

MR. HALDANE'S SCHEME.

The *Broad Arrow*, in its issue of April 13th, commenting on Mr. Haldane's scheme and its possible effect upon the Army Medical Service, says: "We find that at the commencement of a campaign it will be 800 officers below its strength. Medical officers are not only killed by bullets and shrapnel, but are subject to a high percentage of casualties from sickness and other causes. It is sheer madness, as we have pointed out before, to send an army into the field without a sufficient proportion of medical officers and men. It is possible sometimes for a general in the field, by insisting on great economy in the employment of officers on the staff and line of communications, to ease the strain on the regimental officers, leaving these undisturbed at their own particular duties. But no such self-sacrifice will provide medical officers. Better to save the general officer, who should be spared routine work, the task of rearranging the details of staffs by keeping these down to reasonable limits at starting. The deficiency in medical officers cannot be filled up at the front. Civil surgeons may indeed be employed; in South Africa they gave great assistance, but this is a doubtful way of filling up gaps. The best way would be to create a Reserve of Medical Officers. In any case this most serious weakness of our field army demands immediate attention. The deficit of non-commissioned officers and men in the Royal Army Medical Corps on mobilisation is also enormous, amounting to 4522. Heaven preserve the sick and wounded from the attentions of hastily appointed and untrained hospital orderlies. . . . The shortage of officers (in the Medical Service) must be brought to the notice of the Government and the nation, for to send our soldiers on service without provision for the sick and wounded is conduct proper to an Attila or an Alaric, but altogether too inhuman and expensive for a nation holding our rank in the community of the world."

THE COLONIAL CONFERENCE AND AN IMPERIAL MEDICAL SERVICE.

The conference of the Colonial Premiers has begun. We think that it will be universally recognised that nothing could have been happier than the terms of the telegraphic message with which the King greeted the first meeting of the Colonial Conference and expressed his opinion of the weighty nature and interest of the questions about to be deliberated upon, not merely to the Colonies but to the British Empire at large. And, speaking generally, the opening address of the Prime Minister, Sir Henry Campbell-Bannerman, and the speeches which followed on the part of the representatives of the Colonies, were worthy of the occasion, the importance of which it would not be easy to exaggerate. The closer union of the colonies with this country can only tend to the strengthening and consolidation of the Empire, and should it be followed by the creation of an Imperial Council a way will be opened out, as we said last week, to the possible unification of the colonial forces, together with their medical services, on such a scale as should suffice to meet all the needs of imperial defence, including an ample medical reserve.

ROYAL HUMANE SOCIETY'S MEDAL.

At the monthly meeting of the Royal Humane Society on April 15th a special gold medal was awarded to Prince Henry of the Netherlands in recognition of his humane action at the wreck of the *Berlin* at the Hook of Holland on Feb. 21st. A medal was also awarded to Private Thomas Kerr, R.A.M.C., for rescuing two comrades from the Vaal river, near Standerton, Transvaal, on Jan. 7th.

PRESENTATIONS TO MEDICAL PRACTITIONERS.—

There was a large attendance at the council schools on March 30th, when the workpeople and officials of the Melingriffith Tin Works, Whitechurch, presented Mr. Frederick William Evans, M.D., C.M. Aberd., M.R.C.S. Eng., L.S.A., J.P., of Cardiff, with a handsome gold English lever watch, as a mark of respect and esteem on the occasion of his resigning the post of surgeon to the works. By the resignation of Dr. Evans a long family connexion with the Melingriffith works, which has lasted nearly 100 years, is brought to a close, for the grandfather of Dr. Evans was also surgeon there for a number of years.—At the St. John's parish room, Clifton, on April 6th, Mr. Ephraim Frederick Hastings Burroughs, L.R.C.S. Irel., L.A.H. Dub., was presented with a silver salver and a framed photograph of himself by the members of the Rational Association Friendly Society as a mark of their respect and esteem.

Correspondence.

"Audi alteram partem."

THE USE OF ALCOHOLIC BEVERAGES.

To the Editors of THE LANCET.

SIRS,—That the moderate expression of opinion upon the teetotal question, which you printed a few weeks ago, should have caused so much excitement amongst a certain class of dietarians has amazed me. I had no other thought than that it would receive a quiet burial in your columns; but ever since its appearance I have been annoyed by would be interviewers, and by letters and newspaper cuttings on the subject. And this has made two things clear to me: first, that it was high time that some check were given to the flowing tide of teetotal intolerance and immoderation; and, second, that the profession of abstinence from "strong drink" is apt to go hand in hand with intemperance of language.

The professors of teetotalism have been allowed to have things too much their own way. Few people have thought it worth while to stand up against them to speak words of commonsense—with the risk of having base, malicious, or ungenerous motives imputed to them. Thus, they have become a bit "masterful." And if things went on much further we might see strange and unedifying sights in our free country. Thus, under the prayerful guidance of some emboldened, teetotal, suffragettish matron, a crowd of enthusiastic men and women might possibly be seen upon their knees round three sides of the Café Royal, refusing to "move on" until the manager had emptied his last bottle of wine into the gutter. Intolerance of this sort is already known in America in connexion with the forced spreading of the gospel of teetotalism—some of the apostles of which, by the by, might be deemed no unworthy descendants of those well-meaning but impatient persons who lit the martyr-fires of Smithfield.

The public have, unfortunately, been led to misunderstand the position which, at the present time, the medical profession holds with regard to the, so-called, temperance question. And this is partly our own fault. The rank and file of our profession are, one and all, in favour of temperance. But when one of its leaders has accepted an invitation to speak upon what is known as the temperance platform, he has been too apt to be carried away by the *aura* of the meeting and by his own eloquence, and to say things which, in his calmer moments, he would deem it right and proper—his duty, even—to modify. But what he has said has been taken down in writing, and the sight of it in the next day's paper has been, I should hope, enough to spoil his breakfast. No one did more harm in bringing about this misunderstanding than a certain warm-hearted, eloquent (late) President of the Royal College of Physicians. But other members of our profession are still doing it, though in a smaller way.

In those papers and cuttings which have lately been sent to me (either with a view to affront me or to make me change my mind—perhaps both) the names of several illustrious professional friends are offensively hurled at me—men who have written and spoken, and rightly so, in the cause of *temperance*; but, to my certain knowledge, almost every one of them is, like myself, a moderate "drinker," and would smile at the idea of being classed amongst the teetotalers, or of being thought a preacher of *total abstinence*. The fact, then, of the existence of this misunderstanding fully justified some pronouncement being made, and it should also render the leaders of our profession, who are moderate drinkers, more guarded in their language when they are upon the "temperance" platform. If a man wishes to be a total abstainer from beer, wine, and spirits by all means let him. And if he wishes to notify that fact to others let him, if he will, instead of putting a miserable scrap of blue ribbon in his button-hole, make a broad, blue band of ribbon for his forehead; but let him at the same time try to be fair in his thoughts and temperate in his words, and to allow to others that freedom of action which he claims for himself.

One may notice that not a few of the "total abstainers" are great eaters of meat, and this habit for town dwellers, or for such as are leading a studious life, is apt to be very harmful. Far better for them would it be to drink a little wine or beer at dinner, and to give up some of the other

foods—for wine and beer are undoubtedly foods. The over-zealous teetotalers by their language on the platform, and in the press, have already forced wrong and misleading significations into several of our words. Thus, they speak of a man who drinks wine or beer at meals as one given to "alcohol." I assert that no sane person (except in the mind of a wrong-thinking teetotaler) ever drinks *alcohol*. I have never tasted it, and would as soon think of drinking paraffin or naphtha.

Another word which they have altered to suit their narrowed taste is "temperance." I claim that every man who signed that modest declaration is not only a teacher, but a practiser of *temperance*. "No," say they, "the man of temperance is the 'total abstainer.'" And I feel sure that their amended version of the Scriptures will show that when Paul was reasoning of "temperance" he was actually giving Felix a teetotal address. For these well-intentioned persons the word *temperance* (moderation) has no meaning: a man must be as they are, or else he must be wilfully hurrying on to a drunkard's grave. This is childish and sad; and when it is repeated over and over again it becomes vexing and offensive. And as regards the Apostle's friendly prescription to Timothy, it will probably be shown that the "little wine" which he recommended was not *wine* as we know it, but some weird teetotal drink which would most likely have left him and his stomach chilled, distended, and unhappy. (It is a strange and suggestive fact that so many of these drinks are in name and outward guise made as much as possible like those which the ordinary man takes. And some of them are by no means free from alcohol.)

In connexion with the excesses of the teetotal movement, the late Archbishop of York said that he "would rather see England free than sober." It was a "hard saying," and only a strong man in his position would have dared to say it. It caused a terrible shock amongst those for whom it was meant as a warning against intemperance in speech and writing; but the more one thinks over it the more right and sensible it becomes. Some of us have seen the effect of the teetotal craze in another country, driving men to drink water at their meals in public and spirits in the saloons afterwards. What healthy-minded person among us would not rather have English men and women free—free to drink what they like at meals, yes, and even between meals if they thought it would do them good—than driven under the lash of a teetotal Mrs. Grundy?

I am, Sirs, yours faithfully,

April 16th, 1907.

EDMUND OWEN.

To the Editors of THE LANCET.

SIRS,—What first strikes us on reading the manifesto by the 16 medical men who signed it on the use of alcoholic beverages is, why was such a document given to the world at this particular psychological moment? It may be surmised that it was meant as a reply to some particular declaration by total abstainers to a contrary effect. If so, it amounts to assertion merely and is no proper answer in so far as argument is not even attempted. If, on the contrary, the pronouncement be the mere expression of the pious opinions of 16 distinguished doctors apropos of nothing, the form of the document does not, one feels sure, really represent the reasoned views of leading clinical teachers of the great body of medical practitioners. We should be very sorry for our learned profession if such one-sided opinions in favour of the habitual use of alcoholic liquors, expressed in such slipshod language, were taken by the outside public as the general verdict of physicians and surgeons on their value in medical practice. If personal evidence be worth anything (and I do not claim it to be worth much) I may be allowed, perhaps, to state *per contra* my own modest experience, extending now over half a century. I can honestly say I have never met with a single patient who in his ordinary health needed to make use of any alcoholic beverage whatever. Nay, I believe, and have always told those who have consulted me, that they would be safer without it; while freely granting, within proper limits, that the use or non-use of alcohol, in moderate quantities and under proper safeguards, was a question for themselves individually and not one for their medical adviser to decide for them.

And here, as a modicum of actual facts is worth more than a load of theorising, I may venture to give the broad results of two experiments I was in a position to make on the effect of stopping all "stimulants." The first was my experience as a surgeon for several years of a fairly large gaol. Everyone who considers the class of persons admitted into a prison

must see that at least 50 per cent. habitually use alcohol in some form. The craving for their usual tipples was intense and in some cases the condition of, let us call it, *weakness* was so marked that I felt alarmed as to what might happen. But I never once gave in and to my relief after a little time every single prisoner began to take his food well and to mend steadily.

The second experiment was this, and here I must guard myself by confessing that I do not claim, and indeed I have not myself acted upon, the result as conclusive. Many years ago I was in charge of the fever wards of a small hospital. There was little choice of nurses for this kind of duty. The old woman in charge of the patients, I had reason to believe, "drank" when she had the chance, and what better opportunity could be presented than to make use of the stimulants ordered for her patients! I took the bull by the horns and for a whole year treated all the cases of fever—mainly typhoid—without once ordering alcohol. I could not say the results were different from what I had been accustomed to when prescribing stimulants in such cases, the mortality in typhoid being well under 10 per cent.—it must be allowed a fairly gratifying proportion of cures.

I am, Sirs, yours faithfully,

Dingwall, April 13th, 1907. WILLIAM BRUCE, M.D. Aberd.

To the Editors of THE LANCET.

SIRS,—I was glad to see the manifesto on the medicinal and dietetic value of alcoholic beverages in your issue of March 30th, for I know that members of the medical profession have been justly indignant at the way certain persons more or less distinguished have misrepresented the attitude of the profession towards the subject. It is an abuse of our high privileges to espouse the cause of factions and extremists and allow any of our names to be quoted as of those who are the champions of one-sided and fanatical ideas, and, if we must acquire prejudices, least of all should we give prejudiced ideas to the world as the latest findings of scientific investigation. By all means let us preach self-control, but the so-called temperance platform is not usually the place to find it.—I am, Sirs, yours faithfully,

London, W., April 2nd, 1907. A. W. FULLER, M.D.

To the Editors of THE LANCET.

SIRS,—The statements of the 16 eminent signatories to the declaration on the use of alcohol in health and disease are highly important and profoundly impressive. Unfortunately, in this too sceptical age even the *ex cathedra* utterances of the most distinguished authorities are apt to be closely scrutinised and vague generalities as to "the universal belief of civilised mankind" may by themselves fail to carry conviction. Would, therefore, these gentlemen kindly add to the benefits they have already conferred upon mankind and science in general, and upon the Chancellor of the Exchequer and those concerned in the sale of alcoholic beverages in particular, by condescending to tell their more ignorant professional brethren, and through them the general public, in what ways exactly alcohol is of benefit to healthy people, at what age the consumption of this inestimable boon should be commenced, and how "moderation" in its use is to be precisely defined.

The great stimulus which the declaration will doubtless impart to the consumption of alcohol renders it particularly important that medical men should be able to give authoritative advice in regard to the last two questions. Moreover, many medical men who up to now have been endeavouring to inculcate temperance principles on their families and patients will doubtless in the future teach the necessity for moderate drinking, and it is highly desirable in the interests of the spread of truth that they should be able to give sound and convincing reasons for the change in their belief to those benighted folk to whom the names and opinions of the 16 signatories may possibly not be sufficient.

To attempt to convince such fanatics as life-long teetotalers is doubtless well-nigh hopeless, but there are not a few apparently intelligent individuals who, persuaded unfortunately by the very specious and definite arguments put forth as to the mental and physical advantages of total abstinence, sometimes even by medical men almost as well known as those who have signed the present manifesto, have entirely given up the regular and oft-times apparently very moderate use of alcohol, and who, strange to say, declare they are no worse or even better for the change (such tricks can the imagination play!). Many such men would

possibly be amenable to a combination of authority and reason. A clear and convincing statement, therefore, of the advantages of alcohol as a habitual article of diet, and an exposure of the fallacies of the arguments and statistics advanced on the other side, would place publicans and patriots alike under a further debt of gratitude to those gentlemen who, from a stern sense of public duty, have gone out of their way to direct attention to the blessed potentialities of the regular use of alcohol, advantages which every day observation and experience, and the alarming decline in the national drink bill, show to be so commonly overlooked by the great mass of the population.

I am, Sirs, yours faithfully,

April 6th, 1907.

J. WALTER CARR.

To the Editors of THE LANCET.

SIRS,—The letter of Sir James Barr in THE LANCET of April 6th requires some comment. In the first place the very fault he complains of in the pronouncement signed by 16 eminent members of the profession—i.e., of posing as Sir Oracle—is the exact rôle he himself assumes when individually he criticises their action; only 16 times more so. To charge a man of the eminence in his profession such as Mr. Jonathan Hutchinson has attained to, a man of world-wide repute and universal respect, with being a “blatant” advertiser and to restrict his claims to our regard to showing that alcohol is an excellent mouth-wash in cases of operation on the tongue, is evidence of such a gross want of appreciation of one of our most revered and accomplished medical *confrères* that one can only excuse it by assuming an ignorance on Sir James Barr’s part of the excellent and abiding work indissolubly united to the name of Jonathan Hutchinson that is equally culpable and astounding.

The manifesto so seasonably issued by the 16 eminent practitioners is merely a temperate expression of opinion of some highly respected and leading members of the profession in reply to the constantly increasing vituperative and misleading statements of blatant exponents of extreme teetotal views, and as such will have the effect it was intended to have—to let the people at large know what is the unbiased and general view of the medical faculty as to the moderate use of alcohol as a medicine and a beverage. Of one thing I am quite certain—that the vast bulk of the opinion of the medical profession is in favour of the manifesto, and I feel quite sure that the effort of Sir James Barr to neutralise that effect, even though written under the influence of two glasses of champagne, will prove of no avail.

I am, Sirs, yours faithfully,

Preston, April 8th, 1907.

JAMES A. RIGBY.

To the Editors of THE LANCET.

SIRS,—Although I hold a very humble position in the profession allow me to say that I consider the manifesto on alcohol just issued to be both injudicious and uncalled for. The result cannot be otherwise than bad; besides, there is nothing in it that adds to our stock of knowledge.

I am, Sirs, yours faithfully,

Bexhill-on-Sea, April 6th, 1907.

F. P. ATKINSON.

To the Editors of THE LANCET.

SIRS,—It is a great pity that such words as “pernicious” and “impertinence” should be used in discussing a purely scientific matter, and I cannot help feeling that Sir James Barr’s letter is far from being marked by the urbanity and good taste which one would naturally expect from a knight bachelor of Mr. Balfour’s creation. After all, the manifesto in question simply puts forward the moderate as against the intemperate view on the subject of alcohol, and it undoubtedly expresses the opinions of a great number of medical men who are not extremists.

I am, Sirs, yours faithfully,

April 9th, 1907.

A MODEST PRACTITIONER.

THE TREATMENT OF ACUTE FAILURE OF THE HEART.

To the Editors of THE LANCET.

SIRS,—I read with much interest and pleasure Dr. C. Bolton’s paper on this subject in THE LANCET of March 30th, p. 870, particularly that part of it concerning diphtheria. His attitude towards alcohol and strychnine and his insistence upon the importance of rest meet with my most cordial

support, his views being substantially the same as those I have expressed elsewhere.¹ The paper, however, contains certain statements which should not, I think, be allowed to pass unchallenged. After rightly emphasising the importance of the early administration of antitoxin he says: “If antitoxin is administered on the first day of the disease, a circumstance only possible when the patient contracts the disease in a hospital, the mortality is only $\frac{1}{2}$ per cent. . . . After the fifth day antitoxin is unable to produce any reduction of the mortality.” Granted that diphtheria is often insidious in its onset, especially in children, in whom it may be mistaken for a cold or some other trifling affection, the prodromal symptoms are often sufficiently obtrusive to make the parents seek medical advice, especially if a recent case in the family or immediate neighbourhood has caused them to be on the alert.

It is hardly fair to the general practitioner to suppose that he should always fail to recognise diphtheria on the first day, or that having formed a correct diagnosis he should not at once insure appropriate treatment, either by giving antitoxin himself or by sending the case at once to hospital. It is true that first-day cases form a comparatively small percentage of the total admissions to fever hospitals, but one has only to refer to the statistics of Dr. J. MacCombie² to see that during the last nine years as many as 214 cases have been admitted to the Brook Hospital on the first day of disease, all of which recovered. My own experience is corroborative. Out of 1200 consecutive cases that have been under my care in the course of the last four years, in 44 the clinical evidence confirmed the history of the disease having begun on the day of admission. No deaths occurred in these 44 cases, and in only three was there any paralysis, in each case of a mild character and short duration. In the remaining 1156 there were 268 paralysis cases, 98 of which were severe.³

In his remarks on the inefficiency of antitoxin after the fifth day of disease Dr. Bolton expresses an opinion which appears to be widespread, but which is, I think, erroneous, and if carried to its logical conclusion—viz., abstention from the administration of antitoxin in every case of diphtheria later than the fifth day—is highly pernicious. In my own cases no less than 169, or 14·08 per cent., were admitted after the fifth day of disease. With the exception of nine very mild cases, all in whom membrane was present received antitoxin. Of these 19 died, a mortality of 11·2 per cent. Would the death-rate have been so low had antitoxin been withheld? Surely not. In the pre-antitoxin era,⁴ even when the cases were brought under treatment at the very onset of the disease, the mortality was never less than 28·8 per cent., and not infrequently rose to 50 per cent. or more. Since age is an important factor in the prognosis of diphtheria it is well to say that the majority of my cases were children: 68 were between the ages of 0 and 5 years (14 deaths), 73 between 5 and 10 years (4 deaths), and 28 were 10 years old and over (1 death). The comparatively low death-rate cannot, therefore, be explained by saying that the patients were adults in whom the mortality of diphtheria is notoriously low. Nor can the low mortality be attributed to the mildness of the cases, as will be seen from the following classification: 17 were very severe (10 deaths); 51 were severe (9 deaths); among the remainder, which were classified respectively as “moderately severe” (17 cases), “moderate” (35), “mild” (40), and “very mild” (9), no deaths occurred. These figures also show that a late case is not synonymous with a severe case, every form of the disease being represented. It is important to realise that the evolution of diphtheria may be either rapid and malignant, so that even large doses of antitoxin given on the second day of the disease may not avert a fatal issue—the mortality among my second day cases was 3·08 per cent.—or comparatively slow and benign, so that the disease which may have been in progress for a week yields rapidly to a small dose of antitoxin, no subsequent complications ensuing. Though fully substantiating Dr. Bolton’s remarks on the importance of the early administration of antitoxin, I would urge that we should be guided by clinical rather than chronological considerations in our treatment of diphtheria. The presence of membrane in the throat, however late the disease, is an indication for serotherapy. I have seen so

¹ Practitioner, vol. ii., 1904, p. 798 et seq.

² Brit. Med. Jour., vol. ii., 1906, p. 1759. Cf. Metropolitan Asylums Board’s Reports, 1898–1905.

³ Cf. Practitioner, loc. cit., p. 612 et seq.

⁴ Baginsky: Diphthérie, p. 312. Cf. Metropolitan Asylums Board’s Reports prior to 1894.