Epidemiology Of Drug Addiction
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local fluid loss as being but of secondary importance in the production of the clinical picture. Their findings, which are based on an extensive series of experiments, raise the important question of the proper treatment of strangulated gut when the condition has persisted for many hours. In the early stages of strangulation the amount of depressor substance in the loop is not great enough to produce a lethal effect. Hence the present method of treatment—that is, release of the strangulating band and return of the intestine to the general peritoneal cavity—would appear to be adequate. At the other extreme, when the gut loop has become gangrenous, the treatment is also perfectly clear, resection and anastomosis either in one or in two stages being called for. In the intermediate forms of strangulation, when the loop is still viable according to the recognized criteria, relief of the strangulation in experimental animals has been followed in some instances by circulatory collapse and death—presumably from the release into the blood stream, via the veins and lymphatics, of a large quantity of depressor substance. This result suggests that in man, if the patient is in a bad condition, the local method of treatment should be resection of the strangulated loop with anastomosis, either immediate or delayed. The authors have not yet investigated the chemical nature of the toxic substances, but their preliminary results indicate that among them are to be found not only histamine but also substances which have so far been unrecognized. The problem of the origin of the toxins is discussed briefly, and it is suggested that bacterial action may not be sufficient to account for their presence, and that they may be formed under anaerobic conditions in the muscles of the intestinal wall. We look forward to further papers by these workers to give the surgeon some positive information as to the proper means of attack on the very high mortality which, in spite of modern surgery, is still associated with strangulation of the intestine.

THE OESOPHAGUS IN HEART DISEASE

The right and left borders of the heart and some portions of the thoracic aorta are clearly visible against the radio-transparent lung tissue on *x*-ray examination, but the back of the heart and other relations of the aorta cannot be so well defined. When, however, the oesophagus is filled with barium suspension it is possible to infer pathological changes in these structures by their effect on the course and shape of the oesophagus. Dr. William Evans[1] has investigated the normal and abnormal course of this organ. Not wishing to rely solely on current anatomical descriptions of the relations of the thoracic oesophagus, he first studied these on the cadaver both by dissection and by radiography, and afterwards the normal *x*-ray appearance was determined in healthy subjects. The latter showed some variation in the course of the oesophagus, but as a rule four structures leave their mark on it—the aortic arch, left bronchus, left auricle, and descending aorta. Dr. Evans has sought to establish, and it would appear with success, that it is really the left bronchus that impinges on the oesophagus and not the pulmonary artery, which is close by. These various impressions are altered in disease, and are valuable in early diagnosis or in confirming clinical symptoms. The fallacies in some of the older methods of measuring the diameter of the aorta are pointed out, and the conditions under which this may be done accurately with the aid of the aortic arch impression on the oesophagus are determined. The cardio-vascular lesions that affect the other three impressions are dealt with individually. Good radiographs, fully illustrating the normal appearances and a variety of abnormal conditions, are reproduced. Dr. Evans's paper gives added precision to our knowledge, both anatomical and radiographic, of the oesophagus in relation to the heart and aorta, and in particular in the normal subject.

[1] Medical Research Council, Special Report Series. No. 208. London, 1936.

EPIDEMIOLOGY OF DRUG ADDICTION

In the May issue of the *Bulletin of Hygiene* Dr. E. W. Adams gives an instructive survey of the prevalence in the various countries of drug addiction and its incidence in relation to sex, age, and social status. In the United States the addicts number between 100,000 and 120,000 according to various estimates. In Canada there has recently been an increasing use of codeine and of mariahuana, or cannabis indica, which has been introduced from the States, so that Sharman's estimate in 1929 of about 8,000 addicts has probably been greatly exceeded. Apart from Mexico, where mariahuana is the commonest form of addiction, no information is given concerning drug addiction in South America. In Great Britain only about 250 addicts are known to exist from official records, though allowance must be made for undetected cases. In France drug addiction is rare except among certain groups, such as artists, demi-mondaines, and the like. In Spain addiction is prevalent in certain districts, especially in Madrid, where illicit dealings with morphine and cocaine give trouble to the authorities. In Germany drug addiction greatly increased in the decade following the war, when, according to Wolff's estimate in 1933, there were between 4,000 and 6,000 addicts. Both in Switzerland and in Soviet Russia alcoholism is the real problem, and the incidence of drug addiction is negligible by comparison. In Egypt, thanks to the energy of the Egyptian Central Narcotics Intelligence Bureau under the direction of Russell Pasha, the number of addicts has fallen from half a million in a total population of 14 millions in 1930 to 18,673 in 1934. In India opium addiction is not so prevalent as is generally supposed, but cocainism and morphinism are on the increase. In China there has been of late an increased consumption of morphine, heroin, and cocaine, and there are 597 hospitals for treatment of drug addicts. As regards incidence in relation to sex, age, and social status, the most important data came from the United States. Of 1,600 addicts studied by experts of the U.S. Public Health Service, the ratio of males to females was 6 to 1, and in 60 per cent. of the patients addiction was established between the ages of 20 and 34; although some of the addicts were of good social standing and engaged in lawful occupations, the overwhelming majority belong to the underworld. In Europe Dr. Adams states that there is a surprising lack of systematized information regarding the social

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incidence of addiction. In Germany, from which the most useful information is obtained, the proportion of medical practitioners among addicts is high, and the drug habit among the working-class population has increased considerably since the war. In Rumania, where addiction is not common, the habit in most cases had been contracted from incautious medical treatment for various ailments. In Great Britain cases seem to be proportionally more frequent in the great urban centres than elsewhere, and among persons engaged in occupations which entail much mental and nervous strain, as well as in those whose occupation gives them special facilities for access to drugs. In Egypt, in addition to the high proportion of cases between 20 and 30 (64 per cent.), before the war drug addiction in the form of hashish or opium smoking was mainly confined to the middle and lower classes, but during and after the war drug abuse has spread among the rich, where the use of morphine and heroin has replaced the smoking or eating of opium and hashish. In conclusion, Dr. Adams emphasizes the comparative youthfulness of the general mass of the addict population in all the countries mentioned and the far greater prevalence of addiction among men than among women.

A PIONEER MEDICAL WOMAN

Elizabeth Garrett Anderson is a unique figure in the medical history of England, inasmuch as her life covered the whole period of the initiation, continuation, and successful completion of the demand for right of entry of women into the medical profession on equal terms with men in Great Britain and Ireland. Miss Elizabeth Garrett was not the first English woman to obtain a medical degree, Miss Elizabeth Blackwell of Bristol having graduated M.D. of a small American university in 1849, but she was the first to take a diploma in England. The story of Miss Garrett's successful attack on the male monopoly of medicine, and of the pioneer work she did with Miss Sophia Jex-Blake and others, was told in these columns after her death in December, 1917. The struggle for admission of women practitioners to membership of the British Medical Association ran on very similar lines to that for the right of entry to the profession. Here again Dr. Garrett Anderson was a pioneer in the movement. Her honourable connexion with the Association culminated in election in 1897 as president of the East Anglian Branch, and three years afterwards she was vice-president of the Section of Medicine at the Annual Meeting of the Association at Ipswich. On June 9th, 1936, the centenary of her birth was celebrated at the Women's Hospital in Euston Road, London, which bears her name. Lady Robertson, who presided, said that this was a proud day for all connected with the hospital; and, welcoming the children of the founder, Sir Alan Anderson and Dr. Louisa Garrett Anderson, she recalled the happy circumstance that this was Sir Alan and Lady Anderson's wedding day. Lady Barrett, president of the London School of Medicine for Women, paid a fine tribute to the memory of a great woman. Elizabeth Garrett Anderson, she said, was a pioneer who refused to be daunted by obstacles. Her courage and tenacity and far-reaching practical vision opened doors for medical women to take up hospital practice and post-graduate study, and for women patients to be treated for all diseases by women doctors. But for her creative work for the School of Medicine this institution which she founded could not have come into being. Her influence was deeply impressed upon the life of women to-day. Sir Alan Anderson recalled how his father and mother first met in the 'sixties and began that happy partnership in a great idea which had changed the outlook of women and the outlook upon women. Something much wider than medicine, he said, must have been in the mind of Elizabeth Garrett when starting the campaign. His final word to the friends of the hospital was an exhortation to maintain the quality of its work. Four generations of the family were photographed after the luncheon. The group was made up of her son, her grandson Mr. Donald Anderson, and her great-granddaughter Gillian. Her own portrait by Sargent was the fourth figure in the picture.

HARVEY: DE GENERATIONE

Dr. Arthur William Meyer, who is professor of anatomy in the Stanford University, California, has done a useful piece of work by analysing the *De Generatione Animalium*,[1] which was published by Dr. William Harvey at the entreaty of Sir George Ent in 1651. Professor Meyer has prepared himself for the task by reading critically the various translations and then studying what has been said about the essay by the few Harveian Orators who have thought it worth while to mention it. Like other readers, he finds difficulty in explaining the difference between the *De Motu* and the *De Generatione*. The real explanation probably lies in the fact that Harvey had been collecting his material for many years before Ent took his manuscript and had it printed. By that time Harvey was too old to subject it to the drastic editing which would have brought it up to the standard of his treatise on the movement of the blood. Ent for his part was submitting the proofs to the author and was unwilling to make any drastic changes or abridgement, for even in old age Harvey retained the fiery temper which characterized his family for several generations. Professor Meyer dedicates his book to Professor W. Snow Miller, who is well known for his zeal in connexion with the history of medicine. He gives a full bibliography and a good index. There are eleven illustrations, chiefly showing the title-pages of the different editions. The least satisfactory is that of Faithorne's bust of Harvey, which has been taken from a worn plate and has thus lost much of the character which is so marked a feature of the earlier pulls.

[1] *An Analysis of the De Generatione Animalium of William Harvey*. By Arthur William Meyer. California: Stanford University Press; London: H. Milford, Oxford University Press. (13s. 6d.)

The annual dinner of the Cambridge Graduates' Medical Club will be held at King's College, Cambridge, on Friday, June 26th, at 7.30 p.m., with Mr. W. H. C. Romanis, vice-president, in the chair; price of dinner (including wine), 12s. 6d. Members intending to be present are asked to inform one of the honorary secretaries, Dr. F. G. Chandler, 1, Park Square West, W.1, or Mr. W. D. Doherty, 10, Upper Wimpole Street, W.1. The annual meeting will precede the dinner at 7.15.

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