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The temperate doctor

In 1789 the Philadelphia physician Benjamin Rush published the results of his *Inquiry into the effects of spirituous liquors on the human body and the mind*.¹ He included a “moral thermometer,” which associated “degrees” of liquor with points on a scale of temperance and intemperance. At the top of the scale, Rush placed water, milk and molasses, which he associated with health, wealth and happiness. Wine, port and beer were further down, delivering cheerfulness and nourishment “when taken only at meals and in moderate quantity.” Spirits and morning drams, at the bottom, delivered “dropsy, epilepsy and apoplexy,” leading to “obscenity, fraud and the workhouse or a whipping.”

Medical (or quasi-medical) arguments were persuasive in such matters, and some historians have credited Rush, whose *Inquiry* sold more than 170 000 copies, with setting the American temperance movement into motion.² By the 1850s the movement had entered the political and legislative arena, with the result that jurisdictions in the US and Canada began to enforce some form of prohibition.

Since that time, temperance has continued to be confused with abstinence. Abstinence is an extreme and rigid state that sometimes results in prohibition and condemnation; temperance, on the other hand, is a process of self restraint and moderation, the middle road. Plato regarded temperance as one of the cardinal virtues of a society and of an individual³ — an ideal to strive for and a difficult path to stick to, unless one hits rock bottom and really has no choice in the matter, as in the case of Sisyphus.⁴

This mythic figure was condemned by the gods to ceaselessly roll a rock up a hill as punishment for his insobriety and excessive earthly passions. Can we

describe an addict's path of recovery as the labour of Sisyphus? If so, our interest in Sisyphus peaks at the top of the mountain, when the horizon is boundless and flight and height seem real and near. Addicts might recognize in this panorama the potential for relapse, the temptation to escape the toils of temperance. In this moment Sisyphus accepts that he is powerless, relinquishes himself to gravity, descends down the mountainside, returns to the rock, to roll it inch by inch to the top again, one step at a time, a hundred times over, keeping it simple, each day a new beginning — enacting the mantras of recovery so familiar to some of us.⁵

It is the inevitability of his return to the rock that gives Sisyphus' story its mythic dimension. He is destined to follow the steps, to stick with the program and to keep coming back, whereas an addict must make this choice.

How as health care providers can we help the addict to stick with the path of recovery — arduous, endless and boring as, at times, it might seem? According to Albert Camus we must imagine Sisyphus happy. This is not possible to do from the perspective of the gods, intent as they are on condemnation. It seems we have to assume a different vantage point. Perhaps we too must choose to descend.

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