ebriety" and it is the one that has to be reckoned with when matters pertaining to treatment require consideration.

The distinctive characteristic of the man who is afflicted with this peculiarity is his inability to take alcohol in moderation, despite the most strenuous effort of which he is capable. It is a psycho-neurotic fault that implies defective resisting power to the action of alcohol or drugs in exactly the same sense as the tubercular diathesis implies impaired resistance to the specific infection of that disease.

When inheritance is referred to as here, we mean the transmission from parent to child of a peculiarity that renders inebriety possible; not necessarily an heredity of drunkenness, the important difference being that the person who inherits the peculiarity does not always become a drunkard but may exhibit his failing by surrender to other forms of disorder or moral obliquity. There is, for example, a sort of triangular reciprocity between all forms of mental defect, epilepsy and habitual drunkenness. The epileptic may produce mentally defective or inebriate children; the mentally defective person, inebriate or epileptic children; and the inebriate epileptic or mentally defective children. Instances of this interchange are repeatedly before us. In these circumstances it is probable that the inebriate peculiarity is merely a variance of a morbid strain—a neurosis that needs little in the way of modifying circumstances to determine its character in one or other direction.

When the constitutional peculiarity or fault or diathesis, whatever we may call it, is present in man or woman, it is permanent and irradicable. Some abstainers from alcohol possess it unknowingly; other persons who take alcohol realise its existence only too well, and spend long lives battling against weakness. Should an inebriate (after a period of surrender) become a sober individual, the peculiarity still remains a factor to be recokned with during the whole of his life. Notwithstanding his sobriety, it is always there, ready to redevelop in irresistible force on the first taste of alcohol. The writer, after thirty years' experience with inebriates, embracing a knowledge of some 10,000 cases, does not know a single instance where a typical inebriate who has become sober, has remained sober as a moderate drinker. In the sense in which we now use the words, once an inebriate always an inebriate is an indisputable truism; but, fortunately, only a truism in that one sense. An otherwise hopeless position is relieved by the possibility of that seeming paradox—a teetotal inebriate.

CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. Knyvett Gordon, M.B. (Cantab.).

OBESITY.

One cannot nowadays open any newspaper without being confronted by flamboyant advertisements of one "cure" or another for obesity or fatness, and it seems to me not inappropriate to discuss the question of obesity and its treatment in this series of articles.

One must first, however, draw a rather sharp distinction between two classes of people, namely, those who really are too fat, and those who merely think they are—the former being by far the smaller class of the two.

It is, after all, merely a question of the standard we employ, which may be a natural one, or purely artificial and conventional. The former is constant, while the latter varies with the taste (or want of it) of the day. Really, a person can only be said to be too fat, whatever he (or she) weighs, or whatever size he takes in clothes, when he shows definite symptoms of a disease. On the other hand, a person (almost always a "she" this time) who wishes to become smaller in order that she may wear a particular style of clothing, is only diseased in her intelligence. It often happens, incidentally, that such a woman is really beautiful, when judged by an artistic standard, and it is a pity that she should wish to let herself down to the level of the fashion-plate caricatures.

We will dismiss this class, then, with the observation that any attempt to reduce their weight almost invariably makes them ill (which is rather a heavy price to pay for being in the fashion), and come to those who are too fat from the physiological point of view. We will, then, consider firstly, why they are too fat; secondly, what are the symptoms of obesity; and lastly, how the disease may appropriately be treated.

It will be necessary to begin at the beginning, and go briefly into the physiology of metabolism: that is to say, what happens to the food that we eat, when it has been digested.

There are, of course, three main classes of food stuffs: proteids, or nitrogenous foods; carbohydrates (starch and sugar, that is to say); and fats. The proteids serve to build up the body and replace the waste of tissues that is constantly taking place, while the carbohydrates supply energy, and the fats heat to the body, the two last being to a certain extent interchangeable.

previous page next page