irregular competitors. In conclusion, I would suggest that the old tag *Fas est et ab hoste doceri* still holds good. —I am, etc.,

Sandgate, Feb. 9th. J. STEWART MACKINTOSH.

The Riddle of the Psychoses

SIR,—Dr. Ian Suttie's letter in the *Journal* of February 16th and the replies in the following issue appear to the general practitioner to be of more than ordinary importance. We are confronted by little success in the treatment of mental disorder. The mental hospitals are maintained at great expense, are superintended by extremely capable men, and are supervised by a very active Ministry of Health. With all this, mental disease, using a loose and indefinite term, is not as successfully treated as could be wished. The present approach to the problem may be wrong, and Dr. Suttie's suggestion that the subject should be considered fundamentally as that of "failure or distortion of social adaptation" opens up a line of attack capable of considerable optimism in outlook.

It might usefully be considered whether there should be separate and individual institutions for treatment of mental disorder. It would be better to have them as a department of the ordinary hospital. A patient requiring in-patient treatment by a psychiatrist, but who still has insight, will be damaged to a greater or less extent if he knows, as he almost always does, that he is to be treated at a mental hospital. And when he is discharged "cured" he is not helped by the thought that he has such a history behind him. A step in the right direction was taken when the name "lunatic asylum" was abolished, but there is quite a long way to go on these lines. The word "mental" itself is not necessary, and could usefully be replaced by "psychological." It is quite true that many mental patients cannot be treated at home, and it is also true that to create a large mental in-patient department at the existing hospitals is a vast problem, but the question must be tackled, and methods of treatment other than those at present in vogue should be investigated.

In view of the suffering and lack of efficiency (loss of work) and the questionable success at present obtained, greater efforts are required to deal with the problem than we have at present, even granted the enormous improvement over methods in use a hundred years ago. Probably the most valuable part of Dr. Suttie's suggestion is in preventive treatment, and this is in part the getting in touch with disorders of behaviour in childhood. Here the child guidance clinics are a welcome sign of new and progressive thought in psychiatry.—I am, etc.,

London, N.W.11, Feb. 22nd. L. STUART WOOLF.

The Report on Fractures

SIR,—After stating that

(1) "It does appear to be vitally important that every hospital which proposes to deal with fractures should segregate its cases, and establish one, and only one, organization;

(2) "Duplication leads to confusion and loss of efficiency, and only by establishing one invariable routine of organization may it be certain that no case can escape from the routine and fail to receive that daily personal supervision of the expert which is so essential;

(3) "Only by segregation can the staff become sufficiently highly trained, skilled, and experienced in the technical application of modern methods and in the handling of special appliances;

(4) "Segregation, continuity, and after-care achieve their greatest value only if there is unity of control"—

after these most definite pronouncements, with which all who have a large experience of fractures will heartily agree, there occurs the following sentence, which entirely negatives their value: "*The position may arise where members of the staff other than the fracture surgeon desire to treat cases of fracture in which they are interested. There should be no difficulty in providing for this.*" (The italics are mine.)

Once admit the right of any surgeon to have control of any fracture in which he is particularly interested, and the whole authority and usefulness of the fracture surgeon disappears. The committee evidently realized this, for further on in the report it reiterates its previously expressed opinion in the following terms: "It is essential that one surgeon should be in charge of the service"; and again, "It is quite certain that no fracture unit will be satisfactory . . . which does not conform to the principles of continuity of treatment and unity of control." How this italicized sentence has got into the otherwise excellent report passes my comprehension, but I do most earnestly suggest that before this report is presented in July the paragraph containing it be entirely deleted.—I am, etc.,

PAUL BERNARD ROTH,
Orthopaedic Surgeon, with Charge of Fractures, North Staffordshire Royal Infirmary.

Newcastle, Staffs, Feb. 19th.

SIR,—I have read with considerable interest the report of the committee on the treatment of fractures, published in the *Supplement* of February 16th. The amount of work done and the figures published to support the statements and recommendations are indeed amazing, but after careful study I doubt if the "look on this picture and on that" method of considering the period of incapacity proves anything, or that many of the statements, in the report as a whole, are correct.

It is indeed unfortunate, though perhaps natural, that a few hospitals have been held up as models and have received special commendation. In this instance it is peculiarly because the hospitals so praised have, with two exceptions, all been represented on the committee. The statement made in the report that "the committee has carefully investigated the fracture services of the large hospitals in the country" is also open to a considerable amount of doubt, and the leading article published in the same issue, in which the organization of fracture treatment in Liverpool was erroneously attributed to one particular surgeon, leaves one with the impression that the work of the committee was not so full as it might have been.

In regard to the investigation which the committee says it has made into the treatment of fractures in the large hospitals, my own knowledge on this point is based on the work of the David Lewis Northern Hospital, Liverpool, which is a teaching hospital where at least 1,000 fractures are treated annually. Here the methods and principles of Sir Robert Jones are still carried out in an orthopaedic practice which was originated in 1920, and which has dealt with all fractures—both in-patient and out-patient—since that date. A questionary sent to this hospital would have prevented the misstatements already quoted and given one more confidence in the rest of the report. This may have been an oversight, but without doubt the most astonishing part of this scientific report is the section on the period of disability. Of what possible value are the statistics published in that section? And what a surprising disparity in the types of fracture: 452 Colles fractures and only forty-five fractures of shaft of femur, 132 fractures of the carpal scaphoid and only forty fractures of the forearm. One idly wonders what has happened to all the other fractures of the femur and forearm which must have occurred in the vicinity; and how was it they missed the advantages which their companions, and possibly neighbours, were so fortunate to obtain! And the comparison of the results of 452 Colles