

and sometimes return again in a few weeks or months. If they return often they receive the name of "rounders" and "bums." The other half consists of persons who are verging on, or already in, delirium tremens, or in alcoholic coma, convulsions, or mania. The patients are classified therefore as—1, plain "drunks;" 2, delirium tremens; 3, febrile delirium tremens; 4, mania a potu; 5, miscellaneous and complicated cases. About ten per cent. die either from a complicating pneumonia, from delirium and exhaustion, or meningitis. A smaller per cent. becomes insane. The most frequent complicating condition is epileptic convulsions. Among 350 there were 11 cases, or over three per cent. Next comes insanity or dementia, 2 per cent. Phthisis and nephritis were found in 5 and 2 cases, respectively, out of 350. Rheumatism occurred in 2 cases. Multiple neuritis occurs in about 1 in 400 or 500 cases of men; very much oftener in women—one or two per cent. Drinking habits in the parents were reported in all but 10 out of 350. Usually the father is the drinker; in 8 cases both parents; in 1 case the mother alone. The age, sex, race, and occupation I have given in a previous study.

The question that has often presented itself was, How many of these persons who were brought to the hospital suffering from acute alcoholic intoxication were victims of the disease, so called, of inebriety?

I have spoken of inebriety as a "so-called" disease not because I doubt its existence but because, as the word is often used, it includes a vast number of cases that belong to social and moral reformers, not to physicians alone.

In a work on inebriety by Dr. Norman Kerr we are told that no disease is more common than that of which he writes, and that there are but few families in which some member is not a victim. Inebriety, according to the same author, is a disease characterized by an overwhelming desire to get drunk. He seems to include nearly every person who drinks, and at times gets drunk, in this class, and the ordinary lesions of chronic alcoholism are spoken of as being the pathological basis of the disease. I cannot agree with such sweeping statements or such comprehensive definitions.

It is impossible, to be sure, to define inebriety with precision or to establish arbitrarily its exact characteristics. But it is, I believe, the wiser and safer course to limit as much as possible the class of cases to be placed in this category. For we know, in the first place, that inebriety, however loosely defined, is not a disease which has a structural or anatomical basis that can be recognized. We know that it is a symptom only of psychopathic and neurasthenic states. The lesions found in chronic inebriates are the consequence, not the cause, of their indulgence. Neither

inebriety nor drunkenness is ever, strictly speaking, a disease. It is a symptom only. It is a symptom, on the one hand, of a degenerative nervous system or of an acquired neuropathic state, and, on the other hand, of a weak, self-indulgent, and perhaps depraved character. Between these extremes there are all sorts of gradations. But most habitual drunkards are much nearer the class of those who are weak and self-indulgent in character than of those who drink from the impelling force of a morbid craving.

In a certain sense, and taking a purely material standpoint, criminals, sensualists, libertines, drunkards, are all the victims of a disease, *i.e.*, of a constitution and personality which are abnormal. But neither pathology nor economics is yet ready to adopt this view. We still consider disease to be a disorder of the body and its organs; vice to be a disorder of the character, for which the individual must be held responsible. When a man has a depression of spirits, gets nervous and worried, takes to drink, and drinks steadily, more and more, till he makes a wreck of himself, it seems to be the custom of the propagandists of the gospel of inebriety to say that he has caught their disease. But this may not be so. If it were morphine instead of alcohol, we should say that the patient had a morbid habit or craving, not that he had got a disease. We are told, again, that neurasthenia causes inebriety, that fracture of the skull, blows on the head, and stricture of the urethra do the same.

This is a loose way of dealing with the subject. Trauma, shocks, and local diseases, we know, cause neurasthenic states, and a craving for drink, or for women, or tobacco, or candy, may be one of the symptoms thereof. But the craving is only a part of the symptoms.

I say again, then, that we ought to limit the application of the word inebriety, for the present, as rigidly as possible.

I should define inebriety as a periodical psychosis characterized by attacks of uncontrollable craving for drink, the craving being for quantity not for quality, and the patient being perfectly or relatively abstinent between his seizures. Inebriety is a periodical convulsive or fulminating psychosis, a form of instinctive insanity. Besides this typical form there is another, allied to it. In this the patient, who is neurasthenic and melancholic, takes liquor for the purpose of drowning his discomforts and cares. The first drink paralyzes his will, excites the drink instinct, and he takes another and another. He cannot stop himself, and he plunges into a prolonged debauch. After recovering from it he remains temperate until another period of temptation occurs. He cannot drink temperately at any time, because a small dose of liquor flies to his head or disturbs his stomach; hence he abstains except when his