

ALCOHOLISM AND DEGENERATION IN DUTCH MEDICINE

AROUND 1900

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The problem

Baudelaire once wrote, 'sin is seductive and should be presented as such'. However, in nineteenth-century medico-psychiatric and public discourses on drunkenness and alcoholism, the reverse was attempted. While the *fin de siècle* disciples of Baudelaire in France and elsewhere embraced the experience of Dionysian ecstasy and inebriety, the use of alcohol had become the subject of growing public anxiety and discussions about its degenerative effects. By 1900, alcoholism was widely regarded as one of the 'three greatest plagues' of the time. As L. Rénon taught his students at the medical faculty in Paris, alcoholism shared this epitaph with tuberculosis and syphilis.¹ Furthermore, the social misery associated with the use of alcohol was considered to play a major role in intensifying the two other plagues. The Dutch public health official, hygienist and leading figure in the temperance movement W.P. Ruijsch concluded in 1904 that alcoholism was Public Enemy No. 1.² In this he echoed the opinion of the public health manual of L. Ali Cohen, written 30 years earlier, that *jenever* ['gin'] was the main cause of the misery of the Dutch people.³

In the medical discourses on alcoholism and its nefarious effects, a central theme was degeneration and the role of heredity.⁴ But *how* did the language of degeneration, heredity and evolution inform these discourses? Van der Stel's pioneering study of the temperance movement and the care of alcoholics in the Netherlands suggests that medical theories on degeneration were rather pessimistic in nature regarding the prospect of a cure for alcoholism. This is said to have had two effects. On the one hand, it supported the position of the extremists within the temperance movement, who aimed at total abstinence. But, on the other hand, it is also supposed to have paved

1 Quoted in Romein, *Op het breukvlak* p. 258.

2 Ruijsch. 'De Drankwet'. For Ruijsch see Houwaart, *De Hygiënist*, p. 347.

3 Ali Cohen, *Handboek*, p. 160.

4 See Bynum, 'Alcoholism'; Sournia. *A History of Alcoholism*. pp. 98-114. For the Netherlands, Van der Stel, *Drinken*. pp. 199-201.

the way for eugenics and the German racial hygiene, and thus for National Socialism and the Final Solution. Within this perspective, the medico-psychiatric discourses on degeneration and alcoholism are related to the aim and metaphor of society as a *pure* organism.⁵ In addition, the discourse has been linked to the public health policies of the hygienist movement among Dutch physicians. It has been suggested that the hygienist movement tried to medicalise social problems by, extending conceptions of disease in two ways: first, by redefining the moral and social problem of alcohol abuse as a medical problem, and second, by constituting alcoholism as a public instead of an individual health problem. The language of degeneration was functional in furthering this medicalisation.⁶ Were these indeed the consequences of the use of the language of degeneration and heredity in the medico-psychiatric discourses on alcoholism? Did using this language lead to therapeutic pessimism? Can we speak of medicalising strategies when studying these discourses?

Since the 1980s, historians have begun to question the simplistic and finalistic theses of a relationship leading from hereditarian concepts in medicine and biology and biological metaphors of society to social-Darwinism and eugenics, and ending in Nazism. For instance, notions about contemporary meanings of degeneration and heredity around 1900 and about the nature and even existence of social-Darwinism itself have been revised.⁷ From these revisions follows the need to develop a fresh perspective on the use of the concepts of degeneration, heredity and evolution in medicine at the end of nineteenth and beginning of the twentieth centuries. Recent studies show that the language of degeneration and heredity played a rather complex and dynamic role in both medical and public realms.⁸ This means that it does not suffice to map the views on degeneration, heredity and alcoholism of different physicians to assess this role. We need to analyse the effects and consequences of these views in daily medical practice and in the wider public health context.⁹ Even today, as we enter the era of genetic medicine, we are still faced with the challenge of differentiating between what doctors say they do and what they actually do in their consulting rooms, between theoretical genetic knowledge that comes out of the laboratory and daily medical practice. Therefore, we would like to know whether there is any indication of the role of the language of degeneration, heredity

⁵ Van der Stel, *Drinken*, pp. 199-201.

⁶ Nys, 'Nationale plagen', pp. 226-227.

⁷ Cf. Snelders and Pieters, 'Genetica'.

⁸ For instance. Pick, *Faces of Degeneration*.

⁹ The more traditional approach of 'mapping' views of alcoholism is used in Barnes, *The Making of a Social Disease*, pp. 138-173. and in Nys, 'De Ruiters'.

and evolution both in the medical discourses on alcoholism *as well* as in the actual treatment and prevention methods.

This article will focus on the years from 1890 to 1910. During this period, some physicians played a pioneering role in the creation of new interventions and institutions aimed at the care of alcoholics (asylums and consultation centres) but, at the same time, it has been said that the majority of physicians did not bother much about the problem of alcoholism.¹⁰ A systematic analysis of medical journals of the period had, however, not yet been undertaken. Starting from this point we decided to explore the medical discourses on alcoholism of the period by systematically examining four influential medical journals. We selected the *Nederlandsch Tijdschrift voor Geneeskunde* ['Dutch Journal for Medicine'] further abbreviated in this paper as *NTvG*) which gives us a general overview of mainstream medical discourses and discussions; the *Geneeskundige Bladen uit Kliniek en Laboratorium voor de praktijk* ['Papers from Clinic and Laboratory for Medical Practice'] abbreviated as *GB*), which gives us the contemporary discussions in clinical and laboratory research; the *Tijdschrift voor Sociale Hygiene en Openbare Gezondheidsleer* ['Magazine for Social Hygiene and Public Health'] abbreviated as *TSH*), the mouthpiece of the hygienist movement; and the more 'popular' medical journal *Vox Medicorum* (abbreviated *VM*). By comparing these various sources we will gain a better understanding of the development of medical discourses on alcoholism and its implications for common practice.

Heredity and alcoholism: family research

What was the state of the art of scientific research into degeneration, heredity and alcoholism in the period under survey? The advance guard of researchers could be found in Germany, France and Switzerland. Dutch medical researchers and journals basically accepted the results of the foreign research agendas. This had already been the case with the Dutch hygienist Ali Cohen. In his public health manual of 1872, he incorporated the views of Bénédict Augustin Morel on the matter. Ali Cohen wrote:

the sins of the parents are here [in alcoholism] surely revenged in further generations. Morel ... has explained very rightly, how in the first generation occurs: moral stupefaction, brutalisation, sapping of the body; - in the second: hereditary drunkenness, mania and palsy; - in the third: hypochondria ... suicidal

¹⁰ Van der Stel. *Drinken*, p. 195.

tendencies; - in the fourth finally: mental defections, idiocy, premature deceases etc.¹¹

Ali Cohen referred, of course, to Bénédict Augustin Morel's extremely influential *Traité des dégénérescences physiques et morales*, published in 1857. According to Morel, alcoholism could be both a cause of degeneration, leading to a variety of mental disorders in following generations and ultimately to extinction of the degenerate lineage, and a *consequence* of hereditary degeneration. By 1890, Morel's medico-psychiatric theory of degeneration had undergone several transformations. Where Morel was a devout Catholic who saw degeneration in terms of the 'fall from Eden', in the writings of his prominent successor Valentin Magnan the concept of degeneration had become strongly influenced by the new views on evolution that resulted from the publication of *On the Origin of species* in 1859.¹²

It had, of course, been held long, before Morel, for instance by Erasmus Darwin, that alcohol abuse had a negative impact on offspring.¹³ Within the age-old Galenic tradition in medicine, the damaging effects of an excess of alcohol were related to constitution and temperament. However, nineteenth-century physicians, in a rather new way, tried to link alcohol abuse and the quality of the offspring by what was regarded as a state-of-the-art fundamental scientific method: family-tree research.¹⁴ Even before Morel helped to make this research method popular, the investigation of family trees had been pioneered by Franz Wilhelm Lippich in Laibach. In a study published in 1834, Lippich had carried out a statistical analysis of 200 alcoholic patients and found that their offspring were usually unhealthier than the general population of Laibach.¹⁵ Morel stimulated medical researchers to perform similar studies on the health effects of alcoholism. In the 1890s the Dutch medical journals reported on the results of these foreign studies which, judging by the following exemplary cases in the *NTvG*, served to endorse the popular viewpoint of a causal relationship between hereditary degeneration and alcoholism.

NTvG of 15 August 1890 reviewed positively the 'pleasantly written' booklet by R. Demme from the University of Bern on the effects of alcohol on the organism of the child. Demme had followed 20 families, in which one or both of the parents were alcoholics, over a period of 12 years. Of 57

¹¹ Ali Cohen, *Handboek*, p. 156.

¹² Dowbiggin, *Inheriting Madness*; Huertas, 'Madness': Dowbiggin, 'Back to the Future'.

¹³ Bynum, 'Chronic Alcoholism', p. 185.

¹⁴ Contra Van der Ste 1, *Drinken*, p. 112.

¹⁵ Bynum, 'Chronic alcoholism', p. 175-176.

children, only 10 (17.5%) had had a normal development. Twenty-five had died in the first weeks after birth, and 22 showed congenital defects: defective physical development, chorea, epilepsy, idiocy. In a group of 10 families with moderate drinkers as parents, 50 of the 61 children had grown up healthy (81.9%). Demme concluded that the hereditary influence of alcoholism was expressed in three forms: first, directly, as delirium tremens and periodic bouts of alcoholism; second, as other psychoses; and third, in a 'depravation of the progeny' and in extinction in the third or fourth generation.¹⁶

In his report in *NTvG* on the 5th International Congress against alcohol abuse in September 1895, Ruijsch mentioned the conclusions of the French psychiatrist Legrain: in his asylum 42.6% of the inmates were hereditarily insane due to the influence of alcoholism.¹⁷ This research was, according to *NTvG* of 24 September 1898, confirmed by the study of 1,200 cases of hereditary insanity by Farquharson in Britain. Dipsomania, as alcoholism was also called, had a strong tendency to be hereditary, according to Farquharson, although in most cases it changed form into other mental diseases.¹⁸

The health of the race was further under attack because of the detrimental effects of alcoholism on the ability of mothers to nurse their children. This conclusion - from the German family-tree research of G. von Bunge, reported by B.H. Stephan in *NTvG* of 24 November 1900 - was especially blamed on the degenerative influence of the fathers (in two-thirds of the cases). Paternal influences were also detectable in lessened resistance to tuberculosis and neurasthenia and would finally lead to extinction. It seemed that the white race was degenerating, since Arabs, Armenians, Kurds and Turks did not know the phenomenon of inability to nurse.¹⁹ Four years later, Stephan pointed out that temperance led to less child mortality and healthier offspring among Jews.²⁰

The physician J. Kat, an active member of the temperance movement, generally showed bias in his writings in *NTvG* about the detrimental effects of alcohol use but, despite this, his summary of the influence of alcohol on posterity was fairly typical of the articles in *NTvG*:

Das graue Kapital [the influence of alcohol abuse] shows in numbers of statistics, produced by researchers in all parts of the world, that retardation, imbe-

¹⁶ Hulshoff, review of Demme, *Ueber den Einfluss*, pp. 328-330.

¹⁷ *NTvG* 31, II(1895), p. 554.

¹⁸ *NTvG* 34, II (1898), p. 496.

¹⁹ *NTvG* 36, II (1900), pp. 838-841. Cf. also *NTvG* 40, I (1904), p. 513.

²⁰ Stephan, 'Sterfte en ziekten'.

cility, idiocy, epilepsy, neurasthenia, criminality, are for the greatest part grounded in alcohol use of parents before and during the conception.

²¹

This summary was also taken for granted in the other medical periodicals. Hector Treub, a leading hygienist, used Morel's family tree to substantiate his argument in *GB* that alcoholism (he called it habitual drunkenness or dipsomania) could be hereditary and could lead to idiocy and insanity in the next generations.²²

Evolution, heredity and alcoholism

How was this hereditary effect of alcoholism explained? How, more specifically, was it explained in the perspective of the scientific debate on evolution and the inheritance of characteristics that had received new impetus through the publications of August Weismann? Weismann made a major contribution to the redefinition of the concept of heredity at the end of the nineteenth century. Starting from the question of how the germ plasma with the inherited characteristics could reproduce itself, Weismann conceptualised the soma, the body, as a mere transportation vehicle for the germ plasma. In doing so, he separated the problem of heredity from the problem of growth and differentiation. In retrospect, this conceptual turn played a central role in the construction of a *genocentric* research programme that is associated with the Mendelian revolution and ultimately with the central dogma of DNA research.

But how did Weismann's germ plasma theory affect the medical perspective on heredity, and more specifically, did it affect the way doctors read the apparent hereditary effect of alcoholism? To understand this, it is important to realise that around 1900 medical and public debates took off from a different angle, from a concept of heredity, in which not only the transmission of genetic traits (as we regard them) but also the process of differentiation and growth figured. This concept of heredity, that we will call 'plastic', entailed very flexible boundaries between the respective influences of 'nature' and 'nurture'. Heredity here meant both the inheritance of potential characteristics during reproduction and the development into specific characteristics during the process of growth and differentiation.²³ Infantile syphilis was a case in point, where a disease might be transmitted by

²¹ *NTvG* 40, II (1904), p. 108.

²² Treub, 'Huwelijk en ziekte'.

²³ Rosenberg, *No Other Gods*, pp. 26-30; Bowler, *The Mendelian Revolution*; Keller *Refiguring Life*, pp. 1-42; Theunissen and Visser, *De Wetten van het leven*, pp. 229-230.

contamination of the growing foetus *in utero* (akin to what we now call foetal conditionin g).²⁴

Alcoholism was seen as a primary cause of hereditary degeneration, not withstanding Weismann's famous 'proof' from 1883 that traits acquired during one's lifetime could not be inherited by descendants. To account for the generally accepted notions that alcoholism and syphilis could be inherited, defenders of Weismann's view had to theorise about the poisoning effects of alcohol or *virus syphiliticum* on the germ plasma. In the public and medical debates, to our modern eyes there often seem to be inconsistent combinations of Weismann's 'neo-Darwinism' and essentially Lamarckian notions of the heredity of acquired characteristics being used to account not only for degeneration, but also for the possibility of *regeneration* - combinations that form flexible plastic concepts of heredity.

How was alcoholism framed by Dutch physicians within the context of the scientific debate on evolution and heredity? W. Koster discussed the matter in *NTvG*. He called Weismann's *Bedeutung der sexuellen Fortpflanzung für die Selektionstheorie* a 'phantastic-speculative evolution theory' that seemed to contradict established pathological and clinical knowledge. The distinguished German pathologist Rudolf Virchow, for instance, gave acclimatisation as an example of the inheritance of acquired characteristics, while Weismann was of the opinion that the acclimatised individual was already, by chance, adapted to his new environment. Koster thought that Weismann's idea of the continuity of the germ plasma explained much, for example the inheritance of the 'Jewish type'. But if Weismann was right, hereditary diseases could not exist. However, syphilis and pulmonary consumption were regarded as ample proof for the claim of the hereditability of common diseases. Furthermore, as Koster argued, the inheritance of acquired characteristics gave some hope that, by means of a policy of (social) hygiene, a better species could be created, while Weismann only gave the prospect of a Spartan state in which the inferior had to be eliminated. Koster's line of argument here shows close similarities with a Lamarckian perspective on positive eugenics.²⁵

This does not mean that the medical community was unfavourably disposed towards Weismann's ideas. In 1891 Zwaardmaker, one of the editors of *NTvG*, called Weismann's theory a hypothesis of great value and progress in the direction of a mechanical explanation of nature. There was much that seemed to support Weismann, such as the occurrence of atavisms and of morphological characteristics that were insurmountable for the individual but not for the species as a whole. However, the theory was consid-

²⁴ Lomax, 'Infantile Syphilis'.

²⁵ Koster, 'Ontwikkelingsleer'.

ered to be far from proven.²⁶ Koster in turn, in 1893, undertook a review of his views on Weismann. There is no evidence for the inheritance of acquired characteristics in a positive sense, he wrote, but Weismann did not deny inheritance in a negative sense: agents such as alcohol or *virus syphiliticum* could damage sperm cells and lead, when sperm and egg mingled, to a spontaneous poisoning of the germ plasma.²⁷

Around 1900 physicians accepted three possible mechanisms by which alcoholism could be inherited, or by which alcohol could be responsible for the transmission of other mental diseases. The first was the poisoning of the foetus *in utero* through alcohol abuse by the mother. The second was acute poisoning, when the child was conceived while one or both of the partners in the sexual act were drunk. This was called 'Blastotoxie'. The third mechanism, 'Blastophthorie', functioned when one of the parents was a chronic alcoholic whose germ plasma was seriously affected by alcohol abuse.²⁸ The inheritance could be direct, atavistic (relapse into the characteristics of an earlier generation) or collateral (atavism to a sideline of the family).²⁹ A plastic concept of heredity is evident here. Furthermore, the idea was accepted, for instance by the authoritative Swiss researcher and temperance activist Auguste-Henri Forel, that with Blastophthorie a reversible modification of the germ plasma in the direction of degeneration could take place, and that the opposite was also possible: a healthy way of living over the generations could improve the quality of the race.³⁰ Forel further considered that man had a 'plastic' disposition: the expression of the hereditary disposition could take different forms, depending on opportunity and exercise, and did not have to take a pathological form *per se*.³¹ Regeneration was also entertained as a possibility in a lecture by the Dutch psychiatrist G.C. Bolten shortly before the First World War.³²

In all this, no-one denied the fact of hereditary degeneration and, as *Vox Medicorum* expounded in 1905, hereditary causes were given more and more prominence, although the problem of heredity was still not fully solved.³³ Using the language of degeneration within the context of a plastic concept of heredity gave physicians a flexible and pragmatic approach toward alcoholism. What did this mean in practice?

²⁶ Zwaardemaker, review of Van Bemmelen, *De erfelijkheid*.

²⁷ Koster, 'De toeneming der krankzinnigheid'.

²⁸ Finzen, *Der Alkoholismus*, p. 31.

²⁹ Treub, 'Huwelijk en ziekte', p. 32.

³⁰ Quoted in Finzen, *Der Alkoholismus*, p. 32.

³¹ *NTvG* 31, I (1895), p. 324.

³² Bolten, *Alkoholisme*, p. 37.

³³ *VM* 5 (1905), p. 69.

Alcoholism and medical practice

It has been suggested by some historians that the invocation of heredity as the cause of mental diseases was used by physicians around 1900 as a convenient means of explaining away their failure to prevent or cure these diseases.³⁴ But we may also infer, from the position of Forel and Bolten on the possibility of a reversibility of germ plasma damage, a therapeutic optimism. According to Claus Finzen's study on alcoholism and degeneration in the German-language scientific literature around 1900, many psychiatrists paid attention to the prophylaxis and treatment of alcoholism precisely because alcoholism was seen as the main cause of mental diseases. Work in this field seemed to hold great promise for success.³⁵ The historian W.F. Bynum has noted:

alcoholism and alcohol-related problems could be treated by relatively simple measures like a wholesome diet and complete abstinence from alcoholic beverages. The alcoholic on occasion could be reformed and returned to society, hence the prognosis, even if often perceived to be bleak, was not so grave as that of many asylum patients.³⁶

Can we get an indication, from the medical journals, of the relationship between the conceptual notions of alcoholism as cause and consequence of degeneration, and the practice of prevention and cure of the disorder?

The decades 1890-1910 saw three new kinds of interventions in which physicians participated. In 1891, the first asylum for alcoholics, Hoog-Hullen in Eelde, was founded, with a medical supervisor.³⁷ To the many temperance societies of diverse ideological and religious persuasions which were created during these decades, a new society that united physicians striving for total abstinence (*Artsen-geheelonthouders*) was added in 1897.³⁸ And, in 1909, the first consultation centre (*consultatiebureau*) for alcoholics was founded in Amsterdam on the initiative of Ruijsch.³⁹

We cannot easily subscribe to the view that the medical profession as a whole was not much interested in the problem of alcoholism.⁴⁰ Since no-body bothered to deny that it was one of the three greatest threats to public health, and its importance in the etiology of mental diseases was generally

³⁴ Weiss, *Race Hygiene*, p. 19; Dowbiggin, *Keeping America Sane*, pp. ix-x.

³⁵ Finzen, *Der Alkoholismus*, p. 24.

³⁶ Bynum, 'Alcoholism and Degeneration', p. 63.

³⁷ Van der Stel, *Drinken*, pp. 189-194.

³⁸ *NTvG* 33, II (1897), pp. 1041-1042.

³⁹ Van der Stel, *Drinken*, pp. 203-218.

⁴⁰ *Ibidem*, P. 195.

accepted, this would have been very surprising indeed. When in 1900 one of the leaders of the temperance movement, T.W. van der Wouden, complained of the 'indifferent' attitude of Dutch physicians towards alcoholism, this can easily be constructed as the typical exaggeration of a person who lived only for the fight against alcohol.⁴¹ Of course, although the number of physicians that in fact participated in interventions was rather limited, this does not necessarily indicate a lack of interest. *NTvG* regularly reported to its readers on the latest medical discussions regarding the problem, which shows that its editors at least felt that the problem was sufficiently interesting. While it is true that only 31 physicians reacted to the invitation to join the teetotal physicians' society (*artsen-geheelonthouders*), this had more to do with the fact that 99% of the physicians were not advocates of total abstinence, but tended towards moderate temperance. The founders of the society were in fact pleasantly surprised by the number of participants at the founding meeting.⁴² It is true that in 1895 a physician from the Hoog-Hullen asylum complained in *NTvG* that not many colleagues referred their patients to him.⁴³ But this might also be an indication of other problems. Since alcoholics are not ill in the sense of tuberculosis or syphilis patients, they might be less interested in treatment and perhaps not regard themselves as ill; alternatively, they might not be able to afford the treatment, or it might even be the case that the actual problem of alcoholism was quantitatively smaller than the propaganda of temperance societies tried to make people believe.⁴⁴

Whichever of these theories suits us best, it was definitely not the case that physicians were not interested in treatment methods because of therapeutic pessimism engendered by degeneration theories.⁴⁵ According to Ruijsch, the physician could cure, where possible, and also prevent, through his influence on the families of his patients, by calmly and quietly explaining that alcohol is not necessary for everyone, by banishing it from children's diets, by pointing to alcohol abuse in cases of illness, and by highlighting the negative consequences especially for those predisposed to alcoholism.⁴⁶ Magnan himself thought that hereditary degenerates had a higher chance of recovery than the incurably insane with chronic delusions that had no hereditary basis.⁴⁷ Of course not all alcoholics were predisposed by their hereditary constitution. It was reported from Hoog-Hullen that because 60% of its patients were in their 30s, it was not likely that hereditary condi-

⁴¹ *Ibidem*, p. 198.

⁴² *NTvG* 3 3, II (1897), p. 104 1.

⁴³ *NTvG* 31, II (1895), pp. 509-5 10.

⁴⁴ As is the critique of Scholliers' review.

⁴⁵ Ruijsch, in *NTvG* 31, II (1895), pp. 709-715.

⁴⁶ *NTvG* 31, II (1895), p. 714.

⁴⁷ Dowbiggin, 'Back to the Future', p. 388.

lions were the main cause of their alcoholism.⁴⁸ However, where alcoholism was hereditary, according to the latest theories, its prevalence depended on the plastic expression of the predisposition, which left room for prevention and treatment. Stricter measures against the consequences of alcoholic degeneration were only advocated when this plastic expression was disregarded. In *Geneeskundige Bladen*, Treub was of the opinion that from a medical perspective marriage (aimed at having children) should be forbidden to alcoholics. Their children should only be permitted to marry if they were totally normal, if their second parent was from a not degenerated race, and if their intended partner was from a family with no signs of mental degeneration.⁴⁹ This position might be constructed as a step towards the medicalisation of a problem and the medical takeover of society, however, in the medical journals in this survey, there is no further discussion of Treub's or similar ideas, which we would retrospectively label 'eugenic'. This shows a distinct lack of interest among physicians in general regarding this legal kind of prevention.

In all this, it was clear for Dutch medicine that alcoholism was first and foremost a disease to be treated by physicians. When the *arts-geheelonthouder* A. Hazedoes van Almskerk fulminated against his colleagues in 1901 that they followed the mistaken notion that alcoholism was a habit and not a disease, this must be seen as another activist exaggeration, complaining about the indifference of the profession.⁵⁰ Abuse of alcohol was generally seen as the expression of a disease entity: dipsomania (in Dutch: *drankzucht*). This disease entity appeared in the Dutch language for the first time in 1826, as a literal translation of the German *Trinksucht* (introduced by Von Brühl-Cremer).⁵¹ But even among proponents of temperance such as Kat, who in 1905 advocated new legislation for the obligatory hospitalisation of alcoholics,⁵² it was recognised that *drankzucht* was clinically rather difficult to diagnose.⁵³ The lack of a common consensus and clarity over the diagnosis alcoholism echoed the confusion about the meaning of degeneration itself, which could be used in different senses: prognostic, clinical, aetiological and anthropological.⁵⁴ Kat even went so far as to find this lack of a rigid legal formula an advantage in the politics of obligatory hospitalisation, but a critic such as the Utrecht professor of psychiatry, Karl

⁴⁸ *NTvG* 37,1 (1901), p. 1333.

⁴⁹ Treub, 'Huwelijk en ziekte', p. 40.

⁵⁰ Hazedoes van Almkerk, 'Alcoholisme'.

⁵¹ Van der Stel, *Drinken*, pp. 106-107; Bynum, 'Chronic alcoholism', pp. 170-174.

⁵² Ali Cohen, Van Dale *et al.*, 'Rapport'.

⁵³ *NTvG* 43, I (1907), p. 813.

⁵⁴ Deknatel, 'Psychische Degeneratie'.

Heilbronner, was of another opinion.⁵⁵ Heilbronner was a bit of a dissident in the sense that apart from the difficulties he perceived in establishing the diagnosis dipsomania, he was of the opinion that one should not make the alcoholic feel that he was ill and not responsible for his acts. He even thought that treatments did not have to take place under medical supervision, since they were 'fairly simple'. But he did not disagree in principle with the idea of obligatory hospitalisation.⁵⁶ The idea of obligatory hospitalisation received some further moderate support, but only for 'exceptional' cases.⁵⁷ It is important to note that alcoholics could be hospitalised on court order for being insane anyway. A description in *NTvG* of one of the treatments of an alcoholic by the Leyden professor of psychiatry, G. Jelgersma, shows that classifications of alcoholic mental degeneration and concepts of hereditary influences were influential in the courtroom.⁵⁸ This puts the practical relevance of the debate on obligatory hospitalisation in doubt.

What led to the greatest and fiercest debates among Dutch physicians was an issue that had no bearing on the problem of heredity at all. Should physicians be advocates of moderation in the use of alcohol or advocates of total abstinence? Total abstinence implied abstinence not only for alcoholic patients (everyone agreed on that) but in society at large, in medicine (where it was used as a stimulant as well as in the catering of psychiatric hospitals), and even in the social and private lives of physicians themselves. We read in the columns of *NTvG* that, at times, there was heated debate between the advocates of total abstinence and the moderates, who felt that abstinence was going too far. At the fourth International Congress against alcohol abuse in The Hague in 1893, the discussions took a vehement form, with Forel as foremost spokesman for the extremists.⁵⁹ Of the next congress two years later, Ruijsch reported that the moderates (to whom he belonged and who were in the majority) were treated as traitors by their opponents.⁶⁰ The same happened at the eighth Congress, which made *NTvG* sigh that moderates and advocates of total abstinence ought to respect each other.⁶¹ G.F. Spaink, the writer of a monograph on alcoholism and degeneration, was saddened by the exaggerations of the advocates of temperance. Alcohol

⁵⁵ Discussion in *NTvG* 42, II (1906), pp. 4-26; 43, I (1907), pp. 801-829, 1609-1618.

⁵⁶ *NTvG* 42, II (1906), pp. 7-24.

⁵⁷ Van der Stel, *Drinken*, pp. 258-264.

⁵⁸ Strangely, the patient in this case was seen by Jelgersma as a simulator, but one who would be better taken to a hospital than to a prison where he would cost the community money. Cf. Jelgersma, 'Twee gevallen'.

⁵⁹ *NTvG* 29, II (1893), pp. 321-323.

⁶⁰ *NTvG* 31, II (1895), pp. 551-552.

⁶¹ *NTvG* 37, II (1901), pp. 286-289.

had a role as medication, he thought, although he prohibited its use in his own asylum in Apeldoorn.⁶² When, at a hygienist conference, C.A. Pekelharing tried to give an 'objective' view of the advantages and disadvantages of alcohol, including its use as a relaxant at the end of the working day, a total abstainer present sounded rather insulted in his reaction, in which he stressed that teetotallers were convivial people but did not need alcohol to have a good time.⁶³ It is important to note that this is one of the few times that alcoholism was discussed in the journal of the hygienists.

The debate on abstinence sometimes took rather unexpected turns. In 1900, a diatribe against any use of alcohol written by Hazedoes van Almkerk in the *Geneeskundige Courant* ['*Medical Journal*'] was coincidentally illustrated with an advertisement for a wine seller.⁶⁴ A year later, at the general meeting of the Dutch Society for the Advancement of Medicine, the main association of Dutch physicians, the representative from Dordrecht argued that it was not the task of the Society to prohibit the use of alcohol. He evoked laughter when he added: 'This representative has at least not noticed anything of this these days (at the social gatherings surrounding the meetings).'⁶⁵ The majority of Dutch physicians clearly did not intend to confuse the fight against alcoholism with their personal enjoyment of life.

Conclusions

On the basis of the medical journals studied, we can now offer some preliminary conclusions. It was abundantly clear to Dutch physicians that alcoholism was primarily a disease and should be subject to medical treatment. The language of degeneration, heredity and evolution supported this contention. The consequences of using this language were, however, quite a different matter. On the whole, during the period under review, it did not lead to therapeutic pessimism, nor to support for eugenic policies such as those advocated by Treub. There is insufficient evidence to link the constitution of alcoholism as one of the three great plagues with a hygienist strategy to medicalise society. Alcoholism as such is mentioned as a severe problem in the publications of the hygienists, but that is about all there is to it. Physicians, in general, did take an interest in the prevention and treatment of alcoholism. In practice, the major problem was not who was right in the debate on evolution and heredity, eugenic improvement of the race or anti-

⁶² *NTvG* 31, I (1895), pp. 92-93, 326. For Spaink see Van der Stel, *Drinken*, pp. 199-201.

⁶³ *TSH* 4 (1902), pp. 342-344.

⁶⁴ Hazedoes van Almkerk, 'Alcoholisme'.

⁶⁵ *NTvG* 37, II (1901), p. 153.

alcohol propaganda (left in the competent hands of the temperance societies), but whether a policy of moderation or a policy of total abstinence was preferable. In accepting that degeneration was both a cause and a consequence of alcoholism, Dutch doctors were mainly concerned with handling its plastic expression by counselling moderation in alcohol use for the population and by recommending abstinence, diet and exercise for the alcoholics; they showed little interest in any 'final programme'. Thus, medical practice was pragmatic and impregnated with a plastic concept of heredity. And, because of the flexibility of this concept, the use of the language of evolution and degeneration did not lead to therapeutic pessimism, but opened some vistas to major advances in mental health policy, however illusionary.

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