The Drink Problem. The medico-sociological aspects of the Drink Problem are clearly discussed in this volume.¹

It is no isolated problem to be settled once and for ever by any bold stroke of legislation, but perhaps the most difficult and complex task that lies before mankind in the gradual struggle onwards towards better things. How much better the world would be without alcohol, it is impossible to say, but unquestionably its use and abuse are bound up intimately with many of the ills to which the flesh is heir, and are responsible for much of the personal and social degradation and national inefficiency, which the most casual observer can see everywhere. How to get rid of this self-imposed yoke is a problem which in its entirety may never be solved, but the temperance movement is one which we are fain to believe is even now occupying the attention of a large and ever-growing number of earnest-minded persons, and one in which the medical profession as a whole ought to take a more active and leading part. From his education and training, the medical man should be in a better position than most to appreciate the extraordinary complexity of the problem and the need for thorough scientific investigation thereof in all its many bearings; while in his daily practice he can, if true to his best ideals, exercise a potent influence for good in many quiet and unobtrusive ways besides actively helping individual cases. Sociologically the problem is as many-sided as is modern life, and the remedies must needs be equally varied. Wise legislation is required on the principle of eliminating private profit from the retailing of intoxicating liquors, and the public must be educated up to a better understanding of the dangers of even "moderate drinking." Pending the arrival of this millennium, any movement which will be a definite counter-attraction to the public house must be welcomed with approval; and one such has recently been initiated in Edinburgh. Individually, the Scottish people—speaking generally—have outgrown, for better or for worse, the narrow Calvinism of their forefathers, but the old ideas still dominate many of their habits collectively. Thus it would appear to be assumed that after 6 or 7 p.m., everyone had a comfortable

¹ "The Drink Problem," edited by T. N. Kelynack, M.D. London: Methuen & Co.

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home to remain at and wished to remain there—a highly fallacious assumption, so far as a great part of our urban population is concerned, for what do we see—crowds of both sexes roaming the streets with nothing to do and nowhere to go. Only “The Trade” seems to have met the very real wish and need for social intercourse during the evening hours, for look then where you will, there is scarcely a single place open, and still fewer that can be called attractive, except “licensed premises,” whose main object is, after all, to sell as much alcoholic liquor as they can for the proprietor’s personal profit. But under the circumstances it cannot be wondered at that they are well patronised. Some place after the style of the Continental Cafés, but non-licensed, is required where men and women can meet, and this is what the New Popular Café Co. Ltd. are aiming at supplying in the premises recently opened in the North Bridge. The rooms are large and comfortable, the refreshments are of first-class quality and moderate in price, good music is provided, and also billiards and other facilities for recreation; smoking is permitted after 6 p.m., and they remain open till 10 o’clock. That the venture will be a success there can be little doubt, for the numbers to which such facilities must appeal are large, and already crowds have been turned away from the doors. We have no log to roll in recommending the project and wishing the Company every success in its good work, for although the venture is being run on strictly commercial lines, the Directors have, following the lead of the Norwegian Samlags, voluntarily limited their possible return to 5 per cent. per annum, any profits that may be gained beyond this going towards extending the Company’s operations in their fight for Temperance.

The Territorial Army Scheme. Now that the Territorial and Reserve Forces Act has become law, we are glad to see that no time is being lost in taking steps to carry out its provisions. Many may be doubtful whether this latest endeavour to place the country in a position to defend itself in case of invasion goes as far as it ought to do, and whether Mr. Haldane was wise to refrain from asking for some system of universal compulsory military training. So far as the medical profession is concerned, we believe that such a scheme would receive hearty support.

The Territorial Army is not going to make such a great demand upon medical men, but still it requires an efficient medical service, and we congratulate Sir Alfred Keogh, the Director-General of the Army Medical Service, upon the admirable tact he has shown in bringing his requirements before the profession in Scotland.

At a meeting convened by Professor D. J. Cunningham, the
Director-General explained to a representative gathering of medical men in Edinburgh the scope and objects of Mr. Haldane’s Act. He stated that what was required was an efficient staff of physicians, surgeons, and sanitary officers, who in case of need would be willing to place their services at the disposal of Government in connection with any hospital which might be formed in the Edinburgh district.

Such a contingency would arise if the country was invaded, but apart from this no call would be made upon the services of those who undertook the proposed duty. The meeting was greatly impressed with the lucid and forcible manner in which Sir Alfred Keogh explained the scheme, and unanimously expressed approval of the general proposal. A Committee was appointed, with Mr. J. W. B. Hodsdon, F.R.C.S., and Dr. Edwin Bramwell, as secretaries, to advise the Director-General as to the best method of selecting any officers that may be required; and the meeting ended with a hearty vote of thanks to Sir Alfred Keogh for the manner in which he had brought the scheme forward.

A similar meeting, under the presidency of the Lord Provost of Glasgow, as Lord-Lieutenant, was subsequently held in Glasgow, and expressed itself equally favourable to the scheme. We understand that the medical profession of Aberdeen and Dundee have been approached in the same manner, and that, so far as Scotland is concerned, the Director-General feels that he carries back with him the support and best wishes of the profession.

This great Congress was held from the 23rd to the 29th of September. And when they hold a Congress in Germany, they do it in all seriousness. To begin with, the executive had secured the Reichstag Buildings for all the meetings. This magnificent romanesque structure lent itself to the purpose as if it had been specially erected for no other. We can scarcely imagine any Congress on hygiene or anything else meeting in the many rooms of our own Houses of Parliament. Who would dare to suggest that the outer lobby should be devoted to an exhibit of tropical diseases, or the inner lobby to a display of sewage purification models, or the side corridors to the pathology of infants and the ways of stopping their death? The sacred history of our Houses of Parliament forbid any such suggestion. But the history of the Reichstag and of its local habitation is short, and one has no sense of incongruity in seeing the great rooms devoted to the major exhibits, the side-rooms to the special stalls, the committee-rooms to the sectional meetings, and the great meeting-room to the general gatherings of the Congress. The use was worthy of the building, and it is a sign of the seriousness of the
German mind that it should devote the whole of its splendid Imperial Building to the greatest movement of the time.

In numbers the Congress was, we should imagine, a record. It was said that some 4500 members had been enrolled. If there be any doubt, it is easy enough to count the names. Anyhow, there were men and women enough to make a real difference to the day's life of Berlin,—its restaurants, its hotels, its theatres, its concert halls, its hygienic institutions, its hospitals, its schools, and the private houses of the wealthy. Prince Carolath did his duty faithfully as the President. The social side of the Congress was developed in a whole-hearted style in space, time, and quantity of eatables and drinkables,—a style essentially German in its warm-heartedness and profusion. There was a big introductory Reception on the opening Sunday. There was a Reception at the Rathaus on Tuesday, a sumptuous Congress Dinner on Wednesday, gala representations at the Opera House and Theatres on Thursday, some long excursions and a restaurant evening on Friday, two or three open-air concerts, receptions at private clubs, and unending private hospitality.

On the last day, there was a special Reception at the British Embassy for the British Delegates, who were a very considerable number. Count de Salis, secretary to the Legation, represented Britain officially, and for his courtesy and attention to the British delegates more than deserved all the kind things said of him. Arrangements were made for group visits to all the leading institutions of Berlin, and were fully used. The Ladies' Committee did wonders, and their hospitality was the talk of everybody.

Of the professional side of the Congress there is not much of a sensational kind to record. There was no great announcement either of fact or of fiction. There was no titanic combat over new discoveries. In every department it was spade-work, but the spade-work in every section was good. The Transactions will contain many valuable research papers, particularly on bacteriological subjects. The Exhibition was, by common and expert consent, voted magnificent. The microscope exhibits were excellent. Tropical diseases were quite a little museum for prolonged study. So was the tuberculosis stall of the Imperial Health Office. The syphilis exhibition was a marvel of well-selected illustration specimen and model. The children's section was full of practical detail, and was probably the most popular.

The Congress opened on Sunday 22nd and closed on Sunday 29th. Some 500 went to Hamburg, there to maintain the same unwearied round of talk, entertainment, and inspection of institutions. Altogether, the Congress went with a full swing and momentum gratifying to everybody. The Kaiser was not able to be present in person, but at the opening ceremony the Crown Prince was officially present. The success of the Congress justifies all the congratulations showered on the German Empire and the city of Berlin.
The French Congress of Surgery.

The advantage of having Congresses on subjects which appeal to a limited number is now sufficiently recognised, and no better illustration could be found than in the recent Congress of the Association Francaise de Chirurgie, which held its Twentieth Congress from the 7th to the 12th October in Paris.

Professor Paul Berger made an ideal President; he is tall, spare, with white hair and moustache, and, as expressed by the Figaro, "he was elegant even in the method in which he dragged his leg, which was the subject of an unfortunate sciatica." By birth a Protestant and an Alsatian, he is said to have the most aristocratic practice in the Faubourg Saint Germain. He presided at all the meetings of the Congress, and in the Palais d'Orsai gave a sumptuous dinner to the members.

The banquet of the Congress took place in the Galerie des Champs Elysees, and here for the first time there was speaking after dinner; the toast of the Congress and of the guests was given by the President, and replied to by Ceccherelli of Parma, Monprofit of Angers, Hoffa of Berlin, and Forgue of Montpelier. After-dinner speaking, however, is fortunately not such a prominent feature in France as it is in other countries, and more time and opportunity are afforded for conversation.

There was a sufficient number of operations provided at the different hospitals to allow of the members distributing themselves without overcrowding, which is the more important in Paris, as no sitting accommodation is provided; all must stand round the operating table.

Tuffier at the Beaujon used spinal anaesthesia in a number of cases with complete success. In performing suprapubic prostatectomy it was curious to observe that he made a very large incision into the bladder, through which it was possible for the spectators to see the prostate; having divided the mucous membrane with scissors and seized each half of the enlarged organ with forceps, he shelled it out partly with the fingers and partly with the scissors, without inserting the fingers in the rectum and without having recourse to irrigation with hot water.

At the Necker Hospital, Albarran did two suprapubic prostatectomies; the patient was placed in the exaggerated Trendelenberg position, and a speculum was inserted in the bladder so as to render the prostate readily visible to the operator and assistants; the mucous membrane was divided with the knife. There were hysterectomies, both abdominal and vaginal, at most of the hospitals by Bozzi, Faure, Thiéry, Walther, etc.

We saw Doyen doing an extensive craniectomy on a paralytic idiot; he used his electric saw and perforator with the fearlessness which is characteristic of him; a running commentary upon his own performances and those of other surgeons proved highly entertaining to the spectators.
Calot of Berck-sur-Mer gave an interesting demonstration on the reduction of congenital dislocation of the hip. He reduced nine out of twelve cases successfully; one of the unsuccessful ones he handed over to Hoffa of Berlin, who also failed; and, on the offer being made to Jones of Liverpool, to make a third attempt, he wisely refrained.

Walther, in addition to a number of operations at the Pitié Hospital, demonstrated Lannelongue's method of treating synovial tuberculosis by means of the injection of a solution of chloride of zinc, and he showed a number of cases in which a pronounced synovial tuberculosis of the knee had been completely cured by this method.

The most novel of all the operations observed during the Congress was that by Tuffier, who performed Roux' operation for malignant stricture of the gullet; a segment of jejunum was isolated and connected at its distal end with the stomach; the proximal end was pushed up between the integuments and the sternum until it emerged at the root of the neck. A week or ten days later it was proposed to effect a junction between the gullet in the neck and the proximal end of the intestine, which was now to serve as an oesophagus.

The technique was very much the same in all the hospitals visited. Gloves were only worn in septic cases, and head-gear and mouth-guards were practically never seen; the use of operating tables which permitted of the position of the patient being rapidly changed was universal, and greatly helped the work of the surgeon. In all the Government hospitals what is known as "Tetra" gauze has entirely replaced the varieties formerly in use, and it is estimated that thereby an economy has been effected amounting to several hundreds of thousands of francs per annum. This gauze is prepared in squares of various sizes either in two or in four layers, and the free margins of the four layers are so united in the process of manufacture that there is no fraying of the edges. After use the gauze is washed and boiled in a solution of carbonate of soda, then rinsed, dried, and sterilised de nouveau in the usual way.

Where a general anaesthetic was employed, chloroform seemed to be that universally selected. The catgut was sterilised by "tyndallisation" in alcohol at 90° C. In closing the abdominal wall after laparotomies, the peritoneum, aponeuroses, and muscles were united with catgut, and the edges of the skin were brought together with Michel's clips or horsehair.

The sittings of the Congress were held in the large amphitheatre of the Faculty of Medicine. There was a large attendance on each of the days devoted to the reading of papers and the discussions on the special subjects selected.