



## Underground and under steam: liquor smuggling during Prohibition

I take issue with Dr. Mark Latowsky's claim that Prohibition reduced the consumption and availability of alcohol (*Can Med Assoc J* 1996; 155:860-1). I find it impossible to accept any statistics, because the enforcement agencies reported only on their successes. As in the drug trade, the honest experts admit that most contraband gets through to its destination.

I had a family practice on the east coast of Canada for 40 years. I soon realized that nearly all of the history of Prohibition in this region was being lost because nobody was becoming the confidant of those involved on both sides of the law in the four Atlantic provinces. My wife and I decided to fill this void and commenced a 35-year hobby collecting documents and photographs and taping recollections. We have written three books with a total circulation of more than 25 000 copies. Quotes from two of the books refute a common misconception.

Between 1920 and 1941, many hundreds of vessels of all shapes and sizes scurried up and down the Atlantic coast taking liquor in one form or another to the United States and Canada. The quantity of alcohol involved was so large that it boggles the mind. . . . There is a list (taking up an entire page) of the liquor passing through the port of Halifax in only a few weeks in 1925. The destination of all of it was for the United States, for the manifests were fakes. Yet Halifax was only one of the routes used. Some was taken directly from Saint-Pierre et Miquelon, from St. John's in Newfoundland, from Saint John in New Brunswick, from Bermuda and directly from Europe. It came up from the Caribbean, it came across the Great Lakes, and the land borders of Canada and Mexico.<sup>1</sup>

On 16 January 1920, the American Prohibitionists celebrated the demise of John

Barleycorn, the personification of their enemy. Most of the fanatics had unreal expectations that the thousands of agents, newly appointed to enforce the Volstead Act, would root out and destroy alcohol from coast to coast. Mr. Barleycorn may have been slain, but he wouldn't lie down. To the north, Canada had already demonstrated that temperance statutes enacted some years previously had made no difference to the consumption of alcohol. It only made availability somewhat more complicated. Even on the home turf of Capitol Hill, senators and congressmen used the celebrated "Man with the Green Hat" to keep their liquor cabinets full.<sup>2</sup>

Prohibition drove liquor drinking underground. I do not believe it lessened it.

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### References

1. Robinson GE, Robinson D. *It came by the boat load*. 4th ed. Tyne Valley (PEI): G. & D. Robinson, 1993:1.
2. Robinson GE, Robinson D. *Duty free*. 1st ed. Tyne Valley (PEI): G. & D. Robinson, 1992:80.

## Low morale: history lesson and farewell to faceless institutions

I read with interest the article "Why is physician morale so low?" (*Can Med Assoc J* 1996;155:978), by Dr. Douglas Waugh. However, I must point out an error. Ambroise Paré was on the battlefield nearly 300 years before Napoleon's time. He was the personal surgeon to the Marshal de Montejan, a general of the French king Francis I. It was at the siege of Turin in 1537 that Paré ran out of burning oil to cauterize the gunshot wounds of the soldiers and resorted instead to a balm made of "digestive of yolks of eggs, oil of roses and turpentine."

Napoleon fought his battles centuries later, during the end of the 18th century and the early part of the 19th century. His principal surgeon

was Dominique Larrey. Larrey invented the field ambulance, which was horse drawn in Europe and camel propelled in Egypt. I do not know what physician morale was like in those days, but I suspect it has followed a sine curve throughout the ages.

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This summer I moved to Ohio from North York General Hospital, North York, Ont., where I had been an otolaryngologist for almost 15 years. As a result of my soul searching before this move, I better understand the roots of my dissatisfaction with working as a surgeon in Ontario.

The problem with being a physician in Canada is that we serve a myriad of faceless institutions in different ways. For federal politicians, we obey the Canada Health Act in order to keep the New Democratic Party at bay throughout English Canada. For provincial politicians, we do our part to balance the budget. This meant that, before I moved, I was being paid 10% less than what I had received in 1988. I also had a cap on my practice income, and my hospital was subject to 5% cutbacks, despite a 4-month waiting list for surgery. For hospital administrators, we keep the citizens of our neighbourhoods happy and cover the hospital for emergencies.

All of these forces end up devaluing medicine. I went into medicine to use science and technology to better people's lives. Medicine was never meant to be the glue that binds the country, the problem area of government expenditure control or some sort of public relations gesture for a hospital administrator.

I find the situation here in the