Habitual drunkards : documents relative to propoed legislation (limited to Scotland) for inebriety, caused by disease, which is curable under proper treament.

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HABITUAL DRUNKARDS.

DOCUMENTS

RELATIVE TO

PROPOSED LEGISLATION (limited to Scotland) FOR INEBRIETY, CAUSED BY DISEASE, WHICH IS CURABLE UNDER PROPER TREATMENT,

CONTAINING

EDINBURGH:
OLIVER AND BOYD, TWEEDDALE COURT.
LONDON: SIMPKIN, MARSHALL, HAMILTON, KENT, & CO., LIMITED.

Price One Shilling.

Restorative Homes Bill for Scotland.

Memorandum prefixed to the Bill.

The object of this Bill is to make provision for the care and treatment, and it is anticipated for the cure eventually in many cases, of the large class of our fellows, who, from mental or physical disease, or from morbid temperament or habits, and the want of self-control, have given themselves up to excessive indulgence in stimulants or narcotics, to the ruin of health and often of life and fortune, and misery and degradation in their families, or even to personal injury to them or others. Almost all medical and legal practitioners have had many such cases brought before them by the broken-hearted wives or husbands, or families, of the victims, but in the existing state of the law they have felt themselves powerless to offer any advice or to suggest any means of cure. Effective legislation on this subject is indispensable for a remedy.

Under one of the Lunacy Acts (29 and 30 Vict., cap. 51), there is a provision that an inebriate may voluntarily apply for admission to a lunatic asylum for treatment, but this provision has been powerless for good. The person himself, and very usually his family, shudder at the idea of confinement in a lunatic asylum, and the consequences that might result to the subsequent position of himself and his family. Such applications have therefore been of rare occurrence, and the provision has practically failed to be of benefit. But, besides, any arrangements under which inebriates are placed in the same establishment as lunatics have been found to be very detrimental to both classes of patients.

In 1879, an Act, called 'The Habitual Drunkards' Act' (42 and 43 Vict., cap. 19), was passed. It gave power to Local Authorities to grant licences to owners of private houses to use these houses for the care and treatment of this unhappy class. It provided that a habitual drunkard might be received and detained in such a house on his own application, but it gave

no power to Local Authorities to establish such houses for the detention of such person, and no power to members of his family or other relatives to interfere for having him compulsorily placed and detained in such a house. Like the clause in the Lunacy Statute, this Act has failed to afford the benefits intended. In Scotland, at all events, nothing has been done to establish the requisite houses, or to grant licences for their being properly carried on; while the stringent provisions, which require a person so affected to appear before two Justices of the Peace and make disclosure or confession of his condition (of which some of them seem to be unconscious, while nearly all of them wholly deny its existence), are so repellent, that even if the requisite houses were established, the unwillingness which has been found to exist in regard to lunatic asylums would apply with equal force to voluntary applications being made under this Act.

In England, one establishment (The Dalrymple Home for Inebriates) for the reception of voluntary applicants was, sometime after the passing of the Act, opened at Rickmansworth, Herts, by an association supported by private contributions. Sometime afterwards two other similar establishments were opened under the Act at Hallport, Cannock, Staffordshire, and at Towerhouse, Westgate-on-Sea, Kent. These are all limited establishments. The Dalrymple Home is the only one conducted on what may be called public principles, and publishing statistics in a scientific and useful form. The latest report of the Society by which the Dalrymple Home is managed is most encouraging as to the success which has attended the careful treatment in it. It appears from the report by the Government Inspector, dated 21st July 1884, presented to Parliament, and printed by order of the House of Commons, that the Dalrymple Home was licensed for 16 males (subsequently for 20); that at Hallport for 8 males and 2 females; and that at Towerhouse for 5 males and 5 females—in all, 36 patients only. From the small number of these establishments, and the want of compulsory powers of committal and detention, they are wholly unable to meet the numerous cases for which legislation is required. They, however, have done good in individual instances; and the Inspector reports that the licensee of the Cannock establishment states that 'those patients 'who have remained with him for a few months only, although 'doing well during their stay, have directly on returning, or on 'their way home, begun to drink again. On the other hand, he 'states that those who have resided for six, nine, or twelve 'months continued to be abstainers, and he hears of them doing 'well.'

The necessity for compulsory powers for detention is illustrated by the facts shown in the Appendix to that Report—that at 31st December 1882 only 14 patients were resident in the three establishments; that in the course of the year 1883, 40 patients

were admitted and 38 had left; and that only 16 patients were resident in the three houses on 31st December 1883. The Inspector's latest Report, dated 17th June 1886, states that three additional private establishments under the Act had been opened since 1884, containing accommodation for 36 persons—but that one of these had been given up after a few months' experience, leaving in all five establishments, with accommodation for 82 persons. In the year 1885, 77 persons had been admitted and 83 had left, and there remained in the five establishments on 31st December 1885 only 39 persons. All of these, with the exception of the Dalrymple Home, are private speculations, conducted by the owners for gain.

In Scotland a small voluntary establishment for inebriates has for some time existed in the House of Refuge, at Queensberry House, Edinburgh, and residences for women inebriates have recently been established at Queensberry Lodge, Edinburgh, and Brown's Land, Peeblesshire, which are supported by voluntary contributions. They are not under the Habitual Drunkards' Act. They have done good in individual cases, but, from being on so small a scale, and from the want of compulsory powers, their benefits are scarcely appreciable as a remedy for the widespread evil. There are also in Scotland several private boarding establishments for the reception of from 3 to 12 inebriates of the upper and middle classes; but the same drawbacks, in respect of want of compulsory committal and detention, are experienced as in the other establishments. None of them are licensed under the Statute.

What is required is *legislation which will ensure the establishment of* proper and well-conducted houses for the reception and treatment of inebriates, *and which will enable the families or relatives of the victims to enforce, for a limited period, their detention in these establishments for proper care and treatment.* These provisions are absolutely *essential* to success.

The case of inebriates was fully considered, and much evidence was taken, by a Select Committee of the House of Commons appointed on 8th February 1872, 'to consider the best plan for 'the control and management of habitual drunkards,' and their Report, with the evidence taken, was ordered to be printed on 13th June 1872.

In the Report the Committee state 'that there is entire concur- 'rence of all the witnesses in the absolute inadequacy of existing 'laws to check drunkenness, whether casual or constant, render- 'ing it desirable that fresh legislation on the subject should 'take place, and that the laws should be made more simple, 'uniform, and stringent. That occasional drunkenness may, and 'very frequently does, become confirmed and habitual, and soon 'passes into the condition of a disease uncontrollable by the 'individual, unless, indeed, some extraneous influence, either

'punitive or curative, is brought into play. That self-control is 'suspended or annihilated; moral obligations are disregarded; 'the decencies of private and the duties of public life are alike 'set at nought; and individuals obey only an overwhelming 'craving for stimulants to which everything is sacrificed. That this 'is confined to no class, condition, or sex, and hardly to any age. 'That it is in evidence that there is a very large amount of drunken-'ness among all classes in both sexes which never becomes public, '. . . . which is probably even a more fertile source of 'misery, poverty, and degradation than that which comes before 'the police courts: *for this no legal remedy exists, and without 'further legislation it must go on unchecked.* Legislation in 'such cases was strongly advocated by all the witnesses before 'the Committee. That the absence of all power to check the 'downward course of a drunkard, and the urgent necessity of 'providing it, has been dwelt upon by nearly every witness, and 'the legal control of an habitual inebriate, either in a reformatory 'or in a private dwelling, is recommended, in the belief that many 'cases of death resulting from intoxication, including suicides and 'homicides, may thus be prevented. That this power is obtained 'easily at moderate cost, and free from the danger of abuse and 'undue infringement of personal liberty, has been stated in evi-'dence by quotations from American and Canadian statutes, as well 'as by the witnesses from America. That it is in evidence, as well 'from those who have conducted and are still conducting reforma-'tories for inebriates in Great Britain, as by those who are 'managers of similar institutions in America, that sanatoria or 'inebriate reformatories are producing considerable good in effect-'ing amendment and cures in those who have been treated in them. 'That the proportion of cures is not larger is attributed by all the 'witnesses to a lack of power to *induce or to compel the patient to 'submit to treatment for a longer period—and that power is asked for 'by every one who has had or still has charge of these institutions.* 'Without such a power it appears that the results must be imper-'fect, disappointing, and inadequate to the efforts made.'

The Committee therefore recommended that—'Sanatoria or re-'formatories for those who, notwithstanding the plainest con-'siderations of health, interest, and duty, are given over to habits 'of intemperance, so as to render them unable to control them-'selves, and incapable of managing their own affairs, or such as to 'render them in any way dangerous to themselves or others, 'should be provided.'

The Committee further recommended that these sanitoria should be divided into two classes—'(A.) For those who are able out of 'their own resources, or out of those of their relations, to pay for 'the cost of their residence therein; these, whether promoted by 'private enterprise or by associations, can be profitably and success-'fully conducted;' and '(B.) for those who are unable to contribute, 'or only partially, sanatoria must be established by State or

'Local Authorities, and at first at their cost, though there is good 'reason to believe that they can be made wholly or partially 'self-supporting.'

The Report then proceeds as follows:—'The admission to these 'institutions should be either voluntarily or by committal. *In 'either case the persons entering should not be allowed to leave except 'under conditions to be laid down, and the power to prevent their leav-'ing should be by law conferred on the manager.* Though practically 'this power would be seldom put in force, *it would be useless to 'establish these institutions without it.*

'The patients under Class A. should be admitted either by their 'own act or on the application of their friends or relatives under 'proper legal restriction, or by the decision of a local Court of 'Inquiry, established under proper safeguards, before which, on 'the application of a near relative or guardian, or a parish or 'other local authority or other authorised persons, proof shall be 'given that the party cited is unable to control himself, and in-'capable of managing his affairs, or that his habits are such as to 'render him dangerous to himself or others; that this arises from 'the abuse of alcoholic drinks or sedatives, and he is therefore 'to be deemed an habitual drunkard.

'The period of detention should be fixed by the Court of Inquiry 'or by the Magistrates, but may be curtailed upon sufficient proof 'being given that the cure of the patient has taken place.'

This Bill is framed on the lines thus indicated by the Select Committee.

A duly qualified and efficient Central Authority is indispensable to cope with this huge evil, and to carry out the provisions of the Bill. But, in place of proposing a new separate Commission or Board, which would be objectionable on the ground of expense, it is thought that the Board of Commissioners in Lunacy, which already exists in Scotland under the Lunacy Acts, affords, in conjunction with the affiliated District Lunacy Boards, special facilities for effective legislative measures applicable to Scotland, and that the Board is a body eminently qualified to carry out the powers sought in the Bill. Several of the witnesses examined by the Select Committee specially point to the Board as being the most appropriate body to be appointed in a measure for Scotland. The Commission consists of two eminent medical men, who have devoted much attention to this class of persons, as well as to lunatics generally, a Sheriff-Principal of a large county, a Writer to the Signet in extensive practice, who recently held the important office of Crown Agent for Scotland, a county gentleman of large experience in public and county business, and a secretary of long standing as an advocate at the Scottish bar, and it constitutes, in reality, a high class special jury for the consideration of this class of cases. The subject is closely allied to lunacy, and the Board has powers of directing assessments for the purposes of the

Lunacy Acts, so that any assessments that may be found requisite (which beyond the erection and fitting-up of District Homes, would, it is anticipated, be of very small amount) could be easily and inexpensively raised along with the assessments for the Lunacy Acts. The Bill accordingly proposes to give that Board power, after due inquiry as to the necessity for the establishment of Homes in each district for the reception of inebriates, to provide (clauses 4 and 5) general accommodation in a District Home, or (clauses 4 and 11) to license qualified persons occupying private houses to receive patients into these houses as Private Homes, for care and treatment under due medical supervision.

In order to give the proposed establishments, so far as possible, a domestic or home aspect, it is proposed that they should be termed 'Restorative Homes.'

Clauses 16 and 17 propose that a patient should be admitted into and detained for a limited period in a District Home, or a Private Home, upon his own application to the Superintendent. Should he refuse to apply, these clauses authorize any member of his family, or any other near relative, or a friend taking interest in him, or a magistrate in the public interest, to present an application to the Sheriff to grant an order for his being received into one of these Homes. It is not proposed that this application should be intimated to the patient. This is in accordance with the existing law under the Lunacy Acts, and it is reasonable, because, as in cases of lunacy, immediate measures may often be necessary. In the case of an inebriate who refuses to make a voluntary application, though his friends may very earnestly urge it, and though he knows that compulsory powers exist, the delay arising from prior intimation might in many cases prevent the remedy from being applied; for it is an ascertained fact that inebriates, even persons who in other matters would scorn falsehood or evasion, are notoriously untruthful in anything regarding this habit, and that they also show much low cunning to procure its indulgence. If prior intimation were made, he would in many cases leave his home and go into hiding, in order to defeat the application; and it is on this account that prior intimation is not proposed.

As safeguards against any improper application, or undue or improper interference with personal liberty, clause 17 provides—(1) that the applicant shall be a member of the family or a near relative of the person; (2) that the applicant shall make a solemn statutory declaration equivalent to an affidavit, in which the facts and circumstances of the case shall be fully set forth; (3) that two private friends of the inebriate, well acquainted with him and his family or circumstances, shall make similar solemn statutory declarations; (4) that a medical man (or if thought proper two medical men) shall also give a certificate to the same effect, upon soul and conscience; (5) clause 18 provides that the patient may

at any time appeal to the Sheriff for a recall of the order and for discharge, and his judgment under that clause will, as in other cases, be subject to the review of the Superior Courts of Law; (6) that the patient shall thereafter have right to make a representation of the case to the Secretary for Scotland, who shall have power to pronounce such order as he deems fit under the whole circumstances. It is humbly thought that these provisions ensure complete protection to the inebriate against any possible abuse or misapplication of the powers proposed to be given.

It appears from the evidence before the Select Committee of 1872, that the experience of the American Institutions (referred to in the Report of the Committee) has been satisfactory. Prior to 1872 there were eight establishments (mostly private ones) for inebriates in the United States, and one in Canada, in existence for an average period of five years; that in that period there had been 5959 persons admitted, and that 2018 persons were discharged cured, and 218 received benefit from the treatment. In most of the American States inebriates are dealt with in the same way as ordinary lunatics, and powers are given to commit them to Lunatic Asylums. But in the States of New York, Massachusetts, Illinois, Maryland, Texas, Connecticut, and California, as well as in New York City and Philadelphia, Asylums or Homes, specially and exclusively for inebriates, have been established, and most of them with liberal pecuniary State assistance. The Home in New York City is maintained by the State in supplement of the board of patients. In Texas, 100,000 dollars were voted by the State Legislature for the erection of an extensive Home. As respects the District of Columbia, a Bill was introduced into the Senate of the United States in January last (1887), which was read a second time, and remitted to the Committee of the District of Columbia. It authorizes the purchase of a farm site for the erection of a Reformatory Home for inebriates exclusively, and for the erection and complete equipment of the Home, the expense of which is to be charged on the Treasury of the United States. The Bill provides for the appointment of six gentlemen in the District of Columbia as a committee of management, and for the appointment by them of a medical superintendent, experienced in the treatment of inebriates, and of such other medical assistance as may be found necessary. It further provides that the current annual expenses of the establishment, so far as not met by the board of patients, shall be provided for by the duty on licenses for the sale of intoxicating liquors being doubled in amount while such licenses shall be granted in the District, and that one-half of the proceeds shall be set apart for the expenses of the Home, and that any deficiency which may arise thereafter 'shall be met by 'an appropriation in the Bill for the District of Columbia, to be 'estimated for in the annual estimates of the Commissioners of 'the District of Columbia.'

In accordance with the recommendation of the Select Committee, and the concurrent evidence of all the experienced witnesses examined, that a compulsory power of detention for a limited period is indispensable for proper treatment and cure, it is proposed in clause 19 that the detention of a patient should be for twelve months at least. Provision, however, is made for earlier discharge should the circumstances of any case render that expedient. And it is also proposed to give the Commissioners power to prolong the period of detention, if in any case that course should be found to be necessary. Though the compulsory power of committal is indispensable, it would not be necessary to put it in force in the majority of cases. The existence of such a power would lead to voluntary applications, if these could be made in the quiet manner proposed in the Bill, without the humiliating and repugnant requirements of the Habitual Drunkards Act. That has been established in the experience of the American institutions, as a large percentage of the applications for committal and detention made to these institutions were voluntary applications by the inebriates themselves.

Clause 18 proposes, as a further protection to an individual placed in a Home, to give him power to apply at any time to the Commissioners in Lunacy, or, if he prefers it, to the Sheriff, for discharge.

Clause 12 proposes to authorize the Commissioners in Lunacy to frame rules for the conduct both of District and Private Homes, and scales of charges for patients of different grades as respects their ability to pay for their board and treatment, both being subject to consideration and approval by the Secretary for Scotland. This is thought to be preferable to direct legislation on these heads. The experience of the Commissioners, in regard to the conduct and management of Lunatic Asylums, seems especially to qualify them for this duty, and it is obviously expedient to give them power also to make such alterations in the rules and scales of charges as experience may suggest after the establishments shall be in operation.

Clause 6 proposes to give power to raise money for the purpose of defraying the expense of erecting or otherwise providing District Homes, and, if found requisite, of carrying on these establishments. The proposed assessments will be raised under the same Acts as the assessments for the Lunacy establishments, and thus avoid any separate expense.

The establishment of large Homes, either District or Private, is not contemplated. A large District Home would be expensive in erection and fitting up, and in carrying on ; and would, besides, be unsuitable for the requisite observations of the causes and phases of the disease, and for ascertaining and applying the treatment which would be most available for its cure. It is thought that Homes sufficient for accommodating and treating twenty or thirty

patients in each would be best. Such a Home, with a general dining-room, drawing-room, or reading-room, library, billiard or other room for amusement, and a separate bedroom for each patient, and with suitable recreation grounds, would be the most expedient, and it is such Homes that are contemplated. The patients would have in them bodily and mental exercise and recreation, and the comforts of domestic or family life. Such a Home could be erected and fully equipped at an expense not exceeding £250 for each patient, equal to £5000 for twenty patients, or £7500 for thirty. An assessment for such a sum, distributed, if desired, over several years, and for any annual excess of expense which the board of the patients might fail to meet, would form no appreciable burden upon a lunacy district.

It is anticipated that it may be found expedient to establish, in the first instance, only one General District Home in a convenient central situation to accommodate patients from all parts of Scotland; and this is authorized by clauses 4 and 5. The assessment for such a Home being distributed, as authorized by clause 6, over all the parishes and burghs of Scotland, would be almost infinitesimal. And, besides, as respects any expenditure on the establishment of this or other District Homes, the Bill specially provides that no measure recommended by the Commissioners shall be proceeded with unless their recommendation shall be approved of by the Secretary for Scotland, and shall be authorized by him to be carried into effect, after being submitted to Parliament.

It is apprehended that, without one or more District Homes, the measure would fail in accomplishing any practical results, in the same way as the Habitual Drunkards Act has failed. The establishment of merely Private Homes cannot be ensured, either on the part of private individuals for gain or of philanthropic associations; and, moreover, although in such Private Homes much good might be done in the cases of individual patients, no scientific observations and treatment could be got in them, such as would be got in a District Home conducted under first-class medical superintendence.

Clause 10 proposes to give the District Board power to borrow money to defray the expense of erecting or providing and of fitting up a General or Separate District Home—the money being borrowed on the footing that principal and interest shall be repaid by such instalments as may be found most convenient as respects assessments to be levied for repayment. It is anticipated that, after District Homes shall have been erected and furnished, they will be self-supporting, or nearly so; for, though there are other phases of drunkenness, the victims of the disease upon whom the treatment proposed in the Bill may in most cases be expected to effect a cure, are chiefly found in the well-to-do classes of society, possessed of means quite adequate for payment of a remunerative board. A power of assessment, however, for any deficiency in the

case of District Homes, is proposed by the 6th clause to be given to the Board. It is intended that, for Private Homes, such a scale of payments shall be established by the Commissioners as may render them self-supporting, and afford suitable remuneration to the person who undertakes the charge of such Homes; and, accordingly, no powers of assessment are proposed for the Private Homes.

Clause 8 provides that if a patient shall be placed in a District Home different from that of the District in which he resides, the District of his residence shall bear such proportion of any excess of expenditure as the Board may, in the circumstances, consider fair and reasonable.

Clause 13 proposes that the Secretary for Scotland shall have power to appoint a qualified Inspector of Homes, if direct Government supervision shall be deemed necessary in addition to that of the Board; and that, if a Government Inspector shall be appointed, he shall be remunerated at a rate to be fixed by the Treasury and the Secretary for Scotland, out of moneys to be provided by Parliament. The Habitual Drunkards Act, sec. 13, contains a provision to that effect.

Clauses 29 and 30 propose to give protection against actions of damages to any persons who *bona fide* put the provisions of the Act into effect. Such a protection is recommended in the Report of the Select Committee, that 'No manager of a Reformatory, or 'Guardian, or Trustee, or Committee shall be liable to action for 'damages, for acting under the orders of the Court of Inquiry or 'of the Magistrates.'

The other clauses of the Bill do not seem to require any remarks.

The present Bill does not propose to deal with the case of persons who are not able to pay a moderate board, or with the cases of inebriates of the pauper or criminal classes. The great majority of the sufferers whose cases may be curable under such treatment as is proposed are of the well-to-do classes, quite able to pay a board. Different provisions would be necessary as respects these other classes. The experience which has now been got goes far to prove the beneficial results of treatment in such establishments as the Bill contemplates, but the measure must still be viewed as to some extent a tentative one, and it seems desirable to limit it, in the meantime, to establishments which may be self-supporting, or nearly so. If it shall be attended by the full success which is anticipated, the expediency of further legislation to embrace all classes of inebriates may then be more advantageously considered.

Report of Meeting of Legislation Committee of British Medical Association.

AT a MEETING of the LEGISLATION COMMITTEE of the BRITISH MEDICAL ASSOCIATION, held at 429 Strand, W.C., on Wednesday, March 5th, 1889 (approved of by the Council, 17th April 1889)—

The CHAIRMAN reported that he had for some time past been in communication with Mr Charles Morton, W.S., Edinburgh, late Crown Agent for Scotland, who had drawn up a Bill for proposed Scottish legislation of a more thorough character than the existing Inebriates Acts, 1879 and 1888. In the Chairman's opinion there would be a better chance of the compulsory clauses being carried for Scotland alone, as the advocacy of compulsory powers was much more general among legal circles in that country than in England. The Secretary of State for Scotland had been interviewed, and a memorial to the Government had been influentially signed by Scottish peers, justices of the peace, and well-known members of the legal and medical professions. He presented the following ANALYSIS OF THE BILL:—

The care and treatment of persons who, although not exhibiting such symptoms as would warrant a medical practitioner to grant a certificate for their confinement in a lunatic asylum, are yet labouring under a special form of mental disorder, the chief distinguishing features of which are,—excessive and secret indulgence in intoxicants, the craving for which is more or less persistent or occurring in fits, with remissions at intervals of time and a marked change in the mental powers and moral character.

CLAUSE I. Provides for repeal of existing Inebriates Acts, so far as relates to Scotland.

II. The Restorative Homes (Scotland) Act.

III. 'District Homes,' premises, other than a lunatic asylum, licensed under this Act, under the management of District Boards of Lunacy.

'Private Homes,' licensed as above, but in the occupancy of private persons.

'Superintendent,' manager or principal officer of a District Home, and the licensed owner or owners of a licensed Private Home, and any manager or other principal officer appointed by him for the management thereof.

'Sheriff,' the sheriff and sheriff-substitute of county of patient's residence, and also sheriff of county where Home is situated.

IV. and V. The Board of Commissioners in Lunacy to inquire of each District Board whether separate District Homes, or one General District Home, or one or more Private Homes, should be established, and to report to the Secretary of State for Scotland, who can order the Board to carry out their decision. The report and the Scottish Secretary's order to be laid before both Houses of Parliament. If no objection in Parliament during 40 days, the Scottish Secretary's order to take effect. Estimates for sites, equipment, etc., of Homes to be subject to approval by General Board, the work being executed under the management of the District Board.

VI. The necessary charges for the establishment and carrying on of approved Homes to be borne on the landward part of counties and upon the burghs (if for one General District Home) of all Scotland, (if for a separate District Home) of the district, according to the real rent of the lands and heritages. The proposed assessments to be raised under the same Acts as the assessment for Lunacy establishments.

VII. Board empowered to grant a licence for general or separate District Home.

VIII. When patient is from another district, District Board to have power to charge proportion of cost to district of patient's prior residence.

IX. and X. District Homes to be vested in the District Board, which Board can acquire lands and borrow on security of the assessment.

XI. Private Homes may be licensed by District Board on payment of a fee of £2 to the Board.

XII. Board to frame rules and regulations for District and Private Homes, for medical attendance, etc., also for scales of payment for patients not entering voluntarily, subject to approval by the Scottish Secretary of State.

XIII. and XIV. Secretary to appoint an Inspector with salary. Each Home to be inspected at least twice a year.

XV. Register of Patients, along with such other books as Board may direct, to be kept. A copy of Register to be transmitted in each December to the Board.

XVI. Provides for admission (and detention for a limited time) to a Home on voluntary application. The Superintendent, within two days of admission, to report to the Board. The Superintendent of a Private Home may make special arrangements for board and fees. If no such agreement, the schedule charges to be exigible.

XVII. If patient refuses to apply voluntarily, any member of his family, or any other near relative, or a friend taking interest in him, or a magistrate in the public interest, may present an application to the Sheriff to grant an order for reception and

detention in a District or Private Home. The application to be accompanied by a Statutory Declaration by the applicant, and, if the patient have such friends, by a Statutory Declaration by two private friends, who shall have personally seen him within seven days, and also a certificate on soul and conscience by a registered medical practitioner, who shall have seen patient within seven days. If the patient have no private friends, there must be two medical certificates. The application may be for reception into a Home and for detention for a period not exceeding twelve months. On receiving the order from the Sheriff, the applicant with the assistance (if necessary) of any of the attendants of the Home, or of officers of the law, can remove the patient to the Home. The Board to fix the scale of payment when there is no private arrangement.

XVIII. Any patient can at any time apply to the Board by letter, or to the Sheriff by petition. The Board and the Sheriff have both power to grant or refuse a discharge, subject to review by the Superior Courts. The patient can also apply to the Secretary for Scotland.

XIX. Patient, unless discharged by the Board, the Sheriff, a Superior Court, or the Secretary, shall be detained for twelve months. The Board may postpone discharge for an additional three months on application either from original applicant or from any relative, with the consent of the persons who made the relative declarations. The Board may also dismiss any patient for insubordination, misconduct, disobedience to regulations, disturbance or annoyance to the officers or inmates of the Home.

XX. Patient and his estate liable for patient's board and treatment in District and Private Homes, and for all contingent expenses, as decerned for by the Sheriff on a summary petition by applicant, superintendent, or guarantor.

XXI. The Board can transfer a patient from one Home to another.

XXII. The Board may grant occasional leave of absence, subject to withdrawal. In the event of escape, any justice or magistrate with jurisdiction in place where patient is found, or in the district from which he escaped, can, on summary application by the Superintendent, issue a warrant for the apprehension of the patient; and after apprehension, the patient shall be taken back to the Home.

XXIII. Any person aiding a patient to escape, or supplying anyone known to such person as being an inmate of a licensed 'Home' with wine, beer, spirits, or other alcoholic stimulant (unless by order of the Medical Attendant), shall be liable to a penalty of £10, on application of the Superintendent to the Sheriff or a Justice of the Peace.

XXIV. A penalty not exceeding £20 for any officer or attendant failing to comply with the provisions of the Act, or supplying stimulants or narcotics (except by order of the Medical Attendant) to any patient.

The Board may revoke a license to a Private Home if the licensee prove to be unqualified or negligent.

XXV. The Summary Procedure (Scotland) Act to be incorporated with this Act.

XXVI. Power to Members of the Board and Inspectors to visit all District and Private Homes, and to employ medical advice and assistance. Such expenses to be charged to the Board.

XXVII. The Sheriff and any of the Visiting Justices can visit and inspect Homes.

XXVIII. Any minister of the parish, and the patient's own minister, also any relative, can visit under such conditions as Superintendent and Medical Attendant, with sanction of the Board, lay down.

XXIX. to XXXI. No action to lie against any medical or other persons for applications, certificates, or declarations, unless on specific averment of falsehood and malice, or of reckless and careless granting without inquiry, and of being untrue and unwarrantable. No action can be laid after the expiry of six months after the patient's discharge. No action to lie against the Commissioners, or against a Superintendent of a District or Private Home, or occupant or owner of a Private Home, or against any attendant, acting under orders of the Sheriff or the Board. No document to be invalid for defect in form.

Dr Norman Kerr added that the Bill did not deal with the case of inebriates unable to pay a moderate board, or with pauper or criminal inebriates. The measure was tentative, and for the present was designed to be restricted to Homes which would be self-supporting, or nearly so. At a special meeting of the Medico-Chirurgical Society of Edinburgh, after an exhaustive discussion, a resolution had been passed asking the Scottish Secretary and the Lord Advocate to move the Government to legislate for Scotland, either on the lines of the Restorative Home Bill, or in such other ways as would provide compulsory power of control and detention of habitual drunkards in properly regulated Homes.

Resolved: That this meeting of the Inebriates Legislation Committee heartily approve of the provisions in Mr Charles Morton's draft Restoration Homes (Scotland) Bill for the compulsory reception and detention of inebriates in properly conducted Homes for curative treatment of their diseased condition, for the payment of a portion of the necessary expenditure at the public charge, and for voluntary admission without appearance before two justices; and this meeting recommends that by deputation or otherwise every effort be made to influence the Legislature either by some such measure, or by the addition of similar powers to the Inebriates Acts of 1879 and 1888, to receive so desirable amendments to existing legislation.

Discussion on the Restorative Homes Bill in the Medico-Chirurgical Society of Edinburgh, February 20, 1889.

The President said,—Gentlemen, you are aware that the Special Meeting of the Society this evening is called for the consideration of a subject of very great and wide-spread interest and importance, both in a medical and a legal point of view. Many difficulties beset the medico-legal aspect of the subject, and our object now is not to bring forward individual cases, but rather to discuss the general question, and to aid in the elucidation of those points, of which there are a considerable number, requiring mature deliberation, in order to their being safely and judiciously dealt with in any legislative enactment which may be necessary upon this subject. The matter, you are aware, has been brought before the Secretary for Scotland, and a Bill in connexion with it has been framed by Mr Charles Morton, W.S., the late Crown Agent for Scotland. The difficulties of which I speak, and which will be brought more prominently before you this evening, are the considerations and precautions which are required in framing any measures with the view of being adopted for the purposes of the Bill which is proposed to be brought before Parliament. Such considerations will be recognised as those attaching to the admission of persons either as voluntary inmates or by committal as compulsory patients. There are responsibilities here which must be taken into account. The next thing is the detention of such persons, whether voluntary or by committal; to consider what powers are to be conferred for the detention of these patients, and in whose hand these powers are to be vested. Again, we must take into consideration the exact definition of what constitutes loss of self-control, of what constitutes inability to manage one's affairs, or even of danger to self or others; and perhaps it might be well to consider whether any modifications are required in these cases where the inebriate is a habitual and continuous drunkard, or one of an occasional nature, where, perhaps, the lapse of months without any mental aberration whatever takes place between the outbreaks, which, however, may be serious at the time.

Before calling upon Prof. Stewart to open the discussion, I

wish the Secretary to intimate the apologies he has received from several gentlemen who are unable to be present this evening, and I should like him to read at length some of them which are of considerable weight, such as Professor Sir Douglas Maclagan's.

The Secretary (Dr James Ritchie) intimated apologies from the following:—Professor Sir Douglas Maclagan, Professor Gairdner of Glasgow, Professor Muirhead, Professor Kirkpatrick, Dr Morton, President of the Faculty of Physicians and Surgeons, Glasgow; The Solicitor-General, Sheriff Ivory, Sheriff Æneas Mackay, Sheriff Guthrie Smith, The Dean of Faculty, Mr Charles Morton, Sir Charles Pearson, Messrs Arthur Allison, J. Henderson Begg, T. D. Brodie, Charles Scott Dickson, Charles J. Guthrie, T. G. Murray, Drs Alfred Daniell, Angus Fraser, Aberdeen; Samuel Moore, and Alex. Robertson, Glasgow.

He stated that although several of these gentlemen had expressed themselves very strongly in favour of further legislation for the care of habitual drunkards, he would read only three of their letters.

Professor Sir Douglas Maclagan wrote:—'I cannot now go into details, but I beg to express my cordial approval of the principles of Mr Charles Morton's Restorative Homes (Scotland) Bill. To do any good we require to have complete power, under proper legal restraints, of saving these wretched people from themselves, and it appears to me that the legal requirements are ample for securing any one against an infringement of that which is, as regards this subject, an intense humbug—the liberty of the subject. I really have some difficulty in seeing who can be injured by this Bill. It cannot be the victim, him or herself, whom we wish to save from ruin—soul, body, and estate. It cannot be his or her relatives, whom we wish to rescue from worry and misery. It cannot be our excellent asylums, both chartered and private, of which in Scotland we have so much reason to be proud, because as the law stands we cannot legally commit the habitual drunkard to their custody. Why, then, should not Parliament give us a chance and enable us to show, as I am sure we would do, that with proper but safe-guarded authority we could save these sad victims of that which we all recognise as a form of disease. I hope that the opinion of the Society will be in favour of extended powers, and that the Bill, avowedly tentative, will be confined to Scotland.'

Mr J. B. Balfour, Q.C., wrote:—'The subject is one the interest and importance of which cannot be over-estimated. I should be very glad if anything could be done in the way of legislation to mitigate so great an evil.'

Professor Gairdner, Glasgow, wrote:—'I am strongly persuaded of the absolute necessity of a change in the law with respect to habitual drunkards.'

Professor Grainger Stewart said,—The subject which we are to discuss this evening belongs in a somewhat special way to this Society. It is more than thirty years since Dr Peddie formulated for the profession and for the public, in a very able paper read here, his views as to the necessity for legislative enactments for the benefit of certain classes of inebriates and their families and estates. In the discussion which followed, Sir Robert Christison, Mr Murray Dunlop, M.P., Prof. Laycock, and others, took part; and from that time, as well as in some measure before it, the members have been interested in the question. In the opinion of the Council, the present is an appropriate time for renewing the discussion; for we have now had ten years' experience of the working of 'The Habitual Drunkards Act, 1879,' and by the light of this experience we are in a position to reconsider the question. Further, many members of the medical and legal professions in Edinburgh have had the opportunity of studying the provisions of the Bill, which has been prepared by a very able and distinguished lawyer, who was for a number of years, and under several administrations, Crown Agent for Scotland, in which it is proposed to deal with the question on new lines. This suggested Bill is the more deserving of study, as it is known that Government officials have been carefully considering its proposals, and the opinion has been expressed in influential quarters that Mr Morton's Bill would soon be introduced into the House of Commons, for those in authority had expressed great sympathy with it, and their desire to further it. For these reasons, and because I hope that there is now a pretty general consensus of opinion in favour of something further of a legislative nature being attempted, I have willingly complied with the request of the Council that I should open the discussion this evening.

I wish that it had been possible to have had it brought forward by Dr Peddie, who has done more to draw attention to this subject than any other man in this country or abroad, or by Sir Douglas Maclagan or Sir Arthur Mitchell, whose large and special experience would have fitted them so well to bring before us the state of the question. I am glad that although the duty has fallen upon me, the Secretary has read us the important expression of opinion of Sir Douglas Maclagan, so that he may be said to have taken the first word in our discussion; and we have the benefit of the presence of Dr Peddie, and of others eminently well qualified to speak, and may hope to hear their matured opinions this evening.

The difficulties of dealing with the topic are two, viz.,— first, that the necessity for something being done is so obvious as scarcely to admit of argument or illustration; and, second, that the devising of suitable plans is beset on every side with embarrassing considerations.

The experience of every medical practitioner, of every family lawyer, and of too many of the general public, supplies ex-

amples of intemperance of many kinds. There is the steady tippler, who takes small quantities of alcohol at intervals during the day, never getting intoxicated, and yet certainly shortening his life by such indulgence. There is the man who gets drunk almost every night, but keeps perfectly steady and attends well to his work during the day. There is the convivial victim of intemperance, who is sure to exceed on every festive occasion. There is the ordinary case of delirium tremens or acute alcoholism. There is the victim of chronic alcoholism and of alcoholic paralysis. There is, besides, the maniac, the monomaniac of suspicion, the melancholic, and the general paralytic, each of whom may owe his insanity to his drunken habits. But besides all these there is yet another class, and it is for them that legislation is specially required. Sometimes such patients look wonderfully well in the intervals between their attacks. Sometimes they show all the features of the chronic alcoholic. The face is flabby, sometimes pale, sometimes with red or coppery nose or cheeks ; the muscles are jerking and unsteady, the tongue is tremulous and furred, the throat is congested, and the breath smells of more or less altered liquor. The stomach is frequently disordered ; the appetite poor, especially of a morning, with a tendency to sickness, with vomiting of mucus ; the bowels are irregular ; the liver is extended beyond its normal limits, congested, and rather tender on pressure. The heart acts with little vigour, often too quickly, and sometimes with fits of irregularity or palpitation. There is a frequent tendency to clear the throat, and some cough. The skin is soft, and tends to perspire ; the urine is copious, sometimes pale and of low sp. gr., sometimes clouded with urates, or depositing uric acid, or showing some albumen. But the nervous system is chiefly changed. There is undue sensitiveness to impressions, jerky and unsteady muscular movement, with incapacity for sustained exertion. There is a liability to sudden flushings or pallor, excessive dryness or excessive perspiration of skin. There is sleeplessness, nervous irritability, loss of the faculty of concentration, and impairment of memory ; while, perhaps, from time to time after a drinking bout there is a regular attack of delirium tremens or epileptiform convulsions, or of alcoholic paralysis, or of mania *a potu*. But at all events there is an insatiable craving for drink, sometimes constant, sometimes coming on occasionally,—a craving which is declared to be absolutely irresistible ; not that the drinking necessarily gives pleasure, but the desire cannot be resisted. No end of cunning and ingenuity is manifested in the attempt to get supplies of liquor. The moral nature becomes so debased as to be absolutely incapable of distinguishing truth from falsehood ; the most ingenious tricks are resorted to, the most unblushing lies are told. The patients lie with a calm resoluteness, assure one with a pleasant smile that they have never in any degree exceeded ; and they are never put out of countenance if you draw the half emptied bottle from

beneath their pillow, or otherwise convict them of the most flagrant untruth. They are liberal of promises in the highest degree, are willing to acquiesce in any opinion which one may express to them. Instead of the sweet reasonableness which a recent much-lamented writer used to describe as one of the best qualities of man, they have an unreasonable sweetness so far as words and promises go. Their manner is often tinged with a peculiar sadness. They seem to contemplate their own careers with a kind of melancholy complacency. But while such moods of mind are common, a great change manifests itself during the drinking bout, or when they are seeking for the gratification of their appetite. Then they frequently get into trouble; they steal or otherwise bring themselves within the grasp of the law; and some patients of this kind are constantly getting imprisoned for longer or shorter periods. Mr Smith, the governor of the prison at Ripon, gave in his evidence before the House of Commons in 1872 some statistics regarding such a case, whose history was known to him during a period of 25 years. The subject, who was a woman, had been 17 times in Wakefield jail for periods of from 3 days to 3 weeks, 11 times in Leeds jail, 15 times in Northallerton jail, 15 times in Ripon jail, all for being drunk and disorderly. She was thus imprisoned 58 times; and of the 25 years of which I have spoken, spent 5 years 9 months and 20 days in prison. Dr Peddie told the same Committee of the wife of a respectable tradesman who had for 42 years been a habitual drunkard. Every possible means had been tried for her cure, but without avail. She had been boarded in different parts of the country, prevented access to drink, shut up on different occasions in a lunatic asylum, 15 times in different places of shelter and refuge, 15 times convicted of drunkenness and disorderly conduct, and sentenced to various terms of imprisonment, running from 14 to 60 days, and her periods of imprisonment had amounted in all to 778 days, besides 200 nights spent in police cells. He told also of a son of this woman who died in prison at the age of 38. He began to drink when a mere lad, and although quiet and amiable when sober, had at times an irresistible impulse to drink, and then became furious and dangerous, and much giving to thieving. Thirteen times he was convicted of being drunk and disorderly, 4 times for theft; he spent 922 days in prison, besides many nights in the lock-up when he was found in the streets drunk and incapable. The great special characteristic, then, of this form of intemperance is, that the victim is possessed of an irresistible and insatiable craving for liquor; it may be constantly, it may be in paroxysms recurring at longer or shorter intervals. This craving must be gratified at any cost; the victim becomes, as Dr Peddie has said, regardless of honour or truth, unaffected by appeals to reason or self-interest, by the tears of affection, or by the suggestion of duty either to God or man.

A Committee of the House of Commons defined the class as including those who, notwithstanding the plainest considerations of health, interest, and duty, are given over to habits of intemperance which render them unable to control themselves and incapable of managing their own affairs, or such as to render them dangerous to themselves or others.

Now experience has made it abundantly plain that little or no benefit accrues from punitive confinement in jails, or from short periods of residence in asylums for the insane, or in houses of refuge or shelter, while reason and experience both lead us to believe that confinement in suitable homes for lengthened periods might in a certain proportion of instances effect a cure, especially if the treatment were applied at a comparatively early period of the disease. The results of experience have been distinctly encouraging. I am unable to attach much importance to the returns published in regard to some of the minor institutions in England, as their results surpass what we are entitled to expect. The Government Report for the year 1887 states, on the authority of the manager, that two-thirds of the patients discharged from the Westgate-on-Sea Retreat were permanently cured; also that most of those who remained in Walsall Retreat for twelve months did well; while the Hales-Owen Retreat showed a fair proportion really cured, but results would have been better if patients had placed themselves earlier under restraint, and remained at least twelve months. The Twickenham results are described as more than encouraging. But the returns of the Dalrymple Home, in which the utmost confidence is placed by those well fitted to judge, show that during three and a half years after the opening of that Institution there were 103 admissions and 85 discharges; the average period of restraint being six and a half months. Of the 85 discharged, 36 are reported doing well, 2 are reported improved, 27 not improved, 1 insane, 3 dead, 16 not heard from. I could adduce many striking results from some of the American institutions, but shall ask you to fix your attention upon the facts which I believe to be reliable and carefully sifted, that of the 103 admissions to the Dalrymple Home, 36, or upwards of one-third, are reported as discharged and doing well. Such a result is unmistakably encouraging.

Now let us see what legal remedies have been proposed to meet these evils. No one has proposed to legislate for the mere tippler, for the man who occasionally gets drunk upon convivial occasions, nor even for the man who, like a patient whom Dr Skae described to the Committee of the House of Commons, is carried drunk to bed every night, but who is quite able to do his work during the day. There is no need for legislation in regard to delirium tremens or chronic alcoholism. The Lunacy Laws provide with ample distinctness for the cases of mania *a potu* and the other varieties of insanity. It is the special form which lies upon the borderland

between drunkenness the vice and obvious madness for which it is believed we might legislate with success. I have no wish to involve myself in questions as to definition of insanity generally, and of the precise relationships between it and intemperance, or to attempt to formulate such a definition of the disease we are now considering as would satisfy in every theoretical detail a specialist or a lawyer. I appeal to those who are experienced practitioners for confirmation of the statement, that many of the cases to which I am referring are capable of easy and definite recognition, and that for practical purposes the definition which I have already quoted from the Report of the Committee of the House of Commons is quite sufficient. If this be accepted, what scheme of legislative enactment might be expected to prove useful? Dr Peddie, in the Appendix to his first paper, gave a series of nine suggestions, which I shall summarize:—

1. That four establishments, not lunatic asylums, should be opened in Scotland for the reception, comfort, and cure of dipsomaniacs.

2. That a board, consisting of a magistrate, justice of the peace, a clergyman, and a physician, should meet from time to time to consider cases, grant orders for reception and discharge, make regular visits to the establishment in order to see that the various arrangements for the care, comfort, and cure of the inmates are properly carried out, and in general to consider all matters connected with the proper working of the scheme.

3. That appeal should be to the Lord Advocate or Lunacy Commission.

4. That applications for protection and cure might be made voluntarily by the dipsomaniac himself, he undertaking to submit to the rules of the institution and remain as long as the directors think it necessary. Cumpulsory restraint might be applied for by any friend, relative, member of the community, or parochial board, or the procurator-fiscal for the public interest.

5. Applications for compulsory restraint should state in the petition to the sheriff the grounds on which they are made.

6. That they must be attested by witnesses and by the medical attendant of the individual. The sheriff should also require an opinion from another medical practitioner appointed by himself, should then transmit the evidence in writing to the board of direction for the district.

7. The board, being satisfied, should notify their opinion to the sheriff, that he may grant warrant, and they make arrangement for the admission to the establishment.

8. That no warrant or certificate should be granted for a shorter period than six months or longer than two years; but that the friends might remove the patient under certain restrictions in a shorter time, or that the detention might, under certain conditions, be prolonged.

9. That no individual restrained under the regulations should be considered as altogether deprived of civil rights.

But these proposals never came under the consideration of Parliament.

In one of the Lunacy Acts provision is made for the admission of inebriates into lunatic asylums, they consenting to enter and submit to treatment for a certain time. This provision is, in my opinion, an important and valuable one. I have in many instances urged this step upon the habitually intemperate, and have sometimes induced them to take advantage of the Statute. I am glad to say that I have seen complete and apparently permanent cures effected in such cases, and I can never be otherwise than grateful to the officers of various institutions who have been the means of rescuing individuals from this otherwise hopeless condition. Still, I must admit that I have found it difficult to avail myself of this provision of the Act, for the patient himself and his family often shrink from the idea of confinement in a lunatic asylum, and from the consequences that might result to the subsequent position of himself and his family, and indeed it must be admitted that the arrangement is otherwise unsatisfactory in respect that it is not good for the habitual drinker to be placed in the society of ordinary lunatics, and because patients of this class often prove troublesome and unsatisfactory inmates of asylums, interfering with the working of the institution, tampering with attendants, and stirring up the ordinary patients to discontent and complaint.

In 1870 the late Dr Donald Dalrymple, M.P. for Bath, introduced a Bill in the House of Commons providing for the admission of habitual drunkards into retreats. This Bill provided for the establishment of inebriate reformatories, sanctuaries, or refuges, and for the maintenance of habitual drunkards therein to be charged on the rates; for the establishment by Boards of Guardians of a special place for the treatment of habitual drunkards; for the committal of a pauper habitual drunkard to a retreat, on the production of two medical certificates, for a limited period; and for the committal, without certificate, of any person committed for drunkenness three times within six months. Admission might be voluntary or compulsory on the request of a near relation, friend, or guardian, or on the certificate of two duly qualified medical practitioners and the affidavit or declaration of some credible witness. This Bill did not pass; but in 1872 a Committee of the House was appointed to inquire into the best plan for the control and cure of habitual drunkards, and they reported 'that there is entire concurrence of all the witnesses in the absolute inadequacy of existing laws to check drunkenness, whether casual or constant, rendering it desirable that fresh legislation on the subject should take place, and that the laws should be made more simple, uniform, and stringent. That occasional drunkenness may, and very frequently does, become confirmed and habitual, and soon

passes into the condition of a disease uncontrollable by the individual, unless, indeed, some extraneous influence, either punitive or curative, is brought into play. That self-control is suspended or annihilated; moral obligations are disregarded; the decencies of private and the duties of public life are alike set at nought; and individuals obey only an overwhelming craving for stimulants, to which everything is sacrificed. That this is confined to no class, condition, or sex, and hardly to any age. That it is in evidence that there is a very large amount of drunkenness among all classes in both sexes which never becomes public, ... which is probably even a more fertile source of misery, poverty, and degradation than that which comes before the Police Courts: *for this no legal remedy exists, and without further legislation it must go on unchecked.* Legislation in such cases was strongly advocated by all the witnesses before the Committee. That the absence of all power to check the downward course of a drunkard, and the urgent necessity of providing it, has been dwelt upon by nearly every witness, and the legal control of an habitual inebriate, either in a reformatory or in a private dwelling, is recommended, in the belief that many cases of death resulting from intoxication, including suicides and homicides, may thus be prevented. That this power is obtained easily at moderate cost, and free from the danger of abuse and undue infringement of personal liberty, has been stated in evidence by quotations from American and Canadian Statutes, as well as by the witnesses from America. That it is in evidence, as well from those who have conducted and are still conducting reformatories for inebriates in Great Britain, as by those who are managers of similar institutions in America, that sanatoria or inebriate reformatories are producing considerable good in effecting amendment and cures in those who have been treated in them. That the proportion of cures is not larger is attributed by all the witnesses to a lack of power to *induce or to compel the patient to submit to treatment for a longer period—and that power is asked for by every one who has had or still has charge of these institutions.* Without such a power it appears that the results must be imperfect, disappointing, and inadequate to the efforts made.'

The Committee therefore recommended that—'Sanatoria or reformatories for those who, notwithstanding the plainest considerations of health, interest, and duty, are given over to habits of intemperance, so as to render them unable to control themselves, and incapable of managing their own affairs, or such as to render them in any way dangerous to themselves or others, should be provided.'

The Committee further recommended that these sanatoria should be divided into two classes—'(A.) For those who are able out of their own resources, or out of those of their relations, to pay for the cost of their residence therein; these, whether promoted by private enterprise or by associations can be profitably and success-

fully conducted;' and '(B.) for those who are unable to contribute, or only partially, sanatoria must be established by State or Local Authorities, and at first at their cost, though there is good reason to believe that they can be made wholly or partially self-supporting.'

The Report then proceeds as follows:—'The admission to these institutions should be either voluntarily or by committal. *In either case the persons entering should not be allowed to leave except under conditions to be laid down, and the power to prevent their leaving should be by law conferred on the manager.* Though practically this power would be seldom put in force, *it would be useless to establish these institutions without it.*

'The patients under Class A. should be admitted either by their own act or on the application of their friends or relatives under proper legal restriction, or by the decision of a local court of inquiry, established under proper safeguards, before which, on the application of a near relative or guardian, or a parish or other local authority, or other authorized persons, proof shall be given that the party cited is unable to control himself, and incapable of managing his affairs, or that his habits are such as to render him dangerous to himself or others; that this arises from the abuse of alcoholic drinks or sedatives, and he is therefore to be deemed an habitual drunkard.

'The period of detention should be fixed by the court of inquiry or by the magistrates, but may be curtailed upon sufficient proof being given that the cure of the patient has taken place.'

No legislation was accomplished in the direction of the Committee's Report for seven years.

In 1877 Dr Cameron, M.P. for Glasgow, brought in a Bill similar to that of the late member for Bath, but leaving it to a jury instead of a magistrate to decide whether an individual for whose compulsory committal to a retreat application was made was an habitual drunkard or no; and at last, in 1879, after much opposition, 'The Habitual Drunkards Act' was passed, Dr Cameron having succeeded in piloting it through the House of Commons, and Lord Shaftesbury through the House of Lords. This Act defines a habitual drunkard as a person who not being amenable to any jurisdiction in lunacy, is notwithstanding, by reason of habitual drinking of intoxicating liquor, at times dangerous to himself, herself, or others, or is incapable of managing himself or herself, and his or her affairs. It provides for voluntary admission only, and requires appearance before two justices of the peace, with other precautions. There are many details of precautions, into which it is not necessary for me to go.

This Act was at first passed for a period of ten years, but in 1888 a short Bill was introduced and passed into law rendering this legislation permanent, and requiring appearance before only one justice of the peace instead of two. The main deficiencies of

this Act are that the rules for obtaining admission, as at present arranged, are not sufficiently simple; that there is no power of compulsory confinement; that a period of restraint sufficiently prolonged for the purpose cannot be obtained, and probably that the restraints are not sufficiently complete. Such is the present state of legislation on the matter.

Mr Morton's Bill is framed on the lines recommended by the Select Committee of 1872, but proposes to deal only with the case of persons who are able to pay a moderate board. He proposes it as a tentative measure applicable to Scotland, and fitted to gain experience to guide in the establishment of similar institutions of the pauper class, and in other parts of the Empire. In its preamble he states that—'Whereas by the Acts 20 & 21 Victoria, c. 71, 25 and 26 Victoria, c. 54, 29 & 30 Victoria, c. 51, and 34 & 35 Victoria, c. 55, provision is made for the care and treatment of lunatics in Scotland, but no adequate provision is made in these Acts, or by the law of Scotland, for the care and proper treatment of persons who, although not exhibiting such symptoms as would warrant a medical practitioner to grant a certificate for their confinement in a lunatic asylum, are yet labouring under a special form of mental disorder, the chief distinguishing features of which are—excessive and secret indulgence in intoxicants, the craving for which is more or less persistent, or occurring in fits, with remissions at intervals of time, and a marked change in the mental powers and moral character. And whereas such persons, by their habits and conduct, embitter, disturb, or break up domestic or social relations, and in many cases bring themselves, or families, or others into a state of degradation, or ruin, or danger of life, it is expedient and necessary for the protection both of them and others, that such persons as above described should be cared for, by providing means for placing them in temporary retirement, in a place of residence other than a lunatic asylum, under proper care and medical treatment, and under such restraint as will prevent them from having opportunities of continuing such vicious and ruinous indulgencies, whereby a permanent cure may reasonably be expected.' In this preamble it will be observed that there is no reference to other kinds of indulgence than the alcoholic—none to morphia or chloral; and it may be a question whether this ought not to be considered. The memorandum prefixed to the Bill discusses its provisions with great care, and explains many of the proposals. Recognising the necessity for a qualified and central authority to carry out its provisions, the Bill ordains that the Board of Commissioners in Lunacy, and the District Lunacy Boards, should be entrusted with this duty, and that the small assessments which may be required should be raised along with those for the purposes of the Lunacy Acts. It proposes to give the Lunacy Board power, after due inquiry as to the necessity for the establishment of homes in each district for the recep-

tion of inebriates, to provide general accommodation in a district home, or to license the establishment of private homes for care and treatment under due medical supervision. The Commissioners in Lunacy are also authorized to frame rules both for the conduct of district and private homes, and scales of charges for patients of different grades as respects their ability to pay for board and treatment,—all this subject to the consideration and approval of the Secretary for Scotland.

It proposes that patients should be admitted to one of the licensed homes upon his own application to the superintendent. If he should refuse to apply, the Bill gives power for admission and forcible detention by the following process:—Any member of the patient's family, any other near relative or friend taking interest in him, or when there is no relative or friend to act, a magistrate in the public interest, may present an application to the sheriff to grant an order for reception and detention in a home.

It is not proposed that the application should be intimated to the patient, but the applicant must make a solemn statutory declaration equivalent to an affidavit, fully setting forth the circumstances of the case. Two private friends of the inebriate, who are well acquainted with him, his family, and circumstances, must make similar solemn statutory declarations; that one, or if thought proper, two medical men should also certify, upon soul and conscience, as to the patient's condition. Upon such evidence the sheriff is to proceed to consider whether he ought to grant an order for reception and detention. It is believed that in this way the necessary powers are given, without risk of interference with the liberty of the subject.

With regard to the period of detention, it is proposed, in accordance with the recommendation of the Select Committee of the House of Commons and Upper House, that it should be for twelve months at least; but power is granted for earlier discharge should circumstances require it, or for prolonged detention if that course should be found necessary.

It is provided that the patient may at any time appeal to the sheriff for recall of the order and discharge, or to the Commissioners in Lunacy, with, of course, the right of appeal to the Secretary of State.

It appears to me that what has been said makes it clear that an urgent need exists for legislation, if the proper legislation can be devised; that the existing legislation, although to a certain extent of value, is insufficient to meet our necessities; and that the general scope of Mr Morton's Bill is excellent, and many of the details admirably devised, so as to give us something distinctly in advance of what we have attained. The safeguards provided for the liberty of the subject are amply sufficient, both as to the precautions taken to prevent wrongous admission, and those to diminish the risk of undue detention. Although it may seem

somewhat hard to add to the duties already discharged by the Lunacy Board, certainly no existing institution could compare with it in fitness for the work, and it would be difficult to conceive how a board could be devised better fitted to discharge the duty, even if such a board were to be framed of set purpose. It may be held by some that there would be no need of establishing district homes at the expense of the rates, inasmuch as private establishments of the kind would be speedily set up if legislation of a permanent kind warranted their formation; and it is possible that this view is correct. But in its main points it appears to me that if such an enactment as this Bill proposes was passed into law, we might reasonably count upon a perceptible diminution of the sum of human misery, the cure of not a few who have become the subject of this evil, and much benefit to their relatives and estates.

Dr Yellowlees, Gartnavel Royal Asylum, said,—I certainly would not have willingly intruded so soon. I would rather have listened, but since you have asked me, and since trains are inexorable, I will say a few words now. I think Prof. Stewart has done a great deal in clearing the ground. Nothing more need be said about the characteristics of the habitual drunkard. He has put them so admirably before us, and so perfectly are they sketched in the preamble of the Bill, and also in the Report of the Dalrymple Commission, I need say no more of them. We all know these cases quite well, and we know from our own observation harrowing details of the danger, the misery, and the ruin that such a patient entails upon himself and his family. I need say nothing more as to that. I take it that the chief object of our meeting is not to discuss this aspect of the question, but to let the public know how strong and how unanimous our feeling is that such cases demand far greater care than we can at present give them. At least we desire to inform such of the public as do not already know. There are no sceptics among those who have had in their own family or acquaintance a habitual drunkard. That is the saddest argument and the most convincing one. We are all agreed as to the misery and distress thus caused, and as to the necessity for something being done, and we are all agreed as to the helplessness of such cases without some one helping them. The misery of it is that most of these people will not have the help. We are all agreed, too, as to the frequent hopelessness of cure. He was a very sanguine man who found two-thirds of the cases in one of the retreats recover! I am quite sure that those of us who have the widest experience of such cases have the darkest tales of failure to record. I think that the only hope is in enforced abstinence, and the abstinence is useless unless continued for a long time—a year at least. We are all agreed, too, that our present mode of dealing with such cases is a miserable

failure. If poor people, they get into jail. That is not to be regretted. It is the best thing that could happen to them, as the law now stands. Referring to the case mentioned by Dr Stewart, I do not think it is to be regretted that that man was five years in jail. It was best for the man and best for the public, and the public have a right to be considered; if they could have kept him longer, it would have been far better. The futility of the jail treatment for short periods is perfectly certain, but there are some 'habituals' so bad and so hopeless that the only course is to put them beyond doing mischief to their neighbours. If the patient is not poor, you may try to get him into an asylum as a voluntary patient—that is, provided you can get an asylum superintendent good natured enough to admit him. I habitually and deliberately refuse such patients. I refuse them for their own sakes, because they presently get so absolutely certain that they are well that you cannot persuade them to remain long enough to get any real good, and I object to them for the sake of the other patients as well. I say you have no right to impose the company of such liars and mischiefmakers upon respectable lunatics. The next thing you probably do, if you cannot get them into an asylum, is practically to banish them. You send them to a remote part of the country, to Skye or Orkney, if you can get people to keep them—where you deprive them of money, and where they associate with people as bad as themselves. I have often thought that the moral tone of these inebriate refuges must be of the lowest. And still another most miserable recourse is to send them abroad, to let them drink themselves to death where they wont disgrace their friends. The present modes are thus miserable failures. Legislation hitherto has been useless, and the Habitual Drunkards Act a complete failure. This was fully expected at the time. Dr Cameron, who fought hard for the Act, told me that it was hopeless to try to carry the compulsory clause. The choice was between this Act or nothing, and he took this with the hope that something better might be got next time. We are all satisfied as to the need of something better, and this seems a good time to legislate, as the Habitual Drunkards Act expires next year (I am just told it has been renewed again); but I doubt very much if you will get anything so sensible and so needful carried through, as the time of Parliament seems to be taken up with discussing such very important questions as what kind of breeches an Irish patriot shall wear. Mr Morton's Bill is only too good. It is too good, because it is a great deal more than is attainable. I wish it could be got, but I have no hope whatever that many of its provisions will be carried out. I have no hope that the Commissioners in Lunacy will undertake the care of habitual drunkards in addition to their present duties, though none could care for them so well; and I have no hope whatever that the assessment clauses which the Bill contains could be

carried. If they are dropped, then the only practical difference between Mr Morton's Bill and the Habitual Drunkards Act is the compulsory clause. At present, without that compulsory clause the Habitual Drunkards Act is useless—sadly useless.

Dr Peddie said,—I am glad that our Council has brought up this subject for discussion, seeing that Mr Morton's draft Restorative Homes Bill is at present in the hands of the Secretary for Scotland; and it is very satisfactory that Dr Stewart has at their request undertaken to explain the scope of that Bill, and those delicate and important points which are concerned in the question. I hope that this meeting of the Society may be as unanimous in opinion on the question as was the case thirty-one years ago, when I brought the matter before it, and read a paper on the subject. That paper when published was circulated extensively; and the suggestions then made, following as they did the recommendation three years previously by the Scottish Lunacy Commission of 1855 in their Report of 1857, for 'prolonged detention in asylums of cases of insanity arising from the habit of intemperance,' created a widespread interest, and was most favourably commented on at the time in almost every newspaper and journal in the country.

Between that time and the passing of the Habitual Drunkards Act twenty-one years elapsed. Dr Stewart has given something of a sketch of the fits and starts of the agitation on the question during that period of time; and the outcome of all the agitation was the present Act. The Bill then brought in—it was not the first Bill—by Dr Cameron, was a strong measure on the subject, but it came out of Parliament an emasculated one, a very feeble Act, which has done very little, but certainly some good, as it has advanced the question somewhat; but now we have before us a draft Bill which, if carried, will, I believe, accomplish a great deal more, although it certainly cannot altogether meet the grievous evil which exists in our midst. There is no wonder that the Act of 1879 is disappointing, because it dropped the essential clause for good, namely, the compulsory clause. The voluntary clause was likewise almost valueless by being hedged with obnoxious and debarring requirements. There was also dropped from the proposed measure another provision, viz., that clause for extending the Act beyond the upper and middle classes. Any provisions made should be available for those of the labouring, pauper, and criminal drunkards as well. The preamble of the Bill now before us has been read; and so far as I am able to give an opinion, having given a good deal of attention to the matter during past years, it is, I believe, judiciously constructed, and I do not know that we could get a better Act than what may be founded upon it. It has been drawn upon the lines of the Report of the Select Committee of the House of Commons in 1872, and signifies what seems most desirable in the case. In

complying, therefore, Mr President, with the request of your Council to follow the lead of Dr Grainger Stewart in introducing the subject for this evening's discussion, I hope I may not tread too much on the ground gone over by him while emphasizing in some measure what has been said on some of the most important features of the draft Bill. This I have attempted to note under three heads, but will add as a fourth what I consider to be a defect in the proposed Act.

1. The assertion in the Bill that it has to deal with a special form of mental disorder; and that its provisions proceed on the supposition of the probability that cure or alleviation may frequently be effected.

2. That any arrangements for the establishment of 'restorative homes,' unless providing for easy voluntary admission to such, and, if need be, for compulsory enforcement and power to detain, must cripple and seriously nullify legislation designed for personal and relative benefit.

3. That the safeguards afforded by this Bill are amply sufficient for the protection of the liberty of the subject, and all interests connected with individuals, families, and the public.

4. That the defect of the proposed Act is in its limited application to the well-to-do classes, and in not extending its provisions to the labouring, the pauper, and the criminal classes.

1. The assertion in the Bill that it has to deal with a special form of mental disorder; and that its provisions proceed on the supposition of the probability that cure or alleviation may frequently be effected.

The right understanding that a morbid mental condition exists in those individuals for whom legislation is sought, lies at the bottom of the whole question, a condition which requires mixed physical, mental, moral, and religious treatment in a *home* or a *retreat*, as if they were *patients* in an hospital, but not in an asylum, if that can be avoided.

It is again and again asked by those who are opposed to legislation in the case of habitual drunkards, How are you to draw the line between drinking the vice and drinking the disease, and consequently carry out a just administration of law as regards control? But the diagnosis in individual cases must be perfectly easy to common-sense observers; indeed, it should be more easy than in the general run of insane cases, or sometimes of medical disease; for not only will an opinion be formed from physical manifestations which are sufficiently marked, but substantiated and confirmed as they must always be by what is seen in the conduct of each person, and from the testimony of reliable witnesses as to existing circumstances and statements of historical fact. The preamble of the proposed Bill read by Dr Stewart is most admirable as to the points and limitations for which an Act is

designed, both in the way of definition and description, and could scarcely, I think, be improved.

The habitual drunkard is not the ordinary social drinker—one who imbibes freely even to intoxication at public feasts or at markets, or with boon companions, or who soaks a great deal daily, or resorts to frequent 'nips' for the love of the drink, while yet tolerably fit to discharge the ordinary duties of life. But he is one whose desire has originated as a disease, or has passed from intemperance into a condition in which there is an irresistible, ungovernable, uncontrollable craving for intoxicants which he gives way to solitarily, stealthily, and deceitfully; and who is notoriously untruthful as to the desire and its indulgence, and utterly regardless of consequences to himself or others, even in spite of the most sacred social and moral obligations.

Examples of all these characteristics I could easily supply from personal experience did your time permit; but I am sure that all present of much experience in practice must be able to recall instances in corroboration of what I have stated. I shall only quote one short passage from the evidence I gave before the Select Committee of the House of Commons in 1872 as a sample of what I have often met with (*Report*, p. 49, answer to question 939, twelfth line from top)—'I never yet saw truth in relation to drink got out of one who was a dipsomaniac; he has sufficient reason left to tell these untruths and to understand his position, because people in that condition are seldom dead drunk: they are seldom in the condition of total stupidity; they have generally an eye to their own affairs, and that is the main business of their existence, namely, how to obtain drink. Then they will resort to the most ingenious, mean, and degrading contrivances and practices to procure and conceal liquor, and all this, too, while closely watched, and succeed in deception, although almost fabulous quantities are daily swallowed. In many of those cases with which I have had to do, ladies as well as gentlemen—and the former are generally the worst so far as untruthfulness and ingenuity are concerned—I have had the most solemn asseverations that not a drop of liquor had crossed their lips for many hours, when they could not have walked across the floor; that not a drop of liquor was within their power, when I would find bottles of liquor wrapped up in stockings and other articles of clothing, concealed in trunks and wardrobes, put up the chimneys and under beds or between mattresses; and on a late occasion, in the case of a lady, after all means had failed in discovering where the drink came from, on making a strict personal examination found a bottle of brandy concealed in the armpit, hung round the neck with an elastic cord, so that she might help herself as she pleased. The next morning, on seeing that the drunkenness still continued and that something more was to be got at, there was actually found a bottle of brandy tied in the same way round the

loins and placed between her thighs. Such is but an instance of the determination to obtain the wished-for supplies.'

This, therefore, must be considered a diseased condition closely allied to, if not an actual form of insanity. Again and again memorials have been sent to Government, signed by the most eminent men in our profession here and elsewhere, expressing their opinion in these terms, 'that habitual drunkenness is a disease closely approximated in a great number of cases to insanity, and susceptible of successful treatment.' Whether arising from protracted vicious habit, or from constitutional organization, or some disease or injury, the craving for drink is an impulse as strong as that in the kleptomaniac, or suicidal or homicidal monomaniac; and while it differs from all other kinds of drinking, it is characteristic of a considerable portion of the ordinary insane, because, when under the fit, as there is a total annihilation of self-control, the individual must surely be said to have lost the most distinguishing attribute of sanity.

Besides, in such cases there is evident proof that the morbid proclivity has an intimate connexion with brain structure and function, since it is found so often the outcome of HEREDITY. I have seen many, and I know of many more remarkable examples of this which I could quote if time permitted; and in life assurance investigations into family history I have found many instances of fathers, mothers, brothers, and sisters, grandparents, uncles, aunts, and cousins, having been intemperate in various forms and degrees. Also, it is well known, and I have seen many instances in the course of practice and in assurance examinations, of families thus alcoholically-toxically tainted having among their members those who were actually insane, or epileptic, or hydrocephalic, or affected with other forms of nervous disease,—inebriety thus producing in offspring its impress on the brain, which crops up in some form or degree, if not in the early stage of life, at least at some more advanced period. Nay, I have known mere children and those in early youth exhibiting the alcoholic propensity; and I have no doubt our psychologist Fellows now present must have seen frequent instances of this fact. I am sure also that they must have frequently seen the alcoholic propensity manifested in those actually insane, and could also give us some information regarding the worst types of dipsomania, who are the most troublesome inmates of any asylum.

As additional crucial proofs of the connexion of a drink-craving propensity with brain disorder, I would simply notice the fact of the former, sometimes occurring, in the worst degrees, from blows on the head, sunstroke, nervous shock from any cause, hæmorrhage, and some fevers. And, finally, on this branch of the argument I would notice the singular mental associations of habitual drunkenness with crime. These individuals, in police court language called '*habituals*,' have generally a low mental development or twist.

They vibrate between our police court and the Calton gaol, seldom out of the latter many days or weeks, and that from year to year, to the great cost of the country. Regarding these psychological puzzles our excellent sanitary officer may, perhaps, give us interesting information, and also tell us if he has observed any curious uniformity in crimes committed under the influence of more or less drink. On this point, perhaps, I may be again permitted to quote from my evidence before the Select Committee of the House of Commons the following facts furnished to me by the late Sheriff Barclay of Perth.[1] He said: 'Between the years 1844 and 1865 one woman was committed to prison 137 times for being drunk, and when drunk her invariable practice was to smash windows. Then there was a man who, when drunk, stole nothing but Bibles; he was an old soldier wounded in the head; when drunk, the objects of theft were always Bibles; and he was transported for the seventh act of Bible stealing. Then another man stole nothing but spades; a woman stole nothing but shoes; another, nothing but shawls; and there was a curious case (the indictment against whom I have) of a man, named Grubb, who was transported for the seventh act of stealing a tub; there was nothing in his line of life, and nothing in his prospects, no motive to make him specially desire tubs; but so it was, that when he stole, it was always, excepting on one occasion, a tub.'

Now, an important question for consideration, after what has been said of the habitual drunkard's condition, is, Can it be cured? I unhesitatingly say, that in a considerable number of cases it is curable; and that in a larger proportion, with suitable legislative arrangements, it might be. As in insanity, it is curable in the same sense that other diseases are. The more recent and acute the case is when taken under care and treatment, the sooner it is likely to be cured; while the more chronic and confirmed it has become, the more difficult will it be to accomplish that. So in habitual drunkards, from the imperiousness of the desire and habit, and the unwillingness to be under restraint, they are seldom brought early enough, if ever, under the necessary mixed medical, mental, and moral reformatory treatment; and as there is generally the greatest difficulty in getting them to submit to sufficiently prolonged control, and no power to enforce such, it is not fair to push aside as visionary the reasonable expectation which even the present results, under great disadvantages, fully justify. The experience of our private licensed homes or retreats in Scotland and England cannot be satisfactorily ascertained from the above causes, and the absence of Government or other inspection, and of statistics; but I know of several males and females treated in different establishments for considerable periods of time, who have done well afterwards. Even the lady whose case I read

[1] *Evidence before the Select Committee of the House of Commons*, 1872, page 50, answer 949.

to you, and seemingly so unpromising, was ultimately cured. A few days since I had a note from Dr Norman Kerr of London, the President of 'The Society for the Study and Cure of Inebriety,' regarding 'The Dalrymple Home for Male Inebriates, Ricksmanworth, Herts,' which home, he said, might be safely referred to from its being the only disinterested home under the Act (that is, not a private adventure), and which issues statistics annually, so as to be of permanent value. Dr Kerr says that 'of the 115 cases discharged from the home up till 31st January 1888, 52 were then doing well. Of course the time is too short to justify the claim of all these as cures; but,' Dr Kerr avers, that 'from my experience, one-third is as large a proportion as can reasonably be hoped for in the case of males.' As yet in England there is no licensed home under the Act for females, but there are seven for males. However, it is the general belief that with an improved law and suitable arrangements, the percentage of cure may be very considerable. I could quote in support of this opinion from a number of eminent and respected medical men in this country and in America, whose opinions are worth having; but I shall only now notice the opinions of two, who are well known to all of us. The one is that of Sir Arthur Mitchell, who said in his evidence before the Select Committee of 1872,—'We should hope to obtain a cure by prolonged compulsory abstinence under conditions favourable to health. Whether this hope would or would not be realized I cannot tell; our experience in the matter in Scotland is far from encouraging; permanent and satisfactory cures are certainly very rare; *but the experiment has never yet been quite fairly made*, and it cannot be so made without special legislation. If it were fully and fairly made, the expectation of good results, I think, is a reasonable one.'[1] Then Sir Arthur goes on in the same answer to his questioner to say, that as to the comfort of such legislation to families, friends, and society, 'there are no uncertainties.' The other opinion is that of our friend Dr Batty Tuke, which I see in a Report of the Saughton Hall establishment for 1887, dated 1888, in which he states there were two dipsomaniacs treated under the voluntary permission law; and going on to speak generally of dipsomania, he says,—'Even amongst their number many have submitted to treatment for lengthened periods, and their subsequent history has shown that this intractable form of insanity *can* be permanently overcome. The records of this Asylum show that many bad cases of dispomania have been either cured or very materially relieved.' This I consider as very valuable testimony, and I feel assured that Dr Clouston could corroborate the same. In regard to the American experience, about which much has been said in some quarters, I think we ought to deal with it generously, and without prejudice; for while there may have been

[1] *Evidence before the Select Committee on Habitual Drunkards*, 1872, p. 65. Ans. to query 1196.

some exaggeration regarding the percentage of cures, and confusion regarding the nature of the cases under treatment, as in our own country, where the homes are not licensed or inspected, the modes of treatment and the reports of success cannot be trusted; yet, on the other hand, I think there has been, as regards American institutions for inebriates, a very great amount of misrepresentation, for I know there are a number of excellent homes in the States and in Canada, conducted in the same excellent way as in our Dalrymple Home, under the superintendence of scientific, benevolent, and honest men, doing most excellent work. The American physicians have shown much more earnestness and more of a scientific spirit in the study and treatment of inebriety during the last twenty years than we have done, as the reports of their 'Association for the Study and Cure of Inebriety' and their *Quarterly Journal of Inebriety* show ample proof. And from what I have been able to make out from these, they seem to have a fair claim to 33 per cent. of cures—cures as permanent as can be said of cures of any disease. But I hasten on to say—

2. That any arrangements for the establishment of homes, unless providing easy *voluntary* admission, and, if need be, *compulsory* enforcement and powers for detention, must cripple and almost nullify legislation for individual or relative benefit.

An important feature in the proposed Act, different from the present amended Act, is, that *voluntary* admission is not to be public and deterrent, but private, simple, and easy. Instead of an appearance before a justice of the peace, magistrate, or sheriff, as at present, with two witnesses, and making then and there a declaration that he, the person, desires to be admitted to a home, as he *has been* and is a habitual drunkard, the transaction is proposed to be merely with the superintendent of a home (licensed, of course), which application, according to the schedule of the Act, is signed by the person, and attested by two respectable witnesses engaging that he shall remain in the home, subject to the provisions, rules, and regulations of the Act, until discharged in accordance with the same. One of these provisions is that the person or 'patient,' according to the Act, shall remain at least twelve months under treatment, unless circumstances render it expedient that he should be discharged earlier.

We all know the difficulty of prevailing on a habitual drunkard to place himself under restraint. A propensity so deeply rooted in the constitution, so enslaving and irresistible, blunts the better feelings of human nature and reasoning powers as regards promised benefit, and incapacitates him from appreciating the advice, or to be moved by the entreaties, tears, or threats of friends. Thus, in my own experience, after much interviewing and correspondence, even at the eleventh hour, when consent had been obtained and a home chosen, perhaps in only one out of a dozen of instances could

submission be obtained. Therefore if persuasion proved ineffectual in producing consent to enter a home, the compulsory enforcement clause which stands in the proposed Bill will settle the matter. This alternative hanging over the head of the person is therefore likely to make him prefer a voluntary surrender, which can so easily be made, to the ordeal of magisterial committal. The experience of such powers in Canada and in most of the American States to draft persons into homes, amply proves that while voluntary surrenders are very numerous, instances of enforced treatment are very few.

3. That the safeguards afforded by this Bill are amply sufficient for the protection of the liberty of the subject, and all the interests connected with individuals, families, and the public.

First of all, it is no small or unimportant feature in the proposed Bill that the *Board of Commissioners in Lunacy* is to be the *central authority* under the Act. The well-known constitution and character of that Board surely gives the very best guarantee for just administration. They are to have the *licensing* of all the homes; the sanctioning all the internal arrangements, rules, and regulations, not only for district homes established by public grants, but for all private homes, as they must all equally come under the Act. Then as to the safeguards connected with admission to any of the homes, district or private, the superintendent of the home to which the patient has gone must notify to the Board of Lunacy that fact within two days of entrance, accompanied with a full statement of the case; and should the Board not be satisfied with this admission, an immediate discharge will be ordered. Then in regard to a compulsory committal, the safeguards are, that before the sheriff will grant a warrant in any case, the applicant for that warrant must be a member of the family or a near relative of the person, or a friend taking an interest in him, or a magistrate in the interest of the public, setting forth in a solemn declaration the facts and circumstances of the case, accompanied with a certificate from a medical man, on soul and conscience, that he has seen the person within seven days; and if there are no private friends, then the certificates of two medical men. Then, of course, a patient, whether under voluntary or compulsory control in a home, has the right of appeal at any time to the Lunacy Board or the Secretary for Scotland for a discharge, if he considers that there has been undue or improper interference with personal liberty; or if he thinks he has good cause for complaint as to treatment received in the home; or some cause which makes it specially desirable that he should be discharged; or which discharge is urgently requested by his relatives or friends. Thus it will be seen that with all these precautions, and with regular *inspection* of all the homes, as in the case of carrying out the lunacy laws in regard to asylums, the best

interests of individuals, of families, and friends are sufficiently safeguarded.

Of course, say what one may, there will be a hue and cry raised by certain people regarding an Act of this kind jeopardizing the liberty of the subject. However, as I have said elsewhere that it is certainly an overstrained delicacy in legislation which checks interference with a class of cases necessarily occasioning much private misery and public expenditure, as the records of the courts of law, the church, of our prisons, poorhouses, and lunatic asylums amply prove. Justice, humanity, political economy, and expediency all round, therefore, call for legal interposition and for facility to control and, if possible, to cure the habitual drunkard, since medical and other advice or moral suasion are of no avail in influencing his actions; and surely, when such is the case, it is the manifest duty of a wise government to exercise over all its subjects a paternal relationship. In a great many ways the liberty of the subject is most properly interfered with for personal benefit, for the protection or good of others, for the amenity of a neighbourhood, or the general welfare of the public; and why not in cases and circumstances so clamant as those pointed out?

4. Lastly, the defect that I see in this proposed Act is the absence of provisions reaching down to the labouring, the pauper, and the criminal classes.

It was thought, however, better in the first instance to seek legislation only for such as were able to pay board for treatment in the restorative homes, which would thus to a considerable extent prove self-supporting, otherwise the cry against increased taxation might shipwreck the proposed Act. I hope, however, that ere long the Act may be extended to such classes, for whilst the vice of drunkenness in all its most degrading and disgusting forms is more prevalent in the lower strata of our population, disturbing peace and prosperity in private life, and endangering the safety of the public, there are in it also a greater number of the worst type of inebriates, namely, genuine dipsomaniacs, dragging down to beggary and wretchedness numbers of those who are well-to-do, and thus largely increasing disease, destitution, and crime, and consequently continuous gravitation to our hospitals, poorhouses, asylums, and prisons, imposing a correspondingly heavy burden on local taxation and the funds of the nation.

Of course private enterprise or philanthropic associations cannot be expected to establish inebriate homes or sanatoria so as to meet altogether the exigencies of this great social evil; but municipal and parochial authorities, perhaps supplemented to some extent by Government, could accomplish most excellent results. From work done and wages earned by the inmates of such institutions, the

expense of maintenance might to a large extent be met and something over and above gained for the benefit of their families, or, in the absence of such, for his or her own use when the period of control terminates; thus also habits of industry and providence cultivated, would prove excellent counteractives against a return to drinking habits; and other agencies—physical, mental, moral, and especially religious—would be the surest means of generating self-esteem, and strengthening the power of self-control.

Then as to the large, troublesome, dangerous, and expensive class of inebriates, so well known to our magistrates, police, and prison officials, as criminal drunkards, Government ought unquestionably to make some provision in a Habitual Drunkards Act, by which suitable treatment could be carried out in reformatories either in connexion with or altogether distinct from prisons. Inebriates of this class are at present almost irretrievably sunk in the lowest depths of the social scale. They are almost constantly resident in police cells or prisons from oft-repeated sentences on account of assaults, or crimes, committed to obtain drink or under the influence of it; many of them are most dangerous, and all are pests in society, and, as must be admitted, most costly to the country, while it is notorious that not the smallest benefit is produced by imprisonment.

Of course in such establishments the punitive element could not altogether be separated from the reformatory; and the expense of upholding them would to a considerable extent fall on prison boards; but I firmly believe that the good accomplished in them by strict, yet kindly and judicious management, there would in time be ample compensation to the State, and probably a large saving of the at present utterly useless expenditure. Here inmates would be obliged to work, in the first instance, for their own maintenance, and possibly by good conduct win something over to help themselves when the term of restraint expired. Direct commitment by the magistrates to such reformatories might in many instances be judiciously made after three or four convictions without passing the criminal through a prison, which all experience has shown to be utterly useless as a preventive of future offences, and a monstrous waste of money as regards this class of offenders. But if it must be continued so to some extent as a mark of justice on account of crime committed, the prisoner might be transferred to the reformatory in some cases before the period of sentence expires, or at any rate then, by a warrant from a magistrate or sheriff for such prolonged detention in it as circumstances justify, when he would be subjected to those various influences already spoken of. By such means I firmly believe a considerable percentage might be saved from an otherwise almost certain lapse into the old evil ways, and a speedy return to prison life, or a curse on society. Without pursuing further this important branch of my subject, I would refer to the evidence I gave before the Select Com-

mittee of the House of Commons in 1872,[1] and especially to the suggestions for legislation, which that Committee did me the honour to accept, and insert in full in the Appendix to their Report (No. 3, pp. 186-190).

Mr Taylor Innes, advocate, said, in the few words which he would say he would limit himself to the subject which Dr Ritchie had been good enough to draw his attention to. The liberty of the individual was the obstacle which might be supposed to stand in the way, and which had to be attended to. He had a strong belief on the general question that this ought to be no difficulty in the way of passing some such measure as they were now contemplating—a mere measure for the compulsory detention of dipsomaniacs—nor did he believe that public opinion would find that it is a serious difficulty. He observed that Dr Yellowlees had but little hope with regard to this matter, and undoubtedly there had been difficulties in the past. He thought that now, provided that the matter were carefully looked at in detail, the public and the House of Commons could be got to face a new measure and to pass it without serious difficulty. In America the liberty of the subject was put first: yet such legislation existed. And in Britain he thought that the state of feeling with regard to the mischief of drunkenness, and this class of cases in particular, was such that it should not be looked on as hopeless to get such a matter approved of by the community. Of course that was only upon the understanding that all precautions were taken, in the particular Bill, so as to satisfy the public conscience that there was no restraint of the liberty of the subject except what was necessary. Mr Morton had done wisely in publishing the Bill, and in submitting it to bodies like the Medico-Chirurgical Society, in order that discussions might take place, and that legislation might be prepared for. With regard to the measure he had a word to say. The main point in which it (the draft Bill) differed from Dr Cameron's Act lay in its giving power to a man's family, as well as to himself, to propose detention. He thought the intention of this was good, but he thought great care would require to be taken, and he was not sure that there were no mistakes. He found, for example, that no intimation was proposed to be made to the man when one of his family, with the consent of a doctor and one or two friends, wished to have him detained. He did not think they would get the public to consent to that, and he did not think they should. He said they ought to give full and fair notice to the man that they intended to detain him. The Bill spoke of 'families' and 'relatives.' These were

[1] 'Report from Select Committee on Habitual Drunkards, together with the Proceedings of the Committee, with Minutes of Evidence ordered by House of Commons to be printed June 13th, 1872.' See evidence given on March 19th, pp. 48-57.

words which would require definitions, and other clauses should be amended. Twelve months was the time stated for the detention. That was a hard and fast line. Was there, he asked, any medical reason why twelve months should be the time. Some cases of dipsomania would require more: twelve months in many cases would be of no use. He should think there would be cases, again, of men in business who would find it difficult to get away for more than, possibly, six months. He thought, however, that was entirely a medical question, and it should be in the medical certificate which was to be granted. The medical certificate should state what amount of time was necessary in the medical view for recovery. Lawyers in this would defer to the medical men's opinion, and the relatives also would be willing to follow their advice. His suggestion was that there was no necessity for having a hard and fast line. There was no hard and fast line in the Habitual Drunkards Act, whose three, six, nine, or twelve months might, he thought, be extended. That led him to the following. He observed that it was proposed to repeal the Habitual Drunkards Act and to put this new Bill in its place. He thought they should consider well before proposing or pressing that. There was an elaborate definition given in this Bill of the class of persons whom it was intended to deal with, but it struck one who was not a medical man as an artificial and difficult definition. They would find it difficult to push it through the Commons, who had already passed a much wider definition embodied in the title of the 'Habitual Drunkards Act.' He did not think they should attempt to pass a wholly new Bill with a wholly new definition. He would suggest that it would be well worth considering whether, retaining the Habitual Drunkards Act, they might not add to it a clause giving power to the man's relatives, as well as to the man himself, to propose and bring him forward for detention. He thought they would find it much less difficult to persuade the House of Commons to add to the Bill they had already passed, than to pass a Bill with such an elaborate preamble and such a definition. He was glad that it was not proposed to press the assessment clauses, but in the meantime only to shut up self-supporting people. It was, therefore, only a sort of tentative measure, and he thought if this succeeded, they would have a much larger problem to face with regard to the working class, the criminal, and the pauper. However, it was well worth their while trying an experiment. But that was another reason why he thought their experiment might be tried in the way of adding to the Habitual Drunkards Act, and why they should not try to pass an elaborate definition and a new Bill. In any event, he said, they were much indebted to Mr Morton for urging the question.

Dr Batty Tuke said he felt difficulty in rising to speak on the

question, because, not being so hopeful as the speakers who had preceded him as to the effect of legislation, it might appear that he wished to throw cold water on the whole subject. That was not so; no one knew better than he the misery caused by habitual drunkenness, and no one was more desirous than he to find some means of mitigating it. But he was most anxious that the Society should look the many inherent difficulties of the whole question straight in the face, and that it should look ahead and endeavour to foresee what would be the outcome of the working of a legislative enactment such as that then under consideration. Dr Peddie might be congratulated on stating the position regarding drunkenness in a scientific manner, inasmuch as he had pointed out that drinking was one of the manifestations of many forms of insanity. But he (Dr Tuke) was not prepared to admit unreservedly that insane drinking or dipsomania was synonymous with habitual drinking, or that habitual drinking was necessarily disease. He drew a distinct line between vicious drinking and insane drinking, and it was only in the latter condition, insane drinking, that he thought they had any right to ask for legislative measure of control—control meaning seclusion from society. The first difficulty arose out of the question, Who should be the active agent in procuring such control? Was it to be the doctor who was to decide between vice and insanity? He thought that was too much responsibility to place on the shoulders of any one man. Where there was such an open question between the physician and the casuist, he thought it was one that must be determined by more than a single individual. Was it to be a member of the family of the inebriate? This would be to adopt a *lettre de cachet* system open to gross abuse. His opinion was that any such matter must be determined by a court. His old friend and master Dr Skae had long ago suggested as a proper court to determine between vice and insanity, one consisting of a sheriff of a county, assisted by a medical assessor, a representative of the inebriate, and a representative of the family. He could not think that the public would ever consent to the liberty of any individual being curtailed by a less responsible tribunal. He thought that this court should be invested with considerable powers. If it found that the inebriate was an insane drinker, it should have not only the power of deciding what length of time the patient should be subjected to seclusion, but should also be the only agency by which the length of what was practically a sentence should be curtailed. One of the great faults of all the Habitual Drinkers Acts had been the great ease by which an inebriate could obtain release. In Mr Morton's Bill he saw it was proposed that a Commissioner in Lunacy should have this power. He thought that this should not rest with a single individual, and that the court, however constituted, should be the only agent by which its decision could be modified. He thought that whatever representation the medical profession made to the

Legislature or the public, it should make a very full representation of the medical facts; and one fact especially should be put prominently forward in order to avoid anything like reflections in the future. That fact was that insane drinking cannot be cured in a short period of time. Every physician who had any experience of the condition knew that it was useless to speak of six months, or even of a year, as the period of seclusion. It was a well-established fact that, in a very large proportion of cases, it took at least two years to give the patient a chance of recovery, which, he presumed, was the main object of Mr Morton's Bill. What he wanted to impress upon the Society was, that in any representation it may make as a medical body, this important fact should be put prominently forward. He would like to ask the meeting to consider whether it thought the public would ever consent to allow a man to be incarcerated for at least two years for drinking, on such slight authority as was suggested in the Bill under consideration? In his opinion it was extremely doubtful whether such powers would ever be granted to any court, for, in point of fact, a man might be incarcerated for life. They had been told that only 30 per cent. of cases submitted to treatment in homes recovered. What, then, was to be done with the large balance? Were they to be committed and recommitted? If not, what was the good of the Bill so far as 70 per cent. of those to whom it would apply was concerned? This would be a great stumbling-block in the face of any legislation, and it was one which he would urge on the Society to consider carefully before they passed any resolution based on Mr Morton's Bill. He would remind them of their experience of public measures which had been passed by the Legislature in consequence of medical representations. He referred to the Contagious Diseases Acts, which were adopted on much more definite data than those of any Habitual Drinkers Act. John Bull was touched in his pocket, a very tender point. Repressive Acts were passed, were set in action, worked beneficially, and yet were swept away on purely sentimental grounds a few years after their enactment. What, he asked, were they to expect were analogous measures adopted with regard to drinking, which a large section of the community regarded as no very serious evil, and which would be hard to convince that it was the outcome of insanity? Then, again, if an Act was passed, what was to be done with the inebriates? To what institutions were they to be consigned? It was evident from the public prints that private enterprise had for the most part failed. In England it had met with but slight success. He was glad to see that the clauses in Mr Morton's Bill, which suggested that the poor ratepayer was to be assessed in order to provide a home for the well-to-do inebriate, had been withdrawn; but he could not help pointing out that such a suggestion, emanating from such a man as Mr Morton, was strong evidence of the inherent weakness of the scheme. He thought if any Act was

ever passed, insane inebriates should be confined in special departments of public asylums. They were the proper institutions to undertake their care, and there would be less chance of abuses arising out of such an Act if worked through the instrumentality of public institutions. But supposing they had obtained all this machinery, to whom were they going to apply it? He very much feared that its action could only be brought to bear on the ultimate stages of alcoholism. Could any one suggest a plan by which it might be made to apply to the earlier stage, the only period in which it could be materially useful in a curative point of view? And then from the preamble of the Bill, and from what had dropped from previous speakers, the Bill was only to apply to a certain section of inebriates—those who by their evil habits were liable to ruin, or compromise the comfort of their families. Now, how would this apply? It would apply to the man of independent means, who might squander his capital; but how would it act in the case of a professional man who, by being shut up, would have his business ruined for him? Then, again, if the definition of an inebriate such as was set forth in the Bill was adopted, it would apply to hundreds and thousands of cases, and homes without end would have to be constructed. Further, why should ruin to families through drink be alone provided for? If it was a main object of the Bill to provide against family ruin and scandal, why not extend its action to other vices, such as lechery and gambling? He could not believe for a moment that any Bill could ever pass Parliament warranting the incarceration of habitual drunkards in the lump; he doubted very much if any satisfactory measure warranting the treatment of insane drinkers would ever be passed; but he would be willing to support such a measure, because he knew it could be advocated on well-established medical data. But he deprecated as an utterly Utopian scheme any direct interference with the vicious inebriate. The only tangible means by which the medical profession could hope to affect that vice would be by throwing its great weight into a measure providing for rational reform in our licensing laws.

Mr Cooper, advocate, said he was present at the request of Mr Morton. Mr Morton sent the Bill to him, and requested that he should be there and say anything that suggested itself to him, upon rather the legal aspect of the Bill than the medical. Upon the medical aspect he was incompetent to speak. Upon the legal aspect of the Bill he would venture a few criticisms. He felt his position rather a difficult one after the destructive criticism that had just been pronounced by Dr Batty Tuke; and if he might criticise that criticism at all, it would seem to him to be that Dr Batty Tuke objected to the Bill because it could not do everything. It has been a motto in British legislation for hundreds of years past that it was better to have half a loaf than no bread. Although

they were not able to root out drunkenness altogether by this Bill, still they hoped to be able to do away with it to some extent, and to alleviate the sufferings which resulted from it. Dr Stewart and Dr Yellowlees spoke with great admiration of the preamble of the Bill. He felt sorry to suggest that the preamble perhaps was, as it existed at present, a little out of place. He thought that this very careful definition of a habitual drunkard which was given in the preamble would be better stated in the definition of the word patient. The preamble was a part of the Act of Parliament. He thought it was an awkward part in which to place an important definition; and if he had had the framing of the Act, he would have suggested that the first part of the preamble should simply read, that there was no adequate provisions made in the Lunacy Acts for the proper treatment of patients. There was, he thought, no reason why the definition which was given in the preamble should not be stated in the third clause, where the word patient was defined. He thought that that would put the Bill into a proper form. With regard to the remark that narcotics did not seem to be included by Mr Morton, he noticed that in Schedule E, giving a form of declaration by an applicant for the detention of a person, the word narcotic was applied; and he thought there were other sentences in the Bill which plainly indicated that Mr Morton had in view persons suffering from the habitual use of narcotics as well as of alcoholics. He would not trouble them with the minor alterations, which were merely verbal and formal. He thought that the fear thrown out by Dr Yellowlees with regard to the Lunacy Commissioners not being ready to take up this duty was somewhat odd. The Lunacy Commissioners were the servants of the public, and he did not think they should complain for having put upon them this work, which could be a very slight addition to their present work. Dr Tuke referred to the enormous difficulties that would result in the carrying out of this Act because of the great number of persons who would become candidates, either of themselves or by their relatives, for admission into the restorative homes; but, especially since the taxing clauses had been cut out of the Bill, it should be remembered that the only persons who would really get admission to these homes would be persons who could not only pay, but could absent themselves from business for a period of a year or more. It would not be those who had to earn their daily bread. In fact, the Bill, especially after the clauses about assessment are cut out, would only be applicable to persons suffering from habitual drunkenness, and who had sufficient money to keep them in the homes for the necessary time. The only other remark which he wished to make was about the clause of application for detention by relatives. He quite agreed with what Mr Taylor Innes had said, that he did not think Parliament would look at the clause if it did not provide for intimation being made

to the person whom it was desired to detain; and he thought there was in the 19th clause, in the very last sentence, a very dangerous provision made. It read,—'It shall be lawful,' etc. If they passed that clause, every person who wanted to get out of the homes would make a disturbance, and would at once be put out. Another provision he would suggest,—that if a person detained in a home refused to allow his funds to be paid over for his maintenance, application could be made to the Court for the appointment of a judicial factor, who would during the time of the person's detention have control of his funds, so that they could be paid to the people who were maintaining him in the home.

Dr Littlejohn would have preferred to have waited till some of the specialists had spoken, but having been called on by the chair, he would answer the question put by Dr G. Stewart. He (Dr Littlejohn) had never known of a single case of cure having been effected by residence in jail. The reason why was, that the sentences were too short. The appetite for drink was only whetted by this temporary seclusion, and the prisoners, on regaining their liberty, fell easy victims to their former excesses. With reference to Mr Morton's Bill he had a strong feeling that it did not go far enough. The time had gone by for special class legislation. The franchise had been extended, and the working classes were now fully alive to their privileges, duties, and dangers. Were they at this time of day to legislate for the upper ten thousand who were far more able to assist themselves than the middle and lower classes, who in the matter of this terrible disease were practically helpless? He saw a great deal of this form of insanity among the poor. He had the curiosity to ask the Clerk of Police in this city how many of such cases might pass before the inferior Court every year. On consulting the records, it was seen that at least fifty cases turned up annually who were fit subjects to be dealt with as proposed in Mr Morton's Bill. Now, why should not these cases be dealt with by such legislation as was proposed for the better classes? They spoke of the liberty of the subject, but the whole of the tendency of the law at present was to interfere with that liberty if the public safety, or even the well-being of the individual, was in danger. They had reformatories where children were confined and brought up as useful members of society. A child who committed theft, or was not under proper control, was taken from his parents for a series of years, and society approved. Then there was the Infant Protection Act which insisted on compulsory registration; and evidently, after the painful occurrences of the last few weeks, it was evident that the stringent provisions of this Act would be considerably extended. Lastly, with regard to the difficult subject of infectious diseases, parliamentary committees had decided that for the public safety it was expedient that such cases of illness should be

promptly notified to the authorities, and, whenever necessary, isolated in an hospital. He was, therefore, clearly of opinion that it would be safe to apply to Parliament for an extension of the principle of this Bill to all classes of the community, and the evil being recognised, everything connected with the machinery of the Bill should be open and above board. It would be hazardous to allow a man quietly to place himself in these homes. Any one might give a false name, and thus obtain temporary retirement to suit his own purposes. He thought it important that all such parties should feel their position, and while undue publicity might be avoided, no person should be admitted to these homes unless he had gone before the sheriff, and had his statement formally made and recorded that he was voluntarily depriving himself of his liberty for a certain period of time. He felt strongly on another point. He did not know, but he would like to ask Drs Tuke and Clouston if they had power to compel their patients to do any work if the patients claimed to remain idle? [Dr Tuke—We have not the power.] Now, he (Dr Littlejohn) would make work of some kind or other a *sine quâ non* in these homes. Without healthy exercise and work it was impossible to effect a cure of this disease, and the superintendents of these homes should be empowered to fix the kind and amount of work for all patients of both sexes under their charge, and to see that it is done. The occupants of the homes might get a portion of the produce of their work, the rest going to diminish the expenses of the establishment.

Dr Clouston said he was well aware that one's remarks at that late hour must be very concise. When he came there he thought they were not to discuss Mr Morton's Bill so closely. He thought they were rather to discuss the general question, and to give their opinions regarding it. To the general question he would therefore confine his remarks. In any action they might take, they would be wise, in the first place, to limit such action to that form of drunkenness which they could scientifically reckon to be disease. He thought the more quietly and the more gently they insinuated the thin end of the wedge in this matter through the House of Commons the better. In the long run they would reap the greater benefit. He scarcely believed that the definition which had been given in the Bill was a right definition of even diseased drunkenness. He would say it would be wiser to accept a general term, such as habitual drunkard. It would be a simple matter to answer, How was drunkenness related to disease? but more difficult to reply to the question, How could they make it out to be a disease? He thought the very latest investigations into the functions of the brain proved the relation, and the latest facts in regard to the disorder of the higher brain functions all tended towards the idea that the practice of alcoholic drinking in certain

cases is a disease. In the first place, it was strictly analogous to other insanities. They had no difficulty when a man intellectually was so far different from his fellows that he believed things that no other man believed, in saying that that man was diseased. If he entertained delusions of suspicion in regard to actual matters of fact, believed matters of fact to be not fact, they had no difficulty in saying that that man laboured under a disease. That man might be in his affections and in his will in a wonderfully sound condition, and even in his conduct he might not be far wrong, still they called it disease; and in the same way, if a man changed in his affective nature, or if a mother totally changed her affections, they had no difficulty in saying that it was disease. If a man changed in regard to his still higher functions of inhibition or volition, they had no difficulty in saying that he was an insane man. When a man was so diseased in his impulses and in his will or inhibition that he had irresistible impulses towards suicide, no medical man hesitated to say such a man was diseased. If a man in certain other circumstances had changed in his higher inhibition—say when he has an irresistible craving for alcohol or morphia, or cocaine or chloral—why should that man be regarded as not insane? Why should such a man—especially if corroborated by other circumstances, *e.g.*, if you find him belonging to an insane family, if you find a man taking this craving at certain times, and being under its influence at certain times and free from it at other times—not be regarded as diseased? From the time he had the craving he exhibited one of the symptoms of the higher brain diseases in the shape of sleeplessness. He thought the more they knew of the brain the more certainly they were led to the disease theory on purely scientific grounds. It would be said by some that the disease was brought on by the patient's conduct. This was unquestionably true, but he asked the members of the Society, as medical men, if it was not the case that a great many diseases are not brought about by evil conduct, and which the sufferers could have helped if they had liked. Did they hesitate in classing epilepsy as disease because the man originally indulged in such conduct as brought on this complaint? Dipsomania might be regarded as disease, even though the man himself had caused it. He took it that they should legislate on the assumption that they had a disease to do with. It might or it might not be the case that disease was present in any given drunkard. In regard to the causes of dipsomania, they knew that many cases resulted from the action of causes that caused ordinary nervous diseases—from blows on the head, from loss of blood in many cases, from exciting labour, from living under bad hygienic conditions. All these were causes of ordinary disease. Hereditary drunkenness was closely allied to nervous disease. It was mixed up in many ways with real insanity. They ought to legislate for such people. Dr Batty Tuke had said

that ordinary public asylums were the proper places for them. He regretted that in this he differed from him. It had been his experience—and he was surprised it had not been Dr Tuke's—that persons labouring under this disease did not do to mix with ordinary insane people comfortably and for the good of both; and there was another reason, which had been alluded to, that they could not detain them long enough to do any real good. In a case of ordinary mania they could only detain him just sufficiently long to see that his convalescence was secured. They could not detain such a case a year or two after the symptoms had disappeared. This was a test by which the dipsomaniac was to be distinguished in regard to his treatment, and this was one reason in addition to that mentioned by Dr Yellowlees why they should not be sent to the public asylums. So strongly did he feel on this point, that he never took in a dipsomaniac into the asylum if he could help it. He refused all such cases, because he knew he could not do the man the good that was necessary, and therefore he thought there was no good in taking him into the institution. He thought it was now time something should be done in this matter. It had been long evident to all the profession that something ought to be done.

In regard to the question of cure, he did not think they were in a position to express dogmatic opinions. They had never had the opportunity of putting a man under the proper conditions. He thought they must face not only the case of the confirmed drunkard, but they must ask for power to take care of the drunkard at the early stage of his disease, and at that stage place him under proper treatment, a more difficult matter from the legal point of view. If this Bill had been only to affect the confirmed case he would have taken little interest in it. Such confirmed cases were nuisances to society and their friends. Perhaps they did not deserve a great deal of money spent on them. But what of the relatives of dipsomaniacs and society generally? Had they no claims? Surely they had. Should a woman, because she had had the misfortune to marry a dipsomaniac, neither have the power to try and cure him nor to leave him? Many of the medical profession believed that the disease could be cured in the earlier stage. Was there any other disease whose proper treatment was put off till it was confirmed? There were no doubt many objections to be faced, such as that of the liberty of the subject. He thought, however, they were entering on a time when the liberty of the subject would be less thought of than it had been in past times, because there was no real risk to it now. That was a lesson they were learning from the American legislatures. They took care that the liberty of the subject did not interfere with the working of the body politic. In this country they would come to that. If the dipsomaniac interfered with society, he and his liberty would have to go to the wall. In regard to whether

they could distinguish between vice and disease, he was quite ready to admit that it was an exceedingly difficult distinction in many individual cases.

They must also face the difficulty mentioned by Dr Littlejohn. What was to become of the poor diseased drunkard? The only way he could think of at the present time was to call on the public to subscribe money to provide these homes for the poor. The rich could help themselves. They could provide homes for themselves. He did not see why, as the Legislature taxed us for reformatories, they should not give the diseased drunkard in the early stage of his career a chance. Of course, they did not like to be taxed any more; but the inmates of the homes could help by working for their livelihood, and in that matter of work he most strongly and earnestly confirmed what Dr Littlejohn had said. They would never cure a drunkard unless they provided him with employment and he wished to be cured himself. He thought the best suggestion he could give at present was that they should try and get the drunkard at the early stage away to some Highland home, where he could get some real hard work to do, and where he would live in a high moral atmosphere. He said the atmosphere in which a dipsomaniac lived was most important. And for this reason these restorative homes should not be too large; they should not put too many of these people together; for they corrupted each other. They must restrict the size of them to do good. To put anything like 200 together would be outrageous. They would have to restrict them so that the domestic character would have to be preserved, and the feeling of control and direction on the part of the head would have to be preserved in regard to each individual.

He had only now to make two suggestions in conclusion. First, that this Society petition generally in favour of new legislation for the habitual drunkard. He thought they might take it for granted that the House of Commons and the House of Lords and their various committees would see that the Bill was not dangerous to the liberty of sane people. He had one more suggestion to add, to which he attached the greatest importance, viz., that a clause should be added to the Bill making provision for the compulsory detention of diseased drunkards in ordinary houses, with suitable guardians, in suitable parts of the country, under proper guarantees and under proper inspection. When they sent these deceased drunkards away to ordinary homes, they should be under proper superintendence, and the guardians should have a certain authority over the patients. There might be a difficulty in getting proper homes built. There was no difficulty in getting a Highland farmer or clergyman for £50 or £100 a year to look after a man.

Mr Shaw, advocate, thanked the Society for the honour they

had done him in asking him to the meeting. He did not intend to make any observation, further than to say that he agreed almost entirely with the remarks of Mr Taylor Innes. With regard, however, to the preamble of the Bill, he rather differed from him, and he also differed from Mr Cooper. He thought they should leave out altogether the proposed preamble, which was academic rather than practical, and he would not adopt Mr Cooper's suggestion to put it into any other part of the Bill. A wiser proposal, he thought, than supporting the present Bill, which had been so carefully drafted by Mr Morton, would be to secure an addition to present legislation in the form of compulsory power, as provided for in what is practically section 17 of Mr Morton's Bill. The Habitual Drunkards Act of 1879 contained in section 10 a permissive clause, and they found that the almost entire and sole objection was that that clause had been insufficient for the purpose aimed at, as indeed any one would suppose who would read it. What they now wanted was mainly to get the compulsory power added to those at present existing by Statute. A Bill presented to Parliament containing such a preamble and provisions so elaborate, which might be the means of causing needless debate in the House of Commons, would be unpracticable in the present state of public business. Any scheme emanating from this Society would be much simpler, if it merely proposed to add a compulsory power to the present permissive clause,—in fact, to dovetail section 17 of Mr Morton's Bill into section 10 of the Act of 1879, and not to trouble about preambles. He did not quite agree with the views expressed by Dr Tuke. He had come for instruction; and he confessed that he went away with a profounder conviction than ever that in the case of men who are subject to this disease, whether inherited or whether caused by actual vice in their individual history or not, they must deal with these men as not only being harmful to themselves, but as requiring to be treated by public authority in the interests of society, because they were the pests of society.

Dr Connell, Peebles, said some persons might wonder why he was present. He had come simply to give his experience. He had been Medical Officer for twelve years to one of these restorative homes, viz., the Brownsland Home; and during that time he had managed to form some opinions and to collect some facts. He had heard some remarks and opinions which were wide of the mark. He thought it right, therefore, to give them a few grains of fact.

In the first place, he might mention that the home he spoke of was certainly not for the upper class. He had a copy of the rules and the last report in his hand, and the first sentence was that this institution is 'intended for women who have fallen,' etc. The expense of staying there was not large. They paid only 8s. per

week. He did not say, however, that that paid the expenses. The difference was contributed by a number of philanthropic ladies and gentlemen in Edinburgh and elsewhere. 122 people had been treated in the home within the last twelve years. They had resided in the home for various periods. Some had resided a short period, and others a much longer—from two months to three and a half years. They had a lady still who has been there three and a half years, and who was most anxious to continue at the home, because she did not wish to go back to the temptation. Of these 122, 44 were reported as having done well. Some had broken down; 1 had been very hopeful. One of the women treated was the wife of a Liverpool captain, and she resided for fifteen months in the home. She had then gone back to her husband, and had been a good wife for the last five years. These were facts which spoke for themselves. He thought there had been a great deal too much pessimistic criticism, especially that indulged in by Dr Tuke. Some one had remarked that Dr Tuke's objection to the Bill seemed to be that they could not get everything by it, but still surely they would get something. He thought it quite warrantable to go in for such a proposal as was made in the Bill. He thought it right also to say concerning the cases in the home he referred to, that they had never had one single case of acute illness, and some of the women had been exceedingly bad drinkers. They had spent the exceedingly cold winters of 1879-80, in which year the temperature at Peebles was on two occasions 14° below zero; and the years 1881-82-83 were exceedingly cold, and for eighteen weeks that year they never saw mother earth, and yet they lived without stimulants. He had only refused one case. She came to the home in the winter, and he would not take the responsibility of treating her through a cold winter without some stimulant; and as the Committee did not allow that, she was sent home. He had never heard anything further of her since. In the home they had women varying from nineteen to sixty-nine years of age, and they were chiefly of the poorer classes. One woman was the widow of a doctor in the Indian army. One was the sister of a doctor who supported her, and, with the exception of one or two others who had seen better days, they were all the wives of working-men, such as tin-plate workers, engine-drivers, and such. It was not, he thought, the case that they would have difficulties in legislating for the poorer classes. All that the matron and the master of the home felt they required was simply the right to keep these people there. The house where they were kept was as private as possible. It was 3½ miles from a railway station, 7 miles from a town, and lay between two valleys, and high hills on all sides; and the road leading to it had a long slope, so that no one could escape without having two or three pairs of eyes fixed on them, and thus being detected. There had, however, been escapes. Two or three women had escaped, but only to wander

for a while on the hills and to return to the home. A single case of suicide had occurred, which he did not attribute to the want of drink. She had shown signs of it before. It was a case, he said, which would not have been received if it had been known. One of the conditions was that mental alienation should not have been shown. It was a fact that these people in the home had done well without alcohol. It was not the case that they would contract disease. Of course if there were cases where alcohol was necessary there would be no difficulty as to arranging. He had one thing to say about habitual drunkards, and he would say it in plain English. It was that when a man or a woman reduced him or herself to the level of a beast, then he or she deserved to get the treatment of a beast. Though he said this in such rough, harsh language, he did not mean to be unkind. None of them, he said, would be unkind to their beasts. He meant simply that when these people did as he had said, they should be reduced for a time below the level of manhood. That, he said, was a proposition which none of them would refuse. There was another proposition which he could not help formulating. It was, that it was not only lengthened residence in these homes that would do good. He would have been surprised if Dr Littlejohn had known of any cases of cure. A psychological reason for a year being the minimum length of time was that in the diseased condition of some of these people the coming through a certain number of months, through a cycle of the seasons, would act as a support; and if they have kept it through the various seasons, they then propose they might venture back into the temptation. That was, of course, only his own opinion. Another thing that he desired: he was a pessimist in the matter of curing the patient by merely length of time. How many, he asked, even after this period, should be trusted again to give entire satisfaction? These institutions, he said, must be conducted, as this home was, upon Christian principles. He thought Dr Littlejohn's proposal as to work being compulsory was a good one. The only thing that would raise them was to instil into them Christian principles by a sound moral training, and even then he would say that the Church could never quite trust them again to themselves. They would require to be kept out of temptation. They required to put a fear and dread of it into them, such as they would have at poison. He thought doctors could do a deal to effect a cure. They should never carelessly prescribe stimulants to any one. He knew the case of a young man. He had kept away from it for eight months, and then he went and took the advice of a doctor. The doctor prescribed stimulants, and he has lost hope of him since then. The only hope he had was if the people kept rid of it entirely. He looked forward to the passing of such a Bill as this, and he hoped it would pass. It would do an immense amount of good. He had a firm conviction that if

they were to keep them in these homes they must make them work, and another thing, he said, was that you must not make the homes too large. Theirs was not too large. It had eleven rooms, and there were twelve women there at a time. They did needle-work and all kinds of sewing, and garden work when possible; and, he said, that during those twelve years he had been connected with the home he could look back on all the people who had been in the home, and say that there was scarcely one that had not been improved by their stay there.

Dr Clouston asked, How far off was the nearest public-house?

Dr Connell.—The nearest one was 7 miles. Carts and vans used to come, and occasionally brought liquors, but they were now kept in quarantine, and not allowed near the home.

Dr Strachan, Dollar, said they were all agreed as to the great necessity of doing something in the case of habitual drunkards. They were the pests of society, and should be shut up. He thought legislation would be well applied if they could carry out the suggestion of Dr Littlejohn. He, however, was doubtful as to the cure which could be got by such lengthened incarcerations. After any one had been in these restorative homes and gone out, it was absolutely necessary that they for the rest of their lives should be total abstainers. They could not venture at any future time to taste at all of alcoholic drink. That was his experience. He had know men for years total abstainers, and who began to feel themselves strong, and returned to the temptations and began to take a little, and as sure as they did so they fell back to their old ways. He, however, considered that this principle of total abstention could be put in practice without that long incarceration. That was his own experience. He was not a teetotaler himself, and he did not advocate teetotalism for every person, but he certainly did advocate it for habitual drunkards. It was their only safety and cure. He thought some good might be done by their going into this incarceration at the earlier stages. He would mention a lady patient of his, whom he said was as bad as most cases. One fact he would mention, the W.C. in the house had got stopped up. They could not understand the reason, and sent for the plumbers to examine it, and it was found stopped full of *Eau de Cologne* bottles, the contents of which she had been drinking. He thought she must be considered to have been a pretty bad case. The lady consulted him, and he put it before her, that her only chance of getting over it was total abstinence, and he strongly advised her to become a teetotaler. She took his advice, and has kept to it for over twelve years. And he would press strongly upon all medical men that that was a very important matter. These people required to be protected from their friends. It was through the inducement

of society to take a little for their stomach's sake that brought back the craving again. He would again strongly urge upon medical men to get their patients to become total abstainers, and to take an active part in the movement. He thought that could be done quite well without legislative incarceration. There were a proportion of people who were liable to this disease, and the ordinary customs of society led them into it. It was not the lighter drinks which produced the disease and did the harm. It was the strong drinks, such as whisky and brandy and gin. These were the drinks which produced the craving. They excited the nervous system for the time, with consequent reaction, for which the people craved relief. He would look upon it not as an indulgence, but as a craving for relief from a great suffering. He would suggest whether it would not be possible for this Society to try and get these strong drinks classed as poison, and sold like laudanum. If laudanum were sold as the strong drinks were, they should then have the opium habit as productive of evil as the alcoholic habit was now. If they were to restrict the sale he believed they should do away with this disease of habitual drinking. That was the direction in which he should like to see legislation taken, and he was glad of the opportunity which had been afforded him to put this before the Society. It appeared to him that the advocates of abstinence went too far. Comparatively little opposition would be had to this restricted legislation in the matter of drinking.

Dr Andrew Smart said that, on account of the lateness of the evening, and inasmuch as the question had already been very fully and ably considered by previous speakers, he would only add a few words in explanation of his experience of the treatment of alcoholic cases as carried on in the ward under his charge in the Royal Infirmary. During the three years he had been in charge of Ward VI.—a ward, he should explain, for the reception of acute and chronic nervous diseases, but better known as the 'D.T. Ward'—there had been in all 1770 cases under treatment, 1262 of these being alcoholic. That gives an average of 420 cases of that description admitted to and in some way disposed of every year. Of the 1262 alcoholic cases referred to, it was found necessary to send 115 to asylums for the insane—63 of these being males and 52 females. That shows an average of about 40 persons annually certified as insane and passed on from Ward VI. to asylums—the cause of the insanity in nearly all these cases being admittedly due to the drinking habit.

Looking closer at these figures, he found that in his experience of each of these 115 cases he had not been able to procure certification in lunacy by the medical men sent to the ward for that purpose until the patients had reached that stage of the disease in which the pathological conditions referred to by Dr Clouston were unmistakable. Medical men, looking to the present state of the law, and having a reasonable regard to their own safety and pro-

tection, declined to certify insanity at an earlier stage in the absence of these pronounced conditions.

It is painfully interesting to notice that the average age of those 115 drinkers sent to asylums is under 37 years; and that the time taken to acquire the necessary pathological qualifications for being certified as fit for the madhouse varied between ten and fifteen years, this difference no doubt depending upon the constitutional susceptibility in each individual to the toxic action of alcohol in bringing about the necessary degree of brain destruction. No doubt the kind and amount of drink taken also bore some relation to the period of morbid development. It will be apparent from these considerations, that before the habitual drunkard can be finally disposed of by transference to an asylum, a period of ten to fifteen years active drinking will have to be undergone in order to bring the drinker within the scope of the law as it now stands. It is, of course, during this protracted period of inveterate drinking, when nothing by means of restraint can be done, that the domestic and social inconvenience and mischief are most oppressively felt. It may assist one to more adequately realize the magnitude and urgency of the matter under consideration to know that, in so limited an area as Ward VI., there are *annually* under treatment considerably over 400 of the class of patients described—a number equal to two-thirds of all the patients in the Royal Infirmary on any given *day* of the year, and that nearly one in every ten of these will be sent to asylums as incurably insane. These facts will doubtless impress you, as they have me, with the need which exists of obtaining legal control over these infatuated persons at a much earlier period, to be of any real service to them or to others interested in them. The insane qualification arrives too late. It is enormously destructive and fatal. It will doubtless also be evident that any shred of legislation intended for the benefit of a section of the community will be inadequate to meet the necessities of the situation. To do that, any suitable measure, in order to meet with general public approval, ought to possess the recommendation of being adapted to meet the case of any individual in the community who may stand in need of the benefit of its application. In order to obtain the required legislation, our present notions as to the 'freedom of the subject' may have to undergo some modification.

Mr W. C. Smith, advocate, said he thought it followed from the statements of Dr Connell, and from the experience in many other quarters, that most valuable results could be got from Dalrymple's Voluntary Retreat system, but then, as he understood the matter, the patients treated in Dr Connell's home were not the mentally diseased patients who were to be provided for in Mr Morton's Bill. He thought when they passed from the voluntary system to the principle of Mr Morton's Bill, that they arrived at a system which was impracticable and had no future. He thought the advocates

of this system were in a dilemma. For political reasons they could not imprison a sane man who was drinking himself into insanity. They could not apply compulsion in the early stages of habitual drunkenness, which Dr Clouston had referred to. It was necessary, before they could put such men into an asylum against their will, that it should be proved that mental disease was developed and established. He was afraid, when it was possible to prove that in Court, all such cases were absolutely hopeless, and therefore the main reason for imprisonment disappeared. He thought the only way of dealing with the matter was by the use of moral influence to stop a man from drinking, and by reforming the licensing laws.

Mr J. P. Coldstream, W.S., said he had come here this evening and had listened with great interest to the discussion. They had heard in regard to this question connected with the measure of Mr Morton's that it would be exceedingly useful, and they had also heard that it probably would be detrimental, and it would be a bad measure to pass into law. He was a great admirer of Mr Morton, and anything proceeding from him would receive his careful consideration. He also was a great admirer of others who had spoken, and therefore he said he was left in a great dilemma if he was to go by medical men. What might be the result of this measure no one could tell. He certainly agreed with the sentiment which had been expressed, that they could not at this period of time legislate for one class only, and as he understood this Bill of Mr Morton's, it would apply to the upper class only, and not to the lower. He did not see why a Bill of this kind should not apply to the lower classes as well as to the upper class. If they were to be assessed for such patients, who to some extent must be considered as criminals, he said it was quite right that they should be assessed for supporting an institution such as had been proposed. He saw no objection on that score. He thought the Bill should be passed into law, but it should be one for all classes of society. The preamble had been objected to by Mr Shaw, and in regard to that matter he sympathized with the remarks which he had made. In regard to the period of detention, he should say two years was certainly a short enough time, but he should propose that it would be best not to limit the time, and detain the persons until they had a certificate of cure. He was glad to hear what Dr Connell had said, because up to that time it appeared to him that they had been labouring in the dark. He had given his experience. That experience was very valuable. He agreed that total abstinence was one of the best cures. Dr Connell had said that the work of his home was conducted on religious principles. That was in fact the best course. The spiritual remedy would in reality be the only radical cure of the disease from which these poor people suffered. They cannot always influence these people by religion, but in

such cases as Dr Connell mentioned, the religious element being there was one of the utmost importance.

Professor Simpson said, that amidst all the differences of opinion, he thought there must be a wish that something should be done. Discussion would have great value in directing their minds to the need of legislative measures for the management of habitual drunkards, and in showing the importance of some of those that had been advanced in Mr Morton's proposed Bill. But it seemed to him that the discussions would not have the full effect unless they were embodied in a resolution. He had been thinking of framing such a resolution, when their energetic Secretary put a draft resolution into his hands. This, with Dr Ritchie's approval, he had slightly modified, and would at once submit to the meeting as follows:—
'That the Society memorialize the Secretary of State for Scotland and the Lord Advocate, praying the Government to initiate legislation for Scotland in the ensuing session of Parliament on the lines indicated in Mr Charles Morton's Draft Restorative Homes Bill, or in other ways that may seem to them in their wisdom to be more desirable, to provide compulsory powers of control, and detention of habitual drunkards in properly regulated houses.'

Dr Littlejohn seconded, and the motion was unanimously agreed to.

RESOLUTION of the SOCIETY FOR THE STUDY OF INEBRIETY, at London on 1st October 1889.

On the motion of Surgeon-Major POOLE, seconded by Mr JOHN HILTON, it was resolved:—

'That the Society for the Study of Inebriety, without pronouncing
'any opinion on the details of the measure, cordially approve of
'the leading principles of Mr Charles Morton's proposed Bill for
'the Establishment of Restorative Homes for Inebriates in Scot-
'land, viz:—(1.) Voluntary admission and surrender of liberty on
'a simple agreement. (2.) Compulsory admission and detention
'of inebriates unwilling to apply of their own accord. (3.)
'Provision at the public charge for the therapeutic care and treat-
'ment of impecunious inebriates.

'The Society earnestly hope that either by amendment of the
'existing Inebriates Acts, or by special legislation, these import-
'ant improvements may speedily be embodied in law.'

RESOLUTION at a MEETING of the MIDLAND MEDICAL SOCIETY, held at Birmingham on 16th November 1889 (from *British Medical Journal* of 23rd November 1889).

A numerous company of medical practitioners assembled under the auspices of the Midland Medical League, at the Grand Hotel, Birmingham, on November 16th, to discuss the legal and preventive remedies for drunkenness and dipsomania. Mr Lawson Tait occupied the chair. Professor Gairdner of Glasgow opened the discussion, and enforced the need for further legislative measures for the more effectual restraint of habitual drunkards. In the discussion which ensued, Dr Wade, Dr Saundby, Dr Norman Kerr, and Dr F. J. Gray, in addition to the President, took part. It was unanimously resolved:—'That this meeting is strongly in favour 'of fresh legislation in the direction of compulsory provision for 'the detention and treatment of well-defined cases of habitual 'inebriety, in the interest of the individual and of the community 'at large.'