

## Case histories

### Alcohol use disorders

Physicians have been arguing over alcohol, and the meaning of moderation and excess, for more than two millennia. In the classical tradition wine was held in high regard, embodying the heat and moisture characteristic of living things. Like any medicine, though, it was only beneficial in the correct proportions. In excess it could dry the body by provoking urination, and its vapours could rise to the head and fog the faculty of reason. Medical attitudes began to shift most radically after the 18th-century Gin Craze, as mainstream opinion turned against intoxication in its most potent forms.

In 1794 Benjamin Rush, physician-general to the American Revolutionary Army and a signatory of the Declaration of Independence, published *An Inquiry Into the Effects of Ardent Spirits Upon the Body and Mind*, a scathing attack on the prescribing habits of his colleagues. Far from treating sickness, Rush argued, alcohol inflamed it, and drinking could all too easily become a disease in itself. He gave a graphic description of alcohol's effects: "In folly it causes [the drinker] to resemble a calf—in stupidity, an ass,—in roaring, a mad bull,—in quarrelling, and fighting, a dog,—in cruelty, a tyger,—in fetor, a skunk,—in filthiness, a hog,—and in obscenity, a he-goat."

Rush was not the first to describe what would now be called chronic alcoholism, but his *Inquiry* also exercised a profound influence over temperance campaigners looking for medical evidence to back up their position. By the early 19th century, both medical attitudes to alcohol and the meaning of drunkenness were changing rapidly. For Enlightenment physicians, the decision to drink oneself into a stupor was a free choice, one for which the drunkard could be held entirely responsible. But for 19th-century doctors, thinkers, and drinkers the issue became more ambiguous. Alcohol itself had acquired some agency: it was, to use a word that acquired its modern meaning at the time they were writing, addictive.

19th-century framings of alcoholism reflected a new set of social and political anxieties over the effects of industrialisation and urbanisation. In his influential *Traité des Dégénérescences* of 1857, Bénédict Morel, a French asylum doctor, argued that heavy drinking led to degeneration and the destruction of healthy heredity. Morel's concerns struck a chord with his contemporaries and, although many doctors continued to prescribe alcohol, they were also increasingly au fait with the idea that heavy drinking might itself be a disease. In 1852, the Swedish physician Magnus Huss coined the term alcoholismus chronicus to distinguish the effects of long-term heavy drinking from acute alcohol poisoning.

A survey of British asylum doctors at the end of the 19th century revealed that around 14% of patients in their institutions suffered from chronic alcoholism, and under the 1898 Inebriates Act anyone convicted of drunkenness more than three times within a year could be incarcerated in a state

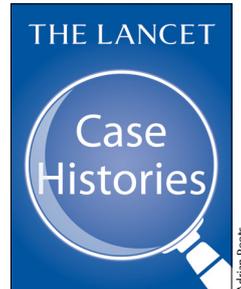
reformatory—proof that the problems of heavy drinking were now as much the province of the medical profession as of the church or the state. America's "Great Experiment" with prohibition between 1920 and 1933 succeeded in reducing the average alcohol consumption of Americans, but—like the Gin Craze before it—prohibition also turned production and consumption into an unregulated black market.

The second half of the 20th century saw another revolution in the medical and moral framing of drinking. In 1939 two reformed alcoholics—Bill Wilson, a stockbroker, and Bob Smith, a physician—published *Alcoholics Anonymous*. Taking their cues from Benjamin Rush, Wilson and Smith argued that alcoholics should not be stigmatised. They were suffering from an illness that could be treated, though not cured, with a 12-step programme and regular meetings with other alcoholics, rooted in the notion that the power to reform could come only from submission to a higher power beyond the drinker's own mind. This approach proved popular but remains controversial, and in recent years doctors have deployed behavioural therapies and drugs like naltrexone in the treatment of chronic alcoholism.

The health and fitness boom of the 1970s and 1980s, along with the identification of fetal alcohol syndrome in 1973, has deepened awareness of the health risks associated with heavy drinking. Since the mid-1980s alcohol sales in England and Wales have risen, with a parallel increase in alcohol-related mortality. In the past decade binge drinking has become an object of popular and political concern, with Sir Ian Gilmore, former President of the UK's Royal College of Physicians, leading a public campaign for minimum unit pricing. All campaigns, though, face the same key question: what does individual choice mean in a society where cheap alcohol, advertising, and opportunities to drink are so pervasive?

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For more on Case histories see [Comment Lancet 2016; 387: 211, Perspectives Lancet 2016; 387: 217, 737, 1265, 1711, 2082, 2495, and Lancet 2016; 388: 228, 649, 1148, e10, 2467](#)

#### Further reading

- Berridge V, Herring R, Thom B. Binge drinking: a confused concept and its contemporary history. *Soc Hist Med* 2009; **22**: 75–607
- Nicholls J. The politics of alcohol: a history of the drink question in England. Manchester: Manchester University Press, 2009
- Valverde M. "Slavery from within": the invention of alcoholism and the question of free will. *Soc Hist* 1997; **22**: 251–68