

THE RELATIONSHIP OF THE MEDICAL PROFESSION TO UNQUALIFIED PRACTICE.

SIR,—After the interesting and important discussion by the Marylebone Division (*BRITISH MEDICAL JOURNAL*, December 19th, 1925, p. 1191) it seems a pity that no formal resolution was submitted to the meeting to crystallize its opinion and act as a guide to the rest of the profession. Perhaps the discussion was too academic and placid to lend itself to so practical an outcome. It is also to be regretted that no member of the public health service contributed to the discussion, speaking entirely from the point of view of the effect of unqualified practice on public health, although it must be admitted that Mr. Bishop Harman's contribution bore in that direction. Dr. Hawthorne's fine exposition of the relationship of the profession to unqualified practice seems to err—if it does err—on the side of a too generous liberality of thought. I gather that he desires the relationship of the profession to the unqualified to be established on general principles, rather than on an analysis of the practice of both kinds of practitioners. According to this view the errors and mistakes of the qualified about balance the "triumphs" of the unqualified, and therefore no relationship can be established on an insecure basis of this kind.

While general principles may be useful guides to the profession in its attitude to the unqualified, they are apt to be mistaken by the public for what it terms "professional etiquette"—the rules of which it believes have been formulated by professional prejudice in the selfish interests of the profession. With all due deference to Dr. Hawthorne, the only way to combat unqualified practice is to expose the methods and practice of the unqualified by what may be termed the analytic method. This method, however, will never be attained until the practice of medicine and surgery is legally restricted to qualified and registered practitioners, and offenders against the law are haled to the bar of justice and there examined and cross-examined with regard to their methods of practice. Quackery thrives on mystery and secrecy, but collapses (like a soap bubble in the sunlight) when the light of a public inquiry exposes its pretensions and humbug.

Take a remarkable eighteenth century example of this—Joanna Stephens's remedies for gravel and stone in the bladder and kidney (see *BRITISH MEDICAL JOURNAL*, May 27th, 1911, p. 1270). So remarkable were the successes attributed to these remedies and vouched for by the highest in the land that Parliament was induced to purchase their secrets for £5,000: in present-day currency probably equal to £25,000. Several leading members of the profession in London of that day—Cheselden, Caesar Hawkins, Samuel Sharp—supported the application. The wonderful secrets when revealed turned out to be a powder of calcined snails and egg-shells; a decoction made by boiling some herb (together with a ball consisting of soap, swine's cress burnt to blackness, and honey) in water; pills of calcined snails, carrot seeds, burdock seeds, hips and haws, all burnt to blackness; soap and honey. When the mystery was revealed the remedy lost its virtue.

The brother of one of my insurance patients, completely blind from dense leucomata in both eyes for the past ten years, consulted an advertising eye specialist in a neighbouring city. He was charged 5s. for the first consultation, one guinea for the second, and half a guinea for subsequent consultations, and was given a small pencil of a dark substance not unlike blacklead to rub into a powder, mix with water, and apply to his eyes. If this treatment was carried out improvement in vision would follow!

A cancer curer in a large Midland town induces his patients to drink their own urine. They do it and some get cured! This instance has not come within my own experience, but it was vouched for by an esteemed medical friend who actually investigated the practice of this cancer curer. The philosophic generalities of Dr. Hawthorne may be good enough for a ruminating profession placidly chewing the cud of reflection in its own "garden," but an active profession, alive to its responsibilities and prestige, will look over the garden wall and see what is going on there.

It was surprising to learn from Mr. McAdam Eccles that Mr. George Bernard Shaw had so impressed his London audience that they even wished that they had never become

qualified and registered. It may be that Londoners are more under the influence of Shavian logic than those who live further north. Mr. Shaw, in a letter to the *Times* of October 23rd, 1925, dealing with the General Medical Council and Mr. Axham, in order to combat an allegation that he had "a down on doctors," stated, "few persons can have had more or better doctor friends than I; indeed, that is why my utterances have been so well informed." Further on in the same letter he informed the public that when he and his wife were ill as the result of an injury they had to seek the help of the unqualified and unregistered—to wit, Sir Herbert Barker and an American doctor of osteopathy at Birmingham. From this information one gathers that when the Shavian intellect requires fodder to castigate the profession, Mr. Shaw gets it from his registered medical friends—gratis, I suppose; but when the Shavian body requires treatment he gets it from the unregistered—for a fee commensurate with the time, skill, and responsibility involved. Mr. Shaw may not be "down on doctors," but he gives them an inordinate amount of his attention. Perhaps he chastens because he loves them and desires to exorcise their foibles and stupidities. It would be a change, however, if he turned his versatile intellect in another direction, and gave us a play with the quack as hero. A play based on James Graham and his Celestial Bed would make an excellent draw if it could pass the censorship of the Lord Chamberlain.—I am, etc.,

Warrington, Dec. 21st, 1925.

J. S. MANSON.

PALE BABIES AND DEEP PERAMBULATORS.

SIR,—While I quite agree with the authors of the note on "Pale babies and deep perambulators," published in the *JOURNAL* of December 26th, 1925 (p. 1224), I would like to suggest another reason for the improved colour of the baby's cheeks. I suggest that the diet, in this case, is very far from being suitable, and the colour is a danger signal and not a sign of health.

In the first place, 5½ oz. of milk and 1½ oz. of water, or 7 oz. feeds for a baby 2 months old, is far too large a volume. The capacity of the stomach at this age is 3.37 oz. In the second place, assuming that there are six feeds in the twenty-four hours, the baby gets 33 oz. of milk, giving 660 calories; and if sugar is added probably about 750 calories are given, or sufficient for a baby weighing 15 lb. The baby's weight is not stated, but at 2 months the average baby weighs about 10½ lb., and requires 512 calories (50 calories per pound of body weight). In this case, then, the baby has at least 200 calories above the normal requirements.

I suggest that the increased colour of the cheeks is an effort to eliminate the excess of calories as radiated heat, by flushing the exposed part of the body with the overheated blood, and the better circulation of air round the body, obtained by raising the baby in the pram, would tend to increase the circulation of blood in the exposed parts.

Babies living in the open air certainly require a more generous supply of calories, and so can digest a larger quantity of milk than those living in a warm atmosphere; but I repeat that it is wise to observe that an increase of colour in the exposed parts of the body may be a danger signal and not a sign of improved health.—I am, etc.,

B. A. ASTLEY WESTON, M.B., Ch.B., D.P.H.
Wellington, Shropshire, Dec. 29th, 1925.

NASAL DOUCHING.

SIR,—Dr. Coyne's letter on this subject (January 2nd, p. 37) ends with the question, "Are we going to tell our patients that nasal douching is dangerous?" Personally I am not; but I am going to point out to them that they must let the solution trickle out and on no account blow the nose until the fluid has disappeared, otherwise they will blow the diluted discharge into the Eustachian tubes. I am inclined to think that a watery agent is apt, after prolonged use, to thicken the mucous membranes and I prefer an oily one.—I am, etc.,

London, W.C.1, Jan. 5th.

GRAHAM GRANT.