Alcohol and health

Although people had long turned to drink to assist them with their ailments, the identification by medics of specific health impacts from its use helped with temperance efforts to reshape attitudes to alcohol.

Dedicated life assurance companies were formed to support teetotallers, convinced from actuarial data that they were lower risk prospects than drinkers.

In 1857 Nottingham medic John Higginbottom recounted an outbreak of typhoid fever in Derbyshire in 1810 for readers of the medical journal, The Lancet. It had killed a number of wealthier patients, who had been treated with wine, but seemed to have spared poorer residents whose only treatments were fresh air and water. When treating typhoid fever in Basford and Radford in 1813, Higginbottom decided not to use wine. Although he was convinced that his methods produced better outcomes, and his example was reproduced in temperance teaching, Higginbottom risked losing suspicious patients to other practitioners.

Alcohol featured in patient diets in Nottingham’s General Hospital and at the General Lunatic Asylum in Sneinton. Higginbottom demanded alcohol be discontinued as a medicine or beverage in the asylum, given that intemperance was noted as a cause of admission. Asylum physician Andrew Blake surveyed the effects of alcohol (and its withdrawal) on the body’s vascular and nervous systems in a publication on delirium tremens. In a later edition he praised the experimental work of Nottingham-born Dr John Percy, which had shown how rapidly traces of alcohol could be ‘conveyed to the brain’.

Medical knowledge reshaped ideas around the effects of alcohol on an individual’s willpower. They would touch on questions of criminal responsibility, helping to recode habitual drinking from a vice that merited prison towards a disease that needed treatment. Options were limited, though private institutions often sold the restorative value of time spent in rural retreats.