

Medical Matters.

THE CAUSATION OF INEBRIETY.

Dr. Harry Campbell, F.R.C.P., a former President of the Society for the Study of Inebriety, writes in the Journal of that society as follows:—

There appear to me to be two chief factors in the causation of inebriety: (a) low resistance power to the allurements of alcohol, and (b) abundant access to alcoholic liquors.

(a) The average person is so constituted that, with average facilities for obtaining alcohol, he leads a sober life. "He knows when to stop," as the saying is, and has no difficulty in stopping after moderate indulgence. The congenital alcoholic, however, does not know when to stop; he lacks resisting power. This "tendency" to exceed may be habitual or paroxysmal.

Though defective resistance to the charm of alcohol is mainly due to congenital desire, other circumstances may lessen resistance. Thus, illness or shock (*e.g.*, from an accident) may beget a craving for alcohol; or a person may fly to alcohol, without any special liking for it, to dull pain, to drown sorrow, or to stimulate courage. I have met with several cases of timid and self-conscious men who were driven to take alcohol in order to give them the necessary self-assurance in their work. These cases are very distressing, the more so that the victims, realising their danger of drifting into chronic inebriety, come begging for a substitute for the alcohol, and, unfortunately, no other drug is so potent to produce self-confidence, brief and spurious though that confidence be.

(b) But while lack of resistance is an important—indeed, the chief—factor in the causation of inebriety, the factor of opportunity is of great practical importance. There is no reason to suppose that publicans and potmen are congenitally more disposed to inebriety than any other class. Nevertheless, they constitute much the most drunken section of the community. Though it may be difficult to protect the congenital inebriate against himself, every civilised community should at least do its best to minimise the temptations to drunkenness.

Most thoughtful people will agree with Dr. Campbell's contention. Some of the most potent inducements to excess are the "social" habits which obtain in some classes of drinking between meals, on meeting a friend, on elenching a bargain, or so on. The abolition of such customs is much to be desired, and every member of the community may, by personally discountenancing them, help to ensure this.

Disorders Incident to Birth.

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(Concluded from page 163.)

CEPHAL-HÆMATOMA.

During birth hæmorrhage may take place from the blood-vessels lying in the deep layer of the covering of the skull which we term the periosteum. This allows of an accumulation of blood, forming a tumour-like swelling which has been called a *cephal-hæmatoma*. It is usually situated over a parietal bone, generally on the right side. It is in most cases only first noticed a day or two after birth.

HÆMATOMA OF THE STERNO-MASTOID MUSCLE.

Another situation where a blood tumour is likely to form is in the prominent muscle of the side of the neck, the so-called sternomastoid. Here, especially where pulling on the after coming head has been resorted to, blood easily oozes out of the vessels into the muscle. Three-fourths of these cases are said to occur in breech presentations.

OBSTETRICAL PARALYSES, OR BIRTH PALSIES.

The two chief forms of birth paralysis arising from injury to nerves are: (1) facial paralysis, where the facial nerve has been damaged, usually by pressure exerted by one of the blades of the forceps during delivery. A good nurse is on the look out for paralysis. (2) Paralysis of the shoulder and arm muscles, due to injury of the brachial plexus, is a still more serious injury; the nerves supplying the muscles which provide for the movement of the upper extremity. The injury may not be noticed for some weeks, but it may handicap and cripple the individual for life.

APOPLEXY OF THE NEWBORN.

Hæmorrhage involving the brain and its membranes (*apoplexia neonatorum*) is also met with early in life, sometimes producing rapid death, in other cases leading to life-long damage, with its evidences in paralysis and often mental deficiency.

It may occur during or immediately after the act of birth, where there has been crushing or interference with respiration. In these cases there is effusion of blood from a ruptured vessel within the skull, and the blood clot formed subsequently presses on the delicate substance of the brain.

ASPHYXIA NEONATORUM.

The transition from protected intra-uterine existence to the cruel realities of extra-uterine

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