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In approaching the subject of "The Hygiene of the Communion Cup" I desire to say that I will do my best to treat this sacred subject with all possible reverence and respect. Should any of my hearers think that I have not done so, I would ask them to put my failure down to an inability to convey my thoughts in words rather than to any attempt to belittle the Service of the Holy Communion.

When your enthusiastic and energetic Secretary invited me to read this paper, I felt a certain amount of diffidence in accepting the invitation, but I regarded it as a matter of public duty, and I would ask you to think that this is the only motive which actuates me now.

I would like at the outset to say that this question can be considered and freely discussed without bringing in any sectarian issue whatever. An impression appears to exist in the minds of some people that because the subject is a religious one, sectarian issues are necessarily involved, but this is not so.

May I first give you a very brief outline of the history of the Communion Cup and of the different methods employed in the administration of the Wine.

The Sacrament of Holy Communion was instituted by our Blessed Lord as a perpetual memorial of His precious death and as a reminder of His teaching that we are all children of one family and as such should come together from time to time to take part in a meal shared together. It has since been generally observed by the Christian Church throughout the World.

At the institution of the ceremony the two elements Bread and Wine representing the Body and Blood of our Lord, were used.

In the Western Church the element of Wine was withdrawn from the laity in pre-reformation days, and since then the administration in the Church of Rome has been in one kind only - the Bread. Roman Catholic people are therefore not concerned with the question of the Hygiene of the Communion Cup.

In all other branches of the Christian Church the Sacrament is administered by means of the two elements - Bread and Wine. These are administered in different ways in different Churches.

In the Orthodox Eastern Church portions of the consecrated Bread are placed in the Wine in a Chalice and both elements are together placed in the Communicant's mouth with a spoon.

This is the method known as "Intinction".

In a few Anglican Churches a somewhat similar method is adopted - a portion of the consecrated Bread is dipped in the Wine in the Chalice and then placed on the tongue or palm of the Communicant.

In the great majority of Anglican Churches however, the custom is for the Communicants to partake of the two elements separately - a small portion of Bread is first handed to each Communicant and then the wine is administered by means of a common Cup from which each Communicant drinks in turn.

Among non-Episcopal bodies (Presbyterians, Methodists, Congregationalists, Baptists and others) the same practice obtained until a few years ago.

At the present time however another method is adopted almost universally by these Churches, - the Wine, instead of being administered by means of a Common Cup is first consecrated in a Chalice and then poured into separate small cups or glass vessels one of which is provided for each Communicant.

These small glass vessels are carried by the officiating clergyman in a tray from which he takes one glass for each Communicant.

This is the "Individual Cup" method of administration.

This same method has been introduced in some few Anglican Churches as an alternative means of administration, and the clergy in whose Churches the innovation has been made are enthusiastic regarding the new method. But so far as the Anglican Church generally is concerned the method is regarded as an innovation or change from traditional usage and apparently for this reason the system is regarded with disfavor by the Church authorities.

Is it not true however that unless changes are made to meet the varying exigencies of the times, stagnation is likely to occur?

The Book of Common Prayer, which is adopted as a standard for the Anglican Church, prescribes certain rites and ceremonies that are to be followed in the performance of the Communion Service; but lays down definitely that these rites and ceremonies are in their own nature indifferent and alterable, and that upon weighty and important considerations such changes and alterations should be made as may seem either necessary or expedient.

Necessity and expediency are the two characteristics which justify a proposed change.

I now propose to review the subject from the hygienic point of view, and will endeavour to show that the method of administration by means of the Common Cup is hygienically incorrect, and that there are sufficiently weighty and important considerations to justify very calm deliberation being given to the question of whether it is not necessary and expedient that some alternative method of administration should be provided in all Churches where the Common Cup is alone used.

I personally advocate the Individual Cup method of administration - I have had many years experience of its use and know of nothing better. At the same time I desire to keep a perfectly open mind, and would gladly welcome the adoption of any other method that would, whilst not interfering with the Spirit of the Service, overcome the present objectionable practice of Communicants having to drink from a Common Cup.

In dealing with this question I desire to say that there is another most important aspect from which it must be viewed viz; the religious - and it is right that the most sincere and earnest consideration should be given to this side of the question.

I am not a theologian and will therefore not attempt to discuss the subject from the religious point of view, nor would it be fitting for me to do so before this Association.

What are the scientific reasons against the use of the Common Communion Cup? - the same surely as those that are advanced against the use of the common drinking cup viz: the scientific facts established beyond all question -

(1) that infectious diseases are spread by direct infection from one case to another, either by close contact or the intermediary of some article in common use.

(2) that a large number of these infectious diseases have their chief seat in the mouth and lips.

(3) that the germs of these diseases are transferred to any article coming in contact with these parts.

May I quote you a few instances of infection transmitted through the intermediary of articles in common use.

Rollet narrates the case of a lady who contracted syphilis on the lip by tasting soup with the spoon used by her cook who had syphilitic sores in the mouth.

The same author refers to several cases of glass blowers having been contaminated by the mouth through passing the tube used in inflating globes of glass from one blower to another.

An epidemic of syphilis from the same cause has been enquired into by M. Dechaux at Montlucon; the disease was conveyed through the medium of the inflating tube to eleven workmen, from one who had a syphilitic affection of the nasal fossae. Five of the wives and several children of these workmen became infected and some of them died.

Poray-Koschitz gives an instance of three workmen contracting syphilis in the lips by drawing through their mouths and biting off pieces from a ball of thread, which they used in common with a fourth fellow-workman who had general syphilis.

Dr. L. D. Bulkley of New York has recorded two carefully observed cases in which syphilis was probably contracted through cigars, from the maker licking down the end of the outside investing leaf while suffering from syphilitic sores of the mouth.

Berkeley Hill records a case in which contagion appeared to have occurred by means of a towel - a man was in the habit of rubbing his gums with a towel which was used in common with a companion who suffered from syphilis in an infectious stage.

Macdonald, in the Edinburgh Medical Journal, cites the case of a woman who caught syphilis by sucking the mouthpiece of a feeding bottle used by her grandchild who was suffering from the inherited form of the disease.

Professor Von Esmarch recently described an experiment upon the transmissibility of infection by forks and spoons. He smeared the bacilli of tubercle upon a fork, which he then placed for five minutes in warm water, and afterwards wiped with a dry cloth, thus taking all the ordinary precautions of a tidy kitchen-maid. Yet the fork still retained active bacilli, and an animal that was inoculated from it died.

With drinking vessels the danger is at least as great as with the fork.

The "Vienna Medical Press" mentions the case where the joint use of a single drinking cup at ordinary meals transmitted diphtheria and on microscopic examination the diphtheria bacillus was discovered on its rim.

Other diseases that may be propagated by mediate communication include influenza, mumps, measles, whooping cough, pyorrhea, and the numerous catarrhal affections of the mouth and nasal passages.

If infection can be transmitted in these various ways it is surely reasonable to assume that the same results might follow from the use of the Communion Cup used in common.

It is possibly perfectly true that no case of infection has ever been traced to the Communion Cup, but it is wholly illogical to regard this as proof of the fact that there is no danger in its use. It must be remembered that opportunities for investigation in this direction are necessarily very limited.

I have never made a bacteriological examination of the Communion Cup, but I can't help thinking that it would be exceedingly interesting from a scientific point of view to make such a test after a celebration in which say a hundred communicants had participated.

In the United States, I understand that some investigation has been carried out in this direction, and in "The Sources and Modes of Infection of Tuberculosis" by Dr. C. V. Chapin, it is recorded that one observer found tubercle bacilli in the dregs from a Communion Cup in a Philadelphia Church and that another observer found the same bacilli in the Communion Cup of a sanatorium Chapel.

It is because of the risk of infection that stringent regulations are provided under the Pure Food Act forbidding the use in bars and refreshment rooms of drinking vessels that have not been washed in running water after each use. And in our dairies and factories similar regulations are provided to ensure thorough and effective cleansing of all articles that might carry infection.

It would surely seem an extraordinary anomaly that we do in our Churches, with impunity, what is prohibited by law in bars and refreshment rooms on the ground that it is a danger to the public health.

It is true that the precaution is taken of wiping the rim of the Cup with a cloth, but this is quite inadequate and does not suffice to remove the danger of infection, rather does it lull to a false sense of security.

The term "purificator" by which this cloth is sometimes known is surely a misnomer - it may possibly decrease the amount of infection on the outside of the Cup but can have no effect whatever on the necessarily contaminated contents. That the contents of the Cup must necessarily be contaminated can be shown by a very simple little experiment - put a little white fluid in your mouth and then drink or take a sip from a glass with a little water in it - an appreciable quantity of the white fluid will be found in the remaining contents of the glass.

Mr. F. H. Molesworth, our Public Analyst, made a bacteriological examination of a cloth which had been used to wipe the Chalice at a Communion Service and found millions of germs adhering to the cloth.

That the Communion Cup which symbolizes the receiving of life spiritual should even suggest the possibility of thereby receiving the germs of physical disease surely does not tend to the highest devotion of the Communicant.

Many of the Clergy say that it is incredible to Christian faith that harm should come to anyone whilst taking part in such a Holy Service. That is all very well for those who hold this view, but it is a different thing for those who cannot see the matter in the same favourable light.

It is admitted that faith is very necessary, but why put obstacles in the way of its exercise.

In this connection may I quote an actual experience, that of a doctor, who at the Communion Service found himself kneeling alongside one of his own patients, a man suffering from syphilis in its most infectious stage, and the seat of that disease the lips that would soon be touching the Cup that he would immediately after have to use. The doctor was surely justified in regarding the Cup as an obstacle in the exercise of his faith. This experience forced him to the conclusion that the present system was a violation of hygienic laws and that it needed reforming. As a member of the Goulburn Synod he in 1914 moved the following resolution:-

"That this Synod, being deeply concerned at the fact that a large number of members of the Church having a very strong feeling of dislike for the manner of administering the consecrated Wine by means of a common cup, either abstain from the sacrament altogether, or present themselves in an unsuitable, because disturbed, frame of mind, respectfully urges the House of Convocation in England, now engaged in revising the Prayer Book, to take into their serious consideration the advisability of arranging for some other method of administration".

This resolution was carried but nothing was done with it until quite recently. The doctor understands that it has just been sent forward.

May I quote to you some medical evidence drawing attention to the risk of infection in the use of the common Communion Cup.

This is a letter from the late Sir Philip Sydney Jones, dated 17th December, 1910:-

"I think that in every Church, except perhaps the smallest, in which the Communicants are well-known to each other to be free from lung or throat consumption, the Individual Cup should be used. In a mixed congregation there is always a chance of one or more persons suffering from consumption in an infectious stage. The fluids of the mouth of a consumptive individual who expectorates freely are very likely to contain the infectious germ that we call Bacillus of tubercle, and they therefore constitute a danger to others drinking from the same cup".

Prof. Stirling, C.M.G., M.D., F.R.S., when President of the Australasian Medical Congress of 1905, said:-

"What might be done towards the relief, or even the abolition of that scourge of human life - consumption - if only people would cease from doing those things which favour its production and continuance, and would do those which they can be told in all honesty will certainly prevent its spread and bring about its cure. But how shall we blame the general public for their errors of commission and omission when those who cannot claim the excuse of ignorance, in defiance of risks which are not so imaginary as they seem to think, assist in continuing the reprehensible and insanitary practice of the promiscuous transference from mouth to mouth of the uncleansed Communion Cup?"

The Melbourne Board of Public Health, on April 14th, 1913, wrote to the heads of the various religious denominations throughout Melbourne:-

"Sir,-

"At a meeting of the Board of Public Health held on 2nd inst., consideration was given to the likelihood of disease being transmitted from one person to another through the common cup as used in Church Communion Services.

"The Board is of opinion that the practice of using the Common Cup is one that is undesirable from a hygienic point of view, and that, in the interest of public health, the common cup should not be retained.

"I am accordingly, in pursuance of a resolution passed by the Board, to invite the earnest attention of Church authorities to the matter, and to express the hope that where the practice of using the common cup is in force, steps may be taken to, as far as practicable, abolish it and substitute a separate vessel for each communicant.

"I have the honor to be, etc.,

"(Sgd.) T. W. H. Holmes,

"Secretary."

Letters were recently sent to the heads of the Public Health Departments of the various States of the Commonwealth and also to other prominent public health authorities advising them that a movement had been started with the object of promoting the use of Individual Cups as an alternative method in the Service of Holy Communion.

Many sympathetic replies were received - time will allow me to read only a few.

The Commissioner of Public Health of one of the States wrote as follows:-

"Your letter dated 24th April, 1922 came duly to hand and I was pleased to read the contents as I consider it is quite time such a move was made as you refer to. As a communicant member of the Church of England I have practically ceased partaking of the Communion for the very reason you mention. I am not aware of any similar movement in this State; it will certainly have my full support if started."

The following letter was received from the Director of Public Health of another State:-

"27th April, 1922.

"I beg to thank you for your letter of the 24th inst. You have my entire support as I consider this reform to be long overdue. I have often mentioned it to others, but one is naturally diffident in attempting to change a custom so closely bound up with religious sentiment and conviction. I have no knowledge of a similar movement here, but in all probability if you can bring about the reform in Sydney, it will not be long before other places will follow. If there is any way in which I can help you, I shall be only too pleased if you would let me know."

Somewhat similar letters were received from the Directors of Public Health of two other States.

Dr. J. S. Purdy, our Metropolitan Medical Officer of Health and President of the Health Society of N.S.W., wrote as follows:-

"City Health Officer's Office,
Sydney, April 4th., 1921.

"The question you raise as to risk from the use of a cup in common in taking Communion, is the old one of the use of the common drinking cup. There is no doubt that a disease such as diphtheria may be so spread. In fact, most recent researches into the spread of infectious diseases show that these are contracted by direct infection from one case to another by close contact or the intermediary of some article in common use.

"It is this fact which abolished the use of the common drinking cup from our streets, and introduced the bubbling fountain. You will note also that in bars and refreshment rooms the Pure Food Act Regulations forbid the use of drinking vessels which are not washed in running water after each use.

"It appears to me that it would cause unnecessary anxiety to people who are concerned about the risk of infection not to mention ideas of cleanliness, to revert to the older practice.

"In the old days, of course, no one knew about tubercle bacilli, diphtheria bacilli, typhoid bacilli, and the spirochaete of syphilis which might be spread from a mucous patch on a lip.

"Whatever is decided on, however, you should oppose the substitute of wiping the lip of the cup with a napkin, unless a separate napkin is provided for each communicant; even then,

in a virulent case, one might not get rid of the risk of infection.

"It is astonishing to me that in the twenty-first year of the twentieth century, this question should still be raised, in view of the spread of the knowledge of personal hygiene. One has only to think of the possibility of risk to realise that a practice repellent to modern ideas should be discontinued."

Dr. Burton Bradley, late Director of the Department of Micro Biology, Queensland, wrote as follows:-

"I am in cordial sympathy with the movement to abandon the Common Cup in the Communion Service. That educated people can fail to realize the danger of infection in the practice of such a filthy habit is amazing enough and even more so must be their idea of Godhead which can expect such a denial of their intellect. There has been no doubt for years that syphilis is spread at times by cup infection.

As a medical man who has been specially concerned in such public health measures let me wish you every success in your endeavour. You may make what use you think fit of this letter".

One of the Professors in our University of Sydney, a very well-known authority on hygiene, wrote as follows:-

"15th December, 1921.

"I wish you all success in this obvious and necessary reform... Another point that occurs to me in this - that at the first Communion the Cup was passed round a limited number of presumably healthy men, whereas the modern practice that has grown up is quite different, in so far as the Cup is passed round a comparatively large number of persons some of whom are certainly known to be suffering from communicable disease.

"It does not matter who constituted the "high medical authority" who misled the Lambeth Conference of 1908. His advice is contrary to the known facts of modern scientific medicine in regard to the dissemination of many dangerous forms of infective disease".

The following circular letter was recently sent to members of the medical profession throughout Sydney and suburbs, and 268 doctors including most of the leading men of the profession signed the appended statement:-

"8th December, 1921.

"Dear Dr.,

You are doubtless aware that in the administration of the Wine in the Service of Holy Communion in the Church of England the customary practice is to use a Common Cup or Chalice from which each Communicant drinks in turn.

The same practice obtained among Presbyterians, Methodists, Congregationalists, and Baptists until some years ago, when it was recognised that a more hygienic method should be adopted and "Individual Cups" came to be the customary method of administration in these Churches. In this method, a little glass cup, containing a small portion of the consecrated Wine, is served to each Communicant.

Some few Anglican Churches in the Sydney Diocese have introduced this innovation, and the Clergy in whose Churches the change has been effected are enthusiastic regarding the new method.

But, speaking generally, the Church of England has lagged behind in what would appear to be a very necessary hygienic reform.

So far as one can judge the objection raised by the Church authorities is that there is no reason why so radical an innovation upon the long established custom of the Church should be introduced.

Some claim that there is no risk of infection in the use of the common cup and that any objection that may be raised to the use of a cup already used by others should be satisfied by the use of a purificator or cloth to wipe the rim of the cup.

Others feel that no Christian who has faith, can by any possibility suffer harm whilst taking part in such a Holy Service. It is, however, significant that during the recent influenza epidemic, some of the clergy discontinued the use of the common cup and adopted other methods for the administration of the Wine. There are, on the other hand, numerous members of the Church of England who are convinced that it is their duty to pay attention to the rules which medical science has made known to them, and that in the interest of the community at large, the more hygienic method of administering the Wine at the Communion Service in general use with other Protestant bodies, should be made available for them also.

An Association has recently been formed with the object of promoting the use of the individual cups as an alternative measure in the Church of England. As the risk of infection from the use of the common cup is a question upon which only medical opinion is of value, and as the subject affects the health of the community, the Committee of the Association feel assured that you will be prepared to signify whether you are in agreement with the attached statement. Our desire is to obtain such a weight of medical opinion as will enable us to place before the Archbishop and Clergy good and sufficient reason for introducing generally the practice which we favor.

The Lambeth Conference of 1908, when dealing with this subject, based its objection to any change upon the ground that high medical authority did not deem it necessary.

We have never been able to ascertain who constituted this high medical authority.

I am,

Yours faithfully,

Hon. Secretary,

Church of England Individual Cup Association.

.....
in
I am of opinion that the use of a common shared cup in the Service of Holy Communion there is risk of the transmission of communicable diseases, and that the use instead of Separate Individual Cups, one for each Communicant, would obviate such risk, provided such cups are thoroughly cleansed after each use.

I consider that the use of a purificator or cloth to wipe the rim of the common cup does not obviate the risk of infection.

(Signed).....

I regard this expression of opinion as absolutely unique in the history of the medical profession in Australia. I have never heard

of a large body of the profession being appealed to on any previous occasion. The doctors were simply asked for an expression of opinion on a matter in which they alone were competent to form a correct opinion - a matter of hygiene pure and simple.

That 268 of them, including most of the prominent members of the profession, should willingly express their opinion, is surely evidence of the fact that they regard the matter as one of importance, and it shews further, in no uncertain way, the splendid spirit that prompts medical men to assist in any movement which effects the welfare of the community.

But quite apart from the question of the risk of infection there is no doubt that many people dislike the use of the Common Communion Cup because of an appreciation by them of the 'modern sense of cleanliness'. This is in full accord with the whole course of our daily habits, for nowhere but in this religious service are we accustomed to use even a plate - still less a cup - which a fellow guest has used. Even in the poorest cottage and even between a husband and wife or a parent and child, a teacup used by one person is washed before another uses it.

In our own homes how do we cleanse a cup or a glass that has been used by another - surely not by taking a cloth and wiping the rim - we put the cup or glass in boiling water to which some soap has been added, and then we take a mop and vigorously rub the article inside and outside in order to remove all traces of dirt and then thoroughly dry the vessel. This is what we do in our own homes before we allow a cup or glass, that has been used by a member of our own family, to touch the mouth of another.

Yet in some of our Churches whilst partaking of a most Holy *with* Sacrament we are asked to rest content with a perfunctory wiping of a cloth of a metal vessel that has just been in the mouths of total strangers, some of whom may possibly be either dirty in their habits or suffering from some infectious disease.

The thought of one piece of bread passing from mouth to mouth is repulsive, yet surely not less so the passing from mouth to mouth of the uncleansed Common Cup.

This is the evidence that I put forward in support of my contention that the Common Cup is most unhygienic and that some alternative method should be provided.

But it would be unfair not to quote to you the medical evidence advanced by those who are opposed to any change.

In the early part of this century the question of risk of infection with the Communion Cup appears to have engaged the serious attention of many people in England, so much so that at the Lambeth Conference of 1908, which consisted of 242 Bishops from all parts of the World, the matter was given very prominent consideration.

I have never been able to ascertain who constituted the high medical authority that was consulted by the Conference but understand that it included the testimony of Sir William Church the then President of the Royal College of Physicians who declared that no cases of recorded disease had ever been traced to the Communion Cup and that the danger of partaking was insignificant.

On this evidence the Conference reported that it was unreasonable to make any change in the traditional method of administration and that any alarm that had been raised should be met by the exercise of common sense.

Well there is no doubt that since 1908 quite a lot of water has flowed under the bridge, and the evidence I have put before you would seem to indicate in no uncertain way the known facts of modern scientific medicine in regard to the dissemination of many dangerous forms of infective disease. Yet our local Church authorities rely today upon the Lambeth Conference evidence of 1908 and a somewhat similar opinion expressed by one Sydney surgeon in the year 1911, and do not appear to be impressed by the very weighty evidence that you have just heard.

And we are living in the twenty-second year of the twentieth century!

Why even so far back as the 14th Century in the days of the medieval plague, the possibility of infection being disseminated through the Lord's Supper was recognised, and 'pest chalices' were introduced for the special use of those sufferers who communicated on their death-beds.

Apart altogether from medical evidence, there is another factor that must not be lost sight of in considering this question viz: that many members of the clergy are opposed to the use of the Common Cup - they know that some persons are permanently deterred from joining the Communion Service by vague but not unreasonable fears of contracting some infection or from the dread that they themselves may be the means of passing infection on to others.

For one or other of these reasons, during the course of the recent influenza epidemic Individual Cups were temporarily introduced into several Anglican Churches.

Other members of the clergy are opposed to the Common Cup because in the course of their office they have had unpleasant experiences of its use.

One Clergyman, an Archdeacon, writing from New Zealand, says:-

"Often in my experience in fact at almost every celebration where there have been many communicants I have observed crumbs either sticking to the lip of the Cup or dropping into it. The crumbs can have come only from the mouths of those who have a few moments previously received the consecrated bread. This is painful but not nearly so bad as the fact that I have seen saliva run down the inside of the cup from the mouths of communicants."

(This same Clergyman quotes a case of undoubted infection with syphilis contracted by an innocent girl through communicating immediately after a young man who had the disease.)

Another clergyman writes:-

"It was with great pleasure that I read the notice relating to the matter of forming an association to promote the use of the individual cup in the Holy Communion Service of the Church of England..... Since the days of my confirmation I have felt very strongly that the individual cup was the right and proper method of administering the Sacrament, and I look for the time when I shall be established in a sufficiently strong parish to enable me to put into practice what I have for many years consistently talked of and wished for..... It is a matter to which I subscribe with firm conviction and I feel certain that since it is a right and worthy principle to stand for, opportunity to further it will surely be given....."

In a letter from another clergyman he says:-

"Re the Individual Communion Cup - I am with you all the way for the following reason - a personal experience - At my Church there is an imbecile man about 40 years of age. He is repulsive in his habits. When eating his food great long strings of thick saliva drop from his mouth. He communicates sometimes. On one occasion recently I was serving the Cup. He was the last one to communicate - as he finished a long stream of this thick saliva dropped into the remaining Wine. The Rubrics demand that the Wine should be drunk by the priest. I had to face the problem. In doing my duty I suffered severely..... I am not faddy naturally. I eat anything but drinking the saliva of an imbecile was really too much.

Personal experience enables me to be with you in your fight. Another case here was that of a woman far gone in consumption who always managed to communicate first each time she was present. She communicated thus a few days before her death and she was really very bad. You have my sympathy and prayers for success".

The Rector of one of our suburban Churches wrote as follows:-

November 3rd. 1921.

"We all owe you thanks for moving in the matter of the Individual Communion Cup. In this Parish we have been using it for the last two and a half years - ever since the influenza epidemic of April 1919. We began it then as a matter of Public Safety.....

When we first began we had a little difficulty in avoiding the spilling of a drop or two of the Wine, so I took our chalice to a firm in Goulburn Street who fitted it with a neat lip for more convenient and accurate pouring; and that difficulty has now disappeared.

Our method of using it is as follows:-

The Wine is consecrated in the Chalice in the usual way..... Then each person coming to Communion takes a tiny cup from the tray (which stands on a small table in the aisle) and brings it with him. When the time arrives for the Administration of the Wine, I pass along the line in the usual way, but instead of giving the Chalice to be put to the lips of each Communicant, I pour a little drop into each cup.

I used to find at first, that some people would leave a drop or two of the wine at the bottom of the little cup - and this caused some distress to very conscientious observers. Therefore now I place a neat glass bowl-of-water near the tray, and as each Communicant retires, he drops his tiny cup into this glass bowl of water. This obviates every difficulty about "last drops".

Some of our people were a little doubtful at first about the wisdom of the innovation. But I do not think there is a single person in the Church who would now go back to the old way - I have asked a good many..... The Public Health was I think always endangered by the old system, and it used to be a frequent matter of apprehension (not to say disgust) to me when I saw men's moustaches dipping into the Chalice".

The Rev. F. W. Reeve, Rector of St. Luke's, Mosman, in a letter in the Daily Telegraph of 18/9/22, says:-

"Your correspondents are divided into two opposite camps - those who favor the individual cups and those who desire to keep the "common cup". May I point out a via media which should be satisfactory to both parties? At the beginning of this year I introduced a method of administration by which communicants are allowed to bring and keep their own

cups, thus avoiding all risk of infection. As celebrant I do not touch the individual cups, but use the "common cup", which is fitted with a small device by which, automatically, a fixed amount is allowed to flow into each communicant's cup. Those with cups are requested to come first to the communion rail, then the others, who prefer the old fashioned way, come and drink out of the same "common cup."

Over 180 communicants of St. Luke's Church have provided themselves with cups. As to Church order, no bishop can raise any legal objection to this dual method. So far the only objections met with are from extreme ritualists, who would be unable to perform certain oblations quite unauthorised by the Prayer Book.

The question has repeatedly been asked, "Is there any case on record of infection through the Communion cup?" This is just as incapable of answer as the question, "Has any municipal council in the world any case on record of disease being communicated by the use of street drinking-cups?" In both cases it is impossible to establish records."

The very conclusive medical evidence that I have quoted to you seems to indicate that there is in the use of the Common Cup a risk of contracting disease - the risk may be only slight, but none the less it is always there as a possibility - we are surely justified in taking all reasonable precaution to avoid all risks, however slight they may be.

The whole course of modern medicine is in the direction of prevention - doctors are more concerned in the prevention than in the cure of disease - this was exemplified in a very striking manner in the great war, - that our armies were not decimated by disease was due to the skill and initiative of the medical profession in protecting and conserving the health of our soldiers in the field by developing standards of hygiene of a particularly high and effective nature.

As citizens we are rapidly becoming imbued with the idea that a healthy community is an essential requirement if we are to compete industrially and commercially with other nations of the world.

This is surely one of the reasons why we have public health associations, health societies, health weeks, and health talks.

Surely with all the efforts of the community being concentrated in this direction the Christian Church cannot afford to lag behind the secular authorities in her care for the Health and lives of her members.

We know of the conflict that has raged in bygone ages between Religion and Science, but is it not true that the trend of modern thought is that Religion is not opposed to Science nor Science to Religion, but that the two go hand in hand lighting the way for each other.

I hold, Mr. Chairman, that there are scientific reasons that are sufficiently important to warrant a very thorough investigation from all points of view of the question of the use of the Common Communion Cup, and would most respectfully commend the matter to your consideration in the hope that through the influence of your Association, the public health authorities may be induced to take some action. The framing of regulations prohibiting the use of the Common Cup would of course be quite out of the question - every possible consideration would have to be shewn to all who for religious or other reasons resent any change in the traditional method of administration - but the Church authorities might be approached and have their attention directed to the matter in the hope that they might thereby be influenced to provide some alternative method more in keeping with the dictates of modern hygiene.

A Presbyterian minister's account of the original institution

When our Lord instituted the Sacrament He and His Apostles were celebrating the Passover and the "Cup" which He consecrated and invested with a new significance belonged to that ancient feast. The Passover was in its essential idea a family meal, the scene was the Home not the Temple and it was presided over not by a Priest but by the Head of the Home. In the course of it at least three full cups or goblets of wine were drunk. It was the wine of common use that was used. The prohibition of leaven applied only to the Bread. And thus since there would be a risk of intoxication the wine was by order of the Paschal Directory mixed with water in the proportion of one part of wine to two of water. The procedure was that each celebrant had his own cup and the Master of the house composed the elements in a mixing bowl and this was passed round the company and each filled his cup from it. There was no common cup whence each took a sip in turn. Each had his own cup and drank its full contents.

This fashion of the Jewish Passover was maintained by the Primitive Church in its Celebration of the Holy Supper. Nor was there any difficulty experienced since the Primitive congregations were little companies of brethren. They met in private houses nor was it until the third century that there were edifices specially appropriated to the use of Public Worship.

The Lord's Supper was thus in early days no less than the Jewish Passover a family meal. Indeed in the first flood-tide of Faith and Love every common meal was transformed into a Sacramental Feast by an initial Thanksgiving, which is really the proper idea of our custom of "Grace before Meat". It is the origin of that custom.

The difficulty of the Sacramental Celebration emerged in the third century when Christianity had expanded and the congregations were no longer family gatherings, but large public assemblies. It was then impracticable for each worshipper to have his own goblet and that was the origin of the common cup administered from the Altar or Communion Table. It was an inevitable innovation but its unseemliness as well as its cumbrousness was fully apparent and thence there sprang a long and troublous controversy. The expedient was adopted of steeping the bread in the wine and thus administering both elements simultaneously and dispensing entirely with the cups - but this arrangement was resented as a glaring departure from the original institution which had prescribed a separate administration of each element. The expedient was abandoned in the twelfth century. The old difficulty was removed by another still more objectionable device - the with-holding of the cup from the laity. This is to the present day the Romanish practice though it is now admitted to be a departure from the primitive usage. Thus the Priest at the altar communicated "in both kinds" but the worshippers received only the bread. The reason subsequently alleged was the risk of desecration should our Lord's sacramental blood, the transubstantiated wine, be spilled, but the actual reason for the innovation was the necessity of facilitating the administration.

When the reformers restored the cup to the laity the difficulty reasserted itself. In that rude age the unseemliness of the usage was hardly felt but this has obtruded itself more and more until it has been recognised for the most part as hardly tolerable and where it is unfelt it is only because long custom conceals it.

It is in truth a revolting usage and it is fraught with actual peril. In the interests of decency and health the Common Cup should be discontinued nor is there any room for pious scrupulosity since there is no doubt that the Individual Cup conforms more closely to the original mode.