Letters to the Editor

Please e-mail letters for publication to Dr Kamran Abbasi [kamran.abbasi@rsm.ac.uk]. Letters should be no longer than 300 words and preference will be given to letters responding to articles published in the *JRSM*. Our aim is to publish letters quickly. Not all correspondence will be acknowledged.

Drivers of violent conflict

This letter is in response to Maria Kett and Michael Rowson's essay 'Drivers of violent conflict' (*JRSM* 2007 **100**:403–406).¹ The authors are to be commended for summarizing many of the economic and political causes of violent conflict. However, the omission of human evolution as a cause of violent conflict, especially in an article in a major life science journal, is an indication of how limited the study of violent conflict remains.

To the detriment of scientific advance, it is still viewed through the standard social science paradigm, first advanced by Durkheim, where social facts may only be explained by other social facts. This perspective needlessly hinders the advancement of solutions to violent conflict and its scientific study.

The evidence that evolution processes violent conflict in humans and other animals is overwhelming and the literature in each aspect of this topic is voluminous.

Excellent analyzes of chimpanzee warfare includes the work of Dame Jane Goodall and Richard Wrangham. Warfare in social insects is addressed by the superb work of E O Wilson and Bert Hölldobler, among others. The impact of evolution on human violent conflict is well covered by many scholars, including Azar Gat, Malcolm Potts and Johan van der Dennen, and in my own work.

Over the last twenty years, a group of social and life scientists who adopt a consilient approach to the study of violent conflict has evolved. We believe that the science of human violent conflict advances most effectively through the application and integration of the life sciences and social sciences to the subject. Our members include cognitive and evolutionary psychologists, evolutionary theorists, ecologists, physicians, anthropologists and political scientists, and we are represented by several professional associations, including the Association for Politics and the Life Sciences, the Human Behavior and Evolution Society, and the International Society for Human Ethology.

Scholarship on the causes of violent conflict which does not reference human evolution and other insights provided by the life sciences will never determine its origins. Thus, it needlessly hinders the study of this important topic and restricts the search for solutions.

The consilient paradigm must replace the social science paradigm if science is to advance.

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REFERENCE

- 1 Kett M, Rowson M. Drivers of violent conflict. *J R Soc Med* 2007;**100**: 403–6

Wernicke's encephalopathy in a funny patient

Sojer and colleagues describe a diabetic patient presenting with a month of periodic cognitive impairment due to hypoglycaemia.¹ However, a sentence of indispensable personal history should have been included. Significant alcohol consumption could raise a possibility of Wernicke's encephalopathy. This disease is often unrecognized but detrimental if left untreated. The classic triad of mental status change, ophthalmoplegia and truncal ataxia is present in only 16% of patients.² Failure to include this encephalopathy among differentials of mental status change in such patients and to give intravenous thiamine before glucose accordingly in the setting of hypoglycaemia would lead the patient to worsening status.²

Last but not least, I have seen quite a few alcoholics, and have learnt that a practical question should be 'when was your last drink?' rather than 'do you use alcohol?'

Competing interests None declared.

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- 1 Sojer M, Eller P, Schmidauer C, Pechlaner C. A funny patient. *J R Soc Med* 2007;**100**:478–9
- 2 Sechi G, Serra A. Wernicke's encephalopathy: new clinical settings and recent advances in diagnosis and management. *Lancet Neurol* 2007;**6**: 442–55

Towards greener hospitals

Robin Stott's article entitled 'Climate change, poverty and war' (*JRSM* 2007;100:399–402)¹ was, I feel, a little ambitious, with surely most of the initiatives to halt climate change having to come from politicians rather than health professionals. However, his point that we need to commit 'ourselves to live and develop within environmental limits and ensure that the institutions within which we have influence do likewise' is an interesting one which deserves further consideration.

A cursory look around any hospital in this country will reveal appliances and lights left on unnecessarily, tap water that is far too hot, rooms which are heated all year round, a complete lack of double glazing and an absence of any form of recycling. Perhaps surprisingly, this issue has received scant attention in either the lay or medical press despite the environmental and financial benefits small changes could bring. Indeed, a study in the *Irish Medical Journal* in 2002 suggested that in one hospital, energy consumption could be

quite easily reduced by 20%, water consumption by 15% and proper waste segregation could result in reductions of up to 40% of health-care waste.²

In a world in which climate change is becoming increasingly important, it is surely time both health professionals and politicians realised the environmental impact of hospitals and put in place the simple changes needed to effect real and long-lasting improvements.

Competing interests None declared.

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- 1 Stott R. Climate change, poverty and war. *J R Soc Med* 2007;100:399–402
- 2 Duputie S, Farrington N. The road to a greener hospital. *Ir Med J*. 2002;95(3):75–7.

Correction

In 'A crime against mental health' (*JRSM* 2007;100:529–30), Dr Whitehead's email address was incorrect. The correct email is miranda@bentinck.org

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