THE DRINKING DRIVER

In May 1965, 30 men died in a colliery explosion in the Rhondda Valley in Wales. The event made the front page of the papers, together with pictures of their distraught relatives. The public were assured that a searching enquiry into the cause of the accident would be made; indeed, anything less would lead to widespread public indignation, questions in Parliament and so on. Yet every couple of days on the roads of Britain more people than that are killed and their deaths arouse practically no interest. Nobody publishes the pictures of their distraught relatives, and few bother to point out that many of these deaths are due to the gross self-indulgence of drinking drivers.

The problem of the potential murderer known as the drinking driver has rightly exercised the minds of the organized medical profession all over the world. Latest in a series of reports on the problem comes from the British Medical Association this May. Entitled "The Medico-Legal Investigation of the Drinking Driver" and prepared by a special committee, this document is a model of clarity and deserves wide study. It begins by tracing the history of the subject from the earlier concepts of drunkenness to the realization that a man need not be obviously drunk to be incapable of driving safely. In 1962, the British Government introduced a new Road Traffic Act with important amendments to the law, based on conclusions of an earlier B.M.A. report. For conviction it was now sufficient to show that the ability to drive properly was for the time being "impaired" (a word used much later in Britain than in Canada). The new Act also took account for the first time of analytical tests, an illustration of the way in which the legislator lags behind the scientist. Since then, further evidence has accumulated that driving ability is impaired at relatively low concentrations of alcohol in the blood (notably at a Third International Conference on Alcohol and Road Traffic in London in 1962, at a later International Symposium in Rome in 1963, and by the Grand Rapids survey published by Indiana Police in 1964).

The main points made in the most recent report by the B.M.A. are as follows. Clinical examination of a suspect alone is insufficient to detect other than gross impairment, and should not be used for the purpose of conviction. Its object should be to eliminate any other cause of impairment—illness or injury—and it must therefore remain an essential part of routine examination to ensure diagnosis and treatment of such extraneous conditions. In court, evidence gained from a clinical examination should be used only to help the court to decide whether the suspect's behaviour was due to any factor other than alcohol.

Secondly, and this is the most important point, it is proposed that a blood alcohol concentration of 80 mg. per 100 ml. be automatically taken as evidence justifying a conviction. The Committee states, "We recommend that it should be made an offence for a person with a blood alcohol concentration in excess of 80 mg./100 ml. to drive a motor vehicle on the public highways." It is thus implied that virtually anyone, however hardened a drinker he is, must show signs of impairment at this level of alcohol concentration in the blood. It must not be assumed (as some commentators seem already to have assumed) that any driver with a blood level below this is safe. Most of them are not, but 80 mg. per 100 ml. is the critical figure above which the increase in liability to cause an accident rises steeply. To reach such a level, some pretty impressive drinking will have to be done in most cases; probably it is equivalent to about nine single whiskies (7½ ounces), well over a bottle of wine, or over four pints of beer.

It is of interest to note that Swiss law has also recently set the level for conviction of impairment at precisely the same figure of 80 mg. per 100 ml., while the Ontario Bar Association has the same figure in mind. It may seem strange that so high a level needs to be called for (in Czechoslovakia the official level is as low as 30 mg. per 100 ml.), but it must be realized that the scales in Britain and some other areas are loaded in favour of the drinker, as shown by a recent finding that in one area of the country convictions in a large series of cases were obtained only at a mean level of about 215 mg. per 100 ml., a quite ridiculously high figure. The matter has long ceased to be a sporting contest or a joke, and if an increasing number of sinners are hauled in and convicted as a result of the B.M.A.'s proposals being adopted nobody should feel sorry for them.

RAY FLETCHER FARQUHARSON: 1897-1965

On Tuesday, June 1, Ray Fletcher Farquharson of Toronto died suddenly in Ottawa where he was attending to the business of the Medical Research Council of Canada, a body that he served as Chairman since its inception in 1960. With his passing the Canadian medical profession has lost one of its most distinguished, respected and beloved members.

He will live on in the memory of a generation and more of Canadian physicians as a kindly, dedicated and skilful teacher. As a doctors' doctor he received the highest accolade that can be bestowed by physicians upon a professional colleague. To his friends and patients he was a wise, warm-hearted and human counsellor and confidant. Unwaveringly devoted to the concept of the essential unity of medical education and research, he directed the activities of his later years to the advancement of the cause of medical research in Canada.

His many outstanding contributions to Canadian medicine in the fields of teaching, research, clinical practice and administration will be recounted in greater detail in subsequent issues of the Journal.