THE DRAFT REGULATIONS FOR 1920.

To the Editor of THE LANCET.

SIR,—Dr. J. Pereira Gray's letter in your issue of Dec. 27th, 1919, reveals him as the obstinate twelfth jurymen. To maintain this attitude it is necessary either to pervert the facts or to attribute to other minds the psychological imperfections of one's own. Dr. Gray does not agree with these decisions does not prove that they were foolish. He should not, however, misrepresent those decisions or give, as he does, an entirely erroneous impression as to the character of them.

Almost every sentence in his letter which purports to be a statement of fact is either false or misleading. I quote seriatim the most important of them.

1. "The Local Medical and Panel Committees have proceeded to organise the profession to refuse service under certain contingencies was dropped as unthinkable." 2. "A resolution to organise the profession to refuse service under certain contingencies was dropped as unthinkable." 3. "We agreed to compose with the Government for a pension and" 4. "When thought through enough practitioners to go round, it—the practitioner's list of insured persons—will be limited to 2000." 5. "The insurance practitioner must place himself at the beck and call, night and day, of anyone who demands his services." 6. "If he chooses, but if he offers them to the public he should verify his facts, and he should refrain from attributing all of whom have the honour and interests of the profession, in at least as great a degree as he has, I doubt not, himself.

I am, Sir, yours faithfully,

HENRY B. BRACKENBURY.

Stroud Green, N., Dec. 27th, 1919.

To the Editor of THE LANCET.

SIR,—Does Dr. Addison expect that the "general practitioner will be efficient and content" if payment under the new regulations is less than what is the general desire of the profession, especially if, under the same regulations, the Ministry of Health takes from us the proprietary right in our practices? Dr. Addison is reported by you to say that "at present no measure was available of the extent of work in the demobilised man's round. If Dr. Addison, who is a qualified medical man, will only do a three months' "locum" in any large industrial centre he will soon find what the calls of the demobilised man mean to the profession. What more beneficial to the public he should verify his facts, and he should refrain from attributing improper motives to the general body of his colleagues, all of whom have the honour and interests of the profession at heart to at least as great a degree as he has, I doubt not, himself.

I am, Sir, yours faithfully,

D. FENTON, M.B., Ch.B., D.P.H.

Blackburn, Dec. 28th, 1919.

CONGENITAL DISLOCATION OF THE HIP.

To the Editor of THE LANCET.

SIR,—Mr. A. H. Tubby's note in THE LANCET of Dec. 20th, 1919, on the treatment of refractory cases of congenital dislocation of the hip raised a very important question, and one on which the opinions of surgeons differ widely—namely, up to what age should reduction be attempted? It has been a source of some surprise to me to find how many surgeons regard age by itself as the contra-indication to attempted reduction. On the other hand, there is a large—and I am inclined to think a larger—number of surgeons who will not operate after a certain age is reached.

I would suggest one circumstance seem to me to be strongly in favour of not operating upon unilateral cases after 10 years of age and bilateral after 6 years. As the age-limit is approached reduction becomes increasingly difficult and the risks proportionately greater, while the prospect of a perfect result becomes smaller. The age-limit is exceeded the results, in my opinion, do not warrant the risks, immediate and remote. I am convinced that actual harm may result, quite apart from accidents during attempted reduction, of which the ill-effects are usually temporary. The pain and disability from which these cases sooner or later suffer, and the expectation of which is the chief indication for operation, are, I think, attributable to osteo-arthritis changes occurring in the malformed joint. Unless a permanent anatomical reduction has been achieved, the trauma upon to which the joint has been subjected may, and in the older cases very often does, hasten the onset of those very changes in the joint which the operation was meant to avoid. Again, even though an anatomical reduction be obtained in a case near the age-limit, changes in the joint occur which I have been accustomed to speak of as "absorptive arthritis," and which lead to a gradual wearing away of the head and neck of the femur, and sometimes the formation of a migrating acetabulum, both of which may result in gradual re-dislocation.

It is admitted by some of those who attempt reduction at any age that an anatomical cure in cases above the age-limit is uncommon, but they say they obtain an "anterior reposition," with improvement in the stability of the joint and the gait of the patient. My experience of "anterior reposition" has been extremely limited—far more limited, it would seem, that of some surgeons. If an anatomical cure does not result, the bones, as a rule, return to their former position—i.e., there is no relapse. I venture to suggest that those who advocate treatment of these cases after the "age-limit" has been exceeded, should produce their late results, so that the public and the profession may be convinced of their error.

As regards open operation, this may be resorted to with two distinct objects: first, to obtain an anatomical reduction; and second, to prevent "relapse" in a hip already reduced. I agree with Mr. Tubby that the former operation should only be resorted to after the bloodless method has failed, but I cannot agree with him as to the wisdom of thereby raising the "age-limit." The younger the case that resists