

Beard (G. M.)

[From the Quarterly Journal of Inebriety, September, 1879.]



NEURASTHENIA (NERVOUS EXHAUSTION) AS
A CAUSE OF INEBRIETY.*

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

The disease neurasthenia, (nervous exhaustion,) which I have in various ways described and illustrated during the past eleven years, is a condition in which the nervous system is functionally impoverished. This impoverishment, and accompanied excitability, is manifest by an immense array of symptoms, to which every organ, and every function of the body are liable to contribute. It is not my purpose here to repeat what I have already written in regard to the symptoms, or in regard to their nature or diagnosis; but only to point out the relations of this disease to the disease inebriety.

It is the common, if not the universal belief, that the disease inebriety is always the result of the habit, or of the vice of drinking; but those who study the subject thoroughly, philosophically, and practically know very well that there

* Read before the Tenth Annual Meeting of the American Association for the Cure of Inebriates, in New York, May, 1879.

are inebriates not a few who have never indulged that habit; never have been led away by evil companions, nor yielded to the temptations of social fashion, but have resorted to the habit of taking alcoholic stimulants for the same reason as those who resort to opium, or chloral, and tobacco, as a means of relief from the severe pain or distress of a vague indefinite character that accompany the nervously exhausted state.

Inebriates of this class do not drink because it is fashionable to drink; they do not drink because they like the taste of alcoholic liquors in any form; they do not drink to gain favor, influence, or social distinction; they do not drink because they are unable to resist outward temptations; the dram-shop, the bar-room, the hotel, dissolute companionship—all combined offer them no temptation; they fall into the habit of excessive drinking not from any external influence or temptation, but from the subjective temptation that comes from their mental and physical pains, and mental depressions, which are the direct and sole result of the disease neurasthenia. I may observe, also, that neurasthenia leads to very many diseases, such as, for example, hysteria and epilepsy, and certain forms of insanity, and neuralgia.

It is a fact which my professional experience satisfactorily confirms that alcoholic liquors have not only a relieving, but a curative effect in the different forms of neurasthenia; after all other remedies have failed, or lost their powers, alcoholic liquors will sometimes produce satisfactory sleep, relieve depression and debility, bringing about those agreeable results without any apparent evil accompaniments, except danger of this one terrible evil, inebriety: but when inebriety is contracted, then any number of physical evils may follow; the liver and brain may be diseased and life shortened. Physicians and patients both observe this delightful action of alcohol in the treatment of neurasthenia, and, without proper caution on the part of one or the other, are tempted to use very strong liquors in excessive amounts, just as they would use the quinines or bromides. Then again there are some—and these cases are very interesting indeed—who, so to speak, leap with a single bound into

inebriety; without any advice of their physician, without consideration, and of themselves, without reflection they rush to alcohol for relief, and become inebriates at once, with all its symptoms, just as suddenly as one breaks out with chills and fever.

There are few physicians of large observation who have not met with cases of this kind in their practice, although perchance they may not have recognized the disease neurasthénia on the one hand, nor the disease inebriety on the other; they have simply seen a case of chronic debility fall into the habit of excessive drinking.

Neurasthenia is more common in these days than formerly; it is more frequent in the United States than in any other country—hence, in part, the explanation of the fact that inebriety has increased in modern times; hence, also, the explanation of the fact that there is more inebriety in the United States than in any other country, although there is no other country where there are so many that totally abstain from alcohol.

The details of three or four cases illustrate what I mean better than the most elaborate discussion. These cases are not, I may say, extraordinary, they are not exceptional; they are simply typical of thousands of cases.

CASE I.

A young man, a little over thirty years of age, was referred to me by a physician for symptoms of neurasthenia of a sexual origin, and complicated with sexual debility; he had formed the habit of self-abuse at the early age of 15; had prosecuted it to great extremes. On the breaking up of the habit, seminal emissions followed with attacks of profound melancholy; there was, as is so often seen in those cases, great pain in the lumbar region of the back, and feeling of fullness in the head; sweating palms (*palmer hyperdrosis*) at times; very excitable and nervous; his pulse was very high, going considerably above a hundred; so nervous indeed was he, that sometimes in going in company he would become saturated with perspiration. Before he became neurasthenic he was in the habit of smoking, but when the symptoms came, he found that he could not continue the habit; driven by his despair he found relief in alcohol, and for two years was an inebriate.

There was in his case no hurried tendency to inebriety; there was no special temptation to drink offered to him; he simply drank as a

relief from distress, and he found this relief by exchanging a lesser evil for a greater. He resolved to reform, and did reform: and when I last saw him was cured of the habit, and is now seeking cure for his nervous symptoms, which are numerous, and severe, and complicated, but are yielding to treatment most satisfactorily, without the use of ardent spirits or alcohol in any shape.

I have known a number of cases where neurasthenia in women led to inebriety; cases where, although there was susceptibility to almost all other remedies, alcohol would be tolerated in very large doses. Such cases are always in danger.

Neurasthenia often has dislike for alcohol and inability to bear it even in small doses as one of its symptoms; thus these sufferers are saved through their very susceptibility. In other cases, quite the opposite symptom is noticed; there is abnormal toleration of alcohol, and feeble women may drink very freely of ardent spirits and not exhibit any one of the temporary effects on the head or nerves. Such cases are in especial danger of inebriety if they ever form the habit of drinking.

CASE 2.

A young man twenty-one years of age, of highly nervous organization, showing in every way the nervous diathesis, whose father was an inebriate, and who, therefore, undoubtedly inherited a tendency to the disease, was severely injured in a railway accident. For two or three days after the accident he was delirious. He was confined to the hospital between three and four months. Previous to this accident he had not been addicted to drink, and the physicians in the hospital assured him that he probably owed his escape from death to the fact that he had been of temperate habits. After leaving the hospital he had various nervous symptoms—melancholia—deep depression and despondency, made threats of committing suicide, and once attempted self-destruction; was also troubled with tremors and other indications of extreme nervousness. He had not been annoyed with these symptoms before the accident, but on the contrary had been of exceptionally cheerful and happy disposition. He soon contracted a habit of occasional drinking, sometimes to excess, but did not become a confirmed inebriate. A year and a half after the first accident he received another injury—he was ruptured in consequence of a severe strain, was taken to a hospital and operated upon, and was again confined to the hospital four months. After leaving the hospital the second time, he was very

weak and neurasthenic, and shortly after had a sun-stroke, which left him exceedingly nervous; and immediately he began to drink, and continued doing so for three or four days in succession, and then had a very violent attack of delirium tremens—caused, without doubt, by the sun-stroke. After this he continued to drink to excess at times, although he often abstained for quite long intervals. This continued for a period of two years, at the expiration of which time, being greatly distressed by his condition, and despairing of being able to abstain, he voluntarily went to an Asylum for Inebriates, where he remained four months, and came out apparently cured, and remained so for a year and a half, when he relapsed. During the heat of the present summer, 1879, the desire for drink came on him one especially hot day. He fought this desire with success for a week, when he gave up, drank to excess, though only for a period of less than twenty-four hours, the result being another severe attack of delirium tremens, so called. At this time I was consulted, and prescribed fluid extract of *Cinchona rubra*, which he says takes away the desire for drink.

The patient is still under observation, and I am not able to say how permanent the effect of the *Cinchona rubra* will be. I was led to experiment with this remedy from articles in the papers connected with the discovery of Dr. D'Unger, who claims that it will work a permanent cure.

In regard to the above case, two facts are clear—first, that the tendency to this disease was probably hereditary, and secondly, that the injuries he received, particularly the sun-stroke, were the exciting causes of the malady, without which, probably the tendency would never have been developed, secondly, experiments with tonic remedies for breaking up the tendency ought to be made more thoroughly and systematically. Even if the *Cinchona rubra* should prove either a partial or complete failure, it is true, nevertheless, that this is a proper and legitimate field of experiment, and the fact that this remedy has been brought forward in an apparently charlatan-like manner is no argument whatever against its use.

There is no doubt that opium inebriety can be combatted most successfully by the use of tonics and sedatives, such as electricity, bromides, strychnine, arsenic, warm baths, and the like, and there is no more doubt in my mind that alcoholic inebriety can be helped, and the treatment of it very much aided, in asylums and out of asylums, by the scientific use of

the same class of remedies in the hands of scientific medical men.

The following cases were furnished by Dr. Crothers, of Hartford, Conn :

CASE 3.

H— was the valedictorian at college. Both parents healthy, with highly sensitive nervous organizations. He was early sent to school, was a leading scholar, bright, retentive memory, full of promise, of much intellectual strength. At college was conspicuous in his tastes, often ate to excess, and was sleepless for many nights in succession—elated, depressed, and changeable in his feeling and emotions ; graduated with éclat, went home, was unable to fix his mind on any work or study, could not stay long in any one place, wanted to be wandering round, complained of general debility, did not sleep sound at night, could not remember well, was annoyed by music, or any continuous sounds, such as frogs, crickets, etc. For a year he traveled and tried various remedies, was examined by many physicians, who discovered symptoms of softening of the brain. In 1877 I examined him. He was hypersthetic and anæmic ; wanted to be well, but feared he had lost all vigor, and never could regain it again. This lack of vigor he attributed to gonorrhœa, which was contracted before graduation, and was evidently a slight attack with no complication, from which he soon recovered. He was intently active, but without any purpose, and was unable to do any one thing for more than a few minutes ; was very easily exhausted, could not walk much. He ate well, and all the secretions seemed healthy. I made no diagnosis except to caution him about using alcohol. My reason for making this suggestion was a certain restlessness and impulsive manner, a kind of half expressed agony that was apparent in every movement of face and body, which was indicative of a tendency to alcoholism. Three months later he attended commencement, and drank freely of champagne at a class supper. The effect was marvelous—all his old vigor returned ; he was intoxicated, but recovered rapidly, and ever after drank wine with marked pleasure. His friends thought this was the medicine he needed, and encouraged its use. In the winter of 1878, he was intoxicated nearly every day, and finally came under my care ; he recovered in part and went out to travel with an attendant. He escaped from his attendant and drank again. He is now a constant drunkard. His mind is full of delusions of writing books and making speeches. He is anæmic, has defective locomotion, and imperfect control of his muscles. Trembles, drinks regularly every night, to semi-stupor, sleeps irregularly, uses bromide and chloral when brandy is not to be had. Digestion imperfect, sensations perverted. Does not seem inclined to stop drinking—declares he cannot because it will kill him.

CASE 4.

B— inherited an impulsive disposition. Father died early of paralysis; mother died of consumption. Was educated at West Point; went into the engineering corps; was an active, stirring man, temperate, but somewhat irregular in work; went south, suffered from malaria; two years later came north, and received a furlough; was very anæmic, nervous, irritable, unable to concentrate his mind on any one thing or remain still long; was sleepless, with indigestion; thought he was able to work as before, and attributed his disorder to some conditions of the present; was full of little schemes and notions, which were soon forgotten. At times he was excessively hypochondriacal. He returned to his work, and was unable to make any calculations, or even to take charge of men. He gave as a reason excessive exhaustion, which he felt all over. He was very sensitive, could not bear noise or loud sounds. In this condition he went about to different cities, consulting several physicians, taking various courses of treatment, with no result. His appetite grew better, and he seemed stronger, but his mind and nervous system remained exhausted. He was anxious to get well, but had no inclination to work for it. All this time his wife, for some reason, had very bitterly opposed the use of any form of alcohol. A physician prescribed a *milk punch* at night, and the effect was excellent. From this time he used milk punch every night, and in a few weeks went back to his work. Some weeks later he was intoxicated, then recovered, but drank steadily. One month more, and he developed a clear case of dipsomania, which was followed by a free interval of sobriety, at first four weeks, then three, two, and one, and finally no interval. Later, he died of alcoholic convulsions. For some months before death his mind was full of delusions, and he was both anæsthetic and hypersthetic.

CONCLUSIONS.

The conclusions which I have to offer on this subject are as follows:

First. Neurasthenia (nervous exhaustion) is in modern times a very common cause of inebriety. It may lead to inebriety, just as it may lead to insanity. It may do this where there is no clear hereditary tendency to inebriety. An attack of inebriety may come on suddenly in neurasthenic patients without any warning, just like an attack of neuralgia or sick-headache. It may be periodic, coming and going like attacks of mental depression. I have seen many cases of neurasthenia where the attacks of profound mental depression would come on suddenly, almost instantaneously, remain for

an hour or two, possibly longer, and go away as they came, without any apparent exciting cause. During these attacks of depression inebriety may arise.

Secondly. The temptation to prescribe alcohol for neurasthenia, like the temptation to prescribe opium for the same affection, demands scientific but not emotional consideration on the part of medical men.

It is a fact of experience, without regard to theories or philosophies, that alcohol in its different forms—wines and ardent spirits—is in some cases one of the very best means of relieving and curing neurasthenia. There are cases when it seems to be a specific for very many of the neurasthenic symptoms, such as wakefulness, mental depression, etc., when it will relieve those symptoms more speedily and more satisfactorily than almost any other agent, with the exception, perhaps, of electricity; and sometimes these effects are permanently curative. It is one of the advantages of temperate habits that, when overtaken by disease, there is better chance of obtaining relief from alcohol than by the habitual drinker who is long accustomed to its effects.

I record the case of a very eminent theologian who once consulted me for sleeplessness, the result of neurasthenia, and who found a most excellent relief in a very moderate amount of whisky taken on retiring; and I have now under observation a lady, a very unusual sufferer of neurasthenia, with uterine complications, who for years has only slept after taking a large quantity of beer at night, the ordinary hypnotics, such as chloral, bromide, Indian hemp, having no effect, while the beer after years of use does not seem to lose its effect. I know of an eminent clergyman who was lately brought out of an attack of illness with various nervous symptoms, of which claret wine formed one of the most important factors.

With these facts before us, we are brought face to face with this question: Shall we allow these cases to use alcohol, and can we do so without incurring the risk of making some of our patients inebriates? The practical hint that I have to give in answer to this question is, that we should not in these cases depend on alcohol nor use it long at a time, but

alternate it with other means of cure, so that the patient shall not contract the habit of drinking intoxicating liquors, or if already addicted to it, that he may be weaned from it. I will not allow these cases to become slaves to any one narcotic. One narcotic or stimulant may be an antidote for another narcotic or stimulant; thus opium may take the place of alcohol, or chloral may take the place of both, or atrophine may be combined with morphine. In cases of opium habit I have sometimes used with satisfaction an anodyne pill composed of all the narcotics except opium.

Thirdly. The progress recently made in the treatment of neurasthenia makes it possible for us now to dispense to a considerable extent with powerful narcotics. By the use of electricity, heat and cold, the bromides, the country, and systematic rest, we are able to bring relief and permanent cure to cases of neurasthenia that formerly kept themselves poisoned with alcohol and opium.

Improved methods of diagnosis of nervous diseases, especially the study of local irritations that are the starting point of neurasthenic symptoms, and the hunting down of reflex irritations from local diseases of various parts, particularly of the genital system of both sexes, now make it possible for the profession to get control of these cases, to relieve them, and to cure them, when formerly they would have simply combatted the symptoms by a liberal use of narcotics. Neurasthenia is in this country more frequent than any other nervous disease; it causes more distress and loss of working power than all other nervous diseases combined, save perhaps insanity.

It is the door that opens to a large number of other diseases; it is an increasing disease; rightly analyzed, it is one of the most common causes of inebriety. How to deal with this disease, how to diagnosticate it, prevent it, cure it, is one of the most important medical problems of the present and of the future; and to the solution of this problem the best energies of the best men not only in this country but in all countries must and will be directed. The scientific study of inebriety requires also the scientific study of neurasthenia.

THE QUARTERLY JOURNAL OF INEBRIETY,

PUBLISHED AT HARTFORD, CONN.,

IS THE

Only Journal Published Devoted to the Medical Study

OF

INEBRIETY, ALCOHOLISM, AND OPIUM MANIA.

There is no branch of medical or social science of more interest, and less understood by all classes.

Every leading and professional man who would keep up with the progress of the times, should read this Journal.

It comes home to every one who is interested in this topic, full of suggestion and instruction, pointing out the practical solution of one of the most difficult problems of modern times.

This is the third year of its publication, and its circulation and popularity are exceeded by no other special journal published.

This Journal occupies a field entirely new, and conflicts with no other publication, and hence has a circle of readers not confined to any one class.

Subscription Price, only \$2.00 per Year.

TO ADVERTISERS.

This Journal is the organ of the AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES, and taken in all the Asylums and Hospitals in this country, and many in Europe. It is accepted as authority, and circulated among physicians, lawyers, judges, and philanthropists, *from Maine to California*, and in the Provinces of Canada, and all the European nations.

No other journal reaches a larger class of benevolent, wealthy, and intellectual men in this country and Europe.

As an Advertising Medium it is Unsurpassed.

Rates reasonable, and furnished upon application to

QUARTERLY JOURNAL OF INEBRIETY,

HARTFORD, CONN.

