PHILADELPHIA STORY ON HOSPITALIZATION

The Philadelphia group considers itself very fortunate. One of the first drunks contacted by Jim B., when he brought A.A. to Philadelphia five years ago, was a relative of one of our most eminent surgeons: Dr. A. Wiese Hammer of the staff of St. Luke's and Children's Hospital. Dr. Hammer spends two to four hours with the group every Sunday advising and counselling, as well as comforting those members who gather at the round table. He is one of our staunchest bulwarks.

It is through Dr. Hammer that we acquired the support and cooperation of Dr. C. Dudley Saul, diagnostician, physician and medical director of St. Luke's and Children's Hospital. Through Dr. Saul's good influences, we were able for many months to hold our open meetings in the hospital. This recognition by medicine that alcoholism is a disease furnished a tremendous impetus to the movement here. It helped immensely in convincing new members that there was hope for them if they sincerely wanted A.A.

Dr. William Egbert Robertson, internist of national reputation, is another of our great friends and counsellors. When he can talk to us he really says something. His gentle manner and quiet influence go a long way.

We predict a brilliant future in the treatment of alcoholics for Dr. John L. Green. Here we have a professional man who "knew all about the treatment of alcoholics" until he attended his first meeting some seven months ago. Although not an alcoholic, "Doc" Green is really one of us. He rarely misses a meeting. In his talk to the group a few weeks ago he told us he might learn something about alcoholism if he could attend the meetings regularly for the next hundred years. But we know he knows plenty now. His efforts at Nazareth Hospital and Frankford are already showing substantial results.

It was Jim B. whose unceasing pounding on the doors of the Philadelphia General Hospital reached the understanding ears of Dr. William F. Turnbull, then superintendent, and Dr. John F. Stauffer, chief psychiatrist. They gave the group permission to send a "committee" to visit those suffering from alcoholism. This group goes over every Saturday and practically holds a meeting right there. We have enrolled about 30 per cent of our membership through these visits to our West Philadelphia "Country Club," as we affectionately call it. We were again fortunate in Dr. Turnbull's successor, who has deep sympathy with our problem and enlists the cooperation of the entire force to help us.

Another untiring aid to the Philadelphia group is Dr. Russell S. Boles, a director of the Research Council on Problems of Alcohol and chairman of the board, Philadelphia General Hospital. Through his kindness many courtesies and much help are given us at the hospital. Although the hospital frowns on repeaters, it has never refused medical treatment to any person sent by the A.A. committee, or by any of our older members. Through Dr. Saul's efforts, the Trustees of St. Luke's and Children's Hospital have set up an "Alcoholic Clinic." This is the first semi-private institution to accept patients for the treatment of alcoholism for anything like reasonable charges. True, others take us in for arthritis, bronchial troubles, or the belly-ache or something, and sock us plenty, but St. Luke's will accept and treat us for alcoholism.

Within our group we have many talents and we want to say a word about them. Dr. McM., Dr. R. and Dr. F. are physician members who can and are doing much work themselves at other
hospitals. Dr. G. and Dr. H. are dentists who run across other alcoholics whom they and the group can help. Robert M., psychological consultant, and H.H.H., lay therapist, do great work, and we must not overlook the girls. Gertrude M. (non-alcoholic but the wife of a member) is a R.N., Marion H., (non-alcoholic), a professional social worker. Florence H., voluntary social worker, has been connected with the Jefferson Hospital for seven years, and Catherine P. with the Philadelphia General.

In Philadelphia we ask all members to keep in touch with their clergymen and physicians as a means of learning whether they have anyone we can help. When we find someone who needs our help we see to it that person is called upon at least once a day until discharged, that he or she has cigarettes or a dollar or two with which to get little things of comfort. We seldom have the same person call twice as we want the patient to know that he (or she) is going to have many friends when he leaves. We do the usual follow-up when these patients are returned home. And if they have no home we see to it that they are housed and clothed until they get on their feet.

In other words, we do what all you other alcoholics are doing: we do the best we can.

Winslow T., Philadelphia, Pa.