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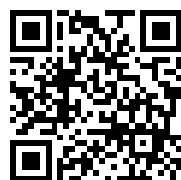
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Quarterly Journal of Inebriety.
vol. II, 1. 1877.

Soc 4300.117



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THE QUARTERLY JOURNAL

OF

INEBRIETY.

PUBLISHED UNDER THE AUSPICES OF THE AMERICAN
ASSOCIATION FOR THE CURE OF INEBRIATES.

Vol. II. DECEMBER, 1877. No. 1.

HARTFORD, CONN.:
THE CASE, LOCKWOOD & BRAINARD CO.,
PRINTERS.

EUROPEAN AGENCY:
BAILLIERE, TINDALL & COX,
20 KING WILLIAM STREET, ON THE STRAND, LONDON, W. C.

Soc 4300, 117



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The Quarterly Journal of Inebriety

Is the official organ of the AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES, and will contain the transactions of this Association, with other contributions from leading specialists in this field.

Subscription \$3.00 a Year in advance. Single Numbers 75 Cents.

All communications, subscriptions, exchanges, and books for review should be addressed,

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SECRETARY,
HARTFORD, CONN.

Or BAILLIERE, TINDALL & COX,
KING WILLIAM STREET,
LONDON, ENGLAND.

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QUARTERLY JOURNAL OF INEBRIETY.

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No. 1.

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

ANNIVERSARY ADDRESS.

BY THEODORE L. MASON, M.D., PRESIDENT.

INEBRIETY A DISEASE.

Mr. Vice-President, and Members of the Association :

In the year 1870, the presidents, physicians, and superintendents of several of the inebriate asylums in these United States met in the City of New York and organized the AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES.

The objects of the Association, as set forth in the plan of organization adopted by them, were "to study the *disease* of inebriety, to discuss its proper treatment, and to endeavor to bring about a coöperative public sentiment and jurisprudence." (Art. 3, Plan of Organization.)

In the progress of the meeting, a "preamble and declaration of principles" were unanimously adopted, in which these postulates were enunciated: 1st, "Intemperance is a *disease*," and 2d, "It is curable in the same sense as other diseases are curable."

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This Association further committed itself deliberately and unanimously to the theory that, in certain cases, inebriety is a disease of a *special form*, peculiarly induced, and requiring *special* treatment in *hospitals* adapted and devoted exclusively to its cure. Have subsequent investigations in our own and other countries served to confirm its members in these positions, or to show them that they were mistaken?

The first of these "principles," viz., "That inebriety is a *disease*," is the great fundamental principle upon which the oldest, best established, best known, and most successful inebriate asylums in this country are based. The correctness of this principle has, however, in a few instances, been denied. I propose in this paper to inquire—*What inebriety is*. Is it, as some persons affirm, always a *vice* merely; or is it also a *disease*? May it not be in certain circumstances one of these—a vice, and in other circumstances—a disease?

The decision of this question manifestly must depend upon the amount and reliability of the testimony which can be brought to bear upon it. It is my purpose, on the present occasion, to summarize a portion of such testimony, and to distribute it in accordance with its relation to the following points:

1st. What is the nature of the action of alcohol upon the human system?

2d. Does alcohol cause acute and chronic constitutional disease in the persons habitually using it?

3d. Is the diseased constitution thus caused transmissible to the offspring of the drinker?

4th. Is there evidence that family and national character and constitution may be degraded by the general use of alcohol?

And 5th and lastly—Are these evils thus caused remediable? and how?

In doing this it is my purpose to use in their own words the statements which some of the best thinkers of our own day, and best informed on this subject, have placed on record, and which must be accepted as the most authoritative, as they constitute the most fully established and reliable testimony which is accessible on the subject.

Before proceeding to this, however, let us pause a moment and endeavor to agree upon the meanings of some of the terms we are to use.

Vice.—"A bad or evil course of action; the opposite to virtue; depravity; evil," etc. Generally used of an *habitual fault*.

This word has been frequently confounded with the word *crime*, and some undesirable confusion has been the consequence. The word *crime* properly refers to offense against legal enactments. *Vice*, in its first signification, means a violation of the *principles of virtue*; but it has been used to imply such a departure from the requirements of man's physical nature as detracts from his physical welfare. In this sense we shall use it in this discussion.

Disease; etymologically, Dis- (want of) ease—unquietness, distress. In Wicklif's translation of the Bible (14th century), it is used thus: "In the world ye shall have disease," (John, xvi. 33). In medicine the term is used to signify—"Any morbid state of the body generally; or of any particular organ or part of the body; any derangement of the functions, or alteration of the structure of the animal organs."

A few remarks may, perhaps, not improperly be here premised as to the character of the active agent, the substance upon the use of which in our own and in the insular and continental countries of Europe, INEBRIETY chiefly depends—*Alcohol*, in some of its varied forms. I do this the more

readily because of the indefinite and modified manner in which it is sometimes spoken of, even by intelligent physicians. That it is a poison all admit. But immediately upon this admission you will not unfrequently hear this qualifying remark: "It is a poison when taken to excess;" or, "It is good for the stomach, but becomes a poison when its effects are felt in the head." Now this betrays a confusion of ideas, a lingering tendency to hold on to the exploded notions of the past, or an ignorance of the latest teachings of science, for which we might find an apology in the jolly monks of the *schola salerniterna*, whose maxim, as quoted by Duglison, was "*Si nocturna tibi, noceat vini,*" "*Hoc tu mane bibes iterum et fuerit medicina,*—but neither of which we think is, at this late day, worthy of intelligent medical men.

We do not talk thus about arsenic, opium, atropine, Indian hemp, or prussic acid, or any other vegetable or mineral poison. All of these, though poisonous, are of use, and have their places in the *armamenta medica*—places which the modern practitioner would find it difficult to fill were they removed.

They are all of great benefit to man as *remedies* for *disease*, but they are nevertheless indisputably *poisonous*. Just so alcohol has its use in the treatment of disease, but it is a *poison to the normal and healthy man*. No intelligent person would say "a little arsenic, or a little opium, or a little Indian hemp, or aconite, or atropine, or prussic acid is a *nutriment*, and is of benefit to man in health and should be taken daily and regularly; but a little too much is a *poison*."

Why then suffer ourselves to think or speak thus of alcohol? *No*, alcohol is never a *nutriment*, nor fit for *daily* use. Alcohol is a *poison*, inherently, absolutely, essentially; in a drop or in a gill, in a pint or in a gallon, in all quantities and in every quantity it is a poison. Plainly the quantity

cannot alter its chemical constitution. The chemical formula, C_2H_6O , expresses the relative proportion of the constituents, in a teaspoonful or a gallon, of *ethylic, dentilic* or common alcohol; and Chistison and many other authorities in materia medica have assigned its place amongst them as a narcotico-irritant poison.

Alkohol is supposed to have been discovered in the 11th century of our era by an Arabian alchemist, Casa or Albu-casis, a distinguished professor of the mystic art, whose adepts were popularly supposed to be helped in their discoveries by the Devil, the great enemy of man from the beginning; and, verily, were I to judge from the results alone of *this* discovery, I should be strongly inclined to the popular belief, for surely I speak the words of truth and soberness when I declare that, since the transgression of our first parents "brought sin into the world and all our woe," no *single* discovery of man, in his persistent "seeking out of many inventions," has been fraught with such dire results to the moral and physical well-being of our race.

These, I am aware, are "brave words;" and those who doubt, if there be any present, have a just claim for proof of their correctness. Of written opinions on this point there is no lack. For years the temperance press has teemed with tracts on the subject, filled with the eloquence of truth, and convincing by the power of a heartfelt sympathy. I do not propose, however, to avail myself of aid of this description, but rather to use such as a strictly scientific and professional study has placed at the disposal of the earnest investigator. In attempting this, I shall draw freely from the "Cantor Lectures" of Dr. B. W. Richardson, F.R.C.P., published a year or two since in the "Journal of the Society of Arts," inasmuch as they seem to me to approach more nearly than any other, to the latest conclusions of scientific investigation,

and to be distinguished by the calm and philosophic spirit which marks, and dignifies, the impartial seeker after truth.

We have asserted that alcohol is a poison. A reliable authority defines a poison to be "any substance which, if introduced into the animal economy, disturbs, suspends, or destroys some or all of the vital functions," or organs. Let us see how perfectly alcohol fulfills these conditions.

The experiments of this distinguished scientist, Dr. R., on the lower animals have plainly shown that the lightest and purest of these alcohols, *methylic* alcohol or wood-spirits, is POISON, and will cause death. Of the common or *ethylic* alcohol he says: "Taken into the stomach in the diluted state in which it is ordinarily used, as in whiskey, brandy, gin, wine, &c., it exerts its poisonous influences first on the stomach—influences so remarkable and so readily observable during life (as in the case of St. Martin, reported by Beaumont, and in a recent similar case noticed in a Paris journal), and which leave their destructive traces in the dead body in the results of inflammation, thickening, ulcerations, and sphacelation; that they have long since attracted the attention and scrutiny of physiologists and pathologists alike. It next passes into the blood (in part certainly, and in *form*, by endosmosis), and attacks the red globules, destroying their forms by the abstraction of water, making their smooth outer edge crenated or even starlike, or changing their round into an oval shape, disposes them to run too closely together and to adhere in rolls, causes an aggregation of rolls into masses, and thus impairs the ease with which they pass through the vessels of the lungs and of the general circulation. The next direct action is upon the fibrine or plastic colloid matter, damaging its healthy condition. Soon the deleterious influence extends to the minute bloodvessels and diminishes their contractility, thus causing them to become preternatu-

rally distended with red globules, a part of the blood not to be found in them permanently in health.

“Connected with this condition is the flushing of the face; and if the lungs could be seen their vessels would be found injected in like manner. This is also true of the brain and spinal cord, of the stomach, liver, spleen, kidneys, and all the other vascular organs of the body.

“The action of alcohol does not stop here. The disturbance extends to the heart, whose action is quickened and rendered more forcible for a time, but flags at last for want of more alcohol to stimulate it, and falls below its normal frequency and force. This being supplied, or the quantity originally taken being sufficient to continue its action beyond the first stage, the function of the *spinal cord* is influenced, the nervous control of the co-ordinating muscles is diminished or lost, and the contractile power of the muscles themselves fails.

“In a yet further degree of intoxication the brain centers are affected; the reason is now off duty, and the mere animal instincts are laid atrociously bare. Finally, the action of the alcohol still extending, the superior cerebral structures are overpowered, the senses fail, the voluntary muscular prostration is perfected, and the man lies a mere log. The heart alone just lives and feeds the breathing power, and keeps the mass within the domain of life, until the poison begins to pass away, the nervous centers revive again, and the patient lives to die another day.

“Thus there are four stages of alcoholic poisoning in the *primary or acute form*:

“*A.* A stage of vascular excitement and exhaustion.

“*B.* A stage of excitement and exhaustion of the spinal cord, with muscular perturbation.

“C. A stage of unbalanced reasoning powers and of volition.

“D. A stage of complete collapse of nervous functions.”

Of the Secondary Physiological effects of simple or ethylic alcohol (the least poisonous, with one exception, of the eleven varieties of which he gives a tabulary description), Dr. R. remarks: “As a cause of disease, it gives origin to a great population of afflicted persons, many of whom suffer even death, without themselves suspecting from what they suffer, and unsuspected by others. Amongst them are alcoholic dyspepsia, alcoholic insomnia, organic deterioration, special structural deterioration, alcoholic disease of the heart, alcoholic consumption, organic nervous lesions, loss of memory or speech, dipsomania, and *mania a potu*.

“To us *physiologists*,” he adds, “these *maniacs a potu* are men under the influence of alcohol, with certain of their brain centers *paralyzed*, and with a broken balance, therefore, of brain power, which we with infinite labor and much exactitude have learned to understand.”

Is Alcohol Food? Concerning this question, which has been much and earnestly discussed of late, and in favor of which the most that has been claimed by the supporters of the affirmative answer is, that perhaps one and a half ounces might be taken daily without injury, possibly with advantage, by an individual in ordinary health, Dr. R. thus speaks: “Nature has prepared for man *two* fluids—water and milk—and they are all that is essential. When we inquire into the physiological construction of man, or the lower animals, we can discover *no necessity* for any other fluid. The mass of the blood is water, the mass of the nervous system is water, the mass of all the active vital organs is water, the secretions are watery fluids, and if into any of them any other agent than water is introduced, the result is instant and injurious

disturbance of function. Alcohol cannot, by any ingenuity of excuse for it, be classed among the foods of man. It neither supplies matter for *Construction* nor *Heat*. It is not, therefore, fit for Drink, nor is it Food."

It is not necessary for my purpose to dwell longer on this phase of the subject, and I will therefore dismiss it with a short quotation from the writer I have so freely used: "In conclusion, therefore, on this one point of alcohol, its use as a builder of the substantial parts of the animal organism, I fear I must give up all hope of affirmative proof. It does not certainly help to build up the active nitrogenous structures. It probably does not produce fatty matter, except by an indirect and injurious interference with the natural processes." "This chemical substance, alcohol, an artificial product devised by man for his purposes, and in many things that lie outside of his organism a useful substance, is neither a FOOD nor a DRINK suitable for his natural demands. Its application is properly limited by the learning and skill possessed by the physician—a learning that itself admits of being recast and revised in many important details and perhaps principles. If this agent does really for the moment cheer the weary and impart a flush of transient pleasure to the unwearied who crave for mirth, its influence (doubtful even in these modest and moderate degrees) is an infinitesimal advantage by the side of an *infinity* of evil, for which there is no compensation and no human cure."

These latter despairing words I trust we may *now* receive with much allowance. A cure by God's help—we will not doubt, if not already discovered—may yet be found.

But these conclusions on this most important subject should not rest upon the testimony of one witness only, however impartial, intelligent, or competent he may be.

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Scores of able, well-informed men could be summoned to testify on this subject, and their evidence would fill a volume. The more than seven thousand members of the British Medical Association; the hundreds of the American Medical Association, who met this year in this city;* the report made before the section of medicine of the Centennial Medical Convention in Philadelphia, in 1876, composed of representative men from all parts of this country and from Europe, all, substantially, concur in this one opinion of the *noxious* effects of alcohol on those who *indulge in its habitual use*.

To this testimony, so clear and full, in justice to our own members and as proof of the views held by them from the organization of this Association, I feel constrained to add their evidence. In a report of Dr. Earle, of the Washingtonian Home, of Chicago, I find this description: "Alcoholic mania is the term we apply when, with impaired mental and physical condition, the man seems to have lost all *will-power* to do as he would. He would do right, but he seems to have lost the power to do it." "He makes the best of resolutions, calls the Divine Being to his help, but at the first opportunity falls." Is there no disease here? Is this man in a normal, healthy condition? "Delirium tremens," he says, "is characterized by insomnia, hallucinations of the special senses, low delirium, with its consequent decreased mental vigor, and with increased digestive derangement." Does no disease exist in this case?

Dr. Day, in his paper on "Inebriety and its Cure," read before the Suffolk District Medical Society, in December, 1876, propounds this question: "Is there satisfactory proof of the existence of a disease called Dipsomania or Oinomania? If so, can it be cured? I give an unhesitating answer in the affirmative to both these questions."

* Chicago.

We cannot follow the Doctor in his expansion of these propositions, but will quote a sentence from page 5th of his paper as directly bearing on the point we are considering: "This condition is by no means rare. Many such cases are reported in the medical journals of England, France, and Germany. Men of experience have reported similar cases, and certainly more than one hundred have come under my own observation." Is such a person a responsible being? Only so far as he may have directly or indirectly *brought this disease upon himself*. Is the Doctor describing a vice here, or a disease?

In his paper on "The Pathological Influence of Alcohol or the Nature of Inebriation," by N. S. Davis, M. D., published in the "Proceedings of the first meeting of this Association, in 1870," in answer to the question: "Is Inebriation really a crime (vice) or a disease?" and stating certain conditions in which to become inebriated was criminal, he says: "But that the appetite for alcoholic drinks and the state of inebriation are *diseased conditions* of certain organs or structures is susceptible of clearest demonstration." (See p. 15, Proceedings 1870, also p. 23, on Treatment, &c.)

Dr. Wm. C. Wey's paper entitled "Inebriety by Inheritance," read before this Association in 1871. I read from page 28: "Inebriety being accepted as a *physical disorder*, . . . it becomes us to look back in the train of morbid phenomena by which it has been fostered and developed, and endeavor to analyze its near and remote causes. Conspicuously in this connection comes the consideration of *inherited tendency*."

These views Dr. Wey reaffirmed in a paper entitled "A Medical Aspect of Drunkenness," read by request before the Annual Convention of the Diocese of Central New York, 7th of February, 1877, and published at the desire of the bishop and clergy of the convention.

Dr. Geo. Burr, of Binghamton, N. Y., Trustee of the New York Inebriate Asylum, who has had ample opportunities for the study of this affection and has assiduously improved them—bringing to the study a mind unusually logical and observant—has in the same number of the proceedings a contribution on “The Pathology of Inebriety,” singularly clear, original, and convincing. On pages fifty-seven and fifty-eight he has these remarks :

“Inebriety makes its approach as other diseases make theirs, sometimes by the fault of the individual attacked, and at other times from causes over which he has no control.

“The propensity is quite often hereditary, and transmitted from one generation to another, in accordance with the same law by which any constitutional taint, like scrofula or tubercular disease is handed down.

“The law of development which, from the germ, fashions and matures an individual, and by which it is made to resemble its prototype or parents, will also in due time bring forth the defects which may have existed in a previous generation. The fact is a familiar one, that children resemble their parents to a certain extent in mental characteristics, disposition, peculiarity of constitution, temperament, and form. They are, however, not born with all these characteristics present, but as the child is developed into the man, they one after the other make their appearance. With the development of consumption under this law we are all familiar. The child is born with a tuberculous taint. During the years of its childhood it may be well and sprightly, may keep pace in growth with the most robust ; but in the course of its development it reaches a point where its prototype fell into decay and died. This individual will do the same.”

In an article in the Proceedings of 1872, Dr. B. announces the following propositions :

“Upon the subject of Inebriety, I think the following may be regarded as facts :

“1. That it is a disease of constitutional character, involving the entire organism in its consequences.

"2. That the true disease is the morbid craving for alcohol, of which the act of drinking is but an effect.

"3. Whatever the true physiological action of alimentation may be, or in whichever system of nerves the sensations which give rise to hunger and thirst may reside, the symptoms of inebriety indicate that the disease is a disordered condition of this function, and that the ordinary sensations of appetite for food and drink are perverted and uncontrollable."

The opinions of Drs. Parker and Parrish, the able pioneers in the study of this subject, are so well known that quotations from their writings would be superfluous here. Testimony in support of these views is in fact abundant; but I will summon only one other witness. In the proceedings of 1872, pages fifty-three and fifty-four, we find these statements:

. . . "I knew a boy who could not bear to see a cut finger without becoming sick, and yet he became a surgeon, and finally performed with success one of the boldest of all surgical operations; but it was done under WHISKEY COURAGE, and he finally ceased to practice his profession because of its distastefulness. *Such men 'necessarily' become drunkards, and require for reformation not only a change of habit, but of business also, that their peculiar 'nervous organization' may not be disturbed in their daily life.*

"Men become drunkards from very different causes, and require very different treatment to effect a cure. The case of the regular tippler is, as a general rule, more hopeful than that of one who for a long period has no desire for drink, and then becomes seized with an 'inordinate passion,' even before he has tasted it. Some men are constituted with a perfect command over their appetites, lasting throughout life; some lose this power and become drunkards in old age; some have an 'innate fondness for liquor,' which makes them run on to intemperance at the first indulgence, and continue the habit with occasional intermissions throughout life.

"Other subjects of intemperance are the unfortunate possessors of a peculiar '*nervous organization from childhood up,*' which renders them liable to indescribable attacks of agitation of 'the nervous system,' which are at first under the control of alcohol, but require, for their

continued suppression, larger and larger potations, until the amount consumed is in some cases marvellously great."

These last extracts are from the Report of the "Franklin Home," Philadelphia. (Proceedings, 1872.)

The testimony which I have thus brought before you is but a small portion of what is accessible, yet I trust it will be deemed sufficient to establish the proposition with which I commenced, that alcohol is a *poison*, producing in persons who use it habitually the Disease of Inebriety—a disease whose forms and features and diagnostic symptoms are quite well understood. This is, however, but a small portion of the evil. Were these influences confined to those who accustom themselves to the daily use of alcohol in some of its varied forms, the damaging results would be greatly diminished. But this is far from the fact.

HEREDITY.—"In referring to the influence of alcohol," says Prof. Willard Parker, "we must not omit to speak of the condition of the offspring of the inebriate. The inheritance is a sad one. A *tendency* to the disease of the parent is induced as strong if not stronger than that of consumption, cancer, or gout. The tendency referred to has its origin in the *nervous* system. The unfortunate children of the inebriate come into the world with a defective organization of the nerves." (See Proceedings, 1871.)

In view of the vast importance of this relation of our subject, I ask your careful and patient attention whilst I submit to you a brief abstract of the testimony of other eminent medical specialists who, in 1872, were examined before a select committee of the British House of Commons on "Habitual Drunkards," as to the nature of the DISEASE caused by the habitual use of alcoholic drinks, not only in the INDIVIDUAL DRINKER, but as to the yet *more appalling*

nature of its influence on the DESCENDANTS OF DRUNKARDS,
or even moderate drinkers.

Dr. James Crichton Browne, Superintendent West Riding Asylum, at Wakefield, and who is understood to be high authority in his specialty, thus speaks of Dipsomania, which, he says, "consists of an irresistible craving for alcoholic stimulants occurring very frequently, periodically, paroxysmally, and with a constant liability to periodical exacerbation, when the craving *becomes altogether irresistible.*

"It is, in the majority of cases, the result of habitual drunkenness, although I have seen it produced by sunstroke and by other causes. I recollect the case of a gentleman perfectly sober who had dipsomania, which was attributed to taking a draught of water on a hot day, which caused fainting and was succeeded by an entire change of character." In answer to question 451—"This distinction you would draw between disease which drives men to drinking, and drinking which produces disease?" he says: "Precisely so; dipsomania may come on either way." Again he says: "Habitual drunkenness is a *vice*; dipsomania is a *disease*. I believe that in a case of habitual drunkenness, which is at first voluntary, the vice may become involuntary and a disease." "With the dipsomaniac the cause is a *vis a tergo*; with the drunkard it is a *vis a fronte*. The dipsomaniac is driven into a debauch by an irresistible impulse; the drunkard seeks the intoxicating effects. In dipsomaniacs it (the attack) comes in paroxysms, is liable to exacerbation, and is not determined by opportunities." The doctor adds this striking remark: "I have known dipsomaniacs who, in the intervals between the attacks, would not take stimulants (even) when placed before them; but a drunkard, on the other hand, will take a stimulant when(ever) he can get it. That is not so with a dipsomaniac." On the question of Heredity, Dr. Browne well

expressed the fact when he said, "A drunkard transmits a *weak nervous system* to his offspring."

Dr. Francis Edmund Anstie, a physician in London, Lecturer in Medicine at Westminster Hospital, practicing among the higher classes and meeting the lower in hospital practice, and who is the author of a well-known work on Oinomania—sees large numbers of intemperate persons—recognizes the distinction made by Dr. Browne between the frequent drunkard and the man who has drunk himself into a state of perfect want of resisting power. "Should say that *this* was a matter of degree; whereas, there is *another* affection separated absolutely as a matter of *kind*, which is entirely paroxysmal, and which, so far as I know, never occurs except in persons of a certain *hereditary* conformation. This disease, first called Oinomania by a Frenchman, . . . comes upon men at intervals, who are otherwise not inclined to drink at all, and who, between their times of drinking, are perfectly free from any tendency to drink whatever. These persons are the children of families, invariably or almost invariably, in which insanity is hereditary. Very often drinking has been *hereditary in a marked manner*. I believe that drinking in this . . . case is the result of *disease*. . . . A man begins to drink when he is altogether in an abnormal state. It is a mere variety of hereditary insanity." He adds, in answer to question 571, "Where drinking has been strong in both parents, I think it is a physical certainty that it will be traced in the children."

Again, "I have no doubt that many persons who were never drunk—parents in the old port-wine drinking period—have transmitted very unstable nervous systems to their children." "Then, to a certain extent, you endorse the Aristotelian maxim, that 'drunken parents beget drunken children?'" "No question of it."

Dr. Anstie knew a manufacturer—a man in a good position, and one of the cleverest business men he ever knew—who always lived a chaste, sober life, except when the fit was upon him. Then he went to the nearest public house, consorted with loose women, shut himself up in a back parlor, and drank brandy with them for six weeks, close to the village where he was an important man, and well known.

Dr. Bree, a magistrate and practitioner of forty years' standing, in his testimony says: "I have no doubt that a drunken man never has healthy children ; that, I believe, is an established axiom." Again, "A man is not able to procreate healthy children, who is in a constant state of drunkenness. It is physiologically impossible."

Dr. Forbes Winslow (of large experience for thirty years), says : "I think alcohol should be dealt with as a source of both moral and physical degeneration. The *human race* is, I believe, morally, mentally, and socially deteriorated by that *poison*. Drunkards have drunken children. I was looking at a list of criminals the other day ; there was a father a drunkard and a grandfather a drunkard, and a grandmother an idiot, in that family. In the whole line they were drunkards, they were criminals, they were idiots ; all the forms of vice were hereditarily transmitted."

Dr. A. Mitchell says : "I think it quite certain that the children of habitual drunkards are, in a large proportion, idiotic ; and, in a larger proportion, themselves drunkards than other children. Many habitual drunkards are also strongly predisposed to insanity ; the habitual drinking in them is just the shape that insanity takes. What they transmit to their children is *really that predisposition which they have themselves*.

"Delirium Tremens, the disease of constant tipplers, is not necessarily produced by constant intoxication. *Mania*
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a potu is not intoxication, but comes on as intoxication is passing off. It may occur in a man never drunk before nor ever drunk afterwards.

“Dipsomania is sometimes the product and sometimes the cause of drinking, and is an ungovernable and remitting craving for drink without any reference to externals. It is almost always accompanied by a change of character in the direction of degradation; a loss of the sense of duty, of honor, of affection, of truth; . . . it occurs sometimes after fever, hemorrhage, mental shock, of the commotion in the system which attends the establishment of puberty, or the arrival of the climacteric period.”

Dr. White—“Habitual drunkards often *desire* to be cured. I know a man who has had the delirium tremens several times, who knows what is before him, who seems perfectly rational, but declares that he cannot restrain the cravings for drink.” Dr. White thinks that, as a rule, habitual drunkards desire to be cured of drinking: “They make ineffectual efforts to abandon their drink, but the craving comes on which they cannot resist, and they do not resist.”

Dr. David Skae, Royal Edinburgh Asylum, says: “Dipsomaniacs lose all control over themselves, and drink to any extent possible. If they cannot get spirits, they will drink *hair-wash* or anything stimulating. These cases are mostly hereditary. They are often caused by disease, by blows on the head; sometimes by hemorrhage, the loss of large quantities of blood, sometimes by disease of the brain. This is really a *disease*, and not a mere case of drunkenness.”

To these extracts I might add others from a pamphlet published this year by S. S. Alford, Esq., F.R.C.S., Honorary Secretary to the “Society for Promoting Legislation for the Control of Habitual Drunkards;” of which the Right Hon. the Earl of Shaftesbury, K.G., is the President, and

having for Vice-Presidents, the Duke of Westminster, the Archbishop of Canterbury and York, the Lord Bishops of Salisbury, Ripon, Llandaff, Winchester, etc., and a long list of other gentlemen of high position and rank, and an Executive Committee of gentlemen of means in the legal and medical professions, magistrates and others. The existence of such a Society, whose Honorary Secretary reads, prints, and publishes a tractate on Dipsomania, is sufficient evidence that they agree to the theory of *Disease*.

I will summon but one or two other witnesses, whose evidence will be very brief.

Dr. Elam, a recent and interesting writer on "Natural Heritage," has these remarks: "Under the law of uniform transmission, we observe children inheriting not only the general form and appearance of their parents, but also their mental and moral constitutions; not only in their original and essential characters, but in their *acquired* habits of life, of *intellect*, of *virtue*, or of *vice*, for which they have been remarkable." Again, "*Inherent* intellectual or moral qualities may not always be transmitted; but an *acquired* and *habitual* vice will rarely fail to leave its trace upon one or more of the offspring either in its original form or one closely allied. The habit of the parent becomes the all but irresistible instinct of the child. . . . The organic tendency is excited to the uttermost, and the power of the *will* and *conscience* is proportionately weakened."

If these things are so, we surely have a sufficient *reason* for the very natural question, "If the habitual use of alcohol is the exciting cause of a disease so terrible and so far-reaching in its effects, why is its use so common?" To this we may reply:

First—The *Social Customs* of the day and country. Many an inebriate has become so, simply because he desired

to be *courteous*, and felt that to refuse the refreshment, which it would be held inhospitable in his host or friend not to offer, would be *impolite*. Now it is the well-known, prominent and peculiar property of alcohol, in whatever quantities, form, or admixture, to beget, in the great majority of men who partake of it, a desire for its *repeated use*.

It is doubtless owing to this peculiar quality and to *another fact*, that not only its repeated use but its use in increasing quantities is necessary in order to its special effects, that the habit of using it to intoxication is sooner or later formed, and the man becomes an inebriate.

This habit, however, in the stage we are now considering, is not uncontrollable by the subject of it. He has not yet lost the power of restraint over himself, nor is he necessarily incapable of understanding its debasing and destructive nature, or the cogency of the reasons why he should abandon it, but prefers to indulge his appetite. He knowingly exposes himself to temptation and the danger attendant upon indulgence. Use begets habit, and he becomes an inebriate, and in him *Inebriety* is a VICE. But this vicious habit thus engendered, if persisted in, sooner or later develops the full specific effects of the poisonous draught; and signally, and in a degree and order, and with a rapidity modified by the constitutional tendencies of the subject, it affects the great nervous centers—deranging their nutrition, destroying their normal and healthy functions, and, if not arrested, ultimately engendering in them organic and fatal disorder. This man is an inebriate and his *Inebriety* is a DISEASE. He is no longer capable of sound reasoning. He has become insensible to the appeals of duty and affection, to the claims of his family, his fellow men, his own welfare, or his duty to his Maker. Or if, in some more rational interval—his conscience, somewhat denarcotized, awakes to reproach him—he weeps

and prays and resolves, and falls before the first temptation and yields to the terrible, unendurable craving for the poisonous beverage, helpless, hopeless (so far as his own power is concerned) a "Dipsomaniac," most appropriately so called.

This is, perhaps, the most common mode of the approach and development of this disease among men of ordinary mental caliber, culture, and sound condition. These persons have ruined themselves, they have been their own destroyers.

But this is by no means the only manner in which inebriety makes its approach or runs its course. Nor is it the only form which it assumes. Another phase of the affection is to be recognized and has been distinguished as "*Mania á Potu.*" This is a kind of prolonged and modified delirium tremens, from which it differs in the length of its continuance and the comparative mildness of its symptoms, lasting, under appropriate treatment, five, six, or eight weeks, whereas delirium tremens is recovered from in as many days. It is, in fact, a genuine *mania*, always characterized by the same sort of delusions as are present in delirium tremens, viz., morbid suspicions, alarm, and ideas of persecution, restlessness, and agitation. It is generally due to repeated attacks of delirium tremens, and is followed by mental depression and stupidity, the indications of the failure of brain power.

Another form is that which has been denominated "*The Mania of Suspicion.*" The patient talks rationally on general subjects, but has a furtive manner, believes that he is persecuted; that some persons are conspiring against him, or that the ground is undermined; or that electricity is injuring his health. These delusions may be latent, yet may become so urgent as to goad the victim to attempts at *suicide* or even homicide.

Still another form is the "*Chronic Alcoholism*" of Marcet, or "*Alcoholic Dementia,*" the symptoms of which are failure

of memory and of judgment, with paralysis and other symptoms, the tendency being not to recovery but to a fatal issue.

These diversities of the alcoholic disease may be and often are induced in persons, not by *nature* or *original constitution* predisposed to habitual drunkenness.

But besides these there is a class, in every community, of which we have before spoken. How numerous, it is not easy to say; the *inherited* mobility of whose nervous organization *predisposes* them to fall into this diseased condition with an almost positive certainty. "It is a fact," says a recent writer, "that drunkenness or dipsomania is a *physical disease*, depending on some molecular change in the nerve tissue, the direct effect of alcoholic poisoning; and the 'gemmules' of this tissue, when *transmitted*, become active factors in the formation of character."* "It is important," says another writer, "to keep in view that the person afflicted with tendency to drunkenness obeys a law of his members more potent than his will." †

HEREDITY, then, is another fruitful cause why the drinking habit continues amid such abundant evidence of its terrible results.

In the presence of these facts and statements, coming to us from varied and most reliable sources, what appalling dimensions does our subject assume? Well might Dr. R., in view of them, say: "The solemnest fact of all, bearing up these *mental aberrations* produced by alcohol, and upon the physical not less than upon the mental, is that the mischief inflicted on man by his own act and deed cannot fail to be transferred (*transmitted* were the better word,) to those who descend from him, and who are thus irresponsibly afflicted. Amongst the inscrutable designs by nature, none is more

* Hamilton.

† Dodge, quoted by Hamilton.

manifest than this, that physical vice, like physical virtue, descends in line. It is, I say, a solemn reflection for every man and woman that whatsoever we do to ourselves, so as to modify our own physical conformation and mental type for good or evil, is passed on to generations that are yet to be. Not one of the transmitted wrongs, physical or mental, is more certainly passed on to those yet unborn than the wrongs that are afflicted by alcohol. We, therefore, who live to reform the present age in this respect, are stretching forth our powers to the next, to purify it, to beautify it, and to lead it toward that millennial happiness and blessedness which, in the fullness of time, shall visit this earth, making it, under increasing light and knowledge, a garden of human delight, a 'paradise regained.' "

Another cause why drinking habits prevail is found in the IGNORANCE or SKEPTICISM of the masses of the people. Notwithstanding the abundant testimony on these points, neither the *majority* of the medical profession, of the ministers of religion, nor of the public, have hitherto accepted these truths, nor regulated their conduct in accordance with them.

This ignorance must be dispelled. This skepticism overcome.*

The experience of man in all ages is that, when the convictions of the *intellect* are at variance with his habits, desires, and appetites, he requires "line upon line and precept

* We do not ignore the temperance movements of the last few months in Western and Central New York, and in other portions of the country. Much good has been accomplished, and yet, if we may predict the future from the experience of the past, we must apprehend a reaction that will somewhat check the movement in the direction of reform. The conviction which we desire to establish in the minds of the influential and instructed portion of the community will, we believe, produce more *permanent* and *progressive* results.

upon precept" to move and keep him in the right path. In these views I find my apology for reiterating as I have done this evening facts and principles so often and so ably stated and demonstrated by others.

And just here, it seems to me, comes into strong relief that function of this Association set forth with great directness in the 3d section of the Plan of Organization, in these words: "Its object shall be to study the disease of inebriety, . . . and to endeavor to bring about a coöperative public sentiment and legislation." This is a vast field into which we have entered, and in which we may hope to reap the reward of true laborers; which, on high authority, we learn is apportioned in accordance with their sincere purposes and persevering efforts rather than with their success.

Hitherto we have confined our remarks to the effects of alcoholic poisoning upon individuals and families. Its wider influence on NATIONAL CHARACTER and CONSTITUTION remain for brief consideration.

A work just published has traced the destructive effects of intemperance and its consequent pauperism, disease, and crime, in a community of several hundred persons—it being a detailed statement of facts, results known in a general way before—and exhibiting these effects on a *small* and isolated *community*. But similar results of habitual intemperance on national health and morals are not unknown. The chief illustration of this is found in Sweden; with which, through the writings of Dr. Magnus Huss, we are familiar. He informs us that Dr. Hagström, in 1785, appealed in an energetic manner to his fellow citizens to check this vice, "which was not only an outrage on religion and morals, but which seriously threatened future generations. Since that time many voices have been raised to the same end."

Dr. Huss does not hesitate to say—"Things have come

to such a point that, if some energetic means are not adopted the Swedish nation is menaced with incalculable evil. The danger is not future . . . it is a present evil . . . no measures can be too strong! It is better to save at any price than to have to say—It is too late.” Dr. Huss also states that “one million and a half of persons, being about half the population of Sweden, annually consume from 140 to 175 pints of brandy or other spirits each.” He also alleges, positively, “that the Swedes, as a nation, have deteriorated in stature and physical strength ; new diseases have appeared, and old ones have increased fearfully in numbers and in intensity.”

The chief new disease is “Epidemic Chronic Gastritis.” “Scrofulous affections” abound ; Heritage also plays its part, and “children of twelve, ten, or even eight years evince the fatal predilection.”

The average duration of life in those parts of the country where the evil is most rife, is much shortened, and suicides and crime are greatly on the increase. But Sweden is not alone in this condition. The author of a work on “Punishment and Prevention of Crime” regards drinking “to be the cause of at least two-thirds of all crime and pauperism in England,” and in this opinion he is unanimously supported by all who have the means of knowing the facts.

Nor is our own country any exception. The evil is no less amongst us. Reliable statistics lead to the conclusion that two-thirds of our pauperism, disease, and crime have their origin in this prolific source. In the endeavor to form some proper estimate of the far-reaching influences of this agent, we must not forget how nearly the complicated and all-important questions of the prevention and punishment of crime, and of individual and social responsibility, are related to this subject. They have already attracted the attention of stu-

dents of medico-legal science, which is doubtless destined to be modified in the future by the study of them. Moreover, in this country, inebriety has already passed into the legislation of numerous States, and the duty of legislators in reference to it excites increasing attention. Nor have the annual squandering of six hundred millions of dollars (\$600,000,000)—with its harvest of want and woe, and sixty thousand deaths—escaped the notice of statesmen.

In the House of Representatives of our Congress, at its last session, an elaborate bill was introduced by a very prominent and influential member, by the provisions of which he hoped to greatly diminish these evils.

In Great Britain there has been, and now exists, with a quickened activity, an influential association for promoting legislation for the "Control of Habitual Drunkards,"—legislation for the aid of institutions based upon the specific views and dogmas upon which our American asylums are founded.

In Australia, the colonial government has already enacted such laws, and the Home parliament has sanctioned the action.

In France, the second number of "La Temperance" has made its appearance, and gives evidence that it will do good work in the cause.

There are indications that the minds of the Medical Profession are taking the true direction, and that, relinquishing the errors of the past, many of them are ranking themselves on the right side.

The Church is awaking to the moral bearing of these questions. Witness the position of the Bishop and Clergy of Central New York listening with respectful attention and approval to the teachings of our associate, Dr. Wey.

A few days since, in the city of Buffalo, there was a grand demonstration, sanctioned and led by the bishop and priests

of the Roman church, which, if I am not in error, has no precedent in the history of this movement in this country. The vast influence thus exerted we can hardly estimate. In the same city, a few days since, the pastor of a large and influential Protestant church made the remarks which I read from the printed report of a morning journal :

“ In England, where the evil is even more marked than with us, the established church, so long indifferent to the danger, has begun to arm herself for the conflict. The clergy are manifesting a zeal never before seen. Canon Duckworth, one of the royal chaplains, and Canon Farrar, among the most brilliant of English writers, have spoken decidedly in favor of total abstinence. For men brought up as they have been, holding the positions to which they have been raised by royal favor, to take this stand, requires an amount of moral heroism which unfortunately but few Christians possess. Never in the history of the great university of Oxford had a temperance sermon been delivered from its pulpit, till Canon Farrar preached there a few months ago. When the Church of England is zealous on the subject of temperance we may know that the evil is of gigantic proportions.”

In June last, the General Synod of the Reformed (Dutch) Church in America passed stringent resolutions condemning the use or sale by its members of alcoholic drinks.

Surely, in all these movements, we may find cause for the hope that Remedies adequate to the removal of this overshadowing calamity will become universally known and applied. That this association has already done much to disseminate the knowledge of its vastness, and of the methods of its prevention and its cure, we need not doubt. We may be but one of the forces at work in this cause, but we are far from being an unimportant one. The seed we sow is springing up, and must in due time bear an abundant har-

vest. May we not, then, without the appearance of indecorous self-assertion, claim to hold the place—not of “advanced students” only, but also of instructors to those who truly desire to be informed on these engrossing themes ; and go on with our appropriate work with renewed diligence, confidence, and hope ! As certainly as the “good days we look for” shall irradiate the earth, so certainly shall this stupendous obstacle to their advent be taken away ; for the era of universal peace and purity can never visit a race debased and embroiled by this prolific source of moral and physical degradation.

DIPSOMANIA.

Dr. Bodington very well urges in a late address, “The confusion between drunkenness as a disease, and drunkenness as a vice, must be cleared up. For my part, I look upon all habitual drunkenness as a disease, and I would boldly call it all dipsomania. It is in its character as a disease that we physicians are entitled to deal with it. I would sink the notion of its being a mere vicious propensity. When fully developed there are not two kinds of habitual drunkenness. The cases are, one and all, cases of dipsomania, of irresistible, uncontrollable, morbid impulse to drink stimulants.”—*Medical and Surgical Reporter*.

PROCEEDINGS OF THE AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES.

The Eighth Annual Meeting of the American Association for the Cure of Inebriates began in the chapel of the Washingtonian Home, Chicago, Ill., September 12, 1877, at 10 A. M.

The President, Dr. T. L. Mason of Brooklyn, N. Y., called the meeting to order, and the Rev. Dr. F. W. Fiske of Chicago, Ill., invoked the divine blessing.

The President remarked that at no time in the history of the country had the subject of the medical treatment of inebriates been more discussed than at present.

Within two years the largest and most important medical societies in this country and Europe have endorsed the principles of our Association, and urged by resolution the necessity of separate treatment in special asylums for this class.

The discussion of alcohol and its effects on the system have attracted some of the ablest minds of the medical profession.

The enthusiasm and ignorance of extremists are giving way to positive data, from which well-established facts and laws are deduced.

The strange attack of Dr. Bucknill on American asylums, and the numerous replies which have followed in both countries, has given the subject unusual prominence, to our great advantage. The publication of a journal by our Association, (the first ever printed, devoted to the medical side of this subject,) its success, and the interest it has created, together with the organization of several new asylums, and

the projection of others, are all very gratifying assurances that we are right, and a better sentiment, together with a broader scientific knowledge of this disorder and its methods of cure, will soon prevail.

On motion, Dr. Albert Day of Boston, and Rev. J. Willett of Fort Hamilton, N. Y., were appointed a committee to arrange the order of business and reading of papers.

Dr. Day moved that Dr. C. T. Widney of St. Louis, and Dr. C. W. Earle of Chicago, be invited to participate in the meeting. Carried.

The Secretary read letters of regret at not being able to be present from Prof. Willard Parker of New York City, Dr. Joseph Parrish, Burlington, N. J., Dr. John Morris, Baltimore, Dr. J. T. Howard, Washington, and others; also letters of congratulation from Dr. A. Peddie of Edinburgh, Scotland, and Dr. Alford of London, and others.

The business committee reported a paper by Rev. J. Willett of King's County Home, Fort Hamilton, N. Y. entitled the "Drunkard's Diseased Appetite, What is it?—If curable, how? By miraculous agency or physical means, Which?"

A very general discussion followed the reading of this paper.*

The Association adjourned until 2 P. M.

AFTERNOON SESSION.

The Association convened at the time named, the President being in the chair. The Secretary read the report of the Foreign Corresponding Secretary, giving notice of the progress of the work during the past year.

The President reported from the committee appointed

* These papers will appear in future numbers of the JOURNAL, but owing to the press of matter the discussions are omitted for the present.

last year to prepare an answer to Dr. Bucknill's statement about American asylums, that the open letter of Dr. Parrish to Dr. Bucknill, together with the various printed answers appearing in the secular and medical journals, had so thoroughly covered the entire subject, as to leave nothing for the committee to discuss. A few days ago, at the British Medical Association at Manchester, Dr. Bucknill presided over the psychological section, on which occasion two very able papers were presented, embodying facts which he had declared unfounded (advocating special treatment for inebriates), which was passed as the sentiment of the section, without a dissenting vote. This was a full and complete answer, as well as a singular rebuke to his statements.

The committee reported a paper by Dr. Albert Day of Washingtonian Home, Boston, Mass., "On the Curability of Inebriety," which was followed by a long discussion.

The next paper was by Dr. C. W. Earle of the Washingtonian Home, Chicago, on "Persistent Alcoholism," which was discussed at some length.

Prof. D. Wilkins, in behalf of the ladies of the executive committee of the Washingtonian Home, extended an invitation to the members of the Association and visitors, to a public reception in the parlors of the Home, at 8 P. M. On motion of Rev. J. Willett, it was accepted.

A paper by Dr. J. B. Mattison of Brooklyn, N. Y., "On the responsibility of the profession in the production of opium inebriety," was read; also one by Dr. E. C. Mann of New York City, "On the manifestations of premature mental decay and nervous exhaustion, induced by inebriety, and its treatment."

The Association adjourned until 9 A. M., Wednesday.

An informal session was organized for the purpose of a free discussion, with a committee from Boston, Mass., delegates

by the municipality of that city to inquire into the best methods of treating chronic drunkards, who are now punished by fines and short imprisonments. The committee consisted of Dr. G. C. Shattuck, Dr. John E. Tyler of Harvard College, and Rev. Dr. A. A. Miner. A very pleasant discussion and exchange of opinion, bringing out many facts, followed, which will be doubtless embodied in their report.

The following slip from the press will supplement our notes :

The reception given by the Washingtonian Home to the delegates and visitors of the American Association for the Cure of Inebriates, was a very pleasant affair. The spacious parlors of the Home were filled by the delegates and invited guests, who enjoyed a social interchange of thoughts until 9 o'clock, when an adjournment was had to the dining-room, where the Ladies' Committee of the Home had prepared a bounteous repast. The tables presented a fine appearance, being liberally ornamented with beautiful flowers, fruits, etc. After due attention given to the eatables, a welcome was extended to the delegates by Dr. N. S. Davis in his usual earnest manner, which was responded to by Dr. T. L. Mason of Brooklyn.

The following sentiments were then responded to by the different speakers, in a happy manner :

Washingtonian Homes and their Power—Dr. Albert Day, Boston, Superintendent of the Washingtonian Home.

Duty of the Church in this Reform—Rev. J. Willett, Superintendent of the Kings County Asylum, Brooklyn.

Need of Reform in the South—Dr. C. T. Widney, Superintendent of the St. Louis Sanitarium.

The Indorsement of the Press in this Work of Reform—Dr. T. D. Crothers, Superintendent of Walnut Hill Asylum, Hartford.

Duty of the State in this Work—Hon. Emery A. Storrs.

SECOND DAY'S SESSION.

The Association met at 9 A. M. ; minutes approved. The President appointed Drs. Day, Everts, and Wilkins as a com-

mittee on nominations of officers ; Rev. J. Willett and Dr. T. D. Crothers a committee on new members.

The business committee reported the following papers, which were read :

“ On the Work of Inebriates,” by Prof. D. Wilkins, Superintendent of Washingtonian Home, Chicago.

“ On the Obligations of the State Respecting the Inebriate,” by Dr. T. H. Everts, Manager of the Minnesota Inebriate Asylum.

“ On the Prevention and Treatment of Opium Inebriety,” by Dr. C. T. Widney, Superintendent of the St. Louis Sanitarium, St. Louis, Mo.

The Treasurer reported that the Association was in debt \$293.92, and that there was \$220 due the Association which had not been collected. Drs. Day and Everts were appointed a committee on finance. The Association then adjourned until 2 P. M.

AFTERNOON SESSION.

The Association met, the President in the chair.

The Committee on Finances reported that the Treasurer's report was correct ; also advised the adoption of a resolution to the effect that each institution represented in the Association shall be assessed for the above amount, and also for the further publication of the Journal of the Association, and that \$200 be collected from the institutions in the same manner as before.

After some discussion, a substitute was adopted providing that the institutions referred to should be solicited to contribute to the amount required.

The committee on new members reported the following persons : Dr. C. W. Earle, Chicago ; Dr. James D. Moncure of the Pinell Hospital, Richmond, Va. ; Dr. C. T. Widney,

Superintendent of the St. Louis Sanitarium ; Dr. J. B. Mathison, Brooklyn, N. Y. ; Dr. A. P. Haynes, San Francisco ; Dr. Stephen R. Alford, F. R. S., London, England, honorary member ; Dr. G. Lindsley, New York, honorary member.

Report approved, and the persons recommended elected members.

The committee on nominations suggested the following officers of the Association :

President—Dr. T. L. Mason of Brooklyn.

Vice-Presidents—Dr. Albert Day of Boston ; Dr. N. S. Davis of Chicago ; Dr. B. N. Comings of New Britain, Conn. ; Hon. Otis Clapp, Boston, Mass. ; Dr. T. H. Everts of Rushford, Minn. ; Prof. D. Wilkins, Chicago, Ill.

Secretary and Treasurer—Dr. T. D. Crothers of Hartford, Conn.

Foreign Corresponding Secretary—Dr. Joseph Parrish of Burlington, N. J.

The report was concurred in, and the gentlemen named therein elected as officers during the ensuing year.

The committee reported the following papers, which were read and discussed :

“Symptomology of Inebriety,” by Dr. T. D. Crothers of Walnut Hill, Hartford, Conn.

“On the Principles which Govern us in the Treatment of Inebriates, and the Institutions Needed to Aid in their Restoration,” by Dr. N. S. Davis of Chicago, Ill.

The following were read by title, and referred to the publication committee :

“Nature and Treatment of Inebriety,” by Dr. George M. Beard, New York.

“Insanity and Inebriety Contrasted,” by Dr. Joseph Parrish, Burlington, N. J.

“Hereditary Inebriety,” by Dr. B. N. Comings, New Britain, Conn.

“Morbid Appetites,” by Dr. George Burr, Binghamton, N. Y.

Dr. Day offered a resolution that this Association hold its next annual session at the Washingtonian Home, Boston, Mass. Carried.

The Association adjourned to 8 P. M., to hear the closing address by the President.

EVENING SESSION.

A large number of physicians and others interested filled the chapel of the Home, and listened attentively to an exceedingly interesting address by Dr. Mason, the President.

Resolutions of thanks to the President, the Washingtonian Home, and the press, were then passed, after which the Association adjourned to meet at Washingtonian Home, Boston, Mass., September 10, 1878.

T. D. CROTHERS, *Secretary.*

Abstracts and Reviews.

The Discussion

IN THE PSYCHOLOGICAL SECTION OF THE BRITISH MEDICAL ASSOCIATION, AT THEIR MANCHESTER MEETING.

At the close of the address of the president, Dr. Bucknill, the subject of the Control of Habitual Drunkards came up by the reading of a very able paper by Dr. G. W. Mould of Cheadle, on the necessity of establishing retreats or institutions for the special treatment of habitual drunkards, advocating compulsory detention under magisterial supervision, etc., and closed by offering the resolution found in the editorial of this journal, which was passed unanimously.

Dr. Norman Kerr of London, followed in a paper on the same subject, from which we make the following extracts:

“It is extremely difficult to define the term ‘habitual drunkard.’ About some cases there can be no doubt. One woman, with whose case I am personally acquainted, was taken to the police station or sent to prison, or elsewhere, for 241 separate acts of drunkenness in a period of twenty-nine years. Another was convicted of drunkenness 107 different times, and every drunken attack was accompanied by the stealing of a tub. She was a washerwoman. Akin to this modern ‘tale of a tub,’ was the sad story of a woman, who, in an intemperate career extending over twenty-one years, was 137 different times in prison, and who finally was drowned, nearly every outbreak being associated with the smashing of windows. A habit-and-repute male drunkard is recorded to have been sentenced to transportation for the seventh alcoholic theft of a Bible, and it is said of one inveterate female

tope in a great northern city, the greater part of whose life had been spent in a certain prison for drunkenness, that when in an occasional fit of spasmodic sobriety, and therefore freedom, she happened to pass the building thus honored by her patronage, she was invariably heard to involuntarily warble the plaintive air of 'Home, Sweet Home.' With the immense number of excessive drinkers who attend, more or less efficiently, to their business during the day, and confine their intemperance to regular nightly intoxication; but when the alcoholic poison has so paralyzed the will, dimmed the intellect, and deadened the moral sense, that the unhappy victim seems to have neither courage to strike a blow for freedom, nor power to resist the apparently irresistible, uncontrollable, insatiable craving for drink, we have that phase of habitual drunkenness which, in its utter helplessness, so powerfully appeals to us for rescue by the strong arm of the law. 'Such an one may be duly described in the language of Shakespeare, as 'a man that apprehends death no more dreadfully but a drunken sleep; careless, reckless, fearless of what is past, present, or to come; insensible of mortality, and desperately mortal.' For practical purposes Mr. Dalrymple's definition of an habitual drunkard as one who from habitual intemperate drinking is dangerous to himself and others, or who is incapable of managing his affairs, is sufficiently clear and comprehensive. Such, then, are our habitual drunkards. What are we to do with them? Some reply,* 'Drunkenness is a vice. Let them kill themselves; why should they not? and the sooner the better.' How such an answer could be given, how such a line of conduct could be defended in this the nineteenth century of the Christian era, is utterly beyond my comprehension. . . . But it has been urged that the cure of the habitual drunkard is hopeless. Were it so, the enterprise is yet lofty, the undertaking noble. Could we do no more than snatch the victim for a time from his persecutor and restore him to tolerable health and strength—to such health and strength that if he only keeps the enemy

* See Dr. Bucknill's article in "Cotemporary Review."

at bay by totally abstaining, he will be permanently cured—we should achieve something well worth trying for. The difficulty of an undertaking is no reason why we should not attempt its accomplishment, and, hard though the task may be, we have much to encourage us. The possibility of the permanent reformation and cure of habitual drunkenness has now been placed beyond dispute by a great company and cloud of witnesses. It is true that the number of permanent cures by inebriate reformatories has been greatly exaggerated. I have personally inspected many such establishments, and have carefully examined the records of most of the public efforts in this direction in Britain and elsewhere, and I have been unable to make out, in most cases, more than 30 per cent. of male permanent cures, and only about 3 per cent. of females. . . .

“The greatest success is that which has originated and is still carried on by Mrs. Charles Clayton, at Tottenham. There was a time when I all but despaired of the reformation of any female inebriate, but during the last two years I have known of many instances, and I am truly glad to be able to state that the philanthropic and devoted lady I have just referred to can thankfully record, from continuous correspondence with her former charges, 60 per cent. of females cured. . . . What, then, are we to do with the drunkard? Cure him. The first condition of cure is complete and permanent abstinence. Some of the reformed may lose the old craving, but with the great mass the craving never dies. . . .

“The victims themselves see the need for restraint, and urgently ask for it, as often does a well-off cab proprietor in London, who, when he awakes to find himself drunk, insists on a cab being called, and at once giving himself up to the nearest police station as being ‘drunk and incapable;’ and as lately did a young woman, after thirty previous apprehensions for drunkenness, when being charged before a metropolitan police magistrate for attempting to commit suicide by hanging, she exclaimed, ‘I can’t keep away from the drink. I have such a dreadful craving for it. I would like your worship to make me find sureties, which I cannot find, so that I

may be kept in prison, away from drink.' A [most] distressing case presents itself to my memory. An amiable and accomplished lady, aged twenty-six, the wife of a devoted and excellent husband, has taken to drinking during the last few years. She is one of the victims to that most demoralizing of all legislative measures—the Grocers' Licensing Act. It was long ere she sank so low as to enter a public house, and was wont to purchase her weapons of suicide at the grocer's and the railway refreshment bars. Everything that can be done has been done to save this poor unhappy worshiper of Bacchus, but in defiance of all she is daily drinking herself to the grave. Nothing more can be attempted for her under the present laws; but had we a 'Compulsory Seclusion Bill' she might be separated from her destroyer for a season, with some glimmer of hope that one day she might regain character and self-respect. . . .

“However the habit of drinking may have originated, it has now, in such cases as the last I have narrated, and while losing none of its vice and criminality, become a veritable disease, demanding the iron hand of restraint, and the most tender yet firm medical care. . . .

“In the interests of society, an Act for the prevention of the generation of sickly, semi-idiotic, and weak-willed children, by the enforced seclusion of habitually drunken parents, is imperatively demanded; and by the too numerous and despairing dipsomanics of both sexes, and in all ranks and conditions of life, such a measure would be as warmly welcomed as it is earnestly prayed for.

In the discussion which followed, it was pointed out that there were in reality two classes of asylums needed, since there were two classes of drunkards. There are inebriates who are frequently being sent to jail, there are others who rarely, if ever, come under the actual notice of the policeman; both are pests, and are increasing in number, and therefore should be effectually dealt with. It was pointed out that amongst the respectable classes there are men and women who inflict on their families and friends an unspeakable amount of misery, but there are no means of dealing with them; on

the other hand, there are drunkards who are frequently being brought before the magistrates, and sent to prison, but who are neither reformed nor deterred thereby. Three or four prison surgeons testified to the folly of sending drunkards to jail, month after month, and year after year, for seven days only. The first commitment had, in almost every case, a considerable effect ; but the second incarceration was scarcely felt, and after the third, the offender cared nothing about the matter. In some instances men and women passed much of their time in going into and out of prison. Dr. Braddon mentioned one drunkard who had been imprisoned for over three hundred times. It was urged that such persons should be sent to reformatories, in which they should be brought under appropriate treatment, and where they should be put to some sort of work, so as to provide for their own support, and give them the industrial habits which they had in some instances never acquired, but which, in a greater number, they had lost. When the Committee of Management believed that a cure, or at least a great improvement, had been effected, then a ticket-of-leave might be granted, and any money which the holder had earned might be given to him to help him until he procured employment, and if the police found that the holder was lapsing into his old habits, the offender should be sent back for further treatment.

Breakfast Speeches

OF THE MEMBERS OF THE BRITISH MEDICAL ASSOCIATION, AT A
RECEPTION BY THE TEMPERANCE LEAGUE.

Over three hundred medical men accepted the invitation of the Temperance League to breakfast on the ninth of August last. After the cloth was removed a number of admirable speeches were made, which, we regret, our space will not permit us to lay before our readers. The following is an extract from the remarks of Dr. J. M. Fothergill of London :

“There was a great deal of drinking encouraged, promoted—and he was afraid he might say absolutely created—by the medical profession. It was to him most painful to see the way in which respectable women were ordered to take drink; they drank, and often got themselves into a very unfortunate position indeed. Drink was very bad for men, if they took too much of it, but he thought all would agree it was worse for women, and he was strongly of opinion that it was very much worse still for children. He protested against the common practice of prescribing for little children port wine three or four times a day, whereas they ought to have milk and porridge. It was a villainous thing. A great many medical men did these things in order to please their patients, because if it were not ordered the patients would go to another medical man. The practice would not be stopped until the whole medical profession were pledged, so that when patients changed their doctor, they would not be able to change the treatment. The nervous system of children was exceedingly susceptible, and, once induced to take a mouthful of alcoholic liquor, it was difficult to eradicate its ill-effects. The seeds of drinking were sown in the child before it had any responsibilities of its own.”

Dr. Oakley of Halifax, remarked at some length on the effect of surroundings in inebriety, saying :

“There was no doubt that in many cases people were situated amidst such injurious surroundings—bad sewerage, bad ventilation, and vitiated atmospheres—that a certain amount of alcohol was almost necessary in order to enable them to digest their food. He thought it was necessary, in the first place, that they should see that municipal corporations attended to their duties by providing better sewerage, better ventilation, and improved dwellings, and then any necessity for stimulants would have passed away. He believed himself that if people went on living in unwholesome places, they would take stimulants in order to enable them to go on with their work. His experience taught him that men came from the country strong, hardy, and well, and, after living for

a few years in the adulterated atmospheres of our large towns, they began to get tired, exhausted, and wearied, feeling themselves almost unable to do a day's work ; and some day they would take a glass of stimulants, and feel that it did them good. The man felt that it picked him up. As he had said, they must go to the root of the matter, and compel the corporations of the large towns to build houses properly arranged, drained, and ventilated, and the people would then be able to be healthy and well."

Dr. Drysdale of London, in speaking of the extent of alcoholism, remarked the vast amount of preventable disease caused by alcohol, was the same on the continent. When in Paris a month ago, he said to a medical man of much authority, "I suppose you have less disease caused by alcohol than in England?" "On the contrary," he said, "next to pulmonary consumption, the diseases that carry off people in the greatest number in all our hospitals are those from alcohol."

Position of the Habitual Drunkards' Movement in England. By STEPHEN S. ALFORD, F.R.L.S., London.

The treatment and control of the habitual drunkard is still an unsettled question with the British public.

The medical profession acknowledge: "This advanced result of excessive intemperance is in many cases a special form of disease, allied to insanity, which requires special treatment, first to the recovery of those afflicted, and secondly, for the advantage and protection of them and society," as affirmed at three successive annual meetings of the British Medical Association, representing more than 7,000 medical men ; the last held at Manchester, August, 1877.

This association also considers "that in the present state of the law such treatment is not attainable, and that it is desirable that legal provision should be made to render it attainable.

It being found difficult to secure the coöperation of the general public through a medical association, a society was formed in the autumn of 1876, consisting of clergy, lawyers, and other influential persons.

After much careful investigation this society has formed a basis for legislation on the report of the special committee appointed by the House of Commons in 1872, to consider the case of the habitual drunkard. This committee of the House of Commons, after a full and exhaustive inquiry, reported to the House :

“That drunkenness may, and very frequently does, become confirmed and habitual, and soon passes into the condition of a disease uncontrollable by the individual, unless, indeed, some extraneous influence, either primitive or curative, is brought into play.

“That self-control is suspended or annihilated ; moral obligations are disregarded ; the decencies of private and the duties of public life are alike set at nought ; and individuals obey only an overwhelming craving for stimulants, to which everything else is sacrificed.

“That this condition is confined to no class, condition, or sex, and hardly to any age.”

This “society for promoting legislation for the control and care of habitual drunkards” has prepared a Bill, after much labor and care, taking the late Mr. Dalrymple’s Bill as a guide, and the various legislative acts of America and Australia, and various other criticisms on the subject. This Bill, as revised by the British Medical Association, and members of the Social Science Association, and a Parliamentary revising barrister, has been introduced into the House of Commons by Dr. Cameron, and read a first time. The delay that arose in preparing the Bill, and the difficulty in securing a suitable member to introduce it, as well as the pressure of

public business this busy session has prevented it being read a second time.

Seventy-seven petitions to the House of Lords and ninety-eight to the Commons have been presented in favor of the Bill, signed by medical men, clergy, magistrates, and other influential persons. Dr. Cameron has warmly taken the matter in hand. He will introduce the Bill again early next session, thus hoping to secure a full discussion.

Many members of Parliament are favorable, and a large number will support any practicable proposal. The report of the success of American inebriate establishments helps to strengthen the cause.

Dr. Bucknill's opposition has been so far beneficial in drawing attention to the subject.

Drunkenness is generally looked upon as a vice, and the resulting consequences as its due reward, consequently any schemes tending to palliate these results are looked upon as encouragements of a degrading vice.

Closer observers see the fallacy of such sweeping conclusions, noticing how differently persons are affected, much depending on temperament and hereditary disposition, so that in some cases vice cannot in any way be associated with the infatuated longing for stimulants.

Again, it is forgotten that all diseased states are too frequently the result of excesses and irregularities, either in the individual suffering, or is a constitutional hereditary taint; such diseased conditions should be recognized, and arrangements made for their proper treatment.

This more merciful view of the dipsomaniac is becoming more general; nearly every one knows cases in his own family or acquaintances.

It is also thought interference with English liberty. This again arises from misunderstanding the true nature of

these cases. They are the poor helpless drink slave, not the occasional drunkard; to attempt a cure is *giving freedom*, not *taking it away*. The public require to have these facts properly placed before them. This we are endeavoring to do, by circulating correct information as to the real nature of these cases.

The great cost likely to be incurred in providing for these inebriates is urged against this measure; here again is a fallacy, for the upper and middle classes are well able to pay for all they require; and the working class are in full health and vigor, and active and willing workers; when sober, able and willing to work sufficiently to pay all expenses incurred for their detention; and also able to provide a handsome surplus for their families if they have any. Under proper management no objections can be raised on this score. Employers of labor acknowledge their best workmen are often drunken men. These objections check the movement in England, and prevent the press advocating it, causing many leading men to give the movement the cold shoulder.

Still, I feel that public opinion is advancing. If the supposed obstacles are removed many would hail a remedy for such a wide-spread evil, and gladly welcome any plan to release this helpless class from perdition.

The proposed Bill provides for two classes,—the civil and the criminal.

The civil part deals with cases which have not been brought directly under the law, but where "a person, by reason of habitual intemperate drinking of intoxicating liquor is dangerous to himself and others, or incapable of managing himself or his affairs." Such persons may voluntarily place themselves in a retreat by the sanction of a commissioner or magistrate, or may be placed in a retreat by the interposi-

tion of friends, his case being duly heard before a magistrate with proper witnesses, one at least being a medical man ; and before a jury, if the person summoned shall so require, or may be heard in private at the discretion of the justice. In no case is the period of detention to exceed twelve months. Ample provision is made for inspection and visitation of retreats and inebriate reformatories.

The criminal portion of the Bill provides that any person who shall, "by any court of summary jurisdiction, be convicted of being drunk, or drunk and disorderly, or drunk and incapable, three times within three consecutive calendar months, may be ordered to find sureties for his good behavior during any period not exceeding twelve calendar months from the date of his third conviction ; and in default of his finding such sureties, he shall be liable to be convicted, and detained in an inebriate reformatory for any term not less than one calendar month and not more than twelve calendar months."

Power is given to local authorities to provide inebriate reformatories for the control and cure of habitual drunkards.

Penalties can be inflicted on any one knowingly attempting or assisting to infringe the provisions of this act.

No provision is made for managing an inebriate's property. The Bill is somewhat tentative. By some it is thought to attempt too much ; by some, to be too arbitrary, and giving too much power into the hands of scheming relatives. But the chief objections are interference with English liberty and the probable cost. Reference to American inebriate institutions greatly helps to remove these objections, especially as to the suppressed liberty, which Americans are most jealous not to interfere with.

The cases are so patent and numerous amongst us, that something ere long must be done to remedy this great evil

and remove from our midst these mad and dangerous dipso-maniacs ; so that we look forward with sanguine hope to the discussion on the habitual drunkards Bill at the session of 1878.

Strong Drink: The Curse and Cure. By T. S. Arthur.
Philadelphia, Pa.: Hubbard Brothers, Publishers.

This is a book of over six hundred pages, in two parts ; the first of which is a story—intense, high-wrought, full of masterly conceptions of the force and power of physical and spiritual laws ; the second is a statement of the entire subject of inebriety, its effects on the individual and community, and all the means at present used to check this evil.

The first part gives the author's views in the form of a story, so immeasurably above the ordinary levels of writers and orators on this subject as to be well worth reading. The last part of the book condenses in a graphic way all that is known, in the world of science, and the practical applications of its principles.

We welcome this book as an evidence of a new era of temperance literature, on higher ground, in the region of physiological and psychological laws.

The Action of Alcohol on the Body and Mind. By Dr. B. W. RICHARDSON, National Temperance Society and Publication House.

This is one of the most scientific and popular descriptions of a most difficult subject we have read. We shall review it at length in the future, in the meantime advise our readers to procure it, as one of the best contributions to this subject.

“Criminality.” WM. G. STEVENSON, M.D., Poughkeepsie, N. Y. Read before the New York Medico-Legal Society, May 2, 1877.

Such is the title of a pamphlet of twenty-three pages, which is a carefully prepared argument by its author in favor of the doctrine of the hereditary transmission of criminal tendencies. Some of the points are strong, and strongly presented, and the views of the author, though not new, are worthy of careful consideration. Between the theory of evolution as it is presented by some advanced thinkers, and the doctrine of independent mind-action, as held by others, there is now a striking and attractive controversy, and anything that is published on this subject from an intelligent source, is so much toward a solution of the problem that is now in dispute. According to Dr. Stevenson criminals are as a class marked by some form or other of bodily and nervous degeneration, which reacts upon and enervates the moral sense, and renders the commission of crime not only natural, but necessary, unless the victims of such neurotic taint are environed by powerfully resisting and restraining influences.

That remarkable family known as the “Jukes,” who for seven generations have continued the hereditary line of criminality, insanity, idiocy, etc., is mentioned as a strong evidence of the position assumed, and authorities that are undisputed are quoted in confirmation of the views of the author.

In a future number of the *JOURNAL* we may present extracts from this valuable paper, and offer suggestions as to its relation to the subject of inebriety, and to the jurisprudence which must of necessity be the result, if these views should be sustained by future investigation and experience.

J. P.

Editorial.

We append below, reports and statements concerning the Habitual Drunkards movement in Great Britain, and we feel confident that their importance will attract the notice and careful thought of those who feel an interest in the subject, on this side of the Atlantic. For several consecutive years the British Medical Association has considered the subject, and expressed itself clearly in favor of legislative action, which shall provide for the custody and detention of inebriates who are lost to self control ; and we are glad to find that at its recent meeting in August last, it repeated its utterance in the form of resolutions, which are hereto appended. In connection with them, we insert a document which has been kindly furnished by Mr. Alvord, F. R. C. S., and the honorary secretary of the "Society for Promoting Legislation for the Control and Cure of Habitual Drunkards," in which is condensed much valuable information.

The following report was unanimously adopted at the late meeting of the British Medical Association, held at Manchester, August 9, 1877 :

REPORT OF THE HABITUAL DRUNKARDS COMMITTEE OF THE BRITISH
MEDICAL ASSOCIATION.

During the last year considerable progress has been made in the Habitual Drunkards movement.

An Association entitled "Society for Promoting Legislation for the Control and Cure of Habitual Drunkards," has prepared a Bill which, as revised and adopted by your Committee with scarcely any alterations,

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has been introduced into the House by Dr. Cameron, Member for Glasgow, who has warmly taken the matter in hand.

Considerable delay arose in preparing the Bill and securing a member to introduce it. This delay prevented the Bill being read a second time this busy session. Several Members of Parliament have promised to support the principle of the Bill and its second reading. Seventy-seven petitions have been presented to the House of Lords, and ninety-five to the Commons, including petitions from some of the branches of the Association.

To secure a successful reading of the Bill the Association should endeavor to influence Members of Parliament and other influential persons, and to distribute information on the subject.

The movement being now fairly before the country by the introduction of a Bill and support of some influential members, it remains for our Association, who originated the movement, to press it on to a successful issue.

The Committee ask therefore to be reappointed, and suggest that a Secretary from each local branch be represented in the Committee by its Secretary, or one or more of its members.

Chairman, Dr. Alfred Carpenter, Croyden.

S. S. Alford, Esq., Dr. G. F. Blandford, W. Cadge, Esq., Dr. Eastwood, Dr. B. Foster, W. C. Garman, Esq., John Gay, Esq., C. Holt-house, Esq., C. Macnamara, Esq., Dr. Munro, R. H. B. Nicholson, Esq., Dr. A. P. Stuart.

Honorable Secretaries, Dr. Farquharson, Dr. D. Vinen.

The following resolutions were then offered, and after some discussion passed unanimously, Dr. Bucknill being the only dissentient :

1. "That it is the opinion of this section of the British Medical Association that legislative action is imperatively necessary for the treatment of the Habitual Drunkard, and that this object would be best effected by the establishment of distinct institutions for their treatment.

2. That it is the opinion of this meeting that the establishment of reformatory institutions for the confinement of drunken offenders during lengthened periods ought to be urged on the government.

CORRESPONDENCE.

It may interest our readers to notice some extracts from our numerous foreign correspondents.

The following letter from Sinhorf, near Dusseldorf, Germany, will be read with much interest :

DR. JOSEPH PARRISH,—DEAR AND HONORED SIR :

Being a superintendent of an asylum for inebriates which has existed for twenty-five years, although at first we had persons from prisons, you will very well understand the great interest I feel for your work in America. We here feel the great necessity for curing and treating this class. I wish to have copies of the proceedings of the American Association for the cure of inebriates. Having had in one of them your address, I will send you copies of all essays in German that will be published.

I hope we will in the Rhine Provinces, in 1878, build a new asylum for twenty-five or thirty inebriates, and I feel the necessity of having your proceedings, from which to publish extracts in German. I praise God, who has given you, with other medical and scientific men, the thought to help the poor and unhappy inebriates, and I do not think they alone suffer from disease (but they are some of them criminals). My heart is rejoiced that there are asylums in England and America for them, and we trust with the help of God, more asylums will be built in Germany. Excuse my want of familiarity with English.

I am, my honored sir, yours affectionately,

HIRSIH PASTOR.

SINHORF, NEAR DUSSELDORF.

An eminent writer sends us the following :

“Pray accept my best thanks for sending me your open letter to Dr. Bucknill,—his statements prejudiced many minds, but your able letter will set the matter right; and I am grateful to you for writing it. Extracts from it have been published in this month’s number of the *Journal of Mental Science*, and the committee which was established a year and a half ago to carry out Mr. Dalrymple’s work, think of publishing and circulating your letter, for we are sure we would have your permission to do so. I have endeavored that the subject of inebriate

asylums, and the power of detention, which was the object of Mr. Dalrymple's bill, should be kept alive ; now we have a working committee, and Dr. Cameron, M. P. from Glasgow, will bring in a bill next session based on Mr. Dalrymple's bill of 1873.

“The evil of habitual drunkenness is a crying one among us, and it is forced on thinking minds to find a remedy.”

Another distinguished correspondent, eminent in the medical and philanthropic world, expresses great delight and satisfaction with the “open letter” of Dr. Parrish to Dr. Bucknill, and adds : “I do not see how Bucknill can answer your statements and arguments, and probably as the easiest way of escape, he may sneak off without drawing notice on himself, even by a single yelp. I think he may be ashamed of himself. It is generally admitted that Dr. Peddie's castigation of him has stopped his mouth so far as Peddie is concerned, although doubtless he will do all he can to stop legislation in the case of confirmed inebriates.”

We can but sympathize with Dr. Bucknill in the severe criticisms which are reaching us (and himself, doubtless, as well), on his course while in America, and we earnestly hope that he may come to the States again, and that he will devote more time to the study of the subject by personal observation and inquiry, than he did during his recent visit. Unfaithful and unjust as he has shown himself to be, toward inebriate asylums and their management in this country, we could not allow him to be spoken of in such terms as we have just quoted, by a citizen of our own land. It would be uncourteous to so eminent a visitor ; but coming from his own countrymen, who have watched his course at home, and been familiar with his career on this side the Atlantic, we assume that they have an equal right to be heard, and hence have inserted the above typical extracts.

In addition to the facts and arguments in Dr. Parrish's open letter to Dr. Bucknill, which we are glad to learn will be republished in England, we cannot withhold the following:

Extract from a letter from one of the Officers of Kings County Home, Fort Hamilton, N. Y.:

"Dr. Bucknill never visited our Home, although, as you know, it is less than seven miles distant from New York, and within sight of that city. At the time the Doctor was in this country, and for several years previous, the number of patients in our institution averaged twice that of any kindred establishment in America, excepting the one at Binghamton, and in comparison with the latter our number of actual residents was about the same, any advantage in this respect being in our favor.

The history of the Inebriates Home of Kings County is in itself a complete and standing refutation of Dr. Bucknill's statement concerning what he terms "the disreputable condition of American Inebriate Asylums."

We organized in 1866, under the general law providing for the formation of charitable and benevolent corporations, and in the spring of 1867 the Legislature granted us a charter awarding us twelve per cent. of the excise money received on licenses issued for the sale of intoxicating liquors in Kings County, and the same percentage of all money received as fines for drunkenness. In 1868 the Legislature made us a further grant of two hundred thousand dollars (\$200,000) for the purchase of real estate and the erection of buildings, etc. The subsequent repeal of the metropolitan excise law left us out in the cold for about two years, but as we had not then commenced to build, the interest on our building fund served for our maintenance. In 1872 the Legislature restored our original grant of twelve per cent. of the excise license money

and fines. In 1874 the State Constitution was amended, and we deemed it necessary to alter our charter to conform therewith, and to this end the Legislature of 1875 re-enacted our former law, but withheld the percentage on fines. Since then the excise moneys have fallen off considerably, and the number of our free patients has increased. In consequence of this, we applied to the present Legislature for a larger percentage, and obtained a grant of fifteen per cent. of the excise license money, together with additional corporate powers.

All this legislation has been procured without difficulty, notwithstanding the fact that the seven assemblymen elected annually from this county, and the two senators elected biennially, together with deputations from the Boards of Aldermen and Supervisors, and committees from various tax-payers' associations were at Albany watching with eagle eyes for any bills which countenanced the unnecessary expenditure of public funds. It is true we were met by some opposition this spring, but it arose not so much from an objection to the increased percentage, as from an attempt to give the House a political complexion. It has been said that "a Yankee can set the world on fire while an Englishman is lighting a match," but this assertion, at least so far as Dr. Bucknill is concerned, must be reversed.

It so happened that our amended Act of 1876 had been some months before the legislature, at the very time this enterprising Englishman was making his discovery "that American Inebriate Asylums were in a disreputable condition."

With respect to the so-called Ward's Island Asylum, it never was anything but a political machine, instituted for the purpose of extending patronage of the politicians then in power.

The Doctor is equally at fault in his statement regarding

the Constitution and laws of the State of New York. It is true that the Legislature passed a law whereby a person could be sent to the Binghamton Asylum, without notice, on the charge of habitual drunkenness, simply upon the affidavits of two practicing physicians and two freeholders, and that the courts declared such law unconstitutional—but this in no way affects the power of our magistrates to commit a drunkard to prison under what is called summary proceedings, for in the latter case the person accused is either in custody before the court to answer for himself, or has due notice to appear and defend. Therefore, I infer that the Doctor's assertion "that no State is competent to pass a law whereby a man, being a citizen, not only of the particular State, but of the United States, can be deprived of his liberty except for the commission of a crime, under which the tendency to make himself drunk could not be brought," is based upon the same authority from which he derived his information respecting the "disreputable character of American Inebriate Asylums."

To have avoided this last error, the Doctor had only to look into our penitentiaries and jails—he would have found them crowded with prisoners of both sexes, committed there for intoxication and habitual drunkenness, and sentenced for terms of imprisonment varying from ten days to six months, and he would have discovered that in many instances such prisoners are put to hard labor.

J. P.

THE EFFORTS OF CHINA TO SUPPRESS THE OPIUM TRAFFIC.

One of the most remarkable chapters in the history of civilization is the persistent efforts of the Chinese government to prevent the importation and use of opium among its people.

Over a century ago the government recognized the dangers following the use of this drug, and began to legislate against it, punishing the offenders with banishment or strangulation.

The opium was grown in India, and smuggled into China by English ships, encouraged by the English government, and the sale and demand constantly increased. Year after year the Chinese officials made frantic efforts to check this evil. Opium was contraband, and all who were found smoking or using the "black dirt" (as they contemptuously called it) were punished with death or perpetual servitude. This trade brought an increasing revenue to the English government, and they determined to force its sale on the Chinese, which was stubbornly resisted for a long time, until finally it culminated in a war (1839), which Mr. Gladstone denounced as one calculated to cover the country with permanent disgrace. The Chinese were disastrous, but nothing definite was gained beyond the forced privilege to bring in opium by the English.

In the meantime the growth of the poppy in China increased in spite of all legislation to the contrary, and the demand increased, nearly doubling in ten years.

In 1857 another war was provoked by England, which was literally the great struggle of a pagan nation to save itself from the curse of opium, which the rapacity of English civilization sought to force upon it, for the mercenary purpose of increasing its Indian treasury.

The Chinese failed, and yielded to the pressure to admit opium at a fixed duty, which they have several times sought to raise, but the English government has always refused. A new proposal has been made to England this year to increase the duty, and the decision of the government is anxiously watched.

The extent to which opium is used may be realized from the fact that the importations from India for 1876 amounted to over seven millions of pounds ; to this may be added over a million more pounds raised in the country.

It is estimated that no less than six millions of people both chew and smoke this drug constantly.

If these figures are correct, we cannot wonder that the Chinese government are alarmed, and have at last determined upon a new movement for " stamping out " this terrible evil. An edict has been issued forbidding the culture of the poppy after 1879, in any part of the kingdom, and prohibiting all importation after 1880 ; also an edict has been sent to all the governors and leading generals of the provinces, requiring them to submit plans of laws, which shall become a law, and effectually do away with the use of opium, under pain of death, after a period of three years.

The *denouement* or result of this wonderful struggle will be one of the great events of the century. The sagacity of the Chinese officials in recognizing the fatal effects of the introduction and use of opium, and in persistent opposition, extending over a century, furnishes a lesson to our boasted civilization which we cannot afford to lose.

In this country we are just beginning to realize the necessity of some legislation that shall control the abuse of opium and its compounds, and no one dare deny that the same peril which the Chinese discerned a century ago may not threaten us to-day.

The opening of Parrish Hall as an asylum for opium cases alone (see advertisement), and the large number of patients already gathered, seeking relief, are significant hints of the presence of a disorder, which, like a malignant disease, will soon destroy the vitality of both community and nation.

T. D. C.

THE CHICAGO MEETING AND THE NEW YEAR.

The eighth annual meeting of our Association at Chicago was noted for the large number of papers presented, indicating a decided advance in the study of the subject. The discussions following were suggestive and clear. The supper given by the officers and managers of Washingtonian Home to the members and delegates was both a social and intellectual repast that will be remembered for a long time.

The committee from the municipality of Boston, in their inquiries as to the best means for treating chronic drunkards, elicited a very general exchange of opinion and agreement as to the methods for success. (See extract from report.)

This number opens a new year for the JOURNAL, full of promise. New and original investigations have been commenced in several asylums, which we shall lay before our readers in the future. A foreign agency has been established to meet a growing demand for the JOURNAL; the literature of this subject is also growing rapidly, and from every side there are unmistakable indications of a more thorough scientific study of inebriety. Dr. Parrish gives in the editorial an interesting résumé of the work in England, and Dr. Mason's address discusses clearly our position on the question of disease. The necessity of condensing much of the matter in our hands, to give space for the great variety of material that is sent us, is good promise of a larger JOURNAL in the near future.

T. D. C.

Clinical Notes and Comments.

OPENING OF WALNUT HILL.

A NEW INEBRIATE ASYLUM FOR CONNECTICUT.

This institution was formally opened for the reception of patients, Oct. 17, 1876, and the occasion was celebrated by a supper, and entertaining speeches, etc.

The building is eligibly situated, and finely furnished with accommodations for a limited number of patients.

A large number of friends and visitors were present, and after the cloth was removed Hon. A. E. Burr, the president, called the meeting to order in a few pleasant remarks, saying that this asylum was to be a reformatory, a home, and a retreat, where the worn-out victim of alcohol could find rest, sympathy, and restoration. This asylum is the result of four years' inquiry and observation by Drs. Hawley, Russell, and Comings. Four years ago they were appointed a committee by the legislature to inquire into the best methods of treating inebriates; they have traveled and visited personally every asylum in this country, reporting the facts to the legislature, and in this institution they expect to combine all the strong points of every other asylum, without any of their weakness. Dr. Hawley remarked that this asylum was the only one in the world, except one in Australia, which has the legal power and authority to restrain its patients by confinement without being liable to prosecution for false imprisonment. He described at some length the early history and efforts to organize this asylum. Dr. Joseph Parrish, of Bur-

lington, N. Y., declared from all his long experience he was convinced that fully one-third of all the patients coming to these asylums could be permanently cured. No other work was nobler and more practical. He was satisfied that this asylum had the best organization of any in the country. The law of the State concerning inebriates was sought for by eminent men in England, and he believed it the best in existence.

Dr. Crothers, the superintendent, made a few remarks on the difficulties of the work.

Dr. Comings, of New Britain, Conn., said he had studied this subject for four years, and had been in correspondence with all the eminent men in this field, and was familiar, practically, with all the American institutions, and while they are doing excellent work under great disadvantages in many cases, he was proud to say this asylum to-night begins in advance of all the others. The legal power, the surroundings, and the facilities for successful work, were to his mind never more complete.

Rev. Dr. Gage was glad the time had come when the unfortunate inebriate could find relief and rest. It was no Utopian dream ; we had simply found a higher, wider road to health for the poor victims.

Dr. G. W. Russell stated that he had always taken a deep interest in this class, and felt convinced that a fair proportion of these cases might be cured in the proper asylums. The work was new, and must be more or less empirical for years to come ; the public must be patient, and judge kindly of these asylums, for they must work without experience and against countless obstacles, which only time could remove.

Dr. Butler, late of the Retreat, made some very congratulatory remarks prospective of success ; also Dr. H. P.

Stearns of the Retreat, Prof. Van Benschoten of Wesleyan University, Hon. W. R. Cone, and others, followed in pleasant speeches, when the exercises closed.

The following are the board of officers of this asylum :

President, ALFRED E. BURR.

Vice-President, JAS. A. HOVEY.

Secretary, RODNEY DENNIS.

Treasurer, WM. L. MATSON.

Executive Committee, George B. Hawley, M. D., Gurdon W. Russell, M. D., Benjamin N. Comings, M. D.

Superintendent and Physician, T. D. Crothers, M. D.

Board of Medical Visitors, Gideon L. Platt, M. D., Waterbury, Conn. ; A. M. Shew, M. D., Middletown, Conn. ; H. M. Knight, M. D., Salisbury, Conn. ; J. C. Jackson, M. D., Hartford, Conn. ; C. A. Lindsley, M. D., New Haven, Conn. ; Henry P. Stearns, M. D., Hartford, Conn.

Board of Directors, Alfred E. Burr, George B. Hawley, Gurdon W. Russell, Benjamin N. Comings, Charles A. Lindsley, Rodney Dennis, William L. Matson, Henry Keney, William R. Cone, E. H. Owen, Frederick R. Foster, Jonathan B. Bunce. *Ex-officio*, Richard D. Hubbard, Francis B. Loomis, Edwin Buck.

INEBRIATES NOT ELIGIBLE AS VOTERS.

In France, notwithstanding so many persons believe that wine-drinking prevents drunkenness, they have seen the need of passing the following law : That every one condemned twice by the police for the crime of open drunkenness, is held to be incapable of voting, of elective eligibility, and of being named for the jury or any public offices.

•

PATHOLOGICAL CONDITION IN INEBRIETY.

Our drunkards are not made in the saloons ; they are simply graduated there. They take their initiation in their own homes, around their own home tables. The father and the mother lay in themselves the foundation, and carry by a constitutional germinal impulse over to their children a constitutional liking for stimulants. This liking existing in the child as a tendency, is developed under the table arrangements into an actual appetite ; and so, from the eating of stimulating and exciting foods, affecting the nerves of the stomach, there comes at length to be an irritable condition of the nerves of nutrition, and by reflex action, of the nerves of taste ; and so at length the waking up of a natural longing or desire for something to overcome the feeling of exhaustion, which, stimulants not in use, is always noticeable, and sometimes imperious in its demands.

It does not follow, however, that the appetite for strong drinks, considered from the alimentive point, is attributable only to the irritation caused in the nerves of nutrition and taste by reason of the use of highly-seasoned foods. Articles of diet which lack in themselves the constituents to make good the waste to which the nerve structures as subjected in performing their proper office, have a direct effect in awaking and producing the desire for stimulating beverages. Under a great variety of circumstances exhibited in our common life, men feel a strong desire for stimulants. That desire grows out of the starved condition of the nerves in their bodies. Furnished stimulants, this sense of starvation is overcome ; and for the time a factitious result is secured which the patient makes himself believe, and perhaps his physician is led to believe, may be substantially and decidedly recuperative ; but like every other fallacy, this

hope of his rests on nothing ; and so, in the end, the stimulants and the tonics fail him. If you were to give to this debilitated, disordered, diseased, exhausted, living body, in the way of aliment, the means of repairing its starved nerve-tissues, the desire for stimulants would perish. Under the recuperating effect of nutrients, the longing for stimulants would disappear. While this is true of a sick man whose disease is marked by nervous debility, it is just as true of an habitual drunkard.

Every man is a drunkard by reason of the starved nerve tissues in his body. This covers both classes of drunkards—for we have two well-defined and separate classes of inebriates—one class, whose drunkenness is a disease primarily, disease only lying in the distance ; the other, whose drunkenness is a disease primarily with reflex tendencies therefrom to viciousness. But whether it be your vicious or your sick drunkard, in either case the subject is such because of the greatly disordered, diseased, debilitated nerve tissue.

DR. J. C. JACKSON, *in The Laws of Life.*

REPORT OF THE BOSTON COMMITTEE ON HABITUAL DRUNKARDS.

The Mayor of Boston appointed, last year, a committee of three, consisting of Rev. Dr. A. A. Miner, Dr. George C. Shattuck, and Dr. John E. Tyler, to examine and report on the treatment of drunkenness in the city institutions, and to suggest some measures looking for the reform of this class. The report of the commission is short and sensible. They condemn the method of dealing with drunkards which is common to all our large cities, by which men and women arrested and charged with intoxication, are fined in some small amount, generally \$10, or sent to a workhouse or pen-

itentiary for some short period, commonly thirty days. If the fine is paid the burden falls upon the family or friends of the drunkard, who are innocent of all fault, and are sufficiently punished by the mere fact of his drunkenness. If he is sent to prison the term of his confinement is long enough for him to get sober, but not long enough for him to acquire habits of sobriety. The consequence is that a restoration to liberty is followed by a new spree and another commitment. The police statistics of London and New York establish this fact beyond peradventure. The worse defect, however, of this method of punishment is, its failure to make any distinction between drunkards and criminals. These conclusions lead naturally to the recommendation, which the commissioners make, for a new departure in the treatment of inebriates. They suggest that the city of Boston should convert the institution at Deer Island into a sort of reformatory, where all kinds of agricultural and mechanical labor can be carried on. Thither drunkards should be sent for terms long enough to enable their constitutions to recover thoroughly from the effects of alcohol and to give them an opportunity to acquire habits of industry. In some cases a year would be sufficient for this purpose ; in others three years might be required. There would be enough of punishment involved in the reformatory process to make it thoroughly salutary. So long as the present system of fines and temporary imprisonment serves to manufacture drunkards instead of reforming them, this topic of the relation and duties of the community towards inebriates should be zealously studied, and we trust Boston will adopt the recommendation of its commissioners, so that the rest of the country may profit by her experience. T. D. C.

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Opium addiction, in the large majority of instances, is now recognized by the best authorities as a distinct *disease*, requiring special remedial measures for its successful management. Two methods obtain for the accomplishment of this object—the one, peremptory abandonment of the accustomed opiate: the other—less heroic—an immediate reduction to that amount which will suffice without suffering, and thenceforward its decrease, in quantity more or less minute, according to the degree of discomfort attending its withdrawal, meanwhile sustaining and soothing the nervous system by a judicious employment of tonics and nervines, with such other therapeutical measures as the exigencies of each particular case may seem to demand.

A diversity exists as to which of these methods is to be preferred, but we have no hesitation in expressing an opinion, based on experience, in favor of the latter plan, and practicing it in cases coming under our observation.

Our patients are limited and select, and no alcoholic subjects are admitted, thus obviating one great objection expressed by Opium Habitués to entering general inebriate asylums.

A full history, either in person or from the attending physician, is required in all cases, and if the prognosis be regarded as favorable, they are accepted, and treatment entered upon with the strongest prospect of success.

The terms for board and treatment will vary according to the size and location of apartments.

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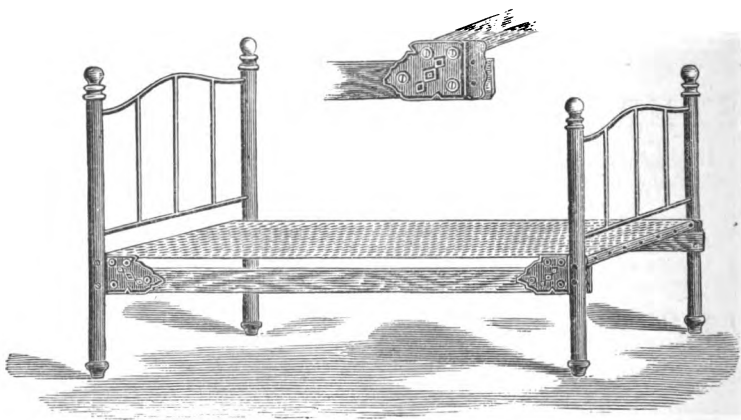
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[SEE NEXT PAGE.]

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