

this to be untrue in substance and fact. No reply from Mr. Larkin!

2. That "they exacted more details than the Act required." I gave our form in refutation of this statement. Again no reply!

3. That "they gave the local authority an opportunity of seeing exactly what each practitioner was doing, and of classifying and comparing his work and his results with those of his fellows." I showed this to be impossible. Once more Mr. Larkin is discreetly silent! His reply is "unpaid touts," "amateur bill-posters" (or was it distributors?), "insidious perniciousness," etc., all of which, I submit, is not in quite Chesterfieldian taste. It cannot be called argument of any sort.

Now, practical men in general practice have long since recognized the fact that the vitally important question in this Act is "right of entry." I ask Mr. Larkin to kindly read what I say carefully. Is the local authority to have "right of entry" to any or all of our cases, after notification, at its absolute discretion? I am sure Mr. Larkin will say, "No." Then I answer, "Your policy, Mr. Larkin, is not 'insidiously pernicious.' It is openly and flagrantly pernicious, for it is the sacrifice, *his et nunc et in aeternum*, of the rights of a medical man over his patient—rights which his professional honour should compel him to hold sacred. You waive this right, and you leave your patient after notification wholly in the hands of the sanitary authority, to be visited or not, as it pleases.

On the other hand, the policy denounced as that of "unpaid touts" by Mr. Larkin leaves the patient in the hands of the medical man! If this desirable result be brought about by a "sort of bargain" (in Mr. Larkin's disparaging words), I say boldly that it is a commonsense and admirable thing, and a bargain which reflects the utmost credit upon both parties to it—the sanitary authorities and the medical men. We say: "Our professional duty to our patients compels us to object to and resist any interference with or visitation of them without our knowledge and consent." The sanitary authority replies: "We recognize that position. We have an Act here to administer in the interests of infant life. We cannot work it without your co-operation. Signify to us where you want us to visit, where not to visit, and we will carry out your wishes." And our coloured cards, which Mr. Larkin sneers at, do this—that is, they signify when we want the authority to assist simply, effectually, and with a minimum of trouble to us.

Now, Mr. Larkin will permit me, in turn, to ask a question: Which is in the best interests of our profession—the scheme I advocate, which leaves the patient in the hands of her medical attendant, or his scheme, which makes no provision for her but leaves her absolutely in the hands of the sanitary authority?

I answer his questions now. The Registration Act, 1874, is an end. The Notification Act is a means to an end—namely, visitation where required. If in the 1874 Act registration might be followed by visitation of the registrar soon after the birth, then it would have been well for "the Dr. Brennan of a generation ago" to suggest a scheme whereby a medical man's patient should not be subjected to "official inquisition" in Dr. Thomson's apt words. Without such a scheme as the Newcastle or Stockport methods friction is inevitable between medical men and sanitary authorities. "How long," Mr. Larkin asks, "are we to work this scheme?" I answer, "as long as we are forced to attend confinements, and as long as we are true to our code of professional conduct, which requires us to see that our cases shall not be interfered with by any one without our knowledge and consent." This I hold to be a sacred duty we owe to our patients, and till Mr. Larkin can do some constructive work and show us a more perfect way to fulfil that duty I am not the only medical man prepared to carry it out by the use of a card, despite the sneers and taunts of Mr. Larkin.

"If ten years from now the Stockport authority changes its mind and professes to consider it its duty to make its inspectors visit all cases, will the doctors be able to prevent it?" Mr. Larkin asked. I am not a prophet. But how blind Mr. Larkin is to the beam in his own eye! During those ten years we shall have been strenuously resisting this universal right of entry, and shall have a ten years' precedent to fight with. While during those ten years Mr. Larkin's policy will have given this right of entry to

the local authority when and where it lists, and will have gone far, in his own argument, to establish a "hidebound custom."

One word more, Sir, in respect of your editorial comment in the JOURNAL of May 23rd. If medical men had been specifically excluded from the terms of the Act, our profession would still be face to face with this difficulty of "right of entry." Either we should have to give the sanitary authority *carte blanche* to visit our patients at its discretion or we should have to indicate to it when we wanted its help and when not. This difficulty, I claim, is effectually met in Newcastle and Stockport.—I am, etc.,
Stockport, May 24th. J. M. BRENNAN, M.R.C.S.

MEMORY.

SIR,—In reference to Dr. Mercier's letter on memory (BRITISH MEDICAL JOURNAL, May 2nd), it occurs to me to remark that Professor Ewald Hering, in an address delivered before the Imperial Academy of Sciences, Vienna, in 1870, on "Memory as a General Function of Organized Matter" may be thought to have anticipated Dr. Mercier and Professor Ziehen without being considered original. Dr. Mercier's ways of putting his ideas might easily be better than Professor Hering's, but the failure to get such ideas accepted is not in either due to "incapability of displaying them so as to attract attention or carry conviction," but to an opposition arising in the rational expression of idea generally, which is apparently insurmountable.

No rational or full expression of idea can be absolute in form; it must be relative and contradictory. The proposition "snow is white" would be meaningless if it did not cover at the same time "snow is not black, not red, and so on." The proposition, therefore, expressing a mnemonic idea does not reproduce a simple fact of existence but also concurrent facts of non-existence indefinite in number and incongruous in any physical sense. "The organic memory," Ferrier says, "is the physical basis of retentiveness," but how can we ascribe to any physical basis what contradicts the physical nature, concurrent existence and non-existence, or make it account for the simultaneous judgements of Yes and No, now and then, of the contingent, possible, impossible, and imaginary? Memory fixes *now* because it fixes the non-existent *was* and *will be* at the same time, telling us that what *was* is not, and that much more than a record of the past is needed to determine the future. The survival or reproduction of a physical impression does not account for a time sense, which is essentially expectant and projective. The time factor introduced into cognition makes it recognition, but the factor has the full and not a partial time sense—that is, memory connotes equally the non-existent future and non-existent past. Professor Hering says that, given the element of a curve, we determine the curve, but if so we determine it in both directions. This, so far, makes memory purely conceptual and ratiocinative. Wundt describes processes eventuating in a memory image, but how can an image exist where reason forbids us to postulate existence for what it is the image of? The question really is whether organized—that is, living matter—is a product of memory, recognition, and cognition, or *vice versa*, these faculties products of matter organized independently of them. In the latter sense only can memory be stated as a "function" of organized matter. V. Feuchtersleben in his *Medical Psychology* (1844) said that every nerve, every sense organ, has really in *some degree* its own memory, but it does not minimize our problem to say that every discrete element of organic tissue is ordered by impressions of the non-existent.—I am, etc.,

Newry, May 11th.

W. R. MACDERMOTT, M.B.

MEDICAL QUACKERY.

SIR,—I am sure every general practitioner will be pleased to see Dr. Bateman's letter, and will hope that some good may come of it. I am just afraid it is too much to ask our American cousins to free us from the weaknesses of our own laws, and that more hope would spring up in the poor practitioner's breast if Dr. Bateman had proposed some drastic home reform. Surely this is possible. The present laws do not seem to have been framed in the interest of either patient or doctor, either public or profession, and while we doctors may not

practise without a qualification which takes us five years to acquire, any one may practise and swindle the public if he have the assurance begotten of ignorance and villany to pose as an expert from America or elsewhere and even with no degree at all but the "gift." We are inundated with laws framed for our guidance so multifarious and complicated that none of us trouble to understand them; with reports of procedure and other paraphernalia copied from parliamentary schedules and the rules of other scientific bodies, that we have no time for considering the first requisites of our own mere existence. We are threatened with trade-unionism as a panacea by some, while others resist the term as undignified or retrograde. While one would not wish to see every worker in medicine placed on a pecuniary equality, still there surely would be no derogation of dignity were our councillors to see that opposition should not come from non-registered quacks. I admit that quackery may exist inside the profession, but with that professional opinion and our numerous by-laws can deal, but there seems to me to be no valid reason or excuse for the existence of bonesetters, herbalists, and specialists from America or elsewhere, and were our councillors to lower their vision to the level of the general practitioner, and plead his cause with the same earnestness and even dignity as they discuss a trivial point of procedure at their meetings, I am of opinion that something might be achieved. General practitioners have too much to do to earn a living to be able to fight their own battle out. The men who represent us on the council, and who could not live as specialists but for us, might see that it would be to their own advantage to exclude competition from which they themselves sometimes suffer. The scandal of unqualified practice is even greater in the dental profession, and the use of local anaesthetics has rendered these unqualified dentists quite independent of medical goodwill; and it is extremely unfair that certain men should be asked to study for three years to qualify them legally to do what others are permitted to do freely and safely next door to them, and are allowed in addition the extra pull of unblushing advertisement. I know all this is an old story, but the pity is that it should be so, and I am sure Dr. Bateman would get more thanks and support from the ordinary practitioner were he to try some home remedies—such as a determined suffragette-like appeal to public opinion or Parliament—than by throwing the burden on our busy cousins.—I am, etc.,

May 23rd.

DON QUIXOTE.

SOUTHEND AND ITS LATE MEDICAL OFFICER OF HEALTH.

SIR,—My successor as Medical Officer of Health for Southend having now been appointed, following on my resignation when I was appointed County Medical Officer of Health for Norfolk, I should like to express my warm thanks to the BRITISH MEDICAL JOURNAL, and, with your permission, through the BRITISH MEDICAL JOURNAL, to the medical profession generally, for the magnanimous support I received when a small majority of the Town Council of Southend-on-Sea attempted to punish me for personal reasons in the manner which you exposed in your columns last August and September.

My immediate refusal to accept reappointment except as an independent officer whose duty is to the public, and not that of a vassal to a few interested persons who may happen to be in a small majority on a governing body, backed by the powerful and united support of the whole medical profession voiced by the BRITISH MEDICAL JOURNAL and the *Lancet*, will, I hope, be a lesson to be remembered in future by all corporations similarly constituted.

I am glad now to have stood the brunt of an outrageous attack, for the outcome has demonstrated that the great medical profession (which I love, and to which I have the honour to belong) will jealously guard its honour and interests even in the person of a single member belonging to it if that person deserves its support or is being subjected to unfair or malignant treatment.

The power and excellent administration of the British Medical Association were illustrated by the prompt energy of the local Division, through the intervention of my friends, Dr. Hinks, J.P., Chairman, and Dr. Black, Honorary Secretary of the Division.

The injustice to myself and the insult to the profession

were at once brought before a special meeting of the Division, with the results so well known to all that the perpetrators were thunderstruck to find themselves objects of derision and scorn throughout the country. Later on I received most kind and unexpected support from the Stratford Division.

I feel that it is only due to Southend to say that the men of light and leading on the Town Council were horrified at the attack made on me, as evidenced by the words and actions of my friend Alderman J. Francis, J.P., then Chairman of the Health Committee, already chronicled in your columns. Further, the independent local press and the educated burgesses at large were stirred with indignation.

I have received so many letters of kind sympathy, even from places abroad, and so many kind congratulations more recently on my appointment to Norfolk County, that it will take me some time to acknowledge them all individually.

I fear lest I may inadvertently overlook some kindly message. May I beg the courtesy of your columns to ask my very numerous friends to accept my grateful thanks? and I venture to tender the same to you, Sir, for all your kindness and powerful support in my hour of trial and of later victory.—I am, etc.,

Southend-on-Sea, May 19th.

J. T. C. NASH.

REPORT OF THE SPECIAL FINANCE INQUIRY COMMITTEE.

SIR,—In the report of the Finance Inquiry Committee, published in the SUPPLEMENT of May 2nd, page 204, is a recommendation by the Committee that the whole work of the Association be arranged in three co-ordinate departments. With this recommendation no doubt every member of the Association will be in accord.

This subject, having been referred to the Divisions for consideration, it is to be hoped that they will take a broader and more generous view of the matter than that suggested in the report.

The Committee appear to have been so imbued with the idea of finance, that they go as far as to recommend¹ that one of the departments be called the "Financial Department," altogether ignoring the fact that in a large Association like ours there is much general business which does not come under the heading of finance.

That the British Medical Association is a large business concern should not be overlooked by those who are interested in its welfare.

The more reasonable and practical arrangement of the departments would be (a) general business, (b) editorial, and (c) medical and professional.

In the Committee's report there is no intimation as to whether it is proposed to appoint another secretary, to be known as the Financial Secretary, or whether our General Secretary and Manager is to drop his present designation and to become the Financial Secretary. This point should certainly be made clear to the Divisions before they are asked to express an opinion on the matter.—I am, etc.,

Walthamstow, May 10th.

ST CLAIR B. SHADWELL.

THE HALL-EDWARDS FUND.

SIR,—Your readers will be glad to learn that the fund which has been raised on behalf of Dr. Hall-Edwards has received generous support, the sums contributed amounting to £2,001 9s. 6d. The fund being now closed, the committee would like to take this opportunity to thank the many donors for their practical sympathy.—We are, etc.,

ROBERT M. SIMON, M.D. Cantab.,

J. C. VAUDREY, M.Inst.C.E.,

Birmingham, May 26th.

Honorary Secretaries.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE INDIAN MEDICAL SERVICE.

NEW REGULATIONS.

A NEW Royal Warrant amending the rules for promotion of the officers of the Indian Medical Service is published, under date Simla, April 24th. It contains the following provisions:

The substantive ranks of medical officers in our Indian Medical Service shall be as follows: Surgeon-general (ranking as major-)

¹ SUPPLEMENT, May 2nd, p. 221.