

tomed, were very depressing. She had had that clearly indicated to her, because before she had that hospital to look after, for several years she had patients who were able to pay fees, and in the first year or two when she wanted to clear up her house and have it painted and papered, she removed all her patients to a place she took in the country. It was an exquisite bit of country with everything one could wish for, and all that one thought would be necessary for a nervous case, and she thought the patients there would flourish exceedingly. But they did not. They had not enough in themselves to provide their own distractions, and in going for the lovely walks around they saw the same trees and scenes. Her cases had done much better in Brighton, where they could look in the shops and see the latest hats and so forth. It was of very great help for every nervous case to provide some distraction, except some forms of neurasthenia, which cases did very well in the depth of the country. Dr. Oswald seemed to think that the Home took only people of the better sort; but really they had people of every sort. There had been alcoholic servants, schoolmistresses and teachers, and the tone of the hospital had been uncommonly good; there had been practically no trouble in getting them to work harmoniously together. Servants naturally fell into their accustomed work of scrubbing, etc., wives of clergymen fell into playing music for them in the evening, sewing, etc. There had been very little friction and class distinctions had been almost unknown. She was very much obliged for the comments which had been made.

Dr. URQUHART said he thought the Association ought to make a special acknowledgment to Dr. Helen Boyle for the magnificent work she had done in face of what must be recognised as enormous difficulties. No one recognised more than those in the speciality how important were the rational methods of treatment such as the authoress had described. When one thought of how many lives had been saved by the treatment, and how many difficulties had been surmounted and what a success that scheme had been, he thought the Association should specially recognise the important pioneer work she was doing.

The PRESIDENT said he was sure all were in sympathy with what Dr. Urquhart said; they fully recognised the noble work of Dr. Boyle in surmounting the attendant difficulties, and when such noble voluntary efforts were put forward they ought to meet with the utmost success and encouragement from the members of the Association. It was ridiculous that there should be only one home of that kind for such a large centre, and all would look forward to the time when such homes and such institutions should be established throughout the length and breadth of the land. Particularly was he in sympathy with what Dr. Rayner said, that they should be regarded as accessories to the out-patient departments of the hospitals. The Association was extremely indebted to her for her very suggestive paper.

Alcoholism, Crime and Insanity. By L.O. FULLER, M.R.C.S.,
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Inebriate Reformatory.

IN confining the following remarks more particularly to a personal experience, I trust I shall not appear unconscious of the more able treatment the subjects of this paper have received at the hands of more experienced observers.

Any investigation into the nature of inebriety or into the conditions underlying its prevalence throughout that class of the community from which the "reformatory" inebriate is drawn will of necessity relate to the occurrence of crime, and,

to some extent, the sources of insanity ; for a very considerable proportion of all cases who came under observation in reformatories have associated with habits of alcoholism a career of crime and prison recidivism, and many present evidences of permanent disorganisation of the higher cerebral functions. Further, there is no lack of evidence to show that fully one half of the cases who eventually land in such institutions were not endowed with an ordinary degree of mental development previous to acquiring habits of indulgence in alcoholism. To its influence they are peculiarly susceptible and intolerant, and it is often the means of bringing to the surface innate characteristics which, but for its influence, might have remained latent.

The question of pre-existing mental defect is one of the greatest importance in view of any future methods that may be adopted for the control of this class of inebriate. During the past fifty years the continued increase of mental and physical disability associated with alcoholic excess has received special consideration from a legislative point of view, but, although good results have accrued in the cases of individuals who have willingly submitted to the opportunity of reform afforded them, it is nevertheless a matter for common observation that in the applicative measures to a larger and unwilling class, permanent benefit to the individual is the exception rather than the rule, and the advantage gained to the community is insignificant as compared with the magnitude of the evil it was intended to curtail.

Of the cases who have come under my own observation not more than 35 *per cent.* can be looked upon as of average mental capacity. From 45 to 50 *per cent.* are persons whose mental condition is below normal, but above that of imbecility ; whilst the remaining 15 to 20 *per cent.* consist of imbeciles, feeble-minded epileptics, demented, or are the subjects of recurrent or periodical attacks of mania—cases who are unlikely ever to acquire or regain a normal state of mental equilibrium.

Some 5 or 6 *per cent.* have undergone terms of asylum detention, and will probably do so again. From 3 to 4 *per cent.* of all admissions are epileptics.

The following are the chief types met with in reformatories :

(1) Persons who, apart from a morbid craving for alcoholic drink, are apparently normally constituted. They are of average

mental capacity and possess sufficient self-control to abstain from intoxicants for considerable periods; but they cannot do so without remission, and the return to drink is usually followed by a prolonged bout. Indulgence increases the desire, and on each occasion of drinking a state of intoxication is reached. During such states they are riotous and disorderly and become violent on the slightest provocation. When such a bout is not terminated early in a police cell, it is continued more often than not entirely without food, and ends in an attack of acute alcoholic poisoning from which recovery may not take place. Whilst under detention, such persons as merely possess this craving are usually fairly well conducted and give no trouble. They usually state that the habit was acquired gradually when they were comparatively young. They cannot give any reason for their occasional bouts, beyond that from time to time they feel it coming over them and are powerless to resist.

(2) Persons who combine a state of average, sometimes more than average intelligence, with a more or less well-marked condition of nervous instability, or at least of a nervous organisation which is ill-fitted to withstand the exigencies of an ordinary life. They are often neurotic, hysterical, or hypochondriacal, or are subject to extremes of depression or elevation. A tubercular diathesis is not at all uncommon, and the subjects of active tubercular disease are nearly all of this class. They contribute also the greater proportion of the tubercular family histories. It is this type which acquires drinking habits in the first instance as a result of ill-health, the debility associated with pregnancy or lactation, or domestic worry. They are not heavy drinkers. They "take a drop of spirits to brace up the nerves," which drop becomes gradually more necessary, and develops the habit of "tippling." Their sense of duty and responsibility become subordinated to the ever-increasing desire for alcoholic stimulation. They neglect their work and their homes, and bring untold misery upon their children. Later a state of physical and mental depression is reached, with occasional remissions to a state of exaltation or excitability. Impulsive acts are often committed, and not uncommonly attempts at suicide.

Under detention these people are not usually insubordinate, but occasionally commit impulsive acts for which they are full

of regret in their calmer moments. They are constantly requiring medical treatment for one or other of their unimportant ailments. Some of course are consumptive, and require special methods of treatment. Often such cases improve considerably in their mental attitude, and acquire greater stability during the first nine to twelve months of detention, but are in many instances very disappointing. They seem to relapse back into their former state just when one is beginning to feel hopeful of permanent benefit. I firmly believe that if at this stage patients could receive promotion under a graduated system, and feel that a step nearer freedom were gained, it would give the impetus for a further effort, and thus obviate the evil influence of a mind rendered discontented and cheerless by the fact that there still remain so many more months of their sentence. They become disheartened, restless, and morose; their physical ailments either increase or imaginary ones crop up, and they tend to develop one or other of the impulsive forms of insanity.

(3) This type combines a degree of mental deficiency with instability. The condition is one of high-grade amentia with instability. The members of this group exhibit with defective perception and retention a marked want of the power of association of ideas and reasoning powers, and are lacking in the moral sense. They are restless in disposition and unable to concentrate their attention, and are usually very impulsive and reckless in their behaviour. They present considerable variation in the degree to which one or more of these various characteristics are developed. The milder cases, although unable to conform to the customs of the community when at liberty, are often amenable to discipline during detention. Such cases are, however, exceedingly sensitive, and are the subjects of violent fits of temper, more often than not unintentionally provoked, or the outcome of some trivial incident which should have passed unnoticed. The more marked cases, unfortunately in a majority, are the most dangerous and troublesome of all cases which are met with in reformatories. Their most noticeable feature is perhaps the extreme inconsistency in their behaviour. The suddenness of the change from a state of comparative quiescence to one of ungovernable frenzy, the triviality of the cause which such persons offer in explanation of their behaviour, and the exceeding violence

they are apt to, and do commit, are all evidences of a condition of irresponsibility. Added to this are not uncommonly delusions of suspicion and persecution, which doubtless account for such outbreaks in some cases.

In this type alcoholic habits are acquired during adolescence, quite frequently arising merely out of their associations. Under the influence of alcohol, of which it takes little to inflame them, the milder cases become noisy and generally disorderly; the worse cases become quarrelsome, and commit acts of criminal violence.

Under the present system of fixed or predetermined sentences the results in these cases are unsatisfactory. In the earlier stages of detention they are troublesome; subsequently they improve for a time, but later they become restless, their old hostility revives, and they become obstreperous and violent often without apparent cause.

(4) The members of this group are mild aments of the stolid type. They are as a rule quiet, inoffensive persons, unimpressionable and unemotional. They drink quantities of beer, soak and become stuporous. Under detention they give little trouble except on account of their extreme laziness. They possess no initiative, lack concentration, will work as long as they are under close supervision, and cease as soon as it is removed.

Such cases are probably born tired, are the subjects of chronic weariness, and tend to become demented at an early age. Those who eventually regain their freedom return to their former occupation of resting at the nearest public-house.

With regard to epileptics three different types are met with:

(1) Persons in whom epilepsy is associated with congenital syphilis. These cases do little good under treatment, and in spite of removal from alcoholic environment have frequent and severe fits. They are all mentally defective.

(2) Cases in which epilepsy appears apparently as a result of their alcoholic habits. There is in these cases a neurotic heredity. The fits disappear on removal from alcoholic environment.

(3) Feeble-minded, mild epileptics. These cases occasionally become suddenly acutely maniacal with homicidal tendencies.

In the family histories of the cases that have come under my observation the following percentages relating to the occur-

rence of drunkenness, tubercle, insanity, and epilepsy in the parents were obtained :

Drunkenness, 28 *per cent.* It occurred three times as often in the father as in the mother, and in both of them in 3 *per cent.*

Tubercle, 12 *per cent.* Insanity, 8 *per cent.* Epilepsy, 6 *per cent.*

Alcoholism and tubercle occurred together in 9 *per cent.*, but in one-third of the cases the father was the subject of both.

In one case the father was alcoholic and died of phthisis, one paternal aunt was insane, the mother was healthy and of steady habits, but several of her brothers were heavy drinkers. Of the children of this union, one son was alcoholic and died of phthisis, another son has epilepsy and drinks to excess. Two daughters died of phthisis, one of them was also epileptic. Of the two remaining daughters, one of them is phthisical and has had three children during three years of married life, all of whom are healthy at present. The other remaining daughter is under detention as an inebriate, has no children, but has had one miscarriage.

The average number of children born at full term to the inebriate mother is 4.5. For every 100 such children there are twenty-three premature births—that is to say, abortions and miscarriages. Of full-term children 54 *per cent.* die during the first year, 62 *per cent.* before the end of the second, 69 *per cent.* before the end of the fourth year, and 74 *per cent.* before the age of ten. The following facts relate to fifteen children whose mothers were under detention as inebriates at the time of their birth, not, however, in order of their occurrence :

(1) A case of agnathia. Apparently a case of suppression of all the structures derived from the branchial arches—the palate, tongue, lower jaw, and hyoid are all absent.

(2) A case of “atresia recti.”

(3) Hydrocephalus with malformations of the hands and feet. Mother phthisical, child illegitimate.

(4) Idiot. Has spastic condition of both legs. Mother is subject to recurrent attacks of mania. Child is illegitimate.

(5) Imbecile.

(6) Imbecile. Had convulsions in infancy.

(7) Imbecile. Mother had double aortic disease and occasional attacks of mania.

(8) Congenital syphilitic. Illegitimate. Backward. Just able to say a few words at the age of two.

(9) Rickety (was admitted with mother at the age of nine months).

(10-15) Presented no peculiar characteristics beyond the fact that they were all late in learning to talk. Four of them were delicate, one being the son of a phthisical father and an inebriate mother. One was very wayward and early showed a tendency to disobedience and was "hot-tempered." One was of an exceedingly nervous temperament.

Pathological Changes.

The morbid organic changes met with in alcoholic subjects generally must, I think, be rarely found in the class of inebriate who comes under observation in reformatories. Hitherto I have not met with any cases in which cirrhotic changes were found *post mortem*, nor have I had a case in which, during life, there was reason to suspect the existence of such changes. Cardio-vascular changes are more common, valvular being present in 3·5 *per cent.* of the cases. There is, however, usually a history of some condition other than alcoholism with which the change is connected. Arterio-sclerosis is present in 3 *per cent.* of the cases, all of whom are past middle age. I would particularly mention, as occurring in 7 *per cent.* of the cases, the presence on admission of some condition giving rise to an aortic systolic murmur. It is rough, of short duration, and distinctly conducted into the neck. So far as I have been able to ascertain it is unaccompanied by other cardiac changes or anæmic blood conditions. It tends to disappear with cessation of alcoholic habits. Possibly it is dependent upon some roughening of the aortic valves, which, but for the removal of the cause, would terminate in sclerosis and incompetency. Such cases are probably not commonly met with in hospital practice for the reason that the patients have no subjective symptoms and do not seek medical aid. The murmur may, of course, be due to a relative stenosis associated with dilatation of the aorta. Functional disturbances of the nervous system due to alcoholism are invariably well marked in such cases. Whatever be the pathological change it tends to clear up within a few weeks. Gross cerebral lesions, hæmorrhage, or

thrombosis occur only in 1 *per cent.* of the cases. Alcoholic neuritis is present in only 1 *per cent.* of the cases.

Reference has been made to the occurrence of temporary mental disturbances, sometimes accompanied with "explosiveness" or violent brain-storms. There seems some reason to believe that such temporary conditions are often induced by the liberation into the blood of some toxin or toxins associated with temporary derangement of the general metabolic processes, for they commonly coincide with the occurrence of menstruation or with disturbances of the digestive functions.

Disorders of menstruation are comparatively common amongst inebriates, and the form of the disorder and the nature of the mental disturbance accompanying it show considerable variation in the different type of case. For instance, in the type possessed of average mental development with instability menstruation is frequent, irregular in its occurrence, and excessive. The associated mental change, when present, is one of irritability, restlessness, depression of spirits, and occasionally pronounced hysterical attacks.

In the next type of low mental development the common menstrual disorder is infrequency with shortened period. Such cases become obstreperous and are liable to commit acts of violence on the slightest provocation, are aggressive, and provoke quarrels. So close is the association in some cases that attendants, when reporting a case of misbehaviour, are in the habit of adding to their report, "this patient is menstruating."

There are under observation at the present moment a few patients in whom menstruation is suppressed, but who, at the times menstruation should occur, complain at first of intense pain in the head, limited to the roof of the cranium, and subsequently become delusional. One such case, æt. 38, has undergone asylum detention previous to the cessation of the menses. With epileptics it is noticeable how frequently the fits become more numerous during menstruation. In two cases at present under observation the fits rarely occur except at the menstrual periods.

With regard to digestive disturbances, chronic inflammatory conditions of the stomach are of course common, and the subjects of such conditions are apt to become mentally depressed with the exacerbations in the gastric symptoms that from time to time occur. The association of pyorrhœa alveolaris

with subacute gastritis and general disturbance of the health has, in a few cases, been accompanied by marked mental changes. The patients become excitable, garrulous, mildly maniacal, and in one case removal of all the teeth in the lower jaw had eventually to be resorted to. Since the operation there have been no acute symptoms although the patient is mentally defective.

Explosive attacks with disorderly outbreaks in the lower types not infrequently occur in the subjects of constipation. Such attacks rapidly disappear under the treatment for an overloaded colon. I do not wish to indicate that the mental changes that are met with are always associated with one or other of the general conditions mentioned, for there are by no means a few cases in which none of these conditions is obviously present. At the same time it is found that the administration of a brisk purgative, with subsequent low diet, is not uncommonly efficacious in reducing the symptoms.

Ætiology.

Inherent degeneracy: environment—ante-natal, post-natal.—In persons who come under reformatory detention the occurrence of inebriety is usually to be regarded as, in the first instance, dependent upon the possession of a constitution which is peculiarly adapted for the acquirement of the inebriate state. The origin of such a constitution is attributable to the influence of a variety of conditions in the parents, of which the chief are alcoholism, tubercle, insanity, epilepsy, and syphilis. But, in addition to inebriety, this constitution forms the foundation of other abnormal states, such as vagrancy, crime, or prostitution, and the impulsive psychoses. As a matter of experience the inebriate more often than otherwise combines several of these states; but it is, of course, the predominance of his alcoholic habits which brings him under notice. Alcoholism in the parents of these persons occurs three times as often in the father as in the mother, and is, undoubtedly one of the most important factors in the production of a state of nervous instability, of which intolerance of alcohol is one of the indications and of which inebriety is one of the results.

Whether the alcoholic habit is or is not directly transmitted to the offspring, the influence of the poison is nevertheless

exerted through many channels. It renders the parents physically unfit prior to conception. During pregnancy not only does it add to the chances of accident, but, as both experimental and clinical evidence tend to show, it is responsible for nutritional disturbances which result in physical and mental abnormalities, or in death of the embryo. The fact that the children of alcoholics are more liable than the children of other parents to develop habits of alcoholism, and are perhaps more liable even than their own parents to acquire such habits under similar environment; are more to be regarded as the effect of such environment upon a poorly organised and unresistant nervous system rather than as an evidence of transmission of an acquired characteristic. The fixation of a characteristic, before it can be transmitted as such, requires the persistence of a particular environment through many generations. The tendency is for the offspring of alcoholics to become less resistant to the effects of alcohol with each succeeding generation, and finally to become physically and mentally incapable of reproduction even should they survive the first few years of life. The prevalence of menstrual disorders in the inebriate mother, the frequency of miscarriages, and the high percentage of infant mortality, are all evidences of an unfitness on the part of the mother to perform the maternal functions, and on the part of the child to withstand the strain of an existence under the environmental circumstances which usually surround him. Even under special circumstances, for instance when under the care of a specially trained and experienced hospital nurse and the constant attention of her assistants, the child of the inebriate woman is often reared only with difficulty, and early shows its unfitness to meet the demands of an ordinary existence—an existence apart from the alcoholic environment. The influence of alcoholism in the parents, important as it is, is more often than not enhanced by the co-existence of other detrimental agencies. Unemployment, pauperism, the malnutrition consequent upon these social conditions, tubercle and syphilis all contribute with alcohol in the production of the degenerate, of which the population of a reformatory for inebriates almost entirely consists.

Evidences of congenital syphilis are not, however, present in more than 1 *per cent.* of reformatory cases. The combined influence of alcohol and syphilis in the parents is probably

sufficient to cause early death of the offspring or to lead to the asylum before the age at which alcoholic habits are usually acquired. The only cases—three in number—that have come under my own observation, bearing distinct evidences of congenital syphilis, are bad epileptics. All have undergone, or are undergoing, their second term of reformatory detention; and two of them have been in asylums.

Post-natal environment is of no less importance than are ante-natal influences in the causation of degeneracy. The future vagrant, alcoholic, or criminal (often illegitimate and not wanted) is precipitated into an atmosphere of dirt, drunkenness, and immorality. If he survive the first few years of life, an irregular school attendance and careless indifference on the part of his parents do little for his future welfare. Although he may not be possessed of the power of intellectual development, he is usually not wanting in imitative power, and is ever ready to adopt the example of his parents or associates—frequently he is encouraged to take alcohol.

The onset of adolescence finds him ready to take whichever path offers to him the least resistance. As an instance one would mention a case that came under observation a few weeks ago. A young woman, *æt.* 22, whose parents were both drunkards, acquired drunken habits at the age of eleven. At fourteen she became a prostitute, and for the last eight years has spent her time in drink, gaol, and prostitution. Another girl, at the age of fourteen stole some money of her father's, ran away, became a prostitute, and spent the next six years in thieving, drunkenness, prostitution, and prison. Under detention she was obstinate, violent, and quite reckless as to the effects of her behaviour. Many such cases might be instanced, and their life-histories tend to show how frequently the characteristics of such individuals become pronounced in adolescence.

The results of similar heredity and environment are frequently in evidence in the maternity wards of any London infirmary. One has seen in such places girls who, at the age of seventeen or eighteen, were for the second or third time depositing with the ratepayers the fruits of their orgies, and who were by no means ashamed of their achievements.

One might also venture to predict that some such future is in store for those children who are at present under observation, at least judging from past experience of inebriate

mothers and some acquaintance of the present ones. Of eight inebriate women discharged with their children during the last two years, five have already undergone terms of imprisonment, one I have lost sight of, and two have only recently regained their freedom.

But on the other hand the effects of an environment entirely different from that which usually takes so prominent a part in the life-history of these degenerates is well instanced in such institutions as the Metropolitan Asylums Board Training Ship "Exmouth." Whilst acting as medical officer to the crew I had the opportunity of seeing orphans and others of similar parentage to the cases previously discussed developing, under kindness and discipline, into useful members of the community and being drafted into one or other of the services. I am told that the percentage of failures from that school is remarkably small, but I am not in the possession of figures. Similarly at the Darent Industrial Colony and like institutions the obviously feeble-minded are, under favourable environmental agencies, rendered most useful, although not actually fit to take their place in the outside world. Unfortunately unfavourable environmental agencies continue to exert their influence throughout adolescence, and the appearance of anti-social tendencies does not receive, under present methods, the necessary early check. Repeated prison sentences do not act as a deterrent, and the young delinquent soon becomes inured to them and careless of the results of his behaviour. Hence it is that, often not until after many years of prison recidivism, does he come under reformatory detention. As an instance I would mention a case under my observation which was sent to three years' reformatory detention at the age of seventy-nine, probably on the ground that it is "never too late to mend."

Methods of Control.

Of the present methods of dealing with the inebriate I would mention one in particular—that by which the majority of inebriates are committed to reformatories. A person who has been convicted on a charge of drunkenness three times within the previous twelve months appears before a magistrate the morning after a drunken brawl. It is in the power of the

magistrate to sentence this person to a comparatively short term of imprisonment, which, however, his experience tells him is unlikely to produce the desired result. As an alternative, the person charged can be sentenced to detention in reformatory for a period not exceeding three years *provided his (or her) consent to be dealt with there and then is first obtained!* The magistrate, owing to lack of provision by the State for such cases, must apply to the managers or owners of reformatories for accommodation for his case. It is open for the managers to refuse to accept the case unless the sentence is for the full term of three years. As a matter of fact every case that has come under my own observation has received the full three years' sentence, with no hope of remission of even a part of it. The effect of this is that a woman who, as the result of the brutal treatment of a drunken husband, or as the outcome of one of those states of temporary or increased nervous instability so commonly associated with the "change of life," succumbs to the temptation of alcohol, receives precisely the same term of detention under precisely the same conditions as the drunken prostitute who, at not little cost to the country, has undergone a score or more terms of imprisonment, has been often guilty of criminal conduct, and has taken a share in the spread of venereal disease from John o'Groats to the Scilly Isles!

It is thus obviously a necessity that accommodation for all these cases be provided by the State and controlled by officials under a uniform system of administration. The actual application of the system of reformation or improvement should of course be in the hands of specially experienced persons, whose methods, based upon a proper understanding of the characteristics and varying necessities of the individuals submitted to their care and control, should tend, under a uniform system, towards the attainment of good results hitherto not seen, and which can hardly be anticipated under the varying methods of different managing bodies.

The most scientific method of dealing with degeneracy in any of its manifestations is obviously one which aims at removing the causes rather than alleviating the symptoms. The gradual improvement in hygiene, and the greater care and scrutiny in the moral education of the young, will doubtless bring increasing benefits with succeeding generations; but what is required now is a greater elasticity in our educational

system and its more extensive application to the adolescent, more especially to the delinquent.

If, through lack of intelligence by reason of his birth or faulty upbringing, an adolescent evinces tendencies towards vagrancy, alcoholism, crime, or other form of delinquency, he should at least be given a chance, by instructive detention, of acquiring a proper fitness before those tendencies have developed into a second nature, which it becomes increasingly difficult to eradicate. In the case of an older offender, it is in his interest and in the interest of the community, that he should be taken care of until he has acquired habits which fit him to take his place as a free member of the community.

When, by reason of long-continued drinking habits or from any other cause, a person has become incapable of managing himself or herself and his, or her, affairs, the most humane procedure is to put that person under the care of those whose skill and experience will give him the best chance of restoration to a state of mental equilibrium prior to his undergoing a term of reformatory detention. If he is beyond the aid of the mental specialist, he can be kept out of harm's way at no great expense or, at any rate, at a lesser cost to the community than the freedom of his habits would incur.

The form of detention best adapted to meet the requirements of any of these conditions, is one which is "indeterminate." It should at the same time be corrective in the widest sense of the term—that is to say, it should combine medical, instructive, and disciplinary methods. The short prison sentence, the meaning of which he does not comprehend, is often for the youngster the commencement of a hardening process. It not infrequently throws him into the ranks of the unemployed, to become unemployable, anti-social, and finally, openly hostile. Repeated convictions, with the inevitable four cell walls, often increase his mental deficiency, and, with the effects of alcohol thrown in, he is, after many years, sent to a reformatory where he remains for three years a further burden to the tax-payer, and, without any good result attained, he is turned adrift into the world again. In prison or reformatory he can have the necessary attention for his bodily ailments. If he is a lunatic he can be certified. But he is rarely a lunatic, or, at least, is rarely certifiable. Nor is he wholly responsible, but he is often capable of improvement under

instruction and can acquire a handicraft. A short prison sentence, however complete the methods of instruction, cannot give the necessary teaching to a person who is congenitally, or from want of proper upbringing, mentally backward. Experience shows that a long fixed term of reformative detention gives little, if any, better result; I believe this want of good result is to some extent due to the *fixed* sentence.

The youngster, sentenced to a long fixed term, thinks he (or she) has been unjustly treated, and, to use a common expression, "Plays up, to get a bit of his own back." After a time he realises that he thereby makes his own existence more uncomfortable and gradually settles down to drag out a weary three years. The employment is not infrequently, for want of more complete system, quite unadapted for his (or her) future requirements in modern competition. But the present system does at least tend to show that there is often in the individual the capability of development under a proper system. The hardened recidivist does not want to improve, and the fixed sentence does not encourage him to make an effort against his natural inclinations. He knows he has a certain time to "do" and he means to get through it with as little discomfort as may be. The application of the indeterminate sentence to either of these classes of offenders would have the effect of bringing out an effort on the part of those who are capable of making one, serve to sift the improvable from the unimprovable, and protect society from the latter. For the efficient working of such a form of detention, an institution should possess better facilities for classification than at present exist and a complete system of industries. It should be a type of colony.

The classification of inmates and the teaching of industries could be rendered less difficult than at present by the existence of a system of grades, through which an inmate might earn his freedom by industry and good conduct. Final discharge from the institution would take place after a period of exemplary conduct, but a further period on parole would ensue, during which he would be required to report himself from time to time. Under some such scheme two objects might be attained: the reformed character would leave with a guarantee from the authorities that he possessed training of a certain kind, and at the same time the employer would be to some extent protected,

for on return to his former habits the offender would at once be collected for a further period of detention.

The question of economy is an important one, but it is reasonable to suppose that the cost of such provision as has been suggested would not exceed that of our present methods. Just now the number of persons under detention in inebriate reformatories does not, I believe, exceed 1,000, and they are distributed through thirteen reformatories. It is more than probable that such a number could be accommodated in one establishment at a lower cost and with better results. A small institution receives the same variety of cases as a larger one under the present system, and requires for good work as complete a system of classification and industries. In the largest of the present institutions a satisfactory scheme for these purposes cannot be arranged without very considerable increase in the cost.

Although in the vast majority of cases which come under observation the general features and the life and family histories show them to be degenerates, there are other cases whose alcoholism is undoubtedly the outcome of some other cause or condition, not always ascertainable, and for which detention in a reformatory is not suitable, or, at least, is not suitable under the existing methods of detention without an adequate scheme for classification. I refer particularly to cases which are the subjects of incipient mental disease. It is admitted that benefit does ensue as a result of the first few months' detention, but it is in the later stages when, having been restored to a state of health, the patient begins to realise more fully the meaning of three years' detention and a state of restlessness or brooding and despondency is apt to ensue, that further detention under the existing system is certainly not beneficial. There are also cases of advanced mental disease to which reformatory detention is obviously inapplicable. There is a third class, usually of a better social status and somewhat more refined than the majority, and on whom the association with the usual class of "reformatory" case has a morally deteriorating effect. Owing to the variety of cases which come under observation I would advocate the establishment of receiving houses, in which such cases as I have mentioned or other doubtful cases could be put under the observation of medical men with special experience in mental diseases. I feel sure that the presence of

such establishments in populous districts would be of great benefit, not only to the patients themselves, but also to both asylums and reformatories.

Whatever method is adopted in the future for dealing with the same class of case as is sent to reformatories under the present system, I cannot express too emphatically my opinion as to the undesirability and harshness of the fixed three years' sentence to all cases.

During the course of the year a number approximating half the female cases sentenced in England and Wales to reformatory detention come under my own observation, and I am strongly of the opinion that there are many cases in which such a sentence is entirely unnecessary, and that in by no means a few it is productive of mental deterioration. Such cases might relapse under any conditions, but I think this is unlikely.

There are many cases, on the other hand, to whom a fixed three years is insufficient, for they would probably never do well under any length of detention, and require supervision and control for the remainder of their lives.

In the foregoing remarks I have but merely touched on a matter, which is not only of immediate importance to the community, but one which, in the interests of the future welfare of the race, is deserving of the fullest consideration.

DISCUSSION,

At the Annual Meeting held at Wakefield, July, 1909.

Dr. MERCIER said the paper touched on a subject to which he had given a good deal of attention. He wished to offer his congratulations to Dr. Fuller for the admirable paper and the fruitful suggestions it contained. There was a good deal in it with which he could not wholly agree, and there was a good deal with which he was very much in sympathy. He would not now enter into the questions on which he did not agree with the author, as to the causes and the nature of inebriety, on which much could be said, and which was more or less speculative, but he was most heartily in sympathy with Dr. Fuller in deprecating the stupidity of the fixed three years' sentence. These people were sent to a State reformatory rather than to a prison, because it was felt that their condition was one which was at any rate as much a disease as it was a vice. And being a condition of disease these people were sentenced to a fixed term, in which it was, he supposed, anticipated that their disease would be cured, that it would require that time, and neither more nor less than that time. It led to what he could only call abominations. He had seen inebriates, people who had been committed for inebriety in those retreats for a period not exceeding three years, and that was a right and sensible provision, but, owing to the instructions of the Home Office that had become a term of *not less* than three years. In every case the three years must be completed before the case was discharged. It was abominable. He had seen cases which received all the benefit they were likely to get from their reformatory treatment in six months, and yet for two and a half years after they were ready for discharge they were kept by

the State in those reformatories, losing what ability to work they had when they came in. One man said to him: "I have forgotten the very names of the tools I used to work with at my trade, let alone the ability to use them." Another abomination was that when these people went out, at the moment their three years were up, they were entirely free, there was no further supervision over them, and in a considerable proportion of the cases they got into the hands of the police for drunkenness within twenty-four hours after their discharge. And, as if to render that event more certain, they were allowed, while in the reformatory, a sum of money, which was put by for them, and when they went out that money was given to them, an amount which was large in comparison with their usual means. When they relapsed and got into the hands of the police they could not be sent to a reformatory forthwith; they must be committed for fourteen days, and they must be committed three times more before they could go back to reformatory treatment. It was so grotesque and so unintelligent that it was difficult to believe, if one did not know the ways of Parliament, that such an enactment could have been sanctioned by the Legislature of this country. The committee on which he served made recommendations which did away with all that. It was at first proposed by the committee that an inebriate, whether he had been convicted before or not, if the magistrate was satisfied he was a habitual drunkard, should receive six months' detention in a reformatory followed by six months' probation, and if he broke down in probation, automatically he went back to detention for not more than twelve months. And at the end of that time he was to come out under probation, and if he broke his probation then automatically he went back for two or three years (he forgot which); but in no case was he to be at liberty, except on probation, and in no case was a sentence to be for a fixed minimum. He was always to be sentenced for not more than a definite period, and if he proved incorrigible even then he was not sentenced permanently; he had an indeterminate sentence, but he had his discharge on probation at the end of every three years. Thus he had chances of showing whether he was capable of maintaining his sobriety or not. The fact was that inebriates were on quite a different footing from that of lunatics. One could tell, with a fair measure of certainty, before the discharge of a lunatic whether he was sane or likely to conduct himself as a sane man. But one could not do that in the case of an inebriate; it could not be said whether the inebriate would return to his drink without actual trial. As it was necessary to send a man out and try him to see whether he could withstand the inclination to drink, every man ought to go out on probation. He wished to say one thing beyond that subject. He did not agree with what Dr. Fuller said about receiving houses. He did not see what good they were likely to be, because a receiving house was a place where a person was detained for not more than a fortnight, and he did not think that a fortnight's detention would be of any use to any inebriate under the sun—certainly not to an habitual drinker. But, apart from that, there was a point on which he thought there was a misconception, which he would like to remove before the session came to an end. Dr. Fuller spoke of people being unable to exercise self-control, and of the self-control of people being educated. He, Dr. Mercier, did not think it was very much a matter of self-control. The inebriates to whom he had spoken had described to him why it was they became inebriates. They never spoke of having had a craving for drink; not one of them said they drank because they had a craving to do so; they drank because they wanted to produce some special effect, which alcohol gave them. And often that effect was one which they could not be blamed for. They were overworked, and they found that the stimulus of alcohol enabled them to work more than they could without it. Or they had nervous symptoms which were combated and surmounted by alcohol. So that they might get rid of those symptoms they took alcohol as ordinary people took medicine. And when sober people talked of possessing superior self-control he did not admit it for a moment. He did not consider that his own self-control, as a sober person, was a bit better than that of the habitual drunkard. The reason he did not get drunk was that after he had taken a certain amount of alcohol it ceased to give him pleasure, and he turned against it with feelings of repulsion. There were many habitual drunkards on whom alcohol produced the same effect; after having taken a certain quantity they had a repulsion for it, and they could not go on drinking after that if they would. The difference was that in his own case the feeling of repulsion set in after a single glass of wine, but in the other case it did

not set in until the man had been drinking three or four days. But he did not arrogate to himself that he had the superior self-control of the two. He did not drink, for the simple reason that he did not care for it; the drunkard drank because he did care for it. It was quite a case, again, of: "But for the grace of God, there goes Richard Baxter!"

Dr. HEARDER said that at the establishment he was connected with they had been dealing with such cases for four years. Their difficulty was with the magistrates. The magistrates would not send cases unless they showed mental symptoms. They sentenced cases to from one year to three years; there was no set three years' sentence. If they were sent for three years there was no necessity for the institution to keep them three years if they were apparently fit to behave themselves when they went out. If they wanted to test their fitness they discharged them on licence, just as patients were discharged from asylums on trial. The inmates of the State reformatories were the dregs and scum of the certified reformatories. They were sent to Aylesbury and Warwick reformatories because they had been unmanageable, destroying the discipline at other institutions. He did not know that at the State reformatories the gratuity was given into the hands of the person discharged at the expiry of the sentence. They at his institution had never done so; they always handed it over to some responsible person, whether it were a probation officer, or the Discharged Prisoners' Aid Society, or some such body. When cases left efforts were made to provide them with employment, and a sum of money was handed to responsible persons on their behalf. The managers could license for any time—two and a half years or even longer. The form of the license was, that having received a written undertaking from So-and-so to take into care So-and-so, they made inquiries as to the respectability, etc.

Dr. MERCIER asked whether that had not fallen into desuetude on account of the persons not taking care of them.

Dr. HEARDER replied that that was not so in Yorkshire. He now had ten cases out on licence. The majority of cases were discharged by way of licence if they had been sent to the institution for a long sentence; but if for a short sentence they finished their sentence there as a rule. Dr. Mercier had said that he did not possess more self-control than the average drunkard, but he had not got such a low opinion of Dr. Mercier as that. The habitual drunkard got poisoned; he did not drink enough to get drunk. A single glass caused some to be raving. He had a plumber doing some work about the house, and he had a look round, and uttered the remark, "I have drunk more than all that crew put together." And he, Dr. Hearder, believed him. Those cases had not any mental stability, and their brains would not allow them to get drunk; they became disorderly in no time. They were disorderly long before they were incapable.

Dr. JAMES STEWART said he was aware of Dr. Mercier's pet idea concerning self-control, but he had the temerity to say he misused the term. And anyone who had had the experience which he himself had had would feel convinced that in certainly 70 per cent. of educated inebriates there was a loss of power compared with that enjoyed by most people one met in ordinary life. Self-control was a term which seemed to smack too much of the academician. They did not want to be using terms which the professor of moral philosophy would say they did not know the meaning of. But those who had studied the subject thought there was, in the case of the inebriate, a loss of the ability to restrain himself from doing what he knew to be wrong. He could tell the meeting of a man in their own profession in regard to whom it was most important he should stop at a certain point, which he himself knew it was expedient he should stop at. But his brain had been so affected by the taking of what was to him a poisonous dose of alcohol that he could not stop there. He admitted with Dr. Mercier that in many of the cases the man had not taken what most people would consider such a dose as to make him drunk. "Drunkard" was a term which had often been used improperly, as if it was synonymous with inebriety; as a matter of fact, a drunkard and an inebriate were two different people. The drunkard was a man who went deliberately on to bring himself into a condition which was that of a debased human being; the inebriate was a man who, however anxious he might be to restrict himself in the matter, did not possess the power which enabled him to stop at a certain point.

Dr. HUBERT BOND said the paper was a very valuable one, and he would like

to ask whether anything could be done by the Association to bring forward the goal which Dr. Fuller suggested, and which evidently Dr. Mercier considered so wise and beneficial.

Dr. MERCIER said a Bill had been drafted on the lines of the Departmental Committee's report, and it was ordered that the Association should send to the Home Secretary an urgent recommendation that the Bill should be proceeded with. It had not been proceeded with, and there was now no chance that it would be this year, and perhaps not very much chance next. But he thought the matter should be kept in mind, and it might be well for the Association, at the November meeting, to send a reminder to the Home Office that the matter urgently required attention.

Dr. FULLER, in reply, said that although Dr. Mercier held different opinions on the causation of inebriety to his own, it was at least a matter of great satisfaction to him that Dr. Mercier was in such unanimity with him as to the desirability of an alteration in the system. The whole object of the paper was to put before the Association the hopelessness of their position at the present moment, and if that discussion would eventually lead to a recommendation being made, it would be matter of still greater satisfaction. With regard to the question of self-control, it was now getting late otherwise he would like to enter into that matter further. He was not thinking only of the desire of those people for alcohol; their lack of control was evident in other things besides their consumption of alcohol. The desire for certain things might not be the same in all people. Some desired some peculiar effect from smoking, but he did not think people would say that in this respect they were superior to others. Many people if told they had got to stop a certain habit stopped it, but the people about whom he spoke had not got that power. He was very glad to know that the system of discharge on licence existed. They did not do it under his Board, because it was said to have been their experience that the fixed sentence of three years produced better results than letting men out on licence. That was further evidence of how necessary it was for the whole of that work to be under one control. He agreed that many of those people were unable to stand even a small amount of drink.

*An Autograph Account of a Case of Sane Hallucinations
due to Alcohol and Atropin.* Introduced by W. R.

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THE subject of the experiences about to be described is a literary man of great ability and a recognised authority in a certain department of learning, who had unfortunately been addicted to the abuse of alcohol for many years and had decided to try the effects of a course of atropin treatment. He was perfectly sane. Previous to his admission he had been practically living on milk and whisky for a considerable time, taking five or six glasses of the latter in the day. The whisky was at once greatly reduced, though not altogether stopped; and combined injections of atropin and strychnine were begun on the day of his admission (November 22nd), with dietetic and other treatment, but no sleeping draught was given either that night or the next. This was the first case which I had treated by the