

tions, etc.; (2) disabilities of the feet; (3) malunited and ununited fractures; (4) injuries to ligaments, muscles and tendons; (5) cases requiring tendon transplantation or other measures for irreparable destruction of nerves; (6) nerve injuries complicated by fractures or stiffness of joints; (7) certain complicated gun-shot injuries to joints; (8) cases requiring surgical appliances.

As I have neither the time nor the inclination to fully describe all subjects which have been studied by orthopedic surgeons, may I ask the indulgence of my readers if I discuss principally some points taken from a mass of material collected in the preparation of three addresses on this subject delivered by me within the past year and a half, which material has been revised as far as possible to the present date.\* Much that might be said will be left unsaid, but it is my sincere hope that something of what I have to say may prove of service in helping our wounded, and that although I am at present deprived of the honor of individual service I may yet be of some assistance in this way.

### *Infections.*

Because of his training in the treatment of pathological conditions and deformities of the bony framework of the human body, the orthopedic surgeon may be usefully employed in any position from and including a casualty clearing station to a base hospital in England or America.

In dealing with wounds in hospitals in France our first aim is to save the soldier's life and the second is to save the part affected, the two greatest dangers to both being infection and secondary haemorrhage.

Amputations are recommended usually only when they are necessary to save lives threatened by infec-

\* Addresses delivered at:

(1) The Annual Meeting, Nova Scotia Medical Society, June, 1917.

(2) The Annual Meeting, Medical Society of the State of Vermont, October, 1917.

(3) The Annual Meeting, Lake Keuka Medical and Surgical Association, July, 1918.