

with strips of canton flannel or silk cut bias, and renewed without much trouble as often as may be desired.

Selected Articles.

THE ÆTIOLOGY AND THERAPEUTICS OF ALCOHOLIC INEBRIETY.

The "alcohol habit," "drink craze," "thirst for alcoholic liquors," oinomania, dipsomania, comprehended under the general title Inebriety, and for which the latter is a synonym, is oftentimes, if not always, the symptom or outward and prominent manifestation of diseased conditions, which antedate the alcohol craving, and are its predisposing and exciting causes not only; but complications—which retard, and sometimes even prevent a cure.

In the popular, and too often in the professional mind, alcohol is regarded as the cause and the root of the whole evil of inebriety. We desire to assert that inebriety is frequently dependent upon causes with which alcohol has nothing to do. There is a neurotic craving—it may be congenital, it may be developed as the result of disease or accident. This craving demands the various forms of narcotic stimulants, those that first excite, then produce narcosis more or less complete. Alcohol fulfils this condition, is easily accessible, reasonably inexpensive, and is the one drug that meets a morbid craving that seems to be almost universal. But what about the origin of this craving, this abnormal desire for alcohol or other drugs.

We do not fail to recognize the deteriorating effects of alcohol manifested principally, at least, more pronouncedly upon the nervous system as seen in the various forms of insanity, and the various neuroses, neuritis, epilepsy, alcoholic paralysis. We also note the degenerative effects of alcohol on lung, liver, kidney or other organs and tissues of the body; or as a special poison in the same sense that lead, arsenic and tobacco produce their effects.

But beyond and back of the direct, deleterious effects of alcohol, functional or organic, upon the nervous system, or its alterative effect on tissue, or its direct poisonous effects, as far as alcohol may be regarded as a factor in the production of inebriety, we believe that we may practically exclude it from consideration as a prime factor, certainly the most important factor in the ætiology of inebriety.

We believe that the great majority of inebriates become so from necessity, not from choice, that there is a "vis a tergo" of heredity, environment and disease, that produces physical degeneracy and pushes them over and plunges them into inebriety.

With some of the various predisposing and exciting causes of inebriety we are reasonably familiar; these by their direct or reflex influence upon the cerebro-spinal axis produce or lead to habits of involuntary drunkenness or inebriety. The patient with fever craves and may drink water freely, excessively and injuriously. The diabetic is an aqua-maniac in a certain sense, but in neither case do we recognize the aqua-mania or water craving as the disease, but rather as proceeding from certain abnormal conditions which we readily recognize. So the liquor thirst is the result of morbid conditions that produce an abnormal desire, which alcohol seems, temporarily at least, to satisfy.

Whether there are any definite lesions of the nervous system which produce dipsomania as other well-defined lesions of the nervous system have produced definite well-known symptoms, we are not prepared to say, but classify dipsomania with erotomania, kleptomania, pyromania, or other forms of periodical and impulsive insanity, which are marked by nerve storms or crises, which like tidal waves come suddenly, overwhelm the individual and plunge him into characteristic forms of dissipation, violence or crime.

The excessive use of alcohol, while it is oftentimes the cause of various diseases of the nervous system, and also a frequent cause of insanity, is also the precursor or initiatory symptom of certain diseases of the nervous system and also of insanity.

The parietic will crave and use alcohol in the earlier stages of his malady. The victim of nervous syphilis is addicted to it, more especially in the later stages when the nervous system becomes involved; about one in six of the several thousand inebriates that have passed under our observation at the Fort Hamilton institution were so affected.

I have reason to believe that many did not use alcohol in excess until the nervous symptoms of syphilis were developed. Any depressing, exhausting, or painful disease may produce the alcoholic craving, alcohol being sought for its stimulating properties. The neurasthenic craves alcohol, and it temporarily relieves the "nerve exhaustion" so common amongst the great army of neurotics. Alcohol, moreover, is second only to opium, ether, or chloroform as an anæsthetic, indeed, has been used as a substitute for the latter. Hence, persons find experimentally, that alcohol relieves pain, and its use is carried to a harmful extent, its deleterious effects produced and inebriety established. Indeed, there is an analogy here between the opium and the alcohol habit. While the former almost invariably has its starting point as a pain relieving agent, the latter has also, not infrequently, the relieving of pain as its beginning.

It is possible that a healthy individual with