

PSYCHOLOGY REVIVALS

**An Essay, Medical,  
Philosophical,  
and Chemical  
on Drunkenness  
and its Effects on  
the Human Body**

**Thomas Trotter**

*Edited with an Introduction by  
Roy Porter*



**An Essay, Medical, Philosophical, and  
Chemical on Drunkenness and its  
Effects on the Human Body**

It was during the course of the eighteenth and nineteenth centuries that the problem of chronic alcohol dependence in modern society and its consequent medical effects emerged. The topic of drunkenness figures prominently in the thinking and writing of social reformers, politicians, theorists, medical practitioners, and psychiatrists. Eventually, by the mid-nineteenth century, 'alcoholism' was named as the disease of habitual drunkenness. Possibly the most important book to predict this was Trotter's *Essay*, written in 1804. Through case studies based on wide experience, he detailed the manifestations of alcoholism, ventured therapeutic recommendations, and squarely termed drunkenness a disease – indeed, a mental disease.

Originally published in 1988 as part of the *Tavistock Classics in the History of Psychiatry* series, Roy Porter's Introduction to this facsimile reprint locates Trotter's work within the wider history of the evolution of the idea of alcoholism. It also examines the *Essay* in the context of Trotter's own life and mind – a mind preoccupied with what he saw as the degenerative tendencies of modern civilization and with the wider issues of drug dependence.

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First published in 1988  
by Routledge

This edition first published in 2014 by Routledge  
27 Church Road, Hove, BN3 2FA

Simultaneously published in the USA and Canada  
by Routledge  
711 Third Avenue, New York, NY 10017

*Routledge is an imprint of the Taylor & Francis Group, an informa business*

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A Library of Congress record exists under ISBN: 0415006368

ISBN: 978-0-415-72009-0 (hbk)

ISBN: 978-1-315-86716-8 (ebk)

AN ESSAY  
MEDICAL, PHILOSOPHICAL, AND CHEMICAL  
ON DRUNKENNESS  
AND ITS EFFECTS ON THE HUMAN BODY

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ROUTLEDGE  
London and New York

First published 1988  
by Routledge  
11 New Fetter Lane, London EC4P 4EE  
29 West 35th Street, New York, NY 10001

© 1988 Introduction by Roy Porter

Printed in Great Britain at the University Press, Cambridge

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*British Library Cataloguing in Publication Data*

Trotter, Thomas  
An essay, medical, philosophical, and  
chemical on drunkenness and its effects on  
the human body.  
1. Man. Physiology. Effects of alcohol  
I. Title II. Series  
615'.7828

*Library of Congress Cataloging in Publication Data*

Trotter, Thomas, 1760–1832.  
An essay, medical, philosophical, and chemical, on drunkenness and  
its effects on the human body/Thomas Trotter; editor with an  
introduction by Roy Porter.  
p. cm.—(Tavistock classics in the history of psychiatry)  
Reprint. Originally published: London: Printed for Longman,  
Hurst, Rees, and Orme, 1804.  
Includes index.  
ISBN 0-415-00636-8  
1. Alcoholism—Early works to 1800. 2. Alcohol—Physiological  
effect—Early works to 1800. I. Porter, Roy, 1946-. II. Title.  
III. Series.  
[DNLM: WM T858e 1804a]  
RC565.T76 1988  
616.86'1—dc 19  
DNLM/DLC  
for Library of Congress

ISBN 0-415-00636-8

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## PREFACE

The Tavistock Classics in the History of Psychiatry series meets a considerable need amongst academics, practitioners, and all those who are more broadly interested in the development of psychiatry. Psychiatry as a discipline has always paid considerable heed to its own founders, its history, and emergent traditions. It is one field in which the relevance of the past to the present does not diminish. There is a high professional awareness of the history of the subject, and many aspects of this are now benefiting from fruitful dialogue with the now rapidly expanding investigations of historians and historical sociologists.

Yet two factors greatly hamper our grasp of psychiatry's past. On the one hand, a considerable number of the formative texts on the rise of psychiatry are exceedingly difficult to obtain, even from libraries. As a small discipline in earlier centuries, many of the major works were published only in short runs, and many, even of the classics, have never been reprinted at all. This present series aims to overcome this problem, by making available a selection of such key works. Mostly they are books originally published in the English language; in other cases where the original language was, say, French or German, we are reprinting contemporary English translations; in a few cases, we hope to present entirely new translations of classic Continental works.

On the other hand, in many instances little is commonly known of the life and ideas of the authors of these texts, and their works have never been subjected to thorough analyses. Our intention in this series is to follow the model of the now defunct Dawson series of psychiatric reprints, edited and introduced by Richard Hunter

## *Preface*

and Ida Macalpine, now, alas, both dead, and to provide substantial scholarly introductions to each volume, based upon original research. Thus the book and its author will illuminate each other, and one will avoid the dilemma of a text isolated in an intellectual vacuum, or simply the accumulation of miscellaneous biographical data. It is our hope that this series will break new ground in the history of psychiatry, and secure a new readership for a number of illustrative works in psychiatry's rich and fascinating past.

# INTRODUCTION

Roy Porter

Through much of Europe and North America it was the first half of the nineteenth century which saw the dawn of modern society. Population mushroomed at a hitherto unknown rate, leading to the emergence of gigantic new conurbations. The demands of commercial and industrial capitalism brought into being in these manufacturing towns, mining areas and ports a concentrated proletarianised work force, typically uprooted from traditional social ties and patterns. And alongside the metaphorical armies of navvies who built the canals and railways were the real armies and navies which fought the Napoleonic Wars and later served the military designs of the new nation states.

Mass society was thus born; and one of its features – indeed, one of its terrifying problems, as contemporaries never ceased to point out – was mass drunkenness. There was, of course, nothing new in the heavy consumption of alcoholic beverages, nothing new in drunkenness, as the lives of people real and fictional from Noah through Falstaff to James Boswell make abundantly clear.<sup>1</sup> In traditional rural society it was good housekeeping to brew or distil grain surpluses into ale or spirits; and given the impure nature of the water supply, fermented beverages formed safe as well as warming, nourishing and convivial drinks. Ale houses and inns were the foci of community life ('a tavern chair', reflected Samuel Johnson, 'is the throne of human felicity'). The well-off marked their good fortune with the conspicuous hospitality of the free-flowing bowl, while the poor forgot their troubles, their lives of incessant grinding toil and poverty, in the Bacchanalian culture of carnival, when, on May Day, at Harvest Home, or at Christmas and New Year, peasants were permitted to booze themselves into oblivion.<sup>2</sup>

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Pre-industrial Europe abounded with warnings, religious, moral and medical, about the dangers of the demon drink: in tipping, as in everything else, moderation was the golden rule. But root-and-branch hostility to alcoholic liquor as such – as distinct from its abuses and excesses – was highly exceptional; there were few Malvolios, urging total prohibition in cakes and ale. After all, through the Eucharist, the taking of wine was validated within the ceremonial and sacramental rituals of the Christian churches (contrast the fierce prohibitions of Islam), and as the great American puritan, Increase Mather, had put it, ‘drink is in itself a good creature of God’. Similarly, traditional medical opinion, both learned and folk, regarded wine as a valuable cordial, a view spelt out at length in Dr Peter Shaw’s *The Juice of the Grape, or Wine Preferable to Water* (1724). Many of the tried-and-tested items of the pharmacopoeia were alcohol-based, as also were the patent and proprietary nostrums which began to flood the medical self-care market during the eighteenth century.<sup>3</sup>

Down the centuries critics, of course, tiraded against tipping; but drunkenness was typically treated as a problem which was individual, local, and temporary, confined to times of feast and festivities, rather than a real threat to social survival itself. The solutions were thought to lie in personal discipline and in specific measures of social control (the suppression of a rowdy fair, the closing of notorious drinking-dens and so forth).<sup>4</sup>

Events, however, took a far more ominous turn during the eighteenth century. In certain regions of Europe, advances in capitalist agriculture were by then producing occasional huge grain supplies. The upshot was that great towns became flooded with really cheap spirits; during the ‘gin craze’ in London between the 1730s and the 1750s there were at one point 8,000 dram shops in the capital, and one could notoriously get drunk for a penny and dead drunk for twopence. Labourers who could never have afforded to get blotto on ale descended into constant stupefaction – and beyond, into the grave – on cheap gin. Some thirteen million gallons of gin were consumed in 1734; by 1742 the total was nineteen million. The demoralizing, indeed fatal, effects were all too visible on the streets. In its most acute aspects, the gin craze proved only temporary. Governments acted to raise duties and curb the gin-shops, while a steadily rising population quickly put an end to the grain mountain.<sup>5</sup>

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Nevertheless the gin craze – most famously depicted of course in Hogarth's print, 'Gin Lane' – did mark the shape of things to come, registering the moment at which ardent spirits became the real menace, and brewing and distilling emerged as big businesses within market capitalism. Traditionally the rich had kept their cellars full of wine and the lower orders guzzled their home- or village-brewed beer. During the eighteenth century, however, stronger liquors came into vogue. Port was brought in cheaply from Portugal, brandy was smuggled from France; gin was adopted from Holland in the late seventeenth century; with the rise of the sugar plantations, rum ('grog') became a favourite drink of sailors and colonials, and home-distilled whisky swept North America. Potent, dangerous, and often extremely cheap, the spread of ardent spirits raised the problem of drunkenness onto a new plane.

Danger also lurked in the contemporaneous emergence of the great capitalist brewers – entrepreneurs such as Henry Thrale or Samuel Whitbread, who operated on a scale comparable to the greatest factory-owning cotton-spinner or mines magnate. Commercial brewers naturally wished to mass produce. This meant developing types of ales which would travel well and have a long storage life. The creation of the heavy 'porters' answered this need. But 'porter' was certainly more intoxicating than the traditional lighter ales, and critics – Thomas Trotter was one of them – commonly alleged that such brewers adulterated their products with noxious additives used both as stabilizing agents and perhaps to create addiction. Thus by the close of the eighteenth century, the alcoholic drinks available were more potent and perilous than previously.<sup>6</sup>

These developments of course paved the way for the massive surge of heavy drinking which ultra-rapid urban and industrial growth, with its ready money and social disruption, inevitably created in the nineteenth century. The new drink problem was a phenomenon tabulated by social statisticians, deplored by moralists and preachers, and analysed by commentators, who associated the evils of the bottle with every mode of vice and crime, above all with prostitution, violence and (mainly later in the century) physical and psychic degeneracy. Charitable organizations – the remote forerunners of Alcoholics Anonymous – sprang up to warn about the demon drink, to save the sot, and to provide alternative forms of

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recreation. For the first time, organized temperance movements were launched, aiming to win converts to the cause of complete abstinence, and, especially in the USA, to prohibition. And, not least, the massive new prominence of drunkenness, with all its attendant disorders, diseases and accidents, attracted the public alarm of the medical profession for the first time.<sup>7</sup>

Building to some degree on the work of precursors such as Erasmus Darwin, nineteenth century doctors set about investigating the pathology of excessive drinking, exploring its associations with conditions such as dropsy, heart disease, cirrhosis of the liver (newly described by Dr Matthew Baillie), nervous disorders, paralyses and, of course, sudden and premature death. Habitual drunkenness was shown to be critical in the aetiology of particular diseases, such as apoplexy; and the emergent psychiatric profession underlined the causal links between chronic drunkenness and insanity (the vast Victorian expansion of lunatic asylums, which readily filled up with inebriates, made such relationships crystal clear).<sup>8</sup> From the early nineteenth century, particular syndromes were newly labelled, ascribable to alcohol abuse, notably *delirium tremens*, first described by Thomas Sutton in 1813, and more fully discussed by Samuel Burton Pearson under the name of 'brain fever'.<sup>9</sup>

Thus doctors explored how heavy drinking caused disorder and disease. More challenging was the claim advanced frequently in the first half of the nineteenth century that heavy and persistent alcohol consumption was itself a disease in its own right, or at least a key symptom of some underlying disease. In other words, just as one would speak of a consumptive or an epileptic as someone suffering from a serious ailment, so the habitual drunkard was equally to be regarded as a diseased person, falling within the province of medicine to diagnose and treat. Thus the drunkard – a wretch traditionally seen as suffering from moral or religious weakness – came to be medicalized, and the 'disease concept' of drunkenness was crystallized, leading by the mid-nineteenth century to the notion of the disease of 'alcoholism' and of the 'alcoholic' as a suitable case for medical attention.<sup>10</sup>

It is important not to oversimplify the formulation of the disease concept of alcoholism. There was not one single concept but many, and the various approaches all had their insights and merits. One viewpoint was advanced by the German physician, C. von Brühl-

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Cramer (d. 1821), who argued in his influential *Über die Trunksucht und eine rationelle Heilmethode derselben* that the propensity to excessive drinking was a symptom of a physical disease (*Trunksucht*, or dipsomania). Thus drinking to excess should be seen not as a vice, but rather as analogous to the power of fevers to create unslakable thirsts; Brühl-Cramer also suggested parallels with pica, the inordinate longings of pregnant women for peculiar food or drink. Regarding what he called 'dipsomania' as a physical disease of the whole nervous system, Brühl-Cramer recommended treatment with physical medicines.<sup>11</sup>

A different viewpoint lay in treating excessive drinking essentially as a *mental* disease, or more frequently perhaps as the *symptom* of mental disorder. The leading French psychiatrist, J. E. D. Esquirol (1772–1840), thus assimilated habitual drunkenness into his favoured category of monomania. Just as some people, sane in other respects, had deluded perceptions and ungovernable appetites with regard to property, power or sex, so others were possessed by irresistible impulses to drink. Esquirol noted the close affinities between drunkenness and insanity; but unlike most asylum keepers he was less concerned to blame drink as the cause of madness than to point out how habitual drinking was a tell-tale sign of underlying mental disturbance. Esquirol's interpretation has some similarities to that developed in the 1830s by the German physician, Karl Rosch (1808–66), who regarded habitual drunkenness as typically the outcome of the combination of psychological predisposition (inner temperament) with social circumstances (squalid housing, bad company, etc).<sup>12</sup>

Yet another approach was adopted by perhaps the most eminent investigator of drunkenness, the Swede, Magnus Huss (1807–90), who was responsible for coining the term 'alcoholism' in 1852. Huss approached the problem primarily as a clinician. He investigated sensory, motor and psychic disturbances, and offered a particularly acute account of the neurological symptoms of the chronic alcoholic: nausea, convulsions, ringing of the ears, vertigo, and so forth. Huss was sceptical about identifying underlying psychological causes of alcohol habituation, and specifically denied the view, then being developed by 'degenerationist' psychiatrists such as Morel, that the alcoholic diathesis was in itself heritable.<sup>13</sup>

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Thomas Trotter and the History of Alcoholism

The first half of the nineteenth century thus saw chronic drunkenness – eventually ‘alcoholism’ – firmly established upon the map as a medical disorder. Thomas Trotter’s traditional claim to historical fame is that he was the first to outline – albeit not finally to formulate – many of the viewpoints and strategies subsequently adumbrated in the writings of Brühl-Cramer, Rosch, Esquirol, Huss and others. Brian Harrison, historian of the Victorian temperance movement, has thus written, ‘Trotter was the first scientific investigator of drunkenness’;<sup>14</sup> and it is significant that he has been credited with the ultimate accolade of a Garrison and Morton number (currently 2071.1), identifying him as the Columbus of the medical study of drunkenness. There is no doubt that Trotter’s work made a splash; his major treatise, the *Essay, Medical, Philosophical, and Chemical, on Drunkenness*, published in 1804, went through further editions in 1807, 1810 and 1812; it saw an American version in 1813, and was also translated into German and Swedish.

There is much truth in the traditional view that the *Essay ... on Drunkenness* was a notable, original and pioneering work. Trotter quite explicitly, indeed aggressively, defines drunkenness as a medical prerogative, noting condescendingly that parsons and moralists have long had their crack at the drink problem, but it must properly be the labour of the medical profession to solve it.<sup>15</sup> He categorically states that excessive drinking is a ‘disease’;<sup>16</sup> indeed quite specifically a mental disease.<sup>17</sup> A substantial part of his treatise is devoted to accounts of the symptoms and sequelae of the syndrome; but Trotter was no narrow clinician, and he showed himself acutely attentive to the sociopsychological circumstances which favoured heavy drinking. His 200-page book effectively sketch-mapped the field.

Thus Trotter deserves attention as a major forerunner of nineteenth-century students of alcoholism. But he believed he had a grander claim to fame. For he regarded himself as the very first doctor to collar the problem of habitual drunkenness. He informs us at the commencement of his book that when he was choosing the topic for his Edinburgh University MD dissertation, he was anxious to ensure that he would pick one which had ‘never been noticed by any former graduate’ – one, indeed, ‘only cursorily’ dealt with in

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the medical literature at large; and at numerous points in his text he trumpets his own originality: 'I have not any precursors in my labours'.<sup>18</sup>

There is some warrant for Trotter's belief in his own novelty. Drunkenness had, of course, figured large in writings ever since Antiquity, and there was a sizeable body of sermons, advice books, works of self-improvement and so forth, in English, on the subject. Various medical practitioners in Enlightenment England had written papers dealing with drunkenness, or had discussed drinking as part of the wider questions of regimen and diet, matters contained within the traditional framework of the 'non-naturals'. Bernard Mandeville, George Cheyne and John Coakley Lettsom are amongst the most eminent who examined the pathology of hard drinking, but the subject of alcohol abuse was at least touched upon by scores of medical writers, as for instance William Buchan in his much-read *Domestic Medicine*.<sup>19</sup> Mad-doctors blamed drunkenness in their aetiologies of insanity, and, not surprisingly, many practitioners commented upon the evils of the 'gin craze'. Even so, Trotter's treatise seems to have been the first book-length analysis of drunkenness by a British doctor – though it should not be forgotten that the American, Benjamin Rush's influential *An Inquiry into the Effects of Ardent Spirits Upon the Human Body* (1785), had already appeared, a work to which Trotter curiously seems never to refer.<sup>20</sup>

Trotter presents a forthrightly medical view of the condition: 'I consider Drunkenness, strictly speaking, to be a disease', an idea he later refines into the province of psychiatry ('the habit of drunkenness is a disease of the mind').<sup>21</sup> The striking clarity of this formulation is probably original. But it does not seem as if the ideas underlying it were really breaking new ground. For it was not uncommon for British practitioners earlier in the eighteenth century to construe drunkenness as a medical problem (rather than simply as a moral, religious or legal weakness), and the term 'disease' and its cognates had already been deployed in this context by physicians such as George Cheyne and Anthony Fothergill. Moreover, Trotter's perceptive grasp of the psychological underpinnings of habitual drunkenness – showing how the mind becomes enslaved to its own desires – was hardly so original as he thought. Very similar notions of the formation of chains of habits had already been

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outlined by his predecessors. Some twenty years before Trotter, John Coakley Lettsom had offered a comparable vision of the fatal downward spiral, leading from tipping for stimulus, relief or exhilaration, to low spirits, which were its inevitable after effects; which in turn could be obliterated only by further bouts of yet heavier drinking. Lettsom gave as an example<sup>22</sup>

those of delicate habits, who have endeavoured to overcome their nervous debility by the aid of spirits: many of these have begun the use of these poisons from persuasions of their utility, rather than from love of them: the relief, however, being temporary, to keep up their effects, frequent access is had to the same delusion, till at length what was taken by compulsion, gains attachment, and a little drop of brandy, or gin and water, becomes as necessary as food; the female sex, from natural delicacy, acquire this custom by small degrees, and the poison being admitted in small doses, is slow in its operations, but not less painful in its effects.

Eventually, Lettsom argued, such dependence would set in that

neither threats nor persuasions are powerful enough to overcome it, and the miserable sufferer is so infatuated, as in spite of locks and keys, to bribe by high rewards the dependent nurse, privately to procure the fatal draught.

Moreover, some fifty years before Lettsom, George Cheyne had been advancing comparable ideas, showing how old soaks eventually succumbed to alcohol 'cravings':<sup>23</sup>

They begin with the weaker wines; These, by Use and Habit, will not do; They leave the Stomach sick and mawkish; they fly to stronger Wines, and stronger still, and run the Climax from Brandy to Barbados Waters, and double-distill'd Spirits, till at last they find nothing hot enough for them.

Thus, as Cheyne saw it, the slavery of 'Necessity upon Necessity' set in, moving from 'Drops to Drams', through which in time 'Drams beget more Drams . . . so that at last the miserable Creature suffers a true Martyrdom'.<sup>24</sup>

And before Cheyne, Bernard Mandeville had offered a graphic account of the demon drink and the slide into alcohol addiction,

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putting his version of the 'Sot's Progress' into the mouth of a fictional character, 'Misomedon', who recounted how the drinker made rods for his own back. 'Misomedon' first praised the bottle god:<sup>25</sup>

It has laid my pains, appeas'd my Soul, made me forget my Sorrows, and fancy over night, that all my afflictions had left me; but the next Morning, before the Strength of the Charm has been quite worn off, they have in Crowds return'd upon me with a Vengeance and my self paid dearly for the deceitful Cure. 'Tis unspeakable in what Confusion and Horror, Guilt, Fear, and Repentance I have wak'd, in what depth of Grief, Fear, Anguish and Misery my Spirits have been sunk, or how forlorn and destitute of all Hopes and Comforts I have sometimes thought my self after the Use of this fallacious remedy.

It would be easy to multiply instances, from British and Continental physicians alike, of an awareness of the interplay between psyche, habit and alcohol dependence before the appearance of Trotter's work, for such perceptions were not unique to doctors but were part of common experience. For instance, Samuel Johnson – at one stage a heavy drinker – became a total abstainer as the only way to avoid addiction, telling Hannah More, 'I can't touch a little, child, therefore I never touch it. Abstinence is as easy to me, as temperance would be difficult'.<sup>26</sup>

Trotter's *Essay . . . on Drunkenness* is a landmark in the history of thinking about drunkenness, alcoholism and addiction; yet precisely in which ways and for what reasons remain open to question, for he was probably not quite the pioneer he thought himself to be. (One wonders why he nowhere refers to the discussions of the problem by Cheyne, Mandeville, Lettsom, Rush and others.) The remainder of this introductory essay will seek to ascertain the precise contribution made by Trotter. It will not principally address the rather Whiggish issue of priority (was Trotter the first to adumbrate the modern idea of alcoholism?). Instead, it will aim to recapture exactly which elements of drunkenness fascinated Trotter as a well-trained, experienced and humane practitioner, and how he viewed drunkenness as a medico-social problem and a therapeutic challenge. It is first relevant to sketch his life.

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The Life of Thomas Trotter, 1760–1832

We do not know whether Trotter accentuated or tried to suppress his Scottishness, but the fact that he was born in Scotland – at Melrose in Roxburghshire in 1760 – was of immense importance in shaping his career and attitudes.<sup>27</sup> A baker's son – he sprang from the same class of society as the Hunter brothers – Trotter went off at the age of seventeen to Edinburgh University to study medicine. It is known that he took Alexander Monro Secundus's class in anatomy and surgery. After two years he left, perhaps out of ambition, perhaps from poverty, and elected one of the classic career options open to the young Scottish medical lad of parts: he became a surgeon's mate in the Navy.

The War of American Independence was then at its height, and Trotter almost immediately found himself on active service aboard the *Berwick* bound for the Caribbean. Caught in a dreadful hurricane in which he lost his medicine chest, the ship limped back to England with a crew severely stricken with scurvy and dysentery (Trotter himself suffered badly from the latter). This youthful experience undoubtedly made a profound impact upon him. Throughout his naval career, improving the health of sailors was to be his great priority. It was, in any case, as he noted, a matter of military prudence: as he was to discover, the Royal Navy's victories at sea owed much to the fact that the French were saddled with sick crews. This initial trip also fixed his lifelong concern with scurvy, which he first discussed in print in his *Observations on the Scurvy* (1786).

Trotter saw further active service, receiving public thanks for his exemplary treatment of the wounded at the Battle of Dogger Bank in 1781, and being promoted to the rank of surgeon in the next year. At the close of the war in 1783, Trotter found himself one of those surgeons unfortunate enough not to be kept on at half pay. He took employment instead on a Liverpool slave ship, the *Brookes*. It proved another harrowing experience. The inhumanities of the slave trade appalled him, and he discovered that his elementary medical advice (for instance, for purchasing such antiscorbutics as fresh vegetables and fruit) was ignored by the callous and bigoted master, interested in nothing but economy. Trotter's early experiences taught him two lessons. First, that the difference between a healthy ship and a disastrously disease-ridden one lay in the dedication and

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authority of the surgeon; and second, that immense resistance was to be expected from the traditionalism, stupidity or parsimony of the officer class.

Trotter next practised briefly at Wooler in Northumberland, before returning to Edinburgh, where he attended the lectures of William Cullen, Francis Home, James Gregory and Daniel Rutherford, and, under the imprimatur of James Gregory and the encouragement of Dr Charles Webster, wrote his MD dissertation, *De Ebrietate, Eiusque Effectibus in Corpus Humanum* (1788).<sup>28</sup> It was apparently warmly received by Cullen. Little is known in any detail about Trotter's activities during his two spells in Edinburgh. It is clear, however, that he became caught up in the controversies surrounding John Brown and his Brunonian doctrines. In both the *De Ebrietate* and in the later *Essay ... on Drunkenness*, Trotter drew on the Brunonian concept of excitation, while taking issue with the Brunonians for holding too simplistic a vision of health as the mid-point between extreme sthenic and asthenic conditions.<sup>29</sup>

On leaving Edinburgh, Trotter then resumed his career in the Navy medical service. Armed with his MD, he now became a naval physician, being appointed to the *Barfleur* in 1788. He quickly attracted notice as an active and highly conscientious man, not afraid to voice strong views on the vital importance of cleanliness, ventilation and diet for maintaining health aboard ship. From 1793 to 1794 he served as second physician at Haslar, the vast naval hospital – it held up to 2,000 patients – just outside Portsmouth. Without being fixated upon pet theories, Trotter proved energetic in striving for improvements, in particular seeking to better the quality of nursing care, spelling out his ideas in *Remarks on the Establishment of the Naval Hospitals with Hints for their Improvement* (1795). Even so, the resistance his agitations met grieved him. Although the reforms he aimed to introduce were relatively uncontroversial – such as a suite of baths and a vegetable garden – they met with mere inertia.

In 1794 Trotter was promoted to his highest appointment, physician to the Channel Fleet under Lord Howe, with whom he enjoyed cordial relations. His massive three-volume *Medicina Nautica: An Essay on the Diseases of Seamen*, published in 1797, 1799 and 1803, a medical history of the Channel Fleet from 1794 to 1802, affords a fascinating glimpse of his endeavours.<sup>30</sup> He encouraged

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record-keeping amongst the ships' surgeons, and placed great faith in the value in tabulating data of epidemics, their duration, severity and outcome. He agitated for practical improvements in operating facilities and recovery beds, preferring to tend sailors aboard ship than to transfer them to hospitals on shore. Not least, he campaigned to raise the pay and conditions of naval surgeons.

Trotter always affected to despise theory and trust to experience. Yet he was no blind empiricist. In assessing the aetiology of diseases aboard ship, he recognized a certain truth in the miasmatic theory: foul air and lack of ventilation bred diseases. Yet some diseases were clearly spread by contagion, smallpox in particular. For that reason, he championed inoculation throughout the navy, and quickly became one of the most ardent supporters of Jennerian vaccination (the *Essay ... on Drunkenness* was to be dedicated to Jenner, and they became friendly correspondents).<sup>31</sup> Though perhaps curiously ambivalent towards James Lind (of Lind's methods with scurvy, he wrote, 'the plain truth is, his method of cure was imperfect', and he disapproved of Lind's passion for fumigation), Trotter was a lifelong propagandist for the value of citrus fruits, lemons above all, and of fresh vegetables in preventing and treating scurvy; and he was fond of picturing himself, as physician to the fleet, personally scouring the markets and nurseries in and around ports, buying up the choicest apples and onions for his crews. Trotter was not specially concerned with the theoretical reasons why fruit and vegetables proved efficacious antiscorbutics, though in his *Medical and Chemical Essays* (1795), not one of his more successful works, he offered reasons for regarding them, in line with the new Lavoisierian chemistry, and particularly following Beddoes's pneumatic experiments, as providing the blood with an acidifying principle, oxygen being the principle of fighting disease.<sup>32</sup>

Trotter suffered a hernia in 1795, and this perhaps precipitated the early end to his naval career in 1802. On leaving the service, he was awarded no special honours or recognition, and not a penny above his regular pension of £200 p.a. His later writings indicate that he took this as an affront, believing that this rather shoddy treatment was the reward for his tireless badgering of the naval powers-that-be on behalf of crews and surgeons. The *Medica Nautica* may in part be read as a retrospective self-vindication, indicting the supineness of his naval superiors and of such fashion-

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able naval physicians as Sir Gilbert Blane; and the *Essay . . . on Drunkenness* likewise abounds with barbs against the complacency of those whose duty was to improve the sailor's lot, as well as celebrating his own achievements, as for example in securing a reduction of the number of gin shops in Plymouth from 300 to 100.<sup>33</sup>

Just turned forty, Trotter chose to settle as a medical practitioner in Newcastle, an obvious choice for a seafaring man, though an ambitious ex-physician to the fleet might have been expected to set up in London. In 1810, on the death of his first wife, he remarried. He played an active part in the intellectual and cultural life of the town, being prominent in the Literary and Philosophical Society and contributing to the local newspapers and journals. His interests were both literary and scientific. He published a play, *The Noble Foundling*, in 1812, and a volume of poems, *Sea Weeds: Poems Written on Various Occasions, Chiefly During a Naval Life*, in 1829. But he also became embroiled in the controversy over the prevention of gas explosions in the deep pits of the Northumberland and Durham coalfields. As set out in his *A Proposal for Destroying the Fire and Choak-damp of Coal Mines* (1805), Trotter's solution lay in the use of an effective ventilation system – a view which surely reflects his years of experience in keeping ships' holds salubrious.

For one who had risen to become chief naval physician, and who was to publish influential works in his forties, relatively little is known of the last twenty-five years of Trotter's life. He continued as a medical practitioner in Newcastle till he was in his mid-sixties. Retiring from practice in 1827, he moved to a small estate in his native Roxburghshire, then briefly to Edinburgh, before finally returning to Newcastle, where he died on 5 September 1832. The last quarter century of his life brought no further medical or scientific publications.

Trotter's three chief productions all appeared around mid-life. These were the *Medicina Nautica* (1797–9), the summation of his experience in the navy, which will not be further discussed; the *Essay . . . on Drunkenness* (1804), which will be analysed below; and the *View of the Nervous Temperament* (1807). This was in many respects Trotter's most wide-ranging and intellectually ambitious medical work – it is approximately twice as long as the *Essay . . . on Drunkenness* – constituting an attempt to diagnose the characteristic

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sicknesses of the age, indeed, more specifically, to pinpoint precisely how the degeneracy of modern society was itself creating a proclivity towards sickness. The *View of the Nervous Temperament* has been neglected. I shall attempt to show below how a grasp of its key ideas is vital to an understanding of Trotter's project in the *Essay ... on Drunkenness*.

### *The Essay ... on Drunkenness*

Trotter's *Essay ... on Drunkenness* (1804) is a quite complex literary production. For one thing, it stands in a rather unusual relationship to his Edinburgh University MD dissertation, *De Ebrietate* (1788). Trotter quotes from his MD in the original Latin,<sup>34</sup> presumably as a way of establishing the temporal priority of his ideas about the diseases of drink. Yet he also treats the *De Ebrietate* as the first edition of the work of which the *Essay ... on Drunkenness* is the 'second' ('corrected and enlarged'). Thus we encounter the peculiar situation of an author quoting from the first edition of his own work in the second edition! Trotter awkwardly terms his *Essay* a 'comment' on his MD thesis.

This is just one sign amongst many that the *Essay ... on Drunkenness* was having to serve a plurality of purposes. After having spent twenty years in His Majesty's Service, Trotter had newly set up as a physician in civilian life. Though his choice of Newcastle may possibly mark a decision for relative retirement, the fact that he was keen to make a name for himself as a medical author also suggests ambition. Citing his pioneering MD thesis may well have been part of a strategy for establishing his credentials within the medical community as an expert of long-standing upon inebriation.

Yet all the signs are that he was not primarily, or at least not solely, targeting the *Essay* at a professional, medical readership. Written in an entertaining and often personal style, and laced with anecdotes and asides, the work is far from being a dry handbook or technical treatise on habitual drunkenness, methodically detailing its diagnosis and treatment, and listing clinical case histories and therapeutics. For one thing, as already mentioned, Trotter uses it as a vehicle to hit back against the 'torpid indifference' of the naval authorities – sardonically referring in his dedication to Jenner to