

THE INHALATION OF CIGARETTE SMOKE, AND ITS RELATION TO CHRONIC ALCOHOLISM.

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FOR literary purposes some time ago I began to study the psychology of inebriety. During the investigations I became startled by certain pathological facts, constantly observed, and—to me—highly suggestive. I made careful notes of forty-eight cases of chronic alcoholism. The subjects were all men, and all belonging to the upper classes of society. An overwhelming majority were confirmed inhalers of cigarette smoke, and *a definite connection between this habit and the habit of inebriety was fully established in their minds.*

Out of the forty-eight subjects, four were non-smokers; three were confirmed pipe smokers, and had nothing to tell me; six ridiculed any connection between cigarette smoking to excess—with inhalation—and drink: but these six were, nevertheless, heavy cigarette inhalers themselves. The remaining thirty-five gave deliberate testimony in support of my own theory—*i.e., There is a well-established liaison between drinking and inhaling cigarette smoke, and a strong possibility that inhalation is an abettor of, and in some cases a predisposing factor in, alcoholism.*

I quote eleven cases, taken at random from my notes:

CASE A.—History. Man, aged forty-five; public school; athlete; won brilliant scholarship Oxford; drank heavily there; afterwards in London obtained recognition as promising writer; became chronic alcoholic; suffered three times in delirium tremens; has sunk out of society.

Testimony. "I have always been an inveterate inhaler of cigarettes, and could never drink comfortably without them. The two things go together. A bottle to a bottle and a half of whisky was my usual daily allowance for long periods of time."

CASE B.—History. Naval lieutenant, retired; chronic alcoholic with semi-frequent crises; cigarette smoker—cigarettes always inhaled—thirty to forty every day. Age about forty-five.

Testimony. "I cannot drink without them, and cannot smoke them without drinking."

CASE C.—History. Retired Army captain, holding post as secretary of golf club on the Continent; chronic alcoholic, though man of splendid physique; made me complete confession of personal habits; aged forty-four.

Testimony. "I smoke fifty '—' cigarettes each day" (these are a strongly opium-impregnated brand, largely sold in the locality). "I could not possibly do without them. I cannot give up whisky, but if I do not inhale cigarettes while drinking, a mental change comes over me which is difficult to explain, but which is dreadfully distressing."

CASE D.—History. American painter; might almost certainly be called chronic alcoholic; aged forty-six; could not possibly give up drinking; though still adequate in his art, he seems to depend upon the supply of alcohol. Highly intelligent and interested in his own condition.

Testimony. He told me that he is certain in his own case, and in the case of many other alcoholics who have discussed the matter with him, that the inhalation of cigarette smoke is a direct incentive to over-indulgence in alcohol. He also told me that, at times when he has given up the inhalation of cigarette smoke and taken to a pipe—when he does not inhale—he finds no difficulty in doing without alcohol to a large extent. At the same time his art suffers.

CASE E.—History. Ex-clergyman; Oxford Don and Army coach; aged sixty-three; hopeless inebriate; living on Continent.

Testimony. "The hot smoke at the back of my throat before I draw it down into the lungs makes the necessity of drinking pleasurable. There is undoubtedly a connection between the two in my case, though how they are interdependent, and to what extent one is responsible for the other, I am unable to say. The connection exists."

CASE F.—History. Public-school man; for a time well known on concert and operatic stage; beautiful voice, now ruined; on the verge of chronic alcoholism; aged thirty-five.

Testimony. "Ruined my voice by inhaling cigarettes and drinking too much. Whisky seems to go with them. Cannot do one satisfactorily without the other."

CASE G.—History. Great artist—for obvious reasons, I cannot further particularize. A definite inebriate, though this is only privately known.

Testimony. Has told me that he does not enjoy drink unless he is smoking cigarettes, and that pipes, the smoke of which does not have the same effect upon inhalation, are useless to him. Is of the opinion that the inhalation of cigarettes definitely led to over-indulgence in alcohol in his own case.

CASE H.—*History*. Young engineer ; aged twenty-seven ; inmate of one inebriates' home after another, and an utterly hopeless case.

Testimony. Explained to me that he *must* have cigarettes while drinking, but he was too mentally inefficient to give me any theories upon cause and effect.

CASE I.—*History*. Elderly, retired solicitor ; aged probably sixty or sixty-two. He is a periodic inebriate who comes to a home after a terrible bout of alcoholism—say three times a year. Charming and cultured man.

Testimony. He is a great pipe-smoker in his non-alcoholic intervals. He told me that, during his drinking periods he never smoked a pipe, but “fiercely”—his own word—inhaled the smoke of cigarettes.

CASE J.—*History*. Man of thirty ; good public school ; son of a well-known stockbroker ; chronic alcoholic.

Testimony. “Cigarettes are the devil, and you cannot smoke them without inhaling. This grows upon you. Inhaling a pipe is not the same. There must be something in the paper round the cigarettes. They make you want whisky—I know they did me—and then I could not do without them, just as I could not do without whisky.”

CASE K.—*History*. Young foreign gentleman of good family ; hopeless ; must spend all his life in the seclusion of homes ; wealthy, and realizes that he cannot be allowed freedom. Smokes pipes constantly.

Testimony. Has said to me : “I dare not smoke cigarettes now”—this was in an inebriates' home where I saw him. “If I did smoke cigarettes the desire for drink would be so great that, if I could not satisfy it, I should probably kill myself.”

This article pretends to be no more than a note of interrogation. My view is that a layman may properly do useful work in the collection of evidence in support of a theory which he must leave the expert to examine. It would be presumption on my part to attempt more. Nevertheless, I will say this : Many years ago I wrote a tale dealing with the subject of cigarette inhalation. The book was written in a village where stands the largest County Lunatic Asylum in England. I knew most of the medical staff socially, and many of them were kind enough to help me with my work. I thus obtained some knowledge of the effects of tobacco poisoning—functional amblyopia, loss of precise colour vision, and so on. One thing I then learnt was that, in confirmed inhalers, there was almost always an increased secretion of hydrochloric acid in the gastric juice. Is it possible, therefore—like Miss Dartle, I “only ask for information”—that here is any explanation of the facts I have observed ? I should not even

venture to ask the question, were it not that I consulted a medical man upon the possibility. The mere psychologist must intrude very warily upon other, and more exact, domains !

Finally, I certainly believe, as I equally certainly stand to correction, that it is the *paper covering* of the cigarette, far more than the tobacco itself, which does the mischief. *Pipe* inhalation, always sporadic, is always unsatisfactory to the drunkard. The burning of even the finest rice-paper invariably liberates carbon monoxide, and in course of time the blood of the inhaler is inevitably charged to some extent with CO.

It is with a hesitating pen that I write. Yet my notes are so exact and complete that only clear scientific proof would persuade me that I am the victim of thirty-five coincidences, and am talking nonsense. In this short excursion, nothing more than suggestion is possible. But if any reader requires more fully detailed instances, I am at his service. My sole hope is to initiate a *point d'appui*.