but it is obvious that the BRITISH MEDICAL JOURNAL is not a suitable organ for the ventilation of suffragist grievances.—I am, etc.,

London, Sept. 3rd.

A. G. WELSFORD.

SIR,—In the lengthy and interesting preliminary report on the forcible feeding of suffrage prisoners, by Dr. Savill, Mr. Mansell Moullin, and Sir Victor Horsley, published in your issue of August 31st, there are certain statements made and opinions advanced that invite examination and discussion.

Under the heading "Effects on the Nervous System" the authors depart from the clinical nature of the previous paragraphs, and make various statements of a more general nature, of which I select the following in the hope that there may be some interchange of views regarding the correctness of the opinions they indicate.

"These women are normal individuals who go to prison as political offenders." Are they normal individuals? Are the actions, for which they have been committed to prison, those of normal women? Is it the case that they go to prison as political offenders?

"We merely point out that on admission the prisoners are in a normal mental condition." Do the authors mean the normal mental condition of suffrage prisoners, or the normal mental condition of the average British woman?—I am, etc.,

Inverness, Sept. 3rd.

T. C. MACKENZIE.

SIR,—I have read the preliminary report of Dr. Agnes Savill, Mr. Mansell Moullin, and Sir Victor Horsley in your issue of August 31st, and would be glad of your courtesy in allowing me to present an aspect of the case that seems to me of paramount importance, as affecting the honour of the medical profession.

Three consultants, after due investigation, have stated certain facts bearing on the medical treatment of prisoners in H.M. Prisons, which facts have not up to the present been denied. Further, it appears that this medical treatment has been administered by medical colleagues acting under orders with a two-fold purpose: (1) To prevent starvation; (2) to prevent these prisoners from terminating their sentences, and in most cases, after a medical examination, to ascertain, not whether the prisoner is too ill to take food naturally, but whether she is strong enough to stand the ordeal. From medical and other evidence, the physical condition of the prisoners so fed (either with or without resistance) is considerably worse than before feeding—for example, sepsis of nose, throat and mouth, lung conditions, dyspepsia from large, cold quantities of food introduced into contracted stomach, etc.

Obviously, then, forcible feeding in these cases has not prevented starvation, or at least cannot be said to have been administered with the result of improving the physical condition of the patient who is unwilling or unable to take food, for it has actually reduced her to a condition of collapse, rendering further forcible feeding, or, indeed, detention in prison, unsafe. Further, forcible feeding has the result (unintentional, of course), of terminating the sentence prematurely.

It seems, then, that the twofold purpose, (1) to prevent starvation, (2) to prevent termination of sentence, is not fulfilled, and I cannot see the *raison d'être* of prison doctors continuing to administer the treatment, unless, indeed, they are called upon by the special nature of their appointments to administer treatment that can only be regarded as punishment, in the shape of physical and mental torture.

If this is so, the time is surely ripe for the medical profession, through its organization, to protest against the imposition on its members of duties that are distinctly unprofessional, for it is probably difficult, if not impossible, for any individual medical officer to refuse to carry out the instructions of his authority. I fail, however, to recall in this connexion any other branch of the medical service where the necessity for the imposition of any form of medical treatment does not lie solely with the medical officer, whose decision is final. Apparently in the case under consideration, the prison doctors take their orders for this special form of medical treatment from their lay authority, which is surely an abrogation of their privilege to prescribe or withhold treatment unbiassed by any consideration, except the need of health.

Are prison doctors called upon to render purely medical services, and are they in order, as members of the medical profession, in administering a form of treatment to the patients under their care which rapidly reduces these to a serious condition of invalidity? Even in Russia, during the savage flogging of prisoners, the prison doctor stands by and raises his hand when in his opinion the prisoner has had enough. Here, apparently, the prison doctor administers the torture himself, and then decides from the prisoner's physical condition when she has had enough of his treatment.

I have before me a copy of the oath taken by Arabian doctors at the Kasr-el-Ainy Hospital at Cairo, which begins and ends:

I swear in the name of God, the Most High, and of His Sublime Prophet Mohammed, whose Glory may God increase, to be faithful to the laws of honour, honesty, and benevolence in the practice of medicine.

May I be respected if I remain faithful to my vow. If not, may I be covered with shame and be despired. God is my witness at what I have said. The oath is finished.

Surely the doctors of the West will not yield to their colleagues of the East in high aim and purity of motive!—I am, etc.,

Harrow-on-the-Hill, Sept. 10th. BARBARA TCHAYKOVSKY, M.D.

TUBERCULIN TREATMENT.

SIR,—In my letter of August 17th in answer to Dr. Prest I dealt with his statement of August 10th. Referring to tuberculin administration, Dr. Prest says:

The chief desideratum at present would seem to be to reconcile the conflicting schools of thought on this subject.

He instanced Dr. Nathan Raw's work and views and my views; and I merely showed how these conflicting views could be explained. In his last letter Dr. Prest merely quotes the opinions of Dr. Arthur Latham and the work of Drs. G. B. Hawes and Cleveland Floyd.

These views are further evidence as to the value of tuberculin in small doses. It is too obvious that in the cases of Drs. Hawes and Floyd a similarity of results without or with tuberculin (used in small doses) is to be expected, because the small doses have little or no permanent effect. In America, at the Phipps Tuberculosis Dispensary (see BRITISH MEDICAL JOURNAL, September 16th, 1911, page 635) the maximum dose is stated to be 0.005 gram T.R. Dr. H. Floyd gave a maximum dose of 0.2 up to 8 mg. of T.R. Even 8 mg. of T.R. can only mean 0.008 gram of T.R., which is quite too small to have any effect. According to my views tuberculin fails in small doses, and therefore the evidence of Drs. Hawes and Floyd merely supports me. On the other hand, large doses succeed, and I cannot discuss the subject with Dr. Prest till he brings forward evidence proving that tuberculin used in large doses has failed.

Further, he says:

I was desirous of trying to find out whether it was safer in difficult cases to begin with relatively large or relatively small doses.

I may tell Dr. Prest that not only in difficult but in easy cases it is always right to begin with relatively small doses. Neither I nor any one else, so far as I know, has ever thought otherwise.

Then Dr. Prest says:

The difference in the ideas of sanatorium physicians and doctors at dispensaries is probably due to the different type of case dealt with.

He seems to forget that a large proportion of the cases we are treating at the dispensary are but failures of sanatorium physicians. Dr. Prest is taking for granted the very point that needs proof, and my work proves that so long as the disease is tuberculosis, tuberculin treatment is the best. The difference of type he speaks of is probably due to a different disease, especially an intercurrent mixed infection.

Dr. Prest refers to Professor Sahli's book. I have read this book of 120 pages, 80 of which are devoted to a fanciful disquisition upon the action of tuberculin, and the remainder to the details in regard to the use of Beranek's tuberculin. In the 120 pages there is not one single line of evidence to show that Beranek's tuberculin is useful, and I would refer Dr. Prest to the report upon Beranek's