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The Temperance Question

Its relation to Women's Problems of To-day

*The Report of a Committee of the
Women's National Liberal Federation*

Foreword by MRS. WALTER RUNCIMAN, M.P.

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REPORT
OF
Temperance Sub-Committee Enquiry
ON
The Effects of Intemperance on the
Home, the Woman and
the Child

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FOREWORD.

This report on the drink problem as it affects women and children is the result of an investigation made by a Committee of the Women's National Liberal Federation at the request of the Temperance Enquiry Committee of the Candidates' Association. The two committees worked in co-operation, but this report deals with a different aspect of the question from that of the Candidates' Enquiry, which is mainly concerned with its legislative and political side.

We confined ourselves entirely to the sociological effects of drinking, taking evidence from various social workers and professional women whose experience provided valuable and trustworthy information. We have also given some interesting statistics which bear on the question.

Without claiming to have dealt exhaustively with the large subject of the social effects of the Drink Habit, we hope that this report may help to stimulate interest in this question, which deserves unprejudiced consideration by every Liberal who recognizes social reform as one of the main objects of our endeavour.

The realization of the great influence of the public house on the health, morals, domestic economy and general happiness of the lives of our people may also help to emphasize the justice of the Liberal claim that the control of licenses should be in the hands of the people themselves by some system of local option.

HILDA RUNCIMAN.

REPORT of TEMPERANCE ENQUIRY.

Terms of Reference:

The Effects of Intemperance on:—

The Home,
The Woman,
The Child.

The problem we have had to consider is twofold: the effect of women's intemperance and drinking habits on others, their homes and their children; and the effects of other people's drinking on women and their work.

IS INTEMPERANCE AMONG WOMEN INCREASING?

The answer to this frequently is put in a strong affirmative; social workers, temperance reformers, medical practitioners and casual observers often assert that women drink far more than before the War, they crowd the public-houses, drink cocktails in public, and generally are less sober than their grandmothers. Apparently this is no new phenomenon: for Englishwomen at all periods, from the mediaeval ale-wife onward, have played their part in British drinking customs, and onlookers have been apt to observe that their sisters were drinking more than their mothers. We find a Middlesex magistrate in 1830 deploring the fact that it was made more easy for women to drink, "the gin shops were now decorated and fitted up with small private doors through which women of the middle and upper classes of society were not ashamed to enter and take a dram." And witnesses before the Royal Licensing Commission of 1898 gave evidence of the same state of affairs; a doctor declared "Thirty years ago I hardly ever saw a woman in a public house. Now on a Sunday morning I sometimes see a dozen, some of them drunk in the streets;" and a missionary stated "Drunkenness is spreading terribly among women. At any of the public houses in my district, go where you will, you will find more women than men, and these in many cases young women." Select Committees of the House of Commons in 1829, 1834 and 1854 all came to the conclusion women drank more than formerly; witnesses before the Physical Deterioration Committee of 1904 declared that the habit was growing among women, and when it was pointed out that the police statistics did not confirm it, they replied "Ah, there is more quiet drinking!" Foreign observers too seem to have been struck by the inebriety of the English-woman; a Venetian envoy in 1500 writes for the information of his government—"When they mean to drink a great deal they go to the tavern and this is done not only by the men but by ladies of distinction." Or again, a merchant's clerk of Strasburg in 1700 describes them as "Perfect creatures," but addicted to drink, gaming and idleness—their husbands love them to such a point they seldom make them work . . . hence the old proverb,—"If there was a bridge over the Channel, most of the women of Europe would hasten to England."

This century that most useful scapegoat, "The Women's Movement" has been blamed for this fall from the Golden Age.

A keen social reformer writes in 1902 that the whole cause of women's intemperance is "this newly won freedom from convention, unaccustomed command of money, and an unforeseen facility for adopting masculine vices without the saving grace of masculine self-respect." These sentiments have been re-echoed with irritating frequency in post-war years. Women's freedom, it is said, is unsexing her, she imitates masculine ways. The whole difficulty in assigning causes for increased drinking among women, and, if there be an increase, estimating its extent, is the impossibility of finding statistical evidence in support of arguments; also, the geographical variations in drinking customs make a further complication. No one is in a position to know if sales to and for women in bottle and jug departments, off licences and grocers shops have increased or declined. We do not know definitely and accurately if more women are drinking or if the total consumption of drink by women has increased. There is a great deal of evidence from eye-witnesses that more women drink in public now and there are certainly greater facilities for drinking offered them by the Trade. But even this is not true all over the country because prejudices against public drinking for women still exist, as for instance in the mining districts of the North-East Coast and in certain pubs whose customers believe in exclusive clubs.

Women, of course, have been affected by the general increase in sobriety since the War and have played their part in reducing the total figure for consumption and convictions. The table below gives the comparative figures for England and Wales of convictions and deaths from alcoholism for men and women for 1913, 1918, 1920 onwards.¹

Year	Convictions for Drunkenness		Attempts to commit suicide (known to the police)		Deaths from Cirrhosis (including Alcoholic Cirrhosis) of Liver*		Other deaths with record of Alcoholism*	
	Males	Females	Males	Females	Males	Females	Males	Females
1913	153,112	35,765	2478		2264	1732	1112	719
1914	146,517	37,311	2491		2327	1821	1136	680
1915	102,600	33,211	1693		2154	1582	867	584
1916	62,946	21,245	1254		1869	1210	620	333
1917	34,103	12,307	964		1511	845	358	222
1918	21,853	7,222	845		1121	609	222	74
1919	46,765	11,183	1309		969	538	285	84
1920	80,517	15,246	1751		1180	583	451	140
1921	64,897	12,892	1380		1288	639	354	139
1922	63,253	13,094	1461		1271	635	335	136
1923	63,850	13,244	1683		1169	605	278	132
1924	66,139	12,943	1649		1126	630	294	101
1925	62,843	12,234	1981		1201	646	244	128
1926	55,836	11,290	2194		1214	651	233	133
1927	54,555	10,611	1549 1219		1214	646	337	152

* Figures supplied by the Registrar General of Births, Deaths, and Marriages.

It is evident that the convictions for women are a little over one-third of the number they were before the War, while those for men are only down to about two-fifths of the 1913 figure. Comparative conviction figures, however, are at no time a satisfactory index of the abuse of alcohol. It will be noticed that the mortality figures for women show an increase between 1924 and 1927. Comparative Mortality tables, as Sir George Newman points out in the Ministry of Health Report for 1926, also may be misleading as to the toll of life from intemperance. Our methods of death certification are responsible for an under-estimate of the number of deaths caused by drink; it is significant that in Switzerland, where the death certificate is a confidential document communicated only to the statistical department and to which relatives have no access, the deaths from alcoholism recorded one year were 2.3 times the English figure for the same year, although the population of the Republic is one-tenth that of England and Wales, the per capita consumption being practically the same in either country.²

The yearly total of convictions and deaths for women, reduced though they may be from former years, represent a social problem sufficiently serious to require attention and cannot be dismissed as insignificant. The key position of the mother in the home, the physical and mental structure of women, which as a rule makes alcohol a more potent drug for them than for men, and the quick degradation in women when once drinking habits have been formed, make the problem of women's drinking a much more important one than appears in the statistics.

HAS THE INCREASE OF DRINKING FACILITIES INCREASED DRINKING AMONG WOMEN?

The presence of women customers in public bars and saloon bars is a new post-war feature in many towns and urban areas, although it has always been customary in London. Some public houses have adopted the plan of opening special Ladies' Bars in addition to the mixed bars. Notable examples of this are in the Marylebone and Paddington areas, particularly in the vicinity of Oxford Street; South of the river in Brixton districts—specially patronised by shoppers in the morning—the Midland mining districts, and in Carlisle under the State Management Scheme. Then there are the ever-increasing number of "restaurant-public" houses, such as the various 'improved' public houses under both brewery and Trust House Management and under State Management at Carlisle.

It is a truism to say that the artistic decoration, pleasant furnishing, cleanliness and architectural design of some modern public houses is attractive to customers, and especially to the more sensitive and to those who value "respectability." There can be no doubt that the "comfortable public house" movement has had an effect in attracting a new clientèle. At the same time there are other important factors which must not be overlooked. The acute housing shortage has had a great effect on drinking habits; many millions of married couples are living in one room or with

relations or "in-laws"; naturally as much time as possible is spent away from home; the pub is a good rendezvous for husband and wife after shopping or before going to the pictures or for a char-a-banc trip. And easier means of transport and the increase of holiday traffic, while undoubtedly decreasing 'misery drinking' in some slum areas, has also created a problem of its own and does not necessarily reduce individual consumption of drink.

On the whole, wherever there are increased facilities for drinking the consumption of drink increases. The growing practice of providing playrooms or nurseries on the premises of public houses where mothers may leave their children while they go for their drinks we condemn as most undesirable and anti-social in its effects.

THE PHYSIOLOGICAL ASPECT.

The conclusions of the Alcohol Investigation Committee of the Medical Research Council represent an official statement of the position to which the general body of doctors and scientists can give assent. Many members of the Medical profession would go further than the Medical Research Council in condemning alcohol as injurious to the human organism but not one is likely to dispute this scientific and impartial enquiry; the statement nowhere suffers from exaggeration and extreme caution was used wherever evidence appeared insufficient to establish a definite conclusion.

Four popular beliefs with regard to alcohol have been shown to be fallacious; the belief that to be physically 'hale and hearty' is impossible without alcohol, that alcohol keeps out the cold, that it is a stimulant and that it is a defence against infection. "Alcohol," says the Medical Research Council, "has no advantage over an ordinary food substance like sugar from the point of view of its food value alone." Its practical advantages as a food have to be judged in relation to its 'drug action' and its action as a 'poison.' Therefore, robust health is not inconsistent with abstinence.

Alcohol does not increase the rate at which heat is formed in the body, and owing to its effect on the circulation through the skin by the widening of the small arteries causes a fall of the deep temperature. Furthermore the blunting of sensitiveness to cold because of the flushing of the skin surface may interfere with the intuitive warning reaction which gives rise to muscular exertion as a protection against cold.

Alcohol is not a stimulant in its action on the nervous system but is a narcotic; its apparent stimulative effect arises from its narcotic properties which dull the drinker's perception of unpleasant conditions. To quote the Medical Research Council again, "When stimulation of nervous function is really needed—when the individual has to meet an emergency which calls for the exercise of his highest powers of perception and judgment alcohol is not merely useless, it is certainly and unequivocally detrimental." When alcohol appears to bring recovery from fainting it does so by virtue of its properties as an irritant to the mouth com-

parable to the action of smelling salts, not because it is a stimulant to the heart.

Alcohol whether taken occasionally or habitually is no protection against infection. And there is evidence that taken in excess of strict moderation it weakens resistance to influenza and pneumonia.

THE EFFECTS OF ALCOHOL ON THE IMPORTANT ORGANS AND FUNCTIONS OF THE BODY.

The Nervous System. Over and over again the Medical Research Council emphasises the fact that the main effect of alcohol is upon the nervous system. A paralysis of the nerve paths by alcohol first takes place in the higher intellectual faculties, the functions of critical judgment or self-consciousness. It is this interference with the mechanism of self-control and the blunting of self-criticism that leaves emotion and thought unhampered by the checking process of the will and gives rise to the familiar first stages of inebriety—easy laughter, feeble jokes and care-free enjoyment. Evidence that alcohol, even in moderate doses, improves the efficient performance of any muscular act, skilled or unskilled, reflex or volitional, appears to be entirely lacking.

Different people, of course, are variously susceptible to doses of the drug, and the same person's susceptibility will alter according to circumstances, age, digestion, etc. The Medical Research Council points out, as of the utmost practical importance that "without signs of intoxication in the full ordinary or legal sense of the term, the bearing and individual attitude of mind suffer temporary change as an effect of the drug; and those in contact with the person so affected have for the time being to deal with an altered individual whose mind lacks temporarily its normal factor of judgment and conspicuous elements of its self-control."

One school of Medical opinion strongly emphasises the irritating effects of alcohol on the digestive organs, although it is not stressed by the Medical Research Council. It is particularly injurious for infants and children and quickly produces defects in various vital organs. Medical opinion as a whole is united in condemning alcohol as harmful in every way for children and adolescents; the effect of alcohol on the cells is greatest in proportion to their immaturity.

Racial Factor. That alcoholism in parents is prejudicial to their children has been established beyond dispute. There is need however for further scientific research before its effects can be fully ascertained and to find out how far succeeding generations also are affected.

General Physical Effects of Alcohol. Alcohol shares with other drugs the quality of producing a 'craving' or urgent need for it if taken in sufficiently large quantities; it is like opium and morphine, a 'habit-forming' drug, although the symptoms when it is suddenly withdrawn are less severe and 'tolerance' is acquired less quickly.

Excessive drinking has been proved to shorten life.

The Medical Research Council is of opinion that the evidence afforded by the Insurance Companies with regard to the effect of moderate drinking on longevity is not conclusive. But as all Insurance Societies reject unsatisfactory lives and the only distinction which is made between one class of policy holder and another is that of abstinence, the Medical Research Council's caution in this respect does not seem entirely explicable. The following figures showing the comparative expectation of life in the Temperance and General sections of the United Kingdom Provident Institution are particularly significant. This Society refuses to accept persons connected with the liquor trade and is particular with regard to 'habits' when new applications for insurance policies are made; the policy holders in the General section, therefore, are not heavy drinkers. Those in the Temperance section on the other hand have to sign a *yearly* declaration of total abstinence.

UNITED KINGDOM PROVIDENT INSTITUTION.

Percentage of Actual to Expected Deaths under ordinary Whole Life Policies 1866—1926.

YEARS	TEMPERANCE		GENERAL		YEARS
	% of Actual No. of Deaths to Expected No.	% of Actual Sums Allowed to Expected Sums Allowed	% of Actual No. of Deaths to Expected No.	% of Actual Sums Allowed to Expected Sums Allowed	
1866-70	75.0	72.4	93.6	117.3	1866-70
1871-75	70.7	69.9	105.1	99.1	1871-75
1876-80	69.9	65.1	99.7	103.6	1876-80
1881-85	70.8	62.6	91.6	89.1	1881-85
1886-90	69.0	72.2	94.8	90.6	1886-90
1891-95	71.2	64.8	99.7	97.0	1891-95
1896-00	73.8	73.3	90.5	89.1	1896-00
1901-05	72.1	65.9	88.5	85.2	1901-05
1906-10	65.7	59.7	83.3	79.9	1906-10
*1911-15	62.8	60.6	83.9	83.6	1911-15
*†1916-20	77.5	75.6	82.6	86.6	1916-20
†1921-23	53.5	59.2	72.2	73.5	1921-23
†1924-26	51.1	56.4	67.7	71.0	1924-26

† Including Endowment Assurances.

* Including War Claims.

THE SPECIAL PROPERTIES OF ALCOHOL IN RELATION TO WOMEN AND CHILDREN.

Pregnancy. Alcohol taken in excess has a poisoning effect during pregnancy. The woman is apt to contract toxemia, abortions and still birth are often the result. Alcohol in moderate doses of course has the same effect on the organs, but to a less extent, and is less easily detectable; in the opinion of Dr. McIlroy, Senior Gynaecologist at the Royal Free Hospital—supported by many other eminent gynaecologists—alcohol *never* is good for expectant

mothers. There is also the factor of undernourishment; the taking of alcohol probably means that the woman has less food in consequence. There is a difference of opinion as to the exact poisoning effect on the child, but unanimity in the belief that the child of an alcoholic parent or parents does not have the same chance of health as do those of total abstainers; children of alcoholic parents are more likely to be born with illnourished tissues, a poorly developed brain and nervous system; they are less able to resist the invasion of disease, to stand the struggle against poverty and the difficulties of industrial life.

Confinement. For the alcoholic woman labour is difficult—the organs become fatigued. Anaesthetics are more harmful to alcoholic subjects than to others and they are liable to pneumonia, shock, heart affections, etc., recovery is slow.

Lactation. The old-fashioned prescription of alcoholic beverages for the nursing mother is completely out of date, and has no scientific reason for its use. The woman who drinks frequently is ill-nourished and consequently unable to feed her baby. A hand-fed baby is much less likely to thrive.

“MISERY DRINKING.”

Drinking habits which are formed in order to kill trouble and “to keep going” are possibly more common among women than among men. Conditions of work among working class women often are detrimental to health. Their work-shop, the home, frequently is less well ventilated, lighted and drained, than, for instance, the factories in which their menkind work. Enquiries into the working of the National Health Insurance Act revealed that the incidence of major and minor sickness was heaviest among women and girls. The War Cabinet Committee on Women in Industry, in its Report of 1919, found that the enormous amount of sickness among women employees was more often caused by undernourishment, onerous domestic duties, and insufficient rest than from unusual industrial work. In the Annual Report of the Ministry of Health for 1926 attention has been drawn to the high rates of maternal mortality and infant mortality in the first week of life: both indicate the enormous amount of invalidity, disablement and chronic ailment caused by childbirth which exists in this country. Faulty instruction in Medical Schools is blamed, but insanitary housing conditions, which make the difficulties for doctors and midwives almost insuperable, are responsible for much of the damage done. While it is true that a shortage of houses produces wretchedness; cleanliness, good organisation, forethought and ordered preparation are not often found in the home where drinking habits prevail.

All such evidence points to the appalling frequency of chronic bad health among working women. Alcohol plays an important part in this toll of suffering. Women drink because they are miserable; drink increases the misery.

THE SCIENCE OF PREVENTIVE MEDICINE.

In old days emphasis was laid on the cure of disease; nowadays the true work of Medical Science is recognised to be the prevention of disease; effort is directed towards fortifying powers of resistance to disease in the individual and the community and to the lengthening of life. We are faced with the fact that a million children of school age, through unfitness, are unable to derive benefit from the education the State provides; we permit conditions of life and labour which tend to create lunacy at an average rate of 21,000 certified cases a year, and in addition 150,000 persons, including 48,000 children suffer from feeble-mindedness. Much of this is directly preventible. Sir George Newman in writing of the degenerative factors which a national policy of Preventive Medicine ought to tackle points out that “Alcoholism may lead its victim into venereal infection, venereal disease may lead to feeble-mindedness or insanity, feeble-mindedness may propagate itself and once more start the vicious circle.”³

In matters relating to Maternal Welfare—that most vital consideration for any country—public health authorities constantly emphasise the importance of intelligent preparation. Ante-natal care and supervision is constantly preached, and for the furtherance of this, the “education of the patient, her family and her medical practitioner.” Fresh air, work or exercise short of fatigue, proper clothing, nourishing and sufficient food are essential during pregnancy in order to ensure normal confinement. All of these conditions are jeopardised in homes where one or more members of the family drink.

The health of the baby depends almost entirely on home administration, and it is at this pre-school age that seeds of ineradicable defect often are planted. School Staffs cannot accomplish everything, and if parental co-operation is lacking the school child too is bound to suffer. Monday’s class-room full of dull, sleepy, irritable children in our great industrial areas speaks of the sacrifice of health to the week-end’s dissipation.

Education is, of course, the greatest of all preventive Medicine. Much might yet be done to further the teaching of Temperance in Schools along the lines already marked out by the Temperance Syllabus under the Board of Education. And there should be a greater expansion of the work done by the Insurance Committees under the Health Insurance Acts, entrusted as they are with health propaganda, to point out the dangers to public health of the national consumption of alcohol.

THE ECONOMIC ASPECT.

The amount spent in Great Britain on alcoholic liquor in 1927 was £299,000,000, in 1926 it was £301,000,000. The proportion which went to the Exchequer was in 1927 £128,500,000, or about 43 per cent., plus £4,300,000 Liquor Licence duties. The total consumption of absolute alcohol in 1927 compared with that of 1913 shows a reduction of about one-third, from 77 million gallons to

57½ million. It is interesting to compare the national drink bill with other items in the year's accounts.

DRINK BILL, 1927.

National Drink Bill	£	299,000,000
Income from Ownership of Lands, Houses, etc. (Schedule A.), less Repairs and Empties (1925-6)		286,000,000
Gross Receipts of Railways (1927):	£	
Passenger Traffic	89,500,000	
Goods Traffic, etc.	111,300,000	
		200,800,000
Local Rates Receipts from (1926-27).....		179,948,000
Military Services:		
Navy	57,818,000	
Army	44,128,000	
Air	15,649,000	
		117,600,000
Education Acts		93,000,000
Bread (not exceeding)		80,000,000
Milk		70,000,000
War Pensions		60,390,000
Unemployment Insurance		56,160,000
Poor Relief		44,000,000
National Health Insurance		38,985,000
Old Age Pensions and Widows', etc., combined		38,446,000
Drink Bill		299,000,000
Increased Savings Deposits		44,000,000

The Expenditure on drink per head of the population in 1827 was 6.15 or for England and Wales alone 6.18.

Interesting official figures have really become available for the industrial Metropolitan Borough of Bermondsey, which render it possible to make a comparative estimate of items of expenditure in this area. The total takings for alcohol within Bermondsey amounted in 1925 to £1,335,000. Allowing for the mid-day drinking of day workers from other areas, this means the yearly expenditure per adult of 20 years and upwards was £17: the figure arrived at includes abstainers and recipients of Poor Relief. Each licensed house took as an average £5,000 from the local population, and as there is a public house for every 120 families, each family paid out £42 a year. Bermondsey is a borough where there is great unemployment, one out of every seven persons is in receipt of Poor Relief. More is spent annually in drink than on house rent, rates, bread, milk all put together. General and Mortality rates are high. These figures mean that in many family weekly budgets the proportion for the housewife is far too small.

The figures both local and national, significant as they are in relation to working class family budgets and representing as they do a shortage of necessaries and of enduring pleasures in many homes, are not the whole economic consequence of intemperance.

There is a waste of National resources over and above the expenditure on alcohol.

In the last eighty years we have built up a great code of Health Legislation: the maternity and child welfare services, the Poor Law Medical Services, the Health Insurance Service, Industrial Welfare, the control of epidemic and infectious diseases, the attacks on special prevalent diseases, dentistry and feeding of school children, etc., etc. The administration of these Acts is often made expensive and difficult by the effects of alcohol. The taxpayer does not get full return for the money spent upon the social services. Take, for instance, the mass of laws which concern maternal welfare. There is the Notification of Births Acts of 1907 and 1915 which brought the Health Visitor into the Home, the National Health Insurance, the 1918 Maternity and Child Welfare Act which gave wide and comprehensive powers to Local Authorities, and the 1926 Midwives and Maternity Homes Act. Dr. Janet Campbell, Senior Medical Officer for Maternity and Child Welfare at the Ministry of Health has emphasised to us this year the need for more legislation and says "it is recognised that a comprehensive and efficient Maternity Service is largely a matter of *administration and finance*."⁴ Under present conditions all this is necessary; much of it is expensive, much of it is interfering and inquisitorial. If the drink factor were eliminated from social conditions the difficulties for the Medical Services would be less, much of the legislation might become unnecessary, and administration at any rate, would be cheaper.

The waste of national resources caused by drink can be seen in many quarters. The following example is typical. The Report of the Medical Research Council on *Diets for Boys* calls attention to the fact that the addition of one pint of milk a day to a diet, which by itself satisfied the appetite of growing boys fed upon it, could convert an average annual weight of 3.85 lbs. per boy into one of 6.98 lbs.: and an average increase of height from 1.84 inches to 2.63 inches.

The consumption per head per day of fluid milk in England and Wales is 1-3rd of a pint, or with a slightly higher rate for Scotland: 700,000,000 gallons per annum costing £70,000,000. Compare with this the consumption of beer which amounts to 943,000,000 gallons, costing, apart from duty, £110,000,000.

Professor Cyril Burt, Senior Psychologist on the Education Department of the L.C.C. in his special investigation into the subject of Child Delinquency gives us valuable information.⁵ The method which Mr. Burt adopted was to study the factors both hereditary and environmental in the lives of delinquent children which have disposed them towards the commission of crime; groups of the families in which delinquent children have been brought up were compared with the families of normal children in the same economic class. Hereditary influences were divided into physical, intellectual (mental deficiency, etc.) psychopathic and moral (e.g. suicide, alcoholism, sexual irregularities, violent temper, theft, wandering, cruelty, etc.)

Alcoholism.

	<i>Delinquent Families.</i>		<i>Non-delinquent Families.</i>	
	Boys.	Girls.	Boys.	Girls.
Father	12.2	16.2	4.5	7
Mother	7.3	20.3	4.	2.5
Relations	8.1	17.6	5.5	6.

Alcoholism is the most constant factor in the whole of this table. Environmental conditions within the home are classified as poverty, and its concomitants, defective family relationship, defective discipline and a vicious home; drunkenness appears under the last heading. Only present or recent misconduct in the child's home was included:—

	<i>Delinquent.</i>		<i>Non-Delinquent.</i>	
	Boys	Girls.	Boys	Girls.
	6.5	10.8	2.5	3.5

Drunkenness is the most constant factor in that class. It is interesting to note that the incidence of alcoholism in the home appears to bear more heavily upon the girls than upon boys.

ALCOHOL AND SOCIAL PURITY.

The connection between alcohol and the question of social purity hardly requires emphasis. It is only necessary to quote the League of Nations Report on the Traffic in Women and Children to illustrate this relationship. "We feel it our duty to point out that there is an intimate relation between the abuse of liquor and the worst aspects of commercialised prostitution. There is abundant evidence of this connection throughout the reports of the investigators . . . the inevitable preliminary is a 'drink.'" Tolstoy's *Katerina Maslova* is a character only too well known in every country.

INDUSTRIAL DRINKING.

Drinking among women in industry is not the evil that it was in the past, and no longer is it forced upon the Factory Inspector's attention as a problem incidental to some kinds of employment. In the Laundry Trade—that classic example of a "thirsty trade"—the potman on his rounds, in the factory the new worker who has to pay her "footing," the Christmas "Spirit Club" organised by master or foreman—these and other practices no longer figure in the official reports. Factory and wage regulations, and welfare legislation have had their effect on conditions and personnel in the various women's trades. The reduction of excessively high temperature, or of harmful dust in certain trades, the shorter hours of work, the provision of messrooms and appetising foods, all these have contributed to better health and to greater sobriety. Welfare Orders, moreover, operating in such low-grade occupations as rag and bone sorting, gut-scraping, etc., have raised the standard of comfort and the self-respect of the workers. At the same time it must be remembered that some workplaces and retail shops

are still untouched by regulations such as Factory Acts and Welfare Orders so that good conditions are by no means universal.

The 'spirit club' may have disappeared from the factory itself, but investigation of public houses near factories will reveal to the enquirer that it is still a popular investment among women employees. While it is true higher standards of dress and a greater fastidiousness, chocolates, cigarettes, dancing and the pictures, fortunately deflect money away from drink, yet the public house still holds its influence on industrial efficiency and industrial fatigue. The public house also plays an important part in betting practices as a social evil in industry.

BARMAIDS.

The statutory regulations for hours of labour in public houses is a maximum of 64 hours a week; shop assistants work as a rule 48 hours a week; but this is a matter of custom, it is neither a legal nor a general limitation. The majority of barmaids have long hours, as there is cleaning and other work to do during closing hours. In many public-houses the regulations of the Shops Acts are ignored: clauses concerning the provision of seats, ventilation, cleanliness, sanitary accommodation, regulation of temperature, remain dead letters.

In addition to this, service behind the bar is apt to be a blind alley occupation. The Census of Industries (1921) gives the following analysis of ages among Barmaids:—

<i>Years.</i>		<i>%</i>
12—19	3,739	16.7
20—24	6,678	29.9
25—34	7,108	31.8
35—44	3,227	14.5
45—54	1,182	5.3
55 and upwards	401	1.8
	22,335	100.0

Conditions have improved, but it is not unreasonable to suppose health and strength do not as a rule allow of service in the public house beyond the middle thirties; good looks are still of the first importance in a barmaid. It is always difficult to get employment in domestic service or shops afterwards owing to the prejudice against the ex-barmaid.

The number of women employed in the Liquor Trade as a whole is under 3 per cent. of the total number of women in industry. Many of them are wives or relations of the publican: public house keeping tends to be a family occupation. The majority of the Women's National Liberal Federation Temperance Sub-Committee are in favour of the prohibition of women's employment in the bar-rooms of public houses. In view of the experience gained in other countries where such a regulation exists they see no reason for the departure from the traditional policy of the W.N.L.F. on this

subject and abide by previous resolutions passed at Council Meetings. Unanimity on this one point, however, was not reached and the minority are of the opinion that the smallness of the number and the difficulties of legislating for family employment added to the obvious objections to protective legislation for women, make it inadvisable to recommend the prohibition of employment of women in bars.

This survey of the Temperance problem as it affects women brings us to the conclusion that legislation is urgently required both to educate public opinion upon the dangers of alcohol and to diminish the opportunities for the purchase of alcohol.

¹ Home Office Licensing Statistics 1927. C.M.D. 3173.

² Annual Report of the Chief Medical Officer of the Ministry of Health for the year 1926.

³ An Outline of the Practise of Preventive Medicine by Sir George Newman, 1926. A Memorandum addressed to the Ministry of Health.

⁴ "The Protection of Motherhood" by Dr. Janet Campbell. H.M. Stationery Office, 1927.

⁵ "The Young Delinquent" by Prof. Cyril Burt.

Following is a summary of the legislative recommendations of the Liberal Candidates' Association's Temperance Committee:—

I.—REFORMS BASED ON A TIME NOTICE.

Fourteen years' notice to be given of the State's intention to resume its freedom of action in dealing with licences in order to secure the following reforms at the expiration of that period:—

(a) A Reformed Licensing System.

The contributory reduction scheme under the Balfour Act of 1904 to be withdrawn at the end of the notice period. The full discretion of the Justices then to be restored. They would again be empowered to attach conditions (other than conditions for securing monopoly value) to the renewal of pre-1904 licences, and to withdraw, without compensation, licences redundant to the needs of their locality, subject to appeal. (As to the appeal authority, see below).

(b) Local Option. (See Section III.)

NOTE.—The notice period would be given in complete satisfaction of all claims by licence-holders to equitable consideration in the event of loss of licence on account of redundancy or withdrawal as a result of a vote for No-Licence under conditions defined in Section III.

II.—THE LICENSING SYSTEM DURING THE NOTICE PERIOD.

Subject to proposals which follow, the system of Licensing to continue as at present.

Tenure of Licence.

(a) Security of Tenure (conditional, as at present, on structural suitability of premises and good conduct) to be continued during the notice period, subject to the withdrawal of licences under the 1904 Scheme. The latter to be continued until the end of the notice period and to be made more effective.

(b) The appeal authority in future in all licensing matters to be a Special Court, chosen for the purpose by the Justices; in the case of County Boroughs and elsewhere, as at present, the Licensing Committee of Quarter Sessions for the County.

Reduction.

Reduction schemes to be prepared by the Justices in each locality, and reduction to be accelerated.

The compensation levy to be made compulsory at the maximum rate.

Should there be no redundant licences in any area, the levy to be made available for use elsewhere.

Payment of compensation to be continued on the present basis of calculation, i.e., market value under the Kennedy Judgment to be paid.

NOTE.—There would be no commutation of the Time Notice by payment of compensation on a diminishing scale proportionate to the length of the unexpired notice period.

Licensing Commission.

A Licensing Commission to be set up empowered to approve reduction schemes; and to allocate any surplus of the compensation levy to areas of redundancy.

The administration of the Compensation Fund to be transferred to the Licensing Commission, which would be authorised, for the purposes of Reduction, to anticipate the Levy by borrowing on the security of the Fund.

As an alternative to the ordinary method of reduction, the Commission would be empowered to sanction area schemes for the voluntary surrender of licences, the Compensation Levy being used to equalise the losses of the respective interests.

Powers of compulsory purchase to be given to the Commission to secure in suitable areas, and subject to statutory conditions (see recommendations contained in the Report of the Delegation to Carlisle, Appendix I), an extended trial of the Carlisle System. The existing scheme also to be placed under the Commission. On the result of these experiments (to be instituted in the early years of the Time Notice) would depend the decision as to further extension of Public Management.

The above powers to be exercised subject to the following conditions, viz. :—

(a) The preparation of schemes and decisions as to suitability of area to rest with the Licensing Commission, working in conjunction with the Local Licensing Justices.

(b) Public Local Enquiry to be held to hear evidence and objections.

(c) Procedure for application of the scheme to any area to be by way of special Provisional Order laid in draft before both Houses of Parliament.

(d) Borrowing powers up to a limit to be fixed by Parliament to be given to the Commission for the purpose of financing extensions of the Carlisle Scheme. Market values to be paid for all interests acquired. (The borrowing powers would be limited in practice by the experimental nature of the extensions, and by the exigencies of the money market.)

NOTE.—In public ownership areas there would be no return to private management, except by order of the Licensing Commission (to lie on the table of the House).

Local Option. (*Operative during the Notice period.*)

(a) In new housing areas.

(b) Over Sunday trading in liquor (on reference by the Justices).

III.—LOCAL OPTION.

(*Deferred until after the expiration of the Time Notice, except as regards new housing areas and Sunday Trading, as under Section II.*)

Local Option for No-Licence.

(*See Sub-Committee's Report on the Scottish position. Appendix II.*)

(a) Polls to be held, preferably in small areas, on requisition only, and at intervals of not less than five years.

(b) 55 per cent. majority necessary in the first instance to carry No-Licence. A bare majority sufficient to retain, or to repeal, the resolution.

(c) To apply to clubs.

(d) In the event of a No-Licence resolution being reversed at any subsequent poll, the monopoly value condition, as in the case of a new licence, to attach to licences granted, or, alternatively, an enquiry to be held as to applicability of the Carlisle Scheme.

(e) Power in connection with any extensions of public ownership initiated after the expiration of the Time Notice, to postpone the next ensuing local option poll, in order to give time for the writing-down of licence values.

NOTE.—The power of Local Veto over Sunday trading in liquor (on reference by the Justices) would be continued after expiry of the Notice Period. (See Section II.)

IV.—TAXATION OF THE LIQUOR TRADE.

Pending review of the fiscal problem as a whole, the hands of the State should not be tied by any proposal, dependent on the Time Notice, for exaction of Monopoly Value. No further notice is required of intention to add to the taxation of the monopoly; and relaxation of the liquor duties (if and when it become possible) must be accompanied by, and be made dependent on, a substantial increase in the taxation of the brewer-owners of the monopoly.

A Departmental Enquiry should be set up to examine the basis and incidence of Taxation.

V.—MISCELLANEOUS LICENSING PROPOSALS.

Removal of licences (other than temporary removals) to be abolished.

The issue of all forms of retail Excise licence to be dependent on the grant of a Justices' licence.

VI.—CLUBS.

The system of registration of Clubs to be reviewed, and power given to the registration authority, by periodic inspection and otherwise, to secure adequate protection against the growth of undesirable clubs. The use of dis-licensed premises to be further restricted.

VII.—SUPPLEMENTARY ADMINISTRATIVE PROPOSALS.

(i) Native Races.

The sale of alcohol to aboriginal native races should be prohibited.

The standard set up by the Covenant of the League of Nations in the case of Mandated Territories should be accepted in all British Territories.

(ii) Public Departments.

As questions relating to Alcohol and Acoholism arise in many Departments of State, it is desirable that a uniform policy be pursued. The basis for such a policy has been provided by the Medical Research Council in the report of their Committee:—

“Alcohol, its Action on the Human Organism” (summarised in Appendix IV.).

(iii) Temperance Education.

A more thorough instruction in Temperance is required in Schools and Training Colleges. (See Appendix V. Sub-Committee's Report.)

PAMPHLET