

Fundamentally both the problems and the methods of treatment are the same, he says, as those of orthopedic surgery in civil life, but in details they are radically different. This is due to several factors, first among which stands sepsis. Nowhere in private life do we meet such persistent and severe sepsis as is seen among the wounded soldiers. Second in importance comes scar tissue, and third, the crippling is often so severe and widespread that difficult problems of judgment arise. The greatest number of cases are those that involve bone injury, and fixation in perfect position is imperative. After fixation, thorough and complete drainage and counter drainage are the most important measures. Carrel's technic is useful but not infallible. The Thomas knee splint is specially mentioned as being adapted to these cases. With proper fixation and satisfactory drainage it is found that sepsis clears up, and that union in good position is obtained. The second great class of bone injuries are badly united or ununited fractures, with discharging sinuses, due to necrotic bone. Some of them have never been properly treated, and in others proper treatment has failed on account of the exigencies of military service. The removal of sequestrums must be done with careful aseptic treatment and thorough drying and cleaning of the whole wound. In treating the joint that stiffens during the treatment of fractures the problems are the same as those seen in civil life, but they are aggravated by the attempts to mobilize them often causing a flaring up of the original sepsis. Experience has shown that it is rarely safe to use force on such joints, and it is best to depend on massage and exercise. The second class of firmly united deformed fractures almost invariably can be improved, and the keynote of treatment is thorough breaking up of the vicious union, and moulding the fragments gradually into proper position. The operations may be difficult and tedious, but are worth while. The joint injuries and infections are those of civil life exaggerated. Where there has been large destruction of bone, bone transplantation is invaluable. Most of the gunshot wounds of the joints come to the hospital after thorough operation at the front. In the simple penetrating wounds the joints have often been closed tight, and generally do well if the closure is permanent. Even when drained joints Mobilization of stiff joints still presents many problems, but the vast majority can be brought to a useful range of motion. Kidner lays down the following rules: The painful, sensitive joint should be absolutely rested and not moved; improvement of muscle tone is called for here; a painless stiff joint should be treated with a minimum of trauma; gradual progressive force applied over a long period accomplishes more than sudden manipulation; and lastly, stiffness in bad positions should always be corrected, so that if the patient is to have permanent loss of movement he shall have a useful limb. In nerve injuries connective tissue