

cal Act, and the deplorable results accruing therefrom, should act as a severe lesson to practitioners, and make them understand the real and actual meaning of words in an Act of Parliament or elsewhere.—I am, etc.,

Liverpool, Aug. 10th.

ROBERT R. RENTOUL.

SIR,—I am directed to inform you that a meeting of practitioners in this town was held last night at Holly House, Gateshead, Dr. Ridley in the chair, when the following motion was carried unanimously.

Moved by Dr. Todd, seconded by Dr. Kimpster :

That this meeting of practitioners in Gateshead resolves to give its hearty support to Dr. R. R. Rentoul in his candidature for the General Medical Council, on account of his services in the past and his programme for the future.

—I am, etc.,

Gateshead-on-Tyne, Aug. 7th.

ALFRED COX.

SIR,—At a meeting of the Council of the London and Counties Medical Protection Society, Limited, on August 4th, the following resolution was unanimously passed, namely:

The Council having considered the letters sent to them by two members of the Society in reference to the coming election of representatives of the profession to the General Medical Council, is strongly of opinion that, as the Society not infrequently appears before the General Medical Council as prosecutor in cases affecting the interests of medical men, it is in the highest degree undesirable that the Society should take any active part in furthering the election of any candidate for a seat on the General Medical Council.

I am, etc.,

HUGH WOODS,

Honorary Secretary, London and Counties Medical Protection Society, Limited.

Highgate, Aug. 7th.

DIRECT REPRESENTATIVES: THE ASSOCIATION OF FELLOWS OF THE ROYAL COLLEGE OF SURGEONS.

SIR,—The announcement made at the last meeting of the Committee of the Association of Fellows of the Royal College of Surgeons, that Mr. Walter Rivington had been invited and had consented to come forward as a candidate for the election of direct representatives on the General Medical Council, is noteworthy for several reasons. In the first place, Mr. Rivington is a distinguished graduate of the University of London, and has just been elected a member of the Senate of that august corporation. He is also a member of the Council of the Royal College of Surgeons, England, upon which body he has, ever since his election, consistently taken up the position of an active reformer in favour of the extension of certain privileges both to the Fellows as well as to the Members. He is a Vice-President of the Association of Fellows, and throughout the long period of twelve years, during which this organisation has advocated the cause of reform at the College of Surgeons, he has never ceased to actively identify himself with its work. If, then, Mr. Rivington were to be one of the successful candidates at the forthcoming election, it could scarcely be denied that his somewhat exceptional qualifications would prove of value not only to the profession generally, when its direct interests were under discussion, but even to the General Medical Council itself. As a thorough and consistent reformer, able and patient in the manner with which he pursues his policy, and having large experience both of the academic as well as of the practical aspect of professional life, it is certain that he would be able to influence for good the deliberations of the Council. These observations are not made with prejudice to the claims of any of those candidates who are already before the constituency, but merely with the object of drawing attention to the candidature of one who, although not a general practitioner himself, is, nevertheless, a representative member of the profession, of influence and distinction, whose advocacy of many professional reforms has for some time been generally known.—I am, etc.,

August 12th,

F.R.C.S.

DIRECT REPRESENTATIVES: MR. HORSLEY AND THE LANCASHIRE AND CHESHIRE BRANCH.

SIR,—Since your report of the large and representative meeting of the Lancashire and Cheshire Branch at Southport has been proved to be absolutely correct, namely, that a resolution in favour of the nomination of Drs. Glover, Woodcock, and Drage was passed by the meeting *nemine contradicente*, and that Mr. B. Marshall was wholly mistaken in his representation of what passed, I do not understand on what principle of either justice or journalism¹ he should have been granted the privilege of publishing a personal attack on my good faith merely to further the candidature of Dr. Rentoul.

Mr. Marshall now adds very seriously to his previous error by assigning to me words which I never used and others which I did use, but in a sense different to that which Mr. Marshall evidently imagines.

The letters of Drs. Barr and Brierley which, in the BRITISH MEDICAL JOURNAL of July 25th, completely established the accuracy of the official record, closed the matter then as far as I was concerned, but your publication of Mr. Marshall's second letter renders it necessary that your readers should be again put in possession of the actual facts, and the more especially as in addition to his personal attack on myself, Mr. Marshall does not withdraw or express regret for the misleading account given in his previous communication.

In the first place the matter of the direct representatives was brought under discussion by the leave of the meeting in proper order, and no objection was raised by anyone, and certainly not by Mr. Marshall, who was, by his own showing, present.

At the close of my remarks someone who did not give his name, rose, apparently under the impression that I had brought forward a motion pledging the meeting to vote for Drs. Glover, Woodcock, and Drage.

As I had not brought forward any motion, I said, "There is no resolution before the meeting; I have not put any such resolution." The meeting then continued to discuss the matter, which was felt by all present to be one of importance and urgency, since that meeting was the last which would be held before the annual meeting of the Association at Carlisle, when the question would of course be raised, and at which the views of the Branch should be indicated. The members present showed so clearly in this discussion their desire to give expression to this feeling that the President suggested that I should move a resolution in favour of the nomination of Drs. Glover, Woodcock, and Drage. That this was the wish of the meeting was proved by the fact that it was passed *nem. con.*

Inasmuch as no member of the Branch present cared to nominate Dr. Rentoul, it is quite evident that he does not enjoy the entire confidence of his Branch, and that though he may be "one of the most popular members," Mr. Marshall probably uses the words *more Hibernico*. Indeed, we were informed at Carlisle that since Dr. Rentoul on the midwives question could only gather together about ten supporters when the Bill promoted by the Branch was last under discussion by that body, he had resigned his membership of the Branch in disgust.

So far, therefore, it is quite clear that the vote correctly represents the opinion of the Branch in this all-important matter, and I would only venture, in conclusion, to remind Mr. Marshall that not merely has Dr. Rentoul not been able to persuade his own Branch of the stability of his views and work, but that others of the candidates for the General Medical Council deserve the whole support of the profession for the very arduous work they have performed on the midwives question, and of these Dr. Woodcock, Chairman of the Committee on Midwifery Legislation of the Lancashire and Cheshire Branch, and Dr. Drage, stand first.—I am, etc.,

Cavendish Square, Aug. 11th.

VICTOR HORSLEY.

MEDICAL ETHICS.

SIR,—Having been accidentally prevented from being present in the Ethical Section of the British Medical Association last week, which I intended being, will you allow me to

¹ The principle called in question is that of *Audi alteram partem*.

represent through your columns how entirely I agree with the observations of Dr. Saundby. He truly remarks that there are no "recognised rules" of medical ethics; that medical ethics are the growth of the past few years, and that the standard of medical ethics should be "brought up to the opinions of the day." It was not at all a matter of what was thought right a few years ago. Corresponding statements to those I made in my paper in the *Scalpel* on this subject in April and May, and until such code is formulated by the British Medical Association, such gentlemen as Dr. Kingsbury are entitled to sympathy and professional approbation and thanks. It is absurd to say that ethics or etiquette is the right of one man to blame his neighbour because he does not "advertise" in the manner which he chooses to do. Dr. Broadbent explained that the words complained of by Dr. Kingsbury were not the words of Dr. Ward Cousins, "but what were passed in the Ethical Section last year." By whom? It is perfectly competent for the British Medical Association to draw up a code of ethics which shall be binding on its members; but what of the greater number of medical practitioners who are not members of the Association? or what of the members of the Association who will not agree to the code? The former will not be affected by the code; but the latter as honourable men should retire from the Association.

A code of ethics is not necessarily a code of morals. For example, the Association may determine that to advertise an honest medical work in a respectable "lay" journal is unethical, while I can by no possibility see any immorality in the act. I conceive it quite as moral to advertise an honest book in this manner as it is to advertise a fraudulent hospital.

Let us hope that the British Medical Association will succeed in putting this very vexed question on a sound and satisfactory basis, and that men may understand what is and what is not professional advertising.—I am, etc.,
Glasgow, Aug. 3rd. D. CAMPBELL BLACK.

THE ANTITOXIN TREATMENT OF DIPHTHERIA.

SIR,—I ask the courtesy of space for a few remarks regarding the report of Dr. Oleinikow, as given in No. 116 of your *EPIROME* for August 8th, because it is typically characteristic of the manipulation of figures which has destroyed the value of so many other recorded (foreign) observations for those who desire to make a fair comparison between the new treatment and the old, as it applies to this country. The report refers to 185 cases of diphtheria treated with antitoxin, of whom 56 died, giving a percentage mortality of 30.2. This cannot be claimed as much advantage over the 30.3 per cent., which represents the total mortality on 11,598 cases treated in the Metropolitan Asylums Board Hospitals for the seven years previous to the introduction of serum treatment of this disease.

It is true that deductions are claimed for 19 cases, of which "12 died within twenty-four hours after admission, and 7 died from scarlatina and measles;" but, as I have frequently had occasion to point out, no such allowance is made in the returns of either the Asylums Board Hospitals or of the Registrar-General, and these excluded cases cannot therefore be taken into calculation by English practitioners.

As to age, 109 cases occurred in patients under 6 years old; of these 32 died, giving a percentage of 29.3; whereas of 440 treated in 1895 in the Metropolitan Asylums Board Hospitals under 5 years of age, without antitoxin, 118 died, a percentage of 26.8. This last may also be compared favourably with the 1,013 cases treated in the same hospitals and in the same year, with antitoxin, of whom 379 died, representing a mortality of 37.4 per cent. Nor can any consideration be given to an attempted classification of these cases as between grave and mild, for at these age periods no case of diphtheria can be considered as otherwise than grave.—I am, etc.,

Mansfield Street, W., Aug. 8th

LENNOX BROWNE.

THE CASE OF DWYER v. RUSSELL.

SIR,—The action of Dwyer v. Russell, the verdict in which against Dr. George Russell, of Cashel, the defendant, has just been reversed on appeal by the Queen's Bench Division of the High Court of Justice, is one which should command

the attention of our profession, and should claim our sympathy and help for Dr. Russell.

The report of the judgment pronounced on appeal (published at p. 423) will show that Dr. Russell, who fought the case on public as well as personal grounds, has obtained for his professional brethren a decision of the very highest importance and moment. The principle now laid down that a practitioner who acts according to the best of his skill and judgment, and with reasonable care, is not liable to penalty even should he be in error, is one of much weight; and Dr. Russell deserves our gratitude for having obtained its enunciation. I do not enter into the question of the nature or correctness of his opinion, although much might be said on that point and on other incidents of the case, but claim sympathy for him in the anxiety and expense to which he has been put, and approval of the resolute manner in which he carried a very painful and disagreeable case to a satisfactory decision.

Although Dr. Russell has obtained a verdict, and should in ordinary course have his costs paid by his opponents, those conversant with legal matters will not doubt when they are told that, owing to circumstances which it is not desirable to particularise, he is out of pocket to the extent of some hundreds of pounds. The litigation has been long and costly, and, having procured a judgment which is of great importance to the profession of medicine at large, it is not right that Dr. Russell should be allowed personally to bear this heavy tax on his resources. There are, besides this consideration, others, which I do not think it well to detail, that entitle Dr. Russell to much sympathy; and I venture to propose that a subscription list should be opened in order to recoup him. I have much pleasure in contributing £2 2s., and trust many others may forward their subscriptions. I shall be glad to take charge temporarily of such subscriptions as may be forwarded to me.—I am, etc.,
Dublin, July 28th. W. THORNLEY STOKER.

DR. BAHADURJI'S MISSION.

SIR,—I crave permission to reply to Dr. Macleod's remarks in the *BRITISH MEDICAL JOURNAL* of July 25th on me personally and on the movement with which I am connected.

I am sure Dr. Macleod has no desire to be aggressive or offensive, and that his remarks are the outcome of insufficient information. He may not be aware that it was at public meetings called by influential and recognised bodies in India to consider the question of medical reform that I was elected their delegate to give evidence before the Royal Commission on Indian Expenditure on the financial aspect of the proposed reform, and to represent their views generally to the profession and the public in this country. My connection with the reform movement, moreover, does not date with these meetings, and my election as a representative was not a little determined by my work for the last eight years in the cause of reform.

It is to be regretted that Dr. Macleod should have so far misread or misunderstood my paper and speeches as to have completely misrepresented the objects of the movement, and yielded to the temptation to use the accidental circumstance of my nationality and my creed as what looks like a device to create prejudice against the movement. All I have asked is nothing more than what Sir H. Rose demanded so far back as 1862—namely, one purely military and one purely civil medical service; and I have urged nothing more than did the College Member of his own service in 1868—namely, that the military constitution of the civil medical service had "injuriously affected the progress of scientific medicine in India," and that college and hospital professors and scientists "should be appointed on account of their academical qualifications alone.....being selected from whatever quarter, including the services, as well as the open profession of medicine." Surely this was no native demand. And when I take care to point out that the proposed change "would not of course apply to the present members of the military service" in civil employ, it is really difficult to conceive how Dr. Macleod can bring himself round to (mis) represent the object of the reform as "simply to dismiss present incumbents, promote present native subordinates in their places, and supply future vacancies from indigenous sources."

The picture of the mode of selection of professors and their