

Report of the Homes for Inebriates Association together with the Annual report of the Dalrymple House at Rickmansworth : 36th (1919/20)

Contributors

Homes for Inebriates Association (Great Britain)
Dalrymple House (Rickmansworth, England)

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REPORT

OF THE

Homes for Inebriates
Association

TOGETHER WITH THE

THIRTY-SIXTH ANNUAL REPORT

OF THE

DALRYMPLE HOUSE AT RICKMANSWORTH.

1919-1920.

LONDON

H. K. LEWIS & Co. LTD., 136 GOWER STREET, W.C.1

1920

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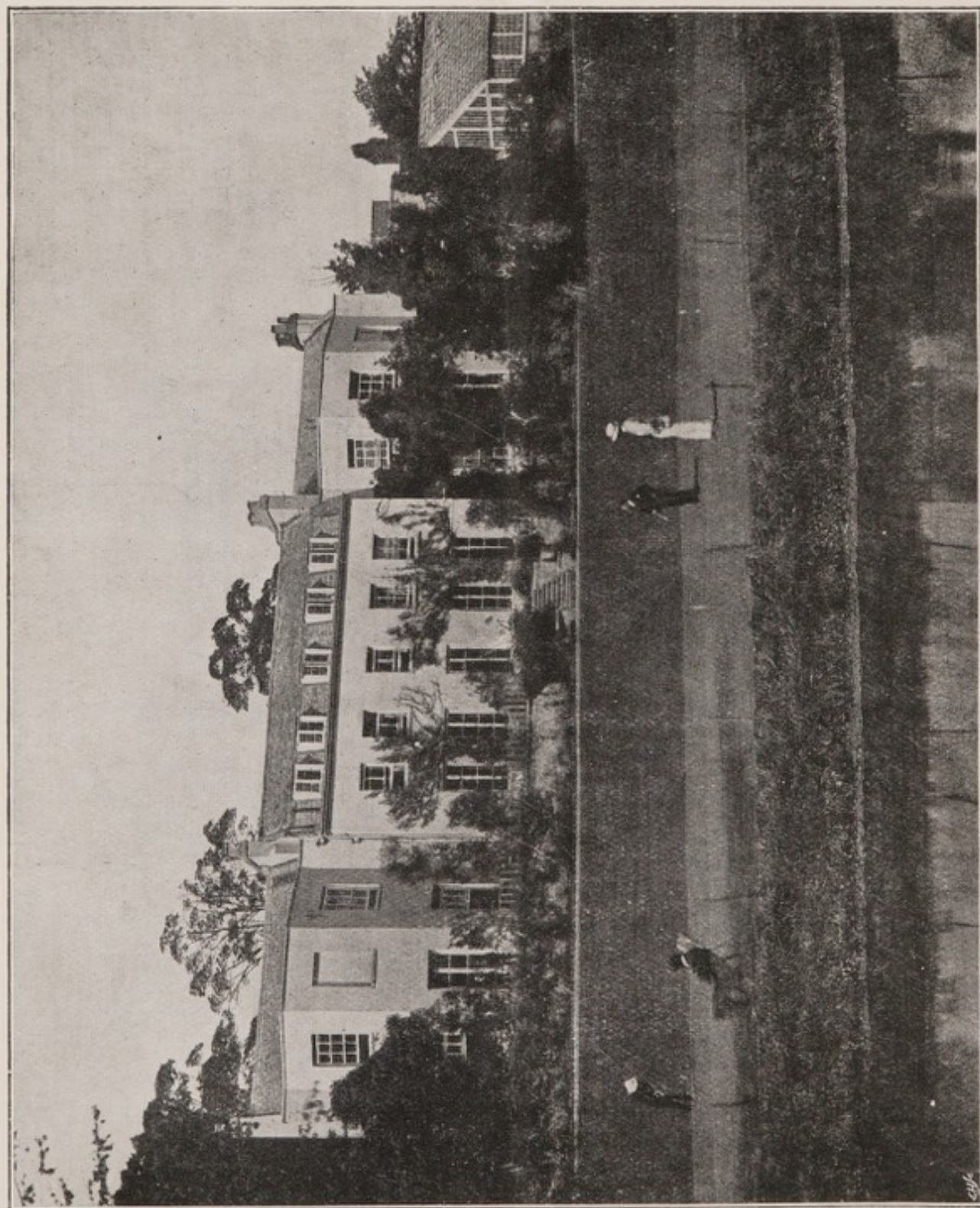
REPORT
of the
HOMES FOR INEBRIATES ASSOCIATION
together with the
THIRTY-SIXTH ANNUAL REPORT
of the
Dalrymple House at Rickmansworth,

*(Adopted, and ordered to be printed, at the Annual General Meeting of the
Association, held at 179 Marylebone Road, N.W.1,
on Monday, 29th March, 1920).*

1919-20

LONDON
H. K. LEWIS & Co. LTD., 136 GOWER STREET, W.C.1

1920



DALRYMPLE HOUSE,
RICKMANSWORTH, HERTFORDSHIRE

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SIR CHARLES CAMERON, BART., M.P.

Vice-Presidents.

THE ARCHBISHOP OF CANTERBURY.	THE BISHOP OF ST. DAVID'S.
THE BISHOP OF LONDON.	THE BISHOP OF DOWN.
THE BISHOP OF GLOUCESTER.	THE DEAN OF YORK.
THE BISHOP OF HEREFORD.	RT. HON. SIR C. DALRYMPLE,
THE BISHOP OF CHICHESTER.	BART., M.P.
THE BISHOP OF NORWICH.	LORD DERWENT.
THE BISHOP OF PETERBOROUGH.	W. HOLMES.
THE BISHOP OF NEWCASTLE.	REV. CANON HORSLEY, M.A.
	E. STAFFORD HOWARD, J.P.

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CHAIRMAN :—COLONEL FRANK SHEFFIELD, V.D.

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E. CLAUDE TAYLOR, M.S., M.D.	W. S. CUFF.*
F.R.C.S.	SAMUEL ALFORD.*
J. SWINFORD FRANCIS.*	J. P. R. LYELL, J.P.*

* Members of House Committee.

Resident Medical Superintendent.

Dr. F. S. D. HOGG,
The Cedars, Rickmansworth. Telephone—16 Rickmansworth.

Honorary Solicitor.

J. SWINFORD FRANCIS.

Audit Committee.

COL. FRANK SHEFFIELD. SAMUEL ALFORD.

Auditor.

R. H. MILLER.

Secretary.

J. SWINFORD FRANCIS, 173 Marylebone Road, N.W. 1

Members of the Committee and other Officers receiving applications for admission to the Dalrymple House, or information relative thereto, are requested to forward the same to the Medical Superintendent for him to reply direct to the applicants.

THE HOMES FOR INEBRIATES ASSOCIATION

BALANCE SHEET, 1st February, 1920.

[illegible]

I have examined the books and vouchers of the Association, and hereby certify that the above Balance Sheet is a full and fair one, properly drawn up, so as to exhibit a true and correct view of the state of the Association's affairs, as shown by the Association's books, and I also report that all my requirements as Auditor have been complied with.

23rd March, 1920.

R. H. MILLER, Auditor,
Incorporated Accountant, 32 MADDOX STREET, W.1.

Dalrymple House, Rickmansworth

Report of the Medical Superintendent for the year ending 31st January, 1920.

GENTLEMEN,

I have the honour to present to you my Report for the year ending January 31st, 1920.

On comparing the numbers of those admitted and discharged during this year with those of previous years it will be seen that there has been a very great increase during the period under review, and I am inclined to ascribe this increase to a great extent to war strain and to subsequent reaction, while the various functional war neuroses, emotional and physical conditions which are embraced by the term "shell shock," have contributed their quota to the establishment of inebriety.

Among those in the Army no doubt a certain number contracted the habit of drinking when on active service or during their absence on leave; some of these were lads who joined up straight from school at an impressionable age and were thrown into the company of older and more seasoned men. But while the performance of military duties helped to keep their consumption of alcohol within bounds, on demobilization both they, and many of their seniors, let themselves go, congregated in London and other cities and towns, took their well earned holiday and round of pleasures, unfortunately too frequently accompanied with alcohol excess.

Judging by the admissions here, sea life does not appear to lend itself to the ill effects of alcohol indulgence and to the establishment of inebriety, at any rate during active service.

For during, and since the war, I have not admitted one patient who had served in the Navy, and only one who had been in the Merchant Service, and this man had not been to sea for several years.

Opportunities for indulgence in alcohol are of course more restricted at sea than on shore, there are recurring periods of enforced moderation or abstinence and men are more continually under the supervision and observation of their superior officers.

In civil life, too, men upon whom extra work had been thrown during the war years, some of whom had previously retired from business or professional life and had returned to take up the duties of their juniors who had joined up, broke down when the necessity for their increased duties no longer existed; they lasted

out the course but the strain told on them, and it was not always an increased consumption of alcohol which led them to their seeking treatment, but that in their depressed and worn condition a comparatively small quantity had more injurious effects.

In both military and civil classes "Sociability" has been frequently ascribed as the exciting cause, whereas "war strain" would be a more correct label.

The increased number of admissions has been accompanied by a more than increased percentage of entries under the Act, and both for the patients and their friends I consider admission under the Inebriates' Act preferable in a large number of cases.



ISLAND AND BOAT HOUSE

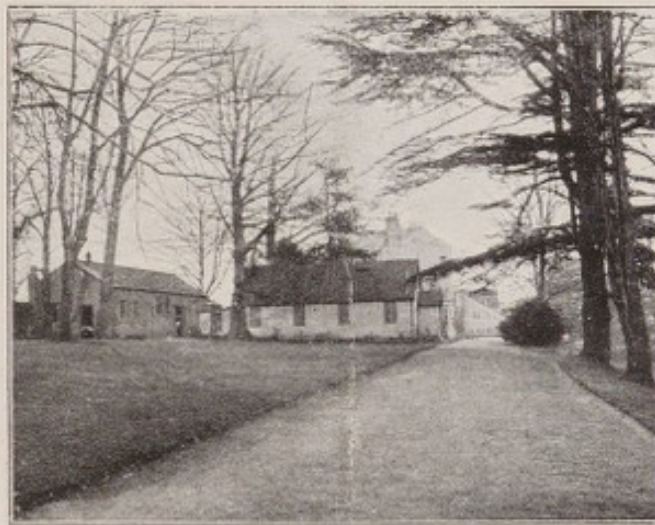
There is no distinction made as regards rules, terms, accommodation, diet, etc., between Act patients and those who are classed "private patients."

Those under the Act must remain in residence until the expiration of the period signed for, unless previously discharged or permitted to go away on leave of absence under the Act.

"Private patients" can terminate their stay at any time they wish to do so.

There is, of course, a very natural objection on the part of most persons to the signing away of liberty of action for an indefinite or a fixed period, but there are many who are far too optimistic in their judgment of their own cases, in too much of a hurry to get well quickly, whose impulses and very natural desire to return to their ordinary life and vocation outweigh the caution that should be adopted in dealing with an issue where health, fortune and life are at stake. These persons are not fit judges as to the period when rehabilitation of self-control is sufficiently established, and

the settlement of such a question should be placed beyond their decision, while, of course, their arguments, views and their special circumstances should receive due consideration. It is frequently preferable that the signature under the Act should be for a period in excess of that considered in all probability sufficient. A discharge can at any time be applied for and obtained if such a course is advisable, or when urgent private affairs necessitate a premature termination of treatment, or a leave of absence (to which I have just referred) can be granted under which the patient is permitted to live elsewhere on the condition that he abstains from alcohol; should he not keep this condition, a return to the Retreat can be enforced. This leave is most useful in certain circumstances and is a valuable after treatment method of



CONCERT ROOM AND WORKSHOP

practically discharging a patient, and yet keeping in touch with him.

There have been seventy-three patients discharged.

Fifteen of these left prematurely for the following reasons, three on account of ill health, three because I considered further treatment unnecessary, five on account of urgent private affairs requiring their presence elsewhere, and four were found shortly after arrival to be unsuitable. One of this last group attempted subsequently to kill his father and was placed in an asylum. He did not remain there long.

In connection with this case I would again refer to the danger to the community of allowing persons to be at large who, though apparently quite sane when sober, when in drink have homicidal tendencies. I have had as patients here during the past twenty years quite a number of men who have attempted to kill people. Some when drunk turn against those from whom they have received nothing but kindness, and others against those for whom they have affection. For instance one attacked his friend with a

carving knife, another attempted to shoot his fiancée (fortunately his shot went wide of its mark), a third was with difficulty restrained from murdering his young child, again another, after his discharge, shot his partner (in this case he had a grievance against his victim), and was sentenced to several years' penal servitude.

I once witnessed an assault made by a tall and powerful drunken man upon an inoffensive undersized individual, luckily the madman was unarmed, for he loudly and in lurid language proclaimed his intention to get a knife and to excise the intestines of the object of his wrath.

This man, and several of the others, informed me that they could not understand why they should have acted in such a manner, and had no recollection of the occurrence.



EAST VIEW FROM ISLAND

I have no doubt but that many purposeless murders, particularly those of wives and children, are committed by such persons.

A small amount of liquor, or at any rate the amount they take in a very short time, makes them see red, and when once their homicidal tendency is apparent it should be possible to have them kept permanently under control.

Treatment.—It has always been my aim to wean a man from alcohol, or from the particular drug for which he has an addiction, with as little discomfort to him as possible.

Subsequently the first consideration is to cure him, when possible, of any diseased condition that may be at the root of his drink or drug impulse, and restore him to a sound physical condition, and whether such a cause is discoverable or not, to train his mind to resist any such impulse, by the cultivation of self-control, to strengthen his will power and determination and to make him realise that part of his cure lies in his own hands,

and that total abstinence from alcohol (and, of course, from drugs in the case of a drug taker) is an absolute necessity.

This alcohol abstinence applies also to the drug habitué, who readily falls a victim to alcohol excess, when a relapse to his drug is the inevitable sequel.

To achieve this end, no single rule of thumb method can be successful. Various forms of therapy have to be employed according to the cause and nature of the case.

To a certain extent all are deprived of their liberty, but each patient is treated *per se*; in the case of some, a considerable



VIEW IN GROUNDS

amount of freedom may be granted a few days after admission, and the large majority can be given parole after two to four weeks residence.

My object is to make life for the patient as pleasant as possible consistent with the necessary control, and it is not unusual for a patient to express genuine regret at having to leave. I have frequently been informed by men, that they would have come here long before they did had they known what the place was like.

With regard to period of treatment, this varies according to the case, duration of trouble, state of mental and physical health, and amount of existing will power; it is generally impossible to determine this point until the case has been studied. Patients range from those of a strong constitution with a quite recently contracted habit, who require merely three or four weeks to set

them up again, to others who have been drink sodden for years, periodically or continuously, for whom a year or more is necessary before it can be hoped that self-control can be established.

Too frequently a man has to cut treatment short on account of business, domestic, or financial reasons.

I have found, as a rule, that the longer the residence in the Sanatorium the better the average of good result.

The average duration of stay is five to six months; generally speaking a three months' treatment is essential, while the longer periods are for the more severe conditions.

The after treatment of these patients is of great importance and requires very careful consideration. Environment, unsuitable associates, climate, occupation, etc., etc., have to be thought about; sometimes domestic differences have to be smoothed over, or business and other worries arranged with the assistance of their friends; and there are too frequently insuperable difficulties, chiefly financial, in the way of placing a man under conditions which give him a fighting chance of success.

The man who becomes an inebriate is rarely of a phlegmatic temperament; he is nearly always highly strung and nervous, and is readily upset under conditions which would leave the placid person unruffled.

A large number of those who come under treatment honestly wish to be cured. They have struggled and have been beaten in their attempts to conquer their failing.

The temptation to drown care appeals strongly to them, and in the case of many, a single glass of liquor acts as a poison; one that impels the victim to excess. In some instances their condition is primarily due to self-indulgence that has enslaved them, and has sapped their will power; in others, it is the result of an inherited abnormality, of injury, or of disease.

Whatever the cause, they require sympathy, assistance and encouragement to combat a desire, the strength of which is evidently not realised by those who class them all as merely vicious.

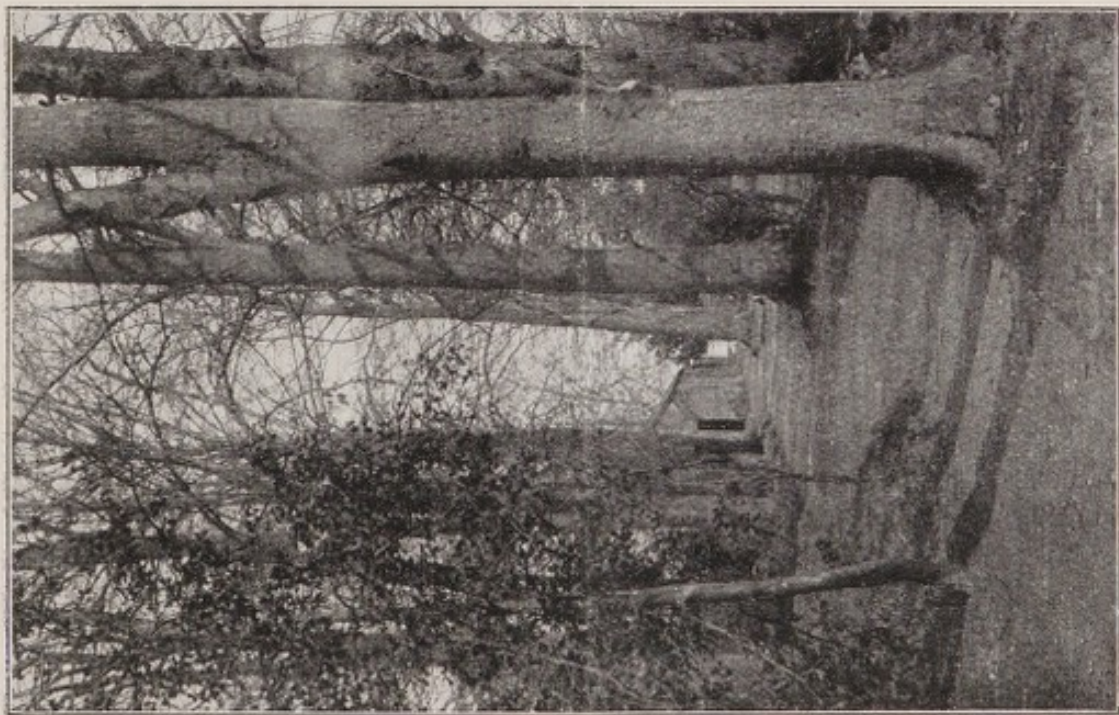
During the year the general health of the patients has been on the whole, excellent, there has been only one case of serious illness.

I wish again to express my thanks to the house Committee for the valuable assistance they have given me.

I am, Gentlemen,

Your Obedient Servant,

F. S. D. HOGG.



VIEWS IN GROUNDS



VIEW OF HOUSE FROM ISLAND

DALRYMPLE HOUSE
FOR THE
TREATMENT OF INEBRIETY

THE CEDARS, RICKMANSWORTH, HERTS.

(Thirty minutes from Marylebone Station, London).

Licensed under The Inebriates Acts, 1879-1902

Gentlemen received Privately, and under the Acts.

Honorary Consulting Physician.

E. CLAUDE TAYLOR, M.D.

Resident Medical Superintendent.

F. S. D. HOGG, L.R.C.P. LOND., M.R.C.S. ENG.

OPINIONS OF THE PRESS.

Times.—"A very pleasant house, standing in about five acres of beautiful grounds, admirably adapted to the purpose it is intended to fulfil."

Lancet.—"Practitioners having dipsomaniac patients cannot do them a greater kindness than to urge them to use this Home, with its regulated life and pleasant surroundings."

British Medical Journal.—"Charming grounds. A very pleasant view from the public rooms, the house standing on a terrace of 30 feet above the River Colne. Spacious dining hall and kitchen. The billiard-room is a prominent feature."

Morning Post.—"Admirably adapted to secure a fair trial of the provisions of the Habitual Drunkards Act."

Sanitary Record.—"A charming country residence, replete with every comfort."

Standard.—"Complete and satisfactory."

Medical Press.—"A charmingly-situated house, light and airy."

Journal of Inebriety.—"May well serve as a model. One of the best equipped inebriate asylums in Europe."

For terms, apply to the Resident Medical Superintendent,

F. S. D. HOGG,

The Cedars, Rickmansworth, Hertfordshire,

Telephone: 16 Rickmansworth.

