

The Relations of Drink and Insanity: Letters by DR. PEDDIE and DR. BUCKNILL.

The following letter has been written by Dr. Peddie, in reply to Dr. Bucknill's letter published in the last number of this Journal (July, p. 265):—

DEAR DR. BUCKNILL,—

I was much surprised, on reading your letters to Dr. Clouston, published in the July number of the "Journal of Mental Science," under heading of "Occasional Notes of the Quarter," to find that you have greatly mis-stated my opinions in regard to "The Relations of Drink and Insanity."

You ask Dr. Clouston (p. 270) to "read Peddie's and Bodington's papers on the subject (read last August before the British Medical Association, at Edinburgh), and you will, I think, see that I was justified in my statement," which statement is, "I am afraid that just now members of my profession are taking hold of the stick by the wrong end, and considering drunkenness not as a cause of disease, but as a disease in itself, which to my mind is a 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," p. 266. This, too, you aver to be, without any qualification or reservation, the opinions and practice of certain physicians in America. But I leave them to fight their own battle, and I also leave Dr. Bodington to answer for himself, which I have no doubt he is able to do. As for myself, I cannot believe that you have read a sentence of the paper referred to, or seen my first paper on "Dipsomania," published in 1858, or my second one in 1860, in the "Transactions of the Society for the Promotion of Social Science," or my evidence before the House of Commons in 1872, which is fully reported in the Blue-book of that session, otherwise you could never have so much misrepresented my views.

You take credit to yourself for what you say against Dr. Bodington and myself in the following, not very complimentary, sentences:—"All I have said and written on this subject has been aimed at the mischief which I thought likely to arise from this unqualified opinion (namely, that drunkenness is a disease in itself). I never supposed that you (Dr. Clouston), 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 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." You then

agree with Dr. Clouston, saying, "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.'" "But," you go on to say, "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."

Now what I have to say to this is simply that my 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! Your position, therefore, is the very serious and responsible one of aiming, from the supposed vantage ground of lunacy experience, to raise a cloud of psychological dust to defeat or discourage a highly philanthropic and long-wished-for movement among thousands of medical men and others, for the reformation—it may be, the cure—of those who, if left alone, cannot help themselves, and in consequence not merely suffer personally the inevitable consequences which vice, or disease, or both together—acting and reacting on each other—occasion, but entail on families, perhaps through generations, and on society many and deplorable evils. The mischief which might thus arise may be infinitely greater than from a too wide or loose interpretation of habitual drunkenness, even although in some instances there may be circumscription of the liberty, or rather, it should be called the license, of the subject, from a course of vicious drinking, which renders him a disgrace to his friends and a pest to society. Thus the line, although not quite correctly drawn at times, may not in itself be a very great evil or social grievance; but with the characters of dipsomania or insane drink-craving which I have drawn in the paper you have treated so ignorantly, and what has been more fully delineated by me formerly. I do not think the distinction between such cases and the vice of intemperance, is one of difficult diagnosis. But it is rather too much for you to assume that in this question it is only men engaged in the speciality of the care of the insane who should be listened to as authorities. From the fact that it is illegal compulsorily to control in asylums cases of drink-craving, unless associated with some other marked feature of mental unsoundness which can be made prominent in a lunacy certificate, specialists in lunacy cannot come in contact with many instances of genuine dipsomania. They can see only a fraction of such cases as come under the notice of physicians in ordinary practice; and the latter consequently are better able to understand how much in each case is due to physical and mental malady, how much to moral delinquency, and to say when there might be a reasonable prospect of benefit from strictly enforced and prolonged control, were that obtainable. Even non-professional common sense is not in this matter to be entirely

overweighted by any amount of psychological acumen and hair-splitting distinctions. And here let it not be supposed that I advocate for the cure of dipsomaniacs any connection with lunacy arrangements. For reasons now admitted by all, lunatic asylums are not adapted for the reformatory treatment required in such cases; and, on the other hand, the presence of dipsomaniacs has been found very detrimental to the comfortable working of such establishments.

However, I shall not at present go further into these matters, but address myself to the felt injustice of having my opinion ignored on the true nature of dipsomania from being only a physician, and not "able to bring a practised habit of thoughtful consideration" to bear on the subject! All that I will say is that I have given much thoughtful consideration to this matter—more, perhaps, than any other man in the profession, and probably before you began to think at all on it, so that if I am wrong in my opinions now, it is not from want of consideration. The heading of my paper might have shown you at once that I was not addressing an audience of doctors regarding the mere ordinary drunkard, but on "Insane Drinkers;" and had you read to the foot of the second column you could not have failed to perceive for which of the numerous classes of drinkers or drunkards I was proposing special legislation, however feebly or obscurely I may have done so. But it is not enough to ask you to read a few paragraphs of my paper to be convinced that I speak in it (as I have done publicly for eighteen years) of the same type of individuals whom you agree with Dr. Clouston in regarding as "diseased drunkards." I must ask him, as one of the editors of the "Journal of Mental Science," to permit the insertion of a few quotations from the paper, so that numerous readers may be furnished with an antidote to the mischief which your assertions, uncontradicted, may do in obstructing one of the most philanthropic movements which our profession has ever thrown itself into—if not for the sake of the dipsomaniac himself, at least for the many tender and important interests connected with his condition.

The paragraphs which I wish inserted are the following:—

"That some legislative enactment is required to meet the case of a large proportion of insane drinkers, psychologically termed dipsomaniacs or oinomaniacs—or, popularly, habitual drunkards—will be doubted, I imagine, by few, if any, assembled on this occasion. And I may further assume that little need be here said in considering who are to be viewed as insane drinkers. They may be briefly described as those—1. Who inherit the propensity to intemperance; 2. Who evince it as the principal manifestation of some form of cerebral disease; 3. Who are affected with it as a result of an injury of the head, or severe fevers, or other wasting bodily ailment, mental shock, heavy grief, reverse of fortune, and, indeed, from causes similar to those antecedent some other insanities; 4. Those who acquire it through a course of vicious indulgence in stimulants.

“In whichever way produced, or from whatever combination of causes, the distinguishing feature of this malady in its confirmed state is total loss of self-respect and self-control under an overwhelming craving for alcoholic drinks, although with little or no palatal relish for the same, which must be gratified at any cost, regardless of honour or truth, and, in fact, unaffected by appeals to reason or self-interest, the tears of affection, or suggestions of duty either to God or man.

“I must also assume that it is not necessary at this meeting to point out particularly in what respects dipsomania differs from the *mania à potu*, or, as also called, the delirium ebriosum, or acute mania from alcoholic excess; or how it is distinguished from delirium tremens, the toxic mania of alcoholic accumulation, or from the hydra-headed forms of the vice of drunkenness. Of the latter, we have abundant examples everywhere around us, in which we have the most marked types of constant tipping without entire unfitness for the business of life in persons drinking from facility of disposition, from conviviality, and from the love of drink or the love of intoxication, but who have more or less power to abstain when they choose to do so.

“That the phase of intemperance which so utterly annihilates self-respect and the power of self-regulation is indicative of affection of the brain-plasm primarily or from exoteric influence through alcoholic action—in other words, an abnormal cerebral condition, occasioning unsoundness of mind—cannot be reasonably questioned; and, as in origin it thus resembles other insanities, it presents also similarities and variety in its course, manifestations, and terminations. Thus, in this malady, the irresistible craving may spring up suddenly, often in successive attacks of singular periodicity, or from the mere taste of anything alcoholic quickly bringing the system under the full sway of alcoholic poisoning; or it may pass through a slow, stealthy, insidious course ere the action, if not the nutrition, of cerebral matter becomes changed.

“It is developed in all classes and conditions of society; in the men of refinement and high mental culture as well as in the coarse-minded and ignorant; in the lady of rank and in the tradesman's wife; in all periods of life, in old age, in the adult, and even in early youth; in different constitutions and temperaments, manifesting various eccentricities of deportment and habits, wastefulness, destructiveness, perverted moral feelings and impulses, revenge, theft, violence, and invariably mendacity. It is occasionally cut short for a time by delirium tremens or acute mania, or goes on to drivelling dementia, chronic alcoholism, or some other form of insanity, if life be not brought to a close by accident or some superinduced disease.

“Besides, while this alcoholic diathesis, as it may be called, is transmitted from generation to generation, idiocy, epilepsy, paralysis,

and other forms of cerebro-spinal disease are the frequent legacy of drunken parents to their children.

“It is a remarkable fact, too, that, if there be any peculiar proclivity, any black spot in a man’s moral nature, it is brought out under the weakening and perverting influence of alcohol. Hence, among the criminal class of dipsomaniacs, we have a variety of results, and often a most remarkable uniformity in crime committed by the same individual under successive states of inebriety. Thus one individual will invariably be guilty of assault, another of wanton destructiveness, such as smashing windows, another of theft, and not only so, but of stealing very frequently the same sort of articles. Did the limit allowed for this paper permit, it would be easy for me to treat of in greater detail, and to illustrate and verify with cases the various points now indicated.

“The mass of cases arising out of intemperance—purely the vice—carry with them their own pains, penalties, and checks, and must be judged of by the peculiarities of each individual case, and left to varied physical, moral, and religious teachings. But there is a link which connects, and a boundary line which separates, intemperance the disease from intemperance the vice. Here it is that legislative interference of any kind becomes, and very properly so, most delicate; and it is here that at first sight most formidable obstacles are supposed to exist against our present proposal. For the very worst cases of dipsomania, in which there is a manifest concrete of the malady, of irresistible desire for stimulants, with some other form of mental disease independent of alcoholism, the present law of lunacy clearly provides. The acute mania of drink is also, we would say, a fit disease for asylum treatment, if there be not convenience in private or in the strong room of a hospital; to which cases of delirium tremens also may be taken, when safe and judicious management cannot be carried out in private. But cases of well-marked dipsomania, which are so serious to the unfortunate individuals themselves, and so perplexing and injurious to friends and society, are without help or hope, either in private or from the law of the land; there is nothing in the future but certain degradation and ruin to themselves, often to those closely connected with them, and injury to the community.

“No doubt the voluntary clause of the last Lunacy Amendment Act was thought likely to meet to some extent the case of the dipsomaniac; but while there has of late been a gradual increase of voluntary admissions of the general insane, there has not been such of insane drinkers, and there are strong objections to the admission of such into lunatic asylums. It is not at all desirable that such should mingle with other lunatics in public or private asylums, or that a malady requiring special treatment should be brought under lunacy law arrangements. It is most undesirable also that asylums should be embarrassed and annoyed by the care of dipsomaniacs, for it is a

necessity that an inebriate retreat should be a purely temperance institution which a general asylum cannot be, and consequently in such insane drinkers find opportunities, through other inmates, to obtain the supplies they crave; and so, by schemings and untruthfulness, produce endless misery and inconvenience to these establishments. That the habitual drunkard of this class, therefore, absolutely requires special care, is clear; but, as in cases of legislation a definition must generally precede the proposed legislative provisions, he may be briefly defined as a person of unsound mind whom the habit of intemperance is such as to render, notwithstanding the plainest considerations of interest and duty, unable to control himself, and incapable of managing his own affairs, or such as to render him in any way dangerous to himself or others.

“From the nature of the malady, it is evident that, unless there be separation from the persons through whom, and places where, the morbid craving can be gratified, and well-regulated restraint placed on the habits, little can be expected in the way of treatment. Such separation is necessary in most cases of insanity; but still more is it required in the case of insane drinkers, who, although unfit for attention to the proper duties of life, are full of devices (often most ingenious and clever) to obtain their desire (with them the one object of their life); and so cunning and deceitful are they in scheming for it, that they outwit the most vigilant attendants (women being in this respect even more talented than men); so that at best any good arising from ordinary restraint is extremely temporary.”

I agree with every word which Dr. Clouston has said in his admirable reply to your Rugby speech. Every practicable general measure—educational, moral, religious, punitive—for the repression and reform of the extensively prevailing and deeply-rooted drunkenness in the country must be employed; “but when,” in certain cases—as Dr. Clouston well says—“the germs have grown, is there not room, is there not necessity, then for the disease theory and the disease treatment?” And such legislative facilities as are wished to enable us to deal with the morbid branch grown out of, or grafted on, the evil habit of intemperance, will not interfere with what you say you—as we all more or less—rely on, namely, the treatment of drunkenness as a great social question by the Legislature, dealing with it “upon the lines of their educational system.” Drunkards of the worst kind, therefore, whose brain and nervous system have become so affected as to be entirely destitute of the power of self-control, we would place under treatment in special establishments well fitted in every respect for their care, and, if possible, their cure. This we desire to do just as we place in asylums the insane who require control and treatment on account of the effects of mental disturbance from the excitement, say of commercial speculation, gambling, or sexual excess, in all of which instances much might have been expected from education, and other means for the prevention of such vicious

and dangerous practices and results. In such sad cases as these, however, when the brain plasm has suffered, we surely cannot but pity the individuals and call them "unfortunate." And so we may—I think—under similar circumstances, speak of dipsomaniacs; and in the spirit of humanity do what we can in the hope of benefiting them while we are protecting the various important interests, private and public, which are involved in their conditions.

You lay great stress on the alleged failures of certain American Institutions for the Cure of Inebriates; but that is no reason to prevent us—warned in some things by such tentative experiences—from trying what we can do with our dipsomaniacs. With this view we would require to obtain sufficient legal powers to enable us to place under control in licensed institutions those who would not submit to it voluntarily; and to prolong detention for such length of time as appeared necessary for successful treatment. These institutions, too, would require to be well suited in all internal and external arrangements for the peculiar nature of the charge undertaken—not situated in populous districts or in the vicinity of places where alcoholic liquors could easily be obtained; and especially would they require to be under most intelligent and trustworthy superintendents and attendants. But on these matters and on various aspects of the question suggested by your speech and correspondence, I shall not further remark. It is enough at present to put before yourself my views as to the persons who should be regarded as insane drinkers, and to leave the readers of the Journal to decide whether you have dealt with the present discussion in a fair and right spirit.

I am, dear Dr. Bucknill,

Yours faithfully,

Edinburgh, 15, Rutland Street,
21st July, 1876.

A. PEDDIE.

We have received from Dr. Bucknill the following comments upon the foregoing letter:—

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 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 furnishings, 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 develop, 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 bene-fits*." 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.