

CHEST.

THORAX : *Contusion* : (shock fatal (?); loss of consciousness; syncope; heart and lung diseases).

Contusion : slight from blows or falls; ecchymosis of skin and muscles; 1-2. Severe, from crushing; may have internal injuries with little injury of chest wall; (lesions of heart, diaphragm, and vessels); often fatal; may heal in 1-4; or lead to chronic disease.

Fractures sternum, simple, 4-10; compound, usually fatal; (cough, palpitation of the heart, dyspnoea, suppuration and abscess); of ribs simple, not dangerous, 5-12 B.; (danger in old persons of lung disease). Compound fracture, (haemothorax); heals after aspiration, rarely suppurates; pleurisy, heals readily with adhesions, may suppurate, 2-4 months, H.; (pneumonia, oedema of the lungs, neuralgia at site of injury, fistula, caries of rib,—tuberous but curable, 2-4 months,—lung tuberculosis most fatal).

Wounds : burns, (scarring and contraction) stabs and cuts are rare in industrial accidents. Wounds of chest and lung generally curable unless involving large vessels, but suppuration common. Heart wounds: not always rapidly fatal, unless in auricles, sometimes curable. Rupture of diaphragm, from falls and run over accidents, usually associated with fatal injuries.

Heart Disease: Traumatic forms include (1) acute endocarditis, (2) chronic endocarditis, (3) rupture of valve, (4) nervous heart disturbance, (5) pericarditis, (6) aggravation of existing disease; after injury, psychic shock or over exertion. Heart dilatation a prominent symptom in serious cases.

Lung Disease: Traumatic forms include (1) acute traumatic lobar pneumonia, (2) localized traumatic pneumonia, (3) bronchopneumonia, (4) secondary pneumonia, (5) laceration of lung, (6) gangrene, (7) traumatic tuberculosis of lung, (previous condition of lung important, also previous health). Main diagnostic symptom of traumatic pneumonia, early appearance of bloody expectoration.

Traumatic Pleurisy : 50-60 per cent, recoveries.

ABDOMEN.

ABDOMINAL WALLS: *Contusions*: Ruptured muscles from direct violence, over-stretching and heavy lifting, usually in recti below umbilicus, 1-6.

Proliferating Wounds: without injury of organs, usually heal readily, 2-8 B.; (prolapse of omentum or intestine).

STOMACH: *Contusions*: from compression against vertebrae, 1-3 months; (gastric ulcer may follow, 4 per cent, due to trauma, haematemesis leading symptom).

Stabs and Cuts: operation immediate; 2-3 months.

INTESTINE: *Wounds*: same as stomach. *Contusions and Lacerations*, operation imperative; unless early operation, are fatal from peritonitis, gangrene or haemorrhage.

LIVER: *Contusions*: occasionally occur. *Lacerations*: common; result good by early laparotomy, otherwise fatal.

SPLEEN: same as liver; often no injury to abdominal wall; (constitutional disturbances after removal).

HERNIA: *Inguinal*: predisposition exists in most cases; sudden onset necessary to show traumatic origin; immediate pain and inability to work; enlargement of ring or enlarged veins point to pre-existing hernia; causes, direct violence, lifting or heaving, in heavy work; early examination needed, improbable when simultaneous double hernia, or unilateral hernia with en-