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THE TREATMENT
OF
INEBRIETY

IN THE
HIGHER AND EDUCATED CLASSES

BY
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STUDY OF INEBRIETY;
FORMERLY SURGEON IN THE ROYAL NAVY.

Read before the Society for the Study of Inebriety January 1st, 1889.

LONDON
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1889

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Inaccurate reports of some of my statements as to inebriety and its treatment having appeared in public prints, I have thought it better to publish my paper in pamphlet form in extenso.

J. S.

"Dunmurry," Sneyd Park, near Clifton.
Feb., 1889.

THE
TREATMENT OF INEBRIETY
IN THE
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PRIVILEGED as I am to-day to read the first paper of the year before this Society, I cannot refrain from the expression of a hope that our studies in 1889 may result in real progress in the scientific research in which we are engaged. Let each member bear in mind during the whole of this year that we all profess to be students of a particular disease, and that it behoves each of us to labour diligently in the field of observation wherein we are all fellow workers.

The particular branch of the subject on which I have to address you to-day is one which has engaged my attention almost exclusively for the last twelve years. Even after accumulating so many facts as must necessarily have come under my observation during all this time, I would have hesitated to undertake the task now before me, had I not been urged thereto by the worthy Captain of our band of workers. He represented to me that practical experience such as I could boast of should not, if I were loyal to the Society, be withheld from my fellow members. You will allow me here to give utterance to the hope, which I know is shared in by all who are present to-day, that we may long have as our leader so genial, so hard working, so encouraging a captain as we have at present in our beloved President, Dr. NORMAN KERR. How often by his kind and sympathising expressions during the last twelve years has he prevented me from yielding almost to despair when I saw so small a result appearing after so much labour! Were it not for his so constantly reminding me that the knowledge of having done anything conscientiously was in itself a reward, I doubt if I would be able to stand before you in the position I occupy by your favour to-day—a reporter, as it were, of reflections suggested during work still in progress.

And now, you may ask me, what is there in the disease of inebriety as it is found among the cultured classes to justify my

devoting the time at my disposal to the consideration of such a small branch of the subject? I would answer by reminding every practical physician before me to-day of the great differences there exist in the types of *all* diseases according to the surroundings of patients, but of none more than of those suffering from nervous affections. And then, again, in reference to the treatment of the same type of nerve disease in different classes of patients, one is compelled to recognise the necessity of adapting remedies in a very elastic fashion to surrounding circumstances. The inebriate whose manner of life and daily occupations make him familiar, from his earliest years, with squalor and wretchedness has a physical constitution very different from that of the squire, who has been nursed in the lap of luxury from his infancy. What in the former case might be most suitable and effectual treatment would in the latter be simply absurd.

But here I find myself taking for granted that all the scientific world of medicine now looks upon inebriety as a physical disease, associated with loss of will-function—a loss implying, as I take it, a greater or less lesion of nerve tissue. I ought to have remembered that but a few months ago the editor of one of our leading medical weeklies, when alluding to the systematic lectures of Dr. Norman Kerr, spoke of inebriety as an “ailment.” In the same article, however, there was quoted a paragraph in which no less an authority than Professor Bünge referred to it as the “alcohol plague.” Between these two extremes is to be found what seems to me to be the true position.

I have little doubt but that, when our microscopists have made the discoveries which are foreshadowed already, it will be proved, to the satisfaction of the most exact pathologist, that in the case of every inebriate who dies before the *vis medicatrix naturæ* has had time to do its reparative work, an absolute *degeneration of certain brain elements* has taken place. It will be found, I make little doubt, that this degeneration, this tissue change, is as decided as the result of slicing off a portion of the finger top while cutting a loaf of bread. The wise man who meets with an accident such as this wraps up the injured finger so as to exclude from the wounded surface what would interfere with the growth of new tissue, *i.e.*, with the laying down of fresh substance to replace what either has actually been bodily removed by the knife, or will, in the inevitable course of events, be lost by ulceration.

If we have a conviction that the pathology of inebriety is such as I have thus briefly hinted at, we may approach our patients of the cultured classes in a manner which will commend itself to their reason and understanding. And here I would interpolate the observation that in this power which pathological *convictions*, if not undeniable facts, put in our hands we have a valuable aid in dealing as physicians with an inebriate whose intelligence has been cultivated by higher education—help which is not available if we are dealing with those who have not had such advantages. But to pursue my analogy of the injured finger, or rather the finger from which a portion has been absolutely sliced at the top. The inebriate, we believe, has sustained an injury to his brain substance. We know by observation that there is certainly a loss of will-power in every inebriate without exception. We also know that the power of distinguishing truth from falsehood is invariably weakened in the drink-craver.

All that we can do as physicians is to *assist nature* in her efforts to regenerate the injured nerve tissue—to build up again the brain elements through the medium of which the will-power and other functions are exercised. What particular portion of the brain is used in the exercise of these faculties we cannot now say absolutely; but the researches of Ferrier and others may yet enable us to put our finger on the parts involved as certainly as we can now on the “centre for speech,” and be equally positive as to the functions in relation.

If we could induce our patients to shield Dame Nature from interference while rebuilding injured brain tissue as carefully as they do while she is rebuilding skin or muscular tissue, the number of cured inebriates would be increased a hundredfold. One great use, in my mind, of a society such as ours is to bring before the public arguments in support of decided views as to the pathology of inebriety, so that when a man or woman of education becomes the victim of the disease (call it “ailment” or “plague,” whichever you prefer) the physician, on being asked what had better be done in the case, may find the ground somewhat prepared for him, and the patient all the more likely to accept as rational the mode of treatment based on such pathological dicta.

I am addressing to-day some west-end physicians. Let me suppose then that one of you gentlemen has before you an intelligent drink-craver who recognises that he is suffering from a degeneration of nerve tissue. Let me take for granted that he has come to you of his own accord—that he has driven up to your

hall-door in his own brougham—that while sitting in your consulting room he has detailed to you how he has, over and over again, resolved to loose himself from his enemy, and over and over again failed in the attempt; how he feels ashamed of himself when he recovers (temporarily) from the result of his yielding to the temptation to take what is ruining his health, destroying his prospects, alienating his friends—aye weakening even the ties of a life-long affection that binds him to the noble woman whom, in happier days, he had induced to leave the shelter of a joyous home in order to become his wife.

Listen to him as he goes on further to describe to you how the literary work, to which he had been devoting his leisure moments, and which promised to increase his reputation and add to his wealth, had been almost entirely given up; that when he settled down to his books and MSS. he felt much enjoyment in the work at first, but that his energy soon failed, and an irresistible impulse had led him to take a glass of brandy, just “as a fillip,” which quickly lost its effect, and he had been compelled to call for more; how his wife with tears in her eyes had over and over again besought him never to touch the accursed poison; how he had promised her faithfully, earnestly, and honestly, to abstain entirely from even beer for a dinner drink, but that he found himself led to do what he had never done before—to deceive her whom he loved as the apple of his eye, and who was the mother of his darling children. Allow him to continue his tale of self-accusation interlarded, as it probably will be, with protestations that between the attacks (which are separated from each other by shorter and still shorter intervals of time) he is able to transact his business, attend to his parliamentary duties, and proceed with his literary work as well as ever, remaining all the while a total abstainer. At last he will come to the point which took him to your consulting room and he will say:—“Now, Doctor, I want you to give me some medicine that I can take when I feel one of these attacks coming on, something you know that will prevent my having that terrible crave.” He will then confess to you that he formerly thought he could give up the accursed habit himself when he pleased, merely determining never to touch alcohol in any form, but that he had at last found that without some help he could not carry out his resolution.

My advice to you is to address your M.P. friend somewhat in this wise: “My dear Sir, you are suffering from an injury to

your cerebral tissue. That portion of your brain which is used every time you exercise the will-power is affected. Alcohol is a poison which has what we call an affinity for that portion of the brain. It seeks out, as it were, that particular spot, and there exercises its destroying power. Now if you want to get that injured tissue restored; if you want"—and here you can take some spongiopiline or like substance from your drawer, and gouge out enough to hold a threepenny piece, then pointing to the depressed surface you may continue thus: "if, I say, you really wish to have the depression in your brain (as decided as the one you see here) filled up by new matter, it is *not impossible* to get the work done. But I cannot do it for you. No medicine that I could give you would prevent you from acting as you have told me you do from time to time *until the depression I have referred to has been filled up*. Dame Nature will do it for you, but you must give her fair play. If you had broken your right arm, you would have gone to your friend Sir William, who would have told you you must wear a splint and give up all writing for a certain time. Why should the surgeon tell you to submit yourself to this great inconvenience? Just that Dame Nature might do her reparative work *unimpeded*. Now in the same way that you would submit to going about with a splint made of wood if your arm were injured, so must you consent to going about with a metaphorical splint attached to you while Dame Nature is rebuilding the injured part of your brain. That splint must be the company of some one who will prevent you from doing aught that will impede the good Dame in her reparative work. A single glass of the mildest claret, a tumblerful of the lightest ale taken while she is at her work may cause—nay probably will cause—the destruction of what it has taken her weeks and weeks, aye perhaps months and months, to construct."

The M.P. will probably smile unbelievably, but you must stick to your guns and continue the attack, saying: "You look surprised, my friend, but were you as well acquainted with the way in which Dame Nature works as I am, you would cease to be incredulous. You would know that she is able to lay down new tissue only at a rate varying according to the part of the body where her reparative powers are called into requisition. You would know that inside that bone-box you carry above your shoulders she works *very slowly* indeed; and I'll venture to say that, if you consult a dozen of the eminent physicians of the day,

at least ten of them will assure you that the brain, injured as I have told you I believe yours to be, cannot be repaired thoroughly unless her ladyship is allowed to work, without the slightest interruption from King Alcohol, for a whole twelve-month." When you get thus far you will hear the pet of the House of Commons' smoking-room utter a groan that betokens a feeling of despair. But you must not appear to notice this, merely saying, "Come now, my friend, when will you let the splint be put on?" His reply will probably be in the form of a question such as, "Won't it do if my wife goes with me abroad? She'll act as the splint you talk of." You say "No, emphatically no. Willing though she may be, devoted as I dare say she is, she is the last person in the world to whom I would entrust the task of acting as your shield against your enemy." "Well! what about my son? he has just taken his degree at the University, and a year's travel will do him good before he settles down." You answer "No! not one of your relatives is fit for the task. You must go to some country doctor who has made a study of the treatment of the disease you suffer from; some one who will be a pleasant companion in your walks abroad, and from whom, or his deputy, you must *never separate yourself* while you are within possible reach of your enemy; some one who has a cheerful gentlewoman for a wife, the joyful mother of children who will make you feel 'at home' under her husband's roof, who will in fact give you some of the poetry of life to enjoy while your treatment is being carried on by your prosaic but kind-hearted physician—the friend to whom, if you are wise, you will submit yourself as absolutely as you would to the surgeon if your arm were broken. Try and find a doctor who resides at least a mile from a pawnbroker's shop; search for one who lives in a bracing locality, far from club, hotel or 'public,' a doctor who will take you with him on excursions in the summer (by road or rail or steamboat) and follow the hounds with you on foot in the winter; thus putting in good working order the boiler and pump and other fittings in the hull, while Dame Nature repairs the damage done aloft. Let him be, if possible, a man who has rubbed off the angles of his character by foreign travel, a man with a vigorous constitution so that he may take a ten mile walk with you in the forenoon, play lawn tennis or billiards with you in the afternoon, and take a hand at whist or go to a meeting with you, or a concert, or some such-

like *divertissement* in the evening. Above all things take care that he is a man of religious feeling who will sympathise with you as one fellow-sinner with another. Remember, too, that if he is an honest man and you ask him to receive you as his patient for three or four months only, he will decline and tell you that suppose a surgeon were to undertake to make a man who had broken his arm fit to pull an oar in six days after the fracture, he would be scouted from the society of his professional brethren, and that he too would deserve to be similarly treated if he undertook to cure in an equivalently short time an *injured brain*, with probably heart, stomach, kidney, and liver complications."

After you have thus addressed your patient he will say probably, "Well, Doctor, I'll think about it; but I must first consult the chairman of my committee down in Mid Blankshire, and see whether he thinks my constituents would consent to my being a year absent from the House. Then there's the home farm to be looked after, Doctor, and the book I am preparing for the press, and my daughter's possible—well I may say probable—marriage to come off in the autumn, and a lot of other odds and ends that must be seen to by myself before I go down to your friend with the charming wife! Good bye, Doctor, you'll hear from me when I make up my mind!" But months and months pass without his making up his mind, albeit he has been to several physicians who have practically given him the same advice. His book is not progressing, his wife is getting worn out, even her sweet expression is being displaced by a look of half-frightened suspicion, and the old tale—the same sad sequence of events—is repeated. He at last consents to go for six months. Be sure you warn him that the foundation will scarcely be laid by that time; but trust to the wisdom of your medical friend, with whom you recommend him to live, that the latter will induce him to extend the period to the minimum time required if a permanent recovery is to be looked forward to.

Now we will suppose your patient has reached the "Home." What ought to be his treatment there? If the resident physician be a man of experience he will cut off absolutely and entirely from the very first all alcoholic stimulants, whether in the shape of beer or claret or anything else.

The depression from which inebriates are generally suffering when they first reach a home requires the frequent administration of egg and milk, beef-tea, milk and lime water, soda and milk

and other easily assimilated beverages, taken every hour and a half at first and gradually reduced in frequency. The sleeplessness from which almost all inebriates suffer at first is best treated by a draught composed of twenty minims of the solution of bimeconate of morphia with ten to fifteen grains of chloral, alternated for a few nights with other hypnotics. I am in the habit of putting into the bed-room of any gentleman who suffers from depression and dread of impending death a small bed which I occupy myself for the first three or four nights. As the strength of body returns gentle exercise ought to be insisted on, increased gradually till at least eight or ten miles a day for a gentleman, or five miles for a lady, can be accomplished with ease. If the patient does not engage in literary work or has no hobby, such as painting, music, wood-carving, carpentry, or gardening, he ought to take up crystoleum work, photography, or some other easily acquired art or occupation. The first is specially useful, as the ladies of the family circle may join the gentlemen while at it. Photography is greatly liked by those who are induced to learn it, affording as it does an excuse for excursions to the country as well as occupation in the house. Gentlemen patients ought to be taken often to public meetings, and both ladies and gentlemen to concerts, cricket-matches and the like. Divertissements of one kind or another should, in fact, frequently be arranged for, the doctor always accompanying or a deputy on whom thorough reliance may be placed.

The patient suffering from the "drink-crave" ought, indeed, by one means or another, to have his or her mind constantly employed. The diet at the home should be plain but good, with the introduction of as few highly seasoned dishes as possible.

Here I would take the opportunity to protest against the mistaken idea, too common in the minds of many members of the medical profession, that by the exhibition of such drugs as capsicum you can destroy the craving for alcohol, or at least keep it under. You may perhaps smother it for a while by repeated doses of the perchloride of iron, or one of the class of drugs to which capsicum belongs, or possibly by what was for a while so much vaunted—a particular sort of bark, or the more recently recommended strychnine "cure"; but my experience leads me to the conclusion (supported by the testimony of the patients themselves) that you are by this treatment only substituting one enslavement for another. The same remark applies to some

extent to aerated beverages. Without absolutely interdicting them I recommend my patients to do without them, to drink plain filtered water at their dinner and take plenty of milk with either tea or coffee. It should be drilled into the minds of drink-cravers that the addition of a little lime water will make milk digestible by even the most delicate stomach. The regular meals in a Home for Inebriates ought to be four in number besides afternoon tea, the latter being invariably very weak. Dinner should be early in the afternoon. Supper ought to be a light meal and in the case, at all events, of recent admissions ought frequently to be composed principally of well boiled oatmeal porridge—which makes an excellent “night-cap.” The drink-craver should be induced to take cocoa in preference to either tea or coffee, to avoid almost entirely condiments (cayenne pepper and the like) with his food at dinner; and if he suffers—as most inebriates do—from pain in the stomach after food, to take large draughts of very hot water twice or three times a day. Smoking should be reduced greatly if it cannot be entirely given up. A walk of about a mile before retiring for the night is often found most beneficial for those who suffer from sleeplessness.

In order to carry out, under his own eye, such details of treatment as I have indicated the physician who thinks he has an aptitude for dealing with inebriates ought to give up all general practice and devote himself to not more than five or six resident patients. The domestic family feeling is destroyed if the number of “guests” exceeds six. If he has a healthy energetic wife who is also a good pedestrian he may undertake this number, provided two out of the six are ladies. Even so the labour for both the physician and his wife is enormous; the strain upon the physical and mental energies is constant and exhaustive. No money remuneration can repay them for their toil. They must be content with the reward of a good conscience. The men who seem to me best fitted for carrying on such work successfully from the physician’s point of view are retired naval or military surgeons whose pension enables them to keep a roof over their heads till they have established a reputation for dealing *honestly* with the ladies and gentlemen who put themselves under their care. I say “honestly,” for I do not consider any man can possibly do justice to drink-cravers resident in his family if he has constantly to be separated from them while attending at the houses of patients, whom he has to visit in the

ordinary course of general practice. The story has been so often told me by men who have had experience of such "playing at treatment" that I am convinced that many inebriates *prefer* to go to such houses, because they can do what I was told by a stockbroker (who was under my care, but left me because I was too strict)—that he did frequently. He used to go out with the doctor in his stanhope on his country rounds; he soon found out the topography of the district and how long the doctor (who was to be his shield forsooth from temptation!) was likely to be in certain patients' houses. It was a very easy matter, as he had plenty of money, to induce the coachman to take him to a certain place on the road where he might gather ferns (it was in Devonshire). The coachman used to allow his master's patient to get out of the stanhope at a gap in the hedge near the fern-bank, and then he would walk the horse up and down while waiting for the enthusiastic botanist. Unfortunately there arose very frequently a cloud—it was evidently "a cloud with a silver lining"—between that coachman and the gap (a little further down the road) from which a few minutes' run could easily take the stockbroker to the way-side inn. It was a matter of only a few more minutes to run back to where he had got out of the stanhope. This little manœuvre was gone through just as often as was necessary to keep the pocket flask pretty well supplied for the stockbroker's "night-cap."

One of the greatest difficulties in dealing with inebriates of the upper classes arises from this silver-lined cloud. I try to induce those who come to me to give to a brother or the family lawyer—by no means to the wife or husband (as the case may be)—"power of attorney" over all their money while with me. Even this, however, does not always suffice. I had a county magistrate once in my house who used to write to his own tenants and get money from them with which he tried to bribe my servants. The risks connected with bribery ought to be reduced to a minimum. If a patient attempts to bribe a servant of mine and if the latter informs me immediately and the patient confesses, I double the amount offered, give this to the servant and charge the added sum in the patient's next bill.

One of the great objections in my mind to *large* establishments and homes under the Act is the necessity to have a large staff of servants. Every hireling almost is open to a bribe, and the fewer you have, consistent with keeping the house comfortable,

the fewer are the difficulties you have to contend against in reference to clandestine introduction of alcoholic drinks. If a "Home" under the Inebriates Act is to pay, it must be capable of accommodating at least a dozen. Now I have said already that I consider five, or at most six, inebriates—all being of the cultured classes—are as many as any married physician and his wife, both working hard, can look after properly. Moreover, small homes have this great advantage, that they are not as widely known as the larger establishments, and the high-class drink-craver is not so averse to entering them.

But for inebriates of the cultured class there is to my mind, as a physician, a still greater objection to Homes under the Act. The essence of good treatment lies in your being able to get your patient to enter *con amore* into your plans, in inducing him to treat you, as it were, as his partner in a scheme he has laid down for his own benefit. There should be the most thorough confidence between both. Suppose, for argument's sake, you have a patient with you under the Act; suppose that one day he sees his chance of evading you while in the town and goes off and gets drink. You pursue him, and after a wearying search you find him at the bar of an hotel sipping whiskey punch. You invite him to accompany you home. He refuses. You say, "Well! you really must come!" Finally you put into force the powers with which you are armed under the Act. You compel your patient to return under your roof. What pray are the relations thenceforward existing between you both? You are his gaoler, not his confidential friend. He completes his time in your house and leaves you with the same feelings that a thief entertains for the governor of the prison in which he has been incarcerated. It would be a different matter if the length of time for which patients as a rule submitted themselves to the discipline of a Home under the Act were sufficiently long (say eighteen months) to allow the disagreeable reminiscences of this capture and forcible bringing back to the "Home" to have passed away. A physician ought to try and secure the co-operation of his patient *entirely*. When a man becomes the gaoler, he ceases (in the mind of the inebriate) to be his physician.

One word, in conclusion, as to the importance of the physician who undertakes the difficult task of systematically treating the drink-crave not only being himself a total abstainer—indeed he ought to be a member of the Medical Temperance Association—

but also insisting upon every member of his household being a pledged teetotaller.

Much more has been effected by me through the influence of example than by any precepts or admonitions. In fact I seldom allude to the subject except it be introduced by the sufferer himself or herself. My patients see what an active, vigorous, enjoyable life I lead, how lightly the burden of well nigh fifty years is borne by me, albeit in the earlier part of my medical career my constitution was put to a severe strain by a fever contracted in the West Indies. They see that hard work and brightness and activity, and thorough enjoyment of life can be sustained without the so-called enlivening stimulus and "support" of wine or other alcoholic beverage. I believe that the lesson the patients learn in this way is better than any others that can be taught.

Before I sit down I should like to summarize some of the conclusions at which I have arrived as a result of constant clinical study during the last twelve years:—

- (1) Drunkenness and inebriety ought not to be confounded.
- (2) Inebriety is a lesion of the brain which has gone so far as to affect the will-power.
- (3) Successful treatment based on this pathological dictum must include the absolute cessation of alcoholic drinking.
- (4) There is no danger in the sudden and complete withdrawal of alcohol if the case—no matter how severe—be in the hands of a skilful physician able to personally direct the hourly treatment from the first.
- (5) The physician undertaking the charge of such cases ought to be a total abstainer as well as everyone living under his roof, so that moral treatment by example may supplement therapeutic remedies.
- (6) Permanent recovery need not be hoped for unless both lines of treatment be pursued, systematically, during an uninterrupted period of twelve months in a "Home" from which every beverage containing the smallest quantity of alcohol is absolutely excluded. The first four months barely suffice for the getting rid of the stomach and other troubles which are the result of the alcoholic poison; at the end of the second period of four months the patient begins to feel less the want of alcohol; by the end of the third period he has begun perhaps to understand that life may be enjoyed, and vigorous health secured without stimulants.

(7) So-called "cures" effected by bark, strychnine, iron, and other drugs have not proved permanent.

(8) The permanence of a cure depends greatly on the after-treatment pursued subsequently to the patient leaving the "Home." The family of the inebriate, or the household of which he or she is to form a part, ought all to become total abstainers, no alcohol being allowed under any circumstances into the house except as a drug prescribed by a medical man and dispensed in a medicine bottle.

