

aged persons whose metabolism has for years been habituated to an excess of stimulating diet and for whom it is not always wise suddenly to reduce the quantity of food to slender proportions. Nor do I forget that exceptional instances are met with—they are in my experience very exceptional—of old people consuming enormous quantities of food without apparent harm. I myself know of a centenarian who on his 103rd birthday freely partook, among other things, of roast pork and baked potatoes, port wine, and whisky. All this shows how difficult it is to dogmatise, how necessary it is to keep one's mind open, and to judge every case on its own merits. But though therapeutics can never become an exact science, we should nevertheless seek to formulate general therapeutical principles for our guidance—rules of treatment which, even though they may not be universally applicable, are yet applicable to the generality of cases. Such a principle is set forth in the aphorism, "Let the diet of the aged be spare." I believe this to be wise counsel, dictated by common sense, sanctioned by tradition, and justified by experience.

I am, Sirs, yours faithfully,
Wimpole-street, June 23rd, 1902.

HARRY CAMPBELL.

To the Editors of THE LANCET.

SIRS,—In your issue of June 14th last, p. 1724, you did me the honour to print a communication based on an earnestly emphasised exhortation by Dr. Harry Campbell concerning a "spare diet" for the aged in his current series of articles entitled "Observations on Diet." To-day (June 21st) you kindly print communications on the same subject from Dr. Eric Pritchard and Dr. Thomas Dutton (p. 1797). Pray permit me to reply to these gentlemen through your agency.

Dr. Pritchard appears to be more struck with my phraseology than by the real factors of the subject under discussion in which he desires to participate. There is at present no onslaught on Dr. Harry Campbell—nor have I any intention of attempting one—yet, if Dr. Pritchard desires to "shiver a lance" by all means let him do so and not run full tilt at me, armed with a bulrush and mounted on a donkey.

Sarcasm never advanced argument yet, and a proper understanding cannot possibly be arrived at by jumping to a hasty conclusion and rushing *in medias res* simply to get one's oar in, even in the cause of "physiological feeding of the aged," which a "spare diet" is not. Neither Dr. Pritchard nor Dr. Dutton seem to have a clear grasp of the matter in dispute; if they did they would not have succeeded in confusing the issues as they have done. I am well aware of the capacity of Dr. Campbell and when writing to you my disagreement with his "spare diet" dicta I was conscious of what a pitfall the phrase "spare diet" would prove to some. If Dr. Campbell considered it worth his while to support his statements and had stronger reasons for his opinion than I have for mine, then he would no doubt extend and elaborate his subject—especially the terms "aged" and "spare diet." That is, if the whole paragraph in Dr. Campbell's article were not to pass as a remark *en passant*, not to be taken seriously, and to be looked on as "padding" pure and simple for his article.

Dr. Pritchard speaks of alcohol and morphomania, and deduces from them parallels for arguing on "physiological diet." I myself cannot see the connexion, for alcohol and morphia have further and more remote and ultimate actions over and above their immediate effect on administration. They are not "food" but "drugs." Until either Dr. Campbell or myself take the trouble to define what we mean by an "aged person" and "spare diet" neither Dr. Pritchard nor Dr. Dutton can safely intervene. I am speaking of "seniles," persons well over 70—between 70 and 90—and by "generous full diet" I mean a good physiologically nutrient diet, high in proteids, carbo-hydrates, fats, and salts. Dr. Pritchard and Dr. Dutton seem to arrogate to themselves the right to decide what I mean and do not mean. For example, because hay and potatoes contain some small amount of proteid in their composition therefore a "generous good full diet" as used by me should of necessity correlate an elephantine meal of chopped hay or boiled potatoes in quantity sufficient to provide the necessary nitrogen. Dr. Dutton, after 30 years' experience, prefers a diet "rich in nutriment substance." That is exactly what I am contending for, the more nutrient the better, though I claim to give your readers credit for understanding that I did not mean a large meal

of boiled cabbage, or potatoes, or turnip tops, or chopped horse food. Dr. Dutton surely believes that your readers and persons to whom you accord the honour of printing their communications have some slight idea that the organs of the aged are more or less worn out, and that fermentative dyspepsia is a digestive trouble of old age. I did not mention them, as I took them for granted, and was well aware that their correction and successful treatment is "part of the game." There's where the "skill" comes in. If Dr. Dutton believes that "spare diet" means a diet of good nutrient quality though limited in amount, then he does not read English as "she is writ." Of course, we may now be told that that was what was meant by "spare diet." Nine medical men out of 10 in general practice interpret "spare diet" to be "cup food," "slops," "little or nothing during the day," "a cup of arrowroot," a little "beef tea" (*sic*), and a small piece of toast, &c. Letting an old person shift for him or herself. May I be permitted to call the attention of Dr. Pritchard and Dr. Dutton to the phrase in my letter "full diet suitably prepared." The only regrettable deduction from the communications of Dr. Pritchard and Dr. Dutton is that, either they hurriedly hastened to vindicate nothing in particular, on the strength of a hasty glance at your pages (a thing never safe to do where THE LANCET is concerned, as others no doubt have learned), bringing to bear on their task the least possible forethought and still less an amount of their vast knowledge and experience, or otherwise they credit me with a more profound ignorance than is usually accorded as the outcome of their everyday experience. These gentlemen would, no doubt, give me credit for knowing the results of over-indulgence after due proof. An earnest assurance from them that they had carefully perused my article in the *British Medical Journal*, Oct. 13th, 1900, and a search and verification of the references given—a task which occupied me for six months—would have made me more disposed to consider their "defence" of Dr. Campbell as really serious.

I am, Sirs, I trust, quite conversant with "metabolism" and with the terms "anabolism" and "katabolism," also with that "blessed word" auto-intoxication, together with their theoretical results, as the armament of the diet specialist. I had hoped that my parenthetical mention of lung and kidney disease would have spared me their being flung at me by Dr. Pritchard—for which much thanks. Complications of old age (from 70–90) are only those complications peculiar to senility, and anyone really conversant with my subject would not drag into the discussion the results of previous riotous living—though even they can be successfully dealt with as part of the "game." Aging as we see it, is nature's mode of killing, and in order to assist the process she calls in weak digestion, loss of teeth, liver, kidney, lung, and heart disease. When the disease complications are the result of fair hard wear and tear they can be restored by "good full generous diet," to a surprising extent. The medical man who plays nature's game for her by "spare diet" simply because there are "kidneys," "liver congestion," "cardiac failure," &c., is very like that general who "marched his men up a hill and marched them down again" because there were persons on the top likely to dispute with him its possession. Rather is it better to flank or enfilade the position than to retreat because of the opposition. This retreat the "spare diet" treatment closely imitates. I have ever noted that your medical scientist, well versed in the "bolisms" and autoisms and what not, is in the end usually found pleading the excuse in justification for his failure in treatment, especially where the very aged are concerned, "Oh, you see, he (or she) was so old, you know"; "Quite worn out"; "You see, the heart was literally used up"; "Run to a standstill," &c. That man was running the "spare diet" ticket; had he run the good, full, generous diet (I don't mean feeding to repletion), suitably backed up therapeutically, he would most probably have got another five to seven years out of his patient. I am not "done for" yet, Sirs, and remain yours faithfully,

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

June 21st, 1902.

THE MIDWIVES BILL.

To the Editors of THE LANCET.

SIRS,—The Lord Chancellor made it clear in his speech on the second reading of the Midwives Bill on June 20th that though not unfriendly to the Bill as a whole he disapproves

of the provision (Cl. 1) that *after the year 1910 "no woman shall habitually or for gain attend women in childbirth unless she be certified under this Act."* If this provision is left out no protection whatever will be given to the public against the most dangerous class of untrained women, who will be just as free to practise as they are at present, so long as they call themselves by some other name than midwife. The safeguard afforded by the Bill would be very slight, though undoubtedly a step in the right direction. The Lord Chancellor suggests that those who drew up the Bill had in their minds large centres of population, and had not considered the case of thinly populated districts where trained assistance would be hard to get. But we maintain that the very scarcity of medical help in rural districts makes it the more necessary that skilled midwives should be available, and as long as untrained women are allowed to habitually practise it is useless to look for an adequate supply of competent ones.

During the eight years that would elapse before this provision comes into force there would be ample time to organise and increase the means of midwifery training all over the country. The Lord Chancellor points out that as a rule the midwife in country districts acts also as maid-of-all-work in the house during the mother's illness. That is in very many cases true, and it is surely another reason for insisting that she should have a certain amount of training and a knowledge of the paramount necessity of antiseptic precautions in the sick room. Many are the cases in which fatal injury has been done to mothers by women coming direct from field labour or various uncleanly occupations to attend them in childbirth, and it is well known that want of cleanly attention at birth is the cause of a large proportion of the cases of blindness and impaired sight in this country. Being trained as a midwife would in no wise prevent a woman from carrying on other avocations in the intervals between her cases. It is often forgotten that the word "habitually" in this clause leaves a wide margin for freedom of action in cases of emergency, or for the individual preference of patients. Anyone could still freely go to the help of a neighbour in distress; a mother could nurse her daughter or friend go to friend, if for personal reasons or in sudden cases the midwife was not to be had. But we maintain that if any persons "habitually" undertake this work ample cause has been shown why they should be obliged to duly qualify themselves for it.

We believe that much of the opposition that has been shown to this clause is due to the fact that people imagine that all "friendly aid" from one neighbour to another will be put an end to. That this fear is unfounded the above explanation will show. That, also, we think may be at the root of the objection of the clergyman quoted by the Lord Chancellor who said there was very serious objection to the Bill on the part of the working classes. Wherever to our knowledge meetings have been held and the details of the Bill laid before them the very strongest feeling in favour of it has been manifested, and many and very numerous signed petitions from working men and women have been sent to the House of Commons in favour of this legislation.

On behalf of the Association,

KATHERINE BALFOUR OF BURLEIGH,
President;

A. MABEL BRUCE,
Chairman of the Executive Committee.

Association for Promoting Compulsory Registration
of Midwives, July, 1902.

THE MEDICAL SERVICE OF THE MERCHANT MARINE.

To the Editors of THE LANCET.

SIRS,—With reference to a letter in your issue of June 28th, p. 1857, from Dr. W. T. Burres *re* the position, social and financial, of surgeons in the merchant service, I should just like to say how thoroughly I agree with Dr. F. B. Ryan's answer in THE LANCET of July 5th, p. 45. As a former surgeon in the P. & O. Company, and speaking of the ship surgeon's lot from that standpoint, it has always appeared to me ever since I joined the company that a ship surgeon has singularly little at which to grumble. The position never seemed in any danger of being lowered in the eyes of either passengers, officers, or crew, and from my own experience and that of other P. & O. surgeons if a man did find himself given the cold shoulder it was almost a certainty

that it was his own fault. The pay was £10 a month, and no one need grumble at that, especially if he only thinks for a moment that in addition one was seeing the world, or a good part of it, meeting as good men as ever one could wish to meet, being lodged and fed at least as well as the most fastidious could require, and (here most men will bear me out) doing work that, as a rule, might have been a good deal heavier without unduly taxing one's energies.

The average man who, looking back on the days when he was ship surgeon, can honestly say that he is sorry he ever went to sea or that he did not have a good time when there has only himself to thank for the character of his reflections. In isolated instances events have occurred at sea which have coloured a man's whole life unfavourably, but these are exceptions and taking the general run of things the ship surgeon who does not thoroughly enjoy his time has to thank either his physical or social disposition.

Dr. Burres calls "steamship doctors" a "most abject class of practitioners." If a man is abject at sea he will be equally, or more so, ashore; so there would seem little chance of the profession benefiting by the return of those gentlemen to civil or shore life if Dr. Burres is right, which I venture to deny, in his estimate of their character. My memory of happy times as a ship surgeon and my possession of good friends gained while acting in that capacity will perhaps excuse my troubling you with this letter.

I am, Sirs, yours faithfully,

ANDREW B. BLAIR, M.B., C.M. Edin.,

late P. & O. S. N. Co.

Eversleigh, Banwell, Somerset, July 6th, 1902.

PRECOCIOUS CONCEPTION.

To the Editors of THE LANCET.

SIRS,—With reference to an article on the above subject which appeared in THE LANCET of June 7th, page 1601, I may say that in October, 1883, I attended in labour a girl who was born at the end of the year 1868 and delivered her of a living, mature male child. The case occurred in a hamlet some miles from here, the patient being in charge of the local *sage-femme*. The age of the child-mother was 14 years 10 months. She made a good recovery and for aught I know the child may still be living. While writing I may state that in May, 1897, I delivered a married woman who gave her age as 50 years, of a living child having, however, to use the forceps to do so. These two cases demonstrate the youngest and oldest mothers in my obstetric experience. By reference to Guy's Forensic Medicine I find several cases recorded in which the mothers were younger and older than those I have mentioned.

I am, Sirs, yours faithfully,

C. H. L. JOHNSTON, M.D., L.R.C.S. & L.M. Edin.

St. John, N.B., Canada, June 24th, 1902.

A NEW METHOD OF KEEPING IN APPOSI- TION THE EDGES OF SURGICAL INCISIONS AND WOUNDS IN ORDER TO PROMOTE UNION.

To the Editors of THE LANCET.

SIRS,—In reply to Mr. J. MacMunn's letter respecting "A New Method of Keeping in Apposition the Edges of Surgical Incisions and Wounds in order to Promote Union," I beg to suggest that he cannot have read carefully the description of the appliance which I gave in THE LANCET of June 28th, p. 1839, nor can he have noted particularly the method of inserting it. There is just that difference between my appliance of to-day and the one introduced by Mr. MacMunn 18 years ago "that makes all the difference." The structure of the former enables it to be driven into the flesh with astonishing ease, *not as one would push in two parallel and ordinary curved needles, but by a rotatory movement upon the centres of the semicircular prongs*, and thus the points should never protrude through the flesh.

Unfortunately, no illustration or letterpress can give anything like an adequate idea of the facility with which my appliance can be introduced and withdrawn once the knack has been acquired. More than one of the distinguished surgeons who have done me the honour of manipulating it have at once perceived that a certain knack is necessary which