

*Legislation for Habitual Drunkards.*

It is a miserable misfortune for a great question when it falls into incompetent hands. The necessity of doing something to reclaim a certain class of dipsomaniacs has been urgently felt for a long time, but after the report of the Committee of the House of Commons, and some of the rash and sensational evidence given before the Committee, we fear that the necessity will continue to be felt for many years to come. The subject has been made ridiculous, and no sensible man can read the recommendations of the Committee without profound surprise that there should be so little common sense manifested in their treatment of it. Mr. Dalrymple deserves credit for the energy and perseverance which he has displayed in bringing to the front the question of legislation concerning habitual drunkenness, but we fear much that the present result of his labours will be to throw back a much needed reform.

Amongst so much that is calculated to arouse one's wonder or regret, it is refreshing to refer to the sound sense and careful reflection which are manifest in Dr. Mitchell's well-considered evidence, which we have pleasure in appending:—

Dr. Mitchell, Commissioner in Lunacy for Scotland, being examined by the Chairman, said—My experience as Commissioner in Lunacy for Scotland convinces me that drunkenness causes a great amount of the lunacy, pauperism, and crime of the country. Of the cases of lunacy reported to the Board last year in which the cause is stated, 19 per cent. were said to be due to intemperance. Every man who is drunk is really insane while the intoxication lasts. Intoxication injures the health in various ways, and may lead to any of the forms of insanity to which the abstemious are liable.

Do you mean that the ordinary characteristics of intoxication—exaltation of ideas, followed by confusion of ideas, and then by loss of power over ideas and action—constitute a brief period of insanity?—Yes.

Now, are there any forms of insanity related in a special manner to drinking?—Yes; there are several forms. First, there is the form of insanity called *mania a potu*, which is a continuance of the excitement which constitutes intoxication, and which comes on as the intoxication should be subsiding. An attack of insanity of this kind may occur to a person who was never drunk before. Then there is *delirium tremens*, which is a disease of the habitual drunkard, but to produce which it is not necessary that there should be frequent drinking to the extent of intoxication. It rather crowns the everlasting muddlement of the dram-drinker. Then there is *dipsomania*. Its characteristic is an

ungovernable but remitting craving for drink, without any reference to external circumstances; that is, without any reference to social intercourse or joviality. It is almost always accompanied by change of character, and especially by the loss of sense of duty, honour, and affection. If it lasts long, intellectual enfeeblement generally appears. In a great many cases frequent heavy drinking precedes this state, but not necessarily so, for it is sometimes brought on by such things as fevers, mental shocks, and the like.

Is drinking inordinately ever a symptom of lunacy?—In the last class of persons it is; it is a symptom, and not a cause of the disease. It is a symptom of cerebral disorder, and not the cause; but when habitual drinking has been the precursor, this should be borne in mind, that the cause may become an effect, when it is in the nature of the effect to prolong and aggravate the cause. What I mean is this, that constant drinking may beget this ungovernable craving; indulgence strengthens the craving; and so a man goes on from bad to worse.

Why does drinking lead to insanity in some people and not in others?—In some men habitual drinking leads to other diseases rather than insanity. Many men of great proclivity would escape but for excessive drinking. The excessive drinking determines the insanity to which they are otherwise disposed.

Have you paid any attention to the hereditary influence of drunkenness or excessive drinking?—Yes; and I think it quite certain that children of habitual drunkards are, in a larger proportion, idiotic, are in a large proportion themselves habitual drunkards, and are in a larger proportion liable to acquired insanity—that is the insanity which comes on in later life—than are the children of other people. But this should be kept in view, that many habitual drunkards are also predisposed to insanity; the excessive drinking in them is itself the form which the insanity takes, and what they transmit to their children is really that disposition to insanity which they had themselves, and which may find expression in the children in idiocy, insanity, or crime. The ordinary cases of insanity which have drunkenness as their origin are treated just as other cases of insanity—such as those produced by excessive sexual indulgence. Both kinds of cases result from a violation of the laws of health. When insanity comes, whatever its cause, we cannot make any difference in its treatment. In my opinion, some special legislation is required on the subject of habitual drunkenness, but it is very difficult to say how it should be done, and to what extent legislation should go. I would treat in asylums all those persons whose symptoms of insanity are such that they can be certified as lunatics. They should be treated as lunatics while these symptoms last. So far legislation is not needed. It is only required in so far as concerns those that cannot be declared insane. I would not extend it to persons who got occasionally drunk—say once a-week. There should be some evidence of loss of control, something more than mere company-loving and joviality; because, although

that intoxication may be of frequent occurrence, and although we know that it is the very thing that will lead to the ungovernable craving after drink, if we attempt to take charge of these classes, we should wrong the sober and well-doing classes. The two objects to be aimed at should be the cure of the drunkard and the comfort and well-being of society. By prolonged compulsory abstinence, under conditions favourable to the general health, we might hope to do some good. Our experience in Scotland is far from encouraging, but the experiment has never been fairly made, and I think, if it were tried under special legislation, we might reasonably expect good results. All these are grounds for tentative legislation, and would give us an opportunity to acquire the experience we need. At the same time, there are certain safe-guards that would be required. The legislation might lead to abuse, and this abuse it would be necessary to guard against. It should not be left entirely to medical men to settle this, as it is not entirely a medical matter. There should be something of the nature of an inquest; and, so far as Scotland is concerned, I think the order of a Sheriff should always be necessary to authorise the detention of a drunkard, and that the duration of that detention should be fixed in the order. There should always be a way of prolonging the detention in certain cases, and likewise a channel of appeal for cases of undue detention. I think it would also have to be provided that persons might be received voluntarily into the institutions, but should not be allowed to leave sooner than a fixed time. I think the objects I have spoken of could only be obtained in separate and special institutions. These would be of two kinds—one for paying, and the other for non-paying patients, and ought all to be licensed by some body authorised to do so. The institutions for paying patients might be left to private enterprise. They would probably be of various kinds—some with higher and others with lower rates. Very likely there might be another distinction. Some might be established for those who entered voluntarily, and others for those who entered involuntarily. With regard to the institutions for non-paying patients, I think parishes or combinations should have power to assess for their existence, or use existing buildings. This would be merely permissive legislation, but perhaps it might be justifiable, because our present knowledge on the subject is so limited. It would at least make a thing possible which many people desire, and to which few people would be opposed if it were not made too wide and too binding. I would like to see one institution erected in some central part of Scotland, paid for either out of the Consolidated Fund or by general assessment. This would give us experience. Eventually, if the system were found productive of good results, and if other institutions were established either by private enterprise or by combinations, then this institution could be used solely for patients committed by order of the sheriff or magistrate. But till other institutions were made, the central one might be used by any patient for whose maintenance a Parochial Board was responsible. I

think it would be well if sheriffs and magistrates had power to commit to these institutions for some fixed period, which should not be too short, any person who has been convicted of drunkenness or breach of the peace while drunk, say three or four times within six months. Also, if a man proves himself to be dangerous through insanity which he has brought upon himself by drinking, the lieges should have power to protect themselves. All they can do at present is to send him to an asylum; but he gets sane in a very short time; then he gets discharged, although he has not been cured of his craving for the drink that led to his insanity. Under such an Act as here contemplated, his detention would be authorised, notwithstanding his apparent recovery, in the hope of preventing a recurrence of insanity from the same cause. The repeated conviction for disorderly conduct while drunk might be held to indicate that loss of control of which I spoke. I would apply these provisions of the Act to all classes of the community, making no exception. In every pauper case the cost of maintenance should be reduced as much as possible by the work of the inmates, and with regard to them there should be compulsory work as well as compulsory detention. It is very difficult to make people work profitably, and it might be necessary sometimes to resort to profitless work. The frequency with which this would be required would depend entirely on the management of the institutions. Then it has to be borne in mind that the doing of the work would increase the chances of the patients' recovery. I do not think patients would often earn more than they cost, but where they did, I think they should get the benefit of it. Such legislation would not tend to diminish drunkenness, except in the way of making the young feel that it was a disgrace to get drunk, and that it was dangerous to be often drunk, as it might lead to confinement. In legislation of this kind we don't strike the root. We are simply proposing to mitigate the effects of a mischief we have made no effort to check, and this we do as well for our own comfort as for the good of the drunkard. The proper way of reducing drunkenness would be by giving the young a sounder education, so as to fit them to be the intelligent guardians of their own health.

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## PART II.—REVIEWS.

*Wilhelm Griesinger's Gesammelte Abhandlungen.* Two vols.  
Berlin. 1872.

We have received, through the kindness of his widow, a copy of the collected works of the late Professor Griesinger, which form two goodly volumes: the first volume being devoted to articles, addresses, and reports on matters relating to