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

Medical Association, at Edinburgh), you will, I think, see that I was justified in my statement. Dr. Bodington especially is very precise in his declaration that all habitual drunkenness is a disease, and that there are not two kinds of habitual drunkenness, but that "the cases are, one and all, cases of dipsomania, of irresistible, uncontrollable, morbid impulse to drink stimulants." The American Association for the Cure of Inebriates, composed of the Superintendents of Inebriate Asylums, at their first meeting issued a *Declaration* of principle, in which the prime article of faith announced was that "Intemperance is a Disease;" and at all their subsequent meetings, the papers read appear to have been mainly directed to the support of this dogma. And all I have said and written on the subject has been aimed at the mischief which I thought likely to arise from this unqualified opinion. I never supposed that you, or indeed any man able to bring a practised habit of thoughtful consideration upon a large observation of vice and mental disease, could adopt such an opinion without wide reserves and exceptions; but such a man with his appreciation of quantitative and qualitative truth is not likely to appear as an agitator for a great change of law of doubtful wisdom upon a platform of disputed fact.

I think there is very little difference of opinion between us, if any. I fully recognize the cases you mention—the men who are "facile, sensual, irresolute liars, devoid of the rudiments of conscience, self-control, or true affection," and habitual drunkards withal, as "diseased drunkards." I see that our dear old friend Skae, in the short, but pregnant evidence which he gave before Dalrymple's Committee, maintained the same view [Question 610]. He said, "In speaking of dipsomaniacs there are other symptoms of insanity besides the mere drinking. They are entirely given to lying; you cannot believe a word they say when under the influence of drink, and they will very often entertain a dislike to their friends, which makes them dangerous." I should like to add to this, that, according to my experience, if you are able to watch these cases for some time, you will see short outbreaks of mania not due to drink; and I regard them as a true class of lunatics whose cure is extremely difficult. Perhaps, if there are a sufficient number of them in the country, it would be well that they should be placed under care and treatment in a separate asylum, the management of which might be especially adapted to their peculiarities, and in which they might be detained during a longer period of convalescence than other lunatics, in accordance with a recommendation which I think has been made by the Scotch Commissioners.

But these are not by any means the kind of men I have met with in Inebriate Asylums, nor the kind of men on behalf of whom Dr. Peddie and Dr. Bodington advocate an important change in the law of the land. The Inebriates [what an abominable euphemism this is!] whom I have seen in these asylums have been as devoid of

any real signs of mental infirmity as any set of men I ever saw living together in common. And when Dr. Mitchell visited Queensberry Lodge to ascertain whether "any lunatics in the ordinary sense of the word, were there," persons of such a description were not found.

But still more convincing evidence that Inebriates do not correspond with our "diseased drunkards," is to be found in the vaunted results of treatment. Dr. Willard Parker, at the last meeting of the Association for the Cure of Inebriates in the United States, read a paper, the title of which was "Why Inebriate Asylums should be Sustained;" in which he compared the results of treatment in the Binghampton Inebriate Asylum with those obtained in some of the best lunatic asylums in the United States. At Binghampton there are one hundred beds, with an average number of patients of about eighty, and during the year one hundred and thirty-seven patients were discharged *cured;* while at the New York State Lunatic Asylum there were five hundred and eighty beds, and only one hundred and eighty-two recoveries. You would not expect to obtain such results as the above among diseased drunkards, whatever might be the mode of treatment; and to expect it from the system in vogue in Inebriate Asylums of indolent luxury and *laisser faire* would be in itself almost a sign of imbecility. Either the common run of Inebriates you find in these special asylums are not diseased, or their cure is a philanthrophic perversion of fact, or both. Probably both, and when philanthrophy sows falsehood broadcast, the furrow produces no crop of annual weeds, but deep rhizomes of untruth, which must be grubbed up with infinite pains and labour.

I think I am perfectly justified in arguing the Inebriate Asylum question mainly upon the practice of the United States. "The Lancet" has said of one of my statements, "It is absurd to draw from such facts any inference, except of the worthlessness of the statistics of failure which come to us from the other side of the Atlantic." But is it not fair to draw from such facts, also, some inference regarding the statistics of success? The evidence of the success obtained by the Americans in the cure of drunkenness was the main influence which decided the character of the Report of Mr. Dalrymple's Committee, and the lines of his Bill were laid upon their precedent; and that very Inebriate Asylum for the City of New York, from which I drew the absurd inference, was one of the institutions cited as a model for our imitation. Up to this very moment the men who most loudly demand a change in our law largely affecting the liberty of the subject point to the statistics of success of the American Inebriate Asylums for the cure of drunkenness as their most weighty argument. Moreover, the Superintendents of the American Inebriate Asylums have taken upon themselves a peculiar position as our instructors. They have banded themselves into an association for the propagandism of their dogma that "Intemperance is a Disease;" and this Association sent a deputation of two of its most prominent mem-

bers to inform and instruct our legislators respecting the great advantages which we might derive from imitating their proceedings. I think, therefore, that I am perfectly justified in making their practice and their public statements the butt of my criticism.

I feel differently towards the medical men and others who have established Inebriate Asylums in this country. They have had the wisdom or the modesty to refrain from any public demonstration. They have pursued their difficult and unsatisfactory path in comparative silence, and they have received no subsidies from the public purse. They have, without much parade, established private boarding-houses upon temperance principles, in which, no doubt, some benefit is obtained by individuals, and through them by the public.

I feel, therefore, very little disposed to subject them to critical enquiry. When they step forward publicly to teach us the right way to cure the disease of drunkenness, and challenge comparison with the results of treatment in lunatic asylums, perhaps I may have something to say. At present I have only to wish them better success than I fear they have obtained, and to acknowledge the general modesty and credibility of their statements. For instance, in the debate upon Dr. Alfred Carpenter's paper on Dipsomaniacs, read before the Social Science Association, in March last, Dr. Ellis is reported to have said that "he had for the last fifteen years kept a private establishment for the reception of persons so diseased, and had had under his charge persons of the highest position—ladies and gentlemen of title; but his experience was that having passed a certain line, they were incurable." But when I see the American inebriate doctors deputed to teach us how to change our laws, vaunting the absolute cure of 34 per cent. of their diseased drunkards, and pushing their creed and their system with an unblushing propagandism, and even challenging our real psychiatry with damaging comparisons; when some of these institutions, moreover, are supported by public funds, and the gentlemen making these statements are public functionaries, then the position seems to be entirely changed, and anyone and everyone seems to have the right to enquire into the credibility of such statements.

It does not, therefore, seem absurd for me to mention, on the authority of Dr. Macdonald, of the New York City Lunatic Asylum, situated in Ward's Island, that on the occasion of a visit to the City Inebriate Asylum, situate in the same island, he went into the rooms of four of the inmates, and was by each of them offered the choice of spirits.

Nor does it seem absurd for me to state that when I visited the Washington Union for Inebriates at Boston, I was told by Mr. Lawrence, the resident superintendent, that his chief reliance, as a curative measure, was placed in earnest religious exercises, accompanied by temperance songs, supplemented occasionally with pills of cayenne pepper; that his patients had the run of the city, and that he had no means of preventing them from getting drunk out of doors beyond

their faithfulness to their word of honour. Nor was I surprised when I met with a man at Binghampton who told me that he had been under treatment at this Washingtonian Home, and that, notwithstanding the religious exercises and the word of honour, he and most of the other patients were in the constant habit of getting whisky at a snug spirit store close to the asylum.

Nor does it seem absurd to me to declare that at the great model Inebriate Asylum at Binghampton belonging to the State of New York, I was assured, not by one patient but by many, that they habitually got as much whisky as they liked by simply walking down to the outskirts of the town, just beyond their own grounds; and that the institution was good for nothing, except as "a place to pick up in"—that is, to recover after a debauch. Nor was I surprised to hear from Dr. Congdon, who has replaced Dr. Dodge as the superintendent of this institution, that he used no medical nor moral treatment. Dr. Gray, of Utica; Dr. Burr, of Binghampton, and another governor of the institution, whose name I forget, heard Dr. Congdon make these admissions to me, and I was told at the time that the impression made upon them was so strong that Dr. Congdon's reign would probably be a short one; which has proved to be the case.

Is it, therefore, absurd to draw the inference that if 34 per cent. of the inmates of such institutions are cured by a residence of a few months, without any real treatment, medical or moral, they have not been the subjects of disease of the brain, nor such patients as we mean when we speak of diseased or insane drunkards? That they may have been drunkards, and that they may have "picked up" and left the institution sober, may perhaps be conceded; but that they have been admitted with one of the most intractable and persistent disorders of the nervous system, and have been cured of it without the use of discipline or treatment, by leading for a brief time a life of indolent luxury, under a cloud of constant tobacco smoke, with cards and billiards, and only ostensible abstinence from whisky, this, if true, would be marvellous.

I must make an exception with regard to the Franklin Home for the *Reform* of Inebriates at Philadelphia, under the charge of Dr. Harris. This was the only place I saw in America where honest, earnest work was being done, not for the cure but for the reform of drunkards. Dr. Harris repudiates the idea of curing that which is not a disease, and his system is widely different from the no-system which I remarked elsewhere. I will endeavour to give a brief sketch of his method.

He has a set of three single rooms built apart, and which somehow have got the soubriquet of "the barque." When a drunkard—not a patient, mind, but a drunkard—is admitted, generally very drunk, often, indeed, very ill from the effects of a long debauch, Dr. Harris places him in the barque, and keeps him there in bed and in strict seclusion for three days—more, if need be, but three days are usually

found to be enough. While there he is at once cut off absolutely from strong drink, not "tapered off," but cut off short. He is also placed upon a limited allowance of water, namely, a pint a day. This is done to prevent vomiting—a frequent ailment with American whisky drinkers—and his strength is carefully built up with strong soups and other nutritious diet. At the end of the three days of solitary confinement in bed he is admitted into the residential part of the institution, to the influences of association with the other inmates, and to earnest exhortations to reform given him by the lay superintendent, and by members of the two committees—one of good men, the other of good women. At the end of a week, if he has picked up pretty well, he is urged to go to work again—not in the institution, but in the City—to face his enemy again, in fact, returning to the institution to sleep. If, as is very often the case, he has drunk himself into poverty and his family into distress, the members of the committees—whom I will not call ladies and gentlemen, for their work is above such terms—help him and his family with money and support, with strenuous help and comfort: and the man must, indeed, be a brute who is callous to such influences.

I will not say that the American is the most reasonable of men, but he is certainly one of the most reasoning, and, therefore, it will appear in no way strange that the inmates of the Franklin Home with whom I conversed manifested a very different tone of feeling to those whom I came across at other institutions. They were penitent and grateful. They leave the institution after a very short probation, and I have no doubt that a very considerable amount of permanent good is effected. Of course there are many relapses, but Dr. Harris discourages repeated re-admissions.

I should like to see institutions on Dr. Harris's principles established at Glasgow, Liverpool, or some other *foci* of spirit drunkenness in our country. They would need no change in the law, for Dr. Harris takes a written consent and indemnity from his drunkards on admission; and if so utterly drunk that they cannot give it, an action for false imprisonment would scarcely lie for their three days' voyage in the barque. It is a reasonable and earnest effort at reformation made without any false pretences, and when it does little good can scarcely do any harm. The drunkards are not coddled in luxurious indolence, nor impressed with the pernicious idea that they are interesting but helpless objects of social and psychological science. They are told the bare truth, and treated, indeed, with the pity due to sinful men by men whom circumstance has only made less sinful; but they are not pampered with false sentiment.

I mark as an important difficulty, what you say, that "you cannot in all cases distinguish what is vice and what is disease in your drunken patients, any more than in many other of your insane patients." Still I think you must often be called upon practically to make such a distinction. Most men have some vice, and many men have a prominent

vice. When such men, having been insane, have recovered from their insanity, the old vice remains, though the madness has gone, and you have to recognize that which it may perhaps seem rather paradoxical to call a healthy vicious state of mind. But so it is. At least I have found it so, and many a time have had the tough question forced upon me to decide whether pride, or falsehood, or moroseness in convalescence, was a part of the natural character, or the remains of mental disease; and I take it that, even during the disease, it is our difficult but essential duty to distinguish, as far as we can, the two elements of the mixed condition. When a religious and modest woman becomes blasphemous and obscene under child-bearing influences, we do not think her vicious, nor do we attribute all the bad language and misconduct of an insane prostitute to her malady. It is a difficulty which you propound, but it is one with which we are bound to grapple, and does not appear to invalidate the necessity of drawing a broad distinction between vice and disease.

What is that distinction? Where is the *crux?* The *dignus vindice nodus?* From the spiritualistic point of view the answer is easy; but what is the answer from our point of view—the physiological? As a guess at the truth, I would say that vice is a habit of the nervous centres of energizing in an emotional direction, mischievous to the well-being of the individual and of the community, but consistent with healthy nutrition, and not necessarily tending to diminish or destroy the vital activities of the individual. Disease I would define as a condition of some one or more parts of the organism, inherited or acquired, which always involves and implies an abnormal state of the nutrition of those parts, and does necessarily tend, if prolonged and increased, to diminish or destroy the vital activities of the organism. It will be no just objection to this distinction that passion may cause heart disease, and so death; or that a man may carry many local diseases to the end of a long life, terminated by the euthanasia of gradual decay. I think it gives us a fairly just idea of the brain condition in the two states of vice and madness, and supports my view of the way in which we may best prevent or oppose these two different conditions. In the one case by preventing the formation of the habit, or, if it be already formed, by attempting to establish a contrary habit—education and reformation. In the other case, by avoiding the causes of morbid change, or, if the change have already taken place, by endeavouring to re-establish a healthy nutrition—preventive and remedial medicine.

The relation of Drink to Insanity is extremely interesting and important, and so far as I know has never yet been investigated with any degree of thoroughness. In the following remarks, I am far from proposing to enter upon an investigation of this kind, and yet, perhaps, with your help, and that of some other kind friends, one may, without much difficulty, trace the lines of attack.

I use the simple English word Drink, meaning alcoholic drink of every kind; and not that of Drunkenness, because I believe that the

https://doi.org/10.1192/bjp.22.98.270 Published online by Cambridge University Press

habitual use of more alcohol than is consistent with perfect health, although it may never at one time have been used to such excess as to cause absolute intoxication, is a fruitful source of all kinds of disease, more potent, perhaps, than a complete, but rare and exceptional, debauch.

We have no verbal signs which distinguish the habit of drinking from the state of intoxication, as the French have in *ivrognerie* and *ivresse*, but we may agree to use the word Drink to imply alcoholic excess in all its degrees and forms.

Now, it seems to me that Drink may bear two very distinct relationships to the production of Insanity.

It may be the direct cause of insanity as a toxic agent acting on the brain.

It may be one agent among many in the *evolution of insanity*.

If in the old chemical decomposition which delighted our wondering eyes in boyhood, we produce a zinc tree in a bottle, we get a fairly simple instance of the operation of a direct cause, and we say that the beautiful foliage-like precipitate is the effect of decomposition. But if we compare this simple product of chemical change to a real vegetable growth—to a fern, for instance, which it so much resembles—what a difference is there! The fern is evolved through countless acts of causation which cannot be estimated, and there is no one act of which the most advanced biologist can say—this is its cause.

There are no doubt many cases of insanity caused by alcohol, not quite so simple in their production as the zinc-tree, but still easy enough to understand. The toxic agent, acting on the brain substance, changes its organic composition and deteriorates its function, and we have insanity directly caused by Drink. These cases, I think, are only frequent in populations where heavy spirit-drinking is a common custom; and according to my observations they exhibit the symptoms of dementia rather than those of the more complex forms of aberration.

But what shall we say of those infinitely more difficult cases to understand, one of which is referred to in your able report which I have just received? "When a man with a strong family tendency towards insanity, who has drank hard previously, is thrown out of employment, and has not therefore sufficient food, and then becomes insane, it is very difficult to tabulate the exact cause of his disease." (P. 10, "Morningside Report," 1875.)

The distinction of causes into predisposing and exciting, remote and near, physical and mental, &c., will help us to investigate, but will not lead us finally to understand the curious and complex evolution of such a case. Take the drink element, it is predisposing in the early history of the case, exciting later on, it is remote to the insanity, near in the loss of employment, physical always, and yet a part and parcel of the mental state, and the intricate manner in which this red thread runs through the tissue of the life, can never be wholly unravelled. If the previous drink which did not cause insanity, had also failed to cause

loss of employment, with shame and grief, and semi-starvation, would the mental disease have been evolved?

The drink, as you have stated the case, is the proximate cause of loss of employment, and the remote cause of the insanity; but I think you imply that the drink is continued through all the stages according to the too common history, in which case the estimate of its influence becomes still more embarrassing. The evil begins in the inherited vice of the organism, and as it grows up we get new influences, forming a composition of causes; not applied once for all, but continuing and producing progressive effects, and the history of the evolution comes nearest to that described in the 15th chapter of "Mills' Logic."

"The case therefore comes under the principle of a concurrence of causes producing an effect equal to the sum of their separate effects. But as the causes come into play, not all at once, but successively, and as the effect at each instant is the sum of the effects of those causes only, which have come into action up to that instant, the result assumes the form of an ascending series; a succession of sums, each greater than that which preceded it; and we have thus a progressive effect from the continued action of a cause."

It is on these lines, I think, that we may most reasonably hope to get somewhat nearer to the fortress of truth in the more complex cases of the disease which we study.

With regard to Drink we may, perhaps, more conveniently arrange our notions and enquiries under the three following heads:—

1st. Drink causing madness directly.

2nd. Some other influence [as mental strain] causing drink-craving and madness as concomitant results.

3rd. Drink concurring and continuing with other causes, and producing a progressive effect, the end of which is the *evolution* of madness.

I by no means intend to assert that you can always pigeon-hole a concrete case satisfactorily in one or other of these compartments, for there will needs be some doubtful cases, and some hybrids; but the distinction seems founded in nature, and likely to lead to increase of knowledge.

We have much to learn yet, even about the simple direct cases.

I think we must assume, even in the more simple and direct causation of insanity [except, perhaps, from immediate lesions of brain, as by blows or sunstroke] that there is a certain condition of the organization which renders it possible. I entirely concur with what you say that, "But for an original instability of brain function of some sort, it would take powerful causes of any kind to produce insanity," &c. However powerful the causes, many people seem incapable of going mad in the first generation to which such causes are applied, just as I have known three-bottle port bibbers who have never felt a twinge of gout. Without assuming the existence of so marked a state as that which has been called the insane diathesis, we must, I think, premise a cer-

tain state of the brain which renders it liable, under efficient causes, to incur those changes of function which we call insanity. This ought, I think, to be considered a predisposing condition, not a predisposing cause; since a cause always produces an effect, but this condition is a barren soil, until the seed of mischief falls upon it. From this point of view, I do not consider heredity a cause, unless it be so strong that it would develop the disease under any circumstances; and even what are called predisposing causes from disease or accident, it would seem right to view rather as conditions suitable to the operation of causes. Thus, a man who has suffered from sun-stroke may be quite rational, if he is exposed to no active cerebral excitement; but to the end of his life a very moderate amount of drink will make him maniacal. The sun-stroke cannot be regarded as the cause of the mania. It has merely been the cause of a certain state of brain, compatible with sanity if the food be simple, but not if it be poisoned. I think the cases of mania à potu from small doses of the toxic agents, which are recorded by Dr. Hayes Newington, in the very interesting paper which you have so kindly sent me, are of this kind. I have myself met with many such cases, most of those I have observed having followed wounds in the head or sun-strokes, or, at least, life in hot countries. They are exceedingly interesting as examples of the brain-condition which I am referring to. I should certainly class the insanity in these cases as caused *directly* by alcohol.

I do not think these cases shift the bearings of the ethical question as you suppose. It cannot make any difference in the morality of the act of drinking, whether it takes a quart or a quartern of whisky to make a man drunk, or one bout instead of many to make him mad. If there be any difference, the greater guilt would seem to be incurred by the greater certainty of mischief, and the man who knows that he will be turned into a maniac by one carouse, is more culpable in his indulgence than those upon whom the evil steals with stealthy and uncertain steps.

I do not understand Dr. Newington to assert that these curious cases of mania à potu, from small doses of alcohol, are characterized by what is called drink-craving, irresistible desire, &c. In my own observations it has not been so, and the *upset* has generally come in some accidental manner. I have never doubted that drink can and does produce insanity directly; and that in some cases a much smaller dose of the poison than usual should be efficient does not seem to change the boundary of vice and disease.

It seems to me that my second pigeon-hole, built elastically as it ought to be, will hold a very considerable number of the cases of insanity roughly referred to drink.

The typical cases are such as one recently mentioned in a letter from Dr. Major of Wakefield, as "a pure case of recurrent mania which has been here five times, in whom one of the first symptoms of the onset of an attack has invariably been a craving for drink, which lasted

during the attack, and quite left her when this attack of mania was over."

I take it that most, if not all cases of real oino- or dipso-mania, are of this kind; the symptoms of mental aberration, however, being subject to some variation, being most frequently mild forms of mania, but yet not seldom bearing the mark of emotional depression, but never wholly free from mental disturbance. A sane dipsomaniac is a contradiction in terms.

Here, also, we must have a suitable cerebral condition, not morbid, but *morbific*. A condition compatible with at least temporary health, but susceptible to the influence of exciting causes, which are frequently extremely difficult, and, sometimes, in our present state of knowledge, impossible to recognize. There must be an exciting cause always and invariably for every change of function, for no change can take place without a cause. To say that such and such morbid changes are periodic, is only a verbal veil for our ignorance. It may be that in epilepsy there is a progressive alteration in the balance of certain forces, which needs the thunder-storm of a fit to restore the equilibrium; and in the typical forms of recurrent mania, some process of this kind may be going on during the interval of sanity; but even under this supposition, the final upset of the balance is the exciting cause. In many instances, however, of these recurring diseases, the exciting cause I have no doubt is of a more definite character; for, how shall we otherwise explain the fact that, with great care and quiet, the period is often passed. Very frequently it is a vexation or a passion, or an accidental emotional event of some kind or other. Not unfrequently it is some irregularity in the mechanism of organic life. How little do we know of the small events which may determine such changes? A fatigue, an indigestion, a sexual excess. Anyhow, a positive cause of some kind must operate, or the brain could never pass from a state of healthy into a state of diseased activity, however susceptible it might be, and prone to receive impression. When the exciting cause, whether it be obvious or obscure, has acted, drink and insanity are very frequently the concomitant results. The man drinks because he is insane, and he is the more insane because he drinks. Therefore drink is not a mere symptom of insanity, like incoherence of speech. It is a symptom, but unless interrupted, it reacts as a new cause, and it is not wonderful that undiscerning persons should mistake it for the real and original cause, which has been something quite different.

I am strongly inclined to the opinion that a large proportion of the cases of insanity in our pauper asylums in which the cause of the disease has been returned by the relieving officers as intemperance, are really instances of this kind. Up to the present time the lower class Englishman is pretty sure to resort to drink if he can get it, whenever he acts upon his unrestrained impulses, as when commencing madness blinds him to prudence and propriety. Moreover,

https://doi.org/10.1192/bjp.22.98.270 Published online by Cambridge University Press

when he does give way to drink, it is not in the privacy of his home, but in the glare of the tavern gas; and his intemperance becomes a notorious fact, which is very unlikely to escape the knowledge and attention of the poor-law officials through whose instrumentality he must be protected and relieved.

I know not what may be the case in Scotland, but in those counties of England with which I am best acquainted, I am convinced that if a lunatic of the lower classes has been drinking at all heavily, the relieving officer will be sure to know of it, and will be extremely likely to put down intemperance as the cause of insanity, whether it be so or not. It may be that the Scotch Commissioners are right in thinking that the percentage of insanity caused by intemperance should be calculated upon the admissions in which the cause has been ascertained and stated in the admission papers. But in England I think such a method of reckoning would be misleading. With all our etiological knowledge, there are yet many cases of insanity in which we cannot discover the efficient cause of the disease; how many more then in which the imperfectly educated apprehensions of relieving officers would be at fault! Hence this often long list of cases in which no cause has been assigned. But depend upon it, when the pauper lunatic has been drinking heavily, there never is any lack of an assigned cause, whether it be a real cause or only a symptom of his mental state. I do therefore think that the proportion of alcoholic cases admitted into asylums will come nearer to the truth, if compared with the total number of cases admitted, than if calculated upon those only in whom the causes of insanity are supposed to have been ascertained.

A curious and instructive table might be obtained by comparing the percentage of drink cases in the asylums in different parts of the United Kingdom with each other, and with the institutions of foreign countries, wherein reliable statistics can be obtained. I have only at hand at the present time very imperfect materials for such a table, but they seem to be sufficient to indicate the extraordinary amount of difference in the part played by drink in the production of insanity in different populations.

As a standard for comparison, let us take Morningside, in which you have been kind enough to ascertain for me that during the last three years 878 cases have been admitted, of which the causes are assigned in 568 instances. In 112 cases intemperance is the assigned cause, being 13 per cent. of the whole admissions, but 20 per cent. of the known causes.

A very fair comparison with Morningside will be the Richmond Asylum in Dublin, in which 53 cases are attributed to "Intemperance and Irregularity of Life," out of a total of 1039, of which number, however, the cause was "not known" in 687 cases—that is drink was the cause in 5·1 per cent. of all the cases, but in 15 per cent. of the known causes.

In the Friends' Retreat at York, there were 41 admissions and dis-

charges [including deaths], of which 32 had causes assigned; in three instances, the cause was intemperance, being 9·4 per cent. in the cause known cases, and 7·3 per cent. of the whole numbers.

In the Nottingham Hospital for the Insane, 34 cases were admitted, discharged, and died, among whom the probable cause was assigned in 29 instances, of which 7 were attributed to intemperance, being 25 per cent. in the cause-assigned cases, and 20·6 per cent. in the whole number. It does not appear whether the 15 cases of heredity are included in the 34 or have to be added to them.

Of the County Asylums in your own old Asylum for Cumberland, in 142 cases admitted, the causes were unknown in 64, and the cases attributed to intemperance were 6, or 4·2 per cent. on the whole number, and 7·7 per cent. of the known causes.

In the Devon Asylum, of 285 admissions, discharges, and deaths during the year 1875, the cause was ascertained in 238 instances, of which 20 were attributed to "Drink and Dissipation," being 8·9 per cent. of the ascertained causes, and 7 per cent. of the total number.

In the Dorset Asylum, out of 134 cases admitted and discharged, the cause was ascertained in 81 instances, of which 9 were from "Intemperance and Dissipation," being 11·1 per cent. of the ascertained causes, and 6·7 on the whole number.

In the Warwick Asylum, of 249 cases admitted and discharged [by recovery or death], the cause was ascertained in 206 cases, of which 32 were attributed to intemperance, being 15·5 per cent. on the ascertained causes, and 12·8 on the whole number.

In the Hants Asylum, 275 admissions and discharges contained 233 instances of causes assigned, of which 13 were attributed to intemperance, being 5·57 per cent. of the causes assigned, and 4·73 of the whole number. This proportion seems very small in the county whi h contains Portsmouth and Southampton.

It will be interesting to compare these percentages with those of American Asylums.

Dr. Kirkbride, in his Report just received, publishes the supposed causes of insanity of the 7167 cases admitted into the Pennsylvania Hospital since Jan., 1841; in 4301 instances, the cause was supposed to be ascertained, and in 637 of these cases it was intemperance [excluding opium and tobacco cases], being 14·78 per cent. in the ascertained causes, and 8·88 per cent. on the total number admitted.

In the State Lunatic Asylum for Pennsylvania, at Harrisburgh, 3821 patients had been admitted since the opening of the Asylum, of whose insanity, in 2065 cases, cause was assigned, and in 101 cases this cause was intemperance, being 4·9 per cent. on the cause-known cases, but only 2·64 per cent. on the total of the numbers admitted. A very remarkable difference in the percentage afforded by large numbers in the Pennsylvania Hospital, and in the Asylum for the same State. During the past year 178 patients have been admitted into the Pennsylvania State Asylum, of whom 104 had cause assigned, but in only three instances was that cause intemperance, being 2.88

per cent. of the cause-known cases, and only 1·63 per cent. on the numbers admitted.

At the State Lunatic Hospital, Northampton, Massachusetts, 150 patients have been admitted, in whom cause of insanity was assigned in 89 cases; in 10 instances that cause being intemperance, or 11·23 per cent. of the cause-known cases, and 6·6 per cent. of the total number.

In the Hospital for the Insane, Halifax, New Brunswick, the number admitted and discharged in 1875 was 188, in 78 of whom the cause was unknown; in seven cases the cause assigned was intemperance, being 7 per cent. in the cause-known cases, and 3·2 on the whole number.

In the Minnesota Hospital for the Insane, this year's report states that 1196 patients have been admitted since the opening of the hospital, of whom, in 852 instances, the cause was stated. In 57 cases the cause was intemperance, being 6·7 per cent. on the cause-known cases, and 4·8 per cent. on the total admissions.

I have only one more recent report at hand, which gives a Cause Table. It is that for the Criminal Asylum at Broadmoor, and this report differs from all others which I have seen in differentiating the cases attributed to intemperance: 15 cases are attributed to intemperance simply; 2 to intemperance and blow on head; 1 to intemperance and hereditary predisposition; 2 to intemperance and tropical climate; 1 to intemperance and death of husband; 1 to intemperance and domestic troubles; total, 22 drink-caused causes simple or complex out of 70 cases admitted and discharged, of whom 61 were cause-known cases. The percentage of drink-caused cases among criminal lunatics is, as might be expected, very large, namely, 36 per cent. of the cause-known cases, and 31·4 per cent. on the whole number. I have only this day [May 11th] observed the distinction which Dr. Orange has made in his report between the simple and complicated causation of insanity from intemperance, and am much pleased therefore to find that I have the support of his opinions to the need of the troublesome enquiry which I have been asking you and other of my friends who have the means at hand to make into the etiology of insanity from drink. I am sorry that I have not yet received much of this information which has been kindly promised.

Dr. Duckworth Williams gives the last year's experience of Hayward's Heath for 1875, as follows:—

Males.

Drink simply	8
Ditto operating on hereditary tendency .	1
Ditto operating on pressure of business .	1
Ditto operating on family trouble . .	1
Ditto operating on debauchery . . .	1
	12

Female.

Drink [doubtful].	1

Dr. Parsey gives the experience of the Warwick Asylum on admissions only for 1875, as follows:—

	M.	F.	Total.
Admissions . . .	67	87	154
1. Cases directly the result of the toxic influence of drink upon the brain	5	5	10
2. Indirectly with physical disease or mental trouble . . .	2	2	4
3. With heredity *for insanity* .	2	0	2
	9	7	16

In three other female cases without heredity for insanity, one or both the parents were drunkards.

I am inclined to think that heredity from intemperance is a less important factor of insane drunkenness than it is generally supposed to be.

The children of drunkards are grievously exposed to other causes of brain-mischief besides heredity, especially to the influences of a turbulent home, and to want of food and proper care during the miserable years of a neglected childhood. It is remarkable that out of 800 idiots admitted into the Earlswood Asylum, Dr. Grabham has only found six instances in which it was stated that intemperance of the parents was the probable cause of the idiocy, and in two of these there was also hereditary insanity. He thinks that the truth in this matter may be often concealed, which is probable enough; but his facts form a striking contrast to those which have long been accepted on the highly respectable authority of Dr. Howe.

However influential in the conduct of life a truth may be, however wholesome its full force, it is morally wrong and practically mischievous for it to be overstated, which I fear has been done with regard to the heredity of drunkenness. Moreover, if it be admitted that the tendency to drink is transmitted from one generation to another, and that the children's teeth are set on edge because the parents have eaten sour grapes, it does not prove that such an inherited tendency is morbid, for vice also is heritable. As La Bruyère says, "Il y a des vices que nous ne devons a personne, que nous apportons en naissant, et que nous fortifions par l'habitude; il y en a d'autres que l'on contracte, et que nous sont étrangers."

Magnan's chapter on Dipsomania, in his remarkable work on Alcoholism, seems to support my view, although the eminent author accepts

https://doi.org/10.1192/bjp.22.98.270 Published online by Cambridge University Press

the prevailing theory that dipsomania is a particular form of instinctive monomania, arising, most frequently, from heredity, while alcoholism is a simple state of poisoning, manifesting itself in the same manner in all, even in the brute as in the man.

This distinction will be admitted to be one which ought to be made, if facts exist in nature to support it; that is, if there be a class of lunatics affected with the instinctive monomania of drunkenness, with complete absence of other signs or indications of unsoundness of mind. It is remarkable, however, that when Magnan produces his evidence, it is destructive of this theoretical distinction. He says—

"Le dipsomane avant de boire, se trouve dans les conditions analogues à celles du melancholiaque; il est triste, inquiet, il dort mal, perd l'appetit, éprouve de l'anxiété précordiale; *c'est un aliéné ordinaire,* mais après quelques jours d'excès, l'intoxication se produit et le dipsomane se présente avec le délire alcoolique que nous connaissons; il a hallucinations pénibles, du tremblement, d l'insommie, de l'embarras gastrique, &c., et ce n'est qu' après la disparition des accidents aigus que le diagnostic se complète."

These remarks he supports by an interesting case which had come under his treatment at Saint Anne. A female patient, who, on admission, is pale, agitated, and crying from fear; she hears assassins who wish to strike her; she sees at her side the heads of the victims of Pantin; she believes herself covered with vermin, and shakes her garments; she hears the voices of her parents, &c., &c. Hands trembling, tongue white, epigastrum painful. No sleep. Hallucinations incessant. The delirium disappeared in five days.

One certainly would say of this patient, "*c'est un aliéné ordinaire.*" But the history of the case given was that for thirty years the woman at certain periods had become sad, interesting herself in nothing, incapable of work, sleeping ill, with no appetite, pain in the stomach increased by the sight of food; she has an ardent thirst, and drinks wine from the first day, getting it secretly; she drinks until she falls; she keeps up her drunken state for several days. After the access she reproaches herself, and re-commences her regular and sober mode of life. Formerly the attacks were separated by intervals of fifteen or eighteen months, and at this time drunkenness was the only symptom. More recently the attacks have come on every three or four months, and the alcohol acting more continuously, hallucination and delirium have been developed. She had attempted suicide.

Now allowing this history to be true, which, in one point is an immense assumption, what is there in the case to show that this woman was not a common periodic drunkard, falling very gradually under the dominion of her vice until it resulted in disease, and she became an ordinary lunatic? The one great assumption to which I refer is that during the long intervals of her attacks she was a sober woman. Let it be remembered that in this country and in France drunkards are

allowed by all who know them to be the most inveterate fabricators and deceivers in all matters and questions relating to their vice. In America it is different, and the word of honour of genteel inebriates is implicitly accepted by the confiding physicians who undertake their cure. For my part, I will never trust the word of a drunken man, still less that of a drunken woman, whether palliating their debasement or promising reform. All that M. Magnan records from his own observation about his alcoholic patients I receive with undoubting faith; but of all that he tells of what they have said about themselves I have the deepest mistrust, or unbelief.

Magnan borrows from Trelát's work another case, which, as he says, makes the distinction between dipsomania and alcoholism stand out very clearly. As it is considered a typical case and affords a good example of the credulous manner in which the drunkard's advocates accept apologetic inventions for sober fact, I shall give it in full :—

Dipsomaniac. Mother and Uncle Dipsomaniacs.

"Madame N—— a person of serious character. She had had during her life many establishments, which have always been wrecked from the same cause. Habitually regular and economical, she was seized from time to time by an *irresistible* access of inebriate monomania, which made her forgetful of everything—of interests, duties, family—and which ended by precipitating her from a position of ample means into one of complete ruin.

"One could not without lively compassion *hear her recital* of the efforts she had made to cure herself of an inclination which has been so fatal to her. When she felt her access coming on she put substances into the wine which she drank, which were best fitted to incite in her disgust at it. It was in vain. *She even mixed excrements in it.* At the same time she spoke insulting words to herself—'Drink, then, wretch; drink, then, drunkard; drink, villainous woman, forgetful of your first duties, and dishonouring your family.' The passion—the disease—was always stronger than the reproaches which she addressed to herself or the disgust which she tried to produce. In the last years of her life she was operated on, with success, for a strangulated hernia, and died afterwards of disease of the heart."

I am inclined rather to feel lively compassion for M. Trelât that he has become the historian of such a creature, than for Madame N—, though I wonder somewhat that an experienced alienist did not see that if Madame N— had actually mixed excrement in her drink she was probably quite insane. If she did this thing without the intention to deceive she was mad; if she did not do it she was merely false. Of course one cannot tell from the history which of the two it was; but I think that you or I should have ascertained without much difficulty, if we could have had the woman under observation.

By being mad, I do not intend to imply being in a state of *monomanie ebrieuse*, or the moral insanity of drink, but real aberration of mind, with appropriate intellectual and emotional and physical symptoms, the being *un aliéné ordinaire*, in fact, as M. Magnan puts it. *My position is briefly this—that what is called Dipsomania is either a vice leading to disease in the ordinary pathological sequence; or it is an actual and recognisable form of disease of the brain, with evidence of its existence more cogent than the mere desire for drink.*

With regard to the *irresistible* nature of the propensity which is supposed to prove its morbid origin and to mark it as a moral insanity, it is somewhat strange that the same quality has not yet been attributed to the opium-craving, with which it is most strictly cognate. One would say that the desire for his drug in the opium eater is far more intense than the craving of the drunkard for his dram, and that his sufferings are keener if the desire be not gratified; and yet so far as I know, Opiomania has not yet been invented as a new form of moral insanity. If there be such a form of insanity, it has been overlooked, in a manner one would not expect in the recent and most interesting paper on Opiophagism from the learned pen of late Commissioner Browne. Tobacco craving also is bad enough when an inebriate smoker has his pipe put out by medical ordinance; and I can answer for it that snuff-craving is no joke under the same circumstances. But these must be trifles compared with opium-craving, which, however, we know to be not irresistible even in its utmost intensity. Neither is drink-craving, if the motive for resistance be greater than the motive for indulgence. Bowring's story in "Bentham" is not so bad on this point—"A countryman who had hurt his eyes by drinking went to a celebrated oculist for advice. He found him at table with a bottle of wine before him. 'You must leave off drinking,' said the oculist. 'How so?' says the countryman. 'You don't; and yet methinks your own eyes are none of the best.' 'That's very true, friend,' replied the oculist, 'but you are to know I love my bottle better than my eyes.'"

The letter which I sat down to write to you, in answer to your interesting criticism on my little casual speech, has spun itself out into an article, which I hope will be acceptable for the pages of the Journal which you so ably edit; and if so, perhaps you will allow it to retain its epistolary forms which must be my apology for the freedom of style which I have permitted myself to use.

Believe me to remain,

Very sincerely yours,

JOHN CHARLES BUCKNILL.

Dr. Clouston.
