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OF

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## The Quarterly Journal of Inebriety

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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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THE NATURE AND TREATMENT OF  
INEBRIETY.\*

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BY GEORGE M. BEARD, M.D., NEW YORK CITY.

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One year ago I read before this Association a paper on *The Causes of the Recent Increase of Inebriety in America*,† the leading idea of which was that inebriety was a neurosis, a functional disease of the nervous system, and had increased in this country in recent times for the same reasons that other and allied functional nervous diseases had increased.

In that paper the general distinction was drawn between the vice of drunkenness and the disease inebriety, the former being regarded as physiological, the latter as pathological.

My purpose in this paper is to consider more in detail the nature of inebriety, and also to indicate the principles and methods by which it should be treated.

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\* Read before the American Association for the Cure of Inebriates, at Chicago, September, 1877.

† American Journal of Inebriety, Vol. I, No. 1, 1876.

There have been three difficulties in the way of recognizing inebriety as a disease. First, the difficulty of distinguishing between the vice of drunkenness, which is not necessarily a disease more than any other vice, as swearing, or lying, or licentiousness; secondly, the difficulty of finding any exact analogy in other nervous diseases, and thirdly, the fact that inebriates are in other respects so well, apparently, and so strong.

The first difficulty is not peculiar to the study of inebriety; it confronts us whenever we try to solve the mysteries of insanity, of hysteria, or of epilepsy. The differential diagnosis between eccentricity, a physiological state, and insanity, a pathological state, is sometimes very difficult indeed. Eccentricity is a peculiarity of character caused by a peculiar or unusual but entirely *healthy* brain. Some of the great monsters of crime come under this head; they are not always diseased; their brains, in all directions, may be as healthy as the brain of any average and perfectly sane and well man, and yet they do the same things that they might do if their brains were diseased; if compelled to judge from their actions alone, without relation to the circumstances or personal history, it might oftentimes be impossible to decide between insanity and eccentricity not in crime alone, but in every-day life the eccentric act like the insane; in other words, a peculiarly organized but entirely healthy brain may give rise to the same phenomena as a thoroughly diseased brain. A man who is simply eccentric has a brain peculiarly organized, the various faculties being differently apportioned than in the brain of the average man, or he has been surrounded by conditions that have made him different from the average of his fellows.

The difficulty is intensified by the fact that eccentricity so often runs into insanity; the brain that is peculiar or

unusual, but healthy, becomes diseased, insanity takes the place of eccentricity, the general nature of the symptoms being however but slightly changed.

I knew a number of years ago a man who was naturally very avaricious; all his life the love of money, for its own sake, had been the leading and most obtrusive and offensive fact in his character. He was a man of much cerebral force in certain directions, and in spite of his avarice was highly esteemed. This extreme avariciousness was, without question, an eccentricity; there was no sign or suspicion of disease of the brain or of any other part of the body; the faculty of acquisition was not diseased, but developed to an unusual degree. In the latter part of his life, in extreme old age, this gentleman gave various and satisfactory evidences, that need not be detailed here, of disease of the brain, and *pari passu* his avarice increased, his eccentricity passed gradually, almost imperceptibly, into insanity. It would be impossible to name the hour, the day, the week, or even the month when this eccentric man became insane, but in studying his symptoms—for years there was doubt—that disease had taken the place of health, eccentricity had passed into insanity, physiology had shaded into pathology. Who can tell just when afternoon becomes evening? Where is the dividing line between twilight and night? To answer these questions is no easier and no harder, oftentimes, than to specify the time when the eccentric man became insane, when the drunkard became an inebriate.

The indulgence of eccentricities frequently leads to the disease insanity. The man who is naturally *organically* but healthfully passionate, avaricious, or mean, may by over-indulgence become *morbidly* passionate, avaricious, and mean. Just so indulgence in drink as a vice leads to indulgence in

drink as a disease; the intemperate man becomes an inebriate.

The illustration from hysteria is equally striking. Hysteria appears under two quite distinct forms—the one psychical, the other physical. In the psychical or mental form the symptoms are the result solely of an unbalanced mind powerfully excited by some emotion. This form of hysteria occurs in persons who are vigorous and muscular, their bodies are strong but their brains are weak, they have more emotion than reason, and the few faculties they have being but slightly trained, they are easily “thrown off the center,” to use a nautical phrase, and when any great excitement appears they develop the symptoms of hysteria, with convulsions, contortions of muscles, anæsthesia, or numbness, and so forth. In modern times, and in this country, Irish servant girls illustrate very frequently this type of hysteria; in the middle ages large communities were thrown into a state of hysteria and of trance, by mental excitement alone, and as functional nervous diseases were at that time comparatively unknown, it is just to assume that these epidemics of hysteria and hysterical disorders were largely if not entirely of a psychical nature—unbalanced and untrained minds acting on strong and vigorous bodies. In our time and country, among the higher circles of society, a very different type of hysteria appears; exhausted, neurosthenic bodies, under the influence of fatigue or worry of excitement, develop many of the same symptoms as are experienced by those afflicted with psychical hysteria; indeed, in their symptoms the two types not only approach each other, but actually coalesce; and the psychical form may, and often does, lead to the physical form just as drunkenness leads to inebriety. Just where psychical hysteria becomes physical hysteria, is in any case hard to determine; it is

similarly hard to distinguish in all cases between drunkenness and inebriety.

The second difficulty—the want of an exact analogue to inebriety—is, for the majority of those who think on these themes, quite serious. Disease, to the popular mind, means something tangible, or at least accessible to some of the senses, and resulting usually from some external cause.

The popular mind understands with ease that small-pox, typhoid-fever, and ague are diseases, although the poisons that cause these disorders are not revealed to the senses, because the symptoms are seen as well as experienced by the sufferer ; it is not necessary to depend on the statements of the patient ; we know that he is sick, even if he insists that he is quite well. Inebriety, on the other hand, is purely subjective, and only exhibits itself by drinking, which is a habit common to thousands who are not inebriated, but are simply drunkards. The popular and even the professional mind is inclined to be very skeptical in regard to other diseases, such as neuralgia, headache, neurosthenia, or nervous exhaustion, and various types of hypochondriasis, as agaraphobia or fear of places, astraphobia, or fear of lightning, in which the symptoms are so far subjective that only by the statement of the patient do we learn of the existence, or of their progress toward recovery, or in the opposite direction. Consequently patients of this class are the laughing-stock of their friends, and far too frequently are kicked out of the offices of physicians ; indeed, it is but recently that even the leaders of medical thought have advanced to right views in regard to the nature and treatment of these diseases. Twenty-five years ago there was in the medical profession as much incredulity in regard to these and allied affections as there now is in regard to inebriety. One need not then wonder at the slowness with which inebriety has taken its position as a disease when we consider that

besides being a subjective malady like neuralgia, neurosthenia, and hypochondriasis, it is also obscured by being confounded, with the habit of drunkenness, which in its external manifestation it so closely resembles. The superficial observer forthwith sees no difference between a drunkard and an inebriate, just as he sees no difference between a hypochondriac and a malingerer, between one who is really depressed in mind and one who only pretends or fancies that he is so.

Although we have no exact analogue to inebriety, we do have approximate analogues in certain mental disorders. The nearest analogue, perhaps, is found in that malady of the sexual appetite known as erotomania, or nymphomania, or satyriosis. The appetite for sex like the appetite for food is partly a physical, partly a mental or psychical faculty. Both appetites undoubtedly have centers in the ungratified brain, but both through visible bodily organs outside of the brain, thus differing from the other mental faculties which are gratified by the functional activity of that portion of the brain in which they reside. Morbid sexual appetite differs from healthy sexual appetite mostly in intensity and degree, and the two cannot always be distinguished without a knowledge of the character and history of the patient, and of the circumstances. Sexual excess leads to sexual disease, just as excess in drinking leads to inebriety, and there is oftentimes the same difficulty in drawing the line between the vice and the disease.

Approximate analogues to inebriety may be found in various other mental disorders. Take the passion of anger, which is a normal faculty, and indicative of health rather than of disease. It may, however, become a disease. Morbid anger is sometimes one of the first, perhaps the very first symptoms of insanity; and yet the differential diagnosis of morbid anger from healthy anger may be as hard as the dif-

ferential diagnosis of eccentricity and insanity in general, or of drunkenness and inebriety. Over-indulgence in the healthy normal passion of anger may invite and prepare the way for the morbid passion of anger; the brain over-used too long in a certain function becomes diseased in that special function; over-indulgence of anger leads to morbid anger, over-indulgence of love of acquisition leads to morbid avarice, over-indulgence in drinking alcohol leads to alcoholic inebriety, over-indulgence in opium or chloral leads to opium or chloral mania, the chief difference between inebriety and chloral and opium mania on the one hand, and morbid anger and avarice on the other, being that the former is created by indulgence in the use of a substance, as alcohol, opium, and chloral that appeals to the senses, whereas anger and avarice are purely psychical, and, like all the great forces of nature, can only be studied through their effects.

The third difficulty in the way of recognizing inebriety as a disease, is the fact that it exists in persons who are otherwise apparently perfectly well. Inebriates are frequently so strong, and even sturdy in appearance, so free, oftentimes, from other functional diseases, even, that their friends are slow to believe their weakness in this particular. Here, also in consonance with the general plan of this essay, I recur to analogy.

Many other functional nervous diseases besides inebriety are consistent with apparent and real health and strength in other respects. A man may suffer every week from violent sick headaches, may have annual attacks of hay fever, may be tortured with neuralgia, may experience the deepest horrors of hypochondriosis, and even insanity in certain phases, and all the while increase in flesh and improve in complexion, and may be capable of great muscular if not mental endurance. Cases illustrating this I have seen ever

since I began practice. Patients of this kind sometimes suffer more from want of sympathy than from this disease. Hysterical women and men also—and some of the worst cases of hysteria are in men—grow fatter and stouter as their symptoms grow worse. I am persuaded that in some cases increase in strength and real vigor in other directions is one of the symptoms of increasing nervous disease, as though the morbid activity were concentrated in some one function, leaving other functions free to operate healthfully and vigorously. One day there came into my office an inebriate who told me that he had been walking over forty miles consecutively, without anything to eat, and yet he was but little wearied. It is one of the compensations of functional nervous diseases that they forestall other diseases and protect the system against them. Diseases are antidotes to diseases.

The very day on which this paragraph is written I have been called to see a man of unusual ability and prominence, standing at the head of his profession, who for years has been an extraordinary and incredible sufferer from hysteria in its nameless and protean forms. His life is a pathological romance; every function is an enemy; by turns every organ of the body has been transiently diseased, and yet his countenance expresses perfect health; he has gained rather than lost in weight; and though incapable of the mechanical details of writing, he has carried on through an amanuensis an extensive correspondence with learned men, relieving the tedium of confinement and helplessness by making himself an amateur in a special department of science, and all the while responsibly superintending a public undertaking of the highest importance. At the date of writing, the man who has suffered and done all this cannot walk a block, nor ride in a carriage or on the cars, and spends most of his time in



bed. I refer specially to this remarkable case of virile hysteria because it shows most strikingly how functional nervous disease may consist with apparent health in other respects, and with capacity for certain kinds of work.

I was once consulted by a teacher who had worn himself down in the discharge of his duties; spinal irritation had developed with other evidences of exhaustion of the cord. He looked fleshy and ruddy, and I so remarked to him. "Yes," he replied, "when my spine began to be weak I began to flesh up. I look better now than ever before in my life."

The rule seems to work both ways, and when functional diseases disappear other symptoms may reappear as though to take their place. A number of years ago a patient suffering from spinal exhaustion was referred to me by my friend Dr. Stone of Philadelphia. He had been treated by Stone electrically and otherwise, and believed that he had been benefited. I asked him what evidence of benefit there was. He replied, "Because my sick headaches are coming back."

Previous to his attacks of spinal exhaustion he had suffered from sick headaches, which left him as soon as the spine became affected; as the spine became better under treatment the sick headaches returned. Again and again I have seen cases of hay fever, which is a perfect type of functional nervous disease, where sick headaches leave entirely when the fever comes on in the summer and recur when the fever leaves in the autumn. On the same principle of the vicariousness and correlation of disease an excrementous eruption on the face has been known to take the place of the ordinary symptoms of hay fever in the nose and throat.

An assembly of inebriates is usually an assembly of hearty and healthy-looking men; whatever other nervous

symptoms may annoy them, they may yet be full in flesh and very muscular. Even chronic alcoholism does not always at once affect the countenance. The confirmed drunkard is apt to advertise his vice in his face; not so the inebriate, especially of the periodical variety. There are two reasons for this: first, the drunkard is likely to drink oftener and drink more than the inebriate, and secondly, the inebriate is more frequently of a finer organization than the drunkard, and therefore less likely to have the toper's nose and countenance, or any similar symptoms of his habit.

That inebriety to a certain extent protects the system against other disorders, has long been my conviction. That the habit of opium-taking keeps one from taking cold, has been observed by many, and is not at all mysterious when we remember the effect of opium on the skin.

Besides these three general difficulties, there are three special difficulties in the way of recognizing inebriety as a disease, and of satisfactorily studying it.

1. It is not seen to any extent in ordinary hospitals and public institutions. Our hospitals are filled with drunkards—those who are victims of the vice of drinking—but rarely admit inebriates—those who suffer from the disease of drinking. The class of people who enter hospitals is not the class from which, as a rule, inebriates come. The peasantry of foreign countries, and negroes and Indians, are good materials for drunkards, but do not often become inebriates, for inebriety is usually the disease of refinement, of a fine organization, of an indoor life, of brain-workers, of civilization.

Medical students derive their knowledge of medicine mostly from books, and from what they see in hospitals; of what exists outside of hospitals and books and medical colleges they are usually as ignorant as laymen. Medical professors lecture mainly on disease as it appears in hospitals,

and compile their text-books accordingly. And thus the young physician leaves the college with absolutely no knowledge of the nature or amount of functional nervous disease that is found in the higher classes of American society.

The majority of professional men in medicine and out of it make few additions to their book knowledge after leaving the university, however skilled they may be in practical routine; consequently inebriety, and the nervous disorders to which it is allied, is to the great body of physicians an unexplored realm. There are very few families of New York city among the wealthy, comfortable, and educated classes that do not have more or less cases of neuralgia, or hay fever, or inebriety, or sick headache, or spinal or cerebral irritation, or physical hysteria, or pathophobia or simple neurosthenia, and yet one might be an interne in the largest of our general hospitals without ever seeing any cases of any of these diseases; might read all the standard books on general medicine, and listen to all the conventional lectures, and not hear any of these maladies honored by mention, and then only by wrong names and under false and one-sided notions of their pathology. The nature and treatment of these functional nervous diseases can at present only be learned by experience in practice among the better classes.

2. Inebriety is mostly, although not entirely or distinctively, an American disease. By this I mean that it is more common in the United States—particularly in the northern and eastern States—than in any European country, not even excepting England. The ancient world knew very much of drunkenness, but very little of inebriety,—a disease first observed in modern times, and in this country, and which, at the present time, is more abundant here than in any other country. Equally true is this of physical hysteria, nervous dyspepsia, sick headache, spinal and cerebral irritation, path-

ophobia in its various forms, and nervous exhaustion ; these maladies, so numerous, so distressing, so annoying to the practitioner in this country, are in Europe scarcely known under these names or under any other names ; the condition of poverty of nerve force which they represent, and which is common to them all, is not recognized by European physicians, because they so rarely see it, and when by chance a case comes in their path it is not diagnosticated. In Germany they call nervous dyspepsia an "American disease," as though they knew nothing of it. In the northern and eastern part of this country a brain-worker of nervous temperament who goes through life without experiencing attacks, mild or severe, of nervous dyspepsia is an exception, in truth almost a phenomenon. One of the ablest medical writers of Germany, Niemeyer, even doubts the existence of spinal irritation, a malady that infests half the wealthy households of America.

This group of ten diseases to which inebriety belongs, and which includes cerebral irritation (cerebrasthenia), spinal irritation (myelasthenia), general neuralgia, sick headache, physical hysteria, hay fever, pathophobia in its different varieties, neurosthenia or nervous exhaustion, and nervous dyspepsia, is least common in Germany, somewhat more common in France, decidedly more abundant in England ; but their chosen home is the northern and eastern parts of the United States, where there are more of these diseases than in all the rest of the world beside. The frequency of these diseases in this country, and particularly in this section of it, is the manifold result of the extremes of heat and cold, degrees of the air, our institutions and mode of life.

These diseases are not only distinctively American, they are also modern diseases ; the ancient world knew little or

nothing of them; and at the present time they are only found in three or four civilized countries.

My friend, Dr. Althaus of London, has recently published a series of statistics which prove, or seems to prove, that *organic* or *structural* diseases of the nervous system have not increased in Great Britain during the past decade. These statistics are based on mortality reports, and are undoubtedly as correct as, in the nature of things, they can be; but on the general subject of the increase of nervous diseases they shed absolutely no light whatever. Nervous diseases of the functional type do not usually kill patients. No one dies of spinal irritation, no one dies of cerebral irritation; no one dies of hay fever; no one dies of hysteria; no one dies of general neuralgia; no one dies of sick headache; no one dies of nervous dyspepsia; quite rarely does one die of pathophobia or simple nervous exhaustion; and even when these conditions are the cause of death they are not noted as such in the tables of mortality. Even inebriety as such does not kill, or necessarily shorten life; it is the alcoholism and other effects of alcohol on the body that destroys inebriates, and not the disease inebriety. That these functional nervous diseases are multiplying on every hand, particularly in this country, is proved by the facts and reasonings of my last paper, but the tables of mortality give us no information on this subject; these maladies might increase an hundred fold and the death rate would not be unfavorably affected by such increase. Take sick headache for example, in nearly every family of our brain-working, indoor-living classes there are cases; yet who dies of sick headache? Seventy-five years ago hay-fever was almost unknown in this country or the world, now there are probably 50,000 cases in the United States alone, but who would suspect this increase from our tables of mortality? Who

dies of hay-fever? Persons may and do die with these diseases, but they do not die of them. Indeed, as I have elsewhere and often urged, these diseases favor longevity, and in a variety of ways they make it necessary to be cautious, to avoid protracted over-exertion, they make it difficult or impossible to acquire destructive habits, and positively protect the system against febrile and inflammatory diseases. Hence the explanation of the apparent paradox that while there are more of these diseases in the United States than in all the rest of the world combined, there is no country where the longevity is greater than here.

As our medical books, until quite lately, were largely of European origin, and as, even now, our native authors, with exceptions, find it safer and more popular to copy what Europe has to say about disease, instead of making original studies, we have at present almost no literature of inebriety and allied functional nervous disturbances, of which I am here speaking; but instead we have long and wearisome descriptions of incurable organic or structural diseases, such as locomotor-ataxia, progressive muscular atrophy, and the like, that are much more frequent in Europe than in America. Consequently when the student enters practice, he finds every day, if not every hour, cases of functional nervous disorder, like inebriety, of which he knows no more than the patients themselves. The other day, and while this essay was in preparation, I had a long conversation with a young friend of mine, who has recently graduated from one of the very best of our medical schools, after a preliminary training of more than usual thoroughness, and who is now an interne in one of the best of our general hospitals. He is a physician of more than average faithfulness and culture, but of the various functional maladies here under debate he was obliged to confess himself absolutely ignorant. When he

enters practice, especially if it be in any of our large cities, very likely his very first and most important cases will be those of inebriety, or sick headache, or spinal or cerebral irritation, or pathophobia, or hay-fever—diseases of which neither his text-books nor his teachers have told him anything that is either correct or useful. American medical authors are now beginning to do some thinking for themselves, and as a result we are rising to a better knowledge of those nervous maladies which, for various reasons, are peculiar or almost so to America.

3. A third special difficulty in the way of recognizing inebriety as a disease is that it cannot be studied exclusively by the senses. To master functional nervous disorders, we must use deduction as well as induction—reason even more than the eye and ear. We cannot see or hear or touch or taste or smell the pathology of inebriety, nor with the aid of the microscope or spectroscope probably could we solve the problem of its nature. Only by reasoning from general principles already established, and by analogy, with the aid, it is true, of observation of cases, can we reach the heart of this or of any kindred affection. The successful study of subjects of this nature requires the philosophic mind. Inebriety is a disease of the brain, and it takes brain to comprehend brain. There are many diseases and various states of the system that are best studied through the eye, but the eye alone, with all its aids, would teach us but little of inebriety.

Understanding then that inebriety is a disease—a neurotic or functional disease of the nervous system—it is our next and most natural inquiry, What is the precise seat of the disease? On what part of the nervous system does the injury done by alcohol fall so as to make a man an inebriate?

My own view is that in inebriety the center in the brain

that presides over the appetite is the part specially diseased. It is not essential to the validity of this theory to settle the question of the precise locality of this appetite center, or of the center for the sexual passion concerning which there has been so much discussion. Deductive reasoning, which here it is possible only to suggest, makes it inevitable that there must be such a center or correlated part in the brain, and also makes it probable that in inebriety this is the part especially diseased. Alcohol in relative excess acting on the nervous system in general causes various morbid changes that are known under the general term alcoholism—acute and chronic; inebriety is to the appetite center what alcoholism is to the brain as a whole.

It would not be inconsistent with this theory if disease of the appetite center were excited in part by reflex action from the nerves of the stomach, and if the stomach were itself also a sharer in the pathology. According to this view alcohol, through its action on the central nervous system as a whole, causes alcoholism, with its familiar symptoms of delirium, mania, trembling, hallucinations, and so forth; acting on the appetite center produces inebriety, with the symptom of irresistible desire for more alcohol; thus the malady literally grows by what it feeds on.

An excellent orology, up to a certain point, is found in sick headache. This disease is now regarded by all modern neurologists as a disease of the nervous system; and it is my own view that it is a nutritive disease of a limited region of the brain—probably of the part where the fifth pair proceeds—with involvement in some, if not in all, cases of the sympathetic.

Inebriety has four characteristics that are common to it with the other neuroses of which I have spoken—the autom-



atism of its symptoms, periodicity, transmissibility, and relapsibility.

The symptom of drinking to excess that belongs to inebriety is as much beyond the control of the sufferer, oftentimes, as neuralgia or sick headache; whatever responsibility attaches itself to the patient must be referred to a time prior to the outbreak of the disease; when exposure to the exciting causes might perhaps have been avoided, or when the early temptation might have been successfully resisted. We may blame a man for exposing himself to danger of taking cold, but no one blames a man affected with bronchitis for coughing. A boy struggling in the middle of a deep river, borne down by the current, may be blamed for not having learned to swim when he had opportunity, or for going beyond his depth, or for venturing too near the edge of the bank against parental injunction; but surely he cannot be blamed for his inability to keep his head at the surface, or for not resisting with success the force of the stream. Just here is the responsibility of inebriates, so far as they can be said to be responsible for the disease from which they suffer. There are some inebriates who directly inherit the tendency to their disease, just as they might inherit the tendency to insanity, or epilepsy, or neuralgia, or hay fever, and who are no more and no less responsible in one case than in the other.

One important result of researches in the physiology and pathology of the brain is to limit responsibility, or rather to define its limitations, and to reduce the causes for blame and for praise of human actions to a scientific basis. A type and test of this relation of disease to responsibility is found in inebriety.

The second characteristic of inebriety—periodicity—is  
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common not only to nervous but to many other forms of disease.

All nature moves in rhythm. Health as well as disease has its tides: its flowings and reflexes; its lulls before the storms. All the great forces are, or appear to be, results of wave motion. Under this universal law inebriety takes its own proper place. All inebriates are not periodical drinkers, but many of them are, and in those who seem to drink irregularly there may be, and probably is, an irregular rhythm in their cravings that is beyond ready analysis.

In regard to the transmissibility of inebriety from parents to offspring through different branches and generations, and its correlation with insanity, epilepsy, and other nervous diseases, there is far less known, in spite of all that has been written on the subject, than is needed to be known. It is not the disease, it is the tendency to the disease that is inherited; and this tendency is not transmitted to all the children, but is liable to be transmitted to some of them, and one form of nervous disease, as inebriety, in one or both parents, may, in some of the children or more remote descendants, reappear as epilepsy or insanity, or hypochondriosis. There is a general tendency to disease of the nervous system developed and fostered under our modern civilization and institutions, which I call the *nervous diathesis*, and which subdivides itself into various phases of nervous disease, such as neuralgia, sick headache, spinal and cerebral irritation, hysteria, and hypochondriosis, as the hand branches out into a thumb and fingers.

A philosophic study of the transmissibility of inebriety requires that these other and allied disorders be studied in connection with it, and studied in this way it would be proved that in nearly all cases of inebriety, as in nearly all cases of other and allied forms of nervous disease, there was an inher-

itance of the nervous diathesis on one side or on both sides, and usually also an inheritance, through near and remote relatives of some one of the various forms of nervous disease that arise out of the nervous diathesis.

Very few nervous diseases have been studied statistically in their relation to inheritance; but from one we can learn all. In my investigations in hay fever, the question of inheritance was asked of and answered in detail by several hundred cases. Out of two hundred cases sixty-six stated that there were or had been cases in near or distant relatives. Among two sets of near relatives there were twelve cases of hay fever. I have statistics of fifty-four cases in twelve families. I have notes of twenty-six cases that had the disease from infancy. In Newport, R. I., there is a victim of hay fever whose father and grandfather also were victims. At Bethlehem, N. H., I saw last year a child but five months old with all the symptoms of hay fever, inherited from its mother. I have very recently seen a lady who belongs to a family in which there are or have been ten cases of hay fever, and at least two more members are candidates for the same honor, with suspicious symptoms.

A similarly thorough investigation of nervous diseases of an allied character would show if not as marked, yet a very decided hereditary tendency in them all, and a constant tendency likewise to interchange, reversion, and correlation of the different manifestations of the nervous diathesis. Thus, hay fever in a parent may appear as sick headache in one child, as epilepsy in another, as insanity in another; in a grandchild as inebriety, in a nephew or niece as simple nervous exhaustion. Quite frequently several of these varieties of nervous disorder occur in the same person at different periods of life, or simultaneously; thus of two hundred cases of hay fever, fifty-six were or had been victims

of sick headache, thirty-four of simple headache, twenty-eight of backache, thirty-five of neuralgia, thirty-one of dyspepsia, twenty-two of sleeplessness, twenty-three of palpitation, twenty-one of nervous exhaustion, twelve of chorea, and eighty-nine paralysis of some form. Every day, or almost every day, I see cases that have at once or in alternation, spinal irritation, cerebral irritation, nervous dyspepsia, sick and common headache, insomnia, and nervous exhaustion and neuralgia. Inebriety, like hay fever and sick headache, may, however, occur in persons who are free from almost any other morbid symptom. I have seen inebriates whose health I envied, all their tendency to nervous disorder seemed to concentrate in this one disorder.

The relapsibility of functional nervous diseases is an universal characteristic. Even those cases that ultimately and permanently recover do so usually through a series of slips, and misses, and pull backs. Rarely or never does one get rapidly and consistently well of any of these affections I have named without relapses, or, at least, pauses that are equivalent to relapses. Easily made better, easily made worse, can be said of all these troubles. The objection every day made against inebriate asylums that many of their discharged inmates fall back into their old habits might have some force if it did not apply to every other form of functional disease however and by whomsoever treated. It takes almost nothing to relieve a case of spinal irritation, it takes almost nothing to bring the symptoms on again. Today under galvanism, or pleasant mental influence, the tenderness of the spine utterly vanishes, to-morrow under an exertion of body or brain, or unpleasant mental influence, all the vertebra are painful on pressure. Illustrative cases are under my eye all the time, likewise with hysteria, neurosthenia, hypochondriosis, or pathophobia and cerebral irritation.

This very afternoon on which I write these lines I am called to see a case of nervous exhaustion in a man who yesterday was, to appearance, rapidly getting strength and spirits, to-day, as a direct and clear result of work and worry, he is flat on his back, scarcely able to speak, robbed of all his nervous force. Inebriates, to say the least, do as well as patients with any of the class or family of disorders to which it belongs. The chances for perfect and permanent recovery in insanity—taking the cases as they appear—is but one in ten. Shall we therefore shut up our asylums? Or shall we substitute prayer and sermons, and legislation and jails for comfortable homes, judicious treatment, and skilled supervision for the insane? The chances for permanent recovery from inebriety under asylum treatment are better than the chances of permanent recovery from any of the diseases to which it is allied.

The treatment of inebriety as suggested by its nature has been explained. Functional nervous diseases of all kinds are to be treated on two general principles:

First, *Avoidance of exciting causes.*

Secondly, *Sedatives and tonics.*

In other words, both subjective and objective treatment must be used. The exciting causes of inebriety are alcohol, and any nerve exhausting influences, among which are especially prominent, bereavement, business reverses, disappointments in plans of love or ambition, or sudden and violent surprises of fortune. The powerful perturbations which these influences excite in the sensitive brain may arouse the tendency to inebriety where it has existed latent for years, and may aggravate it when already in activity, and the desire for drinking thus excited is heightened with each indulgence, and increases that desire. It is like the itching that attends many diseases of the skin, which is made worse, not better, by

scratching. For a moment scratching relieves, but ultimately increases the desire for more, which desire only disappears with the cure of the disease on which it depends.

The object of entering a home or asylum is to take away the exciting cause, alcohol, and at the same time, so far as possible, in matters so little under man's control, to relieve the brain of the effects of daily and exhausting worry. Inebriate patients go to an asylum for the same reason that hay fever patients go to the mountains or the sea ; this class get out of the way of alcohol, the other of dust, pollen, heat, and other irritants which are to hay fever what alcohol is to inebriety—not the disease at all, and powerless to excite the disease where the nervous system is not predisposed by inheritance or otherwise.

It is now proved within the past two years that great relief can be obtained for the majority of hay fever sufferers, by various sedatives and tonics—generally and locally employed—right in the midst of the exciting causes, on the very soil where the disease grows, but not as sure or satisfactory relief as at the mountains, in the forests, or on the sea, where the external irritants do not exist. Just so some cases of inebriety or of insanity can be cured at their own homes in the midst of the temptations to drink, but for the majority it is better if not necessary to be removed for a time from all such temptations.

An exciting cause of inebriety not uncommon among women is the pain and sense of exhaustion with which uterine disease is attended. The exhaustion calls for some kind of relief, and temporary relief at least is given by alcoholic liquors, and in some cases permanent benefit is derived therefrom in these cases. As a means of relieving pain alcohol is one of the best at our command, it acts as an anæsthetic, and when administered in sufficient doses will relieve even

severe toothache and neuralgia. The temptation to use this agent for the exhausted and feeble is therefore very great, and unless care be taken the habit may lead to inebriety. Difficult menstruation presents the same temptation. In suggesting alcohol for chronic or recurring states is the danger of inebriety—is always to be considered by the physician and by the patient. In acute affections that are of comparatively short duration this danger is reduced to a minimum.

The sedatives and tonics for inebriety are substantially the same as those employed in other and allied nervous diseases, mainly these four :

1. Fat.
2. Phosphorus.
3. Glycerine.
4. Electricity.

It is now pretty generally allowed among neurologists that cod liver oil is one of the very best of nerve tonics. It is especially adapted for the group of functional nervous diseases to which inebriety belongs. The objection to the taste is now fully met by the emulsion of Dr. Gray of Utica, and also by that of Scott. In the Utica insane asylum, Dr. Gray and his assistants have been accustomed, for a long time, to use an emulsion of cod liver oil, phosphoric acid and egg. Scott's emulsion contains the hypophosphates of lime and soda.

One advantage of the emulsions is that they afford so good a vehicle for other tonics. *Nux vomica* can be added, as well as phosphoric acid. Fat is food for the brain, hence the fat of beef in moderate amounts, so as not to irritate the stomach, is to be recommended. Glycerine is also of value, and it is considerably used at the Utica asylum.

There are at present so many preparations of phosphorus that some of us become bewildered and discouraged and fall back on the old remedies, but phosphoric acid is always safe,

and is certainly of efficacy, and makes a pleasant combination with cod liver oil.

*Nux vomica* is a valuable tonic for those afflicted with opium mania, as Dr. J. B. Mattison has recently demonstrated; it buoys them, so to speak, as they let go.

The sudden breaking away from habits of drinking, or opium using, may leave the system in a condition of debility that is met by *nux vomica*, better perhaps than by any other single remedy.

Electricity, by the methods of central galvanization or general faradization, or perhaps the electric bath is to be earnestly recommended in inebriety. Electricity is a sedative and a tonic, and may be used either alone or side by side with other sedatives and tonics. Electricity is now, and for some time has been, used in the insane asylums of Europe and America, and it would be used still more were it not for the want of a proper force of assistants. Results are obtained by it frequently that cannot be obtained by any other remedy. Indeed, the great treatment for inebriety, as for the family of nervous disorders to which it belongs, is electricity externally, and the cod liver oil emulsion (containing phosphoric acid and *nux vomica*) internally. Our inebriate asylums are not as crowded as our insane asylums, and there is more leisure and opportunity for treatment by electricity, provided the assistants will make themselves familiar with the right methods of using it.

The effects of central galvanization and general faradization are to strengthen the appetite and digestion, induce sleep, and to calm the nervous system.

Another remedy that might well be tried, and that ought to be tried in inebriety, is the fluid extract of coca, which is now in the market in this country, and which is reputed to be very efficacious as a means of relieving exhaustion without



leaving any bad effects whatever. It might be given in teaspoonful doses three times daily, or, in periods of depression, in much larger doses. I am told that the preparations vary much in their strength, but that the Fluid Extract prepared by Hance Bros. & White is trustworthy. An inebriate, or victim of opium, who is gradually breaking away from his habit, might find in this remedy a raft on which he could float until he could reach the shore.

Yet another remedy is protagon, which is now being employed in cerebral and spinal exhaustion, which has not yet been before the profession long enough to have its merits fully tested. All inebriates will not equally respond to this sedative and tonic treatment; those who are more or less reduced in health, who have lost somewhat of nerve force, as a result of their disease are more likely to be helped by cod liver oil, electricity, phosphorus and nux vomica, than those who are strong. The same law is observed in hay fever, and various other diseases.

In respect to hygiene inebriates should live liberally; good, sustaining food in abundance and variety. Food is the very best of tonics.

One of the effects of inebriety, or opium eating, or the use of tobacco, is to diminish the appetite for ordinary food, and, when the habit is broken, the appetite should be encouraged and indulged. The vice of our time and country is under-eating, not over-eating; to one person who eats too much, I see hundreds who eat too little. We may repent of eating injurious things, or of eating at improper times; but we rarely have reason to repent of eating too much. Gluttony among cultured people is a bygone vice, and one that inebriates, least of all, need to fear. Starvation is everywhere the one besetting sin of nervous invalids; when I can get my patients to eat I know that they are getting better.

Occupation, mental and physical, is of the highest moment in the treatment of inebriety. For some diseases there is no cure like the work cure. Occupation—either in money-making, or in professional life, or in acts of benevolence—is an adjunct to confinement in asylums, and sedative and tonic medication that should be systematically studied on the part of physicians, and carried out by inebriates themselves. Some who have leisure, and are not slaves to the need of daily toil, find useful and healthful and curative employment in trying to save their fellow unfortunates. Organizations that are formed for this purpose in connection with some of our asylums are to be encouraged.

Mental therapeutics, or the treatment of inebriety through the mind of the patient, will be neglected only by those who are ignorant of the general influence of mind over body in the causation and cure of disease. As I am preparing a monograph on the influence of mind in the causation and cure of disease, it is not necessary here to discuss the practical details of mental therapeutics. One suggestion may, however, be offered. The powerful and permanent influence of religious faith in inebriety has been demonstrated during the past few years in larger numbers of cases, not only under the stress and excitement of great revivals, but during the intervals, and in institutions for the treatment of inebriety, like the Franklin Home, Philadelphia, and others. The power of a religious faith to cure disease is entirely independent of the philosophic or objective truth of that faith. God may be a myth, the hypothesis of a soul and immortality may be a survival of barbaric superstition, all the religion of all the ages may be simply subjective creations, yet the curative effect of religious trust, of a feeling of dependence on some supernatural power, of the fear of eternal punishment and the hope of eternal reward, is a solid and scientific.

cally proven reality. The prayer of faith is its own answer: the inebriate who expects to be saved may be saved through that very expectation. A religious revival or sustained religious fervor in an inebriate home are, from the subjective, scientific point of view, curative forces of tremendous efficacy—far excelling, in many cases, the objective influence of drugs and hygiene. The emotions in all diseases are often mightier than medicine to cure, or evil environment to destroy. Of the four orders of influences that combine to cure disease, medicines, hygiene, diet, and mind, the latter often contributes more than half, and frequently the whole, completely drowning out, so to speak, its three allies. It would be hard to conceive of a more potent means of acting on the emotions than a religious or temperance revival; the mystery that envelops all ideas of religion, the appeal to the feelings of awe, of reverence, of definite expectation in the ceremonies of prayer and praise, the reflex effect of stirring and solemn music, and the enthusiasm and abandonment of oratory, the consciousness of the presence and inspiration of supernatural beings, together with the constant operation of psychical contagion in the vast and excited assemblies composed mostly of the young, the ignorant, and the emotional,—all these complex forces acting with concentrated energy toward a single purpose, become the most certain and speedy of all modes of delivering the inebriate from his chains. There is no therapeutics more rational than mental therapeutics, and there is no form of mental therapeutics more effective than the excitation of the emotions of awe, of wonder, of reverence, and of expectation through the faith, the enthusiasm, and the exercises of religion. On this broad platform of scientific and practical philanthropy, the materialist and the spiritualist, the rationalist and the naturalist, the infidel and the Christian can stand side by side.

In the face of this substantial therapeutical power of religious faith over inebriety, to question the abstract truth of religion is as needless and as uncalled for as for a guest to question the sincerity of a host of whose generous hospitality he is partaking.

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#### INTEMPERANCE IS EVIDENTLY DIMINISHING

With the advance of the amenities of civilized life. Like other survivals of the age of animalism, it is gradually disappearing. There are several reasons for this. With the culture of the æsthetic tastes, the love of the refined and beautiful, comes the appreciation of these penalties in each others. Men affiliate and combine on the ground of a common taste, and as the culture of art and refinement in general advances, vulgarity, lowness, and excesses are disallowed, the inferior passions being remanded to their proper places. Religious obligations and the conventional sentiment of refined society all move side by side with the æsthetic qualities, and men flow into moderation and self-control by the civilizing forces which multiply as we advance. Another reason may be found in a wonderful physical fact which has its basis in the law of heredity, and by which we are enabled to obtain more positive knowledge concerning the disease we are considering, and act with more intelligence towards preventing it. Delirium tremens and mania were much more common a generation ago than now. Indeed, they may almost be said to be rare compared with their former frequency. When inebriety shall be classified with other diseases, and boards of health and commissioners of hospitals and charities shall act upon the fact in the same spirit and with the same efficiency that they do with regard to other diseases, there will doubtless be a corresponding improvement in the habits and lives of the people.—PARISH.

OBLIGATION OF THE STATE\* RESPECTING  
THE INEBRIATE.

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BY T. H. EVERTS, M. D., MEMBER OF THE BOARD OF DIRECTORS  
OF STATE INEBRIATE ASYLUM OF MINNESOTA.

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The proposition, "*That the State is in duty bound to provide for the care and cure of its inebriates,*" though becoming familiar to the ear, is not yet so clearly demonstrated for all understandings as to constitute a generally accepted rule of action, or even, if I mistake not, to silence all skepticism in this body of "advanced thinkers" upon the subject. Representing here one of the very few States giving it practical recognition, I therefore venture to present some of the considerations upon which, in my own mind, that proposition rests.

Could we assume as established that theory so clearly taught by Dr. Rush more than three-quarters of a century ago, and held by many able observers since and now, viz., that inebriety is nothing more or less than a peculiar form of insanity, little more would need saying; for that State which does not make ample provision for the care and cure of its insane citizens is no longer regarded as fairly civilized, and the proposition would stand as a simple corollary of the doctrine stated. But the argument is not based upon any narrow definition or disputed theory. Avoiding entirely that

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\* "The State," as used in this paper, is intended to represent "the powers that be," having jurisdiction in matters under discussion.

† Read at the September meeting of the Association at Chicago, Ill.

*quæstio vexata* of this body—the nature of inebriety—let us start from this obviously true statement: *Every person who habitually fails to exercise self-control in the use of intoxicants is either a dangerous person or a public nuisance.* The public safety requires that every dangerous person be controlled and every nuisance removed by somebody. If charity fails, and the State holds no third party responsible, she is bound to assume this duty. In the case of the drunkard she does assume it, but performs it in a manner hardly equaled for stupidity in any other branch of state-craft—in a manner violating the simplest laws, economic, humanitarian, and moral.

The most elementary rule of economy requires that dangerous persons should be taken charge of in time to prevent injury—a principle well recognized by the State in dealing with the insane—and that every nuisance should be removed in a way, if possible, to conserve its elements for use, and, at all events, so as to prevent pestilence—a principle adopted and even enforced by the State wherever material less precious than humanity itself is concerned. But what the State usually does with the dangerous inebriate is to *defend his "personal liberty"* (!)—even against charity and natural affection, when these are seeking to control him—until *after* he commits violence or crime. Then, returning evil for evil, she lays violent hands upon him; arrests, tries (perhaps), and punishes him (at a cost demonstrably greater than would have been necessary to cure or restrain him from the habit which made him dangerous), and then turns him out, a more dangerous man than before, and the same unutterably stupid farce is enacted over and over again! What she does with the inebriate, regarded as a nuisance, is to let him alone until every element of his nature worth preserving is destroyed, and he literally "stalks at noonday," that moral

pestilence—humanity publicly exhibited, even before childhood and youth, in the rôle of the sot. Can anything conceivable more rapidly or surely undermine the very foundations of our moral health—laid as they are in respect for humanity—than this thing? I can conceive of nothing to equal it in baneful effect short of the public exhibition of woman in the rôle of harlot; but this latter the State is careful to prevent, while from the very thought of *its* exposure to the gaze of children and youth causes us to recoil with instinctive shuddering. How then can the State or or ourselves be justified in regarding the former with such indifference?

Surely, gentlemen, if not in Christ's name, then in the name of the simplest law of evolution—the influence of environment upon growing germs—it is time a wiser economy was instituted in our treatment of the inebriate.

Not less utterly is the law of humanity disregarded by the State in its usual dealing with the inebriate. Grant only that the inebriate is human, and enough has already been said—or rather, enough is too well known by everybody to need saying—to make this obvious. While private philanthropy finds here one of its worthiest objects and is daily growing more active, energetic, and liberal in this direction, the behavior of the State toward the inebriate seems to have improved but little since the dark ages, and in the midst of a thousand instances of amelioration through the spirit of charity this remains, an anomaly of inhumanity hard to account for. While it has become the settled policy of states to erect and maintain costly and elaborately appointed institutions for the care and cure, or protection, restraint, and education of all other unfortunate classes—while asylums and hospitals for the blind, the mute, the idiotic, and the insane are among the first cares and acknowledged necessi-

ties of a civilized State, and while even the worst of criminals is well housed, well clothed, well fed, well doctored and furnished with religious and moral instruction at the State's expense, *as a matter of course*, and of common conscience; the inebriate is almost everywhere left a helpless prey to his own insane propensities and the depravity of those who are willing to take advantage of his miserable infirmity; while if the State interferes at all, it is only to heap shame and degradation upon one already too weak to recover alone his self-respect and self-control. Wherever the State lays hands upon the drunkard as such, her manner shows no respect for his interest or her own. In this particular she seems as if actuated by some lingering spirit of pure barbarism, and punishes without an aim. She seizes the inebriate without process of law, condemns him as a criminal, without trial and without inquiry as to his sanity, punishes him without an effort at his reformation, and—worst of all—turns him out with absolute knowledge that the same thing is to be repeated to-morrow.

Gentlemen, if not in Christ's name, then in the name of natural humanity, is it *not* time that a spirit more worthy of *man* should prevail in this matter?

Not so obvious to all, perhaps, is the violence herein done to moral law, if this can be regarded as wholly separate from the others—as indeed it cannot, since the State is morally bound to be both economical and humane in all its transactions. Not so obvious, but no less real is the violation of the simple law of justice in the ordinary conduct of the State toward the inebriate. Waiving on the one hand all questions respecting "paternity," "limitation of function," etc., in government, as on the other we have waived all questions respecting "vice or disease" in the drunkard, and we affirm that, *by virtue of its sanction of and open complicity with*



*the most efficient cause of inebriety*, to wit, the liquor traffic as conducted in America, the State here does incur a direct obligation, in simple justice to the inebriate himself, to protect, care for, and, if possible, restore him.

Far be it from us to make the too common mistake of a reversal of terms in stating the relations of liquor-selling in general with liquor-drinking in general. No one perceives more clearly than we that the potential cause of the latter lies far back of the former, even in the inscrutable recesses of man's spiritual organism. But, on the other hand, it appears to us equally clear that the traffic in intoxicating drinks, as conducted in this land, does constitute the proximate or exciting cause—at least the occasion *sine quâ non*—of nine-tenths, if not a far larger proportion, of all our inebriety. This traffic, so conducted, the State nearly everywhere sanctions, not alone by according it full protection, but by direct license and making it such an extraordinary source of revenue as to justly incur the charge of "sharing its profits." Now, if the State deliberately sanctions the existence of a dangerous institution, and does not hold the proprietors thereof responsible for resultant evils, how can she herself escape responsibility to the victims? Even the great railroad and other corporations commonly regarded as "soulless" have conscience enough to care for all employed sufferers by their extra hazardous business, and when their customers are carelessly injured, the State promptly compels them to pay full damages to the injured party, his heirs or assigns. The State that would fail in this compulsion, would be morally bound to take care of the sufferers herself, and failing to do one or the other would be regarded as too weak or too unjust to be worthy of allegiance. Yet the State charters a business tenfold more hazardous, allows it to be conducted in reckless disregard of consequences, witnesses

a daily and hourly destruction of health, life, and property through its agency, that coming from any other source would lead to instant suppression of the business, and nobody is held responsible, while she herself adds insult to injury by seizing here and there a victim and extorting from him a fine for suffering himself to be injured.

Again : The State almost everywhere levies an extraordinary and unequal tax upon the liquor traffic. She justifies herself—and can thus only be justified—in this levy by assuming that this traffic entails upon her extraordinary duties and care; *ostensibly* those of “police regulation” of the traffic itself. But practically and in fact, the State exercises little or no supervision in the matter—not even so much as to prevent the most wholesale and unlimited adulteration of the goods sold. Her “police regulation” amounts to almost nothing more than the arrest and abuse of one party to the trade, whenever his transactions in liquor have become sufficiently extensive to bankrupt him in both character and estate!

But the money which the State takes for this “police regulation” comes really—though of course indirectly—from this one party—the buyer or consumer of liquor. The State takes it upon the plea of reimbursement for extraordinary expenditures made in protecting all parties (the public) against evils incident to the business. Now, does not the State owe most to that party who is at once the greatest sufferer by, and the largest contributor to the revenue derived from the business? It would seem so; and yet the State extends full protection to the liquor seller—even stationing special police in or near his place of business to remove any buyer who may “accidentally” (!) become dangerous or unpleasant to have about—and it extends a sort of *quasi*, partial, *post facto* protection to outside people as against the

buyer becoming thus dangerous or unpleasant ; but to that buyer who has spent all, and whose money largely foots the bill for protection, she extends that of guard-house and prison-walls, nay, in some centers of our christian civilization he is accorded the privilege of parading upon the streets in all the extraordinary security afforded by special military guard, plus a chain attachment to his fellows, and a cannon ball close at his heels ! To be sure, for this extra protection he must pay over again, at least " by way of a slant." His money has all gone to the liquor-seller, so the noble State generously allows him to work out the road tax of that party and other protected ones.

Verily, if this be justice, then justice and not love should be " painted blind ! "

Gentlemen, the monstrous, barbarous injustice of it is too painfully apparent to bear further comment. I shall only stop to express my joy and pride in the fact that Minnesota has in some degree awakened to a perception of the demands of justice and wisdom in this direction, and has imposed a special license-tax upon the liquor interests of the State, the proceeds of which are to be expended for the immediate benefit of our inebriates. Recognizing what science and institutional treatment have done, and are promising to do in relieving this great and growing evil, we have undertaken to build and equip a State asylum for the care and cure of inebriates. Recognizing the indiscriminate traffic in intoxicating drinks as a prolific source, if not the sole and direct cause of inebriety, our State proposes to make this business foot the bills.

While all this is being said, let no zealous " Prohibitionist " smile at our supposed blindness to the plainest dictates of common sense respecting the greater economy, humanity and justice of wholly suppressing the source of an evil for which

we are only undertaking to provide remedies confessedly imperfect. For myself I plead guilty to no charge of blindness in this direction. No honest effort to induce the State to institute preventive measures, however radical, in dealing with this great evil, shall fail to command my hearty sympathy and encouragement. I only contend that every State *until it shall* furnish effectual prevention, or at least exhaust the means of prevention within the legitimate power of a State, is under moral obligation to furnish the best known means of cure for this most wide-spread and destructive disease—whether the disease be regarded as physical or moral.

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Whether the abuse of intoxicating beverages is capable, by itself, of originating gout, may be doubted; especially as the disease is comparatively rare among the poorer class—the class which furnishes the greatest proportion of habitual drunkards.—*Senator—Encyclopedia.*

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CHARTREUSE, the well-known liquor made by the monks of the French Carthusian monastery, near Grenoble, is still manufactured according to the original recipe of three hundred years ago. This recipe is kept carefully sealed up under a stone of the high altar, and is only removed when a fresh superior is elected. The head of the order having lately died, the new "General" will shortly go in grand procession to unseal the stone, and formally read the directions. The sale of Chartreuse brings in enormous profits, which are used to defray the expenses of the visitors entertained at the monastery, and for the gifts to the poor, while a tithe is sent to the Pope.—*Pharmacist.*

## INEBRIETY.

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BY FRED. HORNER, M. D., VIRGINIA.

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In my naval practice, as early as 1851, I had frequent opportunities to study this question in the case of seamen; indeed, inebriety is a prevalent vice or disease among this class from the era of Noah to the present time. On board our vessels of war the grog ration then was allowed as a part of the daily allowance. Since a wise policy of the government has abolished the "ardent," and in lieu thereof allows the equivalent in money, thereby diminishing greatly to the officers and seamen the acquisition of an evil habit, facts, then and subsequently, prove that the beverages of coffee and tea, especially according to the experience of Arctic explorers, sustain the waste of life and nerve-force far beyond what can be obtained by the use of ardent spirits. Preventive medicine has come forward to discourage and restrict the evils of intemperance, and in proof of good results in this direction, hospitals for the treatment of inebriates are now in successful operation in this and other countries. The statistics of such institutions confirm the fact that the inebriate can be cured and restored to a life of usefulness and happiness. Such efforts are now sustained by wise legislation, and as soon as public sentiment becomes educated to sanction restrictions upon the sale and use of ardent spirits, we may expect that the evil habits of mankind, in their thirst for intoxicants, will be greatly diminished.

And here the writer cannot refrain from the expression

of the opinion that if the National Congress and State Legislatures could institute wise statutes limiting the traffic and sale of strong drink, the morals of the people would be promoted, valuable lives would be preserved, and vast expenditures—greatly beyond the revenue derived by taxes and for the license to sell—made to meet the expense of criminal prosecutions, and for the maintenance of hospitals, jails, and penitentiaries, would be avoided. In addition to the number of special cases illustrative of the various forms of inebriety reported by the able editor of the QUARTERLY JOURNAL OF INEBRIETY, may be cited the following:

Case 1, S. R., ætat 17, and born in Virginia. On the maternal side inherited a nervous temperament, the father was of temperate habits. During childhood this young man exhibited symptoms of epilepsy, which were controlled and partially cured by judicious treatment, directed to give tone to the general health. On attaining manhood he was mustered into the Southern army, where unluckily he acquired habits of intemperance. For two years subsequent to the Civil war, through which he served in the ranks creditably, he abstained entirely from drink, and became a successful farmer. At the expiration of this time a reverse of fortune occurred, resulting in a return to former evil habits. When he became my patient his symptoms were those of hypochondria, deranged digestion with constipation, followed by active congestion and excitement of the brain, and after a debauch *mania a potu*, and an attempt to commit suicide. He was relieved by appropriate treatment, not embracing, however, any attempt of restraint. For seven or more years the above details constitute a brief history of this case, which continues to be distinguished by marked periodicity of the attacks, occurring usually every year during the winter months, and with signs of a true epileptiform seizure

preceding resort to intoxicants. There can be no doubt that his permanent cure might be promoted by judicious treatment within the walls of a hospital, without which this class of drunkards will remain a burden to themselves and to society. In them the moral faculty and will, and even the capacity to reason are lost, and when accompanied by irritation of the brain and nervous system peculiar to the epileptic, such persons are no longer capable of restraining the vicious appetite for drink. Preceding each attack ending in debauch, as described by Dr. Bright, writing on the subject of epilepsy, this patient has an unusual flow of spirits and vivid dreams of a peculiar supernatural character, *e. g.*, of the coming Messiah—followed by a state of hypochondria.

Case 2 presents a group of three young men, who have lived in a healthy country district of Virginia. All surrendered themselves to lives of dissipation, and have squandered respectable fortunes in the bar-rooms, at the game-table, and on the race-course. Two of this group died comparatively young, with symptoms of *mania a potu*, loss of consciousness and reason, and features so bloated as not to be recognized. In their acts of debauchery the penal laws of the State were powerless to restrain or punish them, and an enlightened Christian community suffered them to perish thus miserably without a single effort to save them from ruin. One of the three survives, now an old man with his brain so diseased by constant potations, causing serious lesions of the meninges and cortical substance, as to impair the action of this organ, and the senses and mind, that he is virtually reduced to the condition of an idiot. Such examples unfortunately are presented in every community throughout our widespread country. They deeply interest the learned and humane physician whose privilege and duty it is to prevent as well as to cure disease. He alone is capable of

comprehending their pathology and management, and in the light of modern science wisely proposes to provide hospitals where such unfortunates can be subjected to a rational method of treatment, which insures the temporary, if not permanent cure of this class of patients. While writing this article, the survivor of the three referred to above has had a paralytic seizure, accompanied by symptoms of atrophy and softening of the brain.

Case 3 presents an example of vicious indulgence in the person of a lawyer of eminent talents, a statesman, and prominent in society. Though possessed of a large fortune, and married to a lady of superior grace, this gentleman surrendered himself to drink and the most degrading vices, at which time he was violent in temper, and engaged in broils with low characters on the race-course and game-table. At the age of forty, on one such occasion, he was stricken with paralysis which rendered the left arm and hand powerless, and suffered total loss of speech with the exception of the power to utter the most blasphemous oaths. He remained in this condition for seventeen years, dying in an exhausted and miserable condition. His case could alone have been treated successfully by the restraints and discipline of a hospital, though it occurred before such institutions were established.

Such examples of inebriety thus briefly presented, it has been affirmed, are occurring in every community of our country. They are interesting to the learned physician and philanthropist, because modern science provides a rational physical and moral treatment that insures the temporary if not permanent cure of this class of patients. In all, excessive drink caused such inflammatory action in the brain-substance—admitted to be the seat of the intellect and moral affections—that this organ, under the influence of the will,



became incapable of normal action, with its functions so perverted and deranged by the constant excessive use of intoxicants, reason was virtually dethroned, the moral faculty lost, and the man became the willing victim to insatiable and depraved appetites and passions. Responsibility to God and the laws of man and respect for family is for the time lost. Such men subject themselves to the temptation to commit the worst crimes, suicide, or murder, or more commonly perish by an attack of *mania a potu*, apoplexy, or insanity.

This sketch, or attempt of an outline of inebriety, would be imperfect were the writer to omit brief mention of the moral and religious aspect of the question presented in Holy Writ, and now almost ignored in modern society and by the law-makers of the land as worthy to be quoted as authority. But still the strongest argument for the drunkard to abstain and the physician to devise methods for the cure of the inebriate, is drawn from the Bible, since it deals with a history of man relating to the present and future state of man's existence. It tells with certainty not to be questioned, of the purposes of the Deity towards man, based upon the conduct of the latter in this life, which will determine irrevocably his condition in the eternal world.

And who will dare to slight the warning of the Author of man's salvation? Himself, when on earth, the good Physician, the Lord Jesus Christ, when he says to men, "Take heed to yourselves lest at any time your hearts be overcharged with drunkenness;" and further on comes the positive declaration that "No drunkard shall enter the kingdom of heaven." Hence, we may feel authorized to appeal to the religious sentiments of the drunkard while resorting to physical remedies. We believe that the stern duty of the hour resting upon the Christian physician and law-makers of

our country, is to fight earnestly to *prevent* as well as to *cure* inebriety, which is condemned by divine and human law, and the scourge of mankind.

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#### INSANITY AND INTEMPERANCE.

Intemperance has a three-fold relation to insanity: it may be a cause, an early symptom, or a result. These relations are often associated and often confounded. Each claims separate notice. . . . .

Not unfrequently, however, intemperance is assigned as the cause of mental disorder, when, in truth, it is only one of its early symptoms. In the earliest stages of derangement, and in the emotional disturbance which constantly precedes it, when the patient is unsettled and unlike himself, but when the true nature of his disorder has not even been suspected by his friends, unwonted drinking frequently occurs. It is then only one of the indications that the patient is losing control over himself, and is easily led away by opportunity and temptation. This is especially observed in commencing general paralysis, while the other symptoms of that disease confirm the mistake of the friends, and are attributed by them to the newly-acquired habits of dissipation.

Little experience is needed to guard against this error; but, on the other hand, there is a large class of cases where no definite line can be easily drawn, and where intemperance, while at once the most frequent cause and the most constant symptoms of the insanity, is yet more truly its result.—DR. YELLOWLEES, *before the British Medical Association.*

## Abstracts and Reviews.

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### On the Diagnosis of Acute Diseases induced by Alcohol.

Dr. Curnow of King's College has a very interesting lecture in the London *Lancet* on the above subject.

The different forms of acute alcoholism are divided as follows: (1) Acute catarrh of the alimentary mucous membrane; (2) Rapid coma from alcoholic poisoning; (3) Some varieties of delirium tremens; and (4) A special type of insanity termed oinomania.

Of the second form, alcoholic coma, in the diagnosis we must be able to exclude all other causes. He says: "Blows on the head should be carefully looked for, as in many cases the symptoms of concussion of the brain are very like those of that stage of drunkenness which is just short of complete coma, and from severe blows absolute coma may result. The smell of the breath is quite unimportant, and often misleading, for a man who has been drinking may fall and injure his skull, and if the breath be alone considered, we may dismiss a serious case of concussion of the brain.

"There is no absolute diagnostic criterion in such doubtful cases, and we are therefore bound to keep the patient under observation until the diagnosis becomes positive and certain.

"Cases of cerebral apoplexy are continually being mistaken for alcoholic coma, and *vice versa*. Those due to embolism are so sudden, the coma, if there be any, passes off so soon, and the hemiplegia is so complete, that an error can scarcely be committed.

“ Those due to thrombosis also present so marked paralytic symptoms, and so little and so transient a coma, that they may also be dismissed from our consideration.

“ The difficulty arises in cases of hemorrhage into the brain. The diagnosis is uncertain in the two degrees of drunkenness, viz., in the stage of complete coma and in the noisy and uproarious stage. It is extremely difficult to diagnose complete alcoholic coma from that due to cerebral hemorrhage, especially if the latter be into the pons or into the lateral ventricles. In ordinary cases of apoplexy there is some evidence of one-sided paralysis of the limbs or face, convulsions are of greater severity on one side of the body, and there is rigidity or spasm of one limb, or squinting. The pupils are frequently unequal, but I have seen this also in alcoholic coma. Unless we have some such distinctive features of an unilateral lesion in the brain presenting some well-marked unilateral symptom, we cannot come to a positive diagnosis. Two more points are left for observation. The patient's urine may give the alcoholic reaction. A chromic-acid solution (made by dissolving one part of bi-chromate of potash in 300 parts by weight of strong  $H_2SO_4$ ) is immediately turned to a bright emerald green by the addition of alcohol either pure or contained in urine. This reaction is sudden and immediate, and, although other substances oxidize this solution and produce a similar color, it is scarcely liable to any practical fallacy. Again, the patient may vomit, and the vomited matters may contain a large quantity of alcohol, or none at all, and so explain the nature of the case.

“ The second condition—that of noise and excitement—is the one in which most mistakes are made, for the patient may have a serious and fatal lesion in his brain, and yet be able to struggle, swear, answer questions more or less rationally, put his tongue out, etc., and hence even the most cautious and

experienced practitioner may come to the conclusion that he is only drunk. Such an opinion is the more readily formed if the patients' breath smell of alcohol. We must remember that a man with a threatened attack of apoplexy feeling ill (for such cases are rarely absolutely sudden), may go into a public-house, drink some spirit, fall down in a fit, be picked up by a policeman, and taken to a hospital or police station. In this case the breath would give an alcoholic odor, and the circumstantial evidence point to drunkenness, and yet the case be one of severe cerebral hemorrhage.

"These cases of so-called 'ingravescent' or 'increasing' apoplexy begin with delirium or a convulsion, then there is partial recovery with confusion and headache, and after some time (from one or two even up to forty-eight hours) deep and prolonged coma sets in. Extensive hemorrhage is always found, usually bursting through one corpus striatum into the lateral ventricle.

"Copious meningeal hemorrhage is sometimes attended with a similar succession of symptoms. Again I must repeat that the general features of the case are not to be relied on for a diagnosis, and such individuals must be carefully watched, otherwise we may find that the patient is not drunk, but dying,' and so get much discredit."

In the methods of diagnosis the following should be the order :

"In the first place, the patient should be carefully examined for blows on the head or for fractures of the skull ; and we should then see if there is any hemiplegia, unilateral spasm, rigidity, or convulsion, and if there is any squinting or facial paralysis. We should next look at the pupils, but not lay much stress thereon. 'Conjugate deviation' of the eyes, as if the patient were looking upwards over one or the other shoulder, increased, perhaps, by a rotation of the head and neck in the same direction, is a very important sign of apo-

plexy, and diagnostic if present. The next step is to inquire for a convulsion, and to examine the tongue and mouth for bites, blood, or froth. After this the urine should be drawn off by a catheter and tested for albumen and for alcohol. The heart must be carefully stethoscoped, and the position of its apex noticed. The legs should be exposed, and we should see whether they pit on pressure, and whether there is any puffness of the eyelids or general œdema. If we are still in doubt, we must empty the stomach with the stomach-pump and examine the contents, again remembering that it must be used with especial care, and then no harm will be done to an apoplectic, and we may be led to the proper treatment; if the case is one of poisoning by alcohol, opium, or a narcotic poison.

Too much stress must not be placed on the history, although this must always be asked for. The general features of the attack are of but little significance from a diagnostic point of view, and we must not be misled by such unimportant and equivocal symptoms as the condition of the pupils and the smell of the breath.

In the early stages of alcoholic coma and of coma from cerebral hemorrhage the temperature is low, but it frequently rises in both to an excessive height before death. . . .

As the diagnosis alcoholic coma is surrounded by so many difficulties, and a well-skilled medical man may fall into so many errors, or be able to form a doubtful opinion, how absurd and wrong is it for such a diagnosis to be permitted to a policeman. Even when the cause of the coma is known, we must remember that alcoholic coma is due to poisoning by that liquid, and that in spite of the most energetic and best treatment a patient may die. Such cases, after being diagnosed, are therefore cases for a hospital, and not for the police-cell. What would be thought if we sent away cases of poisoning by other narcotics? and yet we should frequently do less harm than by following the present system of dealing with cases of alcoholic coma.

In case of delirium from insanity, and not caused by drink,

actual delusions, not mere terrors or hallucinations, are of primary importance. The delirium of acute fevers and pneumonia may be mistaken for delirium tremens; but the pyrexia, history, and physical condition will guide to a correct diagnosis if the possibility of error is remembered. In all cases of supposed delirium tremens, the chest should be carefully examined; for the general features of the delirium in many cases of asthenic pneumonia, and in the pneumonia of drunkards, are an exact counterpart of the phenomena of ordinary delirium tremens, and I have seen two such cases asphyxiated in a few hours by the exhibition of opium, although not in very large doses, and in both, pneumonia affecting the lower lobes of the lungs were found on a post-mortem examination. Occasionally, also, the delirium of uræmic patients simulates the delirium of alcoholism, and the urine should be examined in every case, lest a dose of opium be incautiously given, and free sweating and purging be omitted. Delirium from fright or exhaustion presents many features of resemblance to delirium tremens, but the history is generally, if not always, forthcoming in such cases.

The following are the particulars of a typical example of delirium from an exhaustion which came under my observation. A temperate young man, aged twenty, was disturbed by a fire, and worked very diligently for several hours, during which period he partook of no food, and drank about two pints of beer and a little spirits. He returned home cold and wet, and for two days afterwards presented every symptom of delirium tremens, except that he was continually raving about the fire. It is not generally mentioned in text-books, but it is very important to be aware of the fact that one form of delirium tremens is attended with marked pyrexia, and is frequently fatal.

Attacks of delirium tremens beginning with severe epileptic fits are considered by most modern French writers to be characteristic of absinthe drinkers, for experiments on

dogs, and careful observations on patients, have shown that these are constant phenomena in cases of poisoning by that liquid; but I have seen cases in which attacks of delirium tremens and of oniomania have begun in this manner, and when no absinthe had ever been taken. I was called in, a few years ago, to see a Welsh clergyman who had several severe epileptic fits in succession, and found that these were the precursors of his sixth attack of delirium tremens, and he subsequently told me that all his previous attacks had commenced in the same manner.

Oniomania—the delirium ebriosum of old writers—is a peculiar form of insanity in which the patient breaks out into paroxysms of alcoholic excess, attended with furious, violent, strange, and frequently indecent acts, due to apparently uncontrollable impulses. In one case with which I was acquainted, the patient in several such attacks, was continually charging himself with having committed a rape during the paroxysm, although he was under constant supervision, and for part of the time was restrained by a straight-jacket. The attack lasts a few hours or days, and is succeeded by a long interval of sobriety and chastity.

These patients have generally some hereditary taint; and not unfrequently evidences, though often slight, of a morbid mental state may be detected in the intervals, if very carefully looked for.

Such attacks of oniomania often lead to the more chronic forms of insanity, and the patient to whom I have just referred is now in an advanced stage of chronic dementia.

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#### Excretion of Alcohol by the Kidneys and Lungs.

Professor Binz, of Bonn, with the assistance of Herrn H. Henbach and A. Schmidt (*Archiv. f. Exper. Pathologie*,



vi. 287), has lately re-examined this question, using Geissler's vaporimeter for the detection of small quantities of alcohol in the urine, instead of the ordinary chromic acid or iodine reaction, and the same method for the pulmonary vapor, the latter being previously condensed by passing the breath through a series of Wolff's bottles containing cold distilled water, or through a Liebig's condenser. With the vaporimeter as little as 0.05 per cent. of alcohol can be detected, though certain precautions, fully described in the original, are necessary for its accurate use. Admitting all possible errors, experiments on the urine of six patients with various febrile affections (erysipelas, pneumonia, phthisis, &c.) showed that during a period of eight or nine hours after a given dose of alcohol had been taken, not more than 3.1 per cent., or at the highest computation 6 per cent., escaped by the kidneys, while in some determinations no alcohol at all could be discovered in the urine. With regard to the excretion by the lungs, it was found that if from thirty to sixty cubic centimetres of pure alcohol were drunk diluted with syrup, and the patient's breath were condensed continuously for one or two hours, and the product examined either immediately after the ingestion of the alcohol, or at any time within six hours, not a trace of alcohol could be found in it. Even assuming that alcohol ingested required fifteen hours for the whole of it to evaporate by the lungs, the vaporimeter method was delicate enough to detect the fraction of it which would have escaped during the progress of the experiment. The idea that alcohol is present in the breath after wine or spirits have been drunk depends on the odor imparted by the presence of various ethers, fusel oil, &c., and not of alcohol. A quantity of pure diluted alcohol, equal in volume to half a bottle of champagne, may be drunk without tainting the breath in the least; and alcohol may be sub-

cutaneously interjected with the same result, though it is immediately detected if a little fusel oil is added to it first.

Reasoning from analogy, Professor Binz and his assistants regard it as improbable that the skin should eliminate alcohol if the lungs, which are so much better constructed for excreting it, do not do so. They conclude, therefore, that by far the larger part of any ingested alcohol is disposed of within the organism in the process of tissue change.

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#### Heredity in Alcoholism.

M. Taquet in a recent lecture, says :

Other things being equal, the hereditary transmissions, to whatever order it appertains, will be more surely by the mother than by the father. The hereditary influence of the mother is noted by Esquirol in the physiognomy, in the conformation of the body, the habits and predilections.

Baillarger and Dagonet support this, and Gintrac says : "The mother exercises a double action—one which she shares with the father in the conception, the other which is proper to her, and which depends upon the relations established during the intrauterine life between her and the product of conception. For this reason intemperance in the female, if it be not passing, will have in all cases exceptional gravity. The children of female drunkards, if they escape the morbid influences which compromise their existence in the womb of their mother or at birth, are often idiots, imbecils, insane, or epileptic. These divers affections are the consequences of cerebral congestions, of hemorrhages into the membranes or nervous substance, of encephalitis, of softening chronically, determined by the abuse of alcohol by the parent." Of all the manifestations of alcoholic heredity, epilepsy is believed to be the most important and the most

common. . . . . That alcohol carries into the composition of the fecundating material modifications of which we are ignorant, must be admitted. In fine, we would point out hydrocephalus in the offspring following alcoholism or simple drunkenness in the parent. The children of drunkards are not all of necessity idiots, lunatics, or epileptics, but there are few that present nothing abnormal; and in those of seeming freedom the germ may be late in developing itself. It is not rare to find precocious cerebral excitement displaying itself most frequently in a good memory. They are parrot-like, and display a remarkable aptitude for some particular pursuit. It will, however, often be found that they do not fulfil the promise of their early years, seeming to have produced in their youth all of which their organization is capable. Some find their way early to jail, others are eccentric in all their ways and beliefs, and constitute the class of pretentious imbeciles.

Nature would seem to have a horror of the anomalies and monstrosities that alcoholism induces, so that it often rejects from the womb.

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#### Alcohol Producing Catarrh.

Among the causes which may directly excite catarrhal inflammation as well as constitute a predisposing cause, is the habit of drinking alcoholic liquors. It is well known that the physiological effect of alcohol, considered as a poison, is the production of paralysis, to a greater or less degree, in the remote vascular system—in the capillaries, as we say. This is why men who drink liquor in considerable quantities, and for long time, have red noses. There comes to be, sooner or later, a chronic condition of relaxation of the capillaries in the skin of the nose, and a great deal more blood there than

there ought to be, and so a congestion of the skin, with consequent redness. This physiological effect of alcohol will account also for the congestions which cause kidney troubles, heart disease, lung difficulties, and structural changes in the brain. Alcohol, besides being a remote cause in the production of catarrh, is a direct cause, for it is an irritant.

Take a frog's foot and drop alcohol upon it, and see how it acts as an irritant, how the blood will rush to the spot where the alcohol has been dropped. Take the mucous membrane of the lips or a portion of the stomach, if you could get at it, for the same experiment; the effect would be a paleness at first, because the capillaries would be instantly constricted, and the blood pressed out from the vessels, but when reaction comes, as it would in a minute or two, there would be an increased flow of blood to the part, and a temporary congestion of it would be set up. In this way alcohol may act as a direct irritant, as well as a remote cause producing catarrh.

DR. JACKSON.

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Naphey's Therapeutics. Fifth Edition, 1878. D. G. BRINTON, 115 South Seventh Street, Philadelphia, Pa.

The busy practitioner is constantly asking what therapeutical measures medical authorities would advise, and what can be done in a given case?

This book contains a full, explicit answer to these questions, and is so arranged that it may be understood at a glance.

We have found it of unusual value, and think it almost indispensable to every physician who would keep up with the times.

The Editor, Dr. Brinton, has enlarged and completed this work until it is without a rival, and is already recognized as a standard volume of increasing usefulness.

Back from the Mouth of Hell. American Publishing Co., Hartford, Conn., 1878.

The experience of a reformed inebriate, glowingly written, and presenting the value of asylum treatment, and the scientific side of the subject. A work of much merit, and immeasurably above the ordinary popular temperance literature of the day.

Hereditary Influence of Alcohol. An address by Dr. WILLARD PARKER, before the Temperance Conference in New York city.

This is an able grouping of the facts on this subject, particularly clear and convincing. We commend it to all who are not familiar with this subject.

Temperance and Republican Institutions.

An address by Rev. Joseph Cook, National Temperance Society, New York city.

Brain. A Journal of Neurology. Edited by Drs. BUCKNILL, BROWN, FERRIER, CRIGHTON, and HUGHLINGS JACKSON.

A long list of distinguished contributors are promised, and this journal comes into the arena with brilliant prospects of taking high rank in this field.

The anatomy, physiology, pathology, and therapeutics of the nervous system will constitute the special field of the "Brain," and of course will be invaluable to the general practitioner as well as the specialist.

McMillan & Co., 22 Bond street, are the American publishers. Sample copies of first number, 75 cents.

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Dr. Althaus, of the London Hospital for Epileptics, recently related a case where he prescribed a moderate dose of hydrate of chloral, which was followed by continuous use of that drug, and finally death, four years after, from chloralism, or chloral inebriety.

Several cases have been reported in this country, originating in a simple prescription, illustrating the great necessity for the judicious use of this remedy in the sick-room.

## Editorial.

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### OUR POSITION.

The increasing circulation of the JOURNAL, among all classes, together with the hearty welcome received from exchanges and the secular press, has brought to us numerous letters urging our acceptance and publication of all sorts of criticisms, arguments, sermons, lectures, etc., on every phase of inebriety.

In reply, we would state that the disease theory of inebriety is already settled beyond controversy.

Moral and theological discussions of this disorder are unsatisfactory, and seldom add anything to our knowledge of the subject.

Laudations of any particular remedy or specific for the cure of inebriety, not founded on reliable clinical experience, are misleading, and do not represent the progress of science.

Remarkable cases, from which extravagant theories are deduced, coupled with praise or censure of any asylum or individual, contribute nothing worthy of the literature of the subject.

Reviews and criticisms of temperance books intended for popular readers, do not come within the province of our work.

Ill-natured criticisms of men and reformatory efforts, and dictatorial letters pointing out our course and duty, are presumptuous, to say the least. We shall always be grateful for any friendly hints from those interested in our work, and will give them due consideration.

This journal represents an association, and not any one asylum, or individual, but is thoroughly independent, with the special object of laying before its readers the results of the study of inebriety as a disease in hospitals and asylums; together with the latest advances both at home and abroad.

In no way does it antagonize any other publication or effort. It is the first and only journal published, devoted to the study of inebriety and alcoholic disease. As pioneer in this new field the work of simply representing the studies and the increasing literature that is growing out of this subject is becoming vast in itself.

The numerous selections and translations made from the pages of the JOURNAL abroad, as well as at home, are indications that are unmistakable, of the growing importance of the subject.

To our friends and well-wishers we extend grateful thanks, and trust they will aid us in presenting facts and working out the many problems of this subject above the lower levels of personality and criticism.

T. D. C.

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#### ACETONE.

At the last meeting of the British Medical Association, Prof. Foster of Queen's College read a very significant paper, entitled *Acetonæmia*, a condition of disease following *Diabetes Mellitus*, in which the sugar undergoes chemical transformation into acetone (a form of alcohol), and death follows, with all the symptoms of alcoholic coma. Three cases are presented, two of which died and one recovered. In the fatal cases there was sudden coma and death, attended with dyspnoea and cyanosis. The post-mortem revealed peculiar changes in the blood; the blood of a healthy person treated to acetone gave the same appearance. In the second and third cases the presence of acetone was prominent in the strong vinegar odor present. The author gives a historical sketch of this form of disease, showing that it was recognized first in 1857. Also, that several writers have indicated that acetone was formed in certain cases of gastric catarrh, and in all probability alcoholic and acetic formations of grape sugar existed in many conditions, not well defined. *Kussmaul* has made many experiments with acetone, and found it to be a powerful anæsthetic, producing muscular feebleness and unconscious delirium, then coma, etc.

The results of his investigations are summed up as follows :

1. That acetone has been found in the breath, urine, blood, etc., of patients who have died of diabetic coma.
2. That grape sugar may be converted in the stomach by alcoholic and acetic fermentations into acetone.
3. That changes in the blood observed after death from diabetic coma, can be produced artificially by the addition of acetone.
4. That the administration of acetone in large quantities to animals produces similar symptoms to those observed in diabetic coma.

All authors who have written on this subject agree that acetic fermentations are the sources of acetone.

*Drs. Dujardin-Beaumets and Audige*, in some researches into the intoxicating power of alcohol, published in *La Tempérance*, Paris, 1877, and in *Compte Rendu de l'Académie des Sciences*, *Juillet*, 1875 and 1876, show that the intoxicating qualities of methylic alcohol depends on the quantity of acetone which it contains, and that the prominent phenomena are sudden reduction of temperature and congestion of the brain.

The intoxicating power of acetone differs from that of other alcohols, and seems to resemble the ethyls in its physiological action ; particularly in its rapidity, the insensibility and prostration which follows. The intoxicating power of acetone has been determined to be that of five grammes to the kilogramme of the weight of the body.

It is asserted that a peculiar kind of intoxication, attended with prostration, delirium, and profound coma, often can be traced to the form of alcohol taken, which evidently contains acetone.

In some of the diabetic cases observed, anæsthesia, coma, and low, muttering delirium, came on suddenly, commonly terminating in death, or wearing away very slowly.

In many cases of inebriety these symptoms are common, coming very unexpectedly, and always obscure and uncertain.



The inference from these and other facts may be grouped as follows: In death from diabetic coma, the patient is poisoned by an ethal alcohol called acetone, whose formula is  $C_3H_6O$ , arising from acetic fermentations in the body. Other diseases are subject to like termination from like causes. A probable instance was that of a mild case of articular rheumatism, in a temperate man, who ate large quantities of grapes as a remedy, and suddenly became unconscious, and died in a low delirium. The post-mortem revealed nothing but a peculiar blood change, which closely resembled that from poisoning of acetone.

In two cases of inebriety where the alcohol was diminished gradually, a remarkable depression and delirium came on, without tremors. One died, and the other convalesced slowly: in the latter case the form of alcohol used was changed, but in the former, continued. No cause could be found either in the history or post-mortem. In all probability acetone was present either in the alcohol given or formed in the body.

This subject widens out into one of great practical importance, demanding a renewed study of the different classes of alcohols, their origin and physiological action.

The name alcohol represents, to-day, a large number of substances that have a peculiar and distinctive action on the body, either alone or combined; substances that are comparatively unknown, but whose varied effects are apparent to all observers.

Some of these alcohols are anæsthetics, many are irritants, increasing the circulation, and producing congestion in the brain, others act on the motory system, diminishing its power, either suspending or increasing functional activities.

Some may have remedial properties under certain conditions, and others be dangerous poisons, etc.; all this must be determined by future physiological and clinical research. The specialist in an asylum must draw his facts from difficult and chronic cases, and only rarely can he study the first beginnings of alcoholism. On the general practitioner we must depend for accurate early observation that shall be confirmed by the subsequent history, under the specialist's care.

T. D. C.

## PHOSPHORUS AS A REMEDY IN INEBRIETY.

It is a well-established fact that the presence of phosphorus in certain proportions is essential to the structural integrity of the brain and nerve centers.

This is confirmed by chemical analysis of cerebral and nerve matter revealing protagon, neurine, fatty matters, etc., combined with phosphorus, also the recent discovery of phosphorized bodies, such as kephalius, myelitis, and others, all containing glycerophosphoric acid.

Physiologically phosphorus is an elementary principle, appropriated as food, in building up and renovating nerve tissue, in conditions of general exhaustion, particularly of the nervous system.

Clinically this is well established, and its use in the sick room is very general.

Recently it has been urged as a special remedy in inebriety, and thought to possess prophylactic and antidotal properties.

Dr. Ancona, in the *Gazette Medicale Italienne*, concludes a very interesting paper on this subject as follows :

" Phosphorus is a very useful remedy in the treatment of chronic alcoholism.

" The medicine is perfectly tolerated in doses that no one has dared to give heretofore, viz., nearly one-and-a-half grains a day for weeks.

" The remedy gives to drinkers a feeling of comfort and strength, and furnishes the force necessary to carry on their organic functions, which they have been accustomed to get from alcoholic liquors.

" The medicine seems to have the properties of a prophylactic and an antidote, for it causes very beneficial changes in the system, even when the use of liquor has not been entirely stopped."

Similar views have been expressed by physicians in many sections, and are evidently founded on considerable clinical experience.

Inebriety is usually attended with special conditions of perverted function and structural degeneration, noted in the

general exhaustion and failure of both physical and mental powers.

Often a marked increase of the alkaline phosphates are noted in the urine, indicating the peculiar waste of brain and nerve tissue.

In our experience, after the subsidence of the acute symptoms, phosphorus is a tonic of great certainty and power. But during the stage of congestion and toxic poisoning following the use of alcohol, the results are uncertain and doubtful.

The dilute phosphoric acid of the U. S. P., in doses of from ten to twenty minims, three times a day, in some bitter infusion, seems to be the most effectual form.

Large doses apparently produce gastric irritation, and in many cases are followed by great depression.

In most cases phosphoric acid ceases to be of marked value after its use from four to six weeks.

If it is discontinued for a short time, then resumed, excellent results will follow.

We call attention to this remedy, hoping that renewed observation and study will determine more exactly its value in inebriety.

T. D. C.

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Recently the question of the sudden withdrawal of alcohol from persons long accustomed to use, was answered by the statements of several physicians of England (whose aggregated experience extended over many thousand cases), that in not a single instance had any ill effects been noticed; but contrasted with those who were treated differently in private practice, recovery was more positive and rapid.

In Ohio the owner of the property is responsible for the damages done while under the influence of drink purchased at the place.

A poor wife who had for years used every means to bring about reform in her drunken husband, and failed, at last in desperation seized the poker, broke his jaw, and had him under treatment at the hospital for six months, where sobriety was enforced, and eventually his recovery.

## Clinical Notes and Comments.

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### ASYLUM TREATMENT.

With the inebriates there seems to be a vague mystery connected with asylums; they cannot understand why a residence in one is necessary to successful treatment, and from this source much of their prejudice arises. Visionary views of prison discipline and solitary confinement are conjured up by an imagination strengthened by reports of persons who regard drunkenness not so disgraceful as sobriety by institutional treatment, and who circulate stories concerning the method of cure which have no foundation. Some affirm positively that in asylums the appetite for alcoholic stimulants is destroyed by powerful medicinal agents; others are equally sure that a cure is effected by creating a disgust for intoxicating drinks by saturating every particle of nourishment taken with liquor of some kind; again, others are convinced that the treatment is merely a mild form of imprisonment, and that confinement in some house of correction would be productive of the same result. DAY.

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Several cases have been reported, in this country and abroad, originating from the excessive use of alcohol, which have been termed *progressive pernicious anemia*.

The autopsies showed a diminution of the red blood globules to one-fourth, one-tenth, and even one-twelfth of their normal standing; retinal hemorrhages; granular degeneration of the liver, kidneys, and super-renal capsule; fatty degeneration of the heart and inner coat of the aorta, and in many cases endocarditis, and capillary hemorrhages in different parts of the body, etc.

### LIBERTY OF INEBRIATES.

It is urged that it is unjust to deprive a person of liberty, to inflict upon him the severe punishment of prolonged imprisonment for no crime, for an offense which is at the worst a vice, and which, on the showing of the advocates of seclusion, is often a disease. The answer is, that the law does already concede the principle involved, for it punishes with a fine and imprisonment to temporary offenders; and why should it shrink from dealing with chronic cases? If there is no wrong in confining a man over night in the station, why not for one or two years, or until he is able to take care of himself.

It is a farce to call it an invasion of the rights and liberties of such men. Whose liberties and privileges suffer the most—the wretched drunkard, or his suffering and oppressed family, or outraged society?

DR. BODDINGTON, *of Kingswinford.*

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### DIAGNOSIS OF INEBRIETY.

It is only by incessant personal observation of these cases, day and night, by watching their most trifling acts, and prying into their thoughts, by inquiring of those around them, especially of their companions—towards whom they act freely and naturally—and by identifying yourself with them, that we can succeed in obtaining an exact idea of their mental state, and comprehending to what extent their thoughts, desires, will and actions are controlled by an irresistible, fatal automatic influence, in spite of the specious appearance which covers them with the false varnish of reason, moral liberty, and all the essential attributes of a man. . . .—*Lecture before Yale Medical College.* T. D. C.

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The primary and real cause of inebriety is an unstable nervous system, one constantly taking on conditions of exhaustion.

This may be inherited and acquired: inherited from parents who have been temperate and comparatively healthy; acquired unconsciously by the person, but its degree is the true measure of liability to inebriety.

This explains why some persons are unable to resist any ordinary temptation, while others go through a lifetime of bad circumstances and surroundings.

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#### ALCOHOL ON THE OFFSPRING.

It is found sometimes that this predisposition to drink does not show itself till the person arrives at a certain period in life, and then that the craving for drink is almost irresistible. In fact, all constitutional or hereditary predispositions are always far more difficult to arrest and change than acquired habits.

But this inherent fondness for liquor is not the only evil transmitted. The whole physical system is more or less involved. The blood itself is tainted. There is not that soundness, vitality, and strength in such an organization that there would be but for this poison. Such a constitution will not bear exposure so well, is more liable to certain diseases, will yield more readily to inflammation, and, when diseased, is not so easily relieved or cured by medical treatment. Whatever, therefore, may be the peculiar feature of this transmission, one thing is certain—the whole tendency is *downward*, physically, mentally, and morally, not only by injuring the constitution itself, but by increasing the power and influence of the animal propensities at the expense of the reason, the conscience, and the will. NATHAN ALLEN, M. D.

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The Boston commission on the treatment of the poor recommend that the asylum for inebriates be placed under the same management and board of trustees as the lunatic and city hospitals; also, that the overseers of the poor be authorized and instructed to place in this asylum such persons as are entitled to relief by law, etc.

## INEBRIETY IN WOMEN.

From a paper read before the British Medical Association, by Dr. Haddan of Manchester, "On Intemperance in Women," we make the following extract: "The cure of confirmed intemperance is beyond the power of medicine. Nothing short of restraint need be prescribed, and so we must do what we can to induce the legislature to place dipsomaniacs on a somewhat similar footing to the victims of insanity; then they might be received into suitable asylums, and many, we have good reason to hope, would be permanently cured."

Dr. Dickerson made a comparative study of one hundred and forty-nine persons who were dealers in liquor, and the same number who were engaged in other trades, with the following result:

Of the liquor dealers, sixty-one were tuberculous; and of the temperate class, only forty-four.

Cirrhosis and affections of the kidneys were fifty per cent. more among the dealers than the abstainers.

Atheroma, hypertrophy, and affections of the heart were increased in same ratio.

Neuralgia, rheumatism, and functional disorders of the nervous system were found to be increased about forty per cent.

In Nelson's statistics the following table of the chances of living, after intemperate habits have begun, is given as follows: among mechanics, working and laboring men, 18 years; travelers, dealers, and merchants, 17 years; professional men and gentlemen, 15 years; females, 14 years.

Alcoholic amblyopia was very frequently noticed during the late siege of Paris, according to M. Galzowski, and since that time it is a rare affection.

The principal causes were excessive mental excitement, fasting, and alcoholic drinking.

The use of alcohol in acute diseases of the lungs is always dangerous, and injurious, because it interferes with and prevents the proper elimination of carbonic acid. It is particularly dangerous in infantile chest affections and in senile cases.

After surgical operations it is always dangerous, the system at this time is likely to take on permanent diseased conditions, of which inebriety is very common.

DR. STEPHENSON.

LACTOPEPTINE.—The advertisement bearing this name is worthy the attention of our numerous readers, as it is considered the most important remedial agent ever presented to the medical profession for all diseases arising from imperfect nutrition.

*Trommers' Extract of Malt*, with *Cod Liver Oil*, and *Phosphorus*, also with *Iodide of Iron*, are remedies that meet a want long felt in the medical profession.

In disordered digestion and all cases of debility, it is admirable, and is coming into very general use. As a remedy in inebriety it is very efficacious, and aids materially in building up the broken-down system. We urge a trial of it, in all cases.

The excellent preparation called *Maltine*, noticed in our advertising pages, is a nutritive therapeutic of much value, and well worth a trial.

*Extract of Pinus Canadensis*, advertised in this number, is a standard remedy, and exceedingly valuable in many cases. We commend it to those who have not tried it, with confidence that they will find it as represented.

THE HARTFORD STEAM BOILER INSPECTION AND INSURANCE CO., advertised in our columns, is a strong, reliable company, and worthy of all confidence. All steam boilers, or heating apparatus where steam is used, should be insured in this company.

THE TRAVELERS LIFE AND ACCIDENT INSURANCE CO. of Hartford, Conn., is destined to be the most reliable and popular company in this country. We commend it to all our friends, with the fullest confidence.

THE HARTFORD AUTOMATIC PUMP.—This pump is now taking the lead in this country, as being the best method of raising water for supplying dwelling-houses, farms, and institutions. It is also being shipped into all the foreign countries. It created a great deal of interest at Philadelphia, in 1876, and is now on exhibition at Paris. Its advantages over other methods for raising water are quickly seen after examining my circular. Dr. Knight of Lakeville, Conn., has used one for some time at his Institution for Imbeciles. Dr. Foote of Stamford, Conn., has lately had one put in for supplying his Asylum for Inebriates. (See advertisement.)



*Journal of Inebriety.*

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YOUR  
LIFE  
IN THE



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AGAINST  
ACCIDENTS  
IN THE

TRAVELERS  
INSURANCE COMPANY  
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*Journal of Inebriety.*

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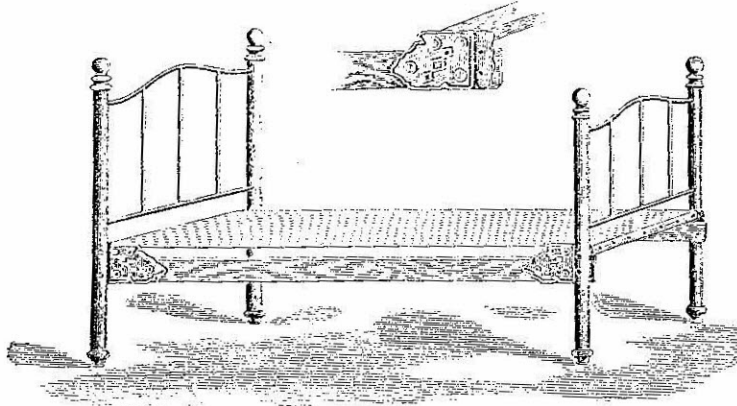
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(SEE NEXT PAGE.)

# WOVEN WIRE MATTRESS CO., HARTFORD, CONN.

Attention is called to the following Testimonials:

FROM THE REPORT OF THE EXECUTIVE COMMITTEE OF THE HARTFORD HOSPITAL, }  
April 10th, 1871. }

The hospital is now supplied with the Woven Wire Mattress, with iron frame. There are many reasons why the wire mattress is peculiarly adapted to hospitals. This mattress with iron frame costs less than a good hair mattress. They require no covering but blankets to protect the patient from the wire. They are elastic and yield to the form of the body like a water bed. Every patient can have a perfectly clean bed when admitted.

They are free from vermin of every kind. They are durable, and never settle nor sag. The wire mattress has been in use for a long time in the hospital with perfect satisfaction, and aid much in the recovery of the patients by the cleanliness and comfort which they contribute to their occupants.

FROM THE REPORT OF THE EXECUTIVE COMMITTEE OF THE HARTFORD HOSPITAL, }  
April 12th, 1875. }

The Woven Wire Mattress has been in use in the hospital during the last five years. They have exceeded our highest expectations. In order to have the full benefit, in a sanitary point of view, they must not be used with a mattress of any kind. They make a perfect bed in a hospital by placing two double blankets over the wire. In this manner over one hundred are in constant use with perfect ease and satisfaction to its occupant. By so doing, every patient on entering the wards is placed on a clean bed.

INSTITUTION FOR THE RELIEF OF THE RUPTURED AND CRIPPLED, }  
NEW YORK, Jan. 8, 1870. }

I consider the WOVEN WIRE MATTRESS one of the most invaluable inventions of the day, as it contributes so largely to the relief and comfort of the sick. The wire fabric, of which it is formed, yields uniformly to the body, obviating undue pressure on the prominent parts of the emaciated patient. Two thicknesses of a comfortable are a sufficient protection to the patient from the wire fabric, and is all that is required for warmth in a temperature of sixty degrees. This light covering is readily removed and washed in extraordinary cases, and the facility afforded for changing the bedding obviates the necessity for disinfectants. This information may be used by the Company, wherever it will tend to the comfort of the sick, at home or in the hospital or for family use, as I consider the MATTRESS not only a comfortable bed, but a means of maintaining good health.

DR. JAMES KNIGHT,  
*Physician and Surgeon to the Institution.*

CONNECTICUT INDUSTRIAL SCHOOL FOR GIRLS, }  
MIDDLETOWN, CT., Feb. 24, 1876. }

WOVEN WIRE MATTRESS CO.,  
*Gentlemen:* We last year furnished Eighty (80) rooms with the Mattresses of the Woven Wire Mattress Co., of Hartford, Ct., and find them in every way satisfactory and pleasing.

We expect to provide the same for our new "Allyn Home" when completed.  
MARY E. ROCKWELL, *Asst. Supt.*

BUTLER HOSPITAL, PROVIDENCE, R. I., Feb. 25, 1876.

WOVEN WIRE MATTRESS CO., HARTFORD, CONN.,  
*Gents:* We already have a supply of the Woven Wire Mattresses, some of which having been in use for six years at least. In comfort, convenience, and durability, they far exceed my expectations, and I consider them unequalled by any other device for the purpose.  
Yours very truly,

JOHN W. SAWYER, M. D.

INSANE ASYLUM OF NORTH CAROLINA, RALEIGH, N. C., March 27, 1876.

WOVEN WIRE MATTRESS CO.,  
*Gentlemen:* The use of the bedstead recently received from the Woven Wire Mattress Co., convinces me of their superiority over any iron bedstead with which I am acquainted for hospital use.

Yours truly, EUGENE GRISSON, *Supt.*

OFFICE OF THE SOUTH CAROLINA LUNATIC ASYLUM, J. F. ENSOR, M. D., *Supt.* }  
COLUMBIA, S. C., 7th April, 1876. }

THE WOVEN WIRE MATTRESS CO., HARTFORD, CONN.,  
*Gentlemen:* Your iron bedstead for hospital use, with Woven Wire Mattresses, have now been in use in this institution for several months. From our experience with them I do not hesitate to say that for neatness, durability, and comfort, they are superior to any bedstead ever before presented to the public, for use in Hotels, Hospitals, and all other public institutions.  
Yours respectfully,

J. F. ENSOR, M. D., *Supt.*

*Journal of Inebriety.*

# NEW YORK STATE INEBRIATE ASYLUM,

Binghamton, Broome County, N. Y.

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This Asylum is admirably situated, overlooking a fine section of country, and is complete in all the appointments of a first class home, with ample means to meet the wants of every case. It is located three miles from the city, and removed from all temptation. Its management is the same as all other State charities, under the control of a Board of Managers appointed by the Governor. The law provides for the maintenance of indigent inebriates, similar to that of the insane, and whenever a vacancy occurs, patients from other States may be admitted.

The experience of this Asylum, for the past nine years, indicates an increasing usefulness and necessity for such institutions, and the original intention of making this an Asylum Hospital, where this disorder may be thoroughly understood and treated on broad scientific principles is nearer realized than ever before. All rules are strictly enforced, and no patient permitted to go beyond the Asylum grounds without permission from the Superintendent, or in the care of an attendant.

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Will be less to residents of the State, and will include medical care, washing, lights, fuel, etc., with ordinary attention. The exigencies of each particular case will be acted upon, as it may present itself, to those of moderate and limited means as well as the rich.

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Statistics indicate that the number of patients who come for treatment, and honestly desire to be cured, and who succeed, are constantly increasing.

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Every case is managed with particular reference to its condition and wants.

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*Journal of Inebriety.*

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*Journal of Inebriety.*

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where they will receive all the attention and comforts of a home, together with medical treatment.

Applications may be made to Dr. Mann, either by mail, or personally at his residence.

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The COLLEGIATE YEAR in this Institution embraces a Reading and Recitation Term, and a Regular Term of Lectures.

The Reading and Recitation Term will commence the first week in October, and close at the commencement of the Regular Term.

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In every part no pains will be spared to make it all that could reasonably be desired. In respect to the first department or that for

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is to receive increased attention, while the

## PERISCOPE

will fairly and fully reflect the progress of Neurological Science in all parts of the world. We are happy to be enabled to state that we shall continue to have the editorial co-operation of the eminent gentlemen whose names appear on its cover, viz., Dr. W. A. Hammond of New York, Dr. S. Weir Mitchell of Philadelphia.

Subscriptions and all business connected with the JOURNAL, may be addressed either to Dr. J. S. Jewell, at 70 E. Monroe Street, Chicago, or to the Eastern publishers, G. P. Putnam's Sons, 132 Fifth Avenue, New York.

Respectfully,

J. S. JEWELL, M. D.,  
H. M. BANNISTER, M. D., } Editors.

## OPINIONS OF THE REVIEWERS OF THE MEDICAL PRESS ON Napheys' Medical Therapeutics and Surgical Therapeutics.

### FIFTH EDITION.

The *Louisville Medical News*, Jan. 12, 1878, devotes more than four of its double-column pages to a careful analysis and review of these works. The following extracts give a correct idea of the tone of the article: "Though a compilation, the plan of the work is entirely original, and marks a new departure in medical literature. We bespeak for it a favorable reception, and are satisfied it will serve a good purpose. It is eminently a practical work."

The *Virginia Medical Monthly*, Jan., 1878, says: "These volumes must prove of the utmost practical utility to every physician and surgeon who owns them. With a rare estimate of the useful, the Editor has compiled from home and foreign journals, and from private sources, the best prescriptions of the most eminent authors and clinical observers."

The *Pacific Medical and Surgical Journal*, Jan., 1878, speaks as follows: "In these, and in no other books, the reader will find a bird's-eye view of medical and surgical practice in America and Europe."

The *Detroit Lancet*, Jan., 1878, expresses its opinion in the following words: "We have carefully examined this work, and find that the author has attained his aim with more than usual success."

After a similar conscientious examination of the volumes, the reviewer of the *New Orleans Medical and Surgical Journal*, Jan., 1878, writes of the Surgical volume: "We have studied the book carefully, and are surprised at the amount of information condensed within its pages. We have looked in vain for anything in surgical therapeutics, really proved, which has been omitted. It supplies a want long felt, and surgical literature is not complete without it. A surgeon can familiarize himself at a glance with the treatment adopted by members of the profession whose success and skill merit followers. The work is cordially recommended."

The two books are sold separately, at \$4.00 in cloth, or \$5.00 in full leather, each, sent by mail, postpaid. Full Tables of Contents sent on application.

Purchasers have occasionally reason to complain that a book, when they buy it by mail, without having seen it, sometimes turns out not to be what they want. Therefore the publisher makes to every reader of this journal the following

**OFFER.**—On receipt of the price he will mail a copy of the Therapeutics for examination. If it does not suit it is to be returned, the day after its receipt, postpaid, when the price will be refunded.

This offer was made several months ago, and not a single copy thus sent out has been returned.

D. G. BRINTON, 115 South Seventh St., Philadelphia.

*Journal of Inebriety.*

# WASHINGTONIAN HOME,

*No. 41 Waltham Street,*

BOSTON, MASS.

---

This Institution is the first of its kind ever formed for the treatment and cure of Intemperance, and was instituted in 1857, and incorporated in 1859.

Up to January, 1876,

*NEARLY 6,000 PATIENTS HAVE BEEN TREATED,*

And while many have been entirely and permanently cured, all have been more or less benefited and improved.

The elegant and commodious building recently erected at

No. 41 Waltham Street,

A few steps from Washington Street, embraces every modern improvement and will pleasantly accommodate from forty to fifty patients.

Any man who honestly desires to reform his intemperate habits will find at this establishment every aid and accessory that science, sympathy, and long experience can possibly bring to his relief; and while under treatment, which is simple and pleasant, will at the same time be surrounded with all the comforts of home, and strengthened by congenial associations and agreeable entertainment.

The charges for board, etc., will be moderate—not to exceed the price paid for similar accommodations in any private family. For further particulars, reports, circulars, methods of treatment, etc., address or apply to

ALBERT DAY, M. D.,

SUPERINTENDENT AND PHYSICIAN.

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P. S.—Public Temperance Meetings—always entertaining and instructive, inmates and graduates being usually the speakers—are held in the Chapel of the Home every Tuesday evening at 7.30 o'clock, and Sunday at 6 o'clock, P. M.

# WASHINGTONIAN HOME OF CHICAGO.



AN ASYLUM FOR THE REFORMATION OF INEBRIATES,  
(ESTABLISHED IN 1863.)  
566, 568, 570, and 572 West Madison St. (Opp. Union Park),  
CHICAGO, ILLINOIS.

The new building erected in 1875 has a frontage of 106 feet, with a rear or chapel building 45x70. The main building above the stores contains the Superintendent's apartments, office, parlors, dispensary, reading room and library, service room, gymnasium, printing office, 66 sleeping rooms, 45 being double, bath rooms, etc. The rear building contains the dining room, kitchen, laundry, a chapel seating 300, hospital, convalescent room, padded room, amusement room, etc., affording accommodations for over 100 inmates, and being in all respects as pleasant as any institution or asylum in the country.

The Institution is under the immediate oversight and control of the Executive Committee appointed by a Board of thirty Directors. The Superintendent and Matron reside in the Home and give their entire attention to the care and interests of the inmates, aided by the daily visits of the Attending Physician.

A monthly paper of eight pages is published by the Home about the middle of each month, devoted to the interest of the Institution and temperance generally. All communications and subscriptions for the paper should be addressed to THE WASHINGTONIAN, 566 West Madison street, Chicago, Ill.

Applications for admission, either personally or by letter, or any further information in regard to the Institution, should be made directly to the Superintendent of Washingtonian Home, 566, 568, 570, 572, West Madison street, Chicago, Ill.

N. S. DAVIS, M. D., President.  
D. WILKINS, Superintendent.

H. C. MOREY, Secretary.  
CHAS. W. EARLE, Physician.

*Journal of Inebriety.*

# THE SANITARIAN.

A MONTHLY MAGAZINE.

A. N. BELL, M. D., EDITOR.      J. V. CULYER, C. E.,  
T. P. CORBALLY, M. D., } Associate Editors.

## WHAT THE CRITICS SAY.

"Nothing is more essential than knowledge of our homes and surroundings, and the means by which we can prolong life and increase our comfort, or avoid agents that are deleterious to health. This is the matter THE SANITARIAN gives."—*Johnstown Republican.*

"As its name implies, THE SANITARIAN is devoted entirely to Sanitary Science, in its liberal and proper sense. The field it occupies is a most important one, and the editor is admirably qualified for the work he has undertaken."—*Medical Examiner.*

"THE SANITARIAN is the only journal published in this country devoted to the prevention of disease. It contains in each number information to the farmer, mechanic, business man—in fact, to everybody—worth more than the subscription for a year. It is a solid, substantial, and honest journal; gives its teachings in plain language, and has no claptaps to work off on its subscribers."—*Methodist Protestant.*

"Whoever desires health for themselves and children, should manage some way to raise three dollars and send for this magazine. Get three dollars by killing and marketing a pig or a calf. It is better to kill a pig, leaving one less in the sty, than to suffer your children to die through ignorance of hygiene, leaving one less child in the family."—*Wine Dealers' Gazette.*

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EXTENSION OF FIFTH STREET CARS PASS OUR GATE.

A PRIVATE INSTITUTION FOR THE TREATMENT OF DISEASES OF THE NERVOUS SYSTEM,  
INCLUDING THOSE ADDICTED TO THE USE OF OPIUM AND ALCOHOL.

Special attention given to the treatment of Opium cases. Any lady addicted to the use of Opium may find a quiet and homelike abode here, their rooms being located near the Superintendent's family, and every means used to make their stay agreeable.

Ladies who use alcohol cannot be admitted. We never treat more than twenty patients in the Institution at one time, and it is therefore more like a home than the larger retreats.

We have a quiet, retired location, and patients come and go without the world knowing it.

We believe from our past experience that nearly all Opium cases can be cured, with but little pain or inconvenience to the patient.

For further information, address

DR. C. S. WIDNEY,

SUPERINTENDENT.

S. H. KENNEDY'S  
CONCENTRATED  
EXTRACT OF PINUS CANADENSIS.

*As an official remedy, this article has received the endorsement of the highest medical authorities, and been extensively used in their practice since its first manufacture by Mr. S. H. Kennedy.*

DR. J. MARION SIMS thus writes of it:

"I have used Mr. S. H. Kennedy's Concentrated Extract Pinus Canadensis in some affections of the rectum, vagina, and cervix uteri. I have used it, considerably diluted, as a vaginal wash, with great success; but I prefer to apply it to the os tincae on cotton wool, either pure or mixed with glycerine, or glycerine and rosewater. Thus applied, it should remain intact for two or three, or even four days, and then be renewed. In this way I have seen chronic granular vaginitis remedied in a few days, that had resisted the ordinary remedies for weeks; and have seen granular erosions, with leucorrhœa, disappear very rapidly under its use. I have not time to do more than call the attention of my professional brethren to this new extract, which I am sure will soon be recognized as a valuable addition to our Materia Medica. \* \* \* \* \*

For many years Mr. Kennedy was engaged in making Hemlock Extract for tanners' use, which he shipped in large quantities to various parts of the country. \* \* \* \* \* Mr. Kennedy became so fully convinced of the value of the Hemlock Extract as a remedial agent, that he determined to make an article medicinally pure, which he has for some time placed in the market. His method and care in making this new remedy will, I am sure, give us an article of uniform strength and purity. He extracts the virtues of the bark by pure distilled water, the temperature of which is never allowed to exceed 150 deg. F. The infusion thus made is evaporated *in vacuo*, from about 20 deg. (by the Barkometer) to 250 deg., which makes a constant and uniform fluid extract, without the addition of acid or alcohol, and which does not ferment in any climate or under any extreme of temperature."

J. MARION SIMS, M. D.,

267 Madison Avenue, N. Y.

The genuine S. H. Kennedy's Concentrated Extract of Pinus Canadensis, referred to by Dr. Sims, is put up in pound bottles, with the name "S. H. Kennedy's" on the side, and the words "C. Ext. P. C." on the shoulder of the bottle.

The bottles are capped with a metal cover, and bear the trademark, "S. H. K."

S. H. KENNEDY,

Manufacturer, Omaha, Neb.

Sold by all Wholesale Druggists in the U. S.

*Journal of Inebriety.*

The **Trommer Extract of Malt Company** guarantee to the **Medical Profession** the excellent quality and absolute reliability of their **Extract of Malt**, and all its combinations.

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## EXTRACT OF MALT, WITH COD LIVER OIL.

FIRST PROPOSED BY DR. F. H. DAVIS, OF CHICAGO.

(See Transactions of American Medical Association for 1876, page 176.)

Is presented to the medical profession as an efficient, palatable, and very stable combination, consisting of equal parts of the **Extract of Canada Barley Malt** and the best quality of genuine **Norwegian Cod Liver Oil**. Many patients take this preparation who cannot take the oil in any other form. It may be employed in all cases where Cod Liver Oil is appropriate, but is peculiarly adapted to those complicated with disordered digestion.

## EXTRACT OF MALT, WITH COD LIVER OIL AND PHOSPHORUS.

Consists of equal parts of Extract of Malt and pure fresh Norwegian Cod Liver Oil, Phosphorus being added in the proportion of 1-100 grain to the dose, and so combined as to be perfectly protected from oxidation. The **Trommer Extract of Malt Company** prepare this combination agreeably to the suggestion of **Dr. Wilson Fox**. It is specially adapted to cases of phthisis, bronchitis, pernicious anemia, and diseases of the nervous system.

## EXTRACT OF MALT, WITH COD LIVER OIL AND IODIDE OF IRON

added in the proportion of one grain to the dose. This combination is intended to meet those cases where the physician desires to add a more energetic alterative and restorative to the treatment with Cod Liver Oil and Extract of Malt. The manufacturers have received numerous letters from prominent physicians referring to it in terms of high praise.

## Trommer's Extract of Malt.

The rapidly increasing demand for our IMPROVED EXTRACT OF MALT, during the four years that it has been manufactured and offered to the medical profession in America, justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or molding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops**, viz.: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER OF HOPS, PHOSPHATES of LIME and MAGNESIA, and ALKALINE SALTS.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO.—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœa, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly,  
SILAS H. DOUGLAS,

Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of Malt than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ lbs. of the Extract.

Our preparations of Malt are for sale by druggists generally throughout the United States and Canadas, at the following prices:

EXTRACT OF MALT, With Hops (Plain),	\$1.00
" " " Pyrophosphate of Iron (Ferrated),	1.00
" " " Cod Liver Oil,	1.00
" " " Cod Liver Oil and Iodide of Iron,	1.00
" " " Cod Liver Oil and Phosphorus,	1.00
" " " Hypophosphites,	1.50
" " " Iodides,	1.50
" " " Alteratives,	1.50
" " " Citrate of Iron and Quinia,	1.50
" " " Pepsin,	1.50

Manufactured by

**TROMMER EXTRACT OF MALT CO.,**  
FREMONT, OHIO.



*Journal of Inebriety.*

TO THE MEDICAL PROFESSION.

# MALTINE.

(EXTRACT OF MALTED BARLEY, WHEAT, AND OATS.)

This Preparation contains from three to five times the Medicinal and Nutritive Elements found in Extract of Malt.

*MALTINE is a highly concentrated extract of malted BARLEY, WHEAT, and OATS, containing, undiminished and unimpaired, all the medicinal and nutritious principles found in these cereals. By the most carefully conducted scientific process we are enabled to offer to the medical profession a perfect article, possessing from three to five times the therapeutic and nutritive merit of any foreign or domestic Extract of Malt.*

In support of our claims we invite the attention of the profession to the following points, viz. :

*First* : In the manufacture of MALTINE the evaporation necessary to reduce it to its great density in conducted in vacuo, at a temperature ranging from 100° to 120° Fabr. ; while most manufacturers of Extract of Malt resort to "open pan" or low pressure steam boiling, by neither of which processes can the extract be so produced as to preserve the Diastase, Phosphates, and Albuminoids on which its remedial value so greatly depends, and the product is either of a dark color or of low specific gravity, possessing little virtue aside from the saccharine matter which it contains.\*

*Second* : Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium, and Potassium are essential elements in the food of man, and it is only in MALTINE, containing the combined properties of malted Barley, Wheat, and Oats that all these principles can be found in the proper proportions ; Extract of Malt made from Barley alone is wanting in some of the most important of these elements.

*Third* : Gluten is the most nutritious principle found in the cereals, and is the only vegetable substance which will, alone, support life for any great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. MALTINE contains twenty times the quantity of Gluten found in any Extract of Malt.

*Fourth* : Liebig says, "Wheat and Oats stand first among our list of cereals in combining all the elements in proportions necessary to support animal life. They are especially rich in muscular and fat-producing elements." The only reason we use Malted Barley in the manufacture of MALTINE is that it contains larger proportions of mineral matters (bone producers) and Diastase. It is deficient in all other essential elements.

We believe that any practitioner will readily recognize the superiority of MALTINE, and would request a trial and comparison of merits with any article offered for similar uses.

\* As a sure test for Diastase and the Albuminoids, a small quantity should be put in a test tube or small vial, largely diluted with water, and heated to the boiling point when the Albumen, if present, will coagulate, and appear in little flocculent particles throughout the liquid. If the extract remains clear, it is proof that it has already been coagulated by excessive heat, and removed by filtration during the process of manufacturing. Any heat which will coagulate Albumen will inevitably destroy the digestive power of Diastase.

The Nitrogenous constituents of MALTINE have a composition identical with that of the chief constituents of the Blood, and therefore contain nearly every element requisite for the reproduction of the human body.

## MALTINE AND ITS COMPOUNDS

Can undoubtedly be used with greater success than any other remedy now known, in cases of general and nervous Debility, Indigestion, imperfect Nutrition and deficient Lactation; Pulmonary affections, such as Phthisis, Coughs, Colds, Hoarseness, Irritation of the Mucous Membranes and difficult expectoration; Cholera Infantum and wasting diseases of children and adults; Convalescence from Fevers, and whenever it is necessary to increase the vital forces and build up the system.

We manufacture the following preparations, the formulas and doses of which are given in our dose books and on the label attached to each bottle:

*MALTINE WITH HOPS.*

*MALTINE, FERRATED:*

This combination is specially indicated in Anemia and Chlorosis, and in all cases of defective nutrition where Iron is deficient in the system.

*MALTINE WITH PHOSPHATES IRON AND QUINIA:*

A powerful general and nutritive tonic.

*MALTINE WITH PHOSPHATES IRON, QUINIA, AND STRYCHNIA:*

A powerful nutritive, general and nervous tonic.

*MALTINE WITH HYPOPHOSPHITES:*

This preparation is specially indicated in Phthisis, Rickets, and deficient Ossification.

*MALTINE WITH PEPSIN AND PANCREATINE:*

One of the most effective combinations in Dyspepsia, Cholera Infantum, and all diseases resulting from imperfect nutrition. It contains three of the all-important digestive agents, Diastase being one of the constituents of the MALTINE. We believe there are few cases of Dyspepsia which will not readily yield to the medicinal properties of the above combination, while the system is invigorated by its nutritive qualities.

*MALTINE WITH BEEF AND IRON:*

One of the most valuable combinations in cases of general Debility, when there is deficient nutrition and a deficiency of Iron in the system.

*MALTINE WITH COD LIVER OIL:*

The most perfect emulsion, and most agreeable and effective mode of administering this nauseous but valuable Oil yet discovered.

*MALTINE WITH COD LIVER OIL AND PHOSPHORUS:*

In this combination the Phosphorus has no irritant effect upon the stomach.

*MALTINE WITH COD LIVER OIL AND IODIDE OF IRON:*

This is prepared with the tasteless Iodide of Iron, which undergoes no chemical change from contact with the Oil, and does not blacken the teeth.

*MALTINE WITH ALTERATIVES:*

In this preparation MALTINE is combined with the most valuable Alteratives known, such as Iodides, Bromides, and Chlorides, and will fully meet the requirements of the practitioners in Syphilis, Scrofula, and all depraved conditions of the blood.

Each fluid ounce contains: *Chloride Calcium*, 10 grains; *Chloride Magnesium*, 10 grains; *Bromide Sodium*, 5 grains; *Iodide Potassium*, 1 grain; *Iodide Iron*,  $\frac{1}{4}$  grain. Dose, one teaspoonful to one tablespoonful.

We also manufacture a perfectly prepared EXTRACT OF MALT, from *Barley* only.

MALTINE preparations are sold at the same prices as EXTRACT OF MALT and its combinations, and are put up in amber bottles holding sixteen fluid ounces; each bottle inclosed in a folding paper box.

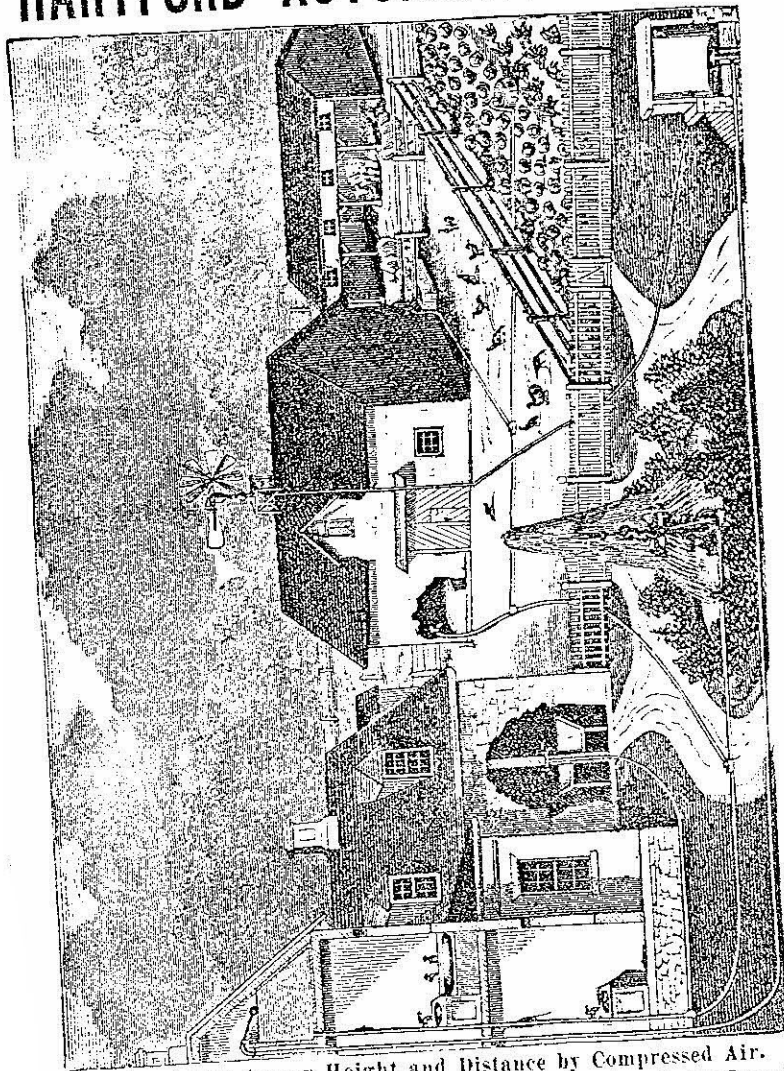
REED & CARRICK,

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196 and 198 FULTON STREET, NEW YORK.

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Water driven to any Height and Distance by Compressed Air.  
Country houses supplied cheaply and certainly, for Bath Rooms, Water Closets, Hot and  
Cold Water Faucets, etc.  
**ESPECIALLY ADAPTED FOR SUPPLYING LARGE INSTITUTIONS.**  
For Circular, address

**EZRA BROOKS,**  
Manufacturer of the Hartford Automatic Pump,  
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tions, &c.

SYKES & NEWTON, PHARMACEUTICAL CHEMISTS, Hartford, Conn., offer to the Profession their complete Stock of elegant Pharmaceutical Preparations.

We manufacture all of the Elixirs now in use, and if desired, send the formula with each article.

Our Elixir Quinine, Iron, and Strychnia—Elixir Cinchonidia, Iron, and Strychnia—Elixir Valerianate Ammonia—Syrup Hypophosphites Lime, Iron, Soda, and Potass.—and combinations of Pepsin, Bismuth, Iron, and the more active remedies, stand deservedly high with all who have used them.

We also manufacture all the Official Tinctures, Syrups, &c., and offer them at exceedingly low prices.

Our Chemicals are from the most approved makers in this country and Europe. All rare and new Chemicals soon as issued.

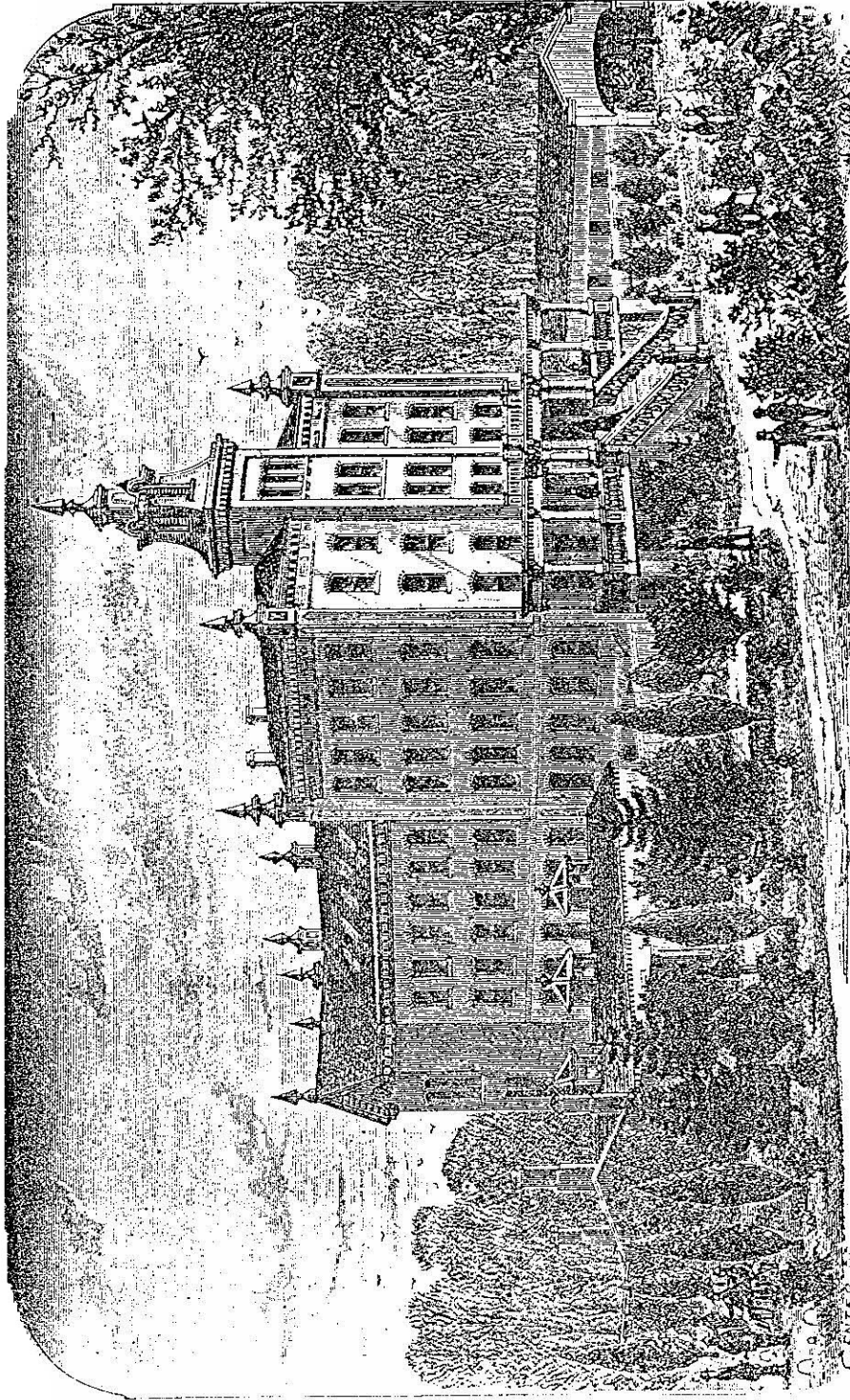
We keep in stock many of the Suppositories of the Pharmacopœia, prepared nicely and uniformly by machine, and can readily prepare from private formula as ordered.

We have a well assorted Stock of Surgical Instruments, which we constantly increase to supply the wants of the Profession.

Non-resident Physicians visiting Hartford, are invited to call at our Store and make themselves known, not necessarily to purchase, as we are always happy to exhibit the latest additions to pharmacy, and show our specialties.

Respectfully,

SYKES & NEWTON,  
ASYLUM STREET, COR. TRUMBULL,  
Hartford, Conn.



OCEAN VIEW OF "THE INEBRIATES' HOME," FORT HAMILTON, N. Y. (INCORPORATED 1866.)

# The Inebriates' Home, FORT HAMILTON, N. Y.

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

## Treatment of Inebriety and the Opium Habit IN EXISTENCE.



VIEW FROM ENTRANCE OF PARK GROUNDS.

### The Treatment of the Opium Habit a Specialty.

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

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

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



#### THE TREATMENT OF THE OPIUM HABIT A SPECIALTY.

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

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

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

By this equitable arrangement we are enabled to offer board, washing and medical attendance at rates varying from \$7 to \$35 per week. Those paying \$14 and upwards, according to size and situation of quarters selected, are provided with a single apartment and a seat at table in private dining-room—the accommodations in the select rooms and the table being in every respect equal to those of a first class hotel. Rooms in suit may be had upon terms to be agreed upon.

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

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

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

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

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

—§§—  
**HOW TO OBTAIN ADMISSION.**  
—

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

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

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

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

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

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

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

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

—§§—  
Two daily mails, and telegraphic communication to all parts of the country.

**HOW TO REACH THE INSTITUTION FROM NEW YORK.**

Cross the East River to Brooklyn on Fulton Ferry Boat and proceed either by Court st. or Third ave. Horse Cars; or, cross from South Ferry on Hamilton Avenue Boat and proceed by Fort Hamilton Cars.



# THE INEBRIATES' HOME,

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

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

## The Buildings,

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

## The Management

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

## The Classification

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

## Boarder Patients

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

## Female Patients.

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

## Remarkable Immunity from Death.

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

Patients are received either on their voluntary application, or by due process of law.

The charter confers power to retain all patients entering the Home.

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