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THE MANAGEMENT OF THE MALE INEBRIATE FROM THE INSTITU- TIONAL POINT OF VIEW.*

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GENERAL CONSIDERATIONS.

I AM invited to speak to you this afternoon about the institutional management of the male inebriate. I do so with no little diffidence, as I am conscious of the fact that very many of those present to-day have had a much wider experience of inebriates than I have. I realize that many of you have devoted years of steady study to this subject, and I therefore feel that for me to venture to address you on this topic may savour of impertinence and presumption. If this be so, then I shall hand over your rebukes to your esteemed secretary, by whose invitation I stand here. However that may be, I am deeply sensible of the great honour you have conferred upon me by this invitation. If I may not lay claim to very many years of association with the institutional treatment of inebriety, nor a prolonged acquaintance with the male inebriate as such, yet I shall yield to none in my deep sympathy with the victims of this malady, my earnest desire to solve some of the many problems connected with alcoholism,

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and my admiration for the work which has been, and is being, done by this society, to which I have the privilege of belonging.

INTRODUCTION.

It is a mere truism to say that the subject of inebriety is to-day beset with many and varied puzzles. Why have we the inebriate amongst us? What relation does heredity hold to inebriety? Will the much-advocated extension of total abstinence, even if it become a universal practice, banish inebriety and its allies from our midst? What is the best method, if there be a best, of treating the alcoholic? Of what value is the drug cure, the reformatory, the retreat, in this condition? These, and many others, are the questions that instantly pass through one's mind, and call loudly for some definite and authoritative answer. But while deploring the present-day ignorance on this very important subject, one cannot be blind to the wonderful increase in the knowledge of alcoholism and its victims which the last twenty years has witnessed. The scientific lines on which research and experiment have taken place set the subject above the jeers and gibes of those who proclaim us faddists or fanatics.

One result of this research is seen in the marvellous change which has come over the medical profession with regard to alcohol and its use, both as drug and beverage, during the last fifty years. I am old enough to remember the vogue of the early eighties. I can recall my utter amazement when I, together with some twenty or thirty fellow medical students, heard a leading physician of that day prescribe 20 ounces of brandy to be given in the twenty-four hours, to a man suffering from enteric fever. That represented the practice of the day. Alcohol was used freely and frequently in treating disease. I suppose at that time it was a routine treatment with the general practitioner to give alcohol in pneumonia, and generally long before the tongue became dry, or the pulse rapid. These were the guiding signs impressed upon the student of medicine of that day, indicating the necessity for the free administration of this drug. I believe I am right in saying that such practice has now ceased. It is much the same with regard to the use of alcohol as a beverage. "What shall I drink, doctor?" was met by the counter question, "What are you accustomed to drink?" to be followed invariably by the comforting assurance, "You can't do better; just go on in the same way." Between then and now we have learned

something of the action of this potent drug. We know something of its effects on the nervous system. We have discovered that it is closely related with many diseases; that, taken even in the quantity that is designated "moderate," it is not free from harmful results. And so it has come about that the medical adviser has adopted a much more cautious position in the use of intoxicants, both by the bedside and in daily life.

And just as we have been learning, during the last half-century, much concerning the action of alcohol on the human frame, so I believe we are to-day only learning how to deal with the inebriate. You will not, I take it, demur to my assertion that all our methods to-day are more or less experimental. We seem to be groping very much in the dark, ready to try any new and accredited system or plan that may be proposed, in the hope that now we have found a remedy that will not disappoint us. I can hardly presume to hope that I shall add anything to your present knowledge of this subject. I may, however, be permitted to lay before you a few interesting and suggestive facts--facts gathered from observations made in the institution with which I am connected. I will therefore group my words under the title: "Some Details considered in the Management of the Male Inebriate, from the Institutional Point of View."

CLASSIFICATION OF INEBRIATE CASES.

It seems to me that if any great measure of success is to attend the institutional treatment of the inebriate, there must be some definite system of classifying and then placing all applicants for admission, and to do this it would be necessary for the authorities to have the opportunity of observing the patient for some little time. I regret that it is impossible for us at Abbotswood to adopt and use such classification. We have not the means. Hence it follows that many unsuitable cases are admitted. Many of these give us endless trouble, often necessitating discharge. Others remain to complete their term, but are a constant source of anxiety to the staff as well as a source of harm to the other patients.

I should be disposed to divide the applicants for entry to Abbotswood House into three classes. First, that large class of *feeble-minded or mentally defective inebriates*. Most of these need asylum treatment, or at least that special management which we have no opportunity of employing in our Home. Many of these

mentally defective men are safe only when under supervision, and protected from alcohol. They need life-long guardianship. I discharged during 1913 six patients for this cause, as being too bad for retention. I have many in to-day who cannot benefit because of this physical defect. I feel sure that as soon as they leave, even if one is able to keep them for twelve months, they will return to old ways.

At the other end of the scale is that class of men who may be considered normal, who are simply *drifters* into inebriety. The habit has so laid hold of them that nothing short of some great break in life—an illness, religious influence, or long residence in a Retreat—will avail to enable them to start over again.

Between these, there lies the third class, the *Dipsomaniacs* and *pseudo-dipsomaniacs*—men, the victims of physical disability or disease, who should be treated as those suffering from disease. The one cure for the dipsomaniac is total abstinence from birth, which may sound an Irishism. My meaning is, that having once tasted alcohol, *that something* has been aroused within the individual, which will periodically clamour for alcohol, and not cease until it is obtained.

PERIOD OF RESIDENCE FOR INSTITUTIONAL TREATMENT.

We take men for one or two years, as may be thought necessary, but never for less than one year. In my opinion, this question is still far from settled. Cases should be treated on their merits as far as possible, and these can only be determined after some considerable period of close observation. Cases differ so greatly that I do not think any hard and fast rule can be laid down. My experience would lead me to say that the majority of those who have passed through my hands need at least one year. But in considering the length of time during which a man should remain in Retreat, some regard must be had to the sort of home or surroundings to which he can go on discharge. If he can go out to helpful friends and suitable occupation, or find a true helpmeet in his wife, the time may be shortened. I believe, however, that this point cannot be finally settled till we know more of inebriety and its treatment. We have not at present the means of accurately gauging the feelings of a man towards alcohol, even after many weeks or months of treatment and observation.

THE CO-OPERATION OF THE PATIENT.

Without this nothing can be done. Many fail to reap any benefit from our efforts owing to a distinct unwillingness to help. So often men have an idea that there is no joy in life apart from liquor, hence a "don't-care" sort of attitude is adopted towards the question. It may sound strange to relate, but it is a fact, that I have men in the Home now, who openly boast of what they hope to do when they leave, who constantly talk of a drink here or a drink there, who clearly are not impressed by the error of their ways, nor by the anxiety of their relatives and friends, on their behalf. Men so soon forget the condition in which they came to us. A few weeks or months of steady regular life restores health and vigour, and with these, a forgetfulness of the degradation and misery of their former position. If we have the co-operation of the man, then I believe that one year, or very occasionally less, is ample in which to leave the past behind, and press on into a new life. Such a man will begin to see things in their true proportion. He will realize the folly of his ways. He will be moved by the distress of his relations. He will grasp the degradation of his position. He will yield to the high appeals made to him. He will have broken with the old customs and habits and longings, and having found in our Home the secret of successful resistance, the path to victory, and a sure and certain remedy for this and all other lapses from the path of rectitude, he will go out into the world a strong man, to meet and overcome his weakness.

THE TREATMENT OF INEBRIATE MEN.

Now I come to deal with management. What are our methods? The first point I must name under this head is the *staff*. A great deal depends on the kind of staff one is able to fall back upon. There can be no doubt that success or failure depends largely on the character of these men. From our point of view at Abbotswood, the first qualification is *Godliness*. In saying this, let me not be misunderstood. The essence of our treatment is spiritual. Ours is a Church Home. We believe that nothing whatever can take the place of religion in the treatment of the Inebriate. We put that in the forefront of our endeavours. Without in the least detracting from the excellent work done in many Institutions and Retreats all over the country, and without in the least wishing to decry their methods, we believe that this one remedy—the Power of Christ to regenerate, to redeem and reclaim—is supreme in its efficacy, and universal in its application.

We use no magic, we use no trickery, we rely on no mere external manipulation or imposing ceremony, but we make the appeal in the Name of Him Who "came to seek and save the lost," and we *know* that for *all*, this is a sure cure, and for *many*, the *only* cure. We are dealing with a spiritual and moral evil, as well as with a defective body. Of course it goes without saying that I hold very strongly that any physical condition must first receive help. A man coming to us with a body practically wrecked by many years' hard drinking needs something besides spiritual treatment. It may take some weeks to repair the damage, but having said this, I would lay emphasis on our main line of action. Hence the importance of the "staff." They must be men who will loyally accept the conditions of the Home, and faithfully carry out in every detail the regulations that are made for the welfare of those who come there. They must be men endowed with a deeply religious spirit, a large store of sympathy for the victims of strong drink, an inexhaustible supply of tact, a generous admixture of firmness; they must be men who themselves have felt the regenerating, uplifting touch of the Divine Power which they offer to others. They must themselves be filled with a longing to do good, and they must be men who are ready to spend themselves in the work, ready to sacrifice themselves for the sake of the weak brother. It is so true, "Without shedding of blood is no remission"; without pains, without difficulties, without self-denials, without sacrifices, often without sufferings, no great help will be given, or advance made. I dwell on this, because I believe that it is just one of those points which are all important, on which success or failure largely depends, and yet one which is so often lost sight of or neglected.

Therapeutic Treatment receives with us a fair place, but only as a means to assist a man, on entering, to recuperate. Men come to us with various physical conditions. One complains of insomnia, another of gastric trouble, or a shattered nervous system, a general state of prostration and shakiness, or sometimes the sudden break with alcohol causes a great deal of suffering, and all of these may be greatly alleviated by drugs. But apart from this, we make no special claim on the dispensary.

But if we do not make universal use of medicine, we do expect every man to *work* while he remains in the Home. We lay great stress on work; in fact, I refuse to admit any man who is physically incapable of doing something. To many of the men work is

a new experience. Perhaps for years they have done nothing, and it is astonishing occasionally to see how readily a man will fall into line and take his place in trying to do a day's work. We are fortunate in having plenty of space. Most of the work is out of doors, under the direction of a skilled gardener; while for others there is all the work of the house to be done, so that we can meet the tastes and fancies of every man. During the short dark days of winter we employ many men in making wool mats and rugs. This serves to give them occupation, and brings some small additional sum to our income when the articles can be sold.

Discipline and Routine are naturally prominent factors in the life of the Home. The discipline, while not severe, is, nevertheless, strict, and adhered to in every possible way. Each day is mapped out by time-table, and is fairly divided between work and play.

We try, also, to make the *Social Side* of the life as bright and happy as may be. The men themselves manage their concerts and entertainments, their billiard handicaps, whist and bridge competitions, and football matches, or in the summer the cricket, which takes a very prominent place in the life of Abbotswood. We can boast of a cricket-ground difficult to equal for many miles round, and elevated into its high position by the memory of the match in which the great "W.G." is said to have played many years ago.

As to *Diet*, the men are fed well with simple, well-cooked, plain food. We have two classes, first and second, taking meals separately, but for work and play thrown together. The question of the exclusion of meat from the inebriate's diet is one that seems to be well worthy of consideration and trial. Short of the banishment of all flesh from the dietary, I believe that with a meat meal once a day good results may be obtained. The introduction of a fleshless diet would be somewhat difficult to accomplish in a Home such as ours. One great objection, I believe, to the banishment of meat entirely from such institutions is that a man is almost bound to resume a meat diet on returning to ordinary life. I do not think there is much in this argument, which might as well be applied to the taking of intoxicants. I shall hope, however, this afternoon to hear some expressions of opinion on this very important point in the treatment of inebriety.

Total Abstinence, I need hardly say, prevails throughout the Home. For the staff and patients alike this is the rule. One is thankful to know that many, after a year's experience without alcohol, learn that it can be done without, and are able to continue on that line. I invariably tell every man, either before he leaves or at the time of leaving, that to depart from this rule will be absolutely fatal to him in the future.

But I must return once again, to name our sheet-anchor in the methods employed at Abbotswood. It is *the Power of Religion*. Whatever view the members of this society may hold on this question, and however far such a statement may be from the scientific aspect of the treatment of inebriety, facts are hard things to dispute. I venture to say that there is a vast amount of evidence pointing to the extraordinary value of a *change of being* in the treatment of the inebriate. You are well aware of the striking figures lately published by Lady Henry Somerset in her beautiful book, "Beauty for Ashes." Seventy-four per cent. doing well after one year's residence is a very gratifying result. I would say here of Abbotswood what is said in this little book: "The chapel is the centre of our work." Here our day opens and closes. Here all are gathered together at 8 o'clock in the morning to invoke the Divine blessing and guidance, and again at 9 o'clock in the evening to give thanks for another day. Ladies and gentlemen, I am unable to describe the emotions which arise as one looks upon these men gathered together in the House of God, many of whom have abandoned themselves for years to the very lowest side of life, yet now recognizing, and in many cases longing for, things that are pure, things that are holy, things that are beautiful. Or you know that remarkable book by Harold Begbie, "Broken Earthenware," where he speaks of "twice-born men," and details facts which in themselves are simply marvellous, until you hear the reason given for the absolute and total change brought about in those who seemed past redemption. Possibly I may be addressing many who are sceptical on this matter, and regard what is called "religious influence" as another term for "mental emotion." Well, if you will so call it, be it so. My answer would be given in the words of a man born blind, cured by the Son of God. This man, interrogated by the doubting, scornful, sceptical antagonists of the Divine claims of Jesus Christ, replied, "Who He was, or what He was, I know not; one thing I know, that whereas I was blind, now I see." And along with his changed physical state there came a changed moral and spiritual condition.

I would like to quote here some very striking words of profound wisdom uttered a few years ago by Dr. George Cutten.* Discussing the psychology of the inebriate and the various cures, he tells us, in conclusion—"Religious conversion, however, is undoubtedly superior to all other cures. The reasons for this are that there is instilled a desire for reform, without which it is impossible to cure any inebriate; a change of companionship is brought about, and an emotional substitute is provided. The cure is sometimes so powerful that a drunken man may never desire another drink during the rest of his life."

HINDRANCES IN THE TREATMENT OF INEBRIATES.

Then may I add a word on the different difficulties which have to be met in dealing with inebriates in a Retreat.

Delayed Treatment.—The first thing that is apparent is that, with scarcely any exception, these men have been drinking hard for many years. For years they have been a constant source of worry, expense, and anxiety, to their friends and relatives. They have damaged their bodies, their morals, their fortunes, and they come to us as a sort of last resource, with the natural consequence that their reformation is proportionately more difficult. The Bill to be brought before Parliament will go far to meet such an undesirable state of things.

A second hindrance is the *Evil Influence* which some of these men seem to exert over others. One really bad man is capable of doing infinite mischief. Unfortunately, we have but one building for our fifty-odd men, with dormitories of various sizes, and one common recreation room, so that they are thrown together a very great deal. This makes it so difficult to create the desired spiritual atmosphere and moral tone. It is, however, satisfactory to record that, generally speaking, a man who persists in defying the rules and regulations, or who persistently endeavours to contravene the good intentions of the Home, is either shunned by his fellow-men, or occasionally creates such a feeling of repulsion that an appeal is made to the superintendent to discharge him. A weak man (and many of them are very weak), or a man of strong social tendencies, a young man, or a man easily led—these are often drawn down from the aims which they have set before them on entering, and are adversely influenced by this congregation of unhealthy characters.

* *British Journal of Inebriety*, Vol. V., No. 1, July, 1907.

Injudicious friends will often ruin a man's chance. So anxious one day to be rid of this troublesome fellow who has brought disgrace on all connected with him, yet the next day moving heaven and earth to undo the covenant or agreement into which they and the patient have entered (to remain in the Retreat for twelve months). This causes trouble to the authorities and disturbance to the patient.

Ill-health may be at the root of inebriety, and act as a serious handicap in the process of recovery. There would seem to be a close association between alcoholism and asthma, this disease being constantly found amongst these men.

Refractory Conduct will sometimes compel one to discharge a man who might otherwise have done well; yet such misbehaviour is often only the manifestation of mental instability, which in itself is a great barrier to successful treatment.

The absence of any *Penal Provision* makes it hard always to maintain the desired discipline among unruly men. Some soon tire of the restrictions and confinement, and will do all they can to get away. Some imagine that if they make themselves sufficiently objectionable they will be dismissed. Theoretically, of course, one has the Act to fall back upon in the case of men who enter under the Act; that is to say, if a patient persistently refuse to follow the routine of the Home, he can be summoned before a magistrate, who has power to fine him £5, or commit to prison for seven days. But, practically, to use this method leaves one in a worse condition than ever. Either the Bench will sympathize with the poor inebriate, and caution him, or impose a fine which falls on the friends for payment, or give merely a verbal warning, all of which quite fail to produce any impression or improvement. Even if a man be sent to prison as a punishment for misconduct, it would be injudicious to receive him back into the Home. What is wanted is a State institution, to which any persistently refractory patient might be sent, where a far stricter routine than ours would be practised. This, I think, would be a great help in restraining men from unsatisfactory conduct, and generally conduce to the welfare and betterment of all in the Retreat.

The way in which *Men Return to the World*, at the end of their stay with us, often constitutes a real hindrance to a successful issue to the treatment. What is sorely needed is some after-care society or organization, which would keep in close touch with

those who go out, many of them practically alone, to face their old enemy.

RESULTS OF TREATMENT.

May I close with one word as to the results of our efforts to cope with this baffling and troublesome complaint. Figures are treacherous things to deal with or rely upon. At the same time, they may be of help in giving us some sort of idea as to what may be done with human material degraded and degenerated by alcohol. The last available figures show that from 50 to 60 per cent. of the men who pass through Abbotswood are permanently benefited. I do not want, however, to dwell on figures so much, because I believe that with our work, as carried on at Abbotswood, there is much done that cannot be tabulated. Many an influence is received, many an impression is made, that is seen and known by no eye save that of the Heavenly Father.

One cannot but deplore the contemplated abolition of the London County Council Institution at Farmfield as reported, due, I understand, to the poor returns in the way of satisfactory results. I am not sufficiently acquainted with the conditions of that place to understand why the percentage of those permanently benefited is so small. But whatever the cause may be, I do hold, that if the highest work and the best results are to be expected, these will only be reached where the spiritual influences of the institution are duly cared for, and where the power of Christ to redeem is the motive power underlying all efforts that are made on behalf of the inmates.

I would remind you of the very excellent reports coming from those institutions which base their methods on the power of God to save these men and women from the power of alcohol. St. Mary's Retreat, Feltham; Duxhurst, under Lady Henry Somerset; the Women's Union of our C.E.T.S., all report more than 70 per cent. of successes. These places are known to rely almost entirely upon spiritual influence to bring about that change in life and habits which is essential if a person is to be saved from his fault. These figures will compare most favourably with those yielded at other institutions, and I would venture to add that in my opinion they are results for which we ought to be most devoutly thankful.

Whatever view one may take of this common complaint, we cannot ignore solid facts, and whatever methods are used, one is

deeply grateful to all those who are to-day giving of their time and their talents to the task of unravelling the tangled skein of the inebriate's life. This is indeed a work which has for its aim the relief of misery, the removal of pain, and the recovery of hope, health, and home life, and whilst earnestly hoping that the causes, conditions, and cure of inebriety may continue to be an object of study to many whose opinion we respect and value, I would most definitely and respectfully urge this fact—that since this state, when not due to some mental or physical defect, arises from a moral and spiritual flaw, there is nothing on earth that can be relied on to give permanent and lasting benefit save religion.

In conclusion, I cannot give stronger emphasis to this opinion than by quoting from that very striking book "The Drunkard," by Guy Thorne. He there says :

"Science could take a drunkard, and in a surprisingly short time restore him to the world sane and in health ; but, as far as individual cases went, science professed itself able to do little more than this. It could give a man back his health of mind and body, but it could not enable the man to retain the gifts. Religion stepped in here. Christianity and those who professed it, said that faith in Christ, and that only, could preserve the will ; that, to put it shortly, a personal love of Jesus, a heart that opens itself to the mysterious operations of the Holy Spirit, would be immune from the disease for evermore, and Christian workers proved their contentions by statistics as clear and unmistakable as any other."

That seems to me to put the case as clearly and concisely as it can be put. But this doctrine is driven home with surprising power by the confession of the inebriate victim—a confession which, in my humble opinion, reveals the strongest force known to-day in the combat with this awful scourge. I commend to your thoughtful consideration this most successful method of dealing with inebriety. May I do so in the words which are put into the mouth of this typical inebriate, supposed to be spoken before a great gathering of scientific men. He says :

"You have come here to make a combined effort to kill alcoholism. I have come to show you in one single instance what alcoholism means.

"Drink began in me, caught me up, twisted me, destroyed me.

"I was possessed of a devil. Something that was not myself

came into me, and made me move and walk and talk as a minion of hell.

“I killed my wife.

“I am a murderer. I killed and murdered with cunning, long-continued thought, the most sweet and saintly woman that I have ever known.

“I say it quite calmly, waiting for the inevitable result, and I tell you that alcohol, and alcohol alone, has made me what I am.

“This, too, I may say. Disease, or demoniacal possession, as it may be, I have emerged from both. I have held God’s lamp to my breast.

“There is only one cure for alcoholism. There is only one influence that can come and catch up and surround and help and comfort the sodden man.

“That is the influence of the Holy Spirit.”