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## DR. BUCKNILL ON DRUNKARDS.

TO THE EDITORS OF THE " JOURNAL OF MENTAL SCIENCE."

SIRS,—

Yesterday I received a printed letter from Dr. Peddie, addressed to me, purporting to be for publication in your Journal, and I naturally thought that I owed the sight of this letter, before actual publication, to his courtesy; but this morning I learn from the printer that this letter was sent to me in error. It can, therefore, scarcely surprise Dr. Peddie that, under these circumstances, I prefer to reply to his attack in a letter to yourselves.

In the friendly discussion which I have recently had with one of you on "The Relations of Drink and Insanity," I said—" If you will read Peddie's 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." That is to say in the statement that " members of our profession were considering drunkenness, not as a cause of disease, but as a disease in itself." Little did I expect that this reference would have brought upon my head the accusations from Dr. Peddie :—

*First.*—That I have mis-stated and mis-represented his opinions about insane drinkers;

*Secondly.*—That I have ignored them;

*Thirdly.*—That I have not read them; accusations inconsistent with each other, and reminding one of the old pleadings which are now happily abolished, even in the casuistry of the law. It would help me if I knew which count of the indictment contained the real offence, because then, perchance, I might be able to remove or atone for it. To a

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gentleman who, according to his own statement, has given more thoughtful consideration to these matters "than any other man in the profession," "the felt injustice of having his opinions ignored" might possibly be capable of wounding his self-esteem. Let me hope that the opportunity which he has seized of placing one side of his opinions before your readers in lengthy quotations from his writings, and the further publication of the other side of his opinions which I must ask you to permit me to quote, will induce him to condone this part of my offence, which, I can further assure him, was committed most unwittingly. But if I have ignored his "sentiments" about dipsomaniacs how can I have mis-stated them? That is a thing which no man can understand, unless his "*brain-plasm*" can unravel a mystery.

To the third count I must distinctly plead not guilty. Dr. Peddie says—"I cannot believe that you have read a sentence of the paper referred to;" but the real truth is that, before I wrote my letter to you, I had read his paper through several times, in the earnest effort to understand it.

Dr. Bodington—with whose wrath I am also threatened, but of which I am not much afraid, seeing that he leaves one in no doubt about what he means, and, if we differ, as we certainly do, the battle we shall have to fight will be about facts and their interpretation, and not about "sentiments"—Dr. Bodington says—"The confusion between drunkenness as a disease, and drunkenness as a vice, must be cleared up. For my part, I look upon habitual drunkenness as a disease, and I would boldly call it dipsomania. It is in its character as a disease that we physicians are entitled to deal with it. I would sink the notion of its being a mere vicious propensity. When fully developed there are not two kinds of habitual drunkenness. The cases are, one and all, cases of dipsomania, of irresistible, uncontrollable, morbid impulse to drink stimulants."

That, without doubt, is a sentence entirely devoid of "hair-splitting distinctions." No two sides of the same shield there painted different colours; or dark cloud with a silver lining.

Dr. Peddie has quoted a large portion of his paper (though it was already accessible enough in the pages of the "British Medical Journal") to prove that "my [his] *sentiments* have ever been such as appear to accord with those you have quoted as Dr. Clouston's, and, consequently, that we are *all three in truth agreed* as to the persons who may be styled dipsomaniacs!" But, if so, where is the need for dispute?

In point of fact we are by no means agreed, for the real gist and purpose of Dr. Peddie's paper turns upon his 4th class, namely, those who acquire "the propensity to intemperance" through a course of vicious indulgence in stimulants. About maniacal and delirious cases he admits that there can be no doubt; they are proper subjects for a hospital or an asylum, but it is for the "unfortunate individuals

who are so perplexing to themselves and to society," and who cannot be placed in hospitals and asylums because they manifest no symptoms of disease of mind or body beyond the propensity to intemperance, it is for them that he advocates a change of the law under which they can be profitably kept in a new kind of sponging-house, or private gaol for drunkards instead of for debtors. When Dr. Peddie gave evidence before Dalrymple's Select Committee some of the members tormented him into a precise statement of his sentiments, and here they are :—

Question 1016. Dr. Playfair—You say that you would take a man and put him into forced detention ; under what condition would you do that ?—When a man could no longer control himself from the habit of intemperance, I would then consider him in a condition of unsound mind and requiring to be cared for.

1017. Even if he was only injurious to himself, and not immediately injurious to the public ?—Yes, I think that we should do something more than provide against injury to the public ; I think we have a duty as citizens and fellow-creatures to one who will not take care of himself.

1059. Mr. W. H. Gladstone—Do you not foresee great difficulty in determining when a man may be said to have lost his power of self-control ?—No, I should not feel any difficulty ; I think that it is a matter of medical diagnosis. There is not more difficulty in regard to the habitual drunkard than there is difficulty in regard to insanity of other forms ; medical men have constantly cases of insanity brought before them, and the question in each case is whether or not such an individual is a proper subject for control in an asylum for curative treatment.

1060. Then do you think that a man who, when sober, is in complete possession of all his faculties, may still be said to have lost all self-control ?—We know very well that we should be able to distinguish in that case his danger by the supposition that if drink was placed in his way the next day, or that very evening, he could not resist it, and that if he once tasted it he would go on from bad to worse ; a craving would be set up of which there has been a frequent opportunity of judging before, and that he would go deeper and deeper into the mire.

1061. Do you think that the impulse to drink, in a case like that, is different from other vicious impulses, such as, for instance, an impulse for gambling ?—Yes, I think that the impulse is quite different.

1062. It partakes more of the nature of an external disease, like fever, which comes upon a person ?—I consider it greatly in the nature of an internal disease ; there is also alcoholic influence and some kind of change upon the state of the brain thus affecting its operations.

1063. But it is analogous to an ordinary disease ?—It is analogous to an ordinary disease.

Surely I have a somewhat better right than Dr. Peddie to complain that my opinions about insane drunkards have been misrepresented when they are declared to be in complete agreement with those of a writer who maintains that a man may be an insane drunkard "who when sober is in complete possession of his faculties."

Dr. Peddie "would not feel any difficulty in determining when a man has lost his self-control." "It is a matter of medical diagnosis. There is not more difficulty in regard to the habitual drunkard than there is in insanity of other forms."

But is it not somewhat inconsistent with this avowal that Dr. Peddie should now insist that this diagnosis cannot be adequately made by men who have the greatest knowledge of insanity of other forms, because "specialists in lunacy cannot come in contact with many cases of genuine dipsomania? They can only see a fraction of such cases as come under the notice of physicians in ordinary practise."

As specialists in lunacy know so little about these genuine cases of insane drunkenness, it is not altogether unreasonable that they should be warned off this domain of the physician in general practice. Consequently "the cure of dipsomaniacs" must not have "any connection with lunacy arrangements." "Lunatic Asylums are not adapted for the reformatory treatment in such cases."

If these are the cases which when sober are in complete possession of their faculties, specialists in lunacy will not perhaps act unwisely if they resign the honour of their treatment to those who understand it so much better; but Dalrymple's Committee had other views as to the knowledge of such specialists in lunacy, or they would not have called before them as witnesses such men as Drs. Crichton Browne, Skae, Mitchell, Nugent, Boyd, and Mould, who contributed for their information many important elements of diagnosis which we do not find in Dr. Peddie's writings, notwithstanding that he has thoughtfully considered this matter for such a very long time. I am sure that these eminent specialists in giving their evidence desired no more to give a specialist colour to the facts garnered by their vast experience, than in writing my letter to you I wished "to raise a cloud of psychological dust to defeat or discourage a highly philanthropic movement." The movement may be highly philanthropic, but there is another kind of dust, namely, gold dust, which seems to have some influence in urging it on, for to quote Dr. Peddie once more:—

"In order to call into existence houses or institutions such as would be suitable for the upper and middle classes of society, a law to empower restraint and detention is manifestly essential. A few such institutions on a small scale have existed in Scotland, but have laboured under most discouraging difficulties from want of authority to receive and retain a sufficient number of inmates, and for a sufficient length of time, to become remunerative. This has stood in the way of liberal investment for suitable premises, ground furnish-

“ings, staff of service, etc. Thus the important essentials for efficient treatment have been necessarily defective ; and the result is, that the care of a very small fraction only of insane drinkers has been undertaken, and cure somewhat rare.”

“The inmates, with partially restored sanity from enforced deprivation of stimulants, become restless, and knowing that they cannot be detained legally, demand liberty, and take leave, or else work on the minds of friends or guardians by entreaties or threats, and get it. If, however, the State will sanction, under proper checks, both voluntary admissions and compulsory commitments, in cases of genuine dipsomania, permitting prolonged detentions, until real benefit is derived, a sufficient number of homes or retreats, or by whatever name they may be called, for the cure of persons in the upper and middle classes, would certainly spring up, both through private enterprise and the efforts of companies or associations, formed for the purpose, somewhat similar, indeed, to many existing and thriving lunatic retreats and asylums, affording accommodation and means of treatment very different in efficiency from those inebriate institutions which have, in times past, struggled under cramping difficulties. Now, into such houses as these, many unfortunate persons would enter voluntarily, as they do in some of the American inebriate institutions, knowing that, if they did not thus surrender themselves for treatment, they would be compulsorily committed ; and then, when they are under control, the law, as I have already hinted, could prolong it for such a time as might be deemed necessary to accomplish the humane ends in view.”

Alas ! alas ! that it should all come this ! This highly philanthropic movement ! These humane ends in view !

When I think, sir, of what the evil of strong drink really is among the lower classes in some parts of your country and of mine ; when I think of what I saw in company with Sheriff Dickson in the drink haunts of Glasgow, on the night of Saturday the 27th of May last ; when I think of the crowds of men and women, many of them infant-laden, whom I there saw steeped in the bestiality of drink, it makes me right angry with these philanthropic *fribbles*, who, with eyes averted from the drunken and debased populace, fondle the subject of the casual rich man's drunkenness, with dainty considerations of how he is to be placed in a golden cage, “pleasing his palate in the way of good culinary arrangements,” and his captivity made profitable.

Let Dr. Peddie carefully examine the wynds of Glasgow, their drink-shops, lodging-houses, and police-cells, on a Saturday night, and he will afterwards perhaps not think it so easy to perfume hell with rose water.

As I said in the speech which has led to this discussion, some members of our profession are misdirecting the attention of the public in this matter. By the noise of their philanthropic drum, they would lead us, by false alarms, from the real field of battle. They dally

with the tarnished fringe of drunken society, while its broad expanse is a funereal pall to myriads of lowly victims; and Dalrymple's Committee, with its foregone conclusion, unwittingly established the dreadful fact of alcoholic eremacausis in our swarming cities, and concluded by recommending a most dangerous and unconstitutional change in the law for the supposed benefit of those classes of society in which a drunkard is becoming a somewhat rare specimen of a decaying and dishonored vice. They made out the charge fully against the common folk, at least in certain localities, and they directed the main force of their proposed remedy against the stragglers and backsliders of the sober classes. They would scarify the field with a chain harrow when it stands in urgent need of deep draining and subsoiling.

Dr. Peddie, to give him his just due, has not altogether passed on the other side from the drunken crowd, for in his evidence before the Committee he proposed the establishment for the whole of Scotland of four public inebriate asylums, each to contain forty patients of the working classes. They were to be model institutions. He admitted that all four would not contain the habitual drunkards of Edinburgh alone, and, indeed, he may any day find nearly twice as many of the gentle sex in Queensberry House. But it was honourable to him, considering the example of some of his co-agitators, that he allowed his mind to dwell for a moment upon the treatment of drunkards who cannot pay. Public provision for the treatment of 160 working-class drunkards for the whole of Scotland, and for the idle class drunkards as many private houses of detention as the law of profitable investment, aided by that of "compulsory arrest," may develope, reminds one of the proportions of Falstaff's bread and sack, in the relative regard for the class which represents the staff of life, and that which drinks the wine of its wealth and luxury.

Dr. Peddie also suggests [see Appendix of "Report on Drunkards," p. 187,] that "the *pauper* class of drunkards should be taken care of "in the separate wards of a poor-house," and that "the *criminal* "drunkard class should be accommodated in wards or separate houses "connected with our chief prisons." "By these arrangements," he thinks, "the unhappy individuals would have more chance of benefit "from a distinct and more *attractive* system of treatment."

In these separate wards, to be called Reformatories, work is "to be "made both agreeable and profitable by a *system of rewards and benefits*." For the rich drunkard the loss of liberty is to be sweetened by manifold attractions, of which "not the least would be *perfection "in the culinary department*" and "such new and *relishable* enjoyments "as might counteract or take the place of craving for alcoholic "stimulants."

All this, indeed, is philanthropy and not science, not even social science. Perhaps it is not even "non-professional common sense," for we should all wish to be Inebriates that we might enjoy ourselves under the protection of Dr. Peddie's wing, and he might become the

only sober man left in the land. What a position, *Sanus, Solus, Sobrius, Rex ebriorum!* Only there would be no bread-winners and rate-payers left to support the drunkards—I beg their pardon—the Inebriates. But even this bit of a difficulty might possibly be averted by Dr. Peddie's ingenious suggestion that Inebriates may be allowed to carry on their work or business, their wages or profits being taken away from them, and “so leaving them *free to earn but not free to spend;*” a suggestion which indicates a knowledge of human nature more profound than even “non-professional common-sense” can fairly reach.

I am extremely sorry to have caused Dr. Peddie “the felt injustice of having his opinions ignored.” The truth is, that when I wrote to you on *The Relations of Drink and Insanity*, I was entirely pre-occupied by the consideration of the question, and had no thought, purpose, or notion of giving Dr. Peddie the slightest offence. Should this letter also not please him, I must insist that it is no fault of mine, seeing that I have been constrained by him to introduce, most unwillingly, into the discussion of a scientific question, matters which may seem to have a somewhat personal bearing. But, when a man of Dr. Peddie's eminence asserts that in such a discussion you are unjust if you ignore my opinions, one is compelled, as it were, to stand and deliver one's opinions upon his opinions whatever they may be. I very much wish that mine could have been more in agreement with them.

I am your obedient servant,

JOHN CHARLES BUCKNILL.

39, Wimpole Street, August 24th, 1876.

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