

## Correspondence.

"Audi alteram partem."

### THE PSYCHOLOGY OF THE MILITANT SUFFRAGETTE.

To the Editor of THE LANCET.

SIR,—I do not propose to consider the question of the propriety of extending the parliamentary franchise to women; my object is to arrive at a conclusion on the mental state of those women who commit acts of violence in opposition to the law of the country.

Many people who see that women commit arson, manufacture and use bombs, break windows, and starve themselves for the sake of the idea that by so doing they will get what they want, come to the conclusion that these persons must be insane because lunatics may act in the same way. The inference is illogical, because the acts of the insane, similar though they may be in kind to those of the militant suffragettes, spring from a different class of motive (as a rule), and though the working-out into action is the same, whether the idea be a sane or an insane one, it is the nature of the motive which makes the difference. There are amongst the large body of suffragettes many who happen to be insane or weak-minded—I have seen them—but the same statement applies to all other sections of people, it is an accident and is not a necessary cause of the conduct in question. The actions of the insane are the impulsive or the deliberate working out of their false ideas, and the result generally shows the invalidity of the motive, but the militant suffragette has in many particulars justified her actions. She has gone on hunger-strike and has been successful in procuring the abandonment of artificial feeding and in getting the term of her imprisonment shortened, and by her polemic measures she has made many think that the best way of pacifying her is by treating her as a naughty child and giving her all she wants. There is no evidence of insanity in this—on the contrary, it has all the characteristics of very sane procedure. Nor does it help us to say that if not actually insane they are, at any rate, the victims of hysteria. I have endeavoured elsewhere (*Ex Cathedra Essays*) to show that in hysteria "there is an organic change at the root of the condition, defective or perverted action of the higher nervous and mental states," and though some may be in this condition by accident it is by no means a necessary explanation of the acts of these women who are neither insane nor hysterical. These actions, however they may be condemned as inimical to the sense and feeling of the general community, are not, *quâ* actions, wrong; they are but the correct interpretation of certain central conditions, and it is these latter to which attention must be turned.

Few people know the importance of feeling in volitional acts, but it is, as a fact, one of the most important essentials; and both feeling and emotion are strongly developed elements of the female mind. So is mono-idealism, or the concentration of consciousness on some subject carrying with it a very strong emotional tone, such as, in its extreme development, is seen in the state called ecstasy, which, though a rare, is not an insane, condition. In an elaborate argument Wundt shows that *personal character* is the ultimate cause of volition, and that the connexion between motive and volition is uncertain because of the existence of this personal factor, the manner of whose coöperation with external factors is unknown. The real nature of personality is a riddle. What causes women to commit these voluntary and impulsive (also to some extent voluntary) actions is their personal factor, their character; and of the proper nature of this character men are comparatively ignorant, just as women have shown themselves ignorant of the character of men. Up to recent times our knowledge of the real character of women was very imperfect—it is still far from complete, and it never will be absolutely full; but recent events have made it clear that the personal factor contains elements of an intensity and range hitherto unappreciated, and we have been astonished at what has been seen, though still allowing that further developments of action will probably widen our knowledge. And just as men have under-estimated the

emotional strength and intensity of concentrated idealism in women, so have women been—and still are—mistaken in their estimate of the character of men. Until it is evident to them that their efforts to obtain what they want by violent means are ineffectual they will pursue their present tactics. When they find that men are not to be beaten into compliance they will stop their futile practices, not before. Meanwhile, as long as the present attitude of the male element lasts the war of the sexes must continue. Individual men are found to justify the action of the militants, but they are neither strong nor numerous enough to influence the personality of the majority. Whether eventually the oscillations of thought of the community will change or turn is a question of the future. The militants have just as much right to think the male elements insane for not granting their (to them) reasonable views, as the men have to make the charge of insanity against women for acting in a way which denotes obstinate ignorance and nothing more.

Up to recent times women were said to be "better" than men—morally that is. It now appears that there is not so much virtuous difference as they were credited with, for we are having practical displays of revenge, spite, and all the embodiments of what is generally called "devilry." Women have from time to time shown how far strong emotion will lead them, and to what actions concentration upon a single idea (with its accompanying emotional tone) will commit them, but men did not recognise how general throughout the sex was this mental trend. Now that we do recognise it we are surprised at nothing they do nor at their ingenuity in devising fresh modes of irritation. Personal character is the true cause of volition, it acts of necessity, whereas motives may or may not determine volition; and so some suffragettes are prompted to militancy, others are not, according to the development of this personal factor.

Prison discipline, forcible feeding, &c., will not alter the personal factor in women (which is founded on innate strong feeling) because they perceive that the male governing body is not competent to carry out its programme to its ultimate consequences—i.e., to let them starve and die—and therefore the hope still remains that in the long run they will win. And so the contest will go on until one side or the other is tired of fighting, until the personal factor is changed and the individual will becomes the general will.

Crime is often due to mistakes on the part of the individual; he pits his cleverness against that of the community, and he takes every possible care that he may not be found out. For a time he may be successful, and so he goes on until he finds that society is too clever for him, and therein lies his original mistake; he is caught and imprisoned. The militant suffragette is much the same. Her crime is founded on her non-comprehension that men do not intend to give her what she wants; but when she is found out in her criminal acts and is sent to prison she discovers that by a strong display of personal character in refusing food and enduring the resultant bad health she obtains her discharge, so that punishment only confirms her idea that the remedy for her wrongs is in her own hands, and that she will ultimately compel men to change their personal factor as it stands at present. Herein lies her mistake in all probability. Anyhow, the tactics of these recalcitrant women have given a rude shock to the belief in the irrevocability of criminal sentences, and one wonders what will happen if men copy the women in their abstention from food and drink. Would they have the same consideration shown to them, or would they be allowed to die in the obscurity of unadvertised and neglected confinement?

I am, Sir, yours faithfully,

Weymouth-street, W., May 7th, 1913.

T. CLAYE SHAW.

### ETHER IN THE TROPICS.

To the Editor of THE LANCET.

SIR,—In reference to the Annotation on this subject on page 1258 of your issue of May 3rd it may be of interest to recall that during the campaign in the Eastern Soudan in 1885 ether was used for all operations in the Suakin Field Force. I was appointed anaesthetist to that force, and I think I only used chloroform in one case, and that only to induce anaesthesia, which was then kept up with ether. The air-temperature was over 100° F., and sometimes over 120° F. in the shade. I had no untoward results. A fairly large

amount of ether was required to produce anæsthesia, and a large quantity was wasted by evaporation, but it proved a most satisfactory anæsthetic.

I am, Sir, yours faithfully,  
Harley-street, W., May 7th, 1913. J. EDWARD SQUIRE.

## THE PROTECTION AFFORDED BY VACCINATION.

*To the Editor of THE LANCET.*

SIR,—To those who take an interest in the subject of grade of protection afforded by vaccination as discussed in your leading article of May 3rd (referring to Dr. Hanna's recent work on "Studies in Small-pox and Vaccination") the following statistics may be of some curious though but little scientific utility in contrasting protection from natural small-pox, as well as resistance to vaccination, in those who have undergone inoculation with small-pox virus and natural small-pox, respectively. The subjects were chiefly prisoners, and, therefore, inoculation marks could be conveniently verified by me. They included Shans, Burmese, Chinese, and a few members of the hill tribes of Vizagapatam: (a) In a group of 380 adults who had been inoculated when below 15 years of age, 5·6 per cent., and in a group of 94 who had been inoculated above that age, 3·2 per cent. had been attacked in after-life by natural small-pox. (b) 312 persons who had been inoculated below 15 years of age gave a vaccination success rate of 80·3 per cent.; 22 persons inoculated above 15 years of age gave a vaccination success rate of 81·8 per cent. (c) In 96 adults who had suffered from natural small-pox at various ages to an extent sufficient to be freely marked, and who, as Sepoys, had therefore been enlisted without vaccination, I obtained a vaccination success rate of 75 per cent. Variola-vaccine stock was used.

In judging of the high rate of attack by small-pox of the inoculated, it must be remembered their exposure to infection, probably, was very great at certain seasons when inoculation was performed broadcast in the absence of any precautionary measures. Thus, before vaccination had made its influence felt, it is reported that in Calcutta 23 per cent. of total deaths amongst Hindus was due to small-pox. But the point of interest in item (a) seems to me—if the inequality of the groups be ignored—that as with vaccination so with inoculation, repetition of the protective operation at puberty was advisable.

I am, Sir, yours faithfully,  
W. G. KING  
May 5th, 1913. (Col., I.M.S., ret.).

## THE PHYSIOLOGY OF THE OPEN-AIR TREATMENT.

*To the Editor of THE LANCET.*

SIR,—The profession and public are deeply indebted to Professor Leonard E. Hill for his Brompton Hospital lecture. I number myself amongst those who I am sure will accept his general conclusions without demur. Practitioners who have spent much of their life in the tropics and sub-tropics must assent at once to the view that atmospheric temperature, moisture, and stillness are much more injurious than chemical impurity. Have we not seen develop in those who spend their whole time in the open air the identical train of symptoms that are common in the urban populations of the British Isles? And have we not noted the almost miraculous influence of a short sea trip or a short change to a cooler, drier, and more breezy climate? Still, moist, and tepid air acts in innumerable ways to reduce the tone of the system (I know no better expression). Though rarely insisted on, one of the commonest and important effects is aversion from animal food. And since flesh foods are practically our only source of digestible and assimilable protein, a high percentage of those who live in the tropics suffer from chronic protein starvation. Here sex is a determining factor. Though difficult of explanation, the fact remains that it is almost solely women who avoid meat in the tropics. Hence it is mainly women who suffer from the climate. Let anyone take a comprehensive survey of the white population in a tropical port, and the difference in the health of the sexes will at once strike him. The men, though working through the day in hot and stuffy offices and often far

from abstainers from alcohol, preserve for the most part a fair amount of health and strength. The women, though they may have little to do but look after their own comfort, and though certainly more temperate than their men folk, tend to lose, after a few years, all strength, energy, and enjoyment of life, and spend most of their time on a long verandah chair. Perhaps their most obvious symptom is their appearance of age; many women of 25, suffering from no definite ailment, look quite 40. Inquiry shows that they live almost entirely on bread and butter, tea, and fruit; hence nitrogen starvation. Treatment in such cases is always extremely satisfactory, provided only that the physician succeeds in overcoming the patient's distaste for meat. Now and then there is found to be no such distaste. The patient had always understood that meat was an improper food in hot weather. Is it not time that this view, for which there has never been any scientific basis, was abandoned?

I should like, however, to raise a point. As I understand him, Professor Hill describes the success of the open-air treatment in consumption to a general increase of metabolism. Metabolism, of course, includes anabolism and katabolism; but, unfortunately, the inclusive term is often used to denote katabolism only. Does Professor Hill use the term metabolism deliberately in order to include both the constructive and destructive varieties, or does he refer chiefly to katabolism? If the latter, then it is a little difficult to understand the value of the open-air treatment, at any rate, in consumption. For of this disease, Robin and Binet say: "While respiratory capacity is diminished, the total pulmonary ventilation is enormously increased, the CO<sub>2</sub> production increasing upwards of 60 per cent., and the total amount of oxygen used increasing by some 70 per cent., while the quantity of oxygen absorbed by the tissues is sometimes increased 90 per cent. Consumption then is the correct word: the disease is an active consuming process."

I am, Sir, yours faithfully,  
Beckenham Park, Kent, May 12th, 1913. FRANCIS HARE.

## CHAMPAGNE INJECTIONS IN SURGICAL SHOCK.

*To the Editor of THE LANCET.*

SIR,—I should be much obliged if you will kindly allow me to invite attention to the great value of a subcutaneous injection of good dry champagne in cases of vaso-motor depression following serious operations. The effect is as immediate as it is remarkable: the pulse improves in volume, the skin becomes warm, the clammy sweating ceases, the patient wakes up, and frequently within an hour tranquil sleep supervenes. As far as we have seen in the British Hospital no "reactionary" depression follows.

For years past we have largely employed saline injections, strychnine, camphorated oil, &c., but have found that nothing seems to "lift up" the patient like champagne. The following is the method employed. A small bottle of champagne, which contains some 400 grammes, is poured into an ordinary 500-gramme serum bottle and normal saline solution (100 grammes) added. This is injected in the usual manner into subcutaneous tissues. There is no subsequent local irritation or discomfort complained of, and the injection is repeated in six hours if the condition demands it. If a prompt evacuation of the bowels is considered expedient an injection of pituitary extract is given, and if necessary repeated in three hours. Champagne and pituitary extract is a combination that I can strongly recommend.

I should also like to invite the attention of physicians to this method of employing what I consider the most natural, the best, and most rapidly diffusible stimulant given to mankind in certain cases of pneumonia, influenza, &c., in which there is marked vaso-motor depression. And it may not be out of place to remark that we have formed a very high opinion of the tonic value of the daily administration of half a bottle of the best dry champagne during early convalescence of cases of severe toxæmia.

I am, Sir, yours faithfully,  
JOHN O'CONOR, M.A., M.D., T.C.D.,  
Senior Medical Officer, British Hospital, Buenos Aires.  
April 19th, 1913.