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Chapter 31

FROM 'PLEDGE' TO 'PUBLIC HEALTH'

Medical Responses to Ireland's Drinking Culture, c. 1890–2018

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Medical Responses to Ireland's Drinking Culture, c. 1890–2018

Alice Mauger

Few nationalities rival the Irish for the sustained attention their drinking customs have received. The impression of Irishness as somehow synonymous with drunken joviality has been bolstered by the global dominance of drink exports like Guinness and Jameson, the international popularity of Irish-themed bars and, of course, the proliferation of alcohol-fuelled festivities around the world every St Patrick's Day. Given these deep-rooted cultural associations, it is unsurprising that Ireland's 'drinking culture' and attempts to change it have long been identified as subjects worthy of extensive scholarly investigation. For generations, researchers have presented drink in Ireland as posing a distinctive case study, not least because of its socio-cultural and political prominence at several historical junctures. Topics of special interest have included the rise and fall of influential temperance movements (Ferriter 1999; Kerrigan 1992; Malcolm 1980, 1986; Townsend 2002) and socio-cultural explanations for the alleged heavy drinking customs of the Irish, both at home and abroad (Bales 1962, 1980; Cassidy 1996; Fitzpatrick 1971; O'Connor 1975, 1978; Stivers 1976). More recently, policy and healthcare responses to what is now termed alcohol-related harm have come under the spotlight (Butler 2002, 2010, 2015; Malcolm 2012; Mauger 2019, 2021; Reidy 2014).

Since the 1890s, medico-scientific, voluntary and state responses have converged in three distinct phases. The first occurred at the turn of the twentieth century, when medical acceptance of a 'disease concept' of inebriety internationally coincided with the establishment of inebriate reformatories, the founding of a new major temperance association and attempts to restrict public house opening hours, all against a backdrop of increased Irish nationalism. The second phase began in the 1960s, when the re-emergence of medico-scientific interest in alcoholism overlapped with heightened political awareness and activity in the sphere. Notably, the renewed significance of alcoholism in this era intersected with attempts to reinvent Ireland's international profile as a modern and open nation with much to offer for potential foreign investors. The final instance is Ireland's relatively recent adoption of a public health approach to alcohol. The Public Health (Alcohol) Act, 2018, which has been overwhelmingly supported by Irish medical bodies, is currently being rolled out in stages. This Act is set to introduce *inter alia* minimum unit pricing, health warning labels on alcohol products and rigorous restrictions on marketing and advertising. These measures are purportedly aimed

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at changing Ireland's drinking culture, with politicians and medical experts now framing alcohol as a serious public health problem.

Combining a historiographical survey of existing works with the author's own research on medico-scientific and state responses to inebriety and later, alcoholism, this chapter will explore shifting representations of Ireland's 'drinking culture' during these three phases and assess how competing discourses have influenced attempts to change it. By drawing together these often distinct strands of scholarship, it is intended to present a more rounded picture of the Irish experience than has hitherto existed. While much of this trajectory mirrors the international picture, especially contemporary developments in Britain and the United States, this chapter will argue that Ireland makes for an interesting example of national interests with a long historical lineage. In turn, it hopes to provide a useful comparative framework for those examining similar concerns in other countries.

In his introduction to *Drinking Cultures: Alcohol and Identity*, the anthropologist Thomas M. Wilson has underscored the importance of alcohol consumption to the 'production and reproduction of ethnic, national, class, gender and local community identities' both past and present (2). For Wilson:

> drinking is itself cultural; it is not so much an example of national and other cultural practices, in the sense that it is a performance of something that runs deeper in the national or ethnic makeup, as much as it is itself a bedrock of national and ethnic culture. As such it is an integral social, political and economic practice, a manifestation of the institutions, actions and values of culture.
>
> *(2–3)*

Drawing on Wilson's definition, this chapter employs the term 'drinking culture' to embrace various aspects of drinking practices in Ireland, including who was drinking, how much, when and where. Such perspectives are essential to deepening our understanding of intoxication in the Irish context.[1] By concentrating on the evolution of medical responses, the chapter will consider how experts interpreted and attempted to shape specific forms of social behaviour, customs and beliefs around intoxication – in this case via alcohol. As will be shown, these responses have involved engagement with temperance activity, legislative reform, psychiatry and public health. While this chapter refers in places to external commentary on Ireland's drinking culture, it does not attempt to evaluate such research as this would be beyond the scope of the present analysis. Instead, the focus is on examining *Irish* medical responses to what was often portrayed as a national problem. Importantly, and in contrast to many European countries, for much of the period examined, a majority of drinking in Ireland took place in public houses and without meals. Moreover, and as will be discussed, until the 1970s, these public houses were largely 'male spaces' with women either completely excluded or confined to separate areas such as snugs (Malcolm 1998: 51).

'Ireland Sober, Ireland Free'?

Representations of specific drinking cultures, especially ones emphasising excessive or harmful levels of alcohol consumption, tend to reflect broader socio-cultural and/or political conditions. From this vantage point, both drink and drinking practices can assume multiple and often metaphoric meanings. These forces are found to operate time and again in colonial portrayals of the hard drinking practices of indigenous peoples, usually to justify the suppression of existing customs as part of a civilising mission. This impulse formed part

of the rationale for English writers' critical commentary on Irish drinking practices since the sixteenth century. While such accounts are undoubtedly prejudiced, Elizabeth Malcolm warns against downgrading them to mere validations for imperialism, noting their potential to impart valuable evidence about the place of alcohol in Irish society (1986: 3). Likewise, while acknowledging racial bias in nineteenth-century observations of the heavy drinking and consequent violence of the Irish people, Diarmaid Ferriter accepts such interpretations as indicators of the degree alcohol could permeate Irish life, especially at wakes and funerals (1999: 6). Nevertheless, there is little doubt that colonial depictions of allegedly heavy drinking cultures may be exaggerated and therefore at least partially unreliable.

That is not to say that national representations are untouched by broader societal developments and aspirations. Wilson, cited above, has suggested that where alcohol and drinking are considered problematic, both morally and from a health perspective, they may also form part of social and political integration and order, where culture and identity can play roles in both the acceptance and avoidance of drinking (2005: 21). Building on this idea, in her exemplary study of alcohol and nationhood in nineteenth-century Mexico, Deborah Toner has underlined the historical importance of discourses about alcohol consumption. These debates, she observes:

> offer profound insights into the ways in which a society understands its cultural sense of self, diagnoses its problems and celebrates its achievements, and constructs both internal and external "others" against which its own identity can be defined.
>
> *(2015: 38)*

This reasoning certainly applies to Ireland in the late nineteenth century as drinking became imbued with new meaning.

Beginning in the 1870s, Irish representatives in Westminster campaigned to secure a devolved government for Ireland, a movement known popularly as Home Rule.[2] At the same time, steeply rising alcohol consumption and high numbers of arrests for drunkenness were generating public alarm, as well as growing concern among doctors about the health implications of heavy drinking. Although consumption levels and arrests declined in the 1880s and 1890s, a widespread belief lingered among many that the Irish were disgracing themselves morally, politically and culturally through their heavy drinking (Ferriter 2015: 4; Malcolm 2012: 110–111). Irish nationalist opinion was divided as to the true extent of the problem, let alone how to tackle it. For some, sobriety held the key to political independence from Britain, a notion frequently repeated in the popular slogan, 'Ireland sober, Ireland free'. But for others, draft legislation aimed at restricting weekend opening hours for public houses symbolised the British parliament's veiled and patronising attacks on longstanding Irish customs (Malcolm 1980: 94–98, 1986: 271). The centrality of public houses in these debates is unsurprising, given their importance as social, economic and political centres in both rural and urban Ireland. While irregular, heavy drinking at fairs, wakes or weddings was still common in the nineteenth century, from 1850, public houses were the principal Irish recreational venues, albeit for men (Malcolm 1998: 51–53, 72; see also Kearns 1996).

These competing nationalist and imperialist discourses infused medico-scientific debates about alcohol and problem drinking in Ireland. Internationally, by the 1890s, medical thought had come to redefine inebriety as a disease rather than a vice (Berridge 1990, 2013; Levine 1978; Valverde 1998). As historians of alcohol have compelling shown, the disease concept gained authority in Britain, Europe and the United States at this time not due to any scientific breakthrough but rather, in response to a discrete set of social factors, including the

influence of evangelical temperance interests and the increasing status of psychiatry and the medical profession more generally (Berridge 1990: 999; Nicholls 2009: 67; Porter 1985: 393). Similar forces were at work in Ireland, where the medical community broadly subscribed to this understanding of addiction. Like their British colleagues, some Irish doctors were heavily swayed by temperance ideology. But beyond adhering to international frameworks, cultural and political idiosyncrasies clearly inflected their opinions as to the place of alcohol within Irish society (Mauger 2019: 17–29).

In an especially blatant assertion of the value of sobriety to the struggle for Irish national self-governance, one contributor to the *Dublin Journal of Medical Science* in 1904 proclaimed:

> One of the heaviest blows which a patriotic Ireland could possibly inflict on its neighbouring British rulers would be given by taking the pledge all round – old and young – and keeping it! Why, we often say to ourselves, do not patriotic politicians utilise this fact?
>
> *(The Medical Temperance Review 1904: 139)*

This proposal alluded to the abstinence pledge, such as that taken by members of the Pioneer Total Abstinence Association formed in 1898 by the Catholic priest, Fr James Cullen. Notably, while the Pioneer Association quickly became associated with the nationalist cause, this was not the exclusive political ideology underpinning temperance in Ireland. From the late 1820s, a Protestant anti-spirits movement emerged in Ireland, particularly in Dublin and Ulster, largely in response to the drunken violence of the 1798 rebellion, intensifying campaigns for Catholic Emancipation and high levels of spirit consumption (Malcolm 1986: 55–56). According to Malcolm, following the demise of Fr Theobald Mathew's Catholic temperance 'crusade' in the 1840s, the growth of teetotalism became synonymous with 'middle-class, pro-British Protestants who used it to bolster their own position' while 'denigrating the customs and habits of their Catholic social inferiors' (Malcolm 1980: 113). Yet by the early twentieth century, some increasingly militant Irish nationalists were finding much in common with teetotalism, under the vanguard of Cullen's Pioneer Association, particularly the renewed belief that sobriety would invigorate the independence struggle. Mirroring these broader societal tendencies, by the turn of the twentieth century, several prominent Irish medical practitioners, regardless of religion or political leaning, were openly promoting and engaging in these movements (Mauger 2019: 28–29).

Chief among this group was Dr Ephraim MacDowel Cosgrave, physician to several Dublin hospitals and president of the Irish branch of the British Medical Temperance Association (Woods 2009: 13). Cosgrave published energetically on alcohol and temperance and was an ardent advocate for establishing inebriate homes in Ireland (Cosgrave 1982, 1897, 1901). The origins of these institutions are widely attributed to the temperance-based Washingtonian movement in the United States which, during the first half of the nineteenth century, created small private homes providing moral treatment for voluntary patients (Berridge 2004: 5). Dedicated retreats for inebriates then began to spring up, first in Boston, New York and San Francisco in the 1850s, and later in Chicago, Philadelphia and parts of Canada in the 1860s and 1870s (MacLeod 1967: 218, 2012: 110). By now, medical practitioners in England were successfully working to promote comparable institutions, coming into being by stages under a series of Habitual Drunkards (later Inebriates) Acts (MacLeod 1967). Medical support was reinforced by the Society for the Study and Cure of Inebriety, which under the leadership of Dr Norman Kerr campaigned for a state-funded inebriate reformatory system (Berridge 1990).

In Ireland, Cosgrave's stance echoed renewed calls from the wider medical community and popular press for institutions for 'chronic drunkards'. In keeping with the disease concept, inebriate reformatories were presented as a sympathetic alternative to criminalising drunkards and confining them in prisons. Proponents hoped these new institutions would offer a chance to treat and even cure inebriety (Berridge 1990: 991, 2004: 4). The rise of eugenics as a science also influenced this campaign, reflecting a deep-rooted belief that alcohol was a major cause of degeneration (Malcolm 2012: 111; Cox 2012: 61). In several European contexts, this was linked to rising fears about the impact of women's drinking on the future of the nation (Berridge 2013: 89; Dunbar 2018; Prestwich 2003). Medical opinion highlighted the greater biological risks alcohol posed to women, both personally and to their unborn children. These views found their way into temperance rhetoric as well as the functioning of the inebriate reformatory system. Both Ferriter and Malcolm have pointed to the idea that drunkenness in women was viewed as a greater evil, while at the same time, it was felt that virtuous women might lead their families along a righteous path to sobriety (Ferriter 1999: 71–73; Malcolm 1980: 67–68). Perhaps moved by these arguments, Cullen initially intended the Pioneer Association to serve female members only (Ferriter 1999: 20–21).

Of particular concern in many quarters was the practice of clandestine drinking by women at the notorious spirits-grocers, a form of mixed trading outlet carrying a range of household commodities and licenced to sell alcohol. Official reports abounded in the late nineteenth century of women leaving these venues at best mildly intoxicated with some barely able to walk (Kearns 1996: 16). In 1894, Brigade-Surgeon F.E. McFarland, a retired Consultant Physician to the Ulster Hospital for Women and Children, singled out this phenomenon warning that:

> The grocer's spirit licence has done much harm, especially to women. It has already made of them inebriates; women especially, should not be exposed to temptation. There are times of physical weakness which render them an easy prey to drink when once the habit is formed. Women who formerly would not be seen in a public-house cannot now buy their necessaries without being exposed to temptation. The downfall with them is very rapid, and the outlook for the children very bad. This law should be repealed.
>
> *(McFarland 1894: 488)*

While the spirits-grocers were no longer granted licences from 1910, fears about women's drinking persisted, especially during the First World War. These included anxieties around female shebeen keepers and soldiers' wives who reportedly squandered their separation allowance on drink (Dunbar 2018).

It was within this intellectual climate that the state-funded reformatories were eventually sanctioned by new legislation, introduced in 1898 (Inebriates Act 1898). Rather than responding to medical appeals, however, it was at the repeated requests of the Unionist MP, William Johnston, that this Bill was applied to Ireland ('Inebriates Bill' 1898; 'Habitual Inebriates Bill' 1898).[3] George Bretherton has contended that Irish support came from diverse groups, ranging from temperance advocates to local government bodies to clerical and medical professionals and penologists (1986: 474). Yet as Beverly A. Smith has shown, the Bill was extended to Ireland in its later stages almost as an afterthought (1989: 58). The resulting Act sanctioned the committal of inebriates to state or charitable-funded reformatories if they were tried and convicted of drunkenness at least four times in one year. In Ireland, this led to the creation of four institutions. But of these four, only the Lodge Retreat in Belfast (est. 1902) accepted voluntary inmates and limited admissions to fee-paying, Protestant women.

The remaining three could only be accessed by those committed through the courts. These were the State Inebriate Reformatory in Ennis (est. 1899), and St Patrick's (est. 1906) and St Brigid's (est. 1908) certified inebriate homes for Catholic men and women, respectively. Given the fears around women's drinking in this period, it is unsurprising that research on both prisons and inebriate reformatories has suggested that the legal courts were often less sympathetic towards the women brought before them for drink-related crimes and appeared to be quicker to send women to institutions for drunkenness than men. In fact, both the Ennis State Reformatory and the certified reformatories contained more women than men (Malcolm 2012: 114).

In spite of strong medical backing prior to their establishment, the inebriate homes were short-lived and, as in Britain, had all but wound down by the end of the First World War. A key issue was that what medical reformers (both in Britain and Ireland) had campaigned for, that is, compulsory powers to detain non-criminal inebriates, never became law. Moreover, the four Irish institutions served only a very small cohort. By 1917, St Patrick's had admitted only 148 men since opening and St Brigid's, 151 women. The Inebriate Retreat at Belfast, meanwhile, had treated 209 patients and the State Inebriate Reformatory at Ennis, 274 (*Fourteenth Report of IIIA* 1918: 4; *Fortieth Report of GPBI* 1917–1918: xii; Malcolm 2012: 120; see also Reidy 2014). In her comprehensive analysis of Irish inebriate reformatories, Malcolm has concluded that a vital reason for their decline was the generally permissive public attitude towards drunkenness, although this essentially applied to men rather than women. Once established, this tolerant outlook fostered scepticism and at times hostility among local councils, nationalist politicians, the courts, the churches and crucially the medical profession, as to the value of inebriate reformatories (Malcolm 2012: 115–116). Even within the anti-drink ranks, Bretherton has outlined clear divisions by the turn of the century between:

> on the one side, the old elite, increasingly tied to the Unionist party, arguing that the drunkard should be locked up; [and] on the other side, a militantly nationalist group, some of them teetotallers, taking their stand with voluntarism and Catholicism, while claiming that drunkenness would no longer exist if the British were out of Ireland.
>
> *(1986: 479)*

Political disharmony was similarly self-evident in discussions about the proposed introduction of restricted weekend opening hours for public houses. This was at least partly a testament to the political clout of both Irish publicans and brewing and distilling companies in this period and beyond. In the late nineteenth and early twentieth centuries, publicans achieved a high degree of social, economic and political prominence, especially in nationalist politics. Brewing and distillation, meanwhile, remained politically important well into the twentieth century due to the high levels of employment they provided as well as the revenue their products yielded (Kadel 2015). Echoing the sentiments of the Home Rule Party, in 1895 a review article in the *Dublin Journal of Medical Science* denounced the 'grandmotherly legislation and coercion':

> The liberty of the subject is sufficiently restricted already, and the patience with which millions of law-respecting citizens tolerate the curtailment of their personal liberty lest a weak brother should offend is a marvellous testimony to our inborn respect for law. Restrictions and pledges cannot create an Utopia.
>
> *('Review of Norman Kerr,* Inebriety*' 1895: 50)*

At this stage, the licencing laws governing Ireland remained scattered across 25 Acts of Parliament, a fact which likely motivated the House of Lords' 1898 Commission on Intoxicating Liquor. A testament to the lack of political sway the medical community held at this juncture, only a handful of the 259 witnesses examined were medical men and those who did give evidence were queried on their legal rather than medical knowledge (*Minutes of Evidence taken before the Royal Commission on Liquor Licensing Laws* 1898: 527).

No doubt stimulated by the lacklustre performance of the inebriate homes, Ireland's ever-expanding lunatic asylums remained primary sites of care for the intemperate. In fact, alcohol-related admissions became so common that by 1900, one in ten were attributed to drink (Finnane 1981: 146). Paradoxically, given their medical character, few doctors in Ireland or internationally favoured asylums for the treatment of inebriety (Mauger 2019; Prestwich 1994). This professional apathy was heightened in the early twentieth century as the causal connection between intemperance and insanity became contested and alcohol was increasingly seen as a 'stumbling block' for the already 'unstable brain' (Cox 2012: 61–62; Pick 1989: 201–202). Likewise, the perceived links between heredity and inebriety began to disintegrate, influenced by the growing popularity of the Freudian movement as well as research by University College London scientists that found no marked evidence connecting parental alcoholism to mental defects in children, and therefore shifted the emphasis away from concerns about women's drinking (Berridge 2013: 91). It is also conceivable that the demise of the inebriate homes undermined medical authority, given the very public support many prominent doctors had pledged for this initiative in the outset.

By the end of the First World War, medical interest in inebriety had waned and political barometers swung sharply towards limiting drinking rather than treating diseases attributed to drunkenness. Among the most infamous of these tactics was the United States' prohibition experiment, resulting in a nationwide ban on drinking from 1920 until 1933. Following the Irish War of Independence (1919–1921) and the partition of the island into two separate states (1920–1922), the newly formed Irish Free State government responded swiftly to the 'drink question'.[4] In the first decade of independence, the state initiated an intoxicating liquor commission, restricted pub opening hours and decreased the number of pub licences (Butler 2010: 24–28, Ferriter 2015: 5–6). That medical involvement in these developments remained minimal signifies both declining international interest in inebriety during the interwar years and anxieties about persistently high infant mortality rates and infectious diseases, which remained a priority for the Irish medical community. There was also a marked decrease in alcohol consumption and reported deaths from liver cirrhosis, following general trends in the United Kingdom (Berridge 2013: 165; Ferriter 2015: 9).

The Disease View and the 'Drunken Irish'

The repeal of Prohibition signalled shifting attitudes towards alcohol and a new 'disease view' of addiction began to take root. Earlier interpretations framing drink as an inherently addictive substance were now gradually supplanted by this new concept that rendered alcohol harmless for most but with the potential to cause disease in a minority of vulnerable or 'defective' individuals (Levine 1978: 494; see also Yokoe 2019). The disease view was championed by the prominent epidemiologist and leader of the World Health Organization's (WHO) alcohol research programme, E.M. Jellinek, through whom it filtered into the United Kingdom. The spread of Alcoholics Anonymous from the United States to Europe by the 1950s also propelled its popularity (Thom 1999: 72; see also Yokoe 2019).

This new concept of alcoholism was comparatively slow to take hold in Ireland, in spite of some medical activity in the addiction arena. In the 1940s, the Irish Medical Association lobbied for provision to treat 'addicts' in a new Mental Treatment Bill ('Mental Treatment Bill, 1944' 1945: 7–8). Introduced in 1945, the resulting Act reflected the Association's input. The statute stipulated that any individual who had, due to addiction, been medically certified as dangerous to others, incapable of managing their affairs or at risk of developing a mental disorder could be detained in a mental hospital against their will for up to six months or two years in certain cases (Mental Treatment Act 1945: s.2, s.189). Though it is tempting to decipher this development as a proof of the acceptance of alcoholism as a disease in need of treatment, Shane Butler has convincingly demonstrated the lack of state support for this measure (2002: 23–24, 2010: 29–30). Moreover, as will be discussed, it was not until the 1960s that psychiatrists in Ireland began openly supporting the disease theory (see also Mauger 2021). Therefore in many ways, this development merely emulated the recommendations of medical temperance advocates like Kerr and Cosgrave, half a century earlier, for compulsory powers to institutionalise non-criminal inebriates. Rather than separate, specialist institutions, however, the Act cemented the role of psychiatric hospitals in the treatment of addiction.

Another plausible explanation for the lacklustre medical enthusiasm for the alcoholism model in Ireland lies in the strong influence of the Catholic Church both in the realms of healthcare and education and on the development of psychiatry in these decades. As David Healy has persuasively illustrated, church intervention in the politics of social welfare, combined with an alliance with Irish medicine, dictated the evolution of health services in Ireland (Healy 1996: 275; see also Barrington 1987). Increasingly, most Irish doctors were themselves Catholics, often deeply committed ones, and this likely informed their practice. Other examples where this has occurred include Catholic disapproval of psychoanalysis or behaviourism; opposition by the Irish Medical Association to the proposed provision of free health services for mothers and children under the age of five in the 1950s; and a sustained denial of the occurrence of syphilis in Ireland into the 1980s (Healy 1996). Contemporary church teaching, which was primarily concerned with temperance, as well a general culture of toleration around drunkenness for many groups, may therefore have contributed to the Irish medical profession's delay in embracing the disease view of alcoholism.

While continuing to attract little attention in Irish medical circles, psychiatrists working in Britain and the United States frequently documented disproportionate numbers of Irish alcohol-related admissions to mental hospitals in these regions (Malzberg 1930, 1940; Meyer 1933; Sullivan and Glatt 1956). Alongside these studies, sociologists and anthropologists reinforced the impression that Irish drinking behaviour was somehow distinctive (see Mauger 2021; Stivers 1976: 5–14). Perhaps the best-known example is the work of the Harvard researcher, Robert Bales, whose 1944 doctoral dissertation contrasted Jewish and Irish social norms and attitudes towards drink (see Bales 1980).[5] In 1962, Bales published his findings on the assorted roles alcohol performed in Irish culture. These included drinking for medicinal purposes, to prevent damp and cold, as a substitute for food during famine or religious fasts, to relieve sexual tension in young rural men facing lifelong celibacy due to inheritance practices and as an 'overt and active and persistent aggression against the English'. Alcohol tended not to be condemned, Bales found, and the practice of 'treating' or buying rounds only served to exacerbate Ireland's heavy drinking culture, with alcohol omnipresent at christenings, funerals and wakes (1962).

In fashioning his treatise on Ireland's drinking culture, Bales had borrowed heavily from the work of two Harvard anthropologists, Conrad M. Arensberg and Solon T. Kimball, who

observed and recorded their findings on the lives, relationships and economy of the small farmer class and the people of Ennis town in County Clare in the rural West of Ireland in the 1930s (1940; see also 3rd ed., 2001). Arensberg and Kimball's resultant book, *Family and Community in Ireland*, contributed greatly to the durable premise that heavy drinking among rural males was an important 'safety valve in the release of sexual tension'. It also supported the image of the mother-dominated Irish family which, as will be seen, came to influence Irish medical discourses in later decades (Arensberg and Kimball, 3rd ed., 2001: 56–58). It should be noted, however, that Arensberg and Kimball argued that both mothers *and* fathers played a dominant and even controlling role in their sons' lives, with the son largely subordinated by both parents but especially his father (Arensberg and Kimball, 3rd ed., 2001: 52). Aside from relying on Arensberg and Kimball's appraisal, Bales' depiction of Irish social life was mostly based on texts dating from the sixteenth to nineteenth centuries, and tended to both illustrate and strengthen popular explanations for excessive drinking in the Irish. While the tendency in these decades was to frame alcoholism as a male problem, Bales' emphasis on Irish bachelors was later contradicted by research demonstrating that at the turn of the twentieth century, both single and married Irish men *and* women showed higher rates of 'alcoholism' than their equivalents in other ethnic groups (Room 1968).[6] As several scholars have stressed, studies of this type were also undermined due to an assumption that heavy drinking in Irish migrants was characteristic of drinking behaviour in Ireland (Cassidy 1996; Lynn and Hampson 1970; Malcolm 1986; O'Connor 1975).

Concerns about Ireland's drinking culture took on a renewed political urgency in the 1950s, as it became linked to declining population and increasing levels of emigration, especially by women. In 1954, a report from the Commission on Emigration and Population Problems partly blamed the exodus on the 'relative loneliness, dullness and generally unattractive nature of life in many parts of rural Ireland', calling for increased diversity in venues for entertainment, recreation, education and culture, as opposed to simply pubs (173–174). In the same year, a collection of essays edited by Fr John A. O'Brien entitled *The Vanishing Irish* (1954) went further in citing rural male Irish drinking practices as a key reason for declining marriage rates. For example, Edmund J. Murray contended that 'ninety-five per cent of Ireland's eligible women would marry tomorrow were the eligible men of the nation to transfer their affections from horses and dogs and football matches and "pubs" to the nobler activities of courtship and marriage' (1954: 72). Likewise, Mary Frances Keating, in the same collection wrote of 'Marriage-shy Irishmen', while complaining that even for those who failed to evade matrimony:

> […] he indulges in some form of escapism after recovering from his first panic. The favourite forms of escape are drinking, gambling, politics and sport. He is not a good husband or a good father, and the blame for the fact that the Irish are a vanishing race must be laid squarely and solely on his shoulders.
>
> *(Keating 1954: 166)*

While these claims colourfully depict the perceived links between drinking practices and population decline, it was not until the following decade that political awareness of *alcoholism* was perceptible.

By the 1960s, Irish politicians were becoming increasingly conscious of the claims circulating abroad about an Irish predisposition to alcoholism. Critically, this recognition occurred at a time when the country's Taoiseach (head of government) Seán Lemass was seeking membership of the European Economic Community. In 1962, Lemass complained

of 'persistent and irritating falsehoods' about the 'drunken Irish', made worse, he claimed, by the BBC's tendency to constantly reproduce this caricature (Viney 1964: 8). This frustration at the racial stereotyping of the Irish echoed that of nationalist politicians in the late nineteenth century and was, perhaps, understandable, given robust attempts in the 1960s to transition Ireland from a rather conservative and insular nation to one that could be proudly modern and open. As one journalist succinctly put it:

> Few Irishmen would disagree that the image of the "drunken Paddy" whether fictionally presented on British television screens or factually endorsed in the magistrates' courts of West London, is humiliating to the Irish at home. And if Mr Lemass is also concerned lest foreign industries are put off coming to Ireland through fears of drunken labour and absenteeism, this too is understandable.
>
> *(Viney 1964: 8)*

Possibly adding to Lemass' irritation were recent reports that the Irish were drinking less alcohol than the British. In 1958 the Central Statistics Office registered Ireland's annual per capita consumption as 64.3 litres of beer and 1.2 litres of spirits compared to Britain's annual consumption of 79.1 and 1.1 litres, respectively. The previous year, a Commission on Intoxicating Liquor had complacently announced that drink was no longer a serious problem in Ireland (Ferriter 1999: 190–191). Yet, these findings failed to take account of the very high numbers of total abstainers. The Pioneer Total Abstinence Association had gone from strength to strength during the first half of the twentieth century and by 1959, claimed nearly 500,000 members – in a population of approximately 2.8 million. Irish attitudes towards alcohol in this period could therefore be described as ambivalent, or as Ferriter has phrased it, Ireland was a 'nation of extremes'. Overall, however, Ferriter has described the drinking culture in this era as one of 'toleration', in which excessive consumption was mostly viewed as both gregarious and entirely respectable. Importantly, though, this culture of toleration applied to men, while women were more likely to be targeted by the Pioneers and to be abstainers (1999: 2, 168, 191). Nonetheless, there is evidence that some women were drinking heavily, and even undergoing treatment for alcoholism. For example, in St Patrick's Hospital in Dublin, there was a steady increase in the admission rate of 'alcoholic patients' from 230 in 1958 to 735 in 1968, during which time the number of women treated for alcoholism rose from 50 to 150 (Cooney 1970: 220). As in earlier periods, there was an emphasis on the clandestine nature of Irish women's drinking, with the physician to St Patrick's Hospital reporting in 1962 that excess drinking, especially in women, was often so well concealed that diagnosis was made 'on the clinical features alone' (Martin 1962: 120).

While Ireland was not the highest annual per capita consumer of alcohol, the problem of alcoholism, both at home and abroad, drew increasing attention. In 1958 alone, some 561 patients (5%) admitted to Irish mental hospitals had been diagnosed with 'alcoholism' and a further 92 (0.7%) with 'alcoholic psychosis' (*Report of IMH* 1960: 15). In response, psychiatrists began advocating for state support for a national council on alcoholism, eventually formed in 1966. The establishment of this voluntary organisation was chiefly credited to experts at two private psychiatric institutions in Dublin, the St John of God Hospital and St Patrick's Hospital. Both had developed specialist alcoholic treatment facilities in this decade and were widely held to be leaders in the addiction field. In the same year, the Commissioners of Inquiry on Mental Illness reported that they could find no detailed survey of the number of alcoholics in Ireland but were aware of research in the United States and Britain highlighting disproportionate rates among the Irish there. While contesting that such

findings signified the extent of alcoholism in Ireland, the Commissioners declared that based on the experience of practising Irish psychiatrists, the problem was serious and deserved immediate attention, including extensive research activity (*Report of CIMI* 1966: 79–80). In fact, it was later reported that admissions for alcoholism were continuing to rise from 1,638 (10.6%) in 1965 to 2,874 in 1969 (14.6%) (O'Hare and Walsh 1970: 13). While this surge may partially indicate that diagnosis was increasing in step with heightening medical interest, it is clear that by now alcoholism treatment had come firmly under the purview of psychiatry.

The 1960s also saw much broader endorsement of the disease view in Ireland. Dr John G. Cooney, a consultant psychiatrist at St Patrick's Hospital, was an especially avid supporter (Cooney 1963). Cooney was responsible for setting up a specialist treatment programme for alcohol-related disorders at St Patrick's and published and presented extensively on the disease view. This concept was also widely promoted by the Irish National Council on Alcoholism (INCA), whose main objective was to educate the public on the signs, causes and effects of the disease of alcoholism, as well as available treatments. INCA, as Butler has observed, was given clear and unequivocal public policy acceptance by the 1966 Commissioners (2002: 38–39). Yet in spite of growing support in some circles, others pointed to social and cultural factors in their research on alcoholism.

Among the most prominent was Dr Dermot Walsh, a practising psychiatrist who became the Director of the Mental Health Section of the Irish Medico-Social Research Board (later Health Research Board) in 1969. In 1962, Walsh had written of Ireland's peculiar cultural environment, including, he claimed, persistent ancient folk customs, superstitions and magical beliefs; centuries of war and hardship, the lasting consequences of the Great Famine of the 1840s; and the 'deeply ambivalent and conflict-laden relationship' between Irish mothers and their sons. Within this setting, Walsh premised, the Irish were:

> in a general sense freer in their use of alcohol than most nationalities. There seems little doubt that drinking plays a large part in dealing with many deeper frustrations and conflicts … Alcohol, too, has in high degree the effect of inducing and enhancing the fantasy life which is so inherently a part of Irish cultural heritage.
>
> *(1962: 65–66)*

At the Medico-Social Research Board, he went on to conduct studies into the prevalence of alcoholism in Ireland and in 1969, pronounced psychiatric admissions for alcoholism much higher than in Britain or the United States (Walsh 1969). This assertion did not sit well with other workers. In 1970, researchers at the Irish Economic and Social Research Institute (ESRI) refuted Walsh's findings, underlining Ireland's lower annual per capita drink consumption, lower death rates from alcoholism and liver cirrhosis and lower conviction rates for drunkenness compared to the United Kingdom, Europe and the United States (Lynn and Hampson 1970). The debate continued, with Walsh attributing Ireland's lower annual per capita consumption to high levels of total abstinence. Walsh also contended that alcoholism was not necessarily a fatal disease, that links with liver cirrhosis remained uncertain and that lower conviction rates might merely reflect more lenient societal attitudes towards drunkenness. 'For the Irish', he concluded, 'wherever they may be, alcoholism is a serious problem' (1970: 205).

Continuing resistance to Walsh's findings is evidence of the sustained professional disagreement relating to alcoholism in Ireland. At the source of this dispute, the central tenet of the disease view proved troublesome for some commentators. For them, the suggestion that alcoholism indicated some inherent defect in certain individuals was difficult to accept

in a country with rising psychiatric admissions for that disorder (Mauger 2021). It follows that claims of an Irish predisposition due to some biological, ethnic trait might have been perceived as posing a threat to Irish identity. Perhaps partially in reaction to this, an emphasis on Ireland's drinking culture, and broader cultural influences on Irish drinking behaviour, remained popular into the 1970s. In a submission to INCA, the Director of the Irish Medico-Social Research Board, Dr Geoffrey Dean, emphasised the predominance of 'cultural factors' in determining drinking behaviour. Among them, Dean listed the 'rather extreme attitude' of the Catholic Church in its condemnation of sins involving sex; the 'authoritarian' Irish education system, pressures to conform to cultural norms; and loneliness caused by segregating the sexes both in school and in social activities (Dean 1973). In spite of his initial championing of the disease concept, even Cooney was not opposed to this alternative framework. According to him, modernisation was responsible for a range of new influences on Irish drinking habits which were leading to an increase in alcoholism. These included greater social mobility and disposable income, the shift from dimly lit, all-male pubs to brightly lit bars and singing lounges catering to young men and women; expense account drinking in the cities; and the supremacy of alcohol both in business deals and on all social occasions. By now, Cooney was espousing a 'multifactorial theory', suggesting that exposure to a critical amount of alcohol in a favourable setting would predispose certain individuals by reasons of metabolic and/or personality factors, to develop the disease (1971: 53).

Such concerns about the growing popularity of drinking were informed by altering attitudes to alcohol consumption and addiction across many countries in the 1970s. This change was driven by epidemiological findings linking rising annual per capita intake with a concurrent growth in alcohol-related harm, including deaths from liver cirrhosis and convictions for drunkenness and drink-driving. As discussed, this approach was favoured by researchers at the ESRI. Put simply, drink was now presented as a problem for 'total populations' rather than a predisposed minority. This new theory, which became known as the public health perspective, gradually replaced the disease concept (Thom 1999; Yokoe 2018). With a shift away from biological or psychological understandings of alcoholism, the culture around drinking was therefore firmly under the spotlight. A marked adherence to this new focus was evident in INCA's report to the Minister for Health in 1973. By now, the Council's members were divided between those who still supported the disease view, usually psychiatrists, and other researchers, especially epidemiologists, who promoted the public health perspective (Butler 2002: 53–55). Probably by way of compromise, the report recommended the prevention of both alcoholism and excessive drinking by altering social and cultural attitudes to drink (INCA 1973: 10).

Changing Ireland's Drinking Culture

In spite of a growing emphasis on the potentially harmful aspects of Ireland's drinking culture, ideological clashes between proponents of the disease view and the public health perspective persisted in the decades following 1970. Internationally, the WHO increasingly endorsed a preventive or health promotion model (see Thom 1999). In England, during the 1970s and 1980s, well-funded campaigns developed to promote 'sensible drinking', reflecting a shifting focus away from 'alcoholics' and heavy drinkers (Mold 2020). Yet as Butler has comprehensively outlined, in Ireland, there was a continued reluctance to implement public health alcohol policies. Among the reasons he has presented are a sustained general cultural tolerance of alcohol alongside a lack of political commitment borne of the realisation that measures aimed at controlling and restricting drinking behaviour were electorally

unpopular. While INCA had begun to show some signs of supporting public health principles, it remained a divided and largely dormant operation throughout its lifetime and was eventually wound down in 1988. Moreover, the expansion of institutional care for alcoholism, both within the existing public healthcare framework and outside of it, signalled an enduring reliance on treatment rather than preventive models. In 1978, the first of several private rehabilitation in-patient units, the Rutland Centre, was founded by a Catholic priest, Fr Raphael Short and enjoyed substantive state support (Butler 2002: 44–72). Meanwhile, there is evidence that the disease model 'both flourished and remained embedded within the alcohol treatment system' into the twenty-first century (Cullen 2011: 251–261).

Perhaps as a result of the treatment model's persistence, psychiatric admissions for alcoholism continued to increase and by the mid-1970s made up one-half of male admissions and one-third of all admissions (Walsh 1987: 748). These rates remained high into the 1980s and 1990s, accounting for between one quarter and one fifth of all total admissions up until 1995 (Butler 2002: 46). Simultaneously, alcohol consumption continued to climb. Between 1948 and 1970, annual intake per person had risen by 60% from 3.2 litres to 5.1 litres (Ferriter 1999: 203). In 1970, it stood at 7.0 litres of pure alcohol per adult increasing to 10.1 litres by 1986 and to 14.1 litres by 2001 (Ferriter 2015: 17). Yet, these rising rates apparently caused little concern at government level. In 1996, the Health Promotion Unit within the Department of Health (est. 1988) published its *National Alcohol Policy – Ireland* report. The document's tone suggested that neither the public health approach, nor fears about Ireland's drinking culture, had yet entered the official lexicon:

> There is evidence that the description of the Irish as a particularly alcohol-prone race is a myth. Indeed it is doubtful whether Ireland ever occupied a prominent role with regard to alcohol use or misuse.
>
> *(National Alcohol Policy – Ireland 1996: 11, cited in Ferriter 205: 706)*

It could be argued that such a tack was predictable, given the neo-liberal policy climate which characterised the 'Celtic Tiger' era, the popular name for Ireland's economic boom of the mid-1990s to late 2000s. Within this environment, the state was broadly opposed to intervening in the alcohol market via taxation or by restricting advertising (Butler 2009: 343). However, as was the case in England, this period saw the arrival of a policy community committed to implementing such measures to reduce alcohol-related harm. This group boasted strong medical participation, including from physicians, public health doctors and psychiatrists (Thom 1999: 110–120). In Ireland, the policy community was formalised by the establishment of the charity, Alcohol Action Ireland in 2003. Meanwhile, the Minister for Health established a Strategic Task Force on Alcohol, a committee dominated by public health advocates, which published several reports beginning in 2002.

The early 2000s also saw the emergence of new concerns around Ireland's drinking culture as European-wide research studies began to examine binge drinking. While this concept was not a new one, its meaning had now shifted from heavy drinking over several days to a single drinking session leading to intoxication. Internationally, binge drinking became an important social, political and media concern, especially with regard to young people and more often young women (Berridge, Herring and Thom 2009). But the Irish, it seemed, were particularly prone. According to one study of 35 European countries in 2004, Irish teenagers displayed the highest level of binge drinking and were almost twice as likely to smoke marijuana or hashish than the European average (Downes 2004: 6). Such findings once again pointed towards something anomalous in Irish drinking behaviour. From the

twentieth-century emphasis on the quantities the Irish drank, there now came a growing focus on the manner in which they consumed alcohol. For many, this offered an explanation for the age-old conundrum of disproportionate psychiatric admissions and alcohol-related problems in Irish populations.

While by now most medical commentators tended to agree that alcohol should be targeted as a major public health problem, the influence of the drinks industry was regarded as one of the 'biggest barriers to change' (Ferriter 2015: 21). The balance of power began to shift, however, in 2009, when the Department of Health established a steering group to formulate a national alcohol policy to be integrated into the existing National Drugs Strategy. This Steering Group was chaired by the public health doctor and Chief Medical Officer, Dr Tony Holohan, and its members included representatives of the College of Psychiatrists of Ireland, the Royal College of Physicians of Ireland (RCPI), the Irish College of General Practitioners and Alcohol Action Ireland. Its report, published in 2012, stated that the average Irish adult in 2010 drank 11.9 litres of pure alcohol annually and that given 19% of the adult population were abstainers, the actual amount consumed was considerably more. Moreover, the report stated, adults in 2010 were still drinking more than twice the annual average of those in 1960. The report also drew attention to both binge drinking in adults and drinking in young people. While some emphasis was placed on the need to improve access to interventions, treatment and rehabilitation services for alcohol use disorders, the strategy's central aim was 'the promotion of healthier lifestyle choices throughout society in relation to alcohol'. The report therefore recommended the introduction of a legislative basis for minimum unit pricing, restrictions on alcohol marketing and advertising and a phasing out of drinks industry sponsorship of sport and other large public events (*Steering Group Report* 2012: 7, 11, 14, 22–23, 24, 35). The following year, the Irish government announced its intention to incorporate several of the Steering Group's recommendations to reduce alcohol-related harm into new public health legislation and in December 2015, approved the Public Health (Alcohol) Bill. A staunch supporter of the Bill, the Minister for Health, Leo Varadkar, who worked as a hospital doctor and general practitioner prior to his political career, described it as 'the most far-reaching proposed by any Irish government, with alcohol being addressed for the first time as a public health measure'. Echoing the concerns expressed by the Steering Group and policy advocates, Varadkar drew attention to the fact that Ireland now ranked fifth out of 28 European Union member states for alcohol consumption and second across Europe for binge drinking (O'Halloran 2015: 8).

Medical support for the Bill was consolidated under the newly formed Alcohol Health Alliance Ireland, a joint venture between the RCPI and Alcohol Action Ireland. Similar in makeup to the United Kingdom's Alcohol Alliance, its membership included medical experts, public health campaigners, NGOs, the Health Service Executive, the College of Psychiatrists of Ireland and the Irish Heart Foundation (Berridge 2013: 226). The alliance was chaired by Prof Frank Murray, a liver specialist at Beaumont Hospital, Dublin and former president of the RCPI. Murray has been an especially avid proponent of the public health approach, publishing widely in the media and in medical periodicals. While giving evidence at a Dáil (lower house of Irish parliament) reading of the Bill in March 2015, Murray appealed to a lingering national sensitivity towards the 'drunken Irish' stereotype:

> There is plenty of public discourse about alcohol and unease about our image as a nation of heavy drinkers. This is not something of which we are generally proud. I believe the time is right to implement radical solutions to address the awful problem of alcohol in Ireland.
>
> *('General Scheme of Public Health (Alcohol) Bill' 2015)*

This concern was doubtfully the driving force behind the Bill, which could be attributed to several factors, including the critical state of the healthcare system and the successful implementation of the 2004 ban on smoking in all enclosed places of work, including pubs and restaurants. Yet, it is noteworthy that this viewpoint has persisted into the present century. Speaking in the Dáil in October 2018 as the Bill passed its final stage, the new Minister for Health, Simon Harris, explicitly highlighted both the government's embrace of a public health approach and a strong desire to change Ireland's drinking culture:

> For the very first time in our history, we are legislating for alcohol as it affects our health and it is right and proper that we do so. We know that we have a relationship with alcohol in this country that is not good, damages our health, harms our communities and harms many families. The measures in this Bill will make a real difference to changing the culture of drinking in Ireland over a period of time.
>
> *('Public Health (Alcohol) Bill' 2018)*

The Public Health (Alcohol) Act was signed into law by the President of Ireland on 17 October 2018. At the time of writing, and in the context of a global pandemic, only time will tell the extent to which Harris' aspiration will be realised.

Conclusion

As demonstrated by several significant studies on other regions, anxieties about intoxication, particularly those linked to addiction and alcohol-related harm, are by no means unique to Ireland (see, e.g., Berridge 2013; Nicholls 2009; Prestwich 1988, 1994; Savelli 2011; Schrad 2014; Toner 2015; White 1996). While many of the developments outlined here largely mirrored those taking place internationally and especially in the United Kingdom, this chapter has highlighted how the specific cultural meanings attached to excessive drinking in a nation internationally renowned for this problem mapped onto these shifting frameworks, informing Irish medical perceptions and responses. In the decades leading up to independence, political divisions and a strong temperance tradition were markedly visible in medical discourses around inebriety. By the 1960s, persistent claims about an alleged Irish susceptibility to alcoholism seemingly diluted support for the disease view at a time when it was seen as damaging to Ireland's international profile. Instead, cultural explanations were sought and increasingly promoted. Recent campaigns for the introduction of public health alcohol legislation have revealed unprecedented unity among medical responses to problem drinking as indicated by the Alcohol Health Alliance Ireland's diverse membership. While the reasons for this cooperation are complex, it is clear that misgivings about Ireland's drinking culture have endured. In conclusion, one might argue that the Irish experience is at once both distinctive and commonplace, making for a nuanced example of the ways in which political aspirations, social-cultural environment and medico-scientific discourses coalesce to influence our understanding of intoxication.

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Notes

1 For an excellent discussion on the cultural and historical significance of intoxication, see Phil Withington, 'Introduction: Cultures of Intoxication', *Past and Present* Supplement 9 (2014), pp. 9–33.
2 Under the 1800 Act of Union, Ireland's parliament was abolished and the country came under the direct control of the British parliament in London. Elected Irish representatives sat in the British parliament at Westminster.
3 As a Unionist and prominent Orangeman, Johnston was an opponent of Irish Home Rule.
4 Given space constraints, the six counties which formed the separate state of Northern Ireland will not be included in the analysis in subsequent sections of this chapter.
5 This dissertation was published in 1980.
6 Later anthropological works further emphasised the persistence of a heavy drinking culture among middle-aged and elderly bachelor small farmers, which was characterised by high rates of mental illness and in particular schizophrenia. See, for example, Brody 1973 and Scheper-Hughes 1979.

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