well again. He has required to be very careful in diet, as beer and some other articles of diet directly produce diarrhoea; but this malady is not constant as before, being only produced by indiscretion in eating or drinking.

I fear I have already trespassed too long on your attention, but was anxious to describe the case clearly and simply. I will now briefly state the propositions which I wish to lay before you on this subject.

1. The real cause of obstruction in this case was extremely obscure, and for some time most resembled fecal accumulation; even when the rectum was cleared, the boggy lobulated feeling of the mass felt by the tip of the finger *per rectum* seemed to all most like feces in intestinal coils. Many may consider that aperient treatment was carried too far, and the opiate treatment not begun sufficiently early. But in a case where fecal accumulation appears to be the cause of obstruction, we should make every legitimate endeavour to remove it: and what would be the position of a man who, where this happened to be the true cause, were to begin the opiate treatment too soon, and thereby lock the bowels, should he suggest and proceed to operation, when the straining stage of chloroform administration, overcoming the practitioner's opium barrier, should effect a free alvine relief *per rectum*, just as the scalpel was incising the abdominal parietes? The likeliest preventive for such disgrace would be a good dose of castor-oil given by the attendants without the surgeon's knowledge.

2. As soon as it is evident that there is mechanical obstruction, soothing treatment and operative interference cannot be too soon adopted. This I feel a matter of vital importance; and I am convinced that, just as with hernia, the earlier the operation the more probable is a happy termination—exhaustion, collapse, and gangrene, being thereby prevented.

3. In this case, and in similar cases, but for the operation, a fatal issue must have in a few days ensued; therefore, however long the patient may live afterwards is owing to this means—an immense satisfaction to the surgeon, and an immense credit to our art.

4. Presuming, for argument's sake, that the obstacle for the time were overcome, yet the patient's life for the remainder of his days will be infinitely easier, through having a free passage by an artificial anus, instead of the usual weary, wearing, suffering existence of those who perpetually need powerful medicines to carry on strained defæcation over a steadily growing intestine-contracting tumour.

5. In continuance of this idea, the growth of the tumour, be it benign or malignant, must be much slower, and its evil effects less felt, through its not being perpetually irritated and inflamed by the forcing over it of feces, hard or softened, and flatus.

6. Operations for obstruction, when caused by tumour, be it simple or malignant, are the most likely to prove successful, since there is no sloughing to fear, as in twisting, internal hernia, and intussusception.

7. Only a few days ago I was consulted by an elderly lady for difficulty of defæcation, and from her history and complexion was led to make an examination, and found a scirrhus mass pressing into the rectum. I advised her using laxatives discreetly for some time, and suggested her ultimately submitting to this operation; for I strongly feel that we should not in all cases wait for absolute obstruction from tumour, but anticipate and prevent not only this extreme evil, but the distress, agony, and exhaustion, of severe impediment, by early formation of an artificial anus.

PROVIDENT DISPENSARIES OR INDEPENDENT SICK CLUBS FROM A PRACTICAL POINT OF VIEW.*

By D. TOLER T. MAUNSELL, M.B.T.C.D., Dublin.

IN a letter addressed to Dr. J. Rogers, the President of the English Poor-law Medical Officers' Association, which appeared in the *BRITISH MEDICAL JOURNAL* of the 20th January last, I gave some account of the history of provident dispensaries and the difficulty that had ever been experienced in establishing them; and, while believing that provident dispensaries or independent sick-clubs would afford the most desirable means of alleviating sickness amongst the labouring classes, I expressed an opinion that practically it would be found to be almost impossible to establish them on such an universal scale as would enable them to include all that portion of the community who, in the event of sickness befalling them, are liable to come under the action of the Poor Law.

* Read before the Public Medicine Section at the Annual Meeting of the British Medical Association in Birmingham, August 1872.

I do not think for this reason that the endeavour to establish provident dispensaries is the less desirable; but I believe that it is necessary to establish a dispensary system under the Poor Law as it exists in Ireland at present, for that class of the community above alluded to; and that, paradoxical as it may appear, the chaotic character of Poor-law medical relief in England, and more especially in London, has been one of the principal reasons of the want of success in establishing provident dispensaries.

The outdoor patient department of the various hospitals owes its origin to various causes. One is, that it acts as a feeder to the hospital, when a process of selection of the more interesting cases takes place. Another is the charitable purpose of alleviating the more trifling diseases of those unable to pay, or those diseases not likely to be benefited by indoor treatment. If an outdoor department be attached to a hospital, and no restriction be connected with application to it, as a matter of course it will be largely abused. Mr. Fairlie Clarke has stated that 1,156,016 persons, or more than one-fourth of the population of London, received gratuitous advice and assistance at the London hospitals during the last year. If we turn to the last Report of the Poor-law Board, we find that the average amount of out-door pauperism in the metropolitan district was 114,389. Of these, 70,532 were pauperised from sickness; and 36,669 was the average for the year of those destitute from temporary sickness (those to whom I have alluded as the class who, in the event of sickness befalling them, are liable to come under the action of the Poor Law). Mr. Fairlie Clarke does not give the average of outdoor hospital department relief for the year; and I should think that it would be difficult to do so with accuracy, whatever it may be. The difference between that average and 40,000, or, more correctly speaking, 36,669, will give the number of persons to whom provident dispensaries are applicable. For the 40,000 who either cannot or will not practise prudent virtue, an efficient system of Poor-law medical relief should be provided; and, until it is, outdoor hospital relief will be abused. Not having any well devised scheme in connexion with Poor-law medical relief, the hospitals must adopt the utmost latitude, as a matter of course; otherwise these institutions would be open to the charge of uncharitableness. And to use any effectual means of selection would require the attachment of a detective department to each. On the other hand, if a dispensary system under the Poor Law were established, and moderate care exercised in the distribution of tickets for medical relief, it would absorb all who could not pay, and it would act as the legitimate feeder for hospitals in other cases than accidents. It would also enable the hospitals to draw a hard and fast line, by which, if the patients were unable to pay, they might be sent to the district dispensary, if not actually requiring indoor treatment; and, if able to pay, and consequently unable to obtain a Poor-law medical relief ticket, they might be refused medical relief with propriety, when they would be obliged to avail themselves of the obvious alternative—either the provident dispensary or the general practitioner, who is the principal loser by the present system from a pecuniary point of view, whilst it leads to public demoralisation. I believe, therefore, that the first step towards establishing provident dispensaries will be the introduction of an efficient system of Poor-law medical relief. That class to whom these independent sick-clubs are applicable is intermediate between the poor and the professional classes; and, if we adopt Dr. Farr's classification, according to employment, we may arrive at an approximation of who they are and how many they are. Dr. Farr divides the people into the *Andrici*, the professional class, who number in England and Wales (in this classification, allusion is only made to persons aged twenty years and upwards) about 420,000, or 3.8 per cent. of the total, of whom 96,000 are resident in London, and who, we will assume, do not endeavour to obtain gratuitous medical advice. The *Okici*, or domestic class, number over 4,000,000, or 37.4 per cent., 665,000 of whom are resident in London; many of these crowd the out-patient department of the hospitals, who, under moderate supervision, need not do so. The *Agorici*, or commercial class, number close upon 600,000, or 4.6 per cent., 136,000 of whom reside in London, and of whom, also, we will assume that none obtain gratuitous medical advice. The *Georgici*, or agricultural class, number over 1,600,000, or 14.6 per cent., 25,000 of whom are said to be residents of London; these also will furnish a quota. The *Technici*, or industrial class, number close upon 4,000,000, or 34.1 per cent., 600,000 of whom reside in London; and to this class principally may be attributed the great demand for gratuitous medical relief. Over and above all these, there is an indefinite and non-productive class, which includes persons of rank and property, not returned under any occupation; persons supported by the community, etc. This class numbers over 600,000, or 5.5 per cent., over 100,000 of whom reside in London. We have thus close upon 11,000,000 persons aged twenty and upwards, with their families; from these, if we deduct the professional and com-

mercial classes, numbering about 1,000,000, we have over 9,000,000 aged twenty years and upwards, with their families, who may be, in the event of sickness, reduced to apply for the assistance of gratuitous medical relief; of these, 1,400,000 reside in London. Mr. Fairlie Clarke shows how largely those avail themselves of hospital relief, when 1,156,016 patients received gratuitous relief during the year. I have already mentioned that 70,000 was the average of destitute poor from sickness in the metropolis. The whole of England and Wales, exclusive of the metropolis, gives outdoor paupers, exclusive of insane and vagrants, 880,709; of these, over 406,000 were pauperised from sickness, and 168,000 destitute from temporary sickness. If we deduct 800,000 for the professional and commercial classes and their families in the metropolis, and 140,000 poor from the total, there will be considerably over 2,000,000 persons in the metropolis by whom provident dispensaries may be established and supported. A similar calculation for England and Wales, exclusive of the metropolis, will give somewhat over 2,000,000 for the professional and commercial classes and their families, and 1,037,360 paupers of all classes, leaving a balance of over 16,000,000 by whom provident dispensaries may be established and supported.

Thus amongst the three classes—domestic, agricultural, and industrial—there are over 2,000,000 in the metropolis, and 16,000,000 throughout the rest of England, to establish and support provident dispensaries. The total population of England and Wales is close upon 23,000,000; of these, 12,000,000 reside in cities. The number of medical men in England and Wales is a little over 14,000. The slightest calculation will show that there is, therefore, an average of 1,700 persons in England and Wales to each medical man. If each of these paid four shillings a year, or less than one penny a week, it would enable them to form 14,000 medical clubs, with an income of £350 a year to each. I take the number 14,000, as it happens to be the number of medical men at present, though the number is diminishing rapidly. This does not appear to be an extravagant amount to pay for medical attendance; and there are probably many members of the profession who would accept clubs on these terms. But medical clubs are not formed; and why? The fault rests principally amongst ourselves. We have squandered our skilled advice and assistance; we have almost thrust it on the public, in spite of themselves. It has come to that point, that it is not accepted as a compliment, but demanded as a right. A medical man now-a-days is expected to be the incarnation of charity. Who would ask a clergyman to undertake a cure of souls for nothing? Yet, in the establishment of a hospital, the treasurer, the secretary, matron, nurses, all are provided for; but the medical officer is honoured by being privileged to act gratuitously. His responsibility, however, is not diminished by non-payment. The legal profession, wise in their generation, have long since adopted the fiction of "travelling opinion" against any mistake in advice unpaid for. Amongst medical men, however, the term is "malaprapaxis"; and errors of judgment are dealt with in a summary and often arbitrary manner, without taking into account circumstances which would be looked upon as of the first importance in other professions. In legislation, it appears to be considered to be almost unnecessary to take any notice of the interests of the medical profession. This is due in great measure to the want of cohesion which marks the medical profession. Whilst such an *embarras des richesses* of medical assistance exists, it is, of course, foolish to expect that the public will contribute to, or join in, the provident medical clubs; "it would be mere money thrown away." The effect of this on the individual members of the profession is simply ruinous, and on the public demoralising. If Mr. Fairlie Clarke's figures be correct, the population of the metropolis may be thus accounted for from a medical point of view: Attending out-patient hospital departments, 1,156,016; Poor-law medical, 70,000; professional and commercial, 800,000; leaving, of the total 3,263,000 inhabitants of London, but 1,000,000 unaccounted for, of whom there was an average of 37,000 in the workhouses, a considerable number in the various hospitals; and it is to be hoped that very nearly the whole of the remainder were not sick during the year.

It is, then, to this catholicism of gratuitous practice of medicine, that the want of success in the establishing of provident dispensaries is mainly due. To put a stop to this, it will be necessary for the hospitals to draw a hard and fast line somewhere; and, to enable them to do so without being accused of uncharitableness, it will be necessary to establish a system of dispensaries in connexion with the Poor-law, to which persons will be admitted by tickets given by responsible persons, as the relieving officers, who shall adopt some principle of selection. It is only in some such way that the present abuse of medical relief can be abated; and, until this is effected, all endeavours of establishing independent sick-clubs, I fear, will be vain. Whether a Charity Organisation Society is the best adapted for establishing these clubs, leaves

room for argument. They should be established by the members themselves; and it is probable that any attempt to thrust them upon them will be resented, rather than otherwise. These classes, many of whom are on the brink of pauperism, and who are liable at any time to be immersed in it, have a dislike even to the name of charity. Having a keen appreciation of its want of discrimination and its abuse, they do not believe in it. They know that professional pauperism is begotten of it; and, of all phases of pauperism, they hold that in the greatest abhorrence. Any one acquainted with the history of indiscriminate charity will not be surprised at the conclusion to which they have arrived.

THE USE OF ALCOHOL IN HEALTH AND IN DISEASE.*

By J. W. EASTWOOD, M.D. Edin., M.R.C.P. Lond., Dinsdale Park Retreat, Darlington.

AT no period within the present century has it been necessary to apologise for introducing such a subject as this to the consideration of medical men; for alcohol in its various forms has played a prominent part, whether for good or for evil, in our national habits as an article of diet, and in our systems of treatment as a medicinal agent. Some years ago, however, within our own recollection, there would have been less toleration for discussing this question than at the present time. A spirit of inquiry has arisen, and we can no longer take for granted the dicta and the practices of our fathers, whether it be on this or any other subject. Some of the very principles of medicine, once laid down so clearly and authoritatively, that it were heresy to disbelieve them, are in an unsettled state, and we must find our way out of this uncertainty as best we can. That the result will be satisfactory, for nothing is more fatal to progress than indifference, or than *jurare in verba magistri*. To no subject are these remarks more applicable than to the one I have chosen to bring before you, in the hope that, if I can say nothing positively new, it may lead to useful discussion and careful observation for the future. At the present time, I am glad to see so large an amount of interest taken in this question throughout the country, not only by those who are professed total abstainers, but by scientific men and others who are in no way disposed to admit extreme views. Of the importance of the subject, it is only necessary to state that during each year about 1,000 millions of gallons of alcoholic beverages are drunk in this country. And in one of the annual reports of the Registrar-General, we find among the causes of death, under the head of alcoholism, the following numbers.

	Males	Females	Totals
Delirium tremens	390.....	49.....	439
Intemperance	247.....	102.....	349
	637	151	788

And this is only a small part of the mortality and disease produced by this cause.

Under the term alcoholics, I shall include all the varieties of drinks in which alcohol is the principal element. They may vary in strength, in colouring and other matters, but they owe their active effects to the quantity of alcohol they contain. There are undoubtedly good and bad articles; but we hear some people say that good wine or good brandy—and it must be really good, they tell us—never did any one harm; which means, when translated literally, that no amount of alcohol will do harm.

The subject is naturally divided into two parts: firstly, the dietetic use of alcoholics in ordinary health; and secondly, their medicinal use in feeble health and in disease. When used in health, they act as stimulants, especially to the nervous system, and, according to some persons, as nutritive agents. The different kinds of spirits, wines, and malt liquors owe so little of their use to the presence of anything except alcohol, that we may very briefly dismiss this part of the subject. The presence in gin of a diuretic, in champagne of an exhilarant, carbonic acid, or in beer of hops, does not materially alter the general effect produced.

At the present time, there is an extensive use of alcoholics as articles

* Read before the Public Medicine Section at the Annual Meeting of the British Medical Association in Birmingham, August 1872.