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## HOW SHALL WE DEAL WITH THE INEBRIATE?\*

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It is estimated that there are at least 500,000 individuals in this country to-day who are addicted to the excessive use of stimulants and narcotics. Representing all classes and conditions of society, they are a constant source of anxiety and danger in the community, not only as a present evil, but also from the transmission of diseased and defective organisms to a succeeding generation.

It is of the utmost importance that this vast army, scattered all over the land, should be provided with care and treatment based upon a thorough understanding of its condition, as thereby the evils of pauperism, insanity, and crime attendant upon its presence in the community will be largely diminished.

The evil which we have to deal with is a present one, and in this brief paper I shall not refer to any of the causes, hereditary or otherwise, which lead to the excessive use of stimulants or narcotics; neither shall I discuss legislation in its relation to the manufacture and sale of intoxicating liquors. On this latter subject there is a wide difference of opinion, even among those who are equally desirous of diminishing the evils which follow the abuse of alcohol.

You may banish the destructive agent from the land if you choose, but you will still have to deal with thousands of defective nervous systems craving artificial stimulation or sedation.

If it were possible in a single day to sweep every drop

\* Read before the American Association for the Study and Cure of Inebriety, Dec. 4, 1888.



of alcohol from the face of the earth the suffering which would ensue among its devotees would be indescribable, while it is very probable that the inventive genius of mankind would soon supply its place, and it is possible that the latter evil might be even worse than the first.

In the meantime we are confronted by the fact, explain it as you choose, that the use of stimulants and narcotics is steadily increasing, while the existing provisions for inebriates are totally inadequate for their proper care and treatment.

The popular methods of the past have been based upon a misconception of the subject. Regarding the inebriate solely as a moral delinquent, or as the victim of a vice or crime which was within his unaided powers of self control, with no attempt to investigate his condition from a scientific standpoint, or with scarcely a question as to the truthfulness of its conclusions, popular opinion has for generations ignored all elements of disease in the inebriate and held out to him the hope of cure by moral means alone, or punished him by fines or imprisonment when he has failed to control his desire for intoxicating drinks.

For convenience we may divide the users of alcohol into four classes:

First.—The occasional drinker, who indulges in the use of alcohol once in a while for social or sensual gratification only, now and then becoming intoxicated.

Second.—The habitual drinker, who uses alcohol more or less constantly, not necessarily to excess, but the system is under its control in a greater or less degree nearly all of the time.

Third.—The confirmed inebriate, who has lost the power of self-control, and oblivious of the claims of home and society drinks to excess whenever he has an opportunity.

Fourth.—The dipsomaniac, who is the victim of a neurosis characterized by intense craving for stimulants occurring periodically, and preceded by certain premonitory symptoms. During the intervals of these outbursts of per-

verted nerve force the individual has little, if any, desire for alcohol, but when the paroxysm occurs the morbid craving for intoxication overcomes all power of self control.

The first class is liable to merge into the second, and the second into the third by reason of frequent indulgence, the voluntary drinker thus often becoming the involuntary inebriate, but the members of these two classes are usually more amenable to treatment by moral means, at least in the early stage of the disorder, than are those belonging to the remaining classes, and it is really with the confirmed inebriate and dipsomaniac that we have to deal in the present inquiry.

That some provision is needed for the treatment of these unfortunates different from that now provided there can be no question.

We can no longer regard the inebriate solely as a moral delinquent: we must also recognize the disordered physical condition, which is either the result or a cause of the excessive use of stimulants or narcotics. Inebriety, whether it be inherited or acquired, is a physical disorder, and as such requires physical rather than moral means alone for its relief. In some respects the confirmed inebriate resembles the lunatic, while the analogy between dipsomania and insanity is closer still. Both are diseased, both have lost the ability of controlling certain actions through the power of the will. The existence of even a single delusion is often sufficient to incapacitate the individual for the active duties of life, and necessitate medical treatment and loss of personal liberty for a longer or shorter period of time. Why should we refuse equal assistance for the inebriate who cannot control his desire for a drug which benumbs the mental faculties, interferes with the healthy action of the brain, and renders the individual incapable of controlling his thoughts and acts. No brain can act normally while under the influence of a deleterious drug; the inebriate is thus at least temporarily insane, while the structural cerebral changes produced by the continued use of alcohol lead to an impairment of the

mind which may include all degrees of mental derangement and degeneration.

Inebriety should be studied from the same standpoint as insanity, and equal provision should be made for the inebriate and for the insane, varying of course with the different requirements of each class. Institutions for the treatment of insanity have multiplied with the demands made upon them, yet notwithstanding the fact that inebriates largely outnumber the insane, and furnish at least ten per cent. of all cases of insanity, public institutions for the treatment of inebriety are almost unknown.

The evils of alcoholism are, unfortunately, not limited to the inebriate's own person: if they were the matter would be much simplified, for the individual would sooner or later reap the legitimate harvest of his excesses and pass out of existence, but to the second and third generation descend the destructive influences of inebriate parentage. The amount of suffering thus entailed is enormous, while its effects of idiocy, insanity, and criminality are matters of the most common observation. The ranks of the defective classes are daily being recruited by the victims of alcoholic heredity, while the expense for their maintenance is already excessive. For this reason, if for no other, it is not only the right but it is also the duty of society to demand that this source of increase shall be checked at its fountain head. It is fully time for decisive action in this matter, which, while it shall be just to the inebriate, dealing with him according to his true condition, shall also provide his family and the public at large with a guarantee against the disastrous consequences which follow the excessive use of alcohol. Civilized society must always bear the burden of its unfortunate and defective classes, but it has a perfect right to insist upon measures which will reduce that burden to a minimum, and it seems to me that this will be lightened as institutions shall be established and fully equipped for the special care and treatment of the inebriate. These should always be under medical care, and should have all the legal powers of de-

tention and control possessed by our best asylums for the insane, for the patient must be kept from the use of alcohol, and this cannot be done if he is allowed full personal liberty. Public asylums for inebriates are also needed; these should be under State supervision, with strict discipline similar to that of the best prison reformatories, and should possess all necessary industrial appliances for the compulsory employment of their inmates. To these institutions, rather than to the county jails or insane asylums, should the inebriate be legally committed for at least one year, when he may be released on parole during abstinence from the use of alcohol. Upon the occurrence of a second offense he should be re-committed for two years, then given another trial, and if found unwilling or unable to control himself, then restrain him for an indefinite period of time. Inebriety, like insanity, is confined to no class or condition of society; it numbers its victims among the high and the low, the rich and the poor, the educated and the ignorant, and varying provision must be made for all of these classes. Some regard must also be paid to the former social position and surroundings of the inebriate in providing him with asylum treatment. I have had patients under my care who were formerly in larger institutions, and have known of their dislike for uncongenial company and surroundings. The wealthy will always exact different accommodations from those provided for the poorer classes. These are of course furnished in private asylums, but private rooms will also be needed in the larger institutions for patients preferring such accommodations, and who have not been committed by the courts.

Asylums for the inebriate should resemble those provided for the insane in being under medical care; and in possessing equal powers of detention and control, they will differ from insane asylums in their stricter discipline and in the constant employment of their patients.

Generally speaking, the inebriate is insane only while under the influence of alcohol, or during an attack of dipsomania: it is therefore unjust to commit him to an insane

asylum, which our laws now permit, unless there is a strong probability that his insanity will become permanent. What he really needs is a prolonged residence and treatment in an institution especially arranged for his peculiar requirements.

In this way the confirmed or periodic inebriate may be prevented from further injuring himself, his family or society, while at the same time he will be placed under the best possible conditions for speedy recovery, or if found to be incurable, will be provided with a permanent asylum home, which will at least prevent the transmission of the insane or inebriate diathesis to a succeeding generation.

We humanely provide asylums for the permanent care of the chronic and helpless cases of insanity in self protection ; if for no other reason, must society furnish equal provision for the incurable inebriate.

This in briefest outline is a plan with which you are all familiar, and which has again and again received the sanction of this society, and also that of the American Medical Association and the Association of Medical Superintendents of American Institutions for the Insane. For its best success, however, it must receive the hearty coöperation of the patient. The desire to be cured is of the first importance. Unless this can be secured, and the individual is willing to assist the physician to the full extent of his ability, the chances of a permanent cure are not so encouraging. We have then to choose between allowing the inebriate to continue his destructive course unchecked, or placing him under conditions of permanent restraint.

Scattered here and there, all out of proportion to the evil with which they have to contend, a few asylums, mostly private, offer medical care and treatment to the inebriate based upon a careful study of his mental and physical condition. But the victims of alcohol are slow to seek medical advice, unless some intercurrent disease compels them to do so. The number who voluntarily place themselves under proper medical treatment for the disease of inebriety is surprisingly small. This is largely due to a popular misunderstanding of

the nature of inebriety, and a consequent disposition to deal with it as a moral rather than as a physical disorder. The first and most important step to be taken in dealing with the inebriate is a recognition of his diseased condition. Suitable methods of care and treatment will soon follow as a natural result.

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