

**On the relation between intemperance and mental disease / by Bedford  
Pierce.**

**Contributors**

Pierce, Bedford.  
Coupland, W. H.  
Telford-Smith, Telford  
King's College London

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ON THE RELATION BETWEEN  
**INTEMPERANCE**  
AND  
**MENTAL DISEASE,**

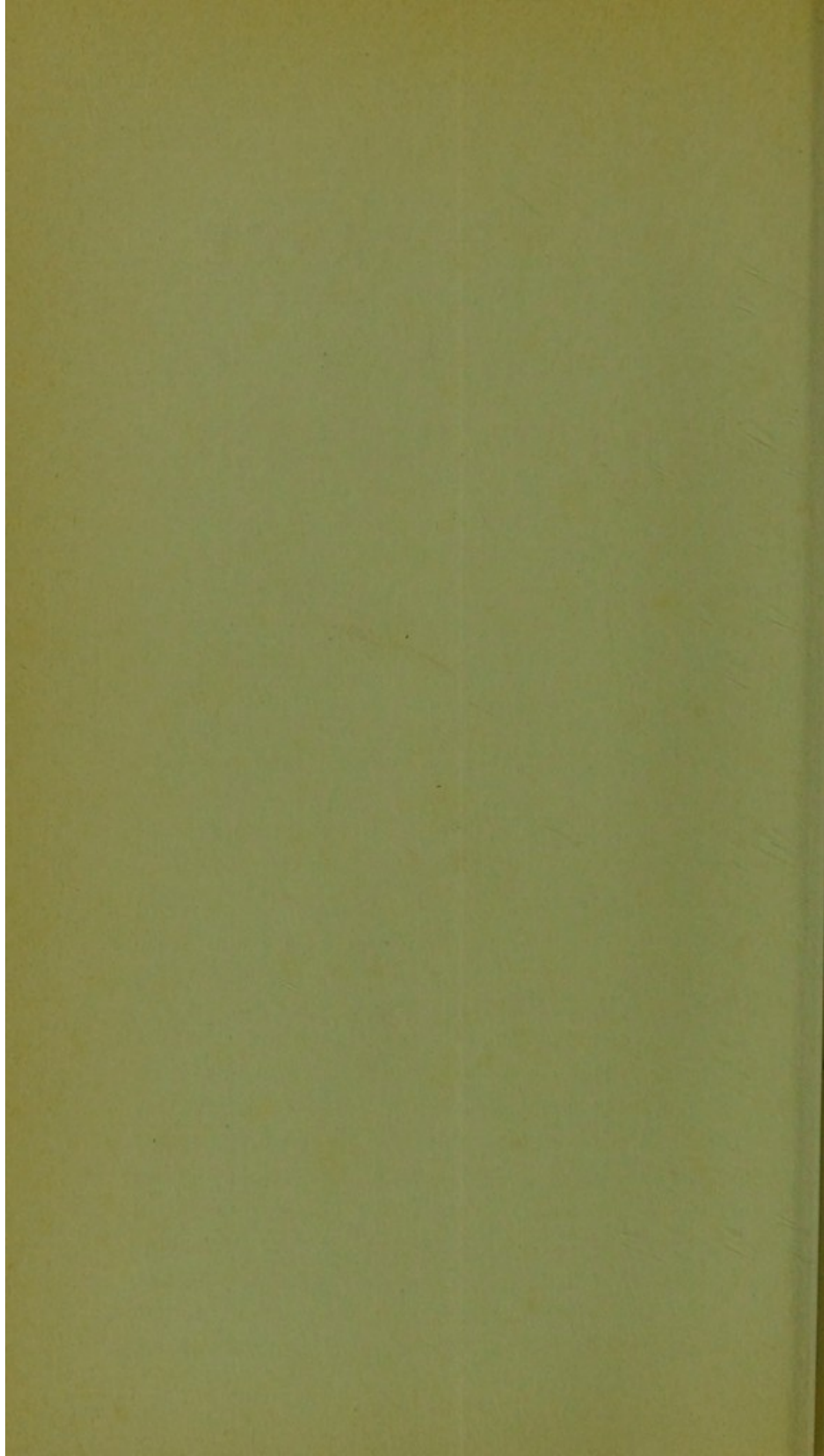
BY  
BEDFORD PIERCE,  
M.D. (LOND.), M.R.C.P. (LOND.),  
*Medical Superintendent of The Retreat, York.*

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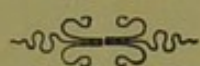
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## On the Relation between Intemperance and Mental Disease.



**I**N considering the relation between alcohol and mental disease, the first question that arises is the extent to which insanity is produced by alcohol. Every text-book upon mental diseases describes a special form of insanity due to alcoholic intemperance, independently of that acute form of mental disorder known popularly as delirium tremens.

It is unnecessary for me to point out the characteristic features of alcoholic insanity, even if it were easy to do so ; but I may remark that it presents no constant symptoms, and that unless one knows the history of patients suffering from it, there is great difficulty in distinguishing them from those labouring under other forms of mental disease. Hallucinations of hearing, in the form of "voices," are common ; also delusions of suspicion, and such patients may be very dangerous ; in other cases they are profoundly depressed, with a strong tendency to suicide. A large proportion of those "found drowned" and reported in the press are, if their history were known, chronic alcoholics, and it is noteworthy that no less than 20·8 per cent. of the suicidal male patients admitted into our asylums give a history of intemperance. Profound mental enfeeblement is the termination of almost all cases that do not recover. Alcoholic insanity, however, when not of long standing, is one of the more curable forms of

Statistics.

mental disorder. As one would expect, total abstinence from alcohol is essential, if the recovery is to be complete. I have no sympathy with a treatment that prescribes for such patients "a hair of the dog that bit them." Two thousand three hundred and sixty-five patients suffering from alcoholic insanity have been annually admitted into English asylums, taking the average of the last five years. This gives a percentage of the total admissions of 14·2 per cent. There is, however, a great difference if we distinguish between the *sexes* in the incidence of alcoholic insanity, since drink was the cause in no less than 20·8 per cent. of the males admitted, and but 8·1 per cent. of the females.

These figures are obtained from returns furnished to the Commissioners in Lunacy by the medical officers of asylums, and are published in the Blue Book for 1894.

If private patients (those whose friends are able to pay for their maintenance) are considered apart from pauper patients, the percentage is very slightly reduced; and we may safely conclude that this cause of insanity operates to almost the same extent in the middle classes as in the lower classes of our population.

Retreat figures.

In the Retreat the numbers are too small to allow of any reliable comparison. Including all cases in which alcohol may be a contributing cause of the mental break-down, I find that out of 40 males admitted during the past three years, 10 gave a history of alcoholism; whilst out of 58 females, there were but 8 cases. Thus my cases give a total percentage of both together of about 18 per cent., which, so far as they go, corroborate the figures given in the Blue Book, as allowance should be made for the fact that I include patients whose attack was accelerated, but not entirely caused by alcoholic excesses.

Dr. Clouston, of the Royal Edinburgh Asylum, gives the percentage of admissions during fifteen years as

16·4 per cent., though during the influenza year there was a sudden increase to 26 per cent.

Exaggerated statements of this question are, I regret to say, made ; but it would not be far wrong to conclude that from 14 to 18 per cent. of the cases of mental disease occurring in Great Britain are due in large measure to alcoholic intemperance.

The mental ruin produced by alcohol is in no way proportionate to the 2,000 unfortunate persons who, from this cause, find their way into our asylums. Everyone is acquainted with men and women whose mental powers are so shattered by long continued indulgence in drink that they have reached the borderland between sanity and insanity, even if it be not over-stepped.

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olism.

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ane.

These subjects of chronic alcoholism may have entirely lost the power to abstain from drinking, they may have gradually allowed their families to become penniless, and their children to lack the common necessities of life ; their character may have so altered for the worse that it is obvious to everyone that they are almost different persons, thoughtless and selfish instead of kind and affectionate ; yet in spite of all this change, which is essentially a mental change, it is not possible to consider such persons, in any ordinary sense of the word, of unsound mind. Medical men cannot sign certificates of lunacy for such patients unless they have (I might almost say are fortunate enough to have), some marked sign of mental disturbance, which the doctor can discover for himself at the time of his examination.

I do not propose to allude to the pressing need for further legislation to obtain increased powers for restricting the liberty of habitual drunkards, nor to the urgent call for inebriate homes for the poorer classes ; to which I may add the need for the imposition of

penalties upon those who knowingly supply drink to persons notoriously of intemperate habits, since these matters are outside the scope of my paper. I wish, however, to emphasise the fact that alcohol does incalculably more harm in producing mental degeneration in the many who are never placed under care, than in the few who find their way into asylums.

Habitual hard  
drinkers.

There are two forms of chronic alcoholism which, as a rule, can be distinguished ; in one the indulgence is more or less constant, and in the other it occurs in periodical outbursts. In the former there is often considerable enfeeblement of mind or other signs of mental deterioration, often without actual drunkenness at any time ; so that the patient may be quite unaware of the change and his relatives even may be ignorant of the true cause. It is one of the most striking features of alcoholic intemperance that, in both acute and in chronic cases, the subject does not rightly appreciate his condition and will deliberately disregard advice offered. This greatly adds to the difficulty of treating such patients.

Dipsomania.

The other variety of chronic alcoholism is paroxysmal in character, and to it the name "dipsomania" has been given. It consists of a craving for stimulants which over-masters the subject from time to time when he or she gives way to an outburst of drunkenness. These patients usually suffer less mental deterioration than the habitually hard drinker.

These forms of chronic alcoholism cannot, however, be sharply defined, and many cases are intermediate between these extremes.

In dealing with the effects of alcohol upon the individual in producing mental disturbance, I have begun with the more chronic and deep seated affections, and have yet to mention two acute disorders produced by this agent.

Delirium tremens, acute alcoholic delirium, is a condition of profound mental disturbance which occurs after a drinking bout, and frequently when some physical disease has lowered the vitality of the patient. It is characterised by restlessness and excitement, and hallucinations of sight (the seeing of creeping things, etc.).

Delirium tremens is a very grave complication of disease and may render highly dangerous some ailment which otherwise might have been in no way serious.

Besides this, a form of acute mental disorder of longer duration (*mania a potu*) is described by alienists as distinct from chronic alcoholic insanity.

Besides the various mental disturbances already mentioned, I must also point out that the deleterious effects of alcohol are not confined to the individual, and that there is overwhelming evidence to show that the children of intemperate people inherit a tendency to intemperance or some form of nervous disease.

Modern writers on Heredity, Weissman and his school, have attempted to demonstrate that acquired characters are not transmitted to the offspring. I am satisfied that this does not apply to acquired alcoholic intemperance, and, doubtless, Weissman would not teach that a definite poison could be imbibed by a parent without injury to the offspring, and would probably protest against his biological dictum being carried into the sphere of pathology. Be that as it may, it would be easy to quote a number of authors to show that alcoholism in parents is very prejudicial to their descendants. Thus are the sins of the parents visited upon the children. The offspring of such parents may either be peculiarly susceptible to the influence of alcohol, or may inherit a mental instability rendering them easy victims to it, or the inherited defect may be manifested in a tendency to insanity, epilepsy, or some other form of mental disorder.

There is, moreover, very strong evidence to show that drunkenness in parents is one of the most frequent causes of idiocy or imbecility in children.

Idiots.

Dr. Howe, of Massachussetts, in examining the antecedents of 300 idiots, found that 48 per cent. were the children of habitual drunkards. Dr. Beach, out of 430 patients in Darenth Idiot Asylum, found 31 per cent. similarly the progeny of drunkards.

Alcoholic  
families die out.

Dr. Legrain, in a recent work upon "Social degeneration and Alcoholism," has published an account of the descendants of 215 drunkards that he personally has traced. This work shows conclusively that in such families a very large number of the children die young, and that the families rapidly die out; that epilepsy, insanity, and other nervous disorders are extremely common.

Before leaving this part of my paper, it may not be out of place to express the opinion that I consider the influence of alcohol upon the brain of infinitely greater importance than its influence upon the circulation or upon other parts of the body. And it is on this account that I regret that we have, so far as I know, to look to Germany for workers to elucidate the action of alcohol and other drugs upon the mind.

In England it is true that we have heard of the watering of geraniums by diluted solutions of alcohol, and of attempts to accustom water-fleas to living in weak spirit and water, and we hear that neither geraniums nor water-fleas flourish. All this, however, is remote from the problem in hand, and the sceptical person is not convinced by deductions drawn from such experiments. The work done by Prof. Kraepelin and his pupils in Heidelberg promises to be of very great importance. Unfortunately for us, his book detailing his experiments and researches into the mental phenomena produced by alcohol and other drugs, has

not been translated into English.

Kraepelin has summed up his conclusions as to the action of alcohol in his *Psychologische Arbeiten*; Band I., p. 83. He states that experiment has shown that the idea that alcohol strengthens has arisen from self-deception. Alcohol only facilitates the discharge of motor impulses and does not make them more powerful. If there is any strengthening effect, any increase of power, it is very transitory, and is quickly followed by a pronounced diminution, which takes some time to disappear. He goes on to say:—"Moreover, the powers of conception and judgment are from the beginning distinctly affected, although we perceive nothing of it. The actual facts are exactly the opposite to the popular belief. I must confess that my own experiments, extending over more than ten years, and the theoretical deductions therefrom, have made me an opponent of alcohol."

The relation between intemperance and mental disease, is, however, a reciprocal one, and not only is drunkenness a cause of insanity, but mental disease is a cause of drunkenness.

This latter aspect of the question I propose briefly to discuss.

Consider in the first place the case of a man in the early stages of an attack of mental disease. The disease in question may be almost of any kind, characterized by either excitement or depression; but for our purpose we will assume the attack is one of simple mania, the leading features of which are deficient self-control and lack of judgment, excitability, talkativeness, and usually restlessness and inconstancy of purpose. Such a patient becomes an entirely altered man, and among other changes we may find that he has commenced to drink freely, and perhaps for the first time in his life is intemperate. The early stages of such a mental attack

are insidious, and it may not be for a week or two that the patient's relatives recognize the actual unsoundness of mind, and take the necessary steps to ensure proper treatment. In looking for an explanation of the attack, what is more likely than that the whole may be ascribed to the unaccustomed indulgence in drink? And thus the case may be considered primarily alcoholic, when the alcoholic indulgence was really secondary to the mental disorder. It is of course certain that alcohol is prejudicial to such patients, especially if taken in quantity: that, however, is not the question. My point is this, that in the course of acute mental disorder it is not rare to find that patients hitherto abstemious may become very intemperate, owing to the loss of self-control produced by the disease. It is, however, certain that this influence of mental disorder is not limited to acute disease.

Influenza.

If we consider the extensive evils which, during the past few years, have been produced by influenza, we shall find that one of the most common results has been a more or less defined mental and nervous disorder. Numberless people have never been the same since their attack, and not a few have become actually insane on account of this obscure and insidious nervous poison. It may, I think, be fairly contended that intemperance has also been caused in the same way. We know that there was an extraordinary increase of spirit drinking, coincident with appearance of influenza among us. Doubtless much of this was due to habit or a false belief as to the efficacy of spirits in combating the disease; but I also think there is good reason to believe it was due in large measure to the depression produced by the disease itself.

Nervous  
diseases  
redisposing to  
Alcoholism.

There are other forms of nervous disease which may contribute to the production of intemperance, notably hysteria, epilepsy, dyspepsia; and several well-authen-

ticated cases are recorded in which habitual drunkenness dated from injury to the head. Thus in some obscure way a shock or actual injury to the brain may be the proximate cause of drunkenness in persons who have previously been temperate.

If we examine the family history of chronic alcoholic patients, we shall find they present an unusual number of relatives suffering from some form of mental disease. And, indeed, in cases where there is a history of alcoholism in the parents, a further enquiry may show an insane inheritance. The following case quoted by Legrain will illustrate this point—the patient, an epileptic imbecile, was one of a family of sixteen, ten of whom died in childhood ; one sister, who was hysterical, had nine children, many of whom died in convulsions. One brother of the patient was feeble-minded and deaf, one brother was epileptic, and a brother and sister are described as very nervous. The mother of these children was alcoholic and hysterical, the father was an inveterate drunkard, and two paternal uncles were drunkards. The paternal grandparents, however, were not intemperate, but the grandfather was weak-minded, and the grandmother hysterical.

This case illustrates the conclusion which I believe we can safely draw, viz., that alcoholism tends to arise in families that are unstable, and that this instability is an inherited neurotic condition that may be manifested in many different ways.

It may serve to emphasise this point if I quote the opinions of a few authorities.

on. *Dr. Clouston.*—"Excessive drinking and mental disease are closely connected hereditarily in many cases. The children of drunkards often become insane, the children of insane people still more often drunkards."—(*Morningside Reports*, 1889.)

Dr. Maudsley. *Dr. Maudsley.*—"The neuropathic nature of dipsomania is further attested by these facts ; first, that it is commonly found to own a morbid, nervous inheritance, such as ancestral insanity, epilepsy, or drunkenness ; and secondly, that it is sometimes acquired as the sequel of an injury to the head, or of a sunstroke, or of a regular attack of acute insanity."—(*Pathology of Mind, 2nd Ed., p. 501.*)

Dr. Legrain. *Dr. Legrain* found heredity in 63 out of 103 cases of drunkenness. He also says "the great majority of drinkers are predisposed, disordered and defective. The drinker is almost overwhelmed by a number of cerebral affections in the family with which he is connected by the close band of morbid consanguinity. Excess in drinking is only one of the numerous characteristic symptoms of mental ruin."—(*Tuke's Dictionary of Psychological Medicine, p. 65.*)

Dr. Blandford. *Dr. Blandford.*—"Early habits of drinking are also frequently contracted by weak-minded people, and we constantly find that habitual drunkards, as well as dipsomaniacs, are the offspring of insane or epileptic patients."—(*Insanity and its Treatment, p. 161.*)

Dr. Savage. *Dr. Savage.*—"Drinking may be an early symptom of insanity. It may be a direct inheritance or it may be a result of neurotic inheritance."—(*Insanity and Allied Neuroses, p. 421.*)

My own results, in so far as they go, entirely corroborate the opinion that a neurotic inheritance (by which I mean the inheritance of a tendency to epilepsy, insanity, hysteria, or other kindred nervous diseases), is a predisposing cause of inebriety. Out of 18 alcoholic patients, 8 presented a history of mental disease, 3 a history of alcoholism in the family.

One other point in the inheritance of a tendency towards drunkenness is the increased susceptibility to the influence of alcohol that certain members of a

neurotic stock possess. In its cruder forms this is seen by the production of profound intoxication by very moderate quantities of alcohol.

To sum up, I think that there is no escape from the conclusion that, on the one hand, alcohol does an incalculable amount of harm quite independently of any question of inherited failings or even acquired predisposition ; and, on the other hand, in very many cases of habitual drunkenness there exists a decided inherited proclivity to alcoholic intemperance or other manifestation of nervous instability. I can illustrate my position if we assume that all those who take more drink than is wise are arranged in a long series, at the end of which is the unfortunate man or woman starting life so deficient in self-control that drunkenness is almost inevitable, and at the other end the strong, healthy man (say a country squire, living largely out of doors, taking plenty of exercise), who habitually takes a great deal, but lives to advanced years, apparently none the worse. If between these extremes we place in their relative positions all the alcoholics, I believe we shall find the great bulk of them grouped near the centre of the series. In other words, we cannot consider the majority of our drunkards wholly responsible for their condition, neither are they wholly irresponsible. We cannot say that bad habits and vice are not factors in the production of intemperance, but neither can we, on the other hand, neglect the various predisposing causes which precede and underlie the acquisition of evil habits and vicious conduct, and which are important factors in the production of drunkenness, with its deplorable results.

One conclusion is inevitable in considering this question, viz.—that members of unstable and neurotic families should totally abstain from alcoholic beverages. Yet we all know of cases where, in spite of every

warning, this necessary means of avoiding calamity is entirely disregarded. But if we reflect, we may see that this reckless conduct is not necessarily due to wilful choice of a dangerous path, but it may 'be due either to inherited and imperative desires for self-indulgence, or to some innate defect of judgment.

Everyone with experience in mental disease knows how ill-defined is the boundary between sanity and insanity ; and the study of mental disorder in the few within and the many without asylum walls profoundly influences our opinions upon responsibility for errors of conduct. It makes everyone charitable to recollect how poorly equipped mentally, as well as physically, such a large number of mankind begin life, and how ill able they are to surmount its difficulties. In reflecting upon the causation of drunkenness, the same charitable considerations must influence us.

It is, on the other hand, quite possible to exaggerate the importance of the predisposition, and to emphasise too strongly the hereditary nature of alcoholism. We may so undermine individual responsibility for drunkenness, vice, and crime, that the newspapers may be justified in denouncing the "flabby sentimentality" of the age. Moreover, in recognising that this condition is often morbid, depending upon morbid antecedents, and growing in morbid environment, there is a tendency to fold one's hands before the impossible tasks of eradicating hereditary disease and arresting the degeneration of the race.

The nobler course is, nevertheless, to work on patiently and steadily, in spite of difficulties and discouragement.

In endeavouring to combat the great evil of intemperance, it seems to me essential that it should be approached from more than one side, and that if a successful attack is to be made, it can only be

accomplished by combined effort.

Three chief ways of attacking the problem suggest themselves.

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g the  
problem.

1. Discourage the use of Alcohol.
2. Attack the environment and the customs which facilitate the formation of drunken habits.
3. Endeavour to check the various influences that contribute to the development of neurotic instability and the transmission to children of hereditary defects.

total  
ance.

As regards the first of these, it is needless to deal with a matter that will be fully discussed by others taking part in the conference. I have no doubt in my own mind that we should by every means in our power inculcate habits of total abstinence from alcoholic beverages. Whilst it may be open to argument how far the agency of law can be of service in promoting the cause of temperance, there can be no doubt that society is neglecting its duty towards the habitually intemperate, in not restraining and at the same time placing under treatment those who cannot take care of themselves.

The notorious Jane Cakebread has been convicted of drunkenness 289 times ; that such a case is possible is a scandal to our judicial system.

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ilar  
cohol.

As I have already indicated, the question before us is not only the question of alcohol and its misuse, but underlying the whole matter are the many reasons, complex and obscure in the highest degree, that produce the unrest and the craving, the mental instability leading to intemperance. We must not forget that a crusade against alcohol, even if it were successful beyond our hopes, would leave untouched many other agents within reach that would contribute to the undoing of their votaries as rapidly, if not more rapidly, than alcohol itself. I need only mention Opium,

Haschish (Indian Hemp), Ether, all seductive and narcotic, and all producing, when taken habitually, mental and moral degradation.

It is, therefore, necessary to consider the two other factors in the production of intemperance that I have already mentioned, before any complete solution of the question is possible, viz.—the environment that leads to drunkenness and the inherited defects that predispose thereto.

Vast and difficult as the questions are, I look forward to the future with hope, believing that much is possible and will be done.

Education.

Even a prophet of the first magnitude could not, in the few moments available, indicate what must be done to arrest the degenerative tendencies affecting such a large number of our race. I may say, however, that to me the education of the young appears to be the most hopeful means of attaining the end we have in view.

We are now entering upon an era full of promise in this direction, and we can with good reason expect that every child throughout the country will receive physical education as well as mental training, and that all will learn something of the laws of health, of the necessity for fresh air and exercise, and also the importance of keeping under control appetites of every kind.

We may also expect that all our children will be taught something of the evil effects of excessive drinking and the reasons why they themselves should abstain. Such instruction must be wisely and moderately given, for I feel sure any exaggeration of the dangers may defeat the end in view.

But, besides this definite instruction, I think we are justified in looking to the education of the future to contribute largely to the development of the race.

Existing educational methods, now that a science of education is springing up, are capable of great improvement. At present, I fear, education is often considered to be the instilling of knowledge into young people ; whereas it is really the "leading out," the development of their mental and their physical powers. Whilst this idea is as least as old as the word itself, it appears still to be imperfectly realised and acted upon. Ruskin emphasises this in saying :—

"Education does not mean teaching people to know what they do not know,—it means teaching them to behave as they do not behave."

If I am right in believing that the education of the future will be directed to this end, and will develop, to a much greater extent than at present, powers of self-control, and awaken a much greater sense of responsibility towards others, then it is no vain hope to expect that our children will pass more safely through the perils of adolescence than is now the case, and afterwards they will marry more wisely. If this be so, the difficulties of the next generation will be less than those that now confront us.

