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Original Articles.

CARE AND CONTROL OF THE ALCOHOLIC.*

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The question on which you have asked me to speak to-night is one older than medicine itself, and one which each succeeding generation of physicians from time immemorial has been forced to struggle gradually to find the best working basis under which their medical science and prevailing sociologic conditions permitted them to work. It is perhaps unfortunate that we cannot inherit the wisdom of our forefathers that we might profit from the accumulation of their experience and ours, and thus more completely solve our problems. As far as the care and control of the alcoholic is concerned, there is rapidly growing a public opinion, which is becoming more and more definitely crystallized into acts from which we can expect to obtain definite beneficial results. The state of Massachusetts has really led in this advance in the state care of the inebriate, so that I feel it distinctly flattering to me to be asked to read a paper to you on this subject, and it causes me to appreciate fully my responsibilities in venturing to present it.

My own interest in this subject has arisen through the responsibility of caring for a general medical service in Bellevue Hospital. While an interne in that hospital I realized the inability to appreciate the general type of disease that came into the wards unless one appreciated how much the lesions in the body had been modified by excessive alcoholic indulgence, and how much the metabolic processes of the individual had also been perverted and modified. One could not understand the clinical picture presented to him unless one understood how the effects of alcohol modify these processes. The care of the patients in the alcoholic ward early impressed me with the realization that our generally accepted teachings had missed the mark as far as the alcoholic was concerned. What I had been taught, and what I read, did not coincide with what I saw. Too many prayers and too much profanity had been wasted on the alcoholic, and there had been too little study of his altered psychology and, therefore, no clear insight of the moving why he did it. Many superstitions and many false beliefs were still in vogue regarding the effect of alcohol, and are still not entirely eradicated, even from the minds of the profession. It has gradually been forcing itself upon my mind that to understand accurately the moving impulses of the alcoholic mind, one must appreciate clearly the differences between the physiologic action of alcohol in moderate and in excessive doses, and the increasingly permanent results of the drug on the brain tissues and the changed psychology of the perverted mind, and add to this the influence of varied environment on the

individual; and we must further realize that when once poisoned, the deprivation from a drug is entirely different from the elimination of that drug from the body, so that if we fail to unpoison the individual, we will surely fail in our care of him, and we are uselessly trying to control a poisoned mind, a method which has been a universal failure.

For the purposes of our discussion, we can best classify alcoholics into three classes; first, those suffering from industrial alcoholism, who begin taking the alcohol in moderate doses to enable them to do their work better, either muscular or mental work. This form soon leads to increasing doses and tends always to chronic alcoholism, with its accompanying mental deterioration. The second class are the convivial drinkers, who drink to increase the joys of life, and while this invariably tends to attacks of drunkenness, it does not so often tend to chronic alcoholism, but in any given individual it may turn into excessive steady drinking, and then naturally to chronic alcoholism. The third class are those who drink to blot out the recollection of sorrow or of trouble; those who cannot face the harshness of their existence or those who, congenitally weak mentally, cannot stand the strain of their environment, naturally turn to some narcotic for relief. The industrial alcoholism is particularly a classification of the English writers, like Sullivan, who has found in the traditions of various trades certain regular hours of taking alcohol to be spurred on to an increased muscular vigor and diminish the sense of weariness. There is no doubt that in the physiologic action of alcohol moderate doses do permit the motor activity to take place with greater ease and rapidity. With it, however, there soon goes a false mental sense of great improvement in work done, and greater accuracy in the acts performed. This last factor, this mental experience that one is working better and easier, and that one's work is of a higher grade, is the treacherous stumbling block over which this type of alcoholic falls. The moderate dose has soon to be repeated, with the result of a diminishing power to stimulate the flagging activities, with less work done and of poorer quality; but you cannot persuade the ordinary mind, when relieved of the sense of weariness and deluded with the sense of doing better, that it is deceived, for the greater the dose of alcohol taken, the firmer is the conviction of the excellence of the result, and the accompanying paralysis of the mental judgment prevents an accurate realization of the true state of affairs. Those who earn their living by muscular exertion are particularly prone to this form of alcoholism, which going on from day to day soon turns into chronic alcoholism. The overworked brain worker begins to take his alcohol to relieve himself of the sense of intense weariness which his tired brain feels, and the rapidity with which moderate doses will give this relief and permit him to go on and do more work when he should rest soon forces him to increase the doses and creates a habit of overwork and excessive indulgence which soon brings

* Read at a meeting of the Boston Medical Library and Suffolk District Medical Society on March 6, 1912.

him into the same chronic alcoholism. It is the relief from mental weariness that small doses oft repeated give that is the danger to this class, because it is the oft-repeated continuous dosage which in the daily total becomes excessive, and you cannot persuade a man that his own experience is not accurate and true, especially when the judgment has begun to deteriorate from steady indulgence. These individuals also become drunk from convivial drinking, but it is the daily, steady over-indulgence to spur them on which is the most responsible for the chronic alcoholism into which they fall and become useless in their occupation.

The class which I designated as the convivial drinkers, while they frequently show a greater amount of drunkenness than in the other classes, yet show a less amount of chronic alcoholism. The convivial drunkenness at more or less frequent intervals or more or less distant intervals, whichever it may be, does not tend to chronic alcoholism as the steady daily quota of alcohol does, and it is a very noticeable factor that in certain communities where industrial drinking is at a minimum there may be a great deal of drunkenness from convivial drinking, but there is much less chronic alcoholism than in communities where industrial alcoholism more extensively prevails. Of course any individual may through repeated indulgence of convivial excess acquire the habit of a sense of daily necessity of alcoholic stimulation, and may easily and soon drift into chronic poisoning, and these are the individuals which really form the connecting link between the first and third classes, because while they do not indulge in alcohol for the sake of accomplishing work, they do drift into chronic poisoning, and they usually are those who possess a congenitally sensitive nervous system to the poison of alcohol. The third class, of those who drink for the obliteration of sorrow and trouble, is made up largely of women, and especially those in the more comfortable circumstances of life. The women of the poor are often those who began in factories endeavoring to keep up with their work by the stimulation of alcohol, and after their married life they continue the habit to sustain them in the worry and struggle of their increasing families and increasing household cares. This class, as I have said, also includes those who possess a weak and non-resistant nervous system, whose character is such that they would go to excess in all things, and who cannot stand the wear and tear of existence and must turn to some form of narcotic. They are often the children of alcoholics, for the inheritance of alcohol shows itself in the weakened tone of moral character and weakened nervous energy in the offspring. They are often the offspring of a rugged, hard-drinking, hard-working father, who through tremendous power to work and drink succeeded splendidly in his day and generation, but the generation which he has begotten and leaves behind him is weak and neurotic. Little have we realized the tremendous strain and the amount of alcohol necessary to support it that has left behind its stigma in the succeeding generation. They may be classified

as shiftless poor, or vagrant rich, but alike they are the weaklings of civilization that turn to narcotics and are quickly and hopelessly poisoned thereby. Whatever the cause or whoever the individual, it makes no difference, the action of alcohol is the same, and small wonder that so many drift into its chronic poisoning. A substance so easily obtainable, which produces the physical sense of increased motor rapidity and increased ease of action, and at the same time blunts the mental ability to reason, to connect thoughts and ideas together and judge therefrom, small wonder is it that so many people should be blinded to the natural and inevitable consequences of their indulgence. Over-indulgence and chronic alcoholism is thus the logical sequence to the physiologic action of alcohol, and the physiologic effect on the mind is also the indication of the manner in which the mind will deteriorate under incessant poisoning. The highest mentality, that of the judgment, is the first to go; as it has often been said, the last to come is the first to go, and the first to come is the last to go. Judgment, reasoning, memory and strength of will is the usual order of deterioration, leaving naturally an emotional creature swayed by emotion and not reason, uncertain because of the weakness to do or to take the initiative. Finally, with the higher emotions gone, there remains nothing but fear and the primordial instincts of appetite and motor activity. To deal with and care for such a creature one must study and appreciate his psychology. We cannot judge these alcoholics by the psychology of the normal mind, and each individual varies in the amount of deterioration of each mental function, and there is an infinite variety expressed by the different individuals. The mind is poisoned and steadily poisoned by the continuous intake of the narcotic, and until we unpoison that mind we cannot hope to retain what remains of the original normal individual or to stop the progressive deterioration that is certainly, even if slowly, going on. It is useless to expect any one who is even slightly poisoned with alcohol to use his judgment accurately, and even if he still retains the power to bring up memories of ideas or events, to rearrange all in array before him in his endeavor to reason upon them, it is useless to expect him to judge as accurately under the alcohol as his normal self did before he was poisoned by it. He cannot do it, nor can he after a while even recall that which he formerly could do with ease. His memory is gone. The association of ideas is at fault. One thought will no longer recall another, and his memory, besides being defective, is also perverted and is further inaccurate from such perversion. With such a memory one cannot expect accuracy of statement in an alcoholic, and often what we put down to deliberate mis-statements is an unconscious ability to recall facts. To tell the truth accurately, one must have a good memory to recall the truth, and strength of will to tell it and stand by it, and the alcoholic possesses neither, and we therefore must not expect him to tell the truth. He cannot do so without the

assistance of a good memory, and this assistance is lacking. Neither can he be a good liar, for to be a good liar one must also have a good memory, and we cannot expect him to be consistent either in accidental mis-statements of facts or in his deliberate lies, and although the alcoholic may look upon a lie as a very present help in time of trouble, he uses it without judgment, and we must therefore realize that all his statements must be dealt with leniently as far as accuracy is concerned, for until his intellect is re-established he may be incapable of accurate statements, whether he is endeavoring to state a truth or state a falsehood. The weakened will prevents him from taking any initiative. He cannot force himself to do or to act at the right time. He is always beginning to think about getting ready to do, and he always has an abundance of excuses or reasons why he should or should not act, and why he should put off doing, and the weakened will is translated in the lack of decisive action and practically culminates in incessant excuses, usually of the flimsiest character. For practical purposes will and personality are inseparable, and it is the poisoning of the personality, the poisoning of the character, that we see expressed by this lack of initiative and lack of will power. The alcoholic cannot resist poisoning himself because he cannot resist the craving and desire produced by any narcotic for more of its kind, or some other kind, to allay the desire. He is not responsible for yielding to the temptation to drink further when once his personality is so poisoned, for he is dealing with an appetite and an emotion which has now become the strongest force in his character. Our sense of duty and our sense of obligation towards others as expressed by our affections are practically the highest types of emotion, and they are the last to be acquired in our racial development, and to the alcoholized brain they are consequently the first to go in the process of degeneration. The abstract duties of citizenship to the state or the community are the earliest to disappear, and the sense of responsibility to the home and to the family also disappear early in the line of destruction. You cannot expect to appeal to a man that he should or must do this or that when all sense of duty is gone. *Noblesse oblige* to the higher type of civilized being is a tremendous force, for it combines the sense of duty, pride in well doing, and self respect, and this combination will carry some men almost as far, and others farther, than any other emotion. If this combination of emotions is gone in the alcoholic, you have reached with him the stage where personal appeal to him ceases to exert any effect, and he falls from the amenable class of those who can voluntarily help aid themselves into that large class of mentally deficient beings who should be taken by the state and forcibly unpoisoned and retained until they are unpoisoned, or cared for as permanently useless members of society. With the annihilation of the higher affections toward family and friends, there remains the self-centered selfish care of self alone, and naught but cold-blooded self-indulgence

appeals. There remains, however, fear, and this emotion lasts longest of all. It is the predominant factor in the delirium of the alcoholic. It is the predominating factor in the motives of his remaining existence, and as fear grows, so will untruthfulness increase. All endeavor moves in the line of least resistance, and soon the only endeavor consists in how to gain the necessary amount of the narcotic to blot out the memory of what may remain of the past and the misery of the present, and they drink simply that they may obtain the oblivion of drunkenness. The picture of the psychology of alcoholism is an extremely hopeless one unless the progressive poisoning of the individual can be arrested. The hopefulness of it is that if you can take an individual and unpoison him, you never know how much can be regained, as the manifestations of the poisoned mind do not give any clue as to how much may be saved and reconstructed from the wreck. Of course where there is evidence of a permanent dementia, one cannot hope to reconstruct that intellect, but in the earlier stages down to the point where self respect and some spark of a sense of duty and pride remains, and this lasts long in some men, it is extraordinary to see how much can be done when the mind is unpoisoned and they are properly treated afterwards. There is no question that the deprivation from a narcotic is not equivalent to eliminating that narcotic from the body. Even after the physical desire and craving have gone by, there seems to remain a mental memory or a mental desire for that narcotic, and this mental picture persists long after it seems as if it must be gone. If a patient is taken and relieved of this desire by a thorough elimination of the narcotic, although he may feel weak he realizes that he is mentally and physically in need of reconstruction, and as long as the physical and mental craving for his narcotic is gone, he starts in on an absolutely new basis and realizes himself that he can be improved and that with proper physical and mental building up there is a chance for a permanent separation from narcotic indulgence. I have tried various methods of treatment and watched the effect of many other kinds. In the majority of hospitals to-day the treatment for alcoholism consists of a cathartic and a hypnotic, a square meal and some strychnine to steady them, and they are sent out from over-crowded wards to make room for others. This method has the advantage of protecting them during their periods of acute poisoning and of caring for them during the stages of its danger to themselves, but it practically results in making an enormous number into hospital rouders, which has become such a severe drain upon our hospitals and economic organizations and penal institutions. We are slowly emerging from the conception that a man with a mind poisoned by alcohol is necessarily a criminal, and that the way to unpoison his mind from his narcotic is to punish him, and that he needs punishment instead of medical treatment. He has been judged by the standards of the normal mind and not by the

standards of a diseased mentality. The treatment which was given to me by Mr. Charles B. Towns, and which I have published, I frankly admit is the one which seems in my experience to more quickly and thoroughly unpoison the mind and system from alcohol than any other treatment I have yet encountered. It hardly seems necessary to go into the details here. Briefly stated, it consists in the hourly dosage of a mixture of belladonna, hyoscyamus and xanthoxylum. This mixture is given every hour, day and night, for about fifty hours. There is also given about every twelve hours a vigorous catharsis of C C pills and blue mass. At the end of the treatment, when it is evident that there are abundant bilious stools, castor oil is given to clean out thoroughly the intestinal tract, and the reconstruction treatment of tonics is begun. During this treatment it is essential that each patient be treated as a separate individual. You cannot treat them in a mass as alcoholics. They are individuals differently poisoned, and each one with his separate idiosyncrasies. The older they are, and the more thoroughly poisoned by alcohol, the more you will have to stimulate them during the treatment, and the more slowly will you taper them off from their whiskey. The younger and more vigorous they are, the more quickly can you cut them off from their alcohol. The greater the poisoning and the more long-continued it has been, the more carefully will you watch them and quiet them with hypnotics. If the stomach is in a state of alcoholic gastritis, you will have to let this subside before you can begin your active medication. How this mixture of belladonna, hyoscyamus and xanthoxylum acts, I frankly do not know. If you leave any one of the ingredients out, the reaction of the cessation of desire is not as clear-cut as when the three are mixed together. The amount necessary to give is judged by the physiologic action of the belladonna it contains. When the face becomes flushed, the throat dry and the pupils of the eyes dilated, you must cut down your mixture or cease giving it altogether until these symptoms pass by. You must, however, push this mixture until these symptoms appear, or you will not obtain a clear-cut cessation of the desire for the narcotic. Patients who are very sensitive to mercury are difficult patients to treat, because the liver seems to require that peculiar action given to it by mercurial purges to be properly stirred and properly to excrete substances that are stored up in it, and finally be so stimulated that it pours out its bile in abundance and shows that the desired effect has been reached. The liver is the great chemical factory of the body, and the metabolism that goes on there is, in the great mass, still an unknown factor to us, but the method which is here outlined, though it may seem to you empirical, does produce the effect of a stimulation or rearrangement of the hepatic functions so that the metabolism of the individual comes back rapidly as near to normal as is possible for that individual. The patients realize and acknowl-

edge that they do not desire their narcotic, and they do not feel the need of it. In some of them, a small percentage, there is an actual physical disgust at the smell or sight of whiskey just after they are through with this treatment. Whether or not it is an auto-suggestion of an impressionable type of patient, I do not know. It probably is. It always has been a voluntary expression on the part of the patient. I have never suggested to one that such would occur. True it is that after they are through this treatment they are very much more sensitive to alcohol. Many who have been long accustomed to take without apparent effect a steady daily dosage of alcohol sufficient to intoxicate many others, have found after this treatment that a small amount of alcohol quickly affected them, and affected them beyond the physiologic action, so that they themselves realized that they were rapidly poisoned. As, for example, one man who reverted after I had given him the treatment, while previously he could go on a protracted hard spree of several weeks without having had delirium tremens, after a spree of not more than usual severity developed delirium tremens after three days. There is nothing in this treatment to prevent a man from going back to his alcohol. It sobers them up absolutely, it puts them on their feet in a condition so that they do not mentally or physically crave their narcotic, but as I have said before, there are no chaperone pills connected with the treatment by which they can be prevented from going back to their indulgence. The weakness of their will and personality, the weakness of their mentality, is not immediately fully reconstructed. The after-treatment, in my mind, is as important as the medicinal, and in my experience there is no question that those who go through a course of physical exercise and physical training for several weeks or months are those who soonest return the nearest to normal. The physical necessity of food, the building up by increased daily addition of new food, the burning up of waste products by exercise, and the proper elimination through this same muscular exercise, all bring about a rapid and vigorous building up of body and mind. To treat them as invalids, to treat these people as nervously down and nervously to be mollycoddled, is, in my opinion, a mistake. They should be treated as physical and mental wrecks, to be built up physically and mentally by as vigorous a process as each individual will stand without injury.

I have often been asked what figures I could show regarding the effect of this treatment. When I was giving it in Bellevue Hospital, I gave it to any one who came to me and desired the treatment. There was no endeavor to pick cases, there was no difference made because of the mental condition of the patient or of his previous habits or because of his possible return to unfavorable environment. There were 131 patients treated. Eighteen months afterward I endeavored to look up the records of these men; 43 could not be found; 2 were dead, and 1 was

insane. Of the 85 in whom we could judge accurately of the results, 67 had reverted and 18 had remained abstinent. That is, 78.8% had reverted and 21.2% had remained straight. This is the severest test that I know, and that one could succeed in the ordinary alcoholic wards of Bellevue Hospital in one fifth of the cases is a far better result than one could expect from the usual methods of treatment. Among those who have been given this treatment in a private institution during the past two years, having voluntarily sought the treatment, the results have been much more encouraging. Among these cases the percentage is practically reversed. In 375 patients there have been 46, or 12.2%, known relapses. It has not been possible to follow these patients as accurately as those in Bellevue, but even if we double the percentage of known relapses, the results are most encouraging.

The control of the alcoholic must always consist of the personal control and the state control. The control of one mind over another requires the confidence of the patient in the physician, and the ability of that physician to inspire more confidence in his patient than that patient himself possesses. It is a curious fact of the human mind that those who are weak and are struggling upward are never able to be any better than they think the man who is helping them expects them to be. They seem to be able to go as far as they think the mind on which they lean expects them to go, and they will endeavor to reach that limit, but rarely indeed do they seem to go further. When once they have regained their self-respect and have regained their former pride and vigor so that they can stand on their own individuality alone, then will they go to any limit of which they are individually capable. The control of these people needs infinite tact and never ending patience, and an unbounded supply of good nature. It is only by understanding the individual mind with which one is dealing and working out the psychology of the case where the individual is weak, and finding out in what direction they can be appealed to, that one succeeds in finally helping these patients back to a normal existence. Occupation of some kind with responsibility is absolutely necessary for success with the majority. The reverse of nothing to do and no responsibility to spur them on is a curse that will destroy most of these patients. There has been in the past a distressing lack of legal assistance to control these patients, due to the fact that public opinion would not sanction the deprivation of liberty from the individual. The public mind had not become educated to the fact that these patients were sick, poisoned and not criminals, and they had not become accustomed to the idea that one was justified in controlling such an individual as one would control a wildly delirious patient. The mind in active delirium is not in causal relationship with its past and cannot act intelligently, and must be protected against itself; so too, a mind poisoned by alcohol as soon as it has become degenerate has become also dis-

associated with its past as far as its possibility to react in a normal way, to the motives and incentives that appeal to the normal unpoisoned mind. This is gradually being realized, and to the honor of the state of Massachusetts it has been the first to lead in the state care of the inebriate. Those who voluntarily desire to be helped and go to the physician begging for aid to rid them of the growing poisoning are easily controlled and can be greatly benefited, and this type of patient is the one for which the treatment I have advocated has proved such a gratifying success, but these form a very small proportion of the total cases of chronic alcoholism, and we must, therefore, have some legal control by which the majority can be taken and properly treated. England realized this some years ago, and in 1879 began by having retreats to which people could voluntarily retire to rid themselves of their alcoholic habits, and this idea has proved so successful that now, besides the retreats, they have certified reformatories which receive drunkards from the court and state reformatories where the unmanageable drunkards delivered to them by the certified reformatories are treated. The commission appointed to investigate the workings of the inebriate's acts has more than ever become firmly convinced of the wisdom of the plan they are following, and has recommended further legislation along those lines. Some such plan as this must soon be followed by the various states in this Union. Of course you are all familiar with the workings of your own law in Massachusetts, and the results of the institution at Foxboro, and you are doubtless familiar with the recommendation of the Board of Trustees that this institution should be enlarged and the insane separated from the inebriate class, and this latter class put upon a farm colony. I do not know whether this recommendation has been followed out by your legislature or not, but it must surely come. The recommendation of the Foxboro Board of Trustees has been that the hospital for inebriates for men (1) should receive patients who come voluntarily or are committed upon application, (2) young habitual drunkards placed on probation by the court on the condition that they spend a specified period at the hospital, and (3) suitable cases transferred on parole from the detention colony. The hospital for women would receive patients who come voluntarily or who are committed upon application, cases placed on probation by the court on condition that they spend a specified period at the hospital. The detention colony would receive the non-criminal habitual drunkards from the criminal courts on indeterminate sentence. The criminal drunkards and the degenerates should still be cared for in penal or other suitable institutions. These recommendations are founded on sound common sense and must be followed to reach a successful solution of the problem of drunkenness. A discussion of this side of the question simply resolves itself into a discussion of the wisdom of deciding upon details for each community or each state, the main propositions

being practically axiomatic. As you also know, Iowa and Minnesota have also institutions for inebriates. Connecticut, Vermont, Pennsylvania, Maryland and Nebraska have laws which enable the relatives and friends of inebriates to secure their commitment in these special institutions, where they exist, and to insane hospitals or other institutions, where special institutions for inebriates have not been established. New York has passed an excellent inebriate law, and the trustees appointed under this act are now looking for a site whereon to place their farm colony. This is only for New York City, but it will relieve a situation that has become almost intolerable. The treatment in the hospitals, short sentences and commitment to penal institutions by the courts, has generated an enormous number of hospital and workhouse rounders who spend their time between on the outside getting drunk and on the inside serving sentence or serving time for non-payment of fines, and thus cheating the state out of its dues for their misdemeanors, and doubling the expense by keeping them when they should be out on parole paying the fine. All the forces which touch the chronic alcoholic in New York City have tended to perfect this vicious circle, and we have hopes that the present inebriate act for the city may break this circle and help solve the problem. There is no question that state control has become a necessity for the solution of the present situation.

The prognosis of the chronic alcoholic is an interesting one. My own experience does not include those who have been forcibly retained under state care, but there is no question that the state institutions have shown an encouragingly high percentage of beneficial results, Foxboro showing about half, or 49%, as remaining abstinent or greatly improved; Knoxville, Ia., showing 42%. Drawing from my own personal experience, I should say that those who have accidentally fallen into the habit of drinking, or who through occasional trouble and strain cannot resist the endeavor to relieve the weariness of existence by taking an occasional drink, and when once having tasted it are so quickly poisoned that they surely go to excess, form a class by themselves. They realize their danger and are the ones who seek the aid of the physician. If you unpoison these men of their alcohol, and give them a chance to go on without it, the prognosis is excellent. You can help the vast majority of these cases. In the industrial class of alcoholism, there are many men who are good workers, who through habit or through force of environment have drifted into chronic addiction, but who deserve to be rid of it and who could be much higher in their scale of living if they were more dependable, but who through drink cannot be depended upon. These men if treated, and I have cared for many of them, will also in the majority of cases remain abstinent. It is also true that, among industrial workers, modern machinery and the consequent greater strain of working with more skill and steadiness than formerly has tended toward sobriety, for it has

been a noticeable fact in industrial alcoholism that in work demanding skill and steadiness there has been a notable decrease of alcoholism, and alcoholism among these classes of workers has changed from the industrial steady drinker to convivial drunkenness after working hours. In this country the greatest danger to the industrial workers are among those who work intellectually more than muscularly, and the great drive and worry under which we live through the intensity of competition has created an almost greater danger to the intellectual worker than to those who work by physical strength. While the man who comes voluntarily and begs to be helped has always had the best prognosis, those who are willing to give you a chance to help them because their families desire it have a poor prognosis. There is no inherent desire on their part to stop, and this is especially true if the family and not the individual are paying the expense. None of these patients appreciate what they obtain unless they pay for it. All you do for them is like casting pearls before an unappreciative audience. The prognosis of the convivial drunkard depends largely on the state of public opinion in his environment. If he is in danger of losing caste by drunken sprees, he gradually tends to stop. If such sprees are sanctioned in his community, he usually continues. Many women who drink to excess, in the better classes, do so in the hope of obliterating sorrow or trouble, and the prognosis in them varies in ratio to their ability and willingness to face their existence without the aid of a narcotic.

The conjunction with other narcotics, such as tobacco and opium or its alkaloids, also changes the prognosis in the above groups. If a man has fallen into the habit of opium or morphine, and really desires to be free from it, you may be able to get him off his opiate and keep him off, and he still be not a total abstainer from alcohol, and fall through alcoholism. He is glad to be rid of the slavery of his opiate, but often his environment and the social functions connected with alcohol are too much for him. He may in the end, however, see this danger also, and come to the physician in an endeavor to finally drop the alcohol. The use of tobacco changes greatly the prognosis, and these conclusions have been formed in my mind against my previous prejudices. Among those classes of alcoholics who have otherwise an excellent prognosis, if the patient is a cigarette smoker, the chances are even that he will return to his alcoholism. If he smokes a pipe or a cigar, the chances are about 3 to 2 that he will not return. If he does not smoke at all, the chances are about 8 to 2 that he will not return. I have seen patients who, try as they would, could not resist the sudden desire to take the single drink that was their invariable undoing, but when made to drop their cigarettes, these recurrent waves of temptation ceased to occur. It is the constant nag of incessant small doses of tobacco that generates this uneasy craving desire that they cannot control, and if you remove this, you will enormously improve

the prognosis. The prognosis of those who are congenitally weak, those who form the class who cannot stand the strain of existence and turn to a narcotic as a support, is extremely poor. This is true whether it is, as I have said before, among the shiftless poor or the vagrant rich. If they have no steady occupation, with no responsibility to hold them, and with a natural inborn tendency to seek forgetfulness in narcotics, nothing but permanent care will avail. They are a class who are practically doomed for the scrap heap of humanity.

Symposium.

CONFERENCE ON "DISEASES AMONG SCHOOL CHILDREN AND THE REMEDY."*

INTRODUCTORY REMARKS.

BY EDWARD O. OTIS, M.D., BOSTON.

This meeting has been arranged in response to a request from the chairman of the Boston Consumptives' Hospital desiring our advice and assistance in regard to a communication received by him from his Honor Mayor Fitzgerald. In this communication of the Mayor's attention is called to the results of the examination of 42,750 public school children, reported by the chief of the Bureau of Child Hygiene of the Boston Board of Health. It was revealed by this examination that only 35% of the children examined were up to "physical par," while the remaining 65% were found to be defective or suffering from some definite disease more or less serious.

These facts, together with his Honor's letter, have already been made public and received attention in the newspapers. In his letter to the chairman of the Consumptives' Hospital, Mayor Fitzgerald requests him to examine into and report on "What the city may and should do to correct such physical defects in school children as have been or are likely to be found by the school medical inspectors," and it is the object of this meeting to render what assistance we may in the carrying out of this request. The facts surely call for the most serious consideration; and the sole purpose of this conference is to make, if possible, such practical suggestions as will aid in remedying this condition. We are not here to criticise things done or left undone, but with an earnest desire to help the situation if we are able.

Of course all the diseases and defects enumerated in Dr. Gallivan's report cannot be considered in one evening, the list is unfortunately too long for that; but the more prevalent and important ones will be discussed by the physicians—all experts in their several departments—who will address us to-night; and it is only through their regard for the public welfare that this meeting has been made possible. The first speaker hardly needs any introduction to a Boston

audience, Dr. Richard C. Cabot, physician of the Massachusetts General Hospital, and professor of medicine in the Harvard Medical School.

DISEASES OF THE MOUTH, THROAT AND CHEST.

BY RICHARD C. CABOT, M.D., BOSTON

I HAVE been asked to speak on what ought to be done to remedy defects found by examinations in relation to diseases of the throat, mouth and chest among children. I know nothing about the throat to speak of, and what I have to say will deal mostly with the chest.

The first thing I would say is that anything that effectively improves the health of school children is going to cost a good deal and increase taxes; we must make up our minds to bear that increased expense. All public health work is expensive if it does any good.

For the proper management of diseases of the throat, mouth and lungs, and of all other diseases in the schools, we need school clinics attached to and managed by the schools, where physicians shall diagnose and treat all diseases of school children unless their parents signify that they prefer the treatment of a private physician. It seems to me entirely irrational to have in the schools all the means of finding out defects among the children, and then do what amounts to leaving them unremedied. We now send children for treatment to the family physician, or to hospitals. The family physician will never be expert enough to know what adenoids are to be taken out and what left in. I don't believe that the family physician will ever be expert enough to recognize incipient tuberculosis or to know which cardiac murmurs mean heart disease and which do not. I have not the least idea that one of every forty-two children has heart disease, as the recent examinations of school children seem to show. I think the inspectors have done the best they could, but I doubt if so many children are really suffering from heart disease, and this illustrates what I mean when I say that it is impossible for practitioners not especially trained in those things to recognize and treat the defects of school children effectively.

If, on the other hand, the children have to be carried back and forth to the hospital, their condition cannot be observed minutely from day to day, as it could were clinics attached to the school. In the schools the children have to be present every day and so their condition could be checked up frequently in the clinics. Or if they are not there, but kept home by illness, the nurse can see them frequently in their homes and report to the school clinic doctor.

The central point in all these defects seems to me this,—that if you mean business, if you really mean to put so much time and money into these things, if the state is ready to pay physicians to diagnose diseases, then it ought to follow up diagnosis by treatment. Otherwise the money and bother spent on getting the diagnosis is largely wasted. Only in school clinics will treatment ever be effective.

*The following papers were read under the auspices of the Boston Association for the Relief and Control of Tuberculosis, Jan. 31, 1912.