

that a thing is legally wrong it must be presumed, at least in serious crimes, that he knows it also to be morally wrong. Why must it be so presumed? The presumption may be legal psychology, but it certainly is not factual psychology. It is an illustration of the gentle art of having it both ways and is not, in my experience at least, consistently borne out by practice in the courts.

Dr. McBain says that morally wrong in such a trial as we are considering means wrong according to the standard used by reasonable men and not by the standard of the accused. Again I suggest that this is merely theoretical and not in accordance with the practice of the law. Clearly, when a person's conceptions of right and wrong are alleged to be impaired by mental disorder (as in the Haigh trial), *ipso facto* his previous standard, presumably that of the average reasonable man, has been altered. In my original letter (August 27, p. 485) I put forward two cases to show the practice of the courts at least in many trials—one more than usually interesting in its implications was the case of M'Naghten himself. We can say with practical certainty that he knew the nature and quality of the act he was doing when he shot Sir Edward Drummond and also that he knew that what he was doing was legally wrong. He must consequently have known (according to Dr. McBain) that what he was doing was morally wrong as well (by the "ordinary standards adopted by reasonable men"). But he was found "not guilty on the grounds of insanity" at the trial clearly because his standards of right and wrong were seen to be distorted and abnormal.

If there is the divergence that I have indicated between the theory and practice of the law on the subject it is all the more urgently necessary that the M'Naghten rules should be reconsidered as a test of responsibility.—I am, etc.,

London, W.1.

FREDERICK DILLON.

\*\* This correspondence is now closed.—ED., *B.M.J.*

### Failed Forceps

SIR,—I would like to add my support to Mr. W. P. Hirsch in his letter (November 19, p. 1179) on the importance of deep transverse arrest as a cause of a failed forceps. I analysed 100 cases of failed forceps admitted under the honorary staff of the Birmingham Maternity Hospital (a paper awaiting publication), and no less than 22% were due to deep transverse arrest—this being the second commonest cause, with true occipito-posterior positions accounting for 34%. When there is difficulty in rotating the head the correct procedure is, of course, the application of Kielland's forceps and not the displacement of the head above the pelvic brim during further attempts at rotation. If the head is displaced above the brim and then rotated it becomes deflexed and may not readily descend again to the mid-pelvis, thus leaving a high forceps confronting the operator.—I am, etc.,

Newcastle-under-Lyme, Staffs.

DEREK FREETH.

### Poisoning by Ferrous Sulphate

SIR,—Your annotation on ferrous sulphate poisoning (November 5, p. 1034), stating that only five cases, with one recovery, have been recorded, prompts me to put on record the case of my own son, who in 1940 at the age of 12 months helped himself to his mother's "fersolate" tablets.

Possibly four or five were swallowed, but the exact number is unfortunately unknown. Within an hour or two he was vomiting violently and soon became collapsed and comatose. He then had a sharp haematemesis, which was repeated to a lesser degree later. He was admitted at midnight during an air-raid to Guy's Hospital in a crucial condition, but there was no further vomiting or bleeding, and by morning he was regaining consciousness. He made a good recovery.

His case excited considerable interest, but its true nature was not appreciated. The incident of the fersolate tablets was dismissed as irrelevant by all of us.—I am, etc.,

Ivybridge, Devon.

S. J. HOWARD.

## POINTS FROM LETTERS

### Vitamin B<sub>1</sub> and the Heart

Dr. DONALD M. O'CONNOR (Launceston) writes: Your annotation on vitamin B<sub>1</sub> in cardiology (November 5, p. 1035) prompts me to offer for publication a case at present under treatment. The patient, a man of 66, came under my notice in December, 1948, with signs of hypertensive heart failure. In May I began twice-weekly injections of mersalyl, giving him mist. ammon. chlor. by mouth. There was a very fair response to the injections, but his oedema became gradually more pronounced and his dyspnoea more troublesome. In August tablets of vitamin B<sub>1</sub> (10 mg.) were given thrice daily. They produced no evident improvement, and it seemed that the inevitable end was drawing rapidly closer as the oedema extended up into his thighs. Three weeks ago I gave the first intramuscular injection of a preparation containing 100 mg. of vitamin B<sub>1</sub>. This of itself seemed to produce a useful diuresis, but the next injection of mersalyl was most dramatic in its effects and produced "oceans of water." After four injections of vitamin B<sub>1</sub>, which I gave twice weekly on days when he was not having mersalyl, it was impossible to make a pit in the region of the patient's ankles. He could breathe comfortably after mild exertion which had hitherto made him pant. He was sleeping very much better.

### Sick Society

Dr. MARIAN N. SHERMAN (Victoria, B.C.) writes: Dr. J. D. Sutherland's review of Dr. J. L. Halliday's *Psychosocial Medicine* and the letters on old age which have appeared in the *Journal* recently show plainly that many are seeking to clarify thought. Now that the psychosomatic origin of so much illness is admitted the conviction is growing in specialist and lay groups that 80% to 90% of those who seek medical advice are emotionally rather than physically ill. Widespread psychological research has shown what the lovers of humanity in every age have discovered—viz., that love (knowledge) of one another (balanced social interest) is the unique, certain, and simple remedy for all emotional (mental) illness. . . . Mental advance bringing peace of mind and world peace will also show to all that work need not be a burden and will bring increasing joy to leisure. Small multi-disciplinary group discussions can best lay the foundations of any programme for mental advance. Lasting benefits to humanity, or to a group, depend on the efforts of many working in harmony. . . .

### The Acute Throat

Dr. M. K. MARTYN (Cheltenham) writes: Dr. T. Anderson (October 15, p. 860) states that the efficacy of sulphonamides in treatment of the acute throat has never been convincingly demonstrated. In the past ten years in general practice one has found it an everyday experience that sulphonamides are of the very greatest value in the treatment of these infections. Most cases of follicular tonsillitis respond within 24 hours to oral sulphathiazole, 1 g. every four hours. Similarly peritonsillar abscesses are relieved and the course of the illness shortened. A small proportion only of the severer throat infections do not respond to treatment by sulphonamides, but in general the results in both children and adults are most excellent. Harmful effects, provided that the usual precautions in administration of the drug are taken, are not found. In fact there can be few general practitioners who do not find that the sulphonamides are of enormous value in treating the acute throat.

### Sexual Inversion

Dr. I. HAMILTON BEATTIE (Suva, Fiji) writes: In his review of *The Invert and his Social Adjustment* (September 10, p. 582) Dr. Raymond Whitehead calls attention to the statistical importance of recognizing the bisexual type. As a general practitioner I have found it useful to classify patients as belonging to one of five types: (a) True inverts to whom heterosexuality seems disgusting; (b) apparent inverts who nevertheless are capable of heterosexuality; (c) bisexuals; (d) heterosexuals who tolerate homosexuality in special circumstances; (e) heterosexuals to whom homosexuality always seems disgusting. In my experience the numbers falling into these classes closely correspond to the terms in the expansion of  $(1 + 2)^4$ —viz., (a) 1; (b) 8; (c) 24; (d) 32; (e) 16. This suggests that the causes of inversion should be sought in genetics. As to treatment, I am convinced that inversion is exactly parallel to left-handedness.

### Vomiting of Pregnancy

Dr. M. M. MCEVEDY (Oxford) writes: Mr. T. Dougray's article (November 12, p. 1081) demonstrated what must be a genuine therapeutic effect of antihistamine drugs upon the vomiting of pregnancy, since we know that these drugs diminish sea and travel sickness, but there are few papers that would have been more improved by the use of controls.