

pathological department discovered two more such cases, as well as two others which had been sent in from without for examination. On the whole, and speaking with such diffidence as is necessary to allow for lapses of memory, I am inclined to think that this was the very first fatal case that had occurred to myself personally either in hospital or consulting practice; and this would accord very well with the conclusion of Sir Frederick Treves, who places the mortality of the disease without operation as no higher than 5 per cent. I am willing to admit, however, that the whole circumstances of this fatal case as viewed in the light of later experience incline me to the opinion that an operation ought to have been performed, although owing to the subsidence of the temperature and all the acute symptoms we were led into a practice of expectancy. Four years later I had the pleasure, along with the late Sir George MacLeod, of saving by operation from imminent peril a professional brother whose case in every detail seems to correspond exactly with that of our King and who is now performing the duties of a large practice without any trace of a subsequent recurrence of symptoms. But in view of the letter by Sir Samuel Wilks which appeared in your columns last week it seems important that I should call attention in your columns to the fact that not only was the share of the appendix in the morbid process not ignored, but it was most carefully treated as the result of experience in the Western Infirmary as well as of previous research elsewhere, the whole subject being discussed with reference to a paper by the late Dr. Hilton Fagge in Guy's Hospital Reports for 1875. I am sorry my attention was not drawn to Dr. Addison's much earlier statements which are only one more proof of the genius and penetrating sagacity of that great physician, but I think that the perusal of this lecture in detail and in its whole surroundings will satisfy anyone that in 1884 at least the share of appendix disease in perityphlitis was by no means overlooked, and that the reparative processes incidental to a limited peritonitis in such circumstances were most carefully insisted on.

I am, Sirs, yours faithfully,

Edinburgh, July 7th, 1902.

W. T. GAIRDNER.

## THE BETTERMENT OF LONDON.

To the Editors of THE LANCET.

SIRS,—I ask permission to place before the public, through the medium of your influential journal, some particulars regarding the recently established Betterment of London Association, of which I have accepted the presidency for the current year. The press has always been foremost in the advocacy of any movement which has the public welfare at heart and I therefore feel confident of its support in the present instance. The principal items of our programme are as follows.

*Section I.*—To agitate for a *quieter* London, primarily in respect to unnecessary and objectionable street noises such as those produced by organ-grinders, costermongers, and newsboys; for a *healthier* and *cleaner* London, obtainable by a constant removal of refuse of all descriptions and in other ways; and for a more clearly designated London. In this latter respect the association will direct attention, amongst other matters, to the illegible naming of public thoroughfares and to the insufficient manner in which names are illuminated after dusk.

*Section II.*—To agitate against the immigration of pauper aliens (obtaining legislation thereon if necessary); against the employment—in the street—of children under 10 years of age, and after 9 o'clock P.M. of children under 12 years of age. To draw attention to the extreme danger to health engendered by the obnoxious habit of expectorating in public conveyances and buildings; to promote action against the sale of impure ice cream (another very fruitful source of disease); to direct the attention of the authorities to the Act relating to betting and gambling in public places; and to agitate against the constant digging up of the highways to the great inconvenience of the community.

*Section III.*—To impress upon the municipal and other authorities of the metropolis the necessity of enforcing, as in Liverpool, the registration of street "musicians" and street traders, including newspaper vendors; and to impress upon the railway companies the desirability of freeing their stations and approaches from all idlers and hawkers.

From these statements it will be seen that the association is instituted for the service of the public and that it has at

heart the desire to make London—what it certainly is not at present—the best governed city in the world. The propaganda will be carried on by public meetings and conferences; by deputations and petitions to local authorities, to the office of works, &c.; by the publication of health leaflets, of literature relating to Acts of Parliament, by-laws, &c.; and in various other ways.

In conclusion, I would add that if any of your readers are disposed to coöperate in this much-needed movement for the betterment of London, and thus help it to grapple with many nuisances which ought to be abolished, they should communicate with the honorary secretary, Mr. Bowden Green, at the offices of the association, 1, Finsbury-circus, E.C.

I am, Sirs, yours faithfully,

July 5th, 1902.

W. B. RICHMOND, President.

## OBSERVATIONS ON DIET.

To the Editors of THE LANCET.

SIRS,—Dr. F. W. Forbes Ross dissents from my view that the diet of old people should be spare. He has no sympathy with arguments "metabolical"; he thinks they savour rather of the "diabolical," and that "an ounce of practice is worth a ton of theory." If by this he desires to protest against the all-too-prevalent tendency to base treatment on theoretical considerations rather than upon experience, I am with him. Medical treatment must ever be to a large extent empirical. Nevertheless, *a priori* reasoning may give trustworthy indications, and the physiological arguments in favour of the aged living on a spare diet seem to me to be unmistakeable, mere common sense, in fact. They are, briefly, as follows. In old age the active cells, such as the epithelial, atrophy, while there is overgrowth of the comparatively inert fibrous tissues; and *pari passu* with these retrograde changes there is a general depression in the sphere of vital activity; the vital fire no longer blazes as in the period of lusty youth and prime, but rather smoulders or feebly flickers. Hence the furnace as represented by the tissues requires less fuel in the shape of food than in the earlier years, and not only so, but the atrophied digestive glands are less capable of coping with food and the excretory glands less able to rid the system of the waste products to which it gives rise. Have I thus far pursued my argument on the rock of common sense, or have I been treading the quicksands of mere fanciful theory?

So much for a *a priori* argument. But after all, as Dr. Ross observes, questions of this sort must ultimately be decided by practice. Well, my experience is all in favour of the thesis I put forward. I find that the healthiest, and therefore the happiest, and longest-lived, old people are spare eaters.

Let us see what the Doctor commits himself to. He administers to "aged, broken-down, foot-in-the-grave" persons with "cardiac, lung, and kidney complications a generous, good, full diet." He would urge, i.e., such a diet on an old man suffering from frequent attacks of nose-bleeding and giddiness and with a radial blood-pressure of 200 millimetres of mercury—on one, in other words, with the sword of Damocles hanging over him and threatening at any moment to descend and to strike open one of the cerebral vessels. The same generous diet he would recommend (to mention some cases I have under observation at the present moment) to an aged person on the verge of uræmia, to a septuagenarian whose left ventricle is rapidly succumbing before an excessive peripheral resistance, and to an octogenarian with fixed thorax and the victim of agonising asthmatic paroxysms. Each and all of these our procrustean Doctor would subject to the same rigid routine of a full, good, generous diet. No need for him to remind us that "doctors disagree." They do indeed. In their conception of what constitutes a correct dietary for the aged two of them at least are as widely separated as the poles.

But I would not be misunderstood. I do not for one moment contend that a generous diet may not be indicated in certain cases among the old. Few, indeed, are the therapeutic principles that can be accepted unconditionally, and I should be the last to pin myself to any rigid system, realising to the full that the physician who does this, or allows himself to become the victim of a fad, is in very evil case. I should not hesitate cautiously to increase, and even to generous proportions, the diet of a starved, anæmic old man with a low arterial pressure. I am also aware that there are cases, such as those referred to by Dr. Eric Pritchard, of