

*Impairance
alcohol-Physical
Effects*
Supplement - of Author,

INEBRIATE ASYLUMS AND THEIR WORK.*

Please Notice,
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Asylums and hospitals for the treatment and cure of inebriates are only modern applications of truths asserted centuries ago. Ulpian, the Roman jurist in the second century of the Christian era, urged the necessity of treating inebriates as sick and diseased, in special surroundings, with special means. Other authorities endorsed these views, and asserted that the State should recognize the veritable madness of drunkards and treat them as such.

In 1747 Condillac, of France, wrote that the State should provide special hospitals for drink maniacs, and urged a change of law and public sentiment to this end. Dr. Rush of Philadelphia in 1790, Dr. Cabanis of Paris in 1802, Prof. Platner of Leipsic in 1809, Salvator of Moscow in 1817, Esquirol of France in 1818, Buhl Cramner of Berlin in 1822, all urged the need of physical restraint and treatment of the inebriate as sick and diseased, in places especially provided for this class. In 1830 the Connecticut Medical Society appointed a committee to report on the need of an asylum for the medical treatment of inebriates. In 1833 Dr. Woodward, of the Worcester Insane Asylum, in Massachusetts, urged that inebriety be recognized as a disease, and special hospitals be provided for its treatment. In 1844 the English lunacy commission urged that inebriates be regarded as insane, and sent to asylums for special treatment. These are only a few of the more prominent references to inebriate asylums, although many other writers urged the same views in different ways. The mention of the disease of inebriety roused a bitter opposition, and the question of asylums was put aside until the former could be settled.

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The question whether inebriety is a disease or not is still agitated, in certain circles.

It is a curious fact that inebriety was recognized as a disease, long before insanity was thought to be other than spiritual madness, and a possession of the devil. This fact has escaped the attention of persons who assert that inebriety is always a vice, and the disease theory is only an extravagant view of enthusiasts, peculiar to our times. For over a century, the disease of insanity was denied and contested. Inebriety is passing the same ordeal of ignorant opposition and criticism, notwithstanding it has been recognized by a majority of the leading physicians of the world to-day.

The discussion of the disease of inebriety practically formulated its truth, and organized it into the realm of accepted facts. This was literally a discovery in science, clearly evident from the sharp opposition it provoked, which in fact only gave it firmer root and surer growth.

Every advance of science has amply confirmed the fact of disease in inebriety. The question has constantly recurred to all thoughtful men, can all this vast army of over a million inebriates on this continent be merely an outburst of a vice element in human nature?

If this is true religion and civilization have failed, and the rapid increase of this army is unmistakable evidence of a retrograde march of the race.

Seen in the light of modern science this vast army of inebriates are the diseased and defectives, the worn out, the crowded out, the unfit driven out in the struggle from the lower to the higher; they are the product of physiological and psychological causes, the cure and prevention of which is a problem in science.

The questions of asylums which had been forgotten in the discussion of the disease came into prominence in the first asylum for inebriates at Binghamton, N. Y., in 1864.

In 1846, Dr. J. E. Turner, of Maine, a practicing physician, became interested in this work, from an ineffectual effort to save an early friend who was an inebriate. He rec-

ognized the nature of the disease of inebriety and the need of hospital treatment, and began an enthusiastic agitation of the subject. After eight years of most persistent effort, in the face of great opposition, he succeeded in enlisting the attention of many eminent medical men, and forming a company to build an inebriate hospital, with the late famous surgeon, Dr. Valentine Mott, as president. Laws were passed giving power to hold inmates, and a charter was granted. So great was the opposition that subscriptions of only ten dollars could be obtained, and this as stock to a company called the United States Inebriate Asylum. The city of Binghamton bought a farm of nearly two hundred acres of land and gave it to this company. Donations of lumber, stone, and all kinds of building material were made on solicitation, and eighteen years passed before the building was completed and opened for patients.

The opposition to this work was very intense, and came from moralists who urged that it was a purely "infidel work" to diminish human responsibility.

The founder, Dr. Turner, worked on most assiduously, with but little aid from others, and finally in 1864 this first asylum of the world was opened, for the physical care and treatment of inebriates.

The asylum at Binghamton began on the most advanced principles, of receiving no one for less than one year, and having absolute restraint over them during this time. It asked no pledges or promises from the patient; it aimed to give each one positive protection and medical treatment. The patients were locked in at night and only allowed out under the strict care of attendants. Each case was considered a suicidal case of insanity, requiring long medical care and restraint. These methods were far in advance of that time, and even to-day are just beginning to be recognized as the latest teachings of science.

The principles, plan of organization, and treatment were new, and although endorsed and supported by its distinguished presidents, Drs. Valentine Mott and John W.

Francis of New York, and Chancellor Walworth of Saratoga, created much difference of opinion.

The patients themselves, after the immediate recovery from the effects of spirits, protested against the confinement, and doctrine of disease, and sought, in every way through their friends, to break up the methods of treatment. As many of them had been influential men, and had influential friends, a storm of the most bitter opposition began against the founder, Dr. Turner.

The points of difference were these. The asylum and management insisted that each case was more or less diseased, and should be under absolute control and restraint for long enough time to effect a permanent cure. The patients and their friends insisted that while the case might be diseased, his recovery depended largely on his liberty and promise to get well. That restraint was irritation and injury, and that appeals to his honor and manhood were the real agents for final cure. In brief, one plan proposed long restraint; the other, no restraint except nominal care at first then persuasion and advice.

The board of management changed and Dr. Parker of New York became president. They adopted the free and easy plan of treatment, and turned Dr. Turner out. The central object was to make the asylum popular with the patient. The bitter controversy which gathered about the management of this asylum attracted the politicians, and the noted William M. Tweed, of New York city, and others became directors. In 1867, the board of management deeded the property to the State of New York for one dollar, without the advice or consent of any authority. From that time a series of misfortunes followed, during which seven superintendents were in charge in eleven years. Then the State changed the asylum to an insane hospital, and the political governor, in justification of the act, called the inebriate asylum a failure.

The enthusiasm which had centered about this work at different times reacted, and the idea of failure and condemna-

tion of asylum treatment for inebriates was spread far and near. Had the physical treatment of the inebriate been a theory, this would have been its final death. But, like all other great enterprises of the world, the death of Binghamton marked the birth of a large number of similar asylums, some of which are doing grand work in the world. The great fact that inebriates were diseased, requiring positive hospital care, was demonstrated to the world by Binghamton asylum beyond all question.

This pioneer asylum of the world went down on the rocks of apparent failure, through incapacity and dishonest management; but its history is not yet ended. The building was erected by the money raised from ten dollar shares of stockholders. It was deeded to the State of New York by the management without the consent of the stockholders, who have now combined against the State, and brought suit in the higher courts for the building. The illegality of the act gives promise of the final restoration of the property to the owners, and its reopening as an asylum for inebriates.

The Washingtonian Home, of Boston, began in 1857 as an inebriate lodging-house in the center of the city of Boston. After years of opposition and serious trials, it came under full medical management as a scientific hospital, and is now the oldest asylum in the world. Its superintendent, Dr. Day, has had the largest experience in the management and cure of these cases of any person living. This hospital has had its wild storms of criticism and persecution, incident to every new advance of science. It is now treating about four hundred cases every year. The second large asylum in the world is Kings County Home of Brooklyn, N. Y., Dr. Blanchard, superintendent. This was opened in 1867, and from small beginnings has gone on to be a magnificent hospital, crowded with patients. The disease of inebriety and the need of positive restraint and medical care are the cardinal points of its management.

The Chicago Washingtonian Home was opened in 1867,

and has been in successful operation up to the present. The Franklin Home of Philadelphia, Pa., was opened in 1872, and is receiving a large number of cases every year. These four asylums, are the largest hospitals in the world for the treatment of the inebriate. The Washingtonian Home of Boston, and the Kings County Asylum of Brooklyn, N. Y., regard the inebriate as diseased and treat such cases on broad scientific principles. The Chicago Home and the Philadelphia Home have no settled principles of treatment, except that religion, education, and pledges are sufficient to restore the victim; also, that a short residence in the hospital is better than long treatment. Medicines are only used for temporary purposes.

Notwithstanding the misfortunes of the first hospital and its founder, a large number of similar places have been organized and managed with success. As in all new enterprises, many of these hospitals must suffer from non-expert management, and be organized on some theory of the nature and treatment of inebriety not founded on correct study and experience. After a time they are abandoned, or changed to homes for nervous cases and insane. Over fifty different hospitals for inebriates have been established in America. More than thirty of this number are in successful operation; the others have changed into insane asylums, water cures, etc. Three large buildings or institutions are practically "faith cures," where all physical remedies and means are ignored. Several asylums are called homes for nervous people, to conceal the real cause, and thus protect the patients from the supposed stigma of inebriety. Others are literally lodging-houses, where the inmates can remain a few days and recover from the effects of spirits. Several places make a specialty of opium cases; in some the treatment is empirical. In only a few of these hospitals is the disease of inebriety studied and treated on a scientific basis. The others are passing through the ordeal of "elimination and survival of the fittest," incident to every new advance of science. In many of the States large public hospitals are projected

and awaiting pecuniary aid from the State or from other sources.

In England and Scotland there are to-day about twenty asylums in operation for inebriates. A very small number are conducted on scientific principles, the others are church homes and charitable retreats, where temporary care is given for immediate necessities. A thorough scientific hospital has been doing grand work in Melbourne, Australia. Another has been organized in New Zealand under a competent board of medical men, and both of these hospitals are a credit to the skill and judgment of the managers. Two very well managed asylums are in operation in Germany, and one in Switzerland. A number of similar hospitals have been projected in Norway, Sweden, and France. In the latter country the inebriates are sent to insane asylums, and placed in a ward by themselves. This has become an abuse which the superintendents of asylums have strongly denounced. There are over fifty different asylums in the world to-day, each one attempting to solve the problem of the cure of inebriates by the best means and knowledge at their command.

It may be of interest to know who the inmates are of these various asylums.

The first persons who come to these asylums are the incurables. They clamor most importunately for help. They are the credulous, emotional incurable, who has signed pledges, joined churches, and tried every means known, and now expects from the asylum some miraculous power of restoration. In a few weeks they believe themselves fully recovered, and go away only to relapse again and become bitter enemies of the institution. This class appear everywhere, as examples of the failure of the hospitals.

The second class of incurables come from the better ranks of society, and often for the purpose of accomplishing some object, consent to go anywhere and do anything that *promises* relief or restoration. These moral paralytic inebriates rouse the highest expectation and greatest enthusiasm in the grand work of asylum cure, among their friends, and pose as

examples of "brands rescued from the burning," then suddenly relapse and condemn the asylum and management as the cause. The humbug of the asylum, its frauds and deceptions, are themes of great relish and pleasure to them.

A third class comprises the erratic border liners, or persons who alternate up and down the line of sanity and insanity, whose genius attracts by its glitter, and bewilders by its weakness. They sound the praises of the asylum far and near, exaggerate its power, and claim the most extraordinary results, then rush to the other extreme on relapsing, exhibiting a malice and pleasure in destroying what they so lately praised.

Others who are less incurable appear, but always wish to decide the length of their treatment, then go away only to relapse and attribute the failure to the asylum. In addition to all this public sentiment often gives credit to these statements of incurables, and hence withholds the sympathy and aid which should be given. In many cases the State refuses to give only limited authority to the managers to hold patients. And in other cases the clergy and temperance reformers insist that prayer, conversion, and the pledge shall be made prominent in the treatment.

Thus the most extraordinary misrepresentations, extravagant credulity, and ignorant criticism follows every movement of the institution. The superintendent and the managers are never able to carry out their plans fully, or bring out the real object and methods of obtaining it with these cases.

Most of the hospitals for inebriates are managed and conducted under the most extraordinary conditions.

Thus the disease of inebriety is recognized in a most general way. The presence of vice and wickedness is supposed to be most prominent, and the disease only secondary. It is proposed to treat the inebriate as half sick and half well, as half sane and half insane, as half responsible and half irresponsible, as half honest and half dishonest, as half criminal and half law abiding, as half truthful and half untruthful, as

half moral and half immoral, and public sentiment demands of the management to discriminate and sort out remedies for these conditions.

What success could be expected from a general hospital, treating surgical and medical cases on this principle? How long could an insane asylum exist who treated its patients on this basis? Where can we find any work for the benefit of humanity, which was forced to assume such contradictory theories and conditions, and attempt the impossible to reach them? * * * * *

A second class of persons are coming in greater numbers every year to these asylums. They are the curable cases. The nerve and brain exhausted men and women, the large and ever-increasing class of business and professional men, who have broken down from over-work, worry, and irregularity of life and living, and who find alcohol a narcotic of most seductive nature. The still larger class seen in every city of the land who, from brain strains and drains incident to the rushing, grinding, civilization of to-day, also to the struggle for position, wealth, and power, and the effort to adapt themselves to the new conditions of life, to the new demands, thus prepare the soil by exhaustion and encourage the growth of inebriety and its allied diseases. This class often represent the highest talent and genius and, as a rule, are the active brain workers of the times.

An inebriate hospital to this class is almost an "El Dorado." It brings rest, restraint, seculsion, building up, and is literally a place for repairs and restoration.

In this class the use of alcohol, opium, or any other narcotic are often more of a symptom of exhaustion and debility, for which rest and medical care is essential. There are many thousands of this class who could be saved and permanently restored to temperate life and living, if they could be placed in inebriate hospitals and treated early. Later, they became chronic and incurable, and are ever after a burden and heavy loss to the world. To-day they cannot go to an insane asylum and the public hospital is unfit for them, and no place

is open adapted to reach their wants. In my experience, a large army of these curable cases are scattered in every community, and in almost every home; and are the skeletons which haunt and peril the peace of many households. They are the secret and moderate drinkers. They are those who have secret or open drink paroxysms, and who recover only to relapse again with steady increasing frequency. Both men and women in all circles of life are found in this army of dissolution. Moral remedies fail, religion fails, they go steadily down and soon all fears of publicity are thrown aside, and the march to death is rapid and distinct. Not far away in the future, asylums and hospitals will be opened to save these cases, and public sentiment will demand that they be placed under treatment early in the progress of the case. Of this class a very large number are curable, and all are benefited by hospital residence.

Of the former class who have used spirits to excess for years, the hope of permanent cure is not so good.

The results of treatment in the few scientific hospitals for inebriates are most encouraging. The first statistical study was made at Binghamton Asylum in 1874. The object was to find out how many persons who had been under treatment continued temperate years after. Accordingly over a thousand circular letters were addressed to friends of patients who had been under treatment five years before, asking the present condition of the patient. The answers indicated sixty-two and a half per cent. as yet temperate and total abstainers. This result, after an interval of five years, was clear evidence that a large per cent. would remain cured during the remainder of life.

Dr. Day, of Washingtonian Home, made a similar study of two thousand cases who had been under treatment ten to eighteen years before, and found over thirty-four per cent. yet sober and temperate. Dr. Mason, of King's County Home, examined six hundred cases who had been away from the asylum for ten years and found thirty-four per cent. of all cases yet cured. He expressed great surprise at this

result, as most of the cases were considered incurable at the time of treatment. Other observers have made studies of a smaller number of cases with similar results. The most careful authorities in this country and Europe agree in the statement that fully one-third of all cases who come under treatment are permanently restored.

The institutions, where inebriety is regarded and treated as a vice, claim eighty and ninety per cent. of recoveries. As these statements are not supported by published statistics, they are open to some doubt. In view of the chronic character of these cases, and the imperfect means of treatment, these statistics are encouraging, and indicate great possibilities in the future from a better knowledge and control of these cases.

The legal control of inebriates in America and legislation are very imperfect. In Connecticut the best laws are in force, giving power over inebriates to voluntarily commit themselves, or be committed by their friends, without the formality of appearing before a judge or court. In other States they are committed to asylums in about the same way as the insane are. In the hospitals they are controlled legally, the same as the insane, only with more difficulty, and the constant intrusion of disputed questions of authority which cannot be settled. Nearly all the leading hospitals have special powers of control, which they exercise with caution in most cases. But generally both legislation and legal authority are not far ahead of public sentiment, and hospital managers are unwilling to go beyond this. Most of the hospitals have power to control patients a certain specified time agreed upon when admitted to the hospital.

Most of the inebriate hospitals in America are private and corporate organizations, which receive from time to time State aid. Some of them have endowments, such as free beds, or incomes from estates, or are given so much of the license money. Others depend upon the income from patients, private donations, and charities generally. Very few paupers or indigent poor are received in any of these hospitals. This

class appear in the "lodging" and "faith cure" places. The State of Connecticut has projected a work-house hospital for the criminal class of these cases where the commitment is for three years, but want of State aid has prevented practical work so far. In three other States similar projects for the pauper inebriates have been organized, but for various reasons have not gone into operation.

Some general idea of the details of treatment will be of interest. In a hospital conducted on scientific common sense principles, the patients are received for periods of not less than three or six months. He signs a commitment paper and is examined by the physician, and all the facts of his present and past condition noted. If intoxicated he is placed in charge of a nurse and baths and remedies given for his special condition. If sober he is given a pleasant room and placed upon a regular diet, exact conditions of living, and required to take such medicines, baths, exercise, and general treatment as may be needed in his case. Mental occupation, amusement, change of thought and life in every particular are sought for. He is treated as one who has a profound disease of the brain and nervous system, requiring rest, care, and removal from every source of irritation and excitement. The question of responsibility to aid the efforts of the hospital in his behalf is urged as a symptom of his capacity or incapacity to recover. The asylum is a quarantine where he can recover, and his liberty or restraint is governed by his condition. Wherever congenial work can be added to the amusements it is done as a medicinal aid. Every condition of life is controlled and regulated, and every surrounding arranged to aid recovery. Daily religious exercises, rides, walks, Turkish baths, and exact, methodical living, most naturally results in a degree of strength and vigor that is very promising for the future. The use of alcohol is abandoned from the start, and its danger is taught in every way. The return of the drink paroxysm is anticipated and prevented by medicines and special care, and the patient is thus enabled to outgrow the drink craze and recover a degree of health which will give strength to abstain in the future.

In a certain number of cases the drink impulse or symptom seems to be permanently exhausted after a time, like the exhaustion of the germ soil of some diseases, and no exciting causes will develop the drink symptom again. Other defects may appear, but he never again uses spirits. The germ soil has gone, it may be forever, or after lapse of years it will return.

A period of six or twelve months in an asylum will remove the states of delirium which have kept up the use of alcohol, and reveal an exhausted brain and nerve soil that will not tolerate alcohol in any form after. The person suddenly realizes that alcohol is both poisonous and repelling to his system. This may be so intense that should he take any form of spirits by mistake it will produce intense nausea and depression. In other cases this drink exhaustion dies out after long years of abstinence, and should the patient relapse late in life, death follows soon after. A careful study in an asylum often reveals these cases, and the expert can safely predict a total or partial cure of the drink symptom and disorder, or its temporary suppression, only to break out again. Another fact, not generally known, appears to the asylum physician, namely, the great uniformity of the symptomology and progress of these cases. Beginning at a certain point, or from a certain range of causes, they follow a uniform line of progress, which can often be seen, traced, and predicted with certainty.

In an asylum the stage of progress or decline can frequently be seen, and means for its prevention or diversion can be applied. In an asylum all the conditions of life can be regulated, the food, the surroundings, the periods of rest and activity; the mental states can be antagonized or prevented; the local condition from which irritation is produced can be removed; the physical irritation which keeps up the drink impulse is changed. The asylum treatment, like the quarantine for contagious disease, isolates the victim from all exciting and predisposing causes, and thus places him in the best possible condition for returning health. Asylum and

medical treatment for the inebriate are most imperatively demanded, not only to save the victim but to enable us to understand some of the great underlying causes which are active in precipitating so many men into this terrible disease.

This is the real field for temperance work, this is the new continent for the physician, and not for the temperance men or moralists. All its problems are scientific, and require exact study by men competent to discover and deal with such facts. All the noise and fury of temperance reform must give way to the still small voice of science. This agitation is only the empirical stage of a great advance of truth. The stage of delusion which always precedes the reception and acceptance of great truths. The number of inebriates are increasing in the country every year, and yet public sentiment rests contented with moral and legal agitation of the subject. They accept the theories of clergymen, moralists, and inebriates themselves concerning the nature and character of this disease. Insanity and other nerve diseases were regarded from the same standpoint a few years ago. The means and remedies used, and the theories urged, are now regarded with astonishment and wonder. The same thing will be noted in the future of the present history of inebriety.

The discussions of the abuses from spirits, the theories of alcohol and how it acts, teaching in the public school such theories, urging prohibition from the rostrum and pulpit, scattering alarming literature, pledging the victim to reform, all this is simply agitation, the real advance is in far different directions. The recognition of the disease of inebriety, and the movement to apply exact physical means in the study and treatment outlines the true field of progress. When the medical profession take up inebriety, and show from well authenticated facts the causes and conditions from which it springs, and the laws governing its rise and progress, the means of treatment and prevention will be clear.

When alcohol becomes the subject of exact study, and its nature and action on the body are known, then its use will be understood, and the limits prescribed beyond all question.

The question is simply one of facts and their true meaning. An army of persons are dying yearly, on an organized line of march, where a slight examination will reveal a range of causes and laws that are unsuspected.

This is the great dark continent awaiting explorers from the profession.

I stop at this point to draw some general conclusions, which are supported by the latest teachings of science and experience.

1. Inebriate hospitals must take the place of jails and station-houses. Such places are dangerous in their mental and physical surroundings, by intensifying the degeneration, and removing the patient beyond hope of recovery. They are in many cases literal training stations for mustering in armies of chronic maniacs that never desert or leave the ranks until crushed out forever.

2. Inebriate hospitals should receive the incurable inebriates and make them self-supporting, and build them up physically and mentally. They would relieve the tax-payer and relieve society of untold burdens of sorrow and misery.

3. Inebriate hospitals should receive the recent cases, and place them in the highest conditions of enforced health and vigor, and thus return a large number to health and sobriety again.

4. Inebriate hospitals can and should be self-supporting when once established. They should be managed on scientific business principles, like military training schools.

5. Inebriate hospitals should be built from the money raised by taxes on the sale of spirits, on the principle that every business should be obliged to provide for the accidents which grow out of it.

6. These are the realities which every inebriate hospital is approaching and which all experience points out as practical and literal in the near future.

7. The inebriate hospitals of to-day are only in the infancy of their work, contending with great opposition and prejudice, misunderstood, condemned, and working against innumerable obstacles.

8. The work of the present inebriate hospitals, notwithstanding all the difficulties and imperfections, has the grandest promise for the future, and encouragement for further effort in this field, along the line of scientific research.

9. Lastly, there is an intense personality in inebriate hospitals to each one of us. They may bring salvation and restoration to some one near and dear. They may be fountains of healing whose influence shall cross and influence our pathway in many ways.

10. Inebriate hospitals and their work is the great new land which only a few settlers have reached. They are calling to us to come up and occupy, and thus help the race on in the great march from the lower to the higher.

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