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OF  
INEBRIETY.

THE ORGAN OF THE AMERICAN SOCIETY FOR THE STUDY  
OF ALCOHOL AND OTHER NARCOTICS.

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T. D. CROTHERS, M. D., Editor,  
56 Fairfield Avenue,  
HARTFORD, CONN.

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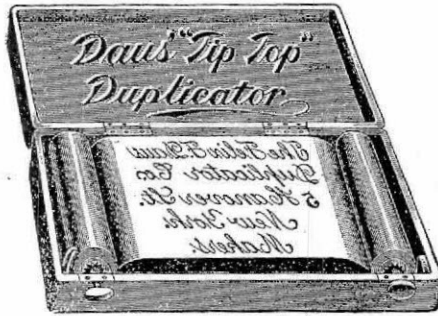
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This Journal will not be responsible for the opinions of essayists or contributors, unless indorsed by the Association.

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MEMORIAL ADDRESS ON THE LIFE AND WORK  
OF DR. NORMAN KERR.

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BY T. D. CROTHERS, M.D.,

Superintendent Walnut Lodge Hospital, Hartford, Ct., etc.

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I bring you the warmest thanks and assurances of the high appreciation of my associates in the Society for the Study of Inebriety and Alcohol, and of myself for the distinguished honor of being called to make the first study of Dr. Norman Kerr and his work in this memorial lectureship.

Necessarily the prospective for such a study will be made at long distance largely from the printed page and records of his work. Fortunately this can be supplemented by a warm personal correspondence extending over a period of nearly 20 years, and intensified by the pleasure of several personal interviews. While it is hardly possible to make an exhaustive study of Dr. Kerr and his work without a personal knowledge of the surroundings and influences which were prominent in his life, still in the general field of science there are certain

conditions which are the same among all English speaking peoples.

Pioneer work and pioneers have about the same experience, meeting the same obstacles, and crossing the same bridges. It is the common observation that all advances of science, and efforts to extend the borders of the known, by the acquisition of new facts and principles are guided by two distinct classes of leaders.

The first class are those who go out beyond the range of the present, taking advanced positions, fortifying themselves behind barriers of theories and statements which they vigorously defend. They announce facts and conclusions far beyond the current opinions of the day, which are regarded with indifference and denounced as fallacies of fanatics and paranoiacs.

Such persons make only a few converts in the generation in which they live. They are literally, so far beyond the present, that another generation must come before they can be understood and appreciated.

Curiously the literature of every age contains regrets, apologies, and explanations of why the great leaders and teachers of the past were unknown and neglected.

A second class of pioneers are those who make researches and studies on the frontiers of the present or just beyond it, but always in close touch and never far away from the accepted theories of today.

Such persons resemble officers beyond the picket lines of advancing armies, pointing out new ranges of facts with new applications and new means of approach.

Like the first class they are not recognized except by a few advanced thinkers who follow the lines of research along the paths they have laid out.

Such men have a following, but they are the minority leaders, and always ignored by the majority.

They are practical organizers gathering up truths that have

tion to interpret and make known some great neglected truths of science, but the result of conditions which may be seen and pointed out.

Our present effort would naturally suggest a study of some of the conditions which influenced Dr. Kerr to take up the study of the physical character of inebriety, and the possibility of its cure and prevention.

The theory of the disease of inebriety and drunkenness is a very ancient one. The cuneiform writings on the buried tombs in Egypt distinctly stated this fact in some detail many thousand years before the Christian era.

Similar theories of the disease of drunkenness was mentioned by philosophers and physicians during the succeeding centuries, but they attracted no attention.

They simply floated down through the thought and literature of the ages, repeated here and there, and probably were considered as mere random theories and speculations.

Just as at present one may hear strange theories and assertions of facts which will in the next generation, or in the future become the working theories of the world.

A historical chapter of fascinating interest is yet to be written on the early notices and conceptions of the physical character of inebriety down to the close of the 18th century.

About this time Condillac, the French philosopher, in one of his essays discussed inebriety, and pointed out some of the possibilities from future study of this subject.

In America, Dr. Rush took up the views of Condillac and elaborated them in an essay, published in 1809, giving distinct outlines of the malady, and urging its medical study.

A few years later, Salvator of Moscow, published a little work describing the different forms of the disease and the possible methods of cure.

Other writers at intervals wrote on this subject, but in a timid hesitating way which failed to create any interest.

The English Lunacy Commission in their report for 1844

hundred patients, largely from the incurable class, and with a full board of officers and directors all without experience.

The expectation and enthusiasm at the beginning soon reacted in conflicts and disappointments.

The attempt to control and give proper physical care to incurables of this class was under the best conditions a most difficult matter, but as an experiment it ended in bitter conflicts during which the founder was driven out.

Then followed a period of 20 years in which eight different superintendents attempted to conduct the affairs of this institution and control its inmates, and finally it was changed by politicians to an insane asylum.

The advent of the Inebriate Asylum at Binghamton was followed by a number of other institutions, some of which are still in existence, others after a similar experience and struggle disappeared.

This was a great experiment which, notwithstanding all the difficulties, proved the reality and practical character of the disease of inebriety and its curability.

For three years I was an assistant at this institution and helped to make the first authoritative study of the curability of inebriety in asylums.

The novelty of this institution attracted a great deal of attention, and its influence and fame extended to all countries.

The idea of gathering inebriates in a hospital and treating them as sick was startling to reformers, students of mental diseases, and philanthropists, who visited the asylum and watched the work with intense interest.

In England this interest took the form of a committee, appointed by the House of Commons in 1871, to consider the best plan for the care and control of habitual drunkards.

Dr. Dalrymple, the chairman of this committee, visited America on a tour of inspection.

He was so much interested in the work that he requested the association for the study of inebriety to send a delegation

passed unobserved and putting them into the actual service of today and tomorrow.

Dr. J. Edward Turner of America was a most conspicuous example of the first class. He organized and put in operation the first inebriate asylum in the world, where the disease of inebriety and its curability by medical means were demonstrated.

After a period of indifference, intense opposition, and misrepresentation he died, and now the present generation are beginning to realize the importance and the value of his efforts to cure and to stamp out the great evil of inebriety.

Dr. Norman Kerr was an equally marked example of the second class of pioneers, who organized new truths and new means to combat this evil beyond the frontiers of the present. Without antagonizing the theories of the times, he sought to direct them into new and more practical channels, and suggest more exact means and measures for correction.

In this way new facts were grafted onto the scientific growths of that day, and new applications of old theories came into service.

Work of this kind attracts little attention at the time, but later its value becomes prominent.

Many examples of both these classes are seen in every advance and evolution of science.

Dr. Turner went out beyond his day and generation, and marked out territories, pointed out lines of research which are yet to be taken up.

Dr. Norman Kerr gathered and grouped facts, showing applications and possibilities from the physical treatment of inebriety that has not been reached.

Both of these classes of leaders grew out of distinct evolutions and conditions which forced them into positions of leadership.

It was no chance or accident that sent Dr. Turner far out beyond his day and generation, or placed Dr. Kerr in the posi-

declared inebriety to be a disease which should be studied and treated along the same lines as insanity.

Among the few medical men who repeated this declaration and urged its practical character Dr. Alexander Peddie of Edinburg, Scotland, took the most advanced ground and persistently repeated it in many excellent essays and lectures, beginning with an essay on Delirium Tremens in 1857, but the theory of disease was regarded as impractical and extreme.

In America several distinct events brought this subject into the field of science. The first of these was the Washingtonian reform movement which began in 1840, and in less than ten years had secured the signatures and pledges of nearly five million persons for total abstinence.

This great reform wave brought into prominence lodging-houses and temporary homes where the pledge signer could be protected and cared for until he had secured sufficient strength to enable him to carry out his pledges.

One of these early homes evolved through a long series of years into the present Washingtonian home of Boston, Mass., one of the oldest institutions in America, and probably in the world, for the physical treatment of inebriates.

It was the practical necessity for doing something more than the mere pledging of the inebriate that was recognized in the public mind, and prepared the way for the next great event.

This was the projection and organization of an inebriate asylum at Binghamton, N. Y.

The founder, Dr. J. Edward Turner, a Maine man, from some early experience became imbued with the idea of the need of an asylum for the care of inebriates.

For nearly 20 years he pressed this subject constantly before the general and medical public, and finally was able to make a practical test in a magnificent hospital built for this special purpose and opened in 1863.

This institution began on a grand scale with nearly a

from its members to give evidence before the parliamentary committee.

This committee held many sessions and gathered the opinions of a large number of eminent physicians and others on all phases of inebriety and its treatment, and this was really the first authoritative literature, bringing into prominence the physical character and nature of inebriety and its treatment.

This report, published in 1873, made a profound impression on public opinion of that day, and is still a remarkable record of the views of eminent men on this subject.

An event occurred at this time which had psychologically two opposite influences.

Among the opponents of the disease theory and its curability in asylums was a prominent English teacher and author, who, after a visit to Binghamton, wrote at some length condemning in bitter terms the inebriate asylum movement as an "American humbug, which attempted to treat a disease which did not exist, by means and measures which they did not possess."

This made a decided adverse impression in England, checking the enthusiastic efforts of Dr. Dalrymple and others to enact laws and organize institutions for the treatment of inebriates, and gave new courage to the doubters and skeptics who had denounced these efforts.

In America this condemnation of the disease theory from so high an authority was seized as a golden opportunity to enter upon a controversy and agitation and keep the subject alive in the public mind.

This was materialized practically beyond all expectation to the great disgust of the distinguished author, who later realized that he had given the whole subject new vigor and force by his criticism and at the expense of his own reputation.

In 1877 a society was organized for the promotion of legislation for the control and cure of habitual drunkards in London. This followed naturally after the efforts of Dr.

Dalrymple and proved clearly that the opposition had only temporarily checked the early efforts to take up this subject.

This society kept the subject before the public and did good work for many years.

The death of Dr. Dalrymple was followed by less energetic efforts, and although several prominent men continued in the work, little was accomplished.

About this time Dr. Kerr appeared, and although the inebriate asylum movement was antagonized and opposed by prominent men, he took up the subject with great energy and assisted largely in organizing the Dalrymple Home, and was its president.

This was the first legal institution and the first effort to treat inebriety on scientific lines.

A brief account of his early life will show something of the preparation and ability which he brought to this work.

As details of his history have been widely published I will confine myself to a summary of the principal events.

Dr. Norman Kerr was born in Glasgow in 1834, and after a thorough training in the city high school became an assistant in his father's business; disliking this work he became a journalist on the staff of the *Glasgow Mail* and continued this work at intervals until his graduation from the University of Glasgow in 1861.

He then became a surgeon on the Allan line of steamers, from Glasgow to Portland and Montreal. He remained in this position for several years, and at intervals traveled extensively in the United States and Canada.

In 1874 he settled in London, taking up the general practice of medicine, and remained there until his death in 1899.

In 1871 he married the daughter of Mr. Edward Gibson of Blendury, Ireland. This lady died in 1892 and left four daughters and one son, all of whom are living. His son is a rector in the Church of England, and his daughters occupy places of great responsibility in the philanthropic world.



In 1894 Dr. Kerr married the second time the daughter of Mr. James Henderson of Newry, Ireland, who still survives him.

It would seem most natural to divide the work which Dr. Kerr carried on under several headings, which will bring out more distinctly his efforts and their results.

DR. KERR'S WORK AS A TEMPERANCE MAN.

I refer to this phase of the subject to show that his early interest in this direction led him most naturally up to his subsequent studies and were a fitting preparation for his life work.

In 1853 he became a member and officer in the United Kingdom Alliance Society and was prominent as a worker.

In 1857 while yet a student he assisted in the organization of the first total abstinence society among the students of the Glasgow University.

He appears to have been very active in the meetings, not only as a speaker, but as a promoter of the cause.

As a surgeon on shipboard he was known as a temperance doctor, and while not obtrusive or dogmatic in his views, he discouraged the use of spirits as a beverage.

Soon after coming to London he became a member of the English Church Temperance Society and appears to have kept up his previous connections with other organizations for the promotion of temperance.

Perhaps there was a sort of an intuition that along these lines somehow his future life work would be developed.

At all events he early recognized the evils following the promiscuous use of spirits, and entered heartily into every effort that promised to correct them.

He was called on frequently during his life to speak at temperance meetings, and evidently enjoyed the enthusiasm and contagion of convincing his hearers and creating interest in the subject.

His earnestness and exact use of words and aptness in presenting the subject gave him a certain kind of eloquence that was very convincing and pleasing to an audience.

His experience as a medical officer in the Parish district seemed to have widened his views of inebriety and gradually he came to realize that appeals to the emotional side and moral efforts did not reach far enough, that there were other causes and conditions which the pledge and prayer failed to reach.

His interest in the Dalrymple Home and the movement for institutions marked a distinct evolution in his recognition of the physical side of this subject.

#### DR. KERR AS AN ORGANIZER.

Soon after coming to London Dr. Kerr became an active member of the society for the promotion of legislation for the control and care of habitual drunkards. The first act was passed in 1879; later the British Medical Association appointed a committee to promote farther legislation along this line, and Dr. Kerr was made chairman of it.

In 1893 these two committees succeeded in having laws enacted giving towns and cities the right to organize inebriate asylums and forcibly confine inebriates for care and treatment.

Many of his friends considered that the energy and skill which he displayed to influence public sentiment and parliament to enact laws was the highest achievement of his life.

The Dalrymple Home, opened in 1884, was largely due to his energetic personal interest, but was considered by many at that time as a doubtful experiment.

The experience of years, first under the care of Dr. Branthwaite and latterly Dr. Hogg, has amply confirmed the faith of its founders.

As an experimental laboratory and object lesson it has not only influenced the British public, but the world of the practical character and possibilities from the successful treatment of inebriety in hospitals.

This same year the British Association for the study of inebriety was organized, and Dr. Kerr was made its first president.

Like many other new organizations it was not welcomed, and its early death was predicted.

Several eminent men discouraged its promoter, and considered the effort childish and foolish, but they did not understand that this opposition added new energy and determination to continue the work.

His inaugural address at the first meeting of the society was an admirable summary of the facts of inebriety and their relations to science, with an appeal to take up this subject.

The following concluding passages show the spirit and motive of the author to be more than that of an ordinary leader and reformer:

“Our object is to investigate by strictly scientific methods the various causes and to educate the professional and public mind to a knowledge of those causes and to a recognition of the physical aspect of habitual intemperance.

“Permitting no preconceived opinions to stand in the way of our research, allowing no foregone conclusions or sentiments to bias our judgment, we propose, without prejudice or passion, deliberately and persistently to pursue our modest inquiry in the earnest hope, and confident anticipation, that in the solution of the dark and perplexing drink problem we or our successors may ere long be rewarded.”

Another event brings into prominence Dr. Kerr's capacity as an organizer, associated with a kind of contagious inspiration which is apparent in every great movement.

This was the international congress for the study of inebriety held in 1887.

The purpose of this meeting was to gather a large number of persons who had written and expressed favorable views on the study of the physical character of inebriety and secure some uniformity of opinion that would be mutually helpful.

not only to the profession, but to the general public, and thus obtain a larger recognition of this side of the subject.

To organize and conduct a meeting with so many discordant elements, to harmonize and overcome the opposition and sneering contempt which greeted this effort, was clearly the work of a genius.

Many persons believed that the inebriate was always vicious and willful in the early stages, that it was a moral disorder which later might possibly become a disease.

To them a congress in which the physical side was to be made prominent was a great mistake.

Another class of good men thought a movement of this kind rank infidelity and materialism.

Other very strenuous adverse views were urged against the discussion of the disease theory.

Many good temperance people thought that the subject should be the study of alcohol, and any congress which did not make this prominent would fail.

To overcome this discordant criticism and secure a harmonious blending and an avoidance of friction required tact and personality that is more commonly seen in persons born north of the Tweed.

A number of good papers were presented and read, giving advanced views in such a broad generous spirit and with such good taste that not a discordant note was heard.

Dr. Kerr's opening address gave a most favorable setting to the general subject and avoided all disputed points.

The session lasted two days and ended in a banquet.

The proceedings were reported in detail by both the secular and medical press. It was a surprise to the general public to observe that the authors discussed the topics on such broad generous plains above all dogmatism and controversy, and later it was noted that the opposition and criticism seems to have receded from this point.

Few persons realized the tact displayed in the presentation

of the disease side of the question, particularly before medical societies and in magazine essays, and having them accepted without question.

Also, the ability to arrange and present new theories beyond the average levels of his audience and secure tacit endorsement was prominent on many occasions.

He would speak at a meeting where the idea of disease and curability by medical means would create a storm of opposition, and bring out the physical side of the subject in such an artless frank way as to all unconsciously convince his hearers of theories, which stated in other words would be repelled at once.

In this as in other directions he displayed an ability for organization which in the field of finance would have made him a great master.

DR. KERR AS A SCIENTIFIC MAN.

His strength in this field was apparent in many ways, not only as a technical student discovering truths and following out their associations, but in his general surveys of facts and their relation to other facts.

In many of his papers there was marked evidence of the skill of a laboratory student, not only in discernment of the facts, but their significance in the field of prevention.

His early papers on the "Value of Stimulants in Hospitals and Workhouses," and the one on the "Mortality from Intemperance," showed this instinct very clearly in the accurate deductions and study of the figures.

His book on "The Two Wines" showed much scientific accuracy of detail, and also frankness in placing the facts in the clearest possible light.

His essays and papers were always clear and broad and seldom exhibited any personality.

It was this that made them popular and acceptable in encyclopedias and works of reference.

Probably his work on "Inebriety, Its Pathology and Treatment," the first edition of which appeared in 1886, is the best representation of his rank as a scientific student.

The early critics sneered at it as a collection of facts and doubtful statements arranged in a confused way, but this was in reality the highest compliment they could pay the author.

If Dr. Kerr had not been thoroughly familiar with the topic he would have written a very different book, full of theories and exhaustive studies of special phases of inebriety, and in this way presented a mass of facts in an irregular and disproportionate form.

In almost every field of science there are works of this class, which resemble that of an explorer who having made a superficial tour of the country describes with great minuteness certain mountain ranges and river valleys, and from this data draws conclusions of the nature and character of the entire country.

His rare scientific judgment was evident in the very general grouping of facts and statements concerning inebriety and its curability without any attempts to give minute studies or exhaustive explanations of any part of the subject.

His book was practically an outline map of the country without describing minutely any of its divisions.

Opinions were stated with facts and theories on which they were based, rousing the interest of the reader to study and verify them.

The science was of a psychological and clinical character and the book was practically a map of outlines to be filled in by others.

Any comparison with other works published in this field will make this fact apparent.

Dr. Kerr's papers before the New York Medico-Legal Society, of which he was an honorary member, were greatly admired for their conciseness of statement, and were quoted as authority in the enactment of laws in the different states.

These papers were published in a monograph as an advance study in medico-legal jurisprudence of inebriety.

Dr. Kerr's consultation, correspondence, visits, and studies of hospital and asylum work constantly added to his daily experience and gave him a breadth of knowledge and a higher point of view from which to write on these topics.

DR. KERR AS A LITERARY MAN.

Dr. Kerr's early training as a journalist had given him unusual grace in the setting and grouping of facts as well as ability to discern the salient points and make them prominent in the presentation of the subject.

His natural ability for organization appeared in the arrangement and judgment of the value of the facts, and in their relation to others.

Almost intuitively he knew how to keep the disputed parts of the subject in their proper place and make prominent the facts about which there could be no difference of opinion.

In his defense of the theory of the disease of inebriety and his condemnation of alcohol as a beverage this was very apparent, and yet there was no timidity in his expressions or effort to avoid the main issue.

It was simply the arrangement of the facts and relations they sustained to each other that minimized the controversial character.

He showed editorial skill in the presentation of facts along the range of the reader's comprehension in such a graphic frank way that his hearers were led rather than antagonized.

His work on "Wines" was undoubtedly his best literary production.

It approximated an exhaustive study and was greatly admired by his friends and others interested in the subject.

He was very fond of writing and for many years was a very active contributor to both medical and secular journals.

His articles were always along the range of inebriety and

showed an evolution in the thought and style and were always warmly welcomed by editors and readers.

His reading was voluminous and along editorial lines, searching for facts and statements that could be used in future studies.

#### DR. KERR AS A REFORMER AND PHILANTHROPIST.

I have already spoken of his marked ability to lead and promote new ranges of thought.

This no doubt grew out of his early training as a reporter, where he learned to discriminate theories and estimate their value and possible influence.

As a surgeon on an Atlantic liner he came in contact with many leading men which still farther widened his knowledge of human nature.

This was apparent later in his thorough knowledge of the English public and the current opinions of the day.

He had been a temperance reformer in early life and knew of their work, and when he entered a larger field he was able to keep in touch with all the philanthropic and moral methods to correct this evil, and in a quiet way turned their efforts into more practical channels of study.

As I have mentioned before he pressed the physical theory of inebriety on public attention without antagonizing any one or producing acrimonious criticism.

While he was sharply criticised he was seldom drawn into personal controversy, and when he did so was very generous and broad and firm in his conclusions.

He was a reformer in a large sense, silently and effectively drawing the lines nearer and closer as in the siege of a fort, his facts became more and more destructive and numerous until the enemy capitulated.

In England reform work moves slowly and is like the growth of plant, must be cultivated and nourished before it can attain any proportions and be accepted.



Dr. Kerr understood this and carried it out practically in continually pressing the subject on public attention and guiding it into practical lines.

He early attracted a large clientage by his sunny optimism and kindly sympathy with all conditions of suffering.

Beyond this his interest in general reforms was recognized by philanthropists, almost every one coming to London with reform ideas, especially along temperance lines, sought his counsel and sympathy.

To all he gave a quiet tactful attention and when they were dismissed without encouragement it was without offense.

He showed great tact to avoid being drawn into the various schemes and plans proposed.

At one time the managers of a "Gold Cure" specific made great efforts to secure his influence.

A persistent agent, who was unfortunately a clergyman, bore down upon him with such a flood of influence that Dr. Kerr finally consented to join the work upon the payment of an almost prohibitive sum of money.

The agent was stupid enough to think this was a reality, and began to haggle over the price; this was too much for Dr. Kerr's temper, and the explosion which followed left a permanent impression on the memory of the agent.

On another occasion he was offered a large sum to give testimony to prove the sanity of a man who made a will while intoxicated, and his refusal was marked with such indignation that the lawyers who tempted him reported that he was insane.

In both this country and America all new studies of alcohol and the drink question have a peculiar interest to a certain class of inquisitive persons for personal or other reasons.

Such persons are always visiting reformers and consulting with them either by letter or in person, advocating all forms of impracticable schemes, which have both financial and philanthropic objects.

My position in America has brought me into close touch

with persons of this class, who spend their time visiting and talking with any one who has written or studied this subject.

They are great travelers, and Dr. Kerr's reputation brought this class to his office in crowds.

He complained of their demand on his time and the inability to keep them away.

Often they are paranoiacs, and their persistency and want of sense, combined with sharpness of intellect in other directions, make them a peculiar unpleasant class.

To one less sympathetic such persons could have been kept away, and the annoyance of their interviews prevented.

It was the continual strain of visits, interviews, meetings, correspondence, and appeals for help that continually increased in magnitude and urgency.

This Dr. Kerr could not resist, so he pressed on with the ardor of a contestant on a race course.

It was his kindly spirit and intense desire to do good on all occasions and make the world better for having lived in it that made him endure these evils. This was philanthropy of the highest class.

His private charities and relief of sufferings are vividly known by a great number of men and women who were recipients of his benefaction in their hours of distress.

#### THE WORK OF DR. KERR.

Already there is well-marked evidence that his particular work has increased the scientific knowledge of inebriety and fashioned it into the current of practical science.

We are too near to see clearly the results of all of his efforts along this new line of science.

It is clear, however, that through his many papers and studies he has given great prominence to the physical side of the study of inebriety and cleared away much of the confusion which existed before.

His book was very influential in America and has given permanent form and shape to the literature of the subject.

His articles appearing in medical journals were recognized as authoritative and regarded as representing the most advanced views of the times.

With all this there was a certain personality and contagious earnestness which carried conviction to the reader of his papers.

Other men equally learned wrote well and were good authorities, but in some measure they failed to secure popularity for their writings.

Probably the late Dr. Richardson and Dr. Kerr were more prominent and exerted more influence in changing public sentiment and bringing into prominence the alcoholic problem than any other persons of Europe.

The former by calling attention to the peculiar action of alcohol on the body and the latter by showing the conditions and diseases which preceded and followed the use of alcohol.

In summing up Dr. Kerr's career, he was undoubtedly a great man, not in the common meaning of that word, but in a larger sense of one whose life, thought, and work was to analyze and widen the knowledge of the conditions which underlie the drink problem and point out the means of cure and prevention.

Other men in both Europe and America have done good work along the same lines, but they in some degree failed to organize the facts and secure a permanent recognition in the field of science.

#### THE LAST HOURS OF DR. KERR.

The time came at last when Dr. Kerr recognized that physically he was nearing the end of the journey, that all his ambitions and plans for the future must be carried on by others.

This fact, while startling and probably unexpected, was accepted in the same calm optimistic spirit which had followed him through life.

He made the same mistake that we all do of working under

full head of steam until the machinery is worn out and ready to break, then waking up suddenly and realizing the condition and making most strenuous efforts to secure repairs and overcome the difficulty, only to realize its impossibility.

My last visit with him was a few weeks before his death.

I found him cheerful, and while fully conscious of his condition there was no sadness or regrets on his mind.

The future of the study of inebriety and the course of this society was the uppermost topic of conversation.

His faith in the materialization and realization of many of the theories and present plans for the study and cure of inebriety was very strong.

He believed most emphatically that if the study of inebriety was confined along scientific lines that all theories and difference of opinion would clear up and we should at last come into possession of means and measures for the prevention and cure of this great army of invalids.

He expressed great confidence in the future of the society and was sure that other men would come along and take up the work and carry it on to greater success, particularly if they kept close to the facts as seen in the study of inebriates.

In all this there was none of the discouragement or doubts which are so common in persons who are practically through with their life work.

He died a few weeks later, May 30, 1899, following an attack of influenza.

Other men have come and gone and made more of a stir in the world, but few have so actively promoted and given direction to the practical scientific studies of the times.

#### SOME CONCLUSIONS.

A retrospect of what has been done to make the physical side of this subject prominent will show the progress and direction of the movement for the future.

Over a half century has passed since Dr. Turner organized

and opened the first institution to prove the disease of inebriety and its curability.

Thirty-five years ago some physicians organized the American Association for the Study of Inebriety.

Nearly a quarter of a century has gone by since Dr. Kerr delivered the inaugural address at the first meeting of the British association for this study.

These three events are really great landmarks in the study of the subject.

Inebriate asylums have come and gone, struggling through great tidal waves of credulity and skepticism, from which they would have been crushed out and disappeared long ago had they not been founded on great principles and needs more and more apparent.

The two societies continually urging the medical study of the causes and conditions which govern the origin and growth of inebriety have all unconsciously been laying foundations and building up a literature which compared with that which is to come can scarcely be called the first letter of the alphabet or the corner stone of the structure that is to follow.

The early criticism of these efforts by physicians, good temperance men and philanthropists, sound very strangely at present.

In America the religious press led in denunciations and the medical and secular press followed with less excitement, but in all this there was distrust, suspicion, and silent contempt.

A very curious psychological chain of events had a marked influence in molding public opinion in medical and scientific circles.

Many of the early and later papers read before the English and American societies and appearing in other journals were translated into foreign languages, then transposed, given new titles, and contributed as new studies.

These were translated back into English and were read with astonishment.

The English and American readers assumed that studies of foreign authors were without bias or prejudice and were therefore scientific and true and entitled to respect.

This was practically the beginning of the recognition of the scientific character of this work by the medical journals of England and America.

The same identical statements and theories of English and American writers, which were unnoticed at first, but when they appeared as translations from foreign authors were accepted as truths.

During a period of three or four years Dr. Kerr and myself were able to trace nearly a dozen different papers which had been published to the *Journal of Inebriety* and other journals, that appeared in foreign languages, with but little change and transpositions, and as new contributions.

Parts of these papers were translated back into English and went the rounds of the medical and secular press.

This curious fact shows a very great reverence and respect for the work of foreign authors, even when they were repetitions of studies first published in English, but in reality it was a great compliment to our particular work, showing that its influence was not limited to the English language.

This condition has not passed away, almost every year we are able to trace in the studies of continental teachers papers and discussions which have been published in English long before.

In view of this fact we have taken great pains to send all the literature of the English language on this subject to libraries and authors on the continent, where it could be seen and studied, and in this indirect way stimulate and encourage a wider influence.

The inebriate asylum movement varies widely from every other effort to control and care for incapables.

The voluntary and semi-voluntary inmates who flocked to these institutions have been recognized as reliable critics and judges of the work and the value of treatment of this kind.

In America the bitterest critics and most unrelenting opponents of asylums have been the inmates of such institutions, and their friends.

For years they have influenced public sentiment both as credulous and enthusiastic supporters or violent opponents.

Nearly all the institutions in the early days were the work of private enterprise, managed with limited knowledge and experience, and as a natural result they were unable to sustain themselves in face of this opposition.

The few that survived was due to good judgment and wise management.

The gold cure movement, which sought by mystery, pretention, and dogmatism to convince the public that a great discovery had been made, failed.

For a time it attracted some attention and in reality was a great object lesson, proving the physical character of inebriety and its curability, but not by the means and methods which they used.

It was also a startling reflection on the indifference and stupidity of the medical profession which made it possible for a class of irregulars to undertake the treatment of inebriety by the most empirical methods and continue it for some time, securing liberal remuneration for their efforts.

If persons of this class by the use of well-known drugs invested in mystery succeed in attracting patients and creating public interest how much more could be accomplished by trained physicians with the same means used along exact lines and surroundings.

The "gold cure" stage of the inebriate asylum movement is a repetition of the stage of credulity and empiricism seen in every advance of science.

It represents in reality the squatter stage of all new settlements noted by a period of extravagance, credulity, and enthusiasm as seen in tents, shanties, board-houses, and great expectations.

This is followed by a stage of substantial settlement, fine buildings, well-appointed streets, and farms, and permanent occupation.

It is a source of great satisfaction to recognize the solid and practical work done under the inebriates act of 1879 and 1900. Institutions organized under this act and managed under the control of a government inspector is work of the most practical character and promise for the future.

In America while several states have organized institutions they are still under the influence of politics and lack legal power and concentration of effort.

The asylum at Binghamton taught the world that inebriety was curable in institutions, and now the English government is teaching the larger lesson of its practical reality along exact, legal, and medical lines.

We all realize more impressively than ever before the losses and evils which follow from the presence of inebriety in all circles and conditions of life.

Civilization seems to be menaced by this new army of degenerates and borderland insane.

A feeling of alarm is growing in intensity and an increasing host of noble-hearted men and women are starting up to the rescue.

There is in America today over a million persons organized to promote temperance work and check this great "white plague" of modern civilization.

From their point of view it is a moral malady, but to the trained eye of the scientist this new army are the direct products of physical and psychical laws which move with the same certainty and precision as the forces which guide the planets.

Capital and industrial leaders are alarmed and demand more urgently every year that inebriates and moderate drinkers should be driven out of places of responsibility.

Accidents, disasters, and losses are more and more fre-



quently traceable to the impaired brain and faulty senses of the drinking man.

This is a recognition of the physical disability and disease of the inebriate above all theory, and sustained by bitter experience.

In America a movement of great proportions and possibilities has materialized in the compulsory teachings of the dangers of alcohol in the public schools.

Through the masterly efforts of Mrs. Hunt, sustained by the W. C. T. U., laws have been passed by the government, and in all the states of the Union, making it obligatory to teach the dangers of alcohol in the common schools.

Today there are sixteen million school children in America who are being taught the evils from the use of spirits.

The influence of this work is beyond all computation.

We all marvel at the wonders of scientific research, which points out the causes and conditions of disease and make it possible to break up the breeding places, but in reality the disease of inebriety is equally preventable and more thoroughly curable by the use of practical means and measures.

When inebriety is studied with the same exactness as tuberculosis and the various prominent fevers this fact will be realized practically.

At present we are confronted with theories and opinions of our forefathers and reiterated statements of thousands of good men and women and text-book assertions of what inebriety is and is not and the means and methods supposed to be curative.

It is this great fog-bank of shade and shadow that we are trying to penetrate and clear away.

Up to the present our progress has been slow and insignificant, but there is a substantial foundation of facts already laid upon which to rear an immense structure in the future.

A few institutions in the face of great difficulties have proved the reality of this disease and its curability.

**SOME MINOR OR BORDER-LINE PSYCHOSES OF ALCOHOLISM.**

FRANK PARSONS NORBURY, A.M., M.D., Jacksonville, Ill.

The following case is representative of a class of minor psychoses, psychoses peculiarly a feature of alcoholism.

CASE 1. — Man, aged forty-two; married; farmer, with no family history of mental or nervous disease; with no history of previous serious illness; syphilis denied.

*History.* — For a number of years, at least twenty, has been given to "drinking bouts," not marked with periodicity and largely a self-willed desire to drink more for social reasons and to sustain a reputation which he had earned of being able to drink any man in the county under the table. In addition he was regarded as "the strong man" in the community. He was of athletic build, six feet three inches tall, weight 370 pounds, proportionately distributed. As a young man he was the champion wing shot, trap shooter and rifle marksman of the county. His desire to excel extended to his ability to drink whisky, and it was his boast that he could drink a quart of whisky a day and not be drunk nor manifest any of the ordinary symptoms of acute alcoholism. Nor did the continuance of drinking over a protracted period of time greatly disturb him. About eighteen months ago, largely on account of his wife and children, of whom he was very fond, and because he found that to keep up the pace he was going was very expensive, he decided to quit drinking, and in his usual manner of doing things he "stopped short," and following this abrupt cessation there was some physical collapse. Soon after he began to complain of indigestion and constipation, and progressive loss of weight. He consulted his physician in a neighboring town, who said there was evidence of

disease of the liver and prescribed accordingly. His further history along this line I will mention later.

*Present Illness.* — The history of the mental aspect of the case was contributed largely by his wife, who was an intelligent, self-possessed and devoted woman. She said that soon after his physical health became impaired he began to show mental peculiarities; he became morose, showed evidences of suspicion regarding her; he would watch her every movement about the house and, finally, one day while they were alone, he accused her of infidelity, and named the farm-hand employed on the farm as "the second party to the scandal," as he called it. She naturally was very much shocked, hurt and overcome by his accusations, resented them and regarded him as insulting. She, however, was a sensible woman, and being a woman of high character, secure in her virtue, began to think what all this meant, and her conclusion was that her husband was not himself. She kept this thought to herself for a time, believing that his condition would change, but instead of improvement she noticed its continuance, but with this striking feature — a marked periodicity of the mental symptoms.

On the day he accused her of infidelity he discharged the farm-hand, and peremptorily ordered him to leave the country, which he did, but all of the time unaware of the accusation made against him. The young man bore an excellent reputation. He did leave the country, went to Kansas, and has never returned.

However, the patient thought the young man was loitering in the neighborhood, and again accused his wife of being untrue to him, saying that she was holding clandestine meetings with him. This opinion continued to grow, but was only a feature every third day. The history says that about every third morning he would awaken with this suspicion fixed in his mind; he would accuse his wife of the clandestine meetings; he was melancholy and would remain in bed, darkening

his room, and would not permit his wife or children to enter his room. He would not eat, nor even take water until toward evening, when this cloud of depression would slowly begin to vanish. Then, perhaps, or if not then, at least the next morning, he would call his wife to him, ask her pardon for his conduct, and would say: "Now, dear wife, those awful thoughts are gone."

For the next two or three days he would, as his wife expressed it, shower his affections on her. He would be up and about the house and attend to his farm duties so far as his strength would permit. This went on for two or three months before the wife felt she could tell her family physician. Up to this time no one except husband and wife knew of these trials and tribulations. The wife noticed that while the periodicity of these manifestations was the same, his conduct toward her was becoming more alarming. He armed himself with a revolver, which he kept under his pillow, and under no consideration would he allow her to handle it or to put it out of his sight. She finally decided that something must be done, especially after one night's experience when he threatened her life. As soon as the period of depression and delusion was over, and after he had again asked her pardon, she wisely said to him: "Now, let us call in our family physician and see if he cannot agree on some plan to help you." He acquiesced in her suggestion and accordingly the family physician, in the presence of both husband and wife, heard their sad experience. He suggested consultation and it was at this juncture that I came into the case.

*Examination.* — The patient, at the physician's suggestion, was brought by him to see me. The following briefly is the account of my examination:

For four months or more he has complained of anorexia, fulness and distress after eating, eructations of gas, sometimes fetid, constant expectoration of frothy mucus, some nausea and occasional vomiting. The patient showed evidences of

wasting; he evidently had lost nearly a hundred pounds in weight; his muscles were soft and flabby, and the skin was not clear. Examination confirmed this catarrhal disturbance of the stomach; there were prominent superficial abdominal veins, a retracted abdomen, liver not palpable, lessened area of liver dulness, a feeling of pressure and dull pain on palpation over right epigastrium.

His heart showed a slightly accentuated second sound at the aorta; no murmurs; pulse was increased, about ninety; had slightly increased tension; good rhythm.

The urine was darker than normal; high specific gravity, 1.028; urea diminished; urates in excess; oxalates in excess; no sugar; no albumin; indican reaction present; no casts.

The special neurologic examination was negative, except that there was marked history of sleep disorder. His sleep was disturbed and presented the interesting disorder of dreams occurring on the night preceding the day of his depression. In fact, he would awaken from his sleep with a start after a dream, which seemingly was firmly fixed and was to him a reality. This dream, always the same, pertained to the infidelity of his wife. This dream was the basis of what he seemed to regard as facts of this unfortunate affair regarding his wife. I should say occasionally other sexual dreams were present, but never on the night previous to his day delusion.

He presented a picture of remorse as he recited his own version of the story and said in vindication: "Doctor, those thoughts appear to be based on facts as real to me as my presence here." "They come and go and I cannot control them." "They are with me when I awaken." "They leave me usually by night."

It seems the delusions were more intense in the morning soon after awakening, and as the day went by they slowly faded. Following this day of delusions he was usually depressed, but he was clear and save for the remorse over his

dreadful thoughts, because of the sorrow to his wife, he was in fair spirits, rather optimistic, in fact in everything else, except that he occasionally worried over business affairs, and later over some loss of sexual power. This is the history up to his entering on hospital care.

*Treatment.* — I have had him under my care now about eight months, the first six weeks in bed and away from home. I would have liked to have him remain longer away from home, but his circumstances would not permit. I saw him at least every other day and observed him carefully and noted this periodicity. He would not talk freely about his condition to others. After his physical health began to improve, the mental symptoms were modified in severity, but were not removed. He was in bed under rest and appropriate feeding, and internal medication was directed toward thorough elimination, to correct so far as possible the errors of metabolism indicated in the urine.

*Result.* — He gained twelve pounds in weight in three weeks and sixty pounds in four months, but in spite of his improved physical condition the delusions have continued with the same periodicity, but greatly lessened in intensity. He says now that the condition "is only a reminder of former beliefs."

When we proceed to analyze the morbid psychology of this case, considering the physical facts, we find a complex condition. First, it is possible we have to deal with a case of cirrhosis of the liver, as the physical history is not unlike that met with in atrophic cirrhosis of the liver. This impression is even intensified by the fact that digestive derangement continues in a mild way. This shows the importance of a broad knowledge of internal medicine as a necessary feature of diagnosis in cases presenting a history of alcoholism.

Second, the differential diagnosis is to be made by considering that this is a toxic case, undoubtedly, and of alcoholic nature. We can eliminate heredity, that remorseless

factor which is so prominent in the minor psychoses of alcoholism.

We have to consider the direct effects of alcohol on the nutrition, and the factor of personal resistance which should be recognized as of great importance in considering the psychoses of alcoholism.

In this case we have to deal with a man who for years had used alcoholic liquors without apparent bad results until he suddenly ceases; then it is shown that his physical health has certainly suffered, and his nervous system has not been made immune to the toxic effects of the alcohol, and the cumulative results are shown in this rather unusual intermittent type of mental disorder. I have tried to account for the *modus operandi* of the alcoholic effects in the periodic phenomena and especially of paramnesia, which seems prominent in this case.

It is a fact, as demonstrated by Kraepelin and Smith by their psychophysical experiments that the effect of alcohol is not apparent (in average dose) until late after it has been ingested; then the increase of automatic over voluntary cerebral action is noted. The taking of alcohol in excess disturbs the functioning of the higher nerve centers and when continued, or by prolonged use of a moderate quantity, or the excessive use of a large quantity, the effects are marked by the increase of the automatic movements. It is a fact that almost every individual under the effects of alcohol is in one "spree" very similar to what he was in former "sprees," or will be in future "sprees," except the gradual tendency to automatic acts ending in dementia.

Again, if the liquors are abruptly shut off for a period of several days in a moderate drinker or for several weeks in an excessive drinker and resumed again, there will be noticed the disturbance of functioning of the higher nerve centers in exaggerated form.

It is not necessary that the alcohol be present in the blood

to account for the continuance of marked physical phenomena. For this reason the nutritive changes of certain cortical cells, engendered by the alcohol, has disturbed and made unstable their function, and this instability, according to Bevan Lewis, becomes more or less permanent, and the mental anomalies are stereotyped because of this change. Whatever centers of the brain are more prone to disturbance through the agency of alcohol, once their nutritive equilibrium is upset, there seems a tendency to recurrence of the mental phenomena attending this nutritive disturbance.

This is typically represented in the defined cases of alcoholic insanity who are admitted, get well and are readmitted time and time again in state hospitals, and with almost identical attacks. This normal phenomenon is represented in minor form whenever the functioning of certain centers is only mildly distributed.

The element of the periodicity in this case is dependent on the essentially alcoholic nature of the original disturbance of local nutritional changes somewhere among the nerve cells. In fact, this very periodicity, together with the character of the delusions and paramnesia, greatly suggest alcohol as the cause of the phenomena.

Paramnesia is one of the interesting phases of mental perversion of alcoholics. It is characterized by the interpretation of illusions of memory as realities in experience. In these conditions the patient believes that his present circumstances, which are in reality new to him, have previously formed a part of his experience. The illusions and dreams, in fact also hallucinations, being the initial experience, it is difficult for the patient to distinguish between this false perception and a true perception in formulating an objective reality. The primary impression, which is imaginary, becomes a reality and is interpreted when revived as being based on fact. Hyslop says of alcoholic cases: "The false memory usually refers to a visual image of persons or places seen, or to motor



or kinesthetic images of actions performed." It would appear reasonable to assume that the starting point of the initial illusions or hallucinations were in the cells most immediately concerned with vision and kinesthetic impressions, respectively; but this would give no solution of the delusion as to the actual reality of the object seen or of the action performed.

I have observed a number of such patients who, in the recital of their history, have dwelt on experiences said to have actually occurred, when in reality the patients were in bed under hospital care, or at home under the surveillance of a nurse. One patient, a man, aged about forty-five, came into my office recently and recited a story, plausibly presented, of an experience he had recently undergone wherein considerable money was involved in the settlement of an estate, and which he strenuously insisted was being put in such shape that he was to be defrauded, also his children. He called to enlist my support of his claim that he was not mentally deranged, and that to secure control of his money he must be able to present a clear case before the court. He went into details in regard to the case, and, to one not familiar with mental cases, the story would have appeared as one of unjust discrimination and real appropriation of funds by scheming individuals. The true story, however, showed that the man had no money, that there was no estate, and that fifty dollars was the limit of the amount of money which he could command. The story was based on imaginings, and yet in his description the details were carefully given and seemed to be an actual experience based on facts.

The character of such delusions is peculiar to alcoholic mental disorders as studied by Morel, Magnan, Lewis, and others. I believe my own experience justifies me in saying that sexual delusions, especially of infidelity, are almost pathognomonic of alcoholic mental perversion. In summing

up the case, then, I believe the condition essentially borderline or minor psychosis.

1. History.
2. Observation of the physical factors of the case.
3. Character of the delusions — paramnesia, etc.
4. Periodicity of delusions.

The following case is representative of a class of psychoses of adolescent type:

CASE 2. — A young man, aged twenty-four, single, student.

*Family History.* — Neuropathic; mother died insane at forty-three; father neurasthenic and occasional drinker. Several brothers and sisters died in infancy or early childhood of cerebral disease; one brother is living and is apparently well and sound.

*History.* — The patient has been regarded as a peculiar boy, but is bright, intellectual, and capable in his studies. When he was sixteen years old he entered an academy for boys, preparatory to college; here he acquitted himself with credit, excepting that he was regarded as unsocial and given to being alone. Later, he attended college, where he was regarded as a good student, and up to his sophomore year attracted no special attention, except for a violent love affair which, while it lasted, was fierce and furious, and attracted the attention of his fellows, who said that it was characteristic of him, and that “he was a shark in anything he undertook.” He finished his college career with honors, and during his senior year the boys said “he began to loosen up a little”; he would be convivial and, in a way of his own, always impulsively energetic. He seldom drank anything but beer.

*Present Illness.* — Later, he entered a professional school in a large city, — away from the atmosphere of the small college, and where the opportunities for being alone were greater. Here he remained four months, because he suddenly became mentally disturbed and one day, excited and delirious, boarded

a train for home, leaped from it before it left the city limits and disappeared for a time. He was found wandering about the city in a state of abstraction — amnesia was a marked feature, and for two or three weeks he was not able to correlate events, etc., nor to recollect his experience. He was taken home; he gave up his college work, engaged in farming and was successful. He continued to use liquor, only occasionally at first, but with disastrous effects. If he uses whisky or brandy to excess there is sure to be a mental explosion, marked by delirium, maniacal excitement, hallucinations, impulses, and obsessions to do bodily harm to others. The attacks are usually rapid in onset, for the reason that he cannot drink very much, his system rebels and he is soon lost to himself.

These attacks are not those of delirium tremens, but rather a marked mania, brief, but severe while they last. Following this outburst there is a period of melancholy, depression, amnesia, and a general collapsed state, which lasts from five to seven weeks.

This case represents a type not infrequently seen and is directly the result of toxic effects of alcohol on the nerve centres. This patient is the victim of a minor psychosis, engendered by the effect of alcohol on a very impressionable and unstable nervous tissue, made so by hereditary influences. He is an adolescent of neurotic type and a fit subject to become a well-defined case of alcoholic insanity, should he continue to drink. My experience in state hospital work is that chronic alcoholism is very productive of insanity and early terminal dementia in such subjects.

This case is one of great importance, as we have a young man with a promising professional career before him cut short by his unfortunate addiction to drink; the essential factor of degeneracy in his makeup intensified by drink cuts him out early in life. Perhaps under suitable regulations, under the careful régime of a physician interested in his career, he could be made to stem these storms, to get away from drink and to

become a useful citizen. I am sure that it is a problem, involving more than mere medical care in order to meet it. The treatment of immediate effects of alcohol are problems familiar to us all and are readily managed by rest and symptomatic treatment. It is the question of handling the hereditary delinquent which taxes our ingenuity and resources; in fact, we can only meet this side of the problem by carefully considering all the features and circumstances, and then mapping out a plan for procedure. These minor psychoses, under careful regulation of the life of the individual, may be stemmed between the Scylla of heredity and the Charybdis of alcoholism, if we but make it a problem for a lifetime, rather than a few weeks or months that the patient is under our immediate care.

#### CONCLUSIONS.

Treatment is successful in the majority of cases where the individual coöperates and learns his limitations. From a study of several hundred cases of minor psychoses of alcoholism, including the "polyneuritic psychoses," marked by amnesia, paramnesia, and confusion with marked hallucinations, I am led to the following conclusions regarding these mental disorders:

1. They are rare in acute alcoholism but may appear in adolescents of neurotic type.
2. They are more frequent after adolescence and up to forty or forty-five years of age.
3. They occur both in continuous drinkers and in periodic delinquents.
4. The prognosis is variable, depending on inherited frailties and moral development.
5. Early treatment is advisable as a prevention of major psychoses.
6. Treatment is successful in the majority of cases, providing we have the earnest coöperation of the patients and

can have them under our immediate care for a protracted period.

7. Such cases should be distinguished from ordinary chronic alcoholics, and should be treated from the standpoint of mental disease.

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#### DELIRIUM FROM DIGITALIS.

Dr. Hall has contributed a paper on the peculiar effects of digitalis, which is somewhat new to the profession.

A number of cases have been noted where what was called delirium tremens, was found after a time to result from digitalis. The removal of this drug was followed by a subsidence of the acute symptoms. Some physicians prescribed this drug freely for all forms of heart disease, but none of them have ever referred the mental disturbance which followed to this particular drug. In persons of peculiar unstable mental and emotional states the use of this drug is sure to produce, if taken any length of time, delirium accompanied by hallucinations. These do not seem to be peculiar in any way except resembling those which follow from alcohol. A number of cases have come under observation where these mental symptoms were supposed to come from spirits, but disappeared when digitalis was withdrawn. Hence, it is important in using digitalis to be on the guard against the development of delirium and discontinue the drug at once.

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Fellows' Hypophosphites is one of the proprietary drugs in which the formula is given in full, and each physician can judge for himself of its peculiar value in a given case.

There are certain neuroses in which it is a most valuable medicine, and can be taken with great safety and certainty.

WINES AND THE POETS — A CRITICAL STUDY  
OF THE POET'S DEVOTION TO THE GOD OF  
WINE.\*

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BY JOHN MADDEN, M.D., Milwaukee, Wis.

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Now and then we find a great writer whose offerings to the wine-god are so numerous and frequent, that we cannot but conclude that he was a practical worshiper at the foot of the throne. Lord Byron is reputed to have been a rake and a drunkard, a consistent, practical, and intense devotee of the carnal cult, wine and women.

One expects to find that Byron says some very fine things about wine, and an examination does not disappoint. He thus apostrophizes a skull fashioned into a drinking cup:

“ Start not — nor deem my spirit fled ;  
In me behold the only skull  
From which, unlike the living head,  
Whatever flows is never dull.

. . . . .  
“ Where once my wit perchance hath shone,  
In aid of others let me shine ;  
And when, alas ! our brains are gone,  
What nobler substitute than wine ? ”

Very bright, very witty, very orthodox as a matter of wine-worship, but very fallacious as to scientific fact.

His wine-song, “ Fill the goblet again,” is written in an identical spirit:

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\* Continued from the July number of the *JOURNAL OF INEBRIETY*.  
And read at the annual meeting of the Society for the Study of Inebriety and Alcohol at Portland, Ore., July 11.

“ Fill the goblet again, for I never before  
Felt the glow which now gladdens my heart to its core  
Let us drink — who would not? — since through life’s varied  
    round,  
In the goblet alone no deception is found.

“ In the days of my youth when the heart’s in its spring,  
And dreams that affection can never take wing,  
I had friends! — who has not? — but what tongue can avow  
That friends, rosy wine, are as faithful as thou?

“ Long life to the grape, for the summer has flown,  
The age of our nectar must gladden our own:  
We must die — who shall not? — may our sins be forgiven,  
And Hebe shall never be idle in heaven.”

Wine, Hebe, and heaven,— wine man’s truest friend, wine without deceit and more faithful than human friends; wine to love when there are no human friends to love; wine and a sensuous heaven where Hebe shall never be idle. This is Byron’s creed — intense, devout, but dissonant with the sad experience of millions who sought the friendship of rosy wine, dissonant with the warning of the wise man of old who said that wine is a mocker, dissonant with the facts of Byron’s own life, for this same friend undoubtedly prepared him for an early visit from Death.

Of all of the great English poets, Burns is the most devout worshiper of the alcoholic god. He is the poet of the drunkard, the reveler who finds the greatest happiness of his life in the consumption of strong drink, and experiencing the delights of the first stage of alcoholic intoxication. Burns’ muse is no ethereal creature to waft him to the land of delightful dreams, no charming maiden with whom to “leave the world unseen and with thee fade away into the forest dim.” She is the coarse, stout, red-faced buxom of the country inn. She is a rather swinish goddess, less conspicuous — very much less, indeed — for her womanly graces than for

her disposition to serve him — to pander to such appetite as stout “nappy” may provoke, but only in part satisfy.

The country inn was, without doubt, a place where Burns worshiped more devoutly than at the kirk. To be with a few choice spirits, and feel that,

“ While we sit bousing at the nappy  
An’ getting fou and unco happy,”

the world and its cares might wag on unheeded, was an experience dear to the heart of the Scottish Bard.

No one ever put in words a more appreciative picture of the eighteenth-century tavern than Burns draws in “Tam O’ Shanter”:

“ Ae market night  
Tam had got planted unco right,  
Fast by the ingle bleezing finely,  
Wi’ reaming swats that drank divinely;  
And at his elbow souter Johnnie,  
His ancient, trusty, drouthy crony:  
Tam lo’ed him like a very brither;  
They had been fou for weeks together.  
The night drave on wi’ songs and clatter;  
And ay the ale was growing better,  
The landlady and Tam grew gracious,  
Wi’ secret favors, sweet and precious;  
The souter tould his queerest stories,  
The landlord’s laugh was ready chorus:  
The storm without might rair and rustle,  
Tam did not mind the storm a whustle.”

No one can read these lines without feeling their force and intrinsic truth. It is not necessary to point out the elements which enter into the completed picture of hospitality and good-fellowship. Nor is there any doubt that the “reaming swats that drank divinely,” is the principal element. Without the ale the spirit of brotherly love would be quite



absent. Compare this picture with the one drawn by Longfellow in his introduction to "Tales of a Wayside Inn," and notice that even the master-hand of America's greatest poet could not give his inn this spirit of intense human sympathy, in the absence of something to drink. Longfellow introduces music as an element of common interest, but music is for the soul attuned to receive it, and can never take the place of that delightful poison which attunes all souls to the note of universal brotherhood. Longfellow's inn is, indeed, not an inn at all. It is the sitting-room of a Puritan tavern, — a colorless place, surely, compared with that in "Tam O'Shanter."

The ale has brought Tam and his fellows happiness:

"Care, mad to see a man sae happy,  
E'en drowned himsel among the nappy.

"Kings may be blest, but Tam was glorious,  
O'er a' the ills o' life victorious."

Tam was a drunkard indeed,

"A blethering, blustering, drunken blellum,  
That frae November till October  
Ae market-day thou was nae sober."

But Tam could not remain in the delightful company of his drinking friends forever. He must go out and face the storm of wind and rain, and the still more terrible domestic storm waiting for him at home. He must pass through a very lane of terrors, where the peddler smothered in the snow, where drunken Charlie fell and broke his neck, where the hunters found the murdered child, where Mungo's mother hanged herself. All of these he passed without great fear. Finally he comes to the Alloway Kirk all ablaze with light, and from whence issued sounds of revelry and dancing.

Was Tam afraid? By no means. He was well fortified with "Dutch courage," the kind which the Manhattan colonists found in their barrels of wine, and made use of in the absence of the genuine article when their town was threatened by a hostile ship, the sort of courage with which Ivan Ivanovitch is fortifying himself at the present time to meet his active enemy.

"Surprising bold John Barley Corn,  
What dangers thou canst make us scorn!  
Wi' tippenny, we fear nae evil;  
Wi' usquebaugh we'll face the devil!"

The rest of the story does not concern us here. It is the greatest fun in the world, it is delightful, it is wonderfully true to nature, wonderfully human. One forgets that it is the story of a drunken ne'er-do-well. Indeed, no such conception enters the mind. One finishes reading it with no feeling of outraged decency, with no feeling that there is death in the cup, but rather if he moralizes at all, he must admit that something very delightful would be left out of one's life if such stories were impossible.

In "The Twa Dogs" ale is again given as one of the chief delights of humanity:

"An' whyles twa penny-worth o' nappy  
Can mak the bodies unco happy."

Without drink, too, the new year could never be properly welcome, for

"The merry day the year begins,  
They bar the door on frosty win's;  
The nappy reaks wi' mantling ream,  
An' sheds a heart-inspiring steam."

“Scotch Drinks” is an offering to ale and whisky dedicated to a wine merchant, a hymn to the god of strong drink.

“Let other poets raise a fracas,  
'Bout wines an' wines an' drunken Bacchus,  
An' crabbit names and stories wrack us,  
    An' grate our lug,  
I sing the juice Scotch beer can make us,  
    In glass or jug.

.....  
Thou clears the head o' doited Lear,  
Thou cheers the heart o' drooping care;  
Thou strings the nerves o' labor sair,  
    At's weary toil;  
Thou even brightens dark despair  
    Wi' gloomy smile.

.....  
Thou art the life o' public haunts;  
But thee what were our fairs an' rants?  
E'en Godly meetings o' the saunts,  
    By thee inspired,  
When, gaping, they besiege the tents  
    Are doubly fired.

.....  
O whiskey! Soul o' plays an' pranks!  
Accept a Bardie's grateful thanks!  
When wanting thee what tuneless cranks  
    Are my poor verses!  
Thou comes, they rattle i' their ranks  
    At ithers — ”

Are we justified in accepting this confession literally? Could the great Scotch Bard write poetry only when he was inspired by Scotch whisky? Let us take the confession with a large grain of salt, and we shall still have ample room to suspect that alcohol was at least necessary to him, that he was a steady, habitual drinker of alcohol in such quantities that its absence left him powerless to perform his daily work, that

he belonged to that numerous class, the members of which have for so long a time made alcohol a part of their daily drink that they believe it is absolutely necessary to them.

What Burns might have written had he not been a drunkard is an interesting subject upon which to speculate, but it is quite certain that he could not have written the following verses entitled, "The Author's Earnest Cry and Prayer, Addressed to the Scotch Members of Parliament." It is a protest against the excise laws which increased the price of the poet's beloved whisky, and it does not rise much above the level of an anti-high-license speech of a ward politician in Chicago. In spirit it does not rise above such a speech at all. He sings his lament thus:

"Tell them wha hae the chief direction,  
Scotland an' me's in great affliction,  
E'en sin' they laid that curst restriction  
On aqua-vitæ,  
An' rouse them up to strong emotion  
An' move their pity."

The great Charles James Fox was a target for the Scotch poet's most envenomed shafts, because of his connection with the Scotch excise bill, as a leader in the House of Commons.

Thus does he attack Fox:

"Yon ill-tongued tinkler, Charlie Fox,  
May taunt you wi' his jeers an' mocks.  
But give him t——, my beasty cocks!  
E'en cow the caddie,  
An' send him to his dicin' box  
An' sportin' lady."

"Tell yon guid bluid of auld Boconnocks  
I'll be his debt twa mashlum bonnocks,  
An' drink his health in auld Nance Tannoeks  
Nine times a week,  
If he some scheme, like tea an' winnoeks,  
Wad kindly seek."

“ See the Smoking Bowl Before Us,” is a drinking song after Burns’ own heart. It is saturated with alcoholic good fellowship, a real votive offering to the god of drink :

“ See the smoking bowl before us !  
Mark our jovial rugged ring !  
Round and round make up the chorus,  
And in raptures let us sing.”

Then we have “ John Barley Corn.” There is material for poetic building in the thought of the green field of grain waving in the sun, stirred by the summer wind, and the thought that each stalk bears a head drawing nutrition from the breast of mother earth to nourish her children. Few of us, however, when seeing such a field will be inspired to sing of its latent possibilities in the way of beer. To the mind of Burns, however, this suggestion comes easily. He sees in the field of barley something which

“ Will make a man forget his cares ;  
'Twill heighten all his joy ;  
'Twill make the widow’s heart to sing,  
Tho’ the tear were in her eye.”

Very, very untrue ; very, very unwise philosophy ! It will, indeed, make man forget his cares today, but add a hundred per cent. to his burden tomorrow ; and where it will make the heart of a single tearful widow sing for joy, the very memory of it will wring the hearts and flood the eyes of a thousand widows and ten thousand helpless destitute children made such by too strict devotion to this very same product of John Barley Corn.

“ Green Grows the Rushes O’ ” was a popular song in the boyhood of our fathers. Our army sang it in chorus a thousand strong in the war with Mexico, and obtained thereby the name of “ Gringoes ” from the Mexicans, a title still applied by them to all Yankees.

The song has a rollicking, hearty movement well calculated to give it vogue with the masses. A single stanza declares:

“ There’s nought but care on every han’,  
 In ev’ry hour that passes, O  
 What signifies the life o’ man,  
 An’ ’twere nae for the lasses, O ! ”

The poet, indeed, exemplified that the lasses were not less dear to his heart than the drink he celebrates and that the character of the lasses in which he found so much pleasure was no more refined than the character of the drink dear to his heart. Wine is a gentleman’s drink, a cultured, refined woman a gentleman’s natural consort. Burns sang the praises of neither.

Of course he drank wine in the absence of stronger drink, and now and then he mentioned it, but he sang no such songs in its praise as he sang for his “ nappy ” and whisky. On the wine goblet of a friend he wrote,

“ There’s death in the cup, so beware!  
 Nay, more — there’s danger in touching!  
 But who can avoid the fell snare?  
 The man and his wine’s so bewitching ! ”

Rather tame this, compared with his fervent lines on whisky.

It is not necessary to make a summary of Burns’ pro-alcohol teaching. His lines speak for themselves. Ale and whisky are good, are among the chief blessings of mankind. The man who teaches this, although his own private life was far from noble and virtuous, as far below the adopted standard of morality in his own time as it would be in our own, nevertheless gave to the world many of its sweetest and best songs, songs that go to the common human heart as do the songs of Moore.

Sir Walter Scott is no ardent devotee of the wine cult. He speaks of wine and ale, but without the fervor of a worshiper of the wine god. In "The Reibers' Wedding," he says that

"English beef was brought in bower,  
And English ale flow'd merrilie,"

and that

"They ate, they laughed, they sang and quaffed,  
Till nought on board was seen,  
When knight and squire were bourn to dine,  
But a spur of silver sheen."

Scott, indeed, is not a philosopher; he is a story-teller only. You know only that there was ale present, but not that he either approved or disapproved of its presence.

In 1806 when Lord Melville was impeached by the Whig government, his acquittal was celebrated in Edinburgh by a dinner given by his friends. On this occasion Scott read a poem the first stanza of which was:

"Since here we are set in array round the table,  
Five hundred good fellows well-met in a hall,  
Come listen, brave boys, and I'll sing as I'm able  
How innocence triumphed and pride got a fall.  
But push round the claret —  
Come, stewarts, don't spare it —  
With rapture you'll drink to the toast that I give.  
Here, boys,  
Off with it merrily —  
Melville forever and long may he live."

Here is a tribute not to the wine, but to the man; they are to drink rapturously not because of the excellence of the wine but of the man.

There are few references to drink in Scott's poems, and he is agnostic so far as the wine god is concerned.

"Assist me, ye friends of old books and old wine,  
To sing in the praises of sage Bannantyne,"

is a couplet which represents his negative attitude.

It is told in one of the biographies of Tennyson that he greatly disappointed the friends who accompanied him on his first visit to Venice. It was thought that memories of the ancient city would keep the English poet's soul in a glow of divine enthusiasm, but he moped and was silent and uninterested. Some one of the party then questioned him and he declared impatiently:

"I haven't been able to get a good bit of tobacco in the place!" Search of the city was immediately made and when the proper brand was found he smoked it ecstatically, and immediately his soul awoke to the beauties and romance of the Italian city.

If we should take the trouble to search Tennyson for that purpose, it is not unlikely that we should discover a tribute to the vaporous goddess, Nicotia.

In "The Vision of Sin" we find:

"I am old but let me drink,  
Bring me spices, bring me wine;  
I remember, when I think,  
That my youth was half divine.

.....  
"Wine is good for shriveled lips,  
When the blanket wraps the day,  
When the rotten woodland drips,  
And the leaf is stamped in clay.

.....  
"Fill the cup and fill the can;  
Have a rouse before the morn;  
Every moment dies a man,  
Every moment one is born."

In "A Northern Farmer" the poet tells of the English yeoman's steadfastness to the English Gambrinus in lines wonderfully impressive in their strength and picturesqueness. The old man is told that he must give up his favorite beverage,



but he declares that he will not. How dear to his heart the national drink must be can be easily gathered from his protest, to which the Northern dialect gives increased strength:

—“ Doctor’s

A bean an’ a goan :

Says that I moant a naw moor aale : but I beant a fool :

Git me my aale, fur I beant agoin’ to break my rule.

Doctors, they knows nowt, fur a says what’s naways true :

Naw soart o’ koind o’ use to saay the things that a’ do.

An’ I’ve ’ed my quart ivry market noight for foorty years.”

The northern farmer not only speaks vigorously, but he speaks for a large and representative class. Substitute a German dialect for his North of England English and his sentiments are expressed for every German peasant and artisan. Put it in the newspaper English of our own country and it will voice the sentiments of fully ninety-five per cent. of the laborers of America.

In fact of all the alcoholic beverages drunk ale and beer are the most strongly entrenched in the affections of the people, the bone and muscle which does the nation’s work. By a large number beer is regarded as a necessity as much as bread. It is the sole drink of probably twenty-five per cent. of the manual laborers of the city, the only drink they ever take excepting the morning cup of coffee. The masses believe in beer, believe that it is wholesome, nutritious, strength giving, a maker of bone and brawn, and those who would undertake to destroy the beer cult should understand that they are undertaking a task of enormous magnitude.

“ The Northern Cobbler ” also in the North of England dialect, is the story of a reformed drunkard primarily, and secondarily a story of unusual will-power, for the drunkard reforms unaided, and to emphasize the fact he kept for twenty years a full bottle of gin on the window-sill of his shop

without drawing the cork. There is something fine and manly in one who can do that.

The story itself is not unusual. A good many thousands of women labor to keep the wolf from the door to be paid for their faithfulness in the kicks and curses of drunken husbands. So this one of the common brutes kicked his wife. When he is somewhat sober he realizes what he has done:

“ Heer wur a fall fro’ a kiss to a kick like Saäten as fell  
Down out o’ heaven i’ hell-fire, thow there’s naw drinkin’ i’  
Hell;  
Mea fur to kick our Sally as kep the wolf fro’ the door  
All along o’ the drink, fur I loov’d her as well as afoor.”

It is significant that gin is the drink responsible for the cobbler’s downfall. Ale might have caused it, or even wine; but to charge either with so great a sin would be a sort of sacrilege. Gin has no friends in good society. It is a pariah, an outcast, an associate of cut-throat thieves and robbers.

(Continued.)

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“ It ought to furnish convincing arguments for the temperance cause that fractures and other injuries, when occurring in habitual drinkers, are so frequently followed by fatal pneumonia. It must be the experience of all surgeons that an unexpected pneumonia frequently follows severe injury, in such subjects. They seem to be particularly susceptible to this infection. Again we must remember the possibility of pneumonia originating from traumatism of the chest. Indeed it is sometimes observed that a right-sided pneumônia follows injury to the left chest wall, and *vice versa*. Pneumonia may follow an injury within forty-eight hours, or may occur later. Again, it is common for such a pneumonia to be marked by a delirium very suggestive of delirium tremens or true mania-a-potu may be present.” — DR. HAINES.

ON THE USE OF HYPNOTIC DRUGS IN THE  
TREATMENT OF INSOMNIA.

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Any drug which interferes with the workings of the higher cerebral functions is rightly regarded with suspicion, and the question of giving or withholding it is always open to doubt. Hence the difference of opinion with regard to the administration of hypnotics. In prescribing them the advantages have to be weighed against the disadvantages, and when that is done, and the former are in excess, then whatever disadvantages there may be have to be accepted since they are in the minority.

Although the question is not so simple as this in routine practice, it forms a general principle which can be modified to suit individual cases. In insomnia, more than in almost any other condition, the treatment has to be guided by the particular circumstance present, as it can only be regarded as a symptom which, with others, is present, and is caused by some underlying morbid condition. This is sometimes obvious, but is very often the reverse. The classifications that have been offered are mainly lists of the various diseases in which insomnia is a marked feature; and until the changes which take place and which result in sleep are better understood, such classifications serve to keep in mind those diseases which are associated with sleeplessness.

Of the actual, demonstrable changes that occur within the cranium and body generally at the onset and during the

period of unconsciousness due to sleep, the most important are those which relate to the blood and the state of the blood-vessels in the skull and other parts. The fact, well established by Hill, Howard, and others of a fall of blood-pressure within the cranium at the onset of sleep goes far to explain the condition. How influences are brought to bear on the medullary vasomotor centre, and what those influences really are, is the question which is unsettled and most difficult to demonstrate. The changes incident on fatigue are the most likely conceivable causative factors in the production of physiological sleep. That these changes are brought about by continuous stimuli proceeding from the skin surface, and acting on that part of the vaso-motor centre which controls the terminal circulation in the skin, thereby inducing a dilatation of these vessels, is to leave out of account all psychical phenomena. The same reason also prevents the acceptance of the changes being due to a relaxation of the vessels of the splanchnic area, and a consequent withdrawal of blood from the head.

From the effect which the various mental states have on the skin circulation there must exist a very intimate relationship between those psychical conditions and the mechanism for the control of the peripheral circulation. What this inter-connection is, is not known; but that there is an obscure relationship between the two cannot be doubted, and is expressed by the term "inhibition": since, when the mind is intensely occupied with some emotion, or the attention is fixed, that restraining influence is removed, and as a consequence various degrees of relaxation or constriction of the peripheral vessels take place.

The influence exerted seems to be the same as that seen in other involuntary mechanisms. It is also supported by the frequency of insomnia in those whose mental state is in disorder, and also by the effects of hypnotics. These remedies are always more potent when they cause a lowering of the blood-pressure; but in the case of those drugs, *e.g.*, paralde-

hyde, which have no appreciable depressing effect on the circulation their action must be exerted elsewhere. On the other hand, those drugs, *e. g.*, the higher alcohols, whose principal effect is the reduction of blood-pressure, have little or no hypnotic action, so that it does not follow that if a drug acts chiefly as a blood-vascular depressor it is a good sleep producer.

But it might be urged that those drugs, although they reduce the blood-pressure, may not induce the same alterations in the calibre of the vessels as those which occur in natural sleep. In the case of amyl nitrite, the peripheral circulation is reduced in rate owing to dilatation of the vessels, but little or no coincident sleep results. Whether this is because the vessels within the cranium are dilated as well as those at the periphery is uncertain; but since there is a fall of blood-pressure it must affect the brain vessels, and so cause at least a slowing of the stream, which induces the same result as an *anæmia*.

It is well known that the common action of all sleep-producing drugs is an interference with the higher cerebral functions, and that those which have this action as little mixed up with other actions as possible are the agents which induce a sleep most approaching the natural; and that other drugs which not only do this but also give rise to changes in the state of the blood-vessels are especially attended with more or less discomfort when their primary effect has passed off and the waking state supervenes. It is true that drug sleep differs much from physiological sleep, but the two cases are on a parallel, and the essential changes are the same in the one as in the other. Where the essential difference between the two comes in is in the inability of the parts acted upon by the drugs to free themselves from the enforced restraint due to the lingering effect of the hypnotic; the degree of this effect varies with the constitution of the drug and the dose prescribed. The action of such drugs aids greatly in the concep-

tion of the processes primarily concerned in the production of natural sleep, and indicates that these lie in the psychological realms.

There is only one conceivable prime factor in the causation of natural sleep, *viz.*, fatigue. There are two points of view from which the effect of this may be regarded: (1) alteration of the nerve-cell elements themselves, (2) alteration of their environment. From either standpoint there is a common result, but doubt may arise as to which is the more important, although probably both factors play a part.

During work there is a continuous molecular activity present in the cells concerned; as a result effete products are eliminated, and are carried off from the bodies of the cells. It probably happens that these products have an immediate effect upon the cell and impair its activity by inducing an increasing paresis and a consequent diminution of molecular activity necessary for the proper carrying on of its function. Of course, the greater the strain on the cell the more marked this is, and the sooner will the effort cease. In order that the effects of activity may pass off rest is required, and if the condition is extensive the shutting off of these parts and the consequent cessation of functional activity removes the influence from the lower centers, and the subject passes into a state of sleep. Those mechanisms within the brain which by their activity maintain consciousness are probably more easily fatigued than any of the lower centers. Any sustained mental effort, as the close application of the faculty of attention, quickly leads to fatigue, as is experimentally shown by the increasing number of errors in mental exercises, or clinically by a feeling of lassitude. The power of endurance, of course, varies in different individuals and the onset of fatigue, as a consequence, also varies; hence, in different subjects more or less effort can be undertaken without need of time for recuperation. By frequent repetition and by training, the onset of fatigue may be, within limits, delayed.

The same applies to fatigue from active physical exercise, but it is probably not so much fatigue of the muscles as fatigue of the higher cerebral faculties. Were these to be strained to as high a point of tension as the muscles during prolonged physical effort, fatigue would result in a much shorter time. This is well shown in the case of skilled athletes as compared with those unskilled. Given two such of the same degree of physical fitness, fatigue occurs much sooner in the latter than in the former. It is probably not so much due to primary effect on the muscles, but to a fatigue from concentration of the attention.

It might be maintained that if fatigue of the psychical realms is a primary factor in the production of sleep and a lowering of the blood-pressure is a secondary phenomenon, the curve of intensity of unconsciousness due to sleep would follow the curve indicative of the vascular state. Although there is a tendency in this direction, especially in the initial stages, as Howell has pointed out, the two curves vary very greatly. The curves of Piesbergen, Monninghoff, and others indicate that unconsciousness is not deep during the first hour; that at  $1\frac{1}{4}$  hours it becomes deeper and reaches its maximum at  $1\frac{3}{4}$  hours, then slowly becomes shallower for  $2\frac{1}{2}$  hours; at the end of  $5\frac{1}{2}$  hours it again becomes deeper and finally passes off. Howell's curve of the blood-pressure shows a steady fall for the first two hours, when it reaches its lowest level and remains so for four to five hours; then it gradually rises, until during the last hour it rapidly approaches the pressure of the waking state.

I do not know what the conditions were under which the experiments for the ascertainment of the sleep intensity were made. The results obtained by Kohlschutter differ from those of Monninghoff and Piesbergen in the initial stages, for the former observer found that the depth of unconsciousness increased very rapidly during the first hour, but the latter found that it was so slight as to be unable to be meas-

ured by their methods. The difference of results may be due to a difference of the subjects of experiment, and also to the degree of fatigue present. Clinically it is as a rule observed that after great fatigue the period of deepest sleep is during the first and second hour, that it varies in the same person, and that it seems to depend directly on the amount of fatigue present. It is of interest to compare the initial effects of trional, as found by Hans Haenel, and those of early fatigue, *viz.*, diminution of the power of calculation, increase of the time in choice reactions, increase of faults and omissions in reading, and diminution of the rapidity of writing. Such results strongly indicate an involvement of the same structures by agents which primarily have a similar action.

All degrees of pathological insomnia imply a lesion, greater or less marked, of the psychical realms; and since natural sleep is probably the result of changes incident on healthy fatigue of these realms, it follows that sleeplessness is the result of some interference with their physiological discharge of function. And I believe that however variable the cause may be, it ultimately acts always in the same way. For convenience these causes may be classified as (1) physical, (2) mental.

In the case of anything which stimulates to an excessive degree what must be a small area of consciousness, the attention is kept so fixed that the healthy working of consciousness is interfered with, and by reason of this removal of the influences of the higher centers is prevented. In the case of pain from any cause, or febrile states, it might be said that the causation of these may give rise to the insomnia, especially if that be due to recognized toxic agents. To a certain extent this is true, but it does not hold good in every case, and they are probably only auxiliary causes.

Insomnia from physical causes varies in its intensity within wide limits; it may be slight or it may be so severe



as to lead to the production of mental disorder. So long as there is only temporary interference with the psychical realms, these are able to meet the interference and are able to accommodate themselves to the condition. Where *e. g.*, the painful state is not able to be removed, the excessive fatigue alters the healthy working, and as a result mental symptoms develop. This was shown in a case which came under my notice lately in a healthy man who developed neuralgia over the left eyebrow; the pain increased in severity; conjunctivitis, frontal herpes, great swelling of the eyelids, and occlusion of the eye followed. At first the sleeplessness did not interfere with the cheerfulness of the patient, later he developed great irritability and fretfulness and became quarrelsome. With a persistence of the pain emotionalism and other signs of hysteria became prominent; finally hallucinations of hearing, delusions, and ideas of suicide showed themselves and continued until the pain passed off. With its discontinuance sleep was reëstablished, and the mental symptoms passed off and did not return, although the convalescence was very protracted.

The case is illustrative of the degree of disturbance that can be set up by the natural consequences of insomnia, and of the way in which pain as a causative factor produces it. The excessive stimulation of the attention at first did not in any distinct way affect the mental state; later the interference of the normal interworkings of the cerebral factors was so great that the symptoms of mental unsoundness developed; they passed off on the reëstablishment of sleep. That extraneous toxic agents did not play an active part in the insomnia appears to be borne out by the fact that removal of the most marked symptom was followed by sleep. Again, in the case of febrile conditions which are due to toxic causes, sleeplessness is not necessarily a prominent feature so long as there is no attendant outstanding bodily symptom. For example, in a case of typhoid fever with a temperature of 103 or 104

the patient sleeps most of the night; or in the case of late phthisis insomnia is not very prominent unless the patient is disturbed by a fit of coughing; and in many other conditions the same holds good. So long as these are not attended with painful or other irritating feelings which keep the attention forcibly strained on the part, insomnia is not present.

The purely mental causes, *e. g.*, worry, grief, anxiety, act apparently in the same way, by a continuous stimulation of the processes which give rise to them, and secondarily on the consciousness in general. When sleeplessness arises from continued mental work the areas which have borne the exertions come to act so automatically that no effort of the will can immediately stop them, and a temporary period is required for this to gradually assert its sway.

To the sleeplessness of established mental disease is a further step, and only implies a much more widespread lesion of the psychical processes by which the various disordered mental workings are evidenced. It does not signify whether the ascertainable causes are toxic, auto-toxic, or the result of gross brain lesion. The result is the same, *viz.*, a breaking of the psychical workings, which maintain a healthy acting mind, and a consequent inability of the higher to control the lower centers.

Turning to the treatment of insomnia, it must be regarded as one of the chief, if not the principal symptom which requires to be overcome, for in the mentally sound its persistence may lead to complete mental breakdown, and in the subjects of mental disease it aggravates the condition, and is followed by a greater degree of physical and mental prostration than almost any other symptom. Two principles have to be followed, *viz.* (1) removal of any condition which tends to its aggravation; and (2) rest. In many cases where no gross signs of mental alienation are present the former is usually all that is necessary, but where there is established mental disease the removal of the cause is often not sufficient.

Hypnotics may be divided into two classes: (1) indirect, *e. g.*, physical exercise, baths, massage, dieting, tonics; (2) direct, *e. g.*, fresh air, drugs.

For insomnia associated with physical conditions drug treatment is not as a rule required, from the fact that the mental processes are probably unaffected, except for the strain put upon them by their constant direction to the seat of disease. In the majority of cases I consider their administration harmful — not from the actual sleep they produce, nor from their effect upon the heart especially and on the organs generally — but from their after-effects upon the nervous system. Their action in impairing mental acuity is aggravated by the presence of the physical illness, and as a consequence the patient is rendered worse rather than better, by reason of the addition of a cause for impairing the maintenance of an already weakened psychical state. Although this is a rule which should be followed, there are cases where it should be departed from, and where it becomes advisable to use hypnotic drugs. When the insomnia is persistent and from its effects mental symptoms are beginning to appear, their use is indicated, and they ought to be given in addition to agents calculated to remove the cause.

When sleeplessness occurs in individuals whose mental state is still intact, *e. g.*, in subjects of neurasthenia, drugs ought to be withheld as long as possible. The essential feature of such cases is the marked degree of subjective concentration which betokens an enfeebled, but still intact, mental state. If by encouragement the patient can be made to concentrate the attention on some healthy pursuit which will involve a use of the large voluntary muscles, new channels will be opened up, and those paths traversed in obtrusive subjective consciousness will fall into disuse and a healthy mental state result. One of the best ways of bringing this about is to get the patient to take an interest in physical development. The exercises not only improve the muscular tone, but also

strengthen self-will power, which is so lacking in these subjects.

In patients who are the subjects of mental disease the use of hypnotics can only be regarded as an important and necessary part of the treatment. As the symptoms of insanity are the manifestations of fractured psychical mechanisms which depend upon various conditions the treatment should be directed, not only to removing the cause, but to keeping the parts at rest in order to allow of a restitution of the healthy balance. Although indirect and direct hypnotics ultimately may act in the same way, and the advocates of each may place more reliance on one than another, it is perhaps needless to mention that a happy combination of all of them is the best policy to be pursued in any given case. With regard to chemical restraint, it is open to the objection that it is liable to more abuse than other methods. Nevertheless, it is of great value, both in recoverable cases and those where this cannot be hoped for.

Keeping in view the fact that the symptoms in general of insanity are due to the removal of the inhibitory influences of the higher realms, and that insomnia is an illustration of that disorganization, it follows that if these pathologically working parts are kept at enforced rest for temporary periods there will be a greater chance of their recovering their normal activity and influence. This applies very specially to acute mania and melancholia, both of which states always exhibit marked insomnia with, on the one hand, motor or sensory excitement and, on the other, depression. In such cases after enforced sleep for a few nights the excitement frequently subsides, and the patient passes into a state of convalescence attended with a return of natural sleep, as is illustrated in the case of a youth, aet. twenty, the subject of a sharp attack of acute mania with suicidal impulse. He was markedly incoherent, had many delusions and hallucinations, was very noisy, and for the first two nights after admission did not

sleep at all. Veronal in 10-grain doses was given on three successive nights, and induced sleep for about six hours each night. Thereafter the patient slept well without the drug, and the excitement abated.

In preventing a case of acute mania from passing into a condition of delirious mania, the early administration of hypnotics is of service.

The insane states which occur about the age of fifty often appear to be peculiarly amenable to chemical treatment. Insomnia with depression, accompanied by delusions of suspicion and of fear, with impulses towards suicide, frequently gets well by this means when it is next to impossible to treat the patient otherwise.

In sensible insanity drugs serve a double purpose, for they not only give the patient sleep, but by their calmative effect they prevent the patient sustaining self-inflicted injuries which otherwise result. Also in maniacal states which result from chronic alcoholism, where the alcohol is suddenly stopped, where there is much motor excitement, noisiness, sleeplessness, and delusions of grandeur, when the general health is weak and obviously failing, rest by hypnotics is of the first importance.

If there is any doubt about the advisability of giving hypnotic drugs to patients who are suffering from recent and probably curable insanity, there can, I think, be none about their exhibition in cases where recovery can no longer be hoped for, or where the case is incurable from the commencement. Where there is insomnia with persistent excitement and noisiness, temporary enforced quiet is not only a kindness to the patient, but is conferring a boon on the others who are within the radius of the disturbance; for the constant irritation is attended with harmful results to those who are in a state of convalescence.

With regard to the individual drugs, I cannot as yet add anything to what has been previously noted. Clinically, ver-

onal, of comparatively recent introduction, has given uniformly good results in cases of the milder forms of excitement and in cases of melancholia. In chronic or very severe mental exaltation it has not been attended with such good results. No disagreeable after-effects have been noted, and the sleep induced is quiet and said to be refreshing. It acts in about a quarter to half an hour, and the duration of sleep has been found to have an average of six hours after 10-grain doses.

As a simple hypnotic I think it might be placed on the same plane with paraldehyde, and it has the advantage over the latter in that no disagreeable taste or smell is left. — *Journal of Mental Science.*

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The disease of inebriety is a condition of morbid impulse, in which the patient is impelled to secure relief from a state of exhaustion and feeling of want which nothing but alcohol can gratify. It is not a matter of reason or judgment, but an insane impulse which so pervades the system and controls it as to dominate every other instinct. There may be stages of this impulse in which it is weak and can be diverted by drugs or remedial measures. There are other stages in which nothing but force can prevent the person from gratifying this impulse. If we could determine the degree and intensity of this impulse we should be able to apply the exact means, but not knowing this and attempting to use uniform remedies mistakes will occur.

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Americans consumed one-half of all the coffee sold during the past year. In this country this was estimated at fourteen pounds for every man, woman, and child. If these facts are correct, a new field of stimulation calling for medical study is opening up.

## Abstracts and Reviews.

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### STUDIES OF THE EFFECTS OF BATHS AND FORMS OF ELECTRICITY.

Doctors Bain and Frankling have reported some very interesting studies on themselves of the effects of different kinds of baths. The questions they sought to answer were the daily excretion of urea, uric acid, sulphates, phosphates, chlorids, the acidity of the urin, the estimation of the hemoglobin, and red corpuscles. The enumeration of leucocytes and the measurement of variations in the blood pressure. The effects of electric immersion baths are interesting. They were found to induce restoration of contractal power in cases of muscular weakness resulting from atrophy and nerve lesion, and in forms of hysteria, and neurasthenia. They were also found valuable as general tonic remedies, particularly in chronic gout, and other conditions of local manifestations of disease. In the light-ozone baths, some striking results were obtained on the hemoglobin value of the blood in chlorosis and anemia.

One general conclusion is conformed by outside experience that these baths produce marked variation in blood pressure, and alterations in nutrition, together with more rapid elimination of urea and uric acid.

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### THE TEMPERANCE LEAGUE BREAKFAST.

The Temperance League has given annually a breakfast at every meeting of the British Medical Association, in which

the leading members interested in the temperance subject would gather and talk over the subject of total abstinence.

At these annual gatherings the leading officers of the British Medical Association were always invited, and were present as a compliment, although they might not be in full sympathy with the movement. Each dinner was the occasion for some excellent speeches concerning the dangers of alcohol as a beverage, and the need of more care in its use as medicine.

The influence on the profession of these annual gatherings has done a great deal to clear up the mystery of alcohol and its value. The last meeting was held July 27th, on the occasion of the annual meeting of the British Association, Mr. J. T. Ray, the secretary of the League, read the following appreciative address, which was the subject for many very excellent speeches.

It is a source of great regret that we are not able to popularize the annual meetings of our Association for the study of inebriety, and enlist the officers of the Association in active coöperation. An effort will be made in the coming year to have a similar popular gathering.

The following is the address delivered:

“ We desire on this occasion of the thirty-sixth annual breakfast with members of the British Medical Association, to express on behalf, not only of the National Temperance League, but of the whole temperance movement, our high appreciation of the important services which have been rendered to the cause by the medical profession through their progressive research and declarations as to the nature and effects of alcohol.

“ It is significant that the first and most influential publication in connection with the temperance movement was written in 1785 by Dr. Benjamin Rush, one result of its influence being a memorial from the American College of Physicians to the United States Congress. Since that time a long succession of medical advocates have supported the movement in



this country. Among these the names of George Cheyne, Erasmus Darwin, John Higginbottom, R. B. Grindrod, Julius Jefferys, W. B. Carpenter, Professor James Miller, Norman Kerr, and B. W. Richardson may be recalled.

“ The delivery in 1874 of the *Canter Lectures* on alcohol before the Society of Arts by the late Sir Benjamin Ward Richardson, F. R. S., marked a period in the scientific study of the alcohol question, and commanded the attention of the whole medical profession. The progressive research which has followed from that time has developed an attitude of mind on the part of medical practitioners towards the dietetic and even the medicinal use of alcohol, which has had a powerful effect upon the public conscience, and been of incalculable benefit to the objects which the National Temperance League and its contemporary organizations have in view.

“ The formation of the British Medical Temperance Association and of the Society for the study of inebriety, has done much to formulate scientific evidence against the use of alcohol; and the several medical declarations which have emanated from the profession have presented that evidence to the public. None has been so significant and important as the recent document signed by fifteen thousand medical practitioners in support of the teaching of hygiene and temperance in our public schools.

“ We desire to emphasize the great value to the cause of national sobriety of the evidence presented by the medical witnesses before the recent Inter-Departmental Committee on Physical Deterioration in certain classes of the community; and we venture to express the hope that the experimental and clinical research, which has established beyond the possibility of contradiction the fact that alcohol is inimical to the best interest of individual and national life, may be extended and demonstrated until the community at large is thoroughly awakened to its responsibility.

“ In conclusion, we would, on behalf of the great body of

temperance workers throughout the kingdom whom we represent, place on record our profound appreciation of the self-sacrifice of the medical profession in applying the principles of preventive medicine to the discouragement of the use of an agent which is responsible for so much deterioration and disease, and we trust that through these representative members here assembled, this expression of cordial recognition may be communicated to the whole British Medical Association."

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#### PATHOLOGIC EFFECTS OF ALCOHOL ON RABBITS.

Doctor Freidenwald of Baltimore has published his experimental study on the above subject in the *JOURNAL* for September 9th. This is a very interesting study of the effects produced by feeding 120 rabbits on alcohol at different times, and examining the conditions which follow. An elaborate table is given of all the details which followed after the the spirits were used. The following summary which was drawn up by Professor Welch, gives the conclusions:

"1. Animals exhibit marked individual differences in their susceptibility to the injurious effects of the prolonged administration of intoxicating doses of alcohol. While certain individuals succumb quickly, others may be kept alive under these circumstances for at least four years without presenting any serious anatomic lesions attributable to the alcohol. Between the extremes, there are all gradations in susceptibility, young animals and pregnant ones being generally the most susceptible.

"2. The experimental reproduction in animals of certain of the more characteristic diseases of human beings, attributable to the abuse of alcohol, such as cirrhosis of the liver, chronic Bright's disease, and arteriosclerosis, has not been satisfactorily attained. The most common pathologic

condition noted is a fatty metamorphosis affecting especially the cells of the liver, the heart muscle, and the kidneys. This lesion soon disappears after stopping the use of the alcohol. Death or necrosis of limited groups of cells in the liver and kidneys may occur, but is inconstant. More common is an acute or chronic catarrhal gastritis, but this, too, is often absent or but slight. Changes in the central nervous system, similar to those in acute alcoholism, as well as certain additional ones, may be present in experimental chronic alcoholism. Hyperemia and small hemorrhages may occur, especially in the stomach, the kidneys, and the brain. In view of considerable differences in the results reported by different experimenters, and of many still unsolved problems, additional experiments on the pathologic effects of the long-continued use of alcohol and of alcoholic drinks are needed.

“3. Alcoholic intoxication increases the susceptibility of animals to many infections, and influences unfavorably the process of immunization. Pregnant rabbits repeatedly intoxicated by alcohol are likely to abort, and to die soon afterward from some accidental infection. Many of their young die a few days after birth.”

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#### DIET AND INEBRIETY.

Doctor Paulson has called attention to this topic in his monthly, “The Life Boat,” and giving some very striking examples. There can be no doubt that many cases seem to be due to excessive eating of large quantities of stimulating foods.

These instances occur most frequently after the development of inebriety. The system being in a hypersensitive condition, and the digestion being seriously impaired a hearty meal of rich food would act as an exciting cause for the drink craze. Much the same way, as over exertion, extreme excite-

ment, or depression would lower the vitality, and increase the desire for relief until it became a veritable morbid impulse.

It is a matter of great importance to all inebriates to avoid dietetic excess, particularly of stimulating foods and condiments. Many inebriates relapse by simply neglecting to care for the stomach, and feeling that every impulse was a natural one which should be gratified. The stomach is as delicate and sensitive as the nerves, and should be treated by rest and freedom from excesses of any kind for years after the withdrawal of spirits. The digestion should be the subject of anxiety and care. Probably a grain and fruit diet is the safest food that can be used. One of the incidents mentioned by Doctor Paulson is very common in many circles of life, where after a very hearty dinner in which a feeling of un-comfortableness and distress followed, the person resorted to alcohol in some form which for a time gave relief. This was followed by more depression and more spirits resulting in intoxication. If the person had eaten rationally and in moderation no such result would have followed.

The desire was actually created at the dinner table, and the cook was more responsible than the saloon keeper. There is a great field of study in this direction that some time in the future will be taken up, and incorporated into the practical working truths of the day.

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#### ALCOHOL AS A FUEL.

In a discussion at a dinner by the Society of Motor Manufacturers, in London, Doctor Ormandy spoke of the possibility of petrol, as a fuel being cut off in time of war, and the uncertainty of its supply. The following is a part of what he said:

“Substitutes for petrol had been tried, among them paraffin, but this had been found unsatisfactory. The only other

possible fuel was alcohol. The use of alcohol was extending in Germany, where exhaustive scientific tests had been made which proved that complete combustion obtained left the machinery clear, and the exhaust inobjectionable, and there were no signs of rust from the water present in the alcohol.

“ Another point in favor of alcohol was the greater safety in handling and use, and the much higher compression obtainable without danger of self-ignition. The price of petrol might soon be twenty cents a gallon or over, as it had been before, and then alcohol made from potatoes could compete.

“ They might anticipate a considerable demand for alcohol motors in hot climates where petrol was dangerous and expensive, and this field could only be supplied from Germany, where the government aided distillers of potato spirit by a bounty, thereby employing land and labor, and assuring a supply of fuel in case of war. To compete with Germany here, alcohol required a government bounty of a few pence per gallon, and in return land and labor would be employed, and in return England could rely upon her own fuel supply. Moreover, the building of alcohol engines for the colonies would be encouraged, and also for hot countries where alcohol could be cheaply produced. When the price of petrol rose, as it seemed certain to do, and the price of alcohol was assured, the bounty would be no longer necessary. Large tracts of land were available for sowing potatoes, while in Ireland in times of potato famine the diseased crops would still be available for producing alcohol, and illimitable other supplies could be had from the colonies if needed.”

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#### LEGAL RECOGNITION OF INEBRIETY IN CANADA.

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"I feel that I would not be doing my duty if I did not call your attention to a most pressing matter, that of the indigent and wealthy inebriates. This subject should not be disregarded or passed over lightly. The Ontario Society for the reformation of inebriates should be receive our strongest support, and I sincerely hope that the government of today will see its way clear to aid the Society, and help carry on the work which it is endeavoring to accomplish. While here again the prevention of inebriety should not be lost sight of, a great advance would be made in the citizenship of our Province if we were to put in force the measures adopted by Great Britain and the United States. It is well recognized that what many an inebriate needs is to be placed where he cannot have the source of his trouble, and be treated with that sympathetic kindness that he needs, and he will be grateful for the help given him. No one can help feel, if the wishes of the Society could be carried out, another strong prop would be placed in our nation's manhood.

"But I would go farther, — I believe that the wealthy inebriate would be grateful if taken care of. The inebriate in many cases only requires to have proper restrictions enforced. The inebriate himself frequently desires the restrictions, and there are cases where it may be said that the inebriate has lost his self-control, has not sufficient moral force left to impose the restrictions himself, and what is needed is that he shall be taken charge of by his friends, and the restrictions carried out for him. This cannot, as a rule, be done without adopting some one or all of the measures the Society has proposed. I hope that the indefatigable worker of the Society, Doctor Rosebrugh, and the other members will soon have the satisfaction of knowing that their efforts in this direction will be crowned with success."

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#### TRAVELS IN ANCIENT BABYLON.

In a paper on some recent researches in Babylon by Doe-

tor Peters, of New York, occurs the following significant statement.

Referring to the statement that the spies came into a harlot's house and lodged there at Jericho, he makes the following explanation:

"Turning to the code of Hammurabi, we find that the laws 111 dealt with the wine seller. The gender of the wine seller in these laws is always feminine. It is evident that the trade was in the hands of women. It is also evident from these laws that the places where wine was sold were places of resort and lodging houses for the traveler. Perhaps a tavern keeper would be a more exact rendering of the word used than wine seller. It is farther evident from the terms of this legislation that outlaws and bad characters were apt to collect in these taverns, and that they were places of doubtful resort.

"A priestess was forbidden to enter a tavern for a drink, or to become a mistress of a tavern. This throws light on the character of this place to which the spies went in Jericho, and on the position of Rahab. They went to the tavern because it was the only place to which one could go, as a stranger in the town.

"Rahab was a keeper of the tavern. This and other evidence show that the hotel business in Palestine was of disreputable character. A Jewish ritual prohibits the marriage of a priest with a woman connected with the business of keeping a tavern."

The code which Doctor Peters referred to was only recently discovered, and is the most ancient of all codes in the world.

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#### TOBACCO AND ALCOHOL IN HEART STRAIN.

Doctor Staddon contributes to the *Medical Age* a very interesting article on heart strain, from which we extract the following striking passages. He mentions the case of a young



man who is easily fatigued, gets out of breath quickly, and has palpitation of the heart. It is found that he smokes cigarettes to excess. Nicotine weakens the action of the heart, but does not dilate the vessels, so that it causes a loss of balance between the force of the heart and the vascular tension.

This tension is due to a spasm of the muscular coats of arteries; as a result there is palpitation, poststernal oppression and pain in most cases. The heart is seldom found enlarged, but its action is weak, accompanied by fainting.

These cases recover frequently by rest, absence of tobacco, and the ordinary nerve tonics. The alcoholic heart presents clinical characters different from the tobacco heart, the most important of which is the increase of the size, and condition of the myocardium. Of twenty-eight cases of alcoholic heart, in all but two there was enlargement; without exception the impulse was weak, and the sounds were small and feeble, and many almost inaudible. In more than half of the cases a systolic murmur could be heard, varying with posture from day to day owing to regurgitation through the dilated mitral opening.

The alcoholic heart is irregular, and accelerated in its action. The pulse tension is low; in over a third of all cases the radial artery is sclerosed, there is frequently albuminuria, and the legs are edematous. The patient complains of palpitation of the heart, faintness or actual faints, and precordial pain, but angina pectoris is rare in the alcoholic compared with the tobacco heart.

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#### WHAT TO DO WITH OUR INEBRIATES.

In a paper with this title read before the International Home Relief Congress in Edinburgh, Dr. John Q. Donald, discusses the condition of inebriety and the general indications for its rational treatment. The paper is exceedingly

interesting and very simply written. Any one, either medical or lay, wishing to obtain a view of the question could read it with advantage. Doctor Donald said that the whole consensus of scientific teaching points to the fact that alcoholism is not merely a vice, but an actual pathological state of the brain. He defined the different types of the disease, inebriety and dipsomania, and subdivided inebriety into two groups according to the exciting causes. He maintained that all inebriates are easily curable if the cause of their drinking is removed. The paper, however, especially referred to the treatment of dipsomania. The various forms, acute and chronic, were briefly described. The entire incurability of the condition of abnormal reaction to alcohol, and the absolute necessity for restraint while recovery is being effected, were emphasized. Doctor Donald holds strong opinions on the various methods of treatment by drugs which are said to cause an aversion to alcohol, such as have recently been advocated afresh. In analyzing cases that had been under his own care Doctor Donald found that he had been able to cure by other methods, 22 per cent. of those who had previously been treated unsuccessfully by drugs. He further found that 27.7 per cent. of the patients who had had drug treatment died, as against 7.3 per cent. of those who had had no drug treatment. He considers patients who have relapsed after drug treatment much more difficult to deal with than others who have not been so treated.

Doctor Donald refers at some length to the essentials of institutional treatment, which, in addition to all kinds of protective, hygienic, and therapeutic measures, include the treatment of the patient on the mental side, and a vigorous attempt to alter his point of view, and to rouse his dislike and hatred of the poison which is his bane, as well as to give him new and real interests. Doctor Donald is very strong upon the necessity of placing all retreats under license and inspection, in order that proper and efficient treatment should be

secured for all cases. He sums up his conclusions thus: "I have tried to impress upon you that inebriety is a disease; that it is a curable disease; that institutional treatment is the principal curative agent; and that laws should exist which would compel every known inebriate to be thus treated.

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#### PRESCRIBING WHEN INTOXICATED.

Section 365 of Chapter 169 of the Laws of Indiana of 1905, act concerning public offenses, provides that whoever, while in a state of intoxication, prescribes or administers any poison, drug, or medicine to another, which endangers the life of such other person, shall, on conviction, be fined not less than \$10.00 nor more than \$100, and be imprisoned in the county jail not less than ten days nor more than three months.

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THE PSYCHIC TREATMENT OF NERVOUS DISORDERS. By Dr. Paul Dubois, Professor of Neuro-pathology at the University of Berne. Translated and edited by Drs. Smith E. Jelliffe and W. A. White, of New York and Washington. Funk & Wagnalls Co., Publishers, New York, 1905.

This without doubt is the most interesting and valuable book, which has been published in the field of medicine for a very long time.

Every physician in every specialty is constantly confronted with disorders that are psychic and obscure, and of which he has little or no knowledge. He is conscious that the realm is one of cause and effect, but he has no way to study it with any satisfaction.

Consequently the phenomena, while being recognized, is practically unknown. The terms psychoneurosis, psychothe-

rapy, psychophysical, and other similar names represent a new field in clinical medicine, and the author takes the reader out into this new realm, pointing out the symptoms and conditions, and means of successful treatment. Giving a record of cases, and the failures and successes of his own work. In reality it is the psychical treatment of diseases to which the term "Moral Treatment" has been applied. It is more than this, it is using so-called "Moral Measures" to produce physical effects, and is a plea clear and emphatic to take up the psychotherapy in all diseases, and apply remedies which promise results equally pronounced with that of any other means used.

The author makes it very clear that there is a new realm for the treatment of disease, which every physician can understand and apply in his every-day practice; hence, this book has an extraordinary interest and value. In reality the new fields which have been opened up by the microscope, the laboratory, and followed up by surgery and bacteriology become insignificant compared with this. This book has a peculiar value and is practically a great contribution to the study of drink and drug neurosis. Every student of these disorders should make a study of this book, because of the valuable suggestions and explanations of phenomenon that are unknown from any other point of view. We commend this book to all our readers as the most important and valuable they can possibly have. It is sent postpaid for \$3.00 by the publishers. It is a large well-printed volume of nearly five hundred pages, with thirty-five chapters, good clear type, and admirably divided into very suggestive headings and topics.

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**THE EFFECTS OF TROPICAL LIGHT ON WHITE MEN.** By Major Charles E. Woodruff, A.M., M.D., New York, Rebman Co., 1905.

The author who is a surgeon in the United States Army, has given in this work of over three hundred pages, a most

suggestive study in a new field. The central idea is, that skin pigmentation is for the purpose of excluding the short actinic rays which destroy living protoplasm. This explains the theory of nigrescence and blondness, and the reason why Europeans do not flourish in the Tropics, and why blonds disappear when they change from northern climates. The facts grouped by the author are very striking, and in most instances fully sustain the general study. The following table of contents gives a very good idea of the wide range of the subjects brought to bear on this theory. Zoölogical zones, ether waves. Action of ether waves on protoplasm. Difference between plants and animals. Natural defences of animals from light. Known effects of light on man. Results of migration of blond races. Results of migrations to America. These and other chapters comprise one of the most interesting studies which has been presented on this subject. The tone of the writing is decidedly military and assertive, and often mars the value of many of the statements. But the book as a whole is epoch-making, in calling attention to the influence of light on individuals and on races, and clearing away much of the obscurity which has invested this subject. The extravagant expectations of the value of light in therapeutics are dissolved, and the question is very pertinently asked, may not modern nervousness be attributed to excessive light, or to other conditions made more stimulating by light? The author is to be congratulated for this new study, and the reader lays aside the work hoping that the author will continue his studies in this direction.

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THE PHYSICIAN'S POCKET ACCOUNT-BOOK. By  
J. J. Taylor, Editor of the *Medical Council*, Philadelphia, Pa.

This is one of those handy books which a physician can carry with him, and have a perfect record of his business and

income from day to day. It is sent by mail for \$1.00, and is one of the most valuable pocket-records that a physician can have.

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**OPHTHALMIC NEURO-MYOLOGY.** By G. C. Savage, M.D., Professor of Ophthalmology in the Medical Department of the Vanderbilt University, etc., Nashville, Tenn.

This is a study of the normal and abnormal actions of the ocular muscles from the brain side of the question. This work of over two hundred pages is a most interesting study of the eye muscle problem. The reader is pleased with the author's clearness of statement and ability to make the general reader understand the technical part of the subject as well as its general physiology. The plates are very suggestive and convey the author's meaning far more clearly than words. This book is a very timely contribution to a subject that is very obscure to the average doctor, and we commend it to all our readers as a most practical study and contribution to a new subject that is growing important with every advance in our knowledge of the brain and nervous system.

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**MOUTH-BREATHING.** By W. H. FitzGerald, M.D., Larymologist to St. Francis Hospital, Hartford, Conn.

This little Monograph describes the errors of mouth-breathing and its dangers in early life. It is a very practical subject, one that is greatly neglected. This timely study will be appreciated by a large class of readers.

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"Alcohol a Dangerous and Unnecessary Medicine," is the title of a small work compiled by Mrs. M. M. Allen, of Oneida, N. Y. We have noticed this work in these pages before, and take pleasure in again calling attention to it as a

compilation of many very excellent papers on various practical subjects, by eminent authors. The object of the work is to furnish practical testimony of distinguished authorities for the use of persons who wish to write or lecture on these subjects. In some respects this is one of the most practical works for ready reference that is printed. Any one wishing to know what leaders of the profession have said on various phases of the alcoholic problem will find it here. The price is \$1.25, for which the book will be sent postpaid by the author.

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“The Era Key to the U. S. P. ;” A complete list of the drugs and preparations of the United States Pharmacopœia. Eighth decennial revision (1905). Vest-pocket size; 83 pages; price 25 cents. The Pharmaceutical Era, Publishers, 90 Williams St., New York.

The busy physician will find it both helpful and suggestive in his effort to prescribe official pharmaceutical preparations.

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The *Popular Science Monthly* contains a number of very startling articles by famous authors on subjects that are practically new. While it is impossible to particularize any one, it is the common remark that this monthly is leading all the literature of the world, in clear scientific discussions of matters which have an absorbing interest to every scholar. No other journal brings so much of interest to the library table every month.

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It is a curious commentary on the beer and spirit trade, that statistics indicate it to be among the most dangerous of all occupations. The Registered-General's report of England makes this fact very clear in the mortality statistics. Inn-keepers, brewers, and workmen in these places, as well as dis-

tillers, have a high mortality. Such persons are termed publicans, including all persons engaged in the manufacture and sale of spirits. The average length of life of such persons is from ten to twenty per cent. less than persons engaged in other occupations. As an illustration, if the average of life should be thirty-five, that of the publicans would be twenty-five or less. This fact is becoming more prominent every year, and its recognition is apparent from every exact study of the mortality tables.

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We never tire of commending the *Scientific American* for its weekly visits of most entertaining matter. Its publishers, Munn & Co., of New York City, are doing a great educational work which can only be appreciated by persons who receive the Journal.

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The *Review of Reviews*, published in New York City, has become a permanent fixture in literature. Every library and home require it, as a monthly register of the great events of the world. A subscription to this journal as a gift will be most welcomed in every home, and a perpetual reminder of the kindness of the giver.

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The *World's Work* is another monthly summary of the current events of the day. Instead of dry, historical statements of the bare facts it consists of short, graphically-written comments on passing events by eminent authors.

The pictorial part and the elegant appearance of the magazine give it an additional charm that is very welcome to all readers. We commend it most heartily.

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The *Homiletic Review* has a rich and varied department of sermons and addresses. Also many very broad comments which are exceedingly suggestive. It is one of the best religious journals published. The Funk & Wagnalls Co., of 44 East 23d Street, New York are the publishers.



## Editorial.

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### INCURABLES.

The question is often asked what becomes of the relapsed inebriates? It is well known that a very large number of persons who take any kind of cures fail to be restored, and soon fell back to their old ways of living. The opinion of persons competent to judge, varies largely as to the exact number who remain restored. As a rule, those who have received permanent benefit conceal the fact of their treatment in an institution, and even deny it on the supposition that their interests would suffer by the fact. This makes it very difficult to trace them in after life. Several very careful studies made of persons who have been treated by rational means in scientific institutions show that at least one-third are still free from all use of spirits after periods of from fifteen to twenty years. A certain proportion of this number would naturally relapse in the coming years, so that this study is approximately correct. It is evident that in the first ten years a large percentage of the relapse cases die from acute disease of which pneumonia, nephritis, and fevers, are most common.

Another large proportion suffer from neuritis, rheumatism, and various palsies. The inmates of almshouses, hospitals, and the chronic invalids in homes suffering from these affections are often relapsed inebriates. A small proportion have cerebral hemorrhage and become demented and go into insane asylums. Others suffer from epilepsy and have delusions, and are kept at home or at private asylums. Great commercial catastrophies are very often associated with the failures of relapsed inebriates. In every section of the coun-

try the numbers of quacks and irregulars, both medical and laymen have been inebriates recovered and relapsed many times. Physicians who have been chronic inebriates of long duration often degenerate into empiric ways, and doubtful schemes of conduct and practice.

Their previous moral character has been so damaged that they seldom go back to the former ethical plane of living.

The relapsed inebriate is both a dangerous man to himself and the community, as well as an unreliable citizen. The descent after the first or second relapse is very marked.

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#### TEMPERANCE WORK.

A few years ago it was rare to see a physician at a temperance meeting. Occasionally some physician appeared as a lecturer, but he was generally an obscure man in scientific circles, and only made his science incidental.

His talk was usually of the florid type mixed up with platitudes and statistics, and did not carry conviction only to a small number. Recently a great change in this respect is apparent. In England, during the past summer, some of the most prominent physicians have taken part in temperance meetings, and expressed themselves in the most emphatic way concerning the dangers of alcohol. On the continent many of the temperance societies have among their officers and members prominent medical men who are enthusiastic in their efforts to promote the cause. In this country much of the old-time conservatism exists. A very few physicians are connected with temperance organizations, and their influence is very slight compared with what it should be. We have repeatedly urged that the alcoholic problem is a scientific and medical one, in which physicians should be the leaders and students. All societies for the promotion of temperance

should enlist physicians, and make them prominent in the work.

There should be a union and close sympathy between physicians and temperance men and women, and every effort made should be with the united coöperation of medical men who could do more for the cause than clergymen. Our society is organized to take up the physical study of the subject. In this we do not conflict with any moral, religious, or social efforts, are specifically directed along spiritual, moral, and the physical standpoint, then we can better understand how to apply moral and other remedies. There are today over a million persons organized and pledged in societies for the promotion of temperance in the United States, and all these efforts are specifically directed along spiriual, moral, and social lines. Of the 150,000 physicians it is doubtful if there are more than one thousand who are identified as taking part or assisting in these efforts.

Included in this number is our society for the study of alcohol, with its less than five hundred members. This is a sad commentary on the failure of the profession to understand or take interest in this problem. How much more all these societies could do, and how much more effective their efforts if applied along scientific lines of cause and effect. It is a very great disadvantage to attempt reform work along moral lines, and neglect the conditions which are prominent in the causation. The great temperance work of the day should be conducted by physicians in little branch societies, in every town and city, supported by laymen and clergymen. Our society for the study of inebriety should have hundreds of branch societies, where the causes and conditions can be studied, and in this way educate the public to the use of practical means and measures that will restore a large number as well as prevent the disease. All partisan effort to promote theories or special methods of cure should be put aside, and

physicians and philanthropists and temperance reformers of all classes should be united in one great effort to study this subject as a physical evil and disorder.

Temperance societies should widen their efforts, and seek the aid of physicians to direct their studies and work. Physicians should promote and encourage efforts to build up public sentiment through societies, and along these lines a great future work is possible.

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#### IDIOSYNCRASY OR SOME OTHER REASON.

We meet with many cases in practice suffering intensely from pain, where for an idiosyncrasy or some other reason it is not advisable to give morphine or opium by the mouth, or morphine hypodermically, but frequently these very cases take kindly to codeia, and when assisted by antikammia its action is all that could be desired.

In the grinding pains which precede and follow labor, and the uterine contractions which often lead to abortion, in tic douloureux, brachialgia, cardialgia, gastralgia, hepatalgia, nephralgia, and dysmenorrhœa, immediate relief is afforded by the use of this combination, and the relief is not merely temporary and palliative, but in very many cases curative. The most available form in which to exhibit these remedies is in "Antikammia & Codeine Tablets."

The physician cannot be too careful in the selection of the kind of codeia he administers. The manufacturers of "Antikammia & Codeine Tablets" take every precaution, in fact, they refine and purify every grain of codeia which enters into their tablets. This not only prevents habit and consequent irritation, which follow the use of impure codeia but it does away with constipation or any other untoward effect.

## INMATES OF QUACK INSTITUTIONS.

Physicians who realize that they cannot stop the use of spirits and drugs which are impairing their strength and usefulness, suffer from wounded pride, and turn to some method or means for relief that is concealed. They reason that if they place themselves in the care of reputable physicians in well-known institutions it will be a confession of weakness with publicity that may be injurious, but if they go to some irregular physician, where no questions are asked, they will be practically unknown.

Such physicians are often familiar with empirical work in medicine, and yet, when it becomes a personal matter they are impressed with the mystery and pretention of the Gold Cures, and console themselves with the hope that their superior knowledge will enable them to supplement the insignificant efforts of the quack, and in this way recover without publicity. It is not generally known that all quack-cure managers buy and sell the names and addresses of the patients of their institutions. However adroitly an inmate may attempt to conceal his real name and address he will fail, as the managers of such institutions always succeed in securing the real name and address for their saleable lists. It is a matter of pecuniary interest to them, and they guarantee the accuracy of the lists. The physician who becomes an inmate of specific "Homes," is literally giving his name and address as a spirit and drug taker to go on the list with others, and be scattered broadcast to any one who has interest to buy them.

Hence, the very object he wishes to accomplish to prevent publicity is defeated. In a list of names and addresses which any one can go on the market and buy, occurs the names of many quite eminent men in the medical profession. Some of them have been prominent as writers and teachers, and outspoken in their condemnation of quacks and irregulars.

Probably a great many of them were not known in their neighborhood as drinking men or drug takers, hence, this

list is the first advertisement of their secret condition, and more than ever a startling reflection on their stupidity in trusting irregular persons and secretive means. Brokers who buy and sell addresses of drink and drug takers carefully verify each one, and often add additional facts which have a pecuniary interest to those who buy.

There is often a class of physicians who from want of experience and a limited knowledge of medicine, credulously accept the statements of persons who claim to have discovered specific drugs to cure the spirit and drug addiction. They would, naturally, become inmates of such institutions, but it is difficult to explain why physicians trained in the best schools and familiar with the methods of quacks, should become such easy victims. It is now possible for any one to open an institution for the cure of spirit and drug takers, and buy a list of names of persons numbering thousands who have been inmates of other institutions, and send circulars to each one, with all sorts of inducements and promises.

A business man went secretly to one of these cures under an assumed name, he recovered, but for five years he has been the constant recipient of circulars from institutions all over the country. He finally discovered that his name was on one of the brokers' lists, which was for sale, but there was no possible redress.

The obvious lesson from this is to avoid every institution which claims to be using specific drugs concealed and unknown to the profession.

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The following history of a patient brings out the fact of the alteration of one form of mania and morbid impulse with another. His hereditary history was bad.

Consumption, spirit drinking, and neurosis were prominent in the family. He drank spirits in college and became an excessive user on entering the profession of law. After a

short treatment in an institution he became a total abstainer. During the next three years he became notorious for his thefts of books with every opportunity. Later he seemed to develop pyromaniac impulses. He was detected and sent to prison, here he became an inventor and spent every available moment in making drafts for a machine to simplify hanging. On his release he became a reporter of criminal proceedings on a large paper. From this he went back to his profession and became a low criminal lawyer, and receiver of stolen goods. After a time he was convicted of crime and sent to prison. After he was liberated he drank to great excess. He then became proprietor of a Gold Cure remedy, and is now treating cases of spirit and drug addictions in New York.

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There are two classes of inebriates who are suffering for the want of proper care and treatment. The largest number of this group are the chronic who should be housed in state institutions, and on manual-training farms. They should be committed legally from one to five years, or for life, and permitted to go out on parole according to their condition. These persons should come under exact legal rules of care and treatment, for their own protection and that of the community. The buildings and surroundings must be adapted for their needs. A second class of inebriates require a special hospital for temporary relief, and restoration from the acute states of inebriety. Every city should have a hospital of this class, where business and professional men, the clerk, mechanic, and laborer, and persons of all conditions could go for protection, care, and relief. Something more than a place of restoration from acute toxic states, these hospitals should have full power of control to protect the patient until he is able to take care of himself. There should be places of resort where the impulsive paroxysmal, and periodic drink storms can be overcome, and prevented. In every community

there are persons who are suffering from these drink impulses and recognize their onset, but have no means of escape, and can get no help from any source or protection. Such an institution would afford a place of refuge and means for recovery. At present the empyrics are trying to fill this dimly recognized want of place for protection and rest. Hospitals giving temporary relief are of immense advantage to both the patient and community. They are houses of shelter from mental storms, and could be made centers of the greatest possible help if conducted on broad scientific plans. At present the first class are treated in jails, almshouses, and insane asylums, and their malady is constantly made worse. The second class are treated by quacks in a few private institutions, without facilities of restraint and care. A need which is growing more and more imperative every year is for places to house these two classes. General hospitals, insane asylums, and jails, utterly fail. Here is an opportunity for some philanthropists to perpetuate his name and memory far into the future, by endowing an institution to meet this particular want.

All inebriates suffer from primary and secondary toxic states. The first is directly due to alcohol, and the second to conditions which follow from the damage which has been produced by alcohol. The metabolism of the body is perverted, and new products are formed from the wastes from which toxic states follow. This is literally a secondary intoxication. The acute symptoms of delirium and stupor seen in the first stage are of short duration, but the exhaustion, impaired senses, and digestion are far more serious and long continued than the first stage. Secondary toxic conditions are not recognized or treated with the care which they deserve. Among all means used elimination and rest are the most valuable. Hence, baths, salines, and similar means are most practical. The object is to correct and remove the toxic state of the system. When this is done restoration from foods will naturally follow.



In the *Archiv Fur Pyschiatire and Nervenkrankheien*, Doctor Recke has reported a number of cases in which special symptoms of mental disturbance with mild delirium and hallucinatory confusion followed of a peculiar type. These cases were all alcoholics and he makes them the subject of a special paper in which he attempts to draw lines or demarcation between what he calls alcoholic paranoia and chronic alcoholism. The examples studied are by no means clear, even the symptoms upon which he depends to make out a case might pass for several other conditions. The complex mental phases of delirium, and sensory confusions so common in persons who us alcohol steadily cannot clearly be separated from other symptoms, and made to point out any special condition. The following is one of his conclusions:

“Chronic alcoholic paranoia is to sharply differentiated from the translatory paranoia-like states of excitement which are occasionally manifested during frequent excesses in drink; and rapidly disappear after withdrawal of the alcohol; furthermore from the terminal states of weakness which remain after delirium tremens or acute hallucinatory confusion, and do not progress to any great degree of elaboration.” Another symptom which he makes permanent is the delusional state of persecution, and tendency to complain. He concludes that the prognosis is not good, although the patient may live many years.

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The first “Norman Kerr Memorial Lecture,” was delivered in London, by Doctor Crothers, October 10th, in the hall of the Royal Medical and Chirurgical Society, before a large and distinguished audience.

Professor Campbell, the president of the British Society for the study of inebriety, presided, and welcomed the speaker. Sir Victor Horsley moved a vote of thanks, and enthusiastic remarks were made by several distinguished per-

sons. The treasurer of the society, Professor Eccles, reported that the lectureship fund had been practically raised, and the secretary, Doctor Kelynack, announced the addition of nearly one hundred new members to the Society for the study of inebriety. A special meeting of the council of this society was addressed by Doctor Crothers, October 15th, on the present and future studies of the subject. The energy and enthusiasm displayed by the English Society for this study should stimulate our society to greater efforts to make the subject more prominent in this country.

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In a recent lecture on the alcoholic problem by a somewhat eminent neurologist occurs the following statement:

“ There can be no alcoholism without alcohol, and no inebriety without spirits. Banish alcohol and spirits, and you drive out the disease. It is absurd to talk of other causes, and attempt to discriminate a disease which depends on these poisons.” Such statements uttered a few years ago would have appeared rational, but today they have the far-off sound of one who is not familiar with modern research.

All men who use alcohol to excess cannot properly be called alcoholists. A man who has been previously temperate, and suddenly uses spirits to intoxication, is not an alcoholic. The use of spirits is a mere symptom of some other condition. While the poisoning may seem to be the direct result of alcohol, the real condition for which alcohol was taken is not described by the term. How many people use alcohol for its temporary effects, and become poisoned?

How many persons under the influence of excitement, depression, and some unusual circumstances use spirits suddenly? They are not alcoholics, and the effects of the spirits used temporarily pass away. If other drugs had been taken during this period, the same results would have followed. A very large proportion of all inebriates have at the beginning

low vitality with tendency to exhaustion, and a defective organism. Alcohol brings change and relief to the condition. The previously-temperate man who takes spirits, finds in it a remedy for some unknown condition. The morbid impulse for help which is gratified by alcohol, is a brain lesion. Alcohol like many other narcotics covers up this debility and exhaustion, and in most cases gives a sense of well being and comfort equal to opium, while doing this the degeneration is increased, and not checked. Inebriety is a correct term, and describes this condition, this craving for relief which comes from various drugs. Alcoholism only refers to this condition as specifically due to alcohol.

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For years the medical profession and the medical journals have been aware of the gross frauds constantly practiced on the public, by the sale of drugs, claiming remarkable virtues, but it is left for a layman to take up this subject in *Collier's Weekly*, and point out the terrible losses and injuries which follow from their use and toleration in the community. Mr. Adams' studies of the medical frauds practiced on the public, promises to be one of the sensational events of the year, and the medical public will now wake up, and follow on behind, shouting approvals to the pioneers, who dare to confront this monster of injustice and fraud.

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It is a sad thing to note fraudulent advertisements in the pages of temperance journals. The inference is very clear that either the editor or business manager, or both, are wanting in common sense recognition of the truths and falsity of the statements published or are driven by selfishness and want to sell the space in their columns to the best advantage. We are accustomed to see these things in religious journals, and to estimate the value of their teachings by the honesty displayed

in their advertising columns. Temperance journals urging abstinence from alcohol and correct living are not strengthened by notices in the advertising columns of Dr. So and So's specific cure for drink. If the drug or the cure was a reality, and could do what it promised, there would be no need of advertising. It would command instant recognition and popularity beyond anything that the advertising pages could give it.

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It is a great pleasure to note the private Clinic and Hospital of Doctor Stern, 58 West 91st Street, New York City. For years Doctor Stern has been an authority on gastro-intestinal diseases, and disturbances of nutrition, and metabolism, and by confining his studies to these special disorders, he is able to do more successful work in this field of treatment. Recently he has opened a private residence, where patients can be under his immediate care. The doctor is also a professor of these diseases in the College of Physicians at Boston.

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The October number of the JOURNAL was suddenly "held up" by a printers' strike. The famous old printing house, The Case, Lockwood & Brainard Co., where for over fifty years the click of the type, and the heavy roar of the presses have been continuous except on holidays and Sundays, were stopped. The Labor Union dictated, and all business was ended. "The times are sadly out of joint," said an old poet, and when labor dictates to capital this seems to be true. But all things have an end, and the old printing house starts up again for another half century, and the JOURNAL OF INEBRIETY although belated, goes on as usual. The year ends and a new one opens more auspiciously than ever.

## Clinical Notes and Comments.

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### A BETTER REMEDY THAN STRYCHNIA IN SHOCK AND COLLAPSE.

Dr. G. W. Crile has made some very interesting experiments for the purpose of determining the value of strychnia as a resuscitation measure in shock and collapse.

He first experimented upon normal animals, and found that when strychnia was given in doses sufficiently large to produce greatly increased spinal irritability as shown by exaggeration of the reflexes and convulsions, there was marked rise in blood-pressure. This rise in blood-pressure occurred even when the animal was placed under the influence of curare, and when both the pneumogastrics and accelerators were cut. The important fact is noted, however, that this effect of strychnia was very transient, and that it could not be maintained by repeated doses. A dose sufficient to produce convulsions gave rise to increased blood-pressure for only half an hour to an hour and a half, and even when this large dose was repeated, the effect was decidedly less. The pressure usually could not be raised to the same degree as before, and the increase of blood-pressure lasted only a few moments.

Another important fact was noticed; namely, that after each dose of strychnia the blood-pressure fell to a lower level than before the injection of strychnia was given.

Another important fact noted was that when the degree of shock from which the animal suffered was great, the rise in pressure produced was only slight, and frequently no rise at all occurred; and when the evanescent rise did occur, it could not be maintained or duplicated by any quantity of strychnia.

Doctor Crile demonstrated in the most conclusive manner that strychnia is not only an utterly unreliable agent for combating shock and collapse; but, fortunately, other rational and efficient means exist, and these non-toxic, physiologic measures must now be substituted for a method which has rested upon a purely empirical basis, and has now been shown by Doctor Crile to have no solid foundation.

The normal saline solution introduced by hypodermic injection may be relied upon to produce the result desired in the very cases where strychnia fails, and its effects may be repeated for so long as the heart retains its integrity, so that it can respond to the stimulus of the increased volume of blood.

Another excellent measure for raising the blood-pressure and rallying a patient suffering from shock, is the ice-bag applied over the heart. This stimulates the contraction of the ventricles, and secures an almost immediate increase in blood-pressure, with the most gratifying results upon the system in general. Care should be taken to avoid too prolonged applications. Fifteen or twenty minutes is an interval long enough. The bag should then be withdrawn for ten or fifteen minutes, when it may be replaced for an equal length of time.

Care should be taken to keep the rest of the body warm. Apply a hot bag to the feet, and heat to the spine. Pressure should be made over the abdomen so as to force the blood from the abdominal veins into the right ventricle. Friction of the arms and legs with the end of a towel or the hand dipped in cold water is also an excellent means of stimulating the general circulation; and by reflex action on the heart through the temperature nerves, raising the general pressure.

The measures above mentioned may be repeated as often as necessary, and each time the same effect or even an improved effect may be secured, — the very reverse of what happens when strychnia is employed. — *Modern Medicine*, January, 1905.

## THE TREATMENT OF INEBRIETY.

Mr. Sheil, who has just retired from service as a metropolitan police magistrate after twenty-five years, gives the following observations on the treatment of inebriety.

Temperance in the sense of moderation was of no avail to the drunkard, because it was impossible to him, while as for total abstinence, although perhaps it endure for a year, it usually was but a thing of a day. In almost every case a drink offered in a friendly spirit would lead to a fresh outbreak, with worse results than before.

The habitual drunkard's act is merely permissive, while the inebriate's act affects a comparatively very limited class of persons; namely, criminal and habitual police-court inebriates. It in no way reaches an immeasurably larger class of persons, who rarely, if ever, figure in police-court records or in public documents at all. This is not because they are not drunkards, but because of the endless sacrifices made for them by their friends in the hopes of keeping them out of trouble, and of avoiding open scandal. Few people but medical men have any idea of the extent of the evil, and the number of silent tragedies due to inebriety.

A considerable percentage of these cases might prove to be curable if early and proper treatment could be enforced, but at present this is impossible. They must themselves apply for seclusion in a retreat, and this they fail to do until matters have gone very far. This is quite natural because many inebriates are as incapable of appreciating the gravity of the disease as any legally insane person. What is wanted in England is the power to detain in a retreat for a period medically deemed to be advisable, any person who is proved to be a drug or drink inebriate. — *British Medical Journal*.

## FOR GOLD CURE SUPERVISION.

The National Temperance Society, in addition to its previously announced plan of making a legislative campaign

against patent medicines, by requiring that each bottle bear a label with a printed list of the ingredients contained therein, has resolved to memorialize Congress to exercise supervision of gold-cure establishments by refusing to issue any patent or proprietary rights to any one for a "cure," or any compound whatever containing alcohol, opium, or other narcotic drug in which there is danger of habituation from its use. An effort will also be made to secure legislation in every state subjecting all institutions for the cure of alcohol, opium, or kindred habits to regular official inspection in the same manner that public and private asylums for the insane are now subject to state inspection, and to secure the appointment by the government in every state of a salaried chemist, who shall analyze patent medicines suspected to contain deleterious drugs, and refuse to allow a patent or proprietary right in case such drugs were used in the preparations.

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#### MANAGEMENT OF EPILEPSY.

Thomas P. Prout, assistant in the Neurologic Department of the Vanderbilt Clinic, New York, says that the proportion of epileptics in the United States is about one to five hundred. He believes we are now at a time when the known facts regarding epilepsy can be made available and put to the fullest use by every general practitioner.

The most important drugs in the treatment of epilepsy are the bromides, their use depending upon the recently established fact that preparations of the bromides locally applied diminish cortical irritability. The author believes that the so-called hypochlorization method of administration, introduced by Toulouse and Richet, is a great advance. This method, briefly, consists in the substitution of sodium bromide for sodium chloride in cooking and at the table, though many patients under this method were found to be particularly susceptible to bromide intoxication.



The author says that a preparation of special value in the treatment of epilepsy is bromipin — a 10-per-cent. compound of bromine in oil of sesame — of value especially because of its non-irritating qualities. Its slightly laxative effect is a distinct advantage in those cases in which constipation is the rule; especially is this condition true of children, in many of whom constipation is a very troublesome symptom. Further, if the patient is poorly nourished, bromipin has the qualities of the fats in general in supporting nutrition. It may be emulsified and flavored with peppermint or winter-green if there should be serious objection to its taste. — *Amer. Med.*, July 22, 1905.

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Veronal, which is a derivative of urea, and chemically related to both urethane on the one hand, and the sulfonal group on the other, was introduced by Emil Fischer and Von Mehring. It is used in enormous quantities at present, although it has only been on the market for two years. It is a relatively mild hypnotic which does not act when severe pain prevents sleep. The sleep which it produces is normal, but when pain is present it must be combined with morphine or some other analgetic. It has no after-effects of importance, yet it has repeatedly produced eruptions, and is a diuretic, although it does not seem to irritate the kidneys. Veronal also diminishes proteid waste. It is said to be useful in the night-sweats of consumptives. In some patients it produces a motor excitement before falling asleep, and the sleep in such cases is very restless. The pleasant sensation which it produces is rather a disadvantage on account of the possible misuse which may be expected. The average, however, between the good and the bad qualities places this remedy on a very high plane, although it cannot be said to constitute an irreplaceable member of the group of hypnotics.

As regards the other two remedies, isopral and neuronal, a decision cannot yet be final, for their literature is less abundant. Isopral seems to fulfil the conditions of a good hypnotic. It can be used in relatively small doses, but has the disadvantage of affecting the heart and also the digestive tract, so that even healthy persons suffer from irritation of the stomach or intestines if they take isopral when the stomach is not sufficiently filled. Isopral, therefore, will probably be used chiefly in nervous affections in which it might have a large field of activity.

The last remedy to be considered, neuronal, is useful in epilepsy, owing to its large percentage content of bromide and its marked sedative properties. Naturally it cannot be used as a bromide pure and simple, because it is also a hypnotic of considerable value. It is said to be useful in the nervous conditions accompanying menstruation, but has failed in some cases of cardiac oppression. It is not any better, but also not any worse, than the hypnotics already known, although it should be tested more thoroughly in practice before passing a final judgment. It will be seen, therefore, that although a large number of hypnotics are now at our disposal, we still lack the ideal remedy. None of the newer hypnotics can be given very well subcutaneously, and none is perfectly free from after-effects. — *New York Medical Journal*.

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The sphygmometer sold by Eimer & Amend, of New York City, is invaluable in all hospital work. The instrument is very simple and accurate in its readings, and probably there is no more practical method of diagnosis than to ascertain the blood-pressure. Particularly in neurotic cases. We have used it with the greatest satisfaction and commend it most heartily to our readers.

## NOTES ON A CASE OF PERIMETRITIS.

BY HUKAM CHAND, C.M.S.

I was called to see a female patient in the city on October 12th, 1904. On arrival I found her with fever, temperature 102°, tongue coated, pulse rapid, bowels costive, urine scanty and high colored, pain and tenderness over the hypogastric region as well as in both iliac fossae, vagina hot (as told by native *dhai*) but no discharge. On palpation the uterus was found hard, and on inquiry it was found that the present complaint was due to abortion and exposure to cold. I diagnosed the case as perimetritis associated with ovaritis and prescribed:

- (1) Calomel gr.  $\frac{1}{4}$ . One every three hours.
- (2) Antikamnia and Heroin Tablets. One every four hours.
- (3) Turpentine stupes over the seat of pain.
- (4) Liquor Morphia, fifteen minims at night, *if no sleep*.

Oct. 13th. — Pain less than before, had a good sleep for four hours. Continued the same treatment.

Oct. 14th. — Pain less than the previous day, had good sleep without morphia.

Oct. 15th. — Pain considerably less, patient could walk with the aid of stick. Good sleep. Continued same treatment but stopped turpentine stupes.

Oct. 16th. — Very slight pain remaining, patient weak, otherwise well. Stopped calomel, prescribed castor oil, oz. 1, and continued antikamnia and heroin tablets as before.

Oct. 17th. — No pain at all. Bowels moved twice. Prescribed tonic mixture. Patient getting well.

REMARKS. — In my opinion the recovery of this case was due to the analgesic and antipyretic properties of antikamnia and heroin tablets. They are worth a trial in such conditions. — *Practical Medicine*, March, 1905, Delhi, India.

Dr. Clouston says that an attack of mental disease is generally not a simple or localized phenomenon. The study of mental attacks indicates that there is solidarity of action of the whole brain and of the whole nerve centers in the cord and the special ganglia of the organic system of the body. General consideration seems to point to the fact that the lower parts of the sensory apparatus very often break down before the mental apparatus in the highest regions. They seem to prove the mental cortex to be the center of the organism and teleologically its end. In this way they point to a greater resistiveness against disease in the higher centers. They show that it is chiefly in the brains hereditarily predisposed to the psychoses, or those whose defense is weak, that this natural resistiveness breaks down. In subjects not so predisposed all the symptoms that commonly constitute the prodromata of insanity may run their course without being followed by an attack of insanity. These considerations point strongly to the importance of a more careful study and attention to such preliminary symptoms in predisposed persons. They emphasize the view that the whole class of mental diseases should be regarded and treated not as local disturbances but as widespread departures from the normal physiological condition of the whole organism. — *Journal of Mental Science, April, 1904.*

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Intermittent claudication is the name of a disease somewhat rare occurring in the feet and legs, in which aneurysm of the arteries becomes a localized arterio-sclerosis and breaks down into an ulcer causing death. This disease is preceded by pain, palsies, intermittent lameness, and general degeneration, extending to all parts of the body. One fact in the causation is of interest. Alcohol, syphilis, exposure to the cold, and hard work are active causes. In the number of cases, alcohol is very common. Erb asserted that the excessive use of tobacco is a very prominent cause. In twenty-five out of forty-five cases tobacco smoking was excessive, and no doubt acted

as a prominent cause. One author states that the continuous use of alcohol developing arterio-sclerosis is very likely to produce this disease, and, at all events, the more spirits used, the more likely it is to appear. In all inebriates where weakness and stiffness of the muscles of the leg occurs attention should be called to this condition. The paroxysmal pain is another condition which should suggest this trouble, and the absence of pulse in the arteries of the feet and leg is very significant.

Several authors have noted that this disease occurs more frequently in men. Only a few cases of women have been noted.

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#### KNOCK-OUT DROPS.

Hydrate of chloral has been recognized as the very common drug used in saloons for the purpose of rendering the drinkers unconscious. Different forms of opium are also used, but they are not so easily concealed as the former, and sometimes are followed by the death of the person. Another drug is now mentioned as used for this purpose. The *Therapeutic Gazette* calls attention to cocculus indicus and its alkaloid, picro toxin, as being a very powerful and sudden sedative, one that can be taken with alcohol, and unrecognized at the time. It produces loss of power in the voluntary muscles, with dizziness and deep sleep. In large doses convulsions, delirium, coma, and death follow. The *St. Paul Medical Journal* mentions extract of hazel nut as used in spirits to produce stupor. It is exceedingly difficult to discriminate in the fatal cases occurring after excessive use of spirits between the poisons of alcohol and that of other substance, introduced for criminal purposes. It should always excite inquiry and examination when persons drinking become suddenly comatose. Persons found stupid on the streets with an alcoholic breath should receive the most careful scrutiny and examination. Some very interesting observations may be expected along this line by police surgeons and hospital physicians.

**RESTRICTIONS ON SALE AND PRESCRIPTION  
OF COCAIN.**

The State of Minnesota in its last session passed a very strong law that no person should sell or give away any Cocain Hydrochlorate or any salts, or compound of cocain, or preparation containing cocain except on the written prescription of a physician or dentist licensed under the laws of the state. No prescription containing cocain shall be filled more than once, and each shall have written plainly on it the name and the address of the patient to be filed by the druggist, who shall not give a copy to the patient. This section cannot be construed to apply to sales at wholesale in original packages by any dealer or manufacturer or wholesale dealer to a retail druggist, or licensed physician or dentist; provided that a label is attached to the package in English describing the proportion of cocain contained. The punishment for the violation of this law is a fine of from \$50 to \$100, and imprisonment in the county jail of not less than thirty nor more than ninety days, and the offender shall have his license revoked. The attorney for the county shall prosecute any complaints of this character, and be authorized to examine the books for the purpose of tracing the sales of any of the articles mentioned.

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**WOOD ALCOHOL TO BE SPECIALLY MARKED.**

Chapter 35 of the General Laws of Minnesota of 1905 provides, under penalty, that no person, by himself, his servant or agent, or as the servant or agent of another person or persons, shall sell, exchange, deliver, or have in his custody or possession with intent to sell, exchange, or deliver, or expose or offer for sale, exchange or delivery, any wood alcohol, or substance commonly known as wood alcohol, unless each package, bottle, cask, can, or receptacle containing the said

wood alcohol shall be plainly marked, stamped, branded, or labeled on the outside and face of each package, bottle, cask, can, or receptacle of the capacity of less than one gallon, in legible type not smaller than long primer, and on the outside and face of each package, bottle, cask, can, or receptacle of the capacity of one gallon or more, in legible letters of not less than one inch in length, the letters and words "Wood Naphtha," "poison."

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Every year it is becoming more and more apparent that patent medicines are active causes for drug and spirit addictions. Sometimes it is one drug, and then another. The attempt to discriminate the particular drug as the offender is misleading, and does injustice. Any drug on the market largely advertised will be taken to excess on the supposition that the statements of its value are true. After a long time another drug will be taken up, and finally all merge into the use of drugs, or spirits. The drug taking has been only a preliminary stage in the degeneration, and might have begun with any mixture that was offered. There is no doubt there are many mixtures advertised that are decidedly dangerous for neurotic persons; these are to be avoided at all times and places.

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This incident is by no means rare, but its significance has not yet been realized. A temperate, hard-working man was made unconscious by the kick of a horse on his head. The next morning he awoke and demanded spirits. Whisky was given him, and he soon became intoxicated. On recovery he demanded more, and continued to drink to intoxication for the next three days, then a pronounced epileptic paroxysm came on from which he recovered. Two months later he began to

drink again, becoming wildly intoxicated, then recovered. From this time on for the next five years until his death from an accident, he was a periodic drinker, and when intoxicated was very dangerous. The free intervals were marked by intense efforts to help himself, and great contrition for his condition. He was treated as a moral delinquent who could have helped himself, but did not care to do so.

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Doctor Macpherson, in his Morrison lectures, shows that inebriety is a neurosis, closely allied in its symptomatology and heredity to other neuroses as well as insanity. The causes are so complicated that defective heredity may be considered most prominent, inducing the subject to crave for some particular mental state, not alcohol, but for the state which alcohol most conveniently produces. Second, this heredity gives the subject a constitution which is unusually susceptible to the influences of such poisons as alcohol. Third, in many instances the heredity leaves a peculiar mental unsoundness, independent of alcohol. There are, no doubt, innumerable causes which predispose persons to various neuroses; at one time it may appear in alcohol taking, at another in epileptoid conditions, none of which can be predicted or determined in advance.

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The commonest cause of cirrhosis is excessive indulgence in alcoholic drinks. This form may occur at almost any age; cases have been recorded as early as six years and as late as ninety. It is the commonest between the ages of thirty-five and fifty, and in men oftener than in women. As one would expect, it occurs most frequently in those engaged in the liquor trade; their mortality from liver diseases, compared with that of some other people, is six to one. Some people are far more easily affected than others.



Any form of alcohol may cause cirrhosis if taken in excess and for a long enough period, but the more potent spirits, especially when adulterated with fusel oil, amylic ethers, and the like, are the commonest causes. How the alcohol produces these changes in the liver is not quite certain. It probably acts in two ways.

1. The alcohol itself acts as a direct irritant on the liver substance, causing inflammation with formation of fibrous tissue around the portal canals.

2. By readily parting with its oxygen, it prevents complete oxidation of the food stuffs. Metabolism is, therefore, imperfect, and the waste products formed act as irritants to the liver. — DR. WATSON from *Medical Brief*.

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world has such perfect appointments and combination of remedies as are found here.

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It is asserted with some degree of reality that physicians are more addicted to the use of spirits and drugs than any other professional class. An explanation which seems most reasonable is their familiarity with these drugs, and the irregularities and hardships of their lives. This is probably correct, but another fact enters very largely into the causation, namely: the very imperfect knowledge they receive during their student life of the dangers from these drugs. Teachers of *materia medica* seldom ever mention the dangers from this source, assuming that the student is able to bear any exposure, and that his intuition will prevent him from becoming addicted to any of these dangers. This is no doubt one of the most prominent causes which should be corrected in the future. A very eloquent lecturer in a leading college extolled alcohol and opium in glowing terms, but said nothing about the dangers from their use.

The assumption was made prominent that only persons of low character and great stupidity ever became victims. Most serious results have followed the neglect to teach the facts of the dangers of addiction from these sources.

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Hysteria is the expression of one form of nervous debility. *Celerina* is thus peculiarly indicated because of its tonic effect on the whole nervous system.

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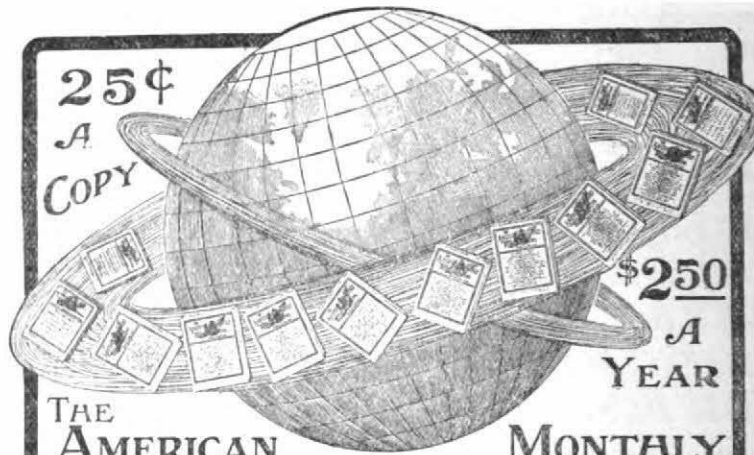
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2. To gather and formulate all the facts of the disease of inebriety and other forms of narcomanias, and point out the means of cure and prevention by legal and institutional methods and other remedial and prophylactic forms of treatment.
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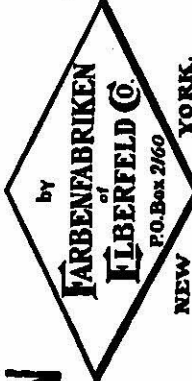
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## Sanitariums and Hospitals.

The following is a directory of the most prominent private institutions in this country, where inebriety is treated as a disease. Many of these places take mental cases also, and have separate departments for the two classes. We take great pleasure in presenting this list, and commending them to our readers as places managed by responsible and scientific men. We shall add to this list from time to time, and in this way try to keep the public acquainted with the reputable and scientific hospitals for the treatment of this class:

**The Milwaukee Sanitarium at Wauwatosa**, a little village in the suburbs of Milwaukee, Wis., is a well conducted, home-like hospital for nervous and mental diseases. A department for alcoholic and drug takers is fitted up with every appliance for successful treatment. The superintendent, Dr. Dewey, is a noted specialist, and can be seen at his Chicago office, 34 Washington St., on Wednesdays of each week.

**Oak Grove of Flint, Mich.**, is a large private hospital for the treatment of all forms of mental and drug addictions. On the grounds are mineral springs of great value, and hydrotherapy as well as electro-therapy are special means of treatment. The superintendent, Dr. Burr, is eminent in the profession, and the hospital has been organized over a quarter of a century.

**Dr. Broughton's Sanitarium at Rockford, Ill.**, makes a specialty of treating opium addictions. His long experience and special study of this class of cases give rare facilities for the treatment of these neurotics.

**The Waukesha Springs Sanatorium**, located at a little village of this name, under the charge of Dr. Caples, furnishes excellent surroundings, care, and protection for neurotics and drug takers. The mineral waters at this place give additional help in the treatment of cases, and the institution is well managed and an excellent place for skillful treatment.

**Fair Oaks at Summit, N. J.**, is a small hospital for a few selected cases, and presents many ideal conditions for the successful restoration of these cases. The physician, Dr. Gorton, has had many years' experience as a specialist, and manages a most excellent place.

**The Oxford Retreat and The Pines** describes two pleasantly situated hospitals under one management at Oxford, Ohio. Mental, nervous, and drug cases are received. This institution has been organized many years, and is among the oldest, most thoroughly equipped sanitariums in the middle West. The physician, Dr. Cook, is associated with his son, and both are men of fine reputation and very widely known.

**The Richard Gundry Home at Catonsville**, in the suburbs of Baltimore, Md., under the charge of Dr. R. F. Gundry, is an excellent sanitarium, with every appointment for the successful care and treatment of nervous and drug cases. Its location and surroundings make it an ideal home for the treatment of this class.

**The High Oaks Sanitarium at Lexington, Ky.,** receives a limited number of mental and nervous cases and is under the care of Dr. Sprague. It is a thoroughly well organized, scientific institution.

**Dr. Pettey's Retreat at Memphis, Tenn.,** receives only drug and spirit takers, and is a well organized, carefully managed home for the best class of cases suffering from these addictions.

**Hall-Brook** is a private hospital for mental and nervous diseases, under the care of Dr. D. W. MacFarland, Greens Farms, Conn. Its location is unsurpassed for mountain and water scenery. Drug cases are taken and the institution is well patronized.

**Dr. Sterns' Sanatorium** for nervous diseases, called "The Norways," in the suburbs of Indianapolis, Ind., is a very attractive place for neurotics and drug takers. The surroundings and appliances for thorough scientific care are of the best class, and both the institution and its managers are thoroughly scientific and have the confidence and respect of all medical men.

**Dr. Bond's House** is a private home for a few persons at Yonkers, N. Y., overlooking the Hudson River. Both the treatment and surroundings are scientific and of excellent character. Special personal care is given to each one, and for persons able to pay there are exceptional advantages in this place.

**The Grey Towers at Stamford, Conn.,** is an attractive sanitarium with beautiful location, overlooking Long Island Sound, receiving mental nervous cases with all forms of drug addiction. This well established home has been before the public for many years under the care of Dr. Barnes, and is doing very excellent work.

The following is a partial list of excellent institutions for the care of inebriates and mental cases, each one of which has special facilities for the successful treatment of such cases:

- The Highlands, Winchendon, Mass.** F. W. Russell, M.D.
- Falkirk, Central Valley, Orange Co., N. Y.** J. Ferguson, M.D.
- Westport Sanitarium, Westport, Conn.** Dr. F. D. Ruland.
- River Crest, Astoria, L. I., N. Y.** J. J. Kindred, M.D.
- Greenmont-on-the-Hudson, Ossining, N. Y.** R. L. Parsons, M.D.
- Walnut Lodge Hospital, Hartford, Conn.** T. D. Crothers, M.D.
- Mt. Tabor Sanitarium, Portland, Oregon.** Dr. H. W. Coe.
- Maplewood, Jacksonville, Ill.** F. P. Norbury, M.D., 420 State St.
- The Cincinnati Sanitarium, College Hill Station, K, Cincinnati, O.**  
Dr. F. W. Langdon.
- Long Island Home, Amityville, L. I., N. Y.** Dr. O. J. Wilsey.
- Knickerbocker Hall, College Point, New York City.** W. E. Sylvester, M.D.
- Lake Geneva Sanitaria, Lake Geneva, Wis.** Dr. W. G. Stearns.
- The Blue Hills Sanitarium, Milton, Mass.** J. F. Perry, M.D.
- Dr. Dunham's Home, 1392 Amherst St., Buffalo, N. Y.** S. A. Dunham, M.D.
- Dr. Moody's Sanitarium, San Antonio, Texas, 315 Breckenridge Ave.** Dr. G. H. Moody.
- Private Home for Nervous Invalids, Kansas City, Mo.** J. Punton, M.D.

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