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MEDICAL AND LEGAL ASPECTS OF DIPSOMANIA.

The *Practitioner* for June, gives an able article on the above subject, by J. Kingston Barton, F.R.C.S., which, did our space permit, we should much desire to place before our readers, *in extenso*. We must, however, confine ourselves to a few important abstracts which appear to us worthy of the prudent consideration, alike of the medical profession, and of our legislative and administrative authorities.

On the *Etiology* of Dipsomania, the writer lays down the following definitive premises:

"Hereditary taint is, no doubt, the most important element. There are, however, two important kinds of hereditary taint:

1st. That dipsomania is a neurosis, and only a variety of insanity, other members of the same family being either insane, epileptic, eccentric, or hysterical; or some of the parents or grandparents being afflicted with one or other of the above neurotic afflictions.

2nd. That dipsomania as a neurosis, only arises from an acquired habit of the parent, that is to say, a man drinks hard either because he is fond of luxurious living, or from mere habit with his associates, and the result of this drinking is that his children have a strong tendency to become dipsomaniacs."

"Injuries to the head occasionally produce periodic dipsomania. It is often extremely difficult to say which is the real cause, as they re-act so much on one another. But one thing is evident, dipsomania is rare amongst the lower classes; it is a disease found almost entirely amongst the upper classes.

"Those who most often become dipsomaniacs, either are themselves rich, or are thrown amongst those who have money, and live luxuriously. The army, and *club life*, are most dangerous schools for any one with a hereditary disposition to dipsomania, for liquor is the mainstay of idle men. The number of idlers always present at clubs speaks for itself."

The writer then draws comparison between the tendency to drink in the army and navy, and asserts that in the former, dipsomania is met with far more frequently than in the latter; and he assigns as the reason of this difference, indulgence in the army in champagne, whilst in the navy, wine drinking is less common; but he gives to the navy a larger credit for drunkenness, which he regards as quite distinct from dipsomania. The following statement might be regarded as almost an unquestionable moral axiom, and perhaps its actuality is but too certainly illustrated in our own profession:

"Idleness is the most important cause for inducing drinking habits, and consequently that is why members of the upper classes are frequently the subjects of dipsomania."

That idleness is the dire misfortune of a multitude of our young country, and too many city practitioners, is a fact painfully above controversy, and we cannot imagine any position in life more pitiable than that of a newly fledged physician, whose realm of literary or professional culture has been circumscribed by the bare attainment of so much proficiency as may have enabled him to screw himself through a final touch-and-go *pass* examination. Such a mental starveling has no resources within himself, on which he may fall for intellectual sustentation, in his clientless probation, and heaven knows, his surroundings, in some semi-barbarous hamlet, or near some cross-road tavern, are but too little calculated to inspire him with professional ambition, or to elevate his conceptions of self respect. What wonder then, that in too many instances, he is to be found seeking refuge from his mental misery, or perhaps his fiscal perplexities, in the bar-room, on the race-course, or, worst and last of all, at the gambling table.

Dr. Barton designates one of the forms of dipsomania as the *periodic*. In this form, the victim may put over four, or even eight months, in total abstinence from alcoholic liquor, "but the first taste of liquor after that abstinence would bring on an attack."