



# Selected Papers of William L. White

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**Citation:** White, W. (2014). Early concerns about fetal alcohol and other drug effects. Posted at [www.williamwhitepapers.com](http://www.williamwhitepapers.com).

## Early Concerns about Fetal Alcohol and Other Drug Effects

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**NOTE:** The original 1,000+ page manuscript for *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* had to be cut by more than half before its first publication in 1998. This is an edited excerpt that was deleted from the original manuscript.

Warnings about the dangers of mothers drinking during pregnancy were recorded in the Bible (see Judges 13:3-4) and the writings of Aristotle—predating the rise of such concerns raised within American medical and temperance literature.

Benjamin Rush advised pregnant women not to drink and offered alternatives to the popular use of alcohol to cure "breeding sickness" (morning sickness during pregnancy) (Rush, 1787, 1814). Rush's English counterpart, Dr. Thomas Trotter, warned of the intellectual deficits of children born of drunken parentage, as did Reverend Lyman Beecher in his 1826 sermons on intemperance. An American physician, Dr. J. Eberle, recommended in 1833 that drinking during pregnancy be banned because of the tendency of children born by drinking mothers to be "weak and sickly." Eberle further noted peculiar patterns of cranio-facial deformity in some alcoholic women who were known to be themselves children of alcoholics.

A Massachusetts report on idiocy prepared by Samuel Howe in 1848 noted that nearly half of those studied had intemperate parents (Warner & Rosset, 1975). A French Surgeon noted as early as 1878 toxic reactions in infants produced by breast-feeding from heavily drinking mothers. Some American physicians of the late nineteenth century noted concerns about both the effects of drinking during pregnancy and during nursing. In 1878, Dr. T.D. Crothers, a leading American addiction expert, noted the frequency of early miscarriage experienced by alcoholic women and noted that their children were "weak and puny, and likely to fall at an early age victims to disease" (Crothers, 1878, p.250).

Women's Christian Temperance Union leaders spoke in the 1880s about the dangers of birth defects in children born of drinking mothers. J.E Usher warned in 1892 that disabled children were being born as a result of one or both parents being alcoholic. He further challenged that the pervasive

practice of dosing infants and children with alcohol only exacerbated this harm. He went so far as to describe three forms of alcoholism: the hereditary form, the acquired form, and the infantile form, the latter being a pattern of childhood inebriety that resulted from the practice of using alcohol to medicate and sedate children (Usher, 1892). Eighteenth and Nineteenth century reports often contained the belief that damage to children resulted from the child being conceived at a time one of both parents were intoxicated. These reports warned of the damage that could result to future generations of a single episode of drunkenness.

Early twentieth century reports on the harmfulness of parental drunkenness on offspring continued to appear, particularly in studies of "idiocy and feeble-mindedness." As this link between parental alcoholism and damage to one's progeny began to fall out of favor, a particularly lucid report authored by A. McLlroy appeared in the *British Journal of Inebriety*. She stated unequivocally that the placenta served as a marvelous protective filter but that alcohol passed directly through this filter to the fetus. She warned that maternal drinking during pregnancy could result in spontaneous abortion, prematurity, stillbirth and damage to the infant and that this damage could continue as alcohol continued to be passed to the infant through the mother's milk (McIlroy, 1923). By the mid-twentieth century, these links were viewed as old wives tales. Mark Keller wrote in 1955 that "the old notions about children of drunken parents being born defective can be cast aside" (Quoted in Warner and Rosett, 1975, p. 1411).

Concerns about the effects of such exposure were not limited to alcohol. Alarm about the effects of opiate use on unborn children rose in tandem with the rise of opiate use among women, but such concern was tempered by the perception that neonatal narcotic dependence was relatively rare. In 1913, Pettey suggested that the reason for the rarity of "congenital morphinism" was rooted in both opiate pharmacology and female and infant physiology. He believed the appearance of

narcotic-dependent infants in medical practice was rare because: 1) addicted women rarely conceived due to disruption of menstruation and ovulation, 2) when addicted women did conceive, the result was often miscarriage, and 3) children delivered to addicted women often died shortly after birth before they could come to the attention of the physician (Pettey, 1913).

Concerns about fetal alcohol and drug effects rose in the 1970s and 1980s as new research emerged documenting the effects of prenatal alcohol and drug exposure.

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