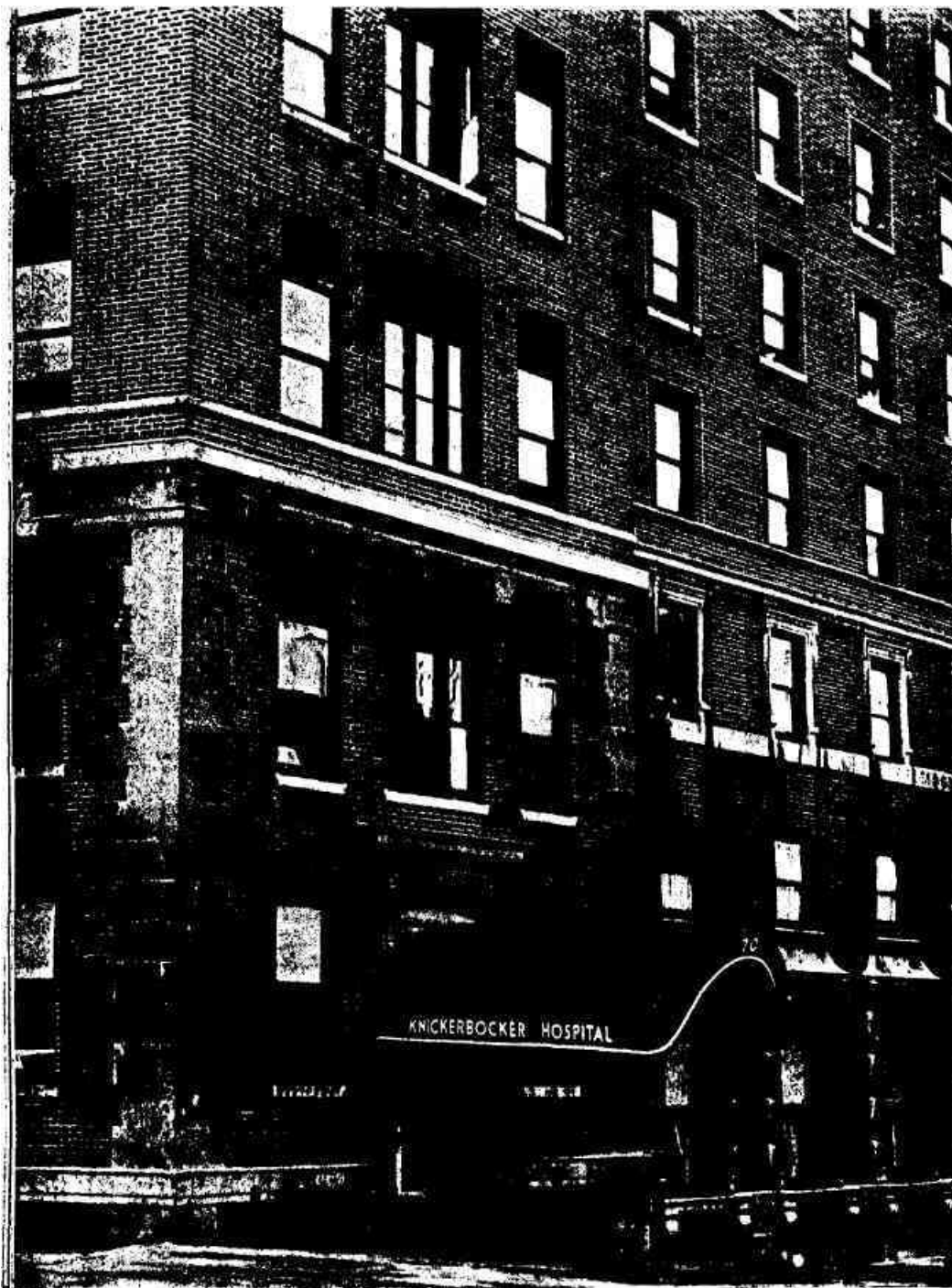


February 1951

New York's long, hard road to

HOSPITAL FACILITIES



ONE of the many legends that have sprung up about Thomas A. Edison concerns that great man's smooth acceptance of discouraging data.

During one of his more stupendous ordeals of research, the story goes, a laboratory assistant approached Mr. Edison in his workshop at Menlo Park.

"It's awful, Mr. Edison," the man complained. "We have just finished our 50,000th experiment and it failed, as all the others have done. We seem to be making no progress at all."

"No progress!" shot back Edison. "We now have a vault jammed with 50,000 formulae that we know will *not* work. We are making tremendous progress."

Apocryphal or not, the trite little anecdote taps out a happy analogy for the experience of New York members of Alcoholics Anonymous, in the beginnings of Knickerbocker Hospital's pavilion for treatment of alcoholic patients.

As so frequently happens in evolvment of The Big City's more significant achievements, it was an "outsider" who lit the fuse that finally set off this great boom in lasting benefits.

Jack N., an AA from Cleveland, blew into New York several years ago, glowing with constructive enthusiasm. He was flaming with righteous fury because there was not a top-level general hospital on all the eastern seaboard that could and would give sympathetic, effective, ethical professional treatment to alcoholics, unreservedly accepting them as sick patients.

Jack had no difficulty in finding New York AAs who shared his crusading ardor. At least a few of the men and women with whom he talked were burning with inward fires of their own, kindled by their own fresh memories. They were still close enough to the cold and aching past to know what a warm and understanding institution might have done for them.



Brooklyn's St. John's Hospital

It was at the fag end of Winter, 1945, that the working founders of The Knickerbocker Plan began to tackle their job with earnest determination.

Because it enjoyed a high professional standing in every regard and because some of its guiding spirits exposed a genuine— —if originally timid— —interest in the problems of alcoholism, Knickerbocker Hospital, on Manhattan's Upper West Side, was made the target of principal attention by this small band of single-minded zealots.

From the standpoint of sheer audacity and success against great odds, the triumph of this group deserves a high place in the annals of salesmanship. Future Dale Carnegies and Elmer Wheelers may well use this example as an inspiration for their pupils.

There were many traditional obstacles, some real, some imaginary, to be surmounted. And unless some of Knickerbocker's ad-

ministrators had been willing, as they were, to give humanitarian principles a slight edge in some instances over purely professional considerations, the sales arguments might never have worked.

To begin with, there was the age-old inclination to view habitual drunkenness forthrightly as an especially detestable form of moral degeneration, uncontrollable and unmodifiable by medical science in any of its phases. Even the most charitable visionary could not conceive of a ward for alcoholics that could be anything less vicious than a brawling, filthy, disorderly den of mischief and potential mayhem. The nursing profession, to state it mildly, was not madly infatuated with those unhappy segments of its routine which included the care of red-eyed drunks and bleary-eyed hangover cases.

There was keen, almost bitter opposition from some physicians and surgeons who practiced in the hospital. This, too, was understandable, especially in times when hospital rooms and wards were jammed, when it was virtually impossible to find accommodations, even for emergency operations, in any first class institution of the sort.

"Why in the world," these doctors wanted to know, "should perfectly good hospital space be cluttered up by a bunch of bums, sitting stupidly around, getting over a drunk? There are cases of life

and death that are far more important."

Such objections were not easy to sweep aside.

Also, there were financial considerations. Knickerbocker Hospital was not and is not a strictly eleemosynary establishment. Bills have to be paid. A drunk in the last throes of a binge is not usually overstuffed with folding money. Chronic drunkenness, then as now, was not included among the accepted concomitants to a Grade-A credit rating in our more fashionable banks.

But — and that "But" covers a world of territory — the official board of Knickerbocker at last agreed to give the plan a trial. The pavilion for treatment of alcoholics was formally opened on Easter Sunday, 1945.

To conclude arrangements and satisfy legal requirements, a corporation was formed among the hard-working AA members to sign necessary agreements. The corporation, chartered under the New York State law which governs non-profit organizations, was called:

"Rehabilitation of Alcoholics of New York, Inc."

The name is significant. Although the group was composed of AA members, three men and a woman, the name is conspicuously free of any AA connotations. Because, though the work at Knickerbocker was started by AAs, is carried on by AA efforts, has the

full support of individual AAs and all AA groups and is, indeed, one of AA's outstanding achievements — — it is still completely independent of AA, as such.

In that very independence, the movement demonstrates its loyalty to the Traditions of AA, particularly to that fundamental tenet which urges AA never to lend its name to any other organization of any kind whatever.

That independence has been strenuously defended, in the face of many efforts to have Rehabilitation of Alcoholics of New York Inc., merge itself with other allied movements and become a part of similar activities. There have been numerous times when a surrender of this total independence would have made the struggle easier, but the independence has been maintained.

There is a general feeling, moreover, that this fight has been thoroughly justified, because the Knickerbocker Plan has been nurtured, not alone for its immediate and self-sufficient purposes, but also in the devout hope that its operation might create a flexible pattern for other such projects in other communities.

It would be a mistake to think the troubles were over when the alcoholic ward became a reality on the third floor of Knickerbocker Hospital. In a way, troubles had only begun.

The lessons of operation have



*with understanding guidance...
Dr. William Duncan Silkworth*

been as enlightening as the lessons of organization. Experiences have ranged from the ludicrous to the tragic.

In early days, for example, there were unhappy episodes that bobbed up concerning patients' payment of their bills — episodes which have resulted in a present inflexible rule that the whole sum for the regular five-day period of hospitalization must be paid as the patient enters — in cash; no checks.

One occurrence (among several) contributed to the necessary severity with which the pay-in-advance rule now is invoked. A patient came in one night, attended by a "sponsor" to whom the patient's family had entrusted the money for the fee. (Currently, that fee is \$75, as is explained in the July, 1950, issue of *The Grapevine*) The patient was entered, put to bed and made snug for the night.

The "sponsor" announced he was going downstairs to pay the bill — and that was the last ever heard of the sponsor. Or the money.

Some patients have become unruly, exercised their legal rights and flounced out of the hospital before treatment ever began.

One tragic instance caused the corporation to spend some \$1,500 of its ever-meagre funds to install heavy screens over the windows in the ward. Otherwise, "paying for mistakes," such as reimbursing the hospital in those early days when "rubber checks" and other typical alcoholic devices caused losses, have represented the only expenditures the founding corporation has been forced to bear.

That little capital, now reportedly only about ample to keep a bank account alive, was raised by individual subscriptions in a limited appeal by the corporation members.

Another development at Knickerbocker that has proved of incalculable value is the system of volunteer workers — whereby some member of AA is always on duty in the hospital, to help perpetuate the spirit of AA on which the entire operation is founded and, incidentally, render any such assistance he can to the hospital staff.

Here, too, lessons were learned. A system had to be evolved to insure the presence always of such volunteers. Now, this, as well as the routine admission of patients,

is handled through the Intergroup headquarters.

The duties of these volunteer workers, in the beginning, were varied and indefinable. They ranged all the way from running errands for the patients to acting as father confessors. These duties now have simmered down to a more practicable pattern — including always, of course, the natural and unforced exercise of AA principles.

Mostly, however, the duties may be summarized in:

"Help the nurse on the floor. She's the boss."

These volunteers are on duty always, three men a day, 365 days in the year.

Edison's laboratory assistant, with his 50,000 "failures," could not hold an experimental candle to the men and women who have seen Knickerbocker over the hump.

Today, the plan is a reality. Those who stood among its sternest opponents back in 1945, are now among its firmest friends. Men in the medical fraternity who doubted the ethical dignity of such work are now converted to its value. It has proved itself to the profession.

Others of the original opposition, who looked with holy horror on a "bunch of drunks" in a hospital, have changed their opinion — gladly and wholeheartedly. They admit that the alcoholic section of Knickerbocker is the quietest wing in all the hospital.

Through it all, of course, has

run the wise and tender influence of Dr. W. D. Silkworth, the distinguished physician in charge. His sympathetic and searching inquiries into alcoholism and its treatment have made him an acknowledged leader in that puzzling field of medicine. Dr. Silkworth's cordial interest greets each new patient as he enters Knickerbocker — and each patient leaves with Dr. Silkworth's experienced advice gently planted in his mind.

The good work has spread. St. John's Hospital, in Brooklyn, has cooperated with the AAs of that borough in establishing an alcoholic ward that is doing magnificent work, with a plan of operation somewhat different from that used at Knickerbocker,

And of course much of imperishable value has been learned — by both these institutions — from the pioneering work done by the Saul Clinic in Philadelphia, and from the fine example set in Akron by the late and beloved Dr. Bob. And his loyal aide, Sister Ignatia.

It has been a long road and a hard road, at Knickerbocker. But the goal has been worth the heavy going.

Perhaps one concluding sentence can sum up the cordiality, the smoothness, the success which has been won — better than any other phrases that might be chosen:

Even the nurses like to work with drunks — in the Knickerbocker alcoholic wing.