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OF

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Consulting Physician Inebriates' Home, Fort Hamilton, L. I.

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A STUDY OF THE SOCIAL STATISTICS OF 4,663 CASES OF ALCOHOLIC INEBRIETY.*

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Nativity, sex, age, temperament, climate, occupation, custom, and social conditions, are important factors in the etiology of alcoholic inebriety, outside of the well-known causes of preceding or accompanying disease or injury and heredity, and also, to a certain extent, are to be taken into consideration in the treatment of all cases of inebriety.

Nativity of the 4,663 cases was as follows: United States, 3,186; Ireland, 826; England, 203; Scotland, 77; British Possessions, 73; Germany, 109; other nationalities, 44; not recorded, 145. The United States naturally compose a large majority, as we find in asylums of other countries inhabitants of those countries as inmates will be in excess of all others; but we must acknowledge that the nervo-sanguine temperament of the American is peculiarly susceptible to the evil effects of alcohol, and that, other things being equal, the average American would sooner succumb to inebriety than his transatlantic brother. Ireland takes the lead among foreign nationalities. Next in order we have England, Germany, and Scotland; the lesser nationalities occur in insignificant proportions, and do not call for special comment.

* Read in the Section of Medical Jurisprudence, at the Forty-first Annual Meeting of the American Medical Association, May, 1890.

As a matter of *racial importance* I cannot recall a single instance of acute or chronic alcoholic mania in the negro, among the several thousand inebriates who have passed under my notice during a period of nearly twenty-four years.

In reply to a series of questions, Dr. Landon B. Edwards, of Richmond, Va., informs me "that the negro is rarely the subject of chronic mental or nervous disease arising from alcohol, although it is rare to find a negro, male or female, who does not drink. Alcoholic liquors are preferred, and yet the laboring negro, as a rule, is not a drunkard." He attributes this to the out-door life, simple habits, and low grade of nervous organization of the negro.

Climate.— As to the influence of climate on inebriety, we have not any special statistics to show, but it is a popular impression that the inhabitants of low levels, especially near the sea-coast, are more apt to be intemperate than the dwellers on the higher plateaus, table lands, and mountainous districts. The influence of certain barometric conditions, dependent upon atmospheric changes, in influencing and producing certain conditions of the nervous system, is familiar to all who have made this subject a special study. It is also a well-known fact that in malarious districts the depressing effects of the malarial cachexia are counteracted by the free, habitual use of quinine, strychnine, coffee, and other nerve stimulants, among which alcohol predominates. No one will dispute the fact that an unhealthy, enervating climate is more apt to produce intemperance and consequent inebriety, than a climate having just the opposite characteristics. Climate, undoubtedly, is one of the factors in the production of inebriety, as it is of other diseases.

Sex.— There were 4084 males and 579 females. The Fort Hamilton Asylum is intended more especially for males, hence the small proportion of females. It has no provision for females of the better class; the female inmates were from the middle and lower classes of society, but the inference must not be drawn that inebriety does not prevail

among females of all classes, or that the above is a fair relative proportion of the inebriates of both sexes. In this country, undoubtedly, the male inebriate far exceeds in numbers female inebriates. But this is not universally the case. In England† and Wales the habitual inebriate females already convicted to the habitual inebriate males already convicted are as three to one. In England, especially among the higher classes of society, inebriety prevails to a greater extent among females than in the same class and sex in the United States.

Social Conditions. — The married male inebriate exceeds in numbers the unmarried male inebriate. There were 2,098 married, 1,744 single, male inebriates; and especially does the married female inebriate in far greater proportion exceed the unmarried female inebriate. There were 401 married female inebriates and only 48 single female inebriates. Must we conclude that, other things being equal, the married life predisposes to inebriety? It would seem so, in the case of females at least. The married female has a much greater strain upon both her mental and physical constitution than the unmarried. A fact substantiated in the reports of our Asylum further shows, that unmarried males are more frequently subjects for readmission than the married; that is, that they are more apt to relapse. The reverse is true in regard to females. Married females are more apt to relapse than unmarried females. The latter are not apt to relapse; if they do, it is the exception to the rule. The spinster, then, is the most temperate member of society. There were 242 widowers and 130 widows also recorded.

Approximation of Ages. — The ages of the majority of the cases treated were from 20 to 60, the greater proportion from 30 to 50, and of these considerably over one-half were between 30 and 40 years of age. Below the age of 20 and above the age of 60, comparatively few. The oldest patient was 73 years of age, and the youngest 18 years. We must conclude that the great majority are of that period of life

† Inebriety, by Dr. Norman Kerr, London, England.

which is the most effective for usefulness and attainment under normal conditions. In other words, alcohol cripples and handicaps the majority of inebriates at the most useful period of life. Another fact is, that inebriates may exceptionally, but do *not* as a rule, attain to a *long life*. About one in 385 of inebriates, whom we treated, reached the age of 70 years.

Occupation. — Let us now consider the relation of inebriety to occupation. Imagine a community of 4,663 adult inebriates, embracing every trade, employment, or profession. Excluding 234 males who had no occupation, and 562 females, 275 of whom were unemployed, and the balance either domestics or housekeepers, we have about 3,867 males who were variously occupied, representing two hundred trades, professions, commercial, mercantile, or agricultural occupations.

We find directly engaged in the *liquor business* 71 bartenders and 51 liquor dealers. The in-door trades exceeded the out-door trades. Among those engaged in the out-door occupations, inebriety seemed to affect most those whose business especially exposed them to irregular hours and inclement weather, — teamsters, cartmen, coachmen, carmen, conductors, drivers. One hundred such are recorded. The next in frequency were butchers (45); next stone-cutters (28); next plasterers (26); next coopers (19). The other occupations being at or below the latter figure, and running at or about the same average or percentage. Among in-door occupations we find painters (121) in the majority. The painter handles alcohol, turpentine, etc.; his occupation is not a healthful one; he is apt to contract diseases incident to it, as turpentine poisoning, lead colic, and nervous diseases arising from lead poisoning, as wrist drop, or paralysis of the extensor muscles, etc.

Next in order come printers (58) and pressmen (58). Long hours, extra work, night work, and an employment that demands great rapidity, and probably more mental and physical strain than the average occupation, may account for

the fact that the printer and the pressman take the second place.

The other trades are in the following order: Shoemakers (45), plumbers (39), tailors (38), hatters (34), tinsmiths (31), waiters (28), photographers (27), carpet-weavers (22), glass-blowers (21) — the remainder of the in-door trades were at or below 20.

The greater part of the various occupations were from mercantile or commercial life. At least 1,200 or 1,300, or about one-third of the entire number belonging to one or the other of the above classes in the following order: Clerks (565), merchants (283), bookkeepers (100), salesmen (152), agents (78), brokers (44), the balance being made up of canvassers, contractors, railroad officials, bankers, publishers, and superintendents, etc.

In agricultural occupations we note, farmers (34) and gardeners (15).

Professions. — Four hundred and seventy-seven, or about one-eighth of the whole number, belonged to the professions, as follows: Physicians (115), lawyers (111), engineers (58), druggists (43), journalists (39), artists (32), students (21), reporters (19), clergymen (10), actors (9), the balance being in small proportion, architects, accountants, actuaries, notaries public, chemists, assayers, army officers, dentists, editors, etc.

Why physicians are in excess of other professions is due to the fact that they lead very arduous lives, both physically and mentally, with irregularity as to sleep and diet, rest and recreation; but there is another fact also, the physician would be more likely to appreciate and avail himself of asylum privileges for the treatment of his inebriety than any of the professions.

In considering the various avocations the usual average relation of the occupation or profession to a normal condition of society must be considered. In this way only can we get at the fact as to whether any one calling exceeds the other in a tendency to lead to inebriety.

Results of Treatment, etc. — Total cases, 4,663; still

under treatment, 1,283; total cases discharged and to be accounted for, 3,380; doing well, 1,465, 43 per cent.; lost sight of, 662, 19½ per cent.; unimproved, 555, 16½ per cent.; readmitted, 556, 16½ per cent.; died, 81, 2½ per cent.; transferred to other institutions, 61, 2 per cent.

Doing well. — By this we mean the patient is restored to society, to his business and social relations. Exclusive of *death* and *transfer*, the percentage will be nearer 45 per cent. It must also be considered that the inebriate on an average is not brought to us for treatment until after *his inebriety has existed ten years*, his system broken down, and oftentime the subject of incurable disease, the result of his inebriety or some disease or injury with which his inebriety is complicated, and which may have preceded and been the cause of it. Again, not only do inebriates apply at a late period for treatment, but only about one-quarter of those who do apply remain over six months, while three-fourths remain at periods varying from one to four months, and the large majority less than the legal limit of three months, so that if we were to apply the same rule that is applied to other diseases which are submitted to us to be cured, that is, having the patient brought to us at a *reasonable period after* the disease tendency has manifested itself, and having also the patient *remain under* our care a *reasonable length* of time for treatment as each case may demand, it would be easy to see that our ratio of cures would be 75 or 80 per cent., instead of 43 per cent. as they now are, which is nevertheless a good showing considering the disadvantages we have had to contend with. We are confident that in the future, under proper conditions, at least three-fourths of the inebriates treated in our asylums will be cured.

Thirty six per cent. were *lost sight* of, or *unimproved*, but this does not mean they will not be heard of again; a certain proportion will return to our institution, and of these a number will be cured. Some of our most successful cases are those which have been in the asylum at different periods under treatment. Of the balance, some will die, others will

move away, others go to similar institutions elsewhere located. We shall not make any comments as to *deaths* except to call attention to the *remarkably* small percentage, which is about equally divided between those who died outside of the asylum and those who died in the asylum. Some 61 were transferred to other institutions — 30 to the *lunatic asylum*. We observe the tendency of inebriety toward insanity. The great majority of inebriates carry unevenly-balanced minds; they are on the verge of insanity all the time, and not unfrequently pass over the line. In any inebriate asylum it would be safe to assert the large majority of inebriates, at least for the first few weeks after their entrance into the asylum, are in a mental condition that, to say the least, is not normal. The above 30 transfers were marked cases of lunacy, acute or chronic mania, which were not suitable for an asylum of our character. The moral effect and the law of association forbid that the inebriate of weakened mind and body should be associated with insane persons. The tendency of every inebriate is that way, and such association would only precipitate the event. This is the principal argument against the incarceration of insane persons and inebriates in the same institution, although there are other arguments equally effective. A certain proportion of persons were brought to the asylum suffering from various diseases or infirmities that rendered them unfit subjects for our asylum. Of these, some 31 were transferred to hospitals or other institutions.

We have thus given a few general observations, resulting from a study of these special statistics. We have not by any means exhausted the subject, but we trust we have added some points of interest and importance, not only to the etiology of inebriety, but also some indications for its more successful treatment.