would logically be desirable. This is all the more strange, seeing that if he does not submit to the conditions of his release he may be sent to a penal colony. Detention may be prolonged if a social danger still exists at the expiration of the sentence. The law provides for the establishment of special commissions attached to the psychiatric departments, consisting of three persons: the magistrate, nominated by the president of the local court of appeal; a member of the Bar; and a doctor. The commission decides as to the discharge of abnormal persons and determines the conditions of such discharge. In regard to convicts, the law recognizes their removal to an asylum.

Correspondence

"THE STUDENT IN IRONS"

SIR,—Dr. C. M. Wilson, albeit a little too dolefully, has voiced the opinions of many of us in the course of his timely reflections on the curriculum and the present burdens of the medical student. There has been a growing sense of discomfort and dissatisfaction in the minds of medical educationists for some time past, and it becomes yearly more evident that drastic reforms must soon be planned. There will be general agreement that the curriculum is overburdened, and that it cannot be further extended; that the student is unhappily compelled to memorize, especially in the preclinical period, a mass of facts and technicalities which are of small use to him afterwards, and are in large part rapidly forgotten; that he is given all too little opportunity for thought and observation, and for self-training in the method of thought and observation, so fully is his time occupied in "cramming" many subjects in order to reach a stipulated examination standard in each; that he wastes many hours watching operations from afar which he will never be called upon to perform or in regard to which he would be better advised to seek instruction later in the post-graduate period; and, finally, that there is far too little interchange between his departments and periods of instruction, so that anatomy and physiology are less utilitarian and "applied" than they might be, and even pathology is acquiring the character of a special subject instead of remaining an integral part of "medicine," which embodies the whole science of man in disease.

If we turn to those who control the activities of the student there will again be agreement that there is a lack of co-operation between teachers in the various periods and the various subjects. Many teachers of anatomy, physiology, and pathology (and perhaps this obtains more particularly at the universities devoid of clinical schools) instruct their students as though they, too, were destined to become anatomists, physiologists, and pathologists, whereas nine out of ten of them are destined to be doctors. Many clinicians adopt too low a standard in the study of evidence or, forgetful of the outstanding contributions of physiology to bedside medicine, neglect their opportunities of encouraging thoughtful applications of earlier training to the everyday problems of diagnosis and practice. Although the preclinical teachers are primarily concerned with education, the clinical teachers, whose vision is, or should be, constantly broadened by practice, are hampered in their duty to the student by many other public and private claims upon their energy, and sometimes by a very real mental weariness. The whole-time clinical teachers, on the other hand, suffer the disadvantage of living in the atmosphere of hospital medicine, with its superfluity of end-result diseases and comparative rarities, its slow and deliberate decisions, its safeguards in the shape of expert laboratory and specialist opinion, and its lack of contact with many common disorders and diseases and a host of intimate human difficulties encountered in the home and in the consulting room.

The central purpose of medical education is, presumably, to train good doctors. Wherein does our present failure lie? First, only three years (and not the whole of that) out of the six or seven are at present devoted to clinical study. Secondly, we are insisting more and more on training in what may be called broadly the "experimental method," and less and less on training in the "observational" method. Both are essential to mental fitness and practical equipment, but they should be complementary. No amount of education in physiology, pathology, bacteriology, biochemistry, and radiology will ever make a physician or a surgeon. In all of these subjects we need less detail, more broad principle, and more applied study. From a much earlier stage, and in as many ways as possible, we need closer contact with the patient and with the problems of the "living disease."

In his Hunterian Oration for 1921 Sir Charters Symonds wisely said:

> "What characterizes the man of ability is the power to observe, to co-ordinate, to contrast, and to draw deductions. The average man possesses his share of these powers, but they have not been exercised, and our problem, especially in the clinical period, is to develop the power of observation. *The only opportunity the student of medicine has for independent observation, it seems to me, is in the clinical field, and the sooner he is brought there the better.*" . . . "My opinion is that we should reduce the time spent on the preliminary sciences, introduce clinical opportunities from the very first, and secure three years out of the five for the final course."

Personally I should like to see a weekly period set aside for elementary clinical instruction, starting from the day the student enters the dissecting room. Clinical problems and the clinical period give the best training for the mind and evoke the deepest interest. The intimate relations between clinical science and the ancillary sciences should be in evidence from the beginning.

Dr. Wilson rightly reminds us how hard it is to achieve ideals through the agency of committees. It is difficult, however, to see how important reforms can be even reviewed without committees. Whatever means are to be envisaged there will surely be common consent that the time has come for the universities and medical schools and the examining bodies, preferably in a co-operative manner, to give earnest thought to the whole subject of medical education and its present shortcomings in this country.—I am, etc.,

London, W.1, March 21st. J. A. RYLE.

AMBULATORY TREATMENT OF FRACTURES

SIR,—I have noted that, as an outcome of your review on my book on *Fractures*, in the *Journal* of February 20th, there have been several communications advocating the use of ambulatory methods for the treatment of lower limb fractures. The statements made by your correspondents tend towards a condemnation of all methods connected with leg and ankle fractures, except those which involve the use of a walking plaster. No one would deny the advantages of ambulatory measures whenever they can be practised with safety, and even with those surgeons who can obtain reduction and keep it by means of an unpadded plaster there must be a happy mean between social convenience and the integrity of the fragments.

Perhaps it has been my misfortune to encounter cases in which the effects of ambulatory methods and unpadded walking plasters have been disastrous—displacement of fragments, shortening, atrophic changes, pressure sores, and even the penetration of skin by a fractured end have occurred. Treatment in these cases had to be started