REMARKS

ON

ALCOHOLISM FROM A CLINICAL POINT OF VIEW.*

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MR. PRESIDENT,—I had sent in to the secretaries of our Branch the title of my present paper before I had the privilege of hearing your excellent address on the same subject, which has since appeared in our JOURNAL (July 25th). In that address, you covered the entire ground I had proposed to occupy; you adduced the same arguments which had occurred to my own mind, and, finally, you so collected all the threads of your discussion, as to cause them to converge to the exact point to which I had hoped to lead my hearers.

I desire here to state your conclusion; it was, that we possess no effectual means of dealing with the dreadful evil of secret drinking, which you justly represented as prevailing to a very serious extent, so long as the patient enjoys full liberty of action. You said: "It matters little for all practical purposes whether the drinking have produced the insanity or the insanity the drinking; we have to deal with the facts as we find them;" and, in behalf of the mental and physical well-being of the individual—in the interest of his family and his property—and in the name of society at large, you pleaded for such a change in the present state of the law as, with due provision to secure the testing of every case, might confer upon properly selected authorities the power of subjecting the patient to the restraint which would be necessary for preventing his further indulgence in his vicious propensity.

In bringing the subject, with your permission, again before our Branch, I have been influenced by the conviction, that the opinions you announced would gain strength from discussion; and that the whole of your address must have aroused so many experiences in the minds of our members, that it richly merited such discussion. I simply propose to go upon your own lines, and, availing myself of the general view of the subject which you have presented, to offer support from certain considerations resulting from the clinical observation which my experience may have presented to me.

The principal grounds on which your proposal rests to alter the present state of the law as regards the case of habitual drunkards would, I believe, be the following. 1. The cases of habitual drinking for which the proposed treatment is intended are *practically cases of disease*; the patient, acting under a diseased influence, incurs the certainty of mental and physical incapacity; introduces misery into his family; squanders his means; and renders himself useless or mischievous as a member of society. 2. We possess no effectual means of averting these dangers, so long as he retains full liberty. I propose to illustrate these two positions.

1. In considering the first position, I shall not attempt to make any more elaborate classification of habitual drinkers than the directly practical one employed by yourself; viz., into *vicious and morbid drinkers*. Those who are curious upon this part of the discussion will find much interesting matter in the Blue Book, which is the result of the labours of Mr. Dalrymple's Select Committee of the House of Commons on Habitual Drinkers, published in 1872, to which I shall have cause to refer more than once.

Now let me state that, in admitting most fully the existence of a large class of so-called morbid drinkers, I am fully sensible of the danger to be apprehended from weakening the sense of moral responsibility; I am completely alive to the fact that, even in many cases of actual insanity, the consciousness of responsibility may yet remain, and that it is the purpose of the most enlightened treatment of the insane to keep alive this consciousness as long as possible. I submit, however, that, in relation to the present question, we are not called upon to apportion the exact amount of moral delinquency incurred by our patient. Under any circumstances, I fear that we must relegate the verdict on this issue to a far higher tribunal than our own judgment. But let it be remembered that it is not now a question of granting immunity from the penalty of wrong-doing, or conferring some unmerited privilege; the penalty too surely follows the crime, and confinement in a retreat is by no means a pleasurable position. As you have correctly observed, it is with the present state that we are concerned; and Dr.

Crichton Browne's reply to the Select Committee (500), in answer to the inquiry where restraint is to be imposed, at once puts the matter in its right light. "Whenever the craving becomes irresistible; when he (the patient) says that he cannot resist it; when his affections are weakened, and his intellect fails, and his will becomes weak, and he neglects his affairs and ruins his family." When such a period has arrived, I would observe, the question as to the proportion of cases in which diseased drinking has been the outcome of vicious indulgence, and those in which it was a diseased propensity from the very beginning, seems to fall into a subordinate position.

I need hardly observe that there is a reverse to this picture, and that much wants doing for the correction of the related class of *criminal drinkers*. At present, the law has no censure for drinking as a vice; those drunkards who are brought before the magistrates are not taken up on account of their being intoxicated, but either because they have been guilty of disorder, or because they are incapable of taking care of themselves.

With these preliminary remarks, I propose to offer some clinical illustrations bearing upon the morbid form of habitual drinking; that form which has been termed dipsomania or oinomania by different observers, with certain distinctions as to the special signification they attach to these terms.

Many considerations tend to assimilate such cases to other recognised forms of nervous disease. I may observe, *first*, that, in a not inconsiderable proportion of instances, symptoms of insanity actually precede the outbreak of intemperate habits. Dr. Parrish informs the committee (2659) that, in the Pennsylvania Hospital for the Insane, the assigned causes of insanity are identical with those alleged by inebriates or their friends in explanation of the habit they had formed; and Dr. Crichton Browne states (520) that, of the cases of insanity under his notice, in which the disease was ascribed to habits of drinking, in one-third hereditary tendency to insanity was a co-operative influence.

Secondly.—The very marked quality of *periodicity*, which is a prominent feature in the best marked cases of the so-called dipsomania or oinomania, is clearly in accord with the well known habit of the typical forms of nervous disease. The frequent returns of patients to the houses of refuge illustrate this element in the disease, as do the frequent commitments by magistrates for the vice; Mr. Mould (768) mentions one lady who had been in his asylum thirty times in the course of ten years; and, on the other hand, the Chief Constable of Leeds (2494) speaks of a person who had been brought before the magistrates nearly one hundred times.

Thirdly.—If, again, we look at the causes most generally assigned as leading to the formation of the habit of drinking, we shall see that they imply the operation of influences which tend directly to produce cerebral or mental disease, or imply their actual presence. Such are insanity itself, cerebral diseases, sunstroke, blows on the head, hæmorrhages, nervous shocks, the commotion of the system attending the establishment of puberty, or connected with the climacteric period, etc. I purposely exclude a large group of powerful influences connected with education, habits of social life, etc., as susceptible of a more doubtful interpretation regarding the simple operation of nervous disorder.

Fourthly.—The marked moral degradation and intellectual failure which accompany certain forms of habitual drinking, and occur at an early period, bear similar testimony. You have yourself strikingly illustrated this part of the subject by some most impressive instances; I will only pause to note, in addition, the difference which I think prevails in this particular from what we observe in the vicious toper. The latter individual manifests moral degradation enough, it is true; but the degradation rather develops itself in sentimentality or in passion and violence; in him the moral aberration consists in the unrestrained acts of his normal propensities, when set free from control, more than in the peculiar perversion of veracity and of natural affection frequently characterising the morbid drinker.

Fifthly.—I have to mention the important position held by *hereditary tendency* among the antecedent circumstances observable in the history of many of the patients. It was an Aristotelean maxim, to which the late Dr. Anstie gave his assent, that drunken parents beget drunken children. Dr. Doidge is reported in the Blue Book to have stated (2968) that the statistics of the New York Binghamton Asylum show that a large proportion of patients received into that institution have intemperate parents; and, according to the report of the New York State Inebriate Asylum, 125 out of 315 inmates had intemperate ancestors.

But I think an important distinction may be shown to exist between different cases of heredity in considering the testimony they may bear to the morbid character of the habit we are considering. Let me illustrate the difference by the following comparison. I have in my mind a large family, of whom the eldest was a *bon vivant* and a solitary drinker, or

* Read before the Birmingham and Midland Counties Branch.

rather, a toper; ultimately, his digestion gave way, and he was compelled to give up his habit; when advanced in life, he became subject to delusions, and committed suicide. Three of his brothers were hard drinkers, and two of them died of the results; and one of three sisters exceeded the bounds of moderation. One of the brothers has had two sons, who have fallen into the same habit. Now, in this family, I should be disposed to ascribe the congenital tendency rather to the effects of example and defects of education than to any form of transmitted nervous disease.

With this case, contrast the following. A young gentleman was brought to me with epilepsy by a medical friend, from whom I had the following history. The paternal grandfather was insane, and died in an asylum; two of his brothers died of paralysis, and one of these two had an insane son. The father was a dissolute man; his brother was intemperate, and died in a single epileptic fit. One of the patient's brothers is now a confirmed epileptic, and literally a drunken reprobate. The son of the father's intemperate brother is epileptic, has been committed to prison for thieving, and is now in an asylum.

Now, this latter case is a typical instance of the inheritance of a badly organised nervous system, and the cases of intemperance which it presents occupy the same relation to congenital defect as do the other forms of disease.

Take, again, the following striking illustration. A young lady has had epileptic fits; her sister is hysterical, and one, if not more, of her brothers is morbidly impressible. Her mother has had several attacks of depression. The mother's mother (maternal grandmother) was a healthy vigorous woman for the several years through which she was at times under my care; but, of three of her sisters, one died of peculiar nervous symptoms after a nervous shock; of four brothers, one died in an asylum, and I was consulted about his daughter, who is melancholy; another brother drank and finally committed suicide; a third is a hopeless hypochondriac, and his two daughters have had nervous attacks; the remaining brother is intensely selfish, unmanageable, and a great trouble in business, and one of his daughters has been in an asylum.

The words which Scott puts into the mouth of Ratcliffe, in the *Black Dwarf*, though of very dangerous tendency, if permitted to furnish an apology for neglecting to exercise self-control, have yet in them much scientific truth. "The courtier who ruins his fortune for the attainment of a title which he can do him no good, or of power of which he can make no suitable or creditable use; the miser who hoards his useless wealth, and the prodigal who squanders it, are all marked with a certain shade of insanity. To criminals, who are guilty of enormities, when the temptation, to a sober mind, bears no proportion to the horror of the act, or the probability of detection or punishment, the same observation applies; and every violent passion, as well as anger, may be termed a short madness."

We know that inherited infirmity affects *tissues*, not organs, hence one and the same liability to disease may show itself in several different forms, even in the same family. But there is another circumstance which will materially affect the forms assumed by nervous disease in different individuals; it is made the subject of special notice in an excellent article on the Comparative Study of Drunkenness, published in our JOURNAL on May 16th and 23rd. The symptoms which characterise many forms of nervous disease are due mainly to the more or less complete withdrawal of the control which the higher centres habitually exercise over the lower. Such is the occasion of the diversity of form manifested by intoxication, by epilepsy, by some kinds of insanity, even by the violent developments occasioned by certain injuries to the head. Under such circumstances, the symptoms of the disorder will vary according to the degree to which one or other of these two factors prevail; viz., the degree of violence with which the lower centres are endowed by nature; and, secondly, the degree of development attained by the higher centres; in other words, the hold the higher have over the lower.* The more full the development of the higher centres, the more difficult will it be for disease to destroy their controlling power; and thus it comes to pass that, in the same family, we may meet with very varied manifestations of disordered action in the lower centres of motion, of passion, or of reflection; and epilepsy in one member may answer to hysteria in another, and to depraved taste, or even to violence of character in, a third.†

In keeping some records of cases of epilepsy and also of hypochondriasis, I have made inquiry as to the presence of alcoholism in

the patient's family. I found, in eighty-four epileptics, instances of alcoholism in the families of forty-four; in twenty hypochondriacs, the same was the case with the families of eleven.

But the controlling influence exercised by the higher centres in the brain is not removed in the same manner in every patient, and it is to the various modes and degrees in which this control is lessened that we must attribute a fact, which I doubt not has often struck my hearers; I mean that there are many families in which such nervous disorders prevail as we know have a direct tendency to produce secret drinking, yet without the presence of the vicious habit in a single one of the sufferers. I have now in my recollection a large family, in which there have been among its members cases of extreme hypochondriacism; of recurring depression of spirits, in one or two members passing almost to melancholy; of unhealthy irritability of temper, with marked angularity of character; and of a condition of morbid sensitiveness to physical discomfort, united to a lowered standard of vital power, which renders this sensitiveness a source of serious trouble—and this through two generations; yet in none have I had any fears for the occurrence of the habit we are now discussing; nay, I have seen one member of the family refuse a stimulant which had been prescribed for her, for the very reason of the relief she experienced from such remedies.

I will now turn from these general remarks to notice a few of the cases of morbid drinking which present themselves to a medical man engaged in general practice; and I have no doubt I shall appeal to the painful experience of many around me.

Dr. Druitt, in his evidence, asks for aid in behalf of those of both sexes who are led to secret drinking "for the relief of bodily or mental misery"; and is it not the case that what leads most directly to morbid drinking is, as Dr. Druitt says, misery, bodily or mental?—misery produced by various forms of nervous complaints; by social, or family, or commercial troubles, against which nature has not endowed the sufferer with power to contend; by physical troubles, though in far smaller proportion, because physical ills are more tolerable than mental ones.

Those of my hearers who have read the late Dr. Anstie's work on *Stimulants and Narcotics* will remember that he insists strongly on the power of alcohol, in moderate doses, to relieve various nervous symptoms; he gives good reasons for classifying alcohol and other stimulants which thus act among the group of foods. But it is his object also to prove that, when given in more than moderate quantities, the so-called stimulant enters the class of *narcotics*, and exerts a paralysing influence upon nervous tissue. "It is strange, doubtless," he adds, "that every, or nearly every, stimulant we know is, in large doses, a poison; and a grave moral might be drawn, were this the place for moralising, from the fact that the evil always lies so near the good" (p. 275).

Herein, then, lies the danger. The relief obtained from the medicinal dose of alcohol is temporary only, and the dose must be repeated; then the quantity needs to be increased, and, in no long time, is carried beyond the bounds which limit its merely stimulant or restorative function. In a certain number of persons, more or less of the enjoyment felt by the toper is superadded, rendering the peril so much the greater; and, as time goes on, the interval of complete sobriety becomes less and less endurable, and thus the practice of self-narcotising is fully established.

Whilst cordially agreeing with the earnest protest uttered by our President against the careless prescribing of stimulants by medical men, it is, I believe, in the class of cases I have just been sketching that the caution is mainly required. In acute febrile diseases, all food is so obnoxious, that there is little fear lest fondness for stimulants should survive the disease, unless, indeed, it be during the period of convalescence, in which period the same caution is certainly required as in maladies having a directly nervous origin. One of the saddest cases of alcoholism I have ever attended appeared to have originated in a stimulant prescribed by a most cautious physician for the relief of irregular action of the heart following a severe mental shock in a very nervous patient.

In a valuable paper by Dr. Druitt, written twelve years ago (*Medical Times and Gazette*, 1862), he drew attention to certain special forms of suffering which are most apt to induce drinking habits; and his remarks are applicable, not alone to women, but to a not inconsiderable class of men having a feminine type of constitution. Among the symptoms, he singles out for special remark one which, I believe, exists in various modifications, and is a fruitful cause of secret drinking. It is, I doubt not, a kind of neuralgia of the abdominal ganglia, and is characterised by various uneasy sensations, among which that of excessive sinking or depression is very prominent. This disorder, and the danger it involved, was exhibited to me not long ago in a very typical manner in the person of a gentleman of extremely irritable and excitable temperament, who had been exposed to protracted mental strain and emotional excitement. His disorder assumed the form of cardiac disturbance, especially accom-

* The readers of Sir Walter Scott will recollect an amusing illustration, taken from actual occurrence, of mental automatism whilst under the influence of deep potations, in the person of Pleydell's clerk Driver. (*Guy Mannering*, ch. xxxix.)

† It is stated in the JOURNAL of July 4th, that "lunatic convicts" (by such term is meant criminals who have become insane whilst undergoing their sentence of penal servitude) constitute twenty-five per cent. of the population in the Criminal Lunatic Asylum at Broadmoor. Among other authorities as to the disproportionate frequency of insanity among the criminal population, I may refer to Mr. Perry's remarks in the *Report of the Select Committee on Prison Discipline in 1850*, p. 123.

panied by a sense of great exhaustion and sinking at the epigastrium. Now, there were two circumstances about his case deserving of especial notice from the point of view in which I am now considering it: first, that the attacks were at once relieved by brandy, and, secondly, that they produced a very deep impression upon his wife, who, most naturally, was quite unable to discriminate between nervous sinking and true cardiac failure; she would have been the active, though most innocent agent of leading her husband into habits of intemperance.

Again: a lady, who suffered from similar attacks of nervous depression, with cardiac irregularity, was in a similar position of danger through the instrumentality of her nurse. I found the brandy-bottle on the dressing-table, the nurse administering in perfectly good faith small doses when the sinking occurred; the patient was, of course, satisfied to accept the nurse's authority, and, had I not interfered, would have continued to relieve herself from present discomfort by means of the brandy. I did not see her again for some time; I then found that her own high principle and her husband's good sense had co-operated with my instructions to remove the danger. In a third instance, the hypodermic use of morphia was employed. The surgeon, a man of strong sense and thorough knowledge of his profession, failed to keep the quantity within limits, and it had already reached the daily amount of five grains of morphia. At last, he was fortunate in obtaining an excellent nurse, under whose administration the amount injected soon sank to a single grain. It is worthy of remark that, in each of the last two cases, the patients underwent marked amendment with the withdrawal of the stimulant, or rather, the narcotic. Another lady suffers so continually from this sense of epigastric sinking, that she is obliged to have a tumbler of hot beef-tea, which I have prescribed as a substitute for spirits, even before she can complete the operation of dressing. Here, again, the husband's alarm would soon have fixed the habit of stimulating upon the lady.

This sense of craving, which forms so prominent a symptom in these unhappy cases, is unfortunately increased by the very means adopted for its relief. I shall never forget the vivid description of the sensation given me by one unhappy victim; he literally wanted words to give effect to his account of its intensity, and the saddest part of all was, that he was well aware that a single dose of brandy and water would at once relieve him. Indeed, in no particular is the really awful tyranny exercised by alcohol so apparent as in its wonderful capability of giving relief to so many forms of nervous suffering, and in its standing so entirely alone in this respect. It is positively without a rival, unless in the equally harmful shape of opium or chloral; could we but find a harmless competitor with this autocrat, our difficulties were well nigh over. Even in the very troubles which itself creates, in the tremors, the inability to eat, the sleeplessness, the depression which renders the interval of sobriety so hard to endure, alcohol is still all-powerful; and the day's drinking commences with the dose, or too often the repeated doses, absolutely needful for the work of the day to be begun.

We may recognise the distinction between the morbid and the vicious form of drinking in the nature of this craving and in the means taken for its relief. The dissecting-room porter drinking soiled spirits, and the criminal priming himself with drink, "using it as he does a chisel", merely exemplify a degraded taste or a vicious intention; on the other hand, Porson drinking ink, a delicate lady swallowing hair-wash or turpentine, manifest the presence of a necessity for satisfying a neurotic sensation.

I would make here one observation connected with the causation of the morbid sensations of which I have been speaking, on account of its directly practical character. These symptoms are, doubtless, forms of neuralgia of the organic nerves; as such, they are liable to be exaggerated by whatsoever increases the pain of ordinary neuralgia. Hence any cause liable to produce exhaustion, such as excessive work of body or mind, worry, anxiety, or lactation, should be carefully forbidden to anyone liable to give way to the indulgence in stimulants. There are some persons so constituted, that they succumb immediately to any mental strain: a patient of Mr. Nelson's (2321) lost her boy and took to drinking; she was perfectly cured; but, thirteen years afterwards, her husband died, and forthwith she returned to be again cured in the asylum: a male patient of my own explained a relapse, after a considerable interval, by business troubles; he was driven to brandy to bring himself up.

Of the diverse exhausting influences to which such persons are ordinarily exposed, let me single out physical or intellectual labour. It is not understood by the public that all work is done through the agency of nerve-force; and that, if the force be called in one direction exclusively, there will be none left for the needful functions of digestion and nutrition. Under such circumstances, resort is had to stimulants, as affording a ready and not unpleasant substitute for food. Thus an overworked barrister found himself in this condition: his stomach refused

to digest his daily meals; his surgeon, who was at least shrewd, counselled him to lessen his supply of food to the standard of his stomach's digestive ability. He did so with success; but he became gradually thinner, until finally a nervous breakdown compelled him to leave all work for a considerable time, a far preferable fate to the more common one of taking stimulants which attends such exhausting labour.

In concluding this part of my subject, I have only time to add one remark; it is a general one, and refers to the female sex—a sex, I am sorry to say, far from being free from the vice on which I am commenting. Dr. Barnes, in his highly practical Lumleian lectures last year (JOURNAL, April 1873) On the Convulsive Diseases of Women, illustrates in every variety of form the one central fact in the female constitution, that every part of the generative function, including in that term also menstruation and lactation, involves the expenditure of nervous energy; and that, during the entire period of fecundity, such force is always ready to be produced, and frequently is generated at wrong times and in mischievous quantity. The application of this remark to my present subject is so obvious, that I need not detain you by any further reference to it.

2. I have left myself time only for a very few words on the second position which I laid down at the beginning of this paper; viz., the impracticability of treating cases of habitual drinking, so long as the patient is left to pursue his course unrestrained. My first reason for this statement, indeed, includes all the others. I may quote your own emphatic declaration, that you had never lost an opportunity of attempting to reclaim a drunkard; but yet, looking back through a practice of more than twenty years, you cannot recall a single instance in which you have been successful. The testimony of various witnesses before the Select Committee, including many of those most conversant with the subject and with the allied subject of insanity, is unanimous to the same effect. That this should be so is readily explained. There is no hope of cure without sustained and complete abstinence, and some of the foregoing remarks show how painful and difficult a task, how weary and protracted a struggle, is implied by these words, and how inadequate the brains of most of the sufferers are to the encounter.

A second source of difficulty lies in the weakness and ignorance of friends. I have alluded to the very excusable mistakes made in interpreting the craving and sense of sinking and exhaustion so much complained of. But, beyond this, there is sometimes, strange as it may appear, a weak dislike of refusing to a wife or a husband the asked-for stimulant. This even occurs in the educated class; a friend told me that he had interdicted stimulants to a lady who, he found, was rapidly falling into bad habits; the husband was fully alive to the danger, but could not make up his mind to deny her request; "but now", he said, "that I have your authority for refusing, she shall have no more". The husband of a patient of my own took care, he said, to give his wife the very best ale; "for he did not like to seem to grudge it, as she appeared so ill". He did not understand that his wife drank to excess, because she did not take spirits undiluted and in large quantities at once.

There is, indeed, among many of the lower classes of our patients, and in some of the higher classes also, a positive inability to recognise the habit of habitual drinking, sometimes through lowered moral sense, sometimes through defective education.

In many families, moreover, the fact of the existence of the vicious habit is completely concealed from the nearest relative. Thus especially wives will long succeed in concealing the practice from the husband. This ignorance, unhappily, is sometimes due to the very circumstances in the husband's life which may have led the wife to give way to the temptation to drink; I mean his constant absence from home.

Nor is it without pertinence to mention the difficulty, or rather, perhaps, the uncertainty, which lies in the way of diagnosis; and I need not say how necessary it is for us to be on safe ground before acting in so delicate a matter.

In a not inconsiderable proportion of cases, we find no evidence of disease of liver or kidneys, and we are left to found our diagnosis upon symptoms which, though sufficiently demonstrative when grouped together, will often leave us in uncertainty when existing alone. The symptom which I regard as best calculated to arouse our suspicion is the loss of appetite, often amounting to an absolute disgust for food, frequently attended with obstinate vomiting, especially on first rising from bed. I may just note here that, though the tongue generally presents a characteristic appearance, yet, in not a few cases, it preserves a perfectly natural condition.

I have only to note, in the last place, how little help we receive, either in diagnosis or in treatment, from the nearest friends; and how difficult and delicate a matter it is to deal with the friends when we have obtained sufficient evidence to form a clear judgment. Not long ago, I rode by the side of a son, who was intensely anxious about his

mother; during our journey, he entered most fully into the history of his mother's illness, detailing all her symptoms, but did not let drop one word about habits of drinking. On my arrival at the patient's house, the nature of the case was but too evident; the lady was dying of drink; but I got no hint of the real cause, until I made inquiry from my colleague after the examination was ended. In another case, in which the anxiety of the parents about their daughter was excessive, and was also justified by her death, I paid my first visit without receiving information on this subject from anyone with whom I came into communication; it was only when I pointedly suggested a possible cause for uncontrollable vomiting at my second visit that a free admission was made by my colleague, who had been restrained from offering any communication to me by the absolute horror on the part of the parents of any reference being made to the fact of their daughter having aided herself to endure a husband's neglect by the sustaining power of stimulants.

ALCOHOLISM IN PRIVATE PRACTICE.

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PREVENTION is better than cure in all diseases, but especially in those produced by an excessive indulgence in alcohol. Intemperance, just short of being absolutely drunk, is now far more common amongst the upper classes than it was ten years ago; and it is more than ever needful for those who see the ill effects of an inordinate indulgence in stimulants to remind their patients that the good things of this world are intended to be used, and not abused.

The whole question, however, is beset with many difficulties. Some men can take a very large quantity of alcohol, and are all the better for it; others, with weaker heads, try to follow their example, and suffer in various ways in consequence. The methods of treatment or of prevention are in many instances faulty and prejudiced. On the one hand, we read of sensational temperance meetings, where the use of alcohol is altogether condemned. On the other side, we have the fashionable doctor prescribing champagne at lunch for his lady-patients. Many people err in the use of alcohol from mere ignorance, and are really grateful for a few practical hints as to what they may and what they may not take during the day.

The following observations, deduced from numerous inquiries, may possibly be of service to those who have doubts on this subject. They are intended to point out some of the premonitory symptoms of alcoholism, selected from typical cases, and the most rational means of avoiding excessive indulgence in stimulants.

CASE I. *Extreme Nervousness from Alcohol.*—Mr. W. H., a stock-broker, complained of a painful state of nervousness. He was afraid to walk out of sight of his house in the morning. He drove to the City in a brougham with his wife, and did not dare to go alone. In the morning he was always in a state of collapse. He transacted his business, but was so nervous at the office, that he was obliged to lean on the arm of one of the clerks in going down stairs. This condition necessitated two or three glasses of neat brandy, but he never felt that he was "himself" until after lunch. At that meal, he drank a pint bottle of stout and two glasses of sherry. He had a glass of sherry in the afternoon; three or four more at dinner; a pint of claret and about two glasses of whiskey and water at night. He was ordered to leave off the brandy and whiskey altogether, to drink water at dinner, and to take wine only at the end of the meal. After a week of this treatment, he was much improved.

CASE II. *Transitory Mania from Alcohol.*—An officer in the army, aged 24, came up to town for a spree. He very seldom took much. One night, he was dining at one of the military clubs, and drank a bottle of champagne, besides sherry, hock, and claret. After dinner, he had two glasses of neat brandy. He soon became much excited, and executed a "view-holloa" in the club dining-room, much to the astonishment of other members. He left the club with his friend, and took two more glasses of brandy at a public-house. After this, he became more excited, struck a stranger on the back with his stick in Regent Street, tore down a large advertisement, and was ultimately taken to his lodgings with much difficulty. Here he attempted suicide with a razor, and, in flourishing it about, the blade fell back on his knuckles and cut him severely. Next, he boxed at his looking-glass, and struck it with such force as to cut a piece of skin as large as a

sixpence off the back of his hand; not breaking the glass, however. After that, he tried to get out of the window; but assistance was procured, and he was strapped down in bed, and prevented from doing any further mischief. Next day, he left town apparently well, no treatment by drugs having been resorted to.

In both these cases, the patients were advised to reduce their quantity of alcohol, and were told that no healthy man ought to exceed four glasses of wine a day. They both had sufficient common sense to know where to stop; and there is no reason why they should not recover from their incipient symptoms and become temperate and healthy men.

The prognosis in the following cases, however, was far less favourable, as the habit was of long standing, and was indulged in to the extent of getting drunk frequently and without regard to consequences.

CASE III. *Dipsomania.*—On March 21st, a clergyman called on me, and gave me the following particulars about the state of mind of his daughter. Miss P. E., aged 28, had run away for the third time from her home, and was found in London, alone, in a lodging-house. There was no hereditary history of insanity, phthisis, or nervous disorders. The father was very hysterical, and burst into tears several times while he related his story; but this was sufficiently accounted for by the conduct of his daughter. She had always been healthy as a child until she was sixteen years old, when she had scarlatina. After this illness, she went out of the house before she had properly recovered, and caught a chill. This was succeeded by an attack of meningitis. For five years after that, she suffered from great debility, accompanied with various mental symptoms, such as slight loss of memory, weakness of judgment, irritability, wilfulness, cruelty to her sister, lying and spreading false reports about her relatives. These symptoms gradually became worse; and, as there was considerable loss of tone and want of sleep, the medical treatment included stimulants and also opiates. The patient then got into the habit of treating herself, and would take large quantities of chlorodyne, sal volatile, paregoric, or laudanum, during the day, if she fancied she required it. For the last four years, she had been addicted to taking opiates to a great extent. She employed a number of agents in the parish to procure opium for her secretly, and rewarded them by giving them her old or new clothes recklessly. Latterly, a taste for alcoholic stimulants was also developed, which she gratified by frequent visits to public-houses, and was found on several occasions staggering about the streets of her father's parish in a drunken condition. During this period, she was placed under medical treatment, and the opium and stimulants were cut off entirely. This sudden change in her mode of life had immediately disastrous effects. She became very restless, weeping all day, begging for wine and laudanum, and at last was so debilitated that she was confined to bed for four weeks. The treatment succeeded temporarily, however, and she abstained entirely for three months. At the end of that time, she took to her old habits again, and became more intemperate than before. She took a violent dislike to her relatives; stole a twenty-pound note from her father; pawned a watch, which originally cost £20, for 15s.; and succeeded in inducing her friends to give her dresses costing altogether about £50, saying she was going to India, which she never had any intention of doing. The father procured the necessary order and certificates, and with no little trouble she was traced to a lodging-house near a convent, where she had been residing, and from which she had been expelled for misconduct. After some manoeuvring, I and my friend Mr. Bond succeeded in obtaining an interview. Four days previously, she had been out at night in search of a situation as governess, and had got drunk and fallen down an area. She was picked up by a policeman, taken to the station-house, and locked up in the cells for the night. Her hand was severely injured by the fall, and she had bruised her eye, nose, and chin. Her dress was covered in every part with dried blood; and, beyond a night-dress, she had nothing with her but the clothes she was wearing. After a prolonged interview, in which she told several lies, which she afterwards confessed, it was found that there were no evidences whatever of insanity about her. The father was, therefore, informed that there the doctor's duties ended, as the case was not one which could be legally treated in an asylum. A most distressing scene followed. The father begged his daughter to return home; and this she obstinately refused to do, although there appeared to be no chance of her getting a shelter anywhere else. In the course of our interview, this lady confessed to taking an amount of alcohol equal to about eight glasses of wine a day, and, in addition, six drachms of laudanum every night. It was, therefore, necessary to order four glasses of wine daily, and two drachms of the tincture of opium every night, although there was apparently not the slightest hope that she would limit herself to this quantity if she had an opportunity of further gratifying her extraordinary propensities.