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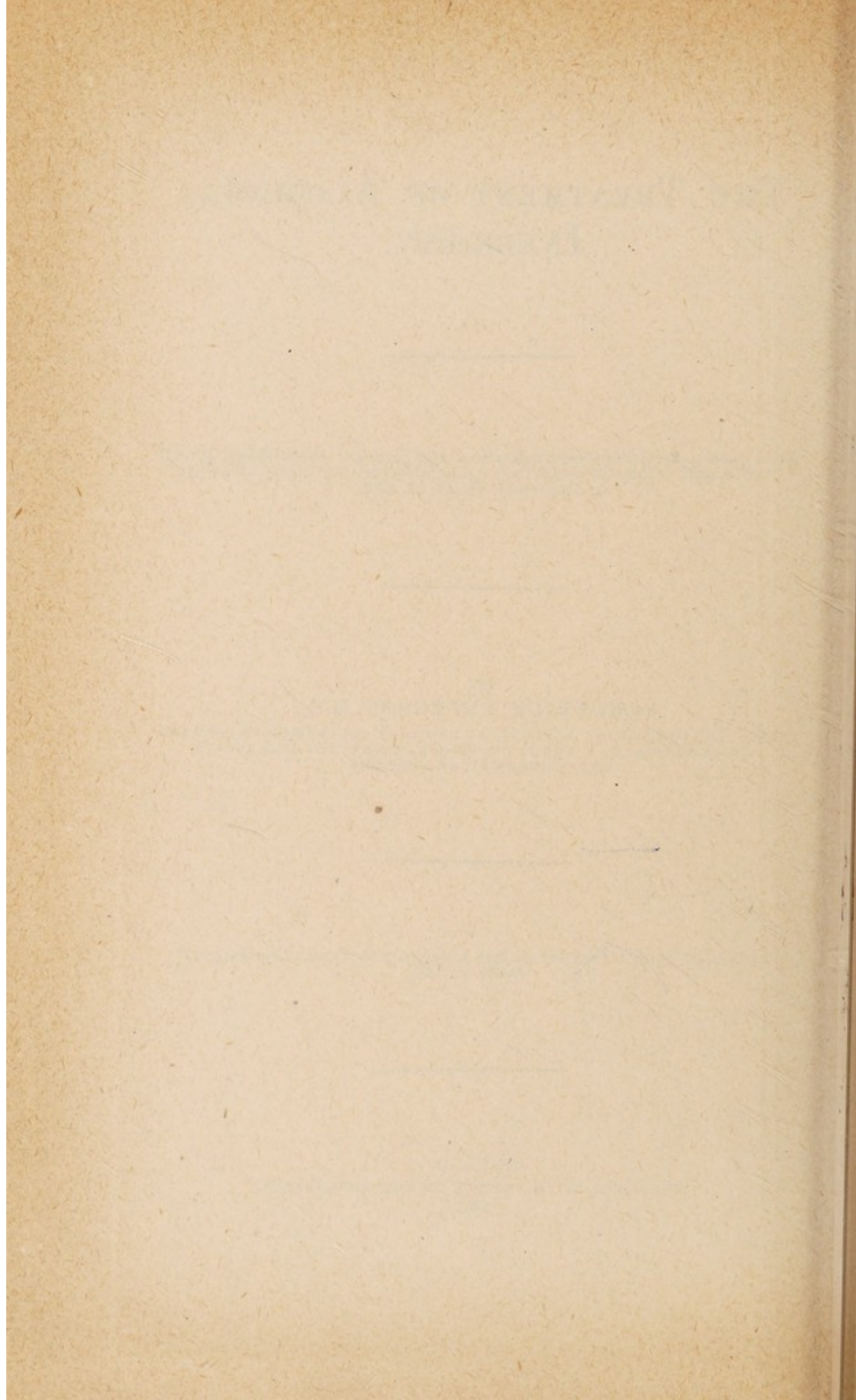
THE TREATMENT OF ALCOHOLIC INEBRIETY.

Read before the Northwestern Medical and Surgical Association, March
18, 1893, and before the American Association for the Study and Cure
of Inebriety, March 23, 1893.

BY
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THE TREATMENT OF ALCOHOLIC INEBRIETY.

BY FREDERICK PETERSON, M.D.,
OF NEW YORK.

There is no class of cases that comes under the care of the physician that presents greater difficulties in the way of treatment than that of sufferers from alcoholic inebriety. To the practitioner are brought such as are in the stage of alcoholic neurasthenia, such as present symptoms of acuter alcoholic conditions, such as have delirium tremens, such as are insane from the abuse of this poison, and such as exhibit actual organic lesions of the nervous system, like alcoholic neuritis and alcoholic pseudo-ataxia. Patients may come under his observation in any of these states, or in the intervals between paroxysmal outbreaks of the drink habit, when they may present no particular symptoms. He may be required to treat the *nervous* conditions of alcoholic excess, and there may be lesions of other than nervous viscera demanding his attention, like gastric disorder and cirrhosis and their sequelæ. Thus, there are states for immediate attention, and there is the habit itself exacting his best judgment and skill in the way of eradication and prophylaxis. There is, therefore, a wide field for therapeutic applications of great variety, but into all of this region it is not the purpose of the writer to venture. Leaving out the treatment

of the chronic organic conditions such as lesions of the peripheral nervous system and viscera, our advice is generally sought to relieve the excitement or nervous exhaustion of a recent debauch, and to formulate some plan for combating the tendency to recurrence.

In the first instance, the bromides and chloral are among our best agents when the excitement and insomnia are moderate in degree. When severe, we may have to employ some such remedy as duboisine, $\frac{1}{200}$ to $\frac{1}{100}$ of a grain by mouth or hypodermatically. Strychnia should be used under all circumstances, as well in conditions of excitement, as in conditions of neurasthenia following upon it. It is often an efficient hypnotic in these cases. It is best given hypodermatically. The nitrate of strychnia is preferable, and may be administered in doses of $\frac{1}{60}$ to $\frac{1}{32}$ of a grain, every two to six hours. The beneficial effects of hydrotherapy are not to be ignored, and in all instances it is better to make use at first of the hot wet pack for insomnia instead of narcotics internally, only resorting to the latter where the former fails to induce the desired effect.

The hot wet pack is thus applied :

A blanket 9x9 feet is spread upon the bed, and on this a sheet wrung out dry after dipping in hot water. The patient lies down upon the hot wet sheet, and this is then folded over him, and everywhere adjusted closely to the body surface, the blanket being similarly evenly folded over this, and other blankets added if necessary. The patient remains in this an hour or longer—all night if asleep.¹

Naturally the stomach should be attended to, and the intestines relieved.

Thus, the best treatment of acute alcoholism of any form may be briefly summarized :

¹ Hydrotherapy in Nervous and Mental Diseases, by Frederick Peterson, M.D., Amer. Jour. Med. Sciences, February, 1893.

1. Cut off all alcohol, and confine to bed.
2. Blue pill at night, followed by saline cathartic.
3. Hot wet pack for sleeplessness.
4. Hypodermatic injection of nitrate of strychnia, gr. $\frac{1}{60}$ to $\frac{1}{32}$.
5. Water, milk, kumyss, broths, soup, meat juice, raw eggs, arrowroot, juicy fruits and the like, when there is gastric disturbance.

This is the outline, in short, of a kind of treatment adapted to all cases of acute alcoholism, though as before stated, bromide and chloral, or duboisine, are indicated in a certain number of instances.

In chronic alcoholism, which manifests itself most commonly as a form of neurasthenia, the following should be the ordinary routine treatment:

1. Cut off alcohol.
2. Hot wet pack for insomnia.
3. Disturbances of the alimentary canal to be met by aperients and dyspeptic remedies (rhubarb and soda, hydrochloric acid and the like). The diet should be milk, eggs and vegetable foods, meats rarely.
4. Strychnia again the main agent to restore nerve tone; best given hypodermatically, but may be given by mouth in combination with quinine, or in fluid extract of cinchona ($\frac{1}{60}$ to dr. j), or in infusion of gentian.

Having now briefly gone over what I consider to be the best methods of meeting immediate conditions apparent in any case of inebriety brought to the physician for advice and treatment, the more important question arises as how to rid him of the habit—how to cure the disease of inebriety. This is a most complex question, and one that has for many decades commanded the attention of all men, laymen, lawyers, physicians and charlatans. Either the desire for alcohol must be got rid of, or the alcohol itself must be made unattainable. To eradicate

the desire appeal has been made to the enfeebled will of the victim by lectures, pledges, hypnotic suggestion, religious influences and the like, sometimes with success; and drugs have been lauded by physicians, and secret nostrums by quacks, to accomplish the same end, sometimes also with success, though not so much through the merit of being an antidote to the desire for drink, as by virtue of the support by faith or suggestion given the weak will of the patient.

On the other hand, to make alcohol unattainable, the law has been invoked to regulate liquor-selling in general, to prevent its sale to drunkards, to imprison habitués, or to commit them to inebriate institutions for a definite length of time. All of these means have been successful in individual instances. But no drug has been found that is always equal to destroying the desire, and the laws are inadequate as regards regulation of the liquor traffic and the isolation of the drunkard from his ruling demon. Sequestration in a penitentiary is limited by the law, and the writ of habeas corpus has been the evil genius of special institutions for inebriates. Many are committed to insane asylums, but after a few weeks of rest and treatment, the debauch is recovered from, and not being insane, the asylum has no longer the power to detain them. So they come and go several times in the year with the regularity of the seasons. The rich try the inebriates' homes, and the poor are condemned to the penitentiaries. They are "repeaters." Think of being brought up for the two hundred and forty-sixth time before a police court for drunkenness; yet this has happened, and the defendant was a woman!

In the cases that generally present themselves to us, commitment is as a rule the last resort. We try moral suasion, occasionally hypnotism, and we make usually half-hearted attempts at treatment by drugs. We send them on long sea voyages on sailing vessels

containing no liquor; we try the watchful care of a companion or nurse. Sometimes these means are effectual, generally not. The despairing friends after a time resort to the advertising quacks. Their remedies are no more efficient than those already in our hand, but it must be confessed that they often take more pains with each individual case than we do. Some of the advertised inebriety cures seem to be not only swindles, but cruel and criminal swindles. Several years ago the chemist of the Massachusetts State Board of Health analyzed some of these so-called cures for inebriety in order to ascertain how much alcohol they contained. The analyses published were as follows:²

Scotch oats essence.	contained	35	per cent.	alcohol.
The "Best" tonic.	"	7.65	"	"
Carter's Physical Extract	"	22	"	"
Hoofland's German Tonic	"	29.3	"	"
Hop Tonic.	"	7	"	"
Howe's Arabian Tonic	"	13.2	"	"
Jackson's Golden Seal Tonic	"	19.6	"	"
Liebig Co's Cocoa Beef Tonic	"	23.2	"	"
Mensman's Peptonized Beef Tonic	"	16.5	"	"
Parker's Tonic	"	41.6	"	"
Schenck's Seaweed Tonic	"	19.5	"	"

The so-called gold cure of Keeley, upon analysis, was found to contain no gold at all, but in each teaspoonful about $\frac{1}{32}$ of a grain of muriate of ammonia, $\frac{1}{8}$ of a grain of aloin, and 45 minims of compound tincture of cinchona. His hypodermic injection was ascertained to be composed of sulphate of strychnia, atropia, and boracic acid. The Keeley cure while it has been doubtless effectual in curing many cases of inebriety, has not made use of any drug not long ago tried by physicians all over the world. One of the advantages of this much lauded method is undoubt-

² Medical Register, July, 1888.

edly the effects of repeated suggestion. We have not been in the habit of paying that particular attention to inebriates that is necessary; we are too prone to dismiss such a case with a mere prescription and some good advice. I may be pardoned for citing an instance of the value of continuous attention. A young man of wealth was apparently a confirmed inebriate. Everything had been done for him on ordinary lines that could be done—drugs, moral influenced, change of scene and occupation, the dismissal of his boon companions. I found a teetotal sailing vessel and sent him to the South Seas and China, a nine months' voyage without a drink. He came back robust, hopeful, took to drink at once and had incipient delirium tremens in a few days at a hotel. Before sending him to an inebriate institution for which I had made arrangements, I decided to give him one more trial. An occupation was found for him in a down-town office, and he was put upon the strychnine treatment, but was made to report daily at my office at a certain hour. This he did for a year. He has not tasted a drop for three years, and is married, prosperous and happy. I believe the continued attention and suggestion of the daily visits to my office were the remedial agents in his case, the strychnine merely acting as a prop to his nervous system as he was passing through the ordeal of deprivation of his wonted stimulant. Since then I have had several other cases. Hypnotism I have tried once or twice with considerable success. The treatment I should outline for the removal of the habit, and which I have found often very efficacious is briefly as follows:

1. The hypodermatic injection of nitrate or strichnia in the doses already given, at least twice daily, more frequently if possible, and always by the physician himself. The moral influence and personality of the physician are of the greatest importance. By

this frequent contact of physician and patient the effort and attention of the inebriate are kept continually at their highest pitch.

2. A diet of milk, eggs and vegetable foods should be enforced, meats being allowed but once daily.

3. Regular occupation, regular hours, and the avoidance of the society of fast companions must be insisted upon.

4. There is a certain class of patients to whom a substitute for a dram of liquor is at times imperative; when the desire comes on it must be satisfied. The substitute must be immediately at hand. With some of these, a combination of strychnia and fluid extract of cinchona (gr. $\frac{1}{6}$ to dr. j) taken with a glass of water, works very well. It is not always convenient however to carry a bottle in the pocket so I am at times in the habit of prescribing powders composed of from twenty to forty grains of red cinchona bark, half a grain of capsicum, and three grains of powdered nux vomica, to be taken with a glass of water when required.

As I have already stated, the Keeley cure depends largely upon suggestion for its results. It has had many successes, but of course also many failures, which latter are seldom published to the world. I have had four Keeley failures under observation. One is now insane with complications of hepatic cirrhosis and chronic gastric catarrh, and their sequelæ. He will not live long. The second is also insane. The third is under treatment with me. The fourth has been apparently cured in a sanitarium for inebriates, and has had no liquor for over a year.

There is a multitude of cases in which no treatment yet devised avails to check the alcoholic propensity, and in these the only alternative is to put them out of the reach of alcohol. How difficult this is to accomplish is well known to us all. Commitment for three to six months, which is the longest

period permissible in all the institutions I know of in this country, is merely temporizing. It should be commitment for one to two years or even more. It is a fact that the nervous system and the heart and other organs do not recover their normal equilibrium in less than two years after prolonged alcoholism, and sometimes even four to six years are needed to reëstablish healthy functions. Recently a step in the right direction has been taken by an institution in this city. For some five years, I have been the attending physician of the House of Mercy, which is in charge of the Sisters of St. Mary, of the Episcopal church. When they removed from the foot of West Eighty-sixth street to new buildings at Inwood, I induced them to form a department for inebriate women in the new quarters. The Sisters became interested in the project and the trustees have had a bill passed by the New York Legislature which is quite unique in this country. This department of the House of Mercy is called the St. Saviour's Sanatorium. It is empowered to receive women inebriates either by voluntary or legal commitment. In the latter case two physicians are required to make out certificates, and upon these a judge commits the patient for a year. Before the expiration of the year, she may be recommitted if it is deemed expedient for another year. Hence, patients may be detained here for two years. This feature of extended commitment for a long period marks a new epoch in the history of such establishments. St. Saviour's Sanatorium is beautifully situated on the Hudson river in the upper part of New York City. The rooms and parlors are cheerful, pleasant and inviting. Out-of-door exercise and drives, as well as in-door employment, and the companionship of the Sisters and lady visitors are features of the treatment. Thus far there are accommodations for but sixteen patients, and these are selected from the

refined and cultured classes, the institution being too small for the accommodation of all classes of female inebriates, even if it were possible or desirable to mingle people occupying different moral and intellectual stations in life.

There is also in this city a somewhat similar institution for male inebriates, the New York Christian Home, where religious influence is the chief remedial agent. I am convinced of the great usefulness of such influence in many cases.

One of the great drawbacks to all homes of this kind is the *tedium vitæ* from which patients are apt to suffer; there is not sufficient employment or recreation; the routine and monotony become irksome.

If I were to suggest an ideal means of dealing with inebriates it would be the establishment of a little world in which alcohol had no place, but in which life with its various occupations, domestic arrangements, and amusements went on exactly the same. It would in fact be a colonization scheme, such as has proved so valuable in the case of epileptics and of the insane, only much more extensive and much more feasible. The problem involved is merely the exclusion of alcohol from all part in the colony's affairs. It is true that this could not be accomplished in any region open to ordinary traffic, travel, and communication; even a Chinese wall built around such a colony would not protect it from the invasion of its enemy; it would find some means to percolate through. But I can imagine some Temperance Island so far removed from the main land as not to be accessible to small boats, with only one harbor, five to ten or more miles in diameter, amenable to the laws of the United States, the property of a corporation of practical philanthropists, where all boats and baggage and merchandise would be thoroughly quarantined against the introduction of alcohol as if it were a comma bacillus, or the microbe

of the Black Death. Here would be villages and industries, manufactures and arts, the commoners and the gentry, living in business prosperity and domestic happiness. Thither the drunkard would repair with his family, and obtaining a position, support himself and them, and lead a useful life as if such a thing as inebriety never existed. A majority of inebriates would immigrate there of their own accord, but certain ones would need commitment by law for three years. Such commitment, however, would be no hardship, for the rights of voting, of citizenship, the solace of society, the pleasure of following one's trade or calling, of earning a livelihood, and of living with one's family would make existence not only tolerable but blessed. The realization of such a project is not an "irridescent dream." It is quite within the bounds of feasibility. A small additional tax upon spirits and spirit-venders would be sufficient to acquire some Nantucket and consecrate it to this purpose.

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