

2. He has his examination at the hospital on (say) Monday, and if he is alive on Saturday (say) the result is reported to him by the radiologist on his weekly two-hour visit when he examines the whole of the week's films without having time to read a single clinical note or to see a patient before he dashes off to his next hospital. Between his visits the local doctors do the interpretation as best they can.

"Radiologist" complains that the average practitioner has little knowledge of interpretation; but whose fault is that? So far I have been able to attend one course of clinical radiology—a private one given by Dr. L. A. Rowden, and one without which I could have done nothing. Anyone desiring to learn about eyes, ears, bacteriology, or pathology, etc., attends courses of lectures. The only course open for the practitioner who desires to learn *x*-ray interpretation is to study for the diploma for one or two years.

Of the two courses open to the patient I should prefer the first, in spite of the local doctor's poor technique and poorer interpretation. The travelling radiologist is, to my mind, the real danger, both to medicine and to radiology. As an ideal, give me the stationary radiologist who is not afraid to visit the operating theatre and knows the way to the post-mortem room, where he can correct or confirm his diagnoses. After all, "Experience is the name we give to our mistakes."—I am, etc.,

A. P. BERTWISTLE, F.R.C.S.Ed.

London, W.1, Nov. 24th.

SIR,—I agree with "Radiologist" that our interpretation of radiographs is not what it ought to be, but can he tell me of any books or lectures which I could attend? Not only do I have difficulty in reading films of my own cases, but also in understanding the radiologist's report on barium meals, etc. Is there any museum which I could visit? I have neither the time nor inclination to devote two years to getting the diploma, which would be useless in my country practice.—I am, etc.,

Holbeach, Lincs, Nov. 25th.

W. WATSON.

### Medical Assessors

SIR,—May I offer a word on one or two points arising from the letters on this subject in your issue of November 16th. Having "sat" as assessor in workmen's compensation cases on many occasions, I am not unacquainted with what Mr. Gibson calls the "spectacle of conflicting medical evidence," but, though sometimes moved by a brotherly sympathy for a colleague who was being "put through it," have never regarded it as a spectacle, much less as an "unedifying exhibition," as Mr. Shiel puts it. It ought, I think, to be kept in mind that only a small proportion of claims for compensation under the Act come into court, and where disagreement does arise it is hardly fair to either party to ascribe this to the workman's anxiety to get the best out of his injury and the insurance company's anxiety to guard its funds.

A large proportion of disputed cases are decided by the procedure which does not differ very much from one advocated by Mr. Gibson—that is to say, reports on behalf of each party are submitted to the referee, acting alone, who frames his decision on what he himself finds. I am sure that any of your readers who have acted in this capacity will bear me out when I say that these references often present real difficulty, and entail much care and thought in arriving at what the referee hopes is a reasonable decision. The sense of individual responsibility is pressing, and at times, with every care to form an equitable judgement, one has presented a report which has incurred somewhat searching criticism by the authorities.

I have little doubt that should the administration come to the conclusion that the existing machinery is unsatisfactory, steps will be taken to amend it, but the establishment of a medical board suggested by your first correspondent would not, to my mind, be an advance. For one thing, it would require to be accompanied by legislation making it incompetent to lead medical evidence in open court, otherwise it would be quite feasible for one or other legal representative to put a witness in the box to put forward an alternative to the report of the board. Further, I do not believe that a board would be in a position to give the long consideration to the terms of its report that is often essential, and I have a strong feeling that the members, conscious that each was sharing his responsibility with the others, would be too ready to present the first agreed decision that occurred to them, and that a decision quickly arrived at might not be the most equitable.

Mr. Gibson wants to keep medical witnesses out of the courts, Mr. Shiel to ensure their greater competence for their task. I am sure that the latter is the ideal to be aimed at, and that under these circumstances there need be no reproach cast by ourselves or others on the conflict of opinion often seen, and likely to be seen in the future if the medical profession is prepared to accept its just responsibilities. There is a certain amount of misconception as to the function of an assessor. I hope I am not "as pragmatist and opinionated as the contending witnesses" to whom Mr. Shiel refers. The assessor gives no evidence, he offers no opinion. It is not true to suggest, as has been hinted to me by a curious colleague, that in the privacy of the judge's room the medical evidence, which may have occupied some hours of the court's time, is gently set aside and replaced by what the assessor may think of the matter. The fact is that medical evidence in many cases is not nearly so conflicting on the essential points as it appears to be at first sight, and one of the chief duties of the assessor is, to my mind, the reconciliation, so far as possible, of any opposing medical testimony. He may, of course, during the hearing of a case, form his own opinions on the merits of one side or the other, but the only way in which he can put forward such opinion is by inviting that of a witness on any point which so suggests itself to his mind.

There is, however, another conflict which has frequently impressed me, not only in court, but in conversation with colleagues and lawyers. There is a fundamental difference in the working of the mind trained in medicine and that of the man of law, and this is a much more difficult gap to bridge than that between opposing witnesses. Too many of us think we have made a praiseworthy approach to the lawyer's point of view if we call the femur the thigh-bone and the patella the knee-cap. Mr. Shiel speaks of our "science which yearly grows more exact," but for each problem in medicine which is solved there is another around which there rages a fiercer controversy than before; and it is because the fully informed medical witness is not and cannot be exact, while the lawyer is striving to make the issue narrow and yet more narrow, that irritation sometimes arises between the solicitors' table and the witness-box. In other words, the lawyer is trying to pluck figs from thistles; too often, unhappily, the thistle itself gets stung.

Medical opinions are constantly changing; judges are bound by decisions which their brothers may have given many years ago. Year by year the scope of the term "accident" is widening. The House of Lords decides that under certain circumstances such conditions as spontaneous rupture of a thoracic aneurysm, coronary occlusion, and bronchopneumonia are accidents within the meaning of the statute. To us this may well appear

ridiculous; on the judges it is binding. The cleavage between two such lines of thought may be deep, but intolerance can only make it deeper, and I have an uneasy feeling that any approach to intolerance as between these two communities is more on our part than on that of our legal friends.—I am, etc.,

Dundee, Nov. 17th.

JAMES M. STALKER.

### Chronic Suppurative Otitis Media

SIR,—The paper read by Mr. Graham Brown at the meeting of the B.M.A. at Melbourne when he opened the discussion on the treatment of chronic suppurative otitis media, and published in the *Journal* of November 23rd, apart from the subject-matter, is important, as it may be taken to represent more or less the view of a large number of specialists, and also because of the author's position and experience.

The paper will certainly be read by all those who devote themselves to ear, nose, and throat work, as well as by a large number of practitioners situated out of reach of a hospital with special departments. We shall all get enlightenment from this paper, but I think more was possible. First, it would be well to state why the suppuration in an ear becomes chronic, and when this occurs. Secondly, treatment of otorrhoea after the acute condition has subsided is straightforward if we first discover what is keeping up the discharge.

Personally I have an objection to zinc ionization being classed with peroxide of hydrogen, rectified spirits of wine, cleansing solutions, and fluids of various salts. "Antiseptic" solutions often fail to cure chronic otorrhoea due to sepsis alone in an accessible position even after many instillations, whereas a weak solution of zinc sulphate plus the electric current cures many of such cases with one application. A consideration of the actions taking place in the two methods will explain the difference in the results, and lead to the belief that zinc ionization is the method most worthy of the name "antiseptic" in the treatment of chronic suppuration of mucous membranes and raw surfaces (see *Practitioner*, 1934, i, 272).

May I support those who do not as a rule resort to operations on the tonsils and adenoids to the neglect of measures which help the *vis medicatrix naturae*. As the symptoms of adenoids in children may be due to inflammation in the post-nasal space secondary to rhinitis, such things as post-nasal discharge and Eustachian obstruction often disappear by treatment of the nose by diastolization.—I am, etc.,

London, Nov. 26th.

A. R. FRIEL, M.D.

### Medical Science and Social Progress

SIR,—I would like to congratulate Dr. J. J. Macnamara on his letter to the *Journal* of November 16th (p. 975). It is an inspiring thing to know that there are humble members of our great profession who have the courage to defend the eternal verities against pagan ideals, even when the latter may be enunciated by the distinguished and cultured President of the Royal College of Physicians. What many of these great reformers seem to forget is that physical well-being, though greatly to be desired, is not the beginning and end of all things. Man's greatest glory was, is, and always will be the triumph of the spirit over the flesh. I myself have good reason to know that those responsible for the upbringing of a large family "though very poor may still be very blessed."—I am, etc.,

DONOUGH W. MACNAMARA.

Corofin, Co. Clare, Nov. 19th.

### Birth Control in Modern Life

SIR,—The use of contraceptives is now an established practice among all classes in this country. Those who are most active in its propagation (if one may use such a word in this connexion) may act from the highest motives. I would suggest, however, that the average man or woman who employs these methods does so in order to enjoy sexual freedom without the risk of the responsibility of having children. Whether one approves or disapproves, it is a point of view not very difficult to understand.

Now I have read many articles for and against the use of contraceptives, and I have remained comparatively calm; but reading your issue of November 23rd I must make a protest. Sir Walter Langdon-Brown, speaking at a debate on birth control at the Hunterian Society, states (referring to his experience as extern at a large maternity hospital):

"That steady stream of unwanted babies has haunted me ever since. There were times when I had to get away and walk on the banks of the Thames in order to feel that there was some beauty in life and some reason in existence."

I, too, worked in a large maternity hospital, and what struck me was the unfailing welcome for each baby, however poor in circumstances the parents might be. I have only seen one mother who wasn't pleased to see her baby, and that mother was insane. That beauty in life may be a *matter of taste* is shown by this experience. A patient consulted a colleague of mine as to whether she was pregnant. She thought she was, but could not account for her condition. She used quinine pessaries, and as there is a rumour that each box contains one "dud" her husband invariably tasted each pessary before use to make sure that it contained enough quinine! It has always been suggested that to call a spade a spade is a good idea—it seems to make things clear, somehow; so let us call a pessary a pessary, and agree that contraceptives add to the pleasure of life. But as for beauty, I should say that a mother suckling her tenth child is a more inspiring subject than a bride inserting her first (?) pessary.—I am, etc.,

London, W.C.1, Nov. 25th.

KATHLEEN E. MURPHY.

SIR,—In the debate at the Hunterian Society on birth control in modern life, opened by the Bishop of St. Albans, of which a summarized account appears in last week's *Journal*, the big guns of science appeared to be trained with deadly effect on the ground held by the bishop and his supporters. Science is so devastating! But after all, were some of the assertions of the bishop's opponents truly scientific? Is it so certain that even in these islands there is any immediate risk of overpopulation, were our resources fully developed? Is it not maintained by some, who have given serious consideration to the subject, that the present fall in the birth rate is dangerous, and that we may soon see a serious decline in population, boding ill for our by no means over-populated Dominions and Colonies? That Italy is fighting to obtain more room for her teeming population is at least doubtful; rather does she seek minerals and raw materials.

The use of contraceptives by the unmarried was approved or condoned as being a better way of avoiding pregnancy than fear, but fear seems to be one method which Nature uses for her purposes, and in this matter one may recall Hunter's dictum to the effect that we can assist Nature, but not replace her. The results of getting rid of our evil may easily lead to the letting loose of seven greater evils, which, finding our present