

Problems in Eugenics. Papers communicated to the First International Eugenics Congress held at The University of London, July 24th to 30th, 1912.

Alcoholism and Degeneracy. By MM Magnan and A Fillassier

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ALCOHOLISM AND DEGENERACY.

Statistics of the Central Service for the Admission of Insane Persons for the Town of Paris and for the Department of the Seine, from 1867-1912.

By MM. MAGNAN,

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And A. FILLASSIER,

Member of the Clinical Society of Mental Medicine, and of the Society of Medicine, Paris.

Since 1867, all the insane from Paris and the Seine department are placed under the central service of admission to the clinical Asylum of St. Anne (Bureau Central d'Admission), where, before being transferred to the different asylums, they are submitted to a more or less lengthy examination.

For each of them a history-book is started; it contains also the text of the certificates granted by the doctor, the clinical facts which he has obtained in the course of his observations, and the information furnished by the parents or friends of the patient.

All this results in a considerable collection of precious documents. It has seemed to us worth while to make an abstract of these, on the occasion of the first "International Eugenics Congress," and to try to gather from them the lessons which they contain, directing our attention more specially to the effects of alcohol on the individual and his offspring.

A first question suggests itself: among the unfortunates brought by insanity to the asylum, how many are driven there by alcohol? The part here played by alcohol is considerable, and since 1867, has been constantly on the increase. Nay, more: since its appearance, alcohol has modified the very appearance of our asylums.

According to the reports of M. Husson, Director of the Public Assistance from 1801 to 1840, the entries, male and female, taken over periods of six years, show more women than men; from 1841 to 1863 the result is the same, except for the three years 1843, 1845, and 1859, where the men are ahead by a few units.

1843	...	2045 entries	1046 men	999 women
1843	...	2083	618	609
1859	...	1923	977	946

This predominance of insanity among women was attributed to her more nervous temperament, to her higher sensitiveness and emotionalism.

But after 1863. the figures of male entries, which had been gradually rising, exceeds at first by a few dozen the number of females and after that the excess of males rapidly rises to hundreds.

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A new factor, alcohol, has entered the scene, more perilous for man than for woman; it poisons him, makes him mad, and brings him to the insane asylum.

1863	...	2045 entries	1046 men	999 women
1864	...	2083	1057	1026
1865	...	2248	1203	1045
1864	...	2445	1297	1148

From May 1st, 1867, to January 1st, 1887, the entries of men and women and the proportion of alcoholics in the two sexes are as follows:-

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BUREAU OF ADMISSION TO THE ASYLUMS OF THE SEINE (ST. ANNE).

Years.	MEN.			WOMEN.		
	Entries.	Alcoholics.	Proportion per 100.	Entries.	Alcoholics.	Proportion per 100.
1867 Starting from May 1st.	834	144	17.14	744	24	3.22
1868	1397	197	14.17	1188	22	1.85
1869	1349	354	26.24	1083	57	5.26
1870	1460	377	25.82	1060	64	6.04
1871	1125	291	25.88	1072	61	5.70
1872	1393	182	13.13	1083	37	3.41
1873	1553	216	13.90	1195	39	3.26
1874	1362	221	16.22	1234	41	3.32
1875	1396	231	16.54	1120	81	7.32
1876	1401	316	22.25	1145	58	5.06
1877	1464	298	20.35	1360	45	3.30
1878	1647	288	17.48	1274	44	3.43
1879	1471	368	25.15	1214	51	4.20
1880	1487	244	16.40	1198	33	2.74
1881	1664	312	18.75	1267	33	2.60
1882	1761	291	16.50	1312	34	2.58
1883	1867	281	15.05	1442	32	2.21
1884	2144	349	16.26	1630	54	3.31
1885	1921	427	22.22	1571	78	4.96
1886	2021	453	22.42	1560	91	5.83

Until 1887 the only return that had been made was that of simple alcoholics, that is, those whose insanity was entirely due to excess of drink. After this period, there were scheduled in like manner all the psychopaths, who are chiefly descendants of alcoholics, and in whose case alcohol had only been the determining element which had put in operation their temperamental insanity. We have set forth both classes in the following table :-

Years.	Total Entries for Admission.			Simple Alcoholics.				Psychopaths with alcoholic set off.				Alcoholics and psychopaths.				Grand Total
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	
1887	1964	1479	3443	488	58	546	258	102	360	746	160	906	37.98	10.82		
1888	2103	1500	3603	477	88	565	265	97	362	742	185	927	35.28	12.33		
1889	2065	1547	3612	521	128	649	164	57	221	685	185	870	33.17	11.96		
1890	1976	1542	3518	542	122	664	154	50	204	690	172	868	35.22	11.15		
1891	2030	1473	3503	558	127	685	157	76	233	715	203	918	35.22	13.78		
1892	2051	1583	3634	632	136	768	184	86	270	816	222	1038	39.78	14.02		
1893	1844	1484	3328	559	123	682	172	86	262	731	213	944	39.64	14.35		
1894	2072	1668	3740	624	151	775	166	63	229	790	214	1004	38.13	12.83		
1895	2032	1583	3615	602	170	772	216	77	293	818	247	1065	40.26	15.00		
1896	2088	1669	3757	644	156	800	256	87	343	900	243	1143	43.10	14.56		
1897	1924	1472	3396	500	137	637	284	136	420	874	273	1147	45.42	18.55		
1898	1891	1534	3425	564	156	720	228	94	322	792	250	1042	41.88	16.30		
1899	1788	1446	3234	585	117	702	250	118	368	835	235	1070	46.70	16.25		
1900	1872	1473	3345	587	131	718	359	138	497	946	269	1215	50.53	18.26		
1901	1911	1618	3529	520	136	656	396	158	594	916	334	1250	47.93	20.64		
1902	2014	1758	3772	645	184	829	319	158	521	964	386	1350	47.86	21.96		
1903	1949	1649	3598	526	186	712	279	146	425	805	332	1137	41.30	20.13		
1904	1905	1634	3539	439	138	577	354	299	653	793	437	1230	41.63	26.74		
1905	1802	1637	3439	432	139	571	246	135	381	678	274	952	37.62	16.74		
1906	1893	1652	3545	477	167	644	265	125	390	742	292	1034	39.20	17.67		
1907	2108	1686	3794	619	166	785	372	122	494	991	288	1279	47.01	17.68		
1908	2061	1734	3795	535	164	699	397	136	533	932	300	1232	45.22	17.30		
1909	2107	1754	3861	499	151	650	438	156	594	937	307	1244	44.47	17.50		
1910	2099	1783	3882	432	150	582	558	212	770	990	362	1352	47.16	20.30		
1911	2020	1801	3821	374	128	502	417	179	596	791	307	1098	39.16	17.04		
Total	49,569	40,159	89,728	13,471	3,509	16,980	7,154	3,181	10,335	20,625	6,690	27,315	41.61	16.66		

We may note that the number of men who enter the asylum has always remained in excess of that of women ; the condition shown between 1801 and 1840 does not reappear.

If we now consider the percentage of simple alcoholics, men and women, in proportion to the total number of entries, we notice in these last years a certain decline. This, unfortunately, does not mean that alcohol makes less victims; in fact, the hospitals now regularly take in, more and more frequently, insane alcoholics, whose symptoms disappear after a few days rest and abstention. These patients do not often reach the asylum. This is so true, that the percentage of psychopaths with an alcoholic determinant, in whose case accidents reveal an underlying neuropathic condition, shows an increase during the same years. Alcoholism in females is becoming more frequent. With the exception of the year 1911, which only shows 7.11 %, the percentage has varied from 1906 to 1910 between 8.41 and 10.11%,, while between 1887 and 1890 the figures were between 3.92 and 8.27%.

These are disastrous facts, and will often bring to bear on the children an hereditary alcoholic taint from both sides.

How are these patients classified from the clinical point of view? Taken up a day or two before, or sometimes on the very same day, to the Central Bureau, these patients come under observation in circumstances peculiarly favourable to clinical examination.

Their appearance varies much. After succumbing to the drinking habit, at the end of a short time the man's character changes ; he becomes irritable, restless, excitable; he loses his sleep; he becomes the sport of illusions and hallucinations; and when, after repeated excess, he passes the saturation limit, or is made the subject of any other exciting stimulus, he then falls victim to an attack of alcoholic delirium¹.

This is characterized by hallucinations almost always of a distressing kind, very changeable, and reproducing either the ordinary occupations, or the dominant preoccupation of the moment. The intensity of the hallucinations varies, and they give place to different reactions; among the most frequent of which are the forms of alcoholic insanity known as the maniacal, the melancholic, and the idiotic.

Is the patient given to absinthe? Then the symptomatology is different. In Absinthism the hallucination insanity is more active, more terrifying, sometimes provoking most dangerous reactions of extreme violence. It is accompanied by another syndrome of great gravity; all at once the absinth-drinker shouts out, grows pale, loses consciousness, and falls; the features contract, the jaws are clenched, the pupils dilate, the eyes turn upwards, the limbs stiffen, urine is passed, gas and faeces are smartly expelled. At the end of some seconds the face is contorted, the limbs shake, the eyes are turned convulsively in all directions, the jaws are snapped, the tongue protruded between the teeth and severely bitten; a bloody saliva covers the lips; the face becomes injected, blue and puffy; the eyes become prominent and fill with tears, the breathing is stertorous ; then the movements cease, the body becomes all relaxed, the sphincters loose their hold. A moment later the man raises his head, and looks about him with a dull stare. Coming to himself a little later, he has no recollection at all of what has happened; it is exactly like an attack of epilepsy. At other times the manifestation is less acute; the individual pales, some little twitches show at the corner of his lips, and for a moment he is completely ignorant of all that

goes on around him; he has a vertigo. If these accidents recur, there may supervene an attack of delirium of great intensity, during which - contrary to what happens with the simple alcoholic, where a little lively interference serves to stop the delirium for a moment - the patient is heedless of all interference, and gives himself over almost automatically to acts of the most violent character. Sometimes also another symptomatic difference distinguishes the drinker of absinthe from the ordinary alcoholic, and that is the unheralded appearance of delirium; so much so that the individual has a sudden attack of delirium with hallucinations of great intensity without a single preceding tremor, or without his motor powers being markedly impaired. To sum up: to the credit of absinthe we must add the following symptoms; sudden delirium, epileptic attacks, vertigo, hallucinatory delirium more active and more impulsive than with alcohol, and sometimes very dangerous because unconscious.

These clinical facts, already so eloquent of themselves, are corroborated by physiological experiment². The intoxication from alcohol comes to extend over a gradually longer period, and a new element enters; the condition of the subject is modified³. In the end, we see no longer merely functional troubles, transient disturbances which leave after them only a slight malaise; a more profound action has set in; the nutrition is altered in every organ, every system, every tissue. The alcoholic intoxication has become chronic; his memory weakened, his judgment impaired, his imagination ruined, his association of ideas reduced, his moral sense lowered, apathetic, indifferent, and blunted, the victim is handed over defenceless to the caprice of his instinctive appetites. From the physical point of view, presently medullary mischief becomes prominent; pins-and-needles, numbness, fornication, abnormal sensations of cold and heat, cramps, superficial or deep hyperaesthesia, cutaneous or muscular anesthesia, weakness, trembling of the legs and arms, excretory paresis; in a word, all the phenomena which attach to diffuse myelitis, to which Hallopeau has drawn attention⁴. Soon appear little apoplectic or epileptiform strokes, accompanied perhaps by a transient paresis of arm or leg, perhaps with a thickness and embarrassment of speech, which may resemble word-hesitation; and sometimes one sees inequality of the pupils. Some of them look like general paralytics, but when the acute symptoms due to the alcoholic bout have faded, there reappears the common chronic alcoholic; the others, less in number, pass on into general paralysis⁵. Sometimes also, as a result of too copious libations, of a traumatism, of an infectious disease, or indeed any other cause, there bursts upon the chronic alcoholic an attack of delirium tremens.

Of these various forms of simple alcoholic intoxication we have prepared the following table:

FORMS OF SIMPLE ALCOHOLIC INTOXICATION.

Years.	Delirium tremens.			Alcoholic delirium.			Chronic alcoholism.			Abstinism.			Totals.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1888	2	...	2	235	58	293	234	30	264	6	...	6	477	88	565
1889	2	...	4	295	101	396	220	25	245	4	...	4	521	128	649
1890	3	...	3	311	89	400	215	33	248	13	...	13	542	122	664
1891	1	...	1	298	78	376	255	49	304	4	...	4	558	127	685
1892	13	3	16	293	70	363	322	63	385	4	...	4	632	136	768
1893	6	2	8	238	57	295	308	64	372	7	...	7	559	123	682
1894	...	...	...	282	90	372	332	60	392	10	...	10	624	151	775
1895	11	...	11	188	82	270	394	87	481	9	1	10	602	170	772
1896	6	...	6	185	47	232	432	109	541	21	...	21	644	156	800
1897	6	...	6	197	45	242	377	90	467	10	2	12	590	137	727
1898	5	...	5	179	47	226	374	106	480	6	3	9	564	156	720
1899	5	...	5	145	24	169	425	91	516	10	2	12	585	117	702
1900	1	1	2	159	30	189	425	99	524	2	1	3	587	131	718
1901	2	...	2	134	30	164	378	104	482	6	2	8	520	136	656
1902	4	2	6	116	28	144	517	154	671	8	...	8	645	184	829
1903	2	...	2	123	25	148	391	159	550	10	2	12	526	186	712
1904	2	1	3	82	20	102	350	117	467	5	...	5	439	138	577
1905	...	...	...	50	10	60	378	129	507	4	...	4	432	139	571
1906	1	...	1	27	6	33	446	161	607	3	...	3	477	167	644
1907	1	...	1	37	8	45	579	158	737	2	...	2	619	166	785
1908	1	...	1	37	9	46	494	155	649	3	...	3	535	164	699
1909	...	...	...	11	11	22	484	147	631	4	1	5	499	159	658
1910	...	...	...	4	10	14	425	140	565	3	...	3	432	150	582
1911	...	...	...	8	...	8	364	128	492	2	...	2	374	128	502

We may note that the patients for alcoholic delirium show a diminution, while the chronic alcoholics are on the increase. We have already indicated that to-day the first class of these are admitted to hospital; but besides this, clinical progress now enables us better to pick out, among the noisy company of alcoholic delirium, the manifestations of chronic alcoholism; and these are very frequent.

From the racial point of view, this poisoned population is not, unfortunately, sterile, and, as is often repeated, "The drunkard begets nothing that is any good." Bourneville has given to this effect statistics which have become classical⁶.

Among 3,271 children on his list, this author noted that in 1,156 cases the father had been an excessive drinker, in 100 excess was attributed to the mother, and in 53 to both; in 538 there was no information, and in 1,124 the father and mother (says the author) were sober. In 298 cases there was absolute certainty that the father or the mother was drunk at the moment of conception, and a probability in 122. The percentages of these different categories come out thus : 35.3% fathers had drunk to excess, 3.2% mothers, and 1.6% both parents; or 40.6% parents excessive drinkers and 43.5% sober.

We consider these numbers in defect of the truth in respect of maternal alcoholism, which, unfortunately, is becoming more and more frequent. Of 1000 children of alcoholics, about one-third disappears at birth or in the first two or three years; among the survivors are counted many idiots, epileptics, and a large number of degenerates destitute of moral sense, instinctively perverted, impulsive, abnormal, miserable victims of their parents' alcoholism. One of us wrote in 1910 that a glance at the great group of mental degeneracies, the result of parental alcohol, was enough to convince one that alcohol provides the men's quarters in the asylums of the Seine with three-quarters of their population⁷. The greater part of these unfortunate degenerates, with their physical, mental, and moral defects, count alcoholics among their ascendants; to this miserable cause they owe their lack of mental balance, which is the root cause of all psychological mischief. This is one of the cruellest results of alcoholism, that it not only profoundly alters the individual, but transmits to his descendants defects which make of them invalids or criminals, of which the net result to society is a heavy surcharge and a serious danger⁸. Several of them have made alternate sojourns at the asylum and at the prison.

Among the children that result from such unions we discover an excessive nervous susceptibility, an abnormal reflex excitability; those that are not killed by tuberculosis or convulsions often show a peculiar failing towards alcoholic drink, and an imperious craving for its use. These statistical facts, frequently revealed by the work of the admission bureau, have become classical; Legrain in particular has noted it 63 times in 102 cases⁹. How can we wonder if from that time the number of degenerates shows an increase parallel with the progress of alcoholism?

These patients possess a high interest from the clinical point of view. With them alcohol often provokes an explosion of delirium, whose intensity is so out of proportion to the excess committed, that to explain it we have to fall back on the theory of degeneracy.

Almost all come to the asylum with a fairly active alcoholic delirium, which generally disappears very quickly, leaving unveiled the psychic troubles, which but for the excitement of the drinking bout would have remained latent, but which, once developed, remain far longer than the alcoholic attack to which they are tributary; the alcohol has, in fact, set in action their insane tendencies. The result is that these people are cured of their drinking attacks, but this is replaced by a psychosis far more lasting than that awakened by the excitement of alcohol¹⁰. All the mental forms may be observed; maniacal, melancholic, idiotic; delirium, polymorphic or systematic; fixed ideas, monomanias about words or numbers; every sort of phobia, obsessions, impulses - symptomatic manifestations which call for close attention. When they have for their object sexual perversion, theft, arson, or homicide, all these conditions give rise to the most delicate questions from the point of view of philosophy, psychology, sociology, or medical jurisprudence.

Among these victims of perverted instinct received at the bureau may we mention some examples? Here is a wretched youth of 22 who had been impelled, in spite of all his efforts to resist, to plunge a knife into the buttocks of the girls that he met. It was after having struck his third victim, a stranger to him like the others, near the Church of the Trinity, that he was arrested. The act, accompanied by a genital spasm, was followed by a great relief. Here is another, whose sexual erethism knew no bounds at the sight of a woman's handkerchief; for such thefts he had been sentenced four times; he never removed anything but the handkerchief, carefully leaving everything else in the pocket which he had picked. Another unfortunate, obsessed by the number three, had just been attempting to remove three of his teeth, though he had only succeeded with two. All his actions were in combinations of three; at table he asked for three rolls, three helpings of meat, three of cheese, three glasses of wine. He gets three ties, three diaries, three pencils; he writes three letters of three pages, and on one of them, addressed to his sister, he writes her name along with that of her nurse and her dog, to make three.

Another victim was sometimes seized with an irresistible need to bark; if he tried to resist, he felt a gripping sensation at the base of his chest, with a painful point in the epigastric region; he was also in pain with severe irritation of the hands and feet, like electric discharges, he said. As soon, however, as he could bark, in imitation of the yelping of a dog which had once bitten him, he at once calmed down and felt relief. To give satisfaction to this imperious need to bark, and sometimes to laugh and weep without reason, he had hired a room in a hotel at the end of a corridor, and there he relieved and discharged himself, as he said, by barking, sometimes for more than an hour. Although the room was a separate one, he barked so loud that the lodgers complained, and once knocked him about; but in spite of all his efforts he had not been able to cease barking. He had also occasional impulses to tear, to smash, to steal, to say objectionable words; he had also the insanity of doubt, the fear of touching things, and several other phobias.

This disbalanced person, despite the number and variety of his complaints, by the very reason of their multiplicity was curable, and was actually cured in a few months at the asylum, although outside he had dragged along a most miserable existence for several years.

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Among these degenerates, we have also several cases of persecution delusions, active and passive, who are very dangerous; notably the patient who fired at Dr. Giles in revenge for the tortures which the doctors had submitted her to; and another woman who said that she had been hypnotised at a distance by Sarah Bernhardt, and had threatened to kill her. The mother of this last person, herself also of unsound mind and very restless, protesting against the segregation of her daughter, had succeeded in gaining to her view two deputies, who, of course misinformed, had begun to take measures to put an end to this so-called arbitrary sequestration. In this group of degenerates we might mention the woman who, under the influence of illusions, insane reasoning, and ideas of persecution, became the murderess of the Abbé of Broglie.

Are these facts rare? Alas, the following statistics will show how frequent are these manifestations of insanity among hereditary degenerates.

HEREDITARY DEGENERATES.

Year.	Men.		Women.		Total.	Detail.									
	Total.	%	Total.	%		Men.				Women.					
						Un- balanced.	Feeble- minded.	Imbe- ciles.	Idiots.	Total.	Un- balanced.	Feeble- minded.	Imbe- ciles.	Idiots.	Total.
1892	395	19.26	338	21.35	733	131	175	61	28	395	150	140	31	17	338
1893	406	22.02	299	20.15	705	125	218	43	20	406	132	146	16	5	299
1894	396	19.11	363	21.76	759	129	199	55	13	396	138	183	27	15	363
1895	481	23.67	336	21.22	817	175	231	65	10	481	151	150	20	15	336
1896	471	22.56	307	21.99	838	222	191	48	10	471	179	156	25	7	367
1897	585	20.01	294	20.00	679	138	168	56	23	585	104	138	26	26	294
1898	426	22.53	316	20.60	742	171	188	48	19	426	136	135	26	19	316
1899	458	25.61	304	21.02	762	172	199	60	27	458	124	109	46	25	304
1900	470	25.11	327	22.20	797	186	211	48	25	470	145	124	40	18	327
1901	542	28.36	455	28.12	997	206	249	63	24	542	229	171	38	17	455
1902	584	29.00	521	29.63	1105	239	247	74	24	584	234	210	59	18	521
1903	501	25.70	457	27.71	958	205	222	53	21	501	222	169	42	24	457
1904	614	32.23	534	32.68	1148	234	280	83	17	614	291	187	38	18	534
1905	550	30.52	580	35.43	1130	221	237	55	37	550	317	219	28	16	580
1906	607	32.06	547	33.11	1154	243	279	49	36	607	273	224	32	18	547
1907	680	32.26	560	33.21	1240	299	281	68	32	680	335	172	33	20	560
1908	645	31.30	597	34.43	1242	284	282	50	29	645	301	242	39	15	597
1909	746	35.40	619	35.90	1365	376	308	42	20	746	364	218	21	16	619
1910	665	31.68	641	35.95	1306	273	345	22	25	665	319	288	21	13	641
1911	712	35.25	623	34.59	1335	248	403	34	27	712	259	331	15	18	623

These poor wretches are born with the mark of their parentage on them. Considering the site and spread of their lesions according to the localization of their functional troubles, the clinical types are very variable. But in spite of their diversity it is by insensible transitions that we are conducted from the top to the bottom of the ladder, from the idiot completely fallen from man's estate to the high-class degenerate, intelligent but unbalanced. We have little to say here of the idiot who, in the backrooms of his spinal cord, mid-brain and hind-brain, lives a purely vegetative or else instinctive existence; peripheral stimuli indeed provoke reflexes, from the medulla or brain; but these are only simple reflexes, and the centres of inhibition never come into play. As soon as the frontal region becomes free, the subject begins to enter the region of ideation and control; he ceases then to be an idiot, and is raised to the dignity of an imbecile. The localization of lesions to such and such a perceptive centre, covering a greater or less extent of the anterior region, explains to us that such and such a faculty has survived the shipwreck, and that there are such persons as "partial geniuses," or wise idiots. Among the feeble-minded and unbalanced persons, among whom are found those offenders whose cases are those of mental pathology, the lesions are not of a gross anatomical sort, but functional mischief, on which depend the modifications of the cerebrospinal activity. With them the prominent factor is the disharmony and lack of equilibrium, not only between the mental faculties and intellectual operations on one side, and the sentiments and leanings on the other, but the further disharmony between the intellectual faculties themselves, and the lack of equilibrium in the world of morals and character. A man with a hereditary taint may be a savant, a distinguished magistrate, an eminent mathematician, a shrewd politician, an able administrator, and yet from the moral point of view may exhibit profound defects, queer whimsicality, surprising oddities of conduct; and since our moral side, our sentiments and likings, are at the bottom of our overt actions, it follows that the brilliant faculties are put to the service of an ignoble cause; that is to say, of instincts, appetites and sentiments of a low order, which by reason of the failure of will-power drive their subject to the most extravagant, and sometimes the most dangerous actions¹¹.

We have traced the epileptics who have been admitted from 1880 to 1912 in the following table. The total numbers only give an imperfect account of the extent of the evil. In fact, many of these poor things avoid the asylums, and others only come back after an increase in the number of attacks, or after an access of delirium, often due to their own excess in drink. This last increases the frequency and intensity of the attacks, and gives rise to fits of delirium, apart from which these patients would have been able to continue to work outside, and to follow the treatment prescribed to out-patients¹². When they are temperate, many of them can continue their work outside, and even improve their health¹³. This is notably true of women, who owing to their greater general sobriety, can in spite of epilepsy or hysteria continue their occupations, and live without danger in their families; sometimes also their neuroses improve, their crises become more and more rare, and are not accompanied by delirium¹⁴. On the other hand, the number of epileptics who return to the asylum as a result of fresh excesses has gone up; in 1900, among 160 epileptics (96 male, 64 female) there are counted in this class 51 relapses (39 men, 12 women).

EPILEPTICS
Admitted from 1880 to 1911.

Years.	Men.	Women.	Total.	Years.	Men.	Women.	Total.
1880	138	50	188	1896	95	77	172
1881	149	48	197	1897	113	83	196
1882	123	62	185	1898	107	66	173
1883	169	99	268	1899	108	70	178
1884	170	80	250	1900	96	64	160
1885	175	91	266	1901	118	77	195
1886	154	68	222	1902	91	64	155
1887	134	59	193	1903	94	96	190
1888	128	81	209	1904	91	73	164
1889	125	72	197	1905	74	50	124
1890	128	59	187	1906	93	66	159
1891	136	47	183	1907	86	71	157
1892	157	42	199	1908	92	73	165
1893	123	58	181	1909	92	75	167
1894	123	51	174	1910	108	72	180
1895	87	70	157	1911	97	71	168

In 1905 the greater part of 124 relapses (74 men, 50 women) have the same origin. In 1911 the epileptics are not less in number than 168 (97men, 71 women).

A terrible scourge as is alcoholism to the individual whom it drags to asylum, hospital or prison, it is also a heavy burden on society. Who can ever tell the enormous expense which it heaps annually on the community in the establishment and working of the various services; who can tell what capital is lost every year, by reason of stoppages, to agriculture and national industries; how great a part it plays in the deterioration of the race; the suffering which it produces, the tears which it brings? Can one think any longer, without terror, of the dreadful responsibility which drinkers take on their shoulders in face of themselves, Society, and Humanity?

It is the special merit of the Eugenics Congress that it spread such thoughts abroad. And does it not indicate an interesting association of ideas, that one of us, chief physician to the asylum of St. Anne, who previously in England, at the congress of Norwich in 1894, described the influence of alcohol on the race, should long years ago have placed in the same hall where he examines his patients, right in front of them and well in view, an admirable portrait of the great Darwin?

Problems in Eugenics. Papers communicated to the First International Eugenics Congress held at The University of London, July 24th to 30th, 1912.

Alcoholism and Degeneracy. By MM Magnan and A Fillassier

¹ See "Alcoholism des Diverses forme du delire alcoolique et de leur traitement," by Magnan, Delahaye, 1874 Paris.

² Magnan – *Report sur le service centrale, 1906*

³ Magnan – *De l'Alcoolisme*

⁴ Hallopeau – *General Archives of Medicine*

⁵ Magnan – *The place of alcoholism in the etiology of general paralysis*. Congress of Lyons, 1891.

⁶ Bourneville – Clinical and therapeutic researches on hysteria, epilepsy, and idiotism.

⁷ Magnan – Report, 1910

⁸ Magnan – Report, 1905-1907

⁹ Doin, Paris, "Heredity and Alcohol," 1889

¹⁰ Magnan – Report 1906

¹¹ *Infancy of criminals considered in relation to natural predisposition to crime*. Magnan's Report at the Congress of Criminal Anthropology, 1889.

¹² Report Magnan 1901

¹³ Report Magnan 1904

¹⁴ Report Magnan 1901