

members of the industrial class should be known. The advocates of trade unionism now urge that these organizations should be put on the same plane as registered companies, with a memorandum and articles of association. Also, that each union should demand direct representation on all committees and bodies that have to do with the trade in which the members of that union are directly interested. These benefits have long since been obtained for the medical profession by the British Medical Association. It makes one ask seriously the question, Are not the advocates of trade unionism for the medical profession after all reactionary rather than progressive in their ideas?

It is thought that the real aim of those favouring a medical trade union with the control of a special fund is toward trampling under foot the liberties and rights alike of individual medical practitioners and of the community, and thus to bring about a state of syndicalism. Is it so?

The Representative Meeting in Aberdeen next month will be asked to decide whether it wants a trade union or whether it prefers the British Medical Association to continue its medico-political work with the aid of a central special fund. Two facts should be recognized—namely, that the Association is now debarred by the recent amendment in its memorandum from co-operating with a trade union, and also that one cannot expect that the medical profession will be willing to finance two bodies. The situation should be thoroughly appreciated before the Representative is instructed how to vote. A local trust fund or a local trade union fund (at the option of the local profession) with one central trust fund promoted, encouraged, and organized by the Association, may be a possibility, and, if so, is worth consideration. To such a fund contributions could be made from the local funds as also by those practitioners who object to their local fund being under a trade union. Members cannot expect to be able to run successfully both kinds of funds in the same area whether it be large or small.

It will be found that those who have assisted to build up the British Medical Association—and these include the silent members—have no intention whatever of letting it commit *felo de se* to oblige those restless members who, mistaking the causes that have brought about the present situation, are assisting or advocating the formation of rival guilds, trade unions, or federations.—I am, etc.,

Hove, June 6th.

E. ROWLAND FOTHERGILL.

#### ACIDOSIS FROM FOOD.

SIR,—I have read with interest Dr. C. Coombs's two cases of acidosis, in the JOURNAL of June 6th, p. 1230. Both cases were probably hopeless when he first saw them. If the conclusion at which I have arrived—that our food is the chief cause of disease—be correct, in such cases it would be well to try a fast, from water as well as food. Those who have tried a fast, even for twenty-four hours, have found improvement in diabetes, and there can be no doubt that fasting does good in most diseases. Both patients "were feeding adequately," and in one there was diarrhoea which, no doubt, was an effect of nature to save the patient through elimination. In such cases fasting might, with careful notes of its effect, help to prove the danger of food of any kind, and the benefit of rest to the digestive system, for there can be doubt that rest to weakened digestive organs is as necessary as to a broken limb.—I am, etc.,

Denholm, Hawick, June 6th.

JOHN HADDON, M.D.

#### THE ASSOCIATION AND THE PROFESSION.

SIR,—As an old member of the British Medical Association, I congratulate you generally upon the excellent review of the work accomplished by the Association which is now appearing in your columns, and which should bring in new members. I must ask, however, to be allowed to correct one statement which appears on page 1250 of last week's JOURNAL, in respect to the action of the Association concerning penal cases brought before the General Medical Council. It is there stated that—

The General Medical Council has not thought fit itself to initiate proceedings. This had the effect of throwing upon private individuals the onus of acting as complainants. . . . The principle still obtains, but a few years ago the British Medical Association obtained the sanction of the General Medical Council to its appearing as complainant in such cases. . . .

You have evidently forgotten that as far back as 1892 the Medical Defence Union acted as complainants, and appeared as such in penal cases before the Council, thus relieving the private individual from the onus. Hardly a session has passed without this procedure being adopted from the date named. Later a similar course was adopted by the London and Counties Medical Protection Society, and it is only within a few years that the British Medical Association followed suit. The pioneer work of acting as complainant in a corporate capacity was done by the Medical Defence Union, and the carrying out of similar work by the British Medical Association was rendered easy and simple, as the procedure had been fully established by the Union twenty-two years ago.—I am, etc.,

London, W.C., June 8th.

A. G. BATEMAN.

The excellent work done by the Medical Defence Union and by the London and Counties Medical Protection Society in this direction is well known to the profession and fully recognized by us. It was not said that the British Medical Association was the first or the only body to take such proceedings, but we are ready to admit that the paragraph might have conveyed that impression.

#### LONDON PANEL COMMITTEE AND THE SUPPLY OF LOCUMTENENTS.

SIR,—Our attention has been drawn to the report in the BRITISH MEDICAL JOURNAL SUPPLEMENT of May 30th of a meeting of the London Panel Committee which was held on May 26th.

That Committee passed a resolution undertaking to supply "deputies" to panel practitioners, and we learn with no slight astonishment that the proposal was stated to have met "with the approval of the medical and transfer agencies."

As we have never been approached on the matter, we take this opportunity of informing the profession that we strongly object to this unauthorized assertion; and the more so as we know the above Committee further discussed the question of undertaking the transfer of practices.

Whilst reserving our opinion as to its statutory powers to transact such business, we are reluctant to believe that medical men can be in sympathy with this movement.

We rely, sir, upon your giving this disclaimer the same publicity as that accorded to the above report.—We are, etc.,

J. FIELD HALL

(Field Hall, Ltd).

HERBERT NEEDES

(J. C. Needes).

PEACOCK AND HADLEY.

J. A. REASIDE

(The Medical Agency).

A. W. STOREY

(General Manager of the Scholastic, Clerical and Medical Association, Limited).

PERCIVAL TURNER.

London, W.C., June 9th.

#### PROFESSIONAL CONFIDENCES AND THE LAW.

SIR,—It appears to follow from the recent decision of the General Medical Council: (1) That if a patient ask a doctor to procure abortion, he is bound to hand her over to the police; (2) that if a patient submits to examination after exacting a pledge of secrecy from her doctor, the doctor is liable to be struck off the Register if he hesitates to disclose facts ascertained by such examination.—I am, etc.,

J. C. MCWALTER, M.D., LL.B.,

Dublin, June 6th.

Barrister-at-Law.

#### "ENCYCLOPAEDIA MEDICA."

SIR,—Absence from home prevented me from answering Mr. Green's letter (BRITISH MEDICAL JOURNAL, May 30th, p. 1214) before this. Mr. Green has sent me copies of our correspondence in 1911, from which it appears that my original article was not corrected by any one else, but had a note appended to it by way of bringing it up to date. I therefore was apparently incorrect in my recollection of our correspondence. This, however, has nothing to say to