ALCOHOLISM IN NEW YORK AND THE CLASSIFICATION OF INEBRIATES.

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In a paper published in the *New York Medical Journal*, June 14, 1890, and in another paper published in the *Medical Record*, March 19, 1892, I made some study of alcoholism as it develops itself in the special department devoted to these cases at Bellevue Hospital. In my first paper I gave an analysis of the social condition of 3,428 cases who were brought to the hospital in 1889 and 1890. I also described some of the different types which are observed there. The classification which seems to be reasonably accurate, and certainly answers practical purposes is that of simple drunkenness or acute alcoholic poisoning with occasionally lethal alcoholic poisoning; next delirium tremens, febrile delirium tremens, mania a potu, or the delirium inebriosum; and lastly various miscellaneous and complicated cases. In the article published a year ago in the *Medical Record* I gave some analysis of the histories of 614 cases of male alcoholics who entered the hospital in the last part of the year 1891. The observations upon these cases led me to make certain remarks with regard to the nature of inebriety so-called and its treatment. In this present short paper I wish to report some additional facts regarding the 614 cases referred to—facts which I did not have space to give in my previous paper—and I also wish to add a few remarks on the subject of the nature and classification of inebriety or rather of inebriates. I will give first the following facts with regard to the social condition, age, occupation, religion and mortality of these cases.

SOCIAL STATISTICS.

1. *Social condition of drunkards and inebriates.* Among 579 cases there were: Married, 72; single, 147; widowers, 33; unknown, 16.

2. *Age:* 15 to 20, 11; 20 to 25, 32; 25 to 30, 68; 30 to 35, 122; 35 to 40, 111; 40 to 45, 73; 45 to 50, 62; 50 to 55, 44; 55 to 60, 27; 60 to 65, 11; 65 to 70, 5; 70 to 75, 4; 75 to 80, 4; 82, 1.

The oldest patient was a laboring man of 82 who went out with the "boys" to have some fun, and came in very drunk. He recovered. He had been a moderate drinker.

One of the youngest cases was that of a boy aged 16 who had drank for 6 years, having been fed whisky by his mother. He had violent delirium tremens, but recovered. The bad decade as shown by all American statistics is from 30 to 40.

The occupation statistics I gave sufficiently in my earlier papers.

Race: Irish, 113; Irish parentage, 67; American, 64; German, 23; German parentage, 8; English, 13; Scotch, 7; other countries or unknown, 20. Total, 315.

The preponderance of the Irish element has always been marked. It grows less as the Irish become Americanized.

Religion: Roman Catholic, 211; Protestant, 58; Hebrews, 6; Infidels, 3; unknown, 2.

The number of Hebrews is rather notable. Three years ago among 3,000 cases I found only one.

Mortality: Among 579 cases, 35 died, giving a mortality of about six per cent. This rate if continued for the year would show an improvement in the care and management of these cases. Formerly the mortality has been over ten per cent. Of 26 deaths, 4 occurred between 21 and 30, 13 between 30 and 40, 7 between 41 and 50, 2 between 50 and 60.

The ages 30 to 40 include half the deaths. Twenty deaths were due to delirium tremens alone. Pneumonia and meningitis complicated the disease in the remaining cases. As these twenty deaths occurred in only about 60 cases of pronounced delirium tremens it will be seen that the mortality is high from that condition.

FOREIGN STATISTICS.

In connection with the preceding statistics it may be interesting to give certain facts that have been collected by Dr. E. Siemerling, of Berlin, regarding alcoholism as it is observed in the great Berlin Hospital Charité. Dr. Siemerling's article is published in the *Charité Annalen*, Vol. XVI., p. 373. The statistics cover a period of from 1874 to 1890. The number annually received ranges from 365 in 1874 to 548 in 1890. Taking among these those who were received during the last three years, the classification made by Siemerling is as follows: Delirium tremens, 67.7 per cent.; chronic alcoholism, 14.4 per cent.; alcoholic epilepsy,

15.2 per cent.; simple drunkenness, 2.2 per cent. With regard to the hereditary history of these cases the facts were very imperfectly ascertained. The mortality among the alcoholics in Berlin reached 139 in a total of 2,260, the most frequent cause of death being pneumonia. This is the same mortality rate as that found at Bellevue, *i. e.* about 6 per cent.

THE TYPES OF INEBRIETY.

Coming now to the subject of the classification of inebriates so-called, I cannot refrain from again deploring the very lax way in which the term inebriate is used by those who in this country write so extensively upon this subject. Nothing promotes obscurity more than a careless use of words, and no word surely has been applied to a wider range of moral delinquencies and pathological disorders. Some writers speak as though every one who drank occasionally or habitually to excess was an inebriate, while others use the term for persons who only have periodical attacks of drunkenness or indulgence in liquor.

In the article to which I have referred, I made the term inebriety include only two forms of the psychosis: The first is that of *periodical inebriety* which is characterized by uncontrollable craving for drink, this craving being for quantity, not for quality, and the patient being relatively abstinent between his seizures. The *second form* is allied to it. In this the patient who is neurasthenic and mentally depressed takes liquor for the purpose first of drowning his discomforts and cares. The first drink paralyzes the will, excites the drink instinct, and he indulges again and again; he cannot stop now and he ends in a prolonged debauch. After recovering from this he remains temperate until another period of temptation occurs. Besides these two forms of inebriety, which are manifestations of a morbid psychosis, there is a *third class* which includes the steady drinkers and the sots, and these have a very different pathology. They are persons who drink all the time and keep themselves more or less under the influence of alcohol. They occasionally clear up for a few days and occasionally sink into profounder stages of intoxication than the normal. Their life is interspersed also with occasional attacks of delirium tremens. Finally there is a disease which is sometimes confounded with inebriety, but which is a form of insanity pure and simple, and it is known as *mania a potu*. In this disease a

small dose of alcohol, not sufficient to intoxicate, produces almost immediately a condition of acute mania.

It was with very great satisfaction that I have recently read the article on dipsomania by M. Legrain, published in Tuke's "Dictionary of Psychological Medicine," for I find that he has independently reached much the same conclusions as mine. Legrain divides the drinkers into three classes: first, the drinkers through impulse. In this class alcohol plays only a secondary rôle, the principal cause being a pathological impulse. This class corresponds with that of "periodical dipsomania" in the divisions which I have made. The second type of drinkers includes those with an abnormal tendency due to want of mental equilibrium. These are persons of weak or unstable mind, neurasthenic, melancholic, or with strong appetites, who drink because they have a craving for some kind of stimulus. It is this type that corresponds with my own second class. The third type consists of drinkers with abnormal instincts—individuals with a want of moral sense and moral equilibrium, common drunkards. This, too, corresponds with the class that I described as steady drinkers and sots.

We may therefore divide intemperate drinkers into these four types: Periodical inebriates, Pseudo-inebriates, Common drunkards, Victims of delirium inebriosum.

It appears to me that the utility of a classification somewhat like this will be found to be very great; for the symptoms, the prognosis, the pathology, and the treatment differ in these different classes. In the first class, that of periodical inebriates, the trouble is essentially a mental one. This disease is a fulminating psychosis allied to epilepsy and to be treated on the same lines. In the case of the pseudo-inebriates the desire for drink is only one of many manifestations of a weakened constitution or inherently unstable nervous system. Treatment applied in this direction, therefore, is indicated. These patients furnish many more opportunities for the use of tonics and roborant treatment, and for moral treatment of all kinds, than do cases of the first type. It is this class of cases which are especially benefited by the inebriate cures, while the cases of the pure periodical psychosis are, as I have already asserted, not amenable to mind cures or to ordinary moral measures. Cases of the third type are those in which the moral element most largely predominates. It is here that the treatment by religious influences or the strengthening resources

that family ties and the affections can be made to exert should be used. With this class of cases also tonics and strychnine and injections are of but little value. These people drink because of a weak moral nature, feeble will, or naturally brutal and depraved instincts. It is with these men that the Christian homes and missions and the influences of religion secure the best results.

In conclusion I want to emphasize once more the importance which I attach to an attempt to make the word inebriety have a more precise meaning. If the distinguished gentlemen who write so profusely upon all kinds of clinical phases of being and getting drunk would only go back to certain first principles and define their meaning, it would be an enormous help in clearing up some very difficult problems. The continual iteration of the phrase "inebriety is a disease" has not been without some result and perhaps on the whole the result has been good; but it does not convey the full truth. It is partly a lie and it is unfortunate that a formula which does not tell more than half the truth should be persistently thrust before the public gaze. Let it be understood first what is meant by disease, then what is meant by inebriety. In a careful analysis I feel sure all will agree in the main to the propositions which I have laid down and which have been independently so entirely confirmed by the researches of another. These are that the term inebriety may include a number of different clinical conditions and moral states. Some of these are truly diseases, some represent simply the results of a deficient moral sense or of dominant and brutalizing instincts.

I conclude by appending the classification above given for criticism and amendment if needed; for adoption by clinicians and the clergy, if not.

Intemperate drinkers, or inebriates so-called.	{ Cases of <i>mania a potu</i> . Periodical inebriates. Pseudo-inebriates. Common drunkards.
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