

good personal and family history, may use alcohol sociably or as a matter of custom, until the habit becomes firmly established. The alcohol breaks down the constitution, invades and degenerates the nervous system, and thus develops inebriety, because the alcoholic degenerations, or even functional disturbances of the nervous system are the very conditions under which inebriety is established. We say this is possible, but we assert again that behind the large majority of inebriates will be found a defective family or personal history, not only complicating but causing the inebriety; retarding, oftentimes preventing a cure.

It can be thus seen that inebriety is but a symptom—a flag of distress hung out by the nervous system. As some one has aptly said, “neuralgia is the cry of the diseased nerve,” so the “drink craze” is the cry of the neurasthenic for a stimulant, of the pain tortured nerve for an anæsthetic, of the victim of insomnia for a hypnotic. It is but reasonable to infer then that the therapeutics of inebriety must be varied as the causes that underlie and call it forth. Not any patient that applies for relief to the physician needs a more careful examination than does the inebriate. You may rest assured that there is some underlying cause, probably several, that must be removed if we would restore the inebriate to his former habits of sobriety. If he is found suffering from the later manifestations of syphilis he will need special treatment for this condition, especially if the nervous system is involved; a painful stricture of the urethra may require division. Chronic malarial poisoning with its complicating disorder of stomach, liver and spleen, will demand special treatment. In a case on record the irritation of a tape-worm produced a tendency to the excessive use of alcohol, which tendency passed away when the worm was expelled.

In a word, the large majority of inebriates are diseased persons and that primarily and antecedent to their inebriety, which is appended to and aggravates their diseased condition.

Special diseases therefore require special treatment, irrespective of the inebriety, if we would cure the inebriate. In this connection we may ask are there any drugs that we can substitute for alcohol. Opium and the salts of morphia will do so in a marked degree, although cocaine, chloral and the bromides have been so used.

The use of opium or morphia is not uncommon among inebriates who desire to “leave off alcohol.” The inebriate, as a rule, is a congenital neurotic. From birth almost, he reaches out for some drug that will gratify or meet his neurotic craving. He will “ring the changes” on all drugs that effect the nervous system; he will try all things (drugs) and hold fast to that which is bad. The alcohol and the opium habit to the inebriate are

convertible habits, and the inebriate, like a pendulum, will swing from alcohol to opium; not infrequently the two habits are combined, as in the form of tinct. opii., constituting a mixed habit, in which the affects of both alcohol and opium have to be considered. Occasionally a case is presented in which morphia is used hypodermically, and the alcohol used in the usual manner. In cases where opium addiction is associated with the habitual use of alcohol, the opium habit is of paramount importance and the alcohol assumes a secondary place. The fact that opium can substitute alcohol is the keynote to many vaunted secret cures, in the so-called “narcotic treatment” for alcohol. It simply substitutes one habit for another and as long as the victim is taking the so-called remedy he is reasonably comfortable. But I admit if the “narcotic treatment” was carefully practised, in judicious hands it might, in conjunction with such other remedial measures as would best eradicate the primal causes of the inebriety, prove useful if not curative in cases of inebriety.

Are there any drugs that are specifically beneficial for the treatment of inebriety as such? We would state that drugs that act directly as a stimulant to the nervous system are of value. Strychnia is a type of this class of drugs and one of the best of its class. Luton, of Rheims, Belgium, was the first to point out its value in alcoholism. Then the Russians used it largely and it was known as the “Russian treatment,” and finally, the Americans adopted its use in such cases.

Strychnia has proved serviceable as both abortive and curative in acute alcoholic delirium, as well as useful in the more chronic forms of alcoholism. It seems to be tolerated in such cases—in cases of alcoholic poisoning under normal conditions, we have no record of the value of strychnia as an antidote; interesting experiments might be made on the lower animals with a view of determining this point. Strychnia is an excellent cardiac tonic, and one of the best respiratory stimulants, and might be used in general medicine in cases in which alcohol is oftentimes prescribed.

Oxide of zinc, during the past twenty years, has been used with advantage in cases of chronic alcoholic intoxication. This drug was largely brought to the notice of the profession by Dr. W. Marcet, of London, who had an extensive hospital and dispensary practice, especially in diseases of the nervous system; and as he found zinc of value in various chronic disorders of the nervous system, he used it also in cases of chronic alcoholism. His observations, published in a small work entitled, “Chronic Alcoholic Intoxication,” are an extremely valuable addition to the literature of alcoholism.

Quinine has been used more particularly in the later or convalescent period of the treatment of alcoholism. The so-called “Red Cinchona Cure”