

Temperance Column.

MR. ROBERT LING, in a speech at the Great Central Hall a few days ago, made a good point when he said:—

"In the daily papers might be seen advertisements containing the words 'Abstainer preferred,' but his hearers never saw an advertisement stating that an Abstainer would be objected to.

Dr. Norman Kerr, in an address lately given before the Society for the study and cure of Inebriety, drew a parallel between insanity and inebriety, tracing the history of the former, when it was regarded as a Divine punishment for sinful acts, and the lunatic was treated as one possessed by a devil. At that time the victim was exposed to the open air and cold water poured over him in profusion. He was beaten and bruised, and if he survived the devil was presumed to have been driven out of him. Now all was changed. No longer did learned divines condemn humane treatment of a madman as in direct opposition to the will of God, and as an unwarrantable interference with His mode of punishing sin. Clergymen were the warmest friends of the modern kind and considerate treatment of insanity. So would they be with reference to the diseased inebriate when once they grasped the great fact that there was a pathological element in many cases of inebriety. The pathology of the subject was an important study. It was difficult because many diseases, such as some forms of insanity, left no traces after death. Before the inebriate paroxysm there was an antecedent, and sometimes coincident, pathological condition, as before various sensations, such as hunger. This he called the pre-inebriate paroxysmal pathological antecedent. In health the antecedent was normal, in disease abnormal. Dr. Kerr classed inebriates into voluntary and involuntary. Most moderate drinkers were at first voluntary drinkers; the involuntary drinkers were those from heredity, or diseased states. Involuntary drinking was abnormal with a pathological antecedent. The transition from moderate to immoderate drinking was often a pathological process. The pathological antecedent might be depression or exaltation, or other obscurely defined abnormal states.

Besides the pathology of the paroxysm, and its prior state, there was the pathology of the diathesis, the pre-disposition to drinking.

Evanescent outbreaks were the result of temporarily diseased conditions. The majority of drinkers did not respond to the exciting causes because they had no inebriate diathesis. Drinkers who did so respond possessed this inebriate diathesis, which consisted in deficient brain and nerve tonicity. A certain amount of inhibitory or controlling power was legally required of all adults except idiots and lunatics. This in-

hibition was affected by the physical state of the brain and nerves. This defective control might be inherited, so might physical unsoundness, as also special proclivities to inebriety. Susceptibility to all narcotics could be transmitted, but the alcoholic transmitted susceptibility was the most delicate. The inebriate diathesis might remain latent through life, or it might be provoked to outbreaks on the application of exciting causes.

Defective inhibition might be acquired by the poisonous narcotic influence of alcohol, which was a remarkably effective weakener of control. Alcohol injured the brain, and was, therefore, hurtful to the intellect, the thought, and the moral sense. The pathological effects on brain and nerve were accompanied by other bodily pathological conditions. Abnormal nutrition initiated the pathological changes. By a pathological process alcohol begat inebriety.

Dr. T. D. Crothers (Hartford, Connecticut, U.S.A.), says in a paper lately read by him, on "The Cause and Cure of Inebriety," that there were probably half a million alcohol and opium inebriates in America, or one in every 100. The mortality among these is about 90 per cent. Of 100 inebriates 60 would be found to owe their inebriety to defective brain and nerve from inheritance.

Thirty would have had moderate or excessive drinking parents or grandparents, twenty would have had insane, epileptic, or idiotic parents, and ten consumptive or otherwise diseased parents. Of forty with no history of heredity, twenty-five would have begun drinking after severe disease, or injury. Moderate, excessive, or periodic drinking parents are followed by inebriate children, either in the first or second generation. The first will be either inebriates or rigid Abstainers. The second will develop inebriety from the slightest exposure. Some specific brain degeneration has been transmitted. All these cases begin at a certain point, and pass on the same road. When the starting point is known, inebriety may be stamped out. Efforts at cure are based on the theory of a moral disorder, so are deficient. In America, over 50,000 inebriates were sent to prison in 1886. The pledge fails to cure many. The inebriate is diseased and should be in quarantine. The disease should be checked at the beginning, and hospitals be established everywhere for the reception and treatment of inebriates.

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