

A. B. Sower



SCIENTIFIC TEMPERANCE JOURNAL

WINTER, 1937-1938

TREATMENT OF ALCOHOLISM

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AN INVESTIGATION OF THE
TREATMENT OF INEBRIETY

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MENTAL DISEASES AND
ALCOHOL

SCIENTIFIC TEMPERANCE JOURNAL

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TREATMENT OF ALCOHOLISM

Cause of Alcoholism

BY FIRST inquiring why the alcoholic drinks, we may often circumvent attacks of drinking or perhaps determine the course of treatment for the cure. Take for instance, the very depressed person. It is said that, according to Freud, the super-ego is ruling the mind with excessive severity.¹ That means he is holding himself to painfully moral conduct. He yearns to get away from the strain of this mental state so he turns to alcohol as a release and gets it. Could the depressed state have been recognized before the alcoholic seizure started, relief might have been brought about in more legitimate ways.

Other individuals take alcohol because they are tired of a humdrum life and want stimulation.² Give them stimulation of another type and they leave alcohol out of the picture. By getting such persons vitally interested in a hobby, a cause, anything that offers satisfaction through stimulation, and the alcohol problem is removed.

It is always safe and wise to ask or determine, "Why do you drink?" before starting on a course of treatment. From the answer to that question, when it is intelligently given, adequate treatment can often be determined.

Immediate Treatment

Because so many factors enter into a case of alcoholism, one authority says that the *whole man* should be studied.³ He recommends a thorough physical examination before attempting to treat the patient's mental or emotional side. Rule one of the treatment of alcoholics is never to accept for treatment a patient who does not wish to be cured.⁴ The supply of alcohol should be cut off at once.⁵ Authorities seem to differ about stopping alcohol in cases of delirium tremens. Vivian says, "except in delirium tremens." Henggi⁶ says he always takes alcohol away at his institution even in delirium tremens, which he says is not a result of withdrawal because it is not lack of alcohol that causes the delirium but concomitant circumstances such as being confined in a dark prison room, or an attack of pneumonia.

Dr. Alexander Lambert, in a reprint from the *Journal of the American Medical Association* of June 21, 1913, vol. LX, pp. 1933-1936, entitled "The Treatment of Narcotic Addiction" outlines a drug treatment for the alcoholic.

Most authorities agree that the alcoholic cannot be satisfactorily treated at home, yet Dr. William Brown⁷ suggests for those living at home who are under

1. William Brown, M.D., "Role of Psychotherapy in the Prevention and Treatment of Alcoholism and Other Drug Addictions," *British Journal of Inebriety*, 1930, p. 202.

2. *Ibid.*, p. 202.

3. Edward Spencer Cowles, M.A., in *Medical Journal and Record* (British), May 6, 1931.

4. Dr. Margaret Vivian, "The Management of the Inebriate," *British Journal of Inebriety*, April, 1929, p. 223.

5. *Ibid.*

6. G. Henggi, M.D., *L'Abstinence*, November 22, 1930.

7. William Brown, M.D., *op. cit.*, p. 204.

psychopathic treatment, either a mixture of bromide and valerian or one of nuxvomica and sal volatile. This is to be taken three times daily and whenever he feels the impulse for alcohol.

Nutritional Deficiencies

The Nutritional condition of the alcoholic should be carefully noted. Because he attempts to live on alcohol and does not eat, his vitamin supply gets very low, and nutritional upsets occur. A condition closely akin to pellagra often develops.¹ Other nutritional deficiency diseases are also apt to put in an appearance.

The conditions of emaciation, sleeplessness and constipation should be adequately treated, says Vivian.² When drink is withdrawn the tendency is for the appetite to soon show recovery. Cold water or other cold drinks are not well borne by the inflamed stomachs. Frequent hot drinks should be given such as tea or coffee without milk,³ malted milk, ovaltine and the like. Old drinkers should hold to these hot drinks for the first year of abstinence. Several writers advise avoiding a too-salty diet as well as one highly spiced. The avoidance of spices is very important. "For a year or two," says one doctor, "I eliminate every form of condiment from my patients' diet, and have been told by patients that it helped them in dealing successfully with inebriate attacks."⁴

After Treatment

"First treat your case, then teach him," says Branthwaite.⁵ He recommends electrical treatments, baths, massage, gymnastic exercises and regular occupation.

Henderson⁶ thinks that treatment is not efficient because it is not begun soon enough. He says that treatment of the inebriate is a huge social affair, needing the coöperation of everyone who has any interest in helping mankind. He makes the following suggestions:

1. That there be restriction of hours of sale.
2. That there be regulation of price of drinks.
3. That there be regulation of the amount of dilution.
4. That living conditions be improved.
5. That greater facilities for legitimate amusement be provided.
6. That a higher moral standard be set.

In Germany, the following measures have been used to combat alcoholism: instructions have been given through the schools, press and lecture platform. Extensive public house reform has been carried on. Alcohol-free guest houses dot the whole country in the country sections. Drink-coercion, formerly so common in taverns, has been abolished. The number of public houses has been reduced, the

1. D. S. E. Sweitzer, "Pellagra and Alcoholism." *Minnesota Medicine*.

2. Vivian, *op. cit.*, p. 224.

3. Henggi, *op. cit.*

4. Dr. Mary L. Gordon, *British Medical Journal*, January, 1907.

5. Dr. Welsh Branthwaite, *British Journal of Inebriety*, 1907, p. 130.

6. E. K. Henderson, M.D., Professor of Psychiatry, University of Edinburgh, "Chronic Alcoholism and its Treatment," *Edinburg Medical Review*, January, 1933.

sale of alcohol in workshops prohibited. Community centers have been installed and assembly halls have been provided where meetings and social gatherings can be held without the sale of alcohol. The hours of selling alcoholic beverages have been shortened.¹

Turning to the psychiatric treatment of alcoholism, the Freudians think that, having been analyzed, the subject will become independent and able to face life without the solace of alcohol. Brown² says it doesn't work that way. The subject needs encouragement and direction; something in place of the alcohol to help him take an interest in life once more. He admits that mild cases respond to analysis if the analyst will help the subject to get a new philosophy of life and develop new interests.

Of Religion as a means of cure, Brown says:

"Ultimately the religious factor is an important one. It is well known that conversion experience has cured dozens and dozens of alcoholics. The reason is clear. They are stimulated in that way. At last, through religion, they can get a feeling of the worthwhileness of life; they achieve a feeling of union with the Divine, and reach a sense of safety, satisfaction, and happiness and no longer need recourse to alcohol or any other stimulant."³

Fresh air, good food, suitable occupation and bright, congenial surroundings are suggestions for the aiding in the treatment of the alcoholic.³ "Love of sports in the open air, and the easier relations between the sexes, exert an influence against intemperate drinking," says the London *Lancet*.⁴

The aftercure of alcoholic women needs special attention, for discharged cases often break down when extra strain is put on the nervous system. Such women should be watched at the time of deaths of relatives, during financial losses, at child-birth and when accidents occur or operations are necessary.⁵

Lambert, Vivian and Henggi all agree that the alcoholic desiring a cure must leave alcohol alone and be an abstainer for the rest of his days. Lambert is especially emphatic as he says:

"There is no infallible cure short of the grave; . . . as sure as that man lives, he cannot touch alcohol in any form whatever without danger of a relapse."⁶

1. Anonymous, "Combating Alcoholism in Germany," *Scientific Temperance Journal*, Spring, 1930, p. 7.

2. Brown, *op. cit.*, p. 205.

3. Miss E. Forsyth, *British Journal of Inebriety*, January, 1937, p. 165.

4. "Etiology of Alcoholism," *London Lancet*, April 14, 1926.

5. A. Radelyffe Walter, *British Journal of Inebriety*, Jan., 1907, p. 16.

6. Alexander Lambert, M.D., "The Obliteration of the Craving for Narcotics," reprint from *Journal American Medical Association*, Sept. 2, 1909.