

manipulative methods, the stronger, to my mind, is the indication for open operation. Conversely, the nearer the age-limit is approached, the greater the care necessary before deciding to subject the patient to the extra risk of an open operation. Since Burghard emphasised the importance of the ilio-psoas, and recommended the division of this tendon in papers published in 1901 and 1903, I have invariably severed it as a part of the open operation for reduction of congenital dislocation. As regards the second operation, I think this is particularly indicated in a case in which previous bloodless reduction has been accomplished, but has been followed by relapse, and which is still young enough to stand a good chance of a cure resulting.

The method I have adopted with success has differed from Jackson Clarke's in that the joint is not opened. The periosteum is incised parallel to and about a third of an inch above the acetabular margin, and a flap of this membrane is *roughly* rugined down till the cotyloid ligament is reached and elevated from the acetabular margin. A few stitches are inserted to keep this flap turned out from the bone, and also to take in the slack in the upper part of the capsule. A more certain result should be obtained by making use of some form of bone graft. These procedures are not, in my opinion, justified at and above the age-limit, nor should either be made use of till the possibility of obtaining a satisfactory result by means of the bloodless method has been carefully excluded.—I am, Sir, yours faithfully,

Dec. 23rd, 1919.

H. A. T. FAIRBANK.

## COPPER ALANIN IN INOPERABLE CANCER.

To the Editor of THE LANCET.

SIR,—In your issue of Dec. 13th, 1919, appears a letter under this title from Dr. James Donelan, referring to a case of inoperable cancer of the tongue in which he has obtained distinct palliative results by the employment of copper alanin, the use of which in protozoal diseases and in inoperable cancer was suggested and its lack of toxicity in proper dosage demonstrated by me.<sup>1</sup>

I am glad to note that Dr. Donelan rightly does not claim a curative action, as his result in this respect corresponds with those obtained by myself and other observers who have been sufficiently interested in the clinical action of copper alanin. Mr. Aslett Baldwin, who has been kindly making investigation on the use of copper alanin in a considerable number of cases of cancer and keeping me acquainted with the results, has not yet been able to come to any conclusion definite enough to bring forward. It would be a great pity for false hopes to be aroused in such a matter, and I may remark that the only case in which to my knowledge the use of the substance has been followed by apparent recovery has been in which copper alanin was not employed alone but conjointly with other treatment, the effect of which has not been sufficiently investigated to warrant publication.

I am, Sir, yours faithfully,

J. A. SHAW-MACKENZIE, M.D. Lond.

Cumberland Mansions, W., Dec. 29th, 1919.

## THE PLACE OF THE PHYSICIAN IN OPHTHALMOLOGY.

To the Editor of THE LANCET.

SIR,—I have read with very great interest Dr. Rayner D. Batten's article in THE LANCET of Nov. 29th, and also your leading article in that of Dec. 13th. It will probably be agreed—internally if not avowedly—by most ophthalmologists that Dr. Batten has expressed opinions and made criticisms which are true and to the point—namely, that sufficient justice is not done by the average ophthalmic surgeon to those numerous patients who are distinctly in need of purely medical as opposed to surgical treatment, and that the consulting physician does not meet the requirements. The ophthalmic surgeon can hardly be expected to keep abreast

of both medicine and surgery and also to apply them both to ophthalmology, and it seems safe to state that he does not do so. In the present crowded state of the ophthalmic clinics how many of these purely medical cases receive sufficient attention from anyone concerned? One has simply to name syphilitic, tuberculous, and arterio-sclerotic conditions of the eye to call up a host of cases which have been seen and which conscience whispers have not received full attention and consideration. As you, Sir, indicate in your article, Dr. Batten's remedy may not be the best remedy, but it is clear that, by some means or other, the present system, in accordance with which very large numbers of medical cases are supervised, where not actually treated, by men who are essentially trained surgeons—often enough with no leanings towards medicine—should be amended in such a way as to place the medical eye patient attending an eye clinic in as favourable a position as his fellow-sufferer who attends the medical side of a general hospital for a disease of some other part of his body. Even in private practice the purely medical case is apt to be at a disadvantage, for the conscientious ophthalmic surgeon will refer him to a physician whose fees must be paid. Doubtless there is the family practitioner, but as he in most cases is not familiar with the ophthalmoscope, the patient is tossed about from one to the other very much to his own disadvantage. Why not therefore the physician oculist as well as the surgeon oculist? But, between the two, where does refraction come in?

I am, Sir, yours faithfully,

Bothwell by Glasgow, Dec. 22nd, 1919.

ERNEST THOMSON

## THE LIMITATIONS OF SCIENTIFIC THOUGHT.

To the Editor of THE LANCET.

SIR,—Dr. Harry Campbell, in his lecture on Mental Personality, in your issue of Dec. 27th, 1919, states that space "is acknowledged by all philosophers to be a mode of perception." This statement, as it stands, is inaccurate, as all philosophers have not by any means acknowledged this. Apart from the history of thought on this subject, the fact that Kant had to plead for his theory (that space is a mode of perception) that it "should gain favour as a hypothesis worth entertaining" is enough to show that eighteenth-century thought needed much conversion.

Dr. Campbell's remarks on the restriction of science to its own business are good reading, and advice on this point is always timely. I fear that Professor Karl Pearson, whose "Grammar of Science" he quotes, is one of the chief sinners in this regard, as he confuses the boundaries of science and philosophy, and writes mostly from a subjectivist standpoint, without seeming to realise that he has thrown overboard the "method of science" with which he started. Burdon Sanderson, somewhere in his essays, has the excellent remark that the physiologist can pursue philosophy if he has the talent for it, but must understand that the moment he enters the field of philosophy he leaves his tools behind him. It is unfortunate that these limitations, so well indicated by Dr. Campbell, are often ignored by men of science in their writings, the result being calculated to divert those who know, but merely to befog the unsuspicious reader, who will probably put the blame on his own intelligence.

I am, Sir, yours faithfully,

Liverpool, Dec. 28th, 1919.

EDMUND HUGHES.

## NEWINGTON v. HOLMAN AND WIFE.

To the Editor of THE LANCET.

SIR,—Referring to your account of this case in your issue of Dec. 20th, 1919, I am surprised that you failed to realise that, probably for the first time on record, lay opinion on a question of medical ethics and practice has overridden testimony offered by an expert and uncontradicted by any other competent witness. When I stated in court that it was the custom in our profession—in the absence of physical signs *pathognomonic* of general paralysis of the insane—to have more than

<sup>1</sup> Medical Press and Circular, July 16th, 1916; Proc. Physiological Society, Jan. 27th, 1917; Journal of Physiology, vol. ii.