### CRITICISMS.

WE have received several papers for publication, some containing sharp criticisms on the present temperance efforts, and others glowing accounts of the great work accomplished by the societies for temperance and prohibition, and the results to be achieved from temperance school books, educational and legislative efforts, etc. The controversial character of these papers prevent their publication in our JOURNAL. But we take this occasion to say that no one has recognized more keenly than we do the transient character of the present efforts to practically cure or prevent inebriety by legislative and moral means. But it will be apparent to every scientific student, that this is only a repetition of all new advances of truth; that the present efforts to reach this evil are the earlier empiric stages in which all sorts of theories and notions must prevail, to be followed by a full recognition of the truth farther on. It matters not what theories are held most largely at present, or their failure when tested practically; the student of science has no fears of the prevalence and growth of errors, as long as the subject is in a state of agitation. If prohibition is the only remedy, if the pledge and prayer will suffice, if education and legislation will reach and prevent this evil, the evidence, if true, upon which these theories must rest, will appear and be accepted beyond all question or doubt. As scientific men we seek only the facts, and agitation will surely bring them to the surface. Hence let every theory and means supposed to prevent and cure the inebriate, be pressed to its utmost limits. Let the faith and prayer cure for inebriety be tried everywhere. Take up every advertised specific and test it fully. Increase the penalties of the law, and enforce them, and in brief, let every

method be agitated and urged upon the public notice that can possibly promise relief. Of course the loss and suffering growing out of these abortive methods will be very great. Thousands of poor inebriates will be offered in sacrifice before the great truths are realized and made practical, but this is the history of every advance. We, who have studied the inebriate scientifically, and know that he is a sick man, not to be reached by moral remedies, have everything to gain by agitation, no matter what direction it may take. If the facts we have ascertained are true, they will be recognized and accepted in the future as positively as night follows day. While we deplore the errors and profound ignorance of the inebriate and his malady manifested in temperance circles, we rejoice at the prevailing activity and spirit of agitation which is growing in all directions. Every temperance sermon and lecture, every printed page, and effort of society or individuals brings us nearer the dawn of a new and larger realization of the disease of inebriety, and its cure by physical means.

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#### HALLUCINATIONS IN INEBRIETY.

The following case was the subject of much discussion in a large circle of persons anxious to solve the mysteries of the future state. A. B., whose heredity was not ascertained, suffered from great depression and nervous fever, following the death of his wife, from which he slowly rallied. He was given spirits in various forms, and continued their use after he recovered. He had been a temperate man before, and was a merchant of good standing and intelligence. Within a year from the death of his wife, he was converted to spiritualism, and seemed a very ardent investigator. Later he heard voices at night, which after a time he distinguished as his wife's from the spirit land. The recollection was very pleasant, although he could not recall much that was said to him after. These voices increased in intensity, and his friends concluded that this was evidence of his larger spiritual growth, and nearness to spirit influences and life.

By and by, these voices grew threatening at first, and seemed to be those of persons seeking his ruin. Then they would change, and the voice of his wife came again with boastful assurances of his power and strength. These conversations, or rather replies to these voices, were delivered in a loud tone, and a select circle in an adjoining room were making rapturous notes of what was said. After a time he could not conduct his business without making mistakes, his memory was bad, he was nervous, unsteady, could not make out bills, or count money correctly. This his friends interpreted as efforts of the spirits to draw him from the sordid work of making money. A physician was called to prescribe for his general anæmia and loss of appetite. He found that he regularly took from one to three bottles of porter every day, and from four to six ounces of brandy every night at bed-time. Often this would be doubled before morning. He was ordered to stop the use of the brandy at night. But the second night after the voices were very wild and threatening. Black men armed with knives entered his room, and he became greatly excited. His attendants gave large doses of brandy, and gradually these enemies disappeared and his wife began to talk to him again. After a boastful conversation he fell asleep, and for two days after he was unable to leave the bed. His spiritualistic friends concluded that alcohol was the true agent to crush out the coarser, animal part of his nature, and place him in close communion with the spiritual. Acting on this view, spirits were resumed as before. Regular seances were held nightly in his room. From the physician's statement, the following order of events took place with but little change from day to day. At about nine p. m. the lights were turned low, and four ounces of brandy were given. If nothing was said for one or two hours, two ounces more were given. Then low, subdued voices would be heard in the next room saying ill things about him, expressing desires that he should suffer, and that he was guilty of some recent crime, and devising means to have him arrested and punished. He would

reply to these voices in very intense language. This would at times increase their activity, and they would come into the room, stand by his bed, and make efforts to catch him with a rope, or strike him with a knife. The excitement of these scenes would cause prostration, and the man would fall back in the bed, and be perfectly quiet for a time, then hear voices of his wife telling him that she had come to protect him, and that he was a great man and could not be injured by these devils. This conversation was all reported in the next room by his friends, who trusted to their imagination to supply the ideas and language of the spirit visitor. An hour or more of these replies and questions would follow, then they would grow fainter and die away, and the man would sleep. Next morning he would awake feeling weak and wretched and use a porter during the day, lying in bed or walking out a little. My opinion was sought by the physician, who had pronounced it alcoholic delirium long before. Strange to say, our united views had no value in the minds of the friends, and acute mania came on, necessitating his removal to an insane asylum. He died a few months after, of pneumonia. A fitting sequel to this case was the publication of these conversations, in which the editor showed that the evil and good spirits which are ever striving for the mastery in the human heart was clearly illustrated in this case. Finally his wife's spirit came for his protection and made him the agent of many beautiful thoughts to the world. No mention was made of the alcohol he took at the time, or his final eclipse in insanity.

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Dr. Lunier, inspector-general of lunatic asylums in France, and honorary member of our society, died suddenly, Sept. 5th. The doctor will be remembered as secretary of the French medical temperance society, and editor of *Le Temperance*, and one who made very earnest efforts to rouse the attention of medical men to the full recognition of inebriety as a disease, and its curability by medical means. He was also one of the editors of the *Annales Medico-*



*psychologiques*, and among the works which he published, was one entitled, "The part played by Alcoholic Drinks in the Increase in the Number of Cases of Insanity and Suicide."

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#### WILL IN INEBRIETY.

A noted clergyman and lecturer began an address at a great temperance conclave, by saying: "One great object of our efforts is to strike off the chains and liberate the poor, oppressed inebriate from the bondage of a tyrannical will." Like many others who assume the role of teachers, this clergyman was not familiar with his subject. Had he even studied a single case practically, he would have known that, of all men, next to the insane, the inebriate was the most perfect example of one with a free will, cut loose from all bondage and restraint. Under the influence of alcohol he is liberated from all guidance by reason or experience. He has motives of which he is not conscious, and which cannot be foreseen by any one. He commits acts which he dare not himself anticipate, or meditate a moment in advance, and which no one could foretell. Consciousness deceives him constantly. Here disease and not will instigates his deeds; it inspires an intense longing to be free from every condition of pain and ill, and enjoy freedom of thought and act. He is most literally a free man, free from every responsibility, acting beyond all ranges of character and experience, swept by conditions and circumstances independent of common motives and impulses. His will is very near perfect freedom in the metaphysical sense.

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#### INSANITY NOT DEGRADATION.

In a city of boasted wealth and intelligence, the daily press commented at some length on the degradation of an inebriate who went about offering to sell or pawn his little babe for drink. The bar-keeper who refused to listen to this proposal, and turned him out, is commended for his humanity.

The clergymen and moralists unite in a great protest against the degradation exhibited by this terrible sinner of an inebriate. Two remedies are urged with great energy. The one the more severe punishment of these victims, the other the grace of God in the prayer and pledge. In a letter to a daily paper, a clergyman calls this incident a disgrace to the civilization of the city, and the editor endorses it, deploring the degradation of such men. The public sentiment and intelligence that considers such a case one of pure degradation, is more of a wonder and phenomena than the victim. The failure to recognize the insanity of this poor victim, and place him under restraint at once, is deplorable in this age of progress. If this man had gone up and down the streets shouting and doing strange things, his condition would have been recognized. But here is a form of insanity more pronounced and dangerous than the ordinary acute mania of lunatics, a state of the brain in which all motives of duty and right are suspended, and he is likely to commit any atrocity or crime, suddenly and without premonition. The insanity that would offer his child in pawn for alcohol, would explode in any direction, no matter what interest suffered. The terrible disasters frequently coming from this class are most clearly the result of this false teaching that inebriety is a moral state which the victim can control at will; consequently neglect, with means and measures that increase his disorder, beset him until some criminal act ends his career. No further history comes to us of this poor inebriate, but somewhere in the future he will commit crime; then another display of dense ignorance will be seen in the press and pulpit utterances.

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#### STATISTICS NOT WELL STUDIED.

Mr. Auger, in a late number of *The Voice*, presents a table of the commitments for crime in Connecticut, from which he shows that under the license laws, these commitments were 277 per cent. more than under the first five years of the prohibitory law. The arrests for drunkenness had steadily

creased under license law, until, in 1884, they were 2,879, which was fifteen times greater than the increase of population. This table and its conclusions are quite different when studied from a scientific standpoint. Thus the 2,879 arrests for inebriety in 1884 does not represent as many different persons who are inebriates, but indicates the increasing chronicity of a few incurables, who are repeatedly sent over and over again to jail. In the Hartford jail one hundred commitments for inebriety in one year represented twenty-three persons only. In New Haven and Bridgeport, the number was still less, and in reality the 2,879 commitments did not indicate over six or seven hundred persons. The same is true of crime statistics, where the persons were inebriates, and the crime was committed while under the influence of spirits. A certain number of inebriates commit assaults, breaches of the peace, and thefts regularly when intoxicated. Like the common inebriate, they are constant repeaters at the police courts, where they receive short sentences, and often spend over two-thirds of their time in jail. It is the usual experience of every court and jail that ninety-five per cent. of all the arrests and commitments for drunkenness and petty crime, for the first time, are followed by other arrests with increasing frequency, as long as the person lives. Thus, a young man arrested for some offense, either drunkenness, or assault, or both, will come back the second year for the same, and in about an average time of three years will be "a repeater," and be arrested from four to six times every year. This is particularly true of inebriates, and crime associated with it. Thus, the law becomes an active agent with the saloon-keeper in destroying these poor victims, and making recovery more and more impossible, with every commitment. The increasing commitments of inebriates under the license law, show that the criminal law which seeks by punishment to check these cases utterly fails, and actually precipitates them into more incurable states. The failure of these tables to show the number of commitments for the first time, makes it impossible to determine the strength or weakness of the license

law. Careful observers all over the country have recognized the fact, that an army of incurables are steadily growing up in every community, composed of inebriates, criminals, insane, and paupers. An effort has been made to reach the insane, and house them, and thus protect society and check this disorder. The criminal, inebriate, and pauper are still regarded with the same spirit that prevailed in the dark ages, and are treated on the principle that punishment, suffering, and human vengeance are the only means to restore to them healthy life and living. The result most naturally would be the opposite, and an army of incurables would follow, an increasing menace to law, progress, and civilization. These tables bring out this fact, and also show that in Connecticut, as elsewhere, the real question is not prohibition or license alone, but the physical conditions and causes which develop this vast army of defectives, and furnish the favorable soil for their culture and growth. This subject must be studied from a higher point of view, and statistics must include a larger array of facts to enable us to draw correct conclusions.

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#### STATISTICS OF INEBRIATE REPEATERS.

The following figures are given to show that statistics of inebriety from court records are often misleading and worthless, and also the folly of short sentences to jail, as a curative or preventive measure for inebriates. The report of the House of Industry, on Deer Island, near Boston, Mass., of last year, shows, that of the 10,705 persons committed to this place for offenses, 9,084 were for drunkenness, 174 were sent as common inebriates. Those were probably persons who drank all the time, and who could not keep sober. Of this number forty-six were sent for the first time, and twenty-five for the second, and so on, diminishing until we find one man who numbered his thirty-eighth time of sentence. Of the 8,631, 2,833 appeared for the first time, and 1,286 for the second time, and so on down to the seventy-fifth time, who was represented by one man, who had been sentenced for the same offense to the

same place seventy-four times before. This last man had gone down on the records representing seventy-five different men. These 9,084 men and women sentenced for drunkenness actually appeared in the records of the courts and jails where committed as over 58,960 different persons, each commitment being put down separately, and appearing on the books as a new person each time they were sentenced. The average of the commitments in the 9,084 persons were over six for each one.

It will be apparent that statistics of the increase of inebriety based on the number of arrests and commitments are without any value and absolutely false. Another curious fact appears: the large number who claim to be under arrest for the first time for this offense have been repeaters in other cities. These figures only give their history and commitments to this place. One man had a record of serving out forty-one different sentences for drunkenness at Ward's Island, New York. It is difficult to get at the exact number of men who go from town to city, continuously serving out short sentences for inebriety, steadily growing worse, and finally becoming insane, or drifting into the alms-houses to die. This army of defectives are steadily increasing, and are moving from place to place, made worse by the efforts of the law to benefit them.

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#### CAMPHOR INTOXICATION.

In a late number of the *Annales Medico-psychologiques*, a long account is given of some unusual symptoms following an overdose of camphor, which lasted months after. The close resemblance to many cases where, after the first profound intoxication, the nerve and brain disturbances continued for months, will be apparent to all our readers. The case was a young man with no heredity of nerve disease, and in apparent good health, who for a slight catarrh and insomnia, took, by mistake, 300 grains of camphor. Soon after, he seated himself at the dining-table, felt chilly, lost

power of speech, was bewildered, and finally cried out that he was crazy. A physician was called and emetic given which brought up much of the camphor. He was taken to his room and, excepting some chills and hallucinations of vision and sensations of trembling, he recovered and was out in two days at his work again. Three weeks later, he suffered from severe headache, and had a well-marked hysteric sensation of choking, and, when in bed, suffered from a sickening sensation of swinging. Later, exact ideas of time were lost, everything seemed new and at the beginning. Although able to work, all events seemed new and strange. Sensation of his height became perverted. He thought he was higher than the houses, and suffered at the thought of the great disadvantages of his height. By striking himself on the head, felt better. He went to an asylum, and was better at first, but finally fell into a mechanical state of existence. Was contented with everything, had no care for himself or any one, would talk and seemed to realize what was said, but had no interest, or continued memory of events. Two weeks later, he recovered and went about as usual. After six weeks' residence, went home, and, on greeting his family, was thrown into a trance state, in which he could not talk or act; but yet fully realized what was said and done about him. Two weeks after, from some excitement in his family, he had another trance state, and came out of it very weak and trembling. For a long time after, he was conscious of an unstable brain, which seemed balanced on a very slight point, likely any moment to turn over. Fragments of conversation went whirling through his mind, and at times his surroundings were all perverted. He would walk round and never remember what he was doing or where he was; was somnambulist. From this time the case continued to recover. The disorders of sensation, and hallucinations of the senses, which he seemed to partially realize, pointed to central brain disturbances, that was undoubtedly the beginning of very grave lesions. This poisonous dose of camphor either

kindled into activity a latent nerve defect, that was the legacy from the past, or it produced some cell change in the great centers. This emotional instability, with disordered and changing sensations and hallucinations, presenting the most diverse and complex symptoms, are often seen in inebriates, although they have been months free from spirits. In other cases it follows a single paroxysm of intoxication, and lasts for months or years.

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#### PYROMANIA FROM INEBRIETY.

An eminent physician sends us the following clinical history, with the remark that he has withheld the names, as many of the relatives occupy responsible positions in society. We give a condensed outline of the facts, expecting in the future to make a careful study of this and some other cases of similar character.

A., a man of great energy, and very successful in business, became a moderate and occasional excessive drinker, at about thirty-five years of age. He owned and lived in a hotel, and led an intensely active, stirring life. He married a delicate, nervous woman after he had begun to drink, and a family of eight children were born to them. He drank regularly every day, and occasionally to great excess, until his death at fifty-four years of age, from pneumonia. His wife was a nervous, weak woman, who became very religious late in life, and died from old age at seventy-six. Of the eight children, one died in infancy, another died of some convulsive disease at about puberty. The third child, a girl, ran away with an actor at eighteen years of age, and finally became a dissolute woman. The fourth child grew up a strong temperance man, and was very active in business. At twenty-five he was convicted and sentenced to prison for putting fire to a store of a rival merchant in business, and burning his own property for the insurance. He was pardoned out after three years, and within a year was re-sentenced for ten years, for burning up a mill on his father's

land. Two years later he died of consumption in prison. The fifth child, a boy, was a graduate of college, and a lawyer. He used spirits in moderation. At thirty-five he was convicted of burning up the block of the village in which he lived, and was strongly suspected of having burned up his father's hotel property. After two years in prison he was pardoned, and in the next five years was convicted twice of attempting to burn property. He ran away, and was convicted for a similar offense in another State, under an assumed name, and served a term of imprisonment, then disappeared. The sixth child was a temperate man, and was tried for barn-burning twice, and escaped from some flaw in the testimony. He then went to Oil City, and owned a large well. Later he was convicted of putting fire to other wells, served his term of imprisonment, became palsied, and is still living. The seventh child, a girl, married, and died early, leaving a large family of respectable people. The eighth child, a boy, had spinal disease, and was a cripple until death. The brother of the father of this family, and his descendants, are among the best people in their country, indicating that heredity was a small factor in causing inebriety originally. The inebriety of the father undoubtedly was the cause of the pyromania in the three sons, and the nerve defects noticed in the others. Dipsomania, pyromania, kleptomania, prostitution, pauperism, all forms of insanity and brain and nerve defects, and early mortality, etc., are the common entailments from a moderate or excessive drinking ancestor. The seeds are sown, and their appearance again is certain somewhere in the generations to come.

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In the mortality census of 1870, the deaths from alcohol were classed under poisons. In 1880 these deaths were put under the head of alcoholism. In another decade they will occupy a distinct place in the nomenclature, and be fully recognized as diseases.



## Clinical Notes and Comments.

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### DR. PARRISH'S RECEPTION IN ENGLAND.

It is a pleasure to note the very pleasant reception given to Dr. Parrish by the president and fellows of the English "Society for the Study and Cure of Inebriety," Sept. 19th, at the Dalrymple Home near London. Over one hundred guests were present, and among them were Lord Ebury, Hon. Reginal Capel, U. S. A. Consul-General Waller, Generals Bruce and Gillilan, Colonel Sandwith, Rev. W. Allan and Mr. Frederick Sherlock (C.E.T.S.), Rev. Dr. Burns and Mr. John Hilton (United Kingdom Alliance), Mr. Robert Rae, Mr. J. W. Leng, Mr. H. Branthwaite and Mr. T. Hudson (National Temperance League), Miss Haslam (C.E.T.S. Women's Union), Mr. C. Wakely (U. K. Band of Hope Union), Dr. H. W. Williams (Medical Temperance Association), Rev. S. Todd (Good Templars), Rev. G. M. Murphy (Lambeth Baths Temperance Mission), Rev. W. L. Lang (Baptist Total Abstinence Society), Mrs. Lucas (British Women's Temperance Association), Rev. Prebendary Barker, Surgeon-General Francis, Inspector-General Kealey, Surgeon-Major Poole, Mr. J. T. Rae (Hoxton Hall Blue Ribbon Movement), Drs. H. Hicks, F. R. S., Alfred Carpenter, Langdon, Down, Wynn, Westcott (Deputy Coroner), and others comprising many very distinguished physicians and clergymen.

After an elegant lunch, the meeting was called to order by the president, Dr. Kerr, who said: "It afforded him much pleasure, in the name of the council of the Society for the Study and Cure of Inebriety, to offer a reception in so appropriate a place to Dr. Joseph Parrish, whose labors of love on behalf of the inebriate were so well known, and who had once before, on a visit to Britain, rendered good service to

the cause of legislation for habitual drunkards. Dr. Parrish's evidence before the late Dr. Donald Dalrymple's committee had been most valuable. Dr. Parrish was president of the American Association for the Cure of Inebriates, a body which had agitated this question for sixteen years and published an able QUARTERLY JOURNAL OF INEBRIETY, of which Dr. T. D. Crothers was the editor. Dr. Kerr congratulated Dr. Parrish on the decided advance since their guest's last visit to this country. Their distinguished American brother would now find an act, which, though temporary and very incomplete, was yet the legislative affirmation of a principle, and had been of some service, as the experience of the Dalrymple Home had shown. Dr. Parrish would see five retreats licensed under the Habitual Drunkards Act, and had himself been living under the roof of that Dalrymple Home which had been so highly commended by the government Inspector, and had been so successful in the treatment of inebriety. Dr. Parrish would, too, discern in the auspicious first year's work of the Society for the Study and Cure of Inebriety steady and genuine progress in the acknowledgment of the truth that inebriety was a physical disease, demanding treatment as such. There remained, however, much to be done. Though temperance reformers and Christian workers were beginning to realize the fact that there is a physical aspect of inebriety, only a comparatively limited number recognized in alcoholic excess something more than sin, vice, or crime. Habitual drunkenness was a bodily disease as well as a sinful act, and till the Church and the State saw this fundamental truth would intemperance be effectually grappled with. It was disgraceful that, while in America the poorest inebriate could be treated in a home, in England there was no home under the act for either males or females in indigent circumstances, and no Home, licensed or unlicensed, for impecunious males.

"In America, also, any confirmed inebriate could enter a home of his own desire without let or hindrance. Here, there had to be an appearance before two justices (a most forbid

ding procedure, especially to ladies), and other humiliating barriers. All such restrictions should be swept away, the risk of unlawful detention being easily guarded against. The act, too, should be made permanent as well as improved. Other amendments were needed, and Dr. Kerr hoped that the proceedings of that day would hasten the advent of better legislation, and would tend to unite, in one grand effort on behalf of the victims of intemperance, abstainers, non-abstainers, and prohibitionists on both sides of the Atlantic."

The chairman concluded by proposing the following resolution of welcome:

"That this meeting of clergymen, medical men, abstainers, prohibitionists, and others interested in temperance reform, assembled at the Dalrymple Home for Inebriates, Rickmansworth, England, on the invitation of the Society for the Study and Cure of Inebriety, cordially welcomes the presence of Dr. Joseph Parrish, President of the American Association for the Cure of Inebriates, who is now inspecting such homes in the United Kingdom.

"That this meeting congratulates Dr. Parrish and the association of which he is president, on the steadily increasing recognition of the diseased condition of the confirmed drunkard, and on the generous provision for the treatment of the poorest of this class in America at the public expense.

"That this meeting rejoices at the fair amount of success which has followed the treatment of inebriety as a disease; and trusts that this visit of Dr. Parrish will aid in the removal of all the existing impediments to the simple and prompt admission of voluntary patients to homes in England under the compulsory detention provisions of the Habitual Drunkards Act, and will stimulate a popular demand for permanent legislation, and for more effectual legislative measures for powers of committal in certain cases of confirmed inebriety.

"That this meeting, while bidding God-speed to every intelligent endeavor by temperance and prohibitive agencies to prevent drunkenness, earnestly prays for the co-operation

of all temperance reformers and philanthropists in America and Britain with enlightened medical treatment, in a united and sustained attempt at the rescue, reformation, and cure of the pitiful victims of alcoholic indulgence."

Dr. Down, who seconded the resolution, said: "The subject of inebriety had been to him extremely interesting, for he had always felt very intensely the misconceptions which had been entertained with regard to it. He thought one could not have much experience in the world, much less experience in the medical world, without being conscious of how deep an evil this is, and what radical means were required for its cure; and it was lamentable to think that in England we had gone on taking no care of our habitual drunkards until they lapsed into insanity. We had only regarded them with scorn, and not as the victims of a physical disease. He thought a great impetus would be given to the movement by a meeting like the present, which would call public attention to the fact that drunkenness was a disease, and if for the treatment of any disease people could use their own discretion and go into hydropathic establishments, or take the baths at this or that center, surely it ought to be within their power when suffering from this disease to come into an institution where the control and treatment were remedial. He felt also that the difficulty was specially with reference to poor people. One often saw in the hospital wards and elsewhere those who were the victims of this disease, but one was perfectly powerless to advise them what they ought to do. One knew that if for six or twelve months they could be under moral restraint and without temptation there would be a great chance of curing them; but, as the chairman had them, there was no such refuge for the drunken poor."

Mr. Hilton praised the efforts of the Society for the Study and Cure of Inebriety. Its researches had already been most valuable.

Mr. Sherlock said: "That, as editor of the *Church of England Temperance Chronicle*, hardly a week passed over that he

did not receive some request for information as to some place to which poor men and women who were habitual drunkards could be sent. Last week he had no fewer than seventeen letters from different people asking for homes to which poor people might be sent. Only yesterday he was speaking to a man who was penniless, and who was anxious to obtain twopence for gin. His father was wealthy, and a member of Parliament, and a statue of him ornamented one of the market-places of a city. This man was appointed by the prime minister to a living in the north of England, and he succeeded there one who was now an ornament of the Episcopal bench. This poor man followed him; but the one was a bishop and the other an outcast on the streets of London, because he could not give up the drink. Efforts had been made by his friends to control him, but they could not do it. One of them told him that she was thoroughly of opinion that had they only been able to place him in such an institution as this he would probably have recovered."

Mr. Arthur Gunn said: "The National Temperance League followed the labors of this society, and of medical men, whether in this country or in America, with the greatest interest, for they esteemed them as of the highest importance to this cause. As regards moral and religious arguments, those who were not instructed in medical matters could use them and did use them in their private circles, but that which had exercised the most potent sway during the last few years was the medical work that had been done. Therefore, the National Temperance League was never behind on any platform in expressing the obligations of the country to those medical men who were studying this question, as so many were doing in the present day. The league felt the study of inebriety was particularly required, because it had in past times been the subject of much misconception; the fact was that inebriety was a problem that could not be solved except by study, and the persons who supposed that they could cure a confirmed inebriate just as they could cure the man in whom the habit had not been formed, lamentably

failed in appreciating the difficulties of the situation. As regards Dr. Parrish and his experience in America, the league felt that the temperance community owed him a debt of gratitude. Some present had the pleasure of knowing the late Stephen Alford — who labored hard for the establishment of these homes in England, homes which were made possible largely by the evidence which Dr. Parrish had given before the committee that sat to inquire into this matter. All honor was due to Dr. Parrish for the devotion he had shown to this department of temperance work."

The Rev. G. M. Murphy was "Sure the experience of ministers of religion in this matter was second only to that of members of the medical profession. They saw the necessity of homes for the poor, to which allusion had been made. He had been thirty years laboring in South London, and had therefore not been without opportunities of studying the question of inebriety. Not always had total abstinence triumphed simply because the attempt to apply it to the disease and inebriety had come too late in life. This morning a woman, a widow only since yesterday, came to see him with her married daughter. The husband and father hanged himself yesterday morning in the London-road, Southwark. He knew that that man had for years fought the drink honestly and fairly. They might judge how honestly and fairly he fought when he mentioned that only last Sunday night he was in Surrey Chapel in his working clothes because his other things were in pawn. He had known him to be an abstainer for a year and sometimes more, but, as his widow told him this morning, he would be sober even for a long while, but he said to her, 'You don't know, dear, how horrid is the craving that I always feel upon me.' What a blessing an institution of this kind would have been to such a man as that. It was not the inebriate alone who suffered, but there was a long chain of suffering. In this man's case he had a daughter near her confinement, and when the news was broken to her it might be the means of the destruction of her child, and perchance of her own life, for she was the pet daughter of her father."

Dr. Williams, representing the British Medical Temperance Association, said: "That organization consisted of a body of men numbering 300 and upwards who were personally pledged to total abstinence. He could only say for his part that he regarded drunkenness as a disease pure and simple. In his own private practice he should have been glad to have sent patients to such an institution as this years ago had it been in existence. Some were now in the grave, who, he was satisfied, would have been decent members of society could they have been received for a time into such an institution as this. They must be thankful for the work the society was doing, and he only hoped that their esteemed president might have health and strength spared to continue in the work he was now doing."

Dr. C. R. Francis bore testimony to the value of the home in which they were now assembled. "Persons who came here ought to stay longer than three months, for during that period the craving did not thoroughly die out. He advocated a residence of six months or even a year. The longer a person abstained from alcoholic liquors the better was the chance that the craving would die out. It was a melancholy case that Mr. Murphy had told them, but there was the unfortunate man he spoke of exposed to all the fierce temptations of the outer world, when an institution such as this would have helped him materially. There were some people who knew so little of this disease that they thought a person had only to come to a home like this, stay a very short time, and then go out and continue to drink moderately of that which caused him to fall; and so it came to pass that the worst foes of the man were those of his own household. So far from leading him in the right path, as they could only do by abstaining from drink, they offered it to him, saying, 'You have been to the home and got cured, and surely you can drink now.' They could not do it; it was a physical impossibility."

Surgeon-Major Poole said: "That, though a warm advocate of these homes, he thought a good deal might be done to

prevent inebriety, and while we supported these homes, and did our best to keep them going, let us not forget that we had before us the great principle of the prevention of drunkenness."

Mr. Hudson said: "That if these homes were multiplied to the fullest extent that the most sanguine could desire, what a multitude of sad cases would still be unprovided for. He had often heard on the temperance platform a remark to which he took exception, viz.: that 'no person was born a drunkard,' his opinion being that hundreds and thousands had been born with an incipient craving for drink. Let those who doubted this read the evidence given before the Parliamentary Committee in '1834, and they would find that Dr. Gregg Dods insisted upon the heredity of alcohol."

Mr. Leng of the National Temperance Publication Depot said: "He entirely sympathized with all that had been said as to the utility and the necessity for these homes. The league was constantly advocating the value and the necessity of these institutions, and he wished to call attention to a remark made by the government inspector as to this particular home: 'The success of this retreat is very marked, and I think it may well form a model for similar establishments.' We owed much to America, in a literary point, in regard to this subject. Their literature on this topic was much in advance of our own. At the offices in the Strand they were constantly having appeals as to where they could send the poor inebriates, but such havens of refuge had yet to be established. This was a question that should be taken up by the government in the same way that it had dealt with other forms of disease."

Dr. Parrish of the American Association for the Cure of Inebriates, was received with applause, and said: "I suppose there never has been a time in the history of the world when the human mind has been so awakened to the horrors of intemperance as now, and when people of all classes, and of all nations, and of all modes of thought, and of all professions of religion have formed in one common army to



approach this great enemy with some desire at least to conquer him, and yet they have made that approach without definite plans, without leadership—everyone fighting in his own way, and, as a consequence, without those definite results which under a better system might have been expected. When the society which I have the pleasure and honor to represent was first organized, and when it announced as its radical principle that intemperance was a disease, the religious press of America at once pounced upon us, the political press and the entire press of the country was opposed to the doctrine and opposed to the society, but it was not long before people began to remember that any scourge whatever that would kill from 50,000 to 100,000 people a year must be a disease. They began to find out that if they drink alcohol, which was a poison, they would be poisoned; and they began to think that lying and stealing did not kill people, but that drunkenness did; and the moral and physical aspect of the question were thus separated. Hence, our little organization, the Society for the Cure of Inebriates, has grown, and growing with it has been a public sentiment which, I am happy to say, is becoming an established sentiment among all people on this question, that inebriety must be considered from its physical side. I do not pretend to say that moral means should not be used, that religious influences should not be brought to bear upon the inebriate, but simply that the physical aspect must not be forgotten or neglected. I have been, as Dr. Kerr has said, some days an inmate of this establishment. I have read its rules; I have eaten at its table; I have associated with its inmates, and have somewhat familiarized myself with its operations. I see that there are prayers twice a day, that those men who have struggled in their rooms and at their homes with this terrible craving are brought to their knees in this establishment twice a day. Are there no religious influences brought to bear upon them by these efforts? Certainly there are. And yet the physical side is not neglected. The whole of the surroundings are such as to

improve the morals, to elevate the mental as well as to improve the physical.

“Hence there is no need of separating the means—religious, moral, and physical. They all belong to the same programme, and are all part of the same method of treatment. It is true that there are a great many persons brought to the front of this matter through religious influences; it is true that the Gospel temperance meetings in our country as well as here have exerted a powerful influence for good wherever they are held, and by whomsoever they are conducted if they are sincere and honest in their endeavors, and then the prohibition movements have been earnestly pressed, with what results it is difficult to say; but with reference to this institution, there is one feature of your law which your chairman has alluded to, which seems to me, at least, to be unnecessary, and that is that the man must present himself before two magistrates, and be certified that he is unable to take care of himself. Now, I suppose there is no country in the world where the doctrine of personal liberty and the right of man to himself is more earnestly pressed than in this, the rights of the subject; but it seems to me that a man ought to have a right, if he is disabled, to ask somebody to help him without going to two magistrates. (Cheers.) In our country there is not a law in a single State that interferes with a man's personal right to go to an institution of this kind, and commit himself for a given time—six months or a year, as the case may be—and agree during that time to comply with all the rules and regulations of the institution. We do not appreciate what an inebriate has to encounter. He is ostracised by the Church and by his family; he is not admitted into society; he is alone; he is an unique specimen of humanity. His surroundings are different from those of other men, his associations are different, and, in short, we do not know what he has to contend against. (Hear, hear.) I have often thought that an inebriate fights more hardily and struggles more fiercely in a single hour against the craving for drink than many of us who do not inherit it, have to do in a

lifetime. ("Hear, hear," and cheers.) And when a man feels that coming upon him, and has not the liberty to go to a place like this, or any other shelter, where he feels he can be protected and so taken care of, it seems to me not like England, not like America, not like any free country where a man ought to have the liberty to do that which will protect himself from ruin. I have had men during my experience come to me and ask me and plead with me to put them into a room and turn the key upon them and hold them there until the craving had passed away; and should the law prevent that? I think not. It is a humiliation that men should be prevented from doing such a simple thing as to ask to be protected from the drink. The institutions of America are few as compared with the size of the country and the number of people. But they are increasing constantly, and they will increase, simply because the sentiment of the people is beginning to demand them. Those in existence report a varied percentage of permanent cures, but taking the whole I should think it would be about thirty-three per cent. (Cheers.) I am more than gratified to hear from the gentlemen who represent the great temperance associations here, that they give their hearty testimony in favor of institutions of this kind. With us the support has not been so cordial in that direction, but our temperance friends are coming to it. They are realizing the necessity, and they will finally co-operate with us as heartily as they do here. When I return I shall tell our friends that in England the temperance and the scientific sentiment, if I may so call it, the physical and the moral, are shaking hands with each other. (Cheers.) Now I feel very much like the master of a little skiff would feel in starting out with his boat upon a rough surf after all the eloquent and admirable speeches that have been made, which represent a larger craft and a more intelligent leadership, but at the same time I am glad to have the opportunity of saying to you what I have said, and of carrying back with me pleasant reminiscences of this meeting and of encouragement in the cause in which you and I are engaged. This cause is close to the heart of the

English nation, and belongs to us as well, as a common people. (Cheers.) Your thoughts and our thoughts have been running in the same direction. Our purposes are the same, our objects, our hopes, our aims are the same, and we expect the same results; and it is natural, therefore, that I should be glad to look you in the face and go back and tell my people that England and America, the Stars and Stripes and the Union Jack, are working together to prosper this cause, which is the cause of man and the cause of God." (Loud cheers.)

Dr. Danford Thomas, Coroner for Middlesex, proposed a vote of thanks to the chairman, to whom, he said: "They were very much indebted for his labors on behalf of this movement, and for the kindness with which he had received his guests that day. In the course of his public duties he (the speaker) had frequently brought before him the evils of intemperance, and he knew the fearful results to which the horrible craving for drink often led. He was afraid that drunkenness was extending side by side with the spread of the work of temperance. It might seem paradoxical to say so, but such, in his experience, was the fact. He was afraid drunkenness was extending, particularly amongst women; and here he must remind the meeting that his duties brought him principally into connection with the working classes. He would most heartily second the wish that had been expressed on all sides that homes for the poorer class of inebriates should be established. While we provided large institutions for the treatment of other moral delinquencies, we should support some large institutions of this kind to enable the poor people to help themselves, and he believed the time would come when Parliament will adopt measures of that kind. Then something further should be done to arrest temptation, though it was a very difficult question."

Consul-General Waller said "He was delighted with the unsectarian character of this meeting. In America too often the strong and energetic workers of one sect expended the most of their energy in fighting the strong and energetic workers of another sect, and temperance parties were apt to show but little sympathy with each other. How delightful,

then, was this meeting, and how unanimous was the opinion of all that these refuges should be provided for the victims of intemperance, both poor and rich! He seconded the vote of thanks to the chairman, whose labors in this cause he gladly recognized."

The Chairman having acknowledged the compliment, the meeting was brought to a close.

#### INSANE AND IDIOTS IN CALIFORNIA.

Dr. Mays of the Stockton Insane Asylum of California, lately read a paper, in which he showed that insanity was decreasing for the last ten years, judged by the number of commitments to the asylum. Taking the ratio according to the population, in 1876 one in 950 was seized with insanity; in 1884, one in 1,300 was noted. Of idiots, only 507 were reported in 1884. This was the smallest number for any State of the Union of equal population. The State of Maine, with one-fourth less population, has two and a half times as many more idiots, and so on. From these figures the doctor takes a most hopeful view of the future immunity from these affections in California. The traveler who goes about to the different towns and cities of the State has another view of this subject. While he cannot contradict the statements of Dr. Mays, he may assert most positively from a layman's standpoint, that this apparent immunity from insanity and idiocy cannot last long. He can see in every part of the State forces at work, in saloons and the free use of wine and stronger spirits, that will as surely produce a large increase of insanity and idiocy as night follows day. It would be interesting to have some statistics on inebriety in this State, and from this a clearer idea could be obtained of what the future of insanity and idiocy will be.

#### OPIUM IMPORTATION.

A table giving the quantity of opium and its extracts imported into this country during a period of fourteen years is very suggestive. Beginning in 1870 with 254,609 pounds, it

run up to 416,863 pounds in 1872, then declined. In 1878, 1879, and 1880 it reached its highest maximum figures. The latter year being 533,451 pounds. The next year it dropped to 318,700, and last year, 1884, it was 331,472. If the statistics of the importation of morphia and opium together could be obtained extending over a period of many years, and be accurate, it would give data of great psychological value. It would establish or disprove the theory of drink cycles, or distinct psychological epochs in which narcotics are used to great excess, then decline in use, to some minimum point, and ascend again. In this very imperfect table there are many hints looking in this direction.

#### MEDICO-LEGAL RELATIONS OF MORPHINOMANIA.

Dr. Monteyel, in the *L'Enceiphal* No. 6, concludes, respecting morphinomania, as he designates the morphine form of opiophogism: I. That morphinomania, considered in itself, is not a psychosis, and does not *per se* prejudge the mental status of a person accused of crime. II. The more or less effect of morphine on the intellect depends upon the person, and not on the dose used; this last has but little medico-legal value. III. It is desirable to ascertain whether an accused morphinomania, at the time of the alleged commission of reprehensible acts, was under the influence of a full dose of the drug, or was suffering from the effects of abstinence from it. IV. In morphinomania it is indispensable to distinguish the first period, called euphoria, from the following period called physico-psychis marasmus. V. In morphinomania, during the period of indulgence, responsibility during euphoria is complete, except as to acts having for object assuagement of the morphine craving. VI. During the period of physico-psychical marasmus, responsibility is null, but the acts committed under the influence of this state are only such as would be committed by a dement or an acute maniac. VII. In abstinence from the drug responsibility is null, but the acts committed under the influence of this state, and for which the patient is responsible, are such as would be the result of dementia or furor.—*Journal of Nervous and Mental Disease.*

*Stinson & Co.* of Portland, Maine, are the great publishers of rare and beautiful steel prints in this country.

*Fellows' Hypophosphites* has already been before the profession long enough to become permanently established as a remedy of great value and excellence.

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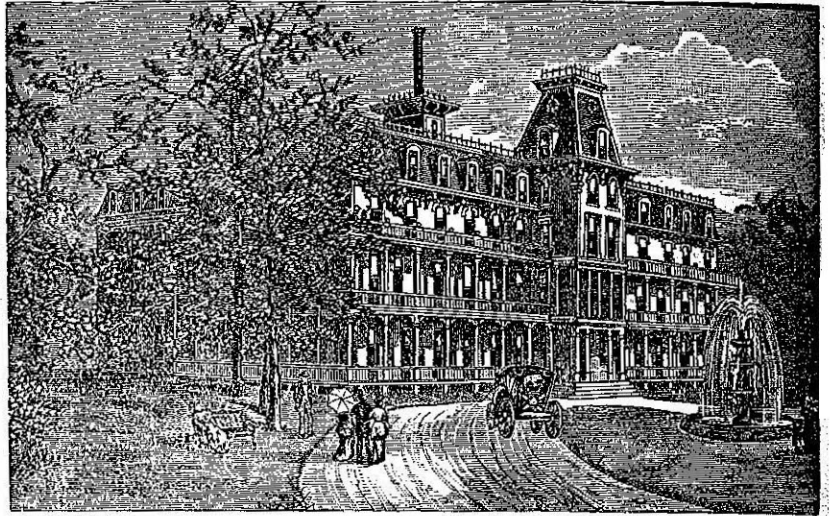


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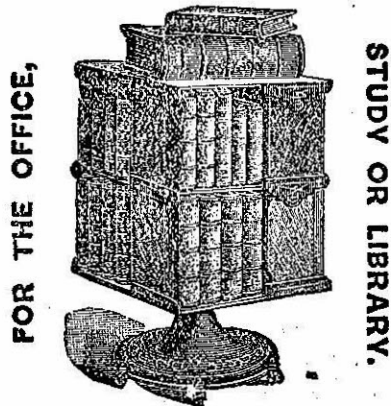
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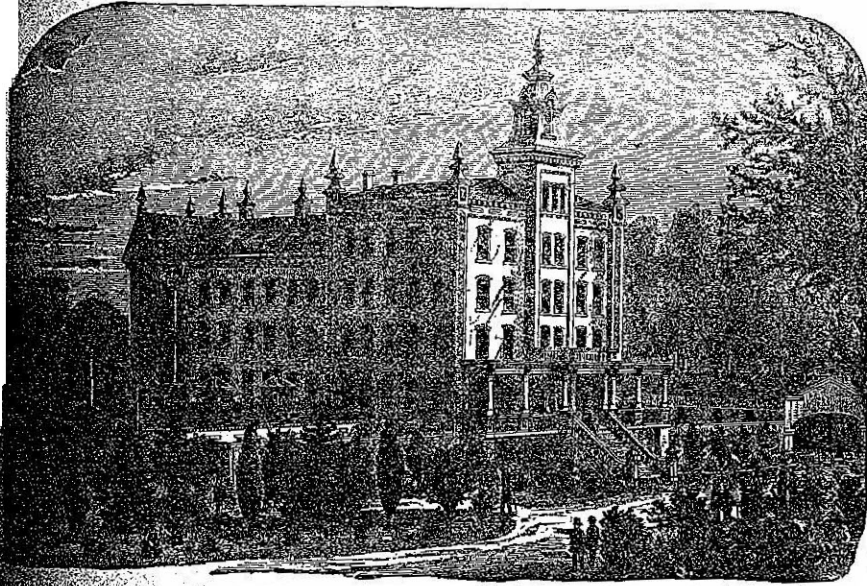
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