

SIR,—I wish to protest strongly against the proposed plan of using the organisation of the Association for the purposes of a "defence union." The plan savours rather of a trade than of a profession—to compel all members to pay forthwith an extra 25 per cent. subscription with or without any actual or contingent advantage, is most unfair and unjust; for instance, I have paid my subscription without a break for nearly half a century, and as I do not press unwilling patients and live peaceably with my medical brethren, I shall consider whether I ought to refuse to pay this new addition, and resign my membership, rather than appear to acquiesce in the unprofessional character of the Association, so contrary to that which it had at its commencement.—I am, etc.,

Salisbury, Feb. 10th.

J. LARDNER GREEN.

SIR,—I agree with Dr. Moorhead, and think that medical defence should be left to the associations already in existence, and that the adoption of a compulsory subscription would be injurious to the British Medical Association.—I am, etc.,

Bournemouth West, Feb. 9th.

GEO. W. BEALE M.D.

SIR,—The short report in the BRITISH MEDICAL JOURNAL of February 6th does not convey the fact that the proposal that the Association should undertake medical defence was defeated by two unforeseen circumstances—by, first, the confidence on the part of the practitioners of the district that the proposal would not be opposed, and, secondly, that a combination comprising the President of the Council of the Association, a past President of the Association, and a number of consultants and a few others under their influence strongly opposed the resolution and succeeded in defeating it by a majority of 5. Had the members of the Branch had an idea that there would have been opposition the majority on the other side would have been a record one. May I say that the medical profession is not quite such a jellyfish as some would make believe: Give us something to fight for, such as an honest, thorough Medical Act, not a makeshift like the last one, and the profession will soon prove that it has the power even to unmake a Government which refuses to do it justice; well handled and working for mutual as well National good, the British Medical Association could, and would, change the representation of the nation at a general election.—I am, etc.,

Erdington, Feb. 8th.

WILLIAM DONOVAN, M.D.

SIR,—At the special meeting of the British Medical Association held in Birmingham last summer, the extremely small attendance gave the impression that the subject of "Medical Defence by the Association" was a matter of indifference to the members. At the recent special meeting of the Birmingham and Midland Counties Branch to consider the scheme propounded by the Committee, the same indifference was displayed, only 37 members attending out of a total of over 400, and this when a matter described as a burning question was to be discussed, and one on which differences of opinion were notorious. Surely a subject which appears to be of so little interest is not one which justifies a revolution in the affairs of the Association.

At the meeting just referred to the feeling against compulsion was very strong, even on the part of some who were supporters of a voluntary scheme of medical defence within the Association. Many like myself, strongly opposed to compulsion because of danger which it may convey to the existence of the Association, see no advantage and some positive disadvantage in a voluntary association within the Association. The single managing body to be created would have all the work thrown upon it now performed by three distinct committees, and, whilst there is no reason for supposing that a committee of greater wisdom would be evolved than those now existing, it is probable, owing to the quantity of work to be dealt with, that each case would receive less attention from mere want of time. Further, such Committee would be weakened and fettered by being necessarily controlled by the Council of the Association, and out of this awkward conflicts might arise.

The suppression of the unqualified practice is impeded by the imperfections of the Medical Acts, and the British Medical Association would be as powerless to cope with nefarious

people as is the Medical Defence Union. Its dignity and importance would be diminished rather than enhanced by its having to appear practically as plaintiff in matters brought before the General Medical Council or other corporation. What is really needed to prevent the present abuses is, amendment of the Medical Acts, towards which the efforts of the Parliamentary Bills Committee have earnestly been directed. To secure legislation there is no need to create a fresh body or further funds. The requirements are time for Parliament to consider the Bill, and members of the Legislature less enamoured of all kinds of irregular practice.—I am, etc.,

Birmingham, Feb. 10th.

GILBERT BARLING.

## VACCINATION AGAINST TYPHOID FEVER.

SIR,—We had hoped that we had, in our paper on Vaccination against Typhoid Fever, made it plain that we had at least considered the more obvious arguments which can be adduced against the proposition that the "agglomerating and sedimenting power of the blood is, in all probability, a trustworthy criterion of immunity." In view, however, of the fact that "H. G. T." in the BRITISH MEDICAL JOURNAL of February 6th adduces certain facts which in his opinion invalidate our conclusion, we may briefly advert to his letter. The points made by "H. G. T." are the following:

1. Widal considers the agglomerating and sedimenting power of the blood to be a "reaction of infection," and not a "reaction of immunity." In view of the fact that the reaction is characterised by the acquirement of properties which Widal himself has shown to be unfavourable to the growth of the bacillus typhosus *in vitro*, and which Pfeiffer had previously shown to be unfavourable to the growth of micro-organisms *in vivo*, it seems obvious to us that this reaction must be regarded as at any rate a "reaction in the direction of immunity." We presume that no clear-thinking man can assume it to be either a "reaction which exerts no influence upon the event," or a "reaction which exerts an influence in the direction of greater susceptibility." We do not profess to determine which of these two meanings we are intended to assign to the term "reaction of infection."

2. Thiercelin reported a case in which "the positive agglutinative reaction was immediately followed by a relapse." We have not Thiercelin's original paper at hand. We are therefore in doubt as to whether we are to interpret these words to mean (a) that Thiercelin observed in this case that the agglutinative reaction was connected by some fact of causation with the relapse; or (b) that Thiercelin observed a relapse to occur in a patient whose blood showed positive reaction to typhoid. If this last is—as we suppose that it is—what Thiercelin did actually observe, we need only point out that this observation is in perfect accordance not only with the experience of others, but also with our own experience of Malta fever in monkeys. We adverted to that experience in our paper, and we there suggested a possible way of accounting for the fact that a patient whose blood shows the specific reaction may not only relapse, but even die of the disease.

3. Fraenkel obtained a positive reaction within two days of the commencement of the illness. We also adverted in our paper to the fact that the sedimentation reaction is acquired as early as this in the course of the disease. And we suggested that this is quite in harmony with what might be expected *a priori*.

On the assumption that the conflict with the disease begins at the very moment of infection:

4. Fraenkel gives the results of the test as applied to 36 convalescents from typhoid; 28 gave a positive reaction, 8 a negative reaction. Again here, we have not the original paper at hand. We, however, presume that the fevers from which these patients convalesced had not been diagnosed as typhoid on definite bacteriological evidence. We submit that if the diagnosis in all these cases depended exclusively upon clinical evidence, the percentage of negative results need cause absolutely no surprise. Inasmuch as in our 18 typhoid vaccinations we in all cases found a certain amount of positive reaction, we may not unreasonably infer, while waiting the accumulation of definite proof to the contrary, that a certain amount of agglomerating power is invariably acquired when the typhoid bacillus has been introduced into the system.