

# THE CANADA LANCET.

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*Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Address, DR. J. L. DAVISON, 12 Charles St., Toronto.*

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AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHER 23 Rue Richer, Paris.

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## TREATMENT OF CHRONIC ALCOHOLISM.

Drunkenness or inebriety has existed so long, and is so common that every layman knows the disease, though he does not recognize it as a disease, which it undoubtedly is; one of the *morbia habits*, among which may also be placed, opium inebriety, chloroformism, cocaineism, chloralism, ether inebriety, arsenic inebriety, the antipyrin habit, cologne water habit, tea, and coffee inebriety, and not a few others.

The type of alcoholic inebriety has changed considerably in modern times. We can all remember the steady moderate drinker of the past, and all history and literature points to the fact that men drank, certainly much more commonly, and certainly very differently, from what they do now. In place of the old moderate drinker we are getting the impulsive maniacal drinker, who, after a longer or shorter preliminary stage, becomes an excessive user of spirits. It may be that for years, and, indeed, for the remainder of the patient's life, often not a short one, he has his regular *sprees*, which in time come with almost the regularity of the changes of the moon, or the seasons, though the tendency seems always to shorten the period of abstinence. As time goes on the *sprees* are recovered from more and more slowly, and recur more frequently, till, under the wear and tear of such a life, acute organic affections follow, complex brain and nerve-degenerations appear, for which medical treatment is now constantly demanded. Crothers says that, "A clinical

study of the accurately grouped histories of a large number of cases brings ample confirmation of the fact that inebriety is a *disease* with a distinct and largely traceable causation, a uniform development and progress, a uniform symptomatology and termination."

Many other types of the disease are noted, but the one for which there is, perhaps, most hope, under medical treatment, is that class whose drink storms come on with, or date from, some state of nerve or brain exhaustion.

Such cases must be impressed (a very difficult matter, as they rarely see, until it is too late, the danger in which they stand), with the gravity of this *disease*, and the need of physical remedies, and, above all, of the absolute necessity of consulting their physician when the desire to drink comes on, rather than the recourse to the easier, and at the time, more pleasant means of overcoming the depression under which they are suffering, the taking of alcohol, which always ends in a break up.

The question of restraint in cases of inebriety, is a very serious one. Unfortunately, legislation in this matter is sadly inadequate. The consent of the sufferer is always necessary to this restraint. Now, recognizing the drink craze as a disease, how illogical to expect the sufferer to act with firmness and good judgment in his own case. As well might you expect the habitual thief to wish for his own detention, as the habitual drunkard to consent to his incarceration in the asylum for the cure of his disease.

The habitual drunkard is a pitiable case, and his own volition should be little attended to, and a certain amount of wholesome compulsion is absolutely demanded. The time is undoubtedly coming when the Government will have to recognize its responsibility in this matter, as they now do in cases of insanity, and undertake the care of a large class who are now allowed to harm themselves whenever they can get the necessary alcohol. One thing is certain. A few weeks at sanitarium and private asylums, are positively useless. The disease, if curable, is not curable in so short a time, nor without careful and skilful medical treatment. Months and years are necessary to elapse under treatment before the sufferer is able to take his place in the world again, able alone to cope with his weakness.