and efficacious remedy is to be found in every country, and in
every place—it flows in every ocean, it arises in every spring, and
is supplied from every fountain.

II.

An Essay, Medical, Philosophical and Chemical, on Drunkenness, and
its Effects on the Human Body. By Thomas Trotter, M. D.
late Physician to his Majesty's Fleet, &c. 8vo. London, 1804.

When we consider the curious and interesting phenomena
which present themselves in the paroxysm of intoxication, the
long train of evils, and catalogue of diseases to which the abuse
of vinous liquors gives rise, we must acknowledge that the sub-
ject is of the highest importance, and well merits the attention of
the philosopher, of the statesman, and of the physician.
The outline of the Essay now before us, was the subject of
the author's inaugural dissertation, published at Edinburgh on ob-
taining the degree of Doctor of Medicine in the year, 1788. On
this occasion, he was anxious to produce something that had ne-
ever been noticed by any former graduate. Ebriety was chosen;
and the work, we are now informed, delighted one Doctor, was
well received by the Professors, was perused with great pleasure
by Dr Gregory, gave rise to some elegant allusions and facetious
remarks from Dr Cullen, and obtained for the author the thanks
of the Humane Society. This general approbation determined
Dr Trotter to enlarge his plan, and at some future period to pre-
sent his observations to the public in an English dress.

Though Dr Trotter may not have been anticipated by any
monographic essay on Drunkenness, we cannot allow him his
whole claim to originality. Original he certainly is in some of
his opinions, which we shall have occasion to examine. Neither
can we admit the validity of the complaint—of the little assist-
ance he has derived from the writings of others. The symp-
toms and effects of drunkenness have often been described. By
every practical writer, ebriety, and the abuse of vinous liquors,
have been marked as causes of disease; and, in these times, the
modus operandi of alcohol has been amply discussed.

Dr Trotter considering drunkenness as a disease, of which he
is to give the history and cure, divides his subject naturally e-
ough into the following heads: 1st, Definition of drunkenness;
2d, The phenomena, or symptoms of drunkenness; 3d, In what manner
manner vinous spirit acts the living body; 4th, The catalogue of diseases induced by drunkenness; 5th, The method of correcting the habit of intoxication, and of treating the drunken paroxysm.

Drunkenness, as a disease, it is remarked, partakes both of delirium, and of coma. The most common characteristic of the paroxysm is delirium, which generally terminates in a partial or total abolition of the powers of sense and motion. It is proposed, therefore, to adopt the following definition: 'Post vinum immodice assumptum, Delirium et Coma;' or, 'Imbecility of intellect, erroneous judgment, violent emotions, and loss of sense and motion after the immoderate use of vinous liquors.' It is often important to be able to decide with certainty on the presence of intoxication; it would be fortunate, therefore, if any number of symptoms, collected into the form of a definition, could enable us to do so. But the definition here given embraces only an extreme case, without marking the various shades and appearances which take place in different individuals in the progress of intoxication. Considered in the light of a nosological definition, nothing is gained by introducing the cause; for, wherever any doubt arises, this is always supposed to be unknown. The symptoms of delirium and coma may be produced by various causes, by opium and narcotics. But a mistake of a more dangerous nature may be committed, as we learn from the following important remark. 'There is a species of delirium that often attends the early accession of typhous fever from contagion, that I have known to be mistaken for ebriety. Among seamen and soldiers, where habits of intoxication are common, it will sometimes require nice discernment to decide; for the vacant stare in the countenance, the look of idiocy, incoherent speech, faltering voice, and tottering walk, are so alike in both cafes, that the naval and military surgeon ought at all times to be very cautious how he gives up a man to punishment, under these suspicious appearances.'

Our author next proceeds to give a more detailed account of the phenomena and symptoms of drunkenness. These however are so well known, and so often witnessed, as to render it quite unnecessary to follow him through his long and classical description of the drunken paroxysm.

After detailing the effects of inebriation, Dr Trotter enters into the investigation of the manner in which vinous spirit affects the body. Here Dr Trotter seems inclined to adopt the opinion of those who hold all narcotics to be in the first instance stimulant. But although some intoxicating articles are unquestionably stimulant; yet no one surely can deny that many of the most powerful
powerful of the inebriating kind, shew no influence whatever either in inducing contraction, exciting pain, or preventing sleep—

the true characteristics of stimulants; while, on the other hand, many of the strongest stimulants, whether of the chemical or mechanical kind, have no narcotic powers. Cantharides, and the essential oil of peppermint are powerful stimulants, yet never were known to produce intoxication. There is therefore no necessary connexion between the stimulant and narcotic powers of substances.

The intoxicating quality of vinous liquors, however, depends upon the alcohol which they contain, the first effects of which are stimulant and exciting; this excitement is soon followed by delirium and loss of voluntary motion, and passes at length into that state of debility which has been called with some propriety indirect. But though the baneful effects of vinous liquors depend chiefly upon the alcohol which they contain, there are some whose hurtful tendency is increased by other circumstances. Thus some beers, and particularly porter, are rendered more noxious by the narcotics and bitters which enter into their composition. Hence Dr Trotter remarks, we believe with truth, that malt-liquor drinkers are prone to apoplexy and palsy, and purr drinkers in a still greater degree.

Whatever may be the nature of mind, whatever the connexion between body and mind, it is certain that the intellectual faculties may be affected and deranged by disease, and by other changes induced on the material organs of our system. The stimulant action of ardent spirit is first exerted on the stomach, and spreads by sympathy from thence to the senforium commune, and the rest of the system.

But Dr Trotter is also of opinion that much of the liquor enters the circulation, and gives there an additional stimulus. Of this, however, we see no proof. The full effects of intoxication may be induced so suddenly, so instantaneously indeed by a large dose of wine, that all belief of any portion of it having entered the circulation is completely destroyed. Nor is there any better reason for admitting this, when intoxication has taken place more gradually. The short duration of the paroxysm also, and the speedy relief obtained from vomiting, are against the supposition. Besides, it is confessed that all the symptoms of intoxication are equally occasioned by a few grains of any narcotic. It may also be urged, that neither the blood, nor any of the excretions, when examined, give any indication of the presence of the alcohol, or intoxicating substance.

It is surely but an indifferent argument to say, we are acquainted with no particular appetency inherent in the lacteal vessels...
fels that can confine the absorption only to mild and bland fluids. The truth however is, that such an appetite has actually been demonstrated. It was found by experiment that some colouring matters, as madder and indigo, were absorbed by the lacteals, which refused to take up the sulphate of iron, or the solution of tanin.

There is little doubt, we think, that wine, beer, or other intoxicating liquors received into the stomach, are gradually decomposed and digested, so as to be soon completely changed. Nor, on any other supposition, can the natural termination of the drunken paroxysm be accounted for.

Another argument adduced by Dr Trotter we must regard as hypothetical. 'That vinous spirits mix with the blood we know to a certainty, from the hydrogenous gas which escapes from the lungs, to be perceived in the fector of the breath.' Surely the fector of the breath is no proof of the disengagement of hydrogenous gas from the lungs. The fector itself is besides most remarkable, not during the paroxysm of intoxication, but afterwards when the patient is suffering from the secondary effects, from debility, nausea, and anorexia. The fector of the breath is the sign of his charged and disordered stomach.

Indeed we shall look in vain for simplicity and unity in our author's explanation of the phenomena of intoxication. Not contented with the stimulant and narcotic effects of vinous spirits exerted on the stomach, he makes these, without any good reason, enter the circulation; and as if all this were not sufficient, he has now recourse to the mechanical compression of the brain by the surcharged state of the blood vessels, which, he thinks, accounts for the comatose affection which attends ebriety; and, again, having remarked that strong ale and porter drinkers become fat and stupid, we are told that 'the blood vessels would appear to be clogged with a dense blood.' But besides the intoxicating effects of alcohol, it has also, according to Dr Trotter, a chemical operation on the human body. That the continued abuse of spirituous liquors should, by deranging and debilitating the powers of life, affect also, in some degree, the chemical composition of the body, might perhaps be, without difficulty, admitted. But that alcohol directly deoxydates the blood, and charges the circulating mass with hydrogen, we are disposed to doubt. We have already concisely stated our reasons for concluding that alcohol is never absorbed by the lacteals, and we are certain it has never been detected in the circulating fluid, nor in any of the secretions. On the other hand, there is evidence that wine, beer, and other intoxicating liquors received into the stomach, are decomposed, and new compounds formed from their elements.
But the blood of drunkards, Dr Trotter informs us, is charged with hydrogen, the most abundant element of alcohol; because their blood approaches to the colour of venous, being darker than usual; because hydrogenous gas seems to be sent off from the lungs in a disengaged state, and is often so pure in its kind, from the mouth of a dram-drinker, that it is easily inflamed on the approach of a candle; because Mr Spalding, the celebrated diver, always found, after drinking spirits, the air in his bell consumed in a shorter time than when he drank water. To this reasoning, it may be sufficient to reply, that the darker colour of the blood is no proof of an over charge of hydrogen; as this change of colour may be effected, and does in fact often take place, without the introduction of any new principle, and merely by a new arrangement, or more intimate combination of its elements, as is proved by the change from the arterial to the venous colour observed in blood kept in hermetically sealed vessels, or in vacuo. But we farther suspect that Dr Trotter’s observation has not been made on the circulating mass, but inferred from the livid and bloated countenance of drunkards, which proceeds from the languid circulation in the veins.

The sceptor of the breath, we have observed, is no proof of the evolution of hydrogenous gas from the lungs. And we are doubtful of the breath of a dram-drinker being so inflammable. We have seen failors perform this trick immediately after swallowing ardent spirits, but never at any other time.

There is nothing singular in the fact related on the authority of Spalding. Whatever increases the circulation of the blood, as food recently taken, exercise, the hot stage of fever, increases also the consumption of air in respiration. No conclusion, therefore, in favour of the hypothesis, can be drawn from that circumstance.

The view which Dr Trotter has taken of the chemical operation of alcohol, leads him naturally enough to what he terms the most important part of this doctrine, the combustion of the human body, produced by the long and immoderate use of spirituous liquors. On this subject we may remark, that the evidence for the spontaneous combustion of the body is next to nothing: and the cases collected by Pierre Aimé Lair, prove only that drunken old women have fallen into the fire, or set fire to their clothes, and perished in consequence. ‘The combustion took place only in women’—‘These women were far advanced in life’—‘Their bodies did not take fire spontaneously, but were burnt by accident.’

It is in vain, Dr Trotter well observes, to request implicit faith to this narrative; and it matters little, therefore, in our opinion, what
what explanation the present state of chemistry might enable us to give of it.

Having thus stated his opinion as to the intoxicating and chemical operation of ardent spirit on the human body, Dr Trotter proceeds to consider the diseases which are induced by drunkenness.

1. Diseases which appear during the paroxism of drunkenness. Apoplexy; Hysterics; Convulsions; Oneiromania, and fearful dreams.

2. Diseases induced by habitual intoxication. Phrenitis; Pleuritis; Gastritis; Ophthalmia; Caruncles; Hepatitis; Podagra; Scirrhus; Æterus; Dyshpepsia; Hydrops; Tabes and Atrophia; Syncope and Palpitation; Diabetes; Locked Jaw; Palsy; Ulcers; Madness and Idiotsia; Melancholy; Impotency, and abolition of the Sexual Appetite; Premature old age.

Let the drunkard contemplate this frightful catalogue, and dash the cup from his lips! On several of these diseases, Dr Trotter takes occasion to offer some pertinent and useful remarks; after which, he proceeds to point out the method of correcting the habit of intoxication.

The seeds of this evil habit, he observes, are, like many others, sown in infancy; and he recommends that spirits, wine, and fermented liquors of all kinds, should be excluded from the diet of infancy, childhood and youth. He is of opinion, that no man in health can need wine till he arrives at forty. He may then begin with two glasses in the day; at fifty he may add two more; and at sixty he may go the length of six glasses; but this quantity he should not exceed, even although he should live to a hundred. All this is indeed very particular.

A custom has long prevailed, in this and other countries, of drinking wine while at dinner. This Dr Trotter considers as downright pampering, as vitiating taste and healthful appetite, and therefore he thinks should be totally relinquished. In this particular, we own we do not subscribe to the Doctor's unqualified condemnation. We like the custom; and would rather imitate the example of our neighbours of the Continent, and abridge the allowance after dinner: For although we are far from denying, that excess in the use of wine, even during meals, may be pernicious; yet, in our opinion, one or two glasses may be taken during dinner, even by those not arrived at their fortieth year, not only with impunity, but even with advantage.

Another circumstance which, according to Dr Trotter, has often produced the propensity to drinking, is the too frequent use of spirituous tinctures, rashly prescribed as medicines for hysterical,
cal and hypochondriacal complaints. The custom of handing round cordials at time of dinner is also against all rules of temperance; and the use of liqueurs, particularly of Noyau, should, he thinks, be totally abstained from. It must be confessed, however, that these practices very rarely, if ever, operate with the lower classes, among whom this pernicious habit is particularly prevalent. We are ready, however, most cordially to subscribe to our author's sentiment, that as the habit of ebriety is so difficult to be overcome, from whatever causes it may have begun, the best maxim is, 'Obsta principiis.' In this way, perhaps, much might be done by the exertions of Government, and particularly by rendering the access to dram-drinking a less easy matter for the lower classes.

However seducing the love of inordinate drinking may be, like other bad habits, mankind seldom get into it at once. In this vice there is also a gradation; and it is at the commencement that the good sense of the individual, and the advice of prudent friends, will have the greatest influence. When ebriety has become so far habitual, that disease appears, the physician is called in, and the most ungrateful task devolves upon him; for the disease is only to be effectually combated by the removal of its cause. In accomplishing this, the first great point to be obtained is the confidence of the patient; after which, he may, with great advantage, represent the incurable maladies which flow from a continued course of intemperance.

It has been a doubt with some physicians, whether, even if the patient were willing, it would be proper all at once to leave off the use of wine or spirits. Dr Trotter, however, is decidedly of opinion, that this should be done in every instance, and that no disadvantage can result from it. For our own part, we think it impossible to lay down so general a rule, and believe that the conduct of the judicious practitioner must be regulated by circumstances. There are complaints originating from drunkenness, in which it would be dangerous all at once to deprive the patient of its accustomed stimulus. What cannot be accomplished at once, may sometimes be obtained gradually; and one stimulus, such as an essential oil, an aromatic powder, or even an aromatic tincture, may often be advantageously substituted to pure alcohol.

To strengthen the body debilitated by habits of intoxication, recourse, it is observed, may be had to the cold bath, chalybeate waters, exercise, and tonics. Acidity and flatulence are to be corrected by absorbents and bitters, such as magnesia and coledoma.

When a diseased liver has arisen from drunkenness, Dr Trotter seems
seems very averse to a mercurial course. In the tubercular or scirrhous liver, he tells us, it has seldom appeared to him to be of any service, beyond its action in keeping the bowels open, when coltivenefs is to be guarded against. Our experience, however, does not lead us implicitly to adopt this conclusion: On the contrary, in more than one infance of scirrhous liver, complicated with dropsy, we have seen mercury employed with great advantage; and this we believe to be agreeable to the general obervation of modern practitioners. Indeed, in such cafes, we are not acquainted with any remedy of equal efficacy.

Our author concludes this effay with a few remarks on the beft method of treating the drunken paroxyfm; and here he thinks reliance is chiefly to be placed on the means of exciting vomiting. If the drunken perfon have fo far loft the powers of fenfe and motion as to be unable to help himself, he ought to be placed in an arm chair, where he cannot fall, or be laid in bed, with the head erect, and inclining a little to one fide, for the purpofe of facilitating vomiting; the beft means of exciting which is, he informs us, by introducing a feather, or any other fuitable fub- stance, into the mouth, and tickling the fauces, till the contents of the stomach be fully evacuated. Befides vomiting, Dr Trotter also recommends that the bowels be immediately emptied by glyfters. He obferves, that if the face be much fown, and the breathing ftertorous, with the eyes fixed, and veffels turgid, there is danger of an invariant fit of apoplexy. To us it fseems very furprifing, that, in fuch circumftances, Dr Trotter should express any doubt as to the propriety, and even absolute neceffity, of immediate bloodletting, general and topical. The quantity of evacuation indeed muft, in this as in every other difeafe in which bloodletting is employed, be regulated by the age, the habit, and the symptoms of the patient; and, after bloodletting, the application of a large blifter to the head should not, we think, be omitted. How this practice has altogether efcape Dr Trotter's notice, we are at a loss to conjecture. He indeed advises, throughout the whole paroxyfm of drunkennefs, the application to the head and temples of cold water, rectified fpirits of wine, or fulphuric æther. But although these practices may be of fome use, in counteracting headach arifing from lighter degrees of intoxication, yet little dependence can, we think, be put upon them in the prevention, and still less in the removal of apoplexy. Dr Trotter, in the circumftances mentioned above, also fuggefts the ufe of the shower-bath, and the clay-cap, sometimes used in maniacal cafes. But he very properly obferves, that the application of cold water to the head is not at all times a safe remedy. The cafe of an officer is mentioned, who, in the second fitage of the drunken
Dr. Trotter on Drunkenness.

In concluding our account of the Essay on Drunkenness, we have only farther to observe, that although we have had occasion to object to several of the opinions advanced by the ingenious author, we have perused his volume with much satisfaction, and not without emolument.

The prevention of those evils which arise from the abuse of vinous liquors, is certainly a subject of the utmost importance, and claims the most serious attention, not only from the medical practitioner, but from every wise and well regulated government.

III.

Critical Observations on the Treatment of Strictures in the Urethra, and in the Oesophagus. By Everard Home Esq. F. R. S. Surgeon to St George's Hospital. Vol. II. London 1803. 8vo. pp. 424.

The labours of Mr Home in this department of surgery, are already well known to the generality of practitioners. To him, we are indebted not only for recommending to general use an improved method of cure, but for the most accurate and complete history of strictures in the Urethra yet published.

Although a more deserved confidence has been placed in few remedies than in the bougie, by a steady and persevering use of which, Strictures may for the most part be greatly relieved, if not completely removed, yet it cannot be denied by those who have had much experience in these complaints, that their hopes have been often disappointed; that from the number and duration of the strictures, the process by the simple bougie was tedious, and sometimes ineffectual, or, from local or constitutional irritability, impracticable; and that, even when a cure seemed accomplished, relapses were not unfrequent.

From a knowledge of these disappointments, and of the anatomical structure of the diseased parts, the late Mr J. Hunter was led to propose the destruction of the stricture by the application of caustic; and the success which attended an attempt not altogether new, was such as to encourage a repetition of the practice.

The instrument first employed by Mr Hunter was a silver cannula, through which, by means of a port-crayon, the caustic

No. I.