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ON THE INSANITY OF INEBRIETY.

BY
GEO. BURR, M.D.,
OF BINGHAMTON, N.Y.

Read before the New York Neurological Society, October 5th, 1874.

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ON THE

INSANITY OF INEBRIETY.

BY GEO. PURR, M.D.,
OF BINGHAMTON, N. Y.

[Read before the Neurological Society of New York City, at its Monthly Meeting, Oct. 5, 1874.]

*Mr. President and Gentlemen of the Neurological Society of
New York City:*

In presenting myself before you at this time, I am actuated solely by a desire to submit to the crucible of your deliberations, and to the criticisms of this learned body, the views and considerations embodied in the paper I am about to read. They refer to a most fearful and destructive practice—the excessive use of ardent spirits, and to its consequent habits of intoxication. The great extent of this evil, and the important interests involved in its proper understanding, demand that it be studied in all of its relations, and that all the light which the present advanced state of physiological and pathological science can shed upon it be employed in its investigation. I greatly regret that I have had so little time, and that my preparation has necessarily been hurried in order to meet the announcement for this meeting.

It has been said probably many thousands of times, in as many thousands of instances, where individuals have been seen to sacrifice every consideration in life to the gratification of an inordinate appetite for strong drink, that such persons must be *crazy*; that no sane man or woman would thus throw themselves away, and bring ruin upon every hope and promise for the future, as is almost daily to be witnessed in cases of excessive drunkenness. Such remarks are the expression of a natural and common-sense view of the subject. What but craziness induces those self-destructive acts, and those persistent fatal practices which characterize the drunkard? And yet this natural common-sense opinion is entertained by comparatively few. The most widely diffused sentiment upon this subject has been that drunkenness is a vice, a voluntary act of the subject of it, for which he was morally and every other way responsible; that he could claim no exemption from punishment for acts committed under the frenzy of intoxication; that the law held its severest penalties over his head; and, finally, that in the life to come, "no drunkard shall enter the kingdom of heaven." Under such a severe and frowning public sentiment the poor inebriate has staggered downward to his grave, with scarce a thought of commiseration for his fate, or an idea that it could be averted.

It will be the object of this paper to trace the relations which are believed to exist between the various forms of inebriety and some of the manifestations of mental disorder; and to refer the inordinate desire for drink, which is to be witnessed in almost every stage of drunkenness, to an impulse as essentially morbid as is that which characterizes well-recognized varieties of impulsive insanity. In other words, that the desire for excessive indulgence in drink comes from an unnatural demand of the sensory apparatus, exciting to inconsistent and ruinous acts, and in this respect resembling the condition of the organism exhibited in homicidal and suicidal impulse, erotomania, kleptomaniac, pyromaniac, etc., which, since the days of Pinel, has been regarded by all intelligent observers as one of unsoundness and irresponsibility.

We must first, however, obtain, if possible, a definite idea of

what is meant by the term Inebriety; for among all the subjects embraced in the range of medical literature no one seems to be surrounded by such confusion of ideas, and of which such varied and crude opinions are entertained, as the one now under consideration. What, then, is understood by the term, and to what state of the organism does it apply?

Inebriety is a condition of the system calling for and demanding through its sentient apparatus the immoderate use of alcoholic drinks, either daily or at stated periods, according to the peculiarities of each individual case. The intensity of this desire varies in degree from a simple reminder at a certain hour of the day that a drink would be agreeable, to the most overwhelming and irresistible calls for its gratification. It is the *desire to get drunk*, rather than a state of intoxication, that is meant by the term inebriety. It does not imply any particular effects of alcohol upon the various tissues and organs of the body, nor that condition which Marcet has so well described as chronic alcoholism; all these are the effects—the consequences of the indulgence to which inebriety impels. They constitute its morbid anatomy, and represent the pathological changes induced by drunkenness. The eruption of small-pox is the sequence to variolous contagion, and the several stages of intermittent fever bear the same relation to the poison of malaria. Hallucinations, delusions, incoherency, and maniacal excitement are characteristic of various forms of insanity; but they do not constitute the disease itself—they are only the manifestations of the disorder prevailing in those portions of the brain which give rise to mental phenomena. So the love of the bowl, a fit of intoxication, or a series of days spent in drunkenness, are to be regarded only as the results of a prior existing inordinate appetite for drink, which appetite constitutes the essential feature of inebriety and is its pathognomonic symptom.

We are not to consider at the present time the consequences of drinking, or the effects which alcohol produces upon any or all of the structures of the body. Neither is the question before us as to what disposition is made of this substance when introduced into the circulation; whether it is eliminated unchanged, whether it becomes oxidized, or whether any portion of it ac-

cumulates in the ventricles or other cavities of the brain, or in the spaces around the medulla spinalis.

The point to which I wish to invite attention is, not the effects produced by alcohol upon the structures of the body, but rather the effects which the body demands of alcohol; not what becomes of this substance when taken into the system, but rather why it is ever introduced there; what is the nature and cause of the sensations that call for it; and, in one word, why do men so universally and so generally drink?

This distinction appears to me to be quite clear and just, and a proper one to keep in mind while discussing the subject before us.

Other terms have been employed to designate the condition referred to; such as *methomania*, *dipsomania*, propensity, thirst, desire, etc. I think the term *dipsomania*, meaning *crazy for drink*, the most expressive.

That there exists in the human constitution a natural desire for something to stimulate, something that will excite to lively and pleasing sensations, I think must be acknowledged. This has been characteristic of man in all ages. What nation of either ancient or modern times that has not manufactured and used fermented or distilled liquors, and most generally in excess. This is true of the Egyptians, of the Greeks, and of the Romans, the three most prominent and leading nations of antiquity. Among them the use of wine at feasts and in the observance of religious rites was the common practice. The gods were propitiated and their favor sought to be obtained by copious libations, nor was it exclusively the gods of the heathen whose favor was thus propitiated. Moses directed the use of wine in all the feasts of the Hebrews. It was to be poured in the holy place as a *drink-offering* unto the Lord. This ceremony was to be observed on all occasions—at the continued burnt-offerings, at the solemn feasts, and at the holy convocations (Numbers, chap. xxviii. *et seq.*)

Herodotus, Xenophon, Ovid, the elder Pliny, and other ancient historians, give abundant evidence of the prevalence not only of habits of drinking, but also of drunkenness among the nations of their several periods (Vide Chancellor Wal-

worth's Opinion, *Nevin vs. Ladue*, iii. *Denio's Reports*, p. 437).

From the period of antiquity down to the present time there seems to have been no abatement in the desire for, and in the use of, alcoholic beverages. The nations which sprang up and were organized after the downfall of the Roman Empire exhibited a similar fondness for stimulants, and resorted to them with almost unlimited freedom. The discovery of the art of distillation was hailed as a most valuable contribution to the happiness of man, and under the enthusiasm which it excited, the product of the still was named *aqua vitæ*. Nations remote from each other, and without any known means of communication, simultaneously prepared alcoholic drinks. They were found in use in Mexico and in Peru, at the time of the invasion and conquest of those countries by the Spaniards. The Indians of North America knew nothing of ardent spirits until the landing of the white man. But it required no effort to teach them to drink. They seized the cup when offered to them with all the eagerness of veteran toppers. Some nomadic nations, like the Tartars, manufacture ardent spirits from milk.

Other substances are not unfrequently employed for the purposes of stimulation. The Turks and Chinese use opium. The North American Indians solaced themselves with tobacco. In Persia, Hindostan, and Arabia the Indian hemp in the form of *hashish* is employed.

The historic facts thus cursorily referred to, in my judgment are quite indicative of the existence in man of a universal natural propensity for something stimulating, something exciting, forming one of his organic wants. We know that from the earliest periods man has made animal food a portion of his diet; we therefore say that he is carnivorous, and that it is natural for him to eat meat. He has likewise almost invariably covered his person with some kind of garment, and we infer from that that it is not natural for him to go without protection in the way of clothing. The love of dress appears to be an elementary feature in the human character. So when a love for stimulants is seen to be quite universal, and the practice of drinking to be prevalent in all ages and in every state

of society, the conclusion must be the same, that there exists in man a natural desire or love for stimulating drinks, and which, under the circumstances soon to be noticed, gives rise to all of the phenomena of excess and drunkenness.

This propensity to drink, or love for stimulants, is resolvable into two varieties: 1. *A normal, healthy, moderate desire*—one not inconsistent with the regular and healthful performance of all the functions of the body, with no tendency whatever to excess; and, 2. *An increased, augmented, inordinate demand*, entirely at variance with a sound and healthful condition of body, or with its legitimate wants, and which impel the subjects of it to acts of debasement and intoxication.

1. *Of the Natural and Healthy Desire for Stimulants.*

The existence of this desire has already been referred to as one of the wants of the human organization. It is made so from man's nature, and is incident to his structure and his distinctive characteristics. His greater development of brain, his greater diversity of mental operations, and the more complicated nerve apparatus with which he is endowed, qualify him for a much greater amount of nervous activity. And during the whole history of the race, so far as we have any knowledge, this activity of nerve power, and a large outlay of brain force, have been a prominent feature in his operations. All that has been accomplished by man—all his achievements in war, in science, in the acquisition of wealth, in manufactures, in the arts, in poetry, in history, in all that has advanced him in any way—has cost him mental effort and an expenditure of brain material. To meet this, a moderate amount of excitation has been called for, and has been indulged in at all times. A glass of wine, or even a cup of tea at meals, or a moderate stimulation at evening, indulged in and varied to conform to the temperament and individual peculiarities of the person indulging, is generally sufficient to meet the demand. To this extent the desire for stimulants may be said to be normal, and their use may contribute to maintaining force and vigor in the tired, exhausted, or overworked nervous system.

It is not, however, solely for reinvigorating the nerve power

that stimulation is required and resorted to. The sentient apparatus experiences a sensation of pleasure and enjoyment from the employment of these substances; a needed physiological effect is made also to convey impressions of delight, a degree of exhilaration is enjoyed, a glow of warmth is diffused, all the functions of the body are quickened, the emotional nature is excited, and even the intellectual operations are rendered more vigorous. The individual feels good, and "at peace with all the world."

In alimentation also, we find this desire for stimulants, demanding something more than mere nutritious material. In man this function has a much greater significance than merely the reception and assimilation of food. It has been so designed that the process of alimentation shall be attended by certain pleasurable sensations, and that the food which is daily taken shall not only be distributed to repair the previous wastes sustained, but also that, by certain impressions upon the nerve tissue, this process shall become a source of daily pleasure and gratification. Hence, in the preparation of food we have incorporated with nutrimentitious materials articles calculated to excite and to induce pleasurable sensations, upon the nerve structures. It is for this that the various condiments are employed. They are not aliments—they are excitants—and their use is to make food savory and its reception a source of enjoyment. The use of fruits, of various flavors, and the so-called desserts and *entremets*, coffee, tea, etc., are taken for this purpose.

This desire for stimulants, condiments, etc., may almost be regarded as a special sense. It is not the demand of the system for food, or the sensation of hunger or thirst. The distinction must be kept in mind. It is something superadded, which, as far as we have any evidence, is peculiar to the human organism. Hunger and thirst are the expressions of want of repair, and a necessity for ingesta; this sense is a call for something exciting and pleasurable. It is more or less complex in its nature, according to the degree of cultivation it has received. In the ruder nations we do not find the more refined and delicate appetites; and the coarser and plainer articles of food, and

the ruder stimuli, serve their purpose and meet this demand. In people of refinement and culture, whose sensibilities have been augmented by temperament and education, we see this sense in its present perfection. It manifests itself in the exquisite gratification which persons enjoy in indulging in the pleasures of the table. The art of the *cuisine*, therefore, is no mean art. It combines all that is known of the methods of combining the various articles of diet with the numerous stimulating condiments, so that the various degrees and phases of the sense to which we are alluding may be gratified. The art of cooking has consequently become a science of no inferior account, and the name of Soyer is almost as celebrated as that of Fulton or of Morse.

Reference has already been made to the effect of these stimulating substances upon the operations of the mind, and their power to excite mental force. Some further consideration of this relation may not be without its importance in treating of the subject under discussion. This desire for stimulation, or special sense, as we have termed it, it has been claimed, belongs exclusively to man, and in some way or other is connected with his higher brain development and more extended mental operations. No animal inferior in organization to man gives the same consequence to the act of eating and drinking. No inferior animal cooks its food, or uses condiments or stimulants. They content themselves with consuming nutrimentitious substances as they present themselves, without any change or preparation, and are perfectly satisfied when the calls of hunger and thirst are satiated. In man, however, as has already been claimed, it is different. His peculiar organization gives this function a much greater influence, and it has a direct connection with the vigorous operations of the brain. De Quincey very truthfully described this relation when he wrote as follows: "The whole process and elaborate machinery of digestion are felt to be mean and humiliating when reviewed in relation to our mere animal economy. But they rise into dignity and assert their own supreme importance when they are studied from another station, viz.: in relation to the intellect and temper. No man *dares* then to despise them; it is

then seen that these functions of the human system form the essential basis upon which the strength and health of our higher nature repose; and that upon these functions, chiefly, the general happiness of life is dependent." The brain takes cognizance of a full stomach, and enjoys the stimulation to its power which it affords. If we desire to excite pleasing or lively emotions, a sense of gratitude and rejoicing, a feast is prepared, and "the rosy wine impoured;" while penitence and humiliation are induced by fasting and abstinence. It is upon this principle that all of our public days are celebrated and observed.

The effect of disordered digestion or impairment of appetite upon the mental manifestations is also well known to medical men. How it weakens all the operations of the mind, how the temper becomes changed, the emotional nature perverted, and the intellect confused and disordered, are facts that have long been under our observation.

The call for stimuli or excitants comes from every quarter of the organism. No special nerve-trunks are devoted to its transmission; but like hunger and thirst, with which it is almost identical, or that of the *besoin de respirer*, it is a demand made by the entire economy through its connecting or sympathetic system.

2. *Of the increased or inordinate demand for stimuli.*

The natural desire for excitation may be so morbidly augmented that the usual quantity fails to satisfy the demand. Inebriety is thus begun, and habits of intemperance are established. The desire for stimulus has passed beyond the limits of health, and becomes morbid; the appetite assumes the characters of disease, and is unsatisfied with the former means of gratification.

Instances of morbid appetite other than the desire for spirituous liquors are not unfrequently to be met with. The glutton is no stranger to our observation. In him the sense of taste and the desire for food become so morbidly increased that enormous quantities are devoured, and although the stomach may be filled to repletion, and even distended to its utmost limit, the

morbid demand remains unsatisfied, and the sensation of hunger unallayed. "Curious instances have been reported in which the morbid appetite appeared to be insatiable; all kinds of food, raw meat, candles, etc., being eaten, in some cases with avidity, and in enormous quantity" (Flint's *Practice*, p. 422).

The taste which impels to the inveterate use of tobacco, especially the practice of chewing, can hardly be said to be other than a morbid one. This habit has its origin in, and is caused by, a condition similar to that which induces the drinking of ardent spirits to excess. A morbid craving is the prominent symptom. The desire, which is only gratified but by continually keeping a portion of an acrid, narcotic substance in the mouth, and in contact with the tongue and fauces, certainly cannot be a healthy or physiological one. Its diseased character is manifest, and the effects of its indulgence, as we all know, are baneful and deleterious.

Other conditions, such as the strange and capricious practices of females in hysterical and chlorotic cases, are further instances of morbid appetite. In these the desire is only gratified by swallowing chalk, soft stone, clay, dirt, and other un-nutritious and indigestible substances.

The sexual propensity becomes likewise morbid, in manner not unlike the cases instanced, giving rise to phenomena in which prudential considerations and personal respect are often entirely disregarded, and the will becomes powerless before a strong, uncontrollable morbid passion. This condition has long been acknowledged as a form of mania, so completely has the mind in all its operations been subject to its power.

But it is in the demand for intoxicating drinks that this morbid appetite makes its most positive demonstrations, and exhibits its most decided power. We here witness it under the direct circumstances affecting all classes, and inducing a course of practices that are ruinous and self-destructive. It now becomes an object of the most intense professional interest; for what plague or epidemic disease is so destructive and fatal in its effects upon the human race as is this? The loss of life in the gigantic struggle in which this country has so lately been

engaged has been nearly or quite equalled from this single source of devastation and death.

It is no new-fangled notion or modern idea that refers the inordinate alcoholic appetite to a morbid propensity or impulse. Nearly seventy years ago Dr. Rush regarded the habit of drinking as a disease of the will, giving rise to uncontrollable movements, the subject of it not having the power to resist. "That this is the case," he remarks, "I infer from persons who are inordinately devoted to the use of ardent spirits being irreclaimable by all the considerations which domestic obligations, friendships, reputation, property, and sometimes even by those which religion and the love of life can suggest to them." One remedy which he proposes is, "the establishment of a hospital in every city and town in the United States, for the exclusive reception of hard drinkers. They are as much objects of public humanity and charity as mad people" (Rush *On the Mind*, p. 264).

In 1833 Dr. Woodward of the Worcester (Mass.) Insane Hospital, in a series of essays which he published, maintained that intemperance was a disease, and declared, from his own experience in the management of many hundreds of intemperate persons who had committed crimes which rendered confinement necessary, or who were insane in consequence of this habit, that this disease was amenable to treatment, and that "a large proportion of the intemperate in a well-conducted institution would be radically cured, and would again go into society with health re-established, diseased appetites removed, with principles of temperance well grounded and thoroughly understood, so that they would be afterwards safe and sober men."

Other writers of an earlier day, among whom are Prichard, Esquirol, Robert Jameson and Isaac Ray, have expressed similar opinions; while the literature of later years has gone far towards confirming the truthfulness of the views which so long before had been advanced.

It must be here remarked, however, that these opinions have reference to only the more aggravated or extreme cases—to the worst forms of inebriety. So palpable is the morbid condition

in these instances that their true nature is unmistakable and readily recognized. But the milder varieties of inebriety, as observed when the impulse seems to be less urgent, and where there are intervals of comparative abstinence, and the will retains more or less of its power—these have been regarded by most of those who have written upon the subject as cases of wicked or vicious indulgence, censurable in the highest degree, and inducing all the evils of intemperance. For instance, Dr. Rush says that “the use of strong drink is at first the effect of *free agency*. From habit it takes place from necessity.” Dr. Ray, alluding to the morbid effects of alcohol upon the economy, remarks as follows: “Obviously as these pathological changes are the effect of a *long-continued voluntary habit*, there is strong evidence in favor of the idea that they, in turn, become efficient causes, and act powerfully in maintaining this habit, even in spite of the resistance of the will” (*Med. Jurisprudence of Insanity*, p. 440). Others make a distinction between habitual drunkenness and methomania or dipsomania, evidently confounding the latter with the series of morbid changes that follow alcoholic excesses, and which has very properly been termed *chronic* alcoholic intoxication; while habitual drunkenness, and the practice of frequent and excessive drinking, is still referred to as a vicious indulgence and as a wicked and inexcusable habit.

Now I must respectfully dissent from this view of the subject. I have already defined inebriety to be, essentially, not the effects of alcohol upon any of the tissues or organs of the body, nor any of the pathological changes which follow its excessive use; but it consists in that uncontrollable desire, that most insatiate demand, which, felt in every ramification of the sentient apparatus, calls for, and insists upon, the unnatural and excessive effects of alcoholic drinks. It is this which constitutes the essential nature, the true pathology of inebriety. What is an habitual or an ordinary drunkard but a dipsomaniac? What but morbid impulse compels him to acts which his own intellect condemns, but which he is too weak to resist.

I would therefore refer every case of well-marked departure from a normal desire in the use of ardent spirits to the pres-

ence of some morbid influence, although such case may not be characterized by features either revolting or offensive. The difference between the milder and worse forms of drunkenness is one of degree only; the essential nature of each, and their pathognomonic symptoms, are the same. We find the same differences of severity and degree in purely mental affections. One delusion indicates unsoundness of perception, or of intellect, so far as it influences any of the operations of the mind, as surely as though all the faculties were involved in mental disorder. I would not, consequently, regard an individual as chargeable with voluntary wickedness and vicious acts, who during most of the time successfully resists the inclination to drink; but who at other times is unable to control his desire. I would rather regard him as suffering, at such periods, under a paroxysm of inordinate appetite, which he is too weak to overcome, and for which he is not fully accountable. I refer now to the acts of drinking and their consequences, only as they may affect the individual himself, and not to the commission of violence or of crime or of trespass against others while under the derangement of alcoholic influence. In such instances the degree of responsibility is to be estimated and determined by the circumstances attending each individual case. I believe that most persons fall into habits of inebriety involuntarily. They come within the influences which promote them thoughtlessly, and perhaps unknowingly, as one comes in contact with the infection of typhus, cholera, yellow fever, or the poison of malaria. I did meet one young man who told me that he had no other ambition but to be a drunkard; and he had no difficulty in reaching the goal he had established for himself. The large mass of inebriates, however, deplore most profoundly their loss of self-control, and the unfortunate condition to which they have become reduced.

Inebriety presents itself to our observation under a great diversity of form and character, depending upon the constitutional peculiarities and temperament of the person who is the subject of it. It is not necessary now to stop to classify or describe the several varieties. They all, however, have one common characteristic—an undue and inordinate love for alco-

holic stimulation. The milder cases are marked only by an increased desire for drink, recurring at certain hours in the day, when more than the ordinary quantity of stimulus is required, and a greater degree of excitation demanded. But this suffices. The demand becomes satisfied and the call is no longer troublesome. During the intervals no desire is experienced, and the will resumes its normal power. This stage may be regarded as the formative stage, or the period of inception, not unlike the first irregular manifestations of the brain which precede approaching insanity; or the *malaise* and pains which usher in a febrile attack. While we regard this state as the beginning of a serious morbid condition, "it is by no means claimed that the subject of it is free from *all* responsibility as regards the consequences of his acts; or that his case is to be looked upon as beyond any attempts at reclamation. Quite to the contrary. This is the stage for active interference: restraint, prohibition, quarantine, anything may be resorted to, to arrest the further advance of the disease. Instead of being taught that the habit of occasional drinking is merely a moral *lapsus* (not the most powerful restraining motive always), the subject of it should be made to understand that it is the commencement of a malady, which, if unchecked, will overwhelm him in ruin, and compared with which cholera and yellow fever are harmless. He should be impressed with the fact that the early stage is the one when recuperation is most easy; that the will then has not lost its power of control, and that the fatal propensity is not incurable. The duty of prevention or avoidance should be enforced with as much earnestness and vigor as we are required to carry out sanitary measures against the spread of small-pox or any infectious disease. The subject of inebriety may be justly held responsible if he neglects all proper efforts and allows the disease to progress without a struggle to arrest it." *

In extreme cases of inebriety, where we see it in its worst forms, and where it is exhibited under its most revolting features, the unhappy subject of it is most completely at its mercy. The person affected is entirely lost to self-control, and

* Extract from a paper by the writer, on the Pathology of Inebriety, read before the American Association for the Cure of Inebriates; October, 1872.

he yields to the influence of the all-absorbing appetite without even a shadow of resistance. The desire for indulgence is the ruling passion. To gratify it every other consideration is sacrificed. The subject of it is *crazy* for drink. He feels nothing but the insatiate desire; he thinks of nothing but the means of gratifying it. His mental powers are overwhelmed by the one all-absorbing demand. He is left no liberty to refuse, but is impelled onward to complete his self-destructive acts. What maniacal excitement takes a stronger hold upon the mental operations than does the phrenzy for drink. What suicidal impulse is more powerful or more to the purpose than are the self-destructive acts of the inebriate? What delusion, however strong, what insane impulse, however urgent, equals that which impels one to forget, or rather to disregard, every consideration in life, and to sacrifice all for the gratification of this one all-absorbing passion.

This insatiate desire, or rather morbid impulse to drink, has given origin to many extraordinary cases of utter *abandonment* to its influence. The case recorded by Dr. Rush is one. He says in reference to an habitual drunkard in Philadelphia, who, when strongly urged by one of his friends to leave off drinking, replied, "Were a keg of rum in one corner of a room, and were a cannon constantly discharging balls between me and it, I could not refrain from passing before that cannon in order to get at the rum." One of the cases described by McNeish, in his *Anatomy of Drunkenness*, as quoted by Dr. Ray, also illustrates this feature. A friend of the subject of it, painted to him "the distresses of his family, the loss of his business and character, and the ruin of his health," to which he replied, "My good friend, your remarks are just; they are indeed too true; but I can no longer resist temptation. If a bottle of brandy stood at one hand, and the pit of hell yawned at the other, and I were convinced that I would be pushed in as sure as I took one glass, I could not refrain." The late Prof. R. D. Mussey, of Cincinnati, relates another case: "A few years ago a tippler was put into an almshouse in this State. Within a few days he had devised various expedients to procure rum, but failed. At length, however, he hit upon one which was

successful. He went into the wood-yard of the establishment, placed one hand upon the block, and with an axe in the other, struck it off at a single blow. With the stump raised and streaming, he ran into the house and cried, 'Get some rum! get some rum! my hand is off.' In the confusion and bustle of the occasion a bowl of rum was brought, into which he plunged the bleeding member of his body; then raising the bowl to his mouth, drank freely, and exultingly exclaimed, 'Now I am satisfied!'"

Dr. J. E. Turner relates a case of a gentleman, who while under treatment for inebriety, during four weeks secretly drank the alcohol from six jars containing morbid specimens. On asking him why he had committed this loathsome act, he replied, "Sir, it is as impossible for me to control this diseased appetite as it is for me to control the pulsations of my heart."

In a case which occurred under my own observation, many years ago, an individual of somewhat straggling propensities stopped at an hotel where I was at the time residing. He was taken ill, and I was requested to see him. I found that he was suffering from an erysipelatous swelling of the scrotum and the adjoining parts. Among other directions I ordered that dilute alcohol should be applied to the swollen part by means of a cloth occasionally wet in it. Before night he had drank up all the liquor in which he was wetting the cloth for the application, and was completely under its influence.

Dr. Alexander Peddie, of Edinburgh, Scotland—on his examination before a Committee of the House of Commons, in 1872, refers to the case of a lady under his charge for inebriety, who was discovered to have procured drink—says: "When all other means of discovering where the drink came from had failed, on making a strict personal examination a bottle of brandy was found concealed in the armpit, and suspended by an elastic cord around the neck. The next morning another search of the same person led to the discovery of another bottle of brandy tied in the same way around her loins and placed between her thighs!"

These instances give us an idea of the desperation and phrenzy to which persons may be driven when under the in-

fluence of this unrelenting appetite for drink. In suffering and urgency of desire it closely resembles the condition of shipwrecked persons, and those who have been exposed in open boats at sea for days without food or water. We are none of us unfamiliar with the record of these cases. The sufferings induced by hunger and thirst absorb every other sensation, and change the mildest natures into the ferociousness of a beast of prey. Byron vividly describes this condition of want and desire :

“Savagely they glared upon each other—all was done,
Water and wine and food—and you might see
The longings of the cannibal arise,
(Although they spoke not) in their wolfish eyes.”

I can have but little doubt that in a confirmed inebriate, should it be necessary to take human life in order to gratify the desire for drink, it would not unfrequently be done—so irresistible is this fearful propensity.

For all of these facts can there not be but one solution? Can we regard them in any other light than that of morbid phenomena?

We must likewise take the statements of those who suffer these sensations. Those who feel know. Their asseverations universally are, that the impulse to drink is irresistible; that when the desire is upon them, every other consideration is overlooked and forgotten. We can no more ignore the statements of an inebriate in regard to his sensations and appetite for drink, than we could were the same person laboring under some well-recognized disease, and we wished to inquire into all of its symptoms.

The seat of this desire is undoubtedly in the sentient apparatus. It is, however, not to be referred to any particular pair of nerve-trunks, either to the pneumogastric, the glosso-pharyngeal, or to the gustatory branch of the fifth pair; but, as has already been remarked, like the sense of hunger and thirst, or that of the *besoin de respirer*, it prevails throughout the entire organism. It is a morbid perversion of a natural sense; the impressions made upon the sensorium are false and unreal; unnatural wants are created by disordered nerve communication, and unnatural sensations are experienced. In this

respect these sensations somewhat resemble the hallucinations of sight and sound, where, as is well known, false impressions are made upon the eye and ear, and persons see unreal sights and hear unreal sounds. Is it extravagant to claim for hunger and thirst, or for the sense of taste, what is equivalent to hallucinations in other organs of special sense?

The insanity of inebriety consists in the almost absolute power exercised by the morbid appetite over the operations of the mind, exciting ideas, emotions, and passions entirely at variance with the natural characteristics of the individual. The extreme cases just related exemplify the utter abandonment of an individual to its influence. His whole character becomes changed by inebriety. He is impelled to commit acts which his sound and sober judgment would condemn. He does not have liberty of action; but must obey the strong, uncompromising impulse which pervades his entire organism. He must drink. Notwithstanding poverty is coming in at the door, and starvation is staring his family in the face, and his character and reputation are passing away "like a summer cloud," nevertheless he must drink.

The parallel between the morbid impulse to drink, and other and well-recognized varieties of morbid impulse, as well as other forms of mental disorder, is very striking. In tracing this parallel the exciting causes of both will be found to be identical. Take, for instance, the population of the United States, and without stopping to consult long columns of figures, or the formidable array of statistics, which to the precise would be necessary, I think I may assert that among our people the ratio of insane is very large, perhaps larger than in any other nation. And this for very good reasons. The wear and tear of life is very severe. The great desire to accumulate wealth, the rage for speculation, the constant recurrence of political campaigns, and a certain amount of religious fanaticism, are causes that are constantly operating to disturb, overdo, and exhaust mental energy. The disappointments following failure and the loss of fortune in the ever-changing relations of our people to each other, and what in my judgment is still more powerful, the elation which is often the consequence of success,

either in pecuniary or political adventures, are potent causes of mental disturbance and disorder. No time is given to allow the hard-worked and over-strained mental organization a period of repose. There is no lying off for repairs, as is always necessary with inanimate machinery. What wonder, then, that many fall out, that the mind gives away and its faculties should become disordered under the strain of such excitements.

That these are efficient and powerful causes of insanity, none will deny. That they are rapidly increasing the number of the insane the crowded condition of our lunatic asylums and the great demand for new ones sufficiently attest.

These same causes also operate to excite inebriety; only it is believed in a much larger ratio. Compared with the number of insane, the number of inebriates must be tenfold. The consequences of this over-excitement, and the great strain upon the public mind, and the consequent reaction and depression, are to augment and intensify the desire for stimuli. Acoholic, fermented, and other stimulating drinks are resorted to, and the diseased appetite is immediately inaugurated. Intemperance is the fearful penalty which our people pay for their vast enterprises, their large accessions, their commercial activity, and their political successes.

The war, by intensifying public excitement, by creating new causes for apprehension or rejoicing, and the influences which necessarily affect large masses of men in the field, was the occasion of a large amount of excessive drinking. The worn-out energies of officers and men, their exposure in the field, the exhausting nature of their diseases, all tended to increase the desire for alcoholic drinks; while the alternations of victory and defeat, the hope of success or the fear of disaster, had the same effect, though not to the same extent, upon the people at home. These causes, when connected with the origin and extension of inebriety, are as strictly pathological as though thousands of cases of acute mania could be traced to them as their cause.

There are special causes occasionally operating, the effects of which, in one instance, induce disordered mind; in another, disordered sentiments or feelings; and in another, disordered

appetite. Cases are recorded where a blow upon the head, or concussion of the brain from a fall, have been followed by such effects. In one, the injury has been succeeded by mania proper; a second has been characterized by a complete transformation of character—changed from a mild, benevolent, and kind-hearted nature, to a fierce, brutal, unforgiving, and revengeful man; while in the third, the injury develops a love for ardent spirits, and the former sober individual becomes a confirmed drunkard.

It is a well-recognized fact that insanity is hereditary; that the offspring of insane parents are liable to a similar affection; and that the tendency to disordered mind is transmittible from parent to child. This, as has been just remarked, is a well-recognized fact. The evidence in favor of the hereditary transmission of inebriety is no less strong than that upon which the fact that mental disease is inherited is admitted. In one case intellectual mania or dementia is developed; in another, dipsomania.

Both these conditions of the organism, in genuine cases, become so under the general law which governs growth and development. This law, 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 child will do the same.

A tendency to drunkenness will be developed under the same general law. The child will give the fairest promise,

its youth will be one of innocence, uncontaminated by evil influences, and the first years of its manhood will be free from spot or blemish ; but the critical period arrives, and suddenly, like a fatal cancer, there is developed this morbid propensity. The man becomes changed, his appetites are aroused, his whole nature undergoes a transformation, and the prospect of his early years is blasted by drunkenness. No condition in life is exempt from such instances. We meet them everywhere ; in the pulpit, on the bench, at the bar, in the church, and among all sorts and conditions of men.¹

The period in life at which the propensity to drink is developed varies in different individuals. In some it appears in early youth, in others in the first years of manhood. The great number of young men addicted to the intemperate use of ardent spirits who are to be found in our large cities and principal towns are examples of this class. Cases also occur where late in life the propensity first makes its appearance.

All of the circumstances that have a direct effect in exciting other forms of morbid impulses seem to act specially upon inebriety. The first is *suggestion*. The sight of a drinking-place is sufficient often to awaken the desire. The vendor knows this fact very well, and hence he selects for his place a prominent position—a corner on two principal streets or thoroughfares is obtained if possible. The bar is made attractive by a tasteful arrangement of mirrors, cut-glass, and pictures. All of this is to invite and *suggest* to the passers-by the idea of drink.

The sailor at sea thinks not of his grog until the sun is over the fore-topsail yard ; when he is immediately reminded that it is time for his regular potation, and the desire is upon him. With many eleven o'clock suggests no other idea, but that it is time to take a drink.

The sight of a decanter or a demijohn operates in a similar manner upon many.

¹ Vide Paper on The Pathology of Inebriety, read before the American Association for the Cure of Inebriates, November, 1871, by the writer of this paper.

Imitation is also one of the principal exciting causes of drinking, especially in the commencement of the practice. Young men and lads are often ambitious of following the example of others. One of the first acts a boy attempts is to smoke a cigar. The habit of drinking is often commenced in this way, after which the appetite becomes morbid, and habitual drunkenness is the result. Many drink solely because others do. To withdraw from the company of those addicted to drink is one of the most important measures of reform.

In no variety of morbid impulse does habit have a more potent effect than in exciting inebriety. Compliance with the desire to drink keeps it alive, and the practice is perpetuated from habit. This has generally been regarded as the real cause of drunkenness—the source from which all the evils have sprung. Hence the practice of drinking has been denounced in no mild terms, and a pledge no longer to use ardent spirits has been thought to be a sufficient remedy. We know how unsuccessful such measures have been. We likewise know that other and more powerful causes operate to engender and keep in operation the love for ardent spirits; but still I believe that many drink more from the fact that they have always been accustomed to drink, rather than a love of it, or from feeling the morbid impulse. That habit in these cases keeps up the practice, and that the drinking is more a matter of form and ceremony with many, I fully believe to be true. But, notwithstanding these exceptional cases, the great mass of people drink because they are impelled to do so by an impulse as irresistible as that which craves food and drink, when deprived of it, and which stops at no obstacle, or which can be influenced by no motives of either prudence or of policy.

I have now, Mr. President, very imperfectly, I am aware, endeavored to draw some of the features of inebriety as they present themselves when the habit of drinking is referred to that form of disordered mind which has been termed morbid impulse. To refer the self-destructive acts of the inebriate to the same causes which in others incite to kill, to commit suicide, to steal, or to burn, appear to me to be consistent and proper.

Whatever gentlemen may think, and however varied opinions may be upon this subject, I think all will concur in the propriety of studying inebriety from this standpoint in the earnest hope that eventually some remedy may be found, some check be placed upon the sad and fearful ravages of inordinate drinking.

Before concluding I desire to allude in a few words to the subject of asylums for inebriates. We have already seen that the plan of treating hard drinkers in public institutions was first proposed by Dr. Rush nearly seventy years ago. He recommended an asylum in every city and town in the United States; and should their establishment prove to be, what the friends of these institutions confidently believe, I think the foresight of Dr. Rush will be fully sustained. The country should then be districted, and asylums should be erected, in which any poor unfortunate inebriate could find protection. They would then become like the cities of refuge in ancient Israel, places of retreat and security from the pursuit of a most relentless foe.

It has been the practice, as I understand, for many years past, to admit inebriates into lunatic asylums for treatment. Every institution of this kind has had more or less of this class of patients. A great many go there for treatment for derangements consequent upon excessive indulgence. They have *chronic alcoholic intoxication*; another class go to such institutions to be relieved from the tormenting desire for drink—and many cases have occurred in which successful results have been obtained. Dr. Woodward very emphatically declares that “a large portion of the intemperate in a well-conducted institution would be radically cured, and would again go into society with health re-established, diseased appetites removed, with principles of temperance well grounded and thoroughly understood, so that they would be afterwards safe and sober men.”

I am myself a firm believer in the utility of public institutions for the exclusive treatment of inebriates, even as they are at present conducted. In this I differ from the learned and eminent President of this Society, whose late comments upon the

management of inebriate asylums I regard as too sweeping and denunciatory.

I admit the justness of the learned gentleman's criticism on the present management of the inebriate asylums now in operation, to a certain extent. The means of restraint employed are perhaps not adequate to meet every case; but it will be found to be one of the most difficult problems to solve, to properly adjust discipline, care, and treatment in the management of inebriates.

Many of the regulations must be submitted to voluntarily, and the patient himself must earnestly co-operate in every measure calculated to promote his reformation. No surgeon would ever think of remaining in charge of a fractured thigh, if the patient should persistently refuse to submit to the necessary confinement and dressings. It is the same with the inebriate. He must not only concur, but he must co-operate in all the measures necessary in his case. No person can, with any prospect of success, place himself, or be placed by his friends, in an inebriate asylum, who is not himself heartily desirous of reformation.

In the New York State Inebriate Asylum at Binghamton, from the 1st of September, 1873, to the 1st of September, 1874, the number of patients admitted was 190, of which 23, or 13 $\frac{1}{2}$ per cent., have proved refractory and unsubmitive. The rest have quietly submitted to the rules and discipline of the institution, and many have gone out, as is believed, fully restored. Measures are now being taken to inquire into the subsequent history of all those who have been inmates of the institution, to be embodied in the next annual report of the board of managers.

It is not claimed that every case that enters an inebriate asylum is benefited or improved. There are incurable inebriates as well as incurable insane. To such, an asylum offers, and it may very properly be employed in affording to them, a place of security and retreat. Here the restraint which they are incapable of exercising for themselves may be imposed upon them by others. Here the shattered nervous system can be repaired, the much-abused organs of the body relieved from con-

tinuous contact with the poison of alcohol, and though the appetite for drink cannot be eradicated, much of its power can be abated, and the individual be saved from many acts of self-degradation.

Relapses not unfrequently occur. Patients leave the asylum feeling that they have recovered their self-control, and that the morbid appetite has been overcome; but the excitement of life and business, the sight of well-arranged bars and drinking-places, excites again the impulse to drink. Of the 190 inmates in the asylum at Binghamton, one has returned the third time, and sixteen are on their second term of treatment.

It is not strange that relapses should take place in the morbid craving for alcohol. There is a tendency to return in very many diseases, especially when one is continually exposed to the exciting causes. Mental disorders, as is well known, are very liable to return, and the records of the lunatic asylums will probably show as large a ratio of "repeaters" as will the inebriate institutions.

It is not claimed that perfection has been reached in the management of these asylums. Much there is to be improved upon, and many things are yet to be learned. The degree of restraint to be imposed, and the amount of liberty to be permitted, must depend upon each individual case, and the good sense of the superintendent in charge. I think separate asylums for the reception and treatment of inebriates much more desirable than any other plan of management. To place them in lunatic asylums would be overcrowding these places. Separate halls or wards would necessarily be reserved for their exclusive use, and they would become in every respect inebriate asylums.



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