

Report of the Homes for Inebriates Association together with the Annual report of the Dalrymple House at Rickmansworth : 41st (1924/25)

Contributors

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Dalrymple House (Rickmansworth, England)

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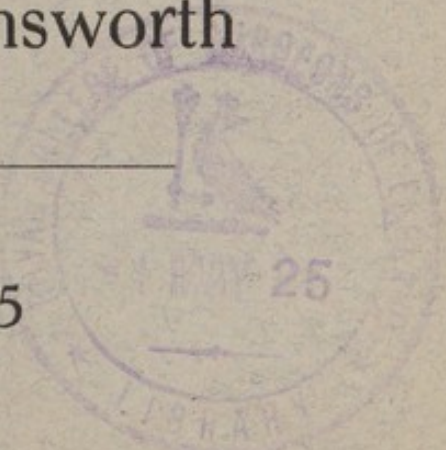
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REPORT
OF THE
Homes for
Inebriates Association
TOGETHER WITH THE
Forty-first Annual Report
OF THE
Dalrymple House
at Rickmansworth

1924-25



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REPORT

OF THE

Association

TOGETHER WITH THE

:

Forty-first Annual Report

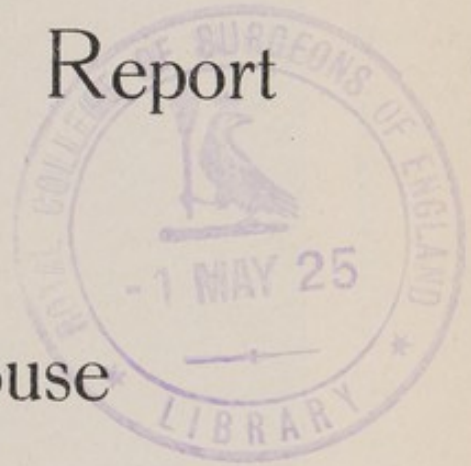
OF THE

Dalrymple House

at Rickmansworth

(Adopted and ordered to be printed at the Meeting of the Committee of Management of the Association, held at Rickmansworth, on Wednesday, 1st April, 1925).

1924-25



President :

Vice-Presidents :

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THE BISHOP OF LONDON
THE BISHOP OF GLOUCESTER
THE BISHOP OF HEREFORD
THE BISHOP OF NORWICH
THE BISHOP OF PETERBOROUGH
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THE BISHOP OF ST. DAVID'S
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REV. CANON HORSLEY, M.A.
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SIR SQUIRE SPRIGGE, M.A., M.D.,
F.R.C.S.

Committee of Management :

Chairman

J. P. R. LYELL, J.P.
T. M. V. VAUGHAN RODERICK
J. SWINFORD FRANCIS
F. A. STRIKE
H. LANGFORD LEWIS

Resident Medical Superintendent :

DR. F. S. D. HOGG

THE CEDARS, RICKMANSWORTH

TELEPHONE : - 16 RICKMANSWORTH

Honorary Solicitor :

J. SWINFORD FRANCIS

Audit Committee :

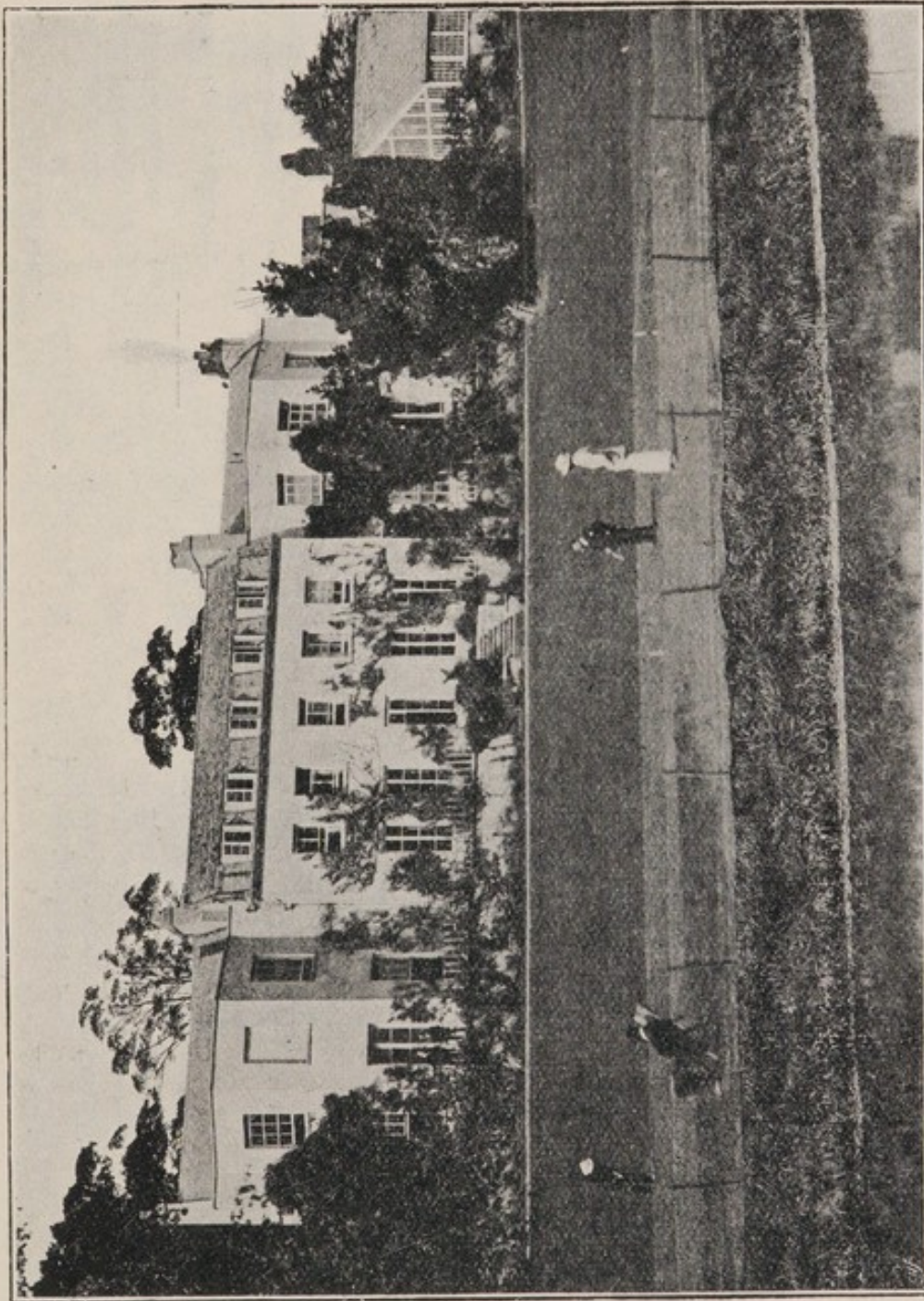
T. M. V. VAUGHAN RODERICK F. A. STRIKE

Auditors :

R. BARLOW TYLER, F.C.A. F. A. STRIKE

Secretary :

J. SWINFORD FRANCIS, 173 MARYLEBONE ROAD, N.W.1



DALRYMPLE HOUSE, RICKMANSWORTH, HERTFORDSHIRE.

THE HOMES FOR INEBRIATES ASSOCIATION.

BALANCE SHEET AT 31st JANUARY, 1925.

LIABILITIES.		ASSETS.	
	£ s. d.		£ s. d.
To Donations and Subscriptions:—		By Dalrymple House:—	
Balance at 1st February, 1924	3,872 9 11	Cost of Freehold and Alterations	4,722 19 4
Add Received during year ...	1 10 0	Improvements—Balance at 1st February, 1924	£491 13 8
		Less Depreciation at 5% per annum	24 11 8—
Patients' Fees received in advance	3,873 19 11	Furniture and Utensils:—	467 2 0
Sundry Creditors	204 4 6	Balance at 1st February, 1924	1,377 5 4
Reserve for House Repairs	650 10 7	Additions during year	27 12 0
Dalrymple House Account:—	250 0 0		
Balance at 1st February, 1924	3,035 15 4		
Less Deficit for year ending 31st January, 1925	236 8 3		
	2,799 7 1		
		Less Depreciation at 10% p.a.	1,404 17 4
		Sundry Debtors:—	140 9 9
		Patients' Fees	47 11 1
		Expenses paid in advance	42 13 2
		Stock in Hand at 31st Jan., 1925:—	
		General Stock	76 0 0
		Poultry	10 0 0
		National War Bonds	86 0 0
		Cash:—	20 0 0
		Deposit Account Rickmansworth	
		Current	600 0 0
		In hand	465 5 3
		Current Account London	43 2 2
		In hand	10 16 3
			8 5 3
			1,127 8 11
			£7,778 2 1

I have audited the Books and Accounts of The Homes for Inebriates Association for the year ending 31st January, 1925, and certify same to be correct. In my opinion the above Balance Sheet is properly drawn up so as to exhibit a true and correct view of the state of the Association's affairs according to the best of my information and the explanations given me and as shown by the Books.

(Signed) R. BARLOW TYLER, Chartered Accountant, 1 Queen Victoria St., London, E.C.4.

23rd February, 1925.

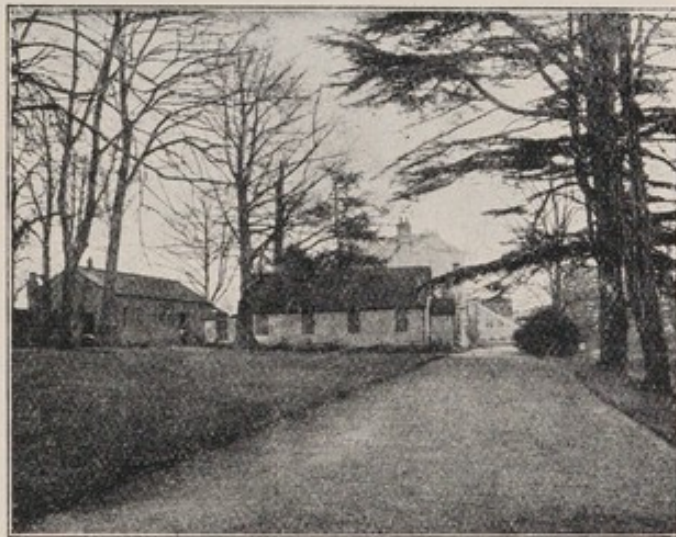
Dalrymple House, Rickmansworth.

Report of the Medical Superintendent
for the Year ending January 31st, 1925.

GENTLEMEN,

During the past year 59 patients have been admitted, of these, 51 entered as private patients and 8 under the Act.

All admissions were for the treatment of alcohol excess, there have been no drug cases under treatment. This absence of drug case admissions is doubtless the result of the carrying out of the Dangerous Drug Act regulations.



CONCERT ROOM.

It appears to be the opinion of some that there is a necessity for an amendment of this Act in order to make the purchase or procurement of habit-forming drugs still more difficult. So far as I can judge by lack of applicants, and their decreasing number during recent years, such cases are now few in number and there is no need for further legislation in the matter. I cannot conceive that any practical laws or regulations could be framed to meet all cases of abuse in the prescribing, dispensing, and distribution of narcotic and habit forming drugs; nor do I consider that a large number of professional and business men might have to submit to further inconvenience, loss of time, and worry resulting from such additional legislation on account of a limited number of persons.

The Inebriates Act could, of course, be amended so as to include the compulsory detention in Institutions, or the placing under the care of specially appointed medical practitioners those who are ruining themselves or their families by excessive indulgence in drugs, if it is considered that at the present time these persons are in sufficient numbers to call for such alteration in the law.



ISLAND AND BOAT HOUSE.

There were 66 patients discharged during the year: of these 55 were private patients, the remainder were under the Inebriates Act.

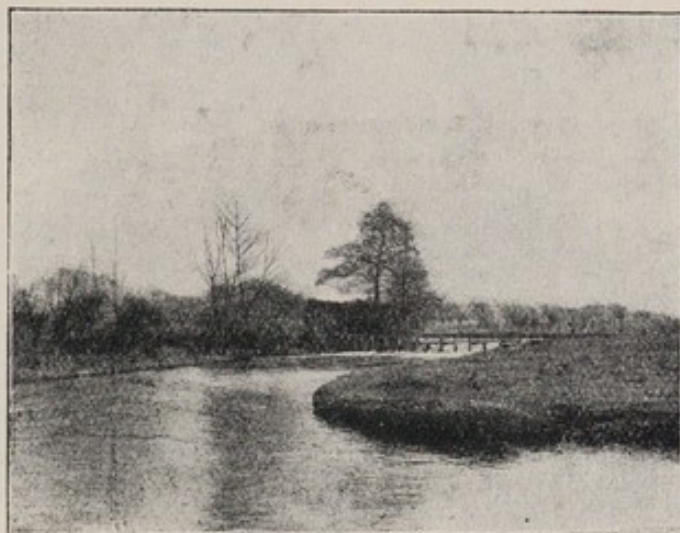
Of those under the Act, 3 were discharged before the completion of their time on account of urgent private affairs, and one because I considered further treatment unnecessary. Six completed part of their periods while living away at their homes or elsewhere, on leave of absence. There are two away now on leave.

I regret to report the death of one patient.

The average length of residence of those under the Act was 4 to 5 months, of the private patients about 2 months.

I referred in a previous report to the noticeable alteration during recent years in the character of the symptoms following excessive, and indeed, sometimes of comparatively moderate, spirit drinking. This alteration continues, there is now far more frequently than formerly, an early excitement, a slow recovery, an increased incidence of partial blindness, loss of memory and delusional conditions. I have been informed by several persons engaged in the liquor trade, that there is nowadays more adulteration of whisky than existed before the war, and that cheap deleterious alcohols are freely added by some dealers to the matured potable spirit released from bond.

The addition of alcohols other than Ethyl alcohol would account for an increased toxicity and to the symptoms to which I refer. It would account also for the number of cases one reads about in the papers where the defence against a charge of drunkenness is the small amount of spirit consumed.



EAST VIEW FROM ISLAND.

If my trade informants are correct, those members of the public who pay a huge tax on the spirit they consume, require extra safeguards against the possibility of being thus defrauded and poisoned.

Excepting two patients who were admitted very ill there have been no cases of serious illness.

The new lavatory and bath rooms which have been built add greatly to the comfort of the patients.

The electric light installation which was completed in January last, is much appreciated. The extra cost is fully compensated by the convenience, absence of damage to decorations caused by gas, and to the freedom from risk of fatalities which we fortunately escaped, but which I frequently feared might occur when gas was used by persons admitted under the influence of alcohol.

I have been making enquiries about the results of treatment among those who have been discharged during the last few years. Excluding those about whom I can obtain no information, I find that 56% are doing well.

The Committee of Management have given me valuable assistance for which I wish to express my thanks.

I am, gentlemen,

Your obedient servant,

F. S. D. HOGG.



VIEWS IN GROUNDS.





VIEW OF THE HOUSE FROM ISLAND.

APPENDIX.

Some particulars concerning a group of patients consecutively discharged.

Number of Patients :—

Under the Act ...	629
Private ...	1016
	<hr/> 1645

Term of Residence :—

12 months and longer...	209
9 " " "	72
8 " " "	32
7 " " "	4
6 " " "	263
5 " " "	54
4 " " "	82
3 " " "	528
2 " " "	99
1½ " " "	53
1 month or less	249
	<hr/> 1645

Age :— Between 17 and 20 years	1
" 20 and 30 "	216
" 30 and 40 "	636
" 40 and 50 "	524
" 50 and 60 "	217
" 60 and 70 "	47
" 70 and 80 "	4
	<hr/> 1645

Average age of all Patients 37·8

Previous Residence of Patients :—

Africa (East) ...	3
Africa (South) ...	32
Africa (West) ...	1
America (Central) ...	2
America (South) ...	25
Australia ...	13
Borneo ...	1
Canada ...	20
Channel Isles ...	9
China ...	1
Egypt ...	4
England—London ...	493
Provincial ...	739
France ...	19
India, Ceylon, Burmah	30
Italy ...	1
Ireland ...	93
Japan ...	4
Madagascar ...	1
New Zealand ...	8
Persia ...	1

Previous Residence**of Patients (Continued) :—**

Russia ...	3
Scotland ...	83
Straits Settlements ...	6
Switzerland ...	3
United States ...	11
Wales ...	38
West Indies ...	1
	<hr/> 1645

Education :—

College ...	416
Good ...	1166
Elementary ...	63
	<hr/> 1645

Marriage :—

Married ...	856
Single ...	679
Widowed ...	110
	<hr/> 1645

Occupation :—

Accountants ...	19
Agents ...	8
Artists and Theatrical...	22
Architects ...	10
Auctioneers ...	4
Bankers ...	12
Barristers-at-Law ...	24
Builder ...	1
Cable Official ...	1
Caterer ...	1
Chemists ...	17
Civil Servants ...	35
Clerks ...	88
Clerks in Holy Orders...	35
Commercial Travellers	19
Company Directors ...	4
Confectioners ...	7
Contractor ...	1
Corn Broker ...	1
Dentists...	7
Distillers, Brewers, &c.	36
Drapers ...	12
Engineers ...	63
Engravers ...	2
Farmers (Market	
Gardeners, &c.)	79
Garage Proprietor ...	1
Grocer ...	1
Horse Trainer ...	1
Hotel Proprietors ...	12

Occupation (Continued) :—

House Decorators ...	3
Jewellers ...	3
Journalists ...	21
Land & Commission Agents	7
Librarians ...	2
Manufacturers ...	82
Marine Merchant Service	14
Medical Practitioners ...	130
Merchants ...	178
Military Officers ...	91
Naturalists ...	2
Naval Officers ...	14
No occupation ...	380
Planters... ...	14
Photographer ...	1
Professors of Music ...	9
Publishers ...	5
Railway Official ...	1
Rancher ...	1
Secretaries ...	3
Schoolmasters, Tutors, &c.	29
Ship Owners ...	5
Shopfitter ...	1
Solicitors ...	63
Stockbrokers ...	22
Students of Medicine ...	14
Students in Law ...	3
Surveyors ...	4
Tailors ...	8
Tea Traders ...	4
Tobacconists ...	2
Veterinary Surgeons ...	3
Underwriters ...	3

1645

Family History :—

Insanity or Insanity and Inebriety
in about 11 per cent. Inebriety
in about 50 per cent.

Temperament :—

Nervous... ...	993
Nervo-Sanguine ...	250
Passionate ...	33
Phlegmatic ...	113
Sanguine ...	256

1645

Associate Habits :—

Bromidia ...	2
Cannabis Indica ...	3
Chloral ...	16
Chloroform ...	1
Chlorobrom ...	1
Cocaine ...	26
Heroin ...	6
Morphia... ...	82
Morphia and Cocaine ...	21
Opium or Chlorodyne ...	27

Associate Habits (Continued) :—

Paraldehyde ...	7
Sulphonal ...	6
Tobacco... ...	1518
Trional ...	4
Veronal ...	13

Drinking Habits :—

Regular ...	1104
Periodical ...	495

Frequency of Periods :—

Every week ...	8
" 2 weeks ...	12
" 3 " ...	20
" 4 " ...	47
" 6 " ...	10
" 2 months ...	39
" 3 " ...	16
" 4 " ...	3
" 12 " ...	3
Very irregular ...	338

496

Delirium Tremens :—

Patients who have had 1 attack	258
" " 2 attacks	119
" " 3 " "	26
" " 4 " "	6
" " 5 " "	2
" " 6 " "	5
" " 7 " "	1
" " 13 " "	12

429

Ordinary Habits :—

Described as Social ...	1570
" Solitary ...	75

1645

Kind of Inebriant used :—

Absinthe ...	2
All Spirits ...	264
Beer ...	44
Beer and Spirits ...	290
Brandy ...	56
Drugs without Alcohol	47
Gin ...	16
Whisky ...	611
Wine ...	40
Wine and Spirits ...	109
Various ...	166

1645

Average of time addicted in all
cases : 9 years.

**Previous Residence in other
Similar Institutions :—**

Once	267
Twice	123
Three times	35
Four times	12
Five times	7
Six times	7
Insane Asylum ...	14

Exciting Cause :—

Ill-health	187
Influence of occupation—	
Commercial travelling	14
Wine & Beer Merchants	33
Cattle Salesmen ...	2
Stock Exchange ...	2
Colonial Life ...	29
Army Life	19
Retail Corn Business	1
Rubber Works ...	1
Jobmaster	1
Journalists	9
Theatrical	2
Injury	31
Nervous Shock—	
War Service	34
Domestic trouble ...	133
Business worry ...	112
Fight with Madman	1
Financial loss ...	15
No occupation	52
Not assigned	80
Overwork	77
Rum Ration in Navy ...	1
Sexual excess	6
Sociability	802
Air Raids	1
	1645

Complicating Diseases :—

Adenoids	1
Abductor (Laryngeal)	
Paralysis	1
Abscess of Antrum ...	3
Alcoholic Convulsions...	17
Alcoholic Neuritis ...	77
Amblyopia	13
Amnesia	2
Anal Fistula	7
Ant. Poliomyelitis ...	3
Appendicitis	3
Asthma	23
Bronchitis (acute) ...	2
Bronchitis (chronic) ...	17
Cataract	1
Caries of Rib	1
Cellulitis	1
Cirrhosis of Liver ...	14
Colitis, Ulcerative ...	2
Congenital Tremors ...	2

Complicating Diseases (Cont.) :—

Constipation chronic ...	57
Cystitis	1
Delirium Tremens ...	7
Delusional Insanity ...	14
Dercum's Disease ...	1
Diabetes	11
Duodenal Ulcer	1
Dysentery (chronic) ...	2
Dyspepsia (chronic) ...	13
Eczema	8
Exophthalmic Goitre ...	2
Epilepsy	6
Floating Kidney	3
Fracture of Bones ...	4
Gall Bladder (Suppurating)	1
Gangrene	1
General Debility	56
General Paralysis ...	1
Glycosuria (Intermittent)	6
Gonorrhœa	13
Gout	21
Hæmorrhoids	16
Hemiplegia	5
Hernia	3
Hyperidrosis	1
Hypochondriasis	3
Hypothyroidism	3
Hysteria	6
Keratitis	1
Menière's Disease ...	5
Migraine	7
Morbus Cordis	47
Nasal Polypus	3
Œsophageal Stricture ...	1
Ozæna	1
Perforating Ulcer ...	1
Phlebitis	3
Phthisis	12
Pneumonia	4
Progressive Muscular Atrophy	1
Prostatitis (acute) ...	2
Pseudo Ataxy	2
Psoriasis	13
Pulmonary Thrombus...	1
Pyelitis	1
Rectal Abscess	1
Remittent Fever	9
Renal Colic	1
Renal Disease	48
Rheumatism (chronic)	27
Retinal Hæmorrhage ...	2
Rhinitis (chronic) ...	10
Sciatica	2
Syphilis	32
Trigeminal Neuralgia ...	2
Urethral Stricture ...	9
Varicocele	1
Vesical Tuberculosis ...	1
Xeroderma Pigmentosa	1

Discharged :—

Efflux of time ...	1419
Further treatment unnecessary ...	31
Illness ...	36
Unsuitable for treatment	68
Urgent private affairs	91
	<u>1645</u>

Average length of period under treatment of all patients discharged, about $20\frac{1}{2}$ weeks.

Re-admitted ... 182

After-History :—

	per cent.
Doing well ...	about 40
Improved ...	6
Not improved ...	22
Insane ...	2
No news obtainable or dead ...	22
Discharged unsuitable for treatment or transferred elsewhere ...	6

ADMISSIONS AND DISCHARGES OF PATIENTS DURING YEAR ENDING 31st JANUARY, 1925.

Undischarged Jan. 31st, 1924, under Inebriates Act	12
„ Private Patients ...	11
Admitted under the Act ...	8
„ as Private Patients ...	51
	<u>82</u>
Total	82

Discharged under Inebriates Act ...	13
Discharged, Private Patients	53
Undischarged Jan. 31st, 1925, under Act ...	7
Undischarged, Private Patients	9
	<u>82</u>

DALRYMPLE HOUSE, RICKMANSWORTH, HERTS.

Telegrams : " CEDARS, Rickmansworth." Telephone : 16 Rickmansworth.

LICENSED UNDER THE INEBRIATES ACTS, 1879-99.

Train Service from London : L.N.E. Ry. (Marylebone), half-an-hour ; Met. Ry. (Baker St.), and L.M.S. Ry., via Watford.

Dalrymple House is in the Uxbridge Road, and is 10 minutes walk from the joint Great Central and Metropolitan Railway Station, where Cabs are obtainable, and 15 minutes walk from the London and North Western Railway Station, where Cabs can sometimes be obtained.

By road, 20 miles from London, 4 miles from Watford, and 7½ miles from Uxbridge.

Established in 1883 for the treatment of gentlemen suffering from alcoholism or a drug habit who are desirous of a cure ; and conducted by a Committee elected by an Association of prominent Churchmen, Medical men, Members of Parliament, and others interested in the Temperance question ; no member of the Committee or of the Association deriving any pecuniary benefit from the undertaking. Profits, when any, are spent on improvements for the benefit of patients.

The house is surrounded by about six acres of charming grounds, beautifully situated on a finely wooded terrace on the bank of the river Colne. There are twenty bedrooms for patients (each patient having a room to himself), a Reading room well supplied with newspapers and large Library, Writing room, Billiard room with full sized table, Dining room, and Dark rooms for photography. In the grounds there are a Tennis court (asphalt), full-sized Croquet lawn, large Workshop, Concert room (organ and piano), and facilities for Quoits, Golf practice (putting and approaching), etc. Gravel soil. Hunting, Golf, Moor Park, Sandy Lodge, etc. Cricket and Fishing can be obtained in the neighbourhood.

Patients received PRIVATELY as well as UNDER THE ACT. The insane or those suffering from phthisis or infectious diseases cannot be received.

TREATMENT.—Alcohol Cases.—Alcohol is given at first to those who require it ; after the first two or three days it is rarely demanded.

In Drug Cases.—The almost invariable rule is gradual reduction.

Further treatment, which varies according to the case, condition, cause, complicating complaints, etc., is carried out ; the aim of treatment being to restore a man to health as rapidly as is consistent with a minimum of discomfort, to help him to exercise self-control and to cultivate his power of resistance, and to make him realise that part of his cure lies in his own hands and that total abstinence from alcohol and drugs is an absolute necessity.

The period of treatment 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.

Generally speaking a three months' treatment is essential, while the longer periods are for the more severe conditions.

Occupations and games, preferably outdoor, are encouraged, and it is almost invariably found that he who busies himself and occupies his time, increases his chance of success, and incidentally adds to his enjoyment of life.

With regard to liberty to leave the grounds, patients are treated individually. In the case of some, a considerable amount of freedom may be safely given a few days after admission, and the large majority can be given parole after two to four weeks' residence.

PRIVATE PATIENTS and those UNDER THE ACT.—There is no distinction made as regards Rules, Terms, Accommodation, Diet, etc., between these classes.

Those who place themselves 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 leave when they wish.

METHOD OF ADMISSION UNDER THE ACT.—The patient must sign a request for admission, for any period not exceeding two years, in the presence of a Stipendiary Magistrate, or, better still, and without any publicity, before any Justice of the Peace, at his private house or elsewhere. Two persons (of either sex—relatives are quite eligible) must sign a Statutory Declaration, and this can be done before any Justice of the Peace or any Commissioner for Oaths. There is no necessity for the three signatures to be made at the same time or place, one or all can be signed at Rickmansworth if preferred.

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 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 his leave of absence will be cancelled. This leave is most useful in certain circumstances and is a valuable after treatment method of practically discharging a patient, and yet keeping in touch with him.

Hours for Meals:—Breakfast, 9; Luncheon, 1.30; Tea, 4; Dinner, 7.

TERMS:—£81. 18. 0 per quarter of 13 weeks (£6. 6. 0 a week). For any period less than a quarter the following Sliding Scale is adopted:—

1st week	...	...	8	18	6
2nd "	...	...	7	17	6
3rd "	...	...	6	16	6
4th "	...	...	6	16	6
5th to 9th "	...	...	6	6	0
10th to 13th "	...	...	5	5	0
Total payments amount to			£82	19	0

After the first quarter a flat weekly rate of £6. 6. 0 is charged. All fees are payable quarterly, monthly or weekly in advance.

If on arrival, or subsequently, the applicant is found to be ineligible for admission, or unsuitable for treatment, the payment in advance, or a proportionate part thereof, in accordance with the above sliding scale, will be refunded. The Committee reserves to itself the right to refuse admission to any applicant. One week's notice required before termination of residence.

EXTRAS.—Special nursing attendance (rarely required), fires or meals in bedroom, personal laundry, medicine and treatment other than that employed for the cure of the alcohol or drug habit, postages, necessities and personal comforts required by the patient.

PERSONAL EXPENSES.—A sum (say £5) should be deposited for laundry, tobacco, postage, etc.

CLOTHING.—No dress clothes necessary. All linen should be plainly marked.

TRAVELLING.—If required a male nurse can be obtained to accompany the patient, his usual charges being one guinea a day and travelling expenses.

VISITORS (duly authorised relations and friends) can call between the hours of 10 a.m. and 6 p.m.

DIVINE SERVICE.—There are within a few minutes' walk places of worship of various denominations, including a Catholic Church.

"Statutory Declaration," "Request for Reception" forms, and any other particulars may be obtained from the Resident Medical Superintendent,

