INEBRIETY: ITS CAUSATION AND CONTROL.

BEING THE SECOND NORMAN KERR MEMORIAL LECTURE.

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H.M. INSPECTOR UNDER THE INEBRIATES ACT.

WHATEVER may be the opinion of each of us regarding the influence exercised by habitual drunkenness in the actual causation of lunacy, social disorder, and crime, its mere association with these conditions is sufficient justification for a careful study of the condition, and persistent search for any means calculated to reduce its prevalence. The subject may well be considered of extreme importance to all persons who take an intelligent interest in questions of national welfare, quite regardless of their individual opinions regarding total abstinence or the moderate use of alcohol. Every sound man, be he abstainer or otherwise, must acknowledge a personal responsibility in regard to the care and treatment of the unsound, and a moral duty to protect himself and his weaker friends from the disgrace, ruin, and danger which accompany inebriate habits. Furthermore, every householder, whether an alcohol-taker or abstainer, who is called upon to subscribe towards the maintenance of social wrecks, must see the value, from an economic standpoint, of any measure calculated to result in material relief of expenditure.

THE NEED FOR MORE GENERAL INTEREST IN THE SUBJECT.

When full weight is given to the foregoing conclusions, the apparent apathy of the general public regarding the treatment and control of drunkards is not easy to explain, except on the grounds of ignorance and misconception. Knowing, as I do, how many inactive persons are convinced of the necessity for more definite measures, it is a matter of daily surprise that no organized effort has been made by them, on broad, common-sense lines, to remedy a condition which is so closely associated with all the evils of civilization.

Although in the United Kingdom it is estimated that some three and a half millions of persons have banded themselves together to attack, at its source, the drinking habits of our country, with a view to the ultimate reduction of drunkenness, only a mere handful take a real practical interest in the drunkard himself, as apart from, or in addition to, general interest in the drink problem. The voice of the man in the street is a mere useless whisper, scarcely heard and quite unheeded. Up to the present time general interest in the question has been wanting, or practically so, and I fear that little progress will be made until such interest is awakened to a sufficient extent to impress upon our law-makers the necessity for action, and to imbue them with the certainty that detailed treatment of the subject will meet with approval and support from the broad-minded, moderate-drinking majority. There are 36 to 38 millions of persons in the kingdom who, whether moderate drinkers or not, are at any rate not known to be abstainers. These must be enlisted as workers before any satisfactory result can be obtained, otherwise any attempt at progress, made only by the abstaining section of the population, will have little chance of success. Any effort by abstainers, unsupported by others, would be equivalent to the power of a boy matched against the dead weight or active resistance of an elephant.

I cannot help feeling that the extremist policy of the abstainer, and his known advocacy of universal abstinence as the only possible remedy for drunkenness in all its forms, is largely to blame for our failure to elicit general interest in the inebriate. The broad-minded, moderate-drinking members of the community, amongst whom are the majority of legislators, economists, and thinking men, consider this no remedy at all, or as fanatical, millennial, and outside the range of practical politics. Regarding the suggested remedy in this light, they also class the alleged importance of the inebriate problem in the same category, as a product of fanaticism, and accordingly disassociate themselves with all in relation thereto. It should be somebody's business to make clear to the moderate man the moral duty which devolves upon him to render assistance in matters appertaining to the

reclamation or control of the inebriate; persuade him that he can conscientiously do this without stultifying himself in the least degree, and convince him that his assistance is not only valuable, but essential to the successful solution of a great social problem. I think no society is better fitted to accomplish this object than the one I am now addressing—

THE SOCIETY FOR THE STUDY OF INEBRIETY.

Dr. Norman Kerr, himself an advocate of abstinence, fully realized the necessity for conjoint action between philanthropists and scientists, without regard to the question of personal habits, in the hope that a study of the drunkard might be instituted, untrammelled by prejudice, and in order that some interest in the subject might be kindled amongst the moderate majority. With these objects in view, he invited all and sundry—teetotalers and otherwise—to form a body of persons who would engage in a cold-blooded, common-sense inquiry into the matter of the drunkard—an unprejudiced "Society for the Study of Inebriety." Constituted thus, and conducted on these principles, our Society should wield an enormous power for good, and eventually succeed in awakening sympathy amongst those who are still apathetic. The motives which directed its foundation were admirable, and no better purposes can be found to control its continued existence. In any case, the belief that this original scheme still governs its constitution justifies me in speaking freely and without fear of eviction for the possible assumption of an unorthodox or reactionary attitude.

For many years past, under Dr. Norman Kerr's direction, and under the able guidance of those who have followed him in secretarial and presidential offices, the Society has done excellent work. Many papers have been read and published bearing upon the pathological, psychological, medico-legal, and ethical aspects of the inebriate problem. We have heard lots, too, about heredity, and ought to have learnt much—at any rate, we know fairly well how opinions differ. On the whole, therefore, our Society may be congratulated upon the thoroughness with which it has tackled the study of the subject, the completeness with which it has warranted its title in so doing, and thereby carried out the intention of its principal founder.

THE SCOPE OF THE PRESENT LECTURE.

So thoroughly has the scientific position been ventilated that I am conscious of my inability to add much of value to what has already appeared from time to time, nor do I propose to attempt the impossible. My unique position, however, as the only man in close touch with all inebriates under legal detention in England justifies me in assuming that some record of my personal observation may be useful in support or otherwise of scientific, more or less theoretical, contention.

In all forms of mental or physical variation from the normal, numerous advantages are obtainable from the study of cases in mass; definite characteristics, which may easily escape notice when reliance is placed upon isolated cases, often become evident and unmistakable under collective conditions. Habitual drunkards, studied as a class, segregated from normal individuals, have proved no exception to the general rule. I therefore propose to confine myself to matters which relate strictly to practical work, endeavouring to describe the inebriate to you as I have found, studied, and weighed him, through something like twenty-five years' intimate association with his kind. Afterwards I may perhaps be permitted to indicate the principles which govern the treatment and control of drunkards, the directions where such efforts fall short of what is required, and the additions which are necessary for adequately dealing with the class.

THE INEBRIATE DEFINED.

In the meantime, however, before proceeding further, a few words seem desirable to indicate my interpretation of the word "inebriate," lest misapprehension arise, and subsequent remarks be taken as applicable to persons who do not merit inclusion.

Viewed from an alcohol-drinking standpoint, all classes of society may be divided into those who take alcohol and those who do not. The alcohol-takers may again be subdivided into—(a) strictly moderate, (b) careless

and occasionally excessive, drinkers, and (c) habitual drunkards. Eliminating the total abstainer and the moderate drinker, we have the last two subdivisions left for consideration—the careless and occasionally excessive drinker and the habitual drunkard. So far as the occasionally excessive drinker is concerned, merely passing attention will suffice; then we may also dismiss him from future notice. The essential difference between persons of that type and the habitual drunkard is the fact that the former retains the power to remain sober, if he desires to exercise it. Lacking, perhaps, to some extent, in moral sense, power of control over impulses, and power of judgement, he is still on the right side of the line, and may therefore be practically eliminated from consideration for present purposes. He is a person who requires education into sobriety by moral means; if these fail, and he becomes a nuisance to the community, mis spends his savings to the detriment of public funds, or commits crime when under the influence of drink, he needs coercion in the shape of control, more penal than reformatory, to bring him to his senses. So far as we are concerned to-night, we may safely leave him to the temperance worker, or the magistrate. It is possible that degenerative changes, consequent upon many weekend “drunks,” bank-holiday sprees, convivial meetings, or banquets, may eventually bring him into our hands; but until those changes occur he remains outside the class in which we are specially interested. So far, however, as the habitual drunkard, inebriate, chronic alcoholic, or dipsomaniac, is concerned (I consider all these terms synonymous), the matter is entirely different. Whatever difficulties are experienced by the Parliamentary draughtsman in his endeavour to find an incontestable definition of the species, none need trouble us. My conception of a definition to suit our purpose is an exceedingly simple one, and as such I commend it to you: An inebriate is a man who may or may not desire to live soberly, but in any case cannot unless and until some change takes place in his mental state. The more I see of habitual drunkards, the more I am convinced that the real condition we have to study, the trouble we have to fight, and the source of all the mischief, is inherent defect in mental mechanism, generally congenital, sometimes (more or less) acquired. Alcohol, far from being the chief cause of habitual inebriety, is merely the medium which brings into prominence certain defects which might otherwise have remained hidden but for its exposing or developing influence. In the absence of alcohol the same persons, instead of meriting the term “inebriate,” would have proved unreliable in other ways; they would have been called ne'er-do-weels, profligates, persons of lax morality, excitable or abnormally passionate individuals, persons of melancholic tendency, or eccentric. I do not believe that any drunkard, of all the eight thousand or so I have known, has voluntarily and of intention made himself so; on the contrary, I am convinced that all who possessed a sufficiently developed mental equilibrium to appreciate the seriousness of their condition have urgently and honestly desired to live a sober life, and have fought to this end and failed in a struggle against weakness the strength of which a normal man is quite incapable of realizing. I am inclined to think that sufficient credit has never been given to the honesty of an inebriate's fight against inclination, or to the inherent weakness of power to resist impulse which renders his struggle for victory unsuccessful. When confirmed inebriety has apparently been acquired through persistent careless habits, the individual has, during the course of transit from one condition to the other, been unconscious of advancing slavery; he has honestly believed that his power over himself remained unaffected long after it had gone. It seems to me exceedingly doubtful whether habitual inebriety, as above defined, is ever really acquired in the strictest sense of the word—that is, in the absence of some measure of pre-existing defect. In other words, I am sceptical—very sceptical indeed—as to the probability of any normally constituted individual becoming a habitual drunkard, even if he permits himself to indulge occasionally in a fair measure of careless drinking, without the intervention of nerve shock, or other influence sufficiently potent to disturb the equilibrium of nervous and mental mechanism. Although the experiment cannot be regarded as a safe one, because

of the possible existence of unrecognized mental defect, there is no doubt whatever, in my opinion, that the man who has taken alcohol regularly, without apparent detriment, during a long life, has applied to himself one of the most perfect tests of mental equilibrium, power of control over impulses, and power of judgement. This, I think, explains why so many of our hardest thinkers and hardest workers are moderate drinkers; there is no reason for them to be otherwise: they are safe and they know it. The fact that the unsafe also consider themselves safe does not appear to me to alter the position in the very least.

PRESENT FACILITIES FOR INEBRIATE STUDY.

The control of inebriates under the Habitual Drunkards Act of 1879, and under the Inebriates Act of 1898, enables us to make a detailed study of all classes and of all types of cases at close quarters, a position which is not shared by any other country. In fact, there has never been any time in the history of the world when the chances for observation and conclusion have been greater than they are at present. In State and certified reformatories we have to deal in the main with the lowest stratum of humanity, that sad and hopeless layer composed of individuals who are habitual criminals, frequenters of police courts, and prison recidivists, mostly addicted to violence, brawling, and immorality. A small minority of persons who are committed to these institutions are capable of segregation from the general ruck, on account of better education, social position, and a personal history of moral conduct. These selected cases may be considered, for our present purpose, some degrees better than those previously mentioned. Still better in many ways are the persons who have voluntarily applied for admission, and have been received into the lower and middle class retreats; mostly artisans or their wives, they are decent, and usually without taint of criminal complication. Again, in the more expensively conducted retreats we find tradesmen, professional men, and persons of no occupation who have sufficient means to maintain themselves; or we meet the wives of such persons. The most expensive retreats contain members of good families and wealthy persons of both sexes. It will therefore be evident that our possibilities for study are not limited to any one class or sex, and that the types available are extremely varied.

CONCERNING INEBRIATES COMMITTED TO REFORMATORIES FROM COURTS OF JUSTICE, UNDER THE ACT OF 1898.

It is customary for the writer of a monograph relating to a specific disease to restrict his attention, in the first place, to a description of those characteristics which are nearly always present in a typical case, and afterwards show how the same disease may exist without many such distinguishing peculiarities. This manner of treating the subject is necessary owing to the variations commonly met with in mild attacks of nearly every common ailment. For instance, when an infectious disease is epidemic, cases often occur which would not be recognizable but for the fact that they are found amongst others more definite. In these cases most, possibly all, distinguishing characteristics are absent, notwithstanding the fact that the causative poison is the same to all intents and purposes. In other words, the description of every disease amounts to a pen picture of a well-developed, severe example, the milder cases being classed as variations of the same condition by reason of their association with bad cases, or from the discovery, after careful search, of some known features in obscure or modified form.

Without a thorough knowledge of severe types, the milder ones would undoubtedly escape recognition. In regard to my present subject I think I can hardly do better than follow the same course: deal first with cases which exhibit clearly marked symptoms, such as those admitted to State or certified inebriate reformatories, and afterwards endeavour to show that the same special peculiarities are usually present, in modified form, amongst the milder cases in retreats, and therefore amongst all inebriate cases met with in ordinary life.

The cases admitted to State and certified inebriate reformatories are all sentenced thereto from courts of justice. If a man or woman commits an offence which is punishable by imprisonment, or is repeatedly convicted of drunk and disorderly behaviour, and can be proved to be a habitual drunkard, our law permits a judge or magistrate to order

a sentence of detention in an inebriate reformatory instead of a sentence of imprisonment. Many habitual drunkards have been committed to detention under this power, and I now propose to submit for your information some details concerning the mental state of 2,277 cases committed to special care previous to December 31st, 1906.

The following table, which relates to these cases, may well serve as a text for subsequent remarks:

Classification according to Mental State.	Number in each Class.	Percentage to Total Number of Persons admitted to Reformatories.
1. Insane—certified and sent to asylums ...	51	16.1
2. Very defective—imbeciles, degenerates, epileptics ...	315	
3. Defective—as above, but less marked, eccentric, silly, dull, senile, or subject to periodical paroxysms of ungovernable temper ...	1,060	46.5
4. Of average mental capacity—on admission, or after six months' detention ...	851	
Total admissions ...	2,277	—

It classifies all the cases in question into four groups—"insane," "very defective," "defective," and "of average mental capacity." A brief glance at the figures placed against each section will show that upwards of 62 per cent. have proved to be either insane or defective in varying degree, and that only a little over 37 per cent. can be described as "of average mental capacity." In regard to the latter I may say, at the outset, that the standard of mental capacity adopted for the purpose of this classification is an exceedingly low one, if judged by what would be considered a normal standard in ordinary life; in other words, that the percentage here shown would have been considerably smaller had I not been anxious to avoid the least chance of an indictment for exaggeration. In fact, if I had followed my own inclination, uninfluenced by others, the class in question would have been described as possessing mental capacity of a low order, and a fifth class would have been added to distinguish cases of good mental capacity from all others. I tried that scheme, but found my fifth class sufficiently minute to appear ridiculous, and therefore abandoned it, again fearing an accusation of exaggeration. Furthermore, any such table compiled by me would have depended upon the estimation of one man, and I thought it better for present use to adopt one which has been the joint work of ten or eleven observers working separately. After all, the table as it stands needs no alteration to serve our purpose.

THE PROMINENCE OF MENTAL DEFECT.

Amongst all the characteristics and peculiarities encountered during a study of inmates of inebriate reformatories, none are so definite as those ascribable to mental defect or disease. There are no other general distinctive peculiarities, or even hint of any other common condition which would point to a reason why these people are habitual drunkards and we are not. Every effort to find other causes, apart from those associated with psychic or neurotic abnormality, has failed utterly. The general presence of the conditions we do find, and the negative result of search for other agencies, have been the main influences which conclusively satisfied all in close touch with inmates of reformatories that the fundamental cause of habitual drunkenness (at least, in these particular cases) is mental defect or disease—an amount of defect or disease which is clearly obvious in 62 or 63 per cent., and suspected in the remainder. When we remember the symptomatic variation met with in other diseases, and the absence of definite characteristics in many mild attacks of other affections, the fact that certain distinctive peculiarities, which are associated with the worst cases in reformatories, are not so apparent in milder cases becomes of little importance. Nevertheless, in my opinion at least, if careful search be made, the same characteristics can be found, although modified, even in the mildest of all the cases which come under our notice.

If, then, the mental aspect of inebriety occupies such a position of importance in causation, it becomes necessary to refer briefly to the various forms of mental defect and disease found in inebriate reformatories, and reflect upon the bearing each is likely to have in the formation of habits of drunkenness.

GROUP 1. INSANE INEBRIATES.

Amongst the fifty-one persons classified as insane, none has been included except those actually certified and sent to asylums during their reformatory sentence. At least four or five times this number have, justly, been considered insane—that is, the subjects of mental disease in fairly advanced form, but have escaped certification owing to the transient condition of the more obvious symptoms, and the difficulty of finding sufficiently definite evidence of delusion, hallucination, maniacal condition, or melancholic state, to render detention in an asylum probable for more than a short period. Furthermore, if certification is resorted to whenever such a course becomes possible, we should always be transferring our inmates to and fro between asylum and reformatory. The number of cases in this group, therefore, only represents the cases actually sent to asylums, not those which might have been sent without any misuse or too liberal construction of the word "insane." Some of the cases included in this group as actually sent to asylums were found to be suffering from delusions when first admitted to reformatories; others were in an excited state, which gradually merged into mania; a third section contained persons obviously demented; a fourth class were melancholic and suicidal; a fifth epileptic, with violent attacks of mania; and a sixth were the subjects of recurrent mania, which developed and subsided, in some cases two or three times, during their period of detention as inebriates. It is therefore certain that (1) the large majority of inmates of this description were either actually insane during their police-court history, or (2) in a state bordering on insanity, and (3) that mental disease was the condition for which they were repeatedly imprisoned—mental disease merely masked by alcoholic indulgence. The exact relationship between drunkenness and insanity in these cases is extremely difficult to determine; their previous history, so far as we are able to piece it together, supplies too little reliable information to warrant definite conclusion. Notwithstanding this, when good information has been available, it has nearly always pointed to the existence of brain disturbance, as evidenced by erratic behaviour, excitement, or melancholy, previous to the commencement of habitual drunkenness. Ordinary experience indicates that the mental disease, in some cases, may be due to tissue degeneration produced by persistent alcoholism, to repeated alcoholic epileptiform convulsions, and recurrent attacks of delirium tremens, or to shock after shock to the nervous system arising from the sudden discontinuance of alcohol which accompanies every sentence of imprisonment imposed during heavy drinking. But, for all that, I am satisfied that the majority of our insane inebriates have become alcoholic *because of their tendency to insanity*, not insane as the result of alcoholism, and that the preceding drunkenness was merely precursory evidence of approaching mental disorder. Whatever we may determine as the cause for drunkenness in regard to such types as are hereafter to be discussed, I think there can be no doubt, so far as the large majority of units in this group are concerned, that drunkenness is merely a symptom of mental disease, and not in any sense to be studied or treated in any other light.

GROUPS 2 AND 3. THE MENTALLY DEFECTIVE.

The "very defective" and "defective" groups in the above table may reasonably be considered together; the characteristics of both are the same, varying only in degree. "Defective," in the sense used here, includes every person admitted to reformatories who is found to be much below an average standard of mental capacity, but insufficiently so to justify a certificate of insanity, or only now and then certifiably insane during short, transient paroxysms.

Certain peculiarities in cranial conformation, general physique, and conduct have long been recognized as evidences of congenital defect. Nearly all the 1,375 cases included in the two "defective" sections of our table have given evidence of possessing some of these characteristic

peculiarities, and it is morally certain that the large majority of them started life handicapped by imperfect brain development. The smaller number of cases where evidence of early defect is wanting are probably instances of brain degeneration produced by persistent alcoholism, advancing nervous disease, senility, or other cause. It is when degenerative changes are added to original defect that difficulty arises in apportioning the true significance of each. Unfortunately for any hope of clear distinction, there are many inmates with family history strong enough to warrant a certainty of congenital defect, who are marked more prominently when sent to reformatories with the damage caused by a subsequent life of drunkenness and immorality than with the signs of defect existing at or resulting from birth. When antecedents can be traced, and the life-history of cases during infancy and childhood is known, the evidence is strong enough; but too often the result of inquiry is negative, and reliance for approximate diagnosis must be placed upon other indications.

Perhaps the most conclusive evidence of congenital defect, from a scientific point of view, is the common presence amongst inmates of certain *physical* signs of arrested or distorted development. Many instances of stunted growth can be found amongst our "defective" inebriates, abnormally small or misshapen heads, and case after case of developmental arrest or irregularity in upper or lower jaw. There are plenty of examples of the thin-faced congenital, with high cheek-bones, deeply-placed eyes, projecting ears, and shifty, hunted expression; but more common still is the heavy, repulsive, masculine type, with a tendency to violence and brutality, beady eyes, square jaws, and dull, flabby, expressionless face. Features are often found asymmetrical, nose misplaced, eyes irregular, and some abnormalities in shape of palate and in dental formation have also been noted. In short, the same physical abnormalities are to be found in mentally defective inebriates as are present amongst idiots and imbeciles, only in less degree, because the defect is less severe. The sketches and photographs accompanying this lecture need little comment; they illustrate somewhat imperfectly the cranial and facial indications of congenital defect found in this type of inmates of reformatories. Even the untrained eye should meet with no difficulty in recognizing "something wrong" with all of them.

Although there are so many physical signs to indicate a congenital basis for the impaired condition of inmates in these groups, by far the most practical evidence is to be obtained from a study of their character, conduct, and mental capacity when under control. But, notwithstanding my opinion, I am not prepared to insist upon the universality of congenital defect. Unfortunately, the grounds for proof are not definite enough to justify more than a suggestion of something approaching to congenital basis for all the most evident peculiarities. After all, the main point is not so much whether the defect is congenital or not as whether, if it exists, it preceded or succeeded the commencement of drunken habits.

The chief characteristic mental symptoms observable in these cases may be considered under three main heads: (1) Impaired development of moral sense; (2) imperfect control over impulse; and (3) defect in power of judgement.

Impaired Development of Moral Sense.

Of all the three characteristics, impaired development of moral sense is, perhaps, most apparent in the largest number of cases, and the one of all others which is most likely to have existed previous to drunken habits. The early history of all cases where this symptom is marked has justified a probability of congenital origin. Odd and peculiar from birth, these persons have always seemed incapable of acting like other people. There is often a history during childhood of fits, chorea, or other neuroses; as children they have proved uneducable, and as adults unemployable—from incapacity to learn the details of a wage-earning occupation. They appear to be unable to tell the truth, and cannot be made to see any reason why they should do so. They are filthy in habits, and require supervision, even force, to ensure a moderate amount of cleanliness when under detention. They do not care in

the least for the opinion of others in matters relating to conduct, nor can they be induced to see any reason why dictation from others should be obeyed. Drunkenness is justifiable, prostitution is justifiable, any course they choose to adopt is justifiable, so long as they can show (to their own satisfaction) some so-called "reason" for their conduct. Deficient in moral sense, they cannot be made to understand the ethics of social life, or the necessity of obedience to moral law, and an unfriendly attitude is manifested towards all who endeavour to exercise refining influences. These persons are drunkards because they are antisocial; they are incapable of being otherwise, or of appreciating the advantages of even attempting to be otherwise. They help to swell the numbers of the habitual criminal classes to no inconsiderable degree. There can be no doubt whatever that these persons are mentally unsound first and inebriate afterwards, and that their drunkenness is the direct result of mental defect, for which they are virtually, if not legally, irresponsible.

Imperfect Control over Impulse.

This symptom, again, is exceedingly common, and accounts largely for erratic behaviour, whether it takes the form of drunkenness, immorality, or crime. In addition to drunkenness, only about 15 per cent. of all cases admitted to reformatories have been quite free from crimes of violence, wilful damage to property, or larceny; the majority, indeed, have been convicted many times of one or other of these offences.

There are few persons in ordinary life, even amongst the most sane, who are quite free from occasional impulses to commit acts which are inconsistent with strict moral rectitude. The particular nature of the desire differs with the individual, and with the same person under different circumstances. Some, for instance, may be tempted to indulge an innate or acquired desire for alcoholic stimulation; others may have to maintain something like a permanent struggle against an impulse to defy the moral laws which regulate sexual indulgence; and there are many who are constantly incited by impulse towards the squandering of money to gratify a desire of the moment, to corrupt business practices, or to other similar offences against a high standard of integrity and honour. Impulses regulate the actions of a child; but in later life, if nervous development be normal, and educational surroundings are favourable, the brain assumes the regulation and control of impulse. The mechanism by which this result is attained is exceedingly complicated, but the evidences of its existence are clear: (1) The acquirement of a sense of right and wrong—without which in the majority of its inhabitants no civilized community can exist; (2) the development of experience, arising from the stored memory of bad results from past wrong actions by the individual, or by persons with whom he is acquainted; and (3) a power of judgement—the faculty of choice between alternatives—the possession of which is the best proof that intellect has assumed the control of impulse. A well-developed brain causes a man to hesitate before he strikes to avenge an insult in the street, although impulse urges the action. During the period of hesitation he brings his sense of right and wrong into use; he remembers a similar experience in the past which ended in a crowd and a police-station, and he decides that the action is unwise—his judgement has, in fact, controlled his impulse. But the antithesis to this illustration obtains in regard to very nearly all habitual inebriates admitted to reformatories. Like children, they act upon impulse; they strike without intermediate consideration; they drink blindly, become unchaste and profligate, lie, steal, and commit wilful damage, because their sudden impulses take those directions, and because power of control is wanting.

Defect in Power of Judgement.

Associated closely with the symptom last referred to, this third and last one is important enough to deserve special illustration. It is the defect of all others which causes trouble in reformatories, owing to the apparent impossibility of persuading inmates that their view of circumstances may possibly be an incorrect one. Two and two put together make four, but any inmate who is satisfied that the same numbers make three or five cannot be persuaded to the contrary, notwithstanding the plainest demonstration. If driven into a corner by argument, they

will simply state that their conclusion is true, and proceed to follow the course adopted by a losing barrister, and bully the demonstrator. Nothing, somehow, appears to them in the same light as it appears to an observer of ordinary ability; the relationship between cause and effect is non-existent. They are restless, uncertain, excitable, and ready to take umbrage on the least provocation, or on flimsy pretexts which would not be considered provocation by reasonable beings. A glance, a word, an innocent action, not by any means intended to give offence, is construed as contempt, vituperation, or meditated attack, and is resented accordingly. In their view law-makers are tyrants, and the servants of the law but instruments of organized persecution. The constable who arrests, the magistrate who convicts, and the persons who detain are in league together to inflict injury, presumably for the sake of pleasure and gratification. No power on earth will persuade them otherwise. There is usually no sign of sorrow for the disorderly results of inebriate habits, both drunkenness and disorder being denied or justified, notwithstanding the obvious ill-effects of the former and ample evidence of the latter. It is useless to point out defects in their arguments, for they are incapable of exercising the faculty of judgement, or reasoning any question to a conclusion. Indeed, if an attempt be made to crystallize a grievance or explain a position, the inmate is inattentive, and makes no effort to follow or understand the explanation; the interview usually ends with a repetition of the same silly or irrelevant conclusions with which it started. Judging from the life-history of these cases, we are driven to the conclusion that the defect has existed from birth or early age, and that habitual drunkenness has been largely due to impaired judgement throughout—to a faulty power of appreciating the immediate or ultimate result of an action.

GROUP 4. INMATES OF AVERAGE MENTAL CAPACITY.

It is with a sense of relief that I turn from my first three groups to one which contains at least some persons who are only affected to a partial degree by malign influences. It would have been pleasanter for us all if I could have glossed over the unpalatable part of my subject, and given a generally hopeful view of the treatment of the inebriate, whether mentally defective or not. But we are attacking the subject from a scientific standpoint, and no good is to be done by endeavouring to emulate the charlatan and the misguided philanthropist in their barefaced promise of unfailing cure. Owing to their mentally defective state, it is practically impossible to do other than write off all persons who merit inclusion in one of my three first groups as practically hopeless from a reformation standpoint. Nothing short of a miracle can convert them from what they are into sane and sober individuals. Unfortunately, we cannot say that the fourth group, because of the absence of obvious defect, is composed entirely of reformable individuals. The transit from the consideration of earlier groups to the present one is rather a change from bad to better than a move from bad to good. Too many of the cases included in this group, although not obviously so, are nevertheless tainted with some of the conditions already described, and consequently hopefulness or otherwise depends entirely upon the degree of defect. The nearer any case in this group approaches the type included in Groups 2 and 3 the less the benefit likely to be derived from care and treatment, and vice versa. Every remark I now and hereafter apply to the class of inmates distinguished by the mark "of average mental capacity" is equally applicable to patients detained in retreats; we shall find that all present the same characteristics if the element of education, which makes the latter appear better than selected reformatory inmates, is not permitted to influence our judgement. Furthermore, I think we are quite safe in extending the scope of our observations, regarding the present group, to all confirmed inebriates, whether or not they happen to be under detention in institutions. At any rate, we shall be absolutely safe in so doing if we remember that any conclusions we arrive at are subject to modification according to degree of defect, which may vary in extent from a slight deviation to a condition just sufficiently good to avoid being placed in Group 3. So far as my experience warrants an opinion, I think I may safely say that I have rarely been brought into close contact with an inebriate, irrespective of class or status, inside or outside

an institution, without being able to discover evidence of one or other of the three conditions which are so evident in the advanced types we have already discussed.

Impaired development of moral sense is undoubtedly to be found in most of them—disregard of truth, a tendency to immorality, preference for undesirable company, carelessness as to business matters, wilful squandering of property, sometimes without regard to ownership, and often without care for resulting misery to persons who should be protected, neglect of domestic responsibilities, false and malevolent assertions concerning people who are of the nearest relationship, cunning, deception, and unreasonable resistance to the suggestions of those who advise for good, are all common traits which tell their own story. All these evidences are not to be found in each individual case; but one or more of them may always be discovered without difficulty.

Imperfect control over impulse is similarly evident in the majority of these milder cases, and can perhaps be recognized with greater ease than the foregoing. Notwithstanding apparent capability of resistance, promises, good intentions, and full knowledge of evil results, a sudden impulse to drink, even after months of abstinence, is yielded to without an effort at restraint. Asked why, the only answer forthcoming is, "I don't know why I did it; I just had to." I have known men suddenly cease work or play to go off, no matter where, because the impulse took that form; and I have known many smash tools, tennis racquets, and billiard cues, because of some trivial error or mischance. I have myself suffered, more than once, from acts of impulse occurring in persons with whom I have been, at the time, on the best of terms. Apologies and real sorrow for these sudden acts follow immediately, and the impulse is usually satisfied and exploded in the act, which, having found vent, is no longer felt—for a time. This condition bears close resemblance to an epileptic seizure, and sometimes, like epilepsy, restlessness or other definite symptoms precede the attack.

Misinterpretation regarding the meaning of occurrences, suspicion concerning the acts of relatives (almost amounting to delusion in some cases), accusations of injustice and bad treatment, justification of erratic actions, and denial of habitual drunkenness, despite ample evidence to the contrary, are some symptoms to be found in most cases pointing to defect in power of judgement.

All these signs found in milder cases are merely variations of the more definite characteristics which accompany the advanced condition, and definitely indicate a pathological lesion which is identical, modified only in degree.

PREDISPOSING AND EXCITING CAUSES OF MENTAL DEFECT IN HABITUAL DRUNKARDS.

To make the story complete, it is impossible to avoid some reference to this phase of the subject. Time, however, will not permit of more than a very brief outline, and a promise of future attention.

As predisposing causes I place in order of importance: (1) A neurotic heredity, especially of mental disease, epilepsy, or similar defect which has caused habitual drunkenness in forbears; (2) imperfect nutrition during fetal life, and the influence of alcohol-drinking by the mother during pregnancy; (3) injury at birth; (4) the administration of alcohol during infancy; (5) falls, blows, or other injury, and bad feeding or general neglect during childhood; and (6) any shock, injury, or disease during later life which affects the nervous organization injuriously, and thereby impairs vitality and resistance to impulses.

Given these conditions, or some of them, the exciting causes may practically be summed up in one word—environment. The absence of moral training during youth, together with the constant presence of drunkenness and vice, are sufficient to explain the condition which evidences the defect, or the development into an active state of an imperfection which might otherwise remain dormant.

TREATMENT AND CONTROL.

Concerning treatment much might be said; but, like the foregoing section, this question also requires more time and space, for full consideration, than is now available. Notwithstanding this it may be desirable and useful to indicate broadly the principles which tend to good result in the treatment of cases such as have been described. The

various agencies applicable to these cases may be classed under three main heads:

- (1) Influences which incite or strengthen moral resolution;
- (2) Medical treatment; and
- (3) Control and enforced abstinence.

Influences which Incite or Strengthen Moral Resolution.

I think it cannot be too definitely stated that all influences which incite or strengthen moral resolution are useful only when applied to inebriates whose mental condition approaches the normal. Success as the result of such methods will always be in inverse proportion to the amount of existing defect. If an inebriate possesses a fairly-developed moral sense, some measure of control over impulses, and moderate power of judgement, these attributes, or the exercise of them, may undoubtedly be strengthened by various influences; but if such qualities are rudimentary or badly warped, the outlook is bad. The influences which fall within this category are practically those which substitute for free volition temporary dependence upon a course of life ordained by others. As instances, I have known a few inebriates who have ceased their drunken habits and have apparently regained complete control over themselves as the result of religious enthusiasm. I have also known others who have been able to attain the same end through the mere influence of persons of strong individuality, in whom they had confidence, and under whose direction they were willing to order their lives. There have also been cases apparently cured by hypnotic suggestion, and a fair number have recovered through the agency of faith cures, quack medicines, and other measures closely approaching humbug. All these influences have been known to produce good results, dependence and trust having temporarily supplanted free agency, until some amount of self-control has been regained, and the patient finds himself able to stand alone.

Medical Treatment.

Owing to an imperfect recognition of the mental aspect of habitual drunkenness, much more reliance has been placed upon the value of drugs than is warranted by results. In my opinion drugs are extremely valuable—indeed, necessary—for the relief of unpleasant symptoms during the transition from long-continued drunkenness to enforced sobriety, and to avoid many complications which may occur during this period of “knocking off.” They are also necessary when acute symptoms of alcohol want have disappeared, as aids to the removal of temporary damage resulting from excessive indulgence, and to help towards recovery to good physical health. Any person who attempts to treat habitual drunkenness without the use of drugs for these two purposes is neglecting potent influences for good. Further than this I am not prepared to accord any value to the administration of drugs, and my reiterated belief in the mental origin of drunkenness renders it unnecessary for me to state an absolute unbelief in the possibility of the existence of a specific.

Some mention should be made of hygienic measures, as essential factors in the medical treatment of habitual drunkards after acute stages are passed. Regular life, good food, work and amusement, are all necessary—in short, all the same principles must be adopted which are found desirable in the treatment of the insane.

Control and Enforced Abstinence.

I see no reason to object to the exercise of every possible influence which might conceivably produce good result before physical control is resorted to; the attempt to avoid restraint is both natural and desirable. Experience shows, however, that resort to physical control is too often delayed until it is useless to apply it, too much valuable time being wasted in fruitless endeavour to attain the object in view by mild measures, notwithstanding proof of worthlessness and repeated failure. By all means let every chance be given of possible benefit by other methods, but when failure results, no further delay should be permissible in the best interest of the patient. Control should be applied before the original defect is increased by added degeneracy. Some persons are sufficiently normal to be amenable to moral influences, others are not; when the latter require to be dealt with, no efforts will have a reasonable chance of success in the absence of compulsory control. The first principle in the treatment

of habitual drunkenness is the removal of alcohol. If by the exercise of ordinary home influences abstinence can be secured, well and good; medical treatment and moral influences can be applied with some hope of success; but when a patient cannot be so restrained, all else is worthless. All inebriates must require control in some form or other, because they are admittedly incapable of self-control, otherwise they would not merit their designation. The amount and character of control necessary for each individual depends entirely upon his mental state; if he is too bad for effective home control, something more powerful should be applicable to his needs.

It has been argued that, if sufficient defect exists to prevent good result from mild measures, control and enforced abstinence are not likely to be of any avail. It is only necessary to watch some cases in reformatories to see how wide from the mark is this statement, and what advantage might result, even to some of the worst, had earlier control been applied. Moreover, I have known very many persons admitted to retreats, apparently hopeless, who have left, after some months' detention, free from all signs of abnormality. The subsequent history of such cases, after ten to fifteen years has elapsed, justifies a hope of good result from enforced control, even in some apparently hopeless cases, certainly in many which have been unaffected by milder measures.

With reference to treatment and control, the main points I want to emphasize are: (1) The necessity for greater attention to neurotic and psychopathic indication; and (2) the necessity for an earlier recognition of these conditions, with a view to the timely exercise of effective control in cases which cannot possibly be benefited by milder measures.

THE UNSATISFACTORY NATURE OF EXISTING FACILITIES
FOR DEALING WITH DRUNKARDS.

Unfortunately, however, the only chance for an attempt at early control rests with the inebriate himself, no power being available for interference with his wishes. Seeing that his habitual drunkenness has been mainly due to defect in moral sense and power of judgement, his wishes are not likely to help much, and it is not surprising to find that by far the greater number of victims fail to realize their state, see no necessity for amendment, and decline to take any steps towards remedying something which, in their opinion, does not exist. In other words, just at the time when a little compulsory treatment might be of the greatest possible advantage, no power to apply it exists; time is wasted, and opportunity for good is lost for ever. Only those in close touch with inebriate reform work know how many attempts are made to induce inebriates to consent to place themselves under treatment of some sort, and what an enormous percentage of such attempts result in failure. When consent to treatment cannot be obtained, subsequent history depends upon the pecuniary circumstances of the inebriate and his social status. If he is wealthy, and no personal influence exists strong enough to induce him to take action of his own accord, only death will end the scene, unless illness or increased mental defect affords an opportunity for the application of suitable treatment or restraint. If in a good position, but not wealthy, no person can interfere until such position is lost or jeopardized, and impending poverty or disgrace places the drunkard into the hands of his friends. More often than not it is then too late.

As a general rule, except as the result of impulsive violence, the better-class inebriate manages to keep out of the clutches of the law. He is surrounded by friends who protect him from the possible results of his habits—for his own advantage, and to prevent a family disgrace which would bring discredit upon all concerned. Therefore, so far as better-class cases are concerned, the Act of 1898, which applies only to convicted inebriates, is practically useless. The only power of any value in regard to them exists in the voluntary Act of 1879; but, as any action under this statute requires the consent of the inebriate, its value is strictly limited.

In much worse case is the inebriate member of the lower classes. Friendless, or with friends who have neither time nor money to hedge him round with protective influences, he drifts into a course of degradation which is increased by the means commonly used to prevent him from being a nuisance and danger to the community.

When he becomes drunk there is no kind hand to hide his weakness or take him home; he is "found drunk" in the street, arrested, and fined or imprisoned. The fines, be they small or great, are rarely forthcoming; consequently, this treatment soon resolves itself into prison, prison, prison, and again prison. The degenerating and hardening effect of gaol life upon habitual drunkards is fully realized, and the advanced defective state of those inebriates who have been sent to reformatories is undoubtedly due largely to the preceding years of alternating drunkenness and prison. Regarded as a remedy for habitual drunkenness, especially when we remember its mental basis, oft-repeated confinement in prison is indefensible and inhuman. That such a course should ever have become established is evidence of old-time ignorance concerning the neurotic aspect of the condition; that, in face of all evidence of uselessness, it still persists, is inexplicable.

The Inebriates Act of 1898 was meant to substitute reformatory treatment for prison procedure, but as it stands it only partially serves its purpose. It is quite right, and in full accord with English methods, that every possible safeguard should exist to prevent the misuse or careless administration of any Act which enables interference with personal liberty. But in designing such safeguards there is always the possibility of hedging procedure to such an extent as to render proper working almost impossible; or if not impossible, then of such limited scope as to materially affect its value. After nearly eight years' experience of the Act in question, those who are in a position to judge will tell you that some such result has been attained. It is still easy to send habitual drunkards to prison, and exceedingly difficult to send them to reformatories; until the reverse is the case full advantage will never be obtained from an Act which might otherwise prove of inestimable value.

WORK FOR THE SOCIETY FOR THE STUDY OF INEBRIATY.

It is for a society such as this to seriously consider whether or not some means cannot be devised to remedy this unsatisfactory state of affairs, and, if found, pressed home with a view to early adoption of generally improved methods. It is quite useless to wait and hope for universal abstinence to provide a remedy; the evil must be attacked in a common-sense manner, as a mental problem under existing conditions in the presence of alcohol. Only three and a half millions out of something like forty, or more in the kingdom are teetotalers; we cannot afford to wait until the remainder are converted, or until alcohol is banished from the world. Total abstinence societies have been established for something like a hundred years, with the result that moderate people have become more moderate, and many moderate persons have become teetotalers. An excellent result for excellent work, because abstinence and strict moderation is conducive to good physique, national health, and national prosperity. It is also probable that some mentally unstable persons have been saved by abstinence from becoming drunkards. But has the actual number of habitual drunkards decreased as the result of all this temperance energy? I think not. The hundred years is, of course, a matter of history so far as I am concerned, and I have insufficient confidence in the value of statistics to pass an opinion concerning that length of time; but I can say something about the last twenty-five years, which I have spent entirely amongst drunkards and drunkenness. I do not believe, during that period, that habitual drunkenness has decreased, and so far as women are concerned, I am convinced that it has materially increased. The reason seems to me plain enough: whilst temperance workers have succeeded in inducing the moderately strong-minded healthy man to exercise restraint and avoid alcohol, they have been unable to do much towards obtaining the same result in regard to the very persons who need it most, those who cannot realize the fact, or carry out the remedy. Whilst temperance societies have been preaching teetotalism to persons capable of listening to and benefiting from the appeal, thousands of persons are drinking daily in the slums of London, and making others drunkards by force of example and precept. These persons are not in the least affected by orthodox temperance efforts; they

continue to propagate drunkenness, and thereby nullify the good results of temperance energy. Their children, born of defective parents, and educated by their surroundings, grow up without a chance of decent life, and constitute the reserve from which the strength of our present army of habituals is maintained. Truly we have neglected in the past, and are still neglecting, the main source of drunkard supply—the drunkard himself; cripple that, and we should soon see some good result from our work.

There is much to be done, and much this Society could do to help in the direction of improvement; indeed, I know of no body better constituted for the work. What we want is full consideration of the possibility of stronger legislation, enabling earlier control and treatment for inebriates, irrespective of their personal opinion as to its necessity. It is also desirable to consider whether, as a first step, the principle of guardianship, already adopted in other countries, could not be made applicable to the needs of England; and whether, in the event of failure to produce good result by guardianship, power should exist for compulsory committal to institution care on certificate and evidence. It is also necessary to have a well-discussed opinion as to whether, after years of control, and after every possible effort at reform has been tried, continued drunkenness and evident mental defect should not warrant an indeterminate sentence, with occasional licence to be at large; and whether some arrangement could not be arrived at to render impossible the future manufacture of habitually drunken prison recidivists. These are all matters upon which the evidence and opinion of this Society would be valuable, and subjects which seem to me to be of the utmost importance. I am not prepared to say that a satisfactory solution of any one of them is yet within the range of practical politics; but unless some distinct effort is made, I am satisfied that none ever will be.

Introductory Address

ON

THE CHOICE OF A MEDICAL CAREER,

WITH REMARKS ON

MEDICAL ETHICS AND ETIQUETTE.

DELIVERED AT THE MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

By JAMES CRAIG, M.D. DUB.,

REGISTRAR, ROYAL COLLEGE OF PHYSICIANS OF IRELAND; PHYSICIAN TO THE MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

[AFTER some preliminary observations, and after discussing some of the openings for young medical men in England and in the public services, Dr. Craig continued as follows:]

THE IRISH POOR-LAW MEDICAL SERVICE.

What prospects, however, lie before the majority who have a wish to remain in their own country? In the chief towns it is here and there possible for a good class practitioner to make a living wage by private practice alone; but in most cases, even in the larger towns, it will be found that the men who are able to live in even comparative comfort are those who have the emoluments attached to a Poor-law appointment to supplement the amount that is to be gained from private practice. There is small chance, therefore, for a practitioner to make a comfortable livelihood in Ireland outside of the teaching centres unless he is able to secure a Poor-law appointment either as visiting surgeon to a union infirmary or as medical officer of a dispensary district.

I cannot in all honesty recommend these positions to those of you who may have such a career in view, for apart from the evils associated with the efforts to secure these positions, to which I will allude later on, the service suffers from the disabilities attached to meagre pay, uncertain holidays, and doubtful pensions.

Abler pens than mine have been used with perennial fertility to expose the disabilities under which the officers of the Poor-law Medical Service suffer. It is not my purpose here to denounce this service with the virulence which my pen could command, for with all its shortcomings it is possible for a man to lead a happy life in