

the law, and if what you say is right I have yet to learn my business." I heard this remark in the High Court.

Most of the trouble in the coroner's court comes from ignorance or disregard of those elementary rules of evidence which every practising barrister has at his fingers' ends; and which no amount of reading can ever implant in the non-legal mind. If the coroner was abolished entirely, and his duties transferred to the police magistrates, who could sit, like county court judges, with medical assessors, there would be an end of the conflicting jurisdiction which the recent Act has brought into greater prominence than before. It may surprise many coroners to hear that opinion is not evidence except in the case of experts. A regional pathologist would be such an expert, and his opinion would be evidence.

Cross-examination should be directed to putting one's client's case; but in the formless court of the coroner there are no parties, no issues, no joinder of issue, no counsel, and only too often no law. It is useless to tinker with this hopeless official, who has been the butt of the satirical ever since Shakespeare's grave-diggers in *Hamlet* (Act v, sc. 1): "Is this law?" "Ay; . . . crowner's-quest law." From the writer of *Termes de la Ley* (temp. Henry VIII) to Blackstone there were endless complaints of the incompetence of the coroners.—I am, etc.,

Lewisham, Sept. 16th.

GEORGE JONES.

#### NECROPSIES IN GENERAL PRACTICE.

SIR,—There are two schools of thought on this matter: the one holds that the performance of post-mortems by general practitioners is undesirable because it leads to inefficient work—that is, that the G.P. is not competent to perform necropsies—the second holds that practitioners are competent, and that they ought to hold on to this work because, if they do not, the time is not far distant when there will be no work left for which the G.P. will be held to be competent. This discussion is a particular example of the general problem which faces the profession at the present time. On the one hand increasing efficiency is required in all medical work, while on the other it is being realized that specialism, if it is accompanied by the elimination of the family practitioner, must seriously impair the efficient care of the health of the people.

There seem to be two lines along which the profession can strive to develop so that the family or general practitioner may be saved from extinction, while at the same time that increase of efficiency which is essential may also be attained. These changes take years and come about almost unnoticed. Their general direction ought not, however, to be left to blind chance. It should be purposively pursued by those members of the profession who are concerned. The first change is towards a modified specialization amongst the general practitioners. In each area certain practitioners ought to acquire special experience in one of the special branches—for example, pathology. One or more of them should be given the status of a local appointment (as is done for the factory surgeonship). This is already done in pathology in practice to some extent, although it is not formally recognized. This pathologist ought to be definitely linked up with the pathology department of the nearest hospital. The second and, in my opinion, the more important change is for the general practitioners to take more thought of the extension of their sphere of activity, rather than to try to hold back changes in the nature of their work, changes which are inevitable in any case. This extension of the sphere of the G.P. cannot, and should not, be expected to be accomplished in a year or two. The chief lines of this extension are concerned with the prevention of disease and the study of it in its early stages. I know I am flogging a well-thrashed horse, but the trend of the present discussion convinces me that still more beating is indicated.

What seems to be most necessary is a slightly changed attitude of mind, on the part of the profession, towards the possibility of making up lost ground which the advance of the science—if not of the art—of healing has made inevitable. Having mounted my hobby-horse I could ride afar!—I am, etc.,

Redditch, Sept. 20th.

HOWARD E. COLLIER.

SIR,—Most general practitioners will freely admit that they dislike performing post-mortem examinations because the process as carried out in private houses is distasteful and unpleasant, but more because the general practitioners who have not made a special study of morbid anatomy and post-mortem methods know that they do not derive all the information they should from the examination. How can they be expected correctly and accurately to interpret post-mortem appearances when the opportunities of making such examinations come their way so fortuitously, so seldom, and in such discouraging circumstances?

A necropsy—especially for medico-legal purposes, with its ensuing bacteriological and chemical inquiries—may require as much planning as a surgical operation, and its successful accomplishment calls for a specialist just as much as the latter does. The letter of Dr. Binns (September 13th, p. 449) does not make out a case against a specialist in post-mortem work, but only for the intrinsic interest of post-mortem findings.

The opportunity was missed years ago. Those responsible for framing the Insurance Act made elaborate preparations for advice (A), visits (V), and certificates (C), and for laddling out gallons of medicine. They even went so far as to discourage peppering the patient with pills, but encouraged the keeping of records. Had they put aside a few pence per head for a pathological service many of these medical records, which now are often merely the data of unsolved puzzles, would have received a welcome amount of illumination and have made an immense contribution to knowledge. The general practitioner who was genuinely in search of the truth could be present at a post-mortem examination made by an expert, and could learn more in an hour in the mortuary than he could in days spent in a library. Any general practitioner so minded could qualify as a specialist pathologist and ask to be put on the panel of pathologists. The coroners would be delighted. Their troubles would be lightened. A non-medical coroner quite recently told me with glee that he had discovered a young medical man with a zest and enthusiasm for post-mortems, and that, for that area at any rate, he knew how to allot the work in future.—I am, etc.,

September 15th.

URBANUS.

#### A VITAL REACTION IN THE DENTAL ENAMEL.

SIR,—I have noticed in your issue of September 13th the remarks on the possibility of a vital reaction in the dental enamel, which were in connexion with the communication made by Mr. Evelyn Sprawson before the Royal Society. The notes regarding the work of the late Mr. Howard Mummery (*British Dental Association Journal*, May 1st, 1926) appear to me to be inaccurate, and anyone who had actually examined the slides which he prepared could not help being convinced that there was every probability of the reaction taking place to damaged enamel; and moreover, I do not think that his assertions have ever been proved to be inaccurate. Mr. Sprawson has made a distinct gain in our knowledge of the reaction of the enamel to injury, and I consider that he shows that the enamel makes an effort to repair the lesion, which is after all only what one would expect it to do. Your communication appears to me to unnecessarily adversely criticize Mr. Sprawson's work and that of the late Mr. Howard Mummery, both of whom have put forth evidence that enamel has reparative power, and I think everybody who looks carefully at the actual sections would be convinced of that fact.—I am, etc.,

Birmingham Dental Hospital, Sept. 16th.

C. HOWKINS.

#### OCCIPITO-POSTERIOR POSITIONS.

SIR,—With regard to occipito-posterior positions among races that habitually squat, my experience is that there are as many cases in proportion among the natives of South Africa and India as among those races that adopt European or Chinese habits—that is, as regards chairs. Another popular idea is that the savage woman does not suffer in childbirth; I have found that she does, and also that the death rate in childbirth is very high among the less advanced peoples.—I am, etc.,

Libode, Pondoland, Aug. 21st.

JOHN EVANS, M.D.