

SHOULDER : Contusions : great functional disturbance at first ; rapidly relieved by treatment ; 4—8.

Sprain : swelling and tenderness in anterior part of capsule ; healing prompt ; 4—8.

Dislocation : if promptly recognized and reduced, 4—8, with no further results ; (separation of great tuberosity and fracture of head of humerus, 6—10 ; if dislocation reduced, may have complete cure ; otherwise, pressure on vessels and nerves require subsequent operation ; primary injury to nerves or compound wounds ; paralysis of circumflex nerve and atrophy of deltoid ; recurrent dislocation from trifling causes happens when arm is used a few days after reduction ; old dislocations occur through non-recognition in early stage, usually in cases not seen at first, attempts at reduction may cause injury to nerves or vessels or fracture of humerus).

HUMERUS : Fracture : separation of great tuberosity often confused with sprain, 8—12 ; old cases good objects for mechanical treatment, 2—4 months, may have p.p.d. from limited mobility in raising arm or chronic arthritis. Anatomical neck or epiphysis, 8—12, best results from extension.

Compound Fracture : 2—4 months ; (injury to radial nerve, operation ; injury of axillary artery, operation, 8—10).

AXILLARY VESSELS : injured by external causes or in reducing old dislocations ; may be fatal ; usually p.p.d. from weakness of arm and disuse of shoulder.

AXILLARY NERVES : *Injury and contusions of shoulder or crushing :* if severe, complete and incurable paralysis of arm ; in slight cases, neuralgia ; (neuritis from crutches).

SYNOVITIS OF SHOULDER : liable to occur in persons carrying burdens or from injury ; 3—6 ; paralysis of deltoid from prolonged rest and fixation, besides causes given above.

SHAFT OF HUMERUS : Fractures : 8—12 ; if transverse, extension and B., if fragments override ; compound, non-infected, the same as simple ; if infected, may need amputation ; (nerve injuries, usually to radial ; malposition requires operation ; false joints).

ARM MUSCLES : Laceration : of muscles and tendons, common ; in biceps, separation of scapular origin in heavy lifting ; (atrophy and weakness of flexors).

NERVES OF ARM : Crushing or section : (neuralgia, suture, stretching, paralysis and trophic injuries, blebs and ulcerations of hands and fingers after injury of median and ulnar). Note : Examine condition of nerves, test sensation, etc., before applying splint, to demonstrate primary injury.

ELBOW : Laceration or burns of skin : scarring, 8—12 ; may require plastic operation.

SYNOVIA : over olecranon, injured by falls ; may suppurate if neglected, 4—6, B.

BICEPS TENDON : Section or rupture : suture.

ULNAR NERVE : injured in dislocations.

ELBOW JOINT : Sprains : usually associated with hæmorrhage ; 4—6 ; stiffness cured by mechanical treatment.

Contusions : posterior and inner surface ; inflammation of bone ; 3—8.

Dislocation : backward most common ; 1—2 weeks after reduction may begin passive motion ; 4—8 ; often limitation of movement.

Fracture through elbow : stiffness is now less frequent owing to mechanical treatment ; compound, good results if properly treated ; (infection ; nerve injuries, p.p.d. mostly from interference with nerves of hand).

Fracture through condyles . 8—12, B. ; deformity, operation.