

disorder, (removable by abstinence alone.) into a more serious and permanent disorder termed *inflammatory gastric dyspepsia* by some authors; the late Dr. Todd of London thus describes it :—

“Painful digestion, sense of heat, tenderness, or pain at the epigastrium, increased upon taking food or on pressure; thirst; tongue more or less of a bright red colour, sometimes brownish red, sometimes dry, glossy, and adhesive; taste saltish or alkaline, occasionally like that of blood; bowels generally confined, urine high-coloured; skin dry, with occasionally profuse partial sweats, chiefly in the direction of the extensor muscles; temperature of the trunk increased, of the extremities diminished except occasionally in the palms of the hands and soles of the feet, which, especially at night, are frequently hot, dry, and burning; aggravation of the symptoms under the use of stimulants or of irritating ingesta.”

Other observers also corroborate the observations of Drs. Carpenter and Beaumont.

Dr. Sewell, of Columbia College, has examined the stomachs of 300 drunkards after death, and found “in every case the lining membrane *highly inflamed, the blood vessels engorged, the internal coatings frequently thickened and indurated, and often with corroding ulcers, cancers or scirrhus-extensively developed.*”

The fact is that physicians, instead of promoting or assisting the digestion of the patient, for whom they order the “glass of ale for dinner,” seriously impair it. For it is now proven (not upon the ipse dixit of one man, but) on the testimony of our most eminent authorities, that *it neutralises the action of the salivary, gastric, and pancreatic fluids, and produces chronic indigestion and disease.* It may prolong digestion from two to forty-eight hours, according to Dr. Munroe, of Hull. Dr. Ogston’s observations from post-mortem inspections were as follows: (1) the *nervous centres* present the greatest amount of morbid change, the morbid appearances being present in over 92 per cent. (this supports the observations of Leveille, Craigie, Carpenter and Aitken). The changes in respiratory organs succeed in frequency those of the nervous centres, yielding a per cent. of 63.24 of those examined. *Morbid changes in the liver* are next in order of frequency, and are due to *engorgement, granular degeneration, the nutmeg-like congestion, and lastly the fatty state*: next are those of the *kidneys*, and, lastly, morbid changes of the *alimentary canal.*”

On this subject of the pathology of drunkenness, Dr. Sewell of Columbia College, U. S., says:

“*Dyspepsia, Jaundice, Emaciation, Corpulence,*

Dropsy, Ulcers, Rheumatism, Gout, Tremors, Palpitation, Hysteria, Epilepsy, Palsy, Lethargy, Apoplexy, Melancholy, Madness, Delirium-Tremens, and premature old age, compose but a small part of the catalogue of diseases produced by ardent spirits. Indeed, there is scarcely a morbid affection to which the human body is liable, that has not, in one way or another, been produced by it; there is not a disease but it has aggravated; nor a predisposition to disease which it has not called into action.”

Dr. Aitken thus refers to its action on the brain, blood and kidneys :—

“The prolonged action of the alcoholic poison upon the cranial contents is to produce *induration* of the cerebral and cerebellar substances, in by far the largest number of cases, coincident with an increased amount of subarachnoid serum; while the steatomatous degeneration of the small arteries leads to *atrophy* of the convolutions and *œdema* of the brain.” Its primary action is to produce congestion of the meningeal coverings of the nerve centres. Further, (Dr. Aitken observes,) “by the veins and absorbents of the stomach, the alcohol mixes with the blood, and immediately acts as a stimulant to all the viscera with which it comes in contact.”..... Alcohol being absorbed, a double series of morbid results ensue. On the one hand, a train of phenomena are induced, partly of a chemical nature and partly physiological or vital. *The general nutrition of the body suffers, and a bad state of health is at last induced, of a peculiar kind, known as the drunkard’s dyscrasia.* This state of the system is characterized by *positive irritation*, which very soon succeeds to the intemperate use of alcohol, and which is manifested in a variety of ways, sometimes by an unnaturally voracious appetite, but over indulgence is followed by a total disrelish for food—they become unable to eat, and dyspeptic symptoms of various kinds betray the irritable state of the alimentary canal, as stomach-ache, generation of gases, water-brash, heartburn, squeamishness, vomiting, and palpitations of the heart, intestines constipated with deficient expulsive power, sometimes ascribed to deficient secretion of bile, which is deficient in quantity and of deteriorated quality.”

“In the vascular and pulmonary circulations, the presence of alcohol *retards* the motion of the blood, while it produces a temporary increase in the action of the heart and a *congestion of the whole system of the pulmonary capillary vessels*; respiration is quickened, and various symptoms of accumulation of blood within the chest and pulmonary congestion, especially, are apt to occur.”—Dr. Craigie remarks