

periods of depression occur. Here the periodical indulgence is much more truly symptomatic of a neurasthenic state than is the former type.

Of course there are cases which shade from the foregoing types into those of common drunkenness; but I think that the above classification is as nearly accurate as is at present possible.

The so-called habitual inebriates who drink and keep more or less drunken the whole year through should be classed as persons who have depraved and morbid habits, with, in many cases, the secondary diseases which are the result, not the cause, of their indulgence in liquor.

Among 350 cases whose histories I have especially studied, the following is a fairly accurate analysis:

Steady drinkers.....	261
Sots.....	15
Occasional drinkers.....	25
Periodical inebriates.....	18
Unknown.....	31
Total.....	350

By the steady drinkers I mean a class of persons who drink every day whenever occasion offers. They get drunk, as a rule, deliberately on holidays, and Saturdays or Sundays. The sots, or as they are technically known to hospital attendants, the "bums," are persons who keep themselves continuously as drunk as their means and work allow.

The proportion of persons who are, strictly speaking, inebriates is thus seen to be about five per cent. This estimate is not too low, for the patients are rather inclined to make as good a story as possible of their habits.

When it is remembered that besides the 4,000 alcoholic cases taken in yearly at Bellevue, there are about thirty thousand cases of plain drunkenness brought yearly to the station houses, it will be seen that the inebriate psychosis is really a very rare one, and that plain drunkenness is to inebriety about as 700 to 1.

This conclusion is, I believe, borne out by the personal experience of physicians, although we, as a class, are brought professionally into relation chiefly with the inebriate and insane alcoholics.

The vast majority of excessive drinkers then, are, I believe, persons who have gradually acquired a taste for alcohol, or who resort to it more or less deliberately for purposes of conviviality, and to drown the cares and sorrows of an uncomfortable environment.

Treatment.—In dealing therapeutically with alcoholic indulgence, therefore, we should be careful to estimate to what extent this indulgence is a morbid habit, and to what extent it expresses a degenerative psychopathic disease.

In all cases self-restraint and removal of bad influences is an important factor; but in the rare

psychosis of inebriety good resolutions are of little avail and medical treatment is imperative. In the common chronic alcoholic states the "mind-cure" and isolation are vastly more important factors. I do not deny that in most of these cases the bodily system has undergone a change by reason of its excessive and constant poisoning by alcohol. The nutrition of the nervous system is so perverted that it requires for its comfortable action the presence of alcohol. This change of nutrition might be looked upon strictly as a disease, but it has this peculiarity that by an effort of the mind the craving can be made eventually to disappear. We cannot will away the true neuroses, like epilepsy, chorea, neuralgia, and functional spasms, or the true psychosis, like mania. Furthermore, if such acquired appetites are to be regarded simply as pathological, then we must add to our list of diseases the craving for pie, the habit of chewing gum, of eating candy, of taking an egg for breakfast, without regular indulgence in which some people would feel most uncomfortable.

Nothing, it seems to me, is more unscientific than to pronounce as inebriety all the curious mental disorders and nervous phenomena caused by a few drinks of liquor. A man may have epilepsy, insanity, neuralgia, trance states. A drink of liquor brings out these symptoms, but he is not, for all that, a sufferer from inebriety. That is only one symptom of many.

A few words further in regard to treatment. The suggestive treatment, and hypnotism, including the much-lauded Keely cure, do not and cannot cure inebriety of the types described. This has to be treated as one would treat any degenerative psychosis. All forms of tonic treatment, the water-cure, electricity, pure air, good food, removal from any depressing or irritating surroundings, are indicated here. There is one drug which has been long known to have a certain degree of specific effect in inebriety and in alcoholic intoxication. This is strychna. Its use both in acute and chronic alcoholism is undoubtedly attended with good results. In acute alcoholism, when the system is overwhelmed with the poison, it is my custom to give it in doses of gr. $\frac{1}{10}$ every two or three hours.

In chronic alcoholism and in inebriety it should be given in good doses for a considerable time.

I am told that strychnia is really the basis of the Keely cure, and I presume that this drug, together with the moral influences, have done all that really has been done by the mythical gold injections.

In acute alcoholism my experience has covered a wide range of therapeutic endeavor. The old opium treatment was supplanted years ago by the use of bromide and chloral. This in turn was followed by the use of hyoscyamin (often with deadly effect) and morphine, and of the newer hypnotics, such as paraldehyde, sulphonal, etc.