to are those which can be posed in a soluble shape; half the difficulty of finding the answer is overcome when the question has been asked in a proper form. He has to learn, as it surely will, that his productive capacity is in abeyance for a while he can occupy himself with other things and feel that he has earned a good night's sleep. What a miserable time the

pure researcher must have when he feels that he is not justifying his salary, and how much bad work such a mood may lead to! And if his fire has died away, or he has been called to a case of ritual purge, surely our results do not justify us. The

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toine is quite as likely to be soiled on the bed-pan as on the commode, to avoid strain and such sequelae as prolapse, surely our results do not justify us. The

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confinements ? There must be few patients who can survive even for a short spell of "bed-pan existence" and, where aperients are given, stools are more liable to be fluid.

If we hope, by forbidding even the daily use of the commode, to avoid strain and such sequelae as prolapse, surely our results do not justify us. The

perineum is quite as likely to be soiled on the bed-pan and, where aperients are given, stools are more liable to be fluid.

It would be interesting to know from what danger we are protecting our patients when we insist in the ritual of bed-pan and frequent purgatives for these normal people.

I am, Sir, yours faithfully,

F. G. CHANDLER.

Park-square West, N.W., Feb. 22nd.

The Lancet

RITUAL PURGATION

To the Editor of The Lancet

SIR,—I was very much interested in Prof. Witts's paper on ritual purgation and in his plea for the avoidance of the bed-pan whenever possible. In this connexion is there any sound reason for insisting on the bed-pan for a healthy woman after a normal confinement ? There must be few patients who can survive even for a short spell of "bed-pan existence." Without losing any normal habit of bowel action which they may have had. To quote an excellent text-book of obstetrics, "a daily aperient will probably be required whilst the patient is in bed," and this is probably a conservative estimate.

If we hope, by forbidding even the daily use of the commode, to avoid strain and such sequelae as prolapse, surely our results do not justify us. The

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"raises the whole question of the applicability of statistics to clinical problems." That question concerns me closely because I am at present endeavouring to show in your columns how simple
statistical methods can be applied with advantage to many clinical problems.

I am inclined to agree with Dr. Morland that in assigning the value of A.P. it may be very difficult now to find two equivalent groups of patients, one so treated, the other not, which are the requirements for an effective comparison (the subject was ably discussed by F. J. Bentley in his report on the L.C.C. experience published in the Spec. Rep. Ser. med. Res. Coun., Lond. No. 215, 1936). But it was always so difficult! In the early days of the treatment it was certainly not universally applied to all those patients who to-day might be regarded as suitable subjects. Some clinicians would in those early days have induced an A.P. where others would not. If while the treatment were in that experimental stage, the clinical trials had been efficiently planned and organised, then, I believe, a measure of its value would have been obtained. The statistical method (like any other method) must fail if it has to be applied to faulty material; but faulty material is the product of a faulty experiment. The time for a test of a new method of treatment is clearly in its early days when opinions upon it differ, and equivalent patients, treated and untreated, are available for study. Too often the critical moment is lost and we fall back later upon second-best comparisons.

Dr. Morland says that there is now "a relatively small group of patients in whom pneumothorax is tried without delay as experience has taught us that their prognosis will be much improved thereby." That conclusion is itself statistical even though it is not given numerical expression. It must be based upon a mental, subjective, comparison, of similar types of patients to whom A.P.T. was applied or not applied. The two groups must have existed; the clinician must have been able to define them as of similar type to reach the conclusion; is it too much to believe that if the critical moment had been seized an objective, numerical assessment could have been obtained by suitable statistical methods?

I am, Sir, yours faithfully,

A. BRADFORD HILL.

London School of Hygiene and Tropical Medicine, Keppel-street, W.C., Feb. 22nd.

MEDICAL PRIVILEGE

To the Editor of The Lancet

Sir,—The introduction into the House of Commons of Sir Ernest Graham-Little's Bill for the protection of medical practitioners has brought to public notice a very important question—namely, the position of doctors as regards the secrecy of communications with their patients.

The Bill was rejected on two main grounds: first there was no statement as to whose privilege the privilege claimed should be; and secondly there was no definition of such privilege. I think it is very important that the matter should not be lost sight of and that it should be brought up again as soon as possible. I should suggest that the new Bill should be settled after careful legal consultation and should provide: (1) that the privilege should be the privilege of the patient; and (2) that the patient should have as regards his medical attendant the same privilege as a client has in regard to his solicitor. I think this mode of dealing with the matter would get over a considerable amount of difficulty in the way of definition.

I am, Sir, yours faithfully,

JOHN J. WITHERS.

Howard House, Arundel-street, Strand, W.C., Feb. 23rd.

TREATMENT OF FRACTURE OF THE NECK OF THE FEMUR

To the Editor of The Lancet

SIR,—May I reply through your columns to some of the points raised by Mr. Gissane in his friendly criticism of the technique I described for the introduction of a Smith-Petersen nail?

Mr. Gissane agrees that traction in a Thomas splint should be the routine method of preliminary treatment and can effect accurate reduction. When this is so, therefore, it seems a thousand pities to have this good work by removing the traction and starting all over again with an orthopaedic table if an alternative "bed procedure" can be offered, which is satisfactory. Accepting the criterion of satisfaction as (1) accuracy of reduction, and (2) maintenance of this reduction until the nail is in position, the bed technique described fulfils these two requirements. Accuracy of reduction must, of course, be controlled by radiograms in two planes, and may be confirmed with advantage immediately prior to operation after the spinal anaesthetic has been given. Within five minutes of this the guiding wire can be in position, and as no disturbance of the weight extension has taken place, there is no reason to suppose that the simple introduction of a wire can have caused displacement. At this stage, however, there is nothing to prevent as close a radiological control as the surgeon desires, given a good portable X ray apparatus, and lateral radiograms could be taken until sufficient experience of cases gives conviction that the instrument does in itself ensure complete control.

In introducing the nail over the wire inserted right through into the head of the femur, I find it difficult to conceive that the head fragment lying in the acetabulum can move. Any movement that could occur must surely be on the part of the proximal fragment of neck, and attached femur with it, and the immobility of this is guaranteed by the weight extension supplemented by the wire. Maintenance of reduction is thus sustained until the nail is in position.

Finally, if the experience of others should prove the same as my own, they will find that the elderly patients have no fear of what is to them a "bedside treatment" compared with a visit to the theatre for an "operation," where events that may be no worse than tedium for the surgeon and his assistants are no less than an ordeal for the patient.

I am, Sir, yours faithfully,

E. T. BAILEY.

St. Leonard's Hospital, Hoxton-street, N., Feb. 20th.