

The case was a very pronounced one, and the patient was allowed to rest for nearly two weeks previous to the operation.

Dr. Booth, in reply to Dr. Diller, said that with the exception of a slight rise in temperature there were no alarming symptoms subsequent to the operation in any of his cases, except in the fatal case. He was not inclined to accept the theory that sudden death after these operations is due to the rapid absorption of the thyroid secretion; this, he thought, was hardly probable, as all the bleeding points are not only tied, but also cauterized, and the greatest care in the technique of the operation is exercised.

---

255. THE PATHOLOGIC IMPULSE TO DRINK. W. L. Howard, M.D. (Medicine, March, 1898).

Dipsomania is a symptom of defective inhibition. It is most common among those living at a high nervous pressure—physicians, litterateurs and business men. Exhibition of nervous energy always lessens inhibition. The cells of the cortex become exhausted by long-continued expenditure of energy; the individual resorts to alcohol to relieve his restlessness, the result of this cell exhaustion, and which prevents him from attending to his ever pressing duties. It is then that the defective inhibition is shown, and the uncontrollable impulse breaks the bounds of reason. The pathologic condition of the cells is probably analogous to the hypothetic pathology of hysteria. The protoplasm of the cortical cells becomes used up by continued work without the rest necessary for recuperation, and while in this state a small amount of alcohol rapidly cuts the higher centres off from the lower, causing a loss of inhibitory power. A continuance of these conditions results in such changes that each attack leaves the connection between the higher and lower centres less active, with a lessened amount of functional force in the cortical cells. Some cases of dipsomania can be directly traced to the absence of early education in not correcting uncontrollable impulses in childhood, but here we will find the child has inherited a richly neurotic soil. There is another class of dipsomaniacs, whose history shows early disturbance of cortical cells during their development periods. These are the cases which in infancy have been given alcohol in some form. Among other causes may be mentioned autointoxication. In considering prophylaxis and cure, it is important to bear in mind the somatic cycles by which many of our unconscious actions are governed. The long rhythms are habits of organic activity. The long rhythms in nutrition and heat regulations of the body are factors in augmenting the periodicity of dipsomania. Under pathologic conditions such as hypothetically exist in this psychic explosion, its intervals appear to be governed by the organic cycles, including the monthly rhythm of the female, and which in this sex, at this time, is often marked by slight attacks of dipsomania. Suggestion, with or without hypnosis, is of considerable value. Everything possible must be done to prevent the exhaustion of nerve force, and efforts made to store up reserve material. The physiologic rhythms must be watched, and when we see the approach of the ebb of these rhythms the patient must be carefully guarded.

FREEMAN.