

Drummond, and Dr. Glascott, together with eleven other members, to be added by the Local Reception Committee."

## CORRESPONDENCE.

### SCOTCH AND IRISH DIPLOMAS AND PUBLIC APPOINTMENTS.

SIR,—If Dr. E. Waters is correctly reported as stating at the Glasgow meeting of the Association (JOURNAL, August 11th, 1888, p. 315) "that he would base his resolution upon the single fact that their late President (Dr. Banks) and the present President (Dr. Gairdner) would not now be qualified to stand as candidates for the post of physician to the Liverpool Infirmary," he must be labouring under some misapprehension. The law of the Infirmary relative to the qualifications of physicians is "That no physician shall be eligible who is not a Fellow or a Member by examination of the Royal College of Physicians, London, or who has not graduated at one of the following universities—namely, Oxford, Cambridge, Dublin, Edinburgh, Glasgow, or London."

On turning to the *Medical Directory* I see that Dr. Banks is an M.D. Dublin and Dr. Gairdner an M.D. Edinburgh, both of which degrees are included in the law referred to.—I am, etc.,

Liverpool, August 11th. REGINALD HARRISON.  
P.S.—Two of our physicians are Doctors of Medicine of the University of Edinburgh.

### THE INEBRIATES' LEGISLATION COMMITTEE.

SIR,—Having, to my deep regret, been prevented from reaching Glasgow in time to speak on the report of the Inebriates' Legislation Committee, I crave a brief space to acknowledge the services conspicuously rendered by several gentlemen to the work of the Committee, which has just been rewarded by the enactment (though in an imperfect measure) of permanent legislation for the inebriate. The most notable of these friends have been Sir Robert Christison, Dr. Alexander Peddie, Dr. Donald Dalrymple, Mr. Stephen Alford, and Dr. Alfred Carpenter, the latter of whom ably acted as Chairman of the Committee for the first eight years, and secured the co-operation of the Social Science Association.

In Parliament, Dr. Cameron (one of the members for Glasgow) has borne the greatest share of the labour, and to his energy and tact we mainly owed the passage of the original Act. Earl Shaftesbury, the Earl of Aberdeen, Sir Walter Foster, Sir Trevor Lawrence, Sir Lyon Playfair, Dr. G. B. Clark, Dr. Farquharson, the Home Secretary (Mr. Matthews), Viscount Cross, and the Government, also, have done much to secure this legislation.

To the Editor of the *BRITISH MEDICAL JOURNAL*, Mr. Ernest Hart, the Committee are also greatly indebted, as from the first he has lent the powerful aid of the official organ, and has manifested his sympathy in various ways. The true work of this Committee is now about to commence in earnest. The existence of the Act and Amending Act is established, and it is imperative that the whole influence of the Association should be brought to bear upon the Legislature, to the end that these measures may be made more efficient by compulsory admission to the licensed home in obstinate cases of inebriety, by the inclusion of all forms of inebriety, by accommodation for the poor, and by such provisions as may be needed to facilitate reception into a retreat and strengthen the discipline thereof.—I am, etc.

NORMAN KERR, M.D.  
Grove Road, N.W., August 11th.

### Moderate Drinking.

SIR,—I should like, with your permission, to point out one important fact derived from the statistics which Dr. Owen's Committee has collected—one, too, which I cannot but think will cause many members of the profession to feel that the protest of the Medical Temperance Association is urgently needed, and may induce them to join in the protest. I refer to the extraordinary prevalence of intemperance among the adult males of this country, as shown by the tables. It will be remembered that Class E includes only the "decidedly intemperate." No less than 603 out of 4,234 were returned as belonging to that class—that is, 14.2 per cent. of the deceased males over 25 years of age. To discover what number this would represent in the United Kingdom (and it is supposed to be tolerably representative), I reckon the adult males as one in every family of, on the average, five persons. Out of \$5,000,000, this would give 7,000,000. To avoid exaggeration, let us consider that there are only 6,000,000. Now 14.2 per cent.

of these gives the astounding and terrible number of 852,000 "drinking men," "hard drinkers," and "drunkards." Women are not included in these returns, and therefore it may safely be said that, including both sexes, there are considerably over a million drunkards in the United Kingdom.

But I regret that I cannot stop there. Class D includes the "free drinkers," who take large quantities of liquor, but "cannot be called drunkards." Between this class and E there is the Subclass DE, respecting whom decision was unusually difficult. For the purpose of the investigation, the 100 persons in DE have been in one table divided between D and E. This would add another 70,000 to the total of the drunkards, making 922,000 drunken adult males!

But what are we to conclude as to the justice of the excessively charitable statement that those in Class D "cannot be called drunkards," when we find that even in Class C, "the careless drinkers," men are included who drink "even to the extent of intoxication occasionally?" If that is not to be "drunkards," what is it? Eternal Justice will not gloze over the sin of intemperance in this way, and it is "to be a partaker of other men's sins" if we fail to denounce this departure from sobriety, and to call it by its right name. How many of these "careless drinkers" are occasionally intoxicated there is no indication, nor do I wish to tar the whole of them with the same brush. But, if some of Class C are so bad, what of Subclass CD, and of Class D itself? Surely these ought in common fairness to be classed with E in like condemnation. They are the men whom any non-abstainer even would advise to abstain for their own sakes. But Subclass CD, Class D, Subclass DE, and Class E include just 32 per cent., or, in round numbers, one-third, of the whole. This would indicate that 2,000,000 of the adult males of this country are more or less addicted to intemperance. How many women besides, God only knows! The figures are already so awful, one shrinks from piling them up on were guesswork.

And it must not be forgotten that the information sent in by the various medical men respecting the habits of these men must have been largely supplied by their surviving relatives, and it goes without saying that they are more likely to have erred on the side of charity than of severity. Hence I cannot but fear that the conclusion I have arrived at is below rather than above the mark.

But, if we take Class E alone, I do not think it will be disputed that we are face to face with an awful state of things. It has never been shown on such certain data that the plague of intemperance is so prevalent, though some thirty years ago the late Mr. C. Buxton estimated that there were 500,000 houses cursed by drink. It is now 1,000,000, if not 2,000,000!

Are we not right in saying that this is not by chance, but due to the brain-and-nerve-bewitching power of the narcotic alcohol in intoxicating liquors; and that while the medical profession and others recommend the moderate use of such a narcotic, there will be more or less of these inevitable consequences? The principles we affirm are, that the habitual use of narcotics is bad; that the self-administration of them is full of danger, and certain to be fatal in a percentage of cases. The only practical course is to teach men to abstain from the use of all narcotics, and especially of that most common and destructive one, alcohol, in all its mixtures; if alcohol is required as a medicine, to give it (for what it is worth) in definite doses in the medicine, without the patient's knowledge if possible, and for a definite time.

I would like to add that I consider Sir W. Roberts's reference to the Jews to be misleading, as it is well known that their religion requires the observance of many sanitary regulations, both personal and as regards the quality of their meat, etc., which have an important influence in conducing to their longevity. No conclusion could be arrived at unless it could be shown that there is a difference, one way or the other, between teetotal Jews and the rest. It is a fact that the longevity of "Quakers" has considerably increased of late years, which is fairly attributable almost entirely to the well-nigh unanimous adoption of total abstinence by the members of that society. The same advantage on the side of total abstinence has been found in certain Wesleyan clubs, where the non-abstainers are also religious men, and just as careful of their health as abstainers. Indeed, it must not be forgotten that many people take alcohol, under (mistaken) doctor's advice, with the very object of preserving their health (!), and may be considered more careful and nervous about it than those reckless abstainers who defy the doctor, and yet won't die *secundam artem* as they ought to do!—I am, etc.,

Enfield, July 28th.

J. J. RIDGE.