

editor of the *Quarterly Journal of Inebriety*, and is Secretary of the American Association for the Study and Cure of Inebriety. While on my recent visitation tour I had the privilege of calling on Dr. Crothers at Walnut Lodge Sanitarium, Hartford, Conn. His hospital is elaborately fitted up with a Turkish bath and other baths required in an inebriate hospital, and I found that these baths play a most important rôle in the treatment. The doctor has great faith in the principle of *elimination*. He purges and sweats and scrubs his patients most heroically—more especially at the outset of treatment.

In making a presentation of the medical treatment of inebriety to the readers of the MEDICAL REVIEW, I find that I cannot do better than to give an abstract of Dr. Crothers' treatment and in part in his own language :

1. Inebriety in a certain class of cases is preceded by symptoms of melancholia or dementia. "The brain and nerve condition is one of progressive degeneration, and the drink impulse is a physical demand for relief." These cases should be clearly diagnosed, and all advice and treatment based on the facts. They are on the border-line in regard to mental and physical health, and the physician should see that measures are adopted that will make a thorough change in their present habits and non-hygienic rules of living. The causes and breeding grounds of neurotic degeneration should be broken up. These cases should never be sent to gaol or treated as moral delinquents. They require hospital or asylum treatment, and "the alcohol question will never be solved until this is done." Gaol treatment is singularly fatal to this class.

2. In a second class of cases the sudden excessive use of spirits is preceded by a chain of symptoms less pronounced, but the withdrawal of spirits unmasks the mania. They are in a state of irritation and intense activity, and partial delirium and acute delirium follows the removal of spirits requiring restraint.

3. A third class is the periodical drinkers. They drink to excess at certain distinct intervals. In a large proportion of these cases it is found that the parents are either insane, epileptic, or alcoholic inebriates. The question of home treatment in these cases is most important—more especially during the sober intervals which in some cases extends to many months. The diet is of first importance, as also the surroundings of the patients, the work, the climate, and strains and drains on the nervous system. The treatment is largely a question of hygiene and dietetics. Medicinally, the return of the drink-craze may be averted or partially neutralized by anticipating the date of said return and using the bromides freely a few days before the