

given by Cipollaro, but the interpretation of these figures is Dr. Belisario's. I believe that this is perfectly clear from the grammatical construction. In regard to the reference on page 26, I now find that in fact Dr. Belisario misquoted Lehman. In the reference given Lehman says "in lupus vulgaris, 0.5-4%." Belisario quotes "in lupus vulgaris 0.5%." It was this low figure that particularly prompted my comment, and had Dr. Belisario quoted Lehman correctly my comment would not have been called for. In fact, Lehman is himself quoting Montgomery, and in Montgomery's article it is clear that the figures for lupus vulgaris originate from a different source than those of lupus erythematosus. The series are therefore not strictly comparable, and Montgomery wisely refrains from drawing this comparison. In these circumstances I cannot understand why Dr. Havvyatt should think that Dr. Belisario is not responsible for what appears in his book.

Regarding skin colour and sunlight, Dr. B. B. Barrack misinterprets my remarks. I certainly did not question that skin cancer occurs more often in fair subjects, for of this I think there can no doubt. My comment was that Dr. Belisario states the conclusions and supports them with evidence which is not valid. My criticism was of Dr. Belisario's evidence and not of his conclusions. Dr. Barrack says that lupus erythematosus is more common and lupus vulgaris is rare in Australia; the same is true in the United Kingdom, but this is not the point under discussion and bears no relation to the percentage incidence of carcinoma in the two conditions.

I should not like Dr. Barrack to think that I criticize Australian dermatologists for their radiotherapy. My comment was that radiotherapy is usually carried out by radiologists in the United Kingdom and I did not suggest that either system was preferable. Finally, Dr. Barrack mentions illustrations, and I would remind him that I described some of these as very good. It is quite understandable that some will be below standard. It would be invidious to pick these out, but I think anyone may verify that some are below standard and that the colour plates are of variable quality.—I am, etc.,

London, W.1.

F. RAY BETTLEY.

Undescended Testicle

SIR,—May I answer various points which have been put to me? The distinction between the inguinal ectopic and the high retractile testicle, which Mr. J. A. Rhind (May 21, p. 1567) rightly sees as the crux of diagnosis, is that in the former the testis on being coaxed downwards goes into the fold between the thigh and the scrotum, whereas the latter type can be worked over the bar of the pubic bone. I suggest it would be a good thing to stick to the carefully thought-out nomenclature of the paper which started all the trouble¹; "high retractile" has a definite meaning, "incompletely descended" has not. As to giving him a formula which will enable him to foretell the date of the final assumption of the adult position by retractile testes, I wish I could; but the variables of patient, observer, and nomenclature make this impossible. It is far more difficult than foretelling when a boy will grow a proper beard; heredity and physical type are important factors.

All Mr. K. M. Backhouse's letters (see May 14, p. 1508) have puzzled me, as he shows no understanding of the teaching he attacks. He says he confutes me by getting testes into the "canal" at operation, but he does not say what the operation was. The argument is about normal inguinal canals, and, as operations on them are far from common, I would like some more information. I do not know if it has occurred to him that he also has a feud with classical

anatomy; since if he is right all textbook pictures of the external ring will have to be redrawn to make it big enough to take the testis, plus the folded-up cord and the cremaster (contracted to a degree that no other muscle of the kind can approach). My "direct attack" on anatomists does not end here. I assert that the internal spermatic fascia as they describe it no more exists² than did the six arteries they alleged to supply the tonsils, before I made an attack in that field.³

For those who would like to study the retraction of the testis I recommend the technique I use when operating on an apparently unilateral inguinal hernia in a child. This is to expose both external rings through a short transverse incision. The main object is to avoid the nuisance of a hernia showing up on the other side after the obvious one has been cured, but there are the other advantages of leaving an ultimately invisible scar and making it impossible to operate on the wrong side. If the surgeon first carefully exposes the intact fascia of Scarpa, and then pushes the testicle up under it, he will demonstrate the superficial inguinal pouch. Then exposure of the normal external ring which is found in most of these explorations will show the impossibility of getting the testis into it.—I am, etc.,

London, W.1.

DENIS BROWNE.

REFERENCES

- ¹ Browne, D., *Brit. med. J.*, 1938, 2, 168.
- ² — *Lancet*, 1933, 1, 460.
- ³ — *J. Anat. (Lond.)*, 1928, 63, 82.

Students' Acceptance of Psychiatry

SIR,—The letter under the above heading, by Dr. Amy M. Pantin (May 7, p. 1432) has two mistakes in it. (1) "Modern physics has demonstrated that the behaviour of ultimate particles is not predictable: in order to make one measurement, it is necessary to abandon another." The writer has got muddled over Heisenberg's Principle. This states that in a pair of related measurements in a small system, such as the position-coordinate and the momentum of an electron, each measurement has an inherent uncertainty, and the product of the two uncertainties is numerically equal to Plank's constant "h." It is false to say that in order to make one measurement it is necessary to abandon another. (2) To argue from Heisenberg's Principle to a denial of determinism, or indeed to any particular philosophical view, is very rash indeed, even though some bishops and the great A. S. Eddington have done it. The sentence, "The evidence of the natural sciences, therefore, as far as it has gone, does not support determinism," is, I think, very much too confident if stated in this unqualified way. To prefix it with "some have argued that . . ." would, however, be satisfactory.

Heisenberg's Principle is mathematical, and many doctors dislike mathematics. May I try to show by an analogy the kind of thing the Principle means? You might find a witness in court 100% credible if he said he entered the bank between 10 a.m. and 3 p.m.; 95% credible if he said between 11 a.m. and noon; 2% credible if he said between 11.27 a.m. and 11.28 a.m.; 0.0000001% credible if he said between 11.27 and 32 seconds a.m. and 11.27 and 33 seconds a.m. The greater the accuracy claimed, the less you believe his statement. But this state of affairs has not much to tell us for or against free will.—I am, etc.,

Totnes, Devon.

HUGH HECKSTALL-SMITH.