THE STUDY OF INEBRIETY: A RETROSPECT AND A FORECAST.*

By HARRY CAMPBELL, M.D., F.R.C.P.,
President of the Society for the Study of Inebriety.

LADIES AND GENTLEMEN,

It has been the custom of this Society since its foundation for the president to give an address in the early part of the year, and in accordance with that custom I propose to say a few words this afternoon concerning its work—past and future.

RETROSPECTIVE.

I have recently spent some time in studying its "Transactions," and have found much valuable material in them. Since the formation of the Society in 1884, something like a hundred papers have been read at our meetings. One of the first was from the pen of that distinguished man of science, W. B. Carpenter. His main thesis was that alcohol inebriety, as distinguished from deliberate and wilful drunkenness, is a physical disease depending, like insanity, upon peculiarity of organization. The same view is repeatedly met with in subsequent communications, and it was persistently urged by our founder and late president, Dr. Norman Kerr. The importance of this position is evident; for once grant that inebriety is a disease over which the victim has little or no control, and it follows that the inebriate, like the lunatic, needs to be protected, not only for his own, but for the public good. We may, I think, congratulate ourselves that it is in no small degree due to the labours of our Society that this fact is beginning to be realized and acted upon by the Legislature.

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A large part of our work in the past has pertained to the medico-legal aspects of inebriety, and, among other points, the Habitual Drunkards Act of 1879 has come in for a good deal of criticism. The chief complaint against it seems to have been that it failed to provide for the labouring, pauper, and criminal classes, our country in this respect being far behind America, where for a long time past provision has been made for the care and cure of inebriates.

In 1895 Dr. Norman Kerr raised the important question whether the law for alcoholics should not apply to other inebriates, and he contended for the appointment of Commissioners of Inebriety, as of lunacy.

A perusal of our "Transactions" cannot fail to impress the reader with the enormous amount of evil resulting from alcohol inebriety. Thus, according to Dr. Crothers, to whom we are indebted for several valuable papers, 33 per cent. of the deaths in the United States are due to it, while it is much the most potent cause of crime in that country; the loss in productive force arising out of inebriety, he says, is beyond computation. Then, in regard to our own country, Mr. Tudor Trevor tells us that 70 per cent. of our paupers, costing the nation ten millions sterling annually, and nine-tenths of our gaol prisoners, are the result of alcohol inebriety!

Of the prisoners in Clerkenwell Prison, 75 per cent., so the Rev. Mr. Horsley informs us, come there through drink; and of 300 cases of attempted suicide 172 were attributable to the same cause. It is a curious fact (referred to by Dr. Pitcairn) that repeated convictions for drunkenness are much more frequent among women than among men; he could only recall ten or twelve male inebriates whose convictions had exceeded a score, while with women it was "once a drunkard always a drunkard." One woman had been convicted over 600 times for drunkenness.

Such facts as these, ladies and gentlemen, show us the magnitude of the drink question, and the importance of the work before us.

One of the most valuable among our papers was communicated by my predecessor in this chair, Dr. Wynn Westcott. It is entitled "Alcoholic Poisoning in London, and Heart Disease as its Fatal Result." Therein it is shown that alcohol is beyond

question not only the most potent cause of crime in this city, but also of suicide and sudden death. Among the deaths due to syncope from heart disease, Dr. Westcott found evidence of alcoholic intemperance in more than a third, thus showing that this latter is a potent cause of fatty heart, a fact which had not been recognised until the publication of his paper.

Later, a paper on the therapeutics of alcohol was communicated by Dr. Drysdale, wherein he expressed doubt as to the wisdom of giving alcohol in disease. Dr. Drysdale points out how fashion has fluctuated in this respect. Thus the drink bill for St. Bartholomew's Hospital, which in 1852 was £406, rose in 1862 to £1,446, and in 1882 had fallen to £953; and he quotes Dr. T. Claye Shaw to the effect that in Banstead Asylum the high rate of recovery among the inmates was coincident with the abstinence from beer as an ordinary article of diet. He also refers to the fact that Sir Henry Thompson, Sir Victor Horsley, and Mr. Pearce Gould find alcohol useless in most surgical cases. In an interesting paper Dr. Arthur Langhurst drew attention to the fact that the consumption of alcohol in the workhouses of England and Wales had within twenty years diminished by 60 per cent.

That the physician may do harm by the indiscriminate employment of alcohol in disease was insisted on by the late Dr. George Harley in a valuable communication, in which he referred to a case of profound coma occurring in typhoid fever, which proved to be nothing more nor less than alcoholic intoxication caused by excessive administration of brandy.

HEREDITY AND INEBRIETY.—Another subject which has excited considerable interest in our Society is the influence on the offspring of inebriety in the parents. Dr. Carpenter and others have taken it for granted that drunkenness in the parents must necessarily induce an innate tendency to drunkenness in the offspring subsequently born to them, a conclusion which rests on the assumption that acquired characters tend to be inherited. Galton and Weismann, however, have taught us to doubt this, and, consequently, the question is a much more difficult one than appears at the first glance; so much so, indeed, that the Committee appointed by the Council to investigate it were not able to

come to a unanimous conclusion. Previous to the appointment of this Committee, Dr. Morton and the Rev. A. K. Cherrit had contributed interesting papers on the inheritability of acquired characters, but no member of our Society has been more interested in the question than Dr. Archdall Reid. He has stoutly contended that there is no tittle of evidence in favour of their inheritability. He has, moreover, taken up a very decided position in regard to the best means of rendering a community sober, holding that this cannot effectually be done by keeping alcohol out of people's way. He has urged that those nations are the most sober which have had the longest acquaintance with alcohol, continued elimination through successive generations of those individuals who, alcoholically considered, are unfit having in their case effected a gradual racial adaptation to the alcoholic environment. He urges, in short, that we should seek to adapt the community to this specific environment, rather than endeavour to modify the environment to suit the community, and that only in this way can the innate tendency to drunkenness be diminished. Dr. Reid does not suggest, however, that the congenital inebriate should be encouraged to drink himself to death, but rather that he should racially eliminate himself by abstaining from matrimony. Views such as these open up a wide field indeed, in which the influence of our members, directly or indirectly, should make itself felt with increasing force as society becomes more enlightened; for we must remember that it is only through us, who may claim to speak as experts, that anything can come with authority, and therefore with conviction, to the open-minded but sadly puzzled lay inquirer.

And here I must end my brief reference to our work in the past, and proceed to outline some of the work that lies before us.

A FORECAST OF OUR WORK.

First let me point out that though the primary object of our society is the study and cure of alcoholic inebriety, all forms of inebriety come within the range of our investigations. The term "inebriety" is derived from the Latin *ebriare*, to get drunk, *in-ebriare* signifying to get very drunk. In our language the term has come to signify inordinate indulgence in any narcotic, or,

indeed, in any drug which acts powerfully on the nervous system—such as alcohol, ether, chloral, chloroform, opium, hashish, cocaine, sulphonal, trional, phenacetin, tobacco, tea and coffee.

TEA AND COFFEE INEBRIETY.—First as to tea and coffee. Although these beverages are regarded, and rightly so, as counter-attractions to alcohol, yet we must not forget that even they are capable of doing much harm, as every observant physician must know. Nor is this surprising when we reflect that caffeine, the active principle of both tea and coffee, is what is known among chemists as an alkaloid—*i.e.*, a vegetable waste product. Caffeine is, in fact, an excrementitious substance allied to the waste products of animal organisms—urea, uric acid, creatin, xanthin, and the like.

Such being the case, it furnishes no energy to the organism; it plays the part of a waste product pure and simple, and is eliminated as such by the kidneys; the abundant drinking of tea must, therefore, greatly increase the work of these organs, and if continued from early childhood throughout life must, one would fancy, predispose them to disease. Caffeine has, moreover, a decided action on the heart and vascular system, lengthening the period of systole and shortening that of diastole, while it raises the blood-pressure, and we may well ask whether it is wise thus systematically to disturb a rhythm which has been established for long æons. Now, seeing that most acute diseases, such as pneumonia, when fatal, kill through heart failure, it does not seem improbable that those who have for years saturated their tissues with tea stand less chance of recovery than those who have not done so. Caffeine, again, has a powerful action on the nervous system: thus, in frogs it produces convulsions, and it is well known to be a powerful stimulant; but, as with other stimulants, the period of stimulation is apt to be followed by a period of reaction.

Bearing in mind these properties of caffeine, it is obvious the subject of tea and coffee drinking claims our serious study. The question may well be raised whether it is wise to administer to children daily, and as a matter of routine, what is in effect a powerful drug. The poor especially are apt to drench their children with tea, and this is, if I mistake not, responsible for a great deal of nervousness among them. Such, I know, is the

opinion of Mr. Kenneth Campbell, who has long studied this question.

There are other questions regarding tea and coffee drinking worthy of our attention. One would like to know, for instance, how far China tea differs in its physiological action from Indian tea, whether it is a fact, or a mere impression, that the former is less injurious than the latter. We also want more accurate knowledge than we at present possess of the precise physiological effects of the different varieties of Indian and China teas—how far, *e.g.*, the cheaper varieties differ in their action from the more expensive. Again, we need information on the subject of tea adulteration: as to how far the cheap article sold to the poor consists of pure tea, and how far of something else. Then, as regards coffee, one would like to know why it is so difficult to get a good cup of coffee in this country and so easy in certain parts of the Continent. It is no exaggeration to say that among our poorer classes the taste of pure coffee is unknown. By throwing light on these questions we may render material service to the community. In short, now that tea and coffee have become national beverages, we should do our utmost to see that the community is provided with these articles in the pure state, and that people are taught how to prepare them properly. Bad tea and bad coffee are not likely to provide strong counter-attractions to alcohol, nor to wean the alcohol inebriate from the error of his ways.

TOBACCO INEBRIETY.—This is a subject which just now especially claims our attention, and papers on it will be cordially welcomed. Over and over again I have seen—as what physician has not?—the nervous system shattered by excessive smoking. We want to know, among other things, what effect the enormous amount of cigarette-smoking which prevails to-day among the boyhood of England is having upon the race, and how far women also are likely to suffer from the same practice.

A question not unsuitable for discussion is whether there should be legislative interference with smoking in early youth. I hear this question is likely to come before Parliament soon. If it can be shown that the practice is injurious to the race, I have no hesitation in saying that it should be made illegal. I have little sympathy with the widely prevalent fear of interfering in the

slightest degree with individual liberty, and I am convinced that it will vanish as we get socially more enlightened. By all means let the individual have all the liberty he craves to do what is good, but do not let him have a free hand—above all, before he arrives “at years of discretion”—to injure himself, and thus indirectly to injure the State.

We have still a good deal to learn in regard to tobacco-smoking. I am often questioned, *e.g.*, on the comparative effects of cigar, pipe, and cigarette smoking, and I do not find it easy to give satisfactory answers. Then, again, we need more accurate information than we possess as to the comparative effects of the different kinds of tobacco, and to what extent and in what manner they are adulterated. In my experience Egyptian and Turkish cigarettes are much more injurious than American. We are also in need of further information regarding the symptoms of chronic tobacco poisoning, and the best means of treating the condition and of getting the tobacco inebriate to curtail, or altogether to stop, his smoking.

DRUG HABITS.—In the study of drug inebriety (opium, chloral, cocaine, and the like) we have another field for useful work. Drug habits are on the increase, especially among the women of the leisured classes. What are the conditions which lead up to these drug habits? How are we to recognise the habits, and how treat them? These are practical questions, concerning which we need precise information. Our Society will do well to keep a vigilant eye in this direction. New soporific and anodyne preparations are continually being put upon the market, and new drug habits continually being acquired. We must be on the alert for these leper-spots, and do what we can to prevent their spread. By drawing attention in a paper read before this Society to the practice of ether-drinking prevailing in the North of Ireland, Mr. Ernest Hart did much to check it.

ALCOHOLIC INEBRIETY.—I come now to the most prevalent of all forms of inebriety—that for which King Alcohol is responsible. This, of course, offers the largest field for our energies. Let me briefly indicate some of the work that lies before us in it.

The subject of the adulteration of alcoholic drinks is in crying need of attention. We are beginning to see that the injurious effects of such drinks are, in large measure, due to substances other than ethyl alcohol. Quite recently Dr. Hale White expressed the opinion that the so-called gin-drinker's liver cannot be ascribed to alcohol pure and simple, and that the condition is referable, wholly or in part, to substances taken with the alcohol. We want to know what these substances are, and what are their effects upon the organism. We now know that "alcoholic neuritis" may be largely due to arsenic. The recent epidemic of arsenic poisoning from beer-drinking in Manchester has awakened interest in this direction, and we are indebted to our secretary, Dr. Kelynack, for a valuable communication on this very subject. It has long been known that "four ale" is often impregnated with lead. I have myself seen many cases of lead-poisoning and gout which had been caused by the drinking of this beverage.

Besides such purely accidental contaminations, we have to reckon with the deliberate adulteration of alcoholic beverages. We must do our best to find out the nature of these adulterations, and to check them. If people will drink alcoholic drinks, let us at least seek to minimize the pernicious effects of the practice.

Closely allied to this question of adulteration is that of the comparative influence of new, as distinguished from mature, wines and spirits. The former are certainly more injurious than the latter, and steps should be taken for preventing crude alcoholic drinks from being put upon the market.

Possibly some may think that these questions are altogether outside our province. Alcohol, they may be inclined to say, is poisonous in any shape or form, and therefore there is no need to concern ourselves as to whether it is old or new, pure or adulterated, and that we should use our utmost endeavour to wipe the whole pernicious thing with all expedition off the face of the earth. I would remind such, if any such there be among us, that we are not a society of total abstainers. We number in our ranks abstainers, moderate drinkers, and, if we are to accept the opinion of the founder, immoderate drinkers likewise, though I am bound to say that I, personally, have not encountered any such. I ought, however, to add that immoderate drinking is no bar to entrance

into our society; indeed, the more immoderates join us, the better we shall like it, for not only shall we be enriched by their subscriptions, but we shall be afforded an opportunity of convincing them of their unwisdom.

We, as a society, have, in fact, no fixed tenets in regard to the indulgence in narcotics, except, of course, that excess is injurious. We include in our number representatives of all shades of opinion. We do not, as a society, seek to banish alcohol: our object is earnestly, soberly, humbly, and with open minds to study the huge question—Alcohol—in all its wide bearings.

The therapeutic value of alcohol is another subject which will still have to engage our attention. Medical opinion continues in a state of unstable equilibrium in regard to this question, and it is for us to help to arrive at the truth in the matter.

And still, also, do the legal aspects of inebriety, in its various forms, demand our study. Our society being largely composed of medical men, we may justly claim to be in the position to give expert advice in this matter, and it should be our aim in the future, as it has been in the past, to secure just and beneficial legislation for dealing with it. In this we shall look for help from those of our associates who belong to the legal profession.

ADVERTISED NOSTRUMS.—Finally, we have a further opportunity for good work in the investigation of advertised nostrums. Many of these contain powerful drugs. One nostrum in America is said to have made thousands of chloral drunkards; others contain alcohol, others, again, opium; and both alcohol and opium inebriety may arise from the taking of them. All owners of such nostrums should be compelled to publish with each sample an analysis of its contents. To allow this trading in secret remedies I hold to be mere childishness, and altogether unworthy of an enlightened people. Here, again, we see the influence of that exaggerated fear of interfering with individual liberty, to which I have already alluded. The underlying idea presumably is that an individual who discovers a remedy is entitled to keep it secret, and to turn it to personal financial advantage. But if we inquire into this matter we see how fallacious is this view.

All over the civilized world earnest scientific men, and among them some of the acutest intellects of our time, are patiently and painfully labouring to fight disease, and the results of their labours are freely published and given to the world at large. Only thus can any real therapeutic advance be made. Is it reasonable to suppose that a small number of isolated non-medical men, ignorant of the mere rudiments of the medical sciences, working independently and in secret, are capable of discovering remedies more potent to cure disease than this army of choice and educated intellects, working jointly and in the light of day, and seeking their reward, not in great financial advancement, but in the knowledge of good work done? Such an assumption is scarcely less childish than the nonsense which goes under the name of Christian Science. To allow now, in the twentieth century, this indiscriminate trading in secret remedies is to push the idea of individual liberty to lengths which can only be characterized as absurd, and at the same time to permit a wanton injury to be inflicted on the health of the community. I look forward to the day when the advertising not only of secret remedies, but of remedies of any kind, in the lay papers shall be prohibited.

I have by no means even now indicated all the work that lies before us, but I have said enough, I hope, to convince you, ladies and gentlemen, that it is a wide, a pressing, and by no means an easy task to which we are committed by our membership here. But we are not going to be deterred by its magnitude or difficulty. We shall go forward, and we mean to succeed. One thing is certain: if we fail it will not be through lack of enthusiasm. Within the last few weeks our society has increased in numbers by upwards of 100 members and associates, to each and all of whom I now tender, on behalf of the Council, a cordial welcome.