

apposition of thumb, in which the hand is quite useless. In the radial nerve, absence of extension and abduction; in median nerve, loss of apposition, separation of fingers, loss of power of flexion, Dupuytren's contracture and ulcers also cause disability. Degeneration of muscles, electrical tests.

LOWER EXTREMITY.

PELVIS: *Contusions:* extensive ecchymosis, removable by puncture; separation of tissues (infection); 4-8, B.

Sciatic Nerve: *Contusions:* by falls or tumbling over when kneeling or squatting; 4-12, B.; (cramps and prolonged sciatica, nerve stretching, or section and suture).

Fracture: often multiple, always severe, gravity depends on implication of pelvic organs especially urinary tract; 2-4 months; (injury of urethra, 3-6 months, H.; often p.p.d.; fracture through acetabulum may affect hip joint).

HIP: *Contusions:* often present extensive separation of the skin and extravasation of blood or lymph; 4-8, B.; (contusion of groin, 1-2; often infected from injury of glands; rupture of psoas muscle, after severe exertion, pushing or lifting, 4-10, B.; injury of great vessels, danger of immediate bleeding, or gangrene of whole or part of leg).

HIP JOINT: *Sprains:* rare.

Contusions: falls on trochanter; 3-6, B.; if simple contusion healing good.

Dislocations: reduced when recent, 6-12, B.; fracture of acetabulum may make reduction harder, extension apparatus, 8-12, B.; in fracture of neck, dislocation unreduced; with union in good position, the gait is less disturbed than in simple unreduced dislocation; injury of great vessels may cause death from bleeding and gangrene; old unreduced dislocation may be reduced without operation, but latter is preferable; in unreduced dislocation, first, crutch used, then stick; if paralysis and pain remain from head of femur, it should be resected.

THIGH: *Contusions:* extensive and severe functional disturbance; 4-10, B.

Laceration of muscles: adductors or quadriceps; in tendons, suture required; results good; 4-8.

Wounds: complicated by infection, dangerous; after injury of large vessels, gangrene; crushing commonly from run-over accidents.

FEMUR: *Fracture:* of neck; intracapsular, rarely gives bony union in old people, 2-6 months; always have partial or total stiffness of hip-joint and shortening with a limp; (in old people, often bed sores and hypostatic pneumonia; extension and long splint); usual cause, external violence in long axis or axis of trochanter; rarely spontaneous; in impacted fractures, may walk with stick; often only sprain diagnosed and short rest in bed ordered; these cases later have profuse callus and ankylosis of joint.

Of shaft, simple, 3-4 months, H.; extensive twisting or separation of fragments, common; treatment by plaster; shortening usually considerable; malposition may require osteotomy; compound fractures heal well with good treatment, but if thigh is crushed, amputation indicated; (malposition; shortening; false joint, requiring fixation apparatus and walking out; stiffness of knee joint from inaction, requiring gymnastic treatment; relaxation of ligament, needing apparatus; atrophy of quadriceps; paralysis of peroneal nerve, from over extension of knee).

KNEE: *Wounds:* from falls, corrosions, cuts and bites; danger to popliteal vessels; in neglected cases, purulent arthritis.