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## PROPOSED LEGISLATION FOR INEBRIATES.\*

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MY experience of ten years' treatment of inebriates at my sanatorium at Buttermere has made me come to the conclusion that while legislation is very urgently needed to bring the inebriate under proper control, having once got him under treatment, the less he and those in whose charge he is placed are restricted by rules and regulations the better.

### RULES FOR THE CONDUCT OF RETREATS.

When I first opened my sanatorium in 1905, I got out a small book of rules and regulations for the use of patients; by the end of 1906 I had found three parts of them to be superfluous and more provocative than preventative of misconduct, and resolved to print no more. The only rules I now find it necessary to lay down and enforce are four: (1) That no patient shall take, obtain, or bring into the house any intoxicating liquors. (2) That no patient shall have money without my knowledge and consent, or get any except through me, and that, being allowed money, he

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shall hand it over to me at any time on request. (3) That no patient shall be absent from meals without permission. (4) That a patient shall on request open any postal package in my presence. These rules are not in evidence anywhere, but are, in common with a few minor regulations, handed down from patient to patient and thoroughly understood. It is a mistake to force rules continually before the patient's notice. I believe certain rules and regulations, of which those I have cited are a few, were once drawn up for use in retreats by a former Secretary of State, and that these should, strictly speaking, be hung in all public rooms, if not in all rooms of a licensed retreat. Be this as it may, so convinced am I of the harmfulness of such constant reminders of unpleasant things that no such ornaments adorn the walls of my institution, and, except by express order, never will.

The drafting of rules and regulations for retreats is best left to the medical superintendents of the various retreats, and endorsed and approved by H.M. inspector or inspectors. Clause 14, Section (6), of the proposed new and consolidated Inebriates Act says: "The Secretary of State may make regulations for the management of retreats." I sincerely hope that though he may, he will not do so, but be content to leave the making of such regulations, except as to the broadest principles, to the licensees and medical superintendents, who are, or should be, the best judges as to what rules are or are not required. My experience goes to show that the fewer the rules the better. It is human nature when rules are continually thrust before us to conceive a strong desire to break them, whereas, if such rules are few and recognized as absolutely necessary, and are understood rather than forced into notice by being hung up all over an institution, the desire for law-breaking is much less likely to show itself. Petty regulations are of little vital importance, and often distinctly harmful. Above all, it is harmful to harass the inmates of these institutions with petty regulations of little real importance, for the framing of which some people seem to have a positive genius.

H.M. inspectors must be men with practical experience of inebriate retreat and reformatory work. In this connection, as the endorsement or otherwise of the rules governing the management of retreats is, and will be, in the hands of H.M. inspectors under the Act, it is to be hoped that these will be, as is the present one, men of practical experience of inebriates

and inebriety, and of retreat and reformatory work, and that they shall therefore on no account be drawn from the asylum or prison services, or from any other branches of medical service.

#### THE LIBERTY OF THE SUBJECT FETISH.

I had hoped, before the time came for opening a discussion on the proposed Bill, that it would have become the recently passed Act; but perhaps it may still be altered for the better in minor details: *it must certainly not* be mutilated in any way if it is to be efficient. The bugbear that in the past would seem to have stood in the way, more than anything else, of efficient legislation has been the reluctance of legislation to interfere unduly with the liberty of the subject.

This fear to interfere with liberty is the result of want of knowledge. Such reluctance would immediately disappear if legislators had more intimate knowledge of the inebriate and of inebriety. The inebriate has no liberty to interfere with; he is tied and fettered by impulses and compulsions far stronger than any laws Parliament can devise for his control, and as a matter of fact, in refusing to interfere with *his* very questionable liberty, Parliament has in the past actually interfered seriously with the liberty of hundreds of persons connected with the inebriate, and plunged whole families and the inebriate himself into poverty and wretchedness in the name of this absurd and practically non-existent liberty fetish. The proposed Act still humours this reluctance, but gets over it successfully.

There are signs of this reluctance being still in evidence in the new Bill, and still more in the opening report of the Parliamentary Committee on whose recommendations it was drafted. Fortunately, however, evidence of a real practical knowledge of the inebriate is also very marked in the recommendations of the Committee and in the Bill, which has resulted in producing a thoroughly workable Bill, while effectually silencing objections that might be raised by the worshippers of this false liberty.

#### DISCUSSION OF THE PROPOSED BILL.

The initial clauses of the proposed Bill, while silencing these objectors, serve another very important and good purpose, the same purpose as is served by an exploratory incision in clearing up a difficult surgical diagnosis. The drunkard (I use the word as distinctive from inebriate) who ceases to be a drunkard after taking a voluntary legal pledge to abstain, or by the help of a

voluntarily appointed guardian and the limited powers given him, is either not a true inebriate at all or is only suffering from a very slight form of the psycho-physical defects of which the inebriety is a symptom, and in neither case needs any more drastic measures or remedies, to which but for these initial clauses he would have had to be subjected. On the other hand, those whose condition is in no way benefited by submission under these clauses *are undoubtedly inebriates*, and any reasonable interference with their liberty is fully justifiable. As a whole, the proposed Bill, if passed without mutilation, and if properly administered, should prove of immense benefit and a real advance in the treatment of alcohol and drug inebriates. It is to be hoped, however, that it will be better administered when passed than is the present Act, which might, defective as it is, have proved more beneficial under better and more knowledgeable administration. The new Bill allows magistrates no such excuse as did the old one for not exercising the powers given them, and shifts a good deal of the responsibility of committal from their shoulders to those of the relatives of the inebriate and of the inebriate himself, in whose interests they are called upon to act.

I imagine that one result of the new Act will be to greatly increase the number of incurable and incorrigible inebriates sent to retreats—persons who had hitherto refused to submit to treatment—and that these, especially the latter, may interfere with the successful treatment of amenable and curable patients. With regard to reformatories, on the other hand, I believe the class of case now received could not well be changed for the worse, and will be much more lively under the new Act to be changed for the better, and that reformatories will be provided with material out of which, in time—not in a week-end, a month, or six weeks, but in time—it will be possible to send back not a few useful citizens.

In both retreats and reformatories, it seems to me, if the best work is to be done, and if the Act is not to be abused as useless by those who are quite unacquainted with the difficulties to be met and the obvious reasons of past failures, it will be necessary to provide grades of retreats and reformatories, or, failing this, to divide them into blocks, so that it may be possible to grade patients according to their curability or incurability, and as to whether these are amenable or incorrigible, and not injure the chances of cure of the former by mixing them with the latter.

Clause 12 of the Bill says: "A Council, Borough or County, may establish or maintain or contribute to the maintenance of Retreats or defray the cost of patients in Retreats *if they think fit.*" Judging from their slowness in using similar powers conferred upon them by former Acts, we cannot, I think, hope to see much done in this direction unless and until the word *may* be altered in the Bill to the word *shall*. It is a disgrace to the nation that the inebriate work being done is mostly being done by private enterprise or philanthropic endeavour, and little or nothing by public bodies, though the work is one of immense national importance. There is the less excuse not to provide retreats, in that these, if not the reformatories, should, and could, be made self-supporting. In my opinion all retreats and reformatories should be public institutions, or at least free from commercialism, there being always a tendency when medicine is mixed up with commercialism for the scientific side to be more or less sacrificed to the commercial. Adequate salaries and pensions should satisfy medical superintendents, rather than that they should have a hope (however small) of making a fortune from the running of such establishments. I know personally of more than one case where an endeavour to make large profits has spoilt the work done in institutions which, until the proprietors became bitten by commercialism, were doing really excellent work.

#### FINANCE AND OTHER CONSIDERATIONS.

The establishment of a really well-equipped retreat needs from £5,000 to £10,000 capital, a sum in most cases beyond the means of the average medical practitioner, with the result that few, *if any*, of our retreats (I haven't seen one) are equipped as they should be for the work undertaken. If anyone here is able to put up £5,000 to £7,000 on good security, which sum would if required produce anything from 4 per cent. to 10 per cent. interest, or enable him with this interest to do further work for the furtherance of our knowledge of inebriety, I can show him how it can be laid out to good advantage for the individual and the nation. The meetings of this Society are valuable, but money is badly wanted if the study of inebriety and the treatment of inebriates is to advance as it should; and when, as I have pointed out, a fair rate of interest *is* obtainable and principal *can* be secured, surely money might be forthcoming. Clause 16 (3) of the new Bill allows of the transfer of a patient from one retreat to another. A most excellent clause, but rendered more or less useless because

first of all it contains a proviso that a patient who has chosen to go to a particular retreat shall not be transferred to another *without his consent* (liberty of the subject fetish again). Now, as the main reason for transferring a patient would be because he is incurable or incorrigible and is likely to do better in less congenial quarters for a time, such consent is hardly to be looked for. Secondly, unless grades of retreats are established, the question arises, Where are incorrigibles and incurables to be transferred to? The only course at present open to the licensee of a retreat is to discharge such patients; and unless facilities for transfer are provided, it will remain the only, but entirely wrong and unsatisfactory, course to follow, because it means that he punishes thereby, not the inebriate, but his long-suffering friends, and does no good whatever, but harm to the patient. Such patients should be transferred from higher to lower grade retreats and from higher to lower grade reformatories without any other consent being necessary than that of the friends and a judicial authority, or H.M. inspector.

#### PUNISHMENTS AND REWARDS IN THE MANAGEMENT OF THE INEBRIATE.

Everything in the treatment of an inebriate should, in my opinion, tend towards encouragement and reward for good conduct and endeavour on the one hand, and towards punishment for *wilful* misconduct and wilful want of endeavour on the other; and where punishment is necessary it should be beneficial punishment, always aiming at cure, and should not include the patient's friends and relations. The punishment under existing law for wilful misconduct is prosecution, which may result in imprisonment or a fine, the former distinctly harmful to the patient, the latter usually being paid by his relatives and, so also harmful. I regard this transfer clause as one of the most important clauses in the new Bill, but to be of any real use *consent must be cut out*, and grades of retreats established. The next point I wish to call your attention to is the licensing question. The new Bill proposes to remove the granting of licensing from the hands of County Councils to the hands of the Secretary of State. This course is, I think, the right one, for reasons too lengthy to go into now, but of very considerable weight.

In connection with licensing, the new Bill proposes that all persons taking more than one or two inebriates into their care for treatment shall only do such under licence. There can be

no question but that this is a proper clause, and one much needed. Under existing law the proprietor of a retreat by taking out a licence submits himself to inspection and to sundry restrictions and penalties, for which privilege(?) he pays every two years a considerable fee. His neighbour takes out no licence, and is able to conduct or misconduct his establishment as he likes. It is true that he is unable to take patients signing under the Inebriates Acts, but this is little or no privation, and interferes with his business hardly at all. A licensee may, as the law stands at present, have his licence withdrawn for mismanagement or because of the unsuitability of his establishment, but he can go on treating inebriate patients without let or hindrance, and the public is not informed of what has happened. How *are* the public to discriminate between good and bad retreats if both are allowed to be carried on on equal terms? A badly conducted retreat is capable of doing immense harm by giving patients and their friends the idea that all are being conducted in a similar way, and also by the destruction of hope in the patients themselves.

#### LEGISLATION FOR DRUG ADDICTS.

Time forbids any but the briefest allusion to legislation with regard to drug inebriety. The proposed Bill will, by giving guardians power to prevent addicts from obtaining drugs from chemists, do much to remedy the scandalous laxity of the Drugs and Poisons Acts. It is, however, highly important that these latter should be greatly amended. To restrict the sale of narcotics to persons who are already addicts, as the new Bill does, rather savours of locking the stable door after the horse has been stolen, but it is, anyway, a step in the right direction. While tabloids and narcotic drugs can be obtained by almost anyone (and by anyone on a forged prescription) in bulk, so long will there always be an increasing number of drug addicts. The Drugs and Poisons Acts give the chemists leave to "use their discretion" in the sale of many of these drugs, including laudanum, morphia, etc., and they seem, except the few really high-class ones, to use it more in their own than their customers' interest. The only thing they fear is suicidal intent; if they think there is no fear of that, the idea of drug addiction does not seem to enter their heads, probably from ignorance as to its great prevalence.