Notes, Comments, and Abstracts.

ABSINTHE AND ABSINTHE DRINKING IN ENGLAND.

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MANY readers of this journal may regard an article on absinthe and its dangers as superfluous, being unaware that this liqueur, of which the manufacture and sale have been prohibited in France, Belgium, Switzerland, Italy, Germany, and Bulgaria, is still manufactured and exported to England. I have been informed by a member of an exclusive London club that when a cocktail is ordered it is customary to inquire whether a "spot" shall be added—that "spot" being absinthe. Another London clubman states that "the cocktail 'with a kick in it' is often ordered by the more hardened cocktail drinker" and that the "kick" is obtained by the addition of an extra quantity of the basic spirit (gin, whisky, brandy, or rum) of the cocktail or of a variable amount of absinthe. A third patient states that "when in my club a cocktail is ordered, the waiter inquires 'with or without?'—i.e., with or without absinthe." The names of several brands of absinthe, vermouth, and chartreuse (both the latter liquors containing essential oil of wormwood) appear in the current price lists of many of the large London stores and wine-merchants.

Consumption of Spirits.

While the question of total abstinence versus moderate drinking of alcohol remains undecided, the majority of responsible men and women will agree that the consumption of wines and beers of low alcoholic strength is preferable to that of spirits and liqueurs. Many writers have regretted the gradual conversion of the United Kingdom from being a beer, cider, and wine-drinking nation to one in which the annual production of British distilled spirits rose from 10,372,000 proof gallons in 1810 (the first year in which complete returns were available) to 59,246,000 proof gallons in 1900. The population in 1810 being (approximately) 16 millions and in 1900 (approximately) 40 millions. In this ratio, the production in 1900 should have been 25,930,000 gallons, or 33,316,000 gallons less than the total production in that year.

For many centuries, before the introduction of tea, coffee, and cocoa, home-brewed or "small" beer, of low alcoholic strength was the national beverage of England. There was no native production of distilled spirits corresponding to the "usquebaugh" or whisky of Scotland and Ireland, although brandy was introduced into England in the reign of Henry VIII., and whisky was distilled by Irish settlers in Pembrokeshire in the latter part of the sixteenth century. With the growth of the West Indian slave-trade, rum was introduced into the larger English seaports, especially Bristol and Liverpool. It was adopted as the regulation liquor in the Royal Navy in the reign of Charles II., and it became a popular drink as well as a favourite family medicine.

An increased consumption of spirits followed the Napoleonic Wars. The Army learned to drink brandy in France, and it became a fashionable beverage among men of the Regency period. The popularity of brandy continued until it was superseded, firstly by Irish and then by Scotch whisky during the last quarter of the nineteenth century. Consequently, the consumption of spirits increased rapidly, but it was almost entirely confined to the male sex. The numerous references to brandy and water in the works of Dickens and Thackeray indicate the popularity of this spirit. Women took it medicinally, but social and convivial spirit-drinking among women and girls was unknown.

The habit of drinking spirits of high alcoholic content grew quickly, until many persons drank brandy, whisky, rum, or gin without dilution. Liqueurs were introduced from the Continent, and were drunk usually undiluted, although the alcoholic content of the weakest liqueur—anisette—is 27 per cent. by volume.[1] At the same time port and sherry were "fortified" for the British market by the addition of rectified spirits in order to satisfy the increasing national desire for higher alcoholic content.

In the compilation of Inland Revenue statistics it has been usual to group according to the mode of manufacture—i.e., by fermentation or distillation—various alcoholic liquors, regardless of the percentage of contained alcohol; but many Governments have come to recognise the importance of the alcoholic content and consequently prohibit the manufacture and sale of liquors of high alcoholic strength. On Nov. 15th, 1918, the Belgian Government "prohibited the manufacture and sale or keeping for sale of distilled alcohol (spirits) or wines with more than 15 per cent. alcoholic strength and beers or beverages with more than 8 per cent. of alcohol; except alcohol for medicinal, scientific, and industrial uses." "Other Acts (August 29th, 1919) followed by Ministerial decree (Sept. 10th, 1919), increased the tax on alcoholic liquors in order (*a*) to secure increased revenue, and (*b*) to combat alcoholism by prohibiting absolutely the consumption of spirits in all places accessible to the public."[2]

The introduction into Great Britain of Continental liqueurs was followed later by that of "cocktails" from America, and, since the war, the latter have become increasingly popular among young men and women of the upper and middle classes. Prof. W. E. Dixon's article "Cocktails and their Effects"[3] received warm commendation in the press, but his warnings seem to have had little effect. "Cocktail parties" have become very popular among society women of all ages, and I have been told by several patients that many young men and women ask for a "spot" of absinthe in a cocktail, doubtless often in ignorance of its composition.

Nature of Absinthe.

"Absinthe," says the Encyclopædia Britannica, "is a highly toxic liqueur or aromatised spirit, the characteristic flavouring matter of which is derived from various species of wormwood (*Artemisia absinthium*). Among the other substances generally employed in its manufacture are angelica root, sweet flag, dittany leaves, star-anise fruit, fennel, and hyssop. The Swiss variety has a higher alcoholic strength than the French. The best absinthe contains 70 per cent. to 80 per cent. of alcohol. It quickly intoxicates, and its deleterious effects are more serious than those of other forms of alcohol. The wormwood acts powerfully upon the nerve centres and causes delirium and hallucinations, followed in some cases by idiocy."[4]

Oil of absinthe is also an ingredient of French and Italian vermouth, of chartreuse, and of a popular "bitter" aperitif.[5]

Although the manufacture and sale of absinthe were prohibited in Switzerland on July 5th, 1908,[6] in Italy in 1913; and in France on March 16th, 1915,[7] the sale of absinthe and of vermouth is unrestricted in England. The laws of Switzerland, Italy, and France are being infringed in order to manufacture these liqueurs for export to Great Britain. These laws were passed in all three countries in the face of strenuous and prolonged opposition on the part of manufacturers of the liqueurs in question. Each firm claimed that their special brand of absinthe was not only harmless but even had medicinal value. In Switzerland and in France these claims were supported by certain Ministers and senators.[8] In Switzerland the opposition to the legal prohibition of absinthe was so strong (especially in the Cantons of Geneva and Neuchâtel) that in 1906 the Federal Department of Justice and Police appointed a commission of three professors—Dr. J. Gaule, Dr. A. Jaquet, and Dr. R. Weber.[9] In their report this commission described minutely the manufacture of absinthe, as well as its physiological effects on animals and man. They found that the health of any community deteriorated rapidly when absinthe drinking prevailed. They quoted the following statement made by Colas and Gautier, two French supporters of the absinthe trade: "If, therefore, absinthe may be considered as more dangerous than other spirituous beverages, it is not because it is more toxic in itself, but because its particular flavour offers greater attraction to the drinker and leads him more easily to abuse."[10] Gaule, Jaquet, and Weber stated: "Our personal experience leads us to the conclusion that there is, in effect, an analogy between the absinthe drinker and the morphinomaniac. There is no deception which either will not employ to satisfy their passion." The commissioners agreed with Leonidoff: "absinthe has become the most popular aperitif and, among certain drinkers, it is the only beverage."

Ledoux draws attention to another danger; Senator Borne, in defending the Pontarlier product, stated: "At Pontarlier, only the purest alcohol enters into the manufactures of absinthe—ethylic alcohol, 'spirits of wine' rectified alcohol. But on the other hand, there are absinthes made with impure alcohol." Rocques observes "(Analyses of Alcohols and of eaux-de-vie)" "It is probable and even certain that inferior alcohols are sometimes utilised for the manufacture of common products, principally of absinthes and of other liqueurs of which the very strong aroma can mask the taste of inferior alcohols."[11] This writer quotes several other authorities who state that methylated spirit and "denatured alcohol" are also employed in the manufacture of liqueurs.

Physiological Action of Absinthe.

Many eminent French and Swiss physicians—among others, Lancereaux, Legrain, Mairet, Combemale, Legendre, Sollier, and Fèré—have studied the physiological effects of absinthe.

Lancereaux found 1229 alcoholics (901 of whom drank liqueurs) among 2192 patients suffering from tuberculosis; while Jaquet found 180 alcoholics among 252 tuberculous patients—i.e., 71·42 per cent. Dr. Mirman, Directeur de l'Assistance Publique, reported (June 27th, 1907) to the President of the Council that among 71,547 mental patients "interned" in 1907, 9932 became insane entirely or in part owing to alcoholism. Of these, 4882 (49·15 per cent.) drank absinthe or other "apéritifs."

Ledoux states that absinthe drinking in 1860 was confined to officers and men of l'Armée de l'Afrique; delusional insanity was common in that service, and was colloquially known as "le cafard." "These men on returning to France continued to drink their favourite beverage. Fashion and folly were the great disseminators of absinthism." While in France, in 1884, the consumption of absinthe amounted to 40,994 hectolitres, the figure rose in 1900 to 208,931 hectolitres—that is to say, that in 16 years the quantity of absinthe consumed increased more than five times. Ledoux shows that the incidence of insanity, idiocy, epilepsy, and tuberculosis in different regions of Eastern France corresponds closely with the percentage of the population addicted to absinthe. This statement is confirmed by reference to the statistics of rejection of Army recruits on account of tuberculosis or "feebleness of constitution." In one of his concluding sentences, Ledoux quotes the statement of 112 senators who presented a Bill for the prohibition of absinthe on June 22nd, 1908: "Absinthe causes insanity and crime, it predisposes to epilepsy and tuberculosis. Each year it kills thousands of Frenchmen; it makes man a beast, woman a martyr, the child a degenerate." [6]

Lancereaux,[10] who studied the problems of alcoholism for many years, was convinced that the essential oils of absinthe and of the other ingredients of the liqueur were far more toxic than the alcohol in which they were dissolved. He published an official table of the Direction of Contributions for the years 1885–92 inclusive (the figures represent the volume of pure alcohol). These figures are for Paris and its suburbs only. They show that while the total increase in consumption of alcohol in Paris and its vicinity during that period was 4·96 per cent. only, the increase in the consumption of absinthe during the same period amounted to 124·6 per cent. Lancereaux believes that absinthe is far more insidious than ordinary alcohol. "Even the daily consumption of this liqueur is not fraught with danger if these persons could be satisfied with only one 'petit verre,' but this is far from being the case; the attraction possessed by this beverage drives the consumer generally to double and treble little by little the dose until the time comes when he cannot abandon it; thus is created a craving analogous to that for morphine, a desire almost as imperious as those of hunger and thirst." Lancereaux thought formerly "that limitation of the number of cabarets and an increase of the duty on liqueurs would suffice to arrest the progress of the evil, but since I learned better the attraction that this liqueur exercises on women even more than on men, on account of the essential oils which it contains, my conviction is that the only means of avoiding the danger is prohibition of the sale of this drink."

Many other passages from the works of eminent French authors might be quoted, but enough has been said to indicate that absinthe addiction begins insidiously and that, at first, the dose is very small. It is well known that some persons have so insatiable a craving for alcohol that they cannot be satisfied with ordinary beverages but have recourse to perfumes such as lavender water, eau-de-cologne, "extrait de violettes de Parme," &c.; probably not only for the effect of their concentrated alcohol, but also largely for the highly toxic essential oils contained in the perfumes. Many of these perfume drinkers are women and some of them become addicted to morphine, heroin, and cocaine.

Cocktails.

Lest it should be thought that Continental authorities have exaggerated the evidence against absinthe, the following passage from Prof. W. E. Dixon's article on "Cocktails and their Effect" should be convincing: "A large percentage of cocktail drinkers are young men and young women, and they drink to lose their shyness, so that they may become bright and interesting, and it may be also partly in a spirit of bravado. These young people are usually not content with one drink; they often indulge in two or more, though the second has a much less pronounced action than the first—at least so far as the initial effect is concerned. Most drugs of addiction assuage the pangs of hunger and thirst. The person who habitually takes alcohol in excess has a poor appetite and rarely eats breakfast, though he may be fat and bloated in appearance. "The cocktail, on the other hand, improves appetite—at least, in certain abnormal conditions; this it does not by increasing hunger contractions, but by relieving temporarily the conditions which are producing inhibition of these contractions."

"All will agree that cocktails are utterly bad for the young. Their use injures the stomach and lays the foundation for a habit. Youth is the time when the drinking habit is acquired. Youth desires new sensations, strong emotions, and varied interests. Cocktails supply something of these for a very limited period; they do more than this, they cultivate the habit of drinking in a way and to a degree which, in my opinion, can be induced by no other type of beverage." [11]

In a previous passage this writer shows that absinthe or vermouth are present in many popular cocktails, such as Martini, Bronx, and Manhattan. Absinthe (or vermouth) is added frequently to other cocktails.

Prohibition of Absinthe Abroad.

We have the evidence of distinguished French physicians that absinthe is as insidious as morphine and that the dose is increased rapidly in many cases, as in morphine and heroin addiction. Several French writers give details of crimes of violence committed by absinthe drinkers while suffering from delusions and hallucinations induced by absinthe. Murder and suicide were often attributable directly to this addiction.

It is certain that the Governments of France, Italy, Belgium, Switzerland, Bulgaria, and Germany had good reason for prohibiting the manufacture and sale of absinthe. In less than half a century, in the words of Lancereaux [10]: "It shows that the use of absinthes, confined formerly to Paris and its environs, has finished by invading the provinces and by spreading throughout France, where it produces the most serious results. . . . Let us be logical, therefore, if we seek, rightly, to protect ourselves from epidemic diseases, at home and abroad, do not let us permit to develop, under our careless eyes, a scourge more terrible than the most deadly epidemics. . . . The measures you propose, some will say, are far too radical; you demand the suppression of important industries, which enrich the community and make it prosper. Fatal error! These trades, far from contributing to national prosperity, degrade and ruin it, because they are always causes of depopulation, of unemployment, and of demoralisation."

Although Lancereaux's appeal was published on Dec. 1st, 1906, and as we have seen, Switzerland prohibited the manufacture and sale of absinthe 19 months later (July 1908), France did not prohibit it until March, 1915, when the Great War had been waged for more than seven months, and the French national leaders realised that to save their country everything that made for inefficiency must be swept away. English writers have been astonished by the amazing rapidity with which France and Belgium have reconstructed their devastated regions. Can it be doubted that that progress would have been less rapid and satisfactory if there had been no prohibition of absinthe and of similar liquors?

The Importation of Absinthe.

If, as we have seen, six of the most progressive and patriotic of European nations have prohibited the manufacture and sale of absinthe and absinthe-containing beverages, the following questions arise: (1) Why is England indifferent to the dangers of absinthe? (2) How is it possible that absinthe should be shipped from the Continent to England?

1. England appears to be indifferent, largely through ignorance on this subject on the part of the general public and from the apathy of successive English Governments. Every year witnesses an increase in "that false spirit of laissez-faire which is not charity." The rising generation says, with Talleyrand "Avant tout, point de zèle." It tolerates if it does not approve the existence of every kind of evil. Enthusiasm for any subject is considered to be bad form.

In view of the French and Swiss evidence no responsible person could justify the continued importation of absinthe, even in small quantities. If, as Lancereaux has shown (vide supra) the increase in the consumption of absinthe in Paris and its vicinity in seven years (1885–92) amounted to 124·6 per cent. while the increase in the consumption of all alcoholic beverages during the same period was 4·96 per cent. only, there is no reason to suppose that a similar increase would not occur in England if fashion and folly should so ordain it.

It is quite clear, from the foregoing evidence, that absinthe has no possible claim to therapeutic value, but that on the other hand, it is extremely toxic and should be classified as a dangerous drug. The argument that the quantity is so small, that it is negligible, cannot be sustained. No vice claims a large number of victims in its initial stage. It begins insidiously, as absinthe-drinking commenced in France. If but once it obtains a foothold, "vested interests" will make the task of prohibition of absinthe as difficult as it was in France and Switzerland, where, as has been seen, the opponents of prohibition were numerous and powerful. In Switzerland these persons numbered 89,195 in an electorate of 358,165, or over a quarter of the electorate.

They had an actual majority in the cantons of Geneva and Neuchâtel.[6] Legislation will not stamp out any trade which has the support of a strong and determined minority, the trade will be "driven underground" and carried on surreptitiously. There can be no doubt that a contraband trade exists, and may, at any time become formidable.

2. How is it possible that absinthe should be imported from the Continent to England? On Feb. 18th, 1930, the Secretary to the Treasury replied to a question by Mr. Leif Jones, M.P., concerning the amount and value of absinthe imported during the last nine years (1921–29). The reply is incomplete, inasmuch as "no separate particulars are available with regard to vermouth or absinthe-containing cocktails which are classified as 'wine' or 'liqueur cordial mixtures' and 'other preparations containing spirits' respectively."

The figures for imports of absinthe alone for the years 1921–29 are interesting for several reasons. The countries whence absinthe is consigned to England are (*a*) the Netherlands, (*b*) France, (*c*) Spain. According to the latest available information,[1] Holland is not an absinthe manufacturing country, and in regard to prohibition, Dr. R. Hercod, of Lausanne, states that "absinthe is probably prohibited in Holland." It appears, therefore, that absinthe is exported from its country of origin to Holland for shipment to England. France still manufactures absinthe [4] in spite of the prohibition of March 15th, 1915. The figures quoted by the Secretary to the Treasury show that whereas in 1921 only 24 "proof" gallons were imported from Holland, no less than 1112 "proof" gallons and 102 "liquid" gallons ("not to be tested for strength and therefore liable to a higher rate of duty") were imported from France. The third country from which England imports absinthe is Spain, a remarkable fact, for Spain has never manufactured absinthe, but it appears that it is not prohibited in that country. While the quantities imported into England from the Netherlands, France, and Spain vary considerably from year to year, rising from 1382 gallons in 1921 to 2550 gallons in 1923, it will be found that, speaking generally, when a large quantity is imported in one year from France, there is a reduction in the quantity consigned to England from Holland and Spain, and vice versa. The total quantity imported during this period of nine years from the Netherlands was 1582 gallons, while from France and Spain the figures are 6556 gallons and 6290 gallons respectively—i.e., the imports from the Netherlands are approximately only a quarter of those from France and from Spain. The total quantity imported from all three countries during the above period is 14,428 gallons.

A Public Menace.

As the majority of cocktail or absinthe drinkers take only a few drops of the liqueur in each glass (although Ledoux found that the quantity is increased rapidly in a considerable number of cases), it is obvious that this total quantity of 14,428 gallons indicates that a large number of persons drink this highly toxic beverage, and, at any time, if it became fashionable, the annual consumption of absinthe (instead of remaining practically stationary since 1927), would increase rapidly.

To argue that, because a comparatively small quantity of this deadly liqueur is consumed at the present time, the importation of absinthe may be ignored, is as dangerous as to suggest a similar course in regard to heroin or cocaine, and with less reason, because these alkaloids have their legitimate uses, whereas in the considered opinion of many eminent physicians in France and Switzerland, absinthe is not only valueless, but it is also a menace to the public health and the prosperity of the country.

The question of the prohibition of the importation and sale of absinthe in England should be considered on its merits, apart from any question of general prohibition of alcohol. Although the alcoholic content of absinthe is higher than that of any other beverage, it is evident that alcohol is not the toxic agent but the vehicle of the highly toxic vegetable oils which are responsible for the deleterious effects of absinthe.

References.

1. Encycl. Brit., 1929, i., 64.
2. Ibid., vol. xiv., p. 19.
3. Dixon, W. E.: Brit. Jour. Ineb., Jan., 1929, p. 148.
4. Encycl. Brit., 1929, i., 64.
5. Brouardel and others: Bull. de l'Acad. de Méd., Jan. 27th, 1903, p. 84 and seq.
6. Ledoux, E.: L'Absinthe et l'Absinthisme, Besançon, 1908, p. 3.
7. Encycl. Brit., 1929, xiv., 192.
8. Rapports sur la question de la Prohibition de l'Absinthe, Berne, 1907.
9. Ibid., p. 12.
10. Lancereaux: Jour. de Méd. Int., Dec., 1906, p. 345.
11. Dixon, W. E.: Brit. Jour. Ineb., Jan., 1929, pp. 150–51.

DIMINISHING DEATHS UNDER CHLOROFORM.

AT a recent inquest, Dr. F. J. Waldo, the City and Southwark Coroner, stated that his figures showed a great decrease in the number of deaths during chloroform anæsthesia. Last year (1929) he had returned 15 verdicts of death accelerated by anæsthetics given for necessary operations. The patients all died in hospital, nine in the City and six in Southwark, the anæsthetic in 12 cases being ether, chloroform in two, and ethyl chloride in one. He was told that his suggestion that all ether administered should be tested and certified as pure by an analytical chemist, and kept in coloured bottles away fron the light, was now carried out. On the other hand, his suggestion that coroners should coöperate with expert research workers in preventing anæsthetic deaths had so far not been put into practice.

COLLODION TREATMENT OF BOILS.

Dr. Walter J. Robbins [1] supports the use of collodion in the treatment of carbuncles and boils. He paints contractile collodion round and over the boil in a thick circular band by means of a saturated swab. Ten to twenty circular strokes are made, an opening being left in the collodion at the spot where it is desirable that the boil should point. A similar technique can be used for carbuncle; in either case it is important that the collodion should extend well beyond the outer limit of inflamed tissue and should cover as much of the surface of the swelling as possible. The lesion is then covered with a gauze dressing.

One of the chief advantages of the method, says Dr. Robbins, is that it appears to cause immediate relief of pain; as the skin contracts with the collodion the patient appreciates an improvement, usually within 30 seconds. Further, the surrounding skin is protected from infection, and no secondary crop appears round the primary focus. Incision is unnecessary, for the slough discharges itself as a rule within 24 hours; with carbuncles, however, sloughing may not occur for a week, and the pain is less readily relieved.

The method is not very satisfactory in situations where the skin is loose and the contour concave; in the axilla, for example, contraction of the skin only forms folds which exert no pressure.

FLIES PREFER WHITE LIGHT.

IN a letter contributed by Pilkington Brothers, Limited, owners of glass works at St. Helens, Lancs, to *Nature* for April 5th, they refer to the preference of the house fly for white light over light of any other colour, red and yellow being especially deterrent. They quote an observation made by some jam manufacturers that flies avoided storage warehouses glazed with yellow glass, and when the communicating corridors were glazed with the same glass the flies disappeared from them also. Messrs. Pilkington intend to continue their experiments during the coming summer, and would be glad to learn of any similar experience.

[1] Amer. Jour. Surg., 1930, n.s., viii., 371.

FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION.—From April 28th to May 24th an intensive course in Diseases of the Throat, Nose and Ear will take place at the Central London Throat, Nose and Ear Hospital. From April 28th to May 30th there will be a comprehensive course in psychological medicine at the Maudsley Hospital, Denmark Hill. Besides lectures and demonstrations the various forms of clinical instruction at the hospital will be open to those enrolling. From April 28th to May 11th an afternoon course under the direction of Dr. Eric Pritchard will be given at the Infants Hospital, for not more than 16 entrants. This is designed to interest those engaged in infant welfare, and clinics will be held at various centres. From May 5th to 31st an afternoon course in dermatology will be given at the St. John's Hospital, comprising clinical instruction in the out-patient department and lectures at 5 P.M. on certain dates. Pathology classes can be arranged if desired. From May 12th to 24th an all-day course will be held at the City of London Hospital for Diseases of the Heart and Lungs. The other courses for May are one for the M.R.C.P. examination, comprising evening lectures and demonstrations in ophthalmology (May 13th to July 4th); an afternoon course in ophthalmology at the Central London Ophthalmic Hospital (May 19th to June 13th); and a course in diseases of children at the Hospital for Sick Children (May 26th to June 7th). This last requires a minimum of 12 entrants. There will also be an intensive course at the Queen Mary's Hospital, Stratford, from May 26th to June 7th, consisting of instruction in medicine, in surgery, and in the special departments. Detailed syllabuses of all courses may be had from the Secretary of the Fellowship at 1, Wimpole-street, London, W.1.