

health. His papers on the Development of a General Law of Vital Periodicity and of the Return of Epidemics, on the Vital Statistics of England, and the Public Hygiene of Great Britain, and his Report of the Sanitary Condition of York, were of the greatest importance to the science of hygiene at a time when it was struggling and unheeded. They clearly showed that Laycock was no mere theorist. Looking at Dr. Laycock from a psychological point of view, he was a man of immense and unceasing industry, both in reading and thinking, of wide grasp, and of great mental ingenuity. His was a speculative and philosophical mind, with a strong tendency to look into the reasons of things, to think about everything, and to generalise in regard to everything he thought about. This was, in other respects, his weak point, for he could not help coming to general laws in regard to his facts, whether they admitted them or not. In his lectures on fever, he had every pyrexia to which a name had ever been given all marshalled in genera, and species, and groups, just like a botanist with his plants. He was systematic and orderly in his work, in his reading, and in his storing up of facts, of which he was a close observer and collector. The daily newspapers contained for him many facts illustrating medical psychology, which were duly cut out and put in their proper places. The medical press always contained cases illustrating his theories or suggesting others. His cases in hospital were always suggesting new ideas, and, above all, his reading of medical books—and we believe he was the best read man in English, German, and French medical literature in his profession—was ever bringing new ideas, and adding to his facts.

“As a teacher, we must admit that Laycock did not always reach or interest the average medical student. He was, however, highly suggestive to the more thoughtful in his classes, and his teaching influenced them permanently throughout their lives, often giving a direction to their studies. He did very much for the teaching of mental diseases in the University of Edinburgh. He originated a summer course of lectures on ‘Medical Psychology and Mental Diseases,’ and had often as many as forty students. Many men took to asylum life in this way. His class was the nest from which many of the Northern Asylum superintendents took their fledgling assistants.

“Personally, he was a man rather under the middle size, with a beautifully shaped head and very well cut features, of the ‘Neuro-arthritis diathesis,’ as he described himself, with rather a cold manner, giving the impression of being somewhat egotistical, and not sufficiently alive to the feelings and *amour propre* of others. But, to those who knew him better, he was a genial companion and friend. He was a widower since 1869, and leaves a son and daughter; the former, Mr. G. L. Laycock, took his M.B. degree in the University of Edinburgh in August last.”

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THE RELATION OF DRINK AND INSANITY.—LETTER BY DR.  
PEDDIE.

*To the Editors of THE JOURNAL OF MENTAL SCIENCE.*

SIRS.—When I put my letter of 21st July into your hands for publication in the October Number of the Journal, I gave you in writing a most cordial permission to send a proof of it to Dr. Bucknill in ample time for a reply in the same Number if he chose to make it. If, therefore, there was any blundering of the printer afterwards, the responsibility did not rest with me; but even supposing it had been otherwise, I think there can be but one feeling with your readers, that the whole strain of Dr. Bucknill's letter in reply displays an animus and intemperate zeal unaccountable considering the nature of the question under discussion, and uncalled for by any remarks made by myself on his Rugby speech and letter to one of yourselves. Indeed, this remarkable production is written in a tone which to me at least is unexpected, as coming

from a man of science and supposed seeker of the truth, and from one having a literary and professional character to maintain, and with whom, also, I had some previous acquaintance. In any remarks, therefore, which I now feel it necessary to make, I may be excused in throwing courtesy and professional consideration aside, and speaking in unpleasantly plain terms.

Dr. Bucknill in opening his assault attempts to secure me in a quasi-logical trap. He says, in substance—"You accuse me, first, of misstating and misrepresenting your opinions; secondly, of ignoring them; and thirdly, of not reading *them*." And then he fancies to raise a laugh at the inconsistency of such an indictment "which no man can understand."

This is a good example of the complexion which may be given to a case by the way of putting it, namely, by keeping some important facts out of view, and by ingeniously shuffling and rendering words; and it is, indeed, quite in the spirit of "the old pleadings—now happily abolished—even in the casuistry of the law."

First. The misstatement or misrepresentation of my views consisted in Dr. Bucknill averring that I considered "drunkenness as a disease in itself;" and, again, that I held the "*unqualified* opinion that drunkenness is a disease in itself." Then, secondly, the ignoring of my opinions consisted in Dr. Bucknill *setting aside or wilfully disregarding* them—as any dictionary will inform my learned censor to be the meaning of the word ignoring—and *that because*, in his estimation, my views possessed no value as coming merely from a Physician and not a lunacy specialist like yourselves, and not possessing sufficient "quantitative and qualitative" capacity to bear on the relations of vice and mental disease. Now, as these two counts against Dr. Bucknill are literally true, and quite consistent with each other, the third accusation, that I could not believe he had read my British Medical Association paper, or any of my other publications on Dipsomania, was a most natural inference. It was but reasonable to suppose that having in them, and in the evidence given before Mr. Dalrymple's Committee, drawn very full and explicit distinctions between drunkenness the vice and drunkenness the disease—not so much, certainly, but sufficiently so—in the Association paper when limited in time, and addressing an audience the most of whom must have had ample opportunities of seeing and distinguishing the various phases of intemperance,—it was most reasonable, I say, to doubt that Dr. Bucknill had read either that paper, or the others, and to suppose that he had taken for granted my opinions to be such as he desired them so as to give point to his remarks, otherwise he could never have so completely misrepresented them. This was a most charitable inference, which I regret, for his own sake, is not correct, since he confesses that he read the association address several times through!

I sincerely trust that there may be few of the readers of the quotations given at pages 423, 4, and 5, so deficient in "quantitative" capacity as not to comprehend statements so plain, and distinctions so explicit. The length of those quotations has irritated Dr. Bucknill not a little, doubtless because they brought under his own eyes what he seems unwilling to look at, and furnish to your readers a ready reference to, and an explanation of the points under discussion, and consequently a refutation of his assertions. On these quotations I am quite content to rest the soundness of my position regarding the general relations of drink the *vice* and the *disease*. What is said in them expresses in a condensed form what I have elsewhere more fully distinguished and explained; and so far as I can see accord entirely with the evidence tendered to the Dalrymple Committee by those eminent Lunacy Specialists, Drs. Crichton Browne, Skae, Mitchell, Nugent, Boyd, and Mould, to which Dr. Bucknill in a curiously contradictory manner seems to adhibit his approval. I have carefully read over their evidence, and my general inferences from it are that they as well as myself consider *vicious* drinkers to be those who casually go in for a debauch, or are facilely led into one on a Saturday night or on a holiday excursion, or at a convivial party; or those who drink more or less

to excess systematically for the purpose of mental exhilaration or supposed physical support, or the love of drink, or to experience its intoxicating effects, but who all do so voluntarily, with some ability remaining to control themselves when they choose to do so, and are, in fact, to some extent, fit to manage their own affairs; but, on the other hand, consider that the vice of drunkenness in a large proportion of cases passes into or produces a *disease*, which in turn occasions more frequent and excessive drinking; and that thus the habit which in the first stage was unquestionably a vice enters—through alcoholic influence affecting the brain and nervous system—the domain of disease, in which ere long, aided doubtless by constitutional and other causes, the moral nature is weakened and perverted, and, as Dr. Crichton Browne felicitously expresses it, “the will is paralysed.” Dr. Browne also (*Evidence*, 2: 458) describes the one condition of drunkenness as brought about by a *vis à fronte*, and the other by an inevitable *vis à tergo*. With this mode of distinguishing ordinary drunkenness from dipsomania, Dr. Skae (610) expresses his entire agreement. Dr. Arthur Mitchell, in his admirable evidence, says (1246) “an habitual drunkard”—using the term synonymously\* with dipsomania—“is a man with an ungovernable and remitting craving for drink, which has no reference to anything external; it comes from something within him.” And, again (1189), “the very root of the mental unsoundness of the habitual drunkard is an ungovernable craving for alcohol.” Then Dr. Mould says (642), “intemperance as a vice is the result of a vicious and immoral habit; intemperance as a disease is attributable to an impulse which the patient cannot control; in the other stage he can control it, he can be made to control it.”

Thus it appears that while the ordinary drunkard voluntarily seeks the intoxicating effects of alcohol, the dipsomaniac drinks in consequence of an involuntary and irresistible impulse which no reasoning can control.

If, therefore, this form of intemperance is not virtually an insanity, it is clearly allied, or analogous to it, or “a special form of it”—as the British Medical Association has put it—ranking as a monomania,—the attainment of drink being the one fixed idea in the mind of the individual, although, as in other insanities, there may at times be more or less of a lucid interval. As in this morbid condition, therefore, there is real mental disorder and moral obliquity, without the controlling power of the brain-centres to guide the conduct, it seems an act of humanity and social expediency to be expected in a civilised and christianised country, that the wretched—we must not say “unfortunate”—victims of it should be treated under control, as other insane persons are, without regard to the causes—vicious or otherwise—from which the mental unsoundness may have originally sprung; with this difference, that as drink craving continues to be the chief manifestation of it, reformation as well as cure must be aimed at.

Alas! that anyone in our noble profession should ever appear to scout or jeer at such wrecks of humanity as confirmed drink cravers are, and not lend a hand kindly, yet firmly and forcibly, to rescue them from utter helplessness and misery, and from sinking lower and lower in the social scale; or that he should shut his own eyes, and attempt to withdraw the eyes of others from the distress and ruin which happen to friends and families in consequence of the downward progress of confirmed drunkards; or that he should try to keep out of view even the economical aspect of the question which has to do with warding off the heavy local and general burdens entailed on a community from the poverty and crime inseparably following in the train of such a complication of evils.

The asserted inability of myself and others to discriminate between ordinary drunkenness and insane drink craving, and the attempt to impute

\* Synonymously also with these are employed the terms “Confirmed drunkard,” “Drink craver,” and “Insane drinker;” and although there may be a difference of opinion as to the best term to adopt, all popularly are meant to describe the condition of the individual destitute of self-control in connection with the gratification of a propensity to indulge in alcoholic drinks.

ignorance of or indifference to the amount of the former in our large cities, and which, indeed, everywhere disgraces our country, is singularly noteworthy. Dr. Bucknill's sympathetic lament in the contemplation of a bestially drunken and debased populace; then his rage in fancying that we wish to "fondle the subject of the casual rich man's drunkenness, with dainty considerations of how he is to be placed in a golden cage," "his palate pleased," and furnished with other "new and relishable enjoyments;" next, his derisive sneers at the idea of "a highly philanthropic movement," and "humane ends in view," for the reformation and cure of such individuals which he chucklingly attributes to the sordid desire of earning "gold dust" by making "the rich man's captivity profitable;" and, lastly, winding up all this with a hilarious exclamation of desire to be himself an inebriate, and under my care, is highly farcical, and fitted to produce on all rightly constituted minds a profound and lasting impression.

Thus the whole scope and spirit of this letter is unworthy of its author, and incomprehensible; for while he affects concern for the ordinary drunkards of society—the tens of thousands of the lower orders who occasionally or frequently give themselves up to drunkenness, and taunts us with beginning at the wrong end in our efforts to do good, or, as he elegantly expresses it, "taking hold of the stick by the wrong end," he overlooks—nay, even seems to jest with the unutterable sorrows of the thousands in the better classes, including, besides the confirmed drink cravers themselves, those closely connected with them. Dr. Bucknill keeps out of view the important fact that such confirmed drunkards are so, in spite of the advantages which he seeks for the general mass of vicious drinkers; nay, that in many instances, in spite of high mental culture, wealth, and rank, they are unable to help themselves in contending against the drink craving impulse, and at last sink to the lowest depths in social life, dragging along with them those they should rather have elevated in it. Such considerations, however, are of no importance in his estimation, for to desire the rescue of such disreputables—to attempt to reform them, and to avert the grief and misery to others from their course of life, is to "dally with the tarnished fringe of drunken society," for whom, probably, he considers a stick taken by the right end would be the best mode of treatment!

Who amongst us in the medical profession has not had occasion to mourn over the sad extent of drunkenness among the poor and labouring classes; the festering mass in the wynds and closes of the large city; the clustering crowd of tattered, miserable wretches around our whisky, gin, and beershops; the number of incapables in police and prison cells; and the broken down and degraded residents in poorhouses and Houses of Refuge? All this, too, appears to be on the increase in the lower strata of society, notwithstanding the strictness of our criminal laws, the educational, moral, and religious advantages now brought to bear on the people; the increase of wages and leisure to the working man, and the institutions of reading rooms, libraries and popular lectures, and the encouragement of public amusements—all of which have been thought the best means for arresting intemperance and counteracting its manifold evils. But while this increased drunkenness is deplorably true, and whilst it is evident that we must with redoubled energy persevere in combating the demon enemy among the masses through the Schoolmaster, the City Missionary, the Clergyman, and by every other agency capable of bearing on this vast and disgraceful evil, who in his senses, would ever contemplate, or even dream, of placing all these drunkards in reformatory sanatoria? A number of confirmed drunkards—veritable dipsomaniacs—among the poor, and criminal, and labouring classes, might be picked out of this seething mass of drunkenness and sent into public reformatory asylums—not "golden cages"—but suited to their condition in life. This could be done were the Legislature to confer the powers which are at present solicited; and if so, I am convinced that ere long the wisdom of the policy would be apparent and acknowledged by all from the amount of good done

to the individuals themselves, the amount of social evil averted, and the saving in public money. We are taunted with beginning at the wrong end; but let it be remembered that educating and reforming at the right end has been begun long ago, and is still in active operation. Why, therefore, should we not try it now at the other also? It is one thing to attempt to repress and mitigate the general amount of drinking, and another to endeavour to cure and reform those who appear to be the subjects of a drink craving which presents so much of the features of a mental and moral insanity, requiring peculiar remedial treatment.

But even supposing we cannot do much more for the larger heap of miserable inebriates than punish them, preach to them, and pray for them, that is surely no reason why we should neglect any means practicable to reform confirmed drunkards of the more intelligent and well-to-do class of working people and those of the various strata of society overlying it?

Now, does it not strike everyone that when this sad condition occurs in those who possess educational, religious, or social advantages, or those who have every thing within reach to favour an enjoyment of the comforts and luxuries of life, and every inducement to maintain their status in society, that there must be something peculiar in this drink craving propensity? Besides, is it not a curious fact, that there is a comparatively small—very small—amount of ordinary drunkenness in the middle and upper classes, and yet in them the excessive morbid craving for stimulants is found most frequently to exist, and assuming the worst phases? This, doubtless, arises from the varied and associated effects of overworked brain and body, high mental culture, refinement, luxury, losses and crosses in business, and other causes—all inducing excitement of the nervous system which leads to a course of solitary indulgence; and this takes place all the more readily if there is any hereditary proclivity in that direction, or to insanity in another form, or if the nervous system has been damaged by a sunstroke, severe accident, or sudden mental shock. But in whatever way the habit originates and becomes confirmed, or whether the course to it may be a long or a short one, that impulsive and uncontrollable desire for stimulants which is not amenable to human persuasion or divine precept, must be viewed as a form of mental unsoundness in which the function, if not the nutrition of the brain, is implicated, and must be treated under control as such; for self-esteem and self-control being entirely lost under the tyranny of the disease, it is obvious that this is the only hope of ultimately delivering its victims from the bondage in which they are held; and as such is the case, it is equally obvious that the Legislature, as in the cases of the general insane who are assumed to be unable to manage themselves or affairs, and to require remedial treatment, should dictate the kind and amount of control necessary both for the protection and chance of cure of the individuals chiefly concerned, and for the comfort and well being of others.

But no, says Dr. Bucknill, this must not be. It is vice and not disease; leave these drunkards to their own sweet wills; punish them if their conduct in any way affects the interest of others, or is an offence to the community, and all the more severely if they are educated, know the Truth, and are possessed of wealth; but rather let them drink, drink, drink on uncontrolled, injuring their health, dissipating their means, beggaring their families, entailing disease, mental and physical, on their offspring, endangering the lives as well as the property of others, and let them, as they deserve, go down lower and lower to degradation and ruin. They are British subjects, freemen, and never shall be slaves (except to drink), and they have a right to go from bad to worse in drinking if they please. It is disgraceful, brute-like conduct, but it is their own choice, and they should know what it will lead to. No doubt it is a pity to see families and friends agonised, perhaps even apprehensive of their lives, and suffering in many ways besides the bitterness of shame from exposure to the world of living sorrows, and the dissipation of means, with the prospect of complete ruin in the end; but let the poor wretches go, they are but threads in

the "tarnished fringe of drunken society." That they have money remaining, and available by their families to place them under safe control, or that friends are desirous and able to secure for them firm but kind treatment in the hope of ultimate cure and reformation, does not alter the case. The law, continues Dr. Bucknill, in stern and harsh tones, must not be permitted to interfere with the liberty of the subject in the amount of his libations, nor can it ever be allowed to license institutions for the reception of confirmed drink cravers, even although such institutions—except those for the lower classes—should be self-supporting and cost the State nothing; some are said to spend almost a lifetime in short confinements at the public expense in prisons for crimes committed under drink, or to obtain it; some among the working classes might probably support themselves and families for years if cured of the drinking propensity, but go speedily to the Poorhouse and leave their families destitute and a burden on the rates, or become vagrants or thieves. But such events, such sad results, cannot be helped; the principles of liberty must be respected, and we must still go on punishing for crimes committed under drink, and being ourselves at the same time punished as the unavoidable result of this social evil. Institutions, continues Dr. Bucknill, even for confirmed drunkards in a higher grade of society than those just referred to which might be made self supporting, and establishments or homes for the upper classes which might even be made profitable to their proprietors, cannot be tolerated. They are "drunkards' gaols," "sponging houses," or "golden cages"—all alike condemnable. They may be strictly temperance establishments, and have their apartments, cookery, occupations, within-door amusements and out-of-door recreations, and many other well-devised arrangements for the station in life, means, former habits, and innocent fancies of the inmates, but yet the whole thing is bad. To attempt by any such means to displace the craving for stimulants, to restore the health of the body, to encourage industrial habits, to occupy the mind pleasantly and profitably, to produce contentment and happiness, to beget self-esteem and strengthen the power of self-control, so as to fit the individual for liberty and the duties of life—all these means which have been found beneficial by those having experience in the treatment of confirmed drink cravers are, says Dr. Bucknill, "philanthropic fribbles which make me right angry!"

Such is the spirit and tenor of this remarkable letter, and such are the so-called *fribbles* which, I believe, almost the entire medical profession in Britain are at present desirous should be legislated for, and in support of which the eminent Lunacy Specialists before the Dalrymple Committee gave more or less decided evidence. Thus, Dr. Arthur Mitchell in his evidence (1201) enters with much particularity into the consideration of those institutions which he thought might be founded by Government, and associations, and private enterprise, and licensed with powers to receive and detain persons who entered voluntarily and non-voluntarily. Dr. Crichton Browne (462) says, "I believe the foundation of such institutions to be the only chance of benefiting habitual drunkards;" and, again (464), the existence of such "is the only hope of curing a certain proportion of cases." Dr. Skae (610, 11) entirely agrees with Dr. Browne's opinions; and Dr. Forbes Winslow says (1332), such institutions "are to my mind one of the great and crying wants of the age;" and, again (1338), "they would be a national blessing, and in many cases self-supporting."

In support of these opinions many other psychologists, alienists, and distinguished physicians might be quoted; but I need not dwell further on this part of the question, than to say that dipsomaniacs of any class are not fit subjects for lunatic asylums, not because of any doubt—as insinuated by Dr. Bucknill—that they are not mentally unsound, but because they have been found most troublesome and mischievous when associated with the general insane, and because they require special medical attention and government. This is fully attested and explained in the course of the evidence already referred to, and, indeed, by all asylum superintendents.

In regard to contemplated institutions for the treatment of confirmed drink cravers of the lower classes, of course, government could not be expected to do more at first, at least, than sanction tentatively some reformatory accommodation on a small scale, and at the public expense; but to meet the wants of the other grades of society we would confidently look to the efforts of associations, and to private enterprise. Respecting sanatoria for the upper classes, Dr. Bucknill has thrown out an insinuation that "gold dust"—the expectation that the "rich man's captivity made profitable"—lies at the bottom of the present movement to obtain a permissive law; and he has endeavoured to torture this conclusion out of what I said as to the various arrangements—even luxuries to the rich man—which he has a right to expect—necessary to make such establishments successful. The sole motive thus assigned is so vulgar, and the objection so absurd and equally applicable to every private asylum for the insane, that I shall not condescend to discuss the matter. I do not hesitate, however, to say that should power be granted to control confirmed drunkards, the founding of establishments to meet the requirements of the upper classes would be a perfectly legitimate investment of money, energy, and medical skill; and, further, I believe that any man undertaking such a responsibility, and bringing mental power, and moral and religious worth to bear on his work, would assuredly make the enterprise profitable to himself, while he would be conferring a great blessing on individuals and the public.

In conclusion, I must thank Dr. Bucknill for the opportunity given by his letter of enforcing anew the obligations of humanity and the law of love in connection with this disputed question. The quotations, too, at pages 429, 30, and 31, answer my purpose excellently; for that evidence being hidden in a blue book is not readily accessible to many; and while the alleged "torment" by the Select Committee of the House of Commons may be seen to have been agreeably mild, I do not apprehend any serious consequences to myself or the important psychological and social question at issue from the torment attempted on my letter of the 21st July, or in any remarks which may hereafter be made. However, considering the strong animus which has been shewn by Dr. Bucknill, and the uncourteous—I may say virulent—strain of attack on myself, I must view him—so far as I am concerned—beyond the pale of professional fraternity, and decline replying to any further communication he may chose to make in your Journal.

I am, Sirs,

Your obedient servant,

15, Rutland Street, Edinburgh,  
4th November, 1876.

A. PEDDIE.

JOHN HOWARD.

*To the Editors of THE JOURNAL OF MENTAL SCIENCE.*

SIRS,—I believe that I am not altogether out of order in asking you to allow me space for a few remarks provoked by the exceptional manner of your publication of my paper on John Howard in your issue of July, 1876.

In the first place, allow me to correct two printer's errors. At page 184, line 10, for "there alone," read "the real ones;" and at page 196, last line, after the word "more" insert "good."

I scarcely complain of the "comments" of the gentleman (or lady) whom you consider "singularly qualified, by study of Howard's life and character, to give a just opinion concerning both;" as they are so evidently, not only one-sided, but also hasty, that I imagine that they are rather calculated to create an impression in my favour from their very unceremonious severity. Scarcely one of them can be called justifiable.

With respect to his qualifications for the task he undertook, I have one remark to make. It appears most extraordinary that so qualified a critic should have been wholly ignorant of the particulars of Howard's remarkable