

not be limited to an examination of the plates but a careful examination of the injured limb should always be made. A second fracture in the same bone or a fracture of a neighboring long bone at a higher level may be present although not shown in the plate.

The possibilities for distortion in a given case depend upon the position of the fracture and the experience of the X-ray operator. The importance of this has not been properly appreciated, more particularly by general practitioners. Distortion of displacement is always present in fractures of the long bones and in fractures of the pelvis.

The public has much to learn in regard to X-ray distortion and it is difficult to know what our position should be in regard to showing plates to patients and their friends. These persons expect to see the plate and yet are not sufficiently experienced to appreciate the various conditions which exist in a given case. The impression is therefore left that the fractured bones may not be in good position, when in reality they are.

While it is quite possible to continue the treatment of fractures as in the past without the aid of X-rays, the general practitioner should not undertake the care of obscure fractures, more particularly those involving joints, without at least giving his patient the opportunity of going to some neighboring point where the use of an X-ray plate may be obtained. I, in common with others, have had a number of instances where acute synovitis has masked the presence of an important fracture. Only recently a case came under my observation, where the patient was unable to walk or to straighten out his limb some months after a fall which produced a severe synovitis of the knee joint. X-ray demonstrated the presence of an impacted fracture involving the articular surface of the tibia. I opened the joint and found a knob of callus in the centre of the joint displacing the semi-lunar cartilage, the knob was chiselled off and the cartilage removed.

Medico-Legal Aspects.

It is unfortunate that fractures have always been the source of much medico-legal anxiety to our profession. This has been made greater with the introduction of the use of X-rays. The time has come, I think, when this Association could quite properly investigate our position in regard to the courts and our patients, to the end that some definite legal method, fair to all parties, could be introduced into our court procedures. The situation could hardly be worse than at the present time where X-ray plates of fractures are passed about the court and interpretations taken therefrom, not only by the court, but by lawyers, jurymen, and others; this