

century, a fact which was well recognized by Stokes when he went to Lagos, as the following quotation from the paper of Stokes, Bauer, and Hudson will show: "It has been shown by several workers, Reed, Carroll, Agramonte, and Lazear¹; Marchoux, Salimbeni, and Simond²; and Rosenau, Parker, Francis, and Beyer,³ that the virus of yellow fever is easily filterable when present in the circulating blood of man."

Since I was in the fortunate position of knowing Adrian Stokes well, I feel myself at liberty to say that he himself would have been the first to acknowledge and make public statement of the facts I have mentioned. He was a man who was so eager to avoid taking to himself undue credit that, as many of his students have reason to know, he avoided taking even that which was his due when he found it possible to efface himself. This being so, I have felt it right to comment on this point in Dr. Manson-Bahr's paper, lest it cause misunderstanding among those who know the facts of the case.—I am, etc.,

Rockefeller Institute for Medical Research, G. W. RAKE.
New York, March 9th.

Mirror-Writing

SIR,—There has recently appeared in the *Times* a series of articles about left-handedness which have aroused much interest. In view of this, and of the extreme rarity of the combination of left-handedness and mirror-writing, I thought the case mentioned below worthy of record.

A boy, aged 7 years, was brought to the Eye and Ear Hospital in Shrewsbury because his school teacher thought that his eyes might be defective. She complained that the boy was very backward, and that he appeared to have difficulty in reading and writing—"that he sometimes even wrote things backwards."

Physical examination revealed nothing abnormal, and the boy seemed to be of normal intelligence. The history from the mother, however, revealed the following. At the age of 3 she noticed that her son was left-handed, and, believing this to be wrong, tried to break him of his habit. She found that whenever he was made to use his right hand the boy stammered and used a meaningless and unintelligible language. The family doctor later advised that the child be allowed to continue to use his left hand; but, when he commenced to go to school, the teacher insisted that the right hand be used again, and the mother made no further complaint. At first the boy seemed only dull and stupid, but he soon commenced to write backwards, first letters and figures singly, and then later whole sentences. As an example of this, when asked to write "boys and girls," he wrote "slrig dna syob." Also, when told to add up columns of figures, he commenced to add from the left column first, and carried over to the right.

This state of affairs lasted for about two years, and then slowly he began to improve. When I saw the boy he wrote normally but extremely slowly with his right hand, except on those occasions when he thought he was not being observed; he then relapsed into his mirror-writing. With his reading, too, he was painfully slow, and one could almost picture his rearranging the letters of the word in his mind from his mirror image to the correct arrangement. When writing with his left hand this mirror-writing is also said to occur, but only very seldom; and his teachers have now been instructed to allow the use of the left hand on all occasions.

In cases of stammering following the enforced use of the right hand in left-handed children, it would seem that the strain of stimulating the formation of Broca's area in the left hemisphere is too great. Has this, however, any direct relation to the mirror-writing, and can one deduce that persistence in the formation of a new Broca's area would ultimately bring about cessation of these strange symptoms?—I am, etc.,

Shrewsbury, March 26th. GEOFFREY MOREY.

¹ *Senate Documents*, Washington, D.C., 1911, lxi, No. 822, p. 156.

² *Ann. de l'Inst. Pasteur*, 1903, xvii, 665.

³ *Yellow Fever Institute Bulletin*, 1905, No. 14.

Doctors and Unemployment

SIR,—With reference to Dr. E. I. Puddy's letter in your issue of March 18th (p. 489), may one say that the problem of unemployment is the problem of unpaid leisure. Malthus's doctrine may be of great interest at present, but it has certainly been discredited. In whatever manner the food supply has increased, it certainly has not increased at a lesser rate than the population. The reason why people starve, or live on the borderline of starvation, is not because the food supply is insufficient, but merely because they cannot buy sufficient—quite a different problem. The treatment is, therefore, not to decrease the population but to increase its buying powers.

The problem of economics is the problem of producing and distributing the goods and services required by the population for its well-being. The first part of the problem has been solved by science. The second part—namely, that of distribution or selling—has to do with finance. This has also been solved by an engineer, but not by the general population—he has given the diagnosis and prescribed treatment (such as seems eminently sound to us); but the treatment has not been applied.—I am, etc.,

W. HAROLD EMSLIE, M.B., Ch.B.

Aberdeen, March 21st.

British Goods for Hospitals

SIR,—Osler has said that to the Hippocratic school we owe, among other things, the conception and realization of medicine as the profession of a cultivated gentleman. Mr. Fitzwilliams would reduce it to a collection of touts for a narrow nationalism. He can hardly wish the profession to be so mean as merely to be "on the make" economically; he wishes it, one must suppose, to take its little place in a self-contained community, banishing "the foreigner" not merely from our markets, but also from our minds. Why not, then, carry the spirit a little further, and banish the foreigner from our textbooks—Claude Bernard, Koch, Lavoisier, Folin, Virchow, and the rest of them? Is Mr. Fitzwilliams unpatriotic enough to read foreign medical and scientific journals, to have anything to do with the many tests that find their way here from foreign parts, or to perform any operations whose technique owes anything to foreigners?

The profession of medicine transcends barriers of race, class, and nationality; "there is neither Jew nor Greek, bond nor free, but ye are all one." It is sad, therefore, to see this attempt to bring it down into the dusty arena of the modern politico-economic scrap.—I am, etc.,

Liverpool, March 27th.

ROBERT COOPE.

Cremation as a Safeguard against Foul Play

SIR,—In view of a possible misapprehension that may arise in the public mind out of a recent inquest proceeding, when it was found necessary to stop a cremation owing to baseless rumours having been spread regarding the circumstances of death and in which the coroner gave his verdict that death was from natural causes, I think it important for your readers to know that it is cremation, and cremation alone, which provides effective safeguards against foul play or death under suspicious circumstances. This was strongly emphasized by the coroner, Dr. Edwin Smith, who stated that, having regard to the necessity for care in connexion with cremation, it is right to mention the superiority of cremation over ordinary burial from the point of view of public safety, in that the safeguards are good in relation to cremation, requiring as they do an inspection of the body and a

certification of the *facts*, as well as the *cause* of death, in every case.

In the case in question the deceased lady had been a member of the Cremation Society for over ten years, so that there was no doubt as to her own wishes, and death was certified by her medical attendant of many years' standing, who was present at death. His certificate was confirmed by a police surgeon, who also examined the body, and, finally, the cremation was authorized by the medical referee after examining these certificates with other essential documents submitted to the cremation authority.

As the late Professor W. E. Dixon, director of Pharmaceutical Laboratories, Cambridge, stated in his address on cremation and crime: "I firmly believe that cremation is a protection to the public against poisoning, as the nature of the inquiry which is made when cremation is desired is of such an exhaustive character that no guilty person would dare subject himself to it."—I am, etc.,

GEORGE A. NOBLE,
Secretary, Cremation Society.

23, Nottingham Place, W.1,
March 22nd.

The Services

ROYAL NAVY MEDICAL CLUB

The annual dinner of the Royal Navy Medical Club will be held at the Trocadero Restaurant on Wednesday, April 19th, at 8 p.m. General meeting at 7.30 p.m. Information can be obtained on application to the honorary secretary (Surgeon Commander R. J. G. Parnell, R.N.), Medical Department, Admiralty, S.W.1. Club guests: Lord Stanley, M.C., M.P., Surgeon Captain R. J. Willan, M.V.O., O.B.E., V.D., K.H.S., R.N.V.R.

Colonel FitzGerald Gabbett FitzGerald, D.S.O., has succeeded Major General Howard Enson, C.B., C.M.G., C.B.E., D.S.O., as Deputy Director of Medical Services at the Horse Guards, for the Eastern Command, with promotion to major general.

DEATHS IN THE SERVICES

Lieut.-Colonel John MacLaughlin, R.A.M.C. (ret.), died on January 23rd, aged 75. He was born on May 25th, 1857, was educated in the school of the Royal College of Surgeons in Dublin, and took the L.R.C.S.I. in 1879, also graduating M.D. in the Royal University of Ireland in 1880. Entering the R.A.M.C. as surgeon on July 30th, 1881, he became lieutenant-colonel after twenty years' service, and retired on February 19th, 1902. He served in West Africa, in the Tambuku campaign of 1892, including the capture of Tambi, and in the Gambia expedition of the same year, including the capture of Toniataba, in both cases as senior medical officer, was mentioned in dispatches, and received the medal with a clasp. He also served throughout the South African war, from 1899 to 1902, in operations in Cape Colony, was mentioned in dispatches in the *London Gazette* of February 8th, 1901, and received the Queen's medal with three clasps. After retirement he was employed at Omagh in 1902, as recruiting medical officer at Bradford in 1907-8, and at Belfast in 1909.

Major Dennis Thomas MacCarthy, R.A.M.C. (ret.), died in Middlesex Hospital on February 20th. He was educated in Ireland, and graduated M.B., B.Ch., and B.A.O. in the Royal University of Ireland in 1906. Entering the Army as lieutenant in 1907, he reached the rank of major on July 30th, 1918, and retired on July 30th, 1926. He served in the war of 1914-18.

Major Douglas Reynolds, M.C., R.A.M.C., died in London on March 10th, aged 49. He was born on June 27th, 1883, the second son of Lewis W. Reynolds of High Wycombe, was educated at Guy's, and graduated M.B., B.S.Lond. in 1908, also taking the M.R.C.S. and L.R.C.P.Lond. in the same year, and subsequently the D.P.H. in 1924. Entering the R.A.M.C. as lieutenant on January 27th, 1911, he became major on January 27th, 1923. He served in the war of 1914-18 (medals), in Afghanistan in 1919 (medal and clasp), and in Waziristan in 1919-21 (medal and clasp, and M.C.).

Medico-Legal

LIBEL AND SLANDER IN MEDICAL PRACTICE.—I

We print below the first of two articles on libel and slander in medical practice, contributed by a legal correspondent. A subsequent article in the same series will deal with the extent to which hospitals and nursing homes are liable for the negligence of their staffs, and general practitioners for that of their assistants and locumtenents.

The medical man, especially the general practitioner and the medical officer of health, is peculiarly exposed by his calling to the risk of being defamed and of defaming others. Just as some of his patients become inordinately attached to him and repose in him the completest confidence, so others, by the law of opposites, develop a violent antagonism, which they do not hesitate to express in damaging allegations. Moreover, a medical man who does his public and private duty conscientiously can hardly help from time to time offending others, and is apt to make bitter enemies. On the other hand, apart from the risks they run of being libelled and slandered, medical men are constantly in danger of unwittingly offending against the law of defamation when for some reason they have to report on the health of one person to another, or when their professional duty compels them to communicate information which may be detrimental to someone. Every practising doctor should therefore know at least the principles of the law on libel and slander.

Libel and slander are both covered by the word "defamation," but libels are written, printed, or portrayed, while slander is spoken or conveyed in significant gestures. The essence of the law is that every man has a right to maintain the estimation in which he stands in the opinion of others unaffected by false statements to his discredit. A man is therefore entitled to damages from a person who makes statements about him which expose him to hatred, ridicule, or contempt, or which tend to injure him in his trade or profession or in any office he may hold. There is, however, a very important difference in law between the written and the spoken word. A libel is actionable if it has that effect on a man's reputation in any form; a slander, however vile it may be and however angry it may make the victim, goes completely unpunished unless it does certain things. It must either cause the injured party damage that is capable of being expressed in money; or it must impute to him a crime for which he can be sent to prison; or it must say that he has leprosy, plague, or venereal disease; or it must be of such a kind that it will naturally injure his reputation in his office, profession, or trade. It is actionable slander against a woman to say that she is unchaste or has committed adultery. Defamatory words are not actionable until they are "published," which means communicated to some person other than the person to whom they relate (except that in Scotland a man can sue for a libel which is read by himself alone). A defamer can escape damages if he can prove that the offending words are true. Libel is, however, a crime as well as a civil wrong, and a person charged with a criminal libel cannot defend himself by proving merely that it was true; he must also show that publication benefited the community. Moreover, even publication is not necessary. It may be a criminal offence to communicate a libel to the injured person only. The test is whether the words would naturally tend to provoke a breach of the peace.

These are the broad principles of the law of libel and slander, but they are governed by a system of very important exceptions. There are certain occasions on which it would be wholly against the general good if a man were not allowed to say what he had good reason to believe to be true and necessary for the fulfilment of a duty. Further than this, there are occasions on which a man can say what he likes, tell what lies he chooses, and be as damaging and scurrilous as he is able, without exposing himself to an