

*Impairance  
Alcohol - Physical  
Effect*

THE DISABILITIES OF INEBRIETY—AN  
INQUIRY RESPECTING THE NATURE  
OF DRUNKENNESS, AND OF ITS  
RESPONSIBILITIES.

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Confident assertions respecting the nature and responsibilities of the drunken state are unwise, and very often are unjust. As a matter of fact, drunkenness does not always represent the same condition of the human organism. It does not owe its *origin* in different persons to similar causes. Its *progress* is extremely unlike in separate individuals. Its *consequences* are various and dissimilar in fundamental and decisive particulars. Moreover, the causes which incite to drunkenness may become modified, as physical impairments and degenerations are developed within the structure.

One of the leading elements that enters into

the nature of drunkenness is paralysis. This disability is not a consequence of intoxication, but is a component part of it. Attention to this fact will furnish the key to an explanation of the wide range of incentives which lure to alcoholic excess. In the human economy the nervous system is paramount. It not only controls the sensibilities and movements of the body, but it has authority over the mental and moral expositions.

But wheresoever sensibility extends—whether in the physical structure, or in the intellectual movements, or in the moral exhibitions, there too, may sometimes be found instability of nervous function, irregularity of nervous coöperation, and asperity of nervous feeling. What can be more effective in blunting the morbid acuteness of neurotic sensibility than paralysis—the partial paralysis of alcohol?

The applicability of the alcoholic impression, therefore—delusive and disappointing as it may prove in the end—embraces every department of human nature.

To illustrate the distinctions which may characterize the qualities of drunkenness, I will note the features of the drunken state as seen in the *casual* drinker; in the *periodic* drunkard; in the *habitual* drunkard; and in the *chronic inebriate*—that is, in drunkenness associated with fixed and unchangeable structural degenerations.

Casual drunkenness is an interesting study, as it unfolds the nature of alcoholic intoxication without its complications. This form of drunkenness is usually fortuitous, and without premeditation; and when the occasion is passed, and the drunken spell is over, the person implicated returns without reluctance to his customary avocations and habits.

In a space of time surprisingly short after par-

taking of alcohol, there is induced a state of partial paralysis that extends throughout the nervous system. Paralysis is not an offshoot, a complication of drunkenness, but is a part of it.<sup>1</sup> The characteristic phenomena of intoxication are largely due to disqualifications and inaptitudes arising from the presence of partial paralysis. It is obvious that the nervous incapacity resulting from the alcoholic influence extends all the way from slight incompetency of nerve, to absolute unconsciousness—according to the quantity of the poison taken into the system.

A distinction should be recognized between the disqualifications of simple weariness, and those arising from the paralysis of alcohol. The former are physiological, and are never withdrawn from the supervision of the volitional powers; the latter are toxic, and they are removed from the control of the will. However, the disabilities imposed by the alcoholic influence upon the will are not necessarily of direct application; but, being universal in the organism, they aid to more completely overthrow the power of will through injury to the other capacities.

Alcoholic paralysis does not appear to be uniform in the strength of its impression. Occasionally the motor nerve centres seem to be greatly overcome, while the rational faculties may not be correspondingly affected. Again, the reverse may be true—the drinker being rather steady in his muscular movements, while he is helpless in his intellect. The special senses may also show varieties in the extent of their disabilities. Illusions often deceive the sight, while the senses

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<sup>1</sup> The fact of alcoholic paralysis is supported by such names as Hughes, Crothers, Poole, Mann, Brower, Mason, Parrish, Kerr, Kowalewsky, and others.



elsewhere are not seriously affected. Common sensation is impaired; and being dull and inactive, the imagination may accept outside suggestions (or, possibly, inward impulses), as to the nature of things—falsely believing that the qualities suggested are manifested in sensation. There is nothing more conducive to deceptive beliefs than anæsthesia. From these, and analogous disabilities, all springing from paralysis, the phenomena of pure drunkenness are evolved and presented to open view.

Drunkenness largely consists of incoherent movements in the great departments of man's nature. If alcohol produced an uniform effect upon all the nervous powers, the result would be *universal defect*, not *unequal defect*. It would be imbecility, not drunkenness. Nevertheless, it does not follow that an equal paralytic *impression* must result in equal paralytic *effect*. The impressibility of the nervous system is unequal and varies in its several departments. Hence sometimes may be seen the spectacle of seeming excitement in certain nerve centres arising, in fact, from the paralysis of other nerve centres; disturbances in the inhibitory centres are very liable to produce such effects. From these considerations it seems probable that an application of some abnormal force, either to exalt or depress the universal nervous system, would produce an *unequal* and *distorted* display of nervous function.

When a person partakes of alcohol for the purpose of hardening his feelings in order to commit crime, he surely is accountable for the criminal act. In this case, the alcohol is taken as auxiliary to carrying out a purpose previously formed. The intent preceded the act of drinking, and it was formed when the mind was sober. The action of alcohol is here that of a subsidiary instru-

ment in the execution of an offense already determined on.

It will be well to inquire before proceeding further, what the principles of the law are respecting the criminal responsibility of inebriates. "The law assumes," says Hon. Clark Bell,<sup>2</sup> "that he who, while sane, puts himself voluntarily into a condition in which he knows he cannot control his actions, must take the consequences of his acts." Another proposition is appended, namely: "and that his intentions may be inferred." In another place the statement is in this form, to wit: "That he who thus voluntarily places himself in such a position, and is sufficiently sane to conceive the perpetration of the crime, must be assumed to have contemplated its perpetration."

The whole force of the legal apothegm turns upon the words: "in which he knows he cannot control his actions." The assumption is that while sober and before drinking the man knows he cannot control his actions when intoxicated, and *therefore* he is rightfully held to accountability for his drunken conduct. The further assumption that he intended to perpetrate crime, from the fact that he did commit it, is based upon the same hypothesis, namely: he *knew* when he partook of alcohol, that he could not control his actions, therefore "he must take the consequences of his acts."

There are those who will claim that these legal assumptions are not based upon thoroughly ascertained facts—that they are entirely too sweeping and comprehensive. That a drunken man is in such a condition that he cannot control his actions is true. He has the conditions of crime: distorted perceptions, feeble judgment, paralyzed conscience

<sup>2</sup> Med. Jurisp. of Inebriety, p. 7.



and imbecile will, established by alcohol within his nature.

The question is, has the drunken man voluntarily placed himself in a criminal attitude, at the same time knowing the consequences of his act? How many people *know* that alcohol will partially paralyze the whole nervous system, depriving the inebriate of the natural use of his physical, mental and moral powers? The drunkard does not know these facts. He does not believe them. He may imagine—if he is criminal in intent—that alcohol will *nerve* him for the deed which he may contemplate. Alcohol does not *nerve* the criminal mind at all. It unnerves, paralyzes the moral instrumentalities, and thus it reduces the drunkard to the level of the brute, the insensate reptile.

Every man supposes, ordinarily, that he will always be able to control his actions. While yet sober, he feels competent to foresee, provide for, and properly conduct all of his inebriate movements. He is apt to believe that the evils of intoxication are the outcomes of a mind naturally reckless and wicked, rather than of any special properties belonging to alcohol. The drunkard himself is of the opinion that an intoxicated person can control his actions if he desires to do so; and the strange part of his belief is, that it is founded upon his false notions respecting his own drunken powers. The sound mind cannot mark out lines of conduct for the same mind unsound. If it could insanity itself would be scarcely a defense for crime.

The *consciousness* of sobriety is on a different plane from that of drunkenness. The powers and qualities of one state are distinct from, and unlike those of the other. For this reason, a man who, when sober, has his mental faculties in per-

fect order, cannot conceive of himself as bereft of them when drunken. If the drunkard knew these facts, then he would "know that he cannot control his actions" when intoxicated; and the conclusion might justly be "that he must take the consequences of his acts." But he does not know them, and while sober and sane he cannot think of them as possible. His *sound* consciousness is ignorant of, and is incapable of recognizing anything in common with, the *impaired* consciousness of drunkenness.

There is a peculiar form of inebriety that has been classified as truly a disease. It is known as neurotic, or periodic drunkenness. It comes on at uncertain intervals of time. The intoxication itself is of the utmost violence. The strongest liquors are chosen, and they are consumed with a haste and ardor bordering on frenzy. The drinking bouts continue for a number of days. They are attended by several periods of alcoholic unconsciousness—the stupor being repeatedly slept away, and immediately thereafter brought on again by renewed potations. After several days of heavy drinking, the neurotic desire for intoxication dies out. Liquor is abandoned altogether; and, indeed, it is probably viewed with feelings of disgust. The period of sobriety may continue for days, and often for weeks—only to be interrupted by a sudden renewal of all the characteristics of unmanageable and unbounded intoxication. In the neurotic inebriate, drunkenness is carried to the utmost limit of human endurance, and the paralytic disabilities are more profound in him than in other drunkards.

The incentives to drinking differ widely in the neurotic inebriate, from those of the casual drinker. They are described to be of overwhelming force. The impulse for intoxication arises out of



a condition of the nervous system which seems beyond the control of volition. With respect to the power of the will in periodic inebriety, there have been differences of opinion, and also some very positive assertions. Constitutional tendencies may abate, as life progresses, or they may change their forms and features by transmutation. In such ways the intense desire for intoxication may sometimes disappear, and the convulsive drunkard may seem to be actually "cured." These provisos being understood, it will be proper to adduce some authorities to show the nature and strength of the desire for intoxication which consumes the neurotic inebriate.

Alienists usually designate spasmodic drunkenness by the term *dipsomania*. They view it as a special form of inebriety, totally differing from all others in its causes, progress and termination. They class dipsomania with the insane neuroses—that is, with certain well known phases of nerve instability that are universally admitted to be in close alliance with insanity. A few authorities only will be given indicative of the general tenor of opinion amongst those best qualified to speak on this part of the subject; and it will appear that the heredity of this form of drunkenness, as well as its kinship with insanity, is fully conceded by them. These are points of consequence in deciding whether certain cases of drunkenness are "voluntary;" and also whether the spasmodic drinker may be supposed to "know" what will be the consequences of intoxication in his own person.

When treating of *heredity*, Maudsley divides the subject into three branches: 1. Heredity of the same form. 2. Of allied forms. 3. With transformation of neurosis. Of heredity of the same form the author says: "that is, when a per-

son suffers from the same kind of mental derangement, which he seldom does, except in cases of suicide or *dipsomania*." Dr. M. says in another connection: "An individual inherits from his parents not only their family nature, . . . but something from their individual characters, as these have been modified by their sufferings and doings, their errors and achievements, their developments or their degradation." Our author declares that "epilepsy, paroxysmal neuralgia, strong hysteria, *dipsomania*, spasmodic asthma, hypochondriasis and suicidal melancholia may predispose to mental derangements in the offspring, as, conversely, insanity in the parent may predispose to other forms of nervous disease in the offspring."<sup>3</sup>

Dr. Blandford<sup>4</sup> speaks as follows: "The particular character of the mania or melancholia depends upon the constitution of the individual, . . . and the same person may at one time be maniacal and at another melancholic. It is true we frequently see the same form in successive generations, *e. g.*, suicidal melancholy and *hereditary drunkenness*." Again Dr. B. says: "Intemperance is increasing rather than diminishing. Hence, I believe, springs the ever renewed insanity of our lower orders. My opinion is that, amongst the lower classes, insanity is on the increase. . . . There is a degree of drunkenness amongst the lower classes that is not found in the higher."

Dr. Bucknill says: "Inquiry into the habits will often discover cause for the production of insanity; habits of *intemperance* for instance, and habits of strong mental excitement." Such men as Bucknill and Blandford find no difficulty in

<sup>3</sup> Pathology of Mind, pp. 91-107, 108.

<sup>4</sup> Insanity and Its Treatment, pp. 139-145.



recognizing alcohol as a cause of insanity. Bucknill is at pains to assert that "*strong drink* does often cause disease of the nervous system with disturbance of the mental faculties; and also that such diseases coming from other sources, do give rise to the passion for drink. These are facts that can admit of no doubt. The heredity of such cases and their periodicity are well known to physicians who have made madness their study."<sup>5</sup>

"When mental disease is transmitted, does the form of insanity descend?" is the inquiry of Dr. Tuke. In reply he says: "very frequently this is the case." Dr. T. then gives authorities testifying as to the direct descent from ancestry of hallucinations, monomania, melancholia, mania, general paralysis and idiocy; and he remarks upon his own authority: "Of *dipsomania*, the cases are so common that it is not necessary to detail examples." Tuke quotes from Stewart, of the Crichton Institution, a table showing the descent *in the same form*, of different insane neuroses. In this table *dipsomania* is said to descend as such in 63 per cent. of cases.<sup>6</sup>

Dr. Wynter speaks to the same effect, and classes *dipsomania* with the insane neuroses.<sup>7</sup> Winslow declares: "I do affirm that in estimating the *amount* of punishment to be awarded, it is the duty of the judge to consider the physical condition of the culprit, . . . and *above all*, whether he has not sprung from *intemperate*, insane, idiotic and criminal parents."<sup>8</sup> Unfortunately for this reasonable sentiment, if a person is responsible at all, he is, in the eyes of the law, fully responsible.

It will be perceived that the authorities quoted

<sup>5</sup> Psychol. Med., p. 401; Habitual Drunkenness, p. 57.

<sup>6</sup> Psychological Med., pp. 67-70.

<sup>7</sup> Borderlands of Insanity, p. 49.

<sup>8</sup> Lectures on Insanity, p. 156.

are men distinguished as practical alienists, and as conclusive writers on the subject of insanity; and that they classify dipsomania with the insane neuroses.

But notwithstanding all this, the distinguished jurist, Hon. Noah Davis, of New York, speaks as follows: "Doctors are very apt to fall into the idea that inebriety should of itself act as an excuse for crime. It may perhaps act justly, in some cases, as a modification of the guilt, in the mind of an intelligent judge, to grade the crime or affect the sentence." No one thinks of excusing inebriate crime upon the plea that drunkenness is merely a physical disease, except in so far as disease may contribute to the production of mental and moral incapacity. But Judge Davis himself declares: "there is no excuse or defense for crime in insanity, because *where insanity exists there is no crime.*"<sup>9</sup>

Sometimes there appears to be a gradual elimination of the constitutional crave for intoxication. This may be disguised, however, by the facts of habit and automatism. But the habit being once broken, or rather interrupted—as by some sudden and powerful excitement—the neurotic inebriate may then discover that the terrible longing for intoxication no longer vexes him. He is now credited with a "voluntary" reformation; and he is considered to furnish an exemplification of the notion that the dipsomaniac may reform when he chooses, and also, that he can choose to reform. But there is little doubt that this apparent reformation of the neurotic inebriate is sometimes the result of transmutation of neurotic forms—some particular neurosis, perhaps not always easily detected, taking the place of the dipsomaniacal

<sup>9</sup> Med. Jurisprudence of Inebriety, pp. 129-131.



crave. In such a case there will likely be, sooner or later, a relapse into dipsomania.

There are some considerations which may cast a doubt upon the correctness of the legal assumption regarding the responsibility of the neurotic inebriate. One is, it is *possible* that the drinker may not "voluntarily" have placed himself in a state of intoxication. Another is—it is *possible* that he did not "know" that he could not control his actions when intoxicated.

The continuous repetition of violent intoxication in periodic inebriety, begins at length to inaugurate physical changes and degenerations of the most extensive and serious character. Violent intoxication produces an excessive strain upon the heart and blood-vessels. The frequency of the pulse is increased. The heart itself is made "tense and full," and its walls become weakened and dilated, and its valvular structure is injured. The arteries are stretched, and their elasticity is enfeebled, and the veins become enlarged. "There is," says Dr. B. W. Richardson, "dilatation of the heart with stretching of the valves, especially the semilunars." These injuries to the circulation impress the mental and moral powers unfavorably. Heart disease may cause insanity. Here is a physical condition which aids the neurotic feelings in overcoming the will, and lessens the volitional power to abstain from drink. Heart disease is a common trouble with the periodic drunkard. A large proportion of such persons learn to take alcohol for "palpitation" and "fluttering" of the heart, being ignorant that the temporary relief thus attained, is at the price of increasing and intensified cardiac disorder.

A remarkable disability that is liable to affect the periodic inebriate has been called *alcoholic*

*trance*. Although trance may occur in nervous constitutions without the intervention of alcohol, the toxic effects of that agent exert a peculiar influence in producing it. Alcoholic trance seems to be associated with a deranged consciousness. The person affected presents a dazed and preoccupied appearance. The life of relation is automatic. It is not always easy to detect the trance state, and the person affected is totally ignorant of its existence. Trance may last for a few hours or for many days. Consciousness exists on a plane below its normal level. It is not actually wanting; for a series of consecutive movements attest a certain degree or condition of conscious life. While in the trance state, the consciousness that is connected with automatic existence is separated and disrupted from normal and perfect consciousness. Hence, when trance is present, the events of the normal surroundings—which indeed appertain to normal consciousness—are not noticed; and the remembrance of events then taking place is impossible after the mind resumes its natural functions. Trance life is a blank in memory, and is unknown to all the realities of a healthful existence.

But the great and important fact in the phenomena of alcoholic trance is this: the trance condition is separated completely from healthful consciousness. It has no relations with the rational past nor associations with a rational future. The mind is deprived of the experience and knowledge that might be drawn from its material surroundings, in the formation of such judgments as are necessary for its intelligent guidance, in matters of motive, will and conduct. No man can act with sound responsibility, when he is deprived of the power to know what are the relations and sequences of passing facts.

It is known that morbid changes in the connective substance of the body may be produced by the alcoholic influence, affecting the well-being of the general structure. Entire organs are affected, and nervous and muscular degenerations take place.

It happens at length that the deteriorations and injuries produced by alcohol, themselves, become incentives to intoxication. The proclivity to periodic drunkenness vanishes, perhaps altogether; while the increasing distress, arising from the various physical degenerations of alcohol, calls without ceasing for the lethal influence of intoxication. And so it is, that the periodic inebriate becomes transformed into the daily sot—the *habitual drunkard*.

The habitual drunkard is a degradation from the casual, or from the neurotic inebriate. In daily drunkenness, the periodicity of the neurotic temperament has been overcome by modifications in the constitution caused by early alcoholic excesses. Heart disease, proliferation of the interstitial tissue, degenerations of nerve structure, paralysis of sensation and motion, a feeble intellect, a depraved morality, an unstable consciousness—combine to deprive habitual drunkenness of the *volitional* element that is essential to responsibility.

The hopeless condition of the alcoholic wreckage in habitual drunkenness is further illustrated by some recent researches of the Pathological Society of London. A portion of its report is as follows—the subjects being inebriates: 1. Transverse section of plantar nerve showed *degeneration and inflammatory changes*. 2. Longitudinal section of plantar nerve showed *increase of nuclei and infiltration of leucocytes*. 3. Longitudinal section of phrenic nerve showed *degeneration of*