

Temperance
Abstinence
Proper Exercise

The Treatment of ==
== Chronic Inebriates.

— BY —

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Chronic inebriety is a constitutional disease of the higher nervous system, caused by continued indulgence in alcoholic liquors.

At different vantage grounds of observation, a chronic inebriate presents a view of diverse proportions. To the moralist, a self-constituted and self-perpetuating sinner stands out silhouetted against the light of his "might have beens." According to the moralist, all that is required is a change of habit—a dropping of old associations and methods of living; not alone a change of heart, but a complete revolution of the individual's mental and moral life. In theory, these views are good, and cover the case with nebulous possibilities. To be sure, these views are entertained, to a greater or less degree, by all who have considered this subject. They present themselves boldly when we state causes, and they insist on recognition in the management and treatment of the disease.

To the judicial mind, the chronic inebriate represents vice. He is a self-seeking despoiler of his own prospects, and of his family's happiness, and stands in need of the law's disciplinary, "ten dollars or ten days."

To the physician, who watches the changes taking place in the one who is gradually yielding to habitual inebriety, there is but one conclusion to be satisfactorily reached, when viewed in the light of cause and effect, and that is: that it is a disease. As proof, he may state his *post-mortem* findings in the congested stomach, the nutmeg liver, the degenerate kidneys, the fatty, flabby and weak heart, and atrophied brain, shrunken membranes, hypertrophied neuroglia, atheromatous and tortuous vessels, with shrunken and distorted brain cells, as shown by microscopic examination.

If the physician should be in doubt whether the disease has progressed far enough to be called insanity, let him stand the drunkard up alongside of this definition of insanity, and see if it fits: "Insanity is the prolonged departure from the state of feeling and methods of thinking usual to the individual when in health, as a result of a disease of the brain." Through the possession of a neurotic taint, there are some predisposed to the drink habit with whom bad company and bad advice are in the train of first steps, and an occasional indulgence degenerates into a habit. It does not stop there, but goes beyond that stage, and taking deeper pathological hold becomes a disease over which the patient has only a limited control, owing to the toxical enfeeblement of his mental faculties.

The full and free public consideration which this subject has had through the newspaper and magazine press during the past three years, has been productive of benefit in educating the masses to a more intelligent comprehension of this disease.

What the chronic inebriate needs is proper medical treatment, and until he has had this we cannot feel at all sure what practical use to himself or to society it is possible to make of him. When a man's system becomes saturated with liquor from continued drinking, he is in a peculiar physical and mental condition. Physically, he offers to labor and to disease, less than his healthy degree of resistance; for he tires with the one, and succumbs easily to the other. Mentally, his condition is not only peculiar, but lamentable. From the capable, attentive, pleasant, generous yet positive man of business, endowed with clear ideas of his social obligations, you see, traduced by drink, through various degrees of transformation, the incapable, inattentive, irritable yet vacillating spendthrift, whose ideas are indefinite, and who often becomes possessed of no more originality than an echo. His moral sense becomes obtuse, the corners knocked off to such a degree that his conscience is seldom pricked, and there is scarcely a day in which he does not attribute blame to others for a condition in which he has industriously labored to place himself. This state leads to thoughts of suspicion of those about him and depression of spirit, until judgment is seriously impaired. All these symptoms and more exist, not when the individual is drunk, but when he is free from the immediate effects of drink. There is a change in his normal mental condition, and while he may not be considered insane by those who seek for delusions, yet his mental strength is enfeebled, and he may

be properly called an alcoholic dement. There remains in him no apparent mental elasticity. This condition is as others see him, not as he views it; and to others who know what his symptoms denote they point to disease. He is willing to admit that his habit is an unfortunate one, but claims he need go no further; and if he is recovering from a more than usually free indulgence, may promise to stop, may give his word as a man that he will drink no more, and may sign a pledge with such forms of solemnity as seem most fitting to himself or friends; but the instances are few when these vows are not traced in sand, and the first returning tide of desire finds the resolve effaced. His reason for relapsing would seem nonsensical, were we to consider his situation a result of habit, and not that of an enfeebling mental disease. Two illustrations will suffice: after several days of drunkenness, a gentleman, who was a man of long business experience and superior education, was pressed for a reason for breaking a long continued period of sobriety, at last reluctantly admitted that it was owing to having received a letter from his mother, whom he dearly loved. Another of the same grade of intelligence, said it was owing to a desire to see his mother. He began drinking when he first felt this desire, and traveled to the city where his mother lived, avoided the house, and finished his drinking in Boston—over two hundred miles away from home. Neither perceived the foolishness of his excuse, but clung to it as if it were wholly sufficient for his conduct. Coupled with this obtuseness of judgment is a conceit of their mental and moral strength, to which they look for future freedom from the relapses that have been in the past steadily working to wreck their lives. This tendency is shown after a few days of treatment, when the patient imagines he has the whiskey out of him, recalls the possibilities of the past, with the degrading necessity for present treatment, and looks forward to the future and its kaleidoscopic possibilities with no apparent thought that his downfalls are ever to be repeated, and that his pathognomonic story has been told by travelers on his route from all time.

It is with pleasure that I quote Dr. Isaac Ray regarding the state of mind held by the patient: "The restoration of the bodily condition to something like its customary strength and firmness, with all the pleasing sensations which follow such a change, excite no distrust of their power to resist temptation. On the contrary, they are always hopeful, confident, sanguine, and impatient of delay. They say they feel perfectly well, have not the slightest

desire for drink, and therefore their further seclusion would be not only unnecessary, but prejudicial to their mental and bodily health. The amazing confidence such persons invariably express in their future security is one of the curious traits of this condition. A great many have come under my observation, but I have never known one, not even of those who had repeatedly fallen, and had most deplored their infirmity to express any apprehension of falling again. On the contrary, from the moment when they begin to resume their proper consciousness until they leave the hospital, the burden of their story is that they are safe forever after; that not the slightest danger exists of their again disregarding the terrible lessons of experience. Instead of returning into the world with fear and trembling, as one would naturally expect to see them, and seizing upon any excuse for postponing the day of trial, they go out eager and jubilant, as if bound on a festive excursion.

"Thus beguiled by a morbid confidence in themselves, they determine to resume their liberty in spite of entreaty and argument, and the institution has no power to prevent it. Neither the hospital for the insane nor any asylum for inebriates can hold persons in confinement against their consent, for any other cause than insanity; and though our account of this class of persons does not indicate in them a very healthy condition of mind, yet inasmuch as they are apparently rational after the first day or two, both in conduct and conversation, they cannot be called insane, in the ordinary acceptance of the term. While in the paroxysm, or suffering under its immediate effects, they may, very properly, be called insane, and so long they may, unquestionably, be deprived of their liberty, for the purposes of custody or cure. But when this condition shall have passed away, forcible detention in any institution, whatever it may be called, would be clearly a violation of constitutional rights, and would not be sanctioned by the legal tribunals.

A notion prevails, I am sure, that the inebriate asylum is to be unprovided with bolts, bars, and guards, and no means of detention allowed more forcible than the offices of kindness, good will and love. Respecting this notion it need only be said that it indicates but a school boy's knowledge of human nature, and a still deeper ignorance of that special phase of it which results from long continued irresistible inebriety."

The drunkard has no reason to complain that efforts have not been made from time to time to bring about a reform in his style of living. Probably no treatment for drunkenness has ever been

recommended that has not been of benefit to some one. He has been prayed with and sworn at; he has been treated with loving tenderness, and he has been abused; he has been thrown on the support of his word as a man, and he has bowed his head to the decrees from the bench; he has taken long voyages on water and land, and he has been kept at home; he has been kept from liquors by trusty nurses and relatives, and he has been fed with liquor in every manner that a cunning ingenuity could suggest. What to do with him has puzzled many. When we consider that he is suffering from a disease, we are on the threshold of learning what can be done for him. About everything that enters into and is a part of him in life and associations becomes a matter of interest when treatment is contemplated.

His ancestry, early training, habits, moral and physical calibre must be considered in order to determine what kind of material you have on which to begin.

A man who possesses a weak will, with but little moral sense of responsibility and a love of low associates can be sobered up; but the length of time he will remain sober depends upon time, place, and circumstances. The chances are that no treatment known will be of permanent benefit to this class of patients. From sobriety to drunkenness they relapse with disheartening regularity, becoming more enfeebled mentally and physically until they finally represent the driftwood of a community. If the individual has become demoralized through the effects of long continued liquor drinking, it is useless to expect that his mental integrity will be wholly restored; only that portion of the brain that is uninjured by alcohol is going to act in a fairly healthy condition after the most satisfactory of treatments.

These points are too often overlooked when patients are completing a course of drug treatment for inebriety. Some expect a complete change to occur in the character of the individual—a change making it impossible ever to drink liquor again. Now this is nonsense, born of ignorance of the subject. No treatment is going to benefit permanently one who has no wish to stop drinking, and who prefers to associate with those who do drink. An exasperating condition of affairs awaits the physician who treats these patients. He cannot judge, to begin with, just what the outcome of the treatment may be. The case, that appears favorable in the beginning, may relapse quickly, while the one surrounded by doubt, may make a good recovery and a return to usefulness, after years of

spasmodic effort to keep sober, have made his friends weary and disgusted. This simply illustrates that the effects of liquor may conceal more will-power, self-control, and judgment than we may be aware of. In favorable cases you may expect one of three results—an improvement, a reformation, or, in a number of instances, nothing more or less than a regeneration.

A number of years ago, Dr. Portugaloff, a celebrated Russian physician, used with marked success a solution of one grain of strychnine to two hundred of water, injecting five drops every twenty-four hours. So confident was he of the good results likely to follow, that he recommended the establishment of dispensaries under public control for the purpose of giving his treatment to those who needed it. This is believed to be a practical and good idea by those who have given the subject of drug treatment a thorough trial.

Every community has a number of men and some women who are rapidly becoming nothing more or less than shiftless, habitual drunkards. They are useless to themselves and to everybody else, and it is simply a question of time before they become public charges. If they do not become so themselves, their children stand a good chance of being wards of the State in one capacity or another, and this should not be forgotten.

The single remedies that have been used with success for the treatment of inebriety are: Nux, Belladonna, Capsicum, Macrotin, Stramonium, and Veratrum Viride, generally in low potencies. It has not been my fortune to see the results that have been said to follow the use of high potencies, for the treatment of inebriety, recommended by the celebrated Dr. Gallavardin.

In addition to medicine regularly administered, hot milk at frequent intervals, say every two or three hours, as the condition of the patient demands, should be given, care being taken not to overload the stomach, yet giving it something to do. Hot milk is not only one of the best of foods, but it is a tonic in its effects.

As a matter of interest to those who wish to treat cases of inebriety with every degree of success that is claimed by the advocates of the double chloride of gold, it gives me pleasure to recommend the prescription that has been used by Dr. J. L. Gray, of Chicago, for over five years. He apparently followed in the same line of investigation as the proprietor of the gold cure, in the study of drugs employed, as the same symptoms and results follow the steady administration of the prescription. Dr. Gray gave his pre-

scription to the public in a comprehensive article published in the *Tribune* of Chicago, September 16, 1891, but so far as known it attracted little attention.

After watching the effects upon thirty cases, and knowing the results of use in many more, my belief is that the work the prescription is capable of doing should be more generally understood; consequently I trust that you will pardon me if I quote largely from directions that were printed over a year ago for private distribution among my friends:

It will not perform miracles. No one should be permitted to take this treatment who does not honestly wish to be relieved of the drink thralldom. The taking of this medicine will not render it impossible for a person ever to take liquor; nor will it restrain him from associating with those who habitually use liquor. It will not change the natural disposition of any individual, and it will be useless to expect such a change. Should a man be demented by much drinking there will be nothing certain about results of treatment. The chances are against any help for him. The remedy when taken according to directions, by a patient in fair physical condition, will, however, generally do these things:

It will remove the desire for liquor, rendering it unnecessary for the patient to drink again. It will also improve the patient's general physical condition, and enable him to entertain for himself some degree of self-respect.

It will also bring out the better qualities of the patient that have been lying dormant under the influence of this drink habit. This fact has got to be seen in order to be understood. Should the patient attempt to recultivate the habit of drinking, there is no earthly reason why he should not do it with this treatment as well as with any other. Liquor will have the same effect upon him that it has always had. Recollect that this treatment will enable a man to remain sober if he wants to.

DIRECTIONS FOR USING THE PRESCRIPTION.

Ascertain the mental and physical condition of the patient, and be sure the heart is in a healthy state. Begin treatment by giving a saline cathartic, and wait until it operates before giving the medicine. Give one teaspoonful of the medicine, in half a glass of cold water, every two hours during the day and night when awake, beginning the treatment in the morning. In some instances a diminished dose may be given every two hours, or the same dose

at lengthened interval as may seem best. As a general thing it is wise to follow the prescription of one teaspoonful every two hours. Baths should be given, and the patient have a complete change of underwear every three days. There should be no smoking allowed during the treatment. From the third to the seventh day the patient may develop hallucinations of sight and hearing, and become very sleepy and forgetful, but the treatment need not be suspended if the patient is in a fair physical condition. In case this state of affairs is followed by insomnia, and does not readily yield to treatment, twenty grains of sulfonal dissolved in boiling water, (and this followed by a second dose, at the expiration of two hours, in case the first does not have the desired effect) will generally induce sleep without any unfavorable results. The insomnia generally continues but a few days. During this period the patient should be under the direct control and observation of a trained nurse, as the mental symptoms are occasionally very pronounced, and depression of spirits marked. After three or four weeks, depending upon the nature of the case, the treatment may be stopped, but it is earnestly recommended that the patient should have a bottle within easy access for a year afterwards, in order that he may take a dose of the medicine, if at any time he should feel the desire for drink returning, or when he may be subjected to any unusual nervous strain.

Rx

Chloride of Gold and Sodium,	. . . . .	grs. xij.
Muriate of Ammonia,	. . . . .	grs. vj.
Nitrate of Strychnine,	. . . . .	gr. j.
Atropine,	. . . . .	gr. $\frac{1}{4}$.
Compound Fl. Ext. Cinchona,	. . . . .	oz. iij.
Fl. Ext. Coca,	. . . . .	oz. j.
Glycerine,	. . . . .	oz. j.
Distilled Water,	. . . . .	oz. j.

Teaspoonful in one-half glass of cold water every two hours when awake.

