or otherwise—namely, speaking the truth, the whole truth, and nothing but the truth. I consider that such a remark from a judge is unwarranted, and official attention ought to be called to it. Of the right of a medical man to be paid for his services to a patient there surely can be no question. Whether the patient likes the doctor's opinion has nothing to do with it. One might as well say that a patient who visits a consultant, and after examination is told that he is suffering from a grave and incurable disease, should not pay the consultant's fee, but should only do so if the professional verdict is a favourable one. Such a position cannot logically be accepted.

An idea of this kind is especially to be deprecated when given utterance to by one who, from his great experience and high public position, might be supposed to understand the ethical code of a sister profession. Our sympathy should go out to the medical man concerned, whose attitude was absolutely correct and who was fully entitled to his fee—though for some reason he is said to have refunded it.—I am, etc.,

London, W.1, March 5th. PERCY B. SPURGIN.

Colonic Irrigation

SIR,—Dr. M. B. Ray, in your issue of February 10th, asks what amount of training is required of those persons who are to carry out colonic irrigation. He asks if they are to be State-registered nurses, members of the Chartered Society of Massage and Medical Gymnastics, or bath assistants. The Education Committee of the College of Nursing feels very strongly that treatment of such a nature demands the services of the trained nurse, working under the direction of a doctor. It would view with grave concern any suggestion that colonic lavage should be carried out by those who had not a full nurse's training, and had therefore little knowledge of the dangers they might encounter in administering the treatment. Mr. Elmslie, in his reply to Dr. Ray in your issue of February 24th, says that "it is really a question of the convenience of organization and of the patient." In the eyes of the nursing profession it is a question rather of the welfare of the patient than his or her mere convenience, and any question of organization must be a secondary consideration. Surely no medical man will lose sight of this point of view when deciding by whom the specialized treatment of colonic irrigation should be given. —I am, etc.,

EMILY E. P. MACMANUS,
Chairman of the Education Committee,
London, W.1, Feb. 27th. College of Nursing.

Legal Ownership of X-Ray Films

SIR,—The article under this heading in your columns on January 13th is very interesting, but the author does not seem to have borne in mind that *x*-ray films are taken not only as a matter of diagnosis and treatment, but often with at any rate one other motive. It is difficult to conceive of two or more medical practitioners, be they general practitioner or specialist, arguing between themselves as to who should retain ownership of *x*-ray films of a case that they as a team may have been treating, so we will look at this matter from the point of view of a general practitioner.

A case of suspected bone or joint injury comes before him. How is he to deal with it? Presumably he will examine it clinically and render any treatment, such as correction of malposition or applying splints, etc., that he may consider necessary. By this time he may or may not feel sure that all is well. In either case, if he is wise, his next move will be the same: he will arrange to have an *x*-ray picture taken, either by himself or by a radiologist. And here the vital question arises. He will not only want the *x*-ray photograph to confirm his previous actions, and possibly to guide him in his future conduct of the case, but still more will he want it if an action for negligence or malpraxis is brought against him in connexion with the case. I remember at an early stage in my forensic medicine course the lecturer impressing upon his audience the utmost importance of obtaining *x*-ray pictures of cases of bone or joint injuries attended by them: furthermore, all medical defence associations reiterate this point in their circulars and annual reports. Surely, then, for this reason the general practitioner, even if he is not legally entitled to claim ownership of the *x*-ray films, would be wise to reach an agreement on the point beforehand, when arranging for the films to be taken.

Under the subheading "Other Suggested Owners" it is stated, "It is fairly certain in law . . . he [the G.P.] is not one of the parties to the contract." This reasoning is difficult to follow, for surely in this connexion there are two separate contracts—namely, (1) as to fee between patient and radiologist, and (2) between the general practitioner and radiologist as to the nature of the *x*-ray photograph to be taken. If this view is incorrect then it does not seem to matter much how or what the radiologist photographs, and the patient would have no redress if the *x*-ray examination was done unsatisfactorily.

Surely the general practitioner's answer to the lawyer's question, "What valuable consideration have you given for it?" is that he has used his experience and superior knowledge to direct the patient to a reliable and competent radiologist with precise instructions as to the nature of the *x*-ray photograph to be taken. In this light the situation is reversed, the radiologist being the agent of the general practitioner and clearly instructed by him as to the duty to be performed. The view that it is difficult to see how the general practitioner can claim of his own right to see the film appears to me to stretch the argument to absurdity. I should imagine that, from the point of view of custom only, most if not all patients would be very disappointed with a doctor who arranged for them to be *x*-rayed and did not see the film, and would regard him as showing an utter lack of interest in their case; nor can I suppose that any other parties to the *x*-ray examination would desire otherwise than that the general practitioner concerned should see the films. So much, if general custom is of any validity in law.—I am, etc.,

Johannesburg, South Africa, Feb. 7th. ALLAN B. SWARBRECK.

Medical Contributions to Lay Journals

SIR,—An article with the dramatic title "Motherhood is Safer—if You are Poor," was published in the *Scottish Daily Express* of February 21st. It calls for some comment. Dealing with maternal mortality, "A Famous Gynaecologist" states:

> "The first most important cause is puerperal sepsis or infection. By that is meant the introducing of bacteria into the mother during or shortly after the birth of her child, and the giving rise to localized or general disease. The tragedy is that the medical attendant may carry the germ on his hands or clothes; or that, as has been shown comparatively recently, the germ may be present in the attendant's throat without causing any personal inconvenience. Without any symptoms to reveal its presence, a doctor may be his patient's most deadly menace. All women, at such a time, are vulnerable to infection, but Nature renders assistance in the fight."

Such a statement appearing in the lay press serves no useful purpose to the public, and might only bring a highly conscientious colleague, the victim of circumstance, into professional disrepute. The "Famous Gynaecologist"—I am certain he or she is not an obstetrician—by telling only half of the truth, and indeed the lesser half,