

bring out the facts more prominently as to the disease of inebriety and its curability. This second stage of this truth resembles the "squatter period" of every new Territory—a stage of occupation by squatters, fortune-hunters, and irregulars of every description, who rouse great expectations, build canvass towns, making a show of permanent settlement, and attract crowds of credulous followers, only to prey on them. These persons disappear when the real settlers come. They never develop any lands or discover any new resources, but prepare the way and concentrate public attention for the final occupation. The specific vaunter of to-day is the squatter settler, who will soon disappear, and be followed by the real settler and the scientists.

Inebriety, its causes and possible remedies, are a vast, unknown territory, the boundary lines of which have been scarcely crossed. The facts are so numerous and complex, and governed by conditions that are so largely unknown, that dogmatism is ignorance and positive assertions childishness.

The recognition of disease is only recently confirmed by the accumulation of scientific facts, although asserted and defended for a thousand years as a theory. The realm of causation is still invested with moral theories, and moral remedies have been used in the same way for a thousand years. While science has pointed out a few facts and possible laws of causation, and indicated certain general lines of treatment, it gives no support to the possibility of any specific remedy that will act on an unknown condition in some unknown way. Inebriety is literally an insanity of the border-line type, and a general condition of central brain defect, unknown, and clearly beyond the power of any combination of drugs. To the scientists, all this confusion of theory and empiricism hides the real movement, and is in itself unmistakable evidence that somewhere in the future the entire subject will be known, not as a statement or theory, but as scientific truths established on scientific evidence beyond all doubt.

The specific epidemic delusions for the cure of inebriety will quickly disappear, as others have done before, and its real value to science and the world will appear from future psychological studies.

ALCOHOLIC INSANITY AS ILLUSTRATED BY THE CASE OF JOHN REDMOND.

Read before the Chicago Academy of Medicine, October, 1892.

BY HAROLD N. MOYER, M.D.,

ADJUNCT PROFESSOR OF MEDICINE, RUSH MEDICAL COLLEGE; NEUROLOGIST TO THE CENTRAL FREE DISPENSARY.

An etiological classification of insanity has proved quite as fallacious as in other departments of medicine. While at first it appeals to the reason as an admirable means of dividing diseases, and as often giving a hint of their chief indications for treatment, in actual practice it results in grouping together incongruous and widely separated conditions. It is needless to refer at this time to the contentions and useless polemizing that has been indulged in the discussion of disorders laboring under an etiological terminology. We need mention but one, spinal concussion. The same difficulty attaches to the term alcoholic insanity; by some it is used to denote any mental change due to alcohol, by others it is restricted to the more permanent mental states resulting from the prolonged ingestion of alcohol. In the same loose

manner various other terms have been employed to designate different phases of the effects of alcohol upon the brain, such as acute alcoholism, delirium tremens, chronic alcoholism, mania à potu, dipsomania, etc. While these terms are descriptive of fairly well marked clinical groups, yet they have been so carelessly applied by medical writers that it is impossible in many cases to accurately define them.

Leaving out of consideration the more evanescent effect of acute alcoholic intoxication, we begin the study of the action of the prolonged ingestion of alcohol upon the mind. It is apparent from even superficial observation that the chronic inebriate is in an abnormal mental condition. If the grosser phenomena of insanity, such as delusion and hallucination, are not present, there is the enfeeblement of the will, impairment of memory, perversion of the moral sense and a general letting down of the mental tone. This condition is, however, not insanity in the strict sense of the term. In this mental condition of the inebriate, which is but an expression of the nutritional disturbance in the brain, and in which all the other organs share, we have a fruitful field for the development of the psychoses. It is to be remembered that alcohol may stand as a predisposing or exciting factor in the development of several forms of insanity. Thus it may initiate an attack of melancholia or mania, and the course, duration and termination of these disorders will not be different from that observed in cases presenting the most diverse etiology. These should not be classed under the head of alcoholic insanity. The importance of alcohol in the production of parietic dementia is admitted by all, and yet the clinical history and termination of these cases is not different from those in which there was entire freedom from the alcohol habit.

It will be seen from the foregoing that many, perhaps the majority, of all patients tracing their derangement to the misuse of spirits, do not suffer from alcoholic insanity. It may well be asked wherein is the justification of the term. Is there a well marked psychosis having its origin in the prolonged use of alcohol that can be clinically differentiated from other groups, and presenting sufficiently marked characteristics to enable us to affirm a probable alcoholic etiology in cases where the previous history is unknown? This question can, we think, be answered affirmatively.

As Spitzka so aptly puts it, the phenomena of alcoholic insanity develop upon the peculiar mental condition of the inebriate, much as hysterical and epileptic insanity is superadded to the mental conditions always found in these neuroses. The early stages of alcoholic insanity are marked by hallucinations, generally of vision, in this we note a close resemblance to the acute alcoholic delirium. These aberrations in the sensory sphere soon give rise to persecutory delusions of a fixed character. They usually relate to the sexual organs, the sexual relations and to poisoning. So constant is this association of delusions in this form of insanity that Spitzka says where this relation is found it comes as near demonstrating the existence of alcoholic insanity as any one group of symptoms in mental pathology can prove anything. Alcoholic insanity has a closer resemblance to paranoia or monomania than to any other psychosis, as is shown by the chronic and persistent

nature of the trouble, the fixedness of the delusions, their persecutory character and absence of emotional disturbance. The resemblance of paranoia and alcoholic insanity is clinical only and relates to the more apparent symptoms; pathologically it is closely allied to paretic dementia as essentially a degenerating psychosis. While the delusions are fixed they are not logically supported as in paranoia, they lack the systematized and organized quality found in the latter disease. Krafft-Ebing pointed out that the delusions of alcoholic insanity take their origin in preëxisting hallucinations while in paranoia this is never the case. Another differential point that we have noted in our cases is that the paranoiac correlates the hallucination with his delusions. That is the delusion furnishes an explanation for the hallucination. This we think is the foundation of the fact noted by Spitzka that the acts of insane inebriates are not consistently regulated by their delusions. The emotions are but little involved. What there is is usually shown by depression that can be readily explained by the distressing hallucinations and delusions of persecution. The prognosis is always grave, the patients even when confined in an asylum and denied all alcohol, invariably progressing toward dementia, that does not differ from the terminal states of other psychoses.

With these preliminary considerations we will pass directly to a consideration of the case of John Redmond. He was admitted to the Eastern Insane Hospital Jan. 11, 1889. The history which accompanied him at that time stated that he was 35 years old and that there was no special neurotic heredity, that his mother had lived to be 70 and his father 85 years of age. That he had used alcohol and tobacco excessively for the past two years, ever since the abduction of one of his children. There is evidence to the effect that he had been a free user of liquor long before the time named in this history. The duration of the disease was given as six months. It was first shown by irritability which soon passed to delusions of persecution, marital infidelity and poisoning. He was said in the commitment to be homicidal and that he carried a revolver, on one occasion firing through the floor. On January 17, it is noted that he was improving though his face was flushed and he was easily excited, particularly when discussing the subject of his detention in the hospital, which he regarded as unjust and as belonging to the same class of persecution to which he had been subjected at home, when tricks had been played on him with telephones, and by suspending his bed with ropes and swinging it around rapidly. February 1, he conducted himself rationally though his earlier delusions persisted. February 8, he was sent home with an attendant for a day. April 30, he was discharged improved though it was noted that his delusions, while less insistent, were still present. After his return he resumed to some extent his drinking habits, with the effect of accentuating his delusions though it is not certain that at any time he was as bad as when he was sent to the asylum.

One day he sent a message for Dr. F. M. Wilder, who had been his family physician, to call and see one of his children; he met the doctor at the door, fired several shots at him, killing him instantly. Some months after this, just preceding his trial, the writer examined Redmond in the county jail. At that time he was in fair physical condition, conver-

sation was coherent, and on most topics there did not seem to be any special impairment of the mental faculties. Serious lacunæ were noted in the memory. There was decided uncertainty in the movements the hands which at times would suggest tremor. As soon as the killing and his marital relations was broached he immediately became excited, walked nervously up and down the room, and started in with a tirade of abuse against Dr. Wilder, stating that the doctor had attempted to destroy his home and debauch his wife. That on one occasion Wilder had given him medicine that had caused his head to burst open, and more than a quart of water ran out. While he was in this condition the doctor attempted to persuade Mrs. Redmond to retire alone with him to an adjoining room, saying "do not stay with this dead man," or "he will soon be dead, let him alone."

It will be seen from the foregoing history that Redmond was continuously insane from about July, 1888, to the time of his trial, a period of four years. During all that time he had persistent delusions of persecution, of marital infidelity and of poisoning, and that these directly related to Dr. Wilder. They were sufficient to establish clearly the diagnosis of alcoholic insanity.

The jury brought in a verdict of guilty and fixed the penalty at imprisonment for life.

The law regarding the relation of alcoholism to crime is by no means fixed. In a general way it may be stated that drunkenness is not considered as an excuse for crime, and that intoxication cannot be pleaded in mitigation of punishment, excepting in those cases in which the degree of the crime is affected by motive. In the cases where the crime is committed while the accused is laboring under delirium tremens, or the more evanescent mental disturbances of acute alcoholism, it is held that he is responsible and punishable. It is manifest that under such a rule the intoxication is punished, and not the crime for which the person is upon trial. A third condition which is almost universally admitted to absolve from responsibility is when the chronic ingestion of alcohol has resulted in the development of insanity of a permanent type. These cases are to be judged the same as insanity having its origin in other causes, than the abuse of alcohol. It is apparent that Redmond comes under this latter class. The theory adopted by the prosecution and supported by expert testimony was that he had so far recovered that he was able to abstain from the use of liquor, and so the crime being the outgrowth of an acute intoxication, would come under the second class. This view does not appear tenable to us as it leaves out the dominating effect of chronic mental disease and assumes on the part of these patients a degree of self control, often not possessed by persons unaffected by mental disease. Such a partial view does not take into account the fact that the delusion regarding Dr. Wilder developed more than two years before the killing, and there is no evidence to show that there had been anything more than a partial restoration of health, in that time. My view is that the crime was the outgrowth of a delusion, having its origin in a diseased condition of the brain, for which the accused was not criminally responsible. In a measure, this view was reflected in the verdict of the jury, as had they fully believed in the sanity of Redmond they would have sentenced him to death as the crime was clearly premeditated.

In conclusion, I fear that the medico-legal relations of crime growing out of alcoholic intoxication will ever remain an obscure chapter, in jurisprudence. On the one hand will be the fear that too liberal rulings will result in the escape of great criminals, while on the other hand, the misfortunes of the alcoholic lunatic will be accounted in some degree at least, of his own making. Perhaps some of these difficulties can be met by needed modifications of our statutes by which dangerous and incurable criminal lunatics may be incarcerated for life in an asylum for insane criminals.

834 Chicago Opera House.

SOCIETY PROCEEDINGS.

The Medico-Legal Society of Chicago.

Regular Meeting, December 3, 1892.

JUDGE OLIVER H. HORTON, PRESIDENT.

E. J. Doering, M.D., President Chicago Gynecological Society, read the following paper

THE BASTARDY LAW OF ILLINOIS.

Mr. President, Ladies and Gentlemen:—The subject to be briefly submitted to your consideration to-night is strictly speaking, a legal rather than a medico-legal topic. On the other hand, it is a subject in which we, as physicians, are more interested than any other class of society, for it falls to our lot to witness the mental suffering, the physical agony of the unfortunate mother, it is our duty to usher into the world the most unwelcome of all visitors—the bastard child. On the statute books of the State of Illinois you will find the following laws relating to bastardy, which have been in force for 20 years, since July 1, 1872:

After the usual phraseology relating to complaints, warrants, trial, etc., we read as follows in paragraph viii: In case the issue be found against the defendant or reputed father, or whenever he shall, in open court have confessed, the truth of the order and judgment of the court to pay a sum of money not exceeding one hundred dollars for the first year after the birth of such child, and a sum not exceeding fifty dollars yearly for nine years succeeding said first year, for the support, maintenance and education of such child, and shall moreover be adjudged to pay all the costs of the prosecution, for which cost execution shall issue as in other cases. And the said reputed father shall be required by said Court to give bond with sufficient security to be approved by the judge of said Court, for the payment of such sum of money as shall be ordered by said court, as aforesaid, which said bond shall be made payable to the People of the State of Illinois, and conditioned for the due and faithful payment of said yearly sum, in equal quarterly installments, and the clerk of said Court, which bond shall be filed and preserved by the clerk of said Court. Paragraph xv, provides: If the mother of any bastard child and the reputed father, shall at any time after its birth, intermarry, the said child shall in all respects, be deemed and held legitimate, and the bond aforesaid be void. Paragraph xvi further provides: No prosecution under this Act shall be brought after two years from the birth of the bastard child.

Now first of all I desire you to notice that process under this Act is a *civil*, not a criminal proceeding. It means in other words simply a civil suit for damages to support the child, without in the least reflecting on the defendant in any manner whatsoever. This is all the redress the law permits to the unfortunate plaintiff. And this is called justice.

Now I presume no one will seriously question the statement that in ninety-nine if not one hundred per cent. of all cases of bastardy, the male has been the aggressive party, nor that the vast majority of cases of this kind are simply cases of seduction under the verbal promise of marriage. But the State of Illinois says officially to the male citizens, such an offense is not criminal and places the damages for degrading womanhood, for cursing innocent childhood, for producing untold misery, anguish and torment at the uniform price of five hundred and fifty dollars. On the other hand when a wretched woman, driven to despair by the outrage committed on her, kills her seducer and father of her unborn child, she is promptly acquitted by the uniform verdict of the jury "not guilty." What inconsistency! Murder justified when the State of Illinois says a fine of five hundred and fifty dollars would have been ample punishment!

Such infamous perversion of justice as expressed by the bastardy law of this State, bears of course legitimate fruit. Under its fostering care the number of illegitimate births are constantly increasing, the business of the abortionist becoming more flourishing, houses of prostitution filled with the victims of the seducer, all, thanks to their partner in crime, the State of Illinois.

Now Mr. President, we have in this Society repeatedly expressed our indignation at the laws relating to the insane, would it not be well to pay some attention to the insane laws relating to the same? Now consider this Bastardy-act of Illinois. If you hold that the woman in question has forfeited all claims, no matter how her ruin has been accomplished, by what authority do you condemn her innocent offspring? Is it just, is it humane, is it Christian to curse the whole life of an innocent being, by damning it from birth until death, by stamping on its brow indelibly the word "bastard?" If you strangle such an infant at birth, you are guilty of murder, but strangling it would be an act of mercy, rather than the existence to which you are pleased to condemn it. The statutes provide that if any time after its birth the father marry the mother, said child becomes legitimate. Is it right, is it just to leave to the choice of the guilty parent the happiness or wretchedness of two immortal lives? Leave it to the seducer's choice whether to condemn a suffering broken-hearted mother to be a social outcast, her innocent offspring to be a bastard? Do you call this justice? Mr. President, I care not for ancient, I care not for modern law, I care not for precedents in such matters I recognize a higher—a moral law—and I hold sir, that cohabitation with resulting pregnancy constitutes marriage in its truest sense, and justice is but a mockery, until the statutes declare it also to be such in a legal sense. Not until then sir, has the State done its first duty—justice to all—justice to the man, justice to the woman, justice to the child—that is equality—now it is tyranny.

If you raise the objection that the parent might be already a married man, I answer, apply to him the criminal code relating to bigamy and permit his victim to assume his name, and constitute the child an heir at law. Vice versa, if the mother be already married, punish her for bigamy and permit the child to assume the name of its father with all the rights pertaining thereto.

Where the question of parentage cannot be decided as in the case of a prostitute, often such child should be a ward of the State, whose duty it should be to provide for its adoption among the farming population with a suitable compensation to its foster parents. Minors should be treated as adults. It would teach the parents the necessity to impress upon their children when arriving at the proper age, the sacredness of the marital relations, instead of leaving them as now to get all information on sexual matters from lewd