

## THE PERSONALITY OF THE DRINKER.

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SIR JAMES PAGET wrote: "People love to be cured by wonder,"\* and he pointed out that the cured case is noised abroad, while the persons who have not been cured are not disposed to publish their folly.†

It would be equally true to say, "people love to be cured by alcohol"; unfortunately, those whom alcohol does not cure of real or imaginary ills are apt to go on taking their chosen remedy, until the medicine has itself become a disease.

It must be borne in mind that there is a great difference between the man who simply drinks too much for pleasure, or because he finds it good for trade, as in the case of certain commercial travellers, also with the Animier-Mädchen,‡ and the drinker who imbibes because, by reason of a pathological condition, he is unable to help it. There are times when extremes meet, and the border line is difficult to define.§

S. W. consulted me at the beginning of the present year. He was a man of obviously alcoholic habits; he wore a huge watch-chain, which looked like gold, with a ring of the same quality. He explained that he had been obliged to drink too much, on account of the position he held in the political world, and added

\* Quoted by H. T. Butlin in the *British Medical Journal*, June 18, 1910, p. 1468.

† *Ibid.*

‡ Kanthack de Voss, "The Animier-Kneipe," *British Journal of Inebriety*, July, 1910.

§ Dunning: "The Boundary Line between Chronic Alcoholism and Alcoholic Insanity," *American Quarterly Journal of Inebriety*, vol. xxv., p. 354.

that he had not the slightest intention of becoming an abstainer, but that he required something to keep him in form until after the election.

Men like my patient are to be found everywhere : they are to be seen in the refreshment room at every railway station, and at most public entertainments ; they are ready to tell everyone how a fortune can be made, but they never make one themselves ; they can show everyone, from the Prime Minister to the proprietor of the latest skating-rink, how things should be managed.

The dominating feature of such a personality is *self*. Many of these men hold, or have held, good situations, and are clever at their trades ; the one thing they can never understand is that other people can see through them. I have been to the homes of some of these men, and thus learned their true character. The wife is invariably half-clothed, underfed, often anæmic, old before her time, and not infrequently the wreck of a once beautiful girl. I have never met one of these who could live up to the face-value of his own bumptiousness.

To another class belongs the man who is not objectionable, but who just drinks when he has extra money, or when he is not better employed. Men of this class are generally weak in character, but not bad at heart ; those who drink because they like it are of this class. It is easy to cure these men if their environment can be changed ; sometimes they pull themselves together if sufficiently roused. I know a man who drank to excess for years ; on one occasion the landlord of his favourite bar insulted him to such an extent that he said he would never go near the house again. He kept his word, and has now been a total abstainer for many years. The tendency of pleasure-drinkers is to drift on into excessive drinking, until overcome by inebriety or cirrhosis of the liver.

Speaking of pathological drinkers, why should individuals be compelled periodically to debauch themselves against their will and better judgment ? Why is it so irresistible ? It is the call of the unsatisfied, of the miserable, of the depressed.\* Pathological drinkers do not drink simply because they like the taste of their beverages ; they drink because they cannot help themselves. "Moods and emotions are the determinants of conduct," wrote Herbert Spencer.†

\* Williams, A. : "The Psychological Basis of Inebriety," *New York Medical Journal*, April 24, 1909.

† Spencer, Herbert : "Principles of Psychology," London.

The alcoholics I have met with may be broadly grouped into three : (a) The moral imbecile class ; (b) the neurasthenic class ; (c) the dipsomaniac or epileptic class.

#### MORAL IMBECILE DRINKERS.

*The moral imbecile class* know perfectly well that they ought not to take alcohol, but they have not the pluck to say "No," or to deny themselves the pleasure of a drink. Early training has much to do with the making of an inebriate of this kind ; a youth who has been brought up at his mother's apron-strings is not fit to go straight into a large public school or to a University.

Let me outline a typical case :

Y. Z. was a public-school man, a Cambridge M.A., and a clergyman of the Church of England. He had lost one curacy after another because of his drinking habits. He was married, and had two children. His wife, fortunately, had a little money of her own, and on this she kept herself and the children, whilst the husband lived on the charity of his mother. Previously to coming under my care he had been living as paying-guest with some ladies in the South, where he had the constant supervision of a lady nurse. The first fortnight he was with me I gave him my companionship, and attended to his general health, but I noticed that he drank on the sly. One night, about the end of the second week, after going to bed, I heard a terrible banging in one of the bedrooms. I got up and went to this patient's room, when he coolly asked me to hand him a box of matches, which was on the chimneypiece, and which he preferred to have on the table by the side of his bed. I then went on a different tack and tried coercing him, and found it answered much better. He kept sober for a month, and then persuaded his mother to take him back home. I dare say he had a drink before being re-tied to his mother's apron-string. After he left, a bill for over 30s. came in from a sweet-shop in the neighbourhood. This gentleman seems to have found it necessary to indulge his palate in some extra, so had taken to chocolates whilst staying where beer was not allowed. There must be something very wrong with a clergyman who would leave his wife and family for the sake of his beer ; the man who would call up his doctor in the night to hand him the matches must have a very distorted notion of the relative value of his comfort and mine. If I had this man in a Government retreat, I should have put him to do ordinary manual work, and kept him off

chocolates as well as without beer. Such a man is not fit for the position of a gentleman ; he is a reversion to an earlier type. Perhaps he might have done very well as an unskilled labourer, under supervision ; as a clergyman, he was out of environment.

#### THE NEURASTHENIC DRINKER.

The male inebriate of the *neurasthenic type* is of quite a different personality. He is often a keen man of business, and falls accidentally into habits of taking alcohol ; he is a product of modern civilization. A man of this kind is presumably to blame for taking his first drink ; afterwards, he is not guilty in the usual meaning of the word, "since guilt implies choice,"\* and he cannot break off his habit whilst in the maelstrom of City life.

Some few years ago I received a gentleman of this kind into my house, prescribed electric baths and strychnine injections ; at the end of three weeks I sent him home relieved, and I heard some time afterwards that he was keeping well.

I am convinced that most women drinkers are of the neurasthenic class. A lady finds herself unfit for some social function that has been booked for a certain date ; a small bottle of champagne, or even the contents of her eau-de-Cologne bottle, enables her to keep her appointment with less discomfort. Then there is the question of wit ; there can be no doubt that ideas flow more quickly when the brain is inflamed with wine. Our social system is to blame for very much of this ; the mistaken desire to shine has much to answer for. In these cases there is stress from without, in the shape of too many social or domestic duties, and in many cases stress from within ; not infrequently diabetes or one of the enteroptoses.

Inebriety often has its origin in discomfort arising from a too mobile kidney or a displaced uterus. The abdomen should be carefully examined in all cases where a young woman has taken to drink. These ladies take stimulants in order that they may rise to the occasion, and to hide the stress—internal or external—from which they are suffering.

There is a class of drinker for which I am particularly sorry. Here is a specimen :

A. G. consulted me a few months ago, and gave me the following history : From fifteen to twenty-five she had nursed her

\* Mercier : "Sanity and Insanity." London : The Walter Scott Publishing Company. 1905.

mother, who was a widow and an invalid. On the death of her mother, she went to live with a family of position as nursery governess. Ten years later she took up the duties of maid-attendant to the lady of the house, and later still she nursed her master through his last illness. After the death of her former employer, my patient found herself thrown on the world, with a twenty years' character and only a few pounds in the bank.

The tremendous friction of a life of restraint upon normal activity causes nervous exhaustion, and this feeling is so painful that one readily flies to whatever removes it.\*

These women usually drink stout at eleven in the morning, and whisky in the evening. The hypnotic effect of the alcohol makes them forget at first, but the habit soon drifts on into actual inebriety. Of course, they are foolish to look for the waters of Lethe in a bottle labelled "Nourishing Stout," but then—"Crede mihi miseros prudentia prima relinquit."† Such cases do well when removed from their unfavourable surroundings, but it is next to hopeless to treat either City men or the ladies described in their own homes, because the stress which has made them drink must be removed if a cure is to be expected.

Many men drink too much for years, and still retain a hold on themselves, but women who drink on the sly for any length of time generally lose their self-respect.

#### DIPSOMANIAC DRINKERS.

*The dipsomaniac* is of a totally different type and personality. Most observers are convinced that dipsomania is a variety of, or is very closely allied to, epilepsy. The dipsomaniac keeps sober as a rule, but at times breaks out into bouts of very violent drinking. I have known a man drink from six to eight gallons of ale in one day, and another who would, after months of abstinence, take a quart of neat brandy between lunch and dinner.

The example of dipsomania usually quoted is the case of Edgar Allan Poe. Poe possessed genius, as we all know; he also inherited a very peculiar nervous personality, and suffered from periods of insanity, during which he drank without knowing

\* Williams, A.: "The Psychological Basis of Inebriety," *New York Medical Journal*, April 24, 1909.

† Ovid.

why or how much alcohol he consumed. In a letter to a friend, he describes his own case thus: "I am constitutionally sensitive—nervous in an unusual degree. I become insane, with long intervals of horrible sanity. During the fits of alcoholic unconsciousness, I drank—God knows how often or how much. As a matter of course, my friends referred the insanity to the drink, rather than the drink to the insanity."\* A man like Poe should be treated for his epilepsy, and not branded as a sot. I cannot do better than quote part of Dr. Lee's description of a dipsomaniac:†

"Was I insane during these attacks?"

"Yes! but it was a strange and weird insanity. I knew I was myself, but had no power to be myself. I was myself, merely in the gross bodily form; my personality was for the time non-existent. This false personality was the antithesis of my own. I would be stopped in the midst of important professional work, and plunged into quite a different life, which was taken up with enthusiasm, and continued to the day when I became myself again, and resumed my work just where I had left it off."

The doctor then goes on to say:

"I have been free from these periodical attacks of insanity for several years—cured by an understanding of the cause—and now the memory of these ruinous periods is vivid in patches.

"I shall have to be a little retrospective, to go back to the early symptoms of uncontrollable impulses, which, had they been recognized by parents and physicians as forerunners of worse outbreaks of insanity, would have saved me the disgraceful periods of my life, of lost friends, alienated relations, and the horror of self, during ten years of my life.

"That this condition was not recognized was due to the curse of Puritanism, which makes some persons see nothing but sin in the symptoms of such disease as mine.

"I was bright at school—too bright for my own good, for I did not have to spend much time in studying, and this left me hours of idleness: for I could not, even at the age of thirteen, apply my mind for more than an hour to any one subject; after this short period, any attempt at further study started my heart

\* Quoted from the *Lancet*.

† Lee: "The Confessions of a Dipsomaniac," *American Quarterly Journal of Inebriety*, October, 1904.

bounding with big, vigorous leaps. I grew nervous, would fidget ; the impulse to get away was so powerful that if I were restrained, I would fight. I once had a beating from a man whose impulses were not under much better control than my own, but this was the first and only attempt my teacher made to whip me, for I broke a quart bottle of ink over his head, and was dismissed as incorrigible.

"One day, some years later, the old feeling of mental and physical weakness clouded my brain ; the wavering will and cowering timidity all were forcing me to get away from myself. Then the suggestion of a medical student that I needed a stimulant was acted upon, and the glory of heaven ! the waters of Lethe ! the peace and mental rest of the garden of Hesperides, were mine ! What joy ! what a curse was the discovery ! Curse, because when these periodical attacks of insanity came on my lower self shrieked for alcohol—alcohol in any form I simply poured down my throat, in quantities sufficient to stupefy and deaden the senses of most men."

"Dipsomania is a symptom of disease, not actually the disease itself, and, the disease being recognized and understood, the symptoms of which have ruined many happy homes, blighted many a brilliant brain, and placed the stigma of drunkenness on the undeserving, would be kept under control, and finally suppressed, as the disease yields to scientific treatment."

Obviously this patient, when yet a boy, had a very abnormal personality, and he was misunderstood by his friends ; he should have been treated as—what he was—an epileptic.

The personality of the temperance worker is often at fault. We tend to split up into different sections. Some pin their faith to religious influence, others to suggestion, whilst many favour the drug treatment, and not a few, the long-term sanatorium treatment. All these are good in their way. But attempts to treat patients wholesale, or according to the names which someone has given to their diseases, can only end in disaster with drinkers as elsewhere : but with drinkers the disaster will be notorious.\*

My old master, Sir Walter Foster, now Lord Ilkeston, used to say :

"You must prescribe for the man, and not merely for his complaint."

\* Norman Conolly : "Gossip about Gheel," *Journal of Mental Science*, January, 1904.

*A failure of my own illustrates an important point :*

In the early days of strychnine injections as a remedy for inebriety, I chanced to be attending, for an injury to the hand, a heavy drinker. I decided to try treating him for his alcoholism. I began the injections. The man naturally wanted to know what I was injecting him for. I prevaricated for some days, when at last he demanded to know what the syringe was being used for, so I confessed that I was endeavouring to cure him of his inebriety. This was quite enough for him. He went to a local hospital with the injury, did not consult me on any future occasion, and omitted to settle his account. Could my failure have been more ignominious? Never again will I attempt to treat a patient secretly, or in any way to bamboozle an alcoholic. In this case I failed, as indeed I deserved to do, because I made no attempt to secure the co-operation of my patient, or to revive his will-power.

The latent forces that cure a man of his alcoholic habit are in the patient himself. The temperance worker, be he physician or layman, is only the motive power which brings into action that recuperative energy, which lies dormant in the brain of the alcoholic, who is not yet a dement.