

## Letters to the Editor

*Preference is given to the letters commenting on contributions published recently in the JRSM. They should not exceed 300 words and should be typed double-spaced.*

### Medical ethics and evolution

May I offer my heartiest congratulations on the inclusion of Dr Evert Timmer's paper in your editorials in the May 1994 'Journal'. I was particularly pleased that it extended, enlarged and was much more forcible than the editorial I wrote for you some time ago ('Homo Sapiens - a species too successful') which was a very much less erudite but nevertheless firmly biologically based forecast. In between these two items, Professor Kennedy's very wide ranging book appeared, encompassing national and international historical and current trends and forecasts, but like all publications on the subject it also seems to have been firmly pushed under the carpet. The bells cannot be ringing loudly enough!

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### Gastric lymphoma

The current great interest in the subject of gastric lymphoma and its postulated *Helicobacter pylori* bacterial origin has led to numerous publications as well as media attention, all of them concentrating on 'traditional' antibiotic treatment. In not one instance where references have been given have I seen any mention of the Antipodean honey cure of *Helicobacter pylori* infection described by Al Somal *et al.* (January 1994 *JRSM*, pp 9-12). Somehow this finding seems to have been either sidetracked or deliberately neglected and, as it potentially promised many advantages over antibiotics, this seems a pity. Honey as a potential cure for a form of gastric carcinoma is quite something!

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### The origin of the Society's motto

I greatly admired the scholarship of the editorial on this subject by Theodore James (May 1994 *JRSM*, p 255), but I cannot agree with his conclusions. He asserted that our motto was not derived from Martial, but from Socrates as cited by Plato.

It seems to me that Martial was writing about physical health, but Plato was writing about spiritual well being, moral goodness. These are two very different things. The primary meaning of *valere* is to be strong, then to be powerful (militarily) or valid (legally), then, in health, to be well. Thus, the meaning of Martial's epigram is that to experience life fully it is necessary to enjoy physical strength and bodily health.

James quotes Plato as saying 'It is not living, but *living well* which we ought to consider most important'. Living well is not a matter of physical health: it indicates the living of a virtuous life. It is a modern travesty of language that people sometimes speak of someone 'living well' when what they mean is that the person enjoys a high level of material comfort, possibly hinting at over indulgence. It is always desirable to have health and strength, because they allow a person to be more productive, that is, to do more, and do it more easily, than someone who is weak and ill. Robust health does not, however, carry with it any guarantee of moral goodness and is not always conducive to the observance of high moral standards. Conversely, there are many

examples of those who have poor physical health, but despite this, they live virtuous lives. The quotation given by James from Seneca, Epistle XC, '... living well is the gift of philosophy', serves to underline the idea that living well is a spiritual pursuit, not a physical state.

I therefore beg to submit that we should continue to regard Martial as the original author of the epigram from which our Society motto is derived.

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### Beethoven's illness

I wondered if a premature autopsy (28 March 1827) may have contributed to Beethoven's early death (26 May 1827), any underlying disease making only a minor contribution (May 1994 *JRSM*, pp 283-5).

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### Cortico basal degeneration

The report (June 1994 *JRSM*, pp 359-60) is misleading. It concerns three interesting cases with alien hand syndrome. The label CBD is misleading, as the diagnosis is not based on any neuropathological findings. The authors suggest that the clinical manifestations (of CBD) 'are readily confused by non-neurologists with commoner neurological conditions'. The diagnosis of CBD is not without problems even when the brain is examined by neuropathologists. However, Pick's disease and progressive supranuclear palsy can then usually be recognized.

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### Wartime colon injuries

I write with reference to the article by Moreels *et al.* (May 1994 *JRSM*, pp 265-7).

The experience of the developing world and especially surgery performed during periods of war, does not support the conclusion of this paper. Primary closure of left colon wounds is not a safe and acceptable procedure. This paper does not convince me that a change away from the well established policy of defunctioning the colon should now be made.

Comparison between civilian practice, and war or developing world situations cannot be made. A 'clean' incision of the colon in civilian practice where 'on table colon irrigation' can be instituted will enable a safe anastomosis to be performed anywhere around the colon. Several series have shown this to be the case.

Moreover, injuries to the right and left colon must be differentiated. The fluid effluent of the right colon with its adequate blood supply means that even a ragged hole can be freshened and safely closed. However, the solid content of the left colon with its fragile blood supply mitigates against primary closure. This teaching should not be changed until randomized trials have been performed.

Closer examination of Moreels paper reveals only nine of their series of 102 patients had trauma to the left colon which was primarily repaired and not defunctioned. Furthermore, two of these patients subsequently died of peritonitis. This small experience should not be sufficient evidence to change an important principle of surgical practice in war conditions - that trauma to the left colon must be defunctioned with a colostomy.

Changing practice in the light of such an unconvincing paper may account for many lost lives.

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