hearing acuity nonfunctional for purposes of communication." The late onset and progressive nature of this form of deafness are truly forbidding. There is no possibility of averting hearing loss by stopping treatment at the first sign of damage.

It must be assumed that the greater part of the antibiotic in each instillation was absorbed, as indeed might be expected, since there is little difference in principle between the irrigation of a well-sealed cavity and simple parenteral injection. Hence, if local treatment is adopted, the daily amount should be limited to that considered safe by injection —certainly not more than 1 g.—and it would be wise to continue the treatment for not more than seven days. The same considerations should apply to all forms of local application, including the treatment of skin infections and burns and instillations into serous and other cavities.[7]

Bicycle Spoke Injuries

Many injuries in children produce characteristic wounds. An example is the wringer injury. When a leg or arm has been drawn into a power wringer a far more extensive lesion than is immediately apparent is produced because of the damage to subcutaneous fat leading to extensive haematoma. Another is the injury sustained by a child who falls while carrying a milk bottle, when small puncture wounds and lacerations conceal cut tendons, disclosed only by exploration under general anaesthesia. Little emphasis has been laid on another injury which must be common. When a child, usually riding as a passenger on a bicycle, puts his foot into the front or the rear wheel he may sustain a laceration of the limb while it is trapped between the spokes of the wheel and the fork of the bicycle frame.

At the 16th International Congress of the British Association of Paediatric Surgeons in Dublin last August R. J. Izant, B. K. Rothmann, and V. H. Frankel presented 60 cases of this type of injury in children under 14 treated in two hospitals in Ohio during the past four years. Thus the injury is common even in a country where we would expect pedal cycles to be less popular than in the United Kingdom. The authors pointed out that the injury resembles a wringer injury in that initial examination may not reveal its true extent. There is clear evidence of laceration of the tissue owing to the knife-like action of the spokes, but the compression of tissue produces necrosis which may not appear for several days as the injured blood vessels undergo thrombosis. In addition many of the injuries, particularly those of the heel, have a flap of tissue which has its pedicle distally and is therefore subject to extending necrosis. Treatment of the injury must therefore be active, with debridement of the wound, complete rest, and elevation of the limb. Immediate suture of the questionably viable flap frequently leads to dehiscence of the wound and prolonged healing by second intention. Early skin grafting is recommended. Lacerations should be closed only after careful debridement, with special attention to removing the subcutaneous fat when there are thick skin flaps round the heel. The injuries are more serious than they sometimes seem at first sight. And, as the authors of the paper pointed out, they could be prevented by adequate guards on the wheels, or better still by not putting two riders on a bicycle built for one.

[1] Cawthorne, T., and Ranger, D., *British Medical Journal*, 1957, **1**, 1444.
[2] Last, P. M., and Sherlock, S., *New England Journal of Medicine*, 1960, **262**, 385.
[3] Fields, R. L., *Archives of Otolaryngology*, 1964, **79**, 67.
[4] Lorian, V., *Acta Tuberculosea et Pneumologica Scandinavica*, 1962, **42**, 149.
[5] Fuller, A., *Lancet*, 1960, **1**, 1026.
[6] Kelly, D. R., Nilo, E. R., and Berggren, R. B., *New England Journal of Medicine*, 1969, **280**, 1338.
[7] Trimble, G. X., *New England Journal of Medicine*, 1969, **281**, 219.

Disputes over Children

Judges' criticisms of psychiatrists have on occasions been made in strong terms and have elicited equally trenchant replies. In general the courts have been apt to receive psychiatric evidence with some scepticism, partly because a psychiatrist's opinion often depends in some measure on his assessment of the truth of what he has been told by a person interested in the outcome of litigation. Lawyers and judges feel that they are better able to make that assessment after a trial than a psychiatrist before it. By impugning some of the psychiatrist's basic premises, the courts can rationalize their common human suspicion of psychiatrists.

An analysis of adoption and custody cases of recent years by a Nottingham law lecturer[1] shows the courts' efforts to get to grips with psychiatric evidence, which has been increasingly tendered in such cases in the past decade. The traditional legal view was that the effects on young children of being moved from one family to another were "mercifully transient." Psychiatric evidence to the contrary has not always been presented in the most attractive way, and psychiatrists have been judicially castigated for having donned the mantle of the advocate on behalf of the party paying their fees. As a protection from such criticism it has been suggested that medical evidence should be obtained from a panel of court experts. But such a system might be found to have an inbuilt bias in favour of the more conservative medical experts.

Mr. Justice Cross[2] has made some helpful observations on the manner in which medical evidence might be presented when the custody of a child is in issue. The Court of Appeal also has made similar observations,[3] suggesting it is desirable that the parties in dispute should co-operate to the extent of giving joint instructions to a medical expert, so that he has the advantage of knowing what facts are in dispute and of being able to interview all the relevant parties before making his assessment. Mr. Justice Cross suggested that where the parties cannot bring themselves to co-operate to this extent the Official Solicitor should be appointed guardian *ad litem* of the child, so that he can consider whether to instruct an expert and so that he can give impartial instructions to the expert of his choice.

These judicial suggestions remain mere observations without the backing of legal compulsion. But it would be in the public interest as well as in the interest of medical witnesses if they refused to accept instructions as expert witnesses except on terms granting them facilities to interview all the opposing parties and to receive instructions which were either agreed or at any rate showed the opposing views. Meanwhile the

[1] Hopkins, F. S., *Medicine, Science and the Law*, 1969, **9**, 31.
[2] Re S (Infants), *All England Law Reports*, 1967, **1**, 202.
[3] B, (M.) *v.* B, (R.), *Solicitors Journal*, 1968, **112**, 504.
[4] *British Medical Journal*, 1968, **3**, 509.