# 5

# A fascinating poison: early medical writing on drink

Drunkenness is nothing but a state of self-induced insanity. (Seneca)

It is impossible to fix precise limits, and to determine where soundness of mind ends, and madness begins. (David Hartley)

The social, medical and philosophical changes which took place in the eighteenth century are a crucial stage in the history of attitudes to alcohol for a number of reasons. As we have seen, the introduction of gin politicised alcohol use such that debates over how to control consumption became embroiled in fundamental questions about the role of the State in managing both markets and private behaviours. Furthermore, questions about intoxication and sobriety that had previously been couched in purely religious terms started to become enmeshed in secular questions about the relationship between reason, civility and social progress. This second issue was partly an extension of earlier debates about propriety and public morality, however, it also tied in with newer questions about psychology and consciousness. This partly impacted upon the way in which the distinction between sobriety and intoxication was conceived, but it also began to reshape thinking about compulsion.

The eighteenth century witnessed significant developments in the 'medicalisation' of problem drinking. It has often been argued that the modern concept of addiction was developed, or 'discovered', in America in the final third of the eighteenth century.[1] In reality, the key features of the modern 'disease model' of addiction were being developed in Britain throughout the eighteenth century, and had become fairly well established by the 1770s.[2] It was these developments that would lay the ground for some of the most critical aspects of the nineteenth-century drink question: debates over the treatment of habitual drunkards, their moral responsibility, and the role of the State in protecting them from their own destructive desires. Related to the burgeoning medical discourse on drink were long-running philosophical disputes over the nature of consciousness. These fuelled heated speculation over what drunkenness told us about the

relationship between mind and body, and what the moral implications of that relationship might be.

## Body, mind and spirits

The Enlightenment sparked innumerable controversies as to the nature of reason and its relationship to moral responsibility. In Britain, the neat Cartesian division between body and mind had always been treated with some scepticism.[3] Far from the health of the mind being divorced from the actions of the body, it seemed self-evident to many that physical well-being was inextricably, and causally, tied to mental health. Joseph Addison hitched this idea to a polite defence of physical exercise, describing the body as 'a bundle of pipes and strainers, fitted to one another after so wonderful a manner as to make a proper engine for the soul to work with'.[4] Addison's own fondness for the bottle didn't prevent him from aspiring to his own rather higher ideals. Debates raged in the medical literature over the relative benefits of different diets and regimens. The prolific medical writer Thomas Short noted that few subjects 'have of late afforded greater matter of discourse and writing than water-drinking'.[5] Such debates were part of a far wider discussion about physical and mental health which spoke volumes about the complexity of thinking on the subject in eighteenth-century Britain. And, of course, it was a debate taking place right in the middle of the gin craze.

For doctors such as Stephen Hales, drink was a lifelong political concern. However, Hales was unusual in abstracting his discussion on drink from wider health concerns. More typical were doctors such as George Cheyne who incorporated a discussion of alcohol into broader studies of physical and mental well-being. George Cheyne had especially good reason to worry about the effects on alcohol on health. In *The English Malady* (1733) he included a brief narrative of his own medical history: a torrid tale of weight swings, skin infections, lethargy, fever, constipation, diarrhoea, gout, shaking, vomiting and vertigo, which left the clear impression that when Cheyne dispensed advice to sickly patients – whatever their disease – he spoke of that which he knew. The turning point in Cheyne's narrative was the moment when, after moving to London, he fell in with '*bottle-companions*'. After spending some time acquainting himself with the life of the tavern he found that his 'health was in a few years brought into great distress', he 'grew *fat*, *short-breath'd*, *lethargic* and *listless*'.[6] What followed anticipated later temperance novels in its description of excess, despair and recovery.

Having recovered from one of many bouts of sickness, Cheyne spent the next twenty years '*sober*, *moderate* and *plain* in my diet, and in my

greatest health drank not above a quart, or three pints at most, of *wine* any day'.[7] As an illustration of the levels of consumption considered frugal in the mid-eighteenth century, this is certainly revealing. More important, however, is the emphasis Cheyne subsequently put on water-drinking as crucial to healthy living. 'The benefits a person who desires nothing but a *clear head* and *strong intellectual faculties* would reap by religiously drinking nothing but *water*,' he wrote in 1740, 'are innumerable'.[8] Cheyne was perhaps the first secular doctor (in the sense that, despite his open religious convictions, he was not a cleric of any sort) who saw total abstinence as both possible and advisable.

## Sobriety and sanity

Abstinence, though unusual, was not completely unknown in Georgian England. Indeed, Thomas Short complained that among a certain class of doctors it had become one of 'those general and groundless invectives, which have been thrown about of late'.[9] Samuel Johnson gave up drinking once it stopped agreeing with him, and he was more than happy to discuss his abstinence in public – although he never tried to convince others that his was a universally applicable course of action. Cheyne's original contribution was to propose a specific physiological reason why intoxicating drinks might be detrimental to mental health. Cheyne worked with a mechanistic and neurological model of consciousness of the sort which would be developed in more depth by David Hartley; one in which thoughts were seen as arising from the activities of the nerves; and because in this model the action of the nerves was dependent on other bodily processes (such as the response of the stomach to foodstuffs), it collapsed the division between body and mind. For Cheyne, intoxicating drinks were 'sensible causes' of '*madness* and *lunacy*' precisely because of their detrimental impact on the nerves.[10] Cheyne challenged readers to find a case of madness in 'any one who soon after twenty, *entered on water-drinking* only … for it is *fermented* liquors only that inflame the *membranes* and *membranous tubuli* (the *nerves*) which are the bodily organs of *intellectual* operations'.[11] Here was a convincing medical argument for total abstinence, by one of the most famous physicians of his day, and avoiding any explicit appeal to moral or religious reasons for temperance.

Cheyne was part of a generation of doctors who began to look at the workings of the mind in ways which demanded that they account for the impact of intoxication, and who helped turn the subject of drunkenness from one concerning moral rectitude and social responsibility into one that also involved the nature of consciousness itself. Central to their new approach were the ideas of John Locke, who posited the notion that

identity did not exist independently of, or prior to, consciousness; instead identity was simply what emerged out of every individual's awareness of their own thought processes. Conventionally it was assumed that one's consciousness was subordinate to one's essential identity: to 'know thyself' was to apprehend *through* one's consciousness a true, higher self which lay beyond the distractions and illusions of daily existence. From this perspective to be, or to get, drunk meant either to intensify the clutter of consciousness such that one's true nature was obscured, or – the flipside – to slice through that curtain of social convention and habitual thinking to reveal one's true nature, for better or for worse. The problem Locke posed for both positions was the idea that there was no super-identity which drunkenness could either reveal or more deeply obscure. Instead, Locke suggested, identity was simply the product of whatever state of mind a person may find themselves in. One of Locke's friends, Anthony Collins, illustrated this philosophical position mischievously by asserting that 'the mad man and the sober man are really two as distinct persons as any two other men in the world'.[12] It was a dangerous proposition, but one which would nag at politicians, philosophers and jurists for a very long time.

The problem all this posed was how to distinguish securely between rationality and irrationality given that, in the case of intoxication, the line was blurred. Madness could not simply be defined as a deficit of rationality because the separation between sanity and insanity was complicated, not simplified, by developments in the philosophy of mind. For Locke, consciousness (and, by extension, identity) rested on the transformation of sense-experience into mental activity. By locating madness in the constantly shifting and contingent domain of the imagination – a domain which could easily and temporarily be disrupted by the simple act of taking a drink – madness was brought *closer*, not further, from everyday life. Thus, understanding the 'voluntary madness' of intoxication became an ever more pressing concern, as did understanding the 'willing slavery' of habitual drunkenness.

One person who developed Locke's 'associationism' in directions which would further blur the distinction between intoxication and madness, was the philosopher and doctor David Hartley, whose influential *Observations on Man* was first published in 1749. Hartley was a friend of Stephen Hales and added his voice to the clamour for anti-gin legislation in 1751. However, his position on alcohol owed more to the physiological speculations of George Cheyne than the moralistic campaigning of Hales. Hartley developed a complex theory of the relationship between body and mind based on the idea that mental activity arose from physical activity (in the form of tiny vibrations) in the nerves. He claimed that ideas were

the mental effect of vibrations in the nerves which were carried into the brain where they stimulated both simple sensory responses and highly complex associative reactions. It was the nature of these simultaneous mental reactions to the stimulation of neurological vibrations that produced ideas and, by Lockean extension, identity. This model of the mind, taken together with Hartley's assertion that because of the complexity of mental activity 'it is impossible to … determine where soundness of mind ends, and madness begins', had profound implications.[13]

What happens to the mind when an intoxicating substance is taken into the body? For Hartley the 'greatest and most immediate effect arises from the impressions made on the stomach, and the disorderly vibrations propagated thence into the brain'.[14] Erasmus Darwin concurred, defining drunkenness as an experience in which the 'irritative motions are much increased in energy by internal stimulation'.[15] This is a deeply materialist model of intoxication – in which it is merely the result of a series of physical impressions; paradoxically, however, when applied to a model of the mind in which consciousness and, by extension, identity proceed from physical impressions it turns the act of getting drunk into an act of literal self-transformation. Anya Taylor has suggested that Hartley was both reflecting and further entrenching the 'spirit of the age' here by drawing his readers' attention to a 'concern with intoxication, personal dislocation and oblivion'.[16] That is, Hartley's interest reflected a more widespread concern with what the fluidity of identity – as posited by Locke and developed to its radical extreme by Hume – meant for human self-realisation and self-creation: a concern in which the drinker, precisely because of the unique questions intoxication posed, acted as a 'test case'.[17]

The associationism of Hartley and Cheyne was an important part of the context in which ideas about drinking began to shift. They represented a move away from simply decrying drunkenness as a temporary madness to identifying drunkenness as one exemplar of the complexity of the mind: both its inextricable ties to the body, but also the impossibility of constructing an impenetrable wall between sanity and insanity. The bodily causes of madness, Hartley wrote, were 'nearly related to drunkenness'.[18] The capacity to *willingly* rearrange the very mental structures which gave rise to individual identity posed the thorniest of philosophical questions, and the job of exploring the implications of this would, as we shall see, be taken up by Romantic writers with some enthusiasm. However, the philosophical implications of willingly intervening in one's own identity construction was only one side of this coin; on the other side was the question of whether one could willingly enslave oneself to the experience of intoxication. If drunkenness was a voluntary reordering of the self, then which part of an individual's humanity was curtailed when a person

apparently lost the capacity to choose whether to drink or not? Such questions would come to play a key role in the evolution of modern ideas of addiction, and in wider debates over the idea of human freedom itself.

## The idea of addiction

Writing in 1751, Josiah Tucker suggested there were three types of gin-drinkers:

> First, such as are obstinately addicted to it; – secondly, such as have no unconquerable attachment, yet cannot withstand the temptation, when thrown in their way; – thirdly, young children, and the rising generation.[19]

The fact that Tucker uses the word 'addicted' here does not tell us much. The verb 'addict' is an ancient one meaning to attach oneself to someone or something. It could be used to denote devotion to virtue: John Bunyan's exhortation that we 'addict ourselves to the belief of the scriptures of truth' was not untypical.[20] Nevertheless, as Johnson pointed out in his *Dictionary*, while 'to addict' meant to devote or dedicate, it was nevertheless 'commonly taken in a bad sense; as, *he addicted himself to vice*'.[21] Whether positive or negative, however, the crucial point about the use of the phrase 'to addict' was that it functioned as a reflexive verb; as something one did to oneself. Addiction, therefore, implied both choice and freedom. The uniquely paradoxical aspect of the concept, however, was that it also implied a willing renunciation of that very freedom. To addict oneself implied making a conscious choice to give up the capacity to make a similarly free choice in the future. For a believer to addict themselves to God meant that they chose to give themselves up to that higher power; for a drinker to addict themselves to spirituous liquors implied the same thing.

Modern conceptions of addiction are, of course, very different. Now we speak of someone *becoming addicted to* a substance or activity: a crucial inversion of responsibility. We also have, as part of our commonsense understanding of the world, the idea that one can *become an addict*. This shift from reflexive to passive verb, and from verb to noun, is the linguistic trace which marks the transformation of addiction from a premodern to a modern concept. That the idea has metamorphosed over time is beyond question; however, where and when this metamorphosis occurred has been subject to some dispute.

It has long been argued that the modern idea of addiction was first outlined in a coherent and unified form by the American physician Benjamin Rush in his *Inquiry into the Effects of Ardent Sprits on the Human Body and Mind*, first published in Philadelphia in 1784.[22] The reality, however,

is that Rush's *Inquiry* contains little that was not already commonplace in England prior to its publication, and rather a lot that was anachronistic. Indeed, it has often been claimed that the spur to Rush's *Inquiry* was the publication of a sermon entitled 'The Mighty Destroyer Displayed' by the Quaker preacher Anthony Benezet.[23] Less commonly noted, however, is the fact that Benezet's sermon is littered with references to the work of both George Cheyne and Stephen Hales. It also cites William Cadogan's *Dissertation on the Gout*, which contains a discussion of abstinence.[24] Rush himself acknowledged his intellectual debt to Cadogan in the preface to a series of sermons on 'temperance and exercise' which Rush published in 1772.[25] Taken together with the fact that Rush lived in London in the early 1770s, and was close friends with the influential London surgeon John Coakley Lettsom – who published an essay on hard drinking shortly after Rush's *Inquiry*, it is difficult to imagine how Rush remained immune to the range of medical and religious literature on habitual drunkenness that was being published in England at the time. However, the important question is not so much whether Rush knew that problematic drinking was a common feature of public debate in Georgian England, but whether what he had to say on it was distinctively original.

The principal features of Rush's analysis of 'addiction' that have been identified as original are that that he described it as a *progressive disease* characterised by a *loss of control* over drinking, the cure for which is *total abstinence*. That Rush was only actually writing about distilled spirits somewhat undermines this claim from the start. The description of gin-drinking as a progressive disease, characterised by a loss of control, for which the only cure was total abstinence from distilled spirits was at the heart of Stephen Hales's *Friendly Admonition*, published half a century before Rush joined the debate. Furthermore, the idea of just abstaining from distilled spirits, rather than all alcohol, would have struck George Cheyne as oddly half-hearted – though Thomas Short may have approved. Rush's essay should, in fact, be seen as a conduit for ideas that had been developing in England for over a century. Furthermore, the roots of some of the principles which characterise modern ideas about addiction, such as the idea that it involves a loss of control so profound as to undermine the capacity to make free, moral choices, stretch back over a century before Rush's intervention.

## Directions against drunkenness

One striking example of a pre-eighteenth century work which anticipated features of the disease model are the 'directions against drunkenness' contained in Richard Baxter's compendious work of casuistical reasoning, the

*Christian Directory* (1673).[26] Baxter was one of the most prolific doctrinal commentators of the late seventeenth century, and so his analysis of the causes and effects of drunkenness is framed in deeply religious terms (though we should remember that Rush's approach was far from secular). However, his desire to reveal the minutiae of drink's effects on behaviour forced Baxter to meticulously divide habitual drinkers into different groups according to what their circumstances, motivations and patterns of consumption were. Loss of control – a specific vitiation of the will as opposed to a more general irrationality – was key to his definition of problem drinking. Among the many types of drinkers he described, there were those who:

> keep the soundness of their *reason*, though they have lost all the *strength* and *power* of it, for want of a *resolved will*: and these confess that they *should abstain* but tell you, *they cannot: they are not so much men*.[27]

Loss of control and abstention both feature here; so too does the typically modern idea of denial. A second class of drinkers, according to Baxter, had 'given up their very *reason* (such as it is) to the service of their *appetites*; and these will not believe … that their measure of drinking is too much, or that it will do them hurt'.[28] Baxter described drinkers suffering from self-delusion ('their appetite so mastereth their very reason, that they can choose to believe that which they would not have to be true'); as enslaved by instant gratification ('they judge all by *present feeling*'); and as driven by guilt (such that they 'fly from themselves' and drink 'as if they were resolved to be damned').[29] Baxter's suggested cures for habitual drinking also anticipated some modern approaches, such as calling for drinkers to renounce alcohol in front of their peers, and to 'give up [themselves] to the government of some other'.[30] He also suggested drinking a cup of wormwood after every 'cup of excess', though how effective this form of aversion therapy was in practice we have no way of knowing.

Baxter's work was certainly not typical of his time, but the extensive and detailed discussion of motivation, psychology, cause and cure contained in his 'directions against drunkenness' illustrates the fact that such approaches were already being worked out in the late sixteenth century. Given this, and the proliferation of public discussions on habitual drinking from the 1720s onwards, it becomes clear that the key question in determining how and when an identifiably modern conception of addiction appeared does not lie in identifying when it was first described in terms of loss of control; Baxter provided a forensic analysis of that phenomenon in 1673. Nor does it lie identifying when drinking was first described by doctors as a disease; the physician Everard Mainwaring wrote that 'drunkenness … hath all the requisites to constitute a disease' as early as 1683.[31] It does not reside in the principle of total abstinence, the idea of

which was irritating Thomas Short by 1727, nor in the suggestion that abstinence should be sudden and immediate (William Cadogan rejected that technique in 1771).[32] Neither did it reside in the combination of all these ideas with regards to spirit drinking; Stephen Hales set out that argument in 1734.

In reality, there was no moment when thinking on addiction changed, no paradigm-shifting text. Instead, approaches to habitual drinking were moulded by a collapse in the distinction between identity and action, between *what* you did and *who* you were, which occurred over the course of the eighteenth century. Richard Baxter clearly fell on one side of this divide. He insisted that, ultimately, the drinker was master of his own fate – that a true self existed above and beyond that part which had sunk into excess. 'If thou *wilt* not', Baxter demanded, 'say thou *wilt* not, and say no more thou *canst not*; but say, *I will keep my sin and be damned*: for that's the English of it'.[33] The work of Cheyne and Hartley marks a significant shift, however, because of its concern with the material source for the formation of habits. For the likes of Baxter, habit was like an object that the self picks up and then forgets how to throw away again. Samuel Ward, writing shortly after Baxter, wrote that the 'reason why this sin is so hardly left, and so few recovered from it, may be partly from the strength this sinful habit gets in the soul by the many repeated acts'.[34] However, this retains the idea that the self is autonomous; habit *gets into* the soul, but it does not *transform* it. It was the decentring of the self that followed Locke's insistence on the role of sensory activity in consciousness, and Hume's assertion that our selves are nothing more than a bundle of perceptions, which opened the door to the possibility that habits may be less like things picked up by selves, and more like part of the fabric out of which selves are actually formed. If we become habituated to certain experiences, then those experiences play a role in shaping the mental processes out of which our identity emerges. Habitual drunkenness seemed to provide one especially worrisome illustration of this.

The conventional religious perspective was that some part of the drinker's self, however deeply mired in the habitual use of strong drink, could, albeit through the intercession of a higher power, drag that drinker back into the light of sobriety. But the blurring of the line between body and mind, and between consciousness and identity, made the habitual consumption of intoxicants the material cause of a radical restructuring of the self. Writing in 1740, even the conservative Bishop of London was forced to tackle this unsettling proposition, insisting that:

> We must carefully distinguish between desires of nature *before* a habit of intemperance, and *after* it. Nature, not vitiated with custom or habit, is easy and content with a *reasonable* and *moderate* refreshment; but the cravings of nature

> under the dominion of habit (if we may then call it *nature*) are unlimited and endless.[35]

He continued, in language typical of the time, by insisting that the desires of habit 'are as much a disease, as thirst in a fever'; the habit of drunkenness was, he continued, 'the worst kind of slavery'.[36] For the likes of Stephen Hales, this truth had important political implications: it meant that the drunkard must be 'as it were, forced into his liberty … and be bound down to keep him from destroying himself' and everyone around him.[37]

## An infernal spark

In conventional religious discourse, habitual drunkenness had been a species of gluttony: a sin – albeit strangely bewitching – for which the drinker was morally responsible. By the second half of the eighteenth century, however, it had become commonplace to describe habitual drunkenness as something more extraordinary again: something which seemed to effect a metamorphosis through which the drinker was transformed into a different kind of person, just as a body was transformed by the actions of a disease. This was both disturbing, but also strangely intriguing. In 1774, the popular moralist Edward Harwood published an essay entitled *Of Temperance and Intemperance: Their Effects on the Body and Mind*. In it he insisted that a 'sober person':

> knows nothing of the perturbation, tumult and darkness of an intemperate man's soul, and is a stranger to those craving, impetuous and ungovernable passions, that tyrannize over him.[38]

Harwood's drinker was an object of horror and pity, but also of fascination: a helpless sinner, but also a figure of extremity, passion and alienation; the victim of 'an infernal spark which is absolutely inextinguishable'.[39]

As the century progressed, increasing numbers of medical professionals began to look towards this extraordinary phenomenon, and the range of explanations, prognoses and cures began to increase noticeably. The published studies of heavy drinking became lengthier, more detailed, and also more reliant on the direct observation of patients by the authors. John Coakley Lettsom's *Hints Respecting the Effects of Hard Drinking*, first published in 1787, presented a detailed study of the physical symptoms which marked the progressive stages of habituation to what Lettsom calls 'this fascinating poison'.[40] Lettsom acknowledged his debt to his close friend Benjamin Rush by appending a version of Rush's 'moral thermometer' to his own essay; however, he sided with Cadogan's earlier position on total abstinence – insisting that 'where the habit of drams has long

continued, the total and sudden omission of them, has sunk the person into irretrievable debility'.[41]

The most substantial and detailed medical statement on the issue was undoubtedly Thomas Trotter's book-length study, *An Essay Medical, Philosophical and Chemical on Drunkenness and its Effects on the Human Body* (1804). There, Trotter asserted that 'in medical language, I consider drunkenness, strictly speaking, to be a disease' and that '*the habit of drunkenness is a disease of the mind*'.[42] As should now be clear, this language was not in any way startling or original. However, his rigorously clinical approach, as well as his attempt (not always successful) to push moral judgement to the side of his analysis did mark a significant shift in thinking.[43]

For Trotter, the disease of drunkenness was 'produced by a remote cause'.[44] However, that cause was neither sin nor moral weakness. Trotter, like Cheyne before him, was concerned with the environmental and psychological causes of excessive drinking, and especially the extent to which drinking arose from deeper, psychological and affective problems. Describing drunkenness among old people, Trotter observed that:

> Young persons, distracted by other passions, are not much addicted to drinking; but when love, departing with youth, leaves a vacuum in the mind, if its place be not supplied by ambition or interest, a taste for gaming, or religious fervour, it generally falls prey to intoxication.[45]

Trotter was unusual in the extent to which he sympathised with drinkers – especially what he saw as vulnerable drinkers: women, the poor and the old. He saw habitual drunkenness as a disease, but he saw the source as often being a kind of spiritual malaise. He did not see drinkers as sinners, nor did he see them as victims of a nervous disorder brought on by physical exposure to alcoholic liquids. As a result the cures that he proposed were not as simple as prayer, piety, aversion or abstinence; his preferred approach was a kind of moral counselling: the rousing of 'particular passions, such as the parent's love for their children, desire of fame, the pride of reputation, family pride etc.'[46] For Trotter the drinkers became a 'case' whose treatment required exploration and observation rather than either regimen or religion. Consequently, he saw treating the motivation to drink as more important than treating the act of drinking itself.[47] In a sense, it is Trotter's sympathy with drinkers that sets him apart from earlier religious and medical writers. However, it is a sympathy which, looked at from a critical perspective on medical history, opened the door to a new and arguably more invasive form of control: a control which required drinkers to not just stop what they were doing, but to subject themselves to observation and categorisation by doctors so that, eventually, they could change who they were.

The medicalisation of drunkenness, and its subjection to the 'clinical gaze' was undoubtedly the most critical development in thinking about habitual drinking over this period.[48] The description of habitual drinking as a 'disease' – at first metaphorically, then increasingly literally – represented the birth of a new understanding of addiction which sought to strip it of its moral weight (although, as we shall see, this reconceptualisation would never be fully established). The eighteenth century saw the development of an array of treatment regimes which sidestepped conventional calls to prayer and piety. Debates abounded over the relative merits of partial and total abstention, of sudden and gradual withdrawal. Primitive forms of aversion therapy were proposed and explorations into the psychological roots of addiction began to be developed.[49] Religious conceptions of habitual drinking remained dominant, however, and there were very few writers who did not fall back into conventional condemnations of the vice of drunkenness even when they were attempting to define it in the language of science. Nevertheless, the rise of new ideas about addiction served to isolate and treat a newly defined illness, and to that extent they formed part of a wider process of medical empire-building. However, the other story about addiction is the story of how it became an object of fascination. Both drunkenness and habitual drinking posed problems regarding identity, the will, the nature of disease and the meaning of habitual behaviours at large. Few activities provided a more stark illustration of the complexity of this newly deconstructed relationship between body, mind and selfhood than drinking; hence the opprobrium conventionally targeted towards habitual drinkers became mixed with intrigue. Furthermore, whether couched in secular *or* religious language, the idea that the innermost self could be transformed through drinking – and, by extension, through abstaining – was a revolutionary development which would have an enormous impact on ideas about drink in the nineteenth century. The emergence of drunkenness as the object of fascination, as well as mere control, would become key to the development of the drink question in later years.

## Notes

1 H. G. Levine, 'The discovery of addiction: Changing conceptions of habitual drunkenness in America', *Journal of Studies on Alcohol*, 39:1 (1978), 143–74; P. Ferentzy, 'From sin to disease: differences and similarities between past and current conceptions of chronic drunkenness', *Contemporary Drug Problems*, 28 (2001), 362–90.

2 R. Porter, 'The drinking man's disease: The "pre-history" of alcoholism in Georgian Britain', *British Journal of Addiction*, 80 (1985), 385–96; J. Warner, '"Resolved to drink no more": Addiction as a preindustrial construct', *Journal of Studies on Alcohol*, 55:6 (1994), 685–91; J. Nicholls, 'Vinum Britannicum: the "drink question" in early

modern England', *Social History of Alcohol and Drugs*, 22:2 (2008), 6–25.
3 R. Porter, *Flesh in the Age of Reason* (Harmondsworth: Penguin, 2004), pp. 59–60.
4 *Ibid*., p. 119.
5 T. Short, *A Rational Discourse on the Inward Uses of Water* (London: Samuel Chandler, 1725), p. v; see also J. Smith, *The Curiosities of Common Water* (London: J. Billingsley, 1723); G. John, *Flagellum, or a Dry Answer to Dr. Hancock's wonderfully Comical Liquid Book* (London: Thomas Warner, 1723); Anon., *The Juice of the Grape, or Wine Preferable to Water* (London: W. Lewis, 1724).
6 G. Cheyne, *The English Malady* (London: George Strahan, 1733), p. 326.
7 *Ibid*., p. 342.
8 G. Cheyne, *An Essay on the Regimen* (London: C. Rivington, 1740), p. 24.
9 T. Short, *Vinum Britannicum* (London: D. Midwinter, 1727), p. 51.
10 G. Cheyne, *The Natural Method of Cureing the Diseases of the Body and the Disorders of the Mind Depending on the Body* (London: George Strahan, 1742), p. 93.
11 Cheyne, *An Essay on the Regimen*, p. xxv.
12 Cited in Porter, *Flesh in the Age of Reason*, p. 78.
13 D. Hartley, *Observations on Man, his Frame, his Duty and his Expectations* (London: J. Johnson, 1791), p. 230.
14 *Ibid*., p. 232.
15 E. Darwin, *Zoonomia* (London: J. Johnson, 1794), p. 248.
16 A. Taylor, *Bacchus in Romantic England: Writers and Drink, 1780–1830* (London: Macmillan, 1999), p. 65.
17 *Ibid*., p. 5.
18 Hartley, *Observations on Man*, p. 236.
19 Tucker, *An Impartial Inquiry*, p. 22.
20 J. Bunyan, *The Greatness of the Soul* (London: Joseph Marshall, 1730), p. 79.
21 S. Johnson, *A Dictionary of the English Language* (London: J. Knapton, 1756).
22 Levine 'The discovery of addiction'; Ferentzy, 'From sin to disease'.
23 T. Jason Soderstum, 'Benjamin Rush', in J. S. Blocker, D. M. Fahey and I. R. Tyrell (eds), *Alcohol and Temperance in Modern Society, Vol. 2* (Oxford: ABC-Clio, 2003), pp. 527–8; A. Benezet, *The Mighty Destroyer Displayed, &c.* (Philadelphia, PA: Joseph Cruikshank, 1774).
24 W. Cadogan, *A Dissertation on the Gout* (London: J. Dodsley, 1771), pp. 40–1; 60–1.
25 'A Physician', *Sermons to the Rich and Studious on Temperance and Exercise* (London: Edward and Charles Dilly, 1772).
26 R. Baxter, *A Christian Directory* (London: Robert White, 1673).
27 *Ibid*., p. 381.
28 *Ibid*.
29 *Ibid*., pp. 382–3.
30 *Ibid*., p. 393.
31 E. Mainwaring, *The Method and Means of Enjoying Health, Vigour, and Long Life* (London: Dorman Newman, 1683), p. 125.
32 Cadogan, *Dissertation on the Gout*, p. 41.
33 Baxter, *Christian Directory*, p. 393.
34 Ward, *A Warning Piece to all Drunkards*, p. 59.
35 E. Gibson, (1740) *An Earnest Dissuasive from Intemperance in Meats And Drinks* (London: M. Downing, 1740), p. 16.
36 *Ibid*., p. 20.

37 Hales, *Friendly Admonition*, p. 12.
38 E. Harwood, T*emperance and Intemperance: Their Effects on the Body and Mind, and Their Influence in Prolonging or Abbreviating Human Life* (London: T. Becket, 1774), pp. 6–7.
39 *Ibid*., p. 52.
40 J. C. Lettsom, *Hints Respecting the Effects of Hard Drinking* (London: C. Dilly, 1798), p. 14.
41 *Ibid*., p. 16.
42 T. Trotter, *An Essay Medical Philosophical, and Chemical on Drunkenness and its Effects on the Human Body* (London: Routledge, 1988), pp. 8, 172.
43 R. Porter, 'Introduction', in *Ibid*., p. xv.
44 *Ibid*., p. 8.
45 *Ibid*., pp. 83–4.
46 *Ibid*., p. 188.
47 *Ibid*., pp. 190–1.
48 M. Foucault, *The Birth of the Clinic: An Archaeology of Medical Perspectives* (London: Routledge, 1993).
49 Lettsom, *Hints Respecting the Effects of Hard Drinking*, p. 17.