

Alcoholics Anonymous

Jack Alexander introduced Alcoholics Anonymous to a national stage when this article was published on March 1, 1941.

Three men sat around the bed of an alcoholic patient in the psychopathic ward of Philadelphia General Hospital one afternoon a few weeks ago. The man in the bed, who was a complete stranger to them, had the drawn and slightly stupid look that inebriates get while being defogged after a bender. The only thing that was noteworthy about the callers, except for the obvious contrast between their well-groomed appearances and that of the Patient, was the fact that each had been through the defogging process many times himself. They were members of Alcoholics Anonymous, a band of ex-problem drinkers who make an avocation of helping other alcoholics to beat the liquor habit.

The man in the bed was a mechanic. His visitors had been educated at Princeton, Yale and Pennsylvania and were, by occupation, a salesman, a lawyer and a publicity man. Less than a year before, one had been in shackles in the same ward. One of his Companions had been what is known among alcoholics as a sanitarium commuter. He had moved from place to place, bedeviling the staffs of the country's leading institutions for the treatment of alcoholics. The other had spent twenty years of life, all outside institution walls, making life miserable for himself,

his family and his employers, as well as sundry well-meaning relatives who had had the temerity to intervene.



The air of the ward was thick with the aroma of paraldehyde, an unpleasant cocktail smelling like a mixture of alcohol and ether, which hospitals sometimes use to taper off the paralyzed drinker and soothe his squirming nerves. The visitors seemed oblivious of this and of the depressing atmosphere that clings to even the nicest of psychopathic wards. They smoked and talked with the patient for

twenty minutes or so, then left their personal cards and departed. If the man in the bed felt that he would like to see one of them again, they told him, he had only to put in a telephone call.

They made it plain that if he actually wanted to stop drinking, they would leave their work or get up in the middle of the night to hurry to where he was. If he did not choose to call, that would be the end of it. The members of Alcoholics Anonymous do not pursue or coddle a malingering prospect and they know the strange tricks of the alcoholic as a reformed swindler knows the art of bamboozling.

Herein lies much of the unique strength of a movement which, in the past six years, has brought recovery to around 2,000 men and women, a large percentage of whom had been considered medically hopeless. Doctors and clergymen, working separately or together, have always managed to salvage a few cases. In isolated instances, drinkers have found their own methods of quitting. But the inroads into alcoholism have been negligible and it remains one of the great unsolved public-health enigmas.

“Alcoholics Anonymous” by Jack Alexander, March 1, 1941

By nature touchy and suspicious, the alcoholic likes to be left alone to work out his puzzle, and he has a convenient way of ignoring the tragedy which he inflicts meanwhile upon those who are close to him. He holds desperately to a conviction that, although he has not been able to handle alcohol in the past, he will ultimately succeed in becoming a controlled drinker. One of medicine's queerest animals, he is, as often as not, an acutely intelligent person. He fences with professional men and relatives who attempt to aid him and he gets a perverse satisfaction out of tripping them up in argument.

There is no specious excuse for drinking which the trouble shooters of Alcoholics Anonymous have not heard or used themselves. When one of their prospects hands them a rationalization for getting soused, they match it with half a dozen out of their own experiences. This upsets him a little and he gets defensive. He looks at their neat clothing and smoothly shaved faces and charges them with being goody-goodies who don't know what it is to struggle with drink. They reply by relating their own stories — the double Scotches and brandies before breakfast; the vague feeling of discomfort which precedes a drinking bout; the awakening from a spree without being able to account for the actions of several days and the haunting fear that possibly they had run down someone with their automobiles.

They tell of the eight-ounce bottles of gin hidden behind pictures and in caches from cellar to attic; of spending whole days in motion-picture houses to stave off the temptation to drink; of sneaking out of the office for quickies during the day. They talk of losing jobs and stealing money from their wives' purses; of putting pepper into whisky to give it a tang; of tipping on bitters and sedative tablets, or on mouthwash or hair tonic; of getting into the habit of camping outside the neighborhood tavern ten minutes before opening time. They

describe a hand so jittery that it could not lift a pony to the lips without spilling the contents; of drinking liquor from a beer stein because it can be steadied with two hands, although at the risk of chipping a front tooth; of tying an end of a towel about a glass, looping the towel around the back of the neck and drawing the free end with the other hand, pulley fashion, to advance the glass to the mouth; of hands so shaky they feel as if they were about to snap off and fly into space; of sitting on hands for hours to keep them from doing this.

These and other bits of drinking lore usually manage to convince the alcoholic that he is talking to blood brothers. A bridge of confidence is thereby erected, spanning a gap that has baffled the physician, the minister, the priest or the hapless relatives. Over this connection, the troubleshooters convey, bit by bit, the details of a program for living which has worked for them and which, they feel, can work for any other alcoholic. They concede as out of their orbit only those who are psychotic or who are already suffering from the physical impairment known as wet brain. At the same time they see to it that the prospect gets whatever medical attention is needed.

Many doctors and staffs of institutions throughout the country now suggest Alcoholics Anonymous to their drinking patients. In some towns the courts and probation officers co-operate with the local group. In a few city psychopathic divisions the workers of Alcoholics Anonymous are accorded the same visiting privileges as staff members. Philadelphia General is one of these. Dr. John F. Stouffer, the chief psychiatrist, says: "The alcoholics we get here are mostly those who cannot afford private treatment, and this is by far the greatest thing we have ever been able to offer them. Even among those who occasionally land back in here again we observe a profound change in personality. You would hardly recognize them."

The Illinois Medical Journal, in an editorial last December, went farther than Doctor Stouffer, in stating: "It is indeed a miracle when a person who for years has been more or less constantly under the influence of alcohol and in whom his friends have lost all confidence, will sit up all night with a 'drunk' and at stated intervals administer a small amount of liquor in accordance with a doctor's order without taking a drop himself."

This is a reference to a common aspect of the Arabian Nights' adventures to which Alcoholics Anonymous workers dedicate themselves. Often it involves sitting upon, as well as up with, the intoxicated person, as the impulse to jump out a window seems to be an attractive one to many alcoholics when in their cups. Only an alcoholic can squat on another alcoholic's chest for hours with the proper combination of discipline and sympathy.

During a recent trip around the East and Middle West I met and talked with scores of AAs, as they call themselves, and found them to be unusually calm, tolerant people. Somehow they seemed better integrated than the average group of nonalcoholic individuals. Their transformation from cop fighters, canned-heat drinkers and, in some instances, wife beaters, was startling. On one of the most influential newspapers in the country I found that the city editor, the assistant city editor and a nationally known reporter were AAs, and strong in the confidence of their publisher.

In another city I heard a judge parole a drunken driver to an AA member. The latter, during his drinking days, had smashed several cars and had had his own operator's license suspended. The judge knew him and was glad to trust him. A brilliant executive of an advertising firm disclosed that two years ago he had been panhandling and sleeping in a doorway under an

elevated structure. He had a favorite doorway, which he shared with other vagrants, and every few weeks he goes back and pays them a visit just to assure himself he isn't dreaming.

In Akron, as in other manufacturing centers, the groups include a heavy element of manual workers. In the Cleveland Athletic Club I had luncheon with five lawyers, an accountant, an engineer, three salesmen, an insurance man, a buyer, a bartender, a chain-store manager, a manager of an independent store and a manufacturer's representative. They were members of a central committee which coordinates the work of nine neighborhood groups. Cleveland, with more than 450 members, is the biggest of the AA centers. The next largest are located in Chicago, Akron, Philadelphia, Los Angeles, Washington and New York. All told, there are groups in about 50 cities and towns.

Self-Insurance Against Demon Rum

In discussing their work, the AAs spoke of their drunk-rescuing as "insurance" for themselves. Experience within the group has shown, they said, that once a recovered drinker slows up in this work he is likely to go back to drinking, himself. There is, they agreed, no such thing as an ex-alcoholic. If one is an alcoholic — that is, a person who is unable to drink normally — one remains an alcoholic until he dies, just as a diabetic remains a diabetic. The best he can hope for is to become an arrested case, with drunk-saving as his insulin. At least, the AAs say so, and medical opinion tends to support them. All but a few said that they had lost all desire for alcohol. Most serve liquor in their homes when friends drop in and they still go to bars with

companions who drink. The AAs tipple on soft drinks and coffee.

One, a sales manager, acts as bartender at his company's annual jamboree in Atlantic City and spends his nights tucking the celebrators into their beds. Only a few of those who recover fail to lose the feeling that at any minute they may thoughtlessly take one drink and skyrocket off on a disastrous binge. An AA who is a clerk in an Eastern city hasn't had a snifter in three and a half years, but says that he still has to walk fast past saloons to circumvent the old impulse; but he is an exception. The only hangover from the wild days that plagues the AA is a recurrent nightmare. In the dream, he finds himself off on a rousing whooper-doooper, frantically trying to conceal his condition from the community. Even this symptom disappears shortly, in most cases. Surprisingly, the rate of employment among these people, who formerly drank themselves out of job after job, is said to be around 90 per cent.

One-hundred-percent effectiveness with non-psychotic drinkers who sincerely want to quit is claimed by the workers of Alcoholics Anonymous. The program will not work, they add, with those who only "want to want to quit," or who want to quit because they are afraid of losing their families or their jobs. The effective desire, they state, must be based upon enlightened self-interest; the applicant must want to get away from liquor to head off incarceration or premature death. He must be fed up with the stark social loneliness which engulfs the uncontrolled drinker and he must want to put some order into his bungled life.

As it is impossible to disqualify all borderline applicants, the working percentage of recovery falls below the 100 percent mark. According to AA estimation, 50 percent of the alcoholics taken in hand recover almost immediately; 25 percent get well

after suffering a relapse or two, and the rest remain doubtful. This rate of success is exceptionally high. Statistics on traditional medical and religious cures are lacking, but it has been informally estimated that they are no more than 2 or 3 percent effective on run-of-the-mine cases.

Although it is too early to state that Alcoholics Anonymous is the definitive answer to alcoholism, its brief record is impressive and it is receiving hopeful support. John D. Rockefeller, Jr., helped defray the expense of getting it started and has gone out of his way to get other prominent men interested.

Rockefeller's gift was a small one, in deference to the insistence of the originators that the movement be kept on a voluntary, nonpaid basis. There are no salaried organizers, no dues, no officers and no central control. Locally, the rents of assembly halls are met by passing the hat at meetings. In small communities no collections are taken, as the gatherings are held in private homes. A small office in downtown New York acts merely as a clearinghouse for information. There is no name on the door and mail is received anonymously through Box 658, Church Street Annex post office. The only income, which is money received from the sale of a book describing the work, is handled by The Alcoholic Foundation, a board composed of three alcoholics and four non-alcoholics.

In Chicago 25 doctors work hand in hand with Alcoholics Anonymous, contributing their services and referring their own alcoholic patients to the group, which now numbers around 200. The same co-operation exists in Cleveland and to a lesser degree in other centers. A physician, Dr. W. D. Silkworth, of New York City, gave the movement its first encouragement. However, many doctors remain skeptical. Dr. Foster Kennedy, an eminent New York neurologist, probably had these in mind

when he stated at a meeting a year ago: “The aim of those concerned in this effort against alcoholism is high, their success has been considerable and I believe medical men of good will should aid.”

The active help of two medical men of good will, Drs. A. Wiese Hammer and C. Dudley Saul, has assisted greatly in making the Philadelphia unit one of the more effective of the younger groups. The movement there had its beginning in an offhand way in February, 1940, when a businessman who was an AA convert was transferred to Philadelphia from New York. Fearful of backsliding for lack of rescue work, the newcomer rounded up three local bar flies and started to work on them. He got them dry and the quartet began ferreting out other cases. By last December 15, 99 alcoholics had joined up. Of these, 86 were now total abstainers — 39 from one to three months, 17 from three to six months, and 25 from six to ten months. Five who had joined the unit after having belonged in other cities had been nondrinkers from one to three years.

At the other end of the time scale, Akron, which cradled the movement, holds the intramural record for sustained abstinence. According to a recent check-up, two members have been riding the AA wagon for five and a half years, one for five years, three for four and a half years, one for the same period with one skid, three for three and a half years, seven for three years, three for three years with one skid each, one for two and a half years and thirteen for two years. Previously, most of the Akronites and Philadelphians had been unable to stay away from liquor for longer than a few weeks.

In the Middle West the work has been almost exclusively among persons who have not arrived at the institutional stage. The New York group, which has a similar nucleus, makes a sideline specialty of committed cases and has achieved striking results.

In the summer of 1939 the group began working on the alcoholics confined in Rockland State Hospital, at Orangeburg, a vast mental sanitarium which gets the hopeless alcoholic backwash of the big population centers. With the encouragement of Dr. R. E. Blaisdell, the medical superintendent, a unit was formed within the walls and meetings were held in the recreation hall. New York AAs went to Orangeburg to give talks and on Sunday evenings the patients were brought in state-owned busses to a clubhouse which the Manhattan group rents on the West Side.

Last July first, eleven months later, records kept at the hospital showed that of 54 patients released to Alcoholics Anonymous, seventeen had had no relapse and 14 others had had only one. Of the rest, nine had gone back to drinking in their home communities, twelve had returned to the hospital and two had not been traced. Doctor Blaisdell has written favorably about the work to the State Department of Mental Hygiene and he praised it officially in his last annual report.

Even better results were obtained in two public institutions in New Jersey,

Greystone Park and Overbrook, which attract patients of better economic and social background than Rockland, because of their nearness to prosperous suburban villages. Of seven patients released from the Greystone Park institution in two years, five have abstained for periods of one to two years, according to AA records. Eight of ten released from Overbrook have abstained for about the same length of time. The others have had from one to several relapses.

Why some people become alcoholics is a question on which authorities disagree. Few think that anyone is "born an alcoholic." One may be born, they say, with a hereditary predisposition to alcoholism, just as one may be born with a

vulnerability to tuberculosis. The rest seems to depend upon environment and experience, although one theory has it that some people are allergic to alcohol, as hay-fever sufferers are to pollens. Only one note is found to be common to all alcoholics—emotional immaturity. Closely related to this is an observation that an unusually large number of alcoholics start out in life as an only child, as a youngest child, as the only boy in a family of girls or the only girl in a family of boys. Many have records of childhood precocity and were what are known as spoiled children.

Frequently the situation is complicated by an off-center home atmosphere in which one parent is unduly cruel, the other overindulgent. Any combination of these factors, plus a divorce or two, tends to produce neurotic children who are poorly equipped emotionally to face the ordinary realities of adult life. In seeking escapes, one may immerse himself in his business, working twelve to fifteen hours a day, or in sports or in some artistic sideline. Another finds what he thinks is a pleasant escape in drink. It bolsters his opinion of himself and temporarily wipes away any feeling of social inferiority which he may have. Light drinking leads to heavy drinking. Friends and family are alienated and employers become disgusted. The drinker smolders with resentment and wallows in self-pity. He indulges in childish rationalizations to justify his drinking—he has been working hard and he deserves to relax, his throat hurts from an old tonsillectomy and a drink would ease the pain, he has a headache, his wife does not understand him, his nerves are jumpy, everybody is against him, and so on and on. He unconsciously becomes a chronic excuse maker for himself.

All the time he is drinking he tells himself, and those who butt into his affairs, that he can really become a controlled drinker if he wants to. To demonstrate his strength of will, he goes for weeks without taking a drop. He makes a point of calling at his

favorite bar at a certain time each day and ostentatiously sipping milk or a carbonated beverage, not realizing that he is indulging in juvenile exhibitionism. Falsely encouraged, he shifts to a routine of one beer a day, and that is the beginning of the end once more. Beer leads inevitably to more beer and then to hard liquor. Hard liquor leads to another first-rate bender. Oddly, the trigger which sets off the explosion is as apt to be a stroke of business success as it is to be a run of bad luck. An alcoholic can stand neither prosperity nor adversity.

Curing by Catharsis

The victim is puzzled on coming out of the alcoholic fog. Without his being aware of any change, a habit had gradually become an obsession. After a while, he no longer needs his rationalizations to justify the fatal first drink. All he knows is that he feels swamped by uneasiness or elation, and before he realizes what is happening he is standing at a bar with an empty whisky pony in front of him and a stimulating sensation in his throat. By some peculiar quirk of his mind, he has been able to draw a curtain over the memory of the intense pain and remorse caused by preceding stem-winders. After many experiences of this kind, the alcoholic begins to realize that he does not understand himself; he wonders whether his power of will, though strong in other fields, isn't defenseless against alcohol. He may go on trying to defeat his obsession and wind up in a sanitarium. He may give up the fight as hopeless and try to kill himself. Or he may seek outside help.

If he applies to Alcoholics Anonymous, he is first brought around to admit that alcohol has him whipped and that his life has become unmanageable. Having achieved this state of intellectual humility, he is given a dose of religion in its broadest sense. He is asked to believe in a Power that is greater

than himself, or at least to keep an open mind on that subject while he goes on with the rest of the program. Any concept of the higher Power is acceptable. A skeptic or agnostic may choose to think of his Inner Self, the miracle of growth, a tree, man's wonderment at the physical universe, the structure of the atom or mere mathematical infinity. Whatever form is visualized, the neophyte is taught that he must rely upon it and, in his own way, to pray to the Power for strength.

He next makes a sort of moral inventory of himself with the private aid of another person — one of his AA sponsors, a priest, a minister, a psychiatrist, or anyone else he fancies. If it gives him any relief, he may get up at a meeting and recite his misdeeds, but he is not required to do so. He restores what he may have stolen while intoxicated and arranges to pay off old debts and to make good on rubber checks; he makes amends to persons he has abused and, in general, cleans up his past as well as he is able to. It is not uncommon for his sponsors to lend him money to help out in the early stages.

This catharsis is regarded as important because of the compulsion, which a feeling of guilt exerts in the alcoholic obsession. As nothing tends to push an alcoholic toward the bottle more than personal resentments, the pupil also makes out a list of his grudges and resolves not to be stirred by them. At this point he is ready to start working on other active alcoholics. By the process of extroversion, which the work entails, he is enabled to think less of his own troubles.

The more drinkers he succeeds in swinging into Alcoholics Anonymous, the greater his responsibility to the group becomes. He can't get drunk now without injuring the people who have proved themselves his best friends. He is beginning to grow up emotionally and to quit being a leaner. If raised in an

orthodox church he usually, but not always, becomes a regular communicant again.

Simultaneously with the making over of the alcoholic goes the process of adjusting his family to his new way of living. The wife or husband of an alcoholic, and the children, too, frequently become neurotics from being exposed to drinking excesses over a period of years. Re-education of the family is an essential part of a follow-up program, which has been devised.

Alcoholics Anonymous, which is a synthesis of old ideas rather than a new discovery, owes its existence to the collaboration of a New York stockbroker and an Akron physician. Both alcoholics, they met for the first time a little less than six years ago. In 35 years of periodic drinking, Doctor Armstrong, to give the physician a fictitious name, had drunk himself out of most of his practice. Armstrong had tried everything, including the Oxford Group, and had shown no improvement. On Mother's Day, 1935, he staggered home, in typical drunk fashion, lugging an expensive potted plant, which he placed in his wife's lap. Then he went upstairs and passed out.

At that moment, nervously pacing the lobby of an Akron hotel, was the broker from New York, whom we shall arbitrarily call Griffith. Griffith was in a jam. In an attempt to obtain control of a company and rebuild his financial fences, he had come out to Akron and engaged in a fight for proxies. He had lost the fight. His hotel bill was unpaid. He was almost flat broke. Griffith wanted a drink.

During his career in Wall Street, Griffith had turned some sizable deals and had prospered, but, through ill-timed drinking bouts, had lost out on his main chances. Five months before coming to Akron he had gone on the water wagon, through the ministrations of the Oxford Group in New York. Fascinated by the problem of alcoholism, he had many times gone back as a

visitor to a Central Park West detoxicating hospital, where he had been a patient, and talked to the inmates. He effected no recoveries, but found that by working on other alcoholics he could stave off his own craving.

A Doctor for a Patient

A stranger in Akron, Griffith knew no alcoholics with whom he could wrestle. A church directory, which hung in the lobby opposite the bar, gave him an idea. He telephoned one of the clergymen listed and through him got in touch with a member of the local Oxford Group. This person was a friend of Doctor Armstrong's and was able to introduce the physician and the broker at dinner. In this manner Doctor Armstrong became Griffith's first real disciple. He was a shaky one, at first. After a few weeks of abstinence, he went East to a medical convention and came home in a liquid state. Griffith, who had stayed in Akron to iron out some legal tangles arising from the proxy battle, talked him back to sobriety. That was on June 10, 1935. The nips the physician took from a bottle proffered by Griffith on that day were the last drinks he ever took.

Griffith's lawsuits dragged on, holding him over in Akron for six months. He moved his baggage to the Armstrong home, and together the pair struggled with other alcoholics. Before Griffith went back to New York, two more Akron converts had been obtained. Meanwhile, both Griffith and Doctor Armstrong had withdrawn from the Oxford Group, because they felt that its aggressive evangelism and some of its other methods were hindrances in working with alcoholics. They put their own technique on a strict take-it-or-leave-it basis and kept it there.

Progress was slow. After Griffith had returned East, Doctor Armstrong and his wife, a Wellesley graduate, converted their

home into a free refuge for alcoholics and an experimental laboratory for the study of the guests' behavior. One of the guests, who, unknown to his hosts, was a manic depressive as well as an alcoholic, ran wild one night with a kitchen knife. He was overcome before he had stabbed anyone. After a year and a half, a total of ten persons had responded to the program and were abstaining. What was left of the family savings had gone into the work. The physician's new sobriety caused a revival in his practice, but not enough of one to carry the extra expense. The Armstrongs, nevertheless, carried on, on borrowed money. Griffith, who had a Spartan wife, too, turned his Brooklyn home into a duplicate of the Akron ménage. Mrs. Griffith, a member of an old Brooklyn family, took a job in a department store and in her spare time played nurse to inebriates. The Griffiths also borrowed, and Griffith managed to make odd bits of money around the brokerage houses. By the spring of 1939 the Armstrongs and the Griffiths had between them cozened about one hundred alcoholics into sobriety

In a book which they published at that time the recovered drinkers described the cure program and related their personal stories. The title was *Alcoholics Anonymous*. It was adopted as a name for the movement itself, which up to then had none. As the book got into circulation, the movement spread rapidly.

Today, Doctor Armstrong is still struggling to patch up his practice. The going is hard. He is in debt because of his contributions to the movement and the time he devotes gratis to alcoholics. Being a pivotal man in the group, he is unable to turn down the requests for help which flood his office.

Griffith is even deeper in the hole. For the past two years he and his wife have had no home in the ordinary sense of the word. In a manner reminiscent of the primitive Christians they have

moved about, finding shelter in the homes of AA colleagues and sometimes wearing borrowed clothing.

A Self-Starting Movement

Having got something started, both the prime movers want to retire to the fringe of their movement and spend more time getting back on their feet financially. They feel that the way the thing is set up it is virtually self-operating and self-multiplying. Because of the absence of figureheads and the fact that there is no formal body of belief to promote, they have no fear that Alcoholics Anonymous will degenerate into a cult.

The self-starting nature of the movement is apparent from letters in the files of the New York office. Many persons have written in saying that they stopped drinking as soon as they read the book, and made their homes meeting places for small local chapters. Even a fairly large unit, in Little Rock, got started in this way. An Akron civil engineer and his wife, in gratitude for his cure four years ago, have been steadily taking alcoholics into their home. Out of thirty-five such wards, thirty-one have recovered.

Twenty pilgrims from Cleveland caught the idea in Akron and returned home to start a group of their own. From Cleveland, by various means, the movement has spread to Chicago, Detroit, St. Louis, Los Angeles, Indianapolis, Atlanta, San Francisco, Evansville and other cities. An alcoholic Cleveland newspaperman with a surgically collapsed lung moved to Houston for his health. He got a job on a Houston paper and through a series of articles which he wrote for it started an AA unit which now has thirty-five members. One Houston member has moved to Miami and is now laboring to snare some of the more eminent winter colony lushes. A Cleveland traveling

salesman is responsible for starting small units in many different parts of the country. Fewer than half of the AA members have ever seen Griffith or Doctor Armstrong.

To an outsider who is mystified, as most of us are, by the antics of problem drinking friends, the results which have been achieved are amazing. This is especially true of the more virulent cases, a few of which are herewith sketched under names that are not their own.

Sarah Martin was a product of the F. Scott Fitzgerald era. Born of wealthy parents in a Western city, she went to Eastern boarding schools and “finished” in France. After making her debut, she married. Sarah spent her nights drinking and dancing until daylight. She was known as a girl who could carry a lot of liquor. Her husband had a weak stomach and she became disgusted with him. They were quickly divorced. After her father’s fortune had been erased in 1929, Sarah got a job in New York and supported herself. In 1932, seeking adventure, she went to Paris to live and set up a business of her own, which was successful. She continued to drink heavily and stayed drunk longer than usual. After a spree in 1933 she was informed that she had tried to throw herself out a window. During another bout she did jump, or fall—she doesn’t remember which—out of a first-floor window. She landed face first on the sidewalk and was laid up for six months of bone setting, dental work and plastic surgery.

In 1936 Sarah Martin decided that if she changed her environment by returning to the United States, she would be able to drink normally. This childish faith in geographical change is a classic delusion which all alcoholics get at one time or another. She was drunk all the way home on the boat. New York frightened her and she drank to escape it. Her money ran out and she borrowed from friends. When the friends cut her,

she hung around Third Avenue bars cadging drinks from strangers. Up to this point, she had diagnosed her trouble as a nervous breakdown. Not until she had committed herself to several sanitariums did she realize, through reading, that she was an alcoholic. On advice of a staff doctor, she got in touch with an Alcoholics Anonymous group. Today she has another good job and spends many of her nights sitting on hysterical women drinkers to prevent them from diving out of windows. In her late thirties, Sarah Martin is an attractively serene woman. The Paris surgeons did handsomely by her.

Watkins is a shipping clerk in a factory. Injured in an elevator mishap in 1927, he was furloughed with pay by a company that was thankful that he did not sue for damages. Having nothing to do during a long convalescence, Watkins loafed in speak-easies. Formerly a moderate drinker, he started to go on drunks lasting several months. His furniture went for debt and his wife fled, taking their three children. In eleven years, Watkins was arrested twelve times and served eight workhouse sentences. Once, in an attack of delirium tremens, he circulated a rumor among the prisoners that the county was poisoning the food in order to reduce the workhouse population and save expenses. A mess-hall riot resulted. In another fit of DTs, during which he thought the man in the cell above was trying to pour hot lead on him, Watkins slashed his own wrists and throat with a razor blade. While recuperating in an outside hospital, with eighty-six stitches, he swore never to drink again. He was drunk before the final bandages were removed. Two years ago a former drinking companion got him into Alcoholics Anonymous and he hasn't touched liquor since. His wife and children have returned and the home has new furniture. Back at work, Watkins has paid off the major part of \$2000 in debts and petty alcoholic thefts and has his eye on a new automobile.

At twenty-two, Tracy, a precocious son of well-to-do parents, was credit manager for an investment-banking firm whose name has become a symbol of the money-mad 20's. After the firm's collapse during the stock-market crash, he went into advertising and worked up to a post which paid him \$23,000 a year. On the day his son was born Tracy was fired. Instead of appearing in Boston to close a big advertising contract, he had gone on a spree and had wound up in Chicago, losing out on the contract. Always a heavy drinker, Tracy became a bum. He tiddled on canned heat and hair tonic and begged from cops, who are always easy touches for amounts up to a dime. On one sleety night Tracy sold his shoes to buy a drink, putting on a pair of rubbers he had found in a doorway and stuffing them with paper to keep his feet warm.

The Convivial AAs

He started committing himself to sanitariums, more to get in out of the cold than anything else. In one institution, a physician got him interested in the AA program. As part of it, Tracy, a Catholic, made a general confession and returned to the church, which he had long since abandoned. He skidded back to alcohol a few times, but after a relapse in February, 1939, Tracy took no more drinks. He has since then beat his way up again to \$18,000 a year in advertising.

Victor Hugo would have delighted in Brewster, an adventurer who took life the hard way. Brewster was a lumberjack, cow hand and wartime aviator. During the postwar era he took up flask-toting and was soon doing a Cook's tour of the sanitariums. In one of them, after hearing about shock cures, he bribed the Negro attendant in the morgue, with gifts of cigarettes, to permit him to drop in each afternoon and meditate over a cadaver. The plan worked well until one day he came

upon a dead man who, by a freak of facial contortion, wore what looked like a grin. Brewster met up with the AAs in December, 1938, and after achieving abstinence got a sales job which involved much walking. Meanwhile, he had got cataracts on both eyes. One was removed, giving him distance sight with the aid of thick-lens spectacles. He used the other eye for close-up vision, keeping it dilated with an eye-drop solution in order to avoid being run down in traffic. Then he developed a swollen, or milk, leg. With these disabilities, Brewster tramped the streets for six months before he caught up with his drawing account. Today, at fifty, and still hampered by his physical handicaps, he is making his calls and is earning around \$400 a month.

For the Brewsters, the Martins, the Watkinses, the Tracys and the other reformed alcoholics, congenial company is now available wherever they happen to be. In the larger cities AAs meet one another daily at lunch in favored restaurants. The Cleveland groups give big parties on New Year's and other holidays, at which gallons of coffee and soft drinks are consumed. Chicago holds open house on Friday, Saturday and Sunday—alternately, on the North, West and South Sides—so that no lonesome AA need revert to liquor over the weekend for lack of companionship. Some play cribbage or bridge, the winner of each hand contributing to a kitty for paying off entertainment expenses. The others listen to the radio, dance, eat or just talk. All alcoholics, drunk or sober, like to gab. They are among the most society-loving people in the world, which may help to explain why they got to be alcoholics in the first place.

“Alcoholics Anonymous” by Jack Alexander, *The Saturday Evening Post*, March 1, 1941