

but evidently the infliction of some injury is to be regarded with equanimity.—I am, etc.,

London, W., Oct. 5th.

C. MANSELL MOULLIN.

SIR,—I fear that you can hardly be exonerated from showing a certain amount of bias in your paragraph on the above subject in the BRITISH MEDICAL JOURNAL of October 2nd.

As to the merits of the case at issue between the so-called hunger-strikers and the present Government I am not here concerned. But we look to you not simply to give us information on the medical side of matters of public interest, but also to indicate the attitude that should be taken by the medical profession towards any matters of public controversy.

Now it appears to me that you have unintentionally ignored an aspect of this forced-feeding controversy which is to me, as a medical man, of the first importance. Do you realize that, by what you say in your short article, you are placing the prison medical officer in a most unenviable position?

I always imagined that the duties of such medical officer involved the treatment of disease and were practically confined to that. By implication, you now support the view that he should also assist the lay authorities in dealing with recalcitrant prisoners. If these prisoners decline to take food let them be suitably punished as they would be for any breach of prison regulations. But if any forcible treatment is to be adopted which the administrative staff of a prison may think necessary, let them be required to do this themselves and at their own risk rather than make use of the professional assistance of the medical officer, upon whom will rest the blame of any accident. And in the forcible introduction of soft rubber tubes this is not remote.

I personally regard it as in the highest degree derogatory to the dignity of the medical profession that its members should be called in to treat with force healthy but recalcitrant prisoners. There is a suggestion in this of the status of the profession being removed only in degree from that of the common executioner or flogging warder. For this reason I view with disgust the employment of the medical officers of prisons to deal forcibly with rational prisoners who decline to eat, and I trust that, if the practice of hunger-striking becomes general, a majority of the prison medical officers will decline to give their services except in urgent cases.—I am, etc.,

Northwood, Oct. 5th.

J. S. EDKINS.

SIR,—I should like to criticize some statements which appeared in the last issue of the JOURNAL on the compulsory feeding of the suffragist prisoners. The writer says that the dangers of the proceeding are so slight as to be negligible. May I point out that there is considerable divergence of opinion as to the danger of artificial feeding even under the familiar conditions of hospital and asylum practice? The circumstances under which forced feeding is applied to the prisoners are not matters of experience; new factors are present; the proceeding is in the nature of an experiment, and no one is in a position to dogmatize on the extent of the risk which is run. The prisoners are worn out by previous starvation; their hearts, owing to deprivation of food, are in a weak condition; and, instead of acquiescing, they are determined, rightly or wrongly, to resist so that they can only be fed after they have been overpowered by superior physical force.

The "hunger-strike" was not instituted as a cheap way of escaping imprisonment, but as a protest against treatment as common criminals. If the Government recognized these women as political offenders, and placed them in the first division, the need for coercion would cease.

In the Birmingham prison the stomach tube is not employed in order to save life according to its normal use as a surgical instrument; it is not employed in order to prevent the condemned from escaping imprisonment, but in order that political prisoners may be coerced into accepting the status of ordinary malefactors.

It is also a misnomer to describe complete starvation, up to six days' duration, as a "cheap" means of escape. The writer, if he speaks from personal experience, must possess unusual powers of endurance and fortitude. To ordinary people the suffering which a "successful"

hunger strike involves is very great, and it might well be regarded as an adequate punishment for any of the offences with which these ladies are charged.—I am, etc.,

L. GARRETT ANDERSON, M.D., B.S.Lond.

London, W., Oct. 6th.

*** We cannot agree that "the proceeding is in the nature of an experiment." Many prisoners, including, we believe, Palmer, the Rugeley murderer, have tried to starve themselves, and have been prevented from doing so by compulsory feeding.

CLINICAL TEACHING.

SIR,—The correspondence in your columns, under the above heading, confirms a widely-held belief that clinical teachers have much to learn—about teaching. As a would-be clinical teacher I feel sure I should only add proof to this belief if in this communication I attacked existing methods or submitted to your readers various schemes of reform which I regard as desirable. I am keenly conscious of the fact that I tumbled into my post as a clinical teacher in the same haphazard manner as did most of my colleagues, and I am therefore not surprised that few of us know much of the great principles of education which are as applicable to professional training as to the acquirement of all forms of knowledge. Our great British Medical Association has done, and will continue to do, invaluable work in diffusing medical knowledge throughout the profession. It might, I think, add to its services by helping our teachers to learn how to teach. For this purpose I would suggest that the proper authorities should consider the question of instituting a section of Medical Education at our annual meetings. On no occasion in the year are more English-speaking clinical teachers brought into contact with each other. Their deliberations would be helped by the criticism of some of their most distinguished foreign *confrères* and, what is of still more importance, by hosts of general practitioners who, having suffered from, or benefited by existing methods, would be able in their own persons to demonstrate the results.—I am, etc.,

October 4th.

A CLINICAL TEACHER.

THE POOR LAW REPORT AND THE SANITARY MEDICAL SERVICE.

SIR,—Your correspondent, Dr. Greenwood, talks of the "apotheosis of the sanitary medical service," and asks where the Poor Law medical officer comes in. He does not come in. Apparently, men who have been specially trained in diagnosis and treatment are to give place to sanitary officials who have been trained, and have since practised, on totally different lines. Why not adopt the "Mad Hatter's" tea party of *Alice in Wonderland* at once, and turn obstetricians into ophthalmic surgeons, and laryngologists into rectal surgeons?

As regards the Minority Report, it is pure Socialism, and sets up a system of petty officials throughout the land, who will be employed to look after each other and see that his fellow official performs his duties aright; each one, apparently, is to be paid out of the taxation of his own salary. Another instance of a community getting its livelihood by taking in each other's washing.—I am, etc.,

Wrighton, Oct. 4th.

HUBERT C. BRISTOWE.

SIR,—I shall be glad if you allow me space to point out that the recent resolution of the Representative Meeting not only affirms the desirability of medical officers of health *not* being engaged in private practice, but is couched in terms which carry with them an affirmation of the undesirability of medical officers of health holding education or hospital appointments, or indeed doing any work outside the "duties of their office."

The Representative Meeting has, in fact, then already adopted a policy which, so far as medical officers of health is concerned, goes beyond the lines of the Majority Report. The day of the "combined district" is, as we all know, passing. The policies of the Representative Meeting and the Majority Report will lead, as many of your correspondents foresee, to a multiplicity of small "whole-time" appointments at £250 a year or so each. Is this in the interests of the public health? It certainly is not in the interests of the profession.—I am, etc.,

F. G. CROOKSHANK,

Medical Officer of Health Urban District of Barnes.

London, S.W., Oct. 1st.