

who knows what has been done in the past, and what remains to be done in the future, and who will carry the standard still further. I hope that during his year of office a considerable advance in the management of the insane will take place in this country, and that he will leave his mark upon the subject with which we are dealing. I have, then, to propose a cordial vote of thanks to our President for his admirable address.

Dr. MILLER : It does not require any words from me to enlarge upon the merits of Dr. Woods' able and suggestive address. He has displayed a profound knowledge of his subject. I second the vote of thanks with great pleasure.

The ex-President put the resolution to the meeting and it was carried by acclamation.

The Working of the Inebriates Act. By JOHN CARSWELL, F.F.P.S.G., L.R.C.P.E., Convener of Inebriates Committee, Glasgow Corporation.

I PROPOSE to deal with this subject under the three following heads :

1. What the Act was expected to accomplish.
2. What it is accomplishing.
3. What an adequate Inebriates Act ought to accomplish.

First, then, what was the Act expected to accomplish?

The story of the agitation for legislation in the case of inebriates is long, and to ardent minds disheartening. Parliament was reluctant to move in the matter for several reasons. For on the one hand, drunkenness in itself is no crime, and on the other, inebriety has not been proved a disease. Accordingly when attempts were made to formulate schemes for the control of inebriates, the Legislature found no clear ground upon which to proceed. Parliament could not be asked to declare that to get drunk must *per se* be constituted a crime ; and there were many difficulties in the way of asking legislation for habitual drunkenness as a disease, on lines similar to the legislation for such diseases as Parliament had hitherto placed under control, as for example, infectious diseases and lunacy.

But that drunkenness was at the bottom of most crime and much pauperism and lunacy required no formal proof; everybody who knew anything of crime, pauperism, and lunacy, knew that well. And that habitual drunkenness presents many of the characteristic features of disease, and may be fairly classed as a functional disorder, most medical authorities are agreed. In view therefore of the deplorable facts of crime and disease and social incapacity associated with habitual drunkenness, and in consideration of medical opinion regarding the nature of the drink habit, the Legislature made the attempt of putting into an Act of Parliament proposals which it was hoped might meet the demands of the case. It was admittedly a bit of experimental legislation, and Parliament never puts heart into experimental legislation, except, perhaps, when it is legislating for Ireland.

What Parliament attempted to do was to fix upon the most common offences presumably caused by drunkenness, and to make four convictions for such offences within twelve months the ground for dealing with the persons so convicted as habitual drunkards, and subjecting them to a course of treatment for inebriety. In other words, the Act, as passed, is an attempt to provide for the control of persons who are adjudged to be criminal, who are yet not to be punished for crime but treated for disease. Now in spite of its want of logic it appeared a practical proposal. But the class of offences, scheduled in the Act, four convictions for which may bring a person within the scope of the Act, if he be also a habitual drunkard, limits its operation practically to the street pest, drunken prostitute, and thief, and the drunken flotsam and jetsam of our towns.

The expectations of the Government as to the results of the Act when first put into operation, were very great. The Secretary for Scotland in a circular dated February 22nd, 1899, issued to the local authorities in Scotland, said :

“ From the police returns appearing in the appendices to the Report of the Committee, it is evident that unless a most deterrent effect is produced by the passing of the Act, provision will have to be made for a considerable number of cases which so far as Burghs are concerned, will probably be increased if the charges of breach of the peace can in some instances be replaced by charges of drunk and disorderly as

pointed out by the Committee in their report.⁽¹⁾” And he goes on to say that he “earnestly hopes that a fair and reasonable experiment of the Act may prove, not only that a large percentage of these unfortunate inebriates are capable under careful and humane treatment of reformation and restoration to useful lives, but that ultimately both the Imperial and local Exchequer and local funds will in this way be relieved by a sensible decrease in the population now located in our prisons and poorhouses.”

Such were the expectations of the Government Department. I venture to say that they were high-pitched, and were scarcely justified by the provisions of the Act. True, a number of statements were made by the Departmental Committee whose inquiries seemed to justify such expectations.⁽²⁾ But contrast such a statement with the actual facts as they exist under the provisions of the Act. In Glasgow the number of persons convicted three times and over for offences under the Inebriates Act 1898, and amending Act for the year ending June 30th, 1901, was—

| | | | | | | |
|---------|---|---|---|---|---|-----|
| Males | . | . | . | . | . | 41 |
| Females | . | . | . | . | . | 139 |
| | | | | | | 180 |
| Total | . | . | . | . | . | 180 |

of whom twenty-six were over fifty years of age. (*Note.*—Many persons who are apprehended for being drunk and incapable are released on payment of a pledge, and do not appear at court, consequently no convictions are recorded against them.)

In London the number of persons convicted of drunkenness three times and over at the Metropolitan police courts, was—

| | | | | | | |
|---------|---|---|---|---|---|-----|
| Males | . | . | . | . | . | 161 |
| Females | . | . | . | . | . | 258 |
| | | | | | | 419 |
| Total | . | . | . | . | . | 419 |

The difference between the statements can be explained by the circumstance that the Act, as framed, does not carry into practical effect the views and intentions of the Departmental Committees, upon which the legislation was professedly based. There is no doubt that the expectations regarding the effect

of the Act, were founded upon the Committees' reports rather than upon the actual provisions of the Act. My point will become clearer when I pass to consider, secondly, what the Act is accomplishing.

The London County Council and Glasgow Corporation are, so far as I know, the only two municipal bodies which have directly undertaken the work of establishing and maintaining reformatories under the Act. Thirteen English County Authorities and ten Borough Authorities have entered into an arrangement whereby a reformatory is maintained at Brentry near Bristol. The Lancashire County Council has obtained a special Act, so as to secure a workable combination of local authorities within its area, but so far as I know no establishment has been set up.

The London County Council scheme comprises provision at Farmfield, Horley, Surrey, for thirty-three females; provision for Roman Catholic women at St. Joseph's, Ashford, Middlesex; and an arrangement with Lady Henry Somerset for the reception of a few women at Duxhurst, Surrey. This last arrangement is, I understand, about to cease, as it has been found that the class of inmates committed under the Act does not make a suitable combination with retreat cases, which is the proper work of Lady Henry Somerset's Home. The London County Council is about to build accommodation at Horley for eighty female patients to replace the present accommodation.

Glasgow Corporation secured a licence for fifty-eight inmates for their institution at Girgenti, near Irvine, Ayrshire, and there are now sixteen inmates.

The number of persons presently under care is something near the following:

| | Males. | Females. |
|--|--------|----------|
| London County Council Home at Horley | — | 33 |
| St. Joseph's Council, Ashford | — | 75 |
| Brentry Homes, Bristol | 25 | 125 |
| | | <hr/> |
| | 25 | 233 |
| Total for England | 258 | |

There are a few additional patients in Duxhurst, and several have been under care and discharged for various reasons, bring-

ing up the total of persons in England committed under the Act to something like 300, almost entirely females.

| | Males. | Females. |
|--------------------------|--------|----------|
| Glasgow Corporation Home | — | 16 |

These figures refer only to persons committed under the Act, and take no account of voluntary residents in retreats or other institutions.

A State Reformatory has been set up in Scotland, but so far there have been no committals.

I have visited the Homes in England, and so far as I observed, the inmates were similar as regards previous history and general character to those committed in Scotland. I can only speak of the persons we have at Girgenti, but probably similar remarks may apply to the English cases.

Dr. Branthwaite's summary of the class of cases under care in the English institutions may be quoted in this connection.

"Judging roughly from the general aspect of the cases at present under control, it is evident, as might reasonably be expected, that the very worst type are being sent first. A large percentage of them if not actually lunatics, are distinctly borderland cases, and as such, from a curative point of view, unlikely to produce good results except by long-continued and possibly repeated periods of treatment."⁽³⁾ "Ten to 15 per cent. of total committals have proved almost uncontrollable."⁽⁴⁾ He recommends such cases to be transferred to State Reformatories.

The following are the chief characteristics of the patients under care at Girgenti.

- (a) They have, of course, been repeatedly in prison.
- (b) They have nearly all been also in poorhouses repeatedly.
- (c) At least one has been in an asylum, and several might have been, while one is a partial dement, nomadic in habits.
- (d) Several have been voluntary residents in homes of various kinds.
- (e) They have all lived loose lives, and a number have been convicted of prostitution.
- (f) Several have admittedly had syphilis.
- (g) Of the sixteen only one was living with husband or other relative, and her attachment was of the most slender character.

(h) With perhaps two exceptions out of the sixteen, it may be said that they were all living loose, degraded, idle, and abandoned lives, and that drunkenness only played a part in the general degradation.

With the generous treatment they have received, dietary being good, accommodation excellent, and discipline kindly, they have all, without exception, done well, both as regards behaviour and improvement in health. We have received several of the worst street pests and most violent and abusive women known to the police in Glasgow. The London County Council and Branthwaite say they have from 10 to 15 per cent. of refractory cases; we have had no such experience.

Among our inmates there are no wives and mothers with husbands and children anxiously and affectionately awaiting their return home, to fill once more a useful place. At best we have some whose husbands, mothers, or brothers and sisters, faintly, but rather indifferently, hope they may improve. It is already quite clear that we have not only to cure our patients of their degraded habits, but have to plant them again on their discharge in fresh social surroundings, otherwise we can hardly expect any good results.

In the discussion which follows this paper I wish for an answer to this question: Were the expectations as to the good results of the Inebriates Act based upon the knowledge that the class of persons I have described would be the only persons dealt with under the provisions of the Act, and were the elaborate regulations framed by an expert committee, of which Dr. Clouston (who, I see, is present to-day) was a member, intended to regulate a glorified combination of prison and poorhouse?

Having said so much upon the actual facts in relation to the expectations that were entertained as to the likely effects of the Act, I must add my conviction that, in spite of defects and difficulties, we shall be able to secure some good results. I think the work is well worth doing, even if the most valuable result of present operations is to show how it can be done better and more cheaply.

And now, lastly, *what ought an Inebriates Act to accomplish?*

The fact is already manifest that the framers of the Inebriates Act missed their way in a complicated problem by not boldly facing the whole case as the Departmental Com-

mittees advised them. The evidence given before them proved that habitual offenders, paupers, and vagrants are of intemperate habits, but unless the definition of habitual inebriates is made more strict than it is necessary or desirable to make it, experience of the Inebriates Act shows that the majority of such persons cannot be brought within the scope of an Act which limits the offences scheduled to such as are directly associated with the acute stage of inebriety, viz., intoxication. To be a known vagrant and pauper, and also of intemperate habits, ought to be sufficient to deprive a man or woman of liberty to become a burden and pest to society. The majority of those people are outside the scope of the Inebriates Act, and those of them who have come within its provisions are wrongly there. The wide-spread disappointment that the Act does not deal with the non-criminal inebriate—the most clamant case of all—need not be referred to. But we can only hope that, legislation having been once started, it may proceed to make some provision to meet this pressing evil. A satisfactory Inebriates Act ought to embrace provision for these three distinct classes of persons who are sources of danger, annoyance, and expense to society, viz. :

1. Vagrants, paupers, and others of loose and degraded habits.

2. Inebriates who have committed offences while under the influence of drink, but who do not belong to the first-named class.

3. Inebriates of the non-criminal class.

Meanwhile it is our duty to work the existing Acts for all they are worth, and so get out of them what they may be capable of yielding of benefit to the unfortunate victims of drink committed to our care, and of guidance for further legislation upon broader lines.

(¹) This has been done by the passing of an amending Act.—(²) "Including drunk and incapables we are well within the mark if we take it that 90 to 95 per cent. of the adult offenders, charged before police magistrates in Scotland with offences other than contravention of local police regulations, are under the influence of drink at the time when the offences are committed" (*Report*, p. 46).—

(³) *First Report of the Inspector of Certified Reformatories under the Inebriates Acts, 1879 to 1899*, p. 38.—(⁴) *Ibid.*, p. 39.

DISCUSSION

At the Annual Meeting of the Medico-Psychological Association, Cork, 1901.

Dr. NEWINGTON.—I can support what Dr. Carswell has said in reference to the failure of the Inebriates Act. County Councils have in some cases spent much

money in securing accommodation at such institutions as Brentry, and have been unable to take it up because of the limitations imposed by the Act in qualifying persons for admission. Judged by the Parliamentary standard we have not a single habitual drunkard in East Sussex. This state of affairs is causing great concern at Brentry in regard to its male accommodation.

Dr. CLOUSTON.—British legislation in regard to habitual drunkards has been characteristic. We first had the Dalrymple Act, which merely provided permissive detention. That was a dead failure. Lastly, we have the Inebriates Act of which Dr. Carswell has spoken. That is useful for one purpose only. For the first time in this country the principle was adopted that excessive drinking and its effects was a matter to be dealt with by prolonged restraint and medical treatment, irrespective of the patient's consent. The Legislature in its extraordinary caution provided that before one could get the benefit of this Act, one must be convicted four times. That fact carefully provided that the Act would be of little service. There is no doubt that it is waste of money trying to reform persons convicted in that way. But that does not prevent the Act being of value as a precedent when the Legislature makes a workable provision, as suggested by Dr. Carswell, for the treatment of the non-criminal inebriate. I hope that this discussion will carry conviction to the public and to the Legislature, so that we shall have an Act which will really benefit inebriates.

Dr. FLETCHER BEACH.—As a result of Dr. Sutherland's paper at a recent meeting of the British Medical Association, a resolution was passed by the Psychological Section and sent up to the Council, urging that in any legislation brought forward in regard to inebriety, more complete provision should be made for inebriates, and a suitable Bill was prepared for introduction to the House of Commons. I would suggest that Dr. Carswell should forward his suggestions to the Inebriates Committee of the British Medical Association of which I am a member.

Dr. URQUHART.—I am afraid that I cannot fall in with the suggestion of Dr. Fletcher Beach. The Inebriates Committee of the British Medical Association is not a committee upon which I personally would desire to serve. The other day they produced a very extraordinary report under the ægis of Dr. Archdall Read, which will require some attention on our part. Year after year we have dealt more or less wisely with this question of drunkenness, but our Association has never taken its rightful place with regard to alcoholism, with which we are by experience specially fitted to deal. I doubt if it would even be advisable to remit this question to our Parliamentary Committee, although that committee has done a great deal of useful work. I rather think that we should not miss this opportunity of having a committee of our own, to consider what line we as the Medico-Psychological Association ought to take. We know we must as medical men have difficulty in bringing about any reform. When a medical man rises to speak in the House of Commons he is the object of immediate suspicion. It is surmised that he has an axe to grind. Nevertheless we must try to induce a better informed state of mind amongst our legislators regarding this question. Dr. Carswell emphasises what we ought to make better known, namely, that the treatment of drunkards is not what it ought to be, and that the hopes raised by the last Act have not been fulfilled. In Glasgow there are only sixteen suitable cases, and Perthshire has declared that there was not a single person to be dealt with under the Act. The State reformatory remains uninhabited. It is from the point of view of the prevention of drunkenness that we should take up this matter in the first place, and then proceed to consider what can be done for the habitual inebriates. I am of the same opinion as the late Sir J. C. Bucknill that, generally speaking, drunkenness is not a disease, but a vice; that drunkards are not insane, but degraded. The few cases of true dipsomania are to be recognised by the periodicity of their drunkenness and by their insane inheritance. The ordinary drunkard is diseased only because he is vicious. Drunkenness is not a disease to be treated, but a vice to be reformed. That briefly is the standpoint I would take with regard to a great majority of these persons. First of all they must be put in a segregated community, and there they must be made to work, under a penalty of many stripes. Unless we have less of fantastic philanthropy in regard to this question we shall not arrive at practical conclusions.

Dr. CONOLLY NORMAN.—There is one point in the legislation of the future that

ought to be remembered, a point that is brought closely home to us in this country. A large number of our patients have become insane in consequence of drink, or at least drink is a large factor in the production of their illness. These people are among the class of cases that most readily so far recover as to be unsuitable for continued treatment in an asylum; therefore it becomes necessary for us to discharge them, and most unfortunately they run the same course, to be readmitted again and again. I have known such a patient admitted twenty-three times into the Richmond Asylum. Now, whether chronic drunkenness is a disease or a vice, we are perfectly well aware that a prolonged period of abstinence is the one efficient way of dealing with it. Yet under the present state of the law these cases are allowed to go free and to resume their old habits without any effective supervision. Surely the law should contain a provision that, if a man from drink becomes insane and thus dependent upon the rates, he should not be allowed to return immediately to his former habits, but should be compelled to submit to treatment by segregation for a considerable period. Of course, the only hope that legislation for the suppression of intemperance offers is that such treatment can be adopted easily and early.

Dr. EUSTACE.—These persons should be divided into two classes, the curable and the incurable. What is wanted is legislation for the curable or reclaimable class.

The PRESIDENT.—I fear we must acknowledge that this experimental legislation has been a failure to a great extent in England and in Ireland. The Irish Act started an excellent State inebriate asylum in Ennis for criminal drunkards. There are now about twenty patients there. The Act also gives power to county councils to start inebriate institutions, but they have not acted upon this. I think that the Act has failed because we are too much tied down by procedure, because patients cannot be sent into these institutions as easily and as often as they ought to be.

Dr. CARSWELL.—One or two points raised in the discussion require explanation. Dr. Urquhart states that we have had only sixteen persons in our home at Glasgow. That is true, but we have 180 on the public books, who might come within the scope of the Act. There is an explanation why we have only sixteen. We might have fifty, but in this experiment we chose between making it a home or a prison; and it became clear to us that if we at the outset received the cases slowly, and avoided the danger of creating a tainted atmosphere in the place, it might be possible afterwards to bring in one by one the worst cases, and the cases most needing discipline. This prediction has been amply fulfilled. We have received recently some of the most notorious women in Glasgow; they have gone down there and found their old companions, who told them that they would be treated with kindness. Instead of putting them into cells we have found them willing to work, and we have had no disciplinary difficulties. We shall soon have forty or fifty cases, but we cannot expect to have many under the Act as it exists at present. Dr. Urquhart asks why do the Glasgow magistrates allow persons convicted of drunkenness to forfeit their bail instead of committing them. As a rule these offenders who pay the fines can afford to pay, and they are workers. It is a very serious matter to take a bread-winner away from his family. The workman who gets drunk on Saturday night and pays his fine of seven shillings and sixpence on Monday morning is not a suitable man to take away and shut up for three years.

Dr. URQUHART.—I beg to propose—"That the questions raised by Dr. Carswell's paper be referred to the Council for consideration, with power to appoint a committee." I do not think that the valuable and instructive paper which Dr. Carswell read to-day should be allowed to pass into nothingness as other papers have done. If the Council see their way to appoint a committee we may look for good results.

Dr. CLOUSTON seconded the motion, which was supported by Dr. Miller, and agreed to unanimously.