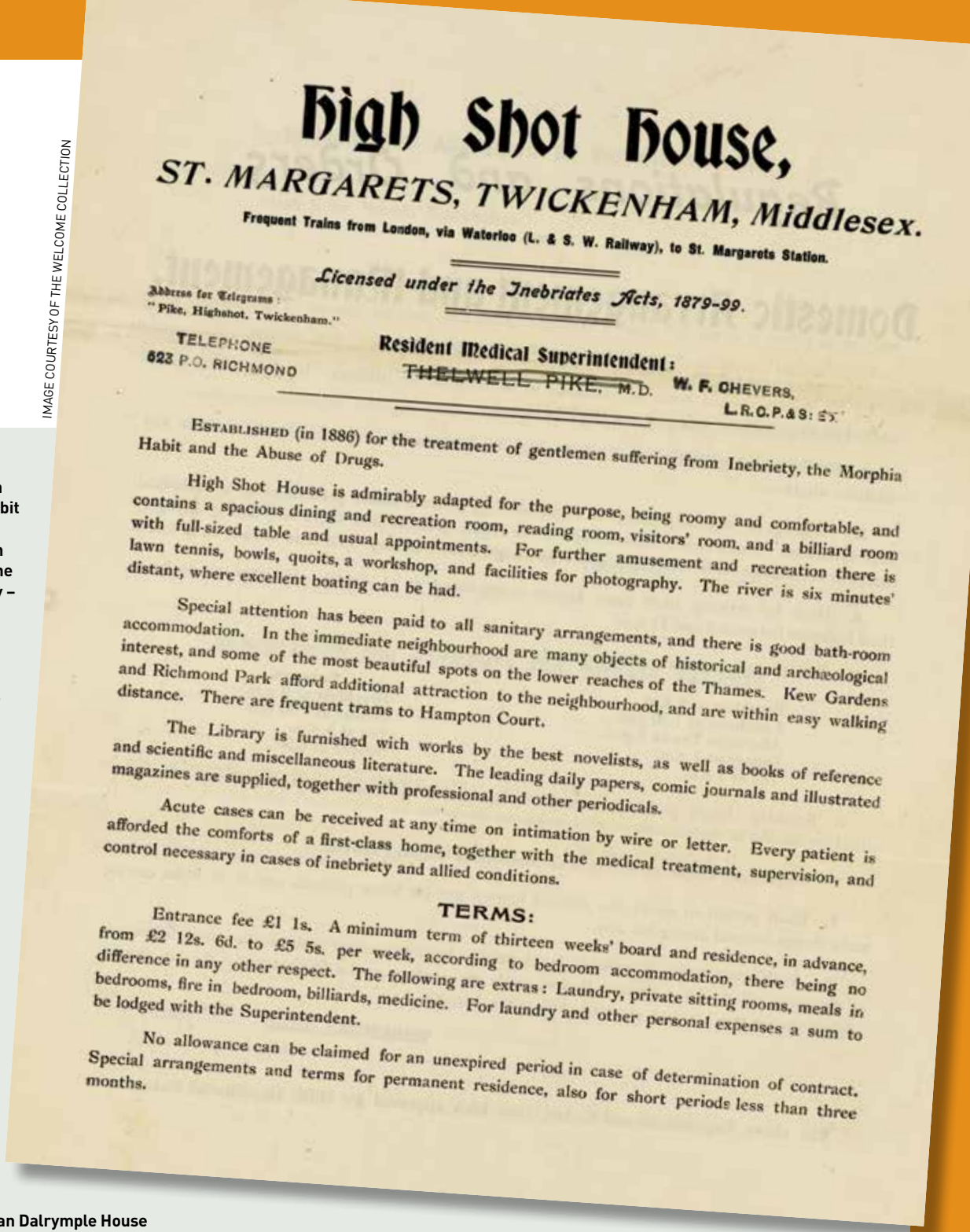
House on the hill: Victorian style

Where were Victorians with drink or drug addictions sent to get help? Were they treated or punished? **Virginia Berridge** takes a look at rehab in the 19th century

On September 19, 1885, a special train ran from Euston station in London to Rickmansworth, then a country town. It carried a mixed party of doctors, clergymen, temperance abstainers, and prohibitionists, many of whom were members of the British Society for the Study of Inebriety. They were attending a reception at the Dalrymple Home, a licensed inebriates retreat run by the Homes for Inebriates Association. The guest of honour was Dr Joseph Parrish, president of the American Association for the Study and Cure of Inebriety, founded in 1870. A resolution was passed that day congratulating Parrish and his group "on the steadily increasing recognition of the diseased condition of the confirmed drunkard, and on the generous provision for the treatment of the poorest of this class in America at the public expense".

The purpose of the day's enthusiastic outing resulted in part from a Victorian concern about alcohol. The best known form of that concern was the temperance movement, which had become by the late 19th century a substantial working class movement in many countries, English speaking and Nordic ones above all. But public concern took other forms, notably, in the movement to provide medical state-funded treatment for inebriates. Its intention was to divert "habitual drunkards" out of the "revolving door" of prison and into treatment; its rationale was that drinkers were diseased. Modern scientific research had revealed "that intemperance has a physical and pathological as well as a legal, moral and spiritual aspect, that there is a gospel of the body as there is a gospel of the soul…", stated Norman Kerr, president of the British society, in an 1893 lecture on inebriety and jurisprudence.

In Britain, the classic punishment for drunkenness at the time was a fine, or imprisonment for several weeks or months. The number of those imprisoned had risen rapidly, from 4000 in the early 1860s to 23 000 in 1876. There were moves to reform this process and to insert medicine into it. In 1870, Donald Dalrymple, Liberal MP for Bath, formerly a surgeon in Norwich and proprietor of the Heigham Lunatic Asylum, unsuccessfully introduced a private member's bill. Two years later, a parliamentary select committee on the control and management of habitual drunkards, of which Dalrymple was chairman, urged legislation to bring about the compulsory treatment of voluntary patients and of convicted drunkards. The results were initially disappointing. In 1879, the Habitual Drunkards Act made compulsory treatment of non-criminal inebriates



High Shot House,

ST. MARGARETS, TWICKENHAM, Middlesex.

Frequent Trains from London, via Waterloo (L. & S. W. Railway), to St. Margarets Station.

Licensed under the Inebriates Acts, 1879-99.

Address for Telegrams:
"Pike, Highshot, Twickenham."

TELEPHONE
623 P.O. RICHMOND

Resident Medical Superintendent:
~~THELWELL PIKE, M.D.~~ W. F. CHEVERS,
L.R.C.P. & S: Ex.

ESTABLISHED (in 1886) for the treatment of gentlemen suffering from Inebriety, the Morphia Habit and the Abuse of Drugs.

High Shot House is admirably adapted for the purpose, being roomy and comfortable, and contains a spacious dining and recreation room, reading room, visitors' room, and a billiard room with full-sized table and usual appointments. For further amusement and recreation there is lawn tennis, bowls, quoits, a workshop, and facilities for photography. The river is six minutes' distant, where excellent boating can be had.

Special attention has been paid to all sanitary arrangements, and there is good bath-room accommodation. In the immediate neighbourhood are many objects of historical and archæological interest, and some of the most beautiful spots on the lower reaches of the Thames. Kew Gardens and Richmond Park afford additional attraction to the neighbourhood, and are within easy walking distance. There are frequent trams to Hampton Court.

The Library is furnished with works by the best novelists, as well as books of reference and scientific and miscellaneous literature. The leading daily papers, comic journals and illustrated magazines are supplied, together with professional and other periodicals.

Acute cases can be received at any time on intimation by wire or letter. Every patient is afforded the comforts of a first-class home, together with the medical treatment, supervision, and control necessary in cases of inebriety and allied conditions.

TERMS:

Entrance fee £1 1s. A minimum term of thirteen weeks' board and residence, in advance, from £2 12s. 6d. to £5 5s. per week, according to bedroom accommodation, there being no difference in any other respect. The following are extras: Laundry, private sitting rooms, meals in bedrooms, fire in bedroom, billiards, medicine. For laundry and other personal expenses a sum to be lodged with the Superintendent.

No allowance can be claimed for an unexpired period in case of determination of contract. Special arrangements and terms for permanent residence, also for short periods less than three months.

IMAGE COURTESY OF THE WELLCOME COLLECTION

'For the treatment of gentlemen suffering from Inebriety, the Morphia Habit and the Abuse of Drugs,' begins the leaflet for High Shot House, a rehab for the cream of Victorian society – the Priory of its time.

The leaflet, displayed as part of the recent High Society exhibition at the Wellcome Collection, was published in 1900 and gives an insight into the higher end of the market in Victorian rehabs. Opened in 1885, High Shot House was situated near the banks of the river Thames in the leafy London suburb of Twickenham, Middlesex and charged residents up to £5 (the equivalent of around £2,000 today) per week. Its earlier claim to fame was as a place of refuge for Louis Philippe, Duke of Orleans between 1800 and 1807 after he fled the French Revolution.

The house catered for a higher social order of clients, often referred to as 'gentleman of leisure', than Dalrymple House (see 'Rehab: Victorian style' feature) in Hertfordshire. The venue offered a full-sized billiard table, lawn tennis, bowls and a fully stocked library for its clients, who usually stayed for between three to nine months.

High Shot House clients were a mixture of gentleman inebriates, admitted under the 1879 Habitual Drunkards Act, and private patients, who were treated on a voluntary basis and for who the only sanction was being kicked out and losing the fees that had been paid in advance. But it was the private patients that were most profitable for High Shot's owner Dr Harrison Branthwaite, a staunch supporter of the temperance movement. In 1900 there were 34 private patients compared to just 10 who had been admitted under the Act.

In 1889, Charles Park, a dentist from Morayshire was admitted to High Shot House after requesting treatment for injecting morphia and cocaine. 'When he assaulted an attendant and broke out of the home, the Superintendent found it legally impossible to force his return,' says out Virginia Berridge in *Opium and the People*. It was only in 1908 that the Habitual Drunkards Act and the 1888 Inebriates Act were able to control those who injected drugs.

The rehab was finally closed in 1909 after the death of a private patient in 1900 sparked a dramatic downturn in business.

Max Daly

available only to those who could pay. A further act followed in 1888. The Inebriates Act of 1898 allowed the committal of criminal inebriates to state-funded reformatories if they were tried and convicted of drunkenness four times in one year. Compulsory power to detain non-criminal inebriates, long advocated by medical reformers, was never granted. Financial battles between the Home Office and the local authorities, charged with funding the reformatories, blighted the implementation of the act.

Provisions of the act covered drug taking as well as alcohol, as long as the substance was ingested by drinking it. Inebriety was classified according to the intoxicating agent: "We thus have alcohol, opium, chloral, ether, chlorodyne, and other forms of the disease." Laudanum tippling was covered, but not drugs that were injected. A later (1908) departmental committee on the Inebriates Acts accepted that all drug taking should be included. It also proposed that an inebriate, thus defined, could apply to have an appointed guardian, a strategy derived from lunacy legislation, whereby the guardian would decide where the inebriate would live, deprive him of intoxicants, and warn sellers of drink and drugs against supplying him. After a warning had been given, any supply to a drinker or drug taker would be an offence. Provision for compulsion was in place if voluntary control proved insufficient. Plans to extend the law in this way were a faint hope. Even before the First World War, inebriates legislation fell into disuse. Only 14 reformatories, dealing with 4590 inmates, were then still in operation. Drinkers and drug takers were covered by legislation dealing with lunacy and mental deficiency.

The power to commit offenders to inebriate reformatories was heavily implemented in cases of neglect and child cruelty. The 1902 Licensing Act enabled a magistrate to send an inebriate wife to a reformatory in place of a separation order. The Provision of Meals Act of 1903 and Prevention of Cruelty Act of 1904 provided for detention when neglect and cruelty were due to drink and were also used to commit drunken prostitutes and the poorest and most troublesome section of the male labouring classes. Such sections of society, according to Mr Branthwaite, the inspector of reformatories, "…bring into the world ill-fed, uncared-for and mentally useless children, who provide the mass from which the future criminal, drunken, and lunatic army is recruited". At the turn of the 19th century, reformers were concerned with "the future of the race", the transmission of the disease of alcoholism from one generation to another, and the hereditary taint, the "alcohol gene" of its day, of alcoholism. Women were disproportionately represented among those who were confined.

THE INEBRIATES ACT OF 1898 ALLOWED THE COMMITTAL OF CRIMINAL INEBRIATES TO STATE-FUNDED REFORMATORIES IF THEY WERE TRIED AND CONVICTED OF DRUNKENNESS FOUR TIMES IN ONE YEAR

The mandate of the institutions encompassed reform, rehabilitation, and punishment. Offenders were kept away from the temptations of the city (hence Rickmansworth for the Dalrymple Retreat) and confined for a lengthy period—between 1 and 3 years—as compared with 1 to 3 months in prison. Cure involved physical, mental, and moral rehabilitation. Dr F J Gray of Old Park Hall Retreat in Staffordshire described his methods in 1888: "In the cricket season we have a half-day's match every week…often some medical men and clergymen come up for tennis, so that there are plenty of means both for exercise and amusement on the premises…we begin the day with prayers…and finish the day with prayers. Breakfast at nine o'clock, which consists of porridge (to which I attach a great importance), bacon and dried fish, varied with eggs, sausages, bread, butter, jam and marmalade."

Enthusiasm for such treatment was international. In America, the temperance-based Washingtonian movement of the first half of the 19th century had founded small, private institutions dedicated to the moral treatment of voluntary patients. Promoters of the asylum model, some organised through the American Association for the Cure of Inebriety, wanted institutions that were large, public, rural, and capable of holding and disciplining the inmates. The concept of the "industrial hospital" argued for in the 1890s failed because jails were seen to have the same function for less cost. Public institutions specifically for drinkers did not gain ground in the USA. The Massachusetts State Hospital for Dipsomaniacs and Inebriates was plagued by patient escapes, rebellions, and the accumulation of chronic cases. The advent of prohibition in the 1920s seemed to substitute prevention for cure.

In English-speaking countries and in Germany, the popularity of inebriate institutions peaked in the years before 1914. In the Nordic countries, the peak of interest was later, from 1910 to 1935. There were inebriate asylums in Australia and South Africa. After the first World War, with restrictions on opening hours and reduction of the strength of alcohol, prosecutions fell in England. The alcohol problem was no longer the central question, and inebriate reformatories seemed less relevant. Different trends had emerged in psychiatry. The prestige of mental-asylum doctors was eroded, and a middle-class clientele was sought outside the asylum.

The legacy in English-speaking countries was apparently minimal. Systems for handling alcoholism continued in Sweden and Switzerland, although these were less medically oriented. Both countries arrived in the period between the wars at a three-tiered system of community agencies, hospitals, and work camps. Physicians relinquished compulsory handling of cases, seeing these cases as "social" rather than "medical".

The issue of whether alcohol and drug abuse should be handled through medical or criminal justice systems is still relevant today. Drug abuse now seems to be a greater social concern than alcohol. Coerced treatment is applied in the UK through arrest, referral, and Drug Rehabilitation Requirements. Keeping the drug-taking offender out of prison is a key objective for British drug policy, although for alcohol the objective is less clear; a community order may stipulate alcohol treatment.

Women who abuse alcohol attract disproportionate attention, as they did a century ago. Compulsory treatment is still on the agenda for offending drug takers, but porridge and healthy exercise in an institution have been replaced by less visible regimes of control.

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Virginia Berridge, Department of Public Health and Policy, Public and Environmental Health Research Unit, London School of Hygiene and Tropical Medicine. virginia.berridge@lshtm.ac.uk