

REFORMATORIES

FOR

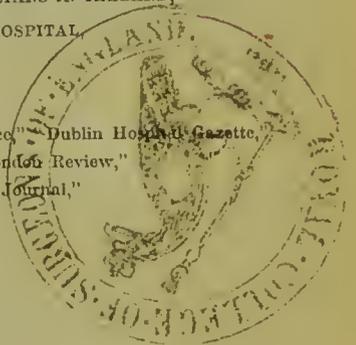
DRUNKARDS.

BY

T. W. BELCHER, B.M., M.A.,
OXON. AND DUBLIN,

LICENTIATE AND M.D. KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND,
PHYSICIAN EXTRAORDINARY TO THE CORK FEVER HOSPITAL,
&c., &c.;

Author of various Essays in "The Dublin Quarterly Journal of Medical Science," "Dublin Hospital Gazette,"
"Transactions of Cork Medical and Surgical Association," "London Review,"
"Dublin University Magazine," "Kilkenny Archæological Journal,"
&c., &c.



[Reprinted from the Dublin Quarterly Journal of Medical Science, May, 1862.]

DUBLIN:

FANNIN AND COMPANY, GRAFTON-STREET.

LONDON: LONGMAN & CO.

EDINBURGH: ADAM & CHARLES BLACK.



REFORMATORIES

FOR

DRUNKARDS,

&c.

On Uncontrollable Drunkenness, relative to Medico-legal Arrangements. Read before the Social Science Congress, 1861. By THOMAS LEWIS MACKESY, M.D.

On Chronic Alcoholic Intoxication, or Alcoholic Stimulants, in connexion with the Nervous System. By W. MARCET, M.D., F.R.S., Fellow of the Royal College of Physicians, &c. London. 1860

Some Facts which suggest the idea that the desire for Alcoholic Stimulants is not only transmitted by Hereditary Descent, but that it is also felt with increasing force from generation to generation, and thus strongly tends to deteriorate the Human Race. A Paper read before the Dublin Statistical Society, on the 15th of February, 1858. By JAMES HAUGHTON.

The City—its Sins and Sorrows, &c. By THOMAS GUTHRIE, D.D., Edinburgh. 1857.

Reformatories for Drunkards.—Beyond all controversy it is necessary that something should be done, if not to control and destroy, at least to prevent many of the evil results of drunkenness. We may be met by the assertion that this vice is not so frequent or so general as it was a century ago. Grant it for the moment; yet nothing is better established than the fact that thousands are every day rushing on to destruction, and involving the innocent and helpless in most of the consequences of their lamentable propensity.

Regarding this, our national sin, Divines have preached; the Legislature has enacted laws; Sanitary Philosophers and Physicians have written, taught, and practised; Temperance Societies have laid down rules and administered pledges; Orators have thundered; Parents have whispered, commanded, prayed; with what result? very little indeed, if we regard the many and mighty agencies in operation against it. Like other things in the world, most of these agencies have failed, because along with truth they have inculcated some fallacy.

The Divine denounces the continuous habit of inebriation as a sin (which, in the first instance, it undoubtedly was in every case), but he fails in the means he recommends for its cure—the forsaking of it.

The Legislature enacts, that no crime is excusable because committed by the man when in a state of intoxication, but rather the reverse; it punishes the drunkard in various ways, but the gaol never teaches him to forsake his sin.

The Sanitary Philosopher comes very near the mark; he investigates the many causes of this vice; he finds that some have an undoubted *hereditary* tendency to it; some are driven to the tavern by the want of comfort at home;^a a poor man because his home is cold and dreary, his wife thriftless, his children are domestic nuisances, his meals insufficient and badly prepared, because he has no recreation there, nothing but dull misery always before him; one of the “better class,” as we term it, treads the same path to ruin because his parents never think of youthful tastes and pursuits, never try to make his home comfortable and a more desirable place to him than any other; or, perhaps, if a married man, because his wife is a worthless idle woman, reads novels, lives in the clouds, is ever complaining, but never realizes the world we all live in.

Again, this Sanitary Philosopher finds that the want of education and public institutes for rational recreation and refreshment, is a fruitful source of drunkenness, the tavern supplying all these defects; that the wofully bad education of most classes of women is another cause, whether this be taken to mean education in the ordinary meaning of the term or simply in housekeeping. The very knowledge of these causes supplies suggestions as to their remedy; yet he fails, because these can only be carried out by public authority,

^a See Mr. Nugent Robinson's Essay “On the Condition of the Dwellings of the Poor in Dublin, &c.,” read at the Social Science Congress, 1861.

whether in the form of legal enactment or by the pressure of public opinion.

Further, the Physician has taught, written, and practised on this subject. He may write and the public may read; he may strongly recommend while the patient secretly evades his recommendations. He may treat cases of confirmed drunkards as those of bodily disease, of mental, of both, of neither, of hereditary tendency, of irresponsible agency, all with some measure of success; yet he cannot enforce his advice or practice, and therefore, as we well know, many of his patients relapse, and their end is worse than their beginning.

Temperance Societies have laid down rules and administered pledges; the good thus done is incalculable; they are right in inducing men to give up sinful indulgence, but they err in enforcing total and ascetic abstinence as the means to that end; they err in describing alcoholic agents as poisons, as things which, under any circumstances, or in the smallest degree, are injurious to health; they err, in fact, in describing the moderate use of any of God's gifts as sinful. An able writer says—"It is much more easy to get the drunkard to abstain than to be sober. . . . Indeed this is so notoriously the case, that *all* persons (however moderate their morals), who have set themselves seriously to reform their characters from habits of vice long indulged, are obliged (at least at first), as a matter of prudence, to practise some degree of asceticism; to deny themselves certain lawful enjoyments in some circumstances, lest old associations should draw them back into what is unlawful. Men of discretion practise such exercises, not because they deem the things forborne unlawful in others, but unsafe to themselves; in the same way that the diet of a person in full health is unsuitable to the convalescent. But it is much more flattering to a man's vanity (and therefore more agreeable to most persons), to believe that the austerities, which his own previous vice and present frailty render necessary, are themselves the highest and most perfect virtue; that living in an hospital is the best indication of health."^a

Temperance Societies err also, in affirming that abstinence (for it is not *temperance* they want) constitutes a *cure* for drunkenness; as well may one who has long imbibed some poisonous agent expect that sudden abstinence from it will cure him. By no means; other

^a Introduction to a Selection from Aristotle's Ethics. By Bishop Fitzgerald (Killaloe).

remedies, both medical and dietetic, must be adopted for this purpose.

Against this vice Orators and Oratresses have thundered; with what effect? The great majority, like most people who hear good sermons, consider the speeches very fine, the arguments very cogent, the examples very horrible; but there the matter ends; no practice comes from all the talk, and here, as in everything else, "man thinks all men mortal but himself." Moreover, parents have whispered words of caution to the erring son, they have commanded him to abstain, have threatened, have punished, and, as a last resource, have prayed the wayward child, by his love for them, by his fear of disgrace, by his danger of losing reputation, by all his hopes for this world and for the next, to give up the cursed indulgence. They have sent him to the world's end, he has come back unchanged; they have spent all their substance upon him, but their every effort, every power, every prayer, has been in vain.

Now seeing that all these agencies have, to a lamentable extent, failed to crush drunkenness, and so failed to prevent untold miseries to the families of thousands, we hold that the time has come for some institution or asylum to be erected, by authority of the legislature, for the reception and treatment of confirmed drunkards. Let it be called a lunatic asylum, for many drunkards are really lunatics, as we shall presently show; or, if that name be objectionable, let the modern and more fashionable word "Reformatory" be adopted. The principle for which we contend is, that drunkards who are injurious to the lives and properties of themselves or others should be placed under forcible restraint, and there kept until, by medical and moral treatment, they are cured.

The principle of a reformatory will be found to contain, for this purpose, every excellency of the agencies already referred to, and to be free from their defects. If the drunkard be a responsible agent who drinks when he could keep sober, it restrains him; if he be physically diseased or poisoned by long indulgence in the habit, so that he *must* drink to attain any degree of comfort, it restrains him, while it gives antidotes to the poison, treats his body for a disease, and endeavours to restore him to that soundness of health in which we will have no desire to indulge in this more than in any other kind of sin. If he be morally insane, that is to say, reduced to such a state of mind that, contrary to his judgment, he feels compelled to drink, it restrains him as a gaol can, but also treats him as being something else than a criminal, which a gaol cannot. It will be

found, in fact, to embrace the functions of the Divine, the Legislator, the Physician, the Total Abstinence Society, the Temperance Orator, and all the other means usually resorted to for the attainment of the same end. But these are such as relate only to the individual. Look what advantages to society such an institution would secure; property saved from destruction, the hopes and prospects of families preserved from desolation, wives rescued from poverty, husbands from shame, children from beggary and disgrace, with many others too numerous to mention, but readily called to mind.

This is one of the questions of the day. In the Social Science Congress papers are annually read advocating some such measure; and if the writers differ as to detail this does not weaken the case, but shows strongly what must be admitted to be the evident disease, and the general agreement as to the principle of its treatment.

But the question will be asked—"What classes of drunkards will you commit to such Reformatories?" Cases of delirium tremens (from drinking) should not be so committed, because they fall within the ordinary province of the physician, and are recoverable by medical treatment. A second class is that of persons who, not habitually but occasionally, get drunk at festive meetings, public dinners, and the like. Now a man in such case is directly amenable to the laws of God, of the land, and of good society; he is perfectly responsible for his act, he cannot plead the force of habit, and even though he should, from any given excess, get a fit of that temporary mental derangement called delirium tremens, yet he, and all like him, should be excluded from the proposed reformatory.

With regard to the many who daily consume large quantities of alcoholic drinks, without any ill consequences save to their own health, not even becoming intoxicated, though often taking much more than those who become so, it is plain that no legislative interference is required. Of course such conduct lays the foundation of many diseases, and transmits them to posterity; but in this case the law cannot control or rule the man. Let any one read Carpenter's well-known *Physiology of Temperance and Total Abstinence*, and count by number the diseases induced by alcoholic excess. The medical man will there see catalogued many of the ills the flesh is heir to; indeed it may be truly asserted that by far the greater number of diseases are the fruits of intemperance, of our own unbridled passions, or of the sins of our fathers.^a

^a See Watson's Lectures, &c., Vol. i., p. 15, 4th Edition.

Here we are reminded of one large class of drunkards, those who *inherit* a decided craving for spirituous liquors. Mr. James Haughton, in a paper read before the Dublin Statistical Society, (February 15, 1858), argues, that not only is such desire transmitted by hereditary descent, “but that it is felt with increasing force from generation to generation, and thus strongly tends to deteriorate the human race.” In this paper he quotes, as an authority, Macnish, in his *Anatomy of Drunkenness*; also Darwin, beside M. Morel’s *Physical, Intellectual, and Moral Degeneration of the Human Race*; Dr. Whitehead, *On the Transmission from Parent to Offspring of Forms of Disease, and of Morbid Taints and Tendencies*; and *The Races of Man, a Fragment*, by Robert Knox, M.D. The causes which contribute to this deterioration are too numerous to mention here. The mode of argument adopted is, that taking those countries where spirituous liquors are most consumed, we find the people most physically and mentally degenerate. He gives the following extract from M. Morel as a summary of the argument:—“We have no need of further proof, to demonstrate the fact that the use of toxic inebriating substances gives rise in the race, to the same pernicious effects as result to the individual. They have invariably the same character in all latitudes. . . . New maladies are generated, and old ones take on increased fatality; the mean duration of life is lessened; the viability of new-born children is gradually less and less to be depended on; and disturbance of the moral and intellectual nature becomes at length signalized by the highest rates of insanity, of suicide, and crime.”

Should those, commonly termed insane drunkards, be committed to these reformatories? We think not, because their case is fully provided for in the existing lunatic asylums of the country; in fact, if such persons were taken from the asylum and placed in the reformatory, there would be no great occasion for the former. Dr. Carpenter shows that a very large proportion, more than 25 per cent., of the inmates of lunatic asylums were drunkards, to say nothing of those whose lunacy is one of those “deteriorations” resulting from having had drunken ancestors. Mr. Haughton quotes from a cotemporary with reference to this—“Dr. Whitehead places intemperate habits first among the causes of insanity in this country, and observes in respect to them—Dr. Cox remarks ‘that nothing is more common than to see the offspring of an intemperate man become demented.’ Dr. Adams also expresses a similar opinion. I shall, therefore, says the author, offer only one remark on this

subject, viz.:—‘that women who are habitual drunkards, generally produce immature or idiot children.’ Lord Shaftesbury says—‘From my own experience as a Commissioner of Lunacy for the last 20 years, and as Chairman of the Commission during 16 years, fortified by inquiries in America, I find that fully six-tenths of all the cases of insanity to be found in these realms, and in America, arise from no other cause than habits of intemperance.’ Dr. Correllis says—‘One-third of the cases in the Wakefield Lunatic Asylum may be referred to intemperance.’ Dr. Whitehead says—‘In an asylum at Liverpool 257 out of 495 patients became insane through intemperance.’”

Now if we remove from the case those classes already described, we yet have others so numerous as to require interference. The confirmed drunkard should be committed, whether he have the power of self-restraint or not. If in the former predicament, he can undoubtedly mend; if in the latter, a great deal may be done for him which could not possibly be done were he at large.

Every one must admit that the subject of “Chronic Alcoholism” is a fair case for a reformatory. Mr. Haughton in the pamphlet already referred to, quotes the following:—“We have made, as it will be seen, two distinct classes of persons degenerated in consequence of alcoholic excesses. One class arrives at length, by a series of well marked nervous lesions, physical and intellectual, at general paralysis. The other, although profoundly affected as regards innervation, remains stationary at a point, leading a miserable existence, characterized physically by a special condition of cachexia and marasmus, morally by a manifestation of the worst tendencies and of the lowest brutishness.” Of the first of these classes (paralyzed drunkards) it may be said that they are comparatively harmless; but at what cost to themselves and to their families have they at last arrived at this melancholy state? The tendency of drinking to this end cannot be too generally known.

The late Dr. Todd, one of the first physiologists of his day, says, with reference to the causes of paralysis—“Whatever interferes materially with the conducting power of nerve fibre, or the generating power of nerve vesicles (gray matter), will constitute a paralyzing lesion. Thus, in the first place, poisoning of the nervous matter will act in this way.^a Professor Miller observes—“The brain, and the nervous system in general, we have seen to be the

^a Clinical Lectures. 2nd Edition. 1861. p. 609.

parts chiefly acted on in the physiological working of alcohol.^a These cases are more fit for an hospital than for a reformatory, but not so with the second named class, those affected with the disease commonly known as "Chronic Alcoholism." Magnus Huss of Sweden, has lately written a treatise on this subject, but perhaps a more accessible volume is that on *Chronic Alcoholic Intoxication*, by Dr. Marcet, of London, 1860. He says—"The symptoms of the disease depend on a functional disturbance of the properties of the nervous system, which may last for weeks, months, or years, even after the habit of excessive drinking has been given up."^b He then details the cases treated by him with oxide of zinc, and at the end gives a tabular statement of all particulars. These may be given shortly as follows:—of 48 cases treated, 24 were cured, 15 ceased attending, having been relieved or otherwise improved, seven attended only a few times (some once, some twice), one became an intern patient in the Westminster Hospital, and one is reported as *cured*, but continues drinking, and has applied again.

We affirm then, that cases such as these are fit subjects for committal to the proposed reformatory. That this "Chronic Alcoholism" is really a bodily disease, and so capable of medical treatment, we see from the fact that 24 out of the 48 cases were so cured of it. Further, 15 ceased attending, having improved or been relieved. Now if these had been in an institution from which they could not have escaped, they would, in all probability, have been added to the 24 cures. Seven attended only a few times; this only shows that treatment uncombined, with moral and physical restraint, is hopeless; and the last item, one reported "cured, but continues drinking," takes in the whole principle of the proposed reformatory; for in such an institution he should not be discharged immediately on cure; he should undergo some probation, or get free only conditionally.

The last class of confirmed drunkards which we shall consider, are those afflicted with *dipsomania*, or, as it has been more properly termed, *oinomania*. These are persons who should be admitted to our present lunatic asylums, for the best of reasons, *because they are lunatics*. But even by many who deny their lunacy it will be admitted, that some restraint, in a reformatory for instance, is desirable, although there are those who deem even this suggestion an attempt to interfere with the liberty of the subject.

^a Alcohol, its Place and Power, p. 74.

^b P. 6. Op. Cit.

A few words will suffice to describe the oinomaniac:—He feels an irresistible propensity to swallow stimulating drink of any kind, whenever and wherever he can get it (we have known several instances where persons having access to drugs of which the conveying media were wine, brandy, or spirits, used every means to take the most nauseous drinks, simply for the stimulating properties of them); he dislikes society, and drinks, if possible, in secret; nor can it be said that he drinks for drinking's sake; it is to free himself from the fearful misery occasioned by the non-gratification of this impulse; he knows he does wrong, and bitterly regrets it, but has not the slightest control over the will; he is regardless of health, life, property, and every other consideration; will sacrifice the dearest interests of his best friends, and in some cases display a propensity to commit suicide or homicide. A more full description of this malady may be found in Dr. Carpenter's well-known book already referred to. He quotes at length from Dr. Hutcheson, of Glasgow, to show that it appears in *three* forms: the *acute*, arising in the course of certain diseases, and disappearing with their cure; the *periodic*, or *recurring paroxysmal form*, arising mainly from intemperance, sometimes from hereditary transmission, and occasionally from certain diseases—its principal feature being, that between the attacks the subject becomes quite well, and apparently cured; and, lastly, the most common or *chronic* form, wherein the whole life becomes one constant scene of miserable degradation. That a wretch of this kind is a lunatic we assert.

In the eye of the law a lunatic is one who knows not right from wrong, and who is therefore an irresponsible person. The main character of insanity, in a legal point of view, is the existence of delusion,^a and hence the law hesitates to recognise any insanity but that of the *intellectual* powers. “There may, however,^b be no primary disorder of the intellectual faculties, and the insanity may essentially consist in a tendency to disordered emotion—as excitement, which affects the course of thought, and consequently of action, without disordering the reasoning processes in any other way than by supplying wrong materials for them. This is now termed ‘MORAL INSANITY;’ and in it the subject is moved by a powerful impulse, amounting to necessity, volition being at the same time in complete abeyance, and he perfectly aware that he both does wrong

^a Taylor's Medical Jurisprudence, p. 772. 4th Edition.

^b Carpenter's Principles of Human Physiology, p. 837. 4th Edition.

and is amenable to punishment." Another authority says^a—"There is much latent, undetected, unrecognised insanity in real life, bringing with it a long train of deep and incurable miseries. It assumes many aspects; occasionally it exhibits itself in the form of intemperance, an uncontrollable propensity for stimulants, clearly having a mental origin, in extreme eccentricity, and in acts of a morbidly-impulsive character." Dr. Forbes Winslow thinks that Moral Insanity is mostly accompanied by disease of the intellect. Herein he is probably correct; and although the law may *hesitate* to admit such a disease to be insanity, it does not always so act; indeed our law-making should advance in this respect with the psychological science of the age.

At the Social Science Congress, held in Glasgow in September, 1860, Mr. A. Kirkwood read a paper *On the Propriety of Placing Habitual Drunkards under Restraint, with a view to their Reformation*. The scheme he proposed was, that lunacy should be declared to include habitual drunkenness; that separate asylums for the reception of such persons should be licensed by the sheriff; that the sheriff should have the power to send drunkards to these asylums, either upon the application of relatives, or upon the certificate of two medical men; that the sheriff should have the power of detaining them six months, or as much longer, up to the period of two years, as might be necessary.

At the same Congress Dr. Peddie, of Edinburgh, read a paper recommending the treatment of dipsomania. "Sheriff Barclay (we quote from a newspaper report) agreed with Dr. Peddie that dipsomania is insanity, and gave several cases of it—as, for instance, a woman who was very clever at sewing, but had a drunken mania for breaking windows; another man he (the sheriff) had sent ten times to gaol for stealing spades, and was certainly the 'knave of spades;' another man stole six tubs—and this was certainly a 'tale of tubs.' He thought the plea of the liberty of the subject was a false and unsound argument against confining dipsomaniaes."

The Rev. Dr. Guthrie says,^b "The law should regard every man or woman who can be proved, before a jury or any other proper authority, to be by habit and repute a drunkard, a lunatic, and deal with them accordingly. The prospect of a shaven head, a strait jacket (if needful), the high walls of an asylum, and the society of the insane, would strike men with salutary terror. Months of

^a Dr. Forbes Winslow's *Lettsomian Lectures on Insanity*. London, 1854. p. 38.

^b *The City, its Sins and Sorrows*, p. 140.

sobriety would, in many instances, so restore the brain and body to health, that the person would acquire the power of resisting temptation, and come out to drink no more; the slave would acquire freedom in the house of bondage.”

Foremost, among the Scottish medical men who have written and lectured on this subject, stands Dr. Christison, of Edinburgh. His lecture on some of the medico-legal relations of the habit of intemperance, delivered in 1858, is well worthy of public attention—particularly as we are told that to the opinions advocated therein he still adheres. He says:—“There is, fortunately, no difficulty in pointing out the kind of restraint which is required. In Scotland medical men have already established a system of treatment which is applied to those who consent to submit to it, and which seems to answer every purpose well; so that all the legislation wanted, is to render compulsory, at the instance of the nearest relative, what is at present only voluntary. This system consists of seclusion in some country district, where intoxicating liquors cannot easily be had; and where, under charge of a man of education, liberty is no further restricted than that each inmate must be at home at meal times, and at a fixed hour for the night, and that he must submit to all measures necessary for preventing the surreptitious use of stimulating liquors.”

At the Social Science Congress, held in Dublin in August, 1861, a paper on uncontrollable drunkenness was read by Dr. Mackesy, of Waterford. The argument pursued throughout is, that by a defect in our laws the confirmed drunkard is regarded as a sane person; whereas such is not the fact; and, because it is not the fact, that legislative enactments should be made to secure the restraint of such characters.

From the preceding statements we conceive we have established the psychological fact, that *Moral* Insanity is quite as irresponsible as *Intellectual*. We see in the case of the oinomaniac the prominent features of lunacy. From the description of the disease already given, it will be remembered that the subject of it loses control over his conduct, and cannot hinder his doing what he knows to be wrong; that he is propelled by an irresistible impulse to gratify his propensity, and sometimes even to destroy his own life, or that of others; that he cares not for his family, his property, or any obstacle to the gratification of his one desire, but readily sacrifices all. Thus he answers the description of the lunatics who are confined, to prevent injury to life and property of themselves or others; and however

responsible for the course of conduct which may have brought the disease on him, all responsibility must be certainly held to cease when under its influence. But if the malady has been induced by hereditary transmission, or caused by some other disease, it is manifest that he is not responsible, directly or indirectly. Thus, on children are visited the sins of their fathers. If, then, lunatics should be placed in asylums, which we all admit; or, which is equally to the purpose, if they should be placed under forced restraint, and if oinomania be in truth lunatics, it follows that they also should be so treated.

We need not pause to consider the good results to all concerned—the wholesome terror likely to be struck into incipient drunkards; but we would earnestly urge that in no other way can a cure be effected. Dr. Hutcheson, of Glasgow, never heard of more than two permanent cures; and Professor Stokes, of our own city, stated in a lecture,^a that he never knew of one.

The proposed committal, however, is not hopeless. A friend communicated to us the following case:—“A young man, well educated, became such an incorrigible drunkard that his health declined, and he was also mentally and morally unfit for any business or profession. His moral sense was so entirely extinguished that he immediately disposed of his clothes, newly bought, retaining only rags to cover his nakedness; and he would steal any article within his reach; being all the while entitled to a good property, which a kind guardian dared not surrender to his keeping. Emigration was tried, but in vain; for, after squandering a sum given him as a kind of venture, he was extricated from an American workhouse, which he had entered as a pauper. As he persisted in the same misconduct on his return to Europe, his guardian, seeing but one hope of saving him—that is to treat him as *non compos mentis*—stated the facts to a magistrate, with a view to his committal to a lunatic asylum. That gentleman said, ‘I accept your evidence of the melancholy facts, and, considering this the worst form of mania, I sign the order of committal with a safe conscience.’ The governor of a district asylum, fully aware of the facts of the case, admitted the patient. In a few months he was discharged in renovated health; and so salutary has been the effect of the conviction that there was a power to treat him in this way, that the young man has never disgraced himself since, in a period of three years.” Our correspondent adds—“Names are withheld for obvious

^a At the Meath Hospital, in 1854.

reasons; but I pledge myself to the truth of the foregoing statement."

Here we see committal and treatment cured the man; while the salutary terror of being so treated, should he again fall into the sad habit, powerfully deterred him from entering even, on what we may here term "the first avenues of ill."

But institutions, in some respects resembling those now proposed, already exist. In Scotland they may be found—for instance, in Skye. Dr. Christison gives an account of his visit to an asylum for inebriates in that island. Here, we are told, the same failing existed, and few permanent recoveries were made, from the want of controlling power over the inmates, who soon tired of their discipline and went away; indeed they became patients, in the first place, only at the request of their friends, so that nothing better as a result could have been expected.

In the United States of America reformatories, or asylums for drunkards, are rapidly becoming national institutions; but, being only voluntary, they sadly want the principle of legal restraint. In one, called the New York State Inebriate Asylum, *The London Weekly Record of the Temperance Movement*^a tells us, that *three thousand* inebriates have applied for admission; and among the number are said to be 30 clergymen. In the *Journal of the American Temperance Union*^b we find a detailed account of this same institution. The following is an extract from the report:—"Up to the present date^c 3,132 applications have been made to enter the asylum, many of which are from the patients themselves. These applications have come from every state in the Union, and from the Canadas. Of the number who have applied for admission during the past year, nine have committed suicide while labouring under mania *a potu*."

In Holland, confirmed drunkards are put under legal restraint; and if, after fair trial, they prove irreclaimable, they are confined for life, and are considered dead in law. Dr. Mackesy, in his paper already referred to, concluded with propositions embodying his views as to the mode of instituting and conducting these establishments. We commend them to every one who would consider the subject fairly; but we would especially note propositions 9 and 10. Proposition 9 is as follows:—"When a patient shall be sent to one of these establishments *without his consent*, there should be a certificate from two medical men, with a declaration of the nearest

^a No. 204, p. 98.

^b No. 3, March, 1860.

^c February 6, 1860.

relative, stating the history of the case, which should be submitted to the magistrates at Petty Sessions, who should be empowered to inquire into the circumstances privately, if the majority deem it expedient, and the patient can only be admitted on the order of the magistrates in Petty Sessions assembled, unless in cases of great urgency and violence, when a case may be admitted on the order of one magistrate, provided the violence and urgency of the case is medically certified; but such cases should be returned to the next Petty Sessions of the district, when the committal must be confirmed, and a Petty Session order obtained." This is fair to the patient, fair to the family, and fair to the magistrate, who might incur a heavy responsibility by making an unjustifiable committal.

Proposition 10 is that "in all such cases there should be an appeal to the assistant barister at Quarter Sessions. This should be allowed in all cases of lunacy and dipsomania, to save the enormous expense of litigation that frequently occurs."

Dr. Guthrie suggests committal by verdict of a jury. Now, provided that the equitable Scottish system of *a majority* of jurors be adopted, and that one of three verdicts be given, no person could reasonably object to such a course; for it may justly be objected to that relic of barbarism, trial by unanimous jury, that this is such a question as a number of men could not at all times be expected to be unanimous about; and where a unanimous verdict happened to be given, the less decided in opinion might sometimes be presumed to have given way to the judgment of the rest. Moreover, an innocent person could be acquitted without stain on his character; whereas the cautious "not proven" would prevent him who escaped, through lack of evidence, from being confounded with the "not guilty" person, as in England and Ireland, but might possibly induce him, if at all responsible, to consider his ways and be wise.^a

It has been objected to legislating in any way for the restraint of confirmed drunkards—that *law would prove insufficient to determine a standard of what is drunken insanity*. This is only using the

^a In the army confirmed drunkards might be advantageously treated as diseased persons. If the drunken soldier, instead of being repeatedly punished, and his many repetitions of intoxication inserted in the Defaulter's Book, to be finally made the basis for a trial by Court Martial—if, instead of being so treated, he was sent into hospital, the best results would follow. At first the hospital might be filled, and the cells more empty than usual, but ultimately the occasion for both would materially diminish.

invalid argument “a particulari ad universale;” for even though occasional error may occur in fixing the standard, yet, as the power of appeal would always exist, no great or permanent grievance could be complained of; besides, any argument of this kind applies equally to all committal for lunacy; and no person will contend that because there have been, and may be, errors of judgment among magistrates, physicians, and others, or even gross abuses of the power lodged in these parties, therefore the doors of all lunatic asylums should be thrown open, and all the mad men and women let go free about the country.

It has also been objected *that such a law would press unequally*, that the poor man would suffer, while the rich drunkard who might debase himself at home, would practically be exempt. This we deny; indeed the unequal pressure, if any, would be the other way, for the rich man could do more mischief to his family and his property than the poor man; and this objection also applies to laws against vices of every kind.

It is said *that it would violate the just rights of man*. A man may perform an act in private which is a sin, but the same act in public becomes a crime. Formerly every village had its resident idiot or madman, who was hunted into frenzy by the inhabitants, and exposed by his relatives to make money by his misery; formerly a woman could expose her child in small-pox, to gain the alms of passers by; now neither of these exhibitions is permitted, and though the prevention of them was doubtless an infringement of that grand liberty of the subject, the right to do as he pleases, yet we all acknowledge its justice, yea, we *demand* that it should be so.

Further, it has been objected *that it would cause more misery than it would put down*. Some may perhaps feel it a disgrace to have their relatives thus dealt with; but no sympathy can be extended towards such as deem the disgraceful term “drunkard” an epithet for pardonable or charitable construction. The injury likely to arise from unjust committal has already been provided against, and as to depriving an artizan’s family of the means of living, by imprisoning the artizan himself, we would ask, what means does he provide them with while drinking?

It has been alleged that such an institution as that proposed is *illegal in principle*, as drunkenness is not a crime unless it disturbs the public peace; and further, that it should not be a crime any more than gluttony, which is equally condemned by the law of God.

To this we reply, that if it be not a crime by law it ought to be made one as soon as possible, and that for the very reason why gluttony should *not*, because of the miserable consequences to morals and society entailed by the one, as distinguished from the other, which, although a sin, yet, even in this life, brings a chain of fierce diseases as the fair and legitimate consequence of such rebellion against the constitution and course of nature.

Moreover, it has been objected that the whole scheme is *impracticable from the want of evidence*, that relatives or acquaintances would scarcely ever inform against the delinquent or lunatic. This is an untenable objection, for the same applies to ordinary lunatics, and we know that it is highly practicable (and practised too) in such cases. Lastly, it has been objected that it would be *almost impossible to find when the patient was cured*. Without any experience of the good results of such reformatories, we may admit this in part; but one direct result of their establishment would be, increased knowledge of the disease and its cure, derived from observation and experience; besides, the adoption of the ticket of leave system would not fail to keep up a salutary, moral, and physical discipline on those who might be discharged on probation.

As we have before remarked, the mode of treatment to be pursued in these reformatories should combine the excellencies of various agencies already at work, ministration to the mind diseased, to the body diseased, and to the sinful and reprobate soul, as well as all preventive and recreative measures to save them from that great evil—being led into temptation. The description of these means might fill a large volume; any one of them, particularly the medical part, would form a professional treatise of considerable importance.

And here might we say a word to those who wholly repudiate our position of drunken insanity, who assert that drunkenness is a crime, not a disease, and not to be classed with insanity or epilepsy, Be it so; but are not these very diseases some of the results of drinking? do we not every day see that the sins of fathers are, in this life, visited on their children? that men have become mad (using the term in its popular sense) by the thousand, from this very cause? and shall we not believe that drunkards who, with their eyes open, deliberately continue in the besetting sin, may, ultimately deprive themselves of the power of reformation, are irresponsible when morally insane, but undoubtedly responsible for becoming so?

Dr. Mackesy suggests that these reformatories be made self-

supporting, so as to avoid their being an expense to the nation. We object to this, because then only those who could pay would derive any benefit from them; the large class that could not, and that which would not, would thus be practically excluded. They should be supported by the nation, and should be for all. Even were it a question of expense, that is easily answered. We read in Dr. Guthrie's work, *The City, its Sins and Sorrows*, that drunkenness is the cause of most crimes;^a that it causes the annual loss of 60,000 lives in our population; and that £60,000,000 are spent annually in the United Kingdom on intoxicating liquors. Dr. Carpenter shows drunkenness to be the cause of many diseases.

Now, if most crimes be got rid of, much legal expense is thereby saved to the nation. If 60,000 lives be annually lost, the national wealth suffers. If many millions annually be spent on drink, how much of that could be saved by seriously diminishing this source of expenditure. If many diseases be produced by it, what a saving would its diminution be to families and Poor Law Unions; and if its widest and most general result, poverty, be diminished, what a national saving in poor rates to us all.

Our able statesman, Lord Palmerston, has urged on the working classes the education of their children, and the keeping of social homes, as powerful antidotes to the public-house and the prison; this is well, and saves the public much expense in the long run; but how much greater would be the expense saved to the country by the establishment of reformatories for drunkards, is evident from the data to which we have already referred.

When we express our view, that Total Abstinence Societies are not well calculated to overcome this great evil, we do not mean to discourage these useful institutions; by no means; we only say that they are not capable of *general* adaptation. We have known able clergymen who never advocated the extreme views that alcohol in any degree is poisonous, that any partaking of it is sinful, and the like, yet become, Total Abstiners, because, when they urged the giving up of the sin on a poor man, they were immediately met by the reply—"It is all very well for you who have plenty, and can drink your wine quietly at home; why do *you* not give it up?" Thus they have given up the use of alcohol (which, so far from being at all times poisonous, is, in certain states of the system, FOOD, and

^a P. 124.

the only FOOD capable of assimilation),^a on the principle of St. Paul, who would neither eat meat nor drink wine while the world lasted if it made his weak brother to offend. Reformatories for young criminals are the heralds of a change in our criminal jurisprudence from the old system of an eye for an eye, to the christian one of love to our neighbour. Let us hope that reformatories for drunkards will inaugurate a new era in our national law-giving, and so keep pace with the rapid progress of Psychological Science.

^a See Dr. Henry Kennedy's paper, *The Influence of Food on the Intellect*, read before the Social Science Congress, 1861; also Dr. Todd's 16th Clinical Lecture, 1861.

