

Lay Supplement No. 10

THE DRINKER
AND
THE DRUNKARD

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PREFACE

NEARLY everyone is conscious of the problem of inebriety but the interest of the majority of people is satisfied with the most general sort of information and opinions. The problem takes on importance and reality when and only when it touches them personally. It is then that they want specific and accurate information. Anxious relatives, friends and employers of those who seem to be drinking excessively want to know whether this man or that woman is an "alcoholic" or only an "ordinary drinker." And, if an alcoholic, is he or she one of many or one of a few showing this behavior. And, more, they want to know whether the alcoholic drinks because he is a depraved, immoral man or whether he is one afflicted with a serious trouble, in the nature of an illness. Also, they want to know why alcoholics (we prefer to call them inebriates) behave as they do, what drives them to their habits. Those who ask these questions want the answers in order to understand the inebriate relative or friend, in order to know whether they should be stern or gentle, relentless or forgiving, whether they should "give up" or be patient. But first in their mind is the question whether inebriety is a hopeless condition or whether it can be "cured."

This booklet attempts to answer some of these questions. It reviews what students of inebriety have observed about drinkers and drunkards and what they have found out about the *whys* of drinking and drunkenness. The knowledge of this question is far from being complete, but such answers as can be offered at this time will help in understanding inebriates and consequently in taking the right attitude toward them.

In another Lay Supplement the question of the treatment of inebriety will be discussed in detail; the present booklet makes only occasional mention of this matter. It should, however, be emphasized here that the inebriate is by no means hopeless. True, there is no medicine for inebriety, there is no "cure" for it

in the sense that there is a cure for malaria, but inebriates can be helped and thousands of them have been helped.

PHRASING THE QUESTIONS

“If you were to ask a large number of people whether they knew of an alcoholic among their friends or their wider family, you would find that everybody knows at least one.” This statement was made by a physician who had a long and wide experience.

Anyone could, of course, make this statement look ridiculous through drawing absurd conclusions from it. One could say that if of 135,000,000 people everybody knows one alcoholic, there must be 135,000,000 alcoholics, that is, everybody in this country is a drunkard.

That one can draw senseless conclusions from this statement, if he is so inclined, does not mean that there is no sense to it. Coming from a greatly experienced man, as it does, it means that inebriety is rather widely spread.

If one wants to know how many inebriates there are in the United States, nobody can give an exact answer, because nobody has counted them. But there are men who have made a special study of inebriety and, piecing all their knowledge together, they conclude that there are some 800,000 chronic alcoholics and around 3,000,000 excessive drinkers in this country.* This means that among 1,000 men and women above the age of 15 years, one may find about 8 who suffer from chronic alcoholism and another 30 who are in danger of becoming chronic alcoholics. This is an average for the entire country. In some towns or counties there may be only half or a third of that number per thousand, and in other places there may be two or three times as many.

The question “how many drunkards” there are is asked frequently. But few people ask how many people use alcoholic beverages at all. There is fairly good information on this second question. In 1948 some 67,000,000 Americans, about two out of

*For definitions of chronic alcoholic and excessive drinker, see Lay Supplement No. 1.

three of those 15 years and older, used alcoholic beverages. Among these 67,000,000 are included the 800,000 chronic alcoholics, the 3,000,000 excessive drinkers, and, at the other extreme, men and women who drink alcoholic beverages only on some rare occasions, perhaps two or three times a year. The total of 3,800,000 inebriates, made up approximately of 3,200,000 men and 600,000 women, shows that inebriety is a large problem; but considered in the light of the number of people who use alcoholic beverages it shows also that not more than roughly 6 per cent are excessive drinkers. "The alcohol problem does not grow smaller because of this low percentage."

If one asks whether science has found the means for picking out from the millions of users of beverages those men and women who will become inebriates, the answer is no. Scientific research has shown that excessive drinkers are predominantly of certain types of personality; that is, science has shown the kind of persons who are more likely to succumb to excess than others. But it cannot yet say which of them will.

Among Americans of "drinking age," that is, 15 years and older, 67,000,000 use alcoholic beverages and another 33,000,000 do not. Frequently one hears the questions, why do some people drink habitually to excess, and why do others refrain entirely from alcoholic beverages. But rarely is the question raised as to why people drink at all, no matter how moderately. This question, however, cannot be neglected if one wishes to have an understanding of excess. We shall ask here all the three questions.

Evidently there are in this country many men, and even more women, of drinking age, who do not use alcoholic beverages at all. Is it because of one and the same reason that all of these millions of men and women abstain from alcoholic beverages? The answer is no. There are many reasons, and often personal reasons. Pete, the grocer, used to have a weakness for highly spiced food; now he has a "weak stomach," and only a strict diet without alcohol keeps his stomach trouble from becoming serious. He does not drink. Jack does not eat carrots because he does not like the taste of them, and his brother Ted does not like the taste of beverages with alcohol in them. Ted does not drink.

Mr. Semper would like a highball once in awhile but, knowing himself, he does not trust his own self-control; he is afraid that from "once in awhile" it may come to be a daily habit, and that instead of one highball he may be taking two, four, or even ten as his grandfather did. Very wisely, he does not drink. Mr. and Mrs. Smith feel that all drinking, whether moderate or immoderate, is an evil, and that if people cannot see this evil they should be protected against it by laws. They do not drink and want no one else to drink. If you look around, you will find some or all of these reasons given by your friends and acquaintances who do not use alcoholic beverages.

That there are many reasons for not drinking would seem to be obvious. Yet when it comes to the question of drinking, particularly excessive drinking, it does not seem to occur to people that for this, too, there may be not just one but many reasons. The search for a common reason for all drinking, whether moderate or excessive, has in the past usually led to the conception of drinking as a matter merely of weakness of character, which in some cases it undoubtedly is. More recently, a medical view has been gaining in weight; under it, excessive drinking is regarded as a disease or the symptom of a disease. The modern medical view on excessive drinking is an important one and calls for understanding by all those interested in the problems of alcohol. It will be seen here, however, that even this modern medical view does not hold for all forms of excessive drinking. Any reason which is offered as explaining everything may be suspected of covering too much territory.

To many it would seem that moderate drinking does not require or does not call for any attention at all, and that all attempt at explanation must begin with excessive drinking. Many others, however, believe that any use of alcoholic beverages in itself constitutes an excess or is the beginning of excessive drinking. It is true that every excessive drinker is, at least for a brief while, first a moderate drinker, but only if we think of moderation without regard to the motivation of the drinking. But motivation is as important as the amount drunk. Whatever one's

standpoint on this matter may be, the problem of alcohol can be thought out clearly only by starting with the moderate drinker.

MOTIVES AND AMOUNTS

You may have noticed that some of your friends or acquaintances of European origin have a glass of wine or beer with their food but rarely drink at other times. Also, the wine they drink is not "fortified" with brandy or spirits. Suggest to your Italian lawyer or plumber friend that he is looking for intoxication or even for sedation in his wine, and he will not know what you are talking about. He is not looking for a "lift" and he does not get one. He drinks with his food, strange as it may sound to some people, purely because he likes the taste of the beverage. He would not drink wine with flapjacks, because these tastes do not go together very well, but he does have wine with his spaghetti or beer with his beefsteak. He and others who drink this way—and they need not necessarily be Europeans*—use wine or beer as a condiment. Such people would not spoil the taste of their beverage by overdrinking; they drink such small quantities as are appropriate for condiments. Not only do they not become intoxicated, but they do not drink enough to interfere with their health. People who drink this way are moderate drinkers. For not only do they drink small quantities, but they have no other purpose, conscious or unconscious, than satisfaction of taste. Because of this, they are not likely ever to become excessive drinkers. A man does not become an addict just because he discovers that alcohol can intoxicate; he must also have a wish for intoxication.

There are also many who use small quantities of alcoholic beverages only, but with a definite purpose aside from the enjoyment of taste. Phil Nichols, who commutes from the suburbs, is sometimes very tired when he gets home, and on such evenings he mixes himself a drink to "get over his fatigue," as he says. Nichols and many others who drink to relieve fatigue believe that alcohol "restores energy." Actually, through the sedative

*It is not intended to imply that all Europeans are moderate drinkers. The alcohol problem in Europe is almost as great as in this country.

action of alcohol, they merely get a feeling of well-being. All this means that they are looking for a "lift."

Mr. Blyth, who lives right across the street, is a man who always carries his business with him. Sometimes in the evening it is hard for him to enter into the gay spirit of the family circle, because he is thinking of his work, his responsibilities, and his plans for the next day. He is tense, but he would like to relax, he would like to be able to have fun. So sometimes he takes a drink or two, and then the fray of the day's work seems to leave him and he feels more at ease with his family. He is not the only one who takes a drink in order to relax. Many of your friends drink for this reason. This means that they are using alcohol as a sedative.

As long as Phil Nichols and Mr. Blyth do not overstep their usual small quantities; and do not make this sedation a necessary habit; and as long as they do not look for this sedation when they have a task before them, as driving a car, but only when they can afford such relaxation, they also may be regarded as moderate drinkers. The great majority of such men continue as moderate drinkers, but they do not belong in the class of the safest moderate drinkers. Take the case of Jack Ewings. He, too, used to take a drink occasionally when he found it difficult to "become human" after the day's work was over. One day he had a setback in his business. Nothing very serious, but enough to make him anxious about the future. He could not get away from his unpleasant thoughts. Since he had sometimes used alcoholic drinks as a sedative, he tried one on this occasion too. But he took many drinks before he found relief from his worries; he found it only when he was intoxicated. From that time on he "remedied" even trifling worry through intoxication, and eventually was in danger of becoming entirely dependent upon alcohol. Experience shows that while some individuals from among this group of moderate drinkers become excessive drinkers, the great majority remain moderate drinkers.

There is another type of drinker who drinks quantities which, in themselves, are not dangerous and do not impair ability, nor cause the diseases of chronic alcoholism, but do expose to the eventual dangers of excessive use. The wife of John Doe is

happiest when she is left to read a book, or when she can chat quietly with a few close friends about mutual interests. She is lost and bewildered at social gatherings. But for her husband's sake she attends many such gatherings. A drink or two, although perhaps reluctantly taken, makes it possible for her to behave as do the others. She uses alcoholic beverages as an aid to mixing socially.

In some social sets a certain amount of drinking—not necessarily large quantities—is taken as a matter of course. Mrs. Doe may consider it socially essential to abide by the standards of her crowd in this respect. Since for her alcohol is a necessity, even if a modest social necessity, she is in danger of overstepping the bounds of moderation and becoming an habitual excessive drinker. Especially drinkers of the type of Mrs. Doe make teetotalers suspicious of all moderate drinking.

To characterize this type, one may cite the story of an intelligent elderly lady who consulted a physician about the drinking habits of her two nephews. She said they did not drink a great deal, and wondered whether she really ought to feel concerned. She had never seen either of them show signs of even mild intoxication. But they simply had to have their two cocktails before dinner. She wanted to know whether this amount of drinking would harm them. The physician replied: "The two cocktails your nephews drink every evening do not contain a great deal of alcohol. Probably they will never drink more than this and will suffer no harm. But since the drinking of the two cocktails is a 'must' with them, I consider the habit distinctly harmful, and you are right to feel concerned about it. In a word, not the alcohol in the two cocktails is dangerous, but the 'must'!"

ESCAPE IN ALCOHOL

In spite of differences in the reasons for drinking among the moderate drinkers described here, and especially those who become excessive drinkers, there is something common to all of them except those who use alcoholic beverages as a condiment only. This common element is that alcohol serves with these people to banish petty anxieties. The word anxiety is used here

as the psychologist uses it. In everyday language one would not speak of some slight misgiving about an unimportant matter as anxiety. If John thinks that he might make a fool of himself at a social gathering, we would say that he does not have enough self-confidence, but the psychologist will say that the real trouble is anxiety. Any feeling that matters might not go entirely according to one's wishes is an anxiety, and many apparently insignificant behaviors, such as feeling ill at ease, may reveal it. One or another form of such anxieties is present in practically every person to a greater or lesser degree. Furthermore, just as there are people who have little sensitivity to severe bodily pain and others who wince at a pinprick, there are people who are very sensitive or only slightly sensitive to anxieties.

The high-school principal in a certain town is a well-balanced man. Certainly he would want matters to go according to his plans and wishes, but if the Board of Education denies him a request for a dozen new blackboards, he does not think of it as a frustration of his plans. He lets the matter rest until some more appropriate time. On the other hand, Dave, the clerk in the hardware store, feels that the whole world falls to pieces because he is not able to find immediately the kind of mouse trap the customer asks for. He feels frustrated.

Differences in the strength of anxieties and in the tolerance for anxieties and frustrations explain to some extent, but to some extent only, why some persons are moderate drinkers and others become dependent upon intoxication. Furthermore, what is called the neurotic and the psychotic* personality is understood best in the light of these differences. Among the inebriates there are many who are neurotic, or even psychotic, before they become excessive drinkers, but also many who were quite normal when they embarked on their alcoholic excess. A brief explanation of what is meant by "normal," "neurotic," and "psychotic" follows here in order to facilitate this discussion of inebriety.

Nobody is entirely satisfied with everything in this world and nobody relishes anxieties and frustrations. The degree to which

*Psychosis is the psychiatrist's word for "insanity"; the last is a word which should be shunned because some undesirable meaning attaches to it.

one is ready to accept the fact that the world cannot be molded to his wishes, the number of props he needs to support him against this inevitable fact, and the degree to which he avoids anxieties and frustrations, but particularly the degree to which his conduct is affected by these endeavors, make up the real differences between normal and neurotic and between neurotic and psychotic persons.

Even the normal person makes up to a limited extent for his disappointment in reality by indulging slightly in a world of his own creation. It may be a bit of daydreaming, and while he may find some satisfaction in his daydreams, they serve largely the purpose of clearing his conflicts, of planning for meeting realities. He is not entirely free of anxieties, but most of the time he can get out of them easily. His conduct is affected only to a slight degree by such indulgence. For example, his attention may stray and he may be a little absent-minded, or a slip of the tongue or some awkwardness in gesture may reveal that just then he was not quite in touch with the outside world.

The neurotic person has much less patience with the real world. He needs many props to support him in his disappointments. His daydreaming is intense, he gets much of his satisfaction out of it, and he hopes against hope that his wishes will conquer reality. He is, however, fully aware of the difference between his own world and reality, although he admits this difference reluctantly. His conduct is affected through his indulgence in his own world by the necessity of concealing it. He may achieve this through extreme shyness or, by contrast, through overbearing behavior. He will seek conditions under which the conflict between his wishes and reality does not become obtrusive. Among such conditions are, for instance, an occupation which permits of seclusion, an absorbing hobby, or intoxication. He also may have other devices to help him over his anxieties, such as using language which is not easily understandable to others, or adhering to some strict rules in carrying out ordinary tasks to which one normally pays little attention. These devices may make him appear somewhat odd in the eyes of others. But his overt conduct is not dictated by an imaginary world. He may be a bookkeeper who

likes to imagine himself a great novelist, but he will not go about handing out his imaginary books to his friends and acquaintances, and he will be able to stick to his bookkeeping. If the neurotic person comes into conflict with the law, he will be held responsible since he can distinguish between imagination and reality and between right and wrong. But because he is somewhat peculiar, there may be an inclination to excuse him to some extent.

The psychotic person has no tolerance for reality. The conflict is so painful that reality must be disregarded entirely. The world of the psychotic is not merely a picture of the world as he would wish it, but a complete compliance with his wishes. He has replaced the real world entirely by one of his own creation. He is not aware of a difference between "his world" and reality. Because he cannot make this distinction, his conduct is in accordance with his own world rather than with the real one. If he imagines that he is Napoleon, he also acts as Napoleon. He may reject a much-needed gift because he imagines he has only to tell his treasurer to take millions from the treasury and his command is fulfilled. He may not be violent, but his conduct is irrational. He, therefore, does not fit into society; he must be segregated. Because he cannot distinguish between real and unreal, between right and wrong, the law exempts him from responsibility for his actions.

Some psychotic persons drink heavily, particularly at the beginning of their illness, when it has not yet been recognized. Thus, a young man in his freshman year at college sometimes heard voices accusing him of misdeeds. He was aware that these voices were not real, but he was not able to shut them out. This experience was so bewildering that he tried to escape from it through intoxication. For 3 months he drank heavily. At the end of that time his mental disease had developed fully and he was taken to a mental-disease hospital. His friends, not knowing what had preceded his drinking, thought that his psychosis had been caused by drinking. They apparently also did not know that not 3 months but only years of heavy drinking could in itself bring about a psychosis.

Psychiatrists have seen many instances of alcoholic excess following the onset of a mental disease. Sometimes the drinking accompanies a state of extraordinary elation or, at the other extreme, a state of gloomy depression. But in all these instances the drinking is a symptom of a serious mental ailment. It would be entirely out of reason to attempt to treat such a person for his "alcoholism." In these instances it is of the greatest importance not to be misled by the obtrusive symptom of drinking, but to recognize the psychotic condition and to place the psychotic drinker in a hospital for mental illnesses. Attempts to treat such drinkers for their inebriety have, quite naturally, met with failure, and have contributed much to the pessimism with which the treatment of alcohol addiction is viewed. Undoubtedly, the doctor is right when he says of these persons that they become inebriated because of an ailment. But probably not more than 10 inebriates in 100 are psychotic drinkers.

It is, however, not only the psychotic drinker whose inebriety may be regarded as a symptom of disease. There are many neurotic persons who solve their difficulties through intoxication. All neurotic individuals who become inebriated are not alike, and therefore cannot be immediately recognized by any common characteristic. There are great differences in their personalities and characters. You may know a man, he may even be a close friend, who has great ambitions, but who gets nowhere because, compared with his ideals, the whole world seems crude and cruel. His intelligence has developed in step with his age, but his emotions have not passed the stage of his childhood. Although the child knows with its intelligence that the world does not belong to him, that people are not here to serve him, yet when people do not comply absolutely with his wishes, the child may become enraged or resentful or bitterly disappointed. The emotional reaction is not in agreement with what he *knows*. In the normal course of development this inappropriate reaction wears off, that is, the emotions become mature. Somehow this friend of ours got stuck somewhere on the way of his emotional development. He is now torn between what his intelligence must accept and what his emotions must reject. This conflict brings about a dis-

content which is akin to bodily pain. Intoxication resolves this conflict, makes life bearable, and so he becomes dependent upon intoxication. Despite his wish to free himself of his habit he cannot resist drinking, drinking to intoxication for fear that he will not be able to bear the burden of life. He is often called an addict, but more appropriately should be called a compulsive drinker. This man and all those who are more or less of his type can be helped. They can be shown and helped to find better ways out of their dilemma than intoxication.

There are still other kinds of neurotic inebriates. There may be a family in your town of whom you say the members are overbred. They do not respond any more to the ordinary joys and sorrows of life. They belittle everything, they are utterly bored. Their lives are so empty that they need the strongest "kicks" to overcome this feeling of unbearable emptiness. Some of them become gamblers, some become adventurers, and some become senseless drinkers. Inebriates of this kind are difficult to help but sometimes are susceptible to a religious revival.

Only two types of the neurotic drinker have been described here, but there are many more. As with the psychotic individual, the drinking of the neurotic is a symptom of an underlying trouble. But while in the instance of the psychotic it is only a minor symptom among many more important ones, in the case of the neurotic inebriate the intoxication is practically a solution of his trouble. This symptom of his disturbance may be treated, for the task of treatment is to give this neurotic person some means other than alcohol for solving his problem.

It has been seen here that there are different types of neurotic inebriates and that the different types need different treatments. The recognition of this is perhaps the greatest merit of research on the problem of inebriety. But since it is not inevitable for the personalities described here to become inebriates, research will have to find out what it is that, in combination with certain personality types, makes for inebriety. Such knowledge will help not only in the treatment but also in the prevention of inebriety.

There are probably some 40 neurotic inebriates among 100 excessive drinkers. Together with the 10 psychotic inebriates,

and probably another 10 feeble-minded inebriates, one may say that, on the whole, 60 per cent of all inebriates are persons who came to their excessive habits through an ailment. This leaves 40 per cent whose excess cannot be attributed to disease. This is too large a proportion to be disregarded and to permit of the sweeping statement that all inebriety is due to disease. Such a statement distracts attention from other significant causes.

The 40 inebriates in 100 who are neither psychotic nor neurotic nor feeble-minded are persons who for many years have been drinking large amounts of alcoholic beverages not as a way of adjusting to their difficulties but as a form of social relaxation. In the course of their drinking they have found, however, that intoxication will help them over situations which otherwise would take some effort to adjust to. Some minor misadventure may be a sufficient reason to "let themselves go" and to let intoxication "do the job"; they solve their troubles with drink. As they get "pampered" by intoxication, they may take recourse to it more and more frequently until they become as dependent upon alcohol as the neurotic, compulsive drinker. While they did not start from a disease, they become diseased. Ultimately, then, all inebriates are diseased persons. But it is important to distinguish those who were brought to inebriety through disease and those whose inebriety brings about the disease. These latter excessive drinkers are usually gregarious persons, good mixers, and easygoing in contrast to the neurotic drinkers who, as a rule, are persons who never found their place among others, who always were lone travelers. When the "normal excessive drinker" becomes an habitual inebriate, he appears to be much like the neurotic drinker. By necessity he too becomes a "lone traveler," for he loses his friends and becomes isolated. Because of that he becomes as suspicious, sensitive, and selfish as the neurotic inebriate. But he can be helped. As he has arrived at his dependence through habituation, he can be trained away again from this habit. This can be done successfully if it is recognized that he is not of the neurotic type and that he, therefore, needs to be handled differently.

The question of a moral issue may be raised in the instance of

those inebriates who did not come to their dependence through a disease. It may be said of them that they had the choice between intoxication and the normal way of adjusting their difficulties. The ultimate choice of intoxication reveals a weakness.

Looking back on all that has been said here, one may conclude that although the results of inebriety may appear immoral and degrading, this is a result and not a cause; among the large majority of inebriates it is not immorality and not personal degradation that makes the inebriate seek intoxication. It is, therefore, a worthy endeavor to rehabilitate the alcoholic, to bring him back to the life of the community, for he is worth rehabilitating.

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