ON INTEMPERANCE IN ITS MEDICAL AND SOCIAL ASPECTS.*

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AMONGST the subjects of domestic and national interest, stands foremost that of intemperance. No political question is so important, and, for the welfare of great masses of the community, no medical question is so important. Of the injurious effects of alcoholics upon the body, it is only necessary to mention diseases of the liver, kidney, and brain. The most serious results are produced upon the brain and mental faculties. As a poison, alcohol produces death rapidly, by causing congestion of the brain, coma, apoplexy, and paralysis of the heart. In one case which came under my notice, death by coma speedily resulted from an excess of whiskey; and in another case, death took place more slowly by exhaustion from diarrhoea, brought on by drinking large quantities of beer. It is not, however, the object of this paper to consider these cases, but to deal with the subject of drunkenness in its relation to insanity, crime, and pauperism.

Insanity.—We have various forms produced as the mental and physical effects of intemperance, which is a very common cause of insanity.

1. Acute mania, of a noisy and destructive kind.
2. Delirium tremens; the two together with drunkenness itself forming what has been called "acute alcoholism".
3. Dipsomania, a term properly restricted to mean an irresistible impulse to drink alcoholics.
4. Dementia, with gradual loss of memory and energy, and diminution of muscular force.
5. Chronic alcoholism, in which degeneracy of the individual is the characteristic result of intemperance.
6. General paralysis of the insane.
7. Other forms of insanity, acute or chronic.

Some of these terms are ill-defined, and have been often misunderstood. In its restricted meaning, it would be better to do away with the term "chronic alcoholism". Magnus Huss first used the word alcoholism in 1852 at Stockholm, to express the total effects produced upon the nervous system by alcoholic intoxication, and described an acute and a chronic alcoholism. For some years past the terms have acquired still more extensive meanings, and ought now to include all the accidents produced by the introduction of alcohol into the animal economy.

All these forms of bodily disturbance, attended with mental symptoms, come specially under the notice of the psychological physician. The State takes cognisance of them as well as of other cases of insanity, when a proper order and medical certificates are given for the patient to be detained under care and treatment in a public asylum, a registered hospital for the insane, or a private licensed house.

There is no difficulty in most of these forms of disease in obtaining proper certificates, where it is manifest that mental unsoundness exists, with or without the existence of delusions. But great difficulty does exist with that form known as dipsomania, for, whilst there can be no doubt that in many cases the symptoms are plain, yet in others it is not easy to describe them so as to bring the patient under the definition of being of unsound mind. And there is in this country no middle course to be pursued, since, as far as treatment is concerned, the patient must be either entirely free or under legal detention. A member of our profession is now endeavouring to remedy this condition of things, that the State may step in and take care or provide for the individual who is unable to take care of himself. Mr. Donald Dalrymple, M.P. for Norwich, gave notice last year that he should move a resolution to the effect that it is desirable to legislate for the proper reception, detention, and management, of habitual drunkards. He moved the resolution, and the Government suggested that Mr. Dalrymple should himself bring in a Bill for the purpose. He recently introduced a bill into Parliament, which is entitled "A Bill to amend the law of Lunacy, and to provide for the management of Habitual drunkards". It is prepared and brought in by Mr. Dalrymple, Mr. Gordon, and Mr. Pease, but in consequence of other more pressing measures it has been withdrawn until next session. The first clause defines an habitual drunkard as "any person who by reason of frequent, excessive, or constant use of intoxicating drinks, is incapable of self-control, and of proper attention to and care of his affairs and family, or who is dangerous to himself or others". Such a per-

son may, if he likes it, upon his own written request, without certificate or other evidence than his own statement that he is an habitual drunkard, and that he wishes to be taken care of, be admitted into a reformatory, sanatorium, refuge, or other suitable place established for the purpose. He may also be admitted against his will upon the request of a near relative, friend, or guardian, who must get two medical certificates as to his intemperate habits and dangerous propensities. He is not to be admitted for less than three or more than twelve months; and he is only to be discharged during that period by an order of the Lord Chancellor, or by a commissioner in lunacy, or by a justice of the peace, on satisfactory proof being given that he is cured, and may with safety be released; but no such discharge shall be made without consultation with one or more duly qualified medical practitioners, and certificates from them that he has recovered. Magistrates may commit any person thrice convicted in six months of drunkenness, or a breach of the peace while drunk, to one of these reformatories for not less than three or more than twelve months; but the period of committal may be extended for six months more upon a medical certificate that such extension is required for the restoration of the mind and health of the detained party. The Act is to be called "The Habitual Drunkards Act".

This is the first step towards providing retreats for dipsomaniacs, and the Bill is a compound of the voluntary system with legal control. It includes ordinary drunkards in its provisions, as well as those other cases where the unnatural craving for drink is of the nature of an insane passion. But it does not go too far, and it is the first public recognition of the connection between intemperance, insanity, and crime, in unfitting persons for taking care of themselves. Where drunkenness is voluntary, it is a crime; and where it is involuntary, or beyond a person's power of self-control, it is insanity. This is not the only connection to be observed, for drunken parents have frequently drunken, or criminal, or insane, or idiotic children, and thus the evil goes on from generation to generation until the family dies out. Separation from home and friends, and a miserable death, is often the end of dipsomaniacs, who are allowed to go to ruin of mind and body without any interference from others or the State. Such liberty of the subject may be very precious to some persons, but it will be very properly restrained by the Bill mentioned. It will do good by its effect upon public opinion even more than by the direct benefit to the individuals specially concerned.

Crime and Drunkenness.—The amount of serious cases of crime has not increased for some years past, though drunkenness is decidedly on the increase. Judges and magistrates have frequently testified how commonly crime is associated with drunkenness. Our large towns are the most conspicuous for the drinking habits of the people. A few statistics may be selected from Graham's *Temperance Almanack* for 1869 and 1870, showing the number of apprehensions for drunk and disorderly conduct in the years ending September 29th, 1867 and 1868.

Town.	Pop. in 1861.	APPREHENSIONS IN		Proportion.
		1867.	1868.	
London	3,109,172	16,608	18,872	1 in 164
Liverpool	443,938	11,938	14,451	1 in 30
Manchester	338,722	9,742	9,540	1 in 35
Birmingham ...	296,076	1,330	2,310	1 in 128
Leeds	207,165	1,340	1,364	1 in 151
Sheffield	185,172	841	1,022	1 in 181
Bradford	136,218	191	285	1 in 477
Newcastle	109,108	1,361	1,752	1 in 62
Sunderland	78,211	557	600	1 in 130
Norwich	74,891	93	103	1 in 727
Bolton	70,395	729	1,217	1 in 58
York	40,433	208	289	1 in 140
Rochdale	38,114	629	743	1 in 52
Tynemouth	34,021	379	406	1 in 83
Exeter	33,738	42	43	1 in 803
Oxford	27,560	13	11	1 in 2469
Warrington	26,431	727	836	1 in 31
Peterborough ...	22,893	22	25	1 in 916
Huddersfield ...	22,163	322	817	1 in 69
Lincoln	20,999	61	67	1 in 313

Whatever may be the exact cause of the striking differences in these numbers, Sir Wilfred Lawson has admitted in Parliament that there is an increase of drunkenness, and the statistics now given show a decided increase in one year. The large manufacturing towns compare very unfavourably with the cities, even when the population is nearly the same. Liverpool, Manchester, Newcastle, Warrington, Rochdale, and Bolton, are conspicuous for their drunkenness, whilst Bradford, Norwich, Exeter, and Oxford, are remarkably temperate.

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Pauperism.—In England and Wales, pauperism is increasing, as shown by these statistics, even allowing for the increase of population.

In 1860, there were 844,633 paupers, costing £5,454,964.

In 1867, " 931,546 " "

In 1868, " 992,640 " " £7,498,059.

The bulk of this mass of poverty is admitted to be caused by intemperance.

Consumption of Intoxicating Drinks.—The following figures will show the quantity of spirits, beer, and wine, in gallons, consumed in the British islands at intervals of fourteen years.

Years.	1840.	1854.	1868.
Ardent spirits	29,216,260	30,163,933	29,407,499
Foreign wines	7,000,486	6,813,830	15,064,628
Ale and beer	570,799,196	618,625,188	896,533,416
	607,015,942	655,602,951	941,005,543

The population has increased only two millions during these twenty-eight years. The amount of British wines, cider, and perry, has remained nearly stationary, and they are not included. The consumption of spirits is slightly decreasing; foreign wines are increasing considerably, but ale and beer still more so, and form the staple drinks of the inhabitants of this country. Ale and ale-houses were mentioned in the laws of Ina, King of Wessex, in 728; and drunkenness was forbidden by the common law. Our Saxon ancestors were a drunken people, as well as the Danes. Wherever we find men of the great Germano-Scandinavian race, whether they be English, Scotch, Flemings, Dutch, Danes, or Swedes, we find them fond of beer, and noisy in their drinking. A more general description of this race than that of fair-haired and light-eyed, is that they are a *beer-loving race*. The more southern nations of Europe are chiefly wine-drinkers, quieter in their drinking, and more temperate than the northern nations. The practice of drinking light wines conduces to temperance; and this result is not owing to public agitation, or to the temperance movement, but to increased knowledge of different kinds of wines, and a change in British taste. It is at length discovered that the highly brandied wines are more adulterated, and are more pernicious than the lighter wines which are now more extensively used.

The Medical Profession.—It is very striking how generally the profession has kept aloof from any of the movements which have for their object the promotion of temperance; and this state of things must be ascribed chiefly to indifference. It is also partly owing to the fact that many extreme opinions have been put forward by the advocates of the temperance movement, and more zeal than wisdom has been exhibited in the controversy on the subject. The medical men who are stated in the *Temperance Almanack* of 1870 to be total abstiners number only 166, and of those many are professed homœopaths and hydropaths. The clergy and ministers of different denominations, on the other hand, have taken up the matter more warmly—no doubt on moral and religious grounds. These are the numbers of total abstiners given.

Episcopalians of England and Ireland.....	659
Presbyterians of British islands.....	686
Methodists " "	778
Congregationalists " "	1103

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Why is this difference between the two professions? Medical men have not seriously and scientifically examined the question; and they have been prejudiced against it by the many absurd opinions held by those who advocate total abstinence. When we find men as lecturers going about from town to town, and telling us that those who drink moderately are as bad as those who drink to excess, that it is a sin to drink alcoholics at all, and that the use of wine at the Sacrament is sinful—proving their opinions from the Bible—intelligent and reasoning men may well hold aloof from such advocates, who do the cause of temperance great harm. At the same time, medical men have not given the same attention to this great question as they have given to other subjects connected with the health of the people. They have been earnest in their care for the public health in respect to prostitution, to sanitary arrangements, and to the entire suppression of small-pox, yet they have been comparatively indifferent to the amount of disease and death, crime and misery, produced by intemperance. Some years ago, a medical declaration was extensively signed to the effect that a large amount of misery, poverty, crime and disease, was produced by alcoholic liquors; that persons would enjoy good health without them, and that total abstinence from them would greatly contribute to the well-being of mankind. In the abstract this seemed to be all true; but very few medical men who signed the document put the statements into

practice, and its influence upon the public has been very small. Of course, if total abstinence were universal, there would be no drunkenness; but this is a perfectly Utopian idea, and the advocates of the system have not thereby lessened the mass of disease, drunkenness, or pauperism. The drinking of alcoholics has always existed, and in every country; and we must change the nature of the man, his habits and tastes, before we can expect universal abstinence to be produced. This consideration does not exonerate us from doing our utmost to lessen the mighty evils that result from the drunkenness of this country. In an able leading article in the *BRITISH MEDICAL JOURNAL* for June 4th, 1870, the "impassive attitude" of the medical profession is fully acknowledged; and yet the writer appears to think that medical men have come to the conclusion that water-drinking is not the best for mankind in general, or our own portion of it, even in ordinary health. Certainly the great mass of our profession act up to this view; but it is not a conclusion come to with calm deliberation after seriously examining the facts. It has long been the habit of medical men to recommend alcoholics simply because their patients wish to know *what* they are to take, expecting, as a matter of course, that they must take something. Is it right thus to humour people, and thoughtlessly add to the mass of misery and disease produced by this cause? Patients frequently come under my care who have been advised by their medical attendants to take, perhaps, three or four glasses of wine daily, without any apparent object to be gained by such treatment.

Remedies.—It may be safely concluded that the total abstinence or temperance movement has failed materially to arrest the progress of drunkenness in these islands. It has no doubt done some good in diffusing information, but it has not created a sound public opinion. Its doctrines are too narrow, and they can never be carried out fully. The improvement which has taken place in the habits of the upper and middle classes during twenty years, is due more to education than to the principles of total abstinence societies. Mr. Dalrymple's efforts are only in one direction—the care of those who are temporarily dipsomaniacs and drunkards; but, if successful, they will result in a widespread belief that drunkenness is allied to crime on the one hand, and insanity on the other. When once the public mind is imbued with this idea, we may hope for a larger decrease of intemperance.

Another legislative effort has recently failed. "The Permissive Prohibitory Liquor Bill" was moved by Sir Wilfred Lawson, the zealous advocate of temperance, and seconded by Lord Claud Hamilton, in the House of Commons, July 13th, 1870. Sir Wilfred quoted from reports from chaplains and gaols in various parts of the kingdom, to show that education was not a specific calculated materially to check drunkenness and crime; and having referred to statistics to show that intemperance was on the increase in the large towns of this country, said he had little hope of permanently checking drunkenness, unless some decided step was taken by the legislature. He thought the licensing system ought to be altered; and though the Home Secretary could not agree with him as to the Bill, yet he thought something might be done to restrict and control the licenses given. In the speech which Mr. Bass made on the subject, he said that the capital involved in the manufacture and the sale of alcoholics amounted to £100,000,000, and the revenue to £23,000,000. The principle of giving two-thirds of the inhabitants of any district control over the licensing system was decidedly rejected. What, then, can be done by the medical profession?

1. Mr. Dalrymple's bill ought to be supported, so that dipsomaniacs and confirmed drunkards may be placed under care and treatment, with State supervision, as persons of unsound mind.

2. Legislation respecting the licensing system should be encouraged, especially as regards beer-houses.

3. The subject of intemperance should be fully examined in a scientific and humanitarian spirit, and the public should be taught, on medical authority, what is the true position of alcoholics in relation to health and disease.

To carry out these or any other more desirable plans, it would be most useful to appoint a Committee of Inquiry to examine the whole subject of intemperance, and to make a report to the British Medical Association, or in the pages of its *JOURNAL*, respecting the best measures to be adopted; and some decided total abstiners should be members of the Committee, in order that their own views and experience may have due weight.

With scarcely more than the notable exception already mentioned, the medical profession is doing little to stem the torrent of drunkenness, crime, pauperism, and insanity, which fills our prisons, poor-houses, and asylums, and we have now a great duty to perform, which is not merely to follow in the wake of others, but to be the leaders in a general movement for the regeneration of our country from its greatest curse.