

inquiry, "Is Jane Toppan responsible?" which means that the law courts of Massachusetts have deliberately excused on the ground of insanity a woman who, according to her own confession (which may, however, not be trustworthy), had poisoned over 30 patients under the very eyes of their medical attendants while she was acting as a nurse and reputed in all quarters to be one of the most careful, attentive, and sympathising of nurses. In the Dorchester case (Simmons) it is, I think, fairly arguable that there may have been some more or less insane tendencies, or even (as stated) "minor epilepsy"; but that a crime so deliberate, so remorseless, and so dangerous to society at large as that of Simmons should not be punished (in a legal sense) at all is (and I agree in this with your correspondent Dr. M. Greenwood) a real failure of justice and a practical encouragement to evil-doers. In like manner, it seems impossible, in the light of average common sense, to maintain that Jane Toppan (whatever she may have been on her own confession, sexual pervert or not) was in any just acceptance of the word irresponsible, even if the list of her poisonings was to be cut down from 31 to one. To acquit her of 31 murders on this account would be just about as reasonable, from the medical point of view, as would have been the holding of Musolino the brigand irresponsible by reason of Lombroso's stigmata, or his theory of the "criminel né."

In dealing with the case of Simmons, Dr. Greenwood writes: "The object of all punishment is to deter." I agree; but it is apt to be overlooked in these days of refinement and humanitarianism (and I am not to be held as saying anything against these) that the object of *legal* punishment, as opposed to the vendetta, lynch law, or any other less regular form of the *lex talionis*, is to satisfy, in some measure, the primary and irrepressible instinct of vengeance on the part of society at large. Civilised society, under the influence of Christianity, has proclaimed aloud that this irrepressible instinct must be controlled and regulated by law. "Avenge not yourselves" in the Christian dispensation is the further and logical development of the principle that vengeance belongs to a higher power, and that "the powers that be are ordered by God." The law accordingly undertakes on the part of society and on the part of that higher power to restrain that primary instinct by dealing equitably, and after full and deliberate inquiry, with all causes of offence. But the law can never rightly discharge this great office, either by hanging persons who are manifestly so insane as to be really irresponsible or by refusing to condemn at all persons of the type of Simmons or Jane Toppan. The question of insanity, if raised at all, should be treated legally as one of degree; and if (as Sir Matthew Hale said long ago) it would be an intolerable outrage to subject to the death penalty a man notoriously and wildly insane it should, on the other hand, be at least possible to give a verdict—*guilty, though insane*, with the result of qualifying, but not of completely extinguishing, the idea of punishment. But to enter now into the difficult question of how this is to be accomplished would carry me too far. I will only add, therefore, that on the *legal* theory of insanity as a state involving complete irresponsibility, not one of our asylums could be conducted on modern principles. If the insane are to be held irresponsible, there is nothing for it but to revert to the old methods of restraint pure and simple; but every enlightened man nowadays knows that it is not so.—I am, Sirs, yours faithfully,

Edinburgh, July 19th, 1902.

W. T. GAIRDNER.

THE CAUSE OF INEQUALITY OF PUPILS IN CASES OF THORACIC ANEURYSM.

To the Editors of THE LANCET.

SIRS,—We much regret the apparent misuse of a quotation from Sir W. T. Gairdner's article in Allbutt's System of Medicine concerning the inequality of pupils associated with thoracic aneurysm against which he protests. The quotation was made from the recent writings of one of the highest authorities on the subject to show what seemed to be the current teaching on this point. On reading that portion of the article again in the light of Sir W. T. Gairdner's explanation we cannot but feel that there was some excuse for our receiving the impression that he held the view which we ascribed to him.

We ought, no doubt, to have laid greater stress on the cautions which he enjoins to exclude those cases where the

inequality is due to causes other than interference with the sympathetic. But we do not gather from the article even now that he supposed that there was any causal relationship between a thoracic aneurysm and anisocoria other than that brought about by paralysis of the sympathetic. We are much gratified to find that Sir W. T. Gairdner agrees in the main with the observations on which our criticism of the existing theories was based. We can only express our deep regret that in our quotation from his work we misrepresented his views upon the subject and trust that he will accept this explanation and apology.

We are, Sirs, yours faithfully.

R. CECIL B. WALL.

E. W. A. WALKER.

July 19th, 1902.

OBSERVATIONS ON DIET.

To the Editors of THE LANCET.

SIRS,—Permit me through you to thank Dr. Harry Campbell for the tone of his reply in your issue of July 12th to my letter of June 14th, especially for the "sweet reasonableness" of its general tenour. I must also express my gratification for the cognomen "procrustean" if it be taken in the pro-Boer sense as advocating a good nutritious "crust" to the aged. A sly dig! There is nothing in Dr. Campbell's letter to "darken my brow with the angry 'flush' nor mantle my cheek with the shameful 'blush'." Another!

In his letter, taking the first paragraph where he speaks of the vital fires of the aged as "smouldering" and "feebly flickering," in support of apparent "spare diet" generalisation, may I draw attention to the following. If an aged person receives an injury to his tissues do these "smoulder" and "flicker"? that is, if surgically treated under antiseptic precautions. Do they act in any way differently, as a general rule, from the tissues of younger persons? Nature supplies the part injured by means of the reactionary reflexes and surgical inflammation (aseptic) with an excess of nutriment and the tissues at once become young, take on embryonic action, and the injury heals up right away. What is possible in a part I contend is possible to a certain extent in the whole. That is my contention in advocating "good, full, generous diet." Is not the above mainly a nervous process? And is not the loss of power in the nervous system of the aged the main factor to combat?

In the second paragraph of his letter Dr. Campbell states that "the healthiest old people are spare eaters." I contend that they are if healthy, eating well, and eating for themselves a "good full generous" diet as they eat all they want or crave for; they certainly do not support the spare-diet theory if they do not support the opposite contention.

In the third paragraph Dr. Campbell cites certain clinical examples as putting me out of court. I would add to these cases of sarcoma of the upper jaw, cancer of the stomach and various conditions of cerebro-spinal degeneration in their last and hopeless stages as equally crushing arguments against the "good, full, generous diet." Does Dr. Campbell pretend that they are unanswerable contentions for the "spare diet" or only for diet *secundum artem* to suit case and condition? The first case of nose-bleeding which he cites might be also hepatic cirrhotic or hepatic diabetic as well as one of high pressure; it might also to a certain extent be venous. Where would medical skill come in if an attempt were not at once made to correct matters? What were a nutritious dry diet, calomel, hydragogue purgatives, iodide of potassium, potassium nitrate, strophanthus, &c., intended for? A full nutritious diet will be of most service after suitable measures than the reverse. His uræmic septuagenarian I have met and successfully treated by good, full, generous diet after introducing him therapeutically to Broadbent, Morison, Bradbury, and others. His octogenarian with fixed thorax is not hopeless, for no doubt some modern surgical Philistine will perhaps some day proceed to resect his ossified costo-sternal cartilages and attempt to make false joints which, if he succeeds, will deprive the orthodox physician person of another of his pet cases which he does not now benefit—"spare" or "full" diet. I surmise in the event of success a full diet would be more desired than a "spare" one. Most decidedly there are cases which a full diet will not benefit; but, on the other hand, a spare diet will get them no further towards recovery.

Nevertheless, worded as was Dr. Campbell's appeal in his article, of which I complained, he appeared to call upon us

to give "spare diet" as a general rule. I contested that and am glad to have been of assistance to Dr. Campbell in giving him an opportunity to make himself clear and thus to add lustre to his article.

From actual observation of old persons I find that on spare diet their "driving apparatus"—the nervous system—begins to go, but on a good full generous diet signs of cerebral degeneration, softening, inability to swallow, &c., pass away, and with them cardiac irregularity, dyspnoea, &c., mend to a great extent, and with this liver, lung, and kidney disabilities are markedly alleviated. I must also thank Dr. Campbell for not adopting that well-known method of controversy, which is either to imagine your opponent a fool who does not know what he is about, or to twist and to turn and to misconstrue his statements so that he appears to casual readers in the light of a fool; for this much thanks. I am made to appear, according to Dr. Thomas Dutton and Dr. Eric Pritchard, as advocating the following laughably absurd conditions, that a male or female nonagenarian (quoted by Dr. Dutton) should with my approval, habitually reel home at 2 A.M. under the load of a 27-course dinner with the usual vinous accompaniments, and so on.

I think, Sirs, I can, even at the risk of being charged with arrogance, before finally retiring, enumerate the casualties of this guerilla contest. Dr. Pritchard is metaphorically killed, slain whilst taking cover behind a post-prandial anthill which he mistook for something more substantial. Dr. Dutton has come in as a "tame Bojer" on terms of a "nutritious diet," and finally terms are signed with our "Botha of Diet," Dr. Campbell, by my paying the 3,000,000 sterling in admitting that some cases are not good to "cram," yet I prefer from experience a "good full generous diet" in most cases.

I am, Sirs, yours faithfully,

F. W. FORBES ROSS, M.D. Edin.

July 21st, 1902.

To the Editors of THE LANCET.

SIRS,—In his article, "Observations on Diet," Section IV., appearing on p. 1850 of your issue of June 28th, Dr. Harry Campbell quotes a writer as follows: "Man is carnivorous. It is his misfortune, but it is so"; and continues: "One would willingly think otherwise, for who can contemplate with equanimity the wholesale slaughter of animals, with all its gruesome accompaniments, in order that we may feed on their flesh? But facts have to be recognised." This statement requires considerable modification. Most men who are carnivorous are so from choice or influence of custom, not, as is implied, by the necessities of their organism, many of the most eminent of our scientific authorities (Owen, Ray, and others) who are best qualified to pronounce an opinion on this point have held that structural anatomical evidence proves conclusively that man is a "frugivorous" animal, and my own personal experience and observation of others have demonstrated to me that man can not only "live," but can attain to a high standard of vigorous and healthy life, on a diet which does not necessitate the "wholesale slaughter of animals, with all its gruesome accompaniments," which Dr. Campbell (in common with all men of humane feelings) deplures. And here, I may say, I cannot understand the mental attitude of one who is *really* desirous of abolishing or lessening the vast amount of suffering so caused and yet refrains from the first and obvious step of at once ceasing to be a participator in its infliction by abandoning flesh as food because of certain minor difficulties which may arise as to the disposal of bull calves and cockerels should he still find it necessary to partake of "animal products." It is indeed a case of "straining at a gnat whilst swallowing a camel." No beneficent reform would ever be inaugurated did men wait for the satisfactory solution of every minor question connected with it before taking the first radical step.

My personal experience is as follows. Some eight years ago (having just reached my fortieth year), after a perusal of Dr. A. Haig's book, "Uric Acid as a Factor in the Causation of Disease," I reduced my consumption of flesh food to a minimum (an average of one pound per week) with the result that the periodic headaches, spells of mental depression and slight attacks of muscular rheumatism, from which I had suffered for some years, gradually ceased to trouble me. Nearly three years ago I adopted an absolutely non-carnivorous diet for ethical reasons. The results have been more than satisfactory; "uric acid" symptoms no longer trouble me; I have gradually experienced a sense of general wellbeing, health, and energy which recalls my boyhood's days. The

"sensation of fatigue" after long-continued and arduous muscular or mental exertion is very much less than aforesaid, and more speedily recovered from, and my resistance to disease is increased as demonstrated by the fact that whereas I used to suffer in winter from a series of "heavy colds in the head," for the past two years I have only had two such attacks which cleared up in three days instead of taking the usual three weeks or so. I am acquainted with at least 20 abstainers from flesh foods within a radius of 12 miles (including two medical men, architects, lawyers, &c.) whose experience has been substantially the same as my own and whose consciousness of the improvement in their physical wellbeing is such that they unanimously declare that they will never return to their former diet. They simply smile at the suggestion that their non-carnivorous diet produces "tendency to obesity" or "lowers their energy and resistance to disease," for experience has taught them that, in their cases at least, such theories are without foundation.

The fact that the number of meals and quantity of food taken tends to increase among flesh-eating communities is a significant commentary on the alleged superior sustaining qualities of flesh. Such increase, in fact, is due to quite another cause—i.e., the "extractives" of flesh (consisting mainly of the effete products of cell metabolism and belonging to the "uric acid group") are true stimulants, and following the "stimulant" period of their action comes the inevitable reaction with depression demanding fresh supplies of stimulant for its removal. Among non-flesh-eaters the invariable tendency is to simpler fare, fewer dishes and fewer meals.

The questions as to the action of excess of uric acid and its allies in the body in the causation of disease and to what extent such excess is due to flesh-eating are, I am aware, still under discussion by many members of the profession. But that both are productive of disease is the general opinion is shown by the almost universal consensus in the dietetic treatment of gouty and rheumatic affections—i.e., the withholding or reduction of flesh foods during their incidence. I believe that a very large percentage of diseased conditions is due to this excess and to the habits of gluttony fostered by the stimulating effects of a flesh diet.

The number of those who refuse to recognise the necessity of such a diet, and the resultant infliction on their sub-human fellows of the miseries of forced feeding, long transit by land and sea, and the all-too-frequent barbarities of the slaughter-house, is happily rapidly increasing, and it is becoming necessary for the medical attendant to be able to speak from a practical standpoint on the diet question; this position he can only attain by experience, for no one should presume to dogmatise respecting it till he has made trial of a non-carnivorous diet (intelligently arranged as regards food contents) for at least six months. I venture to prophesy that such an experience will result in nothing less than a complete transformation in the present opinions of the vast majority of the experimenters.

I am, Sirs, yours faithfully,

ROBT. H. PERKS, M.D. Brux., F.R.C.S. Eng.

Paignton, July 7th, 1902.

THE MEDICAL SERVICE OF THE MERCANTILE MARINE.

To the Editors of THE LANCET.

SIRS,—As a quondam ship's surgeon permit me to give my experiences. Financially, £10 a month was the maximum, £5 the minimum, this not including fees for severe cases calling for extra time and attention. I certainly think that no medical man should go to sea for nothing, as many do. If every man insisted on a wage for work it would be given, but this would necessitate the formation of a league, which, seeing that ship's surgeoncies are but temporary, would be difficult of formation. Socially the life is delightful, infinite the variety of type and character. If you happen on a ship where the skipper, mates, and engineers work well together—a happy family indeed—all's well with you and the passengers. Stick to that ship. But if you join where the deck and engine-room are at feud, woe betide. A stroll with the skipper upsets the chief engineer and a smoke in the chief's cabin lights fires of indignation in the captain. None but a diplomat can be happy for long on such a boat. The souls of shellbacks are sensitive if their stomachs are tough. Educationally, it is beyond price for a man just leaving hospital.