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## Comments to Myerson Speech

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**COMMENTS TO MYERSON SPEECH**

PROFESSOR MYERS:

Do some people, who have a problem with alcohol, label alcoholism an "illness," and yet they are scared off from seeking help from a doctor, such as yourself, you may somehow suggest that they have a mental disorder?

DR. MYERSON:

No, I don't think so. Everyone, of course, fears insanity. The difficulty with the subject groups is that they have techniques, mainly the taking of drugs or alcohol, that relieve all tension and suffering, and relieve the real world problems. They have techniques which we as physicians cannot compete with. We cannot relieve suffering as well as alcohol can. Addicted people suffer pain, but they have their own unique ways of relieving the pain. They relieve the pain and cause pain. It is a circle that goes on until some crisis happens. Either their wife leaves them or they get arrested, lose their job; some catastrophe happens and then they will begin seeking help. What kind of help they seek is dependent very often on their social background.

MR. HUTT:

I have evidence which I think you might be interested in. When we searched for a defendant, I went down to the basement of our court of general sessions on five different occasions to interview people. My question simply was, "Would you like to be a defendant in a test case to challenge the constitutionality of putting a public drunk in jail for nothing other than public intoxication?" Every person, of 50 I talked with, said, "You aren't going to call me insane?" I said, "No." They said, "I'm a chronic alcoholic, but no one is going to put me in the looney business. I'm perfectly alright in appearance, but I just like to drink." None minded considering himself a chronic alcoholic. In fact one man went on the stand and admitted that he was a chronic alcoholic, but I had to stop him from saying, "But I'm not insane."

PROFESSOR MYERS:

In treating alcoholism, is it desirable to convince the patient he has lost control of his drinking? To many, illness connotes loss of control and non-illness suggests lack of will power. In

treatment, should the patient believe he lacks control as the first step toward therapy?

DR. MYERSON:

Practically, you don't get yourself tied up with this problem. If you can mobilize the resources of a person, then he is in a better position to make a choice and maintain control over himself. The doctor may feel justified in taking certain actions, such as compulsory hospitalization, and when you hospitalize, you make the assumption that it will eventually lead either to the person's mobilizing his resources or to a team of people helping him mobilize his resources to eliminate the need for alcohol.

If you really went on a medical basis, you know that a person doesn't choose to have heart disease, but there is a whole series of voluntary actions in the act of drinking; and there has to be a choice involved, or else I cannot think of these people as human beings. In this way, philosophically speaking, alcoholism is not a disease, although since cirrhosis, bleeding, delirium and illness are permanently connected with it, it has by custom been called mental illness. We have been assigned, by tradition and thought, the task and responsibility of becoming a caretaker for the problem of alcoholics.

It's a practical problem, but by tradition and custom, psychiatrists have developed certain techniques in handling alcoholics. All of a sudden, it is basically a disease process. We are taught in medical school and in the concepts of a great German physician, Virchow, that for every symptom there is certain authority which is causing it. It may be disturbances based on physical injury, genetical disturbances, invasion of bacteria, etc., but all symptoms go back to this, into the body. It is only by analogy that you use the word, "causes." I emphasize that there are certain social causes. Social causes aren't disease, unless you call war a disease. Some people get hurt in wars, but because of the personal, emotional and social factors; is that a disease?

You want to get hospitals to take in alcoholic problems, but to do so, you have to hammer them on the head, to get them to accept it as a disease. So I would agree that we should call it disease. . . . In this very refined academic atmosphere where we can be "up in the clouds," you know. It is a pragmatic definition. It has useful consequences, and I think that justifies the philosophical point.