

introduced to it, and, vice-versa, there is little inebriety in countries where alcohol has long been known—for example, in Italy. With regard to the question of climate, we find that the extremes of temperature are favourable to drunkenness, since hot weather leads to thirst, while cold weather favours drunkenness with a small quantity of alcohol. Adulteration is another potent cause. It acts in two ways—firstly by cheapening the product, and secondly by making it more poisonous. The drinks obtained from grapes and corn are the best, those from beetroot and potatoes are the worst. The occupations which foster inebriety are those which involve exposure to great heat (stokers and iron-founders), dust (stone-grinders, sawyers, etc.), night-work in gas-lit, badly ventilated rooms (compositors), and occupations which allow frequent intervals of idleness (dock labourers, cabmen, etc.). As to sex, male inebriates are much more common than female; but female inebriety is increasing much more rapidly than male. This latter fact is probably dependent on the introduction of the grocer's licence to sell wines and spirits by the single bottle, thus encouraging women in habits of secret drinking. As to age, the largest number of serious cases occur between the ages of 30 and 40 years. Religion seems to play some rôle, since it is found that inebriety is increasing more among Roman Catholics than among Protestants, and especially among the women; while the Jews are an exceptionally sober community. With regard to treatment, we may premise that this has ceased to be an ethical question. Temperance Societies have possibly done some good work, but we very much doubt that a confirmed drunkard has ever been reclaimed by argument alone. The question of the treatment of inebriety has become essentially medical. Inebriety is no longer to be regarded as a vice, it is a mental disease; and its study now stands where the study of insanity stood at the beginning of the present reign. Insanity was then as great a vice as inebriety is now. The tendency to inebriety can only be overcome by a period of hygienic restraint in an institution regulated by law and managed by medical men who have had experience in the treatment of mental degeneracy and physical incapacity. Enforced total abstinence for a period varying from eighteen months to three years is the essential part of the treatment of these cases. It should be carried out in healthy

institutions, which should be as self-supporting as possible, where healthy employment could be encouraged. The Government is gradually awakening to the necessity of legislation for these patients. Since 1879, it has been possible for a patient to place himself under care in a retreat, and since the beginning of last year, it has been possible to place certain inebriates under care against their will. But these are drunkards who have come under the notice of the police. There is still no legislation for the average well-to-do inebriate. Extensive establishments are now being fitted out by the London County Council, and others for such people as criminal inebriates and people who have been convicted of drunkenness at least four times in a police court. We have fears as to how the Inebriates Act will work practically, but we must feel grateful that a start has been made in an endeavour to treat these unfortunate patients.

#### FOREIGN BODIES IN THE EAR.

In the *Guy's Hospital Gazette* for September 29th, 1900, is a paper by Dr. Laidlaw Purves on this subject. It is practical, but does not enunciate anything new. The rules given for dealing with foreign bodies are worth recapitulating, and are as follows: 1. See the body; make sure that there is a foreign body present. This, as a rule, is easily done where there has not been previous interference with the ear, or inflammation. 2. Determine what the body is, if possible. Obtain a sample of the body supposed to be in the ear, if one can be found. 3. Remember that a body which will not swell, and has no cutting edge, will generally remain without causing any urgent symptoms. 4. Seeing the body, determine by a probe its size, form, consistency, position, and if it be movable. If easily moved, concussion with a downward position of the ear will often remove it. 5. Warm water injection is the best of all methods for removing foreign bodies. 6. If it be a vegetable substance, do not inject fluid unless you have time to extract the body either at one operation or shortly afterwards. 7. Injection failing, which is rare, proceed to remove by other methods, or pass the patient on at once to a special surgeon. 8. To attempt the extraction by forceps, hooks, etc., of a substance which you cannot see is highly dangerous. 9. In children, if you have failed to remove the body by the syringe, before using other instruments give an anæsthetic.

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