

## MEDICAL MATTERS.

### THE CHILDREN OF INEBRIATES.

The *Bulletin Professionnel des Infirmières* publishes an interesting extract from a paper by M. le Dr. Roubinovitch and M. le Dr. Bocquillon on the above subject, which states that the children of inebriates often bear from their birth physical or psychical stigmata. Their constitutions are often weak, poor, wanting in resistance in the fight against infection; they succumb to the maladies of early infancy, gastro-enteritis, laryngitis or sore throat, capillary bronchitis and meningitis, with extreme rapidity and frequency. In the great commercial and industrial centres, such as London, for example, nearly 50 per cent. of the infants die before three years of age. In St. Petersburg, Paris, Brussels, in nearly every household of workmen or small clerks, amongst whom chronic alcoholism is much in evidence, children die early in considerable numbers, most often of convulsions. Clinical observers are agreed in considering the alcoholism of parents as the predominating cause of the enormous infantile mortality in Belgium, Russia and France.

If all the hereditary inebriates do not die early all are affected in some way in that part which is their place of least resistance. In one it appears that the gastro-intestinal tract and the adjacent organs, especially the liver, will be the weak part of the constitution; in another, the pulmonary or circulatory system; in a third, the nervous system.

Tuberculosis and meningitis lie in wait for these children from their earliest infancy.

Sometimes one only observes isolated symptoms in alcoholics, such as characteristic trembling. It must also be added that the form in which alcohol is taken by the parents is of importance. Thus in the industrial town of Champagne there are in one quarter of the town workers who drink brandy, in another cellarers who consume wine. The children of the former are more remarkable for mental debility than the latter. The nervous and mental manifestations of hereditary alcoholics are perhaps those which have received most attention on account of their social gravity.

Hysteria, neurasthenia, epilepsy, chorea, tremulousness are observed in the first generation. Statistics concerning epilepsy afford a good illustration of this. In 163 families where the father and mother were addicted to drink, Dr. Bourneville collected authentic evidence of

224 children affected with epilepsy. Kovalewsky has found 100 epileptics in 60 families of this kind.

Nor are psychical troubles of the most varied kinds, from the most elementary to the most complex, rare in the descendants of inebriates. Mental debility with feebleness of memory, intellectual indolence, the impossibility of concentrating the attention for long, imbecility, idiocy with malformations or cerebral lesions, such as hydrocephalus, microcephalus, sclerosis, delirious hallucinations, beginning with nightmares and dreams, melancholy and maniacal conditions, all are to be found in hereditary inebriates.

Simple mental debility is most often found in children forming the first generation of drinkers.

The sleep of these children is often troubled with dreams such as one observes in chronic inebriates. Sometimes true psychoses, such as melancholia combined with suicide, and mental confusion, develop in such children owing to the persistence of dreams and terrifying nightmares.

Amongst the obsessions and impulses of hereditary inebriates it is not rare to observe that form of dipsomania which is characterised by the periodical, imperious, irresistible need of drinking. A most lively anxiety animates the child in the presence of wine and other liquors, which is only assuaged when he has given effect to his desire. It is, in fact, a hereditary transmission of the craving for alcohol, which leads its victim fatally to chronic alcoholism and its disastrous consequences. Idiocy appears in the third and fourth generation.

### THE TREATMENT OF BOILS.

The Paris correspondent of *The Lancet* states that M. Gallois considers that furunculosis is a purely local disease resulting from repeated inoculations. The treatment, therefore, should be exclusively a matter of dressings. Discarding the use of water and of poultices, the author extols a method which consists of aborting the furuncles, if possible, by the local use of a drop of iodoacetone and applying locally a gauze compress well impregnated with glycerole of starch, to which boric acid or mercury oxy-cyanide has been added. Over this is put a layer of absorbent cotton without any impermeable covering, the whole being kept in place by a bandage. This dressing should be renewed every day, or even twice daily. To cause desiccation it should be dusted with talc powder, to which a little paraffin has been added.

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