

human being (and after all, Mr. Peacock is very human) to furnish the information required. The vast majority of the thousand or more medical officers of the Second Army who were placed in medical charge of troops (and in whose capacity I wish Mr. Peacock could have higher faith) were accustomed to live in intimate contact with their brother combatant officers and shared alike in that intimate knowledge and sense of responsibility for their men which it has always been their pride to maintain.

I am, Sir, yours faithfully,

M. COPLANS.

The Jenner Institute Laboratory, Church-road,  
Battersea, Nov. 30th, 1921.

### FASTING.

To the Editor of THE LANCET.

SIR,—By his interesting and instructive article which appeared in THE LANCET of Dec. 3rd, Sir Henry Lunn has rendered a great service to the profession in redirecting attention to the therapeutic value of fasting. Pray permit me to support his thesis and offer a few comments. When the Allen starvation treatment for diabetes was first introduced, I tried it on several patients in my wards, and was more than satisfied with the results. The first patient, to whom I suggested it in private, was a semitic looking gentleman who claimed an ancient Scottish lineage. He irradiated a characteristic atmosphere of good temper and good living. When I had finished my recital of the benefits of a three days' fast, he became as if deflated; his face assumed a look of horror, and he growled at me, "That's all very fine, doctor, but have you ever tried it?" The retort that I was not a diabetic was obvious and prompt. It was, nevertheless, humiliating to have to confess the negative, and the unpleasant experience determined me never again to be obliged to make a similar reply to what might seem to a layman a perfectly legitimate question. For the next week-end, therefore, I ordained for myself a fast on Allen lines; that is, no food of any kind and only water to drink. Realising the probability and also the inadvisability of hoarding my fæces for the prescribed three days, I took a grain of grey powder on the Friday night and a dose of Epsom salts on the following morning. Then I fasted, secundem artem, until Tuesday morning. On Saturday I felt well, but I am told that my conversation was terse in matter and staccato in manner. On Sunday I felt very well, and endured my trial in the spirit of a Christian martyr. I was resigned. On Monday I felt very well indeed, and did my work at home and at the hospital with zest and vigour. I had arrived at the stage of the superior person who regards meals as mundane matters suitable only to the Philistine and the pork butcher. And truth to tell, I swallowed the cup of tea and the banana which broke my fast on the Tuesday with a certain indefinable regret, as though I had fallen from grace and was no longer worthy to be numbered among the elect.

Since that time, now many years ago, I have frequently repeated the experience, and always with the same result. The first day, craving; the second, resignation; the third, rejoicing and rejuvenescence. The result is that I can cordially recommend the discipline as an occasional exercise to anyone who is obliged to lead a sedentary life. The rationale of its beneficence is probably as follows. In the ordinary routine of town life we do not completely oxidise our intake; there remains a residue which is only partially oxidised. These "suboxides," if I may so term them, are mildly but cumulatively toxic, and give rise to many of the minor maladies and discomforts of everyday life. In the process of fasting these suboxides, which are relatively insoluble, become thoroughly oxidised, and thus fitted for normal and easy excretion.

It is almost certain that the energy which is set apart for our digestive processes takes the path of least resistance. It seizes upon the easily oxidisable, and when that has been disposed of, but not before, it attacks the tougher portion of the proposition. Thus

it comes about that the tired horse has the heavier load to pull. Is it any wonder that he falters by the way? The faltering in this case means suboxidation, which can only be corrected by giving an opportunity for an oxidation which is full and free. This is well and physiologically effected by fasting—and by no other means. Sir Henry Lunn says that he sometimes takes cocoa on his days of fast. He will, I am sure, forgive me for saying that, for the reasons given above, he is wrong. Cocoa is more readily oxidisable than, say, urates of soda, and the metabolic energy will naturally seize upon it rather than upon them. The result is a retardation of the curative process. If, instead of a cup of cocoa, Sir Henry Lunn will take half a grain of thyroid, he will expedite his cures and qualify himself to better his present most excellent and timely instruction.

I am, Sir, yours faithfully,

LEONARD WILLIAMS.

Harley-street, W., Dec. 4th, 1921.

### THE QUESTION OF SELF-DISINFECTION.

To the Editor of THE LANCET.

SIR,—I have read the letter on this topic in your issue of Dec. 3rd with unusual interest, since I have never been quite able to understand why prophylactic measures against venereal disease amongst Canadian troops met with failure, complete and ignominious, whilst identical measures appear elsewhere to have attained considerable success, notably in the Portsmouth area. That "prevention is better than cure" is customarily regarded as axiomatic; and the Canadian military authorities in England attempted with characteristic vigour and thoroughness, through the medium of instructive lectures and the supply to soldiers proceeding on leave of packets and full instructions as to their use, to reduce the incidence of venereal disease. London, being comparatively accessible to troops in Canadian camps, a special treatment centre, suitably disguised, was established here in charge of a competent genito-urinary specialist, and soldiers urged to report immediately after exposure. As no upsetting questions were asked, no record kept of names and numbers, and they were greeted with neither head-wagging, curtain-lectures, nor sermons, the men made full use of the facilities afforded. After confirmation of the use of the materials which had been supplied, an irrigation with potassium permanganate was given, for which later on was substituted the injection into the anterior urethra of a little argyrol solution, the penis having been first clamped near the peno-scrotal junction and then cleansed with sterile water.

I thought very favourably of the scheme indeed, and as officer i/c treatment at the principal V.D. hospital, an institution with 1300 beds and a large out-patient attendance, I followed with great interest the results, supplementing the figures obtained in our admission-room by inquiries along similar lines in the various units through their medical officers. We finally concluded that the net results of the effort were nil; indeed, the advantage at times seemed with the men who had not availed themselves of the facilities; such are the vagaries of statistics, however painstakingly prepared. Our own hospital personnel, numbering 125, and many of them university undergraduates, were under no illusion as to the value of our prophylactic measures, and customarily declined with thanks both the packets and the treatment, preferring to rely on their own individual methods, usually prompt ablution with soap, and urination.

I hold no brief for either of the Venereal Councils competing for a place in the sun, and the literary weapon discharged by the N.C.C.V.D. will, no doubt, draw a return salvo from the N.C.P.V.D. It may be said, however, that the former base their whole campaign on two fundamental conceptions (or misconceptions): firstly, that the public, and especially the young, are ignorant and must be instructed; secondly, that if the possibilities of venereal disease are vividly brought to their notice they will remain