

Iphofen, and other continental observers. The elevated rim round the foramen magnum noticed in this case, and in the two cases just alluded to, and which at the time of bringing my case before the above Society I considered unusual, I have since found to be not at all uncommon in the skulls of idiots.

Though atrophy of the thyroid body usually takes place in sporadic cretinism, yet there are exceptions to this rule. Two cases are on record in which bronchocele was present—one mentioned in the third edition of "The Manual of Psychological Medicine," by Drs. Bucknill and Tuke; the other, in "The Pathological Transactions for 1874," by Dr. Hilton Fagge. The fatty tumours, however, are always present, and they may therefore be considered the special characteristic of sporadic cretinism. So far as I know, they do not occur in endemic cretinism.

The accompanying Plate exhibits a photograph of M. H., and a drawing of the trachea, showing the absence of the thyroid gland, and the fatty tumour on each side.

OCCASIONAL NOTES OF THE QUARTER.

The Relations of Drink and Insanity.

At a recent meeting of the Rugby Temperance Association, the following speech was made by Dr. Bucknill; in reference to which the succeeding correspondence took place between Dr. Bucknill and Dr. Clouston:—

"Dr. Bucknill, in seconding the resolution, said the question of temperance was one in which he took great interest; in fact, no one could fail to do so who had any regard for the welfare of his race or the progress of his country. He had something specially to say upon one point of the resolution, and should therefore pass over the results of drink in brutality, female degradation, and reckless prodigality, and apply himself to it as a cause of disease both in body and mind. It would be difficult, within any reasonable time, for him to give an outline even of his experience as a physician of the insane, with regard to the production of insanity by intoxicating liquors. It not only produced insanity directly, but by its effects upon other organs which react upon the brain, and by

a variety of causes—by domestic brawls and discomfort to which it gave rise—and it also produced insanity to a frightful extent by leaving it as a fearful inheritance to the children of drunkards. In the production of diseases of the body, he feared the common notions of the disease-producing powers of alcohol were too much confined to what was seen in thorough drunkards, in people who abuse drink to such an extent that they frequently became drunk. But physicians know that that was scarcely the greatest evil. A man who never got drunk, who was never perhaps drunk in his life, might yet drink too much every day, and so shorten his life and weaken his health, thereby stealing away that which was the labouring man's best possession, and which too often the wealthy man could not enjoy—the blessing of healthy existence. He had heard the Revd. Mr. Venables speak with emphasis and enthusiasm of the part which members of his profession were taking in the crusade against intemperance, and he wished he could supplement it by saying that the members of his (Dr. Bucknill's) profession were taking a wise, patriotic, and useful part in the attack upon the great vice of our age and country. But he was afraid that just now members of his profession were taking hold of the stick by the wrong end, and were considering drunkenness not as a cause of disease, but as a disease in itself, which to his mind was a very great mistake. If drunkenness was a disease, it was not a vice, and could not be dealt with by education, and repression, and attempts to reform, but must be dealt with—as indeed many of his profession proposed to deal with it—by establishing hospitals for what they called the unfortunate drunkard. They said, "Poor fellow, he can't help it; he must be placed under medical treatment, and have all the comforts and luxuries he wants, until he is cured." That was not his view of the case. He believed drunkenness to be a fruitful cause of disease, but not in itself a disease; and he looked upon inebriate asylums as an unfortunate attempt to coddle drunkenness, and patch up a wide and fruitful social mischief. Last year he was in America, and took a great interest in visiting the institutions for the promotion of sobriety. He might mention that at the great Centennary he was in Boston, when a crowd of perhaps 150,000 persons went to Concord and Lexington, very fairly to congratulate themselves on the victories their grandfathers won over ours. He mixed with the crowd, and must say they were very disorderly—the police

had to make themselves scarce—but he did not see, the whole of the day, in that vast crowd, one man the worse for liquor. He visited many of the American inebriate asylums, and he came to the conclusion that the gentlemen confined in them were generally rather proud of their position, and felt themselves interesting subjects of enquiry. As far as he could observe, they were there under a very lazy and shameful pretence of curing a disease which did not exist, by remedies which were not applied. They had only to walk outside the walls of the institution to the nearest liquor-shop, and get as much liquor as they chose to buy, and they could take liquor into the asylum with them. A friend told him that he went into the inebriate asylum on Ward Island, for New York, and visited the rooms of four of these unfortunate inebriates, every one of whom was enabled to offer him a choice of spirits. He was not surprised to hear that there was not a very friendly feeling in America between the teetotallers and the supporters of these inebriate asylums. On the previous day he received a report of the American Association for the Cure of Inebriates, and in that he found a letter from Mr. Carsten Holthouse, a physician to a private institution for inebriates in London, who said with reference to the relations which exist in this country between teetotallers and the promoters of these asylums:—

“As regards the bearing of the temperance world generally towards the undertaking—it is not unfriendly; the more moderate abstainers are decidedly favourable; while the prohibitionists only say, ‘You are beginning at the wrong end—providing for the manufactured article, instead of putting a stop to the manufacture.’ This section of the temperance people forms, however, but a small portion of the community in this country, and I feel confident that Sir Wilfrid Lawson will never get his Permissive Bill carried in the present generation, and I am still more sure that if he succeeded, it would fail in its object and be evaded in every possible way.”

Dr. Bucknill continued, that if the teetotallers were friendly towards Mr. Holthouse, their friendship did not seem to be warmly reciprocated. These gentlemen were urging very constantly and persistently on the Legislature a change in the law which would enable doctors to treat drunkards as poor diseased people—not as he would deal with them, as vicious people, to be repressed and reformed; or to deal with the question as a great social one, upon which the lines of their educational system should be very much directed. He very

earnestly hoped that the Rugby association, and the great one to which it was allied, would set their faces against the view of drunkenness as a disease. Habitual drunkenness is not a disease, though it causes all manner of diseases; but in itself it is a vice, and ought to be treated as a vice. The habitual drunkard is a man who likes to drink whenever he can, and who can drink whenever he likes."

Royal Asylum, Morningside, Edinburgh,

20th April, 1876.

MY DEAR DR. BUCKNILL,—Many thanks for your kindness in sending me the newspaper containing your speech on Intemperance. I confess I was startled at the heresies you express on the question. It seemed as if you were pulling down one of the pillars of our temple.

So far as our case-books here reveal the facts, the following are the answers to the enquiries contained in your note:—

1. Intemperance is the "assigned cause" in 13 per cent. of our admissions here. (112 in 878 of all classes during 1873, 1874, and 1875.) But of these 878 cases, 310 were put down "unknown," under the head of "causation." If that number is taken off, it leaves 568 with assigned causes for their malady, 112, or 20 per cent. of whom were caused by intemperate habits. But these "unknown" may mean, either that nothing was known of the history of the case, or that his history being known, the cause of the insanity was unknown, in fact, there was no cause to be assigned. In the latter class of cases it was known that intemperance was not the cause, and therefore they ought not to be taken off the whole number, and the percentage of cases caused by intemperance would not be as great as 20 per cent.

We are as careful as possible about getting the histories of our cases here, but as you well know there are, from various reasons, among such a crowd of admissions as we have here (over 300 a-year) many cases where our information is false, or imperfect, or wanting altogether.

2. I have gone over the last cases admitted here, until I got 100 said to be caused by intemperance. The following are the heads I put them under, and the numbers under each head:—

a. Heredity to insanity	21
b. Heredity to intemperance	6
c. Previous attacks of insanity	23
d. Other bodily causes also present	19
e. Mental ditto ditto	5
f. Cases purely alcoholic	40*

* The total of 114 results from the fact that in some of the cases more than one "cause" was assigned, e.g., previous attacks and heredity.

The numbers under *b* are not reliable, questions not having been put on this point in regard to many of the cases. I may say that I knew all these cases myself, so that there is otherwise a fair approach to accuracy in the numbers.

It seems to me, however, that the existence of heredity, or previous attacks, &c., does not much affect the question of intemperance causing mental disease. But for an original instability of brain function of some sort, it would take powerful causes of any kind to produce insanity, and I fancy few asylums would be needed—or few prisons either, for that matter.

If I might be pardoned for presuming to criticise your views, I would say that in the first place you did not fairly represent the opinions of the medical profession when you told your Rugby audience that we all were considering drunkenness not as a cause of disease, but as a disease itself. I don't know any medical man who considers all drunkenness to be a disease, or the result of disease. Most of us do consider that there is a certain kind of drunkenness which is a disease, and not merely a vice. I think you imply that this vice is hereditary, and that it is disease-producing. I confess I cannot myself in all cases distinguish what is vice and what is disease in my drunkard patients, any more than in many of my other insane patients. There seems to be much truth in the idea that disease, its seeds and potentiality, is the vice and sin of the body in many cases, and that the real moral vice and sin are, in those cases, its result and expression. I cannot see that our considering drunkenness as a disease in certain cases, should in any way tend to the disuse of attempts to stop and cure it by "education, repression, and attempts to reform." No one says that it is a disease which was always an actuality. It was in all cases at one time of life a mere potentiality, requiring many circumstances to bring it into being. Your measures tend to prevent this, and no sensible man would say that they are the least important. But when the evil germs have grown, is there not room, is there not necessity then, for the disease-theory and the disease-treatment? Can any one deny that all the "repression and attempts to reform" in the world will fail to prevent the neurotic drunkard, whose drunken father was insane, from drinking himself to death, so long as he passes gin-shops every day with money in his pocket? Can any medico-psychologist say that the inhibitory power of such a man over his desires and cravings is as great as that of the average sane man? or that these desires and cravings are not morbid and abnormal both in their strength and direction? Is not the utter and blind disregard of consequences itself a sign of disease, and strictly analogous to the madman's conduct? Is not the loss of inhibitory power over the appetites as great in those cases as over the muscles in chronic alcoholism, and from the same cause, viz., weakening of the controlling powers of the higher brain centres by alcoholic poisoning?

I so far agree with your views in the practical treatment of all such

cases, that along with removing temptations to drinking, I always tell the patient (the sinner—I beg your pardon), that except he wishes to be cured, and tries his best to be cured, no power on earth will cure him. The fact is your “vice” is always present along with my “disease.” I yield that point; but I object to your ousting my disease-theory from the case altogether! I don’t see that the practice of American inebriate institutions should make us ignore the facts of nature. It is but natural that the first attempt to deal with this most intractable vice-disease should be uncertain in its result. My notion is much more in the direction of setting up Botany Bays for them, where a change of climate and life would combine with the absence of temptation and with hard work in the open air to alter their morbid constitutions. Then you can’t deny that half of them are fools from the beginning, and the other half become fools by their indulgences. They are usually (I mean my diseased drunkards) facile, sensual, irresolute liars, devoid of the rudiments of conscience, self-control, or true affection.

I am, my dear Dr. Bucknill,

Yours very faithfully,

T. S. CLOUSTON.

Dr. Bucknill, F.R.S.

Hillmorton Hall, Rugby,

April 27th, 1876.

MY DEAR DR. CLOUSTON,—Your welcome letter has been food for much thought, but if I do not sit down to answer it until I have found definite answers to some of the questions in it, it will be a long time before you get an answer.

First let me thank you for so kindly taking so much trouble to answer my questions about the *Statistics of Insanity*. I think I will save all I have to say on that subject for the present, and begin with answering, as well as I may, your very fair and weighty criticism on the opinions I expressed at Rugby about habitual drunkenness.

And, first, let me say that those opinions were expressed in an unprepared speech made to a popular audience, upon which I desired to impress a broad conviction. On a different occasion I might have taken greater care to define my position. I do not wish to excuse myself for anything that I did say, but to give a reason why I did not enter into nice distinctions.

Really I think our opinions differ very little, as we might expect, looking, as we do, at the same class of phenomena from the same physiological point of view. I use the word *physiological* in preference to the word *materialistic*, which conveys a false impression, if not an imputation.

There is one, and only one, point of fact upon which perhaps we differ—namely, the opinions which have been put forward by medical men on the nature of drunkenness. If you will read Peddies and Bodington’s papers on the subject (read last August, before the British