

Morse (D.A.)
Presented by author

Bind this cover in front

Ohio State Medical Society.

Columbus, June 10, 11, 12, 1873.

Presented by
the Author

REPORT ON

Dipsomania and Drunkenness.

By D. A. MORSE, M. D.

Formerly Lecturer on Legal Medicine and Insanity.

London - Ohio -

Surgeon Genl's Office
LIBRARY
6786
Washington, D.C.

box 14

Dipsomania and Drunkenness.

BY

D. A. MORSE, M. D.,

Formerly Lecturer upon Legal Medicine and Insanity.

* * * * “la DIPSOMANIE n'est pas davantage un etat mental
“ morbide special : elle appartient au même groupe de symptomes que la
“ boulimie, le pica, la malacia, le degout pour toute espece d'aliments,
“ et comme-eux depend de la gastralgie; ce besoin DIT irresistible de
“ boire des alcooliques est le resultat d'une perversion de la sensibilite
“ gastrique, MAIS N'EST CERTAINEMENT PAS UNE MONOMANIE.” De
“ l'etat mental dans l'alcoolisme aigu et chronique, par Le Dr. Au-
“ guste Voisin. Page 54- (Paris 1894.)

DIPSOMANIA AND DRUNKENNESS.

BY

D. A. MORSE, M. D.,

Formerly Lecturer upon Legal Medicine and Insanity.

Is there a DIPSOMANIA? What is its nature? Is it a form of Insanity? Is it a Monomania? What distinguishes it from Common Drunkenness? How is it related to Delirium Tremens? What is the Mental State? What degree of Legal Responsibility is determined thereby? To what extent can drunkenness be alleged as an excuse for crime? How far will it relieve from Legal Responsibility?

What "tests" shall we apply to determine, with the Drunkard, *insanity*, and as a consequence irresponsibility, or the contrary, *full Legal Responsibility*?

GENTLEMEN :

Such are the questions into which our subject naturally resolves itself, and which we desire to propound to-day for your consideration—questions that in all probability will not be of equal interest to every one, yet questions that should interest every medical man who is liable to be called

as an expert,—that should be fully understood by every well informed man; questions that in recent trials in New York, and elsewhere, have demanded great labor and a profound examination of their claims, in a medico-legal point of view, with reference to the facts constituting the several cases in which they have been alleged as a means of defense—as an excuse for crime that immunity from punishment might be afforded thereby.

The Transactions of this society announce the subject of my Report: INSANITY. That which the Report was intended to present, and which I worked up for this occasion, was a consideration from a medico-legal stand-point, of the subject of *Criminal Responsibility*; discussing the relations of organization to responsibility; the *ideal standard* that determines full legal responsibility; the relation of *moral depravity* to the so-called *moral insanity* of writers.

For this purpose, and other applications of it (*as my work*, "MORSE'S MEDICO-LEGAL CRIMINAL PROCEDURE: THE LAW, EVIDENCE, AND PRACTICE"), I have gathered from every source possible, in this country and Europe, material which has proved to be a very considerable amount. From the great length to which it was necessary to extend the paper, that full justice might be done to the subject, I determined last week to present a paper upon a part only of the subject—to discuss the *monomanias*, the relation they sustain to other forms of insanity, whether there is in reality an insanity without delirium, and if so the legal consequences. To do this required more time than I would be able to give it. I therefore concluded to confine my paper to one form of disease, *alleged to be a monomania*, hoping thereby to better exhaust the points presented, and will, if it is

thought desirable, at our next meeting, discuss the monomaniacs in all their various relations, but chiefly with reference to the points mentioned above, and mania with homicidal tendencies—instinctive or reasoning mania; the relation of *instinct* to the mental faculties, and the part it plays in the instinctive or impulsive forms of insanity.

In the investigation of our subject I propose to follow the injunction of Aristotle, to first determine whether a fact alleged *be in reality a fact*, before an attempt is made to explain it, to show why it is or the consequences of it.

In medicine, perhaps more than in any other science, are theories presented to explain supposed conditions, when in reality the conditions explained never existed.

Writers upon logic and metaphysics, to illustrate this principle, cite the anecdote related of King Charles II. of England, who submitted to a learned society for explanation the question why it is that a jar containing water when a live fish is placed therein weighs no more than before, but when a dead fish is thrown in the weight is equal to the sum of the respective weights of fish, water, and jar. Several days' discussion followed, and many learned and apparently satisfactory explanations were given of the question, but at length a member of the society called attention to the suggestion of the old Grecian philosopher, and suggested that the experiment be tried to determine first whether the fact *assumed* was a fact. A pair of balances were brought in, the experiment tried, when lo! to the dismay and mortification of all it was found the weight was the same whether the fish was alive or dead.

In my humble opinion many theories based upon the supposed existence of particular conditions of insanity, presented

to explain the legal consequences thereof, are no better founded, and bear as much relation to the truth, as do to a consideration of man's free moral agency the questions, "How many angels can stand on the point of a needle?" or, "Should Christianmen wear sewed boots?" In this application of legal relations, theoretically, the *an sit*, whether it be so—whether the condition exists has not been first determined.

We, keeping this in mind, will endeavor to—

I. Ascertain if there is a disease entitled to the name of a *monomania*, which disease has been named *dipsomania*, and other terms expressive of the views of the person writing upon it, as *methomania*, *furor bibendi*, *oinomania*, *anmethusis*, with Bruhl-Cramer and other Germans, *trunksucht*, with the French *folie d'ivresse*, *folie transitoire d'ivresse*, etc., etc.

II. ITS NATURE.

III. THE MENTAL STATE.

IV. THE DEGREE OF LEGAL RESPONSIBILITY.

To sustain our first division—whether there is a dipsomania—we must interrogate every possible *source of evidence* that we can cause to respond. The grounds of our belief and confidence in these sources should be such that no doubt should remain that that which we seek to establish is not thereby confirmed. These sources of evidence are few in number. The sources, the "*best evidence*" the subject admits of, may be divided into three classes.

1. The voice of authority.
2. The evidence of the party alleged to be a dipsomaniac.
3. Our own experience and judgment.

1. *The voice of authority.* We shall present upon the subject of dipsomania the views of those authors whose works have become classic. It is presumed that authors who possess cultivated minds—who have traveled the same road we are about to travel—who from long experience are competent and careful observers, and are able to make inferences from many facts, keeping them all before the mind—not viewing them from one stand-point alone—who, unbiased, clearly define their views, will convince of that whereof they speak.

The first author we desire to quote is the first writer who called attention to the condition in question. Dr. Salvatori read before a medical society at Moscow, December 8, 1817, a *memoir* upon what he called by several names. His language is as follows: "The malady to which I desire to call your attention has thus far been banished from practical nosology * * * I wish to speak of the habit of drinking in an excessive manner of wine and strong drink, and of a special disease the offspring of it,—that which we may call *furor bibendi*, or, to employ a Greek word, *oinomania*." In another paragraph he terms it *anamethusis*, which means repeated drunkenness (*ivresse reiteree*).

Rayer in 1819 proposed to replace these terms by that of *delirium tremens*—a word coined by Dr. Sutton in 1813.

Dr. Salvatori (quoted by Foville fils) in his work mentioned above, gives the following description of an attack of dipsomania, which I translate from the French. Salvatori says: "These are the principal symptoms: In the morning before eating there is nausea, languor, vertigo, frequent eructations; there is a much more abundant secretion of saliva than ordinary, trembling of the limbs, general

malaise. After some days passed in this way the appetite vanishes, sleep is short and disturbed, life appears intolerable. The image of the drink preferred presents itself then to the mind of the unfortunate; it so occupies his mind that he can receive no other impression, nor take heed to the advice of friends, or of their tears. The unfortunate (*malade*) feels himself forced of necessity to drink, and he says that if they do not furnish him drink he will become insane. Under the influence of this terrible impulse he places the lips to the cup and intoxicates himself at the first draught. The premonitory symptoms then disappear, the nausea and melancholy are alike dissipated, the physical force returns, the pulse is rapid. During two or three days the mind is cheerful, then if liquor is wanting there is great irritability. The sight is now troubled, speech difficult, the mind really alienated, the melancholy returns, the victim complains of his fate, the pulse is *spasmodique*. The intoxication is then at its height. It produces vomiting of a glutinous matter—acid and almost corrosive. The individual detests alcohol and returns to reason only to accuse himself. He falls into a state of languor, has during his sleep profuse sweats, which exhale the odor of alcohol. He is affected by pains in the stomach, diarrhea, and tenesmus.

“I have never seen the duration of an attack of this species exceed fifteen days. Sometimes it ceases the sixth or ninth. During the interval of sobriety which follows, all kinds of liquor inspire absolute disgust. I have seen many who after an attack of fifteen days remain sober during another fifteen; others abstain during a month and even half a year.”

Dr. Erdman, who remained a long time in Russia, has

given an account of this singular disease. Marc has translated it into French from a German journal. I translate it from Marc's:—*De la Folie consideree' dans ses Rapports avec les questions medico judiciaries, Paris, 1840.* Dr. Erdman says: "There is a particular form of dipsomania known in Russia under the name of *Sapoi*, which merits mention. It consists in a periodic propensity to abuse spirituous drinks, a propensity that even men very highly endowed with reason can not conquer. These drinkers abstain during several weeks, or months, from their cups, with the firm resolution to drink no more; they show not otherwise the desire; but little by little they experience a *malaise*, a disgust for all occupation, even for all recreation, a want of appetite, and at length a melancholy bordering on despair. Then shows itself anew a most ardent thirst for strong drink. The victim can no longer content himself: his temperance resolution is forgotten. He begins to drink, becomes intoxicated, continues to drink,—sometimes without taking food—and falls at last into a state of drunkenness, in which condition he remains for several days, and which at times is accompanied with maniacal delirium. Then the desire for strong drink ceases, and the individual falls into a kind of apathy, which sooner or later ceases.

"From this moment the liquor inspires disgust and the individual recognizes all the bad consequences of the vice of drunkenness, and soon makes a firm resolution to drink no more; but it is in vain, for, sooner or later, the same symptoms which accompanied the desire for strong drink reappear, and the same scene is renewed. This irresistible propensity for drunkenness is observed, it is true, the most fre-

quently among the inferior classes; but it is not rare in the higher ranks of life. I recollect a man of a cultivated mind and endowed with the best qualities of heart. After an insanity caused by drunkenness, for which I treated him, I made some remonstrances the most serious upon the consequences of his excesses. From that moment he ceased to drink, remained during two months faithful to his resolution of temperance, and published everywhere that to me he owed his recovery. But soon he commenced to drink more than ever. My most active efforts in his behalf were vain. I had represented to him well his course and that it would end in his death. He replied that he much preferred death to the abandoning of his course. Sometime after he, being in a normal state, conceived the idea of correcting himself; but this resulted as before, and he being attacked with a pernicious fever, succumbed.

“Periodic dipsomania does not always terminate so mournfully, but often it is prolonged during many years.”

Roesch gives the symptoms of dipsomania, but divides it into *two varieties*—*continuous* and *periodic*. The main symptoms he gives are depression of spirits or melancholy, sleeplessness, agitation, nausea, and constipation. He says: “Doubts are everywhere raised against the existence of periodic drunkenness (dipsomania), nevertheless, they have been completely removed, as Henke well demonstrated, and above all by the excellent work of Erdman. Erdman, during a long sojourn in Russia, not only has seen very often the ordinary effects of strong drink upon the organism,—even to *delirium tremens*—but besides has observed that periodic drunkenness which ends by becoming a true mental malady, in which the man loses his free will and is no more in a

state to resist his propensity than is a female attacked with nymphomania. But Henke proved that this morbid condition exists in the rest of Europe, especially in Germany." (*Annales d'hygiene et de medicine legale*, T. XX. p. 50-63, 1838.)

In 1822 Pierquin, of Montpellier, published an observation similar to and confirming those cited.

In 1827, Chambeyron published a translation of Hoffbauer, with notes by Esquirol. One of these notes contains the following: "In some cases, observation demonstrates that the abuse of intoxicating drinks are the first symptoms, or better, the most prominent symptoms of a commencing insanity. * * * The persons attacked with this variety of insanity obey a force which it is not in their power to resist. The motives the most powerful, the resolutions and promises the most solemn, the disgrace and danger to which they are exposed, the physical pains which attend them, the punishment with which they are threatened if they correct not their ways, the prayers, supplications of friends, nothing can deter them from the mournful propensity. These individuals, are they not true monomaniacs? If we observe them with care we will find in them all the features that characterize partial insanity."

This would seem to confirm the views of those who maintain the existence of a special form of insanity—a monomania.

Tardieu (*Manuel de Pathologie et de Clinique Medicales*) uses this language: "The monomania of intoxication (dipsomania) presents the same character as the other monomaniacs without delirium, and has not a less real existence; it is even more frequent than the greater part of them. These

persons of whom the habits of life are the farthest separated from debauchery and drunkenness show a kind of physical and moral weakness, in which they are gradually exhausted, delivering themselves up to the abuse of alcoholic drinks, and giving way soon to an impulse they have not power to resist. The motives the most powerful, the resolutions of greatest force, the promises the most solemn can not deter these unfortunates from their deplorable tendencies. At times this desire is, as we may say, periodic, and reappears during several years at the same time. In the intervals the afflicted remain sober; some even have a great repugnance to all fermented liquors, and drink only water. The critical ages of man and woman are not without influence upon the development of this disease." (P. 558, *La Monomanie de L'ivresse, Dipsomanie.*)

Marcé, Traite Pratique des Maladies Mentales, p. 387, under the name, *impulsive monomanies*, treats of *Dipsomania*. He says, "We designate under the name of *dipsomania* a particular form of instinctive monomania, which consists in an irresistible desire to drink alcoholic liquors."

To accept all that these writers say it is necessary to admit the existence of a monomania—of an insanity without delirium.

Marc recognizes the existence of the disease in question, but does not define or describe it. His views upon the nature of *dipsomania* we will give under the proper division of our subject.

Greisinger, Traité des Maladies Mentales, p. 204, says: "Dipsomania, properly so called, or intermittent and periodic drunkenness, is rather a symptom than a cause of periodic insanity. Thus there are some cases,—I have myself

observed a few—where, simultaneously with other phenomena of nervous origin, headache, prostration, pains in the epigastric region, a state of moral and general malaise, we see supervene a certain degree of melancholy, to which soon succeeds agitation. The individual thus affected begins then to frequent drinking-places, and to drink to intoxication during several successive days. During these times the drunkenness attains ordinarily the proportions of a veritable fit (accès) of mania; then the individual falls into a profound apathy and experiences an excessive disgust for alcoholic liquors. Ordinarily these attacks reappear a number of times. In order to appreciate well those facts relating to dipsomania, it is necessary to ascertain carefully whether the attack was preceded or not by a period of melancholy, if the individual offers evidence of an hereditary predisposition, and if on the contrary he has a taste for liquors. In this last case it is very rare that this desire for drink, that the attack of dipsomania, is the result of a morbid condition.”

Orfila, Legale Medecine T. I. p. 420, speaks of ordinary *delirium tremens*, then adds further, “The German physicians have described another variety of insanity, or of *delirium tremens*, characterized in all its course by an irresistible desire to drink alcoholic liquors, by delirium, trembling, furor, by horrible abuse if the desire is not satisfied, or if the individual is not deceived by some substitute. This *dipsomania*—that is the name they give to this variety of delirium—can last some days or weeks, may be continuous or intermittent, terminate by a return to health or in incurable demency. In all these cases, the man should not be held responsible for his conduct; the drunkenness is not

voluntary, it is the result of a true disease; to the criminal as well as to man in civil life we ought to apply, it seems to me, the laws relating to the insane."

Casper, Traité Pratique et Clinique de Médecine Légale, T. I. p. 368, says, under the subject of *maladies mentales*, of dipsomania, "Among the men who drink, some, and it is the greatest number, have not lost all control over themselves; they can yet subdue their vices; they drink often without becoming intoxicated, but nevertheless, altering more and more their nutritive functions, they end by succumbing to the consequences of alcoholic intoxication. Others are attacked with that peculiar affection we call the delirium tremens (*le delire des buveurs*); this is nothing else than a periodic mania. Others again fall into a state of mania, very peculiar, which though rare, is beyond doubt not less to be admitted, that which we call *dipsomania*. To the names of Bruhl-Cramer, Erdman, Clarus, Fuchs, Rademacher, to the authority of all these I can add my own personal observations." He then gives cases in detail to confirm his views and illustrate them.

Dagonet, Traité des Maladies Mentales, p. 410-11, confirms the views of other writers and quotes from Esquirol, Marc, Henke, and Fuchs, to support them. He says, "the malady appears by periodic attacks (*accès*)—that the affected may show regular habits and be sober, but that under the influence of some cause, physical or moral, the fit manifests its premonitory symptoms. The most prominent symptom or feature is an irresistible propensity to drink alcoholic liquor.

Bruhl-Cramer has been referred to several times. He disputed the validity of the claims of *Salvatori* to priority

of description of dipsomania. It is singular, that two physicians of the same city should fail to receive the credit due them respectively—it is more singular that two years after *Salvatori* had read before a medical society his article upon dipsomania, Bruhl-Cramer should claim to be first to describe the disease. He termed the disease *trunk-sucht*. Hufeland wrote an introduction to the work and introduced first the word *dipsomania* from the Greek *dipsa*, thirst, and mania.

A number of other writers might be cited who confirm the views already given of the existence of a dipsomania. We will leave the Continent and notice a few English works, then one or two American.

Among the British writers, *Taylor* may be mentioned as a prominent medico-legal writer. He recognizes and admits the existence of a dipsomania, but treats only of the legal relations.

Forbes Winslow has described the disease in the *Journal of Psychological Medicine*, 2d series, vol. ii., p. 483, in 1862, in a review of a reprint of the work of *Salvatori*. *Winslow* quotes Prof. *Christison*, agreeing with him in saying that the work of *Salvatori* is the best that he is acquainted with upon the subject of dipsomania.

Bucknill and *Tuke*, *Manual of Insanity*, p. 218, confirm the views of those who maintain the existence of a dipsomania. They regard as the prominent feature of the disease *the irresistible propensity to drink*.

Of American writers we find some who mention dipsomania—others who completely ignore it. *Beck* only *hints at it*; *Wharton* and *Stille* are silent upon the subject, although they have a perfect mania *for manias*. *Ray* contains a discussion, chiefly relating to the legal relations of the subject. Other views are given on pages 488-9 of his

work, but which are already quoted, in those given of Esquirol, Marc, &c. The work contains nothing new upon the subject, but is valuable in that it brings together the views of others in an original manner.

We might present an innumerable number of views contained in medical journals, dictionaries, &c., but it would add little to the value of the article—they being mere reiterations of the views long since put forth by classic writers.

2. *The Existence of Dipsomania as Proved by the Evidence of the alleged Dipsomaniac.* McNish, p. 163, *Anatomy of Drunkenness*, relates the conversation held with a dipsomaniac, with whom he remonstrated. The dipsomaniac replied: "My good friend, your remarks are just; they are indeed too true, but I can no longer resist temptation. If a bottle of brandy stood at one hand, and the pit of hell yawned at the other, and I were convinced that I would be pushed in as sure as I took one glass, I could not refrain. You are very kind; I ought to be grateful for so many kind, good, friends, but you may spare yourselves the trouble of trying to reform me; the thing is out of the question."

The books are full of like cases—but it is very difficult to say how much reliance can be put in the word of these men. Destitute of all moral principle, many of them have no regard for truth, honor, or even *common decency*. The old Adam of man's fallen nature forms in all these cases a strong element. *Drink they will*, their own desires being above all else, declaring that they "would drink if the devil stood over them," or as another one said to me a few years since: "If a jug of whisky stood at the depot, (that is, half a mile off,) and there was a row of cannon constantly firing

from each side of the way, across it, I would risk my life to get the whisky." A fellow said to me while I was engaged upon this paper that he "wished I could give him something to make him decent." He had been drinking constantly for three weeks—his father was a drinker—the son inheriting a moral nature of a very low grade—with an unremitting thirst for drink, laziness, and a general state of good-for-nothingness. His passions were never restrained, nor his desires quenched, but he was reared simply to be a curse to both society and his friends.

Many men may be seen in every community where liquor has been drank for several generations, who declare that they are unable to refrain from drink—*yet they do for months when it is to their interest to do so*; as when the prospect of a wealthy bride, or other consideration is presented. They all declare that they are unable to withstand the sensation—the something which impels them to drink. Before they have drank to such an extent that brain and nerve disease are developed to a degree sufficient to dethrone the Will, they can in nearly every instance pause—even if the disease, or rather *vice*, is inherited. But too often they have no desire to pause; they declare in one breath that they are going to end their drunkenness, that they do not wish their children to grow up knowing their father was a drunkard, and with the next breath demand more liquor and drink to drunkenness—turbulent, boisterous, a terror to all peaceable citizens, they continue on until death removes them out of the way—leaving if they have children, offspring from which the various classes of idiots, insane, paupers, and criminals of all grades may be developed.

3. With this vast array of evidence, the accumulated wisdom, experience, and labor, of men devoted to mental science, are we convinced that a condition exists which is

truly a *dipsomania*—a mania for drink? Does the experience and judgment of each one confirm the views presented? We have examined many authors—not one dissents from the assertion that there is a *dipsomania*. The only difference of opinion is concerning its *nature*—the degree of mental derangement—whether it is a mental disease, or only a physical condition, and the mental phenomena but symptomatic. As we shall endeavor to show in our paper upon the *monomanias** that there are certain physical conditions common to all these forms of disease, alleged to be insanity—we shall not exhaust the subject at present lest we destroy the interest in our paper.

II. *The Nature of Dipsomania* is set forth by Marc as follows: “The dipsomania that some writers have called *intermittent*, and which to my mind is the result of a vicious habit, *without any other cause than what idleness, sensuality, imitation and dissoluteness of morals* have contributed to it.” His original language can not be *exactly* expressed in English, I have given the sense of it. It reads: “*la dipsomanie que quelques auteurs ont appelleé intermittente, et qui, a mon avis, est la suite d'une habitude vicieuse, sans qu'aucune autre cause que la paresse, la sensualite, l'imitation et la dissolution des moeurs y aient contribue.*”

Roesch says, *memoir*, p. 335, “The moral state of a man habituated to drink, or as expressed by Clarus, of a dipsomaniac, is assuredly not normal, as I have above declared. Nevertheless, as a degeneration of morals, and of a nature that accompanies, not a real disease of the mind, and which hinders not the man from distinguishing the just from the unjust (good from evil), and from preserving some empire

*Appointed to report at Ohio State Medical Society, Toledo, June, 1874, upon MONOMANIA. 46 pages.

over himself, responsibility is not modified, and for grave reasons is not abolished, the dipsomaniac, as all other immoral men, is responsible for the actions he commits when not drunk."

We quote this to show that this eminent writer did not raise dipsomania in the rank of mental diseases, above common drunkenness; that while he admits the existence of the disease, he regards it rather as a *vice* than a disease worthy of the rank of true insanity.

According to Erdman, "Dipsomania ought to be considered as a mental affection, with absence of free will, and which can be compared with some reason to the uterine furor."

Tardieu, speaking of the nature of dipsomania, says, "It is certainly very difficult to trace the line which separates the monomania of drunkenness from the debauchery which results from a violent passion and a vicious impulse. Some excellent minds are not disposed to see in dipsomania a true partial insanity.—(H. Royer Collard). Whatever it may be we can not refrain from remarking, that in all cases this instinctive depravity delays not to result in a weakening and derangement of the intellectual faculties which degenerates often into general delirium. Sometimes the unfortunate and disgraced, despairing of their power to conquer the desire which impels them, end their days by a violent death."

Dr. Tuke, Manual, p. 218, says of the nature of dipsomania: "This is a form of mental disorder, which, in an especial manner, requires to be discriminated from what may be termed a mere physiological condition, in which the human animal chooses to indulge in alcoholic beverages to excess. On the one hand, the admission of this disease into the department of mental pathology, does not

need to make us conclude that there is no such thing as intemperance without disease; and on the other, the fact that the abuse of alcoholic drinks has oftentimes no disease to plead in its excuse, must not lead us to the opposite extreme of denying that a truly diseased cerebral condition may exist, the result of which is inebriety. How then shall we distinguish the two conditions, when the result—intemperance—is the same in both?

“First—by observing whether there are any symptoms present which can be referred to primary disorder of the nervous system, that is to say, other symptoms than those which as in ordinary drunkenness can be readily accounted for by the prolonged indulgence in alcoholic drinks. The family psychological history, again, is of great importance. Cases in which an insane parent has a drunken son, point strongly, of course, to disease. The development of the appetite for stimulants in early life is another indication in the same direction. But, to come more closely to the circumstances attending the habit itself. The prominent feature of this propensity is its irresistibility; the thirst for drink is the tyrant which overbears all the higher emotions and blindly leads the oinomaniac to a course against which his reason and his conscience alike rebel.

“*Dr. Hutchinson* was among the first to draw special attention to this disease. After observing that there are individuals who, at the festive board, invariably become excited, if not intoxicated, but are otherwise habitually sober, and in the course of a year drink much less than others who never appear to be under the influence of stimulants, and that others indulge in their potations in a regular manner and daily consume a larger quantity of liquor than is consistent with good health and sobriety, he proceeds:

“All these, however, possess self-control, and can at any

time refrain from stimulants; but those afflicted with the disease can not do so, however convinced they may be of the impropriety of yielding to their propensity, or how desirous they may be to subdue it.

“The disease appears in three forms,—the acute, the periodic, and the chronic. The *acute* is the rarest of the three. We have seen it occur from hemorrhage in the puerperal state, in recovery from fevers, from excessive venereal indulgence, and in some forms of dyspepsia.

“The *periodic* or paroxysmal form is much more frequent than the acute. This is often observed in individuals who have suffered from injuries of the head; females during pregnancy, at the catamenial period and afterwards, and in men whose brains are overworked. Like the form about to be mentioned, it is frequently hereditary, being derived from a parent predisposed to insanity, or addicted to intemperance. In such cases the probability of cure is very small. The individual thus afflicted abstains for weeks or months from all stimulants, and frequently loathes them for the same period. But by degrees he becomes uneasy, listless, and depressed, feels incapable of application, and restless, and at last begins to drink till he is intoxicated. He awakes from a restless sleep, seeks again a repetition of the intoxicating dose, and continues the same course for a week or two longer. Then a state of apathy and depression follows, during which he feels a loathing for stimulants, is the prey of remorse, and regrets bitterly his yielding to his malady. This is followed by fresh vigor, diligent application to business, and a determined resolution never again to give way. But alas! sooner or later the paroxysm recurs, and the same scene is re-enacted; till ultimately, unless the disease be checked, he falls a victim to the physical effect of intemperance, becomes maniacal

or imbecile, or affected with the form of the disease next to be mentioned.

“Of all the forms of oinomania the most common is the *chronic*. The causes of this are injuries of the head, diseases of the heart, hereditary predisposition, and intemperance. This is by far the most incurable form of the malady. The patient is incessantly under the most overwhelming desire for stimulants. He will disregard every impediment, sacrifice comfort and reputation, withstand the claims of affection, consign his family to misery and disgrace, and deny himself the common necessities of life to gratify his insane propensity. In the morning morose and fretful, disgusted with himself and dissatisfied with all around him, weak and tremulous, incapable of any exertion either of body or of mind,—his first feeling is a desire for stimulants, with every fresh dose of which he recovers a certain degree of vigor both of body and mind, till he feels comparatively comfortable. A few hours pass without the craving being so strong; but it soon returns, and the patient drinks till intoxication is produced. Then succeeds the restless sleep, the suffering, the comparative tranquillity, the excitement, and the state of insensibility; and unless absolutely secluded from all means of gratifying the propensity, the patient continues the same course until he dies or becomes imbecile.”

Dr. John E. Tyler, in his yearly report for 1866, as superintendent of the McLean Asylum, speaks of the nature of of dipsomania, as follows:

“It sometimes happens that after a fever, or other severe illness, or after a fall or blow upon the head, or after a severe domestic affliction or bereavement, or a sudden loss of property, a person always temperate is seized with and yields to an impetuous desire to drink ardent spirits. Thus,

lamented as much by the individual as by his friends, but by successive indulgences which he can not refrain from, and from which if he is not prevented by others, he reaches the sad mental and moral condition of the inebriate. * * Such deserve but do not have sympathy, inasmuch as mental disorder precedes and causes the excess."

Dr. Anstie, in *Reynold's System of Medicine*, in his article upon Alcoholism, says: "It is in truth rather a variety of constitutional insanity than of alcoholic disease, but as their outbreaks owe many of their characteristic symptoms to the influence of drink, the disease requires notice in a treatise on alcoholism."

Leville, p. 249, *De la Folie des ivrognes*, Paris, 1825, presents the following upon the nature of dipsomania, and as Hufeland's description:

"Prof. Hufeland gives the following description of dipsomania: Unsteadiness of nervous system; lassitude of the members; various illusions of the external senses; altered sensibility of the optic nerves; trembling of the hands, and great timidity. The disease is consecutive to a first condition provoked by alcoholic drinks and fixes itself upon the abdominal viscera; there is fever, colic, and disagreeable sensations in the abdomen; that which does not belong to *delirium tremens*. Dipsomania is symptomatic, the delirium which characterizes it is like to that which accompanies certain fevers, and of which the principal cause is located in the apparatus of the digestive organs; it diminishes after the ingestion of spiritous liquors and reappears when their effect ceases. Recovery obtains but when vomiting supervenes." Hufeland, in 1819, in his preface to Bruhl-Cramer, says of dipsomania, "it has the greatest analogy to nymphomania."

The fact that it is not developed but with those addicted

to some extent to the use of strong drink allies it closely to the more common forms of drunkenness.

All men do not drink continuously who have a thirst for liquor—a great part of all drinkers drink more or less periodically—Bruhl-Cramer says, Sec. 7: “The moral causes appear to operate but when the frequency of previous excesses have created a predisposition to dipsomania; at least I have not knowledge of one single case of dipsomania where the individual had not before committed excesses with strong drink.”

Salvatori says: “The principal predisposing cause is a great excitability of the nervous system; another cause is the habit of frequently abusing wine; it is that which engenders the excessive excitability of the nervous system, which seems to be the principal element of the disease.”

He does not consider dipsomania as an idiopathic mental affection but as a material affection of the body, which results in a weakness of intellect and insanity. He says:

“The disease is located in that part of the nervous system situated in the hypochondriac region, and that which we usually designate under the name of the abdominal ganglionic system; dipsomania ought then to be considered as a species pathologically belonging to the class we call common hypochondriacs and hysteria.”

Bruhl-Cramer also declares that it is a disease purely physical. *To this we assent*, and as we find with the hysterical and hypochondriacal perverted tastes, so we have with dipsomania. With persons of a weak nervous system we readily find local disturbance become general in its influence. A weak, unstable nerve-center is always an excitable one. The desire is great for something that will suppress the unpleasant sensations. The local irritation is followed by sympathetic intellectual disturbance.

Dagonet, *Traité des Maladies Mentales*, p. 288, says of *delirium tremens*: "This form of alienation ought not to be confounded with dipsomania, a variety of monomania, which is characterized by irresistible tendencies, violent impulses for drink, and which we will further describe."

Marcé, as we have already seen, regards dipsomania as an *instinctive monomania*. He says, however, p. 387, "We designate under the name *dipsomania* a particular form of *instinctive monomania*, which consists in an irresistible desire to drink alcoholic liquor."

Descuret, *La Médecine des Passions*, says: "Drunkenness is sometimes continuous, but the most often it is intermittent. It is, in effect, with many individuals, that they are intoxicated but in the spring-time—others in the winter—some only certain times in a month or week."

Esquirol treats of dipsomania as *monomania d'ivresse*, and declares that these individuals are impelled by an irresistible force into abuse of alcoholic liquors. He says, p. 370, *Tome I. des Maladies Mentales*, after relating illustrative cases: "After the preceding facts, who can deny that there exists a mental malady of which the character in general is an irresistible force compelling the abuse of strong drink?"

He regards the periodic character as evidence of insanity from the fact that the individuals affected, in general, drink periodically and have a thirst for drink but when there is a predominance of nervous symptoms—when these subside the thirst for liquor is gone.

Morel, *Des Maladies Mentales*, p. 418, thus expresses his views of the nature of dipsomania: "That which it is proper to say of the irresistible propensity to drink alcoholic liquor, can and should be applied to other diseased conditions which, with some physicians, form distinct pathological entities: I wish to speak of the monomanias,

suicidal and homicidal, of incendiarism and kleptomania. It is also as impossible for me to make a special disease of this irresistible force that bears the individual to drink as it has been to find a distinct mental affection *in that* blind instinct, *in that something indefinable which forces certain individuals to murder*. Suicide, incendiarism, theft, the depraved tendencies for drink and the consequences of it, are the facts which the most commonly lead to judicial investigations with the insane. Now my firm conviction is that all these acts are the symptoms of a mental disease of which the true pathological characters can be demonstrated."

Again he says, "It is not necessary to create a special form of mental disease, a monomania of which the principal character will be an irresistible tendency to drink."

Falret, Traité des Maladies Mentales, does not regard dipsomania worthy of being ranked as an entity in mental diagnosis, nor does he favor the designation of it as a *monomania*.

Greisinger we quoted, he regards dipsomania as a symptom rather than as a cause of periodic insanity.

Dr. Ray speaks of these cases as being the subject of vice. After giving cases to illustrate the nature of the malady, he says, p. 498, *Jurisprudence of Insanity*: "These phenomena strongly remind us of some of the manifestations of moral mania, and if further evidence is necessary to convince us that they are both connected with similar pathological conditions, it is abundantly furnished in some other phenomena of drunkenness. It is now well understood that this vice assumes sometimes a *periodic* character, persons indulging in the greatest excesses periodically, who are perfectly sober during the intervals which may continue

from a month to a year. From a state of complete sobriety, they suddenly lapse into the most unbounded indulgence in stimulating drinks, and nothing but absolute confinement can restrain them."

Guy, Forensic Medicine, p. 171, says of the nature of dipsomania: "A craving after spirituous liquors is one of the recognized forms of unsoundness of mind (dipsomania); while in others it is merely a leading symptom of a more general disorder, in some cases the craving after alcoholic liquors is intermittent, showing itself only at intervals."

By the comparison of views of writers we have made we observe that it is clearly established that dipsomania is a *physical disease; the physical condition one of impaired vitality*, with consequent exaggerated or perverted desires. All authors unite in the fact that the all-essential feature of the disease is a craving for strong drink. From this we infer that the nutritive functions make a demand for something that will supply the apparent loss of vitality or give impulse to what remains. *In our opinion it is but a modified and exaggerated desire. But what is a DESIRE?* To show the relation of the disease in question to a desire in a normal state, we must first fully comprehend the relation existing between sensation—desire—emotion, and the *will*.

Desire is a state of suspense, existing between a motive on one hand and execution or action on the other.

Bain, in his *Mental Science*, defines a desire: "The state of mind where there is a motive to act—some pleasure or pain, actual or ideal—without the ability." Again, "When a pleasure prompts us to work for its continuance or increase, and when we at once follow the prompting, there is no place for desire. * * In desire, there is the

presence of some motive, a pleasure or a pain, and a state of conflict in itself painful."

There are various modes of escape from the conflict and unrest of desire.

The first is *forced quiescence*; to which are given the familiar names—endurance, resignation, fortitude, patience, contentment." With this we may add the remedy is a *voluntary* one. It requires an exercise of *will* power to suppress the impelling force of the desire. The *emotion* arising, that is a sensation giving rise to either pleasure or pain, may be neutralized and the impulse to action suppressed. The ability to control the emotions and to suppress them is an essential element of true greatness—for with this power developed to a high degree only can full exercise of reason and judgment be obtained. The *weak Will* yields to the demands of appetite, to the appeal of passion, to the example and influence of emotion in others. The power of the *Will* in controlling the passions, and the emotions of joy and grief, pleasure and pain, is illustrated with the old philosophers and in savage life better than elsewhere. They show a strange contrast between the mastery of the passions and the weak-willed, emotional class of more civilized life.

Upham thus pictures it in the savage: "Let the reader go with us a moment to yonder dark and boundless forest. Behold beneath the light of the uncertain and shuddering moon the fire kindled which is destined to consume the victim taken in war. View him fastened to the stake, his flesh slowly consumed, and, as it is burning torn piece-meal from his blackened bones. What inexpressible suffering! And yet this dark son of the forest, this poor, ignorant child of nature betrays no weakness of purpose, sheds no tears, utters no exclamation of impatience. His enemies

can take from him his distant wigwam, his wife and children, his burning body, his expiring life; but the sudden death-song rising loudly and triumphantly is a proof that they have not taken, nor are they able to take from him, the firm resolve—the *unconquerable will*."

Bain says, "A second outlet for desire is *ideal or imaginary action*." The desire in question arising from some want or deficiency of the system, and having been once suppressed only by strong drink, the condition thereby obtained remains in memory, and the condition recurring, is a motive to repeat the excesses that desire may be unfelt. The vision of strong drink appears—the imagination pictures it constantly to the mind in pleasing colors, and the victim of dipsomania endeavors to drown his sensations in the intoxicating draught.

In man *four* main classes of desires may be said to exist, arising from the wants of his natural organization, or to supply material for the growth of body and mind:

1. The intellectual.
2. The moral.
3. Vegetative functions: Hunger, thirst, respiration, &c.
4. Reproductive functions.

These seem to be allied closely in the manner of exhibiting their demands. Either a motive to action is afforded through the desire, or an emotional condition results, requiring the exercise of will-power to restrain it. In a state of sanity the will is directed by the motive, subject to the sanction of conscience, reason, and judgment.

In criminal procedure, a man alleged to be insane, and consequently irresponsible, must be beyond the influence of motives, otherwise there is no immunity from punishment. Motives must cease to have power over him. With great criminals, or hardened and incorrigible, there is

a *debatable*, middle ground between sanity and insanity, in which motives have not lost their power, if the *attention* is directed to the consequences of an act. The individual is *apparently* beyond the reach of motives, the censure or approval of society no longer influences him, yet he can if he sees proper govern his actions. There is a blind, instinctive impulse directing his actions, yet not beyond his power to thwart if self-interest prompts otherwise, or some end to be achieved can thereby be gained. In the vortex of the whirlpool of passion no ear is open to the voice of conscience. In this state of moral weakness *deliberation* and *judgment* fail to produce mature fruit. On the one hand there is an appetite, a desire,—a lust,—on the other, in the dim distance, looms up faintly to the unheeded, or *uneducated* conscience, with its imperfect ideal of good and evil, the path of duty. Emotion, the offspring of sensation, antagonizes *will*. The desire becomes imperative, and the will unaccustomed to exercise its executive power untrammelled, yields. The individual, if motives do influence him, flies to the society and scenes that past experience has taught him will absorb his attention, and drown all promptings of his better nature. He throws himself a *willing victim* into the current that will bear him irresistibly on, until he sinks beneath its turbulent surface to rise no more. The prayer of conscience is drowned amid the uproar of debauchery, *attention* forbids to exercise its office, and all that can operate for good is enjoined by this cultivated moral apathy to inactivity. Again, where conscience is not successfully stifled *but will be heard*, the individual pursues his way much as did the man who would not rise till noon. He delays reformatory action to hear the pleading of desire, until procrastination steals the opportunity for any other action. The *attention* divided between good and evil ren-

ders man powerless to pursue the path of duty. The truth can only be found by undiverted, undissipated, unwavering attention in the course of proper pursuit.

A French author (*Malebranche, Traite' de Morale,*) beautifully illustrates the fact that good actions can spring only from *attention*, and this full exercise of attention only from a cultivated, regenerated *Will*.

“The discovery of truth can only be made by the labor of *attention*; because it is only the labor of attention which has light for its reward; the attention of the intellect is a natural prayer by which we obtain the enlightenment of reason. But since the fall, the intellect frequently experiences appalling droughts; it can not pray; the labor of attention fatigues and afflicts it. In fact, this labor is at first great, and the recompense scanty; while at the same time we are unceasingly solicited, pressed, and agitated by the imagination and the passions, whose inspiration and impulses it is always agreeable to obey. Nevertheless, it is a matter of necessity; we must invoke reason to be enlightened; there is no other way of obtaining light and intelligence but by the labor of attention. Faith is a gift of God which we earn not by our own merits; but intelligence is a gift usually conceded to desert. Faith is a pure gift in every sense; but the understanding of a truth is a grace of such a character that it must be merited by labor or the co-operation of grace. Those, then, who are capable of this labor, and who are always attentive to the truth which ought to guide them, have a disposition which would undoubtedly deserve a name more magnificent than those bestowed on the most splendid virtues. But although this habit or this virtue be inseparable from the love of order, it is so little known among us that I do not know if we have done it the honor of a particular name. May I, there-

fore, be pardoned in calling it by the equivocal name of *force of intellect*. To acquire this true force by which the intellect supports the labor of attention, it is necessary to begin betimes to labor; for in the course of nature, we can only acquire habits by acts, and can only strengthen them by exercise. But perhaps the only difficulty is to begin. We recollect that we began, and that we were obliged to leave off. Hence we get discouraged; we think ourselves unfit for meditation; we renounce reason. If this be the case, whatever we may allege to justify our sloth and negligence, we renounce virtue, at least in part. For without the labor of attention we shall never comprehend the grandeur of religion, the sanctity of morals, the littleness of all that is not God, the absurdity of the passions, and of all our internal miseries. Without this labor, the soul will live in blindness and disorder, because there is naturally no other way to obtain the light that should conduct us; we shall be eternally under disquietude and in strange embarrassment, for we fear everything when we walk in darkness and are surrounded by precipices. It is true faith that guides and supports, but it does so only as it produces some light by the attention which it excites in us; for light alone is what can assure minds like ours which have so many enemies to fear."

Man's moral power, moral principle, is then dependent upon the exercise of an intellectual faculty: *attention*, and attention upon the supreme executive faculty of the mind: *the Will*. Without attention there can be no exercise of the other mental faculties.

The weakened will has been regarded by some as a species of insanity. It is in reality an imbecility dependent upon an enfeebled cerebrum. How many criminals have their career of crime determined by an inherited feebleness

of the will. The Coleridges illustrate well this principle of imbecility. The elder was an opium eater—the younger inherited the condition his parent had by habit acquired. Rash, impulsive, his life was a series of failures and bitter self-reproaches. In one of his books he wrote:

“Oh! woful impotence of weak resolve,
Recorded rashly to the writer's shame,
Days pass away, and time's large orbs revolve,
And every day beholds me still the same,
Till oft-neglected purpose loses aim,
And hope becomes a flat unheeded lie.”

This is ever the condition of those who inherit a thirst for alcoholic liquor. *Elam* declares that “the *habit* of the parent, when inherited, does not appear in the child *as a habit merely*, but in most cases as an irresistible impulse,—a disease.”

A writer in the *Psychological Journal* of Winslow, remarks in this language concerning the nature of so strange a disease:

“An impulsive desire for stimulant-drinks, uncontrollable by any motives that can be addressed to the understanding or conscience, in which, self-interest, self-esteem, friendship, love, and religion are appealed to in vain; in which the passion for drink is the master passion, and subdues to itself every other desire and faculty of the soul.
* * * The victims of it are often the offspring of persons who have indulged in stimulants, or who have weakened the cerebrum by vicious habits or undue mental labor.”

Morel presents a clear statement of those who inherit depraved tendencies, and sets forth a correct statement of those who inherit dipsomania:

“Such cases present themselves to our view with the predominance of a phenomena of a mental order, which I have had occasion to mention—that is, a *complete abolition of all the moral sentiments*. One might say that no distinction between good and evil remains in the minds of these degraded beings.”

That dipsomania is the result of derangement of nerve-element, may be inferred from its tendency to transmission by the same laws that govern the various forms of hereditary nervous disorders. It must be allied to gluttony, libertinism, nymphomania, and a variety of conditions that may be transmitted from parent to child—in their own form or one into which that has been metamorphosed. It finds its analogue in many diseases of a hereditary character.

As the scrofulous child will devour lime, plastering from the walls, or mud from the boots of any one within its reach, so the methomaniac craves, and drowns his desires in strong drink. It is a physical condition, displaying its main features through derangement of the digestive organs, and consecutively through intellectual disturbance. In diseases in which there has been a great drain from the system analogous desires exist. Thus, during the war, I have observed hundreds of men who had an ungovernable appetite for food and drink, who were the victims of chronic diarrhea. Digestion, absorption, and assimilation, all seemed to be arrested. The body melted down and flowed away in the frequent liquid discharges. Here the unsatisfied wants of the vegetative system gave rise often to a mental condition—to an apathy or torpor of the intellect-

ual faculties, in which the patient thought only of food and the demands of nature. The brain did not, in many cases, sympathize with the local disturbance in the digestive organs.

With those suffering from dipsomania there is, on the contrary, a condition of the nervous system similar to that of hysteria. The nerve-centers are weak, irritable, unstable. This condition of the nervous system is encountered with the libertine. In fact, writers use very similar language in speaking of the influence of the sexual passion over the mind that they do of drunkenness. Most writers regard dipsomania as a sequel to intemperate indulgence rather than as a spontaneous condition, or as an idiopathic disease.

Bourgeois says of libertinism: "It is to the abuse of voluptuous sensations rather than to virtuous abstinence that it is necessary to attribute the maladies we have named (erotomania, &c); such is the mature opinion of thoughtful men, such as Max Simon, Duffieux, Diday, Mayer, Briquet, and Fredault, who have furnished indisputable proofs."

Writers have attributed erotomania to continence. *Bourgeois*, p. 118, *Les Passions*, says, "Seek not to excuse then the relaxation of morals, under the pretext of continence—that continence is impossible, that it is hurtful. No, this is not the physiological demand, it is the desire unrestrained, it is the abuse which has forced to bad habits and which corrupts the health. The brain has a powerful influence upon the functional activity of the genital organs. The *salacite* comes most often from the excitations of a depraved imagination."

Again, he says of the power of habit in producing the condition: "In these impure connections soon is destroyed all mental vigor, soon is thrown to the wind all moral sentiments. * * * At length the inveterate habit of the debauchee can not be broken and you see many who remain unmarried that they may continue more at their ease their dissolute life."

Is it not true of the dipsomaniac? He at first experiences only an increased desire for drink, but yielding to it he establishes a habit which eventually becomes so deeply rooted that mind alone can not uproot it.

III. The Mental State. As may be inferred from the preceding pages, we regard the disease, dipsomania, as a purely physical condition, not entitled to the rank of an insanity until continued and oft-repeated returns of the drinking fits have degenerated the nerve-centers to such an extent that the will can no longer repress the desire. The intellectual disturbance will, as in fevers, dyspepsia, and all diseases giving rise to local abdominal irritation, be observed to keep pace with the condition of the nerve-centers, in relation to their stability or excitability.

These persons previous to drinking, when the fit comes on, appear to be able to fully comprehend their condition, to know right from wrong, that their excesses are disgraceful, yet, as do thieves, murderers, and scoundrels of all grades, they persist in their course, deaf to all entreaty, self-interest, reputation, or their own safety. There is no want of ability to comprehend what is their duty, but a persistent, absolute determination to drink at all cost—at all hazard—regardless of all consequences—*Will* seems subservient

to the animal. The mental state, *during the period of sobriety*, differs in no way from that of other individuals who are not habituated to the use of alcoholic liquors—*when drunk* the mental state is similar to that of other drunkards.

In my opinion the disease is acquired, and even in those cases in which the hereditary thirst for drink seems irresistible, the condition is not developed fully until there has been previous indulgence. These repeated indulgences produce degenerations. There is in all forms of nervous disorders more or less periodic tendency exhibited. In common drunkenness there are few individuals who drink to any extent, that do not show more or less periodical desire. As degeneration of nerve-structure of the brain is developed, meningeal, gastric, and other irritations induced, the disease partaking more and more of the nature of delirium tremens so is responsibility lessened. While we do not dispute that in all countries where drunkenness has prevailed through several generations that a physical condition is acquired, described by writers, and which may be *transmitted*, becoming a *desire*, an *instinctive impulse* with the child, we do not believe that drunkenness, *previous to excesses*, is wholly *involuntary*, constituting a *psychical entity*, a special or *distinct form of insanity*. That is, *we admit the existence of a dipsomania*, but regard it as a physical condition. We admit more: that *true insanity* may be attended in its development, *among other symptoms*, with a nervous prostration—exhaustion— that impels the person to use immoderately of strong drink. It is *then a symptom*, *not the disease* more than a hot skin or a coated tongue is a bilious fever. It should be considered at its true value, as any

other symptom, indicating a physical state. There are not the well marked pathological conditions of *delirium tremens*, illusions, hallucinations, tremors, and sleeplessness, dependent on degeneration of nerve-element. If these are an element of the case, forming an essential part of the aggregate of symptoms, we should be inclined to consider the case one of pure *delirium tremens*, and call it by that name. If previous excesses determined the condition we should then, if the above symptoms were present, have no doubt of the true character of the disease. For legal purposes, as a defense, it would be well to try to establish this in evidence.

IV. What "TESTS" shall we apply to determine the degree of responsibility? "Knowledge of right and wrong?"* The individual *when not too drunk*, has as clear a perception of duty as do the men who recruit the general class of evil doers. They declare positively the *right* and as positively enter upon the contrary. Shall the "irresistible impulse," that indefinable something, be the TEST? If we admit this principle into the Code of Criminal Procedure, making it the guide in determining responsibility, where shall we place the limit that shall cut it off from vice—from sensuality—immorality and complete indifference to the rights of others.

The same tests must be applied to all the monomanias—the same investigation of causes, conditions, and consequences that govern the acknowledged or accepted forms of insanity. If the condition is one of insanity *it does not follow as a natural consequence* that it relieves from all legal responsibility. To determine the *existence of insanity* is to establish one fact—the *degree of responsibility* is another.

* See "Report on Monomania."

With delirium tremens there is no room for difference of opinion—the law relieves from all responsibility, as we shall show. The only *test of insanity* here required is, that the condition be proved to exist.

The Legal Relations of Drunkenness must be made to conform in their application to the more general relations of insanity. If voluntarily induced it bears about the same relations to crime that do the passions, and in no way excuses crime, yet as we shall see by the general course of cases, intoxication may be pleaded to show that *passion*, and not *premeditation*, *intent*, and *malice*, ingredients of the crime of murder, which if absent reduce the grade of the offense, was the motive-power in inducing the crime committed.

The plea of intoxication is admitted more by way of *explanation* than of *excuse* or *mitigation*. Thus to constitute a case of murder at common law the aforementioned ingredients must be proved to exist. The fact to be proved then is not whether the party was in a state of intoxication, but the state of mind with reference to these ingredients. It matters not in the final issue whether the party be drunk or sober; the question of fact is, whether any of the ingredients of the crime are absent. If *intoxicated* the law still presumes, in the absence of contrary evidence, that the act of killing is *willful*, *deliberate*, *malicious*, and *premeditated*, and the evidence of drunkenness is only admitted to explain whether there existed the ingredients of murder—premeditation, malice, intent,—at the time the alleged act was committed. If intoxicated, the law still regards the party to be of sound mind.

Guy says of drunkenness: "This has no legal effect on any offense to which it leads. It neither increases nor mitigates the penalties that attach to it. It has even been deemed an aggravation. A drunkard's acts are therefore valid, unless it can be shown that the drunkenness was procured by another person with a view to an unfair advantage."

Those whose interest or *curiosity* leads them to a further examination of the legal relations, will find in the following authorities what they may desire. Their views are those accepted by the courts, or the ruling of the Court itself.

"Long-continued inebriety, although resulting in occasional insanity, does not require proof of a lucid interval to give validity to the acts of the drunkard, as is required when general insanity is proved. When the indulgence has produced general derangement of mind, it would be otherwise."—[*Gardiner v. Gardiner*, 22 Wend. 526.]

"Though voluntary drunkenness can not excuse for the commission of crime, yet where, as upon a charge of murder, the question is, whether an act was premeditated, or done only from sudden heat and impulse, the fact of the party being intoxicated has been held to be a circumstance proper to be taken into consideration."—[So * ruled by *Holroyd, J.*, *Rex v. Grindley*, 1 Russ on Cr., by *Grea*, 8. Repeated in *Penn. v. McFall*, *Addis*, 257.]

Delirium Tremens excuses crime. In the case of *Drew* (*U. S. v. Drew*), for the murder of *Clark*, the relations of *delirium tremens* to responsibility are well set forth. The evidence before the court, U. S. Circuit Court, May term, 1828, showed that *Drew* was of fair character, but addicted

* Overruled by *Parks and Littledale* in *Rex v. Carroll*, 7, C. & P., 145.

to the excessive use of ardent spirits. After recovering from a drunken spree, in August, 1827, he threw all the liquor overboard from his ship. In two or three days after, he began to exhibit symptoms of an approaching *mania a potu*—suffered loss of appetite, sleeplessness, hallucinations and delusions. One of these was, that an Indian belonging to the ship was about to kill him, and calling him by name he promised to drink no more if he would not kill him. In the night of the 31st of August he attempted to throw himself overboard, but was prevented. The next morning while Drew and Clark were at breakfast, Drew left the table suddenly and was observed to conceal something under his jacket which was on the transom in another part of the cabin. He then turned round and requested Clark to go upon deck. The latter replied that he would as soon as he had finished his breakfast. Drew then exclaimed, "Go upon deck or I will help you;" took the knife he had covered with his jacket, and saying no more, plunged it into the right side of Clark's breast. Clark fell but rose again and went upon deck. Drew cocked a pistol, pointed it at witness and snapped it; it missed fire. Drew followed them on deck, and said to his mate: "Mr. Coffin, in twenty-four hours the ship shall go ashore."

He was then seized and confined. For some weeks his actions were those of one insane. When restored he was told that Clark was dead, and he replied that he knew nothing about it; that it appeared to him like a dream; that when he awoke he found himself handcuffed, but knew no more.*

* "It is not competent for the prisoner to give in evidence his own account of the transaction, related immediately after it happened, even though no

After the above evidence, Justice Story gave as an opinion that the indictment could not be maintained, because the prisoner was beyond doubt insane when the offense was committed. Headed:

“The question made at the bar is, whether insanity, whose remote cause is habitual drunkenness, is or is not an excuse in a court of law, for a homicide committed by the party while so insane, but not at the time intoxicated or under the influence of liquor. We are clearly of opinion that insanity is a competent excuse in such a case. In general, insanity is an excuse for any crime, because the party has not the possession of his reason, which includes responsibility. An exception is, when the crime is committed while the party is in a fit of intoxication, and while it lasts; and not, as in this case, a remote consequence, superinduced by the antecedent exhaustion of the party arising from gross and habitual drunkenness.

“However criminal, in a moral point of view, such an indulgence is, and however justly a party may be responsible for his acts arising from it to Almighty God, human tribunals are generally restricted from punishing them, since they are not the acts of a reasonable being. Had the crime been committed when Drew was in a fit of intoxication, he would have been liable to be convicted of murder. As he was not then intoxicated but merely insane from an abstinence from liquor, he can not be pronounced guilty of the offense. The law looks to the immediate and not the remote cause, to the actual state of the party, and not to the cause which remotely produced it. Many species of insan-

person was present at the occurrence; for his account of it was no part of the *res gestae*.” *Greenleaf Ev.*, Sect. 149, and also *State v. Tilly*, 3 Ired. 424.

ity arise remotely from what in a moral point of view is a criminal neglect or fault of the party—as from religious melancholy, undue exposure, extravagant pride, ambition, &c; yet such insanity has always been deemed a sufficient excuse for any crime done under its influence.”—[5 Mason, 28.] The man was acquitted.

Concerning *intent*, *premeditation*, and *malice* as ingredients of the crime of murder, as to whether they are removed by intoxication, the following opinions and rulings in leading cases by the presiding judges may be presented.

It was held that “intoxication, when existing to a sufficient extent to prevent deliberation, lowers the offense to the second degree.”—[Com. v. Jones, 1 Leigh, 612; Com. v. Haggerty, Lewis, C. L., 403; Pirtle v. State, 9 Humph, 664. Competent authority declares the opinions in these cases not law; some are overruled.

Judge Lewis, C. L., 405, says, “Except in the case of murder, which happens in consequence of actual or attempted arson, rape, robbery, or burglary, a deliberate intention to kill is the essential feature of murder in the first degree. When this ingredient is absent, where the mind, from intoxication or any other cause, is deprived of its power to form a design with deliberation and premeditation, the offense is stripped of the malignant features required by the statute to place it on the list of capital crimes; and neither courts nor juries can lawfully dispense with what the act of the assembly requires.” (Penn. Statutes governed the opinion.)

In a case in Tennessee, Green, judge, said: “Voluntary intoxication is no excuse for the commission of crime; on

the contrary, it is considered by our law as an aggravation of it*; yet if the defendant was so deeply intoxicated by spirituous liquors at the time of the killing, as to be incapable of forming in his mind a design deliberately and premeditatedly to do the act, the killing under such a state of intoxication would only be murder in the second degree.”

Judge Reese, who delivered the opinion of the court in the case of *Swan v. the State*, 4 Hump. R. 136, said: “But although drunkenness in point of law constitutes no excuse or justification for crime, still, when the nature and essence of a crime is made to depend by law upon the peculiar state and condition of the criminal’s mind at the time, and with reference to the act done, drunkenness, as a matter of fact, affecting such state and condition of the mind, is a proper subject for consideration and inquiry by the jury. The question in such case is, What is the mental status? Is it one of self-possession, favorable to a fixed purpose, by deliberation and premeditation, or did the act spring from existing passion, excited by inadequate provocation, acting, it may be, on a peculiar temperament, or upon one already excited by ardent spirits? In such case it matters not that the provocation was inadequate, or the spirits voluntarily drank; the question is, Did the act proceed from sudden passion, or from deliberation or premeditation? What was the mental status at the time of the act, and with reference to the act? To regard the fact of intoxication as meriting consideration in such a case, it is not to hold that drunkenness will excuse crime, but to inquire whether the very crime which the law defines and punishes has been in point of fact committed.”

*Held to be an error by the supreme court, and decision reversed; *Halile v. State*, 11 Hump., 154. [See further in this paper the case noticed.]

In this, the design of the court was not to indicate to the jury the fact that a party under the influence of liquor to such a degree that he could form no purpose of mind would be absolutely incapable of exercising deliberation and premeditation, but that if deliberation and premeditation were established, as an element of the case, drunkenness would not affect the issue.

Judge Turley, who gave the opinion of the court in the case of *Pirtle v. the State*, said: "It will frequently happen necessarily, when the killing is of such a character as the common law designates as murder, and it has not been perpetrated by means of poison, or by laying in wait, that it will be a vexed question whether the killing has been the result of sudden passion, produced by a cause inadequate to mitigate it to manslaughter, but still sufficient to mitigate it to murder in the second degree, if it be really the true cause of the excitement, or whether it has been the result of premeditation and deliberation; and in all such cases whatever fact is able to cast light upon the mental status of the offender is legitimate proof: and among others, the fact that he was at the time drunk; not that this will excuse or mitigate the offense, if it were done willfully, deliberately, maliciously, and premeditatedly; (which it might well be, though the perpetrator was drunk at the time,) but to show that the killing did not spring from a premeditated purpose, but to sudden passion, excited by inadequate provocation, such as might be reasonably expected to arouse sudden passion and heat, to the point of taking life, without premeditation and deliberation."

"Mere intoxication is no excuse for crime. Evidence of it may be admissible to the question of malice."—[*Kelly v. the State*, 3 *Smedes & Marshal*, 518.]

Further upon *intent* and *malice*: *The State v. Cross*, 27

Missouri, 332; *Golden v. the State*, 22 Georgia, 527; the same, *Jones v. the State*, 29, 594; *Mooney v. the State*, 33 Alabama, 419; *O'Herrin v. the State*, 14 Indiana, 420; *Dawson v. the State*, 16 Indiana, 428.

In *Rex v. Day*, 3 Paris & Fonbl. Med. J. 140., it was held, "intoxication is no excuse for crime," and the defendant, who in a paroxysm of drunkenness rose in the middle of the night and cut the throats of his father and mother, ravished the servant-maid in her sleep and afterwards murdered her, was executed for these crimes.

"If a person while sane and responsible makes himself intoxicated, and while in that condition commits murder by reason of insanity, which was one of the consequences of intoxication and one of the attendants on that state, he is responsible."—[*United States v. McGrue*, 1 Curtis C. C. I; also the *People v. Robinson*, 2 Parker C. R., 235; the *People v. Hamill*, same Rep. 223; the *State v. Harlowe*, 21 Missouri, 446; *Com. v. Hawkins*, 3 Gray, 463; *Mercer v. the State*, 17 Georgia, 146; *Carter v. the State*, 12 Texas, 500; the *People v. Willey*, 2 Parker C. R., 19.

As to *delirium tremens*, "*State v. Sewall*, 3 Jones' Law, 245; the *People v. McCann*, 3 Parker C. R., 272; *Macconehey v. the State*, 5 Ohio, 77.

From all these cases, what are we to conclude? With Roscoe, *Criminal Evidence* page 909, Wharton, *Cr. Law*, 3d Ed., 92, and the multitude of other authorities, shall we say, "Intoxication is no defense as to the fact of guilt?" Shall we say with the old English writer, "A drunkard who is *voluntarius demo*, hath no privilege thereby, whatever ill or hurt he doth, his drunkenness doth aggravate it." (Coke's *Littleton*, 46). We believe the views of Guy are sustained in the most recent American cases. They have been allowed to pursue their way, the question of drunkenness having no bearing upon the final issue,—and upon just grounds.

In the case, *Cornwall v. the State of Tennessee*, Mar. & Ser., 147, 1849, the point is well set forth :

“A contrary doctrine ought to be forced out of circulation, if it has obtained it, by every friend to virtue, peace, quietness, and good government. All civilized governments must punish the culprit who relies on so untenable a defense; and in doing so, they preach a louder lesson of morality to all those who are addicted to intoxication, and to parents and guardians, and to youth and to society, than comes with cold abstract from pulpits. To the justice and correctness of these remarks, all who have had experience in the annals of crime can bear testimony. It is only at the present term of the court that we have seen it proved that an offender, a short time before the perpetration of a horrid murder, inquired of a grocery keeper what kind of liquor would make him drunk soonest, and swallowed thereon a bumper of brandy. We have had three cases of murder, and one of an assault with intent to murder, before us at this term of court, in every one of which there are convictions in the circuit court and affirmances in this; every one of which is of aggravated character, and in every one of which the perpetrator, at the time of the commission of the offense, was laboring under *dementia affectata*, drunkenness; an awful illustration of the necessity of holding to the law as it has been adjudged upon this subject. There is, in our judgment, no conflict of authority upon this point of law; every case which may have such appearance, being a case of exception on the application of the rule, or a case of no authority upon the subject.”

The same is held in *Kelly v. State*, 3 Smedes & Marshal, 518, in which case the question was of *intent*. The Court of Error and Appeals (Miss.) laid down the law, as being well established, that drunkenness is no excuse for crime,

although sometimes held proper for consideration, where the sole question is whether the act done was premeditated or done only with sudden heat or impulse, which might be as truly said of anger or any other excitement arising from sudden provocation or peculiar circumstances; but not much importance was attached to it, as might be conceived from the presumption which was equally great, that the design might have previously existed, and intoxication have been employed to nerve the criminal to the commission of the crime; that the law discriminates between the delusion of intoxication and the insanity which it may ultimately produce.

If drunkenness, they said, was to be considered an excuse for crime, there would be established a complete emancipation from criminal justice.—[Wharton in *W. & S.*, Sect. 93.

We may conclude then that the difference of opinion between jurists is rather upon the rule of law governing the *evidence* than upon the legal relation of the crime. Thus, if alleged that premeditation, intent, and malice existed, and a doubt arose as to whether the act done was the result of a deliberate purpose, the best authorities do not admit that proof is admissible of drunkenness, that, taken in connection with all the other facts and circumstances, the jury can determine whether the case is one of murder in the first or second degree.* If all the ingredients of murder in the first degree exist previous to the killing, except the act itself, as intent, premeditation, malice, then drunkenness, however great, will not be admitted as a plea that the defendant was too drunk to entertain them. These ingredients are questions of *fact*, and as any other fact, are subjects of legitimate

*An article I have written for the *Lancet and Observer* (published by E. B. Stevens, M. D., 319, Elm Street, Cincinnati, Ohio,) contains a clear statement of this question with authorities upon it.

inquiry; the circumstances, manner of killing, and evidence from other sources, must all go to the jury together, leaving them to determine the degree of guilt, after having determined these facts.

In *Halile v. State*, 11 *Humph.*, 154, it is said: "Any fact that will shed light upon this subject may be looked to by them (the jury), and may constitute legitimate proof for their consideration. And among other facts, any state of drunkenness being proved, it is a legitimate subject of inquiry, as to what influence such intoxication might have had upon the mind of the offender in the perpetration of the deed. We know that an intoxicated man will often, upon a slight provocation, have his passions excited and rashly perpetrate a criminal act. Now, it is unphilosophical for us to assume that such a man would in the given case be chargeable with the same degree of premeditation and deliberation, that we would ascribe to a sober man, perpetrating the same act upon a like provocation. It is in this view of the question, that this court held, in *Swan's* case, and in *Pirtle's* case, that the drunkenness of a party might be looked to by the jury, with the other facts in the case, to enable them to decide whether the killing was done deliberately and premeditatedly. But his Honor, the circuit judge, told the jury that drunkenness was an aggravation of the offense, unless the defendant was so deeply intoxicated as to be incapable of forming in his mind a design deliberately and premeditatedly to do the act. In this charge there is error, for which the judgment must be reversed. Reverse the judgment and remand the case for another trial."

We ought not to close this paper without a direct statement of the relations of dipsomania to common drunkenness, before the law. Of the works upon criminal law

Alison* presents the clearest views upon the subject. They are, that the law makes no distinction between dipsomania and the various states of ordinary drunkenness. Juries do sometimes make such distinctions in their verdicts. He reports cases.

Taylor adds to this, that if drunkenness were admitted as an excuse for crime three fourths of the crimes committed would go unpunished.

The general tenor of cases is that dipsomania does not exculpate more than common drunkenness; that it is the result of habitual indulgence, and that the greatest difference between dipsomaniacs and common drunkards is, that they are impelled to drink from different degrees of strength of the desire. Both have a thirst for drink, and both when it is encouraged attain to a point beyond which retreat is impossible.

The dipsomaniac, if relieved from all legal obligation and restraint, would open the door to all grades of offenders who stand upon the middle ground between insanity and crime. The fact that true dipsomaniacs in their sober moments take measures, as the fit approaches, to seclude themselves and otherwise protect others from annoyance and injury, in a great majority of cases, shows that they abandon themselves to their passion, when it is established as the libertine, the gambler, and other victims of "*moral mania*" (?) do to their impulses.

With this we close our article. We regret that we allowed ourself to delay the preparation of it until three or four days before the meeting of the society. Much of this time was occupied with our practice, leaving too little time to digest and put in a desirable shape the matter we desired

*Criminal Law of Scotland.

to present. Our object has been to give an outline of the *literature* of the subject, rather than a discussion of the true principles involved—or the ground of our own opinions. In our paper upon *monomania* we shall aim to discuss the grounds for the views, *pro* and *con*, of the subject, rather than the literature of the subject, but will present briefly the views of authors, that our paper may represent the subject clearly, and not seem based wholly upon our own opinions.

In this paper, lengthy as it may be, and to those versed in the subject, we hope, without being prolix, we have established:

1st. That there is a dipsomania.

2d. That the condition is a *physical one*.

3d. That the symptoms are so unvarying that all authors agree in their description of them; and that authors use nearly the identical language in describing the condition, that was used from 1817, to 1825, when the disease was first pointed out.

4th. That the law makes no distinction between the relation of the dipsomaniac and the common drunkard, to full legal responsibility.

We hope those whose interests prompt them to study the subject will find fully represented the classic writers extant.

Of the German: Hoffbauer, Casper, Bruhl-Cramer, Griesinger, Salvatori, Erdman, Fuchs, &c.

Of the French: Falret, Dagonet, Morel, Marc, Marcé, Tardieu, Esquirol, &c.

Of the English and American: Winslow, Tuke, Hutchinson, Ray, Wharton, Story, Taylor, &c. We have not had

time to consult the various works upon evidence and criminal practice, with the view of presenting their opinions upon the points of evidence, as *the taking into consideration the state of intoxication*, but preferred to take from our notes made from state Reports, the opinions given in leading cases in which this view was presented by the court. We have given these *pro* and *con*. It will be seen by the foot-notes, that the opinions of the first were overruled, not being regarded as law. In our work upon Medico-Legal Criminal Procedure we will give a reference to all cases contained in the State Reports, for and against the consideration of the evidence in question, so that those having occasion to refer to them can readily do so, if they have access to the Reports. In all cases tried in 1873, we have noticed the court has ruled with Alderson, in *Rex v. Meakin*, 7 C. & P., 297: "*drunkenness can have no effect on the consideration of the malicious intent of the party*; and in the same case, "If a man chooses to get drunk it is his own voluntary act. * * * That voluntary species of madness which it is in a party's power to abstain from, he must answer for." And also in *Rex v. Carrol*, 7 C. & P., 145, in which Parks overruled the precedent established in *Rex v. Grinley*, by Holroyd's ruling.

