REMARKS

ON

THE NECESSITY OF LEGISLATION FOR
THE CONTROL AND TREATMENT
OF INSANE DRINKERS.*

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IN addressing this Association on the necessity of legislation for the control and treatment of insane drinkers, I would commence by observing that this is no new question in Scotland. Before January 1858, when I contributed a paper on it to the Medico-Chirurgical Society of this city, it had been forced on the attention of many medical men and others by constantly recurring difficulties in the disposal of these unfortunate sufferers; and it had special prominence in evidence given in 1855 before the Scottish Lunacy Commission, and in the report of the Commissioners in 1857. At the meeting referred to, the question was most favourably discussed; and, when the paper was published, the subject was well ventilated, and viewed as a most important one, in almost all the newspapers and journals of the period. This agitation was followed, in March of the same year, by a most admirable lecture "On the Medico-Legal Relations of the Habit of Intemperance", delivered at a *conversazione* of the Royal College of Surgeons by our distinguished President Sir Robert Christison; and it was kept alive for several years by various able contributions in medical and literary journals. There thus arose in the public mind a feeling, and I think I may say an unanimous desire amongst medical men, that something ought to be done by legislation to meet the question at issue. On this side of the Border, therefore, we have noticed with best wishes the efforts carried forward on the other side during several years, mainly through the instrumentality and indefatigable exertions of the late Mr. Donald Dalrymple, M.P. And here I cannot allow the occasion to pass without expressing in a single sentence, from much private correspondence with Mr. Dalrymple, as well as from a knowledge of his public career and conduct, the high estimate I formed of his moral worth, intellectual endowments, and remarkable determination and strength of purpose, without regard to personal expense and labour, which he displayed in the face of many trying discouragements while seeking the settlement of this question.

Mr. Dalrymple's second Bill, founded on a large mass of evidence laid before the Select Committee of the House of Commons in 1872, and on the strong report of that committee, of which you, Mr. Chairman, were a member, lost its place in Parliament, in consequence of the change of ministry; and Mr. Dalrymple's death, which shortly afterwards occurred, seemed to threaten a serious delay of effort in the same direction. The subject, however, has lately been revived and warmly agitated by several of your Branch Associations, and by a most influential deputation who lately waited on the Home Secretary, with a view to the introduction of a measure in next session of Parliament on the basis of Mr. Dalrymple's Bill; and this, I trust, together with the earnest consideration of the subject at this meeting of the Association, will give a great impulse to the movement.

I cannot believe that a settlement of the question can now be long delayed, when an Association so large and powerful as the British Medical takes it up, and gives on it a decided utterance.

That some legislative enactment is required to meet the case of a large proportion of insane drinkers, psychologically termed dipsomaniacs or oinomaniacs—or, popularly, habitual drunkards—will be doubted, I imagine, by few, if any, assembled on this occasion. And I may further assume that little need be here said in considering who are to be viewed as insane drinkers. They may be briefly described as those—1. Who inherit the propensity to intemperance; 2. Who evince it as the principal manifestation of some form of cerebral disease; 3. Who are affected with it as a result of an injury of the head, or severe fevers, or other wasting bodily ailment, mental shock, heavy grief, reverse of fortune, and, indeed, from causes similar to those antecedent

some other insanities; 4. Those who acquire it through a course of vicious indulgence in stimulants.

In whichever way produced, or from whatever combination of causes, the distinguishing feature of this malady in its confirmed state is total loss of self-respect and self-control under an overwhelming craving for alcoholic drinks, although with little or no palatal relish for the same, which must be gratified at any cost, regardless of honour or truth, and, in fact, unaffected by appeals to reason or self-interest, the tears of affection, or suggestions of duty either to God or man.

I must also assume that it is not necessary at this meeting to point out particularly in what respects dipsomania differs from the *mania à potu*, or, as also called, the delirium ebriosum, or acute mania from alcoholic excess; or how it is distinguished from delirium tremens, the toxic mania of alcoholic accumulation, or from the hydra-headed forms of the vice of drunkenness. Of the latter, we have abundant examples everywhere around us, in which we have the most marked types of constant tipping without entire unfitness for the business of life in persons drinking from facility of disposition, from conviviality, and from the love of drink or the love of intoxication, but who have more or less power to abstain when they choose to do so.

That the phase of intemperance which so utterly annihilates self-respect and the power of self-regulation is indicative of affection of the brain-plasm primarily or from exoteric influence through alcoholic action—in other words, an abnormal cerebral condition, occasioning unsoundness of mind—cannot be reasonably questioned; and, as in origin it thus resembles other insanities, it presents also similarities and variety in its course, manifestations, and terminations. Thus, in this malady, the irresistible craving may spring up suddenly, often in successive attacks of singular periodicity, or from the mere taste of anything alcoholic quickly bringing the system under the full sway of alcoholic poisoning; or it may pass through a slow, stealthy, insidious course ere the action, if not the nutrition, of cerebral matter becomes changed.

It is developed in all classes and conditions of society; in the men of refinement and high mental culture as well as in the coarse-minded and ignorant; in the lady of rank and in the tradesman's wife; in all periods of life, in old age, in the adult, and even in early youth; in different constitutions and temperaments, manifesting various eccentricities of deportment and habits, wastefulness, destructiveness, perverted moral feelings and impulses, revenge, theft, violence, and invariably mendacity. It is occasionally cut short for a time by delirium tremens or acute mania, or goes on to drivelling dementia, chronic alcoholism, or some other form of insanity, if life be not brought to a close by accident or some superinduced disease.

Besides, while this alcoholic diathesis, as it may be called, is transmitted from generation to generation, idiocy, epilepsy, paralysis, and other forms of cerebro-spinal disease, are the frequent legacy of drunken parents to their children.

It is a remarkable fact, too, that, if there be any peculiar proclivity, any black spot in a man's moral nature, it is brought out under the weakening and perverting influence of alcohol. Hence, among the criminal class of dipsomaniacs, we have a variety of results, and often a most remarkable uniformity in crime committed by the same individual under successive states of inebriety. Thus one individual will invariably be guilty of assault, another of wanton destructiveness, such as smashing windows, another of theft, and not only so, but of stealing very frequently the same sort of articles. Did the limit allowed for this paper permit, it would be easy for me to treat of in greater detail, and to illustrate and verify with cases, the various points now indicated.

The mass of cases arising out of intemperance—purely the vice—carry with them their own pains, penalties, and checks, and must be judged of by the peculiarities of each individual case, and left to varied physical, moral, and religious teachings. But there is a link which connects, and a boundary-line which separates intemperance the disease from intemperance the vice. Here it is that legislative interference of any kind becomes, and very properly so, most delicate; and it is here that at first sight most formidable obstacles are supposed to exist against our present proposal. For the very worst cases of dipsomania, in which there is a manifest concrete of the malady, of irresistible desire for stimulants, with some other form of mental disease independent of alcoholism, the present law of lunacy clearly provides. The acute mania of drink is also, we would say, a fit disease for asylum treatment, if there be not convenience in private or in the strong room of a hospital; to which cases of delirium tremens also may be taken, when safe and judicious management cannot be carried out in private. But cases of well marked dipsomania, which are so serious to the unfortunate individuals themselves, and so perplexing and injurious to friends and society, are without help or hope, either in private or from the law of the land; there is nothing in the future but certain degradation

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and ruin to the individuals themselves, often to those closely connected with them, and injury to the community.

No doubt, the voluntary clause of the last Lunacy Amendment Act, 1866, was thought likely to meet, to some extent, the case of the dipsomaniac; but, while there has been latterly a gradual annual increase of voluntary admissions of the general insane, there has not been such of insane drinkers; and there are strong objections to the admission of such into lunatic asylums. It is not at all desirable that such should mingle with other lunatics in public or private asylums, or that a malady requiring special treatment should be brought under lunacy law arrangements. It is most undesirable also that asylums should be embarrassed and annoyed by the care of dipsomaniacs; for it is a necessity that an inebriate retreat should be a strictly temperance institution, which a general asylum cannot be, and consequently in such insane drinkers find opportunities, through other inmates, to obtain the supplies they crave; and so, by schemings and untruthfulness, produce endless misery and inconvenience in these establishments. That the habitual drunkard of this class, therefore, absolutely requires special care, is clear; but, as in cases of legislation a definition must generally precede the proposed legislative provisions, he may be briefly defined as a person of unsound mind whom the habit of intemperance is such to render, notwithstanding the plainest considerations of interest and duty, unable to control himself, and incapable of managing his own affairs, or such as to render him in any way dangerous to himself or others.

If the above be a true description of the condition of the person indicated, surely it is the manifest duty of a good and wise Government to exercise its paternal functions in providing for the control of his person and the interim management of his affairs, with the view of promoting the well-being of the unfortunate individual, instead of permitting him to go to wreck and ruin. Indeed, the neglect of law to provide such a check and remedy seems inconsistent and unjust, when we consider that, while it permits the insensate drunkard to endanger his life, to waste his property, and deprive his family of that which they are entitled to expect from his hands during life, or to fall to them at his death, it holds him responsible for any act he may commit. No doubt the law assumes that he drinks voluntarily with his eyes open to the consequences, and that his practices are, therefore, an aggravation of his guilt; but such is not the case; for he drinks, as has been shown, involuntarily by a power from within impelling him forwards with irresistible force, without any power of reflection as to ultimate consequences.

From the nature of the malady, it is evident that, unless there be separation from the persons through whom, and places where, the morbid craving can be gratified, and well regulated restraint placed on the habits, little can be expected in the way of treatment. Such separation is necessary in most cases of insanity; but still more is it required in the case of insane drinkers, who, although unfit for attention to the proper duties of life, are full of devices (often most ingenious and clever) to obtain their desire (with them the one object of their life); and so cunning and deceitful are they in scheming for it, that they outwit the most vigilant attendants (women being in this respect even more talented than men); so that at best any good arising from ordinary restraint is extremely temporary. In certain early cases, and in short fits of periodical drinking, it may be at long intervals of time, perhaps it might be advantageous were it declared lawful to take the control of the person in his own dwelling. But in general real benefit can only be obtained from a sufficiently prolonged detention in a home or sanatorium, or by whatever name it may be called, where all arrangements are adapted, not merely for firm and kindly supervision, but for overcoming restlessness and discontent. This will be best accomplished, in the first instance, by pleasing the palate in the way of good culinary arrangements, so as to counteract the craving for stimulants; by attention to other bodily comforts, and by providing occupations and amusements during all weathers and seasons within doors and in the open air. In due time, by these means and a judicious exercise of the system of trials of freedom on probation, and every other possible agency, physical, mental, moral, and spiritual, an endeavour would be made to restore to a healthy condition the disordered brain and shattered nervous system; to create new desires and nobler aims; to inspire self-esteem, and develop and strengthen the power of self-control, so as to fit for a return to society and the duties of life.

In order to call into existence houses or institutions such as would be suitable for the upper and middle classes of society, a law to empower restraint and detention is manifestly essential. A few such institutions on a small scale have existed in Scotland, but have laboured under most discouraging difficulties from want of authority to receive and retain a sufficient number of inmates, and for a sufficient length of time, to become remunerative. This has stood in the way of liberal

investment for suitable premises, ground furnishings, staff of service, etc. Thus the important essentials for efficient treatment have been necessarily defective; and the result is, that the care of a very small fraction only of insane drinkers has been undertaken, and cure somewhat rare. The inmates with partially restored sanity from enforced deprivation of stimulants become restless; and, knowing that they cannot be detained, legally demand liberty, and take leave, or else work on the minds of friends or guardians by entreaties or threats, and get it. If, however, the state will sanction, under proper checks, both voluntary admissions and compulsory commitments in cases of genuine dipsomania, permitting prolonged detentions until real benefit is derived, a sufficient number of homes or retreats, or by whatever name they may be called, for the cure of persons in the upper and middle classes, would certainly spring up, both through private enterprise and the efforts of companies or associations formed for the purpose, somewhat similar, indeed, to many existing and thriving lunatic retreats and asylums, affording accommodation and means of treatment very different in efficiency from those inebriate institutions which have in times past struggled under cramping difficulties. Now, into such houses as these, many unfortunate persons would enter voluntarily, as they do in some of the American inebriate institutions, knowing that, if they did not thus surrender themselves for treatment, they would be compulsorily committed; and then, when they are under control, the law, as I have already hinted, could prolong it for such time as might be deemed necessary to accomplish the humane ends in view.

There are two other grades of society, however, for which some provision would be necessary for control and reformation, namely, the working classes, with a certain portion of the poor, who, or their friends, were unable to pay much, if anything, for board; and for criminal drunkards. The former would be boarded—classified, of course—in Sanatoria; and the latter in Reformatories, classified too.

In regard to the Sanatoria, I do not think it would be asking too much of a wise Government to assist in establishing tentatively three or four such in central districts of the country, by grants of a few thousand pounds to each. I believe that these institutions would be additionally supported, and, perhaps, in time become self-supporting, through payments made for board paid by the better portion of the working classes or their friends; by work done in the institution; by legacies and donations; and, perhaps, by sums paid from parochial boards for the care of pauper inebriates. Knowing the downward course of habitual drunkards in this class of society, and how families are dragged into squalid poverty, and demoralised; and how neighbourhoods and the general interests of society suffer through crime and local taxation, it would, I am confident, be a good investment of Government and parish money, yielding indirectly, if not directly, a tenfold return.

The same may be said, also, as to reformatories, into which criminal drunkards only should, I think, be sent—those who have sunk to the lowest depths in the social scale, and are dangerous to society. Many of them are truly dangerous characters, and almost constantly resident in police cells and prisons for crimes committed under the influence of drink or to obtain drink. Of course, the upholding of such institutions, removed from ordinary prisons, must fall on prison boards and local taxation; but here, too, as might be expected, a return could be obtained in moral and social good and pecuniary compensation. Direct commitments to such reformatories by the magistracy might in many cases be most advantageously made without passing the individual through a prison; while in other cases he would be transferred thither from a prison by a warrant, for which the desired legislation would provide. Here, the punitive element could not be altogether separated from the reformatory; but other important agencies could thus be brought successfully to bear on this wretched class of persons. To this end, no better counteractive to idleness and drinking habits could be employed, nothing better fitted to generate self-esteem and strengthen in them the power of self-control, than the cultivation of industrial habits, especially with the stimulus of obtaining some immediate as well as ultimate benefit for good conduct and for work done. However, for the full elucidation of these plans, I beg to refer you to a paper of "Suggestions for Legislation (in Scotland) for Habitual Drunkards", handed by me to the Select Committee of the House of Commons in 1872, as explanatory of evidence given before them, and by whom it has been published in the appendix of their report. This document also points out how the management of persons' affairs could be attended to while in retirement from the active duties of life.

In the foregoing remarks, I have viewed this question chiefly from the platform of the physician; but I have claimed for it, also, that of the lawyer, the political economist, and the moralist; but I would consider it also from the standpoint of religion. The views taken of it hitherto, in some quarters, have apparently been through the dark atmosphere of sin: looking at the habitual drunkard as culpable for not

governing his will and restraining his passions by the precepts of the Gospel; and looking on its agitators, perhaps, as actuated by materialistic leanings, and losing sight of moral influences and the discipline of the church, which last, however, cuts the inebriate off from its pale, and too often casts him adrift to his fate. If these conjectures are so, surely this must be attributable to want of discrimination respecting the true position of dipsomaniacs, contrasted with other drunkards, on whose conduct in their state of liberty, or, rather, license, religious precept, or the example of the wise and good, cannot have the slightest influence. It has been said, without any exaggeration, that were immediate eternal punishment and a glass of intoxicating liquor put in a dipsomaniac's choice, he could not resist choosing the latter. As, therefore, spiritual benefits usually flow and operate through human agencies and instrumentalities, we believe that facility for legal control will be the likeliest medium for the transmission of a precious changing influence. Only by enforced abstinence from the accursed thing, as well as by other means, already detailed, brought to bear for months, or, perhaps, even years, on the unhappy subject of this propensity, can we hope to see him return to society, as it were, "clothed and in right mind".

But some others of the general public who look down on a wretched habitual drunkard with mixed feelings of pity and disgust, on account of the shame and disgrace of his position, may speak of his fate in terms like these, "Poor fellow, he killed himself with drink!" or of another, with a shrug of the shoulders, "He is fast going to the bad through drinking habits". They will then say doubtfully, in regard to the question of legislation, Do you ever cure a dipsomaniac? From evidence given (Mr. Mould's) before the Select Committee of the House of Commons, it appears that cases of perfect cure are certainly rare compared with the number of persons said to have been treated; but it must be kept in mind that we have as yet no law enabling us to bring a person early enough, and keep him long enough, under treatment. There has not hitherto been a chance of accomplishing more than mere temporary benefit among the few cases in which there has been any attempt at treatment. Let us, however, obtain sufficient but carefully guarded permissive powers, and I believe that the result would be very different. But here we are immediately met with another question: How can you carry out such powers to any extent? Can you ever hope to send any considerable portion of the habitual drunkards in the kingdom into inebriate institutions? In such a remark, there is an evident confounding of dipsomania with other forms of drunkenness. As distinguished in the foregoing remarks, the number must be very considerable; but what a blessing it would be to have even a few hundreds of the worst cases placed in several tentative institutions, safely controlled and treated, with the hope of a moderate percentage in reformation and cure; nay, while they are merely protected from themselves, protection will be afforded to their families and society; and if so for these, why need we despair of having a larger percentage of cures in cases of sufficiently decided, but of a more recent and promising, character, treated in institutions into which many may be induced to enter voluntarily to avoid being sent compulsorily? The number of reported cures, even in lunatic asylums and retreats in England, seem to be greater than our experience in Scotland; and the reported results in the American and Canadian inebriate institutions, fostered by State arrangements, are still more encouraging. I am convinced, indeed, that if a proper system of treatment, applicable to the different orders of society, were established, we might have as fair a percentage as is accomplished in acute and chronic cases relatively among the general insane, if not a higher one.

But here, objectors to the proposed legislation, as a last resource, betake themselves to the old argument: Is not this a free country; and has a man not a right to do with his own, or with himself, as he chooses, taking the consequences of his conduct? No; the State regards the suicide either as a criminal or as insane; and the dipsomaniac, as we have shown, having lost the power of his reason in governing his will, must therefore be regarded as under a mental malady, and treated as such. But, besides, it is not the rightful privilege of any man to waste the means of those dependent on him; perhaps to ruin, as well as disgrace, his family and friends, or place them in personal danger, or offend a neighbourhood, or invade the liberties and privileges of good citizenship. To quote from what I have said elsewhere: "The liberty of the subject is a precious trust, but the well-being of society is still more sacred. The absence of law to meet the case of the insane drinker is in reality a license for evil, since no precaution is taken to prevent most grievous infringements of the liberties of others. It certainly is an overstrained delicacy in legislation which shirks interference with a class of cases which lead to so much private misery and public expenditure, as the records of our courts of law and the church, and our prisons, poor-houses, and lunatic asylums, amply prove."

It seems to us, therefore, that it is the bounden duty of a wise Government to help those who cannot help themselves, and to protect those who are sufferers from such misery and mischief; and, as it legislates in other insanities, it is unquestionably within its province to legislate in this; and, moreover, since it legislates regarding restrictions in the use of intoxicants, it cannot be without its province to deal with the abuse of them. We trust that ere long our Government will, in these respects, take a leaf out of the statute-books of Sweden, of the United States, and of our own colonies in Canada, Australia, and New Zealand.

ON THE CONTROL AND RESTRAINT OF HABITUAL DRUNKARDS.*

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I HAVE little doubt, from recent observation, that the balance of opinion amongst medical men in general is now largely in favour of legislative measures for the control and restraint of habitual drunkards. Several circumstances may be cited to prove this. Not many weeks since, a deputation went to the Home Secretary, to present to him a memorial strongly urging the Government to proceed to legislation on the subject in the next session of Parliament. This memorial bore the signatures of a number of the most eminent physicians and surgeons both in this and the southern metropolis, as well as in other parts of the kingdom. The prayer of this memorial was warmly advocated in Mr. Cross's presence by Sir Thomas Watson and others. The leading organs of the medical press are in favour of legislation, and the rank and file of the profession throughout the country hold, there is good reason to believe, the same view. I can vouch for this, at least, in Birmingham and the surrounding district. The Birmingham and Midland Counties Branch lately appointed a committee to promote legislation for the control and restraint of habitual drunkards; and the experience I gained as honorary secretary of this committee enables me to say, that in and around Birmingham the profession is nearly or quite unanimous in favour of restrictive measures. A petition to Parliament has been drawn up, and the Committee has, so far as I know, met with no refusals when canvassing for signatures. On the contrary, the members of the Branch are eager to sign. The same feeling, there can be little doubt, pervades the other Branches of the Association. Some of them, as is well known, are actively exerting themselves in the matter. In short, there is, as the phrase goes, a "movement" in the Association in favour of legislation on the subject in question. Outside the Association also there seems to be a very general opinion in the profession, so far as I can learn, that a remedy is requisite for this crying evil, which medical men only can fully appreciate, but which they are powerless to remove. From these circumstances, it is fair to conclude that the profession at large is, for practical purposes, of one mind upon this topic, and requires, I take it, no more convincing. If the passing of a Drunkards' Act depended on their vote, it would be passed forthwith. There is, therefore, not much need of further argument addressed to members of our own profession.

When, however, we discuss the matter with the general public, we find the aspect of the case, as seen from a lay point of view, changed; and it is signally changed as seen from the lawyers' point of view. Society, especially the legal section of it, says: "What, shut up men of sound mind who have committed no crime? You can't do it; it will interfere with the liberty of the subject." The lawyers tell us there is no precedent for such a step, that no such power is known to the law as the power sought to be obtained in this instance, and that to grant such a power would be a violation of fundamental constitutional principles. The only exception, they say, is found in the Lunacy laws, the exception which proves the rule: no man can have, or ought to have, his liberty curtailed, unless he be charged with crime or be mad, and the proposals that have been made in Mr. Dalrymple's Bill and elsewhere are most dangerous and unallowable innovations.

This is not a fanciful picture; the objection is current to my knowledge. You know, sir, that

"God sends country lawyers an' other wise fellers
To start the world's team wen it gits in a slough".

I am able to say, from personal communication as well as from second-hand information, that the objections now sketched out constitute, with the "country lawyers and other wise fellers", a very serious difficulty and obstacle, which the advocates of restraint must be ready to face and to combat. The answer to it is not hard, if the spectre of legal

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