ON SOME RELATIONS BETWEEN INTEMPERANCE AND INSANITY.*

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OUR worthy Secretary having called upon me, at a somewhat late hour, to furnish you with a subject of discussion this evening, I have chosen the very important subject of alcoholic insanity, upon which, as it seems to me, our knowledge remains in a very ill-sorted and unsatisfactory condition.

Permit me, first, to submit to you certain propositions as to pathological varieties of drink-insanity, which seem to me well worthy of your attentive consideration. I wish to avoid all reference to that dreadful slogan, the classification of insanity; but I must remind you that a collection of diseased organisms is not like a piece of slate rock, with cleavage only in one direction. You may very fairly divide them lengthwise, or crosswise, or cornerwise, and tie them up and deposit them in any variety of parcels or mental pigeon-holes which may please you or seem to instruct you.

Now, it seems to me that the commonly accepted forms of insanity from drink, fairly well marked as they doubtless are in typical instances, have yet no sufficiently pathological foundation upon which to base a just conception of the real relationship of drink and insanity; and that, moreover, they do not adapt themselves to the generalisations I am able to make from my own observation and experience. These forms, as we all know, are: 1. Delirium tremens; 2. Mania *à potu*; 3. Dementia *à potu*, or alcoholismus chronicus; 4. The moral insanity of drink, or oinomania.

No doubt, a large proportion of the cases that we meet with may be classed under one or other of these four heads; but it is one of the questions upon which I most desire to compare your experience with my own, whether these forms are not too definite and restricted, and whether we do not meet with cases of insanity caused by drink which present to us every known variety of mental disease. My own very narrow experience would affirm that it is so; and that, although a certain course of symptoms appertains to a large proportion of cases of drink madness, yet there is a wide margin of cases which are strangely varied and quite unimpressible within the forms I have named.

If this be so, some new attempt to devise a scheme of drink cases must be made, and I shall venture to propose one in correspondence with my own clinical experience.

First, I think we have a number of cases of which mania *à potu*, or acute mania from drink, is the type, in which the alcohol acts as an excitant of morbid cerebral function. In these cases, there is almost invariably a strong hereditary tendency, or a previous history, of brain-disease; and the alcohol lights a train of mischief already laid, and which might have been exploded by any other moral or physical cause of mental excitement: by a fit of passion, or by mental overstrain, or by a blow on the head, for instance. In these cases, the mental symptoms may be maniacal, or melancholic, or delusional; in fact, they may be anything within the range of mental disturbance, the anything for which the brain was prepared; but it is to be noted that they are not characterised by the marks of the second mode in which alcohol acts, to which I shall now advert. These are the cases in which the alcohol acts, not as a cerebral excitant, but as a neural poison, producing a characteristic group of symptoms, varied in intensity so as to justify subdivisions, but rarely any of them altogether absent in some part of the course of each case. The typical form of this mode of causation is delirium tremens; but there are also many chronic cases of insanity in which muscular tremors, hallucinations (especially of hearing), local anæsthesias and palsies, and delusions of suspicion, persecution, and fear, mark their common origin in the toxic action of alcohol.

If these cases survive and are not cured, they pass into the third form by losing the more pronounced signs of nerve-poisoning, and acquiring those of cerebral atrophy and mental decay. But not seldom cases are met with in which the primary symptoms of cerebral disease from drink are those of degraded nutrition. The alcohol has not been taken in sufficiently large doses to act as a poison, but, continuously taken in smaller doses it has set up its peculiar action in the red blood corpuscles, diminishing their functional activity as oxygen carriers, and, if Binz be correct, diminishing the movements of the white corpuscles on which tissue-growth depends; and it has also acted directly on the cerebral capillaries, directly or through the vaso-motor centres, dilating them, thickening their coats, and deteriorating their function, the result being cerebral atrophy and mental decay. We may call these three

modes Alcoholismus excitans, Alcoholismus toxicus, and Alcoholismus atrophicus.

I have yet to mention a fourth mode of drink-madness, which, if it do really exist as a form of mental disease, is a very distinct and remarkable one—I mean the moral insanity of intoxication, or oinomania. It is said that this form of insanity may be caused by blows upon the head, by hæmorrhages, by hereditary transmission, and other influences not alcoholic, so that to call it an insanity caused by drink would, in such cases, be incorrect. Other instances, where the craving for drink is the result of a vicious habit merely, cannot rightly be called cases of insanity until the alcohol has produced its effects upon the brain, either as a poison or as a denutrient, to the extent of developing the signs of mental derangement; after which they will be included either in the second or the third of my specified modes. Therefore, I exclude oinomania from drink-madness; and if it do really exist, I place it with its congeners, kleptomania and homicidal mania, in the class of moral insanities.

Now, the existence of kleptomania or of homicidal mania would never be admitted simply on the evidence that theft or murder had been committed. The vicious circle would be too apparent for any one to be permitted to argue or to plead, he is mad because he has stolen, and he has stolen because he is mad. In all cases of moral insanity, a group of symptoms must be estimated in their collective significance; and if such a group of symptoms as that, for instance, by which Anstie depicts oinomania, in Russell Reynolds's *System of Medicine*, be considered as necessary qualities or attributes of oinomania, I admit that such cases are met with and are rightly described; and I have only one further remark to make respecting them, namely, that they are veritable and mostly incurable cases of insanity, and that they may without difficulty be dealt with under the existing lunacy laws.

We may now pass to another but allied subject, namely, the statistic of drink-madness, and the right method of investigating it. As we all know, the old method has been to lump together all insane persons of whom it was reported that they had been drinking, as cases of insanity caused by intemperance. Even this rough method failed to justify the statements with which we are but too familiar, namely, that drink causes from 50 to 80 per cent. of all the mental disease in this country. But, although the enthusiasts of total abstinence may, without much blame, be careless arithmeticians, for the purposes of science a stricter method and a more accurate estimate of the drink-agency are essential; and a more discriminating investigation has already been instituted, at my request, by several of my friends, whose statistic I have already published in the July number of the *Journal of Mental Science*; and I have now an important addition to make, for which I am indebted to my friend Dr. Major, respecting the drink-statistic of the 511 cases of insanity admitted into the Asylum for the West Riding during last year. Of these, 11.35 per cent. were Class A cases of insanity, resulting from the direct action of alcohol; 1.56 per cent. were Class B cases, complicated by hereditary tendency to insanity; 2.93 per cent. were Class C cases, in which alcoholic excess had been combined with other adverse physical conditions; and 1.95 per cent. were Class D cases, in which alcoholic excess had been combined with mental causes—making a total of 17.79 per cent. of alcoholic cases on the admissions. The total percentage on the male admissions was 31.20, and that on the female admissions only 4.98.*

In forming a sound statistic on this subject, the first requisite is to exclude all cases in which drunkenness is not a cause but a symptom of insanity, which all experienced alienists know to be frequently the fact; for it would be as irrational not to make this distinction as it would be to lump together all insane persons who have suffered losses in business, not distinguishing those in whom the loss had been the

* Dr. Rhys Williams has since kindly provided me with the following important statistic of drunken cases admitted into Bethlehem Hospital during the two last years, arranged in the same four classes.

		Males.		Females.	
Number admitted during 1875	.. .. .	94	..	138	..
Number admitted during 1876	.. .. .	114	..	129	..
		Number.		Percentage.	
		Males.	Females.	Males.	Females.
1875.—Class A.	.. .. .	2	2	2.19	1.44
.. Class B.	.. .. .	4	..	..	2.89
.. Class C.	.. .. .	1	9	0.10	1.44
.. Class D.	.. .. .	4	1	4.36	0.72
1876.—Class A.	.. .. .	2	2	1.75	1.55
.. Class B.	.. .. .	2	2	1.75	1.55
.. Class C.	.. .. .	..	..	..	..
.. Class D.	.. .. .	2	2	1.75	1.55
		13	15		
				Males.	Females.
Total number admitted in 1875 and 1876				208	267
Percentage of cases attributed to intemperance				6.25	5.61

* Read before the Medico-Psychological Association, January 31st, 1877.

cause of the insanity from those in whom insanity had been the cause of the loss.

Moreover, it is essential to a right understanding of the drink-etiology of insanity that the cases which have been directly caused by strong drink alone should be separated from those in which alcohol has only acted the part of an ally with other enemies of mental health; for it is very certain that, in many cases in which intemperance has aided in this warfare, its share of influence has been by no means the greatest; hereditary predisposition, mental overstrain, worry, and an array of combining causes having had by far the greatest power in bringing about the common result. The truth and importance of this view seem so obvious that I may well spare you further comment upon it, with the expression of an earnest hope that, now it has been accepted and carried into practice by our eminent associates, Drs. Clouston, Major, Duckworth Williams, and your President, this more discriminating statistic of drink-madness will be generally attempted in all our institutions for the insane. In carrying it out, I think some difference of opinion and practice may arise in the discrimination of the direct from the indirect cases; and I am myself inclined to believe that, the more thoroughly the histories of our drink cases are investigated and pondered upon, the larger will be the proportion of them which will be shunted from the direct to the indirect line of causation.

And now I have to offer to you a consideration, which will, at first sight perhaps, have a paradoxical ring, as coming from me after all that I have said and written respecting the potent influence of alcohol in the causation of insanity; but it is just in a careful analysis where the remainder is least forgotten. I am warned, however, by old experience of the way in which one's words are apt to be perverted from their true meaning, to protect myself by avowing once again that no one can detest drunkenness more than I do; that I think it the greatest remaining curse of this age and country; and that I believe intemperance in drink to be by far the most potent of all removable causes of mental disease.

After this, I may venture to indicate what I think to be another equally real aspect of drink in relation to insanity, namely, the causal relation between the occasional use of alcohol and the prevention or postponement of mental disease.

With men of such wide experience as my present audience, a few considerations will probably suffice to gain me many suffrages in favour of this novel and, I fear, startling proposition; but let us bear in mind many of the commoner moral and physical causes of insanity, the prevailing bodily conditions of the incipient disease, and the necessities of the treatment, and we must, I think, see and admit that this stimulant-narcotic, in such general use, must have a vast and varying influence upon the organisms of men, which is not likely to be invariably pernicious, and which may well be sometimes beneficial and conservative of the mental health.

Consider the great part which grief and anxiety, worry and overstrain, play in the production of insanity, the depressing effects of poverty and the failing struggle for existence, of misery in all its forms, and then consider to how great an extent the use of alcohol oftentimes tends to make the burthen of life bearable, if not by stimulating the powers, at least by deadening the sensibilities of men; and I think you will agree with me that, by the occasional help of strong drink, a man may sometimes be able to weather that point of wretchedness upon which his sanity would otherwise have been wrecked. The observation of life forbids us to doubt that "wine, which cheereth God and man", according to Holy Writ, doth sometimes blunt the keen edge of misery, so that the wretch is not "cut to the brain", like King Lear. Alcohol, in its physiological action, is *atriptic*, retarding the disintegration of the tissues, especially of the nerve tissue; and, when the brain is wearing itself into madness, alcohol, at the right time and in the right dose, does without doubt sometimes check the ebb-tide of reason. Perhaps, a few timely doses of opium might have the same or a better result, if the people of this country were in the habit of resorting to opium to dull their misery and assuage their pain; and in China opium, although the source of infinite mischief, is also, no doubt, a precious boon to the miserable who may use it aright, either by happy chance or wise direction.

Alcohol, moreover, is not only a narcotic which may "knit up the ravelled sleeve of care"; it is also, according to Anstie, Lauder Brunton, and all good authorities, a food, and as such it plays an important part in the therapeutics of insanity. I have myself no doubt that a moderate use of fermented drink is useful in the treatment of mental disease, not only that a cure, when possible, may be attained *cito, certo, et jucunde*, but that, in incurable cases, the bodily health may be improved and the mental misery alleviated.

I do not wish you to infer that, if called upon to adopt prophylactic treatment in a case where insanity was threatened, I should be likely

to prescribe alcohol in any form, unless it were specially indicated. I have generally succeeded in finding some better method of escaping the danger. But our uninstructed countrymen, whose custom it is to drown their phrenalgias in the flowing bowl, do, according to my observation, sometimes succeed in the dangerous enterprise. The dreadful mischief of which strong drink is the source, in the causation of insanity, affords no good reason why we should refuse to observe that, under exceptional circumstances, it has no slight influence in the prevention of the same disease. *Ubi virus, ibi virtus*. Statistics, indeed, supply us with no ready-reckoner of this last named result; for, in the words of one who enjoyed much and suffered much,

"What's done ye aiblins may compute,
But never what's resisted."

Burns, had he been sober, might have made a fortune by industry, lost it by speculation, and ended his days in the Crichton Asylum—leaving the world all the poorer for the want of some of its sweetest and tenderest poetry.

To conclude: as alcohol, by causing partial paralysis of the nervous mechanism, will sometimes obtund the shock of physical injury, which would otherwise be fatal, so, in like manner, it will deaden the blow of mental pain, which would otherwise destroy the reason. But, remember, that it is but a precarious refuge on urgent occasion from a greater danger than its use itself involves. The mental physician loves not an alcoholised patient one whit better than the surgeon does; for in either case, the repetition of the remedy may speedily brew as much mischief as the original injury could effect, and the man who resorts to the bottle to drown his habitual cares is on the downward slope of a road which surely leads to perdition.

Let me not, therefore, be misrepresented as recommending strong drink as a remedy for grief and care when they threaten sanity, because I say that, owing to the customs of living in this country, it not unfrequently is such a remedy, although a most unsafe one. But we physicians are not fanatics, and can have no more antipathy to alcohol than we have to arsenic, when used aright for a beneficial purpose; and we ought not to be debarred from recognising such possible occasions of its use, because more commonly it enters, as an evil spirit, into a herd of human swine seeking their own destruction.

ON THE REMOVAL OF SCIRRHOUS TUMOURS OF THE BREAST.*

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FROM the patient now before the Society, I removed the right breast for scirrhus on May 29th, 1861. The tumour was of typical hardness and structure, and of considerable size, and the woman was in such delicate health, that a hospital surgeon, under whose care she had previously been, declined to operate. As the breast was perfectly movable, the skin and glands in no way affected, all the vital organs healthy, and the constitution wiry, though the frame was fragile, I deemed myself justified in operating. The patient bore a child two years afterwards, and another since; she has continued delicate, but has never ceased to work hard for her livelihood. She is now fifty-eight years of age; fifteen years and nearly seven months have elapsed since the operation, and the pale cicatrix continues perfectly healthy, as do all the organs.

In the other case, which was before you just now, I decline to operate. The woman is thirty-eight years of age, apparently in robust health. She has a scirrhus in the left breast, movable under the skin and in the pectoral muscle, with an enlarged, hard, and rather fixed gland in the axilla, and a chain of enlarged glands in the corresponding posterior triangle of the neck.

These cases suggest a variety of considerations, which, in compliance with the invitation of the President of the Section, my friend Mr. T. H. Bartleet, I shall embody in a review of the vexed question—When should a scirrhus of the breast be removed, or when left alone?

It is especially true of operations for cancer, that they should not be undertaken unless there is the utmost attainable certainty of the surgeon being able to complete them; to remove the whole disease, and leave the parts in a state favourable to speedy and solid union. If a scirrhus breast is to be interfered with at all, such interference cannot be too speedy or too thorough. From a woman above sixty, it is only under very exceptional circumstances that the removal of a scirrhus should be recommended. In old persons, such growths are often very

* Abstract of an address to the Pathological and Clinical Section of the Birmingham and Midland Counties Branch of the British Medical Association.