Where so many officials live in an institution, the question was bound sooner or later to arise, what emoluments shall each official be allowed? How often shall these windows be cleaned on the outside for this official? Shall this man be allowed to have his carpets shaken twice a year? How many clothes may this person send to the wash without charge? Does the emolument "vegetables" include flowers, herbs, and fruit? Is this official who is allowed a fixed quantity of coals also to get sticks to light his fires, or must he buy fire-lighters or wood from the outside? Such inquiries must be worrying to committees, and are highly vexatious to those who are unfortunate enough to have houses or apartments within the asylum gates. Unless there are very good reasons indeed, the restrictions placed upon officials living in an asylum should be very small in number, bearing in mind the lives they are compelled to lead. The obvious and natural remedy is to have as few sane residents as possible to live upon the estate.

An asylum is intended for the patients, and all arrangements connected with the institution or the staff must be subordinate to the patients' interests. To improve the lot of officials on the lines suggested by this article implies more skilled and trained service by a more contented and happier staff, less break-downs and resignations, fewer raw hands on duty, and therefore less risks to the patients. Whilst asylum officials in following their vocation, give, as a rule, without stint, their best services to the insane, and are subject to all sorts of disabilities and restrictions when on duty, it does not seem reasonable that their lives when off duty should be—

"Cribbed, cabined and confined."

(1) A paper read at the Annual Meeting, July, 1908. The discussion on this paper was postponed till the Quarterly Meeting in November.

Some Aspects of Inebriety. By Lady HENRY SOMERSET.

I FULLY appreciate the very great honour which has been done to me this afternoon in asking me to speak of the experience which I have had in nearly twenty years of work amongst those who are suffering from alcoholism. Of course

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you will forgive me if I speak in an altogether unscientific way. I can only say exactly the experiences I have met with, and as I now live, summer and winter, in their midst, I can give you at any rate the result of my personal experience among such people. Thirteen years ago, when we first started the colony which we have for inebriate women at Duxhurst, the Amendment to the present Inebriate Act was not in existence, that is to say, there was no means of dealing with such people other than by sending them to prison. The physical side of drunkenness was then almost entirely overlooked, and the whole question was dealt with more or less as a moral evil. When the Amendment to the Act was passed it was recognised, at any rate, that prison had proved to be a failure for these cases, and this was quite obvious, because such women were consigned for short sentences to prison, and then turned back on the world, at the end of six weeks or a month, as the case might be, probably at the time when the craving for drink was at its height, and therefore when they had every opportunity for satisfying it outside the prison gate they did so at once. It is no wonder therefore that women were committed again and again, even to hundreds of times. When I first realised this two cases came distinctly and prominently under my notice. One was that of a woman whose name has become almost notorious in England, Miss Jane Cakebread. She had been committed to prison over 300 times. I felt certain when I first saw her in gaol that she was not in the ordinary sense an inebriate; she was an insane woman who became violent after she had given way to inebriety. She spent three months with us, and I do not think that I ever passed a more unpleasant three months in my life, because when she was sober she was as difficult to deal with—although not so violent—as when she was drunk. I tried to represent this to the authorities at the time, but I was supposed to know very little on the subject, and was told that I was very certainly mistaken. I let her go for the reasons, firstly that we could not benefit her, and secondly that I wanted to prove my point. At the end of two days she was again committed to prison, and after being in prison with abstention from alcohol, which had rendered her more dangerous (hear, hear), she kicked one of the officials, and was accordingly committed to a lunatic asylum. Thus the point had been proved that a woman had been kept in

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prison over 300 times at the public expense during the last twenty years before being committed to a lunatic asylum. The other case, which proved to me the variations there are in the classifications of those who are dubbed "inebriates," was a woman named Annie Adams, who was sent to me by the authorities at Holloway, and I was told she enjoyed the name of "The Terror of Holloway." She had been over 200 times in prison, but directly she was sober a more tractable person could not be imagined. She was quite sane, but she was a true inebriate. She had spent her life in drifting in and out of prison, from prison to the street, and from the street to the prison, but when she was under the best conditions I do not think I ever came across a more amiable woman. About that time the Amendment to the Inebriates Act was passed, and there were provisions made by which such women could be consigned to homes instead of being sent to prison. The London County Council had not then opened homes, and they asked us to take charge of their first cases. They were sent to us haphazard, without classification. There were women who were habitual inebriates, there were those who were imbecile or insane; every conceivable woman was regarded as suitable, and all were sent together. At that time I saw clearly that there would be a great failure (as was afterwards proved) in the reformatory system in this country unless there were means of separating the women who came from the same localities. That point I would like to emphasise to-day. We hear a great deal nowadays about the failure of reformatories, but unless you classify this will continue to be so.

You get women, for instance, from Battersea and Clerkenwell doing pretty well. The woman from Battersea is beginning to get back some of her self-respect. The woman from Clerkenwell is also recovering. Then there comes a woman who previously lived in the same street with one of them, or at all events in the same locality. We can imagine the old companion saying: "What! you here? Are you turned good now?" and all the usual chaff. Immediately that woman is dragged back to her former condition by meeting the companion of old days. These women must remain companions for many months, as they are both consigned to the same institution, and it is almost impossible to benefit them. I think London people should be dispersed, and the country people

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also should be dispersed, and there should be a general system of reformatories, so that each reformatory should take people from various localities instead of each locality dealing with its own inebriates, as at present. This can only be done by some system of centralisation, centralising those reformatories instead of giving them over to the Council of that particular district. I think there has been some want of classification among habitual inebriates.

Many criminals may drink as an incident in their life of crime and yet are not primarily inebriates. Many inebriates may commit crime and yet not be criminals; and I am sure that until this has been very clearly recognised we are not going to do very much in regard to public institutions for reforming women. I cannot emphasise this too strongly. There are women who are inebriates who will commit great crimes under the stress of drunkenness, and there are criminals to whom drunkenness is part of their life of crime. These two have not been sufficiently separated and classified up to the present time. The patients who come to us number about seventy in each year, and as a rule are people who take ordinary alcoholic beverages to excess. There are those who take medicated wines, and proprietary medicines containing large proportions of alcohol, and there are those who drink methylated spirits. I do not know how far this form of drinking is indulged in, but it came to me as a surprise during the last few years to find how many people there are who drink methylated spirits, and how exceedingly difficult it is to cure those who have that habit. I suppose it is because the physical conditions produced by such a poison as that must be specially bad, and worse that those produced by other alcoholic beverages. Alcoholism has, in the lay mind, been regarded too much as a taste for pleasant stimulation, but I am certain it is not the taste of alcohol, or of wines, or of pleasant drinks, that the alcoholic is after. He or she is after a sensation, and whatever produces that sensation quickest is the beverage or the drug to which they will become addicted. That is why I think people will gladly drink anything, even such horrible stuff as methylated spirits. I have known a woman go down in the night and drink the paraffin out of the lamp. Anything that produces that particular sensation for which they crave satisfies the individual; and having ex-

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perienced it once they want to experience it again and again. Another thing which has come to me very strongly is this: I do not know that I have ever come across a woman who knew she was drunk. She might know after she had recovered her senses that she had been drunk, but at the time I do not think these women have the slightest idea of their drunken state. They think themselves very brilliant in conversation, or more adequate to meet a situation, or more racy than usual, but nothing more occurs to them at the time. That is the reason why I am sure that time is of such importance in such cases. One hears people talk of women who can be cured of drunkenness in three months, four months, or six months. I believe little or nothing can be done under a year, because for the first three months they are unable to think or discriminate at all reasonably. We have to talk to the women about their health and things which may interest them. I never think it best to attempt to bring home to them the sin of drunkenness during the first three months of their residence with us, because they cannot grasp it, or, in fact, face any difficult questions. That is why relatives often mistake the best way of dealing with them and talk unwisely and prematurely. It is impossible to bring anything home to them until their minds are clear and restored, and until they have regained a certain amount of normal health.

Amongst the drug-takers we come across every conceivable form. Women will take opium, morphia, and chlorodyne in great quantities. Chlorodyne is one of the most dangerous drugs because of the fatal ease with which it is obtained. I have myself taken fifteen empty bottles out of a woman's trunk on her arrival, and I knew that that was only a small portion of what she had recently taken. People think it is a harmless drug for colds, but they do not realise how the chlorodyne habit is quickly formed. The same may be said about cocaine and veronal. It seems to me that the practice of taking these drugs is growing rapidly. We have women from almost every class of society, but there is one feature which is common to all classes. A woman entirely loses all trace of interest in her personal appearance. They become absolutely careless how they look, whether clean or unclean. Educated women come to us as dirty as the poorest who come from the slums. This is especially marked in the case of drug-takers, because drugs

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seem to deprive them of all their personal self-respect as well as of moral self-respect.

We have to ask ourselves often, What are the causes which produce this state of things? From what causes do these women sink so low? It is useless for me to reiterate to this audience, so well versed in the subject, what are the causes which are apparent. When we think of the poorer classes, and we consider the unhealthy conditions, the terrible atmosphere in which these women have to live, the horrible conditions in which they pass most of their existence, it is no wonder that they should seek for something which acts as a solace and gives them forgetfulness for the time being of their misery. There is another feature of life which, I believe, affects the women of the poorer classes in this country and the women of the lower middle classes to an extraordinary degree, and that is the absolute monotony of their lives. I have had that brought home to me over and over again. Think of the life of a working man's wife living in a city, especially in the poorest classes. We must realise that from year's end to year's end, except perhaps for one picnic in the country in summer time, she does not know what pleasure means. We have no places of wholesome good recreation for men and women who cannot afford much money, such as you find in France or Germany, where they can go into gardens and listen to good music, and where light wholesome refreshments can be procured at very little cost. Such places are to be found everywhere abroad, but in England I have realised over and over again that there is absolutely no means of giving any sort of recreation to women who live in the cramped conditions of our slum areas; but strange to say we find that much the same conditions hold good with the women of the lower middle classes. It is impossible to conceive how extraordinarily dull life is to those who have no mental resources, and when they begin to take a little alcohol to forget the monotony of life by some form of stimulation, slight at first, but increasing afterwards, we see how easily they become habitual inebriates. This question of recreation is one which should be seriously considered among those who are looking and working for the welfare of our people at this moment. Among those who are in more affluent circumstances we find often the exact opposite. Women are spending their lives in one long rush of engage-

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ments and amusements, and they have recourse to alcohol or drugs to produce a sort of sham vitality in order to get through the plan of life which they have laid out for themselves. So there are the two extremes to deal with: that form which is constantly seeking excitement and trying to maintain an excited condition, and those who are suffering from that terrible monotony which I have mentioned. Drunkenness among women is undoubtedly on the increase. There is one feature which, I think, is accountable also to a large degree among the poorer classes, and that is the unwholesome food which is their staple diet. I was living for four years, before I went to live permanently at the Colony in the heart of the East End, and there I had the opportunity of watching the daily diet of these women. They buy tinned things of every description, cheap meat, foreign meat, bought in very doubtful markets, and in a condition which just escapes condemnation. They eat everything stimulating in the way of pickles and sauces, and their diet is in all ways unsuited for every-day work and healthy life. Again, the very bad bread which is the staple food of the poor seems to me to result in the noticeably bad teeth with which nearly all women come to us. Of this you will be able to judge better than I. Their teeth are among the first things which we endeavour to attend to. With two exceptions I do not think I have had any women who came with good sets of teeth in their heads belonging to the lower classes—that is, among those who had given way to alcoholism for any number of years.

The habit of taking highly-seasoned and unwholesome food extends to the children to a marked degree. For some time I had the children of the poorest classes during the summer, and I have known many refuse the ordinary food and cry for pickles or for kippers or for anything which was highly seasoned, because they were not accustomed to the food which is usually given to children. They had been reared on unwholesome food from early infancy. The way we deal with them is to build up the opposites, to give them all we see is wanting in the woman.

We try to build up the ideal of home, and I think it is rather different in this reformatory from most inebriate homes that I know of; that we try to avoid every single thing which is in the character of old associations which suggest to the mind the

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institution. We know that in an institution the very methods of life, the very labour-saving methods which are used, do not savour of home. Even the way the bread is cut by machinery does not remind them of home. My idea was to so create homes that they should be models. That is why we have cottage homes where groups of women can live the normal life, surrounded by simple things which every self-respecting artisan should possess in his own home. It is for this reason that many women who have left us have gone away with a picture of what their homes should be. I have dozens of letters which show that these women after leaving us have tried to imitate what they have seen, because it was so simple and so easily grasped. (Applause.) When a woman first comes to us she is taken to hospital, where every detail about her is registered. Next, she is given a large dose of calomel, and that I believe is very beneficial. Our medical man is extremely insistent about the benefits of this initiatory treatment, and believes it to be one of the best preventatives of any dire consequences from the sudden removal of alcohol. Then we give them simple but very good food. I have always felt that these women needed feeding well, and special care is given in this direction. Many of them have very poor appetites when they first come to us, and their digestion is necessarily much impaired. I think sometimes that failure in reformatories lies in the fact that many do not realise that the women cannot at first eat the food which they will eat with avidity after a few months of abstinence, and I think this is a point that ought to be considered, and some differences should be made for the new-comers.

The question of occupation is, to my mind, very important. It is a point that should be taken into careful consideration in a great many places where human lives have to be reclaimed. I endeavour, as far as possible, to make every woman who comes to the home take up some occupation which she has never engaged in before. I lay great stress on this. It breaks off the continuity with the past. We want to give the women new ideas, and to absorb them in their new occupations. We do not want them to take up anything in a perfunctory way. I am sure many women might be helped if this system were adopted, but, unfortunately, in too many homes the women are put to occupations with which they are already familiar. If they are cooks they are put into the kitchen; if they are

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sempstresses they are put to sew; if they are laundresses they are turned into the laundry. It may be greatly for the convenience of the institution that this classification should be adopted, but it is certainly not a factor in successful treatment.

Then at our Colony we are very frivolous. We pay great attention to trifles such as dress and new hats. In order to rehabilitate the self-respect of women you are obliged to think of these things, for a woman ought to care what appearance she presents, and one of the first symptoms which shows that a woman is getting back something of that self-respect which she has lost is that she begins to care how she looks, how her hat is trimmed, and whether it is becoming.

With regard to the treatment, I should like again to emphasise the great importance of receiving women who first come to us into the hospital, for two reasons. Firstly, because it saves self-respect, it puts the emphasis on the physical and not the moral side of the question. It is far better so; the moral side must come afterwards, and it comes with far greater force then. Secondly, in many cases we find that women who drink, especially among the poorer classes, are suffering from illness for which they should have been treated, but which has been neglected, suffering perhaps a martyrdom of pain which they have never disclosed, and from which they have never had any alleviation, and it is, perhaps, to dull this pain that a woman has begun to drink. In many cases we find that neglect after confinement or uterine disorders of all sorts have been at the bottom of their failure. With regard to cases of mental deficiency I think there should be stringent classification. I have had women sent to me who came decidedly under this heading, and who at no time will be able to guard themselves where they are surrounded by temptation. These women remain a constant menace to society, and I feel that there should be colonies in England where such can be received, people who are neither idiots nor insane, and yet who are unable to take proper care of themselves, but who could maintain themselves by useful labour if they were protected. A number of women who come to us would gladly spend the rest of their lives in our midst, but for the present that is impossible. I am now refusing four to five hundred cases a year. In early days I refused three thousand applications in one year. So

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that here is sufficient proof that the work is needed, and could be usefully extended.

With the wider knowledge that is coming to the public in general as to the disease of alcoholism, there is one danger which I think should be safeguarded, and that is the great amount of harmful nonsense that is talked and written as to hereditary predisposition to drunkenness. Many women come to us saying, "I cannot possibly be cured. My father and mother drank, and it is hereditary; therefore it is no use my trying." And the word "heredity" has become a sort of catch-word among many who do not understand these problems.

With regard to many drugs which are now advertised, and which are generally proprietary medicines, I think some of these advertisements have misled a great many people, those who are at their wits' end to know how to help their relations or their friends. (Hear, hear.) They have put their faith in the rash statements that are made, and have been direfully disappointed. There is one specific which has been advertised in some of our daily papers, and which has received a great deal of attention, which professes to have cured a vast number of people, and for all I know may have done so, but I must state that we have very few cases in the colony who have not tried it at some time or other. There are undoubtedly remedies which are of use, and it is a thousand pities that some of these useful formulæ should still remain proprietary secrets.

There is one feature in our homes in Surrey which, I think, is unique, and that is that added to the colony we have a large children's home, of children who have nothing individually to do with the women under treatment, but who are there because I believe it to be bad for people to be in any locality where everyone is treated for the same thing, for into every place I think you must bring some natural happiness and joy if you are going really to bring people out of their unfavourable circumstances, and to my mind the presence of children is one of the best factors of success. It is of very great value that the women should realise that all are not there because they have done something wrong, but that the children are there to be happy and can spend a happy childhood in their midst. The very spirit that this engenders does so much more than we who have charge of them can do towards their recovery, because the children's trust and affection are so simple, and

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give the patient the definite impression that by-and-bye they will be able to regain what they have lost in their own children in their own homes. I look upon this intermixture of work for reclamation and for education as of great value.

I cannot emphasise too strongly the great need there is for training the workers who undertake reformatory work. At this moment there is nothing, it appears to me, that could be so useful as the starting of some place or institution where women who have a desire to take up this or kindred work could be properly trained—trained in the very many branches in which knowledge is required in order to do successful work.

A truer understanding of psychology would lead to the adoption of common-sense methods, which are often altogether overlooked, methods which are valuable in dealing with all delinquent and defective classes, not necessarily only inebriates. I feel sure that such sound training is much needed in reformatory work. I am convinced, from some long experience in getting women to take the post of nurses or sisters in our cottages, that many think such work is the last resort of those who have to earn their bread, who have perhaps not the health or the capacity for other things. It is the greatest mistake to imagine that such work can be undertaken without training, and I feel that herein lies much of the failure of our reformatory system. Women will go to the most responsible work with no special training at all, and the result of this is always evident. I have found great success in training some who have themselves been patients, who have been out in the world since their treatment, and come back to the Colony having proved their stability, anxious and often eager to do for others what has been done for them. I have sisters who, six, eight, or even twelve years ago, have been patients, and they often make the most efficient and sympathetic workers. The spirit of the worker means the success of the institution. The motive with which they work is plainly reflected on those under their care, and it is of the very first and highest importance that the workers should have a real and earnest desire to reclaim and reinstate their patients, and that a strong *esprit de corps* and a high ideal should be preserved.

I am greatly of opinion that no success is possible unless a strong religious influence be maintained. The patients should feel that they have cast anchor in a sure haven, and that it is

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one to which they can in time of stress or strain return. I am not always disturbed when a woman breaks down after her first return home. I have so often known women have a failure when they thought they were strong, return after learning their weakness, and in the end do well. A failure does not always mean a failure for all time. I feel sure that success would often attend these methods were they applied to those who are now considered irreclaimable. They need frequently to feel that they are looked on as individuals and not as cases, and that care and thought are bestowed upon their treatment, and that there is a sincere personal desire for their well-being.

Among the London County Council police cases sent to us in early days was a woman who was as well known to the police as any woman who has ever tramped the streets of this city. She was known as "Mogg the Fireman," because she ran up a fire-escape and eluded the police. She was sent to us as practically irreclaimable, and was afterwards removed to the Aylesbury Reformatory. During the whole time she was there she had one idea, and that was to behave well enough to justify her being sent back to us. After three years or more in Aylesbury she did come back to us, and that is some time ago. She is now on our under staff, and is as valuable a woman as we have on the place. That is why I have ventured to come before you to-day and speak what is in my mind. (Cheers.)

Discussion,

At the Annual Meeting held in London, July, 1908.

The President said the address to which the meeting had just listened was not only eloquent, but was full of practical wisdom and human sympathy. He trusted that those in the meeting who had had experience of inebriety would discuss the address. Inebriety was so closely germane to the subject to which members of that Association devoted their lives that the Association as a whole was deeply interested in it—as much interested in that as in any subject which could be brought before it.

Dr. Stewart said he ventured as one who had had considerable experience with inebriates to say a few words on the subject of Lady Henry Somerset's valuable address. The question was complicated because one had invariably to think of the case which came before one, not merely as a patient who was physically injured, but who was morally injured also. He had great sympathy for the feelings which actuated the mind of Lady Henry Somerset, that nothing could be done for the inebriate woman unless her finer sentiments could be aroused in some way. His own experience was somewhat different from that of Lady Henry Somerset, inasmuch as his dealings were entirely with women of the upper class, and it was very painful to observe during those years that, with one exception, none of these ladies showed any interest in whether she was turned out neatly or not. Very many of his cases, however, had perverted tastes, especially in such matters as dress. It had been very gratifying to hear from Lady Henry Somerset that the disease of

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inebriety was one in which no miracles could be wrought by means of any drug which could be brought to bear on the case.

Dr. CLOUSTON said all were deeply obliged to Lady Henry Somerset for her vivid but simple address. She had laid down that afternoon most admirable rules for dealing with the patients under her care. He thought self-control was what was required to be developed in the cure of the dipsomaniac, and without that the case could not be cured. He thought Lady Henry Somerset would admit that her sex was more difficult to cure than the male, and if that was true, the reason was that their self-control could not be reinstated. There were fifty questions on the subject which arose in his mind, but he would not stand in the way of other speakers. From the point of view of insanity a good deal could be said about drinking. Probably Lady Henry Somerset had had the experience that many of her people were not only imbecile, but that some, like Jane Cakebread, were on the verge of insanity; that they had that restless morbid condition of brain which existed at the beginning of an attack of mania. Self-control was lost. It was not that there was a desire for drinking, but it was loss of self-control which made a woman take to drink at a time when she was beginning to go off her head. He would like to think that the marvellous system which Lady Henry Somerset had so graphically described had a corresponding result, and that she would have the reward for the great and sympathetic work she was doing. But in common honesty he must say that the experience of most of them was such that they had ceased to believe in the cure of most women who had taken to excessive drinking. The conclusion was a sad one, but it was one which had been forced on his mind by a somewhat extensive experience. He could not sufficiently express the gratitude felt by all towards Lady Henry Somerset for the address she had just given.

Dr. YELLOWLEES said he desired to express a like appreciation of the admirable address to which the meeting had listened. They were all the better for being reminded of the multitude of little things which were of great significance in dealing with such cases. He was not surprised, but gratified, to learn that so many of those women, who had been found by Lady Henry Somerset to be really defective from the beginning, who had not the self-control of ordinary people nor the power of defending themselves against evil and temptation, were the most ready to dwell in her safe home when they reached it. It seemed as if the evil doings of those women had not been their set purpose, but the result of inherited weakness, which they had been able neither to understand nor resist. That was only another reason why a "Feeble-minded Commission" should have sat long ago, and why one could look hopefully for the result of their labours.

Dr. ROBERT JONES desired to add a word of thanks for the extremely eloquent, practical, and kind address which had been heard from Lady Henry Somerset. He had the subsequent treatment of the poor Jane Cakebread who had been mentioned, and in connection with the hopefulness of the treatment he might mention that she hated brandy, even the smell of it. She was at Claybury two years, and in the last stages of pneumonia it was difficult to get her to take it at all; she had, during the time she was under treatment, learned to dislike it. He thought the whole treatment of inebriety was hopeful. Those present knew what a long and difficult process it was, but it seemed to afford a good deal of encouragement, and consisted in re-education and the development of the will-power.

Dr. MILSOM RHODES said that, as past president of the Inebriate Home for Lancashire, he concluded that a large number of inebriates were mental defectives, and Dr. Branthwaite, in a paper which he read not long ago, said that from 60 to 70 *per cent.* were mental defectives. And if those cases were carefully inquired into it would be found that, as Lady Henry Somerset had said, it was the environment of those people, in very many cases, which led them to drink. They lived in horrible surroundings—slums, with their unhealthy atmosphere. That caused depression, and they drank because they were not properly housed. The monotony of the life of some of those people was fearful, and it was true that many of the women were not out of their homes from one year's end to another, and the only place which gave them light and cheer was the public-house. He did not think town councils ever spent money better than when they spent it to provide bands and concerts for the enjoyment of the poor people, so as to break the monotony of

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their lives. It should be the aim to give the people something higher and better than they had ever had before. By providing a higher standard of living one would be able to strike at the root of the drink evil.

Dr. HAYES NEWINGTON said the address was the address not only of an earnest woman, but of a highly scientific woman. The Association would have gathered much good from hearing the subject treated, as it should be treated, by the scientist. He desired to mention only one point, that of heredity, which Lady Henry Somerset very properly discounted as between drink and drink. But he would like to ask if, in her inquiries, Lady Henry Somerset had not found a large amount of heredity in the direction of insanity in the parents of those who were inebriates. He thought that could not be discounted. Those who cared for the mental state of the world must continue to sound that trumpet: that one of the risks of insanity is a tendency towards drunkenness in the children. It was an old-debated point, but he did not think it had ever been contradicted that insanity tended to drunkenness.

Dr. BEDFORD PIERCE said what had struck him most about the address was its extremely encouraging note. Those who were much in contact with inebriates became very much discouraged, and to hear what Lady Henry Somerset had to say after living among female inebriates had done them all a great deal of good. With regard to the essential nature of the malady, no doubt a great proportion of inebriates were feeble-minded, but he thought that statement rather begged the question. They were feeble-minded or they would not do such foolish things as to continue to drink and ruin their families. But some of the people he was thinking of were not feeble-minded in any way which could be revealed by ordinary methods. There must be something wrong with them, otherwise they would not neglect their future in the way they did. What struck him about the relapsing cases was the very small amount of craving there was—people who were sensible and cultured, who knew the future, and yet relapsed for no apparent reason. He remembered a fellow student who was reclaimed after great labour and sacrifice, but who took to his morphia again simply because he thought he would like to. There seemed to be no other explanation. He was labouring under no pressure from a craving for it. The President might say there was a desire, but in that case there was none of the desire which meant impulsion. With regard to the drug treatment of inebriety, a gentleman called on him and asked him to use a secret remedy in his practice, freely mentioning Lady Henry Somerset's name in connection with it. Of course he felt obliged to decline to have anything to do with a secret remedy. He had been very glad to hear Lady Henry Somerset disclaim any belief in the efficacy of this or other secret remedies. He felt that they were very much indebted to Lady Henry Somerset for her splendid address.

Dr. RAYNER said he would like to express his general agreement with nearly every point which Lady Henry Somerset had advanced, especially as to the very large basis of intemperance furnished by defective teeth. He regarded it as an extensive cause of many failures in life, especially in the matter of intemperance. He had also been glad to hear her ladyship's allusion to the large number of cases in which there had been unrecognised physical suffering, leading to the development of the drug habit.

LADY HENRY SOMERSET, in replying, stated that at Duxhurst nobody was considered as cured who had not stood satisfactorily for a period of two years after leaving the home, nor any who could not be traced or heard of at the moment of making the reports. Lady Henry Somerset was aware that statistics were often misleading, but taking the ground just mentioned, during the eight or nine years they could go back, 57 to 60 *per cent.* of the cases remained free from recurrence at the present time. (Applause.) With regard to the feeble-minded, in the limited conditions from which she spoke, she believed that not more than 3 or 4 *per cent.* came exactly under that head in her view, *i. e.* those who ought not to go out into the world without protective care. Certainly many people might be classed as being weak, but those coming under her care who might be regarded as a menace to society did not number many. There were some who had epileptic fits and were unable to battle with the world. With regard to remedies, the statement which she had made was perfectly true, that for twenty years—ever since Keeley's Gold Cure—she had looked into all the remedies which had been brought

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out and their results. When Keeley made a boom in America she went to Chicago and stayed there six months. Then she went to Dwight, and concluded that she would have nothing to do with the remedy. When she was in America four years ago a well-known leading medical man asked to see her and spoke about a remedy of which he could not get the formula. He said he considered it so much the safest thing he had seen that he would be glad if she would do her best to look into it and make what trial she could of it. She used no secret remedy in her home, but she had a year or two ago a small nursing home in the East End of London for people who drifted in, and she allowed that gentleman to come and make trials and demonstrations before her with the remedy. She saw what he meant by "cure," but she did not think it was in any way a permanent cure for women. Time, and time only, was needed for women, and necessarily so because they recognised that the state in which women often were, made it impossible that they could get well from such a long-standing illness as inebriety in a short time; but she had seen men put on their feet and carried safely across this bridge which was made for them between inebriety and sobriety, so that when landed into sobriety they were able to appreciate what it meant to get over their failing, and they had remained sober because they had been restored by a drug to sobriety, which enabled them to start afresh. That, she thought, was the value of many advertised "cures," that they enabled people to get sober with less of the painful struggle which was involved by sudden deprivation of alcohol, and men often said when once they were sober, "I mean to remain so." With regard to the fact that her name had been used, she did all she could to procure the formula of the remedy in question, because it seemed different from many of the other remedies which existed, but she had not yet been able to get a satisfactory formula. At the same time, she had seen just those results produced, namely, that people who were brought in terribly drunk, especially in the case of men, became sober in a shorter time than they would have done otherwise and started life again from a standpoint which it would be difficult otherwise to attain. That was the only connection she had had with proprietary medicines of any kind. With regard to the remarks as to self-indulgence being the main cause of inebriety, she could not say with regard to women in her experience that one could quite generalise in that way. She had known women with very strong self-control become inebriates because they had set themselves certain tasks, and they had the impression that they could perform them more quickly under the influence of alcohol, and in that way had slid into alcoholism from their very tenacity in carrying forward certain work. She had known others slip into inebriety from a disorganised and uncontrolled life. The results could be generalised and analysed, but she did not think the initial stage could be generalised apart from that point of view. (Applause.)

On the Principles of the Treatment of Epilepsy. By Alan McDougall, M.D.

Some day there may be found a medicine to cure epilepsy. After that day the treatment of the disease will be a simple affair. But for the present he who undertakes to treat an epileptic undertakes a very difficult and responsible task. He must take a broad view of the situation, and use remedies not mentioned in the *British Pharmacopœia*.

In a recent case of epilepsy where the fits have been few it is right to make a vigorous attempt to cure the disease. It is

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