which you have received my address, and especially for the kind words which have fallen from my two friends. I thank you very heartily.

Since the delivery of this address, I have been informed that a third institution for idiots has been erected in Scotland, and besides the colonies for sane epileptics which I have mentioned there are two small institutions for them in England which have been recently opened.

(1) For the information I have been able to give regarding the lives of these distinguished men I am indebted to the *Journal of Mental Science*.—(2) *Resumé de ce que nous avons fait pendant quatorze mois*, Esquirol et Seguin, 1838.—(3) *Rapport sur l'Assistance des enfants, idiots, et dégénérés*, par Bourneville, Lyons, 1894.—(4) In memory of Edouard Séguin, M.D., being remarks made by some of his friends at the lay funeral service held October 31st, 1880.—(5) *Extracts from the First Report of the Institution on the Abendberg, near Interlachen, Switzerland, for the Cure of Cretins*, by Dr. Guggenbuhl, translated by W. Twining, M.D., 1845.—(6) For the information here given, and for that which follows as regards the provision made in Europe for this defective class, I am indebted to the report published by Bourneville in the *Assistance, Traitement, et Éducation des Enfants, Idiots, et Dégénérés*, 1895.—(7) *Brit. Med. Journ.*, August 18th, 1888.—(8) *Report of the Royal Commission on the Blind, the Deaf and Dumb, etc., of the United Kingdom*, 1889.—(9) *The Feeble-minded Child and Adult*, London: Swan, Sonnenschein & Co., 1893.—(10) *Ibid.*—(11) *Prospectus of the Childhood Society*.—(12) *Report of the Departmental Committee of Defective and Epileptic Children*, London: Eyre and Spottiswoode, 1898.—(13) *Mentally-Deficient Children; their treatment and training*, by G. E. Shuttleworth, B.A., M.D., 2nd edit., London: H. K. Lewis, 1901.—(14) Article by Lombroso, published in the second number of the *Kinderfehlen* for 1896; quoted in the *Journal of Psycho-Asthenics* for December, 1897.—(15) *Journal of Psycho-Asthenics* for June, 1899.—(16) *Inter-Colonial Medical Journal*, February 20th, 1900.—(17) *Journal of Psycho-Asthenics* for March, 1899.—(18) *Treatment of Imbeciles and Epileptics*, by Dr. J. M. Rhodes, C.C., and Alderman McDougall, J.P., Manchester, 1897.—(19) Leaflet issued by the National Society for the Employment of Epileptics.—(20) "Reformatory Enterprise: its Pioneers and Principles," a paper read by William Morgan at the Fourth Conference of the National Association of Certified and Industrial Schools, held in London, in 1888, and published in a Report of the Congress.—(21) Ibid.—(22) *Report to the Secretary of State for the Home Department of the Departmental Committee on Reformatory and Industrial Schools*, vol. i, 1896.

Inebriety, its Causes and Cure. By WILLIAM WYNN WESTCOTT, Her Majesty's Coroner for North-East London, M.B.Lond., D.P.H.; President of the Society for the Study of Inebriety.

WE are all prepared to grant that alcohol is a poison in a general sense, and that any use of it for the pleasurable sensations it produces may lead to discomfort, to folly and to

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disease, and yet the majority of our adults persist in its habitual use, and readily take the risks of future suffering for the sake of present daily enjoyment.

The total abstainer, with whom alone is absolute safety, is still a member of a minority in this country; he rejoices in his safety from the evils of alcoholic poisoning, and is generally somewhat self-assertive and jubilant on the subject. It is to me still a moot point whether his self-contentment is an enticement to the ordinary drinker to follow in his path. His self-sufficiency is apt to ruffle the feelings of the common man, rather than to convert him.

On the other hand, I am not prepared to say that the truly moderate drinker succeeds in transforming many inebriates into sober members of society.

Habits of drinking on social grounds are so interwoven with our national life that a man needs much determination to separate himself from his fellows, and so to forfeit many social amenities, only to avoid what may seem a small risk of being seduced into intemperate habits. A man can look around him and see crowds of his fellows who have not fallen under the seduction of intemperance, although they have joined in the common festivities of life. Yet he knows in his inmost heart that some of his ancestors, and some of his friends as high-minded as himself have fallen, and have wrecked themselves and their families to satisfy their craving for alcoholic indulgence.

What are the true reasons why inebriety exists, and is common among us? Are the causes capable of being removed? and is an inebriate a patient who can be cured? Such are the considerations which are referred to in this essay, which is offered to members who cannot but be familiar with the results of alcoholic intemperance in the origin of insanity.

In 1838 Father Mathew's crusade against excessive whisky drinking among the Irish caused a universal awakening of the public conscience, and from that date onward Teetotalism became a bye-word, and Total Abstinence a public virtue. National and local societies designed to make our people abstainers have obtained much success. Even yet, however, there is a terrible amount of drunkenness constantly before our notice.

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Temperance reformers, largely successful in their efforts, turned their attention to medical treatment, and declared that all disease could be equally well cured without alcoholic preparations, and a few eminent physicians have subscribed to this opinion.

These reformers then called public attention to the assertion that, beyond the needlessness of alcohol as a medicine, there was a further mischief done by doctors, in advising the use of alcoholic drinks as means of hastening recovery from illness, and thus creating many inebriates. The medical profession as a whole repelled the assertion, and Dr. Norman Kerr denied the prevalence of the evil, and stated that the charge was exaggerated, and in his large experience only accountable for one half per cent. among 4000 recorded cases.

The existence of inebriety is a factor of such immense importance to life assurance companies that it is possibly of even more notable value than a discovery of hereditary tendencies to gout or tuberculosis. Sir Dyce Duckworth has lately drawn special notice to this question. Sir Andrew Clark also, by thorough investigation into candidates *usual* drinking habits, showed that many "moderate drinkers" had to confess to morning, afternoon, dinner, and evening tippling, which, represented in total quantities, fairly astonished them.

Causation.—Inebriety shows itself in many forms, and is perhaps as varied in its manifestations as insanity itself: these forms are partly related to the causation and partly to the age, sex, and nature of the sufferer. Inebriety is, no doubt, often *an hereditary failing*, yet it seems in some cases to be entirely a personal acquirement. We all know some drunkards in whose family history there is no record of intemperance, and their ancestors may have all been sober men and women. We must, however, remember that drinking habits are often concealed, and that two or three generations back total abstainers were few in number, and that general social opinion did not concern itself with the drinking of individuals, except in the way of joke, or in the way of pride at a man's drinking powers. These considerations will, I think, tend to make us favour an hereditary causation, rather than postulate an evil *acquirement* in the individual. That an hereditary predisposition to the drink crave is common few doctors will deny, and that it passes on through many generations is accepted.

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Medical opinion is, however, now hopelessly divided over the question whether an "acquired inebriety" can be transmitted from father to son, any more than other somatic acquirements which we never see transmitted, We all have seen drunken parents have drunken children, but the question arises whether the inebriety of the child was due to the father's giving way to drink, or to his inherited tendency to do so.

If a sober man has three children, and they are healthy, and then he becomes a chronic drunkard,—are the children subsequently born more likely to become drunkards than the first three children?—no hereditary tendency to drink being present in the father.

Teetotalers almost invariably say "yes," and warn every one that his drinking habit will be reproduced in his children. We may note here one peculiar source of inebriety, some wives during a pregnancy by a very drunken husband are affected by the drink crave throughout their pregnancy.

Biologists say that no acquirement has been shown to have been inherited, and that there is no *proof* whatever that an acquired inebriety is reproduced in the children, although this is often surmised. The biologists are prepared to grant that intemperate habits enfeeble the parent, and may in some way produce a germ which, when fecundated, may grow up into an individual who is feeble and imperfect; but they deny that there is any proof that the special peculiarity of the "*drink crave*," when parentally *acquired*, can be so transmitted by a sperm or germ cell. Again, if a man has an hereditary tendency to drink and does drink to excess, and does have children, have they the father's hereditary tendency *plus* an added increment from the father's excesses? Dr. Archibald Reid urges that if this were so, each generation getting more and more drunken, the race should be poisoned and die out by alcohol early and surely; but it is the men of races who have had no previous experience of alcohol who die most certainly and rapidly of alcoholic poisoning, while races like the Italian and the Spanish, who have had access to alcoholic drink for a thousand years, are much more sober, and have a low alcoholic death rate. Dr. Reid's contention is that it is in vain to argue that because alcohol is almost constantly circulating through a certain person's body—the totality of somatic cells—therefore, the single sperm or germ cell which

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chances to produce a new being must develop into a man or woman with a special drink craving; and that no proof of this has ever been adduced.

Race is a factor in the proportion of inebriety, because it involves the question of how long alcohol has been in free use among the people; for history leads us to recognise that the excessive indulgence in alcohol is in inverse proportion to the ancestral experience; prolonged use and abuse of alcohol tends to eliminate the alcoholic diathesis of drink craving, and tends to render a race more and more sober.

"Nearly all races which have had no experience of strong alcoholic drinks are excessively drunken when introduced to them—so drunken that, given the opportunity, they drink to extinction" (A. Reid).

So there is an evolution of sobriety.

The question of *climate* is nearly related to that of race, and need not be separately considered here, except as regards the effect of a change of climate upon a traveller or colonist.

The man accustomed to a temperate climate, on being removed to the tropics, suffers much from heat and thirst, and if he drinks largely of alcohol he rapidly suffers from liver disease, and early death follows; yet each debauch of drink produces less obvious appearance of drunkenness, because the alcohol is more quickly evaporated and excreted.

In the arctic regions, on the contrary, alcoholic excess causes a rapid onset of drunkenness, and an exposure to the open air when drunk is very fatal; yet internal organic alcoholic disease is not very notable. This effect of cold can be seen, in a modified form, in our English winters when frosty, for a man may drink heavily in a hot room, and leave it with the appearance only of jollity; but let him essay to walk home in the frosty night air, and before many minutes are over he will be staggering and helpless.

Dr. Norman Kerr said that southern warm climates do not show so much chronic inebriety or so many dipsomaniacs as cold northern lands, yet temperate Italians emigrating to London often become drunkards.

Another consideration occurs here, that each climate produces its own form of drink, and that the special drink of the country does much less harm to the native, and even to the

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visitor, than does imported wine or spirit—for example, many a Londoner has found he can drink freely of Scotch whisky when visiting Scottish highlands, but that the same quantity makes him ill at home.

Then comes the question of adulteration. It is certain that very much disease and inebriety are caused by impurities in cheap and common drinks, the adulterations being more poisonous than the alcohol itself. This is especially true of fusel oil and derivatives of amylic alcohol, and of acetone from the methylic series.

When the source of the alcoholic drink is from grapes, the alcohol is purer than from other sources—from corn is next best; very offensive impurities may arise from unskilled manufacture of alcohol from beetroot; and potatoes produce the most dangerous forms of distilled liquor, which require excessive purification.

There are in this country many inebriates who consume methylated spirit from choice or for its cheapness, and there are, as is well known, many ether drinkers, especially in Ireland.

The *environments* of work and social life have much influence in the causation of inebriety, both from a physical and a moral point of view. Many occupations have a great tendency to make men drink, and so foster inebriety, such as those involving exposure to great heat and great changes of temperature, as is seen among gas stokers and iron founders; those exposing the workers to much dust, as grinding works; those carried on late at night in low, gas-lit badly-ventilated rooms, as compositors; occupations also which call for heavy work with intervals of idleness, as occurs among dock labourers. Exposure to inclement weather, with occasional periods of no occupation, makes cabmen tend to become drunkards.

On the other hand, there is much protection against the risk of becoming an inebriate if a man be a cleric or a lawyer, and many men with an inherited tendency to inebriety have been saved by such professions.

The fear of disgrace is a very powerful deterrent from drunkenness.

This last consideration is a great safeguard for all women, who know that men have generally considered them more

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moral than themselves, and they shrink from the disgrace of equalling man in his vices.

When, however, a woman has at last become a drunkard, she tends to become utterly lost to all sense of propriety, and falls lower than the average man does.

Motherhood, implying an urgent need for constant watchfulness over children, is a great protector of womankind from inebriety; and in my experience the majority of female drunkards who kill themselves by excesses, or by suicide after inebriety, are childless wives.

As to the general influence of *Sex*, the Retreats of America show a proportion of patients of five males to one female. In England there are certainly many more homes for female inebriates than for males, but the male inebriates are vastly more numerous than the female. Female inebriety, unfortunately, is certainly on the increase in this country.

It is alleged, and with much truth, that the introduction of the grocer's licence to sell wines and spirits by the single bottle has been a chief factor in encouraging women, and especially well-to-do ladies, in habits of secret drinking. Among the rich it used to be a difficulty for ladies to buy wines and spirits by the cask or the dozen for private consumption.

In regard to *Age*, the largest number of serious cases of inebriety occurs between the ages of 30 and 40 years.

In the matter of *Religion*, Dr. Norman Kerr arrived at the conclusion that drunkenness was increasing at a greater rate among Roman Catholics than among Protestants, and especially among the women, and he adds that the sobriety of Jews puts to open shame the habits of Christians.

Inebriety as a disease is indebted to the cultivated classes for a large proportion of its subjects. As to *Smoking*, the glass precedes the cigar quite as often as the cigar leads to drinking; neither, he thinks, has any appreciable effect upon the other, as regards immoderate use.

Companionship and the standard of family life are most potent factors in deciding the future of an individual who has an inborn tendency to drunkenness.

Incidents and accidents of life are commonly called *exciting causes* of inebriety. One man will take to drinking on his

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marriage, from a fancied strain on his nervous system, another will drink because he is disappointed in love. One man will drink more and more as his financial position becomes easier, another will take to drink when he fails in business.

A shock, mental or physical, to the nervous system is a cause which frequently starts a man or woman on a course of excessive drinking.

People cannot be made temperate by argument alone, but by education and by legal pressure. Our principal object must be the consideration of the best modes of regulations limiting opportunities of free drinking. We must teach the cultivation of habits of personal cleanly life. Judging by analogy, the moderate drinker cannot be exterminated. Let us devote our energies to the restraint of the moderate drinker within limits to be defined by the medical profession, and to the absolute cure of those who have passed the borderland, and are ruining their lives and the lives of those dependent upon them. These must be deprived of their personal liberty until they have survived the craving which ruins them body and soul.

Treatment.—The medical treatment of inebriety can hardly be carried out with success unless the patient be under control. Two considerations present themselves: *Firstly*, the relief of the acute effects of alcoholic excess; how to relieve the dyspepsia and the debility due to chronic excess; and how to check the progress of organic alcoholic disease. *Secondly*, is there any medical treatment, if any, which can control the drink craving, the disordered mind, the sleeplessness, the state of humiliation, and the tendency to repetition of debauches. The physician has a large pharmacopœia of drugs suitable to relieve disorders of the first class.

The serious problem is, what remedies are there that have power over the second class? Is there, indeed, any remedy, other than seclusion and absolute prohibition from alcohol?

The advertising quack generally professes to cure the disorders of class two, by the remedies for class one, as will be referred to later on. The first practical point for decision is that of the stoppage of the supply of alcohol; shall it be done at once, and entirely? or shall the amount be gradually decreased? It has been widely contended that as the heart is

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weakened by alcoholic excess, and is often rendered fatty by it, there must be a risk of a fatal syncope if it be suddenly withdrawn ; and no doubt many patients have died after the stoppage of alcohol in delirium tremens.

On the other hand, it has been argued that the person is ill and dying of a poison gradually administered, so that no further dose of the poison can possibly be allowed. From my own observation I am inclined to say, stop the whole of the alcohol at once, as a rule ; but a few cases of cardiac weakness may be saved from immediately fatal syncope by one or more small doses of wine or brandy, before the entire cessation of alcohol.

Hot baths should be used as soon as possible. Calomel with saline purgatives seems to hasten the excretion of waste products which have accumulated in the system.

Bromide of sodium in drachm doses is probably the safest remedy for the insomnia, but it is not a powerful remedy. Chloral often succeeds, but it may cause fatal syncope, although I have never met with that unfortunate experience. Formerly opium, and then morphine were prescribed ; but of late years it has been objected that they tend to constipate and check excretion. Chloralamide, paraldehyde, hyoscyamine, and hyoscine are more powerful sedatives, and have what has been called a power of chemical restraint. Sulphonal may certainly be used in many cases with advantage. Da Costa has obtained valuable results from cocaine, in doses of $\frac{1}{12}$ of a grain, given by the stomach ; calming its irritability, and soothing the nervous system towards sleep.

It is to be observed that there is a possibility of a drunkard falling a victim to the sedative which has thus been prescribed.

The stage following on the acute symptoms is that most commonly treated by quack remedies chosen from the prescriptions of the physician.

The effects of drugs in this stage are largely dependent upon the integrity of the vital organs, for if there be serious degeneration of vital organs, very little improvement can be anticipated. In this stage the use of strychnine is universally recommended. It improves the state of the nervous system, gives tone to the muscles, improves the appetite, and relieves the tendency to feel the stomachal craving for drink, which is distinct from the mental craving.

In many cases the preparations of iron do good. There is a

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tendency to prefer the Galenical preparations of cinchona to quinine. During a course of tonic treatment it is advisable to change the drugs frequently; phosphorus and arsenic and the mineral acids may thus be alternately given with those above named. Other drugs have gained a reputation in curing inebriety, such as atropine, the salts of manganese, and the chloride of gold and sodium. As to the last remedy, it should be noted that an irritating red rash often occurs more or less all over the body, and a diminished dose must then be administered.

The tincture of hydrastis is considered as almost a specific by many physicians in Canada. Dr. Mac Nutt of California recommends the mixed tinctures of hyoscyamus and cinchona. Preparations of capsicum certainly relieve the stomachal craving which is so irritating and tedious in many patients. Digitalis is in frequent use, seeming to slow and strengthen the action of the poisoned and weakened heart.

Tartrate of antimony, recommended by many American physicians, on the ground that it produced a distaste for whisky, is a doubtful remedy, for it creates, *pari passu*, a dislike for food and wholesome drinks. Dr. Crothers, of Hartford, has had similar results with apomorphia.

A series of hot baths, or, better still, the use of Turkish or Russian baths, are extremely valuable remedies. Massage encourages a free blood-circulation through the muscles, and does much to assist excretion, and is therefore appropriately used with baths.

The use of electricity, constant and induced, hastens the processes of repair in nerve and muscle, and so to a greater and general bodily energy.

Whatever may be the medicinal treatment, it is not by medicines alone that we shall cure inebriates. Restraint combined with exercise, fresh air, and hopeful, useful employment must be added, and must be continued not for days or weeks, but for months. The disuse of alcohol, however, often reveals disorders previously masked by drunken habits, and diseases are certainly often rapidly fatal under these conditions. Thus an unsuspected rapid phthisis may occur; general neuritis is common; and forms of chronic rheumatism and gout come into painful notice. Melancholia may gradually develop, and paralysis, especially of spinal origin, frequently appears. Renal diseases come pro-

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minently into notice, and soon lead to death. Dementia is often found.

As has been indicated, the cure of inebriety has been constantly attempted by the advertising quack, notably in the United States of America.

Speculators have introduced vaunted nostrums, and commercial companies have been formed for the cure of the drunkard. Needless to say no real mode of cure has evolved from the strife of these contending professors.

The so-called cures have been mostly culled from medical remedies. Thus while strychnine, iron and the salts of gold have been specified by physicians as promising drugs for certain stages and forms of alcoholic poisoning, some quacks have chosen these as unfailing remedies of the disorder as an entity. Necessarily their methods have been failures. The salts of gold have a small curative power in certain cases of alcoholism, and this limited value has been exploited as universal.

The "Dwight Cure" was alleged to be gold in medicinal form; the "Golden Specific," according to Dr. Usher a preparation of cinchona with a small percentage of tartar emetic; the "Boston Drug" and the "Fisk Gold Cure" are all more or less familiar.

Lastly, there has been in France a resort to "Anti-ethyline," as was noticed in the *Journal of Mental Science* in April, and in Australia similar experiments of doubtful value.

The recent claims made for hypnotism are well known. Dr. Milne Bramwell recommends hypnotic suggestion for dipsomaniacs—those who are not habitually drunken, but are subject to crises. The bout of drinking passes off and leaves the patient more or less ill. Recovery follows, characterised by a period of sane conduct.

An hereditary neurotic predisposition may often be traced in those persons who are the least susceptible of complete cure.

There are certain difficulties which restrict the frequency with which this mode of relief can be applied. Hypnotism and suggestion are very dangerous experiments unless their performance is restricted to the medical practitioner, and I do not feel at all sure that he may not do more harm than good in an unwitting manner.

Then, only comparatively few doctors can produce hypnosis simply by reading a tract on the subject; and, again, only a

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certain percentage of patients can be hypnotised by anyone. Dr. Milne Bramwell confesses that the art is useless unless the patient himself wills to be cured.

The production of hypnosis is often a long and tedious process, and even if its use checked the drink crave, its value would depend upon how long the control lasted, as such a process could seldom be conveniently repeated at short intervals.

The hypnotic method has not yet had a full trial, and perhaps need not be condemned offhand, yet the assumed cures by the process should be carefully watched for years to come. Doubtless, like other means of cure, it may succeed in a few cases, and will fail in many more ; but even if any dipsomaniacs are cured by it that will be a distinct gain. It is still a moot point whether the inebriate is more or less susceptible to hypnotism ; on *that* account opinions differ, for some think that the alcohol having enfeebled the will renders a patient more prone to succumb to suggestion ; on the other hand, as the will must consent to a successful, useful hypnosis, and as hypnosis in its onset is much assisted by a determined calm concentration of mind, so the weakened will and mind should be less easily hypnotised.

I have known many non-medical observers in this field, and have been informed of their successes, and of their many failures, but I am entirely of opinion that the employment of hypnotism upon any sick, or inebriate, or insane person should be restricted to the duly qualified medical man.

I have known inebriates who shrank from cure for fear that it would mean for them a continual desire for drink, combined with the loss of power to take it.

Neither *Tit-Bits* nor the Society for the Study of Inebriety in England has obtained any information of value in regard to the drink cures vaunted by their owners.

It cannot be doubted that the present view of the medical profession is incontrovertible. It may be stated thus :—That the relief of the sufferer from alcoholic excess is a purely medical question of medicinal treatment on ordinary therapeutic lines, and that the tendency to inebriety can only be overcome by a period of hygienic restraint in an institution regulated by law and managed by medical men who have had experience in the treatment of mental degeneracy and physical incapacity.

Total abstention from alcoholic liquors is the only safe pro-

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cedure for the dipsomaniac and the inebriate, and for all those who have shown any morbid, if even temporary, craving for alcoholic excess. Yet for the ordinary man in good health, in regular work, or with sufficient exercise, who has shown no warning signs of inherited or acquired craving, there is much reason for allowing him a moderate amount of alcoholic drink, taken with the principal meals of the day. He should not look upon this as a necessity, nor should the practice become so habitual as to produce discomfort if the amount be omitted. With moderation thus understood, an occasional glass on days of public or private rejoicing will do no harm, nor would there be any craving to make the glass into a debauch. It is the man who is regularly drinking up to, if not above, the tolerable quantity, who on festive occasions gets splendidly drunk, and has to pay the necessary penalty of sickness and headache, even if he be fortunate enough to avoid an apoplexy, an inflammation, and an accident.

Let us now consider the question of the relief of the inebriate by *enforced abstinence*, combined with seclusion in a home or institute under medical care.

There have been for long asylums and homes of various kinds to which an inebriate could voluntarily retire for treatment, but until recent years there has been no legal means of compulsory cure, unless a person of inebriate habits were also definitely insane.

By the Habitual Drunkards Acts of 1879 an habitual drunkard could be admitted to a retreat licensed by a local authority, and placed under medical care, upon the statutory declaration of two persons that he was an habitual drunkard; and on his own application, attested before two local justices, he might be then detained for a period not exceeding twelve months.

This Act was only to remain in force for ten years, and so in 1888 an Act to amend the Habitual Drunkards Act of 1879 was passed, and it was ordered to remain in force until varied by Parliament. This Act enabled the licensee of a retreat to appoint a deputy, and ordered that any two justices might act, instead of two justices having only local jurisdiction.

Lastly, in 1898, there was passed the Inebriates Act, a second Amending Act, which came into force on January 1st,

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1899. Section 1 provides that where any person is convicted of an offence punishable by imprisonment or penal servitude, and if the court is satisfied that drunkenness contributed to the offence, and the offender admits that he is, or the jury find that he is, an habitual drunkard, the court may order his detention in a State, or a local licensed reformatory for any period not exceeding three years.

Any offender who has been three times convicted within a year may, on a fourth conviction, if he be an habitual drunkard, be also detained three years in a reformatory, the managers of which are willing to receive him. Section 3 authorises the Secretary of State to establish reformatories; and by Section 4 the Secretary of State may issue a certificate or licence to any approved reformatory, established by any county council, borough, or other persons.

By Section 16, the signature of one justice is required, instead of the signatures of two justices, in the voluntary seclusion of an habitual drunkard, and the period of time is extended from twelve months to two years for his detention.

By many persons it is considered that still further legislation is necessary, on the one hand for the confinement of the wealthy drunkard, and on the other hand for the gratuitous care of the poor inebriate. Possibly, also, an extension of the meaning of the word "inebriate" to include other forms of drug intoxication, such as morphinism, would be advantageous.

This Act has been in force for a year and a half, but it cannot be said that very great results have yet been achieved. The Home Secretary declined to build a State reformatory for the nation, or any part of it; he also declined to set aside any special prison for the purpose.

The boroughs and county councils, fearing the original outlay and subsequent expenses, have in many cases declined to undertake the work, alleging that the foundation of such reformatories is a national duty.

In many other cases councils are still conferring with neighbouring councils as to a joint establishment.

In still other cases boroughs and councils have made arrangements with privately owned licensed houses to admit inebriates from their districts. The home at Brentry, near Bristol, has made arrangements with twenty-two local authorities, borough, and county councils, to receive and treat

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both male and female cases. Lady Somerset's Home at Duxhurst, near Reigate, has also taken many cases of female inebriates. St. Joseph's Reformatory for Roman Catholics at Ashford is well supplied with patients. Lancashire has obtained a special Act of Parliament to create an Inebriates Board representing twenty-five boroughs, in addition to the County Council.

In all, four institutions for female inebriates, and one for males, have been licensed under these Acts; while two other reformatories for men, and one for women, are expected to receive certificates at an early date.

During the first year's working of the new Act, only eighty-two patients were received, five under Section 1, upon conviction for an offence punishable by imprisonment or penal servitude; and seventy-two under Section 2, on a new conviction, after three previous convictions within a year, of an habitual drunkard. Of these London has supplied sixty-one cases.

The London County Council has appointed a Special Committee to deal with all matters relating to the Inebriates Act. It has also made temporary arrangements with existing institutions for the care of its inebriates. The Council has also purchased a large estate of 364 acres at Charlwood, near Horley, Surrey, and is in process of modifying some existing buildings there to serve as a reformatory for the restraint and treatment of additional cases, which are sure to be committed from the judicial courts within the area of its control, for, of course, the present sixty-one certified drunkards do not form even a small proportion of the offenders who are also habitual drunkards in London. This institution will be opened in August of this year.

There may be delay, and there will be doubtless many difficulties to be surmounted before the County of London will be fully supplied with all the desirable accommodation for inebriates, but that the arrangements made will be well considered and skilfully executed, under the guidance of the present chairman of the Inebriates Committee, Dr. Job Collins, no one who has long known that councillor can have any doubt.

Inebriate reformatories may in the future well be of various characters, some for the criminal, some for the mis-

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demeanant, and others for the treatment of the sick inebriate, and the semi-insane dipsomaniac.

It will be difficult also to combine under one roof suitable treatment for rich and for poor sufferers.

In all cases we think the superintendent of the institution should be a physician and not a civilian, and he should be a doctor who has an enthusiasm for the work of curing inebriety. He should be an abstainer, and so should all his officers. The home should be in the country as far as possible from towns, to avoid the risks of drinking by the straying away of patients, and so as to provide ample agricultural and gardening work. Regular and suitable labour, and regular but varied amusements should be provided. The system of preserving good order by the bestowal of rewards is to be preferred to that of punishment for errors. The culture of the patients by a well-considered moral code will be a necessary feature of the successful mode of cure.

The separation of the sexes will be necessary, but there might well be two adjacent homes, one for each sex, by which means the agricultural work of one might supplement the laundry and clothing work of the other. Small dormitories should be preferred to large wards. The mental and moral standing of the nurses and attendants should be a matter of careful selection. Lastly, these homes should be self-supporting colonies devoted to self-improvement by means of pure air, exercise, regular work, sufficient play, good food, and healthy dwellings.

Placed under these conditions, the chronic drunkard may soon regain health, and lay a basis for future good conduct. The difficult cases will be those of patients who remain reasonable for long periods, but who occasionally break out into maniacal drink craving and violence ; such cases are to be controlled by drugs.

The members of the Medico-Psychological Association will, I am sure, take a keen interest in the foundation, equipment, and management of these coming reformatories, because they are so fully aware of the importance of the treatment and cure of the inebriate, and also because so many of them are experienced in the practical working of asylums for the insane, to which the new inebriate reformatories must have a close relation in regulation and work.

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Discussion.

At the Annual Meeting of the Medico-Psychological Association, London, 1900.

Dr. Beach.—I am sure that you will agree with me in according a very hearty vote of thanks to Dr. Wynn Westcott for the excellent and exhaustive way in which he has treated this subject, in which we are all interested. At the British Medical Association Meeting at Portsmouth last year, a resolution was passed and referred to the Inebriates Legislation Committee. The result is that a Bill has been drafted to provide not only for the well-to-do inebriate, but for inebriates generally.

Dr. Forman (L.C.C.).—I am sorry that I arrived rather late, and therefore did not profit, as I otherwise should have done, by the very instructive paper that has just been read. I came here to learn, and not to teach; to pick up a few hints as to how we were to manage our new Inebriate Reformatory. The subject has interested me for a good many years while I was in private practice, and since I have been a member of the London County Council I have been a member of the Asylums' Committee for more than ten years, and of sub-committees of various asylums, and have been struck with the immense number of drunkards brought under our notice. But the question has often occurred to me whether these persons have been driven into the asylums by means of drink, whether drink has made them mad or insanity led them to drink. It has seemed to me that, in a large number of cases, the latter is the true explanation. As a Justice of the Peace, I have been struck, during the last few days, with the very large number of those who have drunk themselves into an insane condition through thirst caused by the great heat. There is a large number of persons who, drink however much they may, do not drink themselves into a condition of *delirium tremens*, in the production of which a certain peculiarity of nervous system is necessary. Drunkards, therefore, divide themselves into two big classes. There are diseases caused by alcohol irrespective of mental influences. For instance we find cases of cirrhosis, etc., in general hospitals, while in asylums we find drunkards who are rarely affected with these maladies. I do not mean to say that there are no exceptions, but that is, speaking generally, the fact. Therefore, although there may be but few who are in a condition of irresponsibility solely through drink, there is some antecedent factor which has caused them to be more susceptible to the influence of alcohol than their more fortunate neighbours. Of course these cases are more frequently met with in the female sex than in the male sex. These women fall into the hands of the relieving officer, then go to the workhouse, and most frequently pass on to the asylum, while their husbands, brothers, and sons are able to carry their liquor without becoming responsible before the law. If they do go to the workhouse, the majority never pass on to the asylum. We remand them for fourteen days, and, generally speaking, before that time is completed the men are well enough to be discharged. It is not so with the sister or wife. The fourteen days that the law allows are not sufficient for them, and they have to be sent on to the asylum. It is then discovered that there is some nervous instability, either epilepsy or hereditary insanity. I think that we may get rid of the phrase "hereditary tendency to drink," by substituting for it a "hereditary tendency to nervous instability," and regard these neuropaths, as Dr. Mott calls them, as subject to an insanity that is unquestionably often brought on by alcohol. There are cases, no doubt, that are often erroneously thought to be purely alcoholic. The majority of these are cases of commencing general paralysis.

I pass on to cases of inebriety such as we now have to treat. I think that the Council and London generally are very fortunate in having secured for the committee so able a chairman as Dr. Collins. I happen to be the Vice-Chairman, and we work together as amicably as two medical men should do in this great work, which we hope to carry through with success. We have purchased a large farm, a beautiful estate of 364 acres on which are two houses. These we are fitting up in the best way we can. No doubt it would have been better if we had pulled them down and rebuilt them, but there has been such a persistent outcry that we were doing nothing, when we have really been industrious, that we thought it was on the whole better to secure what premises we could and to adapt them as best we could. The London County Council has really done more in this matter than any other county council. No county except Lancaster

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has done so much to carry out the Inebriates Act. We have placed some of these persons in Lady Henry Somerset's Reformatory, and others at Ashford, and if we found any male drunkards we should have accommodation for them. It is extraordinary that there has been little call on the part of the male sex for accommodation. It has been entirely females that have required to be dealt with.

We hope to be able to receive inebriates by the first week in August, and thus to show London that we have not been so dilatory as has been stated. I am sorry that a coroner in the *Times* of to-day has thought fit to censure the London County Council on account of the accidental death of a lady who was an habitual drunkard. Her husband said that his wife would not go into an inebriates home, and before she could be placed there by the law she must have been convicted three times in one year, but she was not in that position, indeed she had never been convicted at all. The husband did the best he could for her, and this misfortune has come to him without his having been able to prevent it. Certainly, no blame could be attached to the London County Council.

We have tried to get information as to the best way of dealing with these people on all sides. We have conferred with Mr. Paton, who is at the head of one of the male inebriate reformatories. He seems to think very much, and so do I, of the careful selection of attendants—of those he calls Christian brothers. We have taken a leaf out of his book, and have secured an admirable matron, who has been matron at St. Bartholomew's and at Bath. We have temporarily appointed one of the medical men residing in the neighbourhood, and are carefully watching the working of the system, while deputing a good deal to the matron. Seeing that the farm is some fifty miles distant from London, it goes without saying that we shall have the advantage of abundant fresh air. There are some people who deplore that there is no reformatory in the County of London, but we thought that the farther it was out of London the better, and the site fixed is also a long way from a public-house. We have been acting in concert with the Home Office, and have had to put up bolts and bars, and walls, and so on, but we have done as little of that as possible. We have sought to regard inebriety not so much as a crime as a disease, and have thought that anything that made the place resemble a gaol would be ineffective. On the other hand, these persons are sent to us by the stipendiary magistrates, and there are certain things enforced by law that we cannot escape. With Dr. Collins I have visited Duxhurst, Ashford Reformatory, and Holloway Jail, and have gained information from all three places. From Dr. Scott, of Holloway, we gained the information that there were very few, if any, male inebriates. The number committed by the magistrates, according to him, was almost *nil*. He also told us that the crimes of inebriates are of the most trivial character, and such as would arise from the drink. He impressed me greatly in stating that the great criminal never drinks. We hope to do these people good by interesting them. We shall have the ordinary business of the farm, and shall have to employ men accustomed to agricultural operations; but in addition we propose to keep bees, to grow fruit, to make jam, to grow tomatoes, to do anything possible to provide work such as these women are able to do, and such as will be suggested by their ordinary occupations. In the case of the London woman it is not likely that she will know much about floriculture, and therefore we do not expect that she will be able to do much in the tending of flowers, but it does seem an important point that we should find her something to do. What is wanted is to raise her self-respect, to make her less ashamed of herself, and that means that she must be kept there for a long time. My own view is that Lady Henry Somerset's successes may possibly turn out to be failures, as time will show. We shall have to keep these inebriates longer than she does, and may not meet with her remarkable results. So far as at present advised, we shall not attempt any of those cures which have been alluded to by Dr. Westcott. It has seemed to me, as a medical man of a good many years' experience, whether they are inside or outside a reformatory, a necessity to look upon them as poor, weak creatures, and not to impose such tasks upon them as they are unable to complete, however easy those tasks may seem to those in good health. If a man says he must go to a particular customer and get an order, but that he cannot face that customer before he has had a "go of whisky," I think it obvious that he should be placed where facing a customer is not his occupation, and where the "go of whisky" will not be required. At any rate, we

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shall be able to prevent their bringing into the world children with like proclivities, and in that way, at least, good will be done. Dr. Collins and I, when we visited gaols and inebriate institutions, have been struck by the fact that certain of our asylum patients have been constantly brought under our notice. Jane Cakebread, who had been more than 100 times in gaol, died in Claybury Asylum. There is undoubtedly a close connection between what the law considers as a criminal condition, and what we, as medical men, regard as the best means of treating inebriety, namely, placing it under restraint.

Dr. MORTON.—I can only express my agreement with what has fallen from Dr. Forman. There has certainly been an impression in the temperance world that the London County Council were not moving as fast as they might have done in providing the machinery to deal with these cases, and it is very gratifying to hear that there are two such men as he and Dr. Collins charged with the work. I have no doubt that in their hands it will prosper. There is a great deal in what Dr. Forman says as to the connection between a predisposition to insanity, and a predisposition to suffer from the effects of drink in the nervous system rather than in the other organs of the body. We should all keep that very steadily before us in our studies of inebriety.

Dr. HEYWOOD SMITH.—I am in agreement with what Dr. Forman and Dr. Morton have said. We ought to insist upon the Government passing a law for the detention of all inebriates. It seems a thousand pities that, after all these years, a person should have committed some criminal act before he can be treated.

Dr. JAMES STEWART.—The general opinion among those experienced in this subject is that it is utterly out of the question to expect any Government would last for any length of time who banished from their mind the bugbear of the freedom of the subject. That is the barrier in the way of any such legislation. I think it is very important that we, as medical men, should be prepared to give some answer as to the possibilities of a permanent cure, where treatment is adopted of such a kind as may be at present undertaken. My answer is that no permanent cure may be hoped for unless the patient is kept absolutely and entirely free from the risks of alcohol for at least eighteen months. The circumstances by which the patients are surrounded in homes where they cannot get alcohol, are very different to the circumstances which surround such patients when they go out, and six or seven months is not long enough. It requires a period of at least five years to elapse from the time the patient leaves such a home before one can say with any confidence that a cure has been effected. I have found a number of cases restored, and able to fight the battle of life after being under treatment, but they are invariably those who have remained in homes for eighteen months. The larger number of permanent cures are amongst ladies. They are generally regarded as absolutely incurable, but it so happens that I have had a proportion of five ladies to eight gentlemen throughout my twenty-four years' experience, and I can state that the proportion of cures is something like twenty per cent. greater amongst ladies than amongst gentlemen. I account for that because the former can be more easily spared from home duties, and therefore she remains longer under treatment. The Home Secretary was quite within bounds when, in his circular letter, published in the *Times* in January, 1899, he said that the consensus of medical opinion with regard to this question was decidedly that a period of from eighteen months to two years was absolutely necessary; because if for years and years a person has been diminishing his will power by taking alcohol, that period is a comparatively trifling length of time to be under treatment. I have had under my care persons of considerable position in the literary world, with marked powers of writing, etc., and yet at the end of eighteen months have considered them perfectly unfit to go about the world. It is not the case that the intellectual faculties are disturbed by the effect of long-continued drinking to the extent that the public generally suppose. At least 70 per cent. of those who came under treatment, at all events amongst the educated classes, are those whose condition of inebriety, whose physical deterioration, whose weakened condition of the will power, has been caused by their feeling unequal to doing their work. They are born with a neurosis, are unable to do a normal amount of work without a stimulant. We should be in the van of those medical associations who are educating the public and the medical profession, to understand that inebriates are, as a rule, more to be pitied than blamed. It has

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been stated to-day that successes are due to the attendants. I have had successes because I have had no attendants.

Dr. ARCHDALL REID.—I have given a good deal of time to ascertain the effect of drink, not upon the individual but upon the race. I think that a number of medical men share the opinion that drunkenness in the child is due in great degree to the drinking of the parent; that because the parent was a drunkard, the child is more prone to drink than he or she would otherwise be. I think that there is also another impression which most people hold, namely, that it is found that the parents' drinking so affects the subsequent offspring that they are more feeble. Such an affection would come through the germ, and when a germ has been affected, then the organism which springs from the germ shows certain peculiarities, and the germs which spring from that second organism continue the peculiarity; so that generation after generation would have the drink tendency increased in the race, until at last the race became extinct. It has been found necessary to forbid the use of opium in Burmah, and alcohol has been prohibited in Australia. The temperance problem is by no means so simple as temperance reformers ordinarily suppose. It is next to impossible that, with an increasing craving for drink, we can combat intemperance; and therefore I think that temperance reform should include not only a scheme for saving the individual drunkard, but also one which, by legislative or individual action, shall discourage the procreation of children by him.

Dr. BRISCOE said that the scandal of permitting inebriates to go about unrestrained at home was greater than the alleged hospital scandals in South Africa. He instanced the case of a clergyman whom he had lately seen in a state of intoxication at a railway station. On his appealing to the police, the officer said it was not a case for him if there were no misbehaviour other than drunkenness. Dr. Briscoe would have a detention room for the care of drunkards attached to every public-house, for his opinion was that a man when drunk was really mad.

Dr. CLOUSTON.—If there is a difficult position in which a medical man can be placed, it is when the wife or the husband of a drunkard comes and states his or her pitiable case, and asks what is to be done, and when your reply is that nothing can be done. The law, as it at presents stands, allows every Englishman to drink himself to death if he likes. There is no doubt that nine tenths of the medical opinion of this country is absolutely solid for effective legislation in regard to habitual drunkards. I consider that the Act of 1899 is one of the most futile legislative efforts ever passed by the British Parliament. All that trouble had been taken for the relief of a few absolutely incurable drunkards! It really pained me to hear of the splendid efforts of the London County Council to benefit persons who are not worth doing anything of the kind for. If they are not going to cure them, they are wasting money in purchasing that estate and fitting it as they are doing. The Act applied to Scotland, and no medical man was appointed on the Departmental Committee. The College of Physicians brought this business under the notice of the Secretary of State for Scotland, and I was elected to serve. We sat for a week, went down to Lady Henry Somerset's Home, made many rules, brought out a blue-book. The whole affair was an absolute waste of human energy. The only exception I make is this, that if the county councils of London and Lancashire set up their institutions for criminal inebriates, and if they make them successful, then I think we shall get our lawyers and politicians to rid themselves of the monomania of fear and suspicion that at present possesses them, and they will then perhaps consent to give us a Bill of real service to curable persons. What do we care about women who have been convicted 100 times? Why buy an estate for those who are not worth it? What we want is an island where whisky is unknown, where drunkards may be detained, where they will have plenty of work, and adequate supervision. There is one other point to which I would direct the attention of this Association, namely, to the purely scientific aspect of the study of inebriety, and in supplement to Dr. Westcott's paper I would mention the German studies at present going on in regard to the action of alcohol on the brain cortex. The results are exceedingly striking. They appear to prove that in regard to intellectual effort alcohol absolutely does harm; inhibition is destroyed, while the feeling of well-being is remarkably increased. Certain molecular changes take place as a result of taking alcohol, and they are to a large extent permanent.

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It is well worth while to study the effects of alcohol on different kinds of brain. I am quite sure that Dr. Reid is right in what he says as regards the prevention of drunkenness.

The Plans of a New Asylum for East Sussex. By H. HAYES NEWINGTON, F.R.C.P. Edin.

WHEN East Sussex determined a year or two back to build an asylum for its sole use, a Visiting Committee, appointed for the purpose, was fortunate enough to find in the centre of the county a suitable estate which the County Council purchased. It is situated at Hellingly, a village about nine miles north of Eastbourne. The area is four hundred acres, compact, as you will see on the plan, having within 400 yards of its western boundary a railway station which we propose to connect with the main asylum by a full gauge tramway. It slopes gently upwards from the south towards the north, where it attains its highest level of about 130 feet above the sea. The subsoil is most favourable, being, with the exception of two patches of clay, of a sandy or gravelly nature. The water supply is adequate, and the general contour lends itself readily to an efficient system of drainage, which will be bacterial. The views are excellent, extending to the sea and the south downs. It would be difficult to find a more suitable site for an asylum. A sub-committee was authorised to travel about the country to inspect other asylums, I being appointed its chairman. We visited the Hartwood, Lenzie, Gartloch, Hawkhead, Cheddleton, Burntwood, Glamorgan, Dorchester, Isle of Wight, and Chichester Asylums. I extract from the full report which we drew up on our return the following passage:

"We cannot refrain from expressing, also, the intense interest and admiration that we felt in seeing the progressive steps which have been taken, and are being taken, in the recognition of the just claims of the insane poor to be treated in a reasonable and liberal manner. It has been especially interesting to us to note the success with which each medical superintendent has impressed his individual aims on the establishment under his control, and how, even in the older asylums, by skilful and kindly attention to the personal surroundings of patients,

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