

sent in by N. J. Larson, M.D.

San Francisco, Cal

THE PHYSICIAN'S GUIDE

FOR THE TREATMENT OF THE
DRUG HABIT AND ALCOHOLISM

By CHARLES B. TOWNS

JUN - 1 1914
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ESTABLISHED 1901

Telephone
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Connecting all Branches

Cable Address
"TOWNSCO"

CHARLES B. TOWNS HOSPITAL

For Treatment of Drug Addiction and Alcoholism

117 and 119 WEST 81st STREET

NEW YORK CITY

ANNEX

110 WEST 82nd STREET

For Patients of Moderate Means

Staff of Resident Physicians always in Attendance

CONSULTING PHYSICIANS

Samuel W. Lambert, M.D.

James W. Fleming, M.D.

George M. Swih, M.D.

Brooklyn

Smith Ely Jelliffe, M.D.

New York

Alexander Lambert, M.D.

New York

TO THE MEDICAL PROFESSION

FROM CHARLES B. TOWNS

I ADDRESS exclusively to Doctors this little pamphlet which goes briefly into the details of the work done in my New York Hospital for the treatment of drug and liquor addictions, because, from the beginning I have worked hand in hand with the medical profession. I have had incalculable help from it, have rendered it what service I could, and hope always to be in full co-operation with it.

The immediate reason for the issuance of this pamphlet is to report the successful opening of the new Annex to the Towns Hospital. This Annex is planned especially for the treatment of patients of moderate means.

There are various reasons why the Towns treatment for drug-habits and alcoholism is not promoted by the circulation of testimonials. Principal among them is the fact that the very people who have most extensively victimized drug-habitues have been those who have circulated as their advertisements the longest list of testimonials. They are easy to get and are *always* used by imposters; occasionally by honest men, but in general they have little intrinsic worth because nine men out of ten who would write a public testimonial after taking treatment for the drug-habit or alcoholic addiction would for obvious reasons be themselves unworthy of much credence.

I herewith quote from an article by Dr. Alexander Lambert, Visiting Physician to Bellevue Hospital, Professor of Clinical Medicine, Cornell University, New York, entitled, "The Obliteration of the Craving for Narcotics," which appeared in the Journal of the American Medical Association, September 25, 1909:

"If some years ago any one had told me that it was possible to take away the desire for morphine, cocain, or alcohol in less than five days with a minimum of discomfort and suffering to the patient, I should have felt justified in treating the statement with a polite skepticism. Such, however, is the fact, if the treatment which is about to be described in this article is carefully carried out. I do not doubt that in my turn I shall be met with skepticism, and perhaps ridicule, and more especially from those members of the profession who have struggled and toiled to break up the morphine and cocain habits. Heretofore there has been nothing so discouraging, so trying to both physician and patient, as the endeavor to eradicate the craving for these drugs.

"In my service in the alcoholic wards of Bellevue Hospital most of the patients were simply in the various stages and degrees of alcoholism, but there was always about 1 per cent. among the men and 2 per cent. among the women who

were addicted to morphine and cocain. Many of these patients did not wish to be cured; many did earnestly desire to be rid of their enslaving habit. Many were the forms of treatment and drugs which I tried to break off the habit and take away the craving. In a very few cases I sometimes believed that I had succeeded, but even in these cases there was always a doubt in my mind. In the vast majority of patients I knew that I had failed.

Five years ago Mr. Charles B. Towns, of New York City, informed me that he had a treatment by the use of which it was possible in about three days to remove the craving for morphine and cocain and also for alcohol. After this desire for the narcotics was gone the patient would be able to remain free from the use of morphine, and if it was worth while to the patient it was possible for him to abstain from the use of cocain and alcohol. Mr. Towns, not being a physician, was not bound to tell me the ingredients of this treatment. I begged him to publish it and to put it on an ethical basis, as otherwise I could not use it, but at that time it did not seem expedient for him to do so. Recently he has made the treatment known in all its details to the Opium Congress at Shanghai, and on his return from China he has given me the full details of the treatment and I have been using it in Bellevue Hospital during the last two months.

"While the treatment was still unknown to me, and before I used it, I watched Mr. Towns treat various patients addicted to morphine, cocain and alcohol, and found that the claims he made for the treatment were true. I have, therefore, watched patients who ceased the use of their drug five years ago and have not returned to it, and recently I have myself carried out the treatment indicated below."

Extract from an article by Dr. Richard C. Cabot, of Boston, Assistant Professor of Clinical Medicine, Harvard Medical School; author of "Diseases of the Blood;" textbook on "Physical Diagnosis;" "Case Teaching in Medicine," etc., which appeared in the Boston Medical and Surgical Journal of May 11, 1911.

"My attention was first called to this treatment two years ago through talks with Dr. Alexander Lambert and Mr. Charles B. Towns, of New York.

"I then went to New York and spent several days in Mr. Towns' private hospital, watching the progress of alcoholic and morphine cases at different times of the day and in different stages of their treatment. I was struck at once by the small amount of suffering undergone by these patients as compared with the much severer suffering with which I had been previously familiar in watching the results of withdrawing morphine either suddenly or gradually.

"During this visit in New York I also watched the progress of a group of cases under the care of Dr. Alexander Lambert in Bellevue Hospital, and talked the matter out very thoroughly with him. I became convinced at that time that the immediate results of the treatment were remarkable and that its capacity to get a person free from all desire for morphine and alcohol with a comparatively small amount of discomfort made it valuable.

"Soon after this visit I sent to the Charles B. Towns Hospital in New York a patient who had been taking morphine for about twenty years. This patient had at times taken as much as 20 gr. of morphine a day, and was just then taking 11 gr. a day. The habit had been previously broken four times, but the desire had not been abolished and the habit had always recurred af-

ter a short period. Under the Towns-Lambert treatment this patient was entirely free from the habit and from all desire for morphine in less than ten days. This was eighteen months ago, and there has been no recurrence nor any approach to a recurrence in that time. The patient has been well and happy and is now very actively employed. In this case the discomfort lasted only three days at the beginning of the treatment. At no time was this patient (nor any other whom I have watched) in any danger.

"No one who has had any experience with the attempt to break the morphine habit could help being impressed by a case like this, but there still remained in my mind two unanswered questions: (1) Is it possible to accomplish results like this in any considerable proportion of all cases? and (2) How far was the treatment just narrated the result of the powerful personality of Mr. Charles B. Towns?

"We all know that the psychical element is a considerable one in the treatment of all drug habits, and especially of alcoholism, though most of us, I think, believe that its influence is not very durable in the treatment of confirmed morphinists. Any one who knows Mr. Towns knows one of the most persuasive and dominating personalities in the world, and though I knew that Mr. Towns spent but little time with patients, I was anxious to find out whether the treatment could be carried out with equal success by any one else."

The Towns treatment was given to the medical profession in 1909, eight years after it had been first established in this country, after the treatment of over four thousand drug-habitues in China, after its sponsor had visited Bellevue Hospital for weeks and there treated cases of which the clinical his-

tory is still a matter of official record, and after the treatment had been closely, and critically observed for some years by some of the most distinguished medical men in this country.

Its success and the high medical influence brought to bear upon me was my reason for making its details public to the medical profession. I took this course with some reluctance, for personal experience had shown me that few medical men would be able to successfully take up the treatment in their private practice. I felt sure that the publication of the formulae meant that the treatment would be given by physicians who would not know how to administer it, and that this would result in some antagonism; for the principle involved is contrary to much that physicians have been taught in the colleges and contradicts much medical experience. I felt that some would view the treatment with disfavor, considering it extremely drastic which is not so at all.

Since I gave the treatment to the profession it has been accorded wide publicity in both the lay and the professional press and many medical men have been urged by patients to investigate it with a view to its administration to them in their own surroundings. Although every detail of the treatment has been freely given to the doctor, such application of it has generally spelled failure.

To the many doctors who have written to me asking me for reprints giving details of the treatment and to those who may have thought of doing so, I am taking this opportunity of saying that experience has shown me the un-wisdom of continuing to send out these reprints. It is better for the medical man who is considering the merits of this treatment to obtain proof of its efficiency rather than for them to seek

every detail of its method and its medications. I have come to this conclusion only after having received and answered thousands of letters from those who wished to know about the treatment and from those who have endeavored to administer it.

Many failures have been charged to the treatment when the fault was due to the attendant medical man's lack of special ability, environment and necessary facilities.

I am the only person in the world who has done and is devoting his whole time to treatment of drug-addictions and the alcoholic habit, and am only able to excel in the practice because of my special facilities and because I have behind my present work years of association with medical men of National prominence.

The brevity of the treatment has made it possible to eliminate all sanitarium features and make it a definite hospital work free from every element which might prostitute it to the level of that done in those institutions where the real aim, no matter what the avowed object may be, is to detain well paying patients for as long a period as possible and to send them away at the end with the hope that sooner or later they will return.

No other character of cases is handled at the Towns Hospital, as I have found it wise to so arrange my hospital routine that the members of my medical staff may concentrate intensively upon this one specialty.

It is impossible to deal successfully with other physical or mental troubles of drug- or alcoholic-addicts until their systems have been freed from the habit's confusing influences; they must be unpoisoned before the family physician can do them or himself real justice. But after they have been freed from all

desire for drugs or stimulant the time arrives when the family physician should step in and take them again in charge. Recognition of this fact has enabled me to make my hospital a clearing-house for this type of sufferer.

No physician wishes to suggest a treatment to his patient which is likely to divorce that patient from him, and there are very worthy as well as excusably selfish reasons for this feeling. Recognizing this fact, I have made my hospital an institution open to the personal physicians of all patients, enabling them to keep in touch with such patients as they bring to me. Whether or not the physician cares to visit his patient during the period of stay in my hospital, he may feel sure that that stay will not result in any alienation of that patient from him. It is an inviolable rule of my establishment that no discharged patient can consult with any physician of my staff, directly or indirectly. When our work is finished at the hospital, it is *done!*

The physician who sends a case to us is kept informed of its progress from the first to the final dose of medication, and the complete bedside history of each case, which is open to general medical inspection, will not show a single dose of secret medication.

I have decided that to invite the physician to come and see the treatment, from beginning to end, observing as closely as he will and studying as intently as he likes, is better than to furnish him with reprints which endeavor to discuss the progress of individual cases, or to state the treatment as a general medical proposition. I have come to the conclusion, based on important evidence, that if something beyond my hospital treatment is needed to place patients firmly upon their feet, it is in no sense work for us to undertake, but something which can best be

executed by the patient's own physician.

There are no insuperable difficulties in the way of personal observation by the family physician of my treatment even of the cases of patients coming from a distance, for the brevity of the treatment is such that a journey to New York and a sojourn here sufficient to carry a patient through the active treatment, which will not extend over a period of more than three to five days, usually can be made without an impossible interruption of a physician's general practice.

Years of experience which have brought me into contact with every phase of drug and alcoholic addiction and which have brought under my observation every type of patient, have proved beyond the possibility of doubt that in the course of these few days we can perfectly eliminate the effects of any drug or stimulant, no matter what the length of the period of addiction, and not only that, but that this may be done without fear of a fatality or any ill effect whatever. It is accomplished without resort to any methods which could possibly be called heroic; the patient is at no time subjected to physical discomfort notable enough to be properly regarded as serious.

The brevity of the treatment is notable. Alcoholic cases are discharged after treatment extending over a period of from five days to one week, drug cases are discharged after treatment extending over a period ranging from a week to fourteen days, with the average about ten days.

There are various distinct advantages arising from these facts, not the least important of which is that the limited duration of the treatment has made it possible for me to make for each patient a definite advance charge which covers every possible detail of

the work. The patient, paying his bill before the beginning of his treatment, knows that there can be no further charge, whether his stay proves to be of maximum or minimum duration. Whatever may be necessary for a patient's welfare will be automatically done and noted on the patient's chart, not on the patient's bill. It occurs to me that so great a variation from the customary sanitarium practice is worthy of particular attention from physicians. No one can be victimized at the Towns Hospital.

Now as to the efficacy of the treatment. Patients leave the Towns Hospital entirely free from the effects of any drugs or stimulants to which they may have been addicted and without having been forced into dependence upon any other medications. They are mentally and physically in a receptive state, enabling physicians and friends to deal with them by normal methods and in intelligent ways. We promise nothing beyond successful medical treatment; we do not reconstruct human beings nor have we ever claimed to; we can help those who want to be helped and who are worth helping. Deprivation, gradual reduction, segregation from friends and former associates, colonization with other sufferers, all these have been tried and all have failed as notably as have substitution, humiliation and penalization. My claim is that what we do is the intelligent beginning of help and its only intelligent beginning in most cases.

The brief period over which our treatment extends has perhaps frequently been a drawback to us. It may have created prejudice in some physicians who found it impossible to believe that we could do so much so quickly; having preconceived ideas that sufferers of the sort we treat must be put under restraint for periods ranging from many

weeks to many months and possibly to years.

It would be difficult to find any subject in the world which is less generally understood than this. It is not better understood at the average sanitarium or "cure" than elsewhere. They usually do more harm than good, no matter how worthy their intentions may be (and they are by no means always worthy) and I have found that my most effective work has been done with such patients as have never worn the sanitarium stripes; who never has been colonized with similar unfortunates.

I do not feel hurt at scepticism. The most important of medical men have come to me expressing doubts, requiring proofs. Their doubts have been set at rest; the proofs they ask for have been furnished conclusively.

Among those I satisfied I may mention Dr. Richard C. Cabot, of Boston, as eminent a man as there is in the medical profession, whose name is honored upon both sides of the Atlantic. I presented to him a letter of introduction written by one of his intimate medical friends who was familiar with my treatment, having for some time observed its operations, a man in whom Dr. Cabot had the utmost medical and personal confidence.

After reading the letter and discussing it with me, Dr. Cabot said:

"I cannot and will not believe that this treatment will accomplish what this letter says it will, until I personally have investigated it."

Not long afterwards he referred to me a very important case of drug addiction which had extended over years.

The patient was in my hospital just eight days and then returned to Dr. Cabot.

This occurred five years ago. The patient never has touched the drug

during that period and has returned to society to take, again, the useful and distinguished place which her native ability and social position warranted.

Shortly after this patient had returned to Boston I was paid the greatest compliment which has ever fallen to my lot when I received a letter from Dr. Cabot asking me if he might visit my hospital, observe the routine treatment for a few days, and, as he modestly phrased it, "tag around after my internes."

I have subsequently come in contact with physicians who find it impossible to credit what is really accomplished, who anticipate vague trouble, who fear that such a treatment must produce seriously harmful results. As an indication of the early skepticism of big men concerning any really efficient work along the lines which I had taken up, one of our best known neurologists told me, during the early years of my efforts, that out of more than one hundred drug-addicts and alcoholics whom he had sent to the best sanitarium not one ever had been permanently helped; he said that if I had discovered something which would permanently help five per cent. of those who came to me, I should have accomplished something bigger than the world had hitherto known.

I am careful never to use the word "cure." I find that in this work that word is used only by two classes of men: fakers and fools. When I am asked what percentage of those who come to me for treatment ultimately and permanently make good, I invariably reply that I do not know. My aim is the accomplishment of a definite medical result, and, having accomplished this, I have finished when the patient leaves me. I endeavor for good psychological reasons, never again to hear from any patient who has left my establishment after treatment. Every

detail of the medical treatment, every detail of the conduct of the business in the Towns Hospital is different from that of any other institution.

We offer no endorsements from previous patients as evidence of our efficiency; we have not even kept on file a single letter from any person who has ever visited this hospital for treatment. We endeavor to induce all patients to remain with us until they are fit for discharge, and there are two reasons why we wish never to hear from them after they have left: the patient who makes good, after having had the treatment, has no wish to refer, even in a letter to me, to his unhappy past, from the person who has failed to make good we have no wish to hear, for we have done our best.

My hospital is no homelike place with broad verandas, sunlit lawns and spreading shade-trees, where patients are made comfortable by coddling, urged to feel at home and tacitly implored to come again. It is not socially attractive. I tolerate no pleasant intimacies between patients and doctors or patients and nurses. The management especially provides against all personal contact not necessary to the proper execution of the treatment. In other words, my institution is a hospital, conducted upon strictly hospital lines; it is not in the most remote sense a sanitarium.

Recently one of my medical friends was asked to read a paper on this work before a medical society. He came to me for information concerning the proportion of relapses after treatment.

The cases treated during the four years which we referred to in the figures which together we prepared numbered more than two thousand, including both alcoholism and drug-addicts. Of these a little less than ten per cent. returned to us for second treatments,

the reasonable presumption being that the ninety per cent. from whom we never heard after they had left our care had no need to consult with us a second time. Thus it seems to be apparent that the business has been built up by and through the patients who have really been helped.

Since the establishment of the business in 1901, a period during which the number of cases, counting both alcoholics and drug-addicts, has run far into the thousands, we have experienced only two fatalities. This is generally regarded as remarkable, but it is the fact; it confirms my previous statement that the work is not heroic nor in the least dangerous.

A recent addition to our equipment for this work has been the establishment, immediately back of the Towns Hospital, on Eighty-second Street, of an additional institution, planned especially for the accommodation of patients of moderate means. This annex to the main Hospital is under my direct supervision and is in charge of the same medical staff which has charge of the parent institution. There is no difference whatever in the treatment offered in the two buildings, the only variation being in the quality of the accommodations. In the parent hospital each patient has a private room, in the Annex two to three patients are treated in each of several larger rooms. But no objectionable patient is permitted to share a room with any other patient, and at all times the various beds are carefully isolated by means of screens. In the main hospital absolute individual privacy is provided for and assured. There is no common dining-room, meals being served only in the patients' rooms, and patients come in contact only with the doctors and the nurses or with such visitors as they desire to

see. Visitors are permitted at reasonable hours and telephones are accessible.

In view of the fact that this announcement is addressed only to the members of the medical profession, I deem it wise to definitely state our fixed charges here and now, in order that the doctor may intelligently inform his patient. The total and complete charge for treatment of the drug-habit in the main hospital ranges from \$200 to \$350, in advance, according to accommodations; while the fee for treatment of alcoholic cases ranges from \$75 to \$150.

In the Annex for patients of moderate means, the charge for treatment of cases of drug-addictions is \$75 and for cases of alcoholic addiction, \$35.

The payment of the sums above mentioned includes all charges for lodging, maintenance, nursing, medicines, medical services and all other materials and services which may be required or necessary until the completion of said treatment.

We, of course, extend especial courtesies to physicians and members of physicians' families.

The main and Annex
Treatments are also
3-day basis, and
be managed from
\$125⁰⁰ up
L. S. Brown