Mr. Foster Moore's observations are a distinct contribution to the subject, and so far as acute nephritis is concerned confirm the views I expressed definitely in my Lettsomian lectures of 1900.

On consulting recently a large encyclopædia of ophthalmology, published only two years ago, the chapter on albuminuric retinitis is as vague and unconvincing as ever, and the important distinctions I have mentioned are not even referred to, so that no excuse is necessary for reiterating what I have so often written.—I am, Sir, yours faithfully,

SAMUEL WEST, M.D. Oxon., F.R.C.P. Lond.

Wimpole-street, W., Jan. 30th, 1916.

INVERSION OF THE PELVIC BONES.

To the Editor of THE LANCET.

SIR,—In your issue of Feb. 5th Professor G. Elliot Smith makes some critical remarks on my paper on Inversion of the Ilium and Sacrum and Ischium and Pubes ...... as causes of deformities of the female pelvis.[1] I hope I may be allowed by your courtesy to reply to his remarks, which are as follows:—

> Dr. D. Berry Hart's memoir (see THE LANCET, Jan. 29th, p. 255) does not warrant the assumption that the inversion of the pelvic bones as a cause of trouble in the female is a pathological condition newly discovered by him. Dr. Douglas E. Derry, when working in the Medical School in Cairo, was the first to give an adequate explanation of the significance of the preauricular grooves in the female os innominatum, and both he and Professor Wood Jones called attention to cases in ancient Nubian skeletons where inversion of the pelvic bones was a cause of deformity. In several cases they found the fœtal head impacted in such pelves.

This account is incorrect. In the first place, Zaaijer in 1866 drew attention to the sulcus preauricularis, and Dr. Derry says: "Another feature of considerable significance in determining the sex of a given bone may be found in the groove or sulcus first described by Zaaijer in 1866." It is not found constantly and is of secondary importance, although Professor Wood Jones says "it is by far the most valuable sexual indication we have."[2] The important means of sexing pelvis is the sacrosciatic notch, and on this I say in my paper, "General anatomists have, however, drawn attention to special differences between the male and female ilium, since it is of importance, as Elliot Smith and Wood Jones have shown in archæological work, to determine the sex from an isolated ilium." I then give the points as to the sacrosciatic notch. In regard to obstetricians I criticise them and myself, of course, for neglecting these questions, and praise the general anatomists for their work in regard to them. What I claim to have shown is that in certain deformed pelves the deformity is due to inversion of the ilium or of the ischium and pubes. On this Professor Elliot Smith says as to the cases where the women had died in labour: "In every one of these cases the pelvis was of abnormal form and most of them exhibited a sex contradiction."[3] Nowhere, so far as I am aware, is inversion spoken of. The terms "sex contradiction" is incorrect, as the sex gland is the criterion of sex, whereas the pelvis is part of the sex-ensemble. I must finally ask Professor Elliot Smith to quote any passages in my paper where I have claimed any originality as to the facts of the sacrosciatic notch and sulcus preauricularis. He might also quote from his monograph any statement he makes as to his cases of deformed pelves being termed "inversion." He uses the term "sex contradiction" in it and "inversion" for the first time in his letter.

I am, Sir, yours faithfully,

Edinburgh, Feb. 7th, 1916. D. BERRY HART.

[1] See Edinburgh Medical Journal, January, and exact summary in THE LANCET of Jan. 29th, p. 255.

[2] Elliot Smith and Wood Jones, op. cit., p. 260.

[3] Op. cit., p. 200.

FUNCTIONAL NERVOUS DISEASES.

To the Editor of THE LANCET.

SIR,—I read with pleasure Captain William Brown's logical and temperate letter published under this heading in your issue of Jan. 29th. Those who have followed the modern developments of the psycho-analytic (or, as Captain Brown prefers to call it, the autognostic) method of treatment of functional nervous disease must realise that the theory of Freud is too limited to account for all the observed facts, but this should not in itself make this method of treatment disreputable. As practised now, psycho-analysis is a careful inquisition into the mental history and processes of a patient, by means of free association, word association, and dream analysis, with the object of finding out whether there is or is not anything in these processes that has a bearing on his present disability. If such a factor is discovered, the thorough understanding by the patient of its association with the nervous manifestation from which he suffers has a striking effect as far as the relief of this manifestation is concerned.

There are at present three chief methods by means of which functional nervous manifestations may be attacked; these are—psycho-analysis, hypnosis, and isolation. My own experience, as officer in charge of the nerve hospitals in the 2nd Western Command, is limited to the first and third of these three methods, but the value of hypnosis has been convincingly demonstrated quite recently in your journal by Major C. S. Myers.

As regards psycho-analysis, my experience is that improvement in the patient's condition is brought about in the majority of cases so treated, but that there is a strong tendency to relapse. The treatment has to be persisted in for a very considerable time, and even then, after an apparent cure, a subsequent relapse is not infrequent. There are, however, a certain number of patients that are not improved at all by this method, though this number does not form a large proportion of the cases treated.

In the case of treatment by isolation I find that the results are of the "all or nothing" category: if the patient reacts at all the improvement is more lasting, but the number of patients that do improve is less than in the case of the psycho-analytic method.

It seems to me that the point to which attention ought to be devoted now is the indications by means of which we may come to a decision as to which method of treatment is likely to give the best result in any particular case. In the present state of our knowledge this is not at all an easy decision to form, and the difficulty is by no means lessened by adopting a hostile attitude towards any one method. The mental configurations of a large number of patients must of necessity be diverse, and it is only reasonable to assume that these three methods of treatment possess different values in different cases.

I am, Sir, yours faithfully,

DONALD E. CORE,
Captain, R.A.M.C. (T.F.), Honorary Physician to the Ancoats Hospital, Manchester.

2nd Western General Hospital, Feb. 1st, 1916.