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DRUNKENNESS A VICE,—NOT A DISEASE.

A PAPER

BY

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READ AT THE GENERAL ASSOCIATION AT MIDDLETOWN, JUNE 21, 1882,
AND BY VOTE OF THAT BODY PRINTED AND DISTRIBUTED
TO THE CHURCHES.



HARTFORD, CONN.:

PRESS OF THE CASE, LOCKWOOD & BRAINARD COMPANY.

1882.

IS DRUNKENNESS A DISEASE, OR A VICE, OR BOTH?*

The last part of this question is easily answered. Of course the whole question has reference to drunkenness in its later stages. No one doubts that drinking to excess is in its earlier stages a vice, and not a disease. The question is whether habitual drinking to excess becomes at last a disease, or rather, an unavoidable result of disease induced by drinking. Nor does any one doubt that in drunkenness in its later stages there is, usually at least, a diseased condition of the system. The question is, whether in the later stages of drunkenness the act of surrender to drunkenness has a physical origin, in a diseased brain, or a moral origin, in a depraved will, whether it has a physical or a moral cause, whether it is a misfortune or a crime. The supposition that the act has both a physical and a moral cause is unnecessary, and therefore, in the absence of evidence, unphilosophical; and, except for the materialist, it is self-contradictory and absurd; for the impulse to drink either can or cannot be resisted, so far as the state of the physical system is concerned; if it can, the yielding is vicious; if it can not, the yielding is the result of disease. The same act can hardly be both physical and moral, both necessary and voluntary, both criminal and innocent, both the result of the working of physical laws and forces and the result of the exercise of volition, at the same instant.

The prevalent opinion at the present day is, that drunkenness is a disease. Medical authorities are divided on the subject. Many physicians, especially specialists who make the treatment of drunkenness a business and source of profit, are positive that it is a disease. The American Association for the Cure of Inebriates, a society composed chiefly of officers of inebriate asylums, at their first meeting adopted this as the fundamental article of their creed; and various papers were subsequently read by Dr. Parrish, the president, and others, in explanation and maintenance of it; and at their fifth meeting they declined to accept a report presented by Dr. Harris, the physician to the Franklin Reformatory

*HABITUAL DRUNKENNESS AND INEBRIATE DRUNKARDS, By John Charles Bucknill, M.D., F.R.S., Fellow of the Royal College of Physicians, Late Lord Chancellor's Visitor of Lunatics, Lond., Macmillan & Co., 1878. This little book is the foundation of the following essay, and has furnished many of its statements and somewhat of its language. With this general acknowledgment it has been thought unnecessary to indicate indebtedness more particularly.

for Inebriates, at Philadelphia, in which he treated drunkenness as a habit, sin, or crime, and spoke of cases being reformed, and not cured as in a hospital, on the ground that the truth of intemperance being a disease was the base of their organization, failing which their very name would be a fraud upon the public.

Dr. Bodington, in a paper read before the British Medical Association, is very precise in his declaration that all 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.

Dr. Cameron, of Glasgow, in a speech before a committee of Parliament, says that "Prolonged indulgence in alcohol or other stimulants, after a time—longer in some cases, shorter in others—brings about certain structural alterations, especially in the nervous system. The results of these deteriorations are, first, a depression of vital force, giving rise to a craving for stimulants; and second, a depression of the force of the intellect and the will, which renders the patient unable to resist that craving."

I pause here merely to throw out the suggestion that if this theory is the true one the phrase "Reformed drunkards," or, to adopt the absurd slang of temperance, "Reformed men," is not only inaccurate, but a libel upon the characters of unfortunate beings. The only proper phrase is, "Cured drunkards," or "Cured men."

In opposition to the medical authorities just quoted, a very large proportion of the leading physicians deny emphatically that drunkenness is in any sense a disease. Among many other similar testimonies which I have received, an eminent London practitioner writes me, "I have never said that there were no such drunkards as insane drunkards; I have only fought against the mischievous and foolish contention that all drunkenness is a form of disease, especially when it has lasted a certain time, and has attained a certain intensity." Men who have had large experience in the work of reforming drunkards take the same view. Mr. Gibbons, the Superintendent of the Franklin Reformatory at Philadelphia, who has had over 1,900 drunkards in his care, writes, that "the time has passed for giving soft names to sin," and that his institution teaches the men who seek its shelter that liquor drinking is in their case a sin, and that they are the victims of a vice, from which nothing but the grace of God can rescue

them. Mr. Bunting, the Superintendent of the New York Home for Intemperate Men, writes me, "I agree with you that drunkenness is not a disease, but a sin."

In order to answer the question before us intelligently and correctly, we must first settle what disease is, and what vice is, and how they differ.

Disease may be called an abnormal or morbid condition of the body, or some part of it. But this is loose and inaccurate; for a wound may put some part, and even the whole, of the body into an abnormal condition, and yet the patient may be free from disease. A more exact medical definition is, "Disease is 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 necessarily tends, if prolonged and increased, to diminish or destroy the vital activities of the organism." Disease is always an affection of the body. There is no such thing as disease of the mind. When we speak of disease of the mind, we either speak figuratively, and use a very improper figure, or we mean disease of the brain, affecting mental operations. Possibly this statement might be controverted; but it is unnecessary to discuss the question here; for it is not claimed by any one that drunkenness ordinarily proceeds from disease of the mind; the theory is, that drunkenness induces a diseased condition of the brain and nervous system, which destroys the freedom of the will.

The same author who gives the definition of disease above quoted defines vice as "a habit of the nervous centers 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 destroy the vital activities of the individual." The definition is a physiological, and, perhaps, somewhat materialistic, treatment of mental operations. It may be correct. But I prefer the more general statement, which leaves out of sight the physical phenomena of volition, that vice is the habitual choice and practice of evil. In popular language vice is usually limited to habitual choice and practice of excessive indulgence of some bodily appetite; but the word has a wider sweep. Avarice, envy, and ambition, when excessive and habitual, are as much vices as drunkenness and licentiousness.

It is the more necessary to distinguish accurately between dis-

ease and vice that there are some resemblances between them. Thus the tendency to disease is sometimes hereditary, and so is that to vice. The causes of acquired disease are sometimes small, gradual, and accumulative, and so are those of vice. By continuance and repetition diseased conditions become inveterate, and so do vicious ones, indeed, by far the more so. And disease is cured by removing the cause, and vice is abrogated by the same means; and in both, when the cause returns, the effect is reproduced. Such are the resemblances pointed out by Dr. Bucknill. But on the other hand there are essential differences between vice and disease. Disease consists solely and entirely in some change in the organization, which is often known to and is always thinkable by the physician; but it is not known that vice consists in or is even accompanied by any such change. Certain vices may produce such a change as an effect, but such changes are not known to exist as constituent conditions of vice. The causes of disease are physical, and the last link in the chain of causation, the causal condition, is invariably so; the cause of vice, on the other hand, is always moral, even where the conditions of the vice are grossly material and sensual. The remedies for disease are mostly physical, and are invariably of a physiological nature; the remedies for vice are of a different nature, and are mainly directed to elicit opposing desire, to make indulgence more immediately painful, and to influence the judgment. With some exceptions, persons suffering from mental disease are not conscious of their misfortune; the vicious man is generally conscious of his vice. Few men are diseased; but all are vicious. The one state is an accident to man's nature; the other is an element of it. These are Dr. Bucknill's distinctions.

Keeping these distinctions steadily in mind, we are prepared to discuss the question, Is drunkenness, in its last stages, an irresistible propensity caused by a diseased condition of the brain, or is it from first to last the choice of a depraved and wicked will?

Perhaps it is necessary to point out the bearing of the question a little more definitely still. The question is not, whether the condition of drunkenness is a condition of disease. "It must be admitted that when a man is actually drunk his organism is in a state of disease, as the same must be admitted of him when he has eaten more than he can easily digest, or when he is exhausted by debauchery, or actually suffering disturbance of healthy function

from any other sensual excess; for any condition of the organism by which its healthy functions are disturbed, and which, if indefinitely prolonged and increased, would tend to their suspension, and even death, must be called a diseased condition." But the question is, not what a man's condition is when he is drunk, but what is the cause of his action in the intervals in which he is comparatively sober. When he is not specially under the influence of liquor, when he has been perfectly sober for days or weeks or even months, what is it that makes him go to drinking again, though perfectly aware of the ruin that he is bringing upon himself? Is it a diseased brain? Or is it a depraved will?

Nor does the question relate to cases of actual insanity. Sometimes the propensity to drunkenness is directly caused by a previous diseased state of the brain, inherited, or resulting from injury, such as accidental concussion or sunstroke; or at least the way to it is prepared by such insanity. Sometimes intemperance produces genuine insanity; though it is the testimony of experts in insanity that alcoholic insanity is oftener found in the children or grandchildren of moderate drinkers than as the immediate result of excessive drinking—a powerful argument against moderate drinking. But in all such cases there are always other symptoms of insanity than the mere craving for drink. And these cases are comparatively rare. There are also on record cases of genuine dipsomania, that is, morbid impulse to drink, in persons otherwise sound in body and mind, and virtuous in character. "As the kleptomaniac steals, not for the sake of possessing the thing he steals, and the homicidal maniac destroys life, not for the purpose of making any person cease to live, so the dipsomaniac drinks, not because he likes to drink, or likes to get drunk, but because he has an uncontrollable and morbid impulse to swallow intoxicating liquor." But genuine cases of dipsomania are so rare that physicians of large experience in insanity declare that they have never met with a case.

Dr. Bucknill writes: "In a somewhat large experience, I have myself never yet met with an undoubted instance of pure dipsomania; and I observe that very few examples are on record in medical literature, and that these are copied by one author from another in a manner which sufficiently testifies their rarity. The evidence, however, of credible observers is perhaps sufficient to establish the fact of their occasional occurrence." Mr. Bunting

writes me: "I do not think that in the five years that I have been in the New York Christian Home for Intemperate men we have had one case of dipsomania, although in that time we have had nine hundred confirmed drunkards."

These instances of connection between intemperance and genuine insanity, comparatively few in number, are admitted, and are left out of this discussion. The question before us relates to the great mass of common drunkards, who evince no other symptom or manifestation of insanity than the habitual propensity to get drunk.

Once more, the question is not whether the drunkard is in a healthy or diseased condition; but it is, whether he has a disease which is the cause of a resistless propensity to drink, and is not merely an effect of drinking.

It is claimed that microscopic examination of the brain of the drunkard, after death, reveals structural changes, consisting principally of shrinkage of the nerve cells of one of the brains. However this may be, it proves nothing, until it is shown that such structural changes are, or indicate the presence of, disease which produces irresistible craving for drink. The mere existence of an abnormal condition of the brain proves nothing. There must be proof that this abnormal condition of the brain is the cause of an irresistible propensity to drink, and not a mere effect of drink; otherwise we might as well reason that because drunkards usually have red noses and ragged breeches, therefore their red noses and ragged breeches are the cause of an irresistible propensity in them to drink. It has never been proved that the structural changes observed in the brains of some defunct drunkards are the cause of anything. The very existence of such structural changes is not yet admitted by the highest medical authorities generally. Nor is it apparent that the subjects dissected were carefully selected as mere habitual drunkards, and did not belong rather to the class of insane drunkards, whose brains we should naturally expect to find in an abnormal condition.

We can decide the question respecting drunkenness, therefore, only by the consideration of outward facts and phenomena.

I observe then that there is no *apparent* difference between drunkenness in its first and drunkenness in its last stages. In both cases there is an appetite, and a will to gratify it. The man

drinks simply because he likes drink, or likes to be drunk, and because he likes it better than anything that he can get by not drinking.

But it will at once be said, that the difference is, that in the later stages of drunkenness the appetite is irresistible. To this I reply, in the first place, by questioning the fact. I have known of cases in which men who were far gone in drunkenness, subject even to periodical attacks, under the influence of pride, or some such motive, having given a promise, or made a bet, or formed a resolution, or signed a pledge, instantly ceased drinking, and remained totally abstinent for one, two, or even several years. In fact, the whole policy of getting drunkards to sign pledges is based upon the belief that they *can* stop drinking. I have never heard of a temperance society's refusing a drunkard's pledge, on the ground that it was impossible for him to stop drinking; and therefore it is reasonable to conclude that all temperance societies believe that the drunkard is not subject to an irresistible propensity.

All temperance orators and workers appeal to the intemperate among their hearers, with expostulations, remonstrances, arguments, encouragements, warnings; from which we may conclude that they do not believe that their hearers are the helpless victims of disease. Physicians do not remonstrate and argue with their small-pox patients, and appeal to them to get well; they give them medical treatment. Almost all the methods and operations of temperance reformers are perfectly useless and absurd, and utterly erroneous and unsuitable, if drunkenness is a disease.

Dr. Bucknill cites the following case: "Many old Rugbeians will remember, as I do, J. S., the clever, amusing drunkard, who used to entertain their boyhood with music and legerdemain in the dining-halls. After a heavy debauch he made a bet of one guinea that he would not get drunk again for a twelvemonth, and he won it. He waited until midnight of the last day of his sobriety, and then steadily recommenced the process of drinking himself into his grave. He was never sober again." The reason why men do not resist the appetite for drink is, that they prefer the gratification of that craving to everything else, and choose it. If it is possible to put before a drunkard something that seems to him preferable to that, he will without difficulty refrain from drinking. Without denying that there are, or may be, cases in

which the drunkard is subject to a resistless propensity, I consider it certain that the great multitude of drunkards could stop drinking to-day and for ever, if they would; but they don't want to, and they won't.

But, it will be asked, may not the will become so weakened and broken-down through indulgence, that the man is unable to resist the craving of appetite? Possibly it may; the question is whether it does. The drunkard's will weak! That is news! Put a drunkard in circumstances in which it is difficult for him to get liquor, and see how weak his will is! There is no man of such desperate determination and force of will, as the drunkard who is bound to have his dram. The very difficulty with the drunkard is, that his will is so strong. If his will were weak, it would be easy to influence him not to drink. It is just because he is so determined to drink, that it is impossible to save him.

But, it is said, his will is weak in certain directions; he is weak about doing right. Precisely; that is, he has a depraved will; but if we are going to recognize a depraved will as a physical disease, we had better turn our churches into hospitals, and our ministers into physicians, and accept materialism as our theology. What is wickedness but depravity of will?

But, it is said, these helpless victims, in the intervals of drunkenness, most earnestly desire to be delivered from their bondage, pray, weep, vow, sign pledges, take medicines, and use every possible means, and show every possible desire, to escape. Yes, just as in all our congregations there are men who think that they want to be Christians, seek religious counsel, exhibit feeling, express earnest wishes that they were Christians, and, in a vague, general way, do wish it; but they are self-deceived; put before them the duty of immediate submission to Christ, or let some real temptation arise, and let the will be summoned to act, and they will turn away to "the flesh, the world, and the devil." So with these "victims"; when they have no particular temptation to be otherwise than sober, and there is no special occasion for the will to act, they do really, in a vague and general way, want to be sober; but the moment that they are put to the test, and their real choice must be made, they will take the "drunk" every time.

Granting, for the sake of the argument, that in some extreme cases, or even in many or all cases if you choose, the will is help-

less. This is not necessarily or probably the effect of disease. For it is in the nature of *vice* to become inveterate. A man may reject the gospel to such a point that it is impossible for him to repent; but it is not a disease with him. Any habit may become a despotic tyrant, an irrefragable chain; but habits are not diseases. It is good theology that every wicked will is more or less in bondage, that all sin is servitude, that hopeless confirmation in wickedness finally results from long-continued practice of wickedness, as a judicial infliction; but the devil and his angels are not diseased. If they are, no doubt they have plenty of doctors with them; let us hope that they will get cured.

It is important to observe that *all* vices partake of the nature, and exhibit the phenomena of drunkenness, to a greater or less extent; yet it is not pretended in the case of any other of them that there is disease. Opium-eating is a terrible vice. Those who are guilty of it are quite as hopelessly enthralled as drunkards are; but in medical works generally opium-eating is not reckoned a disease. There is certainly no authority whatever in support of the idea that licentiousness is a disease; yet libertines are often more enslaved and worse diseased than drunkards. I would rather undertake to reform a drunkard than to deliver a miser from the avarice which holds his soul in bondage; but no one will pretend that avarice is a disease.

The opinions of drunkards themselves are worth noting. I have had them say to me, "This notion that drunkenness is a disease is all moonshine; I know perfectly well that I can stop drinking if I want to." Such testimony is of very little value, for the speaker may have been deceived, or he may have lied; all drunkards are incorrigible liars; and there is abundant testimony on the other side, which may also rest on self-deception or falsehood.

But there is a meaning in the universal unconscious testimony of drunkards. When they come out of their spells of debauchery, if they have any moral sense at all left, they are always ashamed, penitent, remorseful. What on earth are they ashamed of, or remorseful about, if they have only had an attack of disease? Men are not ashamed of having had the typhoid fever, or penitent for having had the rheumatism. Ah, the drunkard knows that he is guilty, and not unfortunate.

I hold that there is a great deal of tenderness misplaced on the drunkard in these days, and that he does not, in public opinion,

occupy the place to which he is entitled. Consider for a moment what a drunkard is, and what he has done. Very few men are born with inherited taste or appetite for liquor. The children of drunkards are not apt to be drunkards; they have seen enough of it. The children of moderate drinkers are much more apt to become drunkards; but their tendencies are easily accounted for by referring to early influences and training. Medical testimony is precise and abundant on this point, that inherited tendency to drunkenness is comparatively rare and slight. The popular idea on this subject is an immense exaggeration of the truth.

In the last annual report of the New York Christian Home for Intemperate Men I find that out of 176 confirmed drunkards who were admitted to the Home last year, only 28 had intemperate parents. And it does not follow, even in these cases, that because the parents were intemperate the children inherited a tendency to intemperance; which shows, as the Report well says, "the fallacy." of the notion of inherited appetite.

It is the universal testimony that there are very few who like and crave liquor from the first. The appetite for drink is acquired, and usually not without considerable effort. The drunkard, then, has made a deliberate effort to acquire a degrading appetite; he has sedulously cultivated that appetite for years; if he *had* any hereditary predisposition or liability to it, and knew it, so much the worse for him. He has poured poison down his throat to the loss of health, property, respectability, influence, honor, manhood, mind, and soul; he has brought untold suffering and misery upon his family, grief and shame upon all his friends, a pernicious influence upon the whole community; he has made a worse than beast of himself, a shipwreck of time, and a hell of eternity; and he has done this for the sake of a little sensual gratification, deliberately, knowing all the time what he was doing, and, certainly until the very last stages, perfectly able at any time to change his course. If there is any man on earth who deserves the abhorrence of mankind and the curse of God it is the drunkard. The latter he gets abundantly. Whatever controversy there may be about the attitude of the Word of God with reference to the use of wine, there can be none with reference to its denunciation of drunkards. It gives no uncertain sound. It deals in no mealy-mouthed language about the disease of alcoholism and the victims of intemperance.

"Woe to the drunkards of Ephraim!" "Woe unto them that rise up early in the morning, that they may follow strong drink; that continue until night, till wine inflame them." "If any man defile the temple of God, him shall God destroy." "Nor thieves, nor covetous, nor drunkards, nor revilers, nor extortioners, shall inherit the kingdom of God."

Pity the drunkard? Aye, pity him, by all means! Pity him as you do the libertine sinking into the grave, in mind and body a mass of rottenness; pity him as you do the lost soul in hell; all sin and suffering call for compassion, even as they have received the tears of the Son of God. But I must protest vigorously against all this cloaking of the vice of drunkenness with euphemisms; this calling drunkards "diseased men," "inebriates," "victims of intemperance"; this throwing of the responsibility and guilt of drunkenness upon liquor-sellers, who have guilt enough of their own, instead of upon drunkards, where it chiefly belongs; this coddling and nursing and effusively compassionating and petting and puffing of drunkards; this lifting of men out of the gutter onto platforms and into pulpits and glorifying them and making heroes and saints of them. I have heard a newly-reformed drunkard address a whole churchful of Christians and ministers who had all their lives been humbly and consistently following Christ, and, without the slightest apparent contrition or sense of having done anything wrong, throw all the blame for his misfortunes upon the liquor-sellers who supplied him with drink, and Christians whose apathy let him go on drinking; and as I listened, and heard how derelict and sinful I was, I almost regretted that I was not a nice innocent drunkard, who only of all sane men is without responsibility and devoid of guilt. The whole tendency of public opinion at the present day is, to regard the man who controls his appetites, and never drinks enough to disturb his brain, as the sinner and villain par excellence; even the totally-abstinent poor man is not worthy of notice, and may toil and suffer without any one's caring much about him; but if he will only drink without restraint, and make a beast of himself, and make his bed in the gutter, there is hope that he will be somebody, and find rich friends, and have a great deal done for him, and very likely become a famous public orator, and have crowds sit at his feet, and take a high place in heaven.

I believe that the influence of all this is fearfully demoralizing;

that it tends to blind the drunkard himself, and those who are in danger of becoming drunkards, to the real nature and guilt of the vice of drunkenness; to confound and obliterate in the public mind all moral distinctions, and to set a premium upon vice. What is this man staggering up the street? What is this well-dressed, seeming gentleman, whose bloated face and blood-shot eyes and trembling hands and feeble gait speak of wine-dinners and midnight carousals and incipient delirium tremens? He is a miserable drunkard, a vile sot, who has made his belly his god, and has deliberately sacrificed to beastly intoxication duty, manhood, love, honor, happiness, heaven, and everything else. Let us call things by their right names. The sooner that the drunkard takes the place in public estimation to which he belongs, the sooner will young men begin to hesitate about applying for the situation. No drunkard shall enter the kingdom of God! What a horribly unjust and cruel sentence, if the drunkard is only a poor, helpless victim of disease! Why should not the drunkard enter the kingdom of God? Because he is wicked; one of the most wicked men that live. That is all.

There is no gain whatever in the establishment of the theory that drunkenness is a disease. Of course the object is, to relieve the drunkard of responsibility, and to shield him from the condemnation of his fellow men. In the latter respect the attempt is no doubt to a great extent successful. But there is no real deliverance from responsibility. It is impossible to evade or destroy responsibility in this way. The drunkard is not helped at the bar of infinite justice by these subterfuges. It is not only in accordance with the dictates of conscience and common sense, but it is a well-established judicial decision, that a man in a state of intoxication is responsible for everything that he does, for the reason that he is responsible for being in that state. It has been repeatedly held in the highest courts, that drunkenness is no justification of a crime, or excuse for it, but is rather an aggravation of it; and men have often been hung for murders committed in a state of intoxication, of which they subsequently had no remembrance. A man cannot voluntarily destroy his conscience or will, and then plead innocence in all that he may do after that. On that principle the devils in hell are by this time as innocent as the angels in heaven. Whether a man's surrender to drunkenness is the result of a resistless propensity caused by a physical disease which he

has voluntarily brought upon himself, or is the result of a resistless propensity caused by a moral depravity which he has brought upon himself, or is an act of his own free choice, he is equally responsible for it. The flattering unctious which men lay to the soul of the drunkard, and with which they seek to extenuate his fault, and soften public opinion, may succeed with the unthinking multitude, but will not bear the slightest examination at the bar of human reason; much less will they avail at the bar of God.

I believe that a very large part of the effort that is put forth for the reclamation of drunkards is wasted, and would be far better expended in other directions. The men to work upon are those who are not drunkards. Aside from the universally acknowledged difficulty of permanently reforming drunkards, I doubt whether, as a class, if they could be reformed, they are worth the powder. I mean, of course, in comparison with other classes that need saving. Every human soul is worth saving; but what I mean is, that if a choice is to be made, drunkards are about the last class to be taken hold of.

Were it not for the criticism and indignation which this passage has called forth, I should hardly think that with its carefully worded qualifications it could be misunderstood. But since it has been misunderstood, permit me to call attention to the qualifications. I am speaking of drunkards *as a class*, and not of the brilliant exceptions, which will occur to every one. Nor is it my wish unnecessarily to wound any one's feelings. If any one has intemperate friends, let us allow that they are among the exceptions. Probably the world would not always agree with the partial estimate of friendship; but let us admit that they are exceptions. This does not invalidate the remark with reference to drunkards as a class. Nor do I literally mean that drunkards, or any class of them, are not actually worth saving, as I have taken pains to explain. My intention has been merely to express in a very strong way the opinion that drunkards as a class are very inferior men, aside from their drunkenness.

The drunkard is a poor creature, not only when he is drunk, but also when he is sober. An eminent medical authority says of drunkards, that "they are half of them fools to begin with, and the other half become fools by their indulgences; they are usually facile, sensual, irresolute liars, devoid of the rudiments of conscience, self-control, or true affection." And here let me interrupt

the thought, to call attention to the argument supplied by this fact. It is imaginable that a diseased condition of the brain might cause enfeeblement of the will; but, unless we are prepared to accept materialism flat-footed, it cannot be allowed that falsehood, torpidity or decay of conscience, and loss of natural affection, are results of disintegration of the brain. These things are the natural concomitants and effects of vice, not of disease; and their accompanying drunkenness shows that it is a vice, and not a disease.

The things that I have known drunkards to do, in their sober moments, and not under the influence of craving for drink, in the way of heartlessness, falsehood, and folly, are almost beyond belief. No doubt their worthlessness has been greatly increased by indulgence in vice; but it existed from the beginning. *In vino veritas*. Drunkenness merely develops and manifests natural traits and infirmities. The man who beats his wife and children when he is drunk is the man who, before he was drunk, deliberately preferred his own self-gratification to their happiness. There is no confidence to be placed in such a man's professions or manifestations of love to his family. No doubt, when he comes to himself, he professes a great deal of contrition, and manifests a great deal of tenderness toward his family, and sheds a great many tears; drunkards are apt to be sentimental, emotional, demonstrative, snivelling, slobbering, slavering, sappy; and this they call—love! Bah! I tell you that the men who *really* love their families don't get drunk.

I utterly reject the common notion that the warmest-hearted and noblest and best men are most likely to become drunkards.

We constantly hear it said that the men who are ruined by intemperance are the choicest and most glorious of the race. The doctrine is not substantiated by facts; and its only tendency is, to lead young men to think that they must drink, in order to show that they are choice spirits. On the contrary, I would say to every young man, "If you want to demonstrate to the world your utter worthlessness, keep on drinking." Who are the young men who are ruined by liquor, as a rule? They are those who haven't moral courage enough to bear the ridicule of their companions, who have not moral principle enough to refrain from what they know is wrong and foolish, to whom character and success in life are of less moment than a little present physical gratification, or

dissipation in which they do not find much gratification. Who are the men who have achieved position, made money, obtained influence and power, risen high in the world, but those who had some manhood? It is a pleasant fancy for drinkers that they are the geniuses, and that young men who refuse to drink are milk-sops, mean, stingy, narrow, bigoted, etc.; but it isn't true.

Gifted, brilliant, witty, lavish, genial, agreeable, fascinating, the men often are, no doubt, who become victims of conviviality and good fellowship; but their excellences are apt to be superficial and false; their generosity is often recklessness; their affection is often an unmeaning demonstrativeness; they are often to the center of the soul utterly selfish and heartless. And they invariably have some weak streak, some radical defect, some screw loose, some moral perversity in them. I don't think much of drunkard timber. If there is any relieving feature of the case in regard to drunkenness among us, it is that, as war among barbarous tribes, so intemperance among civilized nations is a great provision of nature by means of which an immense amount of worthlessness is eliminated from the human race, and the survival of the fittest is secured. As a rule, the victims of intemperance are those whom the world can best spare. And by the provision that reduces by two-thirds the increase in the families of drunkards, nature has secured the obliteration of the worthless breed.

Attempts to reform drunkards are generally failures. I do not at all call in question the reality and genuineness of reforms produced by true conversion and the operations of divine grace; on the contrary, I recognize real conversion as a sure, and the only sure or hopeful, means of reform. A great many drunkards and opium-eaters and other vicious characters have been rescued as brands from the burning by the Saviour of sinners. It is common to regard these wonderful changes as miraculous. And, in fact, this is the natural and only possible explanation of the instantaneous and permanent reform of a drunkard, on the theory that his drunkenness is a disease. And this in itself shows that the whole theory is false and absurd. The power which is exerted in the regeneration of a drunkard is not miraculous; it is supernatural. His conversion is not accompanied with, still less does it consist in, a magical, miraculous healing of disease in him; but it is the renewing and transforming of his wicked will, by the power of the Spirit of God.

Let me read to you two or three accounts of reformation through conversion.

“One man, a Mr. P., a merchant of this city, from one of our oldest and best families, had drank liquor for fifty-six years. At the time he came with us, had reached the age of 72. He became a converted man while in the Home, and abandoned the use of liquor immediately, and from that time to the present, three years, has never used the intoxicating beverage, but as far as we can learn has lived a consistent Christian life. Another, a Mr. E., had been a confirmed drunkard for forty years. Came to the Home at the age of 61, and from the date of his conversion here with us, which is now some three and a half years ago, has lived a most worthy Christian life. A Mr. O. had been constantly under the influence of stimulants for ten years. Had been a drinking man for twenty years. Was converted, is now an active member of the Methodist Church, and through his pious example, has been the instrument under God of bringing his wife and daughter to a saving knowledge of Christ, nearly five years ago. Another, a Mr. P., now my assistant in the religious work of the Home, was for ten years a drunkard, five years an abandoned wretch; made his home in the station house, and Tombs, and the Island. For the five years, seemingly, was a most hopeless case; accepted Christ in this Home, over four years ago. All these men I have named, have lived noble Christian lives; and further, have never had the desire to taste liquor since. So I can give you the names of scores and hundreds that have been converted to Christ in this Home. Sound in body and mind, perfectly healthy, they have been, ever since the liquor was out and God’s grace in.”

In another part of the same letter the writer says, “We have sometimes not had a physician in our institution for several months at a time.”

Now does any one believe that these confirmed and seemingly hopeless drunkards, who, under religious constraint, and without medical treatment, and without the aid of a physician, can instantly leave off drinking, and remain totally abstinent and Christian men for years, are diseased men,—that disease can be cured in that way?

But, apart from such religious transformations, reformation of confirmed drunkards is very rare. Here and there, after the

expenditure of enormous labor and care, there is produced a case of reformation which seems to be radical and permanent ; but it is allowed on all hands, that it is one of the most difficult things in the world to reform a drunkard. At one of the meetings of the Association of Medical Officers of Asylums for the Insane at which this subject was discussed, not a tittle of evidence was forthcoming that any considerable proportion of habitual drunkards were cured, while on the contrary, Dr. John Gray, superintendent of the Asylum for the State of New York, asserted, " I can recall some very remarkable cases of restoration from that habit, lasting eight, ten, or twenty years, that is, from the time of their discharge from the asylum to the present ; but I can count them all upon my fingers." The Commissioners in Lunacy for Scotland, public men of large views and wide experience, who possess abundant opportunities for observation, who have watched the considerable number of habitual drunkards who place themselves voluntarily in the Scotch asylums, and who also officially visit the Scotch inebriate asylums, to see that no really insane persons are detained therein, in their report for 1872 say : " It would not be easy to point out a single case of permanent and satisfactory reform." The latest report of the Inspector of Retreats for the intemperate in England says, " I am unable to point out a single case where a permanent cure has been effected." Young men who are indulging in the use of intoxicating drinks, under the impression that they can leave off whenever they choose, will do well to ponder these facts. Those who already have confirmed habits of drinking will do well to take note that, except in immediate and thorough conversion and renewal by the grace of God, there is hardly the ghost of a chance for them.

In a discussion at a meeting of the Social Science Association of England, Dr Ellis is reported to have said that " he had for the last fifteen years kept a private establishment for the reception of persons habitually intemperate, 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."

Dr. Cuyler, who is well known as one of the foremost temperance-workers in this country, writes me, " I also believe that voluntary drunkenness may at last place a person under such wretched conditions that recovery is hopeless ; appetite becomes

invincible ; the man is a rotten wreck I too have ceased to whine about poor drunkards, in the mawkish style of the platform ; I tell boys and young men, it is suicide."

It is a relief, however, to find that such institutions as the two at New York and Philadelphia which I have repeatedly referred to, which do not treat intemperance as a disease, but handle it as a vice to be reformed by moral and religious methods, claim, with apparent justice, to save about one-third of those who are brought to them. The one at Philadelphia has a society of about six hundred graduates, who are encouraging and helping one another, and are apparently reclaimed.

Inebriate asylums have proved costly failures. In some places expensive buildings, originally designed for such institutions, have been turned into asylums for the insane, as in the province of Ontario, in Canada, avowedly because of the failure of such institutions in this country. We are informed that there are more than sixty inebriate asylums in the world, and that they are constantly increasing. If so, it is in regions where they have not been tried, and their worthlessness has not been found out. Where they have been tried, they have failed. Two at least have perished in Hartford. The Binghamton Institution has been a public scandal from its beginning. An English physician of eminence visiting this country for the express purpose examined all our inebriate asylums a few years ago and found them all worthless, with the exception of the Reformatory at Philadelphia. In most of them no medical treatment was attempted. Every community among us has its graduates from these asylums, who are living testimonials of their worthlessness. Discharged as cured, many of them have been drunk when they arrived at home.

All this shows that labor expended upon drunkards is for the most part labor wasted upon the wrong end of the inclined plane. But it shows something more. Why have these institutions proved failures? Because they have been based upon a false principle. Hospitals for well people cannot succeed ; asylums for sane people cannot prosper ; institutions for the cure of burglars would not accomplish anything ; and yet an asylum for the cure of thieves would be as reasonable and sensible as an asylum for the cure of drunkards. Inebriate asylums cannot cure drunkards, because, apart from its more physical effects, there is nothing in drunkenness itself to cure. Every now and then we hear of some

drug of newly-discovered properties which is going to prove an antidote to drunkenness, and a cure for all intemperance. We wait anxiously, but we wait in vain; nothing ever comes of it, and nothing ever will come of it; as well might we search the *materia medica* for a cure for blasphemy. "Cure her," cried Macbeth to the physician:

"Canst thou not minister to a mind diseased,
Pluck from the memory a rooted sorrow,
Raze out the written troubles of the brain,
And with some sweet oblivious antidote
Cleanse the stuffed bosom of that perilous stuff
Which weighs upon the heart?"

The physician, wiser than some of his professional brethren of later times, replied, "Therein the patient must minister to himself; this disease is beyond my practice."

What drunkards need is reform; but that is not within the scope of medical science. The very incurableness of drunkenness shows its real nature. Every disease is controllable, and to a large extent curable, by medical skill. If drunkenness were a disease, there would be a very considerable percentage of cures; but the large percentages once boasted by inebriate asylums have shrunk into lamentable insignificance, with the enlargement of experience and the tests of time, and the asylums themselves are fast passing away as failures. A habit of mind is more inveterate than a disorder of the body; vice is more unmanageable than disease; wickedness, beyond a certain point, is more desperate than death itself, more remediless than the grave.