

# Psychiatric consultations:

A series of informal and informative taped sessions in which a *General Practitioner* discusses with leading psychiatrists the problems he encounters with patients in daily office practice.

## Alcoholism

*The General Practitioner:*

Carroll L. Witten, M.D.  
Louisville, Kentucky—Instructor in Medicine  
University of Louisville;  
Speaker of the Congress of Delegates  
American Academy of General Practice

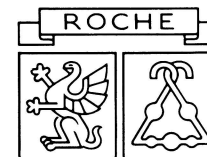
*The Psychiatrists:*

Jackson A. Smith, M.D.  
Professor and Chairman  
Department of Psychiatry and Neurology  
Stritch School of Medicine  
Loyola University, Chicago, Illinois

Merritt W. Foster, Jr., M.D.  
Associate Clinical Professor of Psychiatry  
Medical College of Virginia  
Richmond, Virginia

Irvin M. Cohen, M.D.  
Clinical Associate Professor of Psychiatry  
Baylor University College of Medicine  
Houston, Texas;  
Clinical Associate Professor of Psychiatry  
University of Texas Medical Branch  
Galveston, Texas

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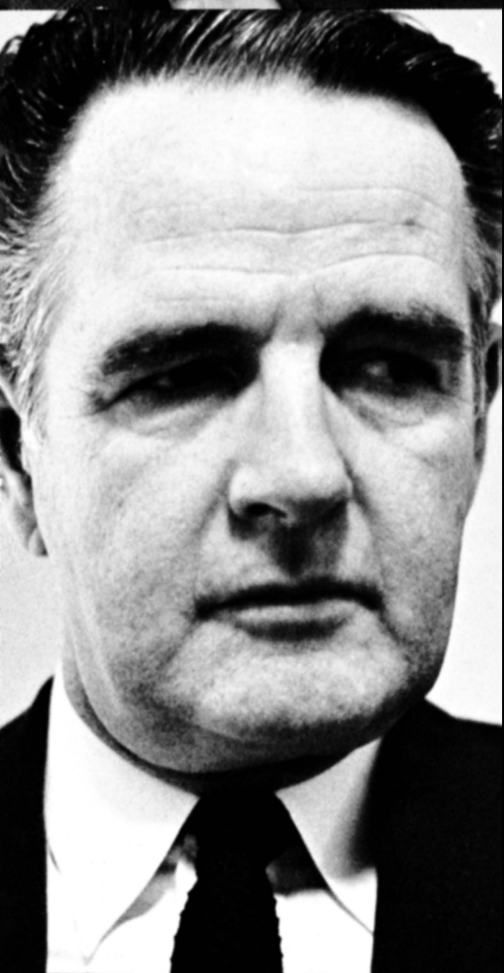


A Roche Record Report



**Dr. Carroll L. Witten**  
General practitioner of  
Louisville, Kentucky,  
Instructor in Medicine at  
the University of Louisville  
School of Medicine and  
Speaker of the Congress of  
Delegates of the American  
Academy of General  
Practice...

*What is alcoholism?...it has been shown statistically that out of each 100,000 people in the United States approximately 5,000 are alcoholics. This would mean that this is a disease of great magnitude. Can these individuals be treated?*



**Dr. Jackson A. Smith**  
Professor and Chairman  
of the Department of  
Psychiatry and Neurology,  
Stritch School of Medicine,  
Loyola University, Chicago,  
Illinois...

*"I think it is a condition where the individual drinks to his own detriment. He always has to drink excessively. I think he denies the fact that the drinking is causing him a problem, and whereas a social drinker when his drinking becomes a problem will cut back on his intake, the alcoholic actually will drink more then."*

**Dr. Merritt W. Foster, Jr.**  
Associate Clinical Professor  
of Psychiatry at the  
Medical College  
of Virginia, Richmond,  
Virginia...

*"Yes, I believe they can certainly be treated. Yet to achieve any effective relief from this problem the patient has got to make this first step of accepting that he is an alcoholic."*

**Dr. Irvin M. Cohen**  
Clinical Associate Professor  
of Psychiatry at both the  
Baylor University College  
of Medicine, Houston, and  
the University of Texas  
Medical Branch, Galveston...

*"I think that the general practitioner can probably help these people much more than a psychiatrist can in many cases, for the simple reason that the general practitioner is often closer to the patient than the psychiatrist certainly is initially."*



# Highlights

## How the Family Physician can manage alcoholics

**Q:** (Dr. Witten) *How can we get the patient to accept the idea that he is an alcoholic? How does one tell a patient "you are an alcoholic"?*

**A:** (Dr. Smith) "Well I'm a great believer in the fact that you can't really do this. You've got to let the patient tell you that drinking is a problem and that he is using it excessively."

**A:** (Dr. Cohen) "I disagree with that in some ways, and agree in others. I think that some individuals will benefit by having the announcement made by an authority—as the physician sets himself up to be—that he is an alcoholic, and this may be the springboard for treatment."

**Q:** (Dr. Witten) *Is alcoholism an addiction?*

**A:** (Dr. Smith) "If you restrict addiction to any substance or compound for which you develop a tolerance in a sense that it takes more of that compound to get the same result after you use it over a period of time, I don't think you can call alcoholism an addiction....No one can take 12 times the amount of alcohol that would kill someone else."

**Q:** (Dr. Witten) *Is it true that once an alcoholic, always an alcoholic?*

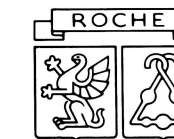
**A:** (Dr. Foster) "I have never known anyone in whom drinking became a problem that could go back to being a successful social drinker."

**Q:** (Dr. Witten) *Are the DT's a form of psychotic behavior?*

**A:** (Dr. Smith) "To me the DT's are just a state of delirium. I think we don't have delirium from typhoid anymore. We rarely see it. But I think if you get toxic enough you become delirious no matter what the particular offending agent is."

**Q:** (Dr. Witten) *What is it that makes an alcoholic so difficult to treat?*

**A:** (Dr. Cohen) "I think that the first and most important is the refusal of the individual to recognize that he has something that must be treated. The second thing is the attitude of the physician. Many physicians reject treatment of the alcoholic for two reasons. Number one, it's a very difficult disease to treat and has many recurrences. And one of the things that gives a physician a sense of self-esteem is his ability to cure. Therefore, if a patient won't be cured he



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doesn't like to have that kind of patient."

**A:** (Dr. Smith) "...there's an implication here, though, that this inability to treat alcoholics is more or less limited to people who aren't psychiatrists, and it's spread equally among all physicians."

**Q:** (Dr. Witten) *Is it a normal attitude to reject the alcoholic?*

**A:** (Dr. Foster) "I think many times there is a temptation to go into the alcoholic's home and start pouring all the whiskey down the sink and to try and convince the alcoholic that he can't be around it and that he can't serve it to other people. This is a very basic fallacy and only serves to make the alcoholic more uncomfortable in social situations....One of the most important things to watch for in treating these patients is the capacity for alcoholism to mask a more serious psychosis...and that when the doctor finds this one symptom, namely excessive drinking, he focuses his attention on this to the extent of obscuring other pertinent symptoms and the presence of other illnesses."

# Roche



## Aspects of Alcoholism

An informative series of articles designed to keep the busy physician abreast of the new research, the new concepts and the new procedures which have significantly altered the medical approach to the problem of alcoholism in the past few years.

Since the series **Aspects of Alcoholism** began, it has covered a wide variety of subjects, among them, the medical complications of alcoholism, treatment programs in our own and other countries, the female alcoholic, teen-age drinkers, and drinking, driving and the law. All these topics, and those still to come, have been organized and correlated from the viewpoint of the practicing physician.

We hope that the series has been and will be helpful to you — and that you will continue to send us suggestions for future problems of medical interest.

# Aspects of Alcoholism

## Subjects covered recently

**Drinking, Driving and the Law**

**Profile of an Alcoholic**

**The Problem Drinker in Industry**

**Drinking—The Knotty Problem  
of Prevention**

**Drinking, An International Problem**

**An 18th Century Physician's View  
of Alcoholism**

**The "Intelligent" Alcoholic—  
Why Does He Drink?**

**The Medical Complications of Alcohol**

**Who Will Be an Alcoholic?**

**WATCH FOR  
FUTURE ISSUES IN  
THIS SERIES  
IN YOUR MAIL**



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Original Research in Medicine and Chemistry

Dear Doctor:

The enclosed recording on "Alcoholism" is the third in the continuing Roche series, "Psychiatric Consultations."

In lively discussion, Drs. Witten, Smith, Foster and Cohen talk frankly about:

- difficulties in getting the patient to admit he's an alcoholic;
- whys and wherefores of alcoholism in females;
- the need to study the patient's patterns of sobriety;
- why the patient shouldn't be shamed into giving up alcohol;
- the relationship the doctor must set up with his patient and the support he must give him;
- many other interesting aspects of this disease.

In the next "Psychiatric Consultations" record, a panel of well-known psychiatrists at Mount Sinai Hospital in New York City will discuss "Anxiety" and how psychotherapeutic concepts may be best utilized by the family physician.

We are hopeful that this series-in-sound will be of help in your practice. We welcome your opinion on this current recording and the two that have preceded it.

Sincerely,

Robert E. Dixon, M. D.  
Director  
Professional Services

RED/ehe

Side A

## Alcoholism

A family physician questions a panel of psychiatrists on methods of managing alcoholic patients in daily office practice.

Psychiatric  
Consultations  
no. 3

Questioner:

Carroll L. Witten, M.D.

Panel:

Jackson A. Smith, M.D.

Merritt W. Foster, Jr., M.D.

Irvin M. Cohen, M.D.

33 $\frac{1}{3}$  RPM

Side B



Alcoholism

Psychiatric  
Consultations  
no. 3

Recorded and presented  
as a service to the  
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