

spontaneous phagocytosis had not been eliminated, it was afterwards considered undesirable to do so. Further investigation, however, having remedied this defect, and that without materially modifying the conclusions arrived at, it is now proposed to publish the paper at an early date. A practical clinical point has suggested itself in connexion with the elimination of opsonins through the sweat glands. The old-time method of treating the sweating of phthisis was by means of the exhibition of atropine. For some years past there has been a tendency to abandon that line of treatment, on the ground that sweating, by excreting toxins, freed the system of their presence and to that extent was desirable. But as against that fact there is the well-known experience that in cases of acute tuberculosis where failure to control sweating takes place, an unfavourable result nearly always accrues. The explanation, then, may lie here. Profuse sweating is associated with a profound lowering of the opsonic content of the blood serum. If that is so, then it appears to be our duty, by resuming atropine treatment, or some such line, to control the sweating of phthisis to the full extent of our powers.

Professor MUIR (Glasgow) said: In connexion with the discussion on this subject there are certain preliminary points to which attention may be directed. In the first place, we are perhaps too apt to consider that the action of all the substances in a serum must conform to the scheme of receptors worked out by Ehrlich and now generally recognized. In the second place, there has been too great a tendency to distinguish substances simply according to the effects which they produce; it is quite probable that the same substance may produce two different effects when tested on two different organisms, for example, opsonic action in one case and bactericidal action in another. And in the third place, the two factors, namely, variations in combining affinities, and variations in the sensitiveness of bacteria to complements after combination has occurred, have not been sufficiently kept in view. With regard to the first point, it is often assumed, as a result of reasoning from analogy in the case of haemolysis, that complement only enters into combination through the medium of an immune body or its natural homologue, and although the co-operation of an immune body and complement has been demonstrated in the case of bactericidal action on the anthrax bacillus by certain normal serums, this must not yet be accepted as indicating an invariable rule. As a matter of fact, so far as my experience goes, emulsions of all bacteria and also minute organic particles of various kinds have the power of absorbing complement. It is accordingly only reasonable to suppose that the complement thus absorbed may by itself have an effect on the organisms, such as rendering them susceptible to phagocytosis or producing their death. It is well known that normal serum has practically no bactericidal effect upon the *Staphylococcus aureus*, and it might be assumed from this that the bactericidal substances of the serum did not enter into combination with it. It can, however, be shown that an emulsion of the staphylococcus will remove the bactericidal substance from the serum as tested against the typhoid bacillus, and accordingly the result mentioned is due not to want of combination but simply to non-sensitiveness of the staphylococcus to the action of bactericidal complement. Theoretically, however, the absorbed complement may produce some change in the bacterium, although not leading to its death—a change, for example, which may render it susceptible to phagocytosis. Intracellular destruction of bacteria probably takes place in an analogous manner to the extracellular, and possibly the digestive powers of leucocytes from different animals vary considerably. This is a matter, however, on which we have little information. Our knowledge at present chiefly concerns the extracellular destruction *in vitro* and the conditions which regulate the ingestion of the bacteria by the cells. Further information is, however, much needed regarding what we may call the intracellular bactericidal properties of the leucocytes. The leucocyte may be practically an indifferent factor so far as ingestion of the bacteria is concerned, but it must not be assumed that leucocytes from different animals have the same digestive properties towards various bacteria. The investigations which I have carried out along with Dr. Martin show that the labile opsonins of normal serum can be taken up by a great many different organisms

when the test is made on one particular bacterium; in other words, there is a want of specificity. They are also taken up by "complement-absorbers" and hence we have placed them in the group of "complements," using this term in the bio-chemical sense. It is quite likely that the small trace of thermostable opsonin which Dr. Dean has demonstrated in normal serum may act as an immune body, leading, that is, to the linking on of the complement; but I consider that the absorption of the greater quantity of thermolabile opsonin is probably of the nature of a direct union of this substance with the bacteria. As hinted above, it is probable also that this direct union may in certain instances lead to a bactericidal effect. As we have shown in our last paper, the thermostable opsonin in an immune serum is of an entirely different character. It differs in being specific in nature, in the generally recognized meaning of the term. We have failed to find that it is taken up by any other organisms, and we have also found that a variety of substances or combination of substances which remove complement, have no effect upon it. We have accordingly placed it amongst the true antisubstances. The opsonic action of an unheated immune serum will, therefore, depend upon the conjoint action of the two classes of opsonic substances. These two substances may act quite independently, or the one may aid to a greater or less extent in the absorption of the other; that is, we may have an example of action after the type of immune body and complement. It is not possible, however, to arrive at a definite conclusion on this point by comparing the results of the opsonic action of the substances separate and in conjunction. For example, on the supposition that the two substances act separately, we cannot assume that the phagocytic count when both are present will be the sum of the two counts when each acts separately. We have shown by absorption or subtraction tests that immune body does lead to the absorption of opsonin as well as opsonin. But we cannot apply the immune body + complement scheme to the whole of opsonic action. For, in the first place, there is strong evidence that the normal labile opsonin may enter *directly* into combination with the bacterium; and, in the second place, we know that the immune opsonin can *by itself* bring about the opsonic effect. And further, Dr. Martin and I found that a heated antistaphylococcus serum with marked opsonic action contained very little immune body as indicated by the absorption of complement test. We accordingly did not consider there was sufficient evidence for concluding that the immune opsonin had the constitution of an immune body; if it has this constitution in some cases, then it is a modified type, as it has also an active or zymotoxic group.

Dr. DEAN, in reply, said: The Section is to be congratulated on the valuable contributions made by several of those taking part in the discussion. I would like especially to refer to the work of Houston and Rankin, which seems to me of great importance as clearly providing a means of differentiating between the causal organism of cerebro-spinal and posterior basic meningitis, and for the first time proving these two diseases are separate pathological entities. But having already had a long discussion, I will not detain you any longer, but will now close the discussion.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

### RED LIGHT AND IODINE PAINT.

I SHOULD like to point out a fact about the use of iodine which is not generally known. If iodine is painted on the human skin in the dark and only a red light such as is given by an ordinary photographic lantern is used there will be quick absorption. The skin will be neither discoloured nor blistered, even under prolonged use. I believe I am the first to discover this method, and have used it for ten years at least.

The part painted should be immediately covered up, as exposure to any white light fixes the iodine in the skin.

London, S.W.

J. DUNBAR-BRUNTON, M.B.

## THE PLAGUE.

### PREVALENCE OF THE DISEASE.

#### INDIA.

DURING the weeks ended October 5th, 12th, and 19th, the deaths from plague in India numbered respectively 9,643, 9,277, and 9,338. The Bombay Presidency continues the most severely plague-stricken district, the number of deaths in this Presidency alone amounting to 7,301, 6,712, and 7,323 during the weeks in question, or almost three-fourths of the whole plague death-rate for India during these periods. In other parts of India the returns for the weeks ended October 5th and 12th (the returns for the week ended October 19th are not to hand) were: Bengal, 59 and 66; United Provinces, 118 and 115; Punjab, 311 and 349; Rajputana, 74 and 182; North-West and Frontier Province, 0 and 11; Central India, 191 and 275; Central Provinces, 699 and 535; Hyderabad State, 111 and 240; Mysore State, 547 and 578; Madras Presidency, 168 and 162; Burmah, 63 and 53.

#### AUSTRALIA. Queensland.

*Brisbane.*—No case of plague occurred in the town of Brisbane between July 26th and October 5th. A sailor suffering from plague was landed on September 16th at Brisbane from a ship which had sailed from Newcastle and Sydney; the patient died.

*Cairns.*—During the week ended September 21st and 28th and October 5th the fresh cases of plague numbered 0, 3, and 4, and the deaths from the disease 0, 2, and 2 respectively. The total number of cases reported since the commencement of the present outbreak at Cairns amounts to 9, 4 of which have proved fatal.

#### SOUTH AFRICA.

Neither at Cathcart nor at King Williamstown have any fresh cases of plague been reported between August 31st and October 21st. The last cases of plague left the hospital at Cathcart on October 12th.

#### MAURITIUS.

During the weeks ended October 17th, 24th, and 31st the fresh cases of plague numbered 19, 12, and 11, and the deaths from the disease 13, 10, and 7 respectively.

#### FRANCE.

*Dunkirk.*—A sailor taken to the Dunkirk hospital was on October 22nd found to be suffering from bubonic plague.

## INDIAN SANITARY REPORTS.

### *Eastern Bengal and Assam.*

THE report for 1905 is the first record of sanitation in the newly-constituted province which comprises the valleys of the Brahmaputra and Surma, with their intervening and bounding hills and the fourteen districts of Eastern Bengal, Gangetic and deltaic, which have been detached from the province of Bengal and added to that of Assam. The population of the new province is 30,961,459. It includes a great diversity of physical conditions, races, and social life. The year was an unhealthy one, presenting characters closely resembling those which prevailed in Bengal. The monsoon rainfall was heavy, and severe floods occurred in the vicinity of the large rivers which traverse the province. The birth-rate was 39.37 and death-rate 35.06, comparing unfavourably with past years. Registration is still very incomplete, and efforts are being made to improve it. Malarial fever was severe, especially in the Gangetic district of Rajshaye, in which waterlogging, due to changes in the course of rivers, is common. The mortality caused by kala-azar was lower. Captain James investigated this disease during the year, and considers that it is not a malarious fever, but doubts whether it is caused by the Leishman parasite. Cholera prevailed severely in the plain districts and lower reaches of the Brahmaputra Valley. The disease was, it is considered, intensified by the floods. Only 6 cases of imported plague occurred. Bowel complaints were in excess, especially among the garden coolies. The mortality from small-pox was below the average. In the Kamrup district the disease occurred chiefly among the Mahapurushiyas, who refuse to accept vaccination for religious reasons. Municipalities devoted 41 per cent. of their income to sanitation. The sanitary state of the town of Dacca, the capital of the province, is reported to be very bad. A Sanitary Board has been constituted, and various water supply and drainage schemes are under consideration. The report has been compiled by Major E. C. Hare, Sanitary Commissioner.

## MEDICAL NEWS.

AN Italian Society of Radiology was founded on the occasion of the Second Congress of Physiotherapy recently held in Rome.

THE Town Council of Zurich has established a dental clinic where school children are to be treated free of charge. The clinic is under the direction of a dentist who receives a salary of £200, rising to £280 a year.

It was announced at the International Congress of Psychiatry and Neurology, held recently at Amsterdam, that arrangements had been made for an International Institute for the Study of Causes of Mental and Nervous Affections. The King of Italy has offered the use of a villa near Lugano, but the Institute will later be transferred to Zurich.

THE next general quarterly meeting of the Medico-Psychological Association of Great Britain and Ireland will be held at 3 p.m. on Tuesday next at 11, Chandos Street, Cavendish Square, W., under the presidency of Dr. P. W. MacDonald. The discussion adjourned from the annual meeting upon Dr. Albert Wilson's paper on the Psychology of Crime will take place after some remarks by Dr. Wilson and after he has shown some further illustrative cases. Dr. Robert Jones will make some remarks on the International Congress on School Hygiene recently held in London, at which he was a delegate. Dr. F. W. Mott, F.R.S., will give a short account of the International Congress of Neurology held last September in Amsterdam, and to which he was a delegate.

THE London County Council has supplied us with a copy of the by-laws made under the Employment of Children Act, 1903, and is desirous that particular attention should be called to them so far as they affect the employment of young children by medical practitioners. There can be so few medical men in London who employ persons under the age of 14 years that it seems scarcely worth while to detail the regulations affecting them. In general terms they forbid the employment of a child liable to attend school full time for more than a number of hours which varies with the number of days that the schools are open during any given week. On Sundays a child cannot be employed at all, except between 7 a.m. and 1 p.m., and then for a period not exceeding three hours. On days when the school is not open it cannot be employed before 6 a.m. or after 9 p.m., or for more than eight hours in any one given day.

SOME twelve years have passed since the foundation of the Caxton Convalescent Home, at Limpsfield, and now, for the first time in our recollection, an urgent appeal is being made for assistance towards its support. The Home is intended to give a chance of recruiting health and strength after sickness or nervous breakdown to those engaged in the printing trade, a class of men who commonly lead a strenuous and somewhat trying kind of existence. What this Home does for many of them is sufficiently evidenced by the numerous letters from those who have been admitted to it, copies of which are attached to the appeal. Subscriptions may be sent to the Secretary, Mr. E. J. Carr, 33, Chancery Lane, W.C.

ANIMATED PHOTOGRAPHY IN MEDICINE.—The practical value for teaching purposes of cinematographic representations of the signs and symptoms of patients suffering from nervous diseases was demonstrated by Dr. Campbell Thomson at the opening meeting of the Middlesex Hospital Medical Society on November 7th. The films were prepared by the Urban Trading Company for animated photography, and enabled Dr. Thomson to demonstrate in the most vivid manner the points in the differential diagnosis of nervous complaints. The reproduction of the intentional tremor in disseminated sclerosis was most interesting, the spilling of the water from the tumbler when the patient attempted to drink affording a most realistic picture.

MEDICAL MAYORS.—Among the mayors who took up office on November 9th are the following members of the medical profession: Lieutenant-Colonel R. Anderson, R.A.M.C. (Bury St. Edmunds), Dr. G. W. Eustace (Arundel), Dr. G. P. Francis (Brecon), Dr. Robert Gourlay (Oldham) re-elected, Dr. G. H. Lodge (Rotherham), Dr. R. A. Prichard (Conway) re-elected, Dr. C. Dudley Somers (Aldeburgh), Dr. J. W. Thomas (Neath), and Dr. R. D. Thomas (Welshpool). The elections of Dr. Caton, Lord Mayor of Liverpool, and Dr. J. Pearson, the Mayor of Bootle, are referred to elsewhere.

intramental treatment. The earlier such treatment is commenced the less often will any operative treatment be required.—I am, etc.

Coventry, Oct. 25th.

F. FAULDER WHITE.

#### ALCOHOLISM AND HOBNAIL LIVER.

SIR,—As the medical superintendent of an inebriate retreat, may I say that in twelve years' experience of the treatment of alcoholism—acute, chronic, and periodic—I have never had a patient suffering from cirrhosis of the liver? I think Dr. Branthwaite's experience will be borne out by all who have had to do with inebriety and its treatment.—I am, etc.,

J. W. ASTLEY COOPER.

Buttermere, Cockermouth, Nov. 10th.

#### THE TERRITORIAL ARMY MEDICAL CORPS.

SIR,—Before the new medical military scheme, recently unfolded by the Director-General, comes into operation, it would be well to consider the status of existing volunteer officers and officers of the Army Medical Reserve, who are in charge of troops and military hospitals.

In view of this, I wish to point out that although under military discipline, and subject to great responsibility, they have no authority whatever, and are regarded by the R.A.M.C. as mere stop-gaps, with contemptuous toleration. An officer in the Army Medical Reserve holds a commission, which as far as words go confers powers of discipline and command, but which in practice is really not worth the vegetable parchment on which it is written.

Under these circumstances I strongly advise those interested to make sure that as members of the new organization they will possess when on duty all the rights, privileges, and powers of the R.A.M.C. I speak from experience in saying that if these points are not insisted on and conceded friction and humiliation are unavoidable.

The uniform of the Territorial R.A.M.C. ought to be identical with that of the R.A.M.C., with a "T" on the shoulder strap for a difference. The abolition of silver buttons and lace would do away with the galling possibility of being regarded by a grateful public as "only a volunteer!"—I am, etc.,

October 27th.

LATE M.O. IN CHARGE.

#### CANVASSING FOR CLUBS.

SIR,—It is, I think, time that measures were taken in regard to the attitude of the medical profession to friendly societies; not only on the subject of proper remuneration, but more especially on account of the wholesale canvassing that takes place in connexion with them. The societies generally (at least in Scotland) offer prizes to the members who get the largest number of additional candidates, and in some cases it is the tent surgeon who purchases and awards the prizes.

I may be wrong in supposing that such an action can be taken to mean canvassing for the benefit of the tent surgeon, and if so I shall be glad of a correction.

I have myself had to suffer the annoyance of having some of my patients canvassed, and canvassed repeatedly and persistently to join the juvenile tent of one of these societies in my neighbourhood. On remonstrating I find that such a practice is universal and am informed that "Our aim is not to increase the doctor's list, but to add to the membership of the order, and you are the only one who has ever interpreted our action in any other light."

It may not be their intention to increase their doctor's list, but the fact remains that the doctor's list is increased, and that by means of canvassing other people's patients.

Is it, may I ask, consistent with the aims of the British Medical Association for members to support and encourage such societies?—I am, etc.

A. P.

THE new medical school in the Philippine Islands was formally opened on June 10th, and at the present time (we learn from the *Boston Medical and Surgical Journal*) fifty-four young men and one young woman are studying medical science "on American lines." The medical department of the Santo Tomas University has made efforts to improve the facilities which it offers in order to meet the stress of competition. A new dissecting room has been planned, and the laboratory accommodation has been increased.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF OXFORD.

#### Radcliffe Prize, 1907.

THE Master and Fellows of University College have reported to the Vice-Chancellor that they have awarded the prize to Arthur Edwin Boycott, D.M., Fellow of Brasenose College.

The Examiners reported that the work of Alexander George Gibson, M.A., B.M., Christ Church, entitled him to honourable mention.

#### Second Examination for the Degree of B.M.—Certificates.

In and after Trinity Term, 1908, in addition to the certificates already required, every candidate must also produce a certificate (No. 11) showing that he has attended a course of practical instruction in the administration of anaesthetics in a hospital approved by the Medical Board.

#### Examiners in Medicine.

In a Congregation held on Saturday, November 9th. the names of the following persons were submitted to the House as Examiners in Medicine:

*In Human Anatomy.*—A. H. Young, M.B. Edin.

*In Physiology.*—J. S. Edkins, M.B. Camb.

*In Pathology.*—E. W. A. Walker, D.M., Fellow of University College.

*In Forensic Medicine and Public Health.*—T. M. Legge, D.M., Trinity College.

*In Medicine.*—J. R. Bradford, M.D. Lond.

*In Surgery.*—Howard Marsh, M.A., M.C. Camb.

*In Obstetrics.*—T. W. Eden, M.D. Edin.

#### Degree Days.

The degree days in the present term are: Thursday, November 28th, at 10 a.m.; Thursday, December 5th, at 10 a.m.

### UNIVERSITY OF LONDON.

#### MEETING OF THE SENATE.

A MEETING of the Senate was held on October 23rd.

#### Forthcoming Resignation of Principal.

Sir Arthur Rücker having intimated his desire not to retain the office of Principal beyond the age of 60, and therefore to resign in September, 1908, a resolution expressing the Senate's regret at the announcement and recording its appreciation of the great services he has rendered to the University was unanimously adopted.

#### Resignation from the Senate.

Dr. Lauriston E. Shaw, one of the Representatives of the Faculty of Medicine on the Senate, has resigned; his successor will be appointed at a meeting of the Faculty of Medicine on November 21st.

#### Reappointment.

Dr. P. H. Pye-Smith has been reappointed Representative of the University on the General Medical Council.

### KING'S COLLEGE.

#### Special Lectures in Physiology.

DR. OTTO ROSENHEIM will give a course of three lectures on the borderland of animal and vegetable chemistry (proteins, lecithins, pigments, etc.) in the physiological theatre of King's College on Monday, November 25th and December 2nd and 9th at 4.30 p.m. These lectures are free to all internal students of the University of London, all medical students in the London medical schools, and medical practitioners on presentation of their cards.

### GRADUATES' UNION.

THE University of London Graduates' Union has been formed to keep the graduates and teachers in touch with the University by bringing together those engaged in all forms of educational work, and to support the development of university teaching and research in London. One means to this end is the publication of a periodical entitled *The London Graduate*. The subscription to the Union, of which Sir Thomas Barlow is President, is half a crown; it may be sent to the Secretary, 8, Collingwood Avenue, Muswell Hill, N.

### ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the Royal College of Physicians of Edinburgh was held on Tuesday, November 5th, Dr. Underhill (President) in the Chair.

#### Admission to the Fellowship.

The following members were admitted by ballot to the Fellowship of the College: Frederick Norton Menzies, M.D., M.R.C.P.E., London; Theodore Charles Mackenzie, M.B., M.R.C.P.E., Aberdeen; and George Douglas McRae, M.B., C.M., M.R.C.P.E., Edinburgh.

#### Admission to the Membership.

James Hunter Harvey Pirie, M.B., Ch.B., Edinburgh, was admitted to the Membership of the College after examination.

#### Admission to the Licence.

The Registrar reported that since the last quarterly meeting of the College fifty persons had obtained the Licence of the College by examination.

*School of Medicine of the Royal Colleges.*

The Secretary laid on the table the annual statement by the Governing Board of the School of Medicine of the Royal Colleges in terms of the constitution. The report indicated that the number of classes during the Winter Session, 1906-7, was 39, and during the Summer Session, 1907, 43; and that the number of students during the Winter Session was 1,048 and during the Summer Session 961, both so far as could be ascertained, as certain lecturers had not made returns.

*Hill Pattison Struthers Bursary.*

The Hill Pattison Struthers Bursary in Anatomy and Physiology, which is in the gift of the College, was awarded after examination to Mr. John William Hitchcock.

*Wood Bursary Award.*

The Wood Bursary, of the value of £60 per annum and tenable for three years, which is in the gift of the College, was awarded after examination in Latin, Greek, Mathematics, and English to Mr. George Baikie Shepherd.

## FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

THE elections held on November 4th in the Faculty of Physicians and Surgeons of Glasgow resulted in the appointment of the following gentlemen as office-bearers for the ensuing year: President, Dr. John Glaister; Visitor, Mr. D. N. Knox; Treasurer, Dr. W. G. Dun; Honorary Librarian, Dr. J. Lindsay Steven. There were also elected as Councillors, in addition to those who are Councillors in virtue of their office, Dr. Robert Perry, Dr. Neil Carmichael, Mr. E. C. Clarke, Dr. Ebenezer Duncan, Mr. J. Walker Downie, and Dr. John Barlow.

## ROYAL COLLEGE OF SURGEONS IN IRELAND.

NOTICE has been given of an alteration of some importance in the regulations respecting admission to the Fellowship. Hitherto candidates have been divided into two classes—those who are graduates or Licentiates in Surgery of over ten years' standing, and those who have held such diplomas or degrees for less than that period. In the case of the former no examination has been imposed in anatomy and physiology, as apart from surgery; the test which has been imposed in their case being known as Grade 2. After the date mentioned Grade 2 will cease to exist, and all candidates alike will have to pass under the scheme known as Grade 1. This entails examination in anatomy and physiology and histology and surgical pathology, as well as in systematic, clinical, and operative surgery. The alterations will take effect from January 1st, 1910.

## CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations undernoted:

SECOND PROFESSIONAL.—J. J. Barry, F. J. Graham, P. Grace, R. H. Hodges, W. H. Murray, M. O'Brien, H. C. Smyth, J. P. Shorten.

THIRD PROFESSIONAL.—S. J. Barry, A. J. Bennett, G. E. Beggs, H. F. Blood, T. C. Casey, Miss C. Daniell, J. C. L. Day, E. C. Deane, E. Dundon, H. Hunt, F. M. Harvey, S. W. Hudson, L. C. Johnston, J. O'L. Murray, J. Menton, M. C. O'Hara, J. J. O'Connell, R. Power, W. F. Russell, C. D. K. Seaver, I. Scher, H. B. Sherlock.

FINAL.—\*C. W. Green, \*M. D. Healy, \*J. McNamara, H. C. Carden, W. J. Connolly, A. Curry, B. Foley, G. A. Francis, E. H. F. Gilligan, G. J. M. Martin, E. Montgomery, W. St. L. Moorhead, P. J. Murray, C. McQueen, M. H. O'Sullivan, J. T. Rearden, G. F. Shepherd, P. D. Walsh.

\* Honours.

## ST. BARTHOLOMEW'S HOSPITAL MEDICAL SCHOOL.

WITH reference to an announcement in the BRITISH MEDICAL JOURNAL of September 28th, p. 855, to the effect that "Dr. W. S. A. Griffith has become Physician-Accoucheur with Dr. H. Williamson as his assistant," we are requested to state that the Gynaecological staff of St. Bartholomew's is as follows: Dr. Champneys is the Physician-Accoucheur to the Hospital, Dr. Griffith has been appointed Physician-Accoucheur with charge of out-patients, Dr. Williamson has been appointed Assistant Physician-Accoucheur.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

## AFRICA GENERAL SERVICE MEDAL.

THE KING has been pleased to approve of the Africa General Service Medal, with clasp, inscribed "N. Nigeria, 1906," being granted to the forces which (a) Under the command of the late Lieutenant F. G. Blackwood, East Surrey Regiment, and Captain R. H. Goodwin, R.G.A., took part in the operations against the Satiitu rebels, near Sokoto, from February 14th to March 11th, 1906, both dates inclusive. (b) Under the command of Colonel A. W. G. Lowry Cole, D.S.O., Northern Nigeria Regiment, West African Frontier Force, took part in the operations against the Emir of Hadeija, from April 16th to 24th, 1906, both dates inclusive. Officers, soldiers, and others already in possession of the Africa General Service Medal will receive the clasp only. The grant of the medal and clasp, or clasp only, to officers of the regular and auxiliary forces will be confined to those who had official sanction to be present.

## Medico-Ethical.

*The advice given in this column for the assistance of members is based on medico-ethical principles generally recognized by the profession, but must not be taken as representing direct findings of the Central Ethical Committee.*

## BRANCH SURGERIES.

C. S. S. writes: A., who is in practice at X., would like to know whether there is any objection to his starting a branch surgery at Z. There are already three practitioners resident in Z., which is five miles from X.

\* \* We should feel better able to form an opinion if we knew precisely what A. proposes to do at his branch surgery; for example, does he intend to have a telephone and go when required, or only to see patients at certain hours on certain days? While the practitioners at Z. have no right to complain of fair competition, A. must expect his action to be resented, and if his purpose in establishing a branch surgery is merely for advertisement, and there is no real opening for another practitioner, we think there would be grave objection to his taking the step he proposes.

## SUPERSESSION.

G. E. K. writes: A. is family practitioner to C., and on one occasion when ill requests B., a neighbouring practitioner, by letter to attend C. This B. does, and A. later sends her half her fees. Nine months afterwards and seven months ago C. calls to ask A. to visit a lady staying with her. A. is away for a short holiday, and C. then calls on B. and requests her to see the lady without mentioning the fact that A. is out of town. B. asks no questions, but attends the patients for ten days. She says nothing to A. on her return, and has never mentioned the matter, although A. and B. occasionally meet. Should not B. have communicated with A. immediately on her return?

\* \* As B. was originally introduced to C. by A., she should have mentioned the fact that she had been called to the house again, although there does not seem to be any question of supersession in the case, as the lady who was staying with C. was a stranger to both A. and B.

PERPLEXED writes: A. and B. are practitioners in the same town. A. attends a confinement for B. in his absence. Some months later A. is called to see the child, and on explaining to the parents his position is informed that they do not intend to employ B.'s services again, and, if A. still refuses to attend, they will call in C. Under these circumstances, is A. justified in attending the case?

\* \* If A. attended the case at the request of B., he is not justified in taking over the case without B.'s full sanction. It is much better that the case should go to C. than that medical men should feel that they are liable to be superseded by colleagues who have acted as their substitutes.

## Medico-Legal.

## DAKHYL V. LABOUCHERE.

THIS case, which was heard by Mr. Justice Darling and a special jury during five days last week, was brought to a close too late for insertion in our last issue. The action was brought by Mr. Hanna Nassif Dakhyl, M.D., of the University of Paris, against Mr. Henry Labouchere for damages for an alleged libel in *Truth*. The case was first tried before the Lord Chief Justice and a special jury, when a verdict was entered for the plaintiff for £1,000. This verdict, however, was set aside by the House of Lords, and a new trial was ordered. The defendant admitted publication, but said that, so far as it consisted of statements of fact, the paragraph was true, and so far as it consisted of expressions of opinion it was fair comment on a matter of public interest.

Sir Edward Clarke, K.C., and Mr. Macnaghten appeared for the plaintiff; Mr. Shee, K.C., Mr. Eldon Bankes, K.C., and Mr. Hugh Fraser for the defendant.

According to counsel's opening statement the alleged libel was contained in the following paragraph which appeared in *Truth* in April, 1905:

Sundry inquiries have reached me during the last week or two respecting one Dr. H. N. Dakhyl, of Holland-road, Kensington, who appends to his name the symbols B.Sc., B.A., M.D., Paris, etc., and describes himself as a specialist for the treatment of deafness, ear, nose, and throat diseases. Possibly this gentleman may possess all the talents which his alleged foreign degrees denote; but, of course, he is not a qualified medical practitioner, and he happens to be the