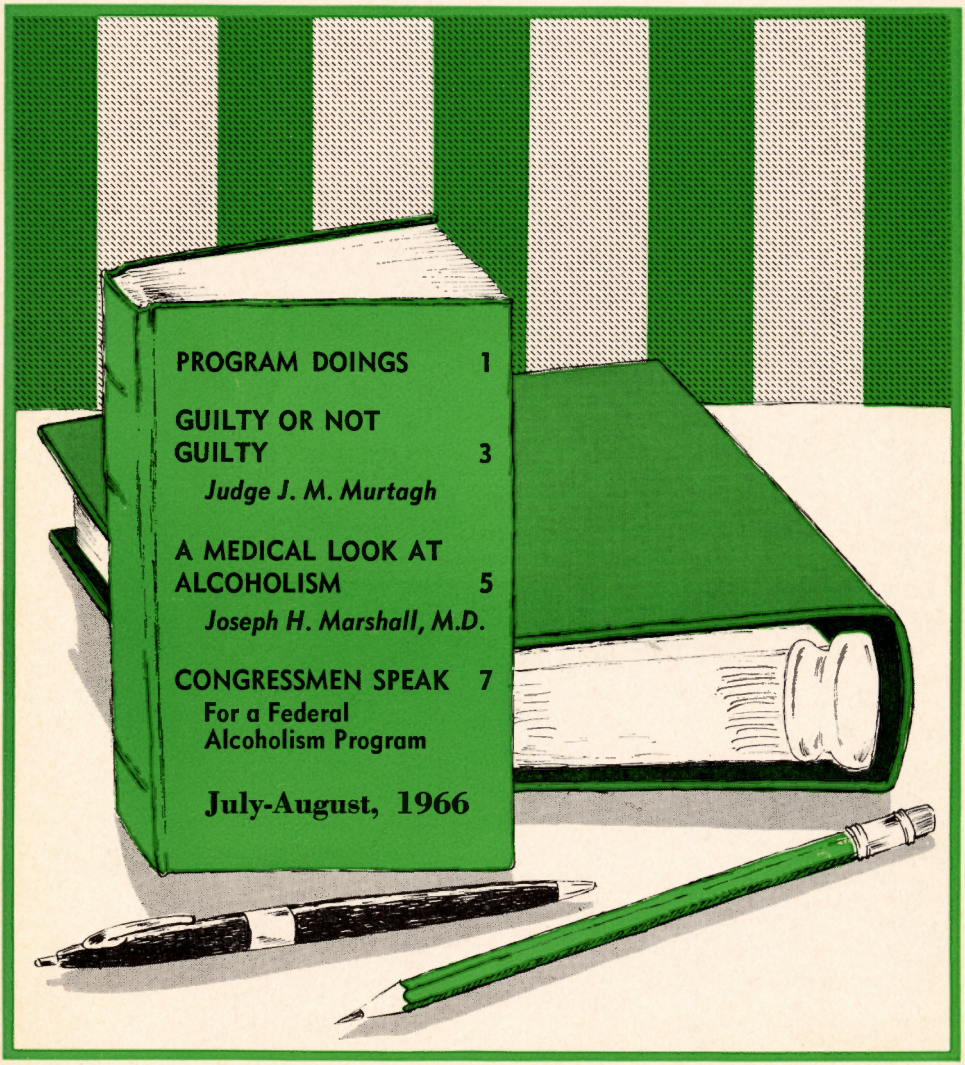
Litelines

A BIMONTHLY JOURNAL ON ALCOHOLISM

PUBLISHED BY THE SOUTH CAROLINA COMMISSION ON ALCOHOLISM



July-August, 1966

Lifelines . . .

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Columbia, S. C.

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Program Doings

South Carolinians on Faculty of Southeastern School

The Sixth Southeastern School of Alcohol Studies boasts many South Carolinians on its faculty. They represent several agencies and professions including the Board of Health, the Department of Mental Health, the S. C. Baptist Hospital, the State Hospital, and the S. C. Commission on Alcoholism.

Some will serve as lecturers, some as group discussion leaders and others will work in the administration of the School. Most of them are alumni of the Southeastern School.

Included in the faculty from South Carolina are: Earl Griffith, Fred Kinard, D. Ceth Mason, William J. McCord, Foster M. Routh, Hugh Sherer, Anne Skorupa, Chaplain John Smith, Chaplain Thomas Summers, and Charles Weagly, Jr.

This year the School is from August 14-19 at The University of Georgia Center for Continuing Education, in Athens, Georgia.

School for Public Health Professionals Set for October

A three-day seminar designed for about 35 participants is being planned for October 19-21 in Columbia, S. C. It will be co-sponsored by the S. C. Commission on Alcoholism, the State Board of Health, and Southern Branch of the American Public Health Association.

The course will provide essential information to public health professionals on the nature of alcoholism problems and introduce resources for dealing with these problems. Current trends in program development, treatment, and education in the field of alcoholism will also be discussed.

Participants will be recruited from health agencies in the region and priority will be given to public health administrators, public health physicians, nurses and educators, and allied professional personnel.

Mississippi to Host Clergy Technical Assistance Project

"The Clergyman Looks at Himself and the Alcohol Addict" will be the subject for a Technical Assistance Project to be held in Biloxi, Miss., September 14-16. Mrs. Vashti I. Cain, Supervisor, Alcohol and Narcotics Education, Miss. State Department of Education, will serve as coordinator.

The purpose of the conference will be to influence the power structure of the clergy in the Southeastern States and help them to participate more effectively in planning and implementing better care and treatment for alcohol addicts.

Participants will be limited to six from each of the six cooperating states in Region IV, U. S. Public Health Service.

For further information, contact the S. C. Commission on Alcoholism, Columbia, S. C.

Mason Heads Reactivation of Charleston Alcoholism Council

The Charleston Alcoholism Council is undergoing a period of reactivation, according to D. Ceth Mason, Council Chairman.

The Council is a non-profit organization composed of members of the medical profession, service organizations, law enforcement divisions and representatives of business and industry.

Family Services has undertaken the task of providing information on alcoholism and rendering counseling service. It is located at 13 Wentworth Street in Charleston.

Every third Monday in each month has been set for meetings, Mr. Mason said, and every effort will be made to have informative programs and to gain the additional interest of all types of persons to make the council more effective.

Mr. Mason is also vice chairman of the S. C. Commission on Alcoholism. Other officers of the Council are: Dr. Joseph H. Marshall, vice chairman, and Mrs. Thomas A. Carrere, secretary and treasurer.

Survey on Drug Abuse Problems Being Conducted in Southeast

A preliminary survey into the extent of drug abuse problems is underway in six southeastern states. It is being done under the guidance of the Department of Health, Education, and Welfare.

The South Carolina Commission on Alcoholism is cooperating in the project by investigating drug abuse in South Carolina. William J. McCord, Director, said that preliminary questionnaires were being sent to other individuals and agencies concerning their views on the extent of drug abuse, including LSD and "glue sniffing". Included are general hospitals, police, courts, and prisons.

Information being sought covers not only LSD and the common opiates, but also amphetamines (pep pills), barbiturates, and other drugs that can lead to physical or psychic dependence. Inquiries will also request specific information on reports of increasing "glue sniffing" among teenagers.

Comparison of the preliminary information gained in the six states could lead to a regional conference on drug dependence some time next year.

The Region IV office of the U. S. Department of Health, Education, and Welfare is coordinating the study data from Georgia, Florida, Alabama, Mississippi, Tennessee, and South Carolina.

Greenville Information Center Soon to Stay Open All Day

The acceptance of the Greenville Information Center into the United Fund will result in incresed service to alcoholics and their families, according to Dr. W. S. Fewell, counselor.

The Center will remain open all day, rather than half a day as it is now. They also plan to hire a social worker.

The United Fund voted the Center into the Fund at a board of trustees meeting on June 14. A budget of $10,000 was granted, to begin next year.

The center is presently staffed by Dr. Fewell and the center's secretary, Mrs. Dorothy S. Townsend.

Is there a "better way" to handle chronic offenders?

Guilty . . . or Not Guilty?

by Judge John M. Murtagh

FOR more than a century, New York City's Bowery has been a kind of magnet for the miserable, for men and women seeking a dark place of escape. It is dotted with scores of moldering tan, red-brick, and blackened-frame flophouses, some dating back a hundred years. On its lonely beat live thousands of grimy unfortunates in almost every stage of decay.

A goodly portion of the drunks currently arrested in New York City are arraigned in night court, held since 1940 in the modern Criminal Courts Building in lower Manhattan, a little to the south and west of the Bowery, and within a stone's throw of the historic Five Points area. Court is conducted in an imposing, mahogany-walled, air-conditioned courtroom.

I remember vividly the evening I first presided in night court. Court had been in session less than half an hour when a platoon of derelicts from the Bowery, twenty in number, made their appearance. The procession was slow, solemn, and sad.

The court officer read the complaint: " . . . and that the said defendants did annoy and disturb pedestrians." He recited in detail the words that accused the defendants of disorderly conduct in violation of Section 722, Subdivision 2, of the Penal Law.

John M. Murtagh, Administrative Judge of the Criminal Court of the City of New York, has been concerned with the plight of the "skid-row" alcoholic since shortly after his appointment as chief magistrate in New York City in 1950.

I looked at the tragic figures lined up before the bench—unshaven, drunken, dirty, down-and-out.

Notwithstanding the impressive judicial setting, one was aware only of a compound of smell, noise, dirt, drunkenness, and sweating people packed into a big, but crowded, courtroom.

"You have a right to an adjournment to secure counsel or witnesses," the court officer went slowly on with the usual formula.

"How do you plead, guilty or not guilty?"

The twenty pleaded guilty, one after another. Most of them were still drunk.

I recognized one of the derelicts, Joe Kelly—tall, rawboned, his coarse white hair worn long and raggedly cut, his clothes filthy and tattered—as having been before me previously in district court and as having received a suspended sentence from me earlier that same week.

When I inquired facetiously if he were following me around, he hesitated, and I added, by way of explanation: "It seems you manage to get arrested whenever I am presiding."

At that, a mischievous smile crept over Kelly's gaunt Irish face with its week's stubble of beard, and a gleam of sardonic humor flashed in his pale blue eyes.

"Sure and you can't blame me, your Honor, if you don't get promoted," he replied.

I joined in the laughter, and then sent the twenty defendants out to be fingerprinted.

An hour later they returned to the courtroom. Several received suspended sentences. The others, who had a number of previous convictions, received fifteen or thirty days in the workhouse and went on their way to jail like a shadow parade of the hulks of sunken ships. Sunken men, gone. Their collective smell still fouled the air.

Almost of necessity I had followed the traditional sentencing policy that if a drunk is not too seedy and says he has a job, he is given a suspended sentence; otherwise, he is given fifteen or thirty days, depending on his condition.

"Anybody Here Seen Kelly?"

When I finished imposing the sentences, it occurred to me that most of them would be back again in a matter of days or weeks after their release.

This brought to mind Joe Kelly. But Kelly was gone. He had not returned from the fingerprint room with the other nineteen derelicts. Consternation reigned.

"Relax," I said to the court staff. "Sentence suspended."

The suspension of Kelly's sentence for a second time within a week, this time in absentia, dispelled the panic and spared the arresting officers, Roy Nelson and Bob McCoy, the necessity of accounting to their superiors for the escape of a prisoner.

"Next case!" called the clerk explosively.

Night court was itself again. One arraignment followed another until shortly before 2 A.M., when the last arraignment was over.

"Good night, Judge," said the clerk.

"Good night," I responded as I proceeded into chambers with the court officer.

And there on a sofa was Joe Kelly in a deep sleep of peace.

"Don't disturb him, let him sleep," I whispered as I donned my coat and departed.

Dismal Dumping Ground

Night court is truly the dismal dumping ground for the also-rans of society. The faces that had stood before the bench that night haunted me in the days that followed. Not fully appreciating the enigmatic nature of the problem, I vowed, somewhat naively, not only to do something about it but to do it quickly.

Nelson and McCoy, the arresting officers, were known to the Bowery habitues as "ragpickers."

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A Medical Look At Alcoholism

Joseph H. Marshall, M.D.
Department of Psychiatry, Medical College of South Carolina

Part II

In the continuing treatment of problem drinkers after discharge from the hospital, some type of psychotherapy or counseling would seem indicated in most cases, whether on an individual or group basis, and whether conducted by psychiatrists, general practitioners, psychologists, social workers, or ministers. Psychoanalysis or other types of intensive psychotherapy do not seem indicated for the great majority of problem drinkers. In fact, there is no indication that psychiatrists are more effective with the average alcoholic than the general practitioner. However, the very neurotic and the psychotic alcoholic should be seen by the psychiatrist for evaluation and probably treatment as well.

In the doctor-patient relationship, the demanding attitudes, clinging dependency, and over or covert hostility so often found in alcoholics tend to make for difficulty. How to be interested without becoming a rescuer, how to set limits without seeming too arbitrary, how to invest time and energy but not become so involved as to feel hurt and a little embittered when good progress achieved seems literally washed away on the crest of a long binge, these are some of the problems.

Moralizing, of course, is to be avoided, as are exhorting and talking down to. A reasonably hopeful attitude is probably necessary in psychotherapy with any type problem, but we must realize that in most cases it is going to be a long pull, with slips to be expected. The patient needs to know that his doctor can see him slip and not be dismayed, and he needs to come to realize, through the doctor's attitude, that the drinking is his, the patient's problem, that the doctor is interested in helping within limits but that the patient can't shift the burden to the doctor, family, or to anyone else.

In long term treatment the only physical methods that have much acceptance at present are use of the drug disulfiram (Antabuse), and procedures to produce conditioned aversion to alcohol. When Antabuse is to be used, it is carefully explained to the individual that to take a drink while using this drug would produce a violent and possibly even fatal physical reaction. Nausea, headache, tachycardia occur, and there can be a precipitate drop in blood pressure. Acetaldehyde is thought to be responsible.

The regular use of Antabuse seems to appeal to some patients as a method of protecting themselves against themselves, so to speak, and it seems to have some usefulness. However, it should be given only to patients who thoroughly understand the method and who can be rea-

sonably expected not to impulsively take a drink while Antabuse is still in their systems. And it should be used only after careful physical evaluation of the patient.

In conditioned aversion procedures, alcohol, in whatever beverage form preferred by the patient, is taken and shortly followed by a noxious stimulus, usually apomorphine, though electrostimulation and succinylcholine (as separate methods) have been used. This sequence is repeated until an aversion for alcohol has been conditioned. I have personally had no experience with the aversion methods. Use of either method should probably be combined with regular contacts with the physician.

As the family, especially the spouse of the alcoholic should usually be brought into the treatment program in some degree, treatment and rehabilitation are generally more than a one man job. Ancillary help is important—social worker, clergyman, etc. Gradually more and more special alcoholic outpatient clinics are being developed, offering a team approach. There is little of this sort in South Carolina at present though the mental health clinics, family and other agencies are making good contributions.

A community resource that in the opinion of most workers in the field of alcoholism is of great help is the organization Alcoholics Anonymous. Where, as in our area, we have limited other resources the availability of Alcoholics Anonymous is to be doubly stressed. There are at present about sixty Alcoholics Anonymous groups in South Carolina communities spread throughout the state. Alcoholics Anonymous, as most know, is a self-help group. Its approach is considered by professionals to be emotional, as well as suppressive and repressive. Almost all, some reluctantly, agree that it is also very effective in helping a great many problem drinkers.

AA is religious in the general sense that its members accept the fact that they cannot gain control of alcohol without the help of a higher power. The importance of the goal of complete abstinence for problem drinkers is stressed—"One drink is too many, a thousand not enough." The individual is encouraged to make a rigorous self evaluation and he is encouraged to tell the group of his problem with alcohol. The fact that he is with a group who have in common with him a drinking problem and with whom he strongly identifies seems very important. The group understands the difficulties associated with his drinking as most others don't, and the group he also knows will likely see through any of his accustomed rationalizations.

The appeal to altruism in the encouragement to help other alcoholics—the "twelfth step" — is also an important aspect of the program. AA members—at least those with any experience—do not, I find, see theirs as the only approach to alcoholism. Though, from their own experience, understandably wary of drug use beyond the "drying out" stage, they are not anti-medical by any means. They welcome medical help, and in my experience are in turn helpful and cooperative. True, there are probably zealots in every organization. However, when one realizes the remorse, the self-torment, the loss of self-respect that many an alcoholic has experienced over some period of time, it does not seem surprising that some, on finding a program that frees them from their morbid preoccupation with alcohol and gives them a renewed sense of integrity, experience something akin to a religious conversion. They are eager to spread the word, to lend a hand to fellow sufferers, and some may go a little overboard in their enthusiasm and become a little dogmatic.

I do not find this at all typical of the group as a whole. As stated, it seems to me that AA can be a most useful re-

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Congressmen Speak

For a Federal Alcoholism Program

(From a speech of Hon. Frank E. Moss of Utah in the Senate of the United States on Tuesday, March 15, 1966.)

OVER the past year, there has been mounting interest in Congress to provide at the Federal level a sound program to combat alcoholism. This is one of the Nation's most severe medical-social problems. It has been largely ignored by the Federal Government up to now.

On October 15 of last year, I introduced the first specific legislation on alcoholism introduced in the Senate, S. 2657. My colleagues, Senators Burdick, Morse, and Donald Russell joined in sponsoring this bill.

On January 22 of this year, the U.S. Court of Appeals for the Fourth Circuit in Richmond, Va., handed down a significant ruling in favor of the appellant, Joe B. Driver of North Carolina. Mr. Driver is a sufferer from alcoholism, who had been arrested and convicted of public drunkenness more than 200 times.

The opinion, written by Judge Albert V. Bryan, said in part:

"The upshot of our decision is that the State cannot stamp an unpretending chronic alcoholic as a criminal, if his drunken public display is involuntary as a result of the disease. However, nothing we have said precludes appropriate detention of him for treatment and rehabilitation so long as he is not marked a criminal."

For all who have compassion for the sick and helpless, and for all who would move forward to help them, this decision is to be applauded. To continue to mark the alcoholic as criminal, is no less than a criminal act of society.

We must, however, now begin to lay plans and implement constructive programs for handling the chronic inebriate. Delay in following through on this enlightened court decision would be indefensible.

In his health and education message to Congress on March 1, President Johnson included a very positive section concerning alcoholism:

"The alcoholic suffers from a disease which will eventually yield to scientific research and adequate treatment. Even with the present limited state of our knowledge, much can be done to reduce the untold suffering and uncounted waste caused by this infliction. I have instructed the Secretary of Health, Education, and Welfare to appoint an Advisory Committee on Alcoholism; establish in the Public Health Service

a center for research on the cause, prevention, control and treatment of alcoholism; develop an education program in order to foster public understanding based on scientific fact; and work with public and private agencies on the State and local levels to include this disease in comprehensive health programs."

To my knowledge, this is the first time in history that a President has made specific reference to the need to combat alcoholism at the Federal level in a message to Congress.

Because of these recent developments and because of the extensive interest in this problem shown by Congress, I have called upon several professional organizations to help in the development of this bill—which in their opinion represents a feasible Federal program. Included among those who have offered invaluable assistance and consultation are the North American Association of Alcoholism Programs, the National Council on Alcoholism, and the Christopher C. Smithers Foundation.

Alcoholism is a tremendous problem. The many thousands of chronic alcoholic court cases which will be affected by Judge Bryan's opinion, represent but a small percentage of America's alcoholic population — though perhaps the easiest portion of the total alcoholic population to identify.

The crime rate, juvenile delinquency resulting from poor parental guidance in the homes of alcoholics, divorce rates which constantly rise, poverty — these and other social problems are greatly magnified by alcoholism.

Additionally, our gross national product, which is the world's best, is hampered by the residual effects of alcoholism among the employees of industry.

In all candor, it is time we faced this problem squarely. It is time this disease was tackled through a sound, well-planned program at the Federal level.

(The following is from a speech by Honorable G. Elliott Hagan of Georgia before the U. S. House of Representatives in May of this year.)

ALCOHOLISM is ranked by Government health officials as being among the top four major health problems of this Nation. But I submit that this disease is much more than a health problem. It greatly compounds many other problems of society, such as poverty, welfare, crime, juvenile delinquency, family discord. Our tremendous industrial output — great as it is — is significantly hampered by alcoholism among those employed in industry.

The State governments have long been concerned about the far-reaching effects of alcoholism. My own State of Georgia is among 42 which have seen the need to establish comprehensive programs for alcoholism control at the State level. Many of these programs have been in existence 20 years or more. But the State governments have, for the most part, reached their financial limits in expanding their alcoholism programs. It is time that the Federal Government accept its responsibility in this area by providing a substantial program of aid to the States in this crucial problem area. The estimated 5 million alcoholics in our Nation directly and seriously affect the lives of at least 20 million other citizens—the families and close relatives of the alcoholic. This is more than 10 percent of our total population. Any problem of this magnitude, without question, seriously affects the lives of all of us.

Many chronic alcoholic court cases are pending over the Nation. Two have only recently been decided in favor of the appellants, and there is now pending in the U.S. Supreme Court the case of Budd against the State of California. If this case, too, is decided in favor of the appellant it will be a nationwide

ruling that persons may no longer be jailed and marked as criminals because of their symptoms of alcoholism.

Considering that more than half of all police arrests in many of our urban communities are alcohol related, we must conclude that a sizeable portion of them will be affected by these court decisions.

That the public recognizes alcoholism as a menacing problem is reflected in a recent survey by the noted pollster, Louis Harris. (As reported in the May 2 edition of the *Washington Post.*) This survey revealed that one in five persons interviewed indicated that problem drinking was evident in someone closely related to them. If Mr. Harris' sample is typical of the U.S. population, projection of his findings reveals that close to 40 million people are seriously and directly affected by the residual effects of alcoholism. This is almost twice the number as is conservatively estimated by health authorities.

Other results of the Harris survey are:

—One in every five adults in the United States says someone close to him drinks too much alcohol upon occasion. And 1 in every 14 adults says this person shows the effects of drinking "almost all the time."

—These problem drinkers are identified by the public, for the most part, as members of their immediate families and half of them are fathers or husbands. Quite clearly, according to the answers from a carefully drawn cross section of the adult public, men have a more serious problem than women.

—The chief reasons cited as the causes for alcoholism are family problems, an inherent craving for alcohol, an emotional need to drink, personal insecurity tracing back to childhood, and a desire to escape the realities of life. It is apparent that the roots of alcoholism are considered by the public to be essentially psychological.

—When asked how the effects of drinking show in the individuals, those interviewed spoke of persons passing out, marked belligerency, sharp personality changes, violence, self-injury, and abdication of family and job responsibilities.

In the opinion of several national organizations with primary interest in the field of alcoholism, the revised alcoholism bill which I have introduced, H.R. 13724, represents a very feasible approach to the problems of alcoholism and would establish the kind of comprehensive program needed at the Federal level. In view of the tremendous problems of alcoholism the bill is very conservative and, in my opinion, represents the minimal effort necessary.

This is an urgent matter deserving of immediate attention by Congress. We have waited far too long to take constructive action on this most pressing problem. We are already behind the State governments by 20 years. We cannot afford to wait any longer.

A New Orleans woman planning a cocktail party thought the invitations ought to read "from six to eight," but her husband objected that this would appear to be telling the guests when to go home. So the invitations merely stated "cocktails at six."

Long after midnight the party was still going strong. Shortly after one the police arrived. Somebody in the neighborhood had complained, and the racket would have to stop. The host was outraged, said he couldn't imagine one of his neighbors making a complaint. But the sergeant was adamant—a complaint had been received. That broke up the party, and as the last guest filed out, the hostess turned to her husband, "I wonder who called the police?"

Replied her weary husband, "I did."

—Washington Post

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Their daily assignment was the rounding up of derelicts along the Bowery from Chatham Square to Cooper Square, the most miserable mile in the United States.

A tour of duty with them a week later made more vivid the tragic picture I had witnessed in night court.

Nelson was a tall, lean man in his fifties, with closely cropped brown hair, a sallow face, and amiable brown eyes. He wore a gray suit on the job and was always chewing gum.

McCoy, a small, stocky man in his forties, was the pugilist of the pair. They worked from a patrol wagon known as the "pie wagon." Nelson, the more gregarious, did most of the talking.

"There's one," said Nelson. We were proceeding up the Bowery and approaching Rivington Street. We pulled over to the curb and parked. A man lay sprawled on the sidewalk. Nelson and I went over to him. McCoy went to have a look up the street.

The derelict was a huge man. He was only about forty-two, but grime, malnutrition, and a graying stubble on his sunken cheeks made him look much older. An unlabeled pint bottle containing a pinkish fluid lay at his side. He had no socks, and his bare feet protruded through holes in the soles of his shoes, his big toes sticking out of the uppers. A zephyr of alcohol confirmed an already obvious diagnosis.

"Well," Nelson said, "darned if it isn't Andy. He's been around for years. Let's go for a ride, fella."

He pointed to the man's hands. "See the pink stains between the fingers? Canned heat."

McCoy returned, and Andy tottered wearily into the wagon. With that we resumed our tour, and before we reached Stanton Street, Nelson pointed out the Salvation Army shelter.

"That's the 'Sally,' " he said. "The Army is truly dedicated; they run a clean flop. But it's not cheap—most of the guys pay seventy-five cents or a buck."

In front of the Sally was a line of sodden unfortunates waiting patiently and silently on the street.

"They're waiting for the gates to open next door at the Bowery Mission," said Nelson.

"No grub and no flop unless you first listen to the preacher," he observed. "The mess line winds through the chapel."

At Third Street we turned east, and in a doorway just off the Bowery sat two drunks surrounded by cans of refuse. An empty bottle lay on the sidewalk in front of them.

Nelson and McCoy roused them, loaded them in the wagon, and drove off. They, too, were well known to the police.

Down the street we passed the "Muni."

"Anyone can get a warm flop and some grub here," said Nelson.

The "Muni" is the Men's Shelter conducted by the city's Department of Welfare. Formerly a Y.M.C.A. residence, the Muni is the hub of Bowery life.

In the winter several thousand stand in line for chow. Some six hundred are given lodging; several thousand are sent to commercial flophouses with a ticket for a night's bed, courtesy of the city.

"Drunk or sober, any time of the day or night, a guy is welcome at the Muni," mused Nelson.

When the pie wagon was full, we proceeded with our quarry back down the Bowery into Chinatown and to the Elizabeth Street station house.

As I prepared to leave, Nelson made a parting observation: "These bums are endless," he said. "Arrest fifty tonight, and you'll find fifty more tomorrow night. And the next night. And the next. Sometimes I think we ought just to drop them at the Muni, rather than bother you judges."

Mile Of Misery

Since that time, I have tried to fathom the enigma that is the Bowery mile of misery.

I have visited social agencies and missions in and near the Bowery.

I have made the acquaintance of many of those whose lives are dedicated to helping the unfortunate.

I have become fascinated by Alcoholics Anonymous, which has helped many whose problem is primarily alcoholism.

I have been inspired by the spiritual zeal of men such as the Right Reverend Monsignor Charles B. Brennan, who conducts the Holy Name Center for Homeless Men.

I have become acquainted with the personnel of the Department of Welfare, who operate the Muni and who conduct Camp La Guardia in Orange County, a rest home for the aged and infirm.

I have come to realize that, as inadequate as the city's program may be, it is properly regarded by the experts as "probably the most highly developed community program for the care of the homeless in the United States."

I have attended the Summer School of Alcohol Studies of Yale University (I now boast I got my law at Harvard, my alcohol at Yale).

I collaborated with the commissioner of welfare in the establishment of a rehabilitation center at Hart Island and had my colleagues suspend sentence on all who volunteered to go to the center.

I also created a special court known as the Homeless Men's Court to make the entire proceeding more humane.

The problem is almost as old as the city itself. In the early 1800s, when Broadway and Chambers Street marked the outskirts of town and Times Square was a wilderness, members of the City Watch (New York City did not yet have a police department) spent virtually all of their time rounding up derelicts in the Five Points area of the old Sixth Ward.

In 1845, a police department was created, primarily to deal with Bowery derelicts. Originally an amusement center, the Bowery had declined and by this time was well on its way to becoming the city's skid row.

In the first ten years of the department, the number of drunk arrests totaled more than 100,000. By the 1870s the number exceeded 40,000 a year; one out of every three of the derelicts arrested was a woman; children as young as eleven years of age were arrested; the usual penalty was ten dollars or ten days in jail.

Soul Saving in the Gay (?) Nineties

In his memorable vice crusade of the early 1890s, the famous reformer, the Reverend Dr. Charles H. Parkhurst, called upon the police to make even more drunk arrests.

He was shocked by the widespread inebriety that prevailed in the Bowery.

One evening in 1892 he gained admittance to a flophouse and beheld dozens of drunks asleep on bare canvas cots, breathing heavily in the foul air.

He put his handkerchief to his nose and exclaimed: "My God! To think that people with souls live like this!"

Since the turn of the century, there has been an increasingly tolerant attitude toward the Bowery derelict, but from time to time the conscientious—some in wicked triumph, some in honest pity, some because they recognize a community responsibility—call upon the city fathers to clean up the Bowery. More arrests follow for a week or two.

In the fall of 1935, during one of these periodic drives, a group of derelicts was brought into night court, then located in an old courthouse on West Fifty-fourth Street. They were charged with public intoxication.

Many of them were still drunk. They were defeated men. They had no desire to fight constituted authority.

One after another, they pleaded guilty. Then the court officer called the

next case.

The charge was read: "... and that the said defendant did then and there commit the offense of ..."

The court officer rolled out the words that accused the defendant of public intoxication because he had been lying on the sidewalk while under the influence of liquor.

"How do you plead, guilty or not guilty?" The court officer's final question was quiet, but insistent.

The defendant remained silent; his eyes seemed to be reflecting on something lying at his feet.

Magistrate Frank Oliver scrutinized him. He was long unshaven, dirty beyond belief, clad literally in rags, but younger than the others. He would not take his eyes off the floor.

"Look at me," the judge said.

"Yes, your Honor." He spoke with a refinement of accent that startled even the court officer. His brown eyes were gentle and questioning as he looked up.

Then he seemed to find confidence somewhere, and he smiled as though the judge and he shared a little deprecatory joke.

Only then, in the wrinkles of his smile, could it be seen how fully caked and black was the dirt that matched his beard.

"How do you plead to this charge, guilty or not guilty?" the judge asked.

"Not guilty, your Honor," he answered slowly and almost in a whisper, as though he were talking to himself.

Then, his confidence again returning, he revealed himself as Louis Schleicher, a once promising assistant district attorney, and he moved to dismiss the complaint as being insufficient on its face.

To the obvious delight of the whole crowded courtroom, the judge granted the motion. He ruled that the police must allege and prove not only that the defendant was drunk in public, but that he was disorderly, that his conduct caused or tended to cause a breach of the peace.

"Eyes Squinted Shut . . . Against A Dream?"

And who, indeed, is less disorderly than a Bowery derelict?

He sleeps on the sidewalk or in a doorway.

In repose, he looks to be in his fifties. The mouth hangs open, and some of the upper teeth are missing. His face is streaked with clotted blood from a gash on his forehead.

He wears work shoes without socks and khaki trousers. A big safety pin holds his ancient brown coat together at the neck. His clothes are dirty and much slept in.

The skin is gray, the lips are brown. The eyes are squinted shut, perhaps against the cold morning light, perhaps against a dream.

He is part of the street scene. He disturbs no one.

Visitors who stroll through the Bowery expect to see him.

It was not long after Louis Schleicher's brief moment of glory that Chief Magistrate Henry H. Curran directed that all forms of complaint and commitment dealing with the charge of public intoxication be forwarded to judicial headquarters.

He then had the forms destroyed. He was seeking thereby to implement Judge Oliver's decision and to preclude the police from thereafter invoking the statute against public intoxication, confining the arrest of derelicts to instances in which they are at least allegedly guilty of disorderly conduct.

As a result, the public-intoxication statute has never since been used in New York City, and drunk arrests made under the disorderly-conduct statute constitute only approximately 3 percent of the total arrests.

N. Y.'s System vs. L. A.'s

This is what Police Chief William H. Parker of Los Angeles had in mind when, in arguing against a proposed reduction in the annual budget of his department several years ago, he sug-

gested wryly that perhaps the department should abandon its policy of harrassing drunks in favor of the "New York system, where drunks are left to lie in the gutter."

Los Angeles each year has nearly 100,000 public-intoxication arrests, in marked contrast with New York City, where no such arrests are made.

In New York, arrests of derelicts are limited to instances in which the drunk is at least allegedly disorderly or dangerous and amount to fewer than 15,000 a year.

Chief Parker implied that the policy of not harrassing derelicts is peculiar to New York City. He is right.

Night after night in other cities, the police pick up drunks on the street—filthy, battered, sick, unutterably pathetic—and lock them up in the "drunk tank."

"The Revolving Door"

In the morning they are released or sentenced to a short term in jail, only to be picked up again soon after their release.

Virtually all of these chronic drunks are recidivists. Many of them have been arrested several hundred times.

Approximately one million arrests annually—almost half the criminal arrests in states throughout the country—are so-called public-intoxication arrests.

More than half of the population of county jails throughout the United States is comprised of persons committed for public intoxication.

"Born In The Image Of God"

Why do cities other than New York persist in an inhumane and unchristian approach to the skid-road derelict?

Can we properly bear malice in our hearts for the poorest among us—empty, bewildered souls, born in the image of God—whose degradation our society and our culture helped create?

Incarceration never cured a derelict, never did and never will.

The problem of the skid-road derelict is basically social, medical, and spiritual in nature.

Whether the derelict is a true alcoholic or merely a problem drinker, he usually has a much more deep-seated pathology, an emotional disturbance, if you will, that is an enigma to all of the disciplines.

The penal approach to his problem is at best but a feeble attempt to repair damage done in early childhood.

Why, then, do judges go right on sentencing men and women through an endlessly revolving door? Don't they know the folly and futility of it all?

Of course they do. But they say, "This is what the public wants. It wants these bums punished."

But why? What drives people toward the urge for punishment? Ask them, if you will. Tell them how useless jails have been historically when it comes to reforming derelicts.

And they will ask you, "How can you let such men go unpunished?"

You might ask, "Are they hurting you? Are you being threatened? When they overindulge, who are the losers, except themselves?"

After you have made your most persuasive arguments, they will look you in the eye and reply, "It's justice."

But the obligation of a judge of a criminal court is to dispense mercy as well as to administer justice.

Psychiatrists who have studied the motivations of the urge to punish say this talk of impersonal justice is more often than not an outlet for people's repressed aggressiveness.

It is never he who is without sin who casts the first stone. Is it not likely that people cast their own sins, their own miseries, guilts, and hatreds along with the stones they throw?

This is not to say that the derelict, abandoning all that is sacred and leading a life of utter degradation, is attractive or nice. But what right do the rest of us have to become so furious with him?

Those who wish to see him treated as

a menace to society ought to look into their souls and gauge their reasons.

So should the law.

It is time to put the hostile public in its proper place and to stop dignifying its thirst for vengeance and instinct for hate.

It is time the police and the judiciary, instead of following in the wake of a misguided public, assumed the responsibility of providing leadership toward understanding.

Saint Thomas Aquinas, one of the world's greatest intellects, stated that the human law was limited to violations of the moral law that affected the common good.

He taught that personal sanctity was a matter between the individual and the Lord Himself; that the function of the human law was not to make men saints but to give them peace and a chance to work out their own individual perfection, their individual sanctity.

Sanctity will always remain an individual affair. Blackstone reflected the same wisdom when he pointed out that the purpose of the original public-intoxication statute, which was enacted in England in 1606 and which provided for commitment to the stocks for six hours, was to ensure that the individual did not "do mischief to his neighbors."

And, of course, this was the reasoning of Judge Frank Oliver and Chief Magistrate Henry H. Curran when they sought to restrict the arrests of derelicts to instances in which their conduct was disorderly.

We can help some derelicts by a modern therapeutic program. Alcoholics Anonymous does have the answer for some. We can help all of them by a more humane program of day-to-day care and relief. But we must seek the fundamental and ultimate answer in an improved and ultimate answer in an produce fewer misfits, fewer inadequate human beings.

We will neither solve nor ameliorate the problem by more vigorous police enforcement or sterner justice.

Chief Parker may well ask: "Would you then continue to permit the derelict to lie in the gutter?"

The answer is simple. I would arrest the unfortunate who is a menace to the community, such as the derelict who is loud and boisterous or assaultive.

I would have the police escort others for their own safety to a public shelter, to the Muni, as Officer Nelson suggested, there to remain, perhaps, for the cooling-off period of six hours. But there is no moral justification for the present program of wholesale arrests.

Its only function is to keep depravity from becoming too assertively public.

Once we appreciate these almost self-evident truths, we must realize how farcical our primitive justice is and has been over the years.

Today we recoil at the manner in which past generations used burning and whipping to curb crime.

Is it not likely that future generations will read of our imprisonment of drunken derelicts with a similar sense of shock and outrage?

The current length of women's skirts is making it a full-time job for some of them to keep their legs even partly covered. One young girl was having a particularly difficult time as she was riding the bus to work. Time and again she tugged the skirt trying to keep it down to a respectable length. After one exasperating tug, she looked up into the gaze of the man sitting across from her.

"Don't worry, m'am," he consoled her. "My weakness is liquor."

(Continued from Page 6)

source for physicians trying to be of some help to problem drinkers. It does not appeal to all alcoholics by any means. Somewhere I have seen an AA member quoted to the effect that AA is like a cafeteria in that each member can choose from it what appeals to him. This is true to a point, but to continue the simile, some just don't like cafeterias.

At this point it is probably well to bring up the question of whether abstinence is a necessary goal for all problem drinkers. For a good many years most authorities have firmly held that complete abstinence was necessary, that once an individual became an addictive type of drinker his only hope of controlling his drinking was to accept the fact that he should make his goal avoidance of the first drink. As stated, this is one of the cardinal principles of AA.

In the past five years there has been rather spirited debate over whether some alcoholics cannot in fact revert to normal drinking. A report by D. F. Davies in 1962 seems to have stirred up something of a controversy. To most rules there are exceptions and it seems fairly clear that some individuals, for reasons not obvious, do resume seemingly normal drinking (and continue such for from seven to eleven years in Davies' study). However, the group that is able to do this probably represents a very, very small minority and for practical purposes the principle would still seem to hold that for alcoholics complete abstinence must be the goal.

In my rather limited experience in the treatment of problem drinkers I can't think of any who, having lost control of their drinking, were able to return to normal, social drinking. If the patient has reached the point where after a period of sobriety the first drink seems to lead inevitably to trouble—whether in hours, or over a period of some days of gradually increasing intake—I make it plain that it seems to me that he should make complete abstinence his goal.

In the course of my contacts with him I usually bring up the question of AA as a possible source of help. Most have heard of AA, and a good many have had some experience with AA. If the patient expresses interest, I arrange for him to talk with an AA member. I try to avoid any impression that I am shifting him out of my domain and continue seeing him whether or not he participates in AA. However, if he does participate and AA seems to be becoming his main source of help, I may then discontinue regular interviews, though with the understanding that the door remains open.

The patients that I have been involved in the treatment of, and that stand out in my memory as having achieved good success, have been generally AA participants. I shall describe very briefly three such cases:

The first case illustrates a not uncommon problem, that of alcoholism occurring in one with such obvious emotional difficulties that the drinking is considered for some time relatively incidental, but with significant improvement being achieved only when a direct attack is made on the drinking aspect of the overall problem. The patient, a woman of 45 when last hospitalized, was the wife of a professional man. She had had for some ten years frequently recurring symptoms of anxiety and depression, with much resentment, hostility, and suspiciousness directed towards her husband. Her tendency to misuse of alcohol and barbiturates was recognized early. She had been seen by some four psychiatrists, had been followed in weekly psychotherapy by one of them for several months, had had about ten psychiatric admissions to three hospitals, had had diagnostic tags ranging from adult situational reaction to borderline schizophrenia, and including alcoholism. When last hospitalized in 1962 the drug problem was obvious to her husband and

family. She acknowledged dependency on tranquilizers and sedatives, rationalizing her drug use on the basis of premenstrual tension and marital conflict. On questioning she expressed interest in attending an AA meeting. This was arranged and her course completely changed at about this point.

I am not in personal contact with her but receive reliable reports that she has continued to do splendidly, is apparently well adjusted at home and in the community, and has been very active in AA. The following view expressed by Shea seems pertinent to this case though I think there are some exceptions to the generalization he makes: "Alcoholism must be tackled directly; it cannot be expected to perish by attrition when the fundamental neurotic roots are crushed. Such a technique, in my experience, always fails. The alcoholism flourishes protectively and the neurosis is never cornered. The easiest way to tackle the alcoholism directly is to make non-alcoholism an obsessive issue with the patient."

We may surmise that this patient at the time of her last hospital admission had reached finally a point in her unhappy, turbulent course—some would call it the point of surrender—where she was sufficiently moved to take constructive action. Help other than AA may have been equally effective but it would seem that she needed something that the available medical help had been unable alone to provide.

The second case is that of a 44 year old housewife, a college graduate, who between 1958 and 1963 had six admissions to the psychiatric unit of the Medical College Hospital. She had been a moderate social drinker until 1951 when her drinking began to gradually increase. She attributed this to her taking a job which interfered with social activities that meant much to her. As time went on her drinking caused her friends to avoid her and she became increasingly hostile towards her husband and others and was inclined to project the blame for her difficulties to her environment. At times there was considerable depression in the clinical picture.

Personality testing indicated that she was an energetic but rebellious, hostile, and negative person who had difficulty in identifying with others. She first made contact with AA about 1962 but was for some time irregular in her participation, and had several alcoholic bouts necessitating hospitalization. Finally in 1963 she seemed to get hold of herself. She has been very active in AA since, has worked regularly and in informal contacts with her I get the impression of a marked and well maintained overall improvement.

Both of these patients were obviously immature and dependent in some respects but as a result of their drinking give the impression of being considerably more so. The third patient is different in that he seemed basically more mature.

When hospitalized in 1961 the problem this patient presented seemed a combination of alcoholism and a manic depressive reaction of manic type in a 49 year old man of hard driving, ambitious, and probably somewhat obsessive makeup. He was a successful business executive but had been a problem drinker for probably four or five years. The manic episode had begun probably several months prior to his admission and was just beginning to subside, though he was still hyperactive, overtalkative and at times euphoric.

His drinking had caused much difficulty in his life even before the manic episode, and his wife was very uncertain whether she could continue the marriage under the circumstances. He was placed on large doses of Thorazine and was followed in psychotherapy during a three week hospital stay. Following discharge he was seen in nine outpatient visits over a period of eight months, with five of these visits being in the first month. He became actively interested in AA during his hospital stay.

Two years later a note from his wife stated "He is getting along just fine; he is quite active in AA as well as church work. He did a grand job as . . . for the church, and you would have been proud of him at the opening ceremonies."

A more recent report indicates that he is still doing quite well.

Reflecting on cases such as the above makes one realize that there can be worthwhile rewards in a field that is so much of the time frustrating and seemingly unrewarding. While there has been much emphasis in the above on AA help, it is certainly not intended to imply that this is the answer to alcoholism. AA can be a helpful ally in many cases at the present time, but I fully agree with Chafetz that we should avoid any tendency to think in terms of "the alcoholic" or "the treatment," or even of "the goal" of treatment.

We must be selective in deciding what seems best for the individual patient and of what we can best use in treatment, and we must remain alert to new findings and changing concepts. I would also hope, with Chafetz, that our society can gradually assume a more mature, healthy, less negativistic attitude towards the place of alcohol in our lives, and that as a consequence alcoholism will become a diminishing rather than a growing problem as at present.

New Drug May Help Control Alcoholism In Humans

New tests of an antialcohol drug being used experimentally with "chronic drunk" rats has strengthened hopes for an improved treatment drug for use in controlling alcoholism.

Dr. Jo Ann Taylor, a California endocriminologist, said recently in Atlantic City, N. J., that the rat tests tend to give the first scientific basis for the suspected powers of the drug.

During preliminary test with humans which were previously conducted, Dr. Taylor reported that the drug apparently enabled at least 25 chronic alcoholics to remain abstinent for about a year. These alcoholics had drunk up to two bottles of liquor daily prior to using the drug.

The possible power of the drug as an antialcohol substance was discovered accidentally while it was being used to treat another human disease. Working somewhat like antabuse, the newer drug produces milder bodily reactions and human subjects seem more willing to take it.

Additional benefits noticed in the use of the drug are that it appears to have an antidepressant effect during withdrawal and often seems capable of preventing delirium tremens, Dr. Taylor said.

The drug, with the chemical name "metronidazole," has not yet been approved for use as an antialcohol substance by the U.S. Food & Drug Administration. Much more testing has to be done to determine whether its daily use has any long-term adverse effects.

(From an Associated Press release.)

VA Benefits Revised To Include Alcoholics

War veterans are now eligible for treatment in Veteran Administration Hospitals for alcoholism. This information is contained in VA Administration Decision 988.

In addition to the treatment, the VA has reopened claims for compensation or pension resulting from alcoholism.

Claims which had been denied due to "willful misconduct" because of long and continued use of alcohol may now be allowed.

For further information, veterans should contact their local VA office.

EDUCATION AND INFORMATION SERVICES

LIFELINES—bimonthly magazine which makes available articles on alcoholism and related subjects to those working in the fields of treatment and prevention and to those personally concerned with the problem. Published and distributed without charge.

FILMS—The Columbia office maintains a library of the best films available in the field of alcoholism. They are loaned free to interested organizations and groups. Write or call for list and description of films.

PAMPHLETS—Many educational and informative pamphlets are available dealing with every aspect of alcohol and alcoholism.

SPEAKERS—Members of the Commission and staff are available for personal talks before civic, religious and professional groups.

LIBRARY—Reference books by leading authorities in alcoholism may be had on a loan basis from the office in Columbia.

CONSULTANT SERVICE—Community Councils and state organizations are encouraged to use our facilities in establishing and operating their programs on alcohol education and alcoholism treatment.

EXHIBITS—Exhibits on alcoholism for meetings, conventions, fairs, etc., are available.

EDUCATION—Courses of instruction and seminars are conducted for student groups, organizations, and other agencies interested in or working with alcoholism and alcoholics.

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