MCA Medical Council on Alcohol
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Alcoholis

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From the Editor

Welcome to the Autumn 2023 issue of Alcoholis.

At the MCA we continue to work on a hybrid basis, but of course face to face communication is irreplaceable and we are much looking forward to reconnecting with old and new colleagues at our Annual Symposium on Alcohol and Health next month.

In this issue

Seonaid Anderson and Hugo Jobst from Dundee share their approach to medical student education which encompasses lived experience. Health professional education is at the heart of the MCA mission and over the years the incorporation of lived experience has been shown repeatedly to bring a unique and powerful perspective. We have close links with the British Doctors and Dentists Group and the Sick Doctors Trust and are grateful to many Committee members over the years who have shared their recovery histories. In a complete contrast we also have an article by Pam Lock and Iain Smith on Spontaneous Human Combustion and the link to alcohol. Fewer practical implications perhaps but no less fascinating.

MCA Competitions

We have recently judged two MCA competitions. The Essay Prize, on the theme of possible decline in youth drinking and the biennial NAAD prize on the theme of Alcohol and Inequalities. The excellent winning essay will be published in our Annual Report and the NAAD winning entries will be exhibited at our Symposium.

MCA Annual Symposium and Max Glatt Memorial Lecture 22 November 2023

The 2023 MCA Symposium on Alcohol and Health will be held on 22 November 2023 in-person at the RCP in London. We are delighted that the Max Glatt lecture will be given by Professor Anne Lingford-Hughes. The morning will also include sessions on alcohol and inequalities and on the No-Lo movement. The afternoon will focus on a range of practical and policy issues of relevance to clinicians and researchers across the disciplines working on alcohol and health. There will be plenty of time for discussion and networking which delegates found particularly valuable last year. The full programme is published in this edition of Alcoholis and on the MCA website, please do book your place.

Alcohol and Alcoholism new joint Editor in Chief

After many years of service Jonathan Chick will be retiring as joint Editor in Chief of our Journal. He has steered the Journal with skill and dedication and we look forward to thanking him formally over the next few months. We are fortunate that we have now appointed Giancarlo Columbo, from Sardinia, to join Lorenzo Leggio as new joint Editor. We greatly look forward to this new working relationship with an extremely experienced professional in the alcohol and health field.

Peter Brunt RIP

Many of you will have heard that Peter Brunt passed away recently after a long illness. Peter was chair of the MCA from 2004 to 2014 and was active in the alcohol and health field in many roles during his career. His approach was truly statesmanlike but also down to earth and all who came across him professionally will appreciate his contribution. There will be a memorial service for him in London and in addition to many obituaries a further one will be published in Alcohol and Alcoholism.

Conversation Cafés: An opportunity for medical students to learn about addiction and recovery through guided conversations with people with lived experience

Authors: Seonaid Anderson[1] and Hugo Jobst[2]

[1]Consultant Psychiatrist, NHS Tayside and Honorary Lecturer, Ninewells Hospital & Medical School, University of Dundee.

[2]FY1 doctor, NHS Highland.

The undergraduate curriculum at all UK medical schools has limited teaching on addictions, despite our high prevalence of drug and alcohol problems, and good evidence of the positive impact of learning from people with lived experience[1]. These novel education sessions were developed in Scotland, where alcohol-specific deaths have increased[2] and drug-related deaths are still of concern[3].

I am an Honorary Lecturer at the University of Dundee. In October 2022, for 2 consecutive days, I was asked to deliver 2 small-group tutorials on alcohol dependence to 3rd year medical students. Having delivered a whole year-group lecture about this topic, I was aware that the students already knew "the facts" about addiction, e.g. the diagnostic criteria and what pharmacological treatments are available. However, they had a limited understanding of the psychosocial aspects of addiction and the wide range of routes people took to start on, and maintain, their recovery journeys.

I sought permission from the University of Dundee medical school to amalgamate these small groups, and replaced the planned tutorials with Conversation Cafés, which were delivered to a quarter of the 3rd years as a pilot within the undergraduate curriculum. I was joined by my colleagues, Dr Hugo Jobst and Allan Houston, who had been running similar voluntary sessions in the previous 6 months for medical students in Glasgow.

Each Conversation Café session lasted for 2 hours, and began with a "share" by a doctor in recovery. This was followed by a series of small group discussions between equal numbers of medical students and people in recovery, initiated by stem questions which generated discussions about various important themes of addiction and the recovery journey, e.g. harm reduction, community resources, predisposing factors and the individual value of recovery. After each 15-minute discussion, the medical students rotated to meet a new group of people which allowed them to meet and connect with everyone from the recovery community.

We were fortunate to receive some funding from the Medical Council on Alcohol undergraduate education committee, which was used to buy refreshments. Having plates of biscuits on each table, and tea and coffee available for all attendees lent the sessions a welcoming and informal air which helped people feel comfortable to speak freely.

Both Conversation Cafés were very well-received, with 89% of students reporting that the session was useful; the mean rating was 9.6/10. 100% of the students felt that people with lived experience should be involved in undergraduate teaching and 85% stated that the session had changed their beliefs about addiction and recovery. The qualitative feedback was similarly positive, with responses such as, "this session was better than any lecture I've had", "the most insightful way to learn about recovery and addictions" and "all medics should have this opportunity".

I am delighted to report that the University of Dundee medical school has now incorporated Conversation Cafés into the undergraduate curriculum for all 3rd year medical students. At the moment, we are busy organising 8 separate Conversation Café sessions, which are scheduled to take place over 2 weeks in October 2023 at Ninewells Hospital in Dundee. I very much look forward to evaluating the impact of this unique learning experience and would encourage all medical schools to roll Conversation Cafés out across their curricula. Hugo and I would be very happy to offer support, advice and facilitator training so that this valuable learning can be offered to all medical students in the UK.

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Student Competition: Winners

MCA Essay Competition 2023

It has been widely reported that youth alcohol consumption has decreased over recent years. What is the evidence to support this view? What are the implications for alcohol related health harm, promotion of safe drinking and health policy?

1st Prize: **Bethany Whittard-Swift, University of Plymouth**

2nd Prize: **Ioan Wardhaugh, University of Liverpool**

3rd Prize: **Shubh Kumar, University of Oxford**

National Alcohol Awareness Day (NAAD) Competition 2023

Write a letter to your MP or to the Secretary of State for Health outlining the relationship between social inequality and alcohol-related health harm and suggesting some policy recommendations. Your letter should include a one page infographic to help illustrate your points.

1st Prize: **Toby Speirs, University of Cambridge**

2nd Prize: **Aisha Jan, University of Edinburgh**

3rd Prize (joint): **Emma Cutting, University of Newcastle**

3rd Prize (joint): **Cheon Hoi KOO, Hull York Medical School**

In Memoriam

Reverend Professor Peter William Brunt CVO OBE
1936 - 2023

2023 MCA Symposium on Alcohol & Health

Alcohol & Inequalities

Wednesday 22 November 2023 at the RCP, London

#MCASymp2023

Programme

09:00 Registration & Refreshments

09:40 Welcome

09:50 *'No/Low Alcohol and Inequality'*, **Prof John Holmes**

10:20 *'Alcohol & Mental Health – Unmet Need'*, **Dr Laura Goodwin**

10:50 Q&A Discussion

11:10 Refreshments Break and visit Exhibitor Stands

11:30 MCA Annual General Meeting (AGM) *MCA members only

12:00 Competition Winners' Presentations

12:05 *'Neurobiology of alcoholism: translation into the clinic'* **Max Glatt Lecture**, **Prof Anne Lingford-Hughes**

13:00-14:00 Lunch and visit Exhibitor Stands

14:00 Welcome Back - Afternoon session

14:05 'MUP Evaluation', **Clare Beeston**

14:25 'Update to NICE Quality Standards on Alcohol Use Disorder', **Dr Steve Masson**

14:45 'UK Clinical Guidelines on Alcohol Treatment', **Dr Louise Sell**

15:05 Q&A Panel and Discussion incl. a brief update on ProACTIVE by **Prof Julia Sinclair**

15:35 Close - Refreshments available

Booking & Pricing

Members £135 / Non-Members £205 / Member - Student & Retired £95 / Non-Member - Student & Retired £135

To book visit: www.m-c-a.org.uk/symposiums/2023

All registered delegates will be able to view the entire symposium online after the event.

‘The Effects of a Stroke of Lightening’ or of Spirit Drinking?

Thomas Trotter, Robert Macnish, and Charles Dickens Investigate Heavy Drinking and Spontaneous Human Combustion

Authors:
Dr. Pam Lock, Lecturer in English Literature, University of Bristol;
Dr Iain D. Smith, Consultant Addiction Psychiatrist, NHS Forth Valley Substance Use Services & Honorary Clinical Senior Lecturer, University of Glasgow

Introduction

Spontaneous human combustion fascinated Victorians. Many believed it to be a real phenomenon linked to overindulgence, passion, or spirit-drinking. The most famous account of spontaneous combustion is Krook's mysterious demise in Dickens’s *Bleak House*.

Figure 1. The Appointed Time - Krook is found combusted

What has not been well explored is the attention given to the topic by the well-known Scottish physicians and writers, Thomas Trotter (1) and Robert Macnish (2), in their popular treatises on alcohol and drunkenness. Macnish’s book *The Anatomy of Drunkenness* (1827), was owned by Dickens and contains a chapter on the ‘Spontaneous Combustion of Drunkards’.

In it Macnish doubtfully gives an overview of two reported cases of Spontaneous Combustion, discussing in detail the theories around the build-up of 'phosphuretted hydrogen, generated by some chemical combination of alcohol and animal substances in the stomach’. He goes on to state that these accounts 'wear, unquestionably, the aspect of fiction’.

This article explores the relation between the earlier accounts of Trotter based on French descriptions, the later doubts of Macnish and his contemporaries, and Dickens's fictional creation of the now infamous Krook.

We will show how the idea of the spontaneous combustion of habitual drunkards disappears from medical literature in the course of the nineteenth century. Given the correlation between accidental fires at home and intoxication, we discuss whether these cases may have had a less than spontaneous cause at the time and whether these narratives might have acted as fictionalised warnings against this.

Accounts of Spontaneous Human Combustion (SHC) in the Medical Literature

The idea of SHC seems very strange to modern eyes but it was seriously entertained in the 19th century. Thomas Trotter wrote an early and influential text on heavy drinking arguing it was a medical not just a religious matter.

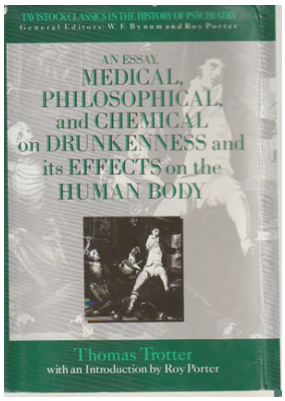

Figure 2. Trotter's book - a recent reproduction.

Trotter links the idea of SHC with his theories about alcohol's 'chemical effects' on the body in his monograph, *An Essay...on Drunkenness etc* (1804). To evidence this, Trotter reproduced a complete paper by French physician Pierre Aime Lair which was published in English in the same year. This is a case series of SHC from the 18th century literature and Lair gives an analysis of the cases with twelve common points.

Summary of analysis by Lair
1. Spontaneous combustion occurred most often in older people, usually over 60.
2. Most victims were overweight.
3. Most victims had led inactive lives for some time before their ignition
4. Most victims had been habitual consumers of ardent spirits.
5. Women were more prone to spontaneous combustion than were men.
6. At the scene of the accident there was often some external flame-lamp, candle, or fireplace.
7. Combustion was so rapid that assistance was useless.
8. The flames were difficult to extinguish.
9. The fatal flames produced a strong "empyreumatic" odour.
10. The thick smoke coated walls and objects in the immediate vicinity with a heavy, yellow, oleaginous film.
11. The fire usually consumed the trunk of the body, leaving the head and extremities unharmed or only singed.
12. Most accidents of this type occurred during fair weather, and more often in winter than in summer.

Figure 3. Lair's analysis of his twelve historic cases.

Both doctors seriously explore the possibility that habitual drunkards might spontaneously combust.

"Fire! Fire! Blood on Fire!" - Can an alcoholic's blood burn?

In 1836, a medical student in Maine removed a pint of blood from a patient to offset the risk of Spontaneous Combustion because he was said to have consumed two gallons of rum in the previous five days. The blood burned with a

blue flame for half a minute when a lit match was applied: **'... a pint bowl filled with this fluid was handed to one of the spectators who ignited a match and on bringing it to contact with the contents of the bowl, a conflagration immediately ensued: burning with a blue flame the space of 25 or 30 seconds'.** This example was later used in a temperance article entitled 'Fire! Fire! Blood on Fire!' to demonstrate the dangers of ardent spirits in a dramatic fashion.

Ten years later, Emily Brontë used this notion of the flammable nature of a drunkard's blood in Heathcliff's description of the chronic drunkard Hindley's blood to the servant, Joseph in Wuthering Heights (1847)(3): **"'Don't stand muttering and mumbling there. Come, I'm not going to nurse him. Wash that stuff [Hindley's blood] away; and mind the sparks of your candle—it is more than half brandy!'".** The casual mention that Hindley's blood might be flammable because he is a heavy drinker suggests it was a widespread idea, and Emily's exceptional scientific education gives this mention extra kudos. Although, we wouldn't today believe that the concentration of alcohol required to allow blood to burn in this way could be achieved in a living, or even a dead, subject.

How might Drunkards have "combusted"?

Thomas Trotter's suggested it could be "phosphuretted hydrogen" but this is certainly not correct given this is an antiquated term for phosphine which is highly toxic. It isn't internally produced. It is highly flammable and was a recent discovery in the field of chemistry in the late 18th century which may explain his interest.

Macnish was highly sceptical that an internal process could be the cause, noting, as does Lair, that a source of flame was often found near the combusted body. Macnish states he is more likely to believe that the phenomenon is down to **"the effects of a stroke of lightning"** rather than SHC. Some of the cases in the literature of the time detail people who lived for a brief period after the event and were able to describe the feeling that they had been hit by a blow (e.g. Case 10, Don Gio Maria Bertholi (Oct. 1776), in Randle and Hough, 1992).

The focus on SHC and heavy drinking seems to disappear in textbooks addressing alcoholism and inebriety in the late nineteenth century. There is no mention of it in Norman Kerr's *Inebriety* (2nd Edition;1889) (6) nor in Daniel Hack Tuke's *A Dictionary of Psychological Medicine* (1892) (7) which has lengthy sections on alcoholism, chronic alcoholism, delirium tremens, and dipsomania by the French physician Paul-Maurice Legrain.

The only form of textbook where discussion of the SHC is still found seems to be treatises on medical jurisprudence. For example, in his *A Treatise on Medical Jurisprudence* (1901) Vivian Poore (8) attributes it to post-mortem changes producing gases which might indeed combust under certain circumstances. (He makes comparison to haystacks which are occasionally known to ignite.)

The latest reference we found in our search in the nineteenth century medical literature comes from Aberdeen. Alexander Ogston, Assistant-Professor of Medical Jurisprudence at the University of Aberdeen, visited the home of a 66 year-old woman who had combusted in the characteristic way, and allegedly within the space of an hour, as reported by her son.

Ogston(9) reviews the historic literature and adds his own case. His explanation is **increased combustibility** under certain circumstances rather than spontaneous combustion per se. In reviewing the historic literature there is an awareness that someone rendered insensible through drink is less likely to act to extinguish a fire. Additionally, sudden death in the presence of an igniting source is considered relevant by Macnish, Ogston, and Poore.

FACT AND FICTION

As Lee B. Croft states, 'Stories [...] have implanted the phenomenon of spontaneous human combustion firmly into popular mythology'. In the 19th Century, the use of stories of SHC were told in many forms. We regularly see narratives of the phenomenon in medical text books. Some support, some challenge, some deny that SHC exists. As is

often the case, fiction also entered this discussion and medicine used fiction to demonstrate and elucidate real cases. Trotter, for example, refers to Shakespeare when introducing Lair's paper. He quotes from *Henry IV*, sharing Falstaff's description of Bardolph's nose as lit up by 'hellfire' or 'wild fire' as a result of his drunkenness. The implication is that the 'fire' that makes his nose glow is fuelled by the Sack they both famously drink.

SHC was vividly imprinted on the popular imagination. For example, Watts Phillips included it in a cartoon in 1853 in his periodical, *Diogenes* (a short-lived rival to Punch). Again, the imaginative link between this 'Alarming Case of Spontaneous Combustion' and spirit drinking is clear. The family group are exiting a Gin Palace which advertises 'Old Tom' (a type of gin) as the husband and father goes up in smoke.
(See: https://www.maryevans.com/history/paranormal-spontaenous-combustion-1853-10018067)

As Gordon S. Haight has demonstrated, Dickens not only created one of the most famous fictional cases of SHC, he was a believer. He mentioned SHC briefly in *A Christmas Carol* (1843)(4)-Scrooge fears he may be a victim at one point- and went on to create Krook, the much contested and discussed victim of SHC in *Bleak House*(5). Dickens takes pains to demonstrate that Krook is dry and drunken in all of the physical descriptions of the old bachelor, making him as obviously combustible as possible.

Bleak House was published in parts as a serial (as was common at this time), and when the famous commentator, G. H. Lewes criticised his use of the phenomenon in a public letter, accusing Dickens of 'giving currency to a vulgar error', Dickens defended himself in the next issue of the novel. He added an unplanned coroner's inquest in the following chapter. In this report he mentions his real life sources including the 'sixth volume of the Philosophical Transactions; and also of a book not quite unknown on English medical jurisprudence', 'the Italian case of the Countess Cornelia' and famous experts of the 18th and early 19th centuries like Bianchini, Fodere, Mere, and Le Cat. The 'English medical jurisprudence' he mentions is Beck's and many of the descriptions of the discovery of Krook's remains are taken directly from accounts in that textbook. The 'log of wood' analogy comes from an account of the case of 'Grace Pett' for example and the greasy ashes which make the discovery so horrifying come from Gen William Shepherd's account of an old woman and match Lair's description of an 'oleaginous film'.

We do not propose to claim that either man was right, but we are interested in how the use of such narratives popularised the mythology of this phenomenon and its clear links to spirit drinking, particularly among older women. We suspect that these myths were used to discourage heavy spirit drinking by some. The use of stories and 'eyewitness accounts' from both doctors and laymen is particularly prevalent in the medical accounts of SHC. Some, like Robert MacNish, use these stories to firmly deny it, stating that 'They [the stories] wear, unquestionably, the aspect of fiction'.

However, it is clear that neither writer was a support of contemporary campaigns to reduce or stop alcohol consumption in Britain (known as the temperance or teetotalist movements). Although we know from fictions like 'The Drunkard's Death' and *Hard Times* that Dickens was concerned about extreme drunkenness equally, he was against anti-drink campaigning, because he championed the value of moderate drinking for pleasure and relief. Lewes too had a public argument around this time with temperance advocate and famous physiologist, W. B. Carpenter, in which he strongly denied the advantages of teetotalism as described by Carpenter.

Conclusions - A Continuing Mystery?

The book by Randles and Hough on SHC (1992) provides vivid photographs of modern cases of Spontaneous Human Combustion. They also list 111 cases in an attempt to commence a database from 1613 to 1990. The most fascinating if dubious case is a supposed modern victim who survived but lost part of his right arm to a 'mysterious fire' (Randles and Hough, 1992)(10).

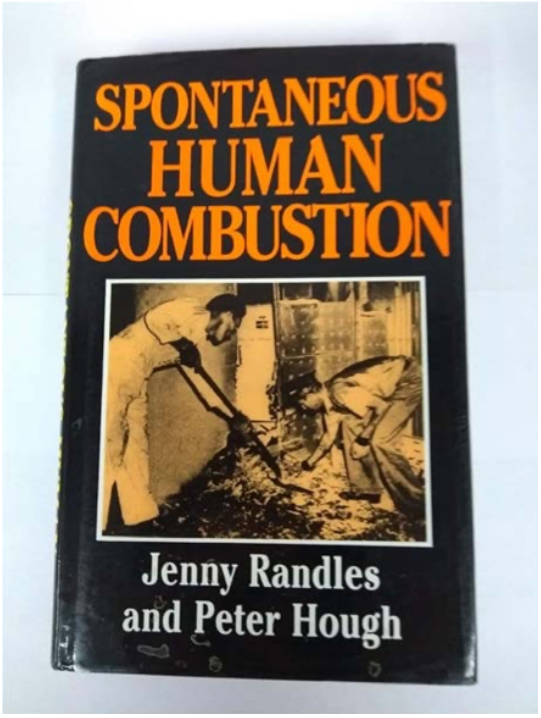

Figure 4. Randles and Hough, SHC Book, 1992

Various theories are explored for the phenomenon in the book including supernatural causes. There may be more than one explanation for the cases they document.

Our impression is that the main pattern of what was historically labelled SHC is relatively rare - a body reduced to ashes with hands and feet remaining intact with some of the head. Levi-Faict and Quatrehomme propose to call this "isolated central body combustion" (J Forensic Sci, 2011) (11)In addition, a new modern theory may give the main explanation. A 2012 paper from Finland, *Spontaneous Combustion in the Light of the 21st Century*, by a plastic surgeon and dermatologist (Koljonen and Kluger)(12) looks at 12 cases in the literature from 1/1/2000 to 10/9/2011 identified through a PubMed search.

A small number of the cases had alcohol, tobacco, or substance use problems but the majority suffered from ill health and were elderly. Obesity was also a factor and the mechanism proposed for the typical pattern of burning was more recently named "fat wick burn ". This involves fat escaping from a dead body, catching fire, and acting as a wick, causing the torso to burn.

Smoke inhalation and more generalised burns are usually the cause of death in house fires involving individuals with substance use problems. Our colleagues in the Fire Service provide a valuable service in checking homes for fire safety in those at risk. However, burn patterns similar to narratives of SHC have been recorded among these reports such as little or no damage to items close to the body and a concentration on the torso.

Whether this phenomenon is true or not, it lives on in the popular imagination: see, for example, 'Spontaneous Combustion', *South Park*, April 1999, Season 3, Episode 2 and the later episode "Another Combustion". Also The Sun newspaper ran an article as recently as March 2019 on this topic.(13)

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