
EDITORIAL

The British Orthopaedic Scene

This special number of our Journal appears at the time of an historic occasion: a great conference of English-speaking orthopaedic surgeons from all over the world is being held in the new University of London buildings on the scale of a full international gathering, but with the advantage of a single common language and the great goodwill it fosters. The hundreds of orthopaedic surgeons and their wives who are coming not only from the United States and the Commonwealth, but also as special guests from the Continent and elsewhere abroad, are sure to find a universally warm welcome.

After a week of discussion freely leavened with social functions, many of our overseas visitors will depart on special tours of Great Britain and her orthopaedic centres. As do the postgraduate students for whom this Journal specially writes, they will find a choice of treatment for similar conditions, a choice which, however, because of their already wide experience of orthopaedic problems, is entertaining rather than bewildering.

The young student of fractures, for example, finds it difficult to reconcile enthusiasm for the Thomas splint for a fractured shaft of femur with

equal enthusiasm for Hamilton-Russell traction; or the insistence of some surgeons upon reduction of deformity in crush fractures of the spine, os calcis and upper end of the tibia with other surgeons' apparent unconcern; or the desire to insert Kuntscher nails with the equally strong desire elsewhere to pull them out, if possible. In the same way the apprentice in orthopaedics hears of Perthes' disease being treated by frame fixation for perhaps two years in one hospital, but by some light-hearted leg-traction and a patten-ended caliper in another; of surgeons who prescribe spinal braces for absolutely anything and of others who do so only under duress; of men who cannot rest till they have pathological proof of a tuberculous lesion and of those who rely on the radiographs; of surgeons who let a partly paralyzed foot deform under their eyes, and of their colleagues who strive for muscle balance; and of simple torticollis treated here by the tenotome, there by open operation, and let it be said with shame, even occasionally by a mutilating block dissection of the neck.

As in other countries, the British orthopaedic scene has light and shade; we trust our visitors will enjoy it, both now and in retrospect.