

**Psychosomatic Consultations in Industry.** IRVIN, E. A. (1946). *Industr. Med.*, 15, 1.

All too frequently physicians view a particular case only from a standpoint of the specialty they practice, and lose sight of the patient as an individual, while others rely almost exclusively on laboratory tests or mechanical aids in making their diagnoses. Often important factors in the emotional side of the patient's life, which may have an effect on his present complaints, are overlooked. Psychosomatic medicine is an essential part of the practice of industrial medicine. To obtain good human relations in an industrial organization, emotional disturbances must be overcome as early as possible, and the earlier the better. Although the emotionally disturbed person is sick, he rarely attempts to see his family doctor, and the chances are that he doesn't even think of consulting a psychiatrist. He just worries through his disturbance or tells his troubles to a sympathetic listener. If there happens to be an understanding factory doctor at his place of employment, he instinctively goes to him. This is an extremely important function of the factory doctor, and it should be recognized as such. The doctor must be aware of the importance of proper job placement for the maladjusted individual. On the other hand it is important not to go so far into psychiatry that some organic disease is missed.

**Use and Abuse of Radiographs in the Diagnosis of Mouth Infection.** THOMAS, E. H. (1946). *Industr. Med.*, 15, 9.

Chronic oral infection is an affliction of a great many people and is a direct or indirect cause of many systemic diseases. The bones of the jaws are affected by more abnormal conditions than are bones elsewhere. Numberless acute and chronic conditions are due to the presence of teeth. Teeth sometimes repair themselves after injury, but in most instances are incapable of doing so. They then act as foreign bodies creating continuous irritation to normal tissues over days and years with all of the innumerable pathological conditions resultant therefrom. It is futile to attempt to diagnose disease of the jaw from radiographs without taking a history and making a clinical examination. Radiographs show only changes in calcified bone structure, but many of these are hidden by the shadows of the teeth themselves. At least half of mouth infections occur in the soft tissues and ordinary acute infection such as Vincent's infection show no x-ray changes. On the other hand diseases such as osteomyelitis and neoplastic conditions in the jaw are well shown by radiographs. Clinical mouth examination must include a search for flat contact points, cracked teeth, overhanging fillings, calcareous deposits, ill-fitting dental appliances and tumours. It should also include a check for traumatic occlusion and closed bites as well as an electric test for vitality on all teeth.

## THE HEALTH OF MERCHANT SEAMEN.

### A CORRECTION.

To measure with any pretence to accuracy the mortality of merchant seamen is notoriously a very difficult task (*vide* the Registrar-General's *Occupational Mortality Supplement* for 1930-32), but in contrasting seamen with males otherwise occupied it is regretted that in a leading article in the issue of this Journal for April 1945 the relative position of the former was, according to the best and latest available figures, made to appear far too unfavourable. The mortality rate of merchant seamen between the ages of 20 and 64 was stated to be 'approximately double the standard rate for the same age group, the death rate from tuberculosis among seamen being four times greater than among the general population.' According to the Registrar-General's analysis the recorded deaths of merchant seamen at ages 20-64 in the 3 years 1930-32 were 47 per cent. in excess of the deaths that would have occurred at the age-mortality rates of all males. In other words, their death rate from all causes at these ages was, 15 years ago, approximately one and a half times and not double the standard rate.

Their excess from tuberculosis (all forms) was almost identical with their excess from all causes of death—namely, 48 per cent. In 1930-32, 1231 such deaths were recorded at ages 20-64, and at the corresponding age

rates of all males there would have been 830. Their rate from this cause was, therefore, also one and a half times the rate of the general population of males, and a serious error occurred in referring to it as four times greater. With regard to this disease it was also stated that '17 per cent. of all deaths occurring within a year of leaving the sea was due to tuberculosis.' Apart from the great difficulty of arriving at any such figure accurately, it must be noted that no contrast is available for men leaving other occupations to show whether the figure is, in fact, unduly high. It may, however, be observed that for all males aged 20-64, occupied or unoccupied, in 1930-32, as many as 15½ per cent. of the deaths were attributed to tuberculosis.

This leading article arose out of a study by Dr. Jameson Carr in the same issue of health problems in the Merchant Navy. Dr. Carr's discussion of those problems was mainly non-statistical, but where figures do occur the reader should keep in mind the serious difficulties referred to above of measuring the relative mortality of the seaman and in calculating such indices as the proportion of men for whom medical attention is available on board ship.