

Temperance  
and  
Physical Effects

INEBRIETY A DISEASE.

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PRESIDENT'S ANNIVERSARY ADDRESS

*Delivered before the American Association for the Cure of Inebriates,  
at Chicago, Illinois, September 13, 1877.*

BY

THEODORE L. MASON, M. D.,

OF

BROOKLYN, NEW YORK.

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President of the Inebriates' Home, Fort Hamilton, N. Y.

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

In the year 1870, the Presidents, Physicians and Superintendents of several of the Inebriate Asylums in these United States met in the City of New York and organized the AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES.

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

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

This Association further committed itself deliberately and unanimously to the theory that, in certain cases, inebriety is

a disease of a *special form*, peculiarly induced and requiring *special treatment* in *hospitals* adapted and devoted exclusively to its cure. Have subsequent investigations in our own and other countries served to confirm its members in these positions, or to show them that they were mistaken?

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

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

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

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

3d. Is the Diseased Constitution thus caused transmissible to the offspring of the drinker?

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

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

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

as they constitute the most fully established and reliable testimony which is accessible on the subject.

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

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

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

*Disease*; etymologically, Dis- (want of) ease—unquietness, distress. In Wycliffe's translation of the Bible (14th century) it is used thus: "In the world ye shall have disease," (John 16: 33). In medicine the term is used to signify—"Any morbid state of the body generally; or of any particular organ or part of the body; any derangement of the functions, or alteration of the structure of the animal organs."

A few remarks may perhaps not improperly be here premised as to the character of the active agent, the substance upon the use of which, in our own and in the insular and continental countries of Europe, *INEBRIETY* chiefly depends—*ALCOHOL*, in some of its varied forms. I do this the more readily because of the indefinite and modified manner in which it is sometimes spoken of, even by intelligent physicians. That it is a poison all admit. But immediately upon this admission you will not unfrequently hear this qualifying remark: "It is a poison when taken to excess," or: "It is good for the stomach, but becomes a poison when



its effects are felt in the head." Now this betrays a confusion of ideas, a lingering tendency to hold on to the exploded notions of the past, or an ignorance of the latest teachings of science, for which we might find an apology in the doctrine of the jolly monks of the *schola salerniterna*, whose maxim, as quoted by Duglinson, was "*Si nocturna tibi noceat vini*,"—"Hoc tu mane bibes iterum et fuerit medicina," but neither of which we think is, at this late day, worthy of intelligent medical men.

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

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

Why then suffer ourselves to think or speak thus of alcohol? No, alcohol is never a *nutriment*, nor fit for *daily* use. Alcohol is a *poison*, inherently, absolutely, essentially; in a drop or in a gill, in a pint or in a gallon, in all quantities and in every quantity it is a *poison*. Plainly the quantity cannot alter its chemical constitution. The chemical formula,  $\text{C}_2\text{H}_5\text{HO}$ , expresses the relative proportion of the constituents, in a teaspoonful or a gallon, of *ethylic, deutylic*, or common alcohol; and Chistison and many other authorities in *materia medica* have assigned its place amongst them as a narcotico-irritant poison.

*Alcohol* is supposed to have been discovered in the 11th

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

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

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

The experiments of this distinguished scientist, Dr. R., on



the lower animals have plainly shown that the lightest and purest of these alcohols, *methylic* alcohol or wood-spirits, is poison and will cause death. Of the common, or *ethylic* alcohol he says: "Taken into the stomach in the diluted state in which it is ordinarily used, as in whiskey, brandy, gin, wine, &c., it exerts its poisonous influences first on the stomach—influences so remarkable and so readily observable during life, (as in the case of St. Martin, reported by Beaumont, and in a recent similar case noticed in a Paris journal,) and which leave such destructive traces in the dead body in the results of inflammation, thickening, ulcerations, and sphacelation, that they have long since attracted the attention and scrutiny of physiologists and pathologists alike. It next passes into the blood (in part certainly, and in *form*, by endosmosis,) and attacks the red globules, destroying their forms by the abstraction of water, making their smooth outer edge crenated or even starlike, or changing their round into an oval shape, disposes them to run too closely together and to adhere in rolls, causes an aggregation of rolls into masses, and thus impairs the ease with which they pass through the vessels of the lungs and of the general circulation. The next direct action is upon the fibrine or plastic colloid matter, damaging its healthy condition. Soon the deleterious influence extends to the minute blood vessels and diminishes their contractility, thus causing them to become preternaturally distended with red globules, a part of the blood not to be found in them permanently in health.

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

"The action of alcohol does not stop here. The disturbance extends to the heart, whose action is quickened and rendered more forcible for a time, but flags at last for want

of more alcohol to stimulate it, and falls below its normal frequency and force. This being supplied, or the quantity originally taken being sufficient to continue its action beyond the first stage, the function of the *spinal cord* is influenced, the nervous control of the co-ordinating muscles is diminished or lost, and the contractile power of the muscles themselves fails.

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

"A. A stage of vascular excitement and exhaustion.

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

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

"D. A stage of complete collapse of nervous functions."

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



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

*Is Alcohol Food?* Concerning this question, which has been much and earnestly discussed of late, and in favor of which the most that has been claimed by the supporters of the affirmative answer is that perhaps one and a half ounces might be taken daily without injury, possibly with advantage, by an individual in ordinary health, Dr. R. thus speaks: "Nature has prepared for man *two* fluids—water and milk—and they are all that is essential. When we inquire into the physiological construction of man, or the lower animals, we can discover *no necessity* for any other fluid. The mass of the blood is water, the mass of the nervous system is water, the mass of all the active vital organs is water, the secretions are watery fluids, and if into any of them any other agent than water is introduced, the result is instant and injurious disturbance of function. Alcohol cannot, by any ingenuity of excuse for it, be classed among the foods of man. It neither supplies matter for *Construction* nor *Heat*. It is not, therefore, fit for Drink, nor is it Food."

It is not necessary for my purpose to dwell longer on this phase of the subject, and I will therefor dismiss it with a short quotation from the writer I have so freely used: "In conclusion, therefore, on this one point of alcohol, its use as a builder of the substantial parts of the animal organism, I fear I must give up all hope of affirmative proof. It does not certainly help to build up the active nitrogenous structures. It probably does not produce fatty matter, except by an indirect and injurious interference with the natural processes." "This chemical substance, alcohol, an artificial product devised by man for his purposes, and in many things that lie outside of his organism a useful substance, is neither

a FOOD nor a DRINK suitable for his natural demands. Its application is properly limited by the learning and skill possessed by the physician—a learning that itself admits of being recast and revised in many important details and perhaps principles. If this agent does really for the moment cheer the weary and impart a flush of transient pleasure to the unwearied who crave for mirth, its influence (doubtful even in these modest and moderate degrees,) is an infinitesimal advantage by the side of an *infinity* of evil for which there is no compensation and no human cure."

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

But these conclusions on this most important subject should not rest upon the testimony of one witness only, however impartial, intelligent or competent he may be. Scores of able, well-informed men could be summoned to testify on this subject and their evidence would fill a volume, not to quote the more than seven thousand members of the British Medical Association, the hundreds of the American Medical Association, who met this year in this city.\*

The report made before the section of medicine of the Centennial Medical Convention in Philadelphia, in 1876, composed of representative men from all parts of this country and from Europe, all, substantially, concur in this one opinion of the *noxious* effects of alcohol on those who *indulge in its habitual use*.

To this testimony, so clear and full, in justice to our own members and as proof of the views held by them from the organization of this Association, I feel constrained to add their evidence. In a report of Dr. Earle, of the Washingtonian Home, of Chicago, I find this description: "Alcoholic mania is the term we apply when, with impaired mental and physical condition, the man seems to have lost all *will-power*

\* Chicago.



to do as he would. He would do right, but he seems to have lost the power to do it." "He makes the best of resolutions, calls the Divine Being to his help, but at the first opportunity falls." Is there no disease here? Is this man in a normal, healthy condition? "Delirium tremens," he says, "is characterized by insomnia, hallucinations of the special senses, low delirium, with its consequent decreased mental vigor, and with increased digestive derangement." Does no disease exist in this case?

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

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

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

susceptible of clearest demonstration." (See p. 15, Proceedings 1870, also p. 23, on Treatment, &c.)

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

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

Dr. Geo. Burr, of Binghamton, N. Y., Trustee of the N. Y. Inebriate Asylum, who has had ample opportunities for the study of this affection and has assiduously improved them—bringing to the study a mind unusually logical and observant—has in the same number of the proceedings a contribution on 'The Pathology of Inebriety,' singularly clear, original and convincing. On pages 57 and 58 he has these remarks:

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

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

"The law of development which, from the germ, fashions and matures an individual, and by which it is made to resemble its prototype or parents, will also in due time bring forth the defects which may have existed in a previous generation. The fact is a familiar one, that children resemble their parents to a certain extent in mental characteristics, disposition, peculiarity of constitution, temperament and form. They are, however, not born with all these characteristics present, but as the child is developed into the man, they one after the other make their appearance. With the development of consumption under this law we are all familiar. The child is



born with a tuberculous taint. During the years of its childhood it may be well and sprightly, may keep pace in growth with the most robust; but in the course of its development it reaches a point where its prototype fell into decay and died. This individual will do the same."

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

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

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

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

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

The opinions of Drs. Parker and Parrish, the able pioneers in the study of this subject, are so well known that quotations from their writings would be superfluous here. Testimony in support of these views is in fact abundant; but I will summon only one other witness. In the Proceedings of 1872, pages 53 and 54, we find these statements:

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

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

"Other subjects of intemperance are the unfortunate possessors of 'a

peculiar nervous organization from childhood up,' which renders them liable to indescribable attacks of agitation of 'the nervous system,' which are at first under the control of alcohol, but require, for their continued suppression, larger and larger potations, until the amount consumed is in some cases marvelously great."

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

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

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

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



*influence on the DESCENDANTS OF DRUNKARDS, or even moderate drinkers.*

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

"It is, in the majority of cases, the result of habitual drunkenness, although I have seen it produced by sunstroke and by other causes. I recollect the case of a gentleman perfectly sober who had dipsomania, which was attributed to taking a draught of water on a hot day, which caused fainting and was succeeded by an entire change of character." In answer to question 451—"This distinction you would draw between disease which drives men to drinking, and drinking which produces disease?" he says: "Precisely so; dipsomania may come on either way." Again he says: "Habitual drunkenness is a *vice*; dipsomania is a *disease*. I believe that in a case of habitual drunkenness, which is at first voluntary, the vice may become involuntary and a disease." "With the dipsomaniac the cause is a *vis a tergo*; with the drunkard it is a *vis a fronte*. The dipsomaniac is driven into a debauch by an irresistible impulse; the drunkard seeks the intoxicating effects. In dipsomaniacs it (the attack) comes in paroxysms, is liable to exacerbation, and is not determined by opportunities." The Doctor adds this striking remark: "I have known dipsomaniacs who, in the intervals between the attacks, would not take stimulants (even) when placed before them; but a drunkard, on the other hand, will take a stimulant when(ever) he can get it. That is no so with a dipsomaniac." On the question of Heredity, Dr. Browne well expressed the fact when he said, "A drunkard transmits a *weak nervous system* to his offspring."

Dr. Francis Edmund Anstie, a physician in London, Lecturer in Medicine at Westminster Hospital, practising among the higher classes and meeting the lower in hospital practice, the author of a well-known work on Oinomania, seeing large numbers of intemperate persons, recognizes the distinction made by Dr. Browne between the frequent drunkard and the man who has drunk himself into a state of perfect want of resisting power. He says: "Should say that *this* was a matter of degree; whereas there is *another* affection separated absolutely as a matter of *kind*, which is entirely paroxysmal, and which, so far as I know, never occurs except in persons of a certain *hereditary* conformation. This disease, first called Oinomania by a Frenchman, \* \* comes upon men at intervals, who are otherwise not inclined to drink at all, and who, between their times of drinking, are perfectly free from any tendency to drink whatever. These persons are the children of families, invariably, or almost invariably, in which insanity is hereditary. Very often drinking has been *hereditary in a marked manner*. I believe that drinking in this \* \* case is the result of *disease*. \* \* \*

A man begins to drink when he is altogether in an abnormal state. It is a mere variety of hereditary insanity." He adds, in answer to question 571: "Where drinking has been strong in both parents, I think it is a physical certainty that it will be traced in the children."

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

Dr. Anstie knew a manufacturer—a man in a good position, and one of the cleverest business men he ever knew—who always lived a chaste, sober life, except when the fit was upon him. Then he went to the nearest public house,



consorted with loose women, shut himself up in a back parlor, and drank brandy with them for six weeks, close to the village where he was an important man and well known.

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

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

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

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

"Dipsomania is sometimes the product and sometimes the cause of drinking, and is an ungovernable and remitting

craving for drink without any reference to externals. It is almost always accompanied by a change of character in the direction of degradation; a loss of the sense of duty, of honor, of affection, of truth; \* \* it occurs sometimes after fever, hemorrhage, mental shock, the commotion in the system which attends the establishment of puberty, or the arrival of the climacteric period."

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

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

To these extracts I might add others from a pamphlet published this year by S. S. Alford, Esq., F. R. C. S., Honorary Secretary to the 'Society for Promoting Legislation for the Control of Habitual drunkards;' of which the Right Hon. the Earl of Shaftesbury, K. G., is the President, and having for Vice-Presidents the Duke of Westminster, the Archbishop of Canterbury and York, the Lord Bishops of Salisbury, Ripon, Llandaff, Winchester, &c., and a long list of other gentlemen of high position and rank, and an Executive Committee of gentlemen of means in the legal and medical professions, magistrates and others. The existence of such a Society, whose Honorary Secretary reads, prints



and publishes a tractate on Dipsomania, is sufficient evidence that they agree as to the theory of *Disease*.

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

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

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

First—The *Social Customs* of the day and country. Many an inebriate has become so, simply because he desired to be *courteous*, and felt that to refuse the refreshment, which it would be held inhospitable in his host or friend not to offer, would be *impolite*. Now it is the well-known, prominent and peculiar property of alcohol, in whatever quantities, form or admixture, to beget, in the great majority of men who partake of it, a desire for its *repeated use*.

It is doubtless owing to this peculiar quality and to *another fact*, that not only its repeated use, but its use in increasing quantities is necessary in order to its special effects, that the

habit of using it to intoxication is, sooner or later, formed, and the man becomes an inebriate.

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

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

But this is by no means the only manner in which inebriety makes its approach or runs its course. Nor is it the only form which it assumes. Another phase of the affection is to



be recognized and has been distinguished as 'MANIA A POTU.' This is a kind of prolonged and modified delirium tremens, from which it differs in the length of its continuance and the comparative mildness of its symptoms, lasting, under appropriate treatment, five, six or eight weeks, whereas delirium tremens is recovered from in as many days. It is, in fact, a genuine *mania*, always characterized by the same sort of delusions as are present in delirium tremens, viz: morbid suspicions, alarm and ideas of persecution, restlessness and agitation. It is generally due to repeated attacks of delirium tremens, and is followed by mental depression and stupidity, the indications of the failure of brain power.

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

Still another form is the 'Chronic Alcoholism' of Marcet, or 'Alcoholic Dementia,' the symptoms of which are failure of memory and of judgment, with paralysis and other symptoms, the tendency being not to recovery but to a fatal issue.

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

But beside these there is a class in every community of which we have before spoken, how numerous it is not easy to say, the *inherited* mobility of whose nervous organization *predisposes* them to fall into this diseased condition with an almost positive certainty. "It is a fact," says a recent writer, "that drunkenness or dipsomania is a *physical disease*, depending on some molecular change in the nerve tissue, the direct effect of alcoholic poisoning; and the 'gem

mules' of this tissue, when *transmitted*, become active factors in the formation of character."\* "It is important," says another writer, "to keep in view that the person afflicted with tendency to drunkenness obeys a law of his members more potent than his will."†

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

In the presence of these facts and statements, coming to us from varied and most reliable sources, what appalling dimensions does our subject assume? Well might Dr. R., in view of them, say: "The solemnest fact of all bearing upon these *mental aberrations* produced by alcohol, and upon the physical not less than upon the mental, is that the mischief inflicted on man by his own act and deed cannot fail to be transferred (*transmitted* were the better word) to those who descend from him, and who are thus irresponsibly afflicted. Amongst the inscrutable designs of nature none is more manifest than this, that physical vice, like physical virtue, descends in line. It is, I say, a solemn reflection for every man and woman that whatsoever we do to ourselves, so as to modify our own physical conformation and mental type for good or evil, is passed on to generations that are yet to be. Not one of the transmitted wrongs, physical or mental, is more certainly passed on to those yet unborn than the wrongs that are inflicted by alcohol. We, therefore, who live to reform the present age in this respect, are stretching forth our powers to the next, to purify it, to beautify it, and to lead it toward that millennial happiness and blessedness which, in the fulness of time, shall visit this earth, making it, under increasing light and knowledge, a garden of human delight, a 'paradise regained.'"

Another Cause why drinking habits prevail is found in the IGNORANCE or SCEPTICISM of the masses of the people. Not-

\* Hamilton.

† Dodge, quoted by Hamilton.



withstanding the abundant testimony on these points, neither the *majority* of the medical profession, nor of the ministers of religion, nor of the public have hitherto accepted these truths, nor regulated their conduct in accordance with them.

This ignorance must be dispelled. This scepticism overcome.\*

The experience of man in all ages is that, when the convictions of the *intellect* are at variance with his habits, desires and appetites, he requires "line upon line and precept upon precept," to move and keep him in the right path. In these views I find my apology for reiterating as I have done this evening facts and principles so often and so ably stated and demonstrated by others.

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

Hitherto we have confined our remarks to the effects of alcoholic poisoning upon Individuals and Families. Its wider influence on *National Character* and *Constitution* remain for brief consideration.

A work just published has traced the destructive effects of intemperance and its consequent pauperism, disease and

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

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

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

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

The average duration of life in those parts of the country where the evil is most rife is much shortened, and suicides and crime are greatly on the increase. But Sweden is not alone in this condition. The author of a work on "Punishment and Prevention of Crime" regards drinking "to be the cause of at least two-thirds of all crime and pauperism



in England;" and in this opinion he is unanimously supported by all who have the means of knowing the facts.

Nor is our own country any exception. The evil is no less amongst us. Reliable statistics lead to the conclusion that two-thirds of our pauperism, disease and crime have their origin in this prolific source. In the endeavor to form some proper estimate of the far-reaching influences of this agent, we must not forget how nearly the complicated and all-important questions of the prevention and punishment of crime and of individual and social responsibility are related to this subject. They have already attracted the attention of students of medico-legal science, which is doubtless destined to be modified in the future by the study of them. Moreover, in this country, inebriety has already passed into the legislation of numerous States, and the duty of legislators in reference to it excites increasing attention. Nor has the annual squandering of six hundred millions of dollars (\$600,000,000)—with its harvest of want and woe, and sixty thousand deaths—escaped the notice of statesmen.

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

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

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

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

There are indications that the minds of the Medical Pro-

fession are taking the true direction, and that, relinquishing the errors of the past, many of them are ranking themselves on the right side.

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

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

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

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

Surely, in all these movements, we may find cause for the hope that Remedies adequate to the removal of this overshadowing calamity will become universally known and applied. That this Association has already done much to disseminate the knowledge of its vastness, and of the methods of its prevention and its cure, we need not doubt. We may be but one of the forces at work in this cause, but we

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



