

attendant. The latter is appointed to attend to the sick and suffering, and for that only.

With reference to the suggestion that the women demand different treatment to men prisoners on the score of sex, let me point out what has been repeated time and time again, that it is precisely this difference of treatment that is objected to.

Jameson raiders and Irish cattle-drivers are put in the first division. The acts of violence they commit are excused so far by reason of the political motive underlying them. Why not these women? Do even those most averse to their methods venture to allege that they would break windows or throw slates at the police except as part of a definite political protest?

They have every whit as much right to treatment as political prisoners as the men whose cases are cited, yet the services of the profession are requisitioned to compel them to acknowledge themselves as common criminals.—I am, etc.,

London, S.E., Oct. 9th.

H. GORDON CLARK, M.D.

SIR,—I see that in the current issue of the BRITISH MEDICAL JOURNAL there are several letters in which the authors take exception to your remarks of the previous week on this subject. May I (and I think in so doing I am at one with the vast majority of level-headed medical men—certainly with every one to whom I have spoken on the point) thoroughly endorse every word of your article?

For your correspondents to attempt to describe the imprisoned suffragists, convicted of dangerous acts of violence, as political prisoners is only another instance of how judgement can be warped by bias. What next? Stones and slates are weapons not so far removed, after all, from knives and pistols.

Even one in so eminent a position as Mr. Mansell Moullin appears to think that the compulsory feeding was a special act of vindictiveness on the part of the Government, and that the suffragists are being treated "in a way that men never are." Surely he must know that self-starvation is an old prison trick, and that it would be far more common were not its futility in view of compulsory feeding pretty widely known amongst prisoners. It must be obvious that to forbid the nasal tube would simply be to empty our prisons, at any rate of those with long sentences. I imagine that Mr. Mansell Moullin does not view that with equanimity. But possibly he considers that the suffragist, whatever she may do, is to receive special treatment accorded to no other. If this be so, I must confess that he has done something to weaken an argument which I have always held to be one of the chief against women's suffrage—namely, that in the average woman the sense of judgement is subordinate to the emotions (for example, intense desire on the part of a woman to attain some object for herself, or, more commonly, for others, often completely overbalances her sense of justice). But Mr. Mansell Moullin is a man!—I am, etc.,

Reading, Oct. 10th.

W. BERNARD SECRETAN.

SIR,—We must hasten to revise our ideas as to our professional duty. It seems that, if, in a particular case, the ideal method of treatment is impracticable, the next best method should not be tried, and to employ it, if it is unpleasant, painful, or attended with the slightest danger to life, is utterly unjustifiable, even though the life or subsequent health of our patient is in imminent danger. Such, at any rate, is the only conclusion we and the general public can draw from the expression of expert opinion promulgated in the House of Commons by a very eminent surgeon and 116 other medical men, and in various lay papers, and even in your own correspondence columns by other members of the profession.

A prison medical officer is called upon to deal with certain patients suffering from acute starvation. The ideal method of treatment, in this particular case, is obviously liberation or transference to another division. He finds that owing to circumstances over which he has no control this is impracticable; he may order their release, but he knows that his orders will not be carried out. In this dilemma, holding rather antiquated notions as to his professional duty, he decides to do the next

best thing, and feeds them. Thereupon his action is publicly condemned, not merely by an irresponsible public, but responsible members of his own profession, and his treatment is pronounced unjustifiable on the ground that it was unpleasant, or even painful, and that it was not entirely devoid of danger to life and health. On the very same grounds these gentlemen, if they are consistent, would condemn the man who attempted to reduce a strangulated hernia by taxis when attendant circumstances rendered the ideal method, operation and radical cure, impracticable; for in some cases a radical operation, if practicable, is certainly the ideal treatment, and taxis, besides being sometimes difficult and painful, is not free from dangers of its own. The rest of the profession and the general public would hardly endorse their view in the hernia case, and if they do so in the starvation cases, it will not be from professional or ethical considerations. From a professional point of view the two cases are parallel; both are in imminent danger of death or seriously impaired health if treatment is delayed; in both ideal treatment is impracticable, and in both the next best method of treatment will almost certainly tide them over the danger, and in both the second best method is attended by certain drawbacks and dangers. One, however, is an ordinary patient, and to his case ordinary professional and ethical principles are applicable, but the others are "political" prisoners, and new principles must be discovered for their case. Why? Do political prisoners bear charmed lives? Can they certainly bear starvation without detriment until the political wind changes, or can their medical attendant tell exactly how soon the wind will change, and base his treatment on his meteorological expertness? Or is the political prisoner to be regarded by the medical profession as outside the pale of humanity?

It is all very puzzling. One has often been told that our profession ought to play its part in social and political progress, and I have taken some little interest in political questions in the past, but am afraid I must now cease to do so, lest my professional judgement become warped, or, what would be even worse, lest I some day find that I have, consciously or unconsciously, exploited my professional knowledge for the furtherance of some political animus.—I am, etc.,

Swinton, Oct. 10th.

J. PRICE WILLIAMS.

SIR,—It appears to me a most lamentable thing that people of such standing as Mr. Mansell Moullin, Dr. Edkins and Dr. Louisa Garrett Anderson, should associate themselves with the hysterical outcry about "horrible outrages" on the Birmingham suffragettes. When the prisoners at Holloway began to escape what appeared to be the legal punishment by starving themselves, the first question that occurred to most medical men was, "Why not feed them with the tube?" It seemed reasonable to suppose that prisoners would not be allowed to render their trial and sentence a mere farce by "hunger-striking" tricks. I was astounded, therefore, when I read in the *Times* a violent letter by Mr. Mansell Moullin on the revolting nature of what is usually considered a simple every-day procedure. I thought of the hospital days, when we washed out people who had partaken of too much alcohol; of the people with dilated stomachs who are taught to wash themselves out; of the test meals and examinations of stomach contents. It took my breath away to learn that such proceedings are "revolting" and "horrible outrages," or that they differ so much from washing out the bladder and exploring ureters. And now you publish three letters dragging all sorts of red herrings across the trail. These red herrings are so numerous and obvious that it is hardly necessary to mention them. But surely Dr. Edkins has a very limited notion of the duties of the prison medical officer, who has to be present even at the administration of the "cat" to healthy prisoners; while Dr. Garrett Anderson's paragraph about the stomach tube not being employed to save life but as a means of coercion is a pure assumption, and full of bias at that.

Surely, there are only two questions of any importance: First, what is the right way to deal with a prisoner who is wilfully damaging her health by starvation; and secondly, Is there anything unusual in the curative method adopted with these patients? It seems incomprehensible that any medical man—or woman—