



*Simplicity - Alcohol -
Physical Effect*

WHAT MEDICINAL VALUE HAS WHISKY?



AN ARRAY OF FACTS
PRESENTED BY
COMPETENT
AND EXPERT
WITNESSES



THIRD EDITION

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A FEW COMMENDATIONS OF THE FIRST EDITION

Bishop Thomas Nicholson: "This data you have collected on medicinal whisky is a very valuable document."

Bishop H. H. Fout: "Your strong presentation of facts supported by an array of competent and expert witnesses constitute a scientific as well as a moral defense of our present laws that is impregnable."

U. S. Senator Arthur Capper: "I think you have presented an unanswerable argument that whisky has no medicinal value. In my opinion there is no higher authority than Dr. Harvey Kellogg, of the Battle Creek Sanitarium. When he says medical whisky is unnecessary, that settles it so far as I am concerned."

Northwestern Christian Advocate: "A pamphlet recently published by Dr. E. S. Shumaker, superintendent of the Indiana Anti-Saloon League is about as devastating a document as could be imagined on the thesis that whisky has no medicinal value whatever."

WHISKY HAS LITTLE VALUE AS MEDICINE

INSTRUCTED concerning the effects of alcohol on the human body, a generation arose that outlawed it as a beverage and feared it as a drug. An array of expert opinion is here presented condemning its use in medicine. These witnesses include leading surgeons, physicians, officers of State Medical Associations, medical school authorities, and heads of leading hospitals.

POWER TO LEGISLATE

There is no question that Congress may legislate on the so-called medicinal whisky with the same propriety as it legislates on any other technical subject. The medical profession is not immune from legislation, and Congress has the right to enact laws with respect to any of the sciences without on this account being sneered at. It is not usurping the functions of the physicians when it passes a law regulating the sale of so-called medicinal whisky. The Constitution provides no immunity for any class of people or of merchandise which places it above this law.

It is to be assumed that in legislating on technical subjects Congress will be guided by the opinions of technical men, and when these differ on a technical question it will decide between the two opinions.—J. W. H. De Belleville, in New York Herald Tribune.

WHAT MEDICINAL VALUE HAS WHISKY?

AN ARRAY OF FACTS PRESENTED BY
COMPETENT AND EXPERT WITNESSES

Compiled by
E. S. SHUMAKER, Supt. of the Indiana Anti-Saloon League

In a discussion of this question, which seems to have become quite a live issue today, both in Indiana and elsewhere, I am not speaking as a medical man or as a scientist, but as a layman I am giving the results of a pretty wide research in this department. I believe that the facts herein presented are authentic and that they express the views and deductions of many of the most noted medical and scientific authorities in the world, representing the general consensus of opinion among the world's leading physicians, physiological chemists and other scientific authorities.

We acknowledge indebtedness to the following sources and compilations of authority: The Hon. Andrew J. Volstead in an address before the U. S. House of Representatives, published in the Congressional Record, Aug. 23, 1921; Miss Cora Frances Stoddard, General Secretary of the Scientific Temperance Federation of America, of Boston; Martha M. Allen, of the National W. C. T. U. Publishing House, Evanston, Ill.; and to a number of physicians from whom I have secured information direct; hospitals, and other sources.

Antiquated Ideas

That there are many old-fashioned notions about the value of whisky, brandy, wine and beer, also of rum, cognac and other alcoholic beverages that no longer are entertained, is well understood by all. Formerly it was thought that intoxicating liquor made people healthy, that it

enabled working men to perform better service, that it made better athletes, lengthened human life, kept people warm in cold climates and cool in hot climates, that it steadied people's nerves, quickened and strengthened mentality, and that it was a cure-all for diseases of all kinds.

All these old time notions are now pretty thoroughly exploded in the light of modern science and human experience. Instead of alcohol doing all these things that were claimed for it, the reverse is now shown to be the case.

Why America Went Dry

The question is often asked why did the people of the United States place prohibition in the nation's organic or fundamental law? If the answer is that this was done to get rid of the saloon, I incline to the opinion of Miss Cora Frances Stoddard that while getting rid of the saloon was an important incident in the nation's upward strides toward sobriety, yet the chief reason for the enactment of the Eighteenth Amendment was the teaching for at least a quarter of a century preceding in the schools of the United States the scientific fact that alcohol is a race poison. It has been clearly shown by modern scientific research that alcohol has a peculiar affinity for the brain and that it attacks and destroys brain cells as effectively as if they were cut out with a cold chisel. It has further been shown that it is not the lower, or animal part of the brain which is first attacked by alcohol, but the higher part, that which corresponds to the social or spiritual being, and that the animal part of the brain is the last to be attacked by alcohol and that this latter attack is what has often caused the drunken man to go home and beat and kill those of his own flesh and blood.

An Injury to Health

It has further been shown conclusively that alcohol causes the heart to overwork without ad-

ding strength to it, thereby wearing itself out sooner, and putting its owner under the sod at a premature age. Mr. Neulsen, England's greatest actuary, said some years ago, "Select three young men, each 20 years of age, each sound physically as a bright new dollar, but of different habits as to drink—one of these young men a total abstainer, another a moderate drinker, or what they call in England a 'tippler,' and the third a steady drinker. This total abstainer will live to be 62.7 years of age. By this is meant that he belongs to a class whose average life under such conditions would be 62.7 years. Further the tippler, or moderate drinker, will live to be 51.2 years of age." In other words, he will have to pay as a price for the exercise of what he calls his personal liberty to drink what he pleases by surrendering 11 1-2 years of what would have been his natural life. Mr. Neulsen further tells us that the steady drinker under those conditions will go under the sod at 35 years of age.

Dr. John Harvey Kellogg of the Battle Creek Sanitarium, has taken X-ray pictures of the blood being pumped from the heart throughout the entire arterial and venous systems. In these pictures he shows some of the white corpuscles of the blood, the scavengers of the human body, the body's standing army of millions of little white soldiers standing guard at the gateway of life to save it from the attacks of wasting, destructive disease. Dr. Kellogg shows these white corpuscles, or soldiers, when alcohol has been taken into the blood—paralyzed, and unable to stand guard at life's gateway. Under such conditions, poisons can not so well be eliminated from the body, the body is more likely to be attacked by disease, and when so attacked is more likely to succumb to it.

It was the knowledge of these terrible scientific truths that got more or less clearly and thoroughly into the minds of the American people.

that was responsible, in my opinion, above all other reasons for the writing of the Eighteenth Amendment into the Constitution of the United States. It was simply the desire on the part of the American people to conserve the spiritual, the mental, and the physical well-being of the citizens of this Republic then and for all time to come. It was a desire on their part to save this nation from committing suicide, as had been done by nations of antiquity, such as Egypt, Babylon, Phoenicia, Greece and Rome, which died on account of their vices, chief among which was the vice of intemperance. And this intemperance was based upon the drinking of beer and wine, and not whisky, because whisky and all other distilled liquors were unknown until some 400 years ago.

Why Medicinal Whisky Was Banished from Indiana

Why was it when Indiana in 1917 enacted a state-wide prohibition law that it enacted an anti-liquor rather than an anti-saloon law? There were several reasons for this which we will mention briefly.

One of these was the unsatisfactory conditions that had followed the voting or remonstrating of counties, townships, cities and city wards dry under previous local prohibition laws, while whisky was still permitted to be sold in drug stores upon physicians' prescriptions. In literally hundreds of communities of the state, where people had closed the saloons a goodly share of the beverage liquor traffic was simply transferred to drug stores that were still permitted to exist. In practically every community made dry by local prohibition, could be found at least one druggist who bore the name of being a whisky druggist, and at least one physician who was a disgrace to the profession through the free writing of prescriptions to all who would apply for the same. As a result of it the drug trade in Indiana

had been degraded so thoroughly that members of the State Board of Pharmacy, and also of the Indiana State Retail Druggists Association, were determined that the drug trade should be cleaned up. These were anxious that whisky should no longer be sold in the drug stores of the state.

Then, added to the above, were declarations made by the late Dr. J. N. Hurty, who for a quarter of a century or more had been the Secretary of the State Board of Health, a man of highest scientific attainments who virtually wore his life out laboring for the better health of our people; also Dr. Harry Bernard, one of the greatest physiological chemists that this state has ever known; also Dr. Charles P. Emerson, Dean of the Indiana Medical school, and others who declared that there is no medicinal value in whisky that does not also obtain in pure grain alcohol. They further claimed, and this opinion was shared by the reputable druggists of the state, that it is not so easy to bootleg pure grain alcohol as whisky. They urged that if Indiana wished to go dry in fact that the better plan would be to provide that pure grain alcohol, and it only should be available for physicians for the treatment of the sick.

Dry Organizations Taught Non-alcoholic Medication

There was not a W. C. T. U. leader in the state, nor in the nation, for that matter, who had not for years believed and taught sincerely the greater efficacy of non-alcoholic medication in the treatment of disease. They also were re-enforced in this belief by the Anti-Saloon League, although the League as such had never gone into the scientific side of this question as thoroughly as had the Woman's Christian Temperance Union. I think, though, on the other hand, I am quite right now in saying that the idea of banishing whisky from drug stores at the time that the dry forces

of the state planned the movement which resulted in state-wide prohibition, did not have a place in the original plans of any of the dry organizations responsible for making Indiana a dry state. Bad as the drug store saloon was, we had originally thought that all that could be expected in the way of state-wide prohibition was the closing of saloons, leaving the battle over the enforcement of the law against the beverage sale of whisky by druggists to a rigid supervision by the officials and citizens in the various communities of the state after the state had gone dry. However, when encouraged by these medical and scientific authorities to close the whisky drug store, as well as the whisky saloon, the original Indiana Prohibition Bill was drawn up so as to make it an anti-liquor rather than an anti-saloon law.

House and Senate Record on Medicinal Whisky Legislation

When this measure, however, was before the public morals committee of the Indiana House, one of its members insisted that whisky should still be sold for medicinal purposes and that, unless the bill was amended to provide for this, he would vote against it. It was also feared by the friends of the measure that if the bill went through the House in the form in which it was introduced it might not pass the Senate, the attitude of whose membership at that time was known to be one of considerable doubt. So, the bill passed the House with whisky still permitted to be sold by drug stores on physicians' prescriptions and in that form went over to the Senate. When the bill was to come up for second reading in the Senate, Walter S. Chambers, a member of that body from Henry and Madison counties, called us to his desk just before the senate opened and showed us the original form in which the bill was introduced into the House, with the portion struck out by amendments in the House,

and proposed to put it back in its original form. He asked us if we were not willing to have it done that way. We were afraid that if this was done that it would be regarded by the Senate as too drastic and would therefore be killed on final passage. He pressed us on the matter and wanted to know if we would not sooner have it put back in its original form if it could pass. We told him frankly that we would, but that we did not believe it could pass in that form. I actually got around among a few of our friends in the Senate and tried to have them defeat this amendment, which put the bill back into its original form, when the Amendment was offered by Senator Chambers a few moments after the Senate was in session and our prohibition bill was handed down for second reading. We could not see enough of our friends, though, to stem the tide, so the bill was amended and put back in its original form and then advanced to engrossment. On final passage, to our utmost surprise but most intense delight, the bill passed the Senate by a vote of 38 to 11. It went over to the House which readily concurred in the Senate amendment, and then to Governor Goodrich, who signed the bill. This is how Indiana became an anti-liquor state rather than an anti-saloon state. It is well now in the midst of the present discussion to understand this.

There was not a whisky prescription filled in Indiana last year. However, in Illinois, where medicinal whisky is permitted to be sold, 2,188,914 prescriptions were issued by physicians at \$3.00 each. And in all probability 99 per cent were not intended for use as a real medicine.

Opinion of Indiana Physicians

That the physicians of Indiana evidently believed then, and we think also believe now, that whisky is not needed as a medicine is evidenced by the fact that in the year 1921 the Journal of the American Medical Association asked 1,539 of

the 4,600 or more physicians in Indiana what they thought of whisky, wine and beer as necessary medicines. Nine hundred and ninety-six answered, while 543 did not regard the matter of enough importance to reply. Of those replying only 38 per cent regarded whisky as a necessary medicine in the treatment of disease, 22 per cent only regarded wine as a medicine, while only 20 per cent so regarded beer. So we see that Indiana physicians were divided but with a strong majority against whisky, wine and beer as medicine.

Health Better Under Prohibition

During the years 1918 to 1923, with whisky not available for the sick in Indiana, during which period we went through two "flu" epidemics, there were 3,940 fewer deaths in Indiana from tuberculosis, 3,200 fewer deaths from pneumonia; 1,000 fewer deaths from typhoid fever and 10,430 fewer deaths of babies under one year of age than in the preceding five wet years when we were without "flu," and whisky for medicinal purposes was available in nearly every drug store of the state.

Is Whisky or Alcohol a Medicine?

In the battle that is now being waged for the restoration of whisky as a medicine, which battle is being waged under the direction of the Attorney-General of the state, and is being backed by the Indiana Liberty League, as well as by some medical authorities in the state, and a considerable number of wet newspapers, certain questions must be answered in the public mind before an ultimate decision on this question is rendered by the people themselves. Among these questions are the following:

1. Is alcohol a medicine?
2. If so, is it a necessary therapeutic in the treatment of disease?
3. Does whisky, if it is a medicine, contain

medicinal properties that are not found in pure grain alcohol?

4. Would the return of medicinal whisky work more good than harm, or vice versa?

The Field of Experiment

Probably the answer to the first three of the above questions will make unnecessary a final decision as to the last one, so we turn then to the field of experiment for a probable solution to the question.

Some over fifty years ago, due to the teaching of Liebig, the celebrated German chemist, that alcohol is a food and as such was helpful in the treatment of sick people, and due further to Todd's school of medical practice that alcohol is a necessary medicine in the treatment of disease, it was found not uncommon to give from 30 to 40 ounces of brandy daily to fever and pneumonia patients.

It was Sir William Tennant Garidner, of Glasgow, who in his book entitled "The Physician as a Naturalist," dealt a crushing blow to Todd and his school. In 1862 Garidner began to discontinue the use of liquor to fever patients. He treated 189 persons stricken with fever who were under 16 years of age, with only one death and that a girl who was in a moribund state when brought to his hospital. The excessive alcohol treatment under Todd, of King's Hospital, gave a death rate thirty times as high.

London Temperance Hospital

On October 6, 1873, was opened the celebrated London Temperance Hospital. This hospital did not deny physicians the privilege of prescribing or giving alcohol in the treatment of disease, but through every proper means discouraged the use of the same on the theory that alcohol is not really a medicine.

By the year 1908, a little over 35 years since the opening of this hospital, 28,538 patients had

been treated in this hospital. Out of this number only 81 had been given alcohol. Of these 81, 50 died while 31 recovered. Twenty-five of those 81 patients were surgical cases and twenty of them died. Thirty-five of the medical cases died while 26 recovered.

Of the total number of 28,538 patients, 2,181 died, which was a mortality of 7.6 per cent, while 26,737 recovered, a recovery of 92.4 per cent of the whole.

By May, 1917, 39,158 patients had been treated in this hospital. Of these patients only 109 had received alcohol which was about the same percentage that had obtained ten years earlier.

Non-alcoholic Treatment of Diabetes

We are *told that in the nine years preceding 1913, where alcohol was given to diabetic patients on the theory that it was a food, the mortality of such patients treated was 27 per cent. Without the alcoholic treatment in 1915 this mortality was reduced to 12 per cent; to 6 per cent in 1917 and to 4 per cent in 1919.

Alcohol, we are told, has always had an injurious effect upon the kidneys and its excessive use by some nations is said to account for the higher death rate among the people of these nations.

Authorities on Influenza

The dreaded "flu" which swept over our nation in 1918 and again in 1920 carried literally thousands to their graves.

Royal S. Copeland, the Commissioner of the Department of Health of New York City, says the following about the treatment of this disease:

"I have never recommended whisky as a preventive of influenza. Personally I do not consider it of any value in the prevention and treatment of influenza."

Dr. W. A. Evans, former Health Commis-

*By Dr. Woods Hutchinson, in the Saturday Evening Post, Dec. 11, 1920.

sioner of Chicago and now Health Editor of the Chicago Tribune, in an article in the Chicago Tribune which was reprinted in the Union Signal August 4, 1921, said:

"Do you remember how the sheets were decked with advertisements of whisky as a remedy for influenza and pneumonia in 1919 and how the death list from influenza and pneumonia grew, and how in January, 1920, when the influenza came back, there were no advertisements calling on people to drink for the 'flu,' and how the death rate came down?"

It was Sir Malcolm Morris, President of the Institute of Hygiene in England, who in a conference called by the Institute February 28, 1919, said:

"Alcohol is not an essential for the prevention or the treatment of influenza."

Dr. E. B. Turner, a leading London physician, has kept a record of 2,300 cases of influenza which he treated ending in a complete recovery with no complications, and without a single death. In the epidemic raging in London since October, 1918, he had treated 336 cases of virulent type; all recovered without pneumonia or other complications. Dr. Turner says in a letter:

"I have not ordered any alcohol whatever in influenza, either in this epidemic or in any other of the earlier ones. They do not require it as far as I can see."

This is taken from the Alliance News, May, 1919.

During the "flu" epidemic of 1918 hospital records showed fewer deaths in cantonments where whisky was not used than where its use was common. Many people of foreign birth in Indianapolis, used to their liquor drinking, drank whisky as a remedy and died off so rapidly that it is claimed their priests urged them to abstain from whisky during their sickness. Many then recovered. Some of them on partial recovery began drinking again and took relapses and passed

away. Dr. J. E. Sharp, of Indianapolis, a well known physician, treated nearly 400 cases without either whisky or alcohol, lost only 6 per cent of his cases, and 50 per cent of these losses were alcoholics. One Indianapolis physician declared that whisky caused more deaths than did the "flu" itself.

Rev. Dr. A. E. Ewers, a Presbyterian minister of Salem, Indiana, has a son who is a medical missionary in China. At one time during this "flu" epidemic he had 150 patients. He treated all of them without alcohol and every one of them recovered.

In Treatment of Pneumonia

Dr. A. A. Hall, in the Medical Temperance Review of London, in May, 1921, had the following to say concerning the treatment of lobar-pneumonia cases:

"After twenty-five years of experience in general practice I have come to the serious but definite conclusion that the prescription of alcohol in various forms is one of the principal causes of the mortality in lobar-pneumonia. When I have had a few mortalities in cases of lobar-pneumonia where complicated with measles I have not up to the present given a certificate of death for lobar-pneumonia. . . . I absolutely refuse when the engorged lungs are not doing a quarter of their normal work and the heart with its right chamber choked with blood, has the utmost difficulty in keeping up a partial blood current— . . . at this critical point I refuse to give the final blow by exhibiting a paralyzing drug that in scores of cases evidently closes the scene and arrests the heart systole.

"In the close of one of the most desperate cases I have had—respiration 70, pulse 130, temperature 104.8 F.—a young man with both lungs involved to a large extent, the mother piteously asked when she saw her son apparently in extremis: 'May I give him a little brandy before he dies?' I replied, and it took courage to speak thus:

'Give him brandy and he will die; give him none and he will get better.' The result was, obedience to my order and a splendid recovery."

Dr. Alexander Lambert, President of the American Medical Association in 1919, has said:

"Eight months ago I gave up the use of alcohol and nitroglycerin in treating pneumonia in my division of Bellevue Hospital (there are four divisions), and used those drugs by which we obtained a rise in blood pressure. After three months, when each division had from 125 to 137 patients each I found in those cases where alcohol and nitroglycerin had been used, the death rate was 10 per cent higher than where drugs that raised the blood pressure were used."

In a recent letter to me Dr. Lambert said: "I do not use alcohol or whisky in pneumonia and do not believe in it."

Dr. Frank C. Meara, of the Cornell Medical School in New York City, has the following statement:

"Alcohol has been much used in pneumonia. I believe without justification. It is never a true stimulant . . . but a depressant. I believe there are few cases in which the patient would not be better off without the alcohol."

In 1918, Rev. H. W. Baldridge, of Lawrence, Indiana, was for eight weeks in the Methodist Hospital in Indianapolis, with a severe attack of pneumonia. For two weeks it was thought he would not recover, and one night it was thought he was dying. But he recovered, and on recovery told his physician, a very eminent Indianapolis doctor, that he was glad he recovered without having to take any whisky. "If you had taken whisky," replied his physician, "you would not have recovered."

Pneumonia and Typhoid

In 1907, in Stockholm, Norway, was formed what was called the International Union of Ab-

staining Physicians. Dr. Holitscher, Secretary of the German Speaking Union, proposed a strictly scientific investigation of the merits of alcohol for non-alcoholic treatment of typhoid fever and pneumonia by getting a number of hospital physicians in different countries of the world to alternate these treatments with their patients and compare results. Objections on the part of physicians that such a course would be unethical, that physicians would treat according to their convictions, came from almost everywhere. Although Dr. Holitscher argued that the question was not settled and that this would be a way of settling it, he received very little cooperation. He did receive, however, considerable correspondence on the subject. Here are a few of the replies:

"I have long rejected any idea of alcohol treatment in typhoid fever. . . . To stimulate the heart for so long by means of alcohol is, in my opinion, a very questionable procedure. For this reason I give my typhoid fever patients no alcohol."—Name of authority not given.

"For many years in my scheme of therapeutics (in pneumonia, etc.), alcohol is practically excluded. Only in special cases of pronounced alcoholism, and that only during a very short time, is it given; other cases never."—Dr. G. Ekehorn, Sundswall.

"In typhoid no alcohol. In pneumonia small quantities (20 to 30 c.c. a day) if the patient is a drinker."—Sigurd Sjoval, Lyngley.

"On principle I never use alcohol in practice."—A. Wachefeld, Ystad.

"As a rule I give my patients no alcohol."—W. Fosselt, Hudiksvall.

"Alcohol is given here only to such patients as are so accustomed to it that a sudden withdrawal would not be advisable."—Erich Lindstrom, Geffle.

"Alcohol is often necessary for drunkards, but for other people mostly not."—Emil Hedlund.

Two of the Scandinavian correspondents, Dr.

O. E. Olson and Dr. Fritz Kaijzer, give alcohol in pneumonia. But—

No voice was raised to speak a word for the administration of alcohol in typhoid fever.

From Germany and other countries came interesting statements. Here are a few of them:

"For a great many years I have never given alcohol in typhoid, and in pneumonia only in extremely rare cases merely as a restorative to people who are accustomed to wine."—Professor Heidenheim, Worms.

"In the hospitals visited by me all typhoid and pneumonia cases are treated without alcohol." — Dr. von Ingersleben, Aschersleben.

"For seventeen years I have treated all cases of inflammation of the lungs and typhoid without alcohol, with the exception of those who could take no nourishment and they received a beaten egg. To modify the taste of the egg a little brandy was added. Delirium cases did not receive a drop of alcohol."—Dr. Poelschen, Zitz.

"Though I consider treatment with alcohol harmful, though there are exceptions, I can not reconcile an alternating treatment with my knowledge."—Professor Eichorst, Zurich.

"We have for many years treated all our inmates, even the typhoid and pneumonia cases, without the use of alcohol, and we are much pleased with the results."—Dr. Harold Burgorf.

"Under my direction in the first medical department no patient received alcohol in any form whatsoever, except in (1) cases during attacks of delirium; (2) dying phthisical cases and decrepit old people who have been accustomed to alcohol; (3) other cases in the last stages of collapse. I cannot, therefore, decide to undertake a method of treatment of typhoid and pneumonia which at one time I did use, but which I have given up after much reflection and which is harmful in some cases and useless and costly in all."—Professor Maximilian Sternberg, Vienna.

"For years the typhoid cases I have

treated have received no alcohol, and the published statistics show that we have obtained certainly as good, if not better, results than those obtained during the period when typhoid cases received alcohol. The same holds in pneumonia, although I do not always put aside the use of alcohol in such cases on account of the frequent delirium."—Hofrat von Jakisch, Prague.

Not all the physicians, however, refused to take part in the experiments that were suggested by Dr. Holitscher. Statistics were received from 47 hospital departments—from Sweden, 13; Norway, 6; Hungary, 7; Denmark, Austria, Switzerland, 20; and 18 tried alternating treatment. Here are the results:

"There were 486 pneumonia cases, 238 received the alcohol treatment and 248 did not receive the alcohol treatment. One hundred and sixty-five of the alcoholic medicated cases were discharged cured, 15 were discharged not well, while 58 died. One hundred and seventy-six of the patients treated without alcohol were discharged as cured, 19 as not cured, while 53 died. Thus, it will be seen that 24.3 per cent of the patients treated with alcohol died, while 21.3 per cent treated without alcohol resulted fatally. Of these cases 47 had delirium tremens. Twenty-one of these were treated with alcohol. Six of them recovered and fifteen died. Twenty-six were treated without alcohol and seventeen recovered while only nine died."

Physicians in consenting to the alternating treatments with and without alcohol made reports as follows:

There were 882 cases reported. Of these 211 had alcohol and 82 of them died. The mortalities being 38.9 per cent. Of these cases 671 had no alcohol in their treatment, and 108 of them died, the same being only 13.3 per cent, or just a little more than one-third the number of fatalities from patients receiving alcohol treatment.

We give the above because of the interest such has attracted. And, we record it as our candid

opinion that non-alcoholic medication, taken as a whole, is certainly the equal, if not the superior to alcoholic treatment.

Alcohol and Blood Pressure

Professor Dennig, in the City Hospital of Pforzheim in 1909 took a record on this subject, especially in cases of fever, such as pneumonia, erysipelas, sepsis, tuberculosis, pleurisy, scarlet fever, measles, diphtheria, purulent meningitis, asthma, heart disease, and arterio-sclerosis. His investigations showed the following results after the use of alcohol:

1. The blood pressure in most cases was negative and seldom positive.
2. Small doses of alcohol affected the pressure less than large doses.
3. An expansion of the blood vessels after the administration of alcohol is significant and the sinking of the blood pressure appears to be due in part to the widening of the arteries.

Further investigation by Dennig, Hindelang, and Grumbaum was reviewed by Dr. William Secor, professor of therapeutics in the Chicago College of Medical Surgery, in the New York Medical Record, December 17th, 1910, with the following results:

There were 62 febrile, or fever patients a majority of whom were not addicted to the use of alcohol.

Ten of these persons—three of them with pneumonia—received well diluted 6-10 c.c of absolute alcohol. In all but three of these cases there was a fall in both the systolic, that is, in the contracting power of the muscles of the heart, and diastolic, filling pressure. The depression continued from 1½ to 2 hours. Nine patients—five with pneumonia—received from 11 to 20 c.c. of alcohol. Two of these patients reacted by a slight rise in pressure and systolic output. In seven the blood fell and the systolic output was decreased.

Twenty-five of these patients received

well diluted 20 to 30 c.c. of alcohol. Of these 20 gave evidences of the depressing effects of the alcohol.

Seven of these patients received 30 to 40 c. c. of absolute alcohol. All reacted by a fall in the blood pressure and lessened the systolic output.

The results showed the uncertainty of the reaction of the individual to alcohol, as even in small doses it may, and in larger doses invariably does, depress the circulation.

Drugs like camphor, caffeine, and digitalis are of so much more value, according to Dr. Secor, as they are consistent in their action and much less liable to affect the patient unfavorably. Dr. Secor's conclusion was:

"The border line between the amount acting as a stimulant and the amount having a depressant action is variable, and this variability in action renders alcohol an undesirable therapeutic agent."

In an editorial in the American Journal of Clinical Medicine on "Indications for Alcohol," February, 1916, we find the following:

"The chief peril in pneumonia is toxemia, yet alcohol itself is a most potent cause of toxemia. It adds a danger here as in many other cases. Such patients need elimination and cardio-nervous support; and his peril is greater than that of the non-user of alcohol. Careful nutrition, coffee, cardiac tonics and elimination will save more lives if the alcohol is omitted."

Alcohol in Surgery

There are a number of surgeons, and some of them among the best surgeons in the state, who hold that alcohol, or to be more specific, whisky, is useful—in fact, necessary in the treatment of surgical cases where the system has undergone a tremendous shock. Some of the surgeons are very pronounced in this view, yet no less an authority than Dr. John B. Murphy, now deceased, of Chicago, holds just the opposite. Dr. Murphy, one of the greatest surgeons the Middle West

ever produced, was the inventor of the now famous "Murphy Button" for use in intestinal surgery, which has saved thousands of lives. He was at one time president of the American Medical Association. Here is what he says:

"I do not consider spirituous liquors at all necessary in the treatment of disease."

Dr. R. H. Richards, the late Major of the Medical Corps, 138 Machine Gun Battalion and Base Hospital 100, United States Expeditionary Forces, now practicing physician in Patricksburg, Indiana, says of army regulations on this subject:

"The regulations of the medical department of the United States specifically interdicts the internal use of alcohol in combatting shock, resulting from wounds, bleeding, etc., calling attention to the fact that alcohol is in its last analysis a depressant and not a true stimulant and directs that external heat and hot nourishing broths in connection with other dependable drugs be administered. The Army's nearly three years' experience in medicine on the Mexican Border, in the U. S. Army Camps, and in France during the World War, confirms the wisdom of such medical procedure. . . . As a stimulant its effects are uncertain, except its unvariable depression reaction. There are numerous other therapeutic agents that are dependable and much safer."

These few Indiana surgeons who are obsessed with the idea that they must have whisky for patients who have undergone serious shocks in major surgical operations could not use alcohol nor spirituous liquors in any form in the United States Army for internal use. Neither could they use them in the United States Navy since we are informed that in both these branches of the military department of the government the use of alcohol is excluded.

The attorney-general of the State of Indiana, since he began this movement for medicinal

whisky, has been giving a number of letters to the press from certain persons expressing approval of his course. There are some that he evidently has withheld from the public. One of them is a letter from Sumner Haynes, a well-known attorney of Portland, Indiana, in which he details his own experiences in a Cincinnati hospital some thirty years ago, lying on the operating table for four hours and had a complete recovery without whisky, while a Catholic priest, a little younger than he, undergoing a similar operation, and taking a whisky toddy every afternoon, finally died. He also tells how John Sobieski was shot through the stomach during the second day of the battle of Gettysburg, and was pronounced fatally wounded by the doctors. After receiving first aid, it was twenty-four hours before he was again seen by the physicians who told him he could not live more than a few hours. A comrade brought water and poured it on the wound. Mr. Haynes relates that Sobieski is living in California, 86 years of age, a teetotaler and prohibitionist, with 65 years of rejoicing that he was not doctored with whisky. Mr. Haynes then adds:

"President William McKinley was shot through the stomach. He was unable to take nourishment through the stomach. He lived long enough to forgive the man who shot him. He was given the best possible care that modern surgery, medicine and hospitals could provide.

"Under the advice and by prescription from learned and eminent physicians, whisky was injected into his bowels as a medical stimulant.

"He died in a few days.

"These instances of comparison can be given without number; but there is no way to take account of those who have lived through sickness because they did not use whisky, and there is no way to tell how many died by reason of the fact that whisky was used, as part of the treatment, in cases of sickness."

Alcohol and Whisky

By waiving for the time being the objection that whisky and alcohol are being supplanted to-day by better remedies in every kind of disease, we now come to the question: "Does whisky, if a medicine, contain any medical properties that are not found in pure grain alcohol?" We asked this question of a number of experts, persons whose names are household words in the medical world. Here are some of the answers:

Dr. John Harvey Kellogg, of the famous Battle Creek Sanitarium—

"Medical whisky is absolutely unnecessary. Whatever effect is produced by whisky is produced by alcohol it contains and this can be obtained in a pure state from any drug store, consequently there is no real demand whatever for whisky. Alcohol in every form is a narcotic. It lessens nervous sensibility and mental efficiency. It is in every way a harmful drug and does no good whatever. It is not a stimulant but a narcotic. I know of no conditions in disease in which alcohol can render any service which could not be better rendered by some other means or agent."

Dr. W. A. Evans, of the Health Department of the Chicago Tribune, of whom we asked the question "Is there any so-called medicinal value in whisky aside from the alcoholic properties it contains?" answered as follows:

"There is none. Whisky is 50 per cent alcohol (grain), 50 per cent water, with a trace of coloring matter and enough of essential oils to give a slight flavor. The flavor added to make bourbon differs slightly from that used to make rye. Much if not most of the whisky now made is made by cutting the alcohol with water and adding the color and the flavor. The color is without either physiologic or medicinal effect. In the quantities used the oils employed for flavors are without physiologic or medicinal effect. In larger quantities the oils would have physiologic effects but

such effects would be rated as harmful rather than helpful."

Dr. Arthur Dean Bevan, Chairman of the American Medical Association, an eminent practicing physician in Chicago, writes:

"In reply to this question would say that if whisky has any value as a medicine the value depends entirely upon its alcoholic content and upon nothing else. Pure grain alcohol, diluted about one-half or a little more with water will answer every purpose that ordinary whisky would answer as a medicinal agent. . . . There is no scientific, logical or common sense reason for insisting upon the use of whisky as a medicinal agent instead of a mixture of pure grain alcohol containing the same alcoholic content. This position would be supported without any question by all scientific pharmacologists, men who have made a scientific study of the actions of drugs."

Dr. Howard A. Kelly, of Johns Hopkins University Medical School, has the following:

"I am not aware of any disease of which any one has said in recent years that alcohol is a cure for it. It seems at best to be a habit-forming drug, and when a habitue has a serious injury he is likely to get delirium tremens, if his liquor is cut off. If alcohol does not cure anything I do not see how it is possible to discriminate as to the variety of the alcoholic and to attribute any virtues to the several eskers which give it flavor. The American Medical Association repudiated it once and then took back its repudiation; its sound, sane judgment was evidently its first."

Dr. Harvey W. Wiley, world renowned for years as head of the Health Department of the United States, says:

"From the experimental work done in the Carnegie Nutrition Laboratory in Boston I am fully convinced that alcohol in any form has no therapeutic value of any kind. It is not even a stimulant; its only effect is to deaden the sensation by incipi-

ent intoxication and thus causes the patient to feel better simply because he does not feel at all. Alcohol is always a narcotic and in large doses it is hypnotic. Medicine would lose nothing if the use of alcohol for therapeutic purposes was entirely forbidden. On the other hand the sick person would gain a great deal and I think live longer than he would under alcoholic medication."

To be fair to this great scientist we must add that he holds that some of the flavors that are in whisky may subtract somewhat from the damage that is in the alcohol in whisky, although he is confident that whisky itself is without medicinal value, but is harmful.

Many Hospitals Use No Liquor

We are taking the liberty to quote in full from a tract published by Martha M. Allen, of the National Woman's Christian Temperance Union in 1922, dealing in a very thorough manner with the use or non-use of alcoholic liquor in the hospitals of the country. We quote from the same as follows:

"In the fall of 1922 the Medical Temperance Departemnt for the National W. C. T. U. made an inquiry as to the quantity of alcohol used in hospitals of the United States during the years 1920 and 1921. The inquiry aimed to cover principally our larger hospitals and even these were not all reached, but will be later. The twenty-two states which forbid the sale of liquor as medicine were not included in the inquiry.

"It was particularly interesting to learn that Chicago's great Cook County Hospital has used no alcohol in the treatment of any disease since the advent of prohibition. No complaint of this condition has been made by any attending physician.

"Ohio reported a number of hospitals using no liquors. Lakeside Hospital, Cleveland, with 300 beds and 105,000 in the out-patient department, 60 per cent medical cases, and with attending physicians from all parts of the city, had not one prescription for liquor turned

in last year. East Cleveland Hospital said, 'We purchase and use none. It is not needed.' The Protestant Hospitals Association of Columbus replied, 'We have not used during 1920 and 1921 any whisky, brandy or wine. It is the policy of these hospitals not to use them.' Grant Hospital, Columbus, 'We carry no brandy, whisky, or wine. We feel they are not needed.'

"Cincinnati General used none in 1922. 'In June, 1920, one and a half gallons of whisky were purchased. None has been purchased since that time. No brandy or wine has been purchased for a number of years.'

"The Hospital Division of the Department of Public Welfare of the City of St. Louis reported, 'We have neither purchased nor dispensed any whisky, brandy or wine during 1920 and 1921.'

"The City Hospitals of St. Paul and Minneapolis use none. Forty-four other hospitals of Minnesota report the same.

"Virginia has Roanoke Hospital, Jefferson Hospital, and the Lewis Gale using no liquor; the St. Charles very little.

"Barr Infirmary, Nashville, Tennessee, 'None since prohibition.' Presbyterian Home Hospital, Memphis, none. 'We get along just as well without it as we did when we used it.'

"Indianapolis General, none used.

"For the ten public hospitals of New York City, including the large Metropolitan and Bellevue Institutions, not over 700 gallons of whisky have been purchased yearly for several years past. No other liquor was used. So says Mr. Bird Coler, the Commissioner of Public Welfare, who makes the purchases. Mr. Coler states that only the older physicians prescribe liquor.

"The hospital connected with the Post Graduate Medical School of New York City used 4 gallons distilled liquor in 1920 and the same in 1921.

"Almost no liquor is prescribed in the hospitals connected with the Medical Department of Columbia University, New York.

"Mount Sinai Hospital, New York City, says: 'The amount used here is almost negligible.'

"Philadelphia General Hospital reports:

'The amount of liquor in 1921 was 70 per cent less than in 1920.'

"Pennsylvania Hospital, Philadelphia, 'We used a half barrel of whisky and brandy the past year, and that is about the amount used for some years, yet we now have double the number of patients we had a few years ago. It is about one-fortieth of what was used twenty-five years ago.'

"Passavant Hospital, Pittsburgh, Pa., 'Seventeen quarts, 29 ounces in 1920, 16 quarts, 14 ounces in 1921. Used chiefly in pneumonia cases.'

"Presbyterian Hospital, Pittsburgh, 'For year ending August, 1922, 4 gallons whisky, 3 pints brandy.'

"Allegheny General, Pittsburgh, 'Fifty-five quarts of whisky and brandy in 1921. Forty-two quarts in 1922.'

"Elizabeth Steele Magee, Pittsburgh, 'One gallon whisky in 1922.'

"Nashville, Tennessee, City Hospital, 'About 4 gallons in 1920-1921.'

"St. Thomas, Nashville, 'Less than ten gallons in 1920 and 1921.'

"Massachusetts General, Boston, 'In eleven months of 1922 we purchased 76 gallons whisky, 5 gallons sherry, 17.25 gallons brandy.'

"Peter Brent Brigham Hospital, Boston, 'Since the hospital opened it has not been the custom of any of the physicians to prescribe much liquor.'

"New Haven, Ct., 'An average of 10 gallons of brandy per year during the past four years. No whisky or wine.'

"Providence Hospital, Washington, D. C., 'About 5 gallons of whisky in 1920; 3 gallons in 1921.'

"Flower Hospital, Toledo, Ohio, 'During 1920 and 1921 we purchased one quart of whisky, ordered by a physician for a dying patient.'

"City Hospital, Cleveland, 'We discourage the use of liquor in our hospital, and at present use no liquor except a small quantity of whisky. We are using about a half-gallon of whisky a month, our hospital having a capacity of 500 patients.'

"The Woman's Hospital, Cleveland, 'Not more than one quart of whisky in 1920, less in

1921.' St. Luke's, Cleveland, 'About 20 to 25 gallons a year of whisky, brandy and wine.' Lakewood Hospital, Ohio, 'We have not used more than a quart of whisky for medicinal purposes in the past year, and no brandy or wine.' Good Samaritan, Cincinnati, 'About 12 quarts in two years.'

"Federal Prohibition Directors report that hospitals in Wisconsin, Kentucky, Iowa, and New Jersey are withdrawing very little liquor. The amount in Michigan is 'almost negligible.' Only 2 per cent of the liquor released for medical use in New Jersey goes to hospitals'."

Hospitals Banning Whisky

It may be interesting also to add to the above the following facts which have been obtained within the last year concerning some hospitals in the city of Chicago.

A certain druggist in that city had been convicted before the Federal Prohibition Unit of having abused his privilege of using whisky for medicinal purposes only, by selling it for beverage purposes, and as a result his permit was revoked by the government. He was told, though, that he could dispose of the whisky to anyone who had a legal right to hold it and that the government would not make him any trouble over the matter. He then proposed to give this whisky, since it was bonded liquor, to some hospital where it might be used for the treatment of the sick. The prohibition official called up the Presbyterian Hospital and was told that they did not handle whisky at all. Then he called up the Wesley Hospital with the same result. In like manner he called up the Cook County Hospital and still was unable to give away this druggist's whisky. He called up five leading hospitals in the city and each time was told that whisky was not used in that hospital at all. Not until he had called up the sixth hospital was he able to dispose of this whisky for medicinal use in one of the health-restoring institutions of that city.

Just a few communications have come to me recently in answer to inquiries sent out to a number of hospitals over the United States. Dr. F. G. Harter, superintendent of the Ancker Hospital in St. Paul, Minnesota, says:

"The Ancker Hospital used approximately 624 gallons of pure grain alcohol and 5 gallons of whisky during the past year. Ten thousand three hundred and ninety-three patients were admitted for treatment."

Jessie J. Turnbull, superintendent of the Elizabeth Steele Magee Hospital, of Pittsburgh, writes us:

"Answering your inquiry of June 16 may say that last year 250 gallons of alcohol and 3 gallons of whisky or brandy were used in this hospital. Four thousand eight hundred and sixty-seven patients were treated in this hospital last year."

From Mary A. Jamieson, R. N., superintendent of the Grant Hospital in Columbus, Ohio, come answers in the following language:

"Replying to your letter of June 16 will state that this is a 300-bed hospital, our daily average last year was 245.

"We do not carry a license for whisky or in fact for anything.

"Our alcohol we get 'tax-free.' During the past year, I think I am safe in saying not over two quarts of alcohol were prescribed by the doctors in this institution for patients. The need for such a stimulant does not seem to be great in this institution."

From the Cook County Hospital, in Chicago, we have the following letter:

"We do not use whisky at this institution. We use approximately fifty gallons of alcohol per week. This hospital last year cared for 42,370 patients."

And from the Presbyterian Hospital in Pittsburgh, Pa., we have the following:

"Reply: 6 gallons whisky, 3 quarts whisky; 3,608 patients."

From Christ's Hospital, Cincinnati: "Our records show we used 447 gallons of grain alcohol during the year 1926 for operating and sterilization purposes. Whisky was dispensed only on emergency prescriptions; none purchased during the year and but very little used. The total number treated in our hospital last year—4,800."

Pennsylvania Hospital, Philadelphia: "Used during 1926, fifty gallons of whisky and one thousand three hundred and sixty gallons of grain alcohol. There were 19,718 patients."

From the Good Samaritan Hospital, Cincinnati, Ohio: "During the last year we used about ten (10) gallons of whisky and no pure grain alcohol. We only used medicated alcohol for external use."

From the Passavant Hospital, Pittsburgh: "In the past year we have used six barrels of alcohol—average about 50 gallons each—and eight gallons of whisky. During the year we have treated 3,220 patients."

From the Allegheny General Hospital, Pittsburgh: "During the calendar year 1926 this hospital used 12.62128 gallons of whisky, 1,300 wine-gallons of 95% alcohol and 15 gallons of absolute alcohol. For the fiscal year ending May 31, 1927, the hospital admitted 6,550 patients."

City of Cincinnati, General Hospital: "We will use approximately twelve drums of pure grain alcohol each year. . . . The use of whisky is very small. The hospital has not applied for a permit to purchase and use whisky, but wherever physicians desire it we will secure it for them in the retail market on their prescription. Less than one-half gallon was used last year. We admit and treat approximately 12,000 patients per annum."

The Flower Hospital, Toledo, Ohio: "127½ ounces and 6 drops were used for external use by patients during the year 1926."

Henry Ford Hospital, Detroit: "In the period of a year about fifteen hundred gallons of grain alcohol are used for external purposes. The amounts used internally are negligible, the only department using alcohol for this purpose being the Psychiatric Division. It is against the policy of the hospital to buy or dispense whisky."

From the Lakeside Hospital, Cleveland, O.: "During the year 1926, five and one half gallons of whisky were used in this hospital and the amount of alcohol used was approximately one hundred gallons per month. During 1926, 6,954 patients were treated in Lakeside Hospital."

Thus it is seen that while there is some alcohol of the pure grain variety used in a number of hospitals of the country, the use of whisky, brandy, wine and other beverage alcoholic liquors for medicinal purposes in the leading hospitals of the nation has become almost negligible as compared with twenty-five and fifty years ago.

When great hospitals, like those mentioned in Chicago, even where whisky is available, decline to carry the same in stock, we seriously question the wisdom of any one of the twenty-three states of the Union which now forbid the manufacture or the sale of intoxicating beverages for medicinal purposes now letting down the bars, which in the judgment of thousands of the very best physicians that the country affords is absolutely needless and even harmful.

AN ARRAY OF MEDICAL AUTHORITY

We herewith give an array of medical authorities found in our own country and in others showing the general trend of the medical fraternity on the question of alcoholic medication. Here are some of the authorities:

FROM THE STATE OF INDIANA Just a Few of Hundreds Which Could Be Secured

"In my opinion more than 90 per cent of the whisky prescribed (when we had whisky) was at the solicitation of some member of the family, or more likely, a friend that was first to recognize the need. . . . Some one has said that whisky is a 'fooler.' It fools the pauper into

thinking he is rich, or the rich man into thinking he is being robbed by his friends. It fools the husband and father into thinking that his wife and children need beating. . . . It fools the family and friends into thinking that the sick one is better, when he is not better; but it will never fool the good people of the United States into believing that it will be good for them, or a very small per cent of the medical profession that it is a good medicine for the sick or a necessary remedy in sickness."—H. M. Arthur, M.D., Hazleton, Ind.

(Ninety of one hundred and twenty St. Joseph County physicians petitioned their legislators last winter against legalizing the use of medicinal whisky. Is this an indication of the attitude of the medical fraternity, as such, throughout the State?)

"As far as I am concerned I want them to leave the law as it is. Conditions are better in Indiana than in other states. There are substitutes that are better than whisky. I think it is the general opinion of the doctors that it would be a nuisance for them to prescribe whisky."—Dr. Cecil Jordan, Peru, Indiana.

"It has been proven many times that whisky has never saved a life except by the person letting it alone. It has been proven that whisky has no beneficial effect on living organism, either human or lower animal. . . . I have been a physician for twenty years, have always had a large practice, and never had occasion to prescribe booze. . . . Whisky has killed one thousand persons for every one it has saved."—J. J. Johnson, M.D., Hammond, Ind.

"I have practiced medicine for thirty years and have never as yet seen a case wherein I thought whisky would be of any benefit."—J. V. Baker, M.D., Edinburg, Ind.

"I would consider it a serious mistake, also a crime, for any prescription regulations to be legalized that would give doctors a right to prescribe spirituous liquors."—J. E. Sharp, M.D., Ph.D., Indianapolis.

"I do not consider liquor a medicine in any sense. I have been in Texas twice within the last eighteen months. That State has such a

law as you propose and I want to tell you that it is shamefully abused on every hand. It is only a subterfuge to get liquor for drinking purposes. I know that if we had such a law it would be abused just the same. There is no disease for which liquor can be used but what there is a medicine which will act much better."—Milton T. McCarty, M.D., Frankfort, Ind., Medical Director People's Life Insurance Company. (Letter to Indiana Liberty League)

"I am here only temporarily. I am taking care of the work of another physician. I have first-hand evidence that prescribing is only a loophole to violate the spirit of the Volstead Act. A very large majority of the patients who come for the prescriptions only want a drink. They call it a joke. I could tell more than I can write. I think that a large majority of clean thinking physicians will agree with me that Spiriti Fermenti is a fifth-class drug and that there are many other things which will do better work, when medicine is REALLY needed."—W. C. Butman, M.D., Jeffersonville, Ind. (Written from Frankfort, Ky.)

FROM THE UNITED STATES OF AMERICA

I. PAST PRESIDENTS AMERICAN MEDICAL ASSOCIATION

Dr. Chas. H. Mayo, Rochester, Minnesota (1917): "Medicine has reached a period when alcohol is rarely employed as a drug, being displaced by other remedies. Alcohol's only place now is in the arts and sciences."

Dr. C. A. L. Reed, Cincinnati, Ohio: "The tendency of alcohol in any quantity is to produce more or less congestion of the blood vessels of the stomach, and of the intestines, and if long continued, of the liver and kidneys."

Dr. J. H. Musser, Philadelphia: "In the medical wards of the Pennsylvania Hospital I have found that in acute as well as chronic disease we can do without alcohol. It does harm rather than good."

General William Crawford Gorgas, M.D., of Havana-Panama Canal yellow fever fame: "If I had the power I would not only blot out all alcoholic liquors from the Pharmacopeia, but also from use anywhere else." (Honored by

University of Pennsylvania, Universities of South, Harvard and Brown, and was honored by some of the most exceptional national and foreign awards for scientific achievement.)

Dr. Alexander Lambert, of New York: "I do not use alcohol or whisky in pneumonia and do not believe in it."

II. AMERICAN INSTITUTE OF HOMEOPATHY

Dr. DeWitt G. Wilcox, in presidential address, 1914: "Alcohol has no place as a medicine."

III. ANNUAL MEETINGS AMERICAN MEDICAL ASSOCIATION

Maj. Frank Billings, M.D., dean of Rush Medical School, Chicago, at annual meeting in New York, June, 1917, introduced the following resolution:

"Resolved, That the house of delegates of the American Medical Association . . . declares it is opposed to the use of alcohol by individuals either as a medicine or as a beverage; and be it further

Resolved, That its use in medicine is permissible only in the preparations and preservations of pharmaceutical products."

The following resolutions were passed by the American Medical Association at the same meeting:

"Whereas, We believe that the use of alcohol as a beverage is detrimental to the human economy; and,

"Whereas, Its use in therapeutics as a tonic or stimulant or as a food has no scientific basis; therefore, be it

"Resolved, That the American Medical Association opposes the use of alcohol as a beverage; and be it further

"Resolved, That the use of alcohol as a therapeutic agent should be discouraged."

Since, the American Medical Association has repudiated this action. Dr. Howard A. Kelly, of Johns Hopkins, thinks its first decision was the correct one.

IV. BOARDS OF HEALTH OFFICIALS

Dr. Harvey W. Wiley, chairman of the revision committee of the Pharmacopeia: "Whisky and brandy were deleted from the United States Pharmacopeia because the committee of revision found that very few physicians are now prescribing alcoholic liquors."

Dr. J. N. McCormack, secretary Kentucky State Board of Health (1925): "It is time alcohol was banished from the medical armament; whisky has killed thousands where it cured one."

Homer Emerson, former health commissioner, New York City: "Briefly, it may be said that the modern physician finds very little use for alcohol internally."

Dr. Donald B. Armstrong, in New York state health report: "The days of alcohol as a widely prescribed drug are past."

J. H. Landis, M.D., health officer, Cincinnati, Ohio: "I am forwarding you by today's mail a report of 303 cases of typhoid fever treated without alcohol, and my reasons for not using it. I believe the results will not suffer by comparison with those obtained in other hospitals where alcohol is used."

Dr. W. A. Evans, former health commissioner of Chicago, and now health editor for Chicago Tribune: "My judgment is and quite deliberately that as a remedy for the cure of disease alcohol and alcoholic beverages of any kind, are without value."

Dr. Reid Hunt, of the U. S. Public Health Service, Washington, D. C.: "It seems to me that the field of usefulness of alcohol in therapeutics is extremely limited, and possibly does not exist at all."

Surgeon General Ireland of the Army: "My own opinion is that whisky and brandy are not essential in the treatment of the sick."

Dr. A. C. Wilce, State Health Officer, Alabama: "There was for a long time a divided sentiment as to the value of whisky as a medicinal agent, but it is rarely discussed in medical meetings now. The majority of the doctors of the state were originally prohibitionists. I was not, but I am now since I have seen the good effects of the law."

Dr. A. A. Whittemore, State Health Officer, North Dakota: "I practiced general medicine

for twenty-two years, and did not find it necessary to prescribe alcohol in any form more than two or three times a year, and think that with little special effort substitutes might have been found in most of these cases."

Dr. J. S. Crumbine, secretary State Board of Health, Kansas: "Physicians in Kansas have long since ceased to use liquor as a therapeutic agent in the treatment of disease. The loss of this agent has been a gain."

Dr. G. W. Garrison, Little Rock, Ark., State Health Officer: "I feel quite confident that if the 'bone dry' law existed throughout the country the medical profession would soon find remedies that would serve as well, maybe better, than alcoholic liquors."

V. MEDICAL SCHOOL AUTHORITIES HARVARD

David L. Edsall, dean of the medical faculty: "Alcoholic liquors are to my mind not only not valuable but distinctly disadvantageous in the treatment of disease, except in rare instances."

Richard C. Cabot, professor of medicine: "I believe that alcohol has no important uses in medicine."

Harvey M. Hewes, M.D.: "The clinicians who decide for the deleterious action of alcohol in infectious conditions have what evidence of an experimental nature we possess at the present time to support their impressions. The advocates of the continuous use of the drug have this evidence against them."

Dr. Reed Hunt: "It seems to me that the field of usefulness of alcohol in therapeutics is extremely limited, and possibly does not exist at all."

Dr. George S. C. Badger, assistant in theory and practice of medicine: "Regarding the use of alcohol in medical practice, I very rarely use it. At the Baptist Hospital I have not ordered it for a patient for several years. At the Massachusetts General Hospital in the outpatient department I never prescribe it."

YALE

George Blumer, dean of medical faculty: "I do not believe that alcohol is a stimulant, and if I want to use a narcotic there are others that are more dependable than alcohol. . . . I find

the advocacy of alcohol as a remedy decreasing quite distinctly."

Oliver T. Osborne, professor of therapeutics: "Alcohol is not a heart stimulant. It has no tonic action. . . . Alcohol as a drug is only rarely used in the treatment of disease, and then only in small amounts, and for a short time."

NORTHWESTERN UNIVERSITY MEDICAL SCHOOL, CHICAGO

Winfield S. Hall, M.D.: "Alcohol is passing as a popular remedy."

Dr. Henry William Cheney, associate in pediatrics: "I almost never use alcoholic liquors. The teaching of our school is generally against alcohol."

OTHER MEDICAL SCHOOL PROFESSORS

Dr. J. S. Cain (deceased), dean of the faculty, medical department, University of the South, Sewanee, Tenn.: "I believe that in the scientific light of the present, alcohol should be classed among the anaesthetics and poisons, and that the human family would be benefited by its entire exclusion from the field of remedial agents."

Dr. Howard A. Kelley, of Johns Hopkins University: (He addressed about 1,500 medical students in Philadelphia and advised them never to prescribe alcoholic liquors for their patients, despite the advice of older physicians, who, he declared, prescribe liquor from force of habit): "Liquor in all its forms and used for any purpose whatever I believe to be an unmitigated evil. It could be abolished with profit."

Dr. John VanDuyn, professor of history of medicine, Syracuse, New York: "As a rule which might well be regarded as universal in the practice of medicine, alcohol in the treatment of disease is an evil. In ordinary doses and in continuous use the sum of its reactions increases exhaustion which may lead to fatal results. Alcohol should never be given to children."

Dr. A. Van der Veer, professor of Surgery, Albany, New York: "I do not think you will meet with very many medical men in America who favor alcohol and its use."

Dr. Walter F. Fernald, clinical lecturer in

mental diseases, Tufts Medical College, Boston: "I believe that alcohol is the greatest foe to the human race today. I feel that it would not be a serious harm if its use as a medicine were totally discontinued."

Dr. Allen A. Jones, adjunct professor of medicine, University of Buffalo, New York: "I very seldom prescribe alcohol as a medicine and I think its effects are positively harmful in the vast majority of medical cases."

Dr. W. H. Walker, associate professor of medicine, Rush Medical College: "I never prescribe alcohol."

Dr. Victor C. Vaughan, Ann Arbor, University of Michigan: "In my opinion, and in this I am sure that I have the support of the best of the profession, alcohol is not needed in the treatment of any disease. . . . I believe that the prescribing of alcohol by physicians should not be permitted."

Dr. Bernard R. Fantus, Rush Medical School, Chicago: "Whisky and brandy are entirely unnecessary in medical practice."

Dr. J. J. Abel, Johns Hopkins: "I do not consider alcohol indispensable in medicine."

Dr. Allen A. Jones, Buffalo Medical School: "I think the effects of alcohol are positively harmful in the majority of cases."

Dr. William E. Quine, University of Illinois: "For forty-three years I have taught medical students that alcohol has no important value either as a medicine or as a food. I have never known a person to die for lack of it, but I have known hundreds to die in consequence of its use."

Dr. W. A. Bastedo, Medical Department Columbia University: "It is an almost universal opinion in this school that alcohol is required in medicine very little; and it is the practice in the college and the associated hospital to use almost no alcohol in prescribing."

Dr. Joseph L. Miller, Rush Medical School, "It is my opinion that the practice of medicine can be carried on without the use of any alcoholic beverages. From my observations here I am convinced that 95 per cent of the liquor prescriptions written by physicians are given with knowledge that they are not prescribed for their therapeutic value."

Dr. Arthur Hamilton, University of Minne-

sota: "In my judgment alcohol liquors are of no practical value in the practice of medicine, and I should be greatly pleased to see their use discontinued."

Dr. Augustus Gohner, Philadelphia Polyclinic and College for Graduates in Medicine: "I rarely or never prescribe alcohol."

VI. FROM MISCELLANEOUS AUTHORITIES

Arthur G. Hyde, superintendent State Hospital, Cleveland, Ohio: "This hospital has used no whisky in any manner in the last six months. We have found that we can get along just as well without it as with it. Personally, I do not think it is necessary to use it at all as a drug. There are numerous better remedies that can be used in its place."

Journal of the American Medical Association: "The facts brought out by the researches of Abbott and Laitinen and others do not furnish the slightest support for the use of alcohol in the treatment of infectious diseases in man."

C. H. Cannon, Lieutenant Colonel, Medical Corps, United States Army, assistant director general, department military relief: "The first aid division of the American Red Cross does not approve of the use of alcohol as a stimulant, a tonic or a therapeutic agent."

Therapeutics editor of the Journal of the American Medical Association, Mar. 18, 1916: "The injection of alcohol (in sciatica) has been shown by Cadwalader to be unjustifiable, as alcohol destroys nerve tissue."

N. S. Ferris, M.D., Washington, D. C.: "Latter day research workers have conclusively demonstrated the fact that alcohol is a depressant, first, last, and all the time; that it is not even a primary stimulant. There are better tonics than alcohol; why use something about which there is so much doubt?"

Martha M. Allen, author of *Alcohol, a Dangerous and Unnecessary Medicine*: "Recent careful experiments in the nutrition laboratory of the Carnegie Institute at Washington show that alcohol is never a stimulant, but always a depressant or paralyzant. Other experiments made in the same laboratory show that alcohol is not a substitute for carbohydrates in diabetic

conditions. The acidosis was more severe in the days when whisky was taken."

Col. L. Melvin Haus, Medical Corps, U. S. Army: "After a careful study of alcohol as a beverage and medicine, I have been unable to discover one beneficial or useful purpose it serves in the human economy."

Prof. S. Weir Mitchell, from *Researches on Snake Bite*: "Many more men have been killed from the alcohol given to relieve them than from the effects of snake bite."

Dr. Matthew Woods, Philadelphia: "Alcohol diminishes the efficiency of heart muscle. This discovery of science alone ought to banish whisky, brandy, wine, and all other intoxicating drinks from the armamentarium of every up-to-date physician, and the whisky bottle from the medicine chest of every family."

Dr. Arthur Dean Bevan, chairman of the American Medical Association: "More than 99 out of 100 prescriptions written for a pint of whisky are bootlegging prescriptions and are a disgrace to the medical profession."

Dr. Joseph L. Miller, Prof. of Medicine, Rush Medical College: "Perhaps the best evidence that alcohol is valueless in the treatment of disease is the attitudes of the profession. . . . In those states where permits are issued only 33 per cent of the physicians have availed themselves of this opportunity."

Cora Frances Stoddard, secretary Scientific Temperance Federation of America: "If alcohol is the medicinal agent desired, and presumably there is nothing else than water in whisky, it would seem more scientific to administer a definite dose of properly diluted alcohol itself than to use whisky, the quality of which is not standardized."

Dr. Charles D. Holliger, pathologist and radiologist, Stockton, Calif.: "I do not think there is any excuse for medicinal alcohol in any form."

Dr. W. A. Evans, editor Health Department Chicago Tribune:

"When I began the practice of medicine, whisky was in fairly general use as a remedy for certain diseases. Most physicians had faith in its efficacy as a cure. Experience has shown that this faith was without foundation.

"May I enumerate a few such diseases? I was taught that whisky was of great value in the treatment of consumption. Many considered it a preventive. I have personal knowledge of men who became drunkards because their physicians advised the use of whisky, and plenty of it, as a preventive. I knew of many consumptives who used it as a cure.

"Rock and rye was valued as a consumption cure. There are still physicians who have faith in rock but none who advocate rye as a cure for consumption.

"I was taught that whisky was a cure for snakebite. Doubtless a large part of the mortality rate charged to snakebite in that day was due to acute alcoholic poisoning. Physicians no longer advocate whisky as a cure for snakebite.

"Whisky was a highly esteemed remedy in blood poisoning, pyemia, and that great group of disorders due to bacterial blood stream infection. It is no longer used for that purpose. Whisky was a cure for erysipelas. It is not used now as a remedy in that disease.

"Whisky was used in the treatment of pneumonia. It is not so used now. Whisky and quinine were used as a preventive of malaria in the armies during the Civil War. This practice has long since been abandoned. Prof. Bartholow said of it: 'This practice was good neither physically nor mentally.'

"Whisky was used as a physiological stimulant in shock. It is now known that, so far from being a stimulant, whisky is physiologically a depressant.

"Ten to fifteen years ago whisky was advocated in the treatment of diabetes. Experience has caused it to be abandoned for this purpose. There are a few physicians who advocate its use as a remedy for some specific diseases from time to time. However, the rule is that the physicians who insist on having whisky as a remedy are unable or unwilling to specify any disease for which it is a cure. It is a safe assumption that any claim that whisky is a cure for any specific disease will fade with experience as similar claims for it in the cure of consumption, sepsis, snakebite and diabetes have faded. The vague claims will be shown by experience to have no physiologic or clinical basis.

"There is no need of placing or retaining whisky, or other alcoholic beverages, in the list of remedies used by physicians. That is my judgment, at least."

VII. OFFICERS STATE MEDICAL ASSOCIATIONS

Dr. C. A. Thomas, president Arizona State Medical Association: "I feel that we have had no deaths in Arizona that could have been avoided if we had had alcoholic liquors in abundance. I do not think that alcohol is a stimulant, and it has no other value except such as might easily be furnished by a substance much less harmful."

Dr. Samuel E. Earp, ex-president Indiana Medical Association: "Indiana has a state law which prohibits a physician from writing a prescription for alcohol, nor can a pharmacist fill such a prescription. I think, generally, physicians favor the law. I have heard no protest."

Dr. T. M. Dye, secretary Mississippi State Medical Association: "Probably 95 per cent of the physicians in Mississippi favor the law as it now stands prohibiting the sale of alcoholics on prescription. I did not use alcoholics in my private practice before the law became effective, so I have in no wise missed it."

Dr. L. B. McBrayer, sec. Med. Soc. N. C.: "In 1900, I decided that alcoholic liquors were of no value as medicinal agents, and I have not used them since that time."

Dr. D. A. McGregor, sec. W. V. State Med. Ass'n.: "At a recent meeting of the State Medical Association, a motion was made to petition the state legislature to alter the law so that physicians might prescribe liquors in West Virginia. The motion was tabled, and an effort to take it up next day was defeated."

Dr. W. L. Rich, sec. Utah State Med. Ass'n.: "Physicians may not prescribe alcohol beverages for patients in this state. It is my opinion that the physicians of Utah are very grateful that such a law was passed, as very few physicians care to be besieged with patients who desire only some form of alcohol and then as a rule not for legitimate purposes. I am convinced that alcoholic beverages are unnecessary in the treatment of the sick."

VIII. EUROPEAN MEDICAL AND SCIENTIFIC AUTHORITIES

Sir Victor Horsley, England's greatest neurological surgeon: "No one who has closely investigated the actions of alcohol in recent years prescribes alcohol . . . everyone will feel relief when it is abolished."

Sir James Barr, dean of the Medical School Liverpool University: "If during the last quarter of a century I have prescribed almost no alcohol in the treatment of disease, it is because I have found very little reason for its use, and it seemed to me that my patients got on better without it."

Dr. C. Knox Bond, in Medical Times, England: "Alcohol in no case averts a fatal disease where such is pending. . . . The facts are against alcohol. In hospitals there has been an increase of 300 per cent in the use of milk and a decline of 47 per cent in the use of alcohol. Progress in treatment of disease has gone hand in hand with disuse of alcohol. The use of alcohol formerly was the outcome of ignorance, a confession of weakness and defeat; today it is the expression of inability to discard the fetters of an outworn routine."

Prof. A. R. Cushny, University of Edinburgh: "The use of alcohol in medicine is not of great importance. If it were a new drug, invented perhaps in some laboratory, it would have a vogue as a narcotic for a short time, and then would be forgotten, or, in consideration of its habitual and unnecessary use it might be put under the same restriction as morphine, or cocaine, each of which is, of course, far more important in medicine."

Dr. von Ingersleben, Aschersleben: "In the hospitals visited by me, all typhoid and pneumonia patients are treated without alcohol. On this account I do not feel ready to take part in the experiment as proposed; it would be a retrograde movement."

Prof. Metchnikoff, Pasteur Institute, Paris: "Alcohol has a harmful action on the phagocytes, the agents of natural defense against defective microbes."

Prof. Karl Petren, of Upsala: "I have come to the conclusion that even in pneumonia camphor is to be preferred to alcohol as a stimu-

lant, and I think that with the former it is possible to keep that stimulation action going for a longer time than with alcohol. For some time, I have, as a rule, not used alcohol even in the treatment of pneumonia. (Except alcoholics.)"

H. Wetterdal, chief physician to the Hospital Sabbatsberg, Stockholm: "For many years I have hardly ever given spirituous liquors in treatment; only very seldom, in exceptional cases, do I give any."

Prof. Heidenheim, Worms: "For a great many years I have never given alcohol in typhoid, and in pneumonia only on extremely rare occasions, merely as a restorative to people who are accustomed to wine. We certainly do live in a wine country, but I no longer make the free and energetic therapeutic use of wine and brandy which formerly I used to do. We get through entirely without alcohol, and now that I have got to this I do not want to make another change for many reasons."

Conclusion

Thus, we might go on indefinitely quoting from authorities on both sides of the Atlantic to the effect that alcohol in all forms is an exceedingly hazardous narcotic drug, whose beneficial effects even as a medicine are open to the gravest question. That there are honest differences of opinion, even among medical and scientific authorities of front rank, is frankly admitted. That the majority of those who are recognized as authorities agree that there are substitutes which are equally good, if not better, than alcohol, where the use of alcohol would seem to be helpful, is very generally agreed. Even where alcohol is desired its presence in the form of pure grain alcohol serves every purpose for which whisky itself has been claimed as a remedy, with a possible exception of the taste which is not so desirable. However, medicine is not usually given because of its pleasant taste.

That the present movement in this state, headed by the attorney general, who boasts that he is "the chief law enforcement official of the state," has the endorsement of the wets of the state and nation, and also has the endorsement of some doctors who are at least under suspicion of wanting medicinal whisky for their own use as beverage, I think to be unquestionably the case.

That those who have interested themselves thus far have entrusted the movement for the restoration of medical whisky for Indiana to the Indiana Liberty League, a professedly wet organization whose purpose is to break down our prohibition laws, condemns the movement in advance among the friends of the prohibition cause, and causes it to merit an ignominious failure.

While not speaking as a physician, a scientist, nor as one laying any claim to writing or speaking as an authority on this subject, yet in view of many authorities of unquestioned ability quoted herein, I am strongly of the opinion that instead of Indiana and a score of other states which have outlawed so-called medicinal whisky now lowering the standard on this question to that of whisky drugstore states, that these latter states, and the nation, must eventually bring up their standards to that in Indiana.

A remarkable article from the pen of Dr. Howard A. Kelly, one of America's most noted surgeons, a member for years of the Johns Hopkins medical staff, on "The Abuses of Alcohol as a Medicine," appeared in the February number of *Worlds Work*. By permission of Doubleday, Doran and Company, Inc., the publishers, we reprint herewith about five hundred words of this excellent article with which to conclude this document:

"There is no single disease in the world of which alcohol is the cure. This fact is well known to science, is now generally admitted by progressive members of the medical profession, but is rarely made clear to the layman. The purpose of medicine is to cure disease. Since alcohol cures no disease it is not a medicine. It has no place in medical practice. . . .

"Alcohol is a habit-forming drug. Its prescription to a person as a tonic when he is weakened by disease is as effective a way as could be devised for developing the alcohol habit in him. If it were possible to mass the army of drunkards in this country that has been recruited through these liquor prescriptions and march it to the next convention of the American Medical Association this question would be settled forever. If it were possible to pile up the dead from automobile accidents that have resulted from a lessened efficiency of drivers who had been drinking pre-

scription whisky or who have formed the liquor habit through having it prescribed by doctors, the nation would be appalled.

"Through the generations it has been the practice to prescribe whisky to stimulate flagging heart action. This is done on that same theory that it increases vigor instead of lessening it. There is the former belief, for example, that whisky is good for snakebite. The poison of snakebite throws a great burden on the heart. The idea was to stimulate the heart that it might bear that burden. It is now known by actual measurement that it decreases the heart vigor and therefore increases the probabilities of death.

"That past generation that so freely prescribed whisky had another practice, that of bleeding the patient, which has now been abandoned. The reverse operation, blood transfusion, has taken its place. That generation put whisky into the patient and took blood out of him. Modern practice, reversing the process, takes the whisky out of him and puts blood into him. . . .

"But the forward-looking doctors, the ethical, intelligent doctors, are against liquor prescriptions almost to a man. Except for the occasional perverse person, such doctors are bound to be against it. All the evidence condemns it. Science demonstrates the inadvisability of it. Practice piles up its tragic harvests. The facts of it are becoming more widely understood all the time. Steadily greater limitations are being made upon it. It is passing. In another decade, I prophesy the prescription of alcohol by doctors will not be permitted anywhere under our Flag."