larged ring on opposite side, or inguinal testis exists. Old hernia may be demonstrated: (1) by records of examination for military service, or accident or life insurance; (2) signs of truss; (3) size larger than lemon; (4) irreducible but not strangulated; (5) inguinal canal short and wide. Hernia can rarely be stated to be quite recent; burden of proof rests with claimant. Indications for gradual onset: (1) continuous heavy work; (2) advanced age; (3) statements that a moderate load was found too heavy. Compensation based on 10 per cent. disability, less in females, double hernia same compensation as single as same truss suffices; increase compensation when truss is worn with difficulty or causes inflammation, or if hernia suddenly increases while wearing a proper truss.

Strangulation is to be compensated for if due to injury or over-exertion. Strangulation of a hernia already compensated for may be admitted if a good truss is worn, but not unless worn at time of accident. Always examine both sides to see if recent or old; always test efficacy of truss after application.

Femoral, umbilical and ventral: same as inguinal, but may require more compensation as truss is less easily applied.

KIDNEY: *Concussion and contusion:* haemorrhage and traumatic nephritis; (casts and blood after a few hours, albuminuria); may be fatal.

Lacerations: may be free from symptoms (blood) in a few days, 4—10, H.; hydronephrosis: *floating kidney* requires bandage or operation.

BLADDER: *Rupture:* from direct violence or lifting, one-third of operated cases recover; 4—12, H.

URETHRA; *Lacerations:* in pelvic fractures, 40 per cent. fatal; from straddling falls, 14 per cent. fatal; 6—12, H.; may leave stricture; liable to relapse.

PENIS: *Contusions and crushing:* 2—4; *lacerations:* 3—8 B.; 2—3 months (deformity).

TESTIS: *Contusion and Concussion:* 1—2; liability to sudden death from shock; haematocele, 3—4; hydrocele, 4—6; purulent inflammation, 4—8, (spermatocele and varicocele); loss of testis, 10—15 per cent. if double, or much more if followed by hypochondriasis.

FEMALE GENITALS: *Abortion* from injury of pregnant uterus, *prolapse* from over-exertion; signs of recent origin, pain and tenderness, acute inflammation, absence of chronic inflammation, ulcers, thickening and attrition.

TRUNK AND SPINAL CORD: *Rupture of muscles:* 3—10, B.; lumbago, usually rheumatic in origin, chief difficulty of diagnosis.

Contusions: 1—3 months; contusions of vertebrae, slight, without injury of cord, 1—4 months, B.; severe, may last months or years or give p.t.d.

Fractured vertebrae: 6—12 months. *Dislocation*, same as fracture; (inflammation of spinal membranes, meningocele, meningeal haemorrhage, myelitis or sclerosis of cord, paralysis, bed sores, cystitis, often fatal).

UPPER EXTREMITY.

CLAVICLE: *Fracture:* 5—10; sometimes bilateral; in women greater need to prevent deformity by B. and traction; (injury to nerves and vessels, overgrowth of callus, shortening, disfigurement, false joint may require suture, effect on movement, atrophy of deltoid).

Dislocations: 4—12, H.

Fracture: of blade or acromion, 6—8; usually no permanent disability, but may prevent full motion of arm.

Of neck, 6—12; injury of axillary nerve and paralysis of deltoid; danger of stiffness of shoulder joint and difficulty in raising arm.