

ALCOHOL IN HOSPITALS.

THE result of the inquiry into the use of alcohol in hospitals has led to the conclusion that the diet, as prescribed in some of our hospitals, has a tendency to sanction and encourage drinking habits, which lead to drunkenness. It is not proposed to charge hospital medical officers with intending to produce this result, but to point out that their practice naturally tends to promote it.

A great attachment to alcoholic drinks is still shown, notwithstanding the strong declaration made in 1847 by the late Sir Benjamin Brodie and 2,000 medical men, "That the most perfect health is compatible with total abstinence from all intoxicating beverages."

I will give my reasons why this subject should be investigated, in order to correct a great abuse, the result of a blind attachment to antiquated habits, and an unwillingness to take the trouble to inquire and profit by modern discoveries.

I am a subscriber to the London Hospital, and obtained the report for 1884, and found there had been in that year 8,565 patients, and £1,350 6s. 7d. spent in alcoholic drinks, besides paying £374 13s. 9d. in lieu of rations to officers. After much trouble, having to apply more than once to the Committee for explanation about these alcoholic matters, I came to the conclusion that there is no accurate account kept of alcohol used for patients separate from that used by the medical men, officials, nurses, etc., the whole staff being reckoned at 250 persons.

In the course of my inquiry, I procured a copy of the diet-table, and found that, for full diet, the medical staff were at liberty to prescribe one pint of porter daily. I also learnt that, at the Middlesex, the Westminster, and the Royal Free Hospitals, no alcohol forms any part of daily diet. On this, I made a remonstrance to the Committee of the London Hospital, and pointed out that, for twelve years the Temperance Hospital had carried on a successful practice with a low rate of mortality without the use of alcohol, and had, therefore, proved that the pint of porter daily was not needful, that the giving it was a mischief, and was fostering a dangerous habit.

It is clear that, in many hospitals, alcoholic drinks are a source of danger. The question also naturally arises whether any money subscribed in charity for the use of the sick and suffering should be applied to supply luxurious drinks for medical men, officials, nurses, etc.

Unless our hospital reports be framed with much more care, and an accurate account given of what is used by the patients distinct from officers, nurses, and others, the numbers given, and the quantity daily allowed, it will be impossible to form a proper estimate of the management, and to check irregularities.

From the present hospital report, it is mostly impossible to decide how much is used in the hospital proper, and how much by officers, nurses, etc.

In the present day, when many medical men have discovered that, for the sake of their own health, it is good for them to be partial, if not total, abstainers, I imagine a small additional money payment, instead of alcohol, would be acceptable, while cocoa, coffee, milk, or tea, would be better for the nurses and attendants. I hope I have shown the need for this inquiry. I have obtained the information that there is a hospital in the London district where accounts are carefully kept; and find that, in the year 1884, they had 2,640 patients, and 106 medical men, nurses, and attendants. On patients, £320 10s. 9d. was spent on alcohol. On 106 officers and others, £218 18s. 10d., or nearly 70 per cent., was spent. Much may be learnt from some of our country hospitals, where little is spent on alcohol compared with London, notably, Manchester, Leeds, Birmingham, Chester, and Sunderland. I hope some one will be able to show how their cures and their rate of mortality compare with the London district.

Sydenham.

GEO. STURGE.

DAMP AND DIPHTHERIA.

ON reading Mr. Nelson Hardy's communication under the above heading in the JOURNAL of March 13th, I was struck by the very favourable results of the seven cases of diphtheria which he reports. That seven cases of diphtheria should occur without a single death appears to be opposed to the teaching of our standard works on medicine, and, I may add, to my own experience of the mortality of true diphtheria. In Fagge's *Principles and Practice of Medicine*, the average mortality is stated to be from 30 to 40 per cent., and, when the larynx is implicated, as high as 95 per cent.; in Quain's *Dictionary of Medicine*, the rate of mortality is much the same, but it is admitted that in occasional epidemics, in which the local manifestation of the disease is limited to the pharynx, the prognosis may be more favourable. In Mr. Hardy's cases, there is no mention of diphtheritic membrane, albuminuria, or paralytic affections, and in no case was tracheotomy required, or, at least, there is no mention of its having been performed. Is it unreasonable to assume that these cases were examples of that variety of sore-throat which occurs in persons weakened by unhealthy hygienic surroundings, the symptoms being considerable constitutional disturbance, with whitish-yellow patches of inspissated follicular secretion on the tonsils, and frequently with small, white, superficial ulcers? These cases are common enough in practice, but they are not diphtheria; and although they may cause much local and general discomfort, and subsequent debility, they always ultimately do well, and are not followed by the characteristic diphtheritic sequelæ; so that when one hears of several cases of diphtheria resulting so favourably, it seems natural to be somewhat doubtful as to the real nature of the disease. True diphtheria, with its usual extension to the air-passages, is an extremely fatal malady, recoveries in most cases being brought about by the early performance of tracheotomy. When examining the question of the connection between damp and the development of diphtheria, we must be assured that we are dealing with the real disease, if any value is to be attached to the result. If these seven cases were really genuine diphtheria, I feel sure that the profession would be indebted to Mr. Hardy if he would make known the treatment he adopted to attain such happy results.

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AN AGREEABLE DISINFECTANT.

IT is of importance in recommending deodorising or disinfecting preparations, to have some regard to their relative agreeableness from the point of view of smell, etc., and the number of such preparations which comply with the exigencies of fastidious patients, and at the same time possess any genuine properties of this description, is by no means large.

I have for some time employed a solution of peroxide of oxygen (the so-called ozonic ether) in Rimmel's toilet vinegar as a spray, etc., with the most satisfactory results so far as my patients' tastes are concerned. The ozoniser of the same manufacturer, which consists of the *débris* of various aromatic woods impregnated with encalyptol is also a very convenient and elegant preparation in good clinical practice. The popularity of these fragrant and useful deodorisers among patients emboldens me to call attention to their value. A. S. V. G.

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