THE PROBLEM OF STATE CARE OF DRUG
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Whenever a problem concerning the body politic or the stability of society or its well-being presents itself to the general public for solution, that general public has its interest aroused and held by sociologic societies, civic and women's clubs, pulpit speakers, chambers of commerce, newspapers and innumerable other agencies. This combined public interest points the way to the governing civic bodies and helps them to a greater or lesser degree in the matter of arriving at the most satisfactory solution.

Whenever a problem of public hygiene and health whether of white plague or black or red, whether of meningitis or acute infantile paralysis, confronts the minds of the public, that public turns instinctively to the opinions and plans of the medical advising and governing bodies for advice and direction.

In the matter of the first problem, leadership is never lacking; leaders are not slow in collecting in their wake a sufficient following to lend weight and strength to their investigations and conclusions.

In the problem of the second sort, the workers in the field seeking the solution present less diverse types than do the first. It usually rests with men whose minds are prepared by special education, by professional training and the instinct which develops with such training, to seek the basic cause of the difficulty. This located, the medical profession has never been averse to pointing directly to the answer.

We are coming now to a third type of problem, viz., that problem which presents a civic and politico-economic side on the one hand and a distinctly medical side on the other. In the consideration of one of this type, we have the necessary coordination of the lay or purely civic organizations and the medical bodies which are more or less exclusively scientific. Each, strong in its own field, is prone to revolve in the circle of its own ken and in the end the scientific man must invade the field of the civicist; that is, he must trespass on ground without the scope of his own direct work, in order to bring the results of his own investigations to a practical demonstration.

Sometimes in the solution of all three types of problems, thinking, conscientious men are attacked, their investigations are interfered with and belittled, and their conclusions are assailed. This especially applies to those cults and isms which approach any conclusion of the legitimate medical profession as one prompted by selfish interest and worthy of attack. However, these attacks have their virtues, for they constitute a "proving by fire" which makes for more thorough investigation. At any rate, it has a more salutary influence than has the deadly indifference to both investigation and conclusion, which so often is encountered in the consideration of any question which is really stupendous and far-reaching.

While all of this is trite and savors much of platitude, it is the history of the lay, civic and medical consideration of the disease, the neurosis, the habit, the crime—whatever one wishes to call inebriety.

The medical profession has long called this incubus a disease, while the general public has looked on it merely

as a vicious habit due to the wilful immorality of the habitués and there remains in the mind of the public the almost ineradicable idea that if this is a disease it is incumbent on the medical profession to cure it. We have pointed the way, but because of the unbelief of much of the public and the limitations of the medical man in the course of his treatment, we have been and are, in the main, unable to answer to the challenge: "Cure."

With the limitations placed on us, and the hopeless indifference of the public both in private and civic capacity, the majority of medical men have tacitly acquiesced in the *laissez-faire* policy which has hemmed this subject about since cognizance has been taken of the futility of the usual police court dealing with the inebriate.

Every writer on this subject prefaces his remarks with a definition of the condition and does what he can to make deductions as to the pathologic states and their needs. The first legislation on the subject was the Inebriates' Act of 1879 in England. In a footnote in the first report of the Inspector for Ireland for 1903-1904 (p. 16) the following comment is made:

"An habitual drunkard" (or inebriate) is defined under the Act of 1879 as meaning a person who is, by reason of habitual intemperate drinking of intoxicating liquor, at times dangerous to himself or herself or to others or incapable of managing himself or herself or his or her affairs."

Dr. Irwin H. Neff in a paper before this section last year read six conclusions which, in his own words, "may be considered as an attempt to establish a clinical entity for inebriety."

I will quote only the first:

"Inebriety is an expression of nervous weakness or nervous instability; used in the simplest sense it could be called a psychoneurosis, many cases showing symptoms which are found in neurasthenic states and allied conditions. Addiction to alcohol is a symptom of an unstable nervous system, and the contrary view, expressed by laity, is not justified by clinical observations or experience."

Inasmuch as the first serious attempt to deal with the question was made in England, a few words on the working of the inebriate law there will not be amiss.

INEBRIETY LEGISLATION IN ENGLAND

After thirty years of more or less effective legislation in England, the Home Secretary desired a report from a committee appointed to investigate workings of the Inebriates' Act. The committee was appointed in 1908, and consisted neither of agitators nor officials concerned in the administration of the acts, but of magistrates, members of Parliament and representatives of the medical profession. During this hearing before the committee, the following facts were brought out:

"During the years between 1805 and 1870 public opinion became impressed by the need of some means for the proper treatment and control of inebriates, the then existing method for dealing with them being simply the resort to fines with the possibility of repeated short sentences of imprisonment.

The futility of short sentences of imprisonment was widely recognized alike among prison authorities, visitors to prisons, and magistrates who saw the same drunkards coming habitually before them, in no way improved by the short prison sentence. The feeling culminated in the appointment of a select committee in 1872 and the subsequent presentation to Parliament of a bill designed to meet obvious requirements. The report of that select committee was emphatic. Some of its suggestions have not yet been carried out, although their truth and efficacy has become more and more obvious." (Minutes of Evidence Relating to Inebriate.)

* Read in the Section on Nervous and Mental Diseases of the American Medical Association, at the Sixty-Second Annual Session, held at Los Angeles, June, 1911.

The act of 1879, as presented to Parliament, consisted of two parts; one providing for the voluntary commitment and a second providing for the compulsory commitment of inebriates. But the people were not prepared for such a far-reaching measure, and probably shied at anything partaking of the nature of temperance legislation as quickly then as they do now, and the act was shorn of its compulsory phase.

In 1892, active interest in the subject was again displayed and a departmental committee was again appointed. Their recommendations led to the passage of the act of 1898 which permitted the incarceration of inebriates who came within the purview of the law, because of crimes in which drink was a contributing cause, and those who had been convicted of drunkenness three times within a year. Under the act of 1879, during thirty years, thirty-two private licensed or certified institutions were established, an average of twenty have been in constant operation, and 7,500 patients have entered voluntarily. These voluntary entrances are really entrances under the effect of much pressure on the part of relatives and friends.

During the five years ending in 1908, Lady Henry Somerset's Retreat housed about 500 inmates and only twenty of these came absolutely of their own accord.

Under the act of 1898, fourteen institutions were in operation, handling a sum total of 2,770 patients. The number of reformable persons sent to these institutions is much less than was anticipated. A considerable number of persons committed from police courts were violent, unmanageable persons, who required stronger measures than it was desirable to enforce in certified reformatories. During the first twenty-one months of the act's practical existence, eleven inmates proved themselves too uncontrollable to be dealt with in certified reformatories, and had to be discharged. This led to the establishment of state reformatories, in which were received only the refractory cases.

The first home established provided no special occupation for men, and provided no means of segregation. The women were provided with a certain amount of outside work and were to some degree segregated.

The principal difficulties confronting those who were seeking the solution of the problem in England were and are:

1. Popular indifference and unbelief.
2. Establishment of homes or retreats by inadequately endowed charitable organizations.
3. Absence of police control in the retreats established. Refractory patients were perforce discharged if they were only bad enough, and a premium was thus placed on misbehavior.
4. Lack of trained attendants in the retreats. This, in the words of Lady Henry Somerset, "constitutes one of the greatest secrets of the weakness of the plan."
5. Lack of classification of cases. Many people are classed as inebriates who are in reality habitual criminals with inebriety added.
6. Lack of practical knowledge as to the time necessary for care of curable patients.
7. Lack of a definite uniform system of identification and parole.

There is an old saying about experience being an unfailing teacher and some one has added to that: "But not the other fellow's experience." "The other fellow's experience" has been a long time in making any impression on the voting and tax-paying public in America. On the few enthusiastic souls who have been laboring in the field, both the medical men, officers and sociologists,

it has left its imprint, and they have struggled courageously if somewhat vainly to pass the message on to the public.

The campaign of education which they have instituted has resulted in a few states in well or badly balanced efforts in the direction of care for cure and control of the inebriate user of alcoholic liquors and narcotics.

But this is a representative form of government and the American public stands somewhat aghast at anything which savors of paternalism. Some one has said: "This is a government of the people, for the people, and by the representatives of the people." Unfortunately, representatives of the people stand aghast at any measure which requires missionary work to make it acceptable, and especially when it centers or revolves about anything which savors of that politically tabooed word "temperance." Again, granting that legislators are willing to enact legislation along this line, they have before them the question of patronage; and patronage has ever been a potent word to the politician.

In the establishment of some at least of these institutions in the past: (1) politics have not been eliminated; (2) attendants have not been chosen with close attention to their absolute fitness; (3) means have not been placed at the disposal of the staff, if trained, to enable that staff to accomplish the best results; (4) the type of commitment has been wrong; (5) the time of commitment has been too short; (6) opportunity for proper occupation has been lacking; (7) the governing boards have not been chosen with a view to their fitness in the direction of such institutions.

In several states, laws have been passed permitting the incarceration of inebriates in hospitals for the insane, for cure and control. At the annual meeting of the California State Medical Society, this year, this policy was defended by a medical man who had been engaged in the work in Pennsylvania. He considered that the results were very satisfactory. In connection with this, permit me to quote Dr. Frank Woodbury, secretary of Committee on Lunacy of the Commonwealth of Pennsylvania:

"These patients, strictly speaking, are not insane, and do not come under the supervision of the Committee on Lunacy, and are really intruders in the hospitals for the insane. Not being insane, they constitute a very troublesome class, as they are very discontented and are constantly exciting the other patients to insubordination and are plotting their escape from the institution." (Personal communication.)

Dr. George Donahue, superintendent of State Hospital for Inebriates at Knoxville, Iowa, says:

"While I can conceive that the commitment of the inebriate to the state hospitals for the insane is not the most desirable plan, it is the one that has usually been adopted by the older states as a beginning of an inebriate institution. After they are cared for at the state hospital for the insane for some time, a separate hospital is soon established for them." (Personal communication.)

During the months from September, 1910, to March, 1911, I sent out approximately 500 letters of inquiry concerning:

1. The need of a state institution for the care of inebriates, with or without pay beds for those able to pay.
 2. The wisdom of a state institution as above, plus the licensing of private institutions for the care of patients for cure and care of patients for control.
- Approximately 300 replies were received. Out of all of these writers there were five who denied the wisdom

of such a policy, stating that the law of some states permitting the incarceration of inebriates in hospitals for the insane to be quite sufficient.

One medical man who had had ten years' experience in state farm work wrote:

"To put the case in a nutshell, state institutions have been disappointing for the reason that the majority of the patients sent to state institutions do not have a sincere desire to be cured. I believe that every state should have a good moderate-price institution where inebriates could be given proper care at moderate cost, or at the cost of the state if necessary, but I have no faith in spending money trying to cure people who do not care to be cured."

Thirty-one agreed as to the need of a state institution but emphasized the need of licensing private institutions for the care of those able to pay, for two reasons:

1. Desires of patients to go to private rather than public institutions.

2. Large amount of capital invested at present in thoroughly equipped private institutions.

Fifteen condemned the licensing of private institutions under state supervision as always being inefficient and characterized by lax supervision.

Ten writers approved state institutions for legal commitments of alcoholic offenders and both types of institutions for voluntary commitments, but considered the delegation of any police power to a private institution to be injudicious and impractical.

Twenty-one approved of some pay beds in state institutions for voluntary commitments, and enforced payment of costs of maintenance by those under commitment following arrest, if such individuals were possessed of sufficient means to pay.

The remaining replies assented to state control plan without comments. The analysis of these replies, sent from representative men and organizations all over this country and from England, places practically all of them on the endorsement side of state institutions for care and control.

The licensing of private institutions is sparingly endorsed, the quality of the supervision is questioned, the delegation of police power is condemned, and a serious question is raised as to the ability of such private institutions to provide occupations for inmates. This makes a limited endorsement of the voluntary curable patients only, for private institutions under state license. Private institutions as places of mere detention are out of the question.

If then it be admitted that a state institution is necessary, there remain two things to consider:

1. What has been accomplished?

2. How may the results be increased?

The limits of this paper permits considering the methods and results in but a few institutions and of these we will choose the following:

1. Foxborough State Hospital (Massachusetts).

During the time from April 1, 1908, to Oct. 1, 1910, there were 777 new admissions; of these, 324 were counted favorable, i. e., cases of patients likely to be cured or to receive marked benefit from treatment. The unfavorable numbered 453.

Abstinent since discharge, 28 per cent.

Much improved, earning livelihood, 21 per cent.

Unimproved, 36 per cent.

Of sixty-two subjects of morphin addiction discharged, 18 per cent. have remained abstinent. Many of the cases were not at all desirable from a hospital point of view.

Foxborough has asked for, and lately received, something like 1,200 acres of ground for use in connection with its institutions and they are expanding both in the number of occupations possible to follow and in the

amount of work done along any one occupational line. They are, however, still struggling with the problem of voluntary commitments terminable at will, and with the problem of handling the mildly insane in the same institution.¹

2. Knoxville, Ia.

The authorities at Knoxville, Ia., sent out 774 letters of inquiry concerning inmates who had been committed and released during the previous two years and received 365 replies. Of the individuals concerned in these replies, thirty-eight had never returned home, 214 had not relapsed, fifty-four greatly improved, twenty-nine relapsed after a year or two, thirty began drinking at once and eight were reported worse than before commitment.

Of the entire number treated, 214 known to be cured plus 105 who are making regular reports, but concerning whom answers to the letters were not returned, gives us 41½ per cent. cured and living up to their parole.²

The present needs of the institution are greater opportunity for industrial occupation, shops of various types where, after an inmate had recovered sufficiently to do a reasonable day's work and had become profitable enough to cover some of his own expenses, a wage allotment could be made to him, to go to his family or to be reserved for him on his parole.

One of their chief difficulties is the restraint of their patients and this is emphasized by their experience in failing to control them while they made use of the insane hospital plan, prior to adopting this present one.

A personal communication from a member of the Board of Control of State Institutions of Iowa says:

"While the institution has done a great deal of good, it has only been partially successful. If run along the lines that we have been using, we do not think it would be advisable for your state to start such an institution. This institution should be conducted as a hospital and the supervision and control should be similar to that in the state reformatory or penitentiary. We intend to do that with our institution in the near future."

3. Duxhurst, England.

This institution, a private licensed one founded by Lady Henry Somerset and superintended by her, emphasizes occupation, relaxation and *religious influence* in the care and control of these cases. Refractory patients are sent to state farms.

In a personal communication, in March this year, she says:

"We take no patients under one year. Our medical man reckons that, taking the sixteen years over and calculating cures only at two years, we have about 60 per cent. of cures."

Her testimony given before the investigating committee emphasized the need of *intelligent* supervision of licensed institutions, trained staffs and more complete segregation of cases.

New York City, enabled by a special act of the legislature, is now perfecting and putting into force what will probably prove to be the most complete example of meeting the problem that has yet been devised. It consists of a proper system of identification and parole, sentences for repeaters graduated from a minimum sentence of six months to three years at the State Hospital, under parole regulations and on the undetermined sentence plan, sending repeating incurables to the state farm for three years and recommitting them on release as necessary.

This serves to emphasize what this body already knows about this subject, and if one will turn to the reports of state boards or of the National Conference of Charities and Corrections, one will see it all stated clearly and explicitly. But, unfortunately for the prog-

1. Annual Report, Foxborough, 1911.

2. Supt. Second Biannual Rep., Knoxville, Iowa, 1908.

ness of the plan, the general public does not read them, and up to this time the reports have not found an audience through the columns of the public press.

If Neff, Crothers, Homer Folks, Bailley Burritt and many others equally well informed could gain the public ear, there would not be so much evasion in the handling of a subject which the whole world is forced to admit has been dodged rather than met.

Rosanoff's statistics showing 28 per cent. of cases of insanity in New York, and 30.6 per cent. of the cases in Massachusetts to be due to alcohol, together with the investigation of others showing a percentage greater than either of these in the causation of imbecility and epilepsy, must of necessity bring to the minds of all who cease their running long enough to read, the necessity of legal intervention in the matter of control of the incurable and in the direction of the cure of the curable alcoholic.

Statistics concerning alcoholism, imbecility, epilepsy, idiocy, crime and poverty are always incomplete and misleading. But if one will take the time to go through one institution for the cure of defectives; if one will investigate as far as possible, and in the incomplete way that such things must be investigated, the life history of one small group of exceptional children, one can draw conclusions that can be made interesting and instructive to the public. If one will consult with active members of any board of charities and will direct one's attention merely to the cost to charity of the mighty problem of alcohol, some further facts of the value to the public can be elicited.

If one will direct another line of inquiry to any board of charities in any given place, and exclude all doubtful cases, one will be appalled at the number of homes disordered and disorganized by the same agency.

If, in still another direction, one will turn one's attention and estimate the tremendous cost in jail and police court expense, to say nothing of the cost of maintaining such patients in public hospitals and almshouses, where again they constitute an exceedingly trying and disturbing element, one can easily gather data to show the tax-paying and tax-voting public the economic value of institutions for cure of curable and control of incurable drug and alcohol habitués.

Inebriety absolutely surrounds the questions of the spread of tuberculosis and the red plague, and if the medical profession will include it in its campaign of education on the latter subjects and individually and collectively seek to induce the general public and the mouthpieces of the general public to become interested in this, it will make tremendously not only for the saving of much now ill-spent public money but also, what is of infinitely more importance, it will mark an epoch in the conservation of human values.

CHRONIC ALCOHOLISM

WHAT CAN AND WHAT CANNOT BE ACCOMPLISHED BY TREATMENT *

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Until the last quarter of a century, alcoholism was almost universally regarded as a mere moral perversion, a bad habit entered into and continued because of moral degeneracy. Numerous efforts were made to reclaim and reform the drunkard. Almost all of these consisted in an

appeal to the moral and emotional nature of drinking men and many were thus influenced to abandon the use of alcohol, but a large majority were unreached by these efforts. In more recent years, the wretched condition of these men has appealed strongly to scientific men who were students of human nature as well as of abstract science, and the causes or influences which lead such men to enter on and continue the use of alcoholic beverages has been studied from every view-point. These studies have fully established the fact that only in a very small percentage of cases is alcoholism a mere moral perversion, but that it is in the truest sense a disease, a disease having a well-defined and demonstrable pathology. Since the disease theory of chronic alcoholism has been accepted, the questions have naturally arisen: What can be done by treatment for this disease? Is it curable? To this last question both an affirmative and a negative answer can be made and each will be correct when applied to a certain class of cases.

Chronic alcoholism is not only a disease itself, but in many instances it springs from other diseases and it is certain that other diseases grow out of it. These diseases may be either physical, mental or moral. To cure any disease, the cause must be removed. In some cases of alcoholism this can be done by treatment, in others it cannot; hence the question naturally arises: What class of cases is curable and what is not? In endeavoring to answer this question, it is necessary to consider the type of the addiction as well as the influences which led to its formation. For the purpose of study, as well as for treatment, it is best to divide alcoholic subjects into two general classes, regular drinkers and periodical drinkers.

There is wide difference between the influences which lead the periodic alcoholic to go on a spree and those which prompt the regular drinker to continue the use of his beverage.

REGULAR DRINKERS

Probably 80 per cent. of all persons who habitually drink alcoholic beverages form the habit inadvertently, unintentionally and without any definite purpose in view. Among them may be found persons of the highest aims who, primarily, had sound bodies and minds and good habits, but who began the use of alcoholic beverages in a social way or with the erroneous idea that the effects of the alcohol would protect them from some prevalent disease, such as malaria, etc. Such persons continue the use of alcoholic drinks without mature thought as to their effects on them and certainly without any purpose to go to excess or to dissipate in any way; but no matter how begun, the frequent use of even a small quantity of alcohol creates a demand for increasing quantities, and this grows by almost imperceptible degrees until there is a daily consumption of considerable quantities of some alcoholic drink.

For a time the effects of this beverage seem to improve the health, to impart greater mental and physical vigor and generally to promote the well-being of the subject, but these benefits are more apparent than real. In fact, they are not real at all. The effects of this agent having merely built up a state of apparent hyper-nutrition by increasing fatty metabolism and decreasing waste. In this manner an unwholesome bodily state is brought about in which the demand for the effects of alcohol is increasingly felt, and because of which the victim is only comfortable when under the influence of alcohol. Almost imperceptibly the demand for stimulants grows, the victim becomes more and more depend-

* Read in the Section on Nervous and Mental Diseases of the American Medical Association, at the Sixty-Second Annual Session, held at Los Angeles, June, 1911.