

**On uncontrollable drunkenness considered as a form of mental disorder, with the only possible means of legally dealing with such cases / by L. Forbes Winslow.**

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ON

UNCONTROLLABLE DRUNKENNESS

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CONSIDERED AS A FORM OF



MENTAL DISORDER,

WITH

THE ONLY POSSIBLE MEANS OF LEGALLY DEALING  
WITH SUCH CASES.

BY

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## PREFACE.

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IN consequence of the interest taken in the subject of Chronic Alcoholism, which has of late been occupying much public attention both in this country and in Germany, I have decided to publish this little *brochure* on a subject which may be well called "The Curse of the Age." In doing so I have reproduced certain parts of a pamphlet by my late father on the same subject, which appeared some years ago, before the Habitual Drunkards' Act came into force, but at a time when the subject was absorbing public attention. The *Daily Telegraph*, a few months ago, opened its widely circulated columns to a discussion on "The Slavery of Drink." In the controversy which took place, many persons gave vent to their expressions. Remedies were recommended by those who professed to know something about the subject. Remarkable cures were related,



but none of these proved, to my mind, to be the effectual means of combating with the malady.

Shortly before the Habitual Drunkards' Act—an Act worse than useless in my estimation—passed, I opened an establishment for Uncontrollable Drunkards at the Limes, Mortlake, with a view of trying to effect a cure. Finding, however, that such was impossible without absolute legal restraint, I decided to abandon my scheme. My opinion has remained unchanged since then as to the impossibility of dealing with such cases, unless we have legal certificates to restrain them. I state emphatically that the so-called inebriate establishments are a delusion and a snare. Drink is here supplied by the attendants; and, as we have seen of late in the papers, it occasionally happens that the directors are dipsomaniacs, who have ultimately to seek a shelter for themselves.

In consequence of the great public interest taken by all classes in the subject, the medical journals took the matter up, and on the 14th



of November, 1891, I wrote the following letter to the *British Medical Journal* :—

“THE BELGIAN LAWS AND DIPSOMANIA.

“I have seen some remarks in the *British Medical Journal* of November 7th as to the confinement legally of dipsomaniacs. The establishments alluded to are situated in various parts of Belgium, and are all under the same laws and official visitation. English subjects are here placed under supervision and medical treatment, and are as likely to have their interests protected as foreigners who are placed in asylums in our own country. The Article (8 de la Loi et 34, 35, 36, and 37, du Règlement Organique) of the Belgian Code provides for the legal reception of persons of unsound mind on proper forms and certificates, which can be previously signed by any medical man in England. The law also recognizes, what we fail to do here—namely, that dipsomania is a form of mental disorder, and one to be legally dealt with. Of course, sooner or later the law must come to this in England; but in the meantime we must appeal to other countries



more sensible than our own, who recognize this fact. At most of these establishments English is freely spoken, and the inmates are inspected officially more often than is the case in our own country. The certificates and other documents necessary for admission can be signed in England on proper forms provided for that purpose. At a recent visit to Belgium I made myself *au courant* with the various establishments, and with the working of the law as well; and there is no danger in the liberty of the subject being unnecessarily interfered with, or in persons being confined who are not fit subjects for detention."

In consequence of this letter, I have been inundated by applicants for information on the subject. Ever since then the question has become an all-absorbing one, especially as again we find drink to be at the head of the causes for insanity in England.

It seems incredible that England should have to look to other countries for an example in such matters; but so it is. Session after Session goes by, families are ruined, minds are unhinged, misery



and grief take the place of joy and happiness ; and, as like begets like, so we find lunatics and idiots plunged into the world, the offspring of *dipsomaniacs*, who, had they been properly and legally restrained, and taken care of, such a dreadful calamity would not have happened.

The time must soon come when we shall be represented by some energetic Member in the House, who will obtain proper legislative measures to enable us to deal with dipsomania as a mental disorder; but until this takes place, it behoves us to look beyond our own country for such help and assistance.

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*70, Wimpole Street,  
London.*

*March, 1892.*



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## UNCONTROLLABLE DRUNKENNESS.

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THE question of Uncontrollable Drunkenness has once more been brought prominently before the world, and the opinions of many have been circulated far and wide with reference to the various supposed cures for this dreadful malady.

For many years experienced physicians in this country have unceasingly endeavoured to impress upon the public and medical mind the importance of establishing in this country asylums or hospitals for the reception and treatment of those who have unfortunately become addicted, as the effect of some form of *cerebral* disease, to uncontrollable or *uncontrolled* habits of intemperance. I do not refer to the ordinary class of drunkards, who only occasionally gratify their appetite in "potation's pottle deep," and who have to a great extent the capacity of resisting the tendency to indulge to excess in the use of stimulants; but to a type of case, alas! too



common in this country, in which intemperance has apparently assumed many of the characteristics of bodily and mental disease.

This type of insanity is known by various medical designations: viz., *Oinomania*, *Polydipsia ebriosa*, *Dipsomania* (a term first used by Hufeland). German writers call this phase of mental disorder *Inhumanitas ebriosa* and *Morositas ebriosa*. In Russia it is known by the name of *Sapoi* (*sauf-sucht*, drinking disease, or mania). In these cases the morbid craving for physical stimuli of all kinds is uninfluenced by any motives that can be addressed to the intellect, heart, or conscience. Self-interest, self-esteem, friendship, love, religion, morality, are appealed to in vain. The passion for intoxicating drinks paralyses the will, and obtains a complete mastery over the understanding and moral sense, making every other emotion of the soul subservient to its base and demoralizing influences.

This disposition for stimulants is often associated with an intense horror of the practice. The invalid (for so he must be considered) is often painfully conscious of his infirmity, and

bitterly laments his inability to conquer the disordered appetite.

When speaking of this mental malady Esquirol says :

*“ Si l’abus de liqueurs alcooliques est un effet de l’abrutissement de l’esprit, des vices de l’éducation, des mauvaises exemples, il y a quelquefois un entraînement, maladie qui porte certains individus à abuser des boissons fermentées. Il est des cas dans lesquels l’ivresse est l’effet du trouble accidentel de la sensibilité physique et morale, que ne laisse plus à l’homme sa liberté d’action.”*

So intensely developed in many cases is this yearning for intoxicating stimulants that the unhappy victim allows no sense of decency, no feeling of propriety, no regard for family or domestic ties to stand for a single instant in the way of his sensual indulgence. As in other forms of disordered intellect and perverted instinct, the most remarkable cunning and ingenuity are frequently exhibited by the patient in his endeavours to obtain access to stupefying drink. I have, in my own experience, known both men and women (occupying high social



positions) of decided genius, of wonderful attainments, and cultivated intellectual taste fall a prey to this form of insanity, and become utterly wrecked in mind, body, and estate.

It is difficult for those unprofessionally conversant with these cases to appreciate the extent to which this vice prevails in all ranks of society, and the difficulties connected with its successful treatment. In the majority of instances, and in those too where the habit of intemperance has reduced the person almost to the level of the beast, the ordinary reasoning powers for a time appear to be intact, and the mind is apparently free from the influence of delusions, hallucinations, or any other form of mental alienation. The person when not actually muddled by drink talks rationally, consecutively, and often with great acuteness and sagacity. Hence the medical and legal difficulties that arise when asked what amount of *personal interference* can be imposed in such cases with the view of destroying the insane impulse to drink and of saving the patient, if not from a horrible death, at least from



irretrievable ruin. It is absurd, except in cases where the mind has become decidedly disordered or impaired, to talk about placing such patients as *lunatics* in public or private asylums in England. If it were thought desirable so to confine and treat them with a view of re-establishing the bodily health and restoring the lost—or, I should say, *suspended*—power of self-control, the law, I regret to say, would not permit it. It is only when the mental disorder from intemperance culminates in a commonly recognized form of insanity that the law interferes to save the individual from himself, and to protect his relatives and friends, or the community. During the whole of the nascent and maturing stages of the alienation, during the progressive degradation of the moral faculties of the individual, the medical man is compelled to look on and witness the most heartrending ruin of a family, often in soul individually as well as in worldly possessions, by one whose intemperance is the manifestation of a true insane impulse, hereditary or acquired. The control of friends



or relatives, experience shows, fails utterly, as a rule, to destroy the morbid propensity for drink, and subtract the means for its indulgence. According to the provisions of the statute regulating the confinement of persons alleged to be of unsound mind, it is imperative, previously to any interference with the free agency of the party affirmed to be insane, that two qualified medical men should separately examine him for the purpose of certifying to his mental condition and necessity for restraint and supervision. They are required to particularize symptoms observed by themselves clearly indicative of aberration or imbecility of mind. There must, as a general rule, exist some form of delusion or hallucination, in fact, a disordered or impaired state of the perceptive faculties, before a medical certificate can be legally acted upon. Hence the impediments that interfere with the forcible confinement and detention in an asylum of clear and indisputable instances of moral alienation manifesting itself exclusively in an insane appetite for intoxicating drinks. In the great



bulk of these cases the reason, judgment, and powers of perception are (when stimulants have been withheld for a time) found to be intact.

It would be the height of folly under the existing law to treat any but extreme and exceptional cases of this kind as *insane persons*, and confine them as *lunatics* in asylums in England, and for these self-evident reasons. In the first place, it would be extremely difficult to obtain from the medical men the two certificates required by the Act of Parliament prior to incarceration, in consequence of the lunacy showing itself in *conduct*, and not in any appreciable aberration of *ideas*. In illustration of this fact, I would briefly refer to a case that occurred some time back. A medical man was requested to sign a certificate of mental unsoundness, previously to the patient being sent to an asylum, in the case of a lady who had made two deliberate attempts at suicide; first, by attempting to cut her throat; secondly, by jumping into a deep well for the purpose of drowning herself. The patient could give no reasonable explanation to the medical man of her conduct. In consequence of these overt acts of insanity not



being observed by the surgeon certifying to the existence of mental derangement necessitating restraint, the Commissioners requested the certificate to be returned to him for amendment. The medical certificate is divided into two parts. In the first portion, the legally qualified practitioner is obliged to state facts indicative of *insanity observed by himself*. This is rendered imperative. In the second portion, he is required to particularize facts symptomatic of insanity *communicated by others*. No medical certificate is legally valid unless the medical men signing are themselves able to perceive signs of mental aberration. It is quite possible that in a case of this character the medical man might not be able, during his examination of the patient, to observe any well-marked symptoms of aberration of mind, although convinced, from the insane acts of the party, of the existence of mental disorder, and of the necessity, with a view to the preservation of life, of confinement in an asylum. And secondly, it would not be possible, unless the law be materially altered, to permanently eradicate the depraved habit, because the patient could not be kept sufficiently long



under control and treatment to make a durable impression upon the malady.

Accompanying the two medical certificates is a petition signed by a relative of the lunatic, or by a person authorized by the family to sign the required legal document, and this with the two certificates is presented to a magistrate for the reception order. The medical men signing the certificate are obliged to particularize facts observed by themselves which, according to their judgment, are indicative of insanity. After admission into the asylum a copy of these documents is forwarded to the Commissioners in Lunacy, and the patient so confined is subject to their visitation.

In dealing with patients suffering from an acute manifestation of this malady, viz., *delirium tremens*, the Commissioners in Lunacy have shown a humane desire to protect them as far as possible from destruction, by sanctioning, with a view to their personal safety and restoration to health, a detention in asylums for some length of time after the immediate effect of the drinking debauch had subsided.



When alluding to this subject, the Commissioners observe: "We have considered that a lunatic asylum is not a place for the permanent detention of persons who have recovered the use of their reason, and are not obnoxious to the charge of unsoundness of mind otherwise than on account of the liability to run into their former excesses when restored to liberty." With this I do not agree, and I would advance a step further, and affirm that it would be better to organize, under State supervision, separate sanatoria for their reception, legal detention, and cure. I fully realize the fact that in the existing state of things, and until a legislative remedy for the evil be provided, a well-conducted asylum is the only available, and probably the best, residence for those who, under the overpowering and crushing influence of a mad thirst for intoxicating liquors, are bringing certain destruction upon themselves, and frightful desolation upon all unhappily connected with them.

It is with the view of obviating the necessity for preliminary proceedings referred to that I



suggest the legal establishment of sanatoria or hospitals for the cure of persons afflicted with uncontrollable habits of intemperance. This class of case cannot, as I have previously stated, according to the existing state of the law in this country, be confined as insane persons, neither is it possible to exercise over them out of an asylum any satisfactory amount of bodily restraint or mental supervision, without incurring serious legal responsibilities.

Before discussing the principles upon which the institutions of the character suggested should be organized, I would briefly refer to some of the specific symptoms by means of which a correct diagnosis or distinction can be drawn between ordinary habits of drunkenness and that type of intemperance which may properly be viewed as the effect of an abnormal or diseased state of the appetite. I fully appreciate the difficulties that environ this part of the subject, and estimate to the full extent the great caution that should be exercised in discriminating between drunkenness as a vice and inebriety as a symptom of bodily or mental disorder.



It is not easy in many cases to discover with exactness the *fons et origo mali* of this malady. The injurious habit of tippling may be traced to a variety of causes. It often originates in early life, even during the days of childhood. The pernicious practice of permitting or encouraging young children to "sip a little wine" out of their father's or mother's glass during the hours of dinner is a mistaken act of kindness, and cannot be too highly condemned.

The author of a tract on wine and spirits, published many years ago, says: "A late ingenious surgeon, occupied for a great part of his life in experiments equally well conceived and accurately executed, gave to one of his children a full glass of sherry every day after dinner for a week. To another child, nearly of the same age, and under similar circumstances, he gave a large China orange for the same space of time. At the end of the week he found a very material difference in the pulse, the heat of the body, and the natural secretions of the two children. In the first the pulse was quickened, the heat increased, the renal secretion was highly coloured,



and the evacuations were destitute of bile; whilst the second had every appearance of high health. He then reversed the experiment; to the first-mentioned child he gave the orange, and to the other the wine. The effects followed as before—a striking and demonstrative proof of the pernicious effects of vinous liquors on the constitution of children in full health.” The deficiency of bile is full evidence of the injurious effect of the wine upon the digestive organs in this double experiment.

During a period of social distress, some poor families were driven to drink by false motives of economy. At this period a lady met with a family of poor children, whose pale faces and emaciated bodies forcibly attracted her attention. Upon inquiring of the mother how they were fed, she was informed that “*they did not eat much, and that what they did eat was not sufficient to nourish them without gin-and-water. It was scanty vegetable fare.*” The lady, after pointing out to the woman the pernicious effects likely to follow from such a regimen, advised her to purchase a little animal food with the money she expended



in gin, and to give the children water to drink with their meals. “*Lord, ma’am,*” replied the poor woman, “*if I was to do that, I should never be able to satisfy them in these hard times. I was used to give them water, but then they was always hungry, and I could not beg or buy victuals enough for them.*”

I firmly believe that the chronic form of intoxication has often owed its origin to the powerful influence which certain Anacreontic drinking songs have exercised over the minds of weak persons, who, unfortunately, are too prone, if associated with what is termed “good company” and “jolly fellows” to indulge in vinous excesses. A sagacious politician remarked, “Let me write the songs of a nation, and you may make its laws”; and I would add, Compose me exciting music, not “married to immortal verse,” but allied to Bacchanalian songs, and I will undertake to keep actively alive the propensity for alcoholic drinks and increase to a marked degree the statistics of drunkenness.

The writers of such verses as the following incur a heavy amount of moral responsibility.



They little know the frightfully mischievous effects of these mistaken sentiments on the too easily excited mental fancies and depraved animal appetites of those to whom they are addressed.

“Behold, my boys, a goblet bear,  
Whose sparkling foam lights up the air ;  
Where are now the tear, the sigh ?  
To the winds they fly ! they fly !  
Grasp the bowl ; in nectar sinking,  
*Man of sorrow, drown thy thinking !*” \*

“*Ex uno disce omnes.*” In adults, gastric irritation, nervous exhaustion, lowness of spirits, associated with sensations of intolerable *malaise*, are often the first incentives to alcoholic drinking.

The train of gunpowder once fired, vain are the efforts to arrest the onward march of the conflagration.

A great proportion of persons who indulge to excess in stimulants allege that they suffer from an indescribably painful feeling of languor and

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\* In humble prose this literally means, stupefy your brain, addle or stultify your intellect by intoxicating liquors, and thus banish from your mind all capacity for serious thought or grave contemplation.



corporeal illness, which alcohol alone is found to alleviate or remove. This feeling is said to be intolerable to those who, like the English opium-eater, "hanker too much after a state of happiness," or who "cannot face misery with an eye of sufficient firmness," so that the desire to relieve it becomes uncontrollable. Amongst the causes of these sensations may be mentioned those nervous affections which more particularly have their seat in that part of the nervous system which is the seat of the feeling of well-being, and, whilst ministering to the functions of the viscera in important relation to life, involve, therefore, the instincts for life and well-being. Certain diseases of the heart, impeding its functional activity or rendering its action painful, induce this depressed condition. Morbid states of the stomach and bowels, either inflammatory or irritative, in which digestion is accompanied by pain, and a distressing sensation of weakness in the epigastrium, are amongst the most frequent causes of habitual drunkenness and opium-eating.

De Quincey, the author of the "English Opium Eater," asserts that when he first took



opium, it was to mitigate a most painful affection of the stomach that occurred under unfavourable circumstances, from depression of spirits, and yielded to no other remedies. The same writer observes that the Dean of ——, and a late Under-Secretary of State, both used the same words to describe the sensation which induced them first to become opium-eaters, viz., “that he felt as though rats were gnawing and abrading the coats of his stomach.”\*

I speak advisedly when I say that many sad cases of the worst type of incurable intemperance, particularly among women in the upper ranks of life, may be clearly traced to the highly injudicious way in which various kinds of stimuli have been indiscriminately exhibited medicinally, no doubt with the best intentions, to patients suffering from diseases associated with diminished vital force and nervous depression.

Among the remote causes of dipsomania, I have to consider its hereditary character. Like scrofula, consumption, gout, leprosy, and certain

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\* *Psychological Journal*, vol. viii. p. 179.



diseases of the brain and skin, the disposition to drink intoxicating liquors to excess is often transmitted from drunken parents to their children.

It is a law of vital physiology that "like begets like." Drunken parents often transfer their brutalizing habits to their unhappy offspring, and if they do not follow literally in the wake of the parents, they exhibit some form of moral or mental obliquity or nervous disorder clearly traceable to a deterioration of physical structure (in all probability seated in the brain), caused by a long and persistent indulgence in the use of intoxicating drinks.

"If a drunken man gets a child, it will never likely have a good brain," says old Burton. "It is remarkable," observes Dr. Darwin, "that all the diseases that spring from drinking spirituous and fermented liquors *are liable to become hereditary*, even to the third generation, gradually increasing, if the cause be continued, till the family become extinct."\*

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\* *Botanic Garden.*



Many remarkable illustrations could be cited proving to demonstration the accuracy of these statements. Dr. Howe, an American physician of eminence, in his work on the "Statistics of Idiocy in the State of Massachusetts," says that out of 300 idiots whose history could be traced, 145 were the children of drunken parents! A large percentage of cases of crime and insanity undoubtedly arise from the same cause.

I am now speaking of the general laws regulating the hereditary transmission of depraved habits, moral and mental conditions, and certain bodily diseases. To the operation of this law there are, of course, many exceptions. Drunken parents have given birth to very sober children, and the offspring of insane persons have often been remarkable for the sanity of their intellect and vigour of their understanding.

It has been computed that over 30 per cent. of lunacy cases in all parts of the universe clearly originate in habits of intoxication. Out of 286 lunatics confined in the Richmond (Dublin) Hospital, Macnish calculated that one-half were drunkards. Parchappe asserts that 28 per cent. of



the cases of insanity at Rouen were due to the abuse of stimulants. At Turin, Bonacossa found the proportion of insane drunkards to be 22 per cent. males, and 2 per cent. females; in Holland, 11 per cent. males, and 1 per cent. females; in Berlin, every *third* case of insanity among the working classes was attributable to intemperance.

In Sweden, where the lunatics are in the proportion of one to 770 of the population, Professor Huss states that about half the number of insane males have been intemperate. Dr. Wilson affirms that of from sixty to seventy men received into the asylum at Stockholm, only ten were insane from other causes than drunkenness. In the great asylum at St. Petersburg, out of 997 lunatics admitted during ten years, 837 were reduced to a state of insanity directly or collaterally by intoxication.

Lord Shaftesbury, who for many years was the President and Chairman of the Board of Commissioners in Lunacy, and who therefore had authority to substantiate any statement made by him, authoritatively, in his evidence given



before the select Parliamentary Committee on Lunacy in 1853, expressed his opinion that out of all the cases of lunacy admitted into the English asylums, 50 per cent. were attributed to drink. Since Lord Shaftesbury made this alarming statement, every year confirms the correctness of his views, as drink still remains at the head of the tabulated causes for insanity. The superintendents of foreign asylums have estimated the admissions from intemperance at 25 per cent. on the whole admissions. The percentage would be much higher if we took into consideration the large number of insane persons who owe their condition to the inebriety of their parents. "The sins of the father shall descend upon the children" was never more truly illustrated than in such cases. M. Lunier has estimated that 50 per cent. of all the idiots and imbeciles found in the larger cities of Europe have had parents who have been notorious drunkards.

Out of 350 lunatics admitted into the Charenton Asylum in the two years, 1857-58, 102 were caused principally, if not absolutely,

by alcoholic drinks, that is, 29·1 per cent. of the whole arose from habits of intemperance. The following is a classification of the cases referred to:—

	Per cent.
Delirium Tremens .....	15
Drunken Mania .....	6
Congestive Mania .....	1
General Paralysis .....	34
Anomalous Mental Affections follow- ing Delirium Tremens .....	24
Folie Circulaire .....	3
Stupidité .....	2

Mr. Neison, when speaking of the rate of mortality among persons of intemperate habit, says, "At the term of life 21-30 the mortality was upwards of five times greater than that of the general community, and that in the succeeding twenty years of life it was four times as great, the difference becoming less and less as age advanced. If," he adds, "there be anything in the usages of society calculated to destroy life, the most powerful is certainly the inordinate use of strong drinks."



The average duration of life among the intemperate is as follows :—

	Years.
Mechanics, working and labouring men.....	18
Traders, dealers, and merchants ...	17
Professional men and gentlemen ...	15
Females .....	14

In one of the most important asylums in Prussia the following resolutions were proposed and carried in the Medical Synod :—

1st. That all persons found drunk in the streets and public-houses, or places where intoxicants were sold, should be liable to punishment.

2nd. That the vendors of drink who supplied those in a state of intoxication should likewise be punishable.

3rd. That habitual drunkards should be *compulsorily* placed in institutions specially prepared for their reception.

The recognition and consideration of dipsomania in America has occupied more attention than in England. Institutions have been founded in all the United States for their reception and

treatment. Dr. T. Crothers, in an article contributed to the *New York Record*, states that dipsomania is more complex in its character than insanity, and complains that it has never received the careful study which it so fully deserves. The following facts must not be forgotten in considering the question :—

1st. That in all cases of persistent inebriety, the question of heredity should form a most important element, and one which should have the utmost investigation.

2nd. That injuries to the head, or prolonged illnesses, often act as important factors in such cases.

3rd. That it is a central disease of the nervous ganglia, which may be periodically arrested, or make rapid progress, and may arise from some uncertain cause; but, whatever its course may be, it always follows a certain order and regularity in the stages of degeneration, that is seen, and may in many cases be predicted.

4th. That every effort should be made to check its progress whilst in its infancy, and that if it has become chronic in its nature, it is our



duty to deal with it peremptorily, and in such a way as to limit and control its progress in the least baneful way in our power.

5th. That the question must be regarded by medical men above the superstitions of those who cry out for the sanctity of the liberty of the subject, and the interference of reformers and clergymen, who in such cases do generally much more harm than good; the persistency of their commendable efforts causing frequently serious delay in legally dealing with such cases, and buoy the patients themselves and their relatives up with hopes, which, from the nature of the case, can never be properly realized, and cause the unnecessary wasting of precious time, which might on the other hand have been used profitably and effectually.

A person suffering from dipsomania cannot be confined in an asylum in England under certificates, and it is impossible, except in cases where the mental faculties are disordered, to attempt to place a dipsomaniac under legal restraint in this country. It is only where the mental disorder follows as a result of



dipsomania, and evident signs of this are apparent, that any interference can be legally placed on a patient's liberty.

Dipsomania has for many years been attracting the attention of the Government, but I regret to say without success, and no measure enabling us to satisfactorily and legally deal with this form of mental disorder has as yet been adopted.

In 1834 a Parliamentary inquiry was instituted into the subject of intoxication, and most valuable facts were brought under the notice of what was then termed the "Drunken Committee." Dr. Farr here stated in his evidence that he was acquainted with a gin-drinker who was in the habit of imbibing seventy-two of the usual drams of spirits at one sitting. Another drunkard took half to a whole gallon of gin and brandy a day. Chomel refers to a case of a young man who was in the habit of drinking fifteen bottles of wine and four of brandy per diem. Esquirol mentions a person who swallowed 177 *petits verres* daily.

Another Committee was appointed in 1872, but notwithstanding that a large amount of valuable



and useful information was gathered together, they failed to lead to any results. In Scotland, Ireland, France, Belgium, the United States of America, and other countries, dipsomaniac institutions exist, but of these *only* Belgium and the United States of America can detain the individual legally against his will. The disease exists at the present day to a very large extent among all grades of society, females being more prone to it than males, and especially young married ones.

The Select Committee of the House of Commons, appointed in 1872 to inquire into the general management of habitual drunkards, sat from March 8th to May 10th at intervals. Many important witnesses were examined, amongst those being Sir J. Crichton Browne, (now Lord Chancellor's Visitor of Lunatics) ; Dr. David Skae formerly Medical Superintendent of Morningside Asylum, Edinburgh ; Dr. Peddie ; Dr. John Nugent, Commissioner in Lunacy for Ireland ; Dr. Mitchell, Commissioner in Lunacy for Scotland ; Mr. Balfour Browne ; Dr. Dalrymple, M.P., Chairman of Committee ; Dr. Forbes Winslow ;



Dr. Christie ; Dr. Parish, Superintendent of the Pennsylvanian Sanatorium, and many others qualified to speak on the subject.

In 1875 a number of authorities signed a petition, drawn up by Dr. Holthouse, to the effect that they gave their co-operation to the foundation of an institution for the care and treatment of such cases who might desire to place themselves under restraint *voluntarily*. At this time, in the *Journal of Psychological Medicine*, of which I was, and am now the editor, I predicted that such a scheme must prove ineffectual. I am so far correct, and what I then wrote, I now desire most emphatically to confirm these views to the utmost of my powers, and to affirm, that nothing but legal restraint for a time, until recovery can be pronounced, can in any one case be attended with any good results. It is impossible for any institution to be established upon a sound footing where such persons would thus voluntarily place themselves for any specified time, except some measure be passed by Parliament empowering us to deal with this variety of disease and make such incarceration compulsory. Our great object



in dealing with these cases is to endeavour to establish in them a power of self-control, by firm but judicious treatment, for a considerable period; and I must again contend that, for any permanent good to result from such treatment, the patient must be submitted to legal restraint in an institution recognized by law, and one in which he can be placed against his will on proper legal documents.

In 1879, and again in 1888, the subject was again considered. An Act called the Habitual Drunkards' or Inebriates' Act was passed in England, but it has been acknowledged by all whose opinions are worth entertaining that the present Act is inadequate for the purpose for what was intended. All who desire to place themselves in such establishments in England are required to sign certain documents. The one being a statutory declaration, the other a request for reception into the retreat; this is according to the Act for 1879 and 1888. There is nearly as much red-tapism to be gone through here as in obtaining the ordinary lunacy documents to place a person in an asylum;

and I think there is absolutely more publicity in the case of the inebriate than in that of the lunatic. There are many of these establishments for the reception of those who sign their own death-warrants, so to speak, in placing themselves voluntarily in such institutions in England, and in my experience, I have never seen any good resulting therefrom, neither do I know of any permanent cures having been effected, inasmuch as I do not believe in the alleged total abstinence being properly carried out in these institutions. I state as my authority the frequently expressed views of relatives of patients who have been inmates of these establishments, and also the accounts given me by patients themselves. There may be exceptions, but so far I have not had the good fortune to come across such.



# STATUTORY DECLARATION.

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THE INEBRIATES' ACTS, 1879 AND 1888.

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We

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severally, solemnly, and sincerely declare that  
who is an applicant for admission into the  
for Inebriates, at  
is an Inebriate within the meaning of the Inebriates' Acts,  
1879 and 1888, and is by reason of Habitual Intemperate  
drinking of intoxicating liquors incapable of managing himself  
and his affairs, and we severally make this solemn declaration,  
conscientiously believing the same to be true, and by virtue of  
an Act made and passed in the fifth and sixth years of the  
Reign of his late Majesty King William the Fourth, intituled  
"An Act to repeal an Act of the present Session of Parliament,  
intituled 'An Act for the more effectual abolition of Oaths and  
Affirmations taken and made in various departments of the  
State, and to substitute declarations in lieu thereof, and for  
the more entire suppression of Voluntary and extra-judicial  
Oaths and Affidavits, and to make other provisions for the  
abolition of unnecessary Oaths.'"

*Taken and declared severally* }  
at in the }  
County of }  
this day of }  
189 }  
Before me }

To be signed by two friends of the patient before a Magistrate  
or a Commissioner.

THE INEBRIATES' ACTS, 1879 & 1888.

**Request for Reception into Retreat.**

To \_\_\_\_\_

I, the undersigned, hereby request you to receive me as a Patient in your Retreat at \_\_\_\_\_ in accordance with the above-mentioned Acts, and I undertake to remain therein for \_\_\_\_\_ at least, unless sooner duly discharged, and to conform to the regulations for the time being in force in the Retreat.

*Applicant's Signature* \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_

The above-named \_\_\_\_\_ signed this application in our presence, at the \_\_\_\_\_ Police Court, and at the time of his so doing we satisfied ourselves that he was an Inebriate within the meaning of the *Inebriates' Acts, 1879 and 1888*, and stated to him the effect of this application, and of his reception into the Retreat, and he appeared perfectly to understand the same.

Dated this \_\_\_\_\_ day of \_\_\_\_\_  
at \_\_\_\_\_

Justices of the Peace for County  
[or Borough] of \_\_\_\_\_

*Applicant's Name in full*

*Address*

*Description.*

*Witness's Name in full*

*Address*

*Description*



Some years ago, says my late father in his *brochure* on this same subject, I attended a professional gentleman of extraordinary talents and high literary attainments, who for a period of twelve months never went to bed sober. He was in the habit of drinking at one sitting fourteen to fifteen glasses of brandy-and-water, and when he was so muddled that he lost all power of locomotion, he tumbled like a beast into bed. This man died a most miserable death. He was fully conscious of the frightful termination that awaited him, painfully realized the morbid condition of his vitiated appetite, and fully acknowledged the infirmity of purpose that was leading him on, like an *ignis fatuus*, to his own terrible destruction.

“I was lately consulted,” says a well-known physician, “by a young gentleman of fortune from the North of England. He was aged twenty-six, and was one of the most lamentable instances of the resistless tyranny of this wretched habit that can possibly be imagined. Every morning before breakfast he drank a bottle of brandy; another he consumed between breakfast and dinner; and a third shortly before going to



bed. Independently of this, he indulged in wine and whatever liquor came within his reach. Even during the hours usually appropriated to sleep, the same system was pursued, brandy being placed at the bedside for his use in the night-time. To this destructive vice he had been addicted since his sixteenth year; and it had gone on increasing from day to day, till it had acquired its then alarming and almost incredible magnitude. In vain did he try to resist the insidious poison. With the perfect consciousness that he was rapidly destroying himself, and with every desire to struggle against the insatiable cravings of his diseased appetite, he found it utterly impossible to offer the slightest opposition to them. Intolerable sickness, fainting, and tremors followed every attempt to abandon his potations; and had they been taken suddenly away from him, it cannot be doubted that delirium tremens and death would have been the result."

A gentleman of very amiable disposition, and justly popular, contracted habits of intemperance; his friends argued, implored, remonstrated; at last he put an end to all importunity in this



manner: To a friend who was addressing him in the following strain:—“Dear ——, your family are in the utmost distress on account of this unfortunate habit; they perceive that business is neglected; your moral influence is gone; your health is ruined; and, depend upon it, the coats of your stomach will soon give way, and then a change will come too late.” The poor victim, deeply convinced of the hopelessness of his case, replied thus: “My good friend, your remarks are just; they are, indeed, too true; but I can no longer resist temptation: if a bottle of brandy stood at one hand, and the pit of hell yawned at the other, and if I were convinced I would be pushed in as sure as I took one glass, I could not refrain! You are very kind. I ought to be grateful for so many kind, good friends, but you may spare yourselves the trouble of trying to reform me; the thing is impossible.”

Once the passion for drink obtains the mastery over the will, vain will be the efforts of relatives and friends to prevent the dipsomaniac from obtaining access to stimulants as long as he is permitted to remain unrestrained and at large.



When deprived of the legitimate means of purchasing drink, the most ingenious devices will be had recourse to in order to obtain stimulants. A woman suffering from this phase of insanity was never permitted to have any money at her command. Having no other means of purchasing stimulants, she had nearly all her teeth extracted; these she sold for the purpose of enabling her to gratify the morbid craving for intoxicating drink.

It does not necessarily follow that this craving is confined to brandy, gin, rum, whiskey, wine, or beer. It occasionally embraces within its domain every conceivable description of intoxicating beverage. Patients have been known when other kinds of stimuli have been withheld to fly to opium, Indian-hemp, camphor, absinthe, noyau, shrub, kirschwasser, curaçoa, anisette, and other highly pernicious liqueurs, and to drink large quantities of eau-de-cologne, spirits of wine, chloric and sulphuric ether, solution of ammonia, lavender water; highly-concentrated perfumes, as well as medicinal tinctures, containing a large percentage of alcohol. A lady, respecting whom



I was consulted, being deprived of all access to ordinary intoxicating liquors, was reduced to the extremity of surreptitiously abstracting and drinking the spirit of the hall and table lamps. Any attempt to prevent patients so afflicted from obtaining stimulants is to a degree rendered nugatory by the extreme cunning and morbid fixedness of purpose so often associated with the propensity. Drink of an exhilarating character they declare *must* be had, and all near and dear to them they are prepared readily to sacrifice, in order to gratify an intense yearning for intoxicating liquors.

Let me drop the curtain upon these sad revelations, and proceed to consider whether it is possible to accurately distinguish between ordinary drunkards, with whose freedom of action we should not be justified in interfering, and cases of intemperance clearly overstepping the boundaries of physical and mental health.

It is not easy to describe in writing the peculiarities of these dipsomaniacs.

I am fully conscious of the difficulty of distinguishing in many of these cases between the



*post hoc* and the *propter hoc*; in other words, whether the craving for stimulants *causes* the cerebral disease and mental disorder, or the irresistible propensity for alcoholic drinks is to be viewed as a *symptom* or effect of some form of brain mischief and mind disturbance. I have often known paroxysms of insanity preceded by a *sudden* disposition to indulge to excess in spirituous drinks. A clergyman was subject to periodical attacks of mental derangement. He generally knew when the mental alienation had commenced by his feeling an intense yearning for stimulants. He has been known just before an outbreak of acute derangement of mind to seize hold of a decanter of port wine, and drink it at a draught. After the reason was restored to its healthy balance, this patient became a most abstemious person, rarely, if ever, drinking any kind of stimuli until a relapse of his malady came on, and then again he flew to his bottle.

As in other types of disordered intellect, the abnormal condition of the instinct is to be *appreciated*, and not *defined*. The physiognomy of the truly insane drunkard is very significant



to the eye of the experienced physician. The morbid attacks of intemperance are often paroxysmal in character. Clear and distinct intermissions or lucid intervals occur—weeks, months, and sometimes years, intervening between the attacks. The patient has, in numerous cases, well-manifested premonitory symptoms. He is observed, just prior to the seizure, to be depressed in spirits, taking little or no interest in the ordinary business of life. A feeling of lassitude, nervous depression, gastric irritation, and sinking is complained of, often amounting to physical anguish. Following these symptoms is a gradually increasing crave for stimulants. “The individual,” says a well-known authority, “then disappears from his home or usual place of business, and spends his days and nights in alternate sleep or intoxication, haunting the lowest dram-shops and associating with depraved persons.”

A patient of my father's had attacks of this nature once in two or three months. During the interval he was steady, cheerful, industrious, happy, joyous, and apparently a religious, moral, and sane man. Without exhibiting any of the



precursory symptoms referred to, he would vanish from home. Where he went none of his family knew. After an absence of some days, occasionally a few weeks, a letter would arrive intimating where he was. He often described his feelings. Up to a certain day and hour he was perfect master of himself. Whilst following his occupation, he would be instantaneously seized by a motiveless and irresistible desire to run away to some distant place. Almost unconsciously he travelled to a country town or village many miles distant from his own residence. He then took lodgings in a public-house or hotel, and flying to stimulants, he was generally in a state of frightful inebriety during the whole of the time. After the lapse of some days, but often of weeks, his reason and consciousness were suddenly restored, and then, realizing his sad state, he sat down and wrote to some member of his family, saying where he was, and begging them to come immediately to him. In the repeated conversations with this gentleman it was impossible to detect the slightest sign of disordered ideas or impaired intellectual power.



Like Hartley Coleridge, whose habits of intemperance were well known, the patient had a habit (similar to that described by Samuel Taylor Coleridge as characteristic of his brother's attacks) of wandering and concealment, which returned upon him at uncertain intervals during the middle portion of his life, exposing himself to many hardships, if not dangers, and his friends to some anxiety.

Hartley Coleridge, when speaking of the tendency which existed in his case to painful and distressing feelings, in alternation with an opposite state, exclaims, with great poetic beauty and intensity of feeling:—

“ Sometimes as if with mocking guile  
The pain departs a little while;  
Then I can dance, and sing, and smile,  
With merry glee.

“ But soon, too soon, it comes again,  
The sulky, stifling, leaden pain,  
As a black cloud is big with rain,  
Is big with woe.

“ All I ask is but to know  
The depth and nature of the woe;  
I hope not for a wind to blow  
The cloud away.

“ I hear an inarticulate sound,  
Wherein no fixèd sense is found,  
But sorrow—sorrow without bound  
Of when or where.”

It would be foreign to the object of this *brochure* were I to enter into a consideration of the medical treatment of cases of dipsomania. I would, however, *en passant*, observe that much may be done for their alleviation, if not cure. In the generality of instances there will be found some form of gastric or intestinal irritation, chronic dyspepsia, enlargement of the liver, or irritation of some of the great nervous centres, which can be medically dealt with. In the paroxysmal type of dipsomania the malady may, in many cases, in its incipient stage, be nipped in the bud by the timely exhibition of an emetic, a large dose of opium, a Turkish bath, an active purge, or large doses of quinine and ammonia.

Among the medicines recommended for the re-establishment of the health of dipsomaniacs are camphor, Indian-hemp, strychnia, fusel oil, oxide of zinc, arsenic, the various preparations of iron, valerianate of zinc, quinine, gold, etc.



It is well known than the highly esteemed and accomplished father of the eminent and well-known dissenting minister, Dr. Newman Hall, was for many years of his life addicted to sad habits of intemperance. The following particulars of his remarkable recovery are recorded by Newman Hall, in an interesting memoir of his father, published some years ago :—

“In a moment of extreme mental agony caused by a horrible consciousness of the degraded state to which drink had reduced him, Mr. Hall cried out in earnest prayer, ‘O Lord, have mercy upon me! Lord, be Thou my helper!’ Sinking down in a state of profound exhaustion, he was enabled to realize that his petition for aid had been granted.” Dr. Hall says that at this critical moment “a physician was consulted as to the probability or possibility of medicine being rendered effectual in stopping the disposition to intemperance. The poor man would have suffered the amputation of all his limbs, could so severe a method have rid him of his deadly habit, which, like a vulture, had fastened upon his very vitals. The physician boldly



declared that if this poor slave would strictly adhere to his prescription, not only the practice, but the very inclination for strong drink would subside in a few months. Oh! could you have seen the countenance of that poor man when the physician told him of this; hope and fear alternately rising up, whilst he grasped the physician's arm, and said, 'Oh! sir, be careful how you open that door of hope, for should it be closed upon me, I am lost for ever!' The physician pledged his credit that, if his prescription was punctually followed, the happiest results would ensue. The remedy was given, and eagerly did the poor slave begin to devour the antidote to his misery. Every bottle was taken with earnest prayer to God for His blessing to accompany it. He commenced taking this medicine on the first week in March, 1816, and continued till the latter end of September following; and from that month (up to the time of Mr. Hall's death) not so much as a spoonful of spirituous liquor, or wine of any description, ever passed the surface of his tongue." The prescription I have in my possession.



Dr. Kain, an American physician, recommends tartar emetic for the cure of habitual drunkenness. "Possessing," he observes, "no positive taste in itself, it communicates a disgusting quality to those fluids in which it is dissolved. I have often seen persons who, from taking a medicine in the form of antimonial wine, could never afterwards drink wine. Stimulating liquors with the addition of a very small quantity of tartar emetic, instead of relieving, increase the anorexia and the loathing of food, and quickly produce in the patient an indomitable repugnance to the vehicle in which it is administered. The method of prescribing this medicine must vary according to the habits, age, and constitution of the patient. It should be given only in alternative and slightly nauseating doses. A convenient formula is eight grains of the tartrate of antimony, dissolved in four ounces of boiling or distilled water; half an ounce of the solution to be put into a half-pint, pint, or quart, of the patient's favourite liquor, and to be taken daily in divided portions.



“If severe vomiting and purging ensue, opium must be given to allay the irritation, and the dose of the mixture should be diminished. In some cases the change suddenly produced in the patient’s habits has brought on considerable lassitude and debility, but this will be of short duration. In a majority of cases no other effect has been perceptible than slight nausea, some diarrhoea, and a gradual but uniform distaste to the menstruum.”

“Having tried tartar emetic in several instances,” says Dr. Macnish, “I can bear testimony to its good effects in curing habitual drunkenness. The active ingredient in Chambers’s celebrated nostrum for the cure of inebriety was this medicine. Tartar emetic, however, must always be used with caution, and never exhibited unless under the eye of a medical man, as serious consequences might ensue from its indiscreet and injudicious employment.”

In a treatise on “Naval Discipline,” the following ingenious mode of punishing drunken seamen is recommended: Separate, for one month, every man who is found drunk from the



rest of the crew; mark their clothes "drunkard"; give them six-water grog, or if beer, mix one-half-water; let them dine when the crew have finished; employ them in every dirty and disgraceful work, &c. This had such a salutary effect, that in less than six months not a drunken man was to be found in the ship. The same system was introduced by the narrator of the story into every ship on board which he subsequently served. When first-lieutenant of the *Victory* and *Diomedé*, the beneficial effects of this treatment were fully acknowledged. The culprits were heard to say that they would rather receive six dozen lashes at the gangway, and be done with it, than be put into the "drunken mess" (for so it was named) for a month.

Sanatoria are useless unless such establishments be sanctioned by the legislature, and placed under the direct authority of the state, and compulsory restraint be possible. In order to carry this suggestion into effect, it would be necessary to have an Act of Parliament clearly defining or describing the peculiar phenomena observed in this phase of insanity, and then to



authorize the erection of a public sanatorium, or private sanatoria, under the official auspices and direction of competent persons.

If after examination the case is proved to be *boná fide* in its character, then the statute specially referring to the subject should legally sanction the detention of the patient until he was considered fit either to be discharged as cured, or well enough to leave the Institution on trial. I think a system of unirritating supervision might be exercised over these hospitals either by the existing Commissioners in Lunacy, or by any other body of official gentlemen selected by the Government for the purpose.

The *British Medical Journal* publishes in its columns of Feb. 20th, 1892, the following account of "Dipsomania before the German Parliament."

Three years ago a Committee of the Austrian Reichsrath resolved that experiments for dealing with inebriety "had better be left to private initiative than be undertaken by the State." To-day the German Reichstag is asked by the German Emperor to hand over the treatment of



all inebriates to the State, and, moreover, to treat domestic inebriety as a distinctly criminal offence. Section eighteen of the new Bill provides that habitual drunkards shall be shut up in prison till cured, by order of magistrates.

Professor Jolly, the director of the insanity wards in the Charité Hospital of Berlin, in a pamphlet on Inebriety and Insanity, read at the recent conference of lunatic asylum physicians in Weimar, insisted that the administration of this provision should be committed to medical men, and not to magistrates only. The Emperor will probably be convinced, by the medical evidence at his command, that inebriety in many cases is a disease, and best susceptible to treatment entirely distinct from that applicable to malefaction.

The opinion of the Austrian Government that the matter had best be left to private governance is out of sympathy with the spirit of modern legislation. That thousands of people, who would otherwise be useful members of society, are now shelved by a remediable disease, from the cause of which—alcohol—every State derives a large revenue, is



an incident of waste which appeals for remedy to the State itself.

The first desideratum is a retreat which shall be effectual in its remedy ; and it goes without saying that all such retreats must be systematically visited by doctors, albeit their management may well be in the hands of lay men and women.

It is equally certain that no decree for restraint should be made by a magistrate without adequate evidence, and also without the judge being satisfied—by the testimony of relatives and others—that no improper motive is concealed behind the proceedings.

In Germany these proceedings will probably more often emanate from the police than from relatives ; but in either case the Court should be satisfied that no malicious design is at work. The period of restraint should also not exceed that which, according to medical evidence, is essential to cure.

Treatment, and not punishment, must be aimed at ; for any vindictive spirit shown by the law towards a condition largely regarded both by doctors and the intelligent public as a physical



disease, will certainly defeat its own aim, and result in the ultimate repeal of too Draconian legislation.

The *British Medical Journal* concludes with the following short but pithy sentence:—

In this country, where the law is in a most unsatisfactory condition, we shall be interested in watching experimental legislation, which may, in some measure, afford a model for our legal reform, and will at any rate be highly instructive.

Some such cases may be found, who, conscious of their malady, and anxious to subject themselves to a curative plan of treatment, are willing voluntarily to surrender their personal freedom into other hands, and prepared to reside for a time under control in an establishment specially organized for their reception. But, it may be asked, what is to become of those (perhaps the largest class) in whom the habit of intoxication has apparently become confirmed and chronic? The majority of these unhappy persons are insanely unconscious of their condition, and studiously resist every appeal that may be addressed to them. The voice of reason, and



even threats of certain ruin and death, have no influence over them. Being blind to the frightful abyss into which they are being hurled, all attempts to persuade them to submit to personal restraint would be unavailing. Under these circumstances it would be necessary to have recourse to some form of compulsory confinement and detention. To meet the requirements of this class of inebriates, it might be necessary to constitute a court of inquiry (private in its character) previously to any steps being taken to deprive the alleged insane drunkard of his liberty. If, after a careful examination of the case, satisfactory evidence is adduced of the patient's mental condition, then the party to whose care he is confided should be fully and legally authorized to keep him under strict supervision until he is pronounced by the official visitors or inspectors safe to be at large.

If such sanatoria were erected in this country under legislative protection and proper medical supervision, it would be a move in the right direction; but inasmuch as none exist, and there is no likelihood of any such establishments being



found in England for some time to come, and in consequence of the alarming spread of this disease in England, and our inability to legally deal with it in our own country, it behoves us, until the legislature regards it as a form of mental disorder, to look elsewhere for help and assistance. In Belgium, dipsomania is regarded as a form of mental disorder, and the same documents are required to place such a person under supervision as in a case of ordinary mental unsoundness. Dipsomaniacs can not only be placed in these institutions, *but retained there until recovery has taken place.* Feeling convinced, from my own past experience, that in many cases absolute legal restraint is the only remedy available to us, and that for a lengthened period, I have been in communication with the authorities connected with the various institutions of Belgium, I have personally visited and inspected some of these Establishments, and I have made myself cognisant with all the legal bearings of the question relative to the reception of and treatment therein required and enforced. The conclusions I have arrived at are that it gives the only *possible* chance to the



wretched victims of this complaint by forcible and legal detention until recovery takes place, and by aiding this in combining judicious and skilled medical supervision with the necessary legal restraint. Medical certificates on the prescribed legal Belgian forms, signed by English physicians, in England, are accepted, and are valid in Belgium; and the necessary legal preliminaries are in no way complicated. Previous to the admission, in addition to the medical certificates, an "order" signed, duly filled up by a relative, and attested by the proper authorities here, has to be first obtained, and these documents are far less complicated than those required to confine a person of unsound mind in an asylum in this country. *Of course, the question of forcible removal out of this country must not in any case be adopted.* Each case, individually, requires a different *modus operandi*, and must be left to the relations and friends to arrange, armed with the legal instruments. All these institutions in Belgium are well managed, and are under frequent official visitation and inspection, and to the same extent as in England,



some of the leading physicians in the country being attached to them as consultants. The accommodation is as good as that provided here, and the charges vary from one pound a week up to five, according to the requirements of the cases; these are generally inclusive. Separate suites of rooms are provided, special attendants, and, in some instances, private gardens, are at the disposal of the inmates. And without being accused of desiring to interfere with the liberty of the subject, I think that the example here shown in Belgium by classifying dipsomania as a form of insanity which can be legally and effectually dealt with, in order to obtain a permanent cure, is one that ought to be followed out by all civilized countries of the universe. In England they are allowed to drag out their miserable existence unchecked, unmolested, uncared for; and to become terrible banes not only to themselves, but to society in general. They go on their way rejoicing, dragging honoured names into the mire, ruining themselves and their families, and procreating their species by bringing into the world those destined to follow



in their footsteps, for the simple reason that we have no legal power in England to check them in their mad career, and in their precipitous descent from sanity to what we must recognize as a mental irresponsibility, and one of the worst and most intractable forms we have to deal with at the present day.

God has placed it in our power to save those who are perishing from this terrible affliction. To rescue such from physical and mental thralldom is worthy of the exercise of the highest talents and the noblest and purest love. To redeem from ruin is greater than to create. To turn from vice to purity, darkness to light, death to life, is a divine mission. From every part of the land is heard the sound of deep distress, the wail of wrecked humanity, the shriek of prostrate and suffering brothers. From all sides comes a cry for assistance. Are they not the true workers who respond to this appeal? They are enriched by giving and blessed in blessing.