

### THE RELATIONSHIP OF THE MEDICAL PROFESSION TO UNQUALIFIED PRACTICE.

SIR,—Dr. C. O. Hawthorne's letter in the *BRITISH MEDICAL JOURNAL* of January 16th (p. 122) does not mention the rule of English law as to the burden of proof. "He who asserts must prove." From this follows another rule—that a prisoner, even after the grand jury has found a true bill against him, is presumed to be innocent until the foreman of the petty jury returns into court and announces the verdict. No prisoner need open his mouth in court except to plead guilty or not guilty, and if he remains silent, or puts in a plea of a confusing character, the judge will order a plea of "Not guilty" to be entered, and try the case on its merits. If a prisoner is undefended the court will assist him.

A "domestic tribunal" such as the General Medical Council is bound by its own rules, but cannot set aside the law of the land, nor can it afford to dispense with the rules of evidence as set out in the late Sir James Fitzjames Stephen's little book, which I am glad to see receives high praise from Lord Birkenhead in *Twelve Judges*. For the London Hospital Forensic Medicine Lectures I have used it alone when speaking of evidence.—I am, etc.,

GEORGE JONES, M.B.,  
Barrister-at-Law.

London, S.E., Jan. 15th.

### LOCAL ANAESTHETICS.

SIR,—At the Eye Institution here, where we have over 1,000 cases of eye injury to treat a year, including a large number of foreign bodies, I have been testing the effect of borocaine since the communication concerning this drug appeared in the *BRITISH MEDICAL JOURNAL*.

A fortnight ago I gave it up as useless for the purpose, and I wish to corroborate the conclusion in the *JOURNAL* of January 16th (p. 83) contained in the paper by Mr. Harrison Butler and Mr. R. U. Gillan.

On the other hand, I find that butyn has a satisfactory effect, and it has this advantage, that in a large clinic printed slips may be used as prescriptions to hand to patients suffering from painful corneal abrasions and such-like conditions. Previously the Dangerous Drugs Act with regard to cocaine had rendered this relief to patients impossible.—I am, etc.,

A. R. GAELOWAY, O.B.E.,  
M.B., C.M., M.A.

Aberdeen, Jan. 16th.

### DENTAL DISEASE IN CHILDREN.

SIR,—In your review in the *JOURNAL* of December 12th, 1925 (p. 1139), of the Medical Research Council's report on its recent investigation into dental disease, the question is asked whether the gingivitis referred to in my statements was limited to the anterior gingivae.

May I explain that this was not so? I found comparatively few children in whom the condition of "anterior marginal gingivitis" existed alone, and was forced to include a very large number in which the inflammation was almost general.

I have referred to this on page 9, paragraph 5, of the report, explaining that in "probably half of these the slight inflammation affected all buccal gingivae in both jaws."—I am, etc.,

London, W.I., Jan. 14th.

NORMAN J. AINSWORTH.

### PERIODS OF OSSIFICATION.

SIR,—Reliance is nowadays, in courts of justice, placed by lawyers on the results of x-ray examinations of the human skeleton (in the loose use of the word) for determination of the ages of minors in cases of rape, kidnapping, questions of civil and criminal responsibility, etc. The periods of union of epiphyses with the shafts of bones, of bones with each other, and the periods at which points of ossification appear after birth, are fondly imagined to be fixed and immutable.

Many authors commit themselves to the statement that the most reliable data for determination of the ages of bodies, especially in earlier years and in intrauterine life, are obtainable by radiography, and the non-medical lawyer goes to court armed with formidable-looking volumes

from which he hurls statistics at the medical witnesses. *Solvuntur risu tabulae*. While making all allowances for Indian precocity in general and sexual development, in periods of eruption of teeth and of ossification, and for the too frequent eccentricities of development that one finds east of Suez, I find myself, after many years of impatient investigation, while not at all decrying the great usefulness of x-ray examinations in this connexion, at a loss to discover tables of statistics, Oriental or Occidental, on which to pin my wavering faith. Dogmatism is carried to excess, and I have, in my filing cabinets, plates which I take out and look long at whenever I feel tempted to forget that I am dealing, not with mathematics, but with medical juris-prudence.—I am, etc.,

WILLIAM NUNAN, M.D.,  
Police Surgeon of Bombay, and Professor  
of Medical Jurisprudence, Grant  
Medical College, Bombay.

December 18th, 1925.

### TREPANNING AND TREPHINING.

SIR,—As Dr. T. Wilson Parry, who has written so much and so interestingly on the subject, says, no name has been given to the Neolithic procedure of opening the skull, and I agree with him that my criticism of the employment of the word "trephining," which should mean an operation performed with a trephine, applies, although in a less degree, to the employment of the word "trepanning" to describe the primitive operation which was done generally by scraping, and not by boring. In recent times the Neolithic operation has perhaps been most frequently performed in some of the islands of the South Pacific, and more especially in Uvea, one of the Loyalty group, where a scraper and not a borer was always used (Mrs. E. Hadfield and other writers). The difficulty in the choice of words occurred to me some time ago when I wrote a few notes on historic trepanning, and on looking up the subject I came to the conclusion that it was incorrect to apply the word "trephining" to an operation performed before the invention of the trephine, and I am still of that opinion. Perhaps the word "trephination," as Dr. Parry says, meets the case, for this implies rather a similarity in result than in the instrument used.

However, much could be said for the employment of the word "trepanation," which would bring English writers into line with the French, who have written so much on the subject.—I am, etc.,

London, N.W.3, Jan. 9th.

H. A. CLOWES.

### VITAL STATISTICS FOR ENGLAND AND WALES, 1925.

We are indebted to the Registrar-General for the following statement regarding the birth rates and death rates and the rates of infantile mortality in England and Wales and certain parts of the country during 1925. The statement is issued for the information of medical officers of health. The birth rate and infantile mortality rate for London have been provisionally corrected for transfers.

#### ENGLAND AND WALES.

Birth Rate, Death Rate, and Infantile Mortality during the Year 1925 (Provisional Figures).

	Birth Rate per 1,000 Total Population.	Death Rate per 1,000 Population (Crude Rate).	Deaths under One Year per 1,000 Births.
England and Wales ... ..	18.3	12.2	75
105 county boroughs and great towns, including London	18.8	12.2	79
158 smaller towns (populations from 20,000 to 50,000 in 1921)	18.3	11.2	74
London ... ..	18.0	11.7	67

The death rate for England and Wales relates to the whole population, but that for London and the groups of towns to the civil population only.

The birth rate of England and Wales as a whole is the lowest recorded, except during the war years 1917 and 1918, while the death and infantile mortality rates are equal to those recorded in the previous year.