

Alcoholism



and

The Keeley Treatment

THE KEELEY INSTITUTE, DWIGHT, ILLINOIS

I. *A History of Alcoholism*

Alcoholism, which menaces nearly 4,000,000 American men and women, is among those human afflictions which mankind has thought up and developed for itself. Alcoholism, in other words, is a man-made disease. It was a difficult task; it took many millenia and hundreds of generations of ingenious effort, but man, with his incredible talent for self-destruction, finally discovered alcohol and then proceeded to invent alcoholism.

As a health problem alcoholism took its rise only 300 or so years ago, but in that relatively brief time it has held its own successfully in competition with man's natural enemies such as bacteria and viruses.

There have always been inebriates, of course, ever since man learned to press out and store the juice of the grape or to ferment sprouted barley. But the thin wines and beers of the early period, at least as far as surviving classical literature indicates, produced few—if any—chronic alcoholics in the modern sense. Life was too short and hard for men to surrender to addiction and at the same time simple enough not to pile up the emotional conflicts and anxieties which are often the basis for chronic alcoholism. There was drinking enough, apparently, but it seems to have been on what we now call the occasional basis. Nevertheless the danger of overindulgence was well-recognized. Plato, for instance, examined the situation and wrote in his dialogue, *The Laws*, about 400 B. C.:

“... no one, when in camp, is to taste of that drink, but to exist upon water during all that period; and in the city neither a male nor a female slave should ever taste it; nor should magistrates during the year of their office, nor pilots, nor judges engaged in business, taste wine at all; nor any

one, who goes to any council to deliberate upon any matter of moment, neither in the daytime at all, unless for the sake of bodily exercise or disease; nor at night, when any man, or even a woman, is thinking of begetting children.”

Six hundred years later, Galen, the great second century A. D. medical man, quoted that dictum of Plato and commented:

“Now Plato here is speaking not of sick, but of absolutely healthy bodies. And if, my worthy Platonists, you suppose that healthy men can command an army, govern a state, judge a case, or steer a ship, then answer me this:

“Does not wine act like a tyrant, forbidding the mind to think as carefully as it formerly did, and to act as correctly as it formerly did? And was it not for this reason that Plato tells us to avoid it as an enemy?”

Such references could be multiplied indefinitely, not only in our own Greco-Roman background, but from as far back as the records go, in India, Persia, Egypt, and other early civilizations. But chronic alcoholism never appears to be emphasized. That came only after the discovery of the distillation process and of the resultant concentrated alcoholic drinks in the 13th century by Arnoldus de Villanova. In his pride of achievement, Arnoldus thought his product was of divine origin, but it did not take mankind too long to distort it, like many painful inventions since, to its own destruction. Then man settled down to serious drinking and the development of alcoholism as a disease. Real alcoholism began to be noticed as a problem about the 17th century.

Thus, despite his many afflictions, the infections, the battle wounds, the accidents, which menace him always, man had invented a new disease, more insidious and vicious than all the others. Laws, temperance movements, “education” have so far failed to control it. Today there are nearly 4,000,000 excessive drinkers in the United States, of whom 750,000 rate as chronic alcoholics, it is estimated by Dr. Elvin M. Jellinek of Yale University.

In its booklet, “The Scientific Approach to Chronic Alcoholism,” the Research Council on Problems of Alcohol points out:

“There are more chronic alcoholics than active cases of tuberculosis. When this fact is considered, and when the almost total lack of hospital facilities is taken into account, it appears that alcoholism is near the top of the list of major health problems.”

Although a few foreign countries, notably Sweden and Switzerland, have established state hospitals and clinics devoted exclusively to alcoholics, public facilities for treatment of alcoholism in the United States are extremely limited. Furthermore, general hospitals have been unwilling or reluctant to take alcoholic cases and the few that do admit such cases limit the treatment, in most instances, to sobering up the patient.

II. *Alcoholism is a Disease*

Now, however, there is sound basis for hope that something definite and permanent can be done about alcoholism. That possibility stems from the fact that the last few years the methods of modern scientific medicine have been brought to bear on the problem—research, study, experimentation and clinical application. It has taken many decades to produce the marshalling of forces and the exertion of energy that will ultimately win over alcoholism. It took a long time, in other words, for the community to recognize the great fact of alcoholism, namely—that alcoholism is a disease. Alcoholism has gone through many stages—it has

been variously viewed as just an instance of human perversity, or an inherited weakness, as a sin, as a crime, as a bad habit and so on. But, while the philosophers, the fanatics, and everyone else who sought to exercise his divine right to be wrong, fumbled with the problem there was always a voice crying in the wilderness with the word of truth.

The voice was that of the physician, who, out of his wealth of experience with sick human beings, recognized the alcoholic for what he was—another sick human being sadly in need of medical care—not moral or legal or social compulsion, but medical care. Dr. Benjamin Rush, the great early American physician, preached it in 1790; inebriety, he said, is a disease and should be studied as such, a physiological, not a moral condition. Dr. Thomas Trotter wrote the same message in England in 1796. In 1802 Cabanis of Paris gave further impetus to the idea. German and Swedish writers followed suit. In 1840 Dr. R. B. Grindrod, another early American, wrote a book on the same theme. In 1852 Dr. I. Edward Turner proposed an asylum for medical treatment of inebriates and for 14 years maintained one in New York. A second was opened in Boston in 1859. Dr. Leslie E. Keeley began his work at Dwight, Illinois, in 1879. In 1885 Dr. Frederick Horner wrote for *The Journal of the American Medical Association* an article urging a naval hospital for inebriates and noted that there were 30 such hospitals in the United States, many of them scientific. One in Connecticut was for women. The American Association for the Cure of Inebriates was formed by physicians in 1870. Medical literature offers many such references.

Despite the pleas of the doctors, however, the moralists, insisting on regarding alcoholism as a sin or a crime, always led the public thought.

Now at last, public opinion seems disposed to listen to the voice of the doctor—after 160 years—and give medicine its full opportunity.

III. *The Development of the Keeley Treatment*

Dr. Keeley, a veteran of the Army medical service in the Civil War, was one of those who believed with most physicians that “drunkenness is a disease.” He laid down some fundamental concepts concerning the cause, nature, and clinical treatment of alcoholism, which have merit even today, and he put his theory into effect to the extent of establishing his now famous hospital, The Keeley Institute.

The application of these basic concepts has been modified parallel to advancing knowledge and practice in medicine, generally. Thus, today, The Keeley Institute is one of the few long-established institutions devoted to alcoholics in the country, its operations based on many years of experience in handling alcoholism and on the best that modern research can contribute to the care of patients.

In the last 75 years there have also been a number of “cures” advanced for alcoholism, as man realized that the patient, not the disease, had to be treated. They have ranged, as a recent editorial in *The Journal of the American Medical Association* pointed out, from McNally’s “Mickey Finn Powders” and “Mrs. Moffatt’s Shoofly Powders” through drug treatment with strychnine and curare; conditioned reflex therapy based on such drugs as emetine and apomorphine; electric shock, insulin shock, hypnosis, treatment with amphetamine sulfate, and finally treatment of alcoholism with alcohol.

The editorial observed:

“Slow or rapid withdrawal of patients from alcoholic beverages, adjuvant medical treatment and psychotherapy for the underlying personality disorder constitute present-day approved therapy. ‘Alcoholics Anonymous’ has invoked the additional factors of spiritual inspiration and mass psychology.”

The Keeley treatment today offers medical practitioners a system of therapy for alcoholic patients in accord with up-to-date scientific knowledge, as outlined in the editorial cited. It is not an aversion treatment. Under the direction and supervision of a staff of experienced full-time physicians who are members of the American Medical Association, it is aimed first at overcoming the acute attack of alcoholism and restoring the patient's well-being, and, second, at inculcating in the patient, through mass and individual psychotherapy, permanent sobriety.

IV. *The Keeley Treatment*

Dr. Keeley explained the rationale of his early techniques with the hypothesis that alcohol, after prolonged use, poisoned the nerve cells of the body, creating an uncontrollable demand for alcohol. Certain individuals, he said, were more susceptible to this poisoning than others. Out of his hypothesis he devised methods for treating the "poisoned nerve cells."

One of his first conclusions was that institutional care was necessary, which led to the establishment of the Institute at Dwight. His theories and methods of treating chronic alcoholism aroused national and international interest. Branch institutes were established in this country and abroad, but all except the North Carolina branch drifted away from Dr. Keeley's precepts concerning treatment and lost their franchises. A modern record system, staff organization and a research program complete the outline of the Institute.

After 70 years' experience with more than 400,000 alcoholics, the Keeley treatment for alcoholism consists of a minimum course of 28 days, during which the patient receives tonic medicines, high-caloric and high-protein diet, physical building up and psychiatric help. It is based on the assumptions that alcohol is a habit-forming depressant drug, addiction to which is acquired by a part of the drinking public.

As soon after arrival as possible each patient is given a thorough physical examination. During the four-week course of treatment he receives at least three such examinations, and more, if indicated in the individual case.

Either acute or chronic alcoholism may mask many diseases, both somatic and psychiatric. The combination of careful medical, psychiatric, and laboratory examinations and the withdrawal of alcoholic beverages brings these out. Patients with other disease conditions are treated accordingly, but The Keeley Institute does not treat cases requiring prolonged confinement or surgery.

The Keeley Institute is not a mental institution and psychopathic patients are not accepted for treatment. This is an advantage in the treatment of chronic alcoholism because experience has shown that successful treatment of chronic alcoholics is handicapped when patients get the feeling they are mental patients. For this reason also, patients suffering from psychoses are referred elsewhere for treatment.

An exhaustive case history, including social and emotional factors, is obtained from each patient, as far as possible supplemented with interviews with relatives and friends. These interviews are also designed to acquaint members of the patient's family with the nature of the patient's illness and thus secure their co-operation and prevent them from disturbing the patient emotionally during the period of treatment.

If the individual case demands it, alcohol is administered

on a gradual withdrawal basis during the first three or four days. In addition, sedatives are prescribed, if necessary, during the withdrawal period only, to counteract nervous tension.

When a patient is disturbed or delirious, a special attendant is assigned to remain with him constantly until he may safely be left alone. No force is used at any time and there is no restraint. Patients are ambulatory and are given the maximum personal freedom possible.

Once the patient is sober, treatment to restore his physical health is instituted immediately. This consists of dietotherapy, vitamin therapy, adjuvant medication in the form of appetite-stimulating tonics, and physical exercise as indicated.

All treatment is under the direct supervision of the members of the medical department—physicians, skilled by training and experience, in the treatment of chronic alcoholism and other addictive diseases. Their experience is augmented by the medical department library which provides a ready reference to all the new developments in the field of chronic alcoholism.

Vitamin therapy in line with the latest clinical information is used freely at The Keeley Institute. Type and dosage as indicated of both natural vitamins, such as Brewers' Yeast, and synthetic vitamins are frequently used.

Vitamins are thus utilized in treating peripheral neuritis, which so often accompanies chronic alcoholism because of deficient eating habits during drinking bouts. Thiamine hydrochloride, one of the B complex vitamins, is administered hypodermically or orally in treatment of the neuritis. Another of the B complex vitamins, nicotinic acid, is administered orally in treating delirium tremens, which may be present on admission. Lipotropic preparations are prescribed for hepatopathy.

The patient has appointments for treatment and taking medicine. Punctuality is demanded for its psychological

value in creating within the patient a sense of responsibility for his treatment. The patient himself administers the oral preparations—again promoting a sense of responsibility.

Dietotherapy consists of a high-protein, high-carbohydrate diet, designed to build up the patient physically. Some underweight patients gain as much as a pound a day during treatment. Rehabilitation is further promoted by physical exercise, under the direction of a trained physical education instructor, and by exclusion of cigarette smoking.

Cigarette smoking is expressly prohibited at The Keeley Institute because of its apparent relationship to the excessive use of alcohol and narcotics. This was confirmed as long ago as 1915 by Osler, who wrote that most alcoholic patients were found to be inveterate smokers.

Patients may smoke cigars or pipes, sparingly, however, because the pipe or cigar may not easily be inhaled and therefore less nicotine is absorbed. Similarly, patients are limited to one cup of coffee a day, since it has been found that caffeine, as well as nicotine, tends to make the patient irritable and may cause a return to the use of alcohol.

The Keeley Institute comprises several buildings on a twenty-acre plot. The records and laboratory, as well as the medical and administrative offices, are housed in a modern two-story brick-and-concrete building. "The Lodge" has attractive private rooms and a large dining-room. In "The Clubhouse" all patients gather for recreational activities. It has a gymnasium with physiotherapeutic facilities under the direction of a person trained in physical education. The beautifully landscaped grounds provide recreational space for the patients and aid in their emotional rehabilitation.

The majority of the 70 to 80 patients who can be accommodated at one time by the Institute live in rooms in private dwellings in the town of Dwight. These rooming houses are required to meet the Institute's high standards of sanitation and comfort.

Facilities for women patients are not maintained at the

present time, but the Institute has plans nearing the construction stage for an entirely new and completely modern hospital which will have accommodations for women as well as men. This new building is of functional design—planned for the Keeley treatment.

V. *The Psychiatric Approach*

The only practical goal in the treatment of alcoholism is total abstinence. The alcoholic, if his treatment is to be successful, must be inculcated with the unalterable fact that permanent sobriety is his only salvation.

That is the most important and most difficult phase of treating the alcoholic.

Both individual and mass psychotherapy are utilized at Dwight. Each patient is seen at least four times daily by members of the medical staff. Additional private conferences are arranged as needed. Mass or group psychotherapy is accomplished in regular lectures which patients attend three times weekly during the four weeks of treatment. These group lectures are given by the members of the medical staff and are designed to provide the patient with a true understanding of his condition, the benefits to be derived from treatment, and how to protect the benefits derived after his course of treatment is completed. Material on mental hygiene, aimed at providing the patient with a healthier emotional life, comprises an important part of the lectures.

The Keeley staff for many years has emphasized the importance for patients, upon returning home, of choosing their associates with care. The value of a carefully selected

social club or organization in which the patient can become active has also been stressed. The formation in 1935 of Alcoholics Anonymous provided a suitable group with which the alcoholic patient could become active and to which he could feel he "belonged."

Today The Keeley Institute is co-operating with Alcoholics Anonymous, and once a week members of this organization lecture at Dwight and encourage patients to become active in an A. A. chapter upon completion of their medical treatment.

Finally, the discharged patient is given a suggested daily routine and literature to further emphasize the importance of permanent sobriety.

VI. *Etiology of Alcoholism*

Acute and chronic alcoholism hides many diseases which may be the primary cause for the nervous instability leading to excessive drinking or which may aggravate chronic alcoholism.

Patients of The Keeley Institute receive the benefit of complete laboratory facilities which are utilized in the diagnosis and treatment of each case. Many underlying pathological conditions are discovered in the laboratory through the series of tests which are performed for all patients.

Urinalysis, complete blood count, and serology for syphilis are done routinely. A comprehensive group of liver function tests is carried out on each patient to detect liver damage. The Keeley Institute laboratory is fully equipped to carry out metabolic studies such as determination of the

basal metabolic rate, blood sugar, and cholesterol. Diabetes, goiter, and hypothyroidism are not infrequently found complicating chronic alcoholism.

Psychological testing is done as indicated, using such tests as the Rorschach.

The records of the laboratory work, covering about 800 patients annually, provide an excellent opportunity for research on the problems of alcoholism and related diseases. Through this research The Keeley Institute is striving to contribute to scientific knowledge concerning alcoholism and its underlying causes, and thus help in the ultimate prevention of the disease which is now recognized as *Public Health Problem No. 4*.