

alcohol -
Physical
Effect
Temperance
Compliments of Author.

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Read before the English Society for the Study
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ANY satisfactory or reliable answer to this question must come from a scientific study of the nature of drunkenness. Fortunately, recent advances of science have furnished many facts and data from which to determine this question, apart from personal opinions and theories.

A very curious chapter of psychological literature could be written on the popular theories of the day concerning drunkenness and its curability. Thus persons who believe inebriety to be a vice and sin, are con-

fident that conversion will cure every one. Many so-called gospel temperance advocates claim to have cured thousands of inebriates, and assert with great emphasis that the grace of God through a change of heart will make sober men of all such persons in all conditions of life. Another class believe drunkenness to result from a weak will power, with absence of plan and purpose in life; the great remedy of which is the pledge. The old Washingtonian revival, the Father Matthew movement, and the blue and red ribbon revival wave, are illustrations of the practical application of this theory. The most wonderful success in the cures of drunkards is claimed by the adherents of this method of treatment.

Many persons proclaim that drunkenness is always due to a willful criminal impulse, which can only be cured by punishment and suffering. They would have laws for more severe punishment, establish the

whipping-post, confine drunkards in dungeons in irons on bread and water, and finally use capital punishment. Curiously the believers of this theory cite examples of its practical value in the cure of many cases.

It is clear to many people that the prohibition of alcohol will cure drunkenness effectually. Others assert that drunkenness is a mere stomach trouble, and that specific drugs will destroy the appetite; also, that by treating this appetite to excess of spirits in everything used, a permanent repugnance can be created. A large number of cures are said to be made by these methods.

The drug specific treatment is now quite prominent, but as in many other matters, the results are subjects of faith rather than demonstration.

These and other theories are proclaimed from the pulpit, platform, and even in the court room, and are scattered broadcast in journals,

tracts, and books; and yet all competent authorities agree that drunkenness is increasing. Some reasons for this are apparent in the legal method of curing drunkenness. The fines and short imprisonment, supposed to stop all further use of spirits, produce the opposite effect, and intensify all the conditions which impel the drunkard to drink.

Statistics show beyond doubt that the station houses and jails, are more dangerous and destructive than the saloons; that ninety-eight per cent. of all inebriates who are punished for the first time by fines and imprisonment, are re-arrested for the same offense continually until death. There is a grim irony in the method of cure, that makes recovery more and more impossible, and finally completely destroys the victim. Evidently as long as the drunkard is regarded from the moral side alone, and judged by the theories urged a thousand years ago in explanation

of his condition, his curability will be doubtful and exceptional.

Another very curious chapter might be written on the spasmodic efforts, through parties, societies, and agitations, to arouse the public to use some curative measures for drunkenness. The literature of these movements comprises the strangest compound of errors and misconceptions, that are repeated without a question or doubt of their reality. Take the established facts concerning alcohol, they could all be put on a single page, and yet hundreds of volumes and pamphlets have been written on this topic, and these do not include all. A dozen different text books are published, to teach the action of alcohol to school children. Hence it is almost impossible, from any comparison of theory and practice, to form any conclusions as to the actual curability of drunkenness. The scientific student must begin his inquiries without support from present knowl-

edge, and aside from this mass of opinion and theory.

He must approach the subject entirely from the physical side, and seek to ascertain what drunkenness is, its causes and character, and why alcohol or other narcotics are used so excessively, and beyond all limits of reason and self-preservation. When these facts are understood, the question of curability can be answered. The scientific method to be pursued in this study, is the same as in all other physical problems. First, gather and tabulate the histories of a large number of inebriates, then make comparative studies of these records, and ascertain what facts, if any, are common to all of them. The history beginning with the individual, should extend back to his parents and grand-parents. Giving accurate details of all family diseases and accidents, and diseases which have appeared in different members of the family; also their habits of living,

and occupation; their successes and failures in life; their character, conduct, surroundings and longevity. To this add the history of the collateral branches and near relatives up to the present.

Then coming to the individual, record all the facts of his birth, and the condition of his parents prior to his birth; his early childhood, diet, diseases, occupation and surroundings, and the culture and care received. Also all the accidents, diseases, nerve, and muscles, strains, shocks and failures, his training, surroundings, and all the facts of his life up to the onset of his drink history; the circumstances attending the first use of spirits, and its effects upon him, his habits and mode of living, together with all the circumstances of his life, its failures and successes. The effects of alcohol and its influence over his daily life, and all the other facts of his history. While the accuracy of many of these facts

may be difficult to secure, certain general principles will appear, which must have been followed or preceded by certain minor facts, either known or unknown. The more exhaustive the facts are, the more accurate the conclusions. From a grouping of a large number of such histories, a startling uniformity in the causation, development and termination appears. Literally the same causes, the same surroundings and conditions appear in nearly every case. To illustrate, heredity as a causation appears in over sixty per cent. of all inebriates. The parents and grandparents have been continuous or excessive users of spirits, or have been insane or mentally defective, or have been consumptive, or had rheumatism, gout, or some other profound constitutional disease, before the birth of the child. These physical states have been transmitted, and burst into activity from exposure to some peculiar exciting cause. In

twenty per cent. there will be found the same history of disease and injury preceding the use of spirits. Thus, blows on the head, sunstrokes, railroad accidents, and injuries which have caused stupor or periods of unconsciousness, or profound wasting diseases, from which recovery has followed, and with it the use of spirits, which sooner or later developed into drunkenness. Mental shocks from grief and joy or other profound emotional strains, are followed by an intense craving and drunkenness. Ten per cent. will give a clear history of brain and nerve exhaustion, preceding the inebriety. In five per cent. bad sanitary surroundings, bad living and diet have been the exciting causes, and in a small percentage the causes are obscure and unknown. These are some of the most prominent facts appearing from a comparison of the histories of a large number of cases. Many of the causes are com-

bined in one, such as heredity, bad surroundings, brain exhaustion, or brain injury. In some cases, old heredities appear in the second generation, or peculiar nerve injuries that develop into inebriety.

Another fact appears from these histories equally startling, viz.: The uniformity of the progress and march of each case. A certain progressive movement is noted along a uniform line of events, that can be anticipated and predicted. Halts, diversions and apparently retrograde movement may occur, but the large majority of all drunkards begin at a certain point, and march down the same road, cross the same bridges, and arrive at the same termination. To find where the case started and where it is at present is to find accurate data from which to predict the future with much certainty.

Drunkenness often takes on the form of periodicity, in which the use of spirits occurs at distinct inter-

vals. These drink storms, like epilepsy, are followed by a free interval of health and sobriety. During this free interval the victims display mental vigor and great resistance to all exciting causes, then suddenly relapse, and use spirits to excess for a fixed time and recover. Such cases exhibit a strange cycle like movement, coming and going at exact intervals that are uninfluenced by circumstances or conditions. Some are solitary midnight drinkers; others only drink at certain places and at certain times and seasons. Many curious and fascinating facts that are not understood, appear in the history of this class, and suggest a range of causes, yet to be studied.

Such are some of the general facts which are found to be uniformly present in most cases, and which indicate beyond question that drunkenness is a disease. The mental degeneration and obscure forms of physical disturbances, associated

with a craving for spirits that dominates every consideration of life, point to a form of insanity, in which both the brain and nervous system appear to suffer from paralysis and exhaustion. The use of spirits may cause the paralysis and favor the exhaustion which precedes from it. Intoxication exhibits in a concentrated form the common types of insanity, mania, melancholia and dementia, in a brief time. The injury from these states must be very great, and the inference that the demand for spirits is often a symptom and not the disease, is amply confirmed.

From these and many other facts the curability of drunkenness becomes a question of the application of scientific measures and means to conduct or assist the case back to health again. The condition to treat is that of progressive brain and nerve exhaustion, lowered vitality, with damaged and perverted functional activities. The removal of alcohol

does not remove the disease, but only one exciting or predisposing cause. Jails isolate and prevent the drunkard from procuring spirits, but experience shows that forced abstinence alone often intensifies the drink impulse, and increases the incurable condition. Something more is required. Enthusiastic appeals to the emotional powers and will are not curative, because the emotions and will are diseased; the higher moral faculties are perverted and cannot act normally. The drunkard has been switched off the main line of healthy life and living, upon the side-track of progressive dissolution, the opposite of evolution. The question is, what means and appliances can bring him back to the main line of health; can the will power, or prayer, or any specific drugs, or appeals, or threats do it? Are there any agents along the lines of the marvelous or any miracles that will save the drunkards? The laws of

dissolution are as fixed and certain as those of evolution, and the change from the one to the other must be along the line of physical laws and forces, that move without a shade or shadow of turning. The curability follows from the application of certain general principles, the first of which is the isolation and change of surroundings. The drunkard must go into a quarantine, where all the external conditions of life will antagonize his disorder and assist nature to return to health. In a quarantine station, or special asylum, the diet, baths, exercise, medical study, and care, with all other means, can be applied with military exactness. Each special phase of disease and form of degeneration can be treated from its particular symptoms with particular remedies. Nerve and brain rest, the restoration of all the organic and functional activities, can be obtained by means under the care of the medical man. Thus, the drink

impulse is overcome and dies away with the increasing vigor of the mind and body. Like insanity, drunkenness is cured, not by drugs alone, but by building up the body, through all the long avenues of nutrition, healthful exercise, regulated mental and physical surroundings, and appropriate drugs. Drunkenness must be recognized as a disease legally, and the victim forced into conditions where he can live along the best sanitary lines of health; where medical treatment and control can be exact and perfect, and where physiological and hygienic training in its broadest and best sense can be applied. The details of the application of these principles will suggest themselves to every one. These principles were suggested for the treatment of drunkenness nearly two thousand years ago, but only recently have they received any special attention. Thirty years ago the first pioneer asylum for the application of them

was opened at Binghamton, New York.

A furious wave of opposition eventually destroyed it, but the truth which it exemplified was above the superstition and prejudice of the hour. To-day there are over a hundred asylums and houses in the world for the treatment of drunkards from the physical side. Notwithstanding the storm of opposition which greets every new advance in science, and which in this case is not over yet, the success of the asylum treatment has opened a new pathway of great promise for the future. Public sentiment still denies the disease of the drunkard, and legislatures refuse to give legal power of control; and asylums for inebriates must go on as private enterprises, opposed by superstition, with limited appliances or experience, and treat only the most incurable cases, who come to them as a last resort, and from a forced necessity. The wonder is that any success

should follow their crude efforts, and yet the statistics of the largest of these asylums indicate a degree of curability that could not have been anticipated. The first statistical study was made at Binghamton, in 1873. Inquiries were made of the friends of fifteen hundred patients, who had been treated five years before at the asylum. Of eleven hundred replies, sixty-one and a fraction per cent. were still temperate and well, after a period of five years. It was a reasonable inference, that if sixty-one per cent. were still restored after this interval, a large percentage would continue so through the remaining life. Another study of two thousand cases was made at Fort Hamilton, N. Y., which revealed the fact that thirty-eight per cent. of these cases remained temperate and sober, after an interval of from seven to ten years from the time of treatment. In the returns of three thousand cases studied at the Washingtonian Home

at Boston, Mass., thirty-five per cent. of all the living persons who had been under treatment from eight to twelve years, were temperate and well.

In many smaller asylums, both in this country and Europe, where the number studied were limited to a few hundred or less, and the interval or time since the treatment was from four to eight years, the number reported as free from all use of spirits ranged from thirty-two to forty-one per cent. While these statistical facts are not to be considered as final and conclusive because they do not extend over a sufficient length of time from the period of treatment, or include a large number of cases, they are full of hopeful possibilities, and indications that cannot be ignored. In view of the fact that many of the asylum cases are largely incurable, and since the faults and imperfections in both the building and management of asylums are unavoidable

at present, the curability of drunkenness by this means is more certain than in any other way.

The same principle obtains as in insanity—the more recent the case, the more curable; the more complete and thorough the appliances, the greater certainty of cure. These estimates of cure are sustained by all accurate observers, in both Europe and this country, and have become the starting point for most enthusiastic work by many pioneers.

It is a reasonable inference that if one in every three can be cured by the present imperfect methods, a much larger proportion will be restored to health by the improvements and better institutions of the future. It is evident that a large number of all criminals, insane, idiots, and defectives come from the ranks of incurable drunkards. If such degenerate cases could only be housed and kept under sanitary control, a visible lessening of those defects would follow. Many

other facts sustained the opinion that all drunkards, both recent and chronic, should come under legal control and be put in quarantine asylums, until cured, or be retained for a lifetime. The practical workings of such asylums are assured in many ways, as well as the fact of the curability of a large number of cases, that are literally made worse by the present blundering efforts to improve them. These scientific methods of curing drunkards may be summarized as follows: First, legislate for their legal control, then organize industrial hospitals in the vicinity of all large towns and cities. Tax the spirit traffic to build and maintain such places, just as all corporations are made responsible for all the accidents and evils which grow out of them. Arrest and commit all drunkards to such hospitals for an indefinite time, depending on the restoration of the patients; also commit all persons who use spirits to excess and

imperil their own and the lives of others. Put them under exact military, medical, and hygienic care, where all the conditions and circumstances of life and living can be regulated and controlled. Make them self-supporting as far as it is possible, and let this treatment be continued for years if necessary. The recent cases will become cured and the incurable will be protected from themselves and others, and made both useful and self supporting. Who can fully estimate the benefits to society, to morals, and to civilization, by promptly isolating such persons and keeping them in normal states of living? Who can estimate the relief to the taxpayer by the removal of the perils to both property and life from drunkenness? This is not a theory, but a reality, only awaiting practical demonstration, when the superstitious opposition of public opinion dies away. The time has come to look at this problem in its true light.

The curability of the inebriate is far more certain than that of the insane. The liberty of both is equally dangerous; one is recognized, the other is seldom restrained until he becomes a criminal. The moment a man becomes a drunkard he forfeits all rights to liberty and becomes a ward of the State, and should be controlled by it. It is dense ignorance that permits any one to destroy his life and property by drink on the supposition that he is a free moral agent. The inebriate is mentally and physically sick, and needs the same help as the insane, and the question of care is simply one of adequate means and remedies to reach the disease. The few pioneers working along these frontier lines of research, looking beyond the dust and conflict of temperance agitation, are fully confident that not far in the future the inebriate will be recognized and cured; and the mysteries of the great drink problem will disappear before the march of scientific truth.



