

by the injection of antitetanic serum hypodermically in a case of haemorrhachis by contusion of the brain. This serum had the further advantage that it was less liable to cause secondary accidents than the serum of Roux.

A Committee has been formed to honour the memory of the late Professor Budin. It is proposed to found a *consultation* for infants which shall bear his name and become a practical school of puericulture. The Chairman of the Committee is M. Paul Strauss, Senator, and the Treasurer, M. O. Doin, 8, Place de l'Odéon, who will receive subscriptions.

CORRESPONDENCE.

THE LONDON UNIVERSITY SENATORIAL ELECTION.

SIR,—I must take exception to the hysterical heading of Dr. Starling's letter in your issue of March 30th. There is no "threatened disintegration of the University of London," but there is a strong desire on the part of many of its graduates that the radical changes initiated since its reconstruction should cease, in order that its high position, obtained by a steady process of evolution during a long term of years may not be lost. It is to give these graduates an opportunity of expressing their desire I have consented to nomination for the vacancy on the Senate in May next. We recognize in Sir Thomas Barlow one of the parents of the concentration scheme at South Kensington, which now stands condemned by the vote of the Medical Faculty on March 19th, when Drs. Caley and Hill defeated Drs. Bradford and Fowler, the former representatives on the Senate. Dr. Starling states "the suggestion as to the lowering of the standard of the degrees is devoid of foundation." How does he reconcile this statement with the following official statistics? At the Intermediate Medical Examinations for the quinquennial period 1892 to 1896, 45.2 per cent. of the candidates were rejected; from 1897 to 1901, 40 per cent.; and from 1902 to 1906, 30 per cent. At the 1906 examinations only 27.2 per cent. failed to pass. Then, again, at the M.D. examinations. In 1906 only 8 candidates in 60 failed; and in December, 1905, but 3 in 20 were rejected; whereas, in July of that year, 12 failed out of 31. In July, 1906, 14 presented themselves in medicine and 13 passed; and last December, 17 entered and 15 passed. In midwifery and diseases of women, 6 presented themselves in December, 1906, 5 passed; and in July of that year, 11 entered and 10 passed.—I am, etc.,

London, W., April 1st.

ERNEST W. WHITE.

THE TRANSMISSION OF PLAGUE.

SIR,—The report in the *Journal of Hygiene* from the Plague Commission in India¹ has established very conclusively the fact that the flea is the most important factor in the transmission of plague from rat to man. This report confirms the theory first formulated by Simond, and afterwards further elaborated and demonstrated by Elkington, Thompson, and Tidswell. Elkington's paper, published in the *Australasian Medical Gazette*, August, 1903, can be said to have first scientifically shown the transmission of plague from rat to rat by means of the flea.

The reports on the Sydney outbreaks, 1900-4, are valuable records of a systematic research by epidemiological methods into the etiology of plague, and constitute a most valuable collection of data in connexion with the disease. Elkington's paper and the Sydney reports can claim to have scientifically proved the connexion of rats and fleas with the recurrence of plague in man, and we think that these workers have not received that recognition that their results deserve.

Our object in writing this letter is to show that the splendid opportunity of studying outbreaks of plague on a large scale in a European community has not been lost and that scientific work of a high character in connexion with the disease has been carried out in Australia.

We would also like to point out that while Imperial honours, as is only right, have frequently been conferred on the medical officers of the various smaller colonies, those of the great self-governing States have hitherto been

almost entirely ignored, though much valuable work often of world-wide importance has been done by such officers.

In conclusion, it is hardly necessary for us to say that, working as we do in a far-distant part of the Australian commonwealth, we have no direct connexion with the three investigators above mentioned, though profiting much by their researches, and, as a natural delicacy has prevented them from laying claim to the credit which is their due, we who are able to estimate the merit of their work, have considered it right to take this opportunity of making it known.—We are, etc.,

T. L. ANDERSON, M.D.,
Special Medical Officer, Fremantle, W.A.
J. BURTON CLELAND, M.D.,
Government Pathologist, Perth, W.A.

February 23rd.

THE ETHICAL ASPECTS OF MEDICAL CONSULTATION.

SIR,—Your correspondents "X." and "Y." agree that "the only solution which will satisfy all concerned is the recognition of a special class of consultants—men who persistently refuse to undertake the treatment of any one except in consultation with a general practitioner." And "Y." adds, "The general public ought not to have private interviews with medical consultants any more than with legal ones."

It certainly argues great want of perspicacity in your correspondents that they should consider their proposals would "satisfy all concerned." Are the public not concerned? Would the patients be satisfied? Have they, the sick, no right to be considered?

And what nonsense all such talk is! Fancy comparing the case of a man dangerously ill with that of a man taking legal proceedings! The one in danger of his life, the other waiting on the law's delay for weeks or months.

Apparently your correspondents would insist that a patient must be left to bleed to death, to lie unaided with a crushed limb or intestinal obstruction, unless he first sends for a general practitioner.

Assuredly the views of "X." and "Y." will never be the views of patients; nor will they ever be the views of any practitioner who has a grain of common sense, or who has the least perception of the fact that every profession exists for the good of the whole community, and has duties to the public as well as to itself.—I am, etc.,

April 2nd.

A.

SIR,—I think that my friend Dr. Chapman somewhat misses the point. No one denies that "patients have an indefeasible right to seek advice from whomsoever they choose," but I submit that there are patients whom a consultant has no right to advise; those, namely, who, having been originally introduced to him by another medical man in consultation, came to him subsequently without the knowledge and consent of such medical attendant. This is what we general practitioners have to complain of most, and we have to be careful to select only consultants who follow this rule. I agree that there may be exceptions caused by change of address or change of medical man, but when on inquiry the consultant finds that the patient is still under the care of the man to whom he owed the introduction, I think there is no doubt as to the course which ought to be pursued in the interest of all parties, including the patient. The latter should be informed that the result of the consultant's examination will be communicated to his usual adviser, to whom the prescription will also be sent. Many would extend this rule to all patients who have a regular medical adviser.—I am, etc.,

Putney, March 26th.

W. G. DICKINSON.

SIR,—In a letter from "Y." published in the *BRITISH MEDICAL JOURNAL* of March 30th, occur the words, "Members and Fellows of the College of Physicians, who are bound not to accept less than a guinea fee, evade their obligation. . . ."

"Y." concludes his letter with the remark that he is prepared to substantiate all the statements he has made. If your correspondent is referring to the Royal College of Physicians of London, will he be so good as to quote an authority for his statement that its Fellows and Members are "bound" not to accept a fee below a certain amount, and to say when and where such "obligation" is imposed upon them?—I am, etc.,

April 1st.

M.R.C.P.LOND.

¹ BRITISH MEDICAL JOURNAL, 1906, vol. ii, p. 1045.