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WHAT MEDICINE

OFFERS FOR THE RELIEF OF

COMMON DRUNKENNESS.

A CLINICAL REPORT AND STUDY OF IT.

BY Z. COLLINS MCELROY, M. D., ZANESVILLE, OHIO.

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A CLINICAL REPORT AND STUDY OF IT.

By Z. Collins McElroy, M. D., Zanesville, Ohio.

Physician to the City Infirmary; Fellow of the Zanesville Academy of Medicine; Sec. Muskingum County Medical Society; Hon. Fellow Meigs and Mason Academy of Medicine; Member of Perry County Medical Society; Member of Licking County Medical Society, etc.

Reported to the Hocking Valley Medical Association at its Session in the City of Lancaster, O., April 3d, 1877; and published in compliance with a resolution of the Association.

The age presents no more important problem for solution than how to abridge the use and abuse, and lessen the evils resulting from alcoholic drinks. There is a large minority sentiment steadily resisting its encroachments, with few results to reward their persistent work. Spasmodic efforts are made from time to time of much larger proportions, and with apparently satisfactory present results. But, somehow or other, these apparent good results soon disappear. The money interest in the traffic is too strong to be kept long at bay by moral considerations. The local governments

of cities and towns is, in our day at least, in the hands of those interested in the traffic and use of liquors.

As a man of science I need not dwell a moment on the personal and social results of strong drink. And it is hardly worth while to insult your intelligence, and consume your time in writing up the genesis and geneology of the pathological changes of structure in dipsomaniacs. The question which more immediately concerns us, as physicians, is, what has medicine to offer for the relief of chronic drunkenness? The only direct and truthful reply is, nothing. Perhaps the most frequent suggestion is "multiply asylums for the treatment of chronic alcoholism." And if asylums were largely successful, perhaps the question would be satisfactorily solved.

But are asylums successful? So far as my knowlege goes, they are unsuccessful in too large a proportion of cases to justify society in multiplying their members. For, it seems to me, they simply hold the propensity to drink in check, and do not remove the conditions of structure on which the demand for drink depends, to be otherwise than mainly unsuccessful.

Not long since I came in contact with a lady, who had, at a considerable expense, kept an erring son at an inebriate asylum one year; who was dismissed, "cured," in the report of the superintendent, who went straight to a saloon, and got drunk, and in that condition returned to his mother's residence! Now, I have a gate on my premises which is held shut by a weight, which has hung there these many years. Let the gate be opened ever so many times a day, or not at all for weeks, or months, the weight is ever ready and prompt to close it again, unless there is some obstruction in the way of superior force.

That it seems to me explains what asylums do. The inebriate has a propensity for drink. Asylums interpose a force against his gratifying this propensity, but do not remove the conditions of structure on which appetite depends. When set at liberty the appetite is gratified at the earliest possible moment.

I confess that until recently my own judgment was in favor of treating the inebriate as a man of unsound mind in asylums, subjecting him to the recognized treatment for insanity, or unsound-mindedness, if I may coin so unmanageable a word. But certain events running through ten years, and culminating in my watching the treatment of an almost hopeless case of chronic drunkenness, has brought me to a different conclusion.

That you may have the whole case before you, permit me to briefly state the circumstances which led to the treatment of the case I am about to report under my direct observation.

Nearly ten years since I published an elaborate study of "How do medicines produce their effects?" read as a valedictory address to the Muskingum County Medical Society; and a year later another on "Alcohol viewed by the eye of science as a therapeutic agent" and both published in St. Louis Medical Journals; the first in the St. Louis Medical Reporter, and the latter in the Medical Archives. I received a good many letters in regard to both at that time, and among them, some from Dr. S. E. McKinley, then a resident of St. Louis, thanking me in the most complimentary manner for the matter of both, particularly the first, as it had enabled him to see through the treatment of chronic drunkenness. He opened a small private hospital, receiving patients in all stages of chronic inebriation, and dismissing them in ten days, or less, with no appetite whatever for liquor. He gave me in letters, details of the daily treatment and results. In a year or two he removed to Chicago, occasional letters passing between us. After the great fire in Chicago I lost sight of him till the latter part of July, 1876, when I received a letter from him dated in Edinburgh, Scotland, where he had been called to treat some persons among the upper classes of Scottish society. He had been honored by a joint meeting of the Royal Colleges of Physicians, and of Surgeons, at which he explained his mode of treatment. He was the first American physician who had ever spoken in their new hall. He returned to his residence, in Philadelphia, and entertained some of the Scottish delegates to the late International Medical Congress during its sessions in that city.

I visited the Centennial Exposition near its close, and called to see him, fortunately finding him at home. My call was very short, and as he thought, far too short, for, on returning to my office on the evening of Friday, 8th, Dec. last, I found his address on my table. I brought him from the hotel where he had stopped, and made him my guest during his stay in our city. The next evening after his arrival I called the members of the Muskingum County Medical Society together, at my residence, to whom he explained his mode of treatment, and proposed to remain and treat a case for any member of the society, to illustrate it.

A friend in whom I was much interested, badly needed his ser-

vices; but just how to get at the patient was quite a riddle. Folks of that kind are generally very touchy and sensitive, and very easily offended. So I kept quiet, hoping that some member of his family would move in the matter. But they did not do so. So, on Sabbath evening, I broached the matter myself. It was quickly and satisfactorily arranged, and the patient passed under professional management that night.

Mr. P. B. A., æt. 57; lawyer, married. Family all grown up, except one. Has been a drinker for forty years. Has sacrificed everything usually held dear, to his appetite for strong drink. Home, property, and business, or professional reputation, and health, all gone. He is bloated with abdominal dropsy, measuring eight inches more than his usual girth round the abdomen. Was in fact in the pathological stage of shrinkage, which sooner or later overtakes the victims of intemperance. He was under my professional management, but not improving to any considerable extent.

Sabbath eve., Dec. 10, 1876. Weather extremely inclement. Mr. A. has had to go out several times to-day to get his scanty supply of whiskey, as it now has to be obtained by stratagem, chance, or wit. On inquiring of him how much he had drank during the day, he replied not more than half a pint. Appetite very poor, very thin in flesh, though proud spirited and haughty.

Dr. McKinley requested the family to get him a pint of whisky, and told him to take all he desired during the night. No medicine. Pulse 90°, very feeble; temperature not taken. Though early in the evening, Dr. McKinley followed him to his bed-room, had him take off his clothing, and go to bed; sending his clothing out of the room to another part of the house, and requested him not to get up at all, only to attend to natural calls until he allowed him to do so; and forbid his family bringing him his clothing in case he asked for it. He has not been sleeping good lately.

Dec. 11th, morning.—Dr. M., and myself found Mr. A. in bed, and well pleased, had slept better than for several weeks past. Pint of whiskey about gone. Mr. A., was to remain in bed, and have another pint of whisky to-day, and drink all he wanted. He was to have had a mush and milk breakfast, but it was forgotten, and he had drank some coffee, and eaten some ham and bread. Was to have mush and milk the remainder of the day for diet.

Evening.—We found patient in bed, and feeling better; thinks

this kind of treatment splendid. Patient was to have pint of whiskey during the night, or so much as he wanted. Just before leaving Dr. McKinley dropped on the patient's tongue, dry, what he said was a drachm of Howard's Hydro-sublimate of Mercury, simply pure calomel. It was mixed with a little powdered licorice root, and washed down with a tumbler of whisky, the patient always preferring whiskey straight. Patient asked for some water, however, after the whiskey, and had it. Dr. McKinley now placed patient in bed in the position he was usually most comfortable, and requested him not to change, only as he was obliged, during the night. He seems in a very good humor and enters heartily into the treatment. Pulse very feeble, and eats but little.

Dec. 12, morning. Patient has had three copious discharges from bowels during the night. Says he feels very comfortable; skin soft and moist, pulse exceptionally good, about 100°, temperature not taken. Dr. McKinley had visited patient at 6 o'clock this morning, and stated that he had dropped on his tongue a drachm of Squibb's powdered ipecac, mixed with licorice, same as the calomel, washed down this time with a tumbler of whiskey and water. He was to have all the whiskey he wanted to-day and mush and milk diet. Continues to have soft, mushy, ill-smelling discharges from bowels.

Evening.—Found Mr. A. with soft, compressible and easily obliterated pulse. Has had four more operations from bowels, three large, one small. Has had only some soup for food. Dr. M. gave him two scruples powdered ipecac in the same way as he has given all other medicines.

About 11 o'clock, P. M., a messenger came for Dr. McKinley and myself to visit Mr. A. He was desperately sick at stomach, and thought he was dying. Dr. M. declined to see him, and advised me not to go either, as the sick stomach was to be expected. Sent request by messenger for Mr. A. to take more whiskey. Heard nothing more from him during the night.

Dec. 13, morning.—A messenger came early to say that Mr. A. wanted to see me alone, and before Dr. M. visited him. On reflection, concluded I would wait till after breakfast, and go with Dr. M. Found Mr. A. very sick at stomach. While we were there he threw up considerable dark billious matter, as we doctors call it.

When alone, I said to patient, all was going on safely, that he

was not in immediate danger of death; and thought it better not to interfere with Dr. M., but let him have his own way. I said to him further that I was a much interested spectator, and intended to interfere if necessary, at the proper time, if I thought his life in danger.

Dr. McKinley gave no medicine this morning, but pressed more whiskey on the patient. Pulse exceptionally good, notwithstanding the vomiting. The patient thought about 10 o'clock in the forenoon, that either Dr. M., or his family had put something in the whiskey he was drinking that made him sick. Though assured to the contrary, he did not believe it. To satisfy him a note was sent to his son-in-law, requesting him to get a quart of the very best whiskey, and deliver it to the patient with his own hands. It did not get there till afternoon, but he never tasted it. About one o'clock he requested his wife to remove all liquor out of his bedroom, as he had got turned against it. And he has never tasted it since. Since his recovery he says, to use his own language, he lost his taste for it in a twinkling. He sees it now, sees people use it, but has not the slightest desire for it. Whereas before, the sight of a bbl. on a dray, or truck, would send a thrill through him.

Evening.—Found Mr. A. at 8 o'clock in good humor and spirits. After his stomach settled, he ate some hot milk and cracker. Has no sick stomach now. Pulse exceptionally good, color improving, capillary circulation of surface active, no pallor. Dr. M. gave the patient 25 grains chloral, in comp. spts. lavender.

December 14th, morning.—Mr. A. had about eight hours sleep last night, two naps, from nine to four, and one hour from five to six o'clock. His bowels continue to move, and discharges continue very offensive. Kidneys fairly active, swelling of abdomen about the same, though there is evidently more gas, and less water than heretofore. Dr. M. commenced at 6 o'clock A. M., dropping grain doses of ipecac on his tongue, each hour, and remained with patient till noon, and did not give him any food, and though slightly nauseated all the time, did not throw up. He gave the last dose of ipecac at noon, and requested his family to give him hot milk and cracker when his stomach would receive it.

Evening.—Patient improving; pulse good, bowels have moved several times. No medicine. Dr. M. said he must be put on his own resources in regard to sleep as soon as possible.

December 15, morning.—Mr. A. is very comfortable this morn-

ing. Has slept about six hours, and has had four motions from bowels during the night. His tongue, heretofore red and glazed, is losing its bright tint, and is covering over with dark fur. Is having hourly grain doses of ipecac, same as yesterday. No food.

Evening.—Find patient very comfortable. Pulse 90, fair force and volume. Has taken some hot milk and cracker this afternoon. Is losing flesh rapidly, though his color is good. No medicine.

December 16th, morning.—Mr. A. takes hourly doses of ipecac, with one grain calomel in each of the first three doses in the forenoon. I did not see him till nearly noon. Has had two large motions from bowels. Did not want any food, though allowed to eat if he could. Pulse 90, fairly good.

Evening.—Find patient lying in the bed with his clothes on for the first time since he went to bed, Sabbath night. Had eaten some hash, made by boiling beef and tearing it into shreds with the fingers. No medicine to-night.

December 17th, morning.—It was near noon when I saw patient. Found him dressed and down stairs, and as it was near dinner time, was looking after food. Has a fairly good complexion, the circulation a little sluggish on the surface. Pulse 80, fair volume and force. Has no pain or discomforts of any kind, and does not complain of being weak. His abdominal dropsy all gone. Tongue as near as possible what it ought to be, though rough and cracked in the center. Commences to-day to take iodide of iron, two ounces officinal syrup, to six ounces simple syrup; to take just before eating meals, tablespoonful, and return a tablespoonful of water to the bottle after every dose, so that it shall be full all the time. When it becomes tasteless, he is to commence on common tincture of iron, two ounces iron, to six of syrup, and to take in same way as the iodide, keeping the bottle full all the time by adding water, after taking each dose.

The subsequent progress of the patient was marked by progressive loss of flesh, with increasing appetite and good color. Towards the close of January he had some important cases in court, and spoke one whole day with a vigor and clearness such as he had not manifested before in a dozen years. He was frightfully thin in flesh, and during the day he spoke so long was sweating profusely all the time.

He became deeply interested in building a house about two miles out from the center of the city, and spent many days there, walk-

ing out in the forenoon, and returning in the evening. The weather most of the time was very rough, and though the men at work on the house had fires, they could not, and did not render him comfortable. During all this time he was coughing a good deal. His bowels fairly regular, and appetite good. He was allowed anything he fancied as food, but was not to use in any way, tobacco, coffee, tea, chocolate, or any kind of liquor, or opium in any form. His throat seemed red and inflamed most of the time; and was apparently the occasion of some of the cough. Besides, owing to a fall in childhood, one side of his nose was obstructed somewhat, and was apparently the cause of his breathing more or less through his mouth. To overcome this, his attention was frequently called to his breathing, so as to induce him to make continuous efforts to use his nose more, and mouth less in breathing, at least till his cough was better. To give more stability to the tissues of his throat, I gave him gargle per chloride of iron, and some doses of Dover's powder, with only temporary relief from the cough. I noticed how keenly he scented the opium in the Dover's powder, as indeed all drunkards do. He asked for them again and again, though they had additional ipecac added to prevent his becoming fond of them. He would have become an opium debauche with very little indulgence on my part. He was anything else than prudent in going about and exposing himself. He was repeatedly warned that he was overdoing matters, but he persisted in his own way. Would occasionally try to smoke a stogy cigar, though every time he tried he would be made sick at the stomach, even to throwing up, several times. Would drink coffee occasionally, but had no desire for it, and did not taste liquor of any kind. Near the close of February Mr. A. broke down completely. Lost his appetite and strength. Lost his good, wholesome color, and he began hiccuping, and I got into trouble. My patient was going about, had no particular pain, and thought that if the hiccups were only stopped he would be well again. I could not get him or his family to understand that, of itself, the occurrence of hiccup was nothing — that its significance was as to the serious nature of the mischief going on in his body; so that several days were lost by mistakes, misunderstandings and forgettings. Mrs. A. still clung to the idea that I was mistaken in regard to their significance. She heard that fresh plums were a sure cure, and they had to be tried and fail, which they did. In

the mean time he lost rapidly, and began to be very puffy about the abdomen again. But at length I got to apply blisters, and gave small doses of calomel, and chloral at night to get to sleep, and relief—temporary relief—from the constant hiccup. But the tide was eventually turned towards life and health again. At first he gained very slowly, and the cough came on and persisted, for he used the per chloride of iron again, with marked relief.

He is now gaining about two pounds per week weight; has lost his cough, appetite keen and sharp, and sleeps well, and has a splendid complexion. Has given up his country house, and now devotes his time to business. No vestige of dropsy, no pain, or much uneasiness of any kind.

It is proper to state that the details of the treatment of this case, as Dr. McKinley declares, only illustrate the principles of treatment; he hardly ever managing two cases exactly alike. He offers no theoretical explanations of the way in which the results are brought about, only that the conditions of body and stomach demanding liquor are completely removed. There is no appetite left, and therefore patients will not take liquor. They must form the habit, de novo, by tippling, which by the way, is much more easily done than for the first time.

Such is this gentleman's present condition; everything as promising as in the morning of life. He fell once, and he may fall again. Society, in the larger communities, presents many opportunities for men to form, and once they have quit, to re-form the habit of indulging in alcoholic drink. It is proverbially hard to teach old dogs new tricks. He says he has often quit before, but it was a constant struggle against appetite and inclination. Now he has no appetite, no struggle against inclination to indulgence. Yet none of his friends have full confidence that it will last through the remainder of life. The wife of an inebriate once said to me: "When my husband stops drinking, as he has done now, I feel that I am living on a volcano, which may burst into eruption at any time. I never can feel safe." I can now understand the copy I used to write at school. "Evil communications corrupt good manners."

The main agents he uses are calomel and ipecac, and thinks only Squibb's ipecac, and Howard's hydro-sublimate of mercury should be used. But they are simply agents of higher purity than those found in ordinary commerce. All other calomels, English and American, but Howard's English, contain corrosive sublimate, and

that defeats his purposes and ends in the treatment of chronic inebriation. As accessory remedies he uses capsicum, chloral, and camphor; sometimes lobelia; and even tobacco injections, in violent mania potu.

In regard to final success of treatment, he says it is perfect in nine out of ten cases. And has had several die while under treatment, but whose death was in no wise hastened by treatment. Does not consider the treatment dangerous to any subject. He gives no attention to any other branch of the profession, though, as I think from personal knowledge, a very competent physician and surgeon in all departments of the art.

The case, to my mind, was one of surpassing interest. First, because of the unpromising condition of the patient. It was with me a very serious question whether he was a proper subject to be treated at all. I had grave fears that he was too far gone—he had been a drinker for 40 years,—and was in the stage of shrinkage of dipsomaniac degredation of tissue. I therefore watched the treatment very closely, intending to interfere only in case it promised to hasten the death of the patient, which, in the natural order of events, was not far distant in the future. There was about the treatment that simplicity and directness of purpose and ends, which, in its precision and results, rivalled in accuracy mechanical engineering, and filled me with admiration.

It must be borne in mind in singling out the salient features of the case, that, counting from Sabbath evening, when only more liquor than the patient had been able to obtain was prescribed, but no medicine, to Wednesday soon after noon, when he refused it, and has had no appetite for it since, though it was pressed on him with some earnestness, was just two days and three quarters, 66 hours; a very short time in which to effect such a striking change in a man who had used spirits for so long.

Another was the few medicines used. The patient did not get but five doses of medicine until the condition of his stomach demanding liquor was entirely changed!

Another feature not to be omitted was, that Dr. McKinley gave all the medicines taken by the patient himself; he did not allow either the patient, or the patient's family to do that. A very wise precaution on his part, as I have often found to my regret in general practice.

The patient himself was confined to bed, room darkened, and the

utmost quietude maintained. Callers were not allowed to see him for any purpose whatever, until after the critical point was passed —to wit, the removal of the condition of structure in his body demanding drink.

The after treatment had some peculiarities in this, that the doses of the iodide and muriated tincture of iron, steadily decreased from the commencement till they became nothing.

Dr. McKinley left on Monday, having had the patient under control just one week the evening previous. I was recomended to give Mr. A. once a month, a 20 gr. dose of calomel, but the progress of the case did not permit this to be carried into effect.

The patient has evidently a new body now. Sleeps well, eats well, no pain, or uneasiness about him, and no apparent organic changes of structure, not incident to his age.

It is proper to remark, perhaps, that Dr. M. declines to give any explanation of the modus operandi of these common medicines in his hands, other than refer me to my own monograph on the subject, which gave him the clue to use them so successfully. And in regard to the doses, says, that a large experience in their use, has shown him that the large doses are necessary to success.

The results of my observation of this case, together with reports of many other cases from Dr. McKinley, leads me to conclude:

First: That medicine offers the confirmed inebriate relief from the trammels of appetite, with as much certainty as relief from any other pathological condition.

Second: That what is done by specialists in the treatment of chronic drunkenness, can, and should be done equally well by the profession at large.

Third: That reformation by the aid of medicine has a solid and real foundation in changes of structure on which appetite depends, which purely moral reformations lack, and are, therefore, less permanent.

Here I might with propriety terminate the history, and my remarks on it, of this unique case; but I should feel that my work was not as well done as it ought to be, did I do so. The facts of the case have an explanation, whether I can give it correctly or not. With only the current conceptions of physiology and pathology, in reference to life, in mind, they must stand as solitary facts, having no relation to other pathological states of the human body.

But I do not believe it to be so. What Dr. McKinley did do for Mr. A. was to get up an artificial fever process with medicines. That fever process burnt up, so to speak, almost the entire body of the patient. The new body he got, as the old one disappeared by by a fever process, differed in many important particulars from the old one, notably, in not demanding liquor, as a condition of comfortable existence. For all through the realms of nature, function is the expression or index of the structure from which it proceeds. This is an inexorable truth in animal and vegetable life, as well as in inorganic nature. If there were no changes of structure, from any causes, there could be no changes of function; and if no changes of function, how, let me ask, could there be any sickness? Pathological anatomy is simply an enumeration of the changes of structure, in once living beings by accidental causes, or design. Nothing more, nothing less.

What does alcohol do in living human bodies? Why, limit the speed of molecular waste, furnishing nothing to add to the sum of life's forces; but supplying conditions for the most economical expenditure of existing stores of force, by limiting the speed of molecular changes. The secret indulgence in alcoholic liquors has its unerring tell-tale in the bloat of the drunkard. Income greater than expenditure. With this comes changes, or modifications of structure, with corresponding modifications of function, evidenced in the habits and appetite of the drunkard, for liquors.

The agents used in the treatment of Mr. A., were all agents operating in the interest of waste of existing tissue. And they are the agents having the greatest power within the limits of safety, which are ever given or used as medicines. Agents having higher powers, are called caustics, or poisons, as concentrated acids, alkalies, etc. Those having inferior powers are but little used, because of their inefficiency.

Prof. Bartholow, of Cincinnati, in his late work on Materia Medica, classifies certain medicines, and remedial measures as, "used to promote constructive metamorphosis," and "those used to promote destructive metamorphosis," a portion of the classification I made and published ten years ago; and in the exact language I used. He now claims originality for them, though I sent him a copy of my monograph at the time of its publication! Realizing after ten years the truthfulness of my classification, I rejoice at their adoption

by the profession, though I think Prof. Bartholow would have lost nothing by giving proper credit.

I think I have learned several important lessons, from watching the treatment of Mr. A.'s case. One is, how to use ipecac, and how much good may be done with it. It seems to me, with it many recent cases of insanity, or unsoundmindedness, could be prevented from becoming chronic, if properly used, much more speedily than is usually done. One large dose at bed-time, in my hands, since Mr. A.'s case was watched, has done some very desirable things for some of my patients.

The wife of the president of the Muskingum Co. Med. Soc., had been sick all last month. About the 20th of February the president invited me to see her. She was semi-delirious. Pulse 108. Temperature 101°, had not slept any for a week, though taking opium, chloral, brom. potass., etc., all the time. Ten grains of ipecac, with 5 gr. Dover's powders, added by a consulting physician, and 1 gr. calomel, late in the afternoon, gave her some considerable nausea for two or three hours, but no vomiting; but it gave her a quiet night's rest, and convalescence next day. But I need not detain you with other cases. Gentlemen, you have in ipecac an agent of wonderful power, worthy of study and experimentation. But give largely, and only at night, when all is quiet, and you will be on the right track to success.

Pardon me, if before I close, I enter my protest against continuing to call alcohol a "stimulant." So far from its "urging, or goading on," or temporarily adding something to the sum of force, available for life's purposes in living bodies, it does exactly the reverse — to wit, — limits the speed of molecular transformations. Let us, as men of science, speak of it truthfully when we speak of it at all.

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