

### "MODERATE DRINKING."

SIR,—I do not know that there is any material difference between Dr. Norman Kerr and myself as to the meaning of the term "moderate drinking." I understand Dr. Kerr to say, not that he would call anyone a "moderate drinker" who comes within the formal terms of the "general section," but that he believes, as a matter of fact, the proportion of persons actually insured in it who transgress the bounds of strict temperance to be so small as to be a negligible quantity. If this can be established, of course the significance of the figures Dr. Kerr has quoted will be greatly changed. At present it is extremely vague. The section, it is allowed, may include any consumer of alcohol who was not a drunkard at the time of insuring, and of its actual composition we have no evidence.

What Dr. Ridge means by saying that "it is scarcely fair, when comparing the effect on longevity of total abstinence and moderate drinking, to exclude from the calculation all the cases of immoderate drinking," I cannot divine. I am sure my tables contain nothing so "fallacious" as the logic of this singular proposition. Dr. Ridge's euphemistic charge against "certain" of our contributors of being "anxious to record" the early deaths of abstainers is a more serious matter. Will he kindly specify the names of the contributors against whom his charge is made? A full list is printed on page 1317 of the JOURNAL, June 23rd, 1888.—I am, etc.,  
ISANBARD OWEN.

5, Hertford Street, Mayfair, W., July 17th.

SIR,—Dr. Norman Kerr, in his very courteous allusion to the letters of Dr. Owen and myself, suggests that it is incumbent upon us to define our idea of the word "moderation;" this I will endeavour to do as briefly as I can. Moderate—as applied to eating and drinking alike—is defined by Webster as synonymous with "temperate," "sparing," or "frugal," and Dr. Norman Kerr, I am sure, will readily admit that this is a relative and not an absolute definition; relative, that is, to each individual and his special need. I attach no different significance to the term when applied to drinking than it ought to bear in regard to eating, working, or the pursuit of pleasure. But I take it that, in this particular discussion, the physiological quantity which any individual may take is what is meant by moderation—that amount which produces no sensible reaction, no appearance of unchanged alcohol in the secretion, "no greater recoil resulting from the stimulation than happens on the ingestion of any other true food" (Dr. Anstie, *Doctrine of Stimulus*).

I quite agree with Dr. Kerr's belief that "the great majority of the more thrifty and thoughtful assured are moderate in their habits," but a considerable minority are not so, and my argument was, not that even the strictly moderate drinkers necessarily enjoy as large a measure of longevity as the teetotallers, which may or may not be the case, but that the interesting statistics which he quoted are not sufficient to prove that they do not do so. I need not point out to Dr. Kerr the inadequacy of all our (at present available) statistics to establish either side of the contention: for, on the one hand, many teetotallers may have actually been so brought up in consequence of, and with a view to escape from, the evil habits of their forbears, and would therefore naturally inherit in some instances a proclivity to certain diseases unfavourable to length of life, notwithstanding their own teetotal habits; while, on the other hand, the percentage of the so-called moderate drinkers who actually exceed the limits of healthfulness, and thereby prejudice the insurance returns of the general class, can never be accurately known.

I venture to think, too, that Dr. Norman Kerr will not endorse the opinion expressed in the opening sentence of Dr. Ridge's letter, "that it is scarcely fair to exclude from the calculation all the cases of immoderate drinking." I believe, on the contrary, he will frankly admit that such exclusion is an absolute *sine quâ non* of any fair comparison as between moderation and teetotalism. For my own part, I cannot for a moment admit Dr. Ridge's contention "that the *onus probandi* of the harmlessness of these liquors in the smallest doses, commonly and regularly taken, certainly lies with those who assert it;" on the contrary, I think it is for those foxes who have voluntarily deprived themselves of their tails—if he will forgive me for using so trite an illustration—to establish the benefit of the operation to the judgment of those who meanwhile prefer to keep them. As long as grapes and barley supply what we venture to consider wholesome and palatable refreshment, I for one shall certainly leave to Dr. Ridge

and those who share his views the *onus probandi* that they are not so.—I am, etc.,  
J. HOLMES JOY.  
Tamworth, July 14th.

SIR,—Without having the slightest doubt that temperance is conducive to longevity, I should like to point out that, for two reasons, the experience of the United Kingdom Temperance and General Institution does not prove that total abstainers enjoy longer life than moderate drinkers.

In the first place, it seems to me that to so interpret the figures may be to mistake cause for effect. When a man is of vigorous constitution he does not feel any desire for stimulants, and thus it happens that, to a great extent, people are total abstainers because they are healthy, and not so much that they are healthy because they are total abstainers. How far this is the case, or how far the total abstinence of the members of the temperance section is the cause of the more favourable mortality experienced, there is nothing to tell us.

In the second place, the temperance and general sections of the company in question are not kept rigidly separate. If a man, formerly a total abstainer, falls into ill-health, and, as a consequence begins to take a little alcohol, he is relegated to the general section. His death, which then probably soon follows, and which would have equally taken place had he remained a teetotaller, goes to swell the mortality of the general section, and is excluded from the returns of the temperance section. Thus the death most unfairly counts doubly in favour of the total abstainers, and against the moderate drinkers. To what extent the figures are thus vitiated there is no information to show. Those who cease to practise total abstinence should not be admitted to the general section without strict medical examination, but should be kept in a class by themselves.

Taken as they stand, I cannot see that the statistics of the United Kingdom office, or of any other company, help us to decide the question of the relative merits of total abstinence and moderate drinking; and I am constrained to come to this conclusion, although all my sympathies are on the side of temperance.—I am, etc.,  
GEORGE KING,

Actuary, Atlas Assurance Company.

92, Cheapside, E.C., July 14th.

### "M.S. DURHAM" FOR PRACTITIONERS.

SIR,—It will ever stand as an enduring monument of honour to the University of Durham that it, alone amongst English Universities, has thrown open its portals to those qualified practitioners of over fifteen years' standing who desire the distinction of an M.D. degree by examination. Much good has this enlightened policy effected, and much injustice has it remedied.

There is still, however, yet another injustice existing which it is in a position to remove. It is the fact, I believe, that there are many surgical appointments in the kingdom which cannot be held except by those in the possession of a degree in surgery. Bearing this in mind, I venture to address the University of Durham, through your medium, with the view of asking them to consider the proposal of admitting candidates who have already obtained their M.D. degree for practitioners of over fifteen years' standing to the B.S. and M.S. degree, on the same terms as for their M.D. degree.

This privilege would confer a great boon on those who might desire to compete for these appointments, with the additional advantage of making more proficient surgeons of them.—I am, etc.,  
M.D. DURHAM.

## NAVAL AND MILITARY MEDICAL SERVICES.

### RANK OF MEDICAL OFFICERS.

A CORRESPONDENT sends from India cuttings from the *Bombay Army List* showing the staff of the Deolali Depot, where the medical officer is as usual not only placed at the bottom of the list under junior commissioned officers, but actually under a sub-conductor (warrant officer) in the Commissariat charge. The deputy surgeon-general of the Poona Division is, of course, likewise placed beneath captains and lieutenants who might be his sons. The rank and status of medical officers in the army has always been a mockery from the regimental days when they figured in the list under the quartermaster.

ACTING-SURGEON.—A medical officer who has been gazetted as surgeon in the reserve of medical officers wears the uniform of the rank of captain.