



$$\begin{array}{r}
 250 \\
 300 \\
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 75000
 \end{array}$$

$$125020$$

$$\begin{array}{r}
 200 \\
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 2000 \\
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 \end{array}$$

Lecture Feb. 11th '08.

Fract. of lower end of humerus that opened up the joint.

Is it possible for v
part that corresponds
to v nuclear q , to be
broken off.

~~Vert~~ 2nd T shaped
part. Trochlea ^{truncata} sp. by above
some part of v ext.

Condyle, caused ^{by} a bone on rotator.

Lastly a post that
was transversely
across every thing.

In many cases it is a reparation of V epiphysis and occurs in children 12-15 yrs

and under. It
very seldom that
it occurs in adults
sympt. of transverse
fract. above condyle.
We have backward
displacement, it
is not carried upwards
to any extent. The
condyle is ~~not~~^{as a}
soft nature.
Most of the gunstock
deformities result
from these trans-
verse fract. In many
instances in the
transverse fract.
you can't straighten
out the arm.

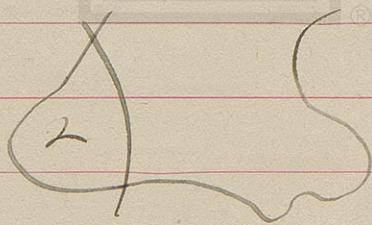
$\angle$ normal angle of
 $\angle$ arm, & called
 $\angle$ carrying angle,
 In $\angle$ purstock
separating, $\angle$ carrying
 angle points in
 ward to side of $\angle$
 body.

they may remem.
from T or Y. fact.
of 1 elbow,

Treat the feet
so gently. and remove from wedging
in of the nails.

This part is associated
with definite rhythmic
rocking movement.
mobility of joint con-
- dyle, there is not
much displacement

Of this frag. upward.
In certain instances
it is capable of being
pushed upwards and
united with humerus
- as at ~~an~~ a higher
level, this is because
work was put up
badly,
the artic. if become
bent. and movem-
-ents of flexion and
extension are limit-
-ed.



In this fract. the
eye, condyle

riding knobs &
capitellum off.
Left condyle
moves separately
from rest of
bones, ^{you get some sympt.} but ^{not the degree of} ~~not~~ ^{transverse} part of
the pot. arm is
placed on a table
and assistant
sits down to hold
it in position.
In fact of left
condyle the lateral
movement is not so
well marked

It is impossible
for left condyle
to be very much
displaced. Pulnar

is jammed into V
trochlear sp. there
is slight danger of
V ext. condyle not
uniting in V angle
of shaft, you are
not likely to get
V some mobility

#4.T. shaped facet, or
Y facet.

As V most unions
fall in V deformity
formed; the int.
& ext. condyle are
separated from each
other, & from V
unions,

V lower 2 frag, are
held to elbow and
radius to some
extent & they are
drawn up and
backwards by V
triceps; they may
strike V elbow and
they are a little
separate from each
other and a little
backwards. ^{the elbow feels like a bag of bones} you can
draw down & forward on
V fore arm and
reduce V front.
you will be very
lucky if you can

get + prog. in oppos-
-ition with one
another, you must
look out for ankylosis
This will concern
flexion and exten-
sion so that there
is slight move-
ment. supination
& pronation be-
-cause retained almost
perfectly. Callus
may form and cause
limitation of move-
ment.

Fract. tipping of
int. condyle ^{is common}
Condyle are rare. Fract. of int. condyle
Sympt. pain and

creptus a movement. It does not make much ~~large~~ difference unless
r ankylous rigues
r ulnar nerve.

It. inc. placed in
proper position &
cast applied.

Treat. Make a
radiograph first.
a clear cut post. of
r uxt. condyle
you may put it
up in fully flexed
condition. And
is called Jones position
do not put it up 20

that it will inter-
-fere with v radial
pulse. In v fully
flexed position v
carrying angle
is best preserved.
Very often a whole
gum is made
for v whole arm.
this treat. is for
anything that goes
into v thoracic sp.
In v trans. post.
that goes above v
joint & best position
is Jones' position. Use positive move-
ment earlier with less force of mobility.
#1. & treated either
in v flexed position
and mid way between

supination and
pronation.

Fract. then v ext.
v int. condyle and
G + T. fract can
be best treated by
Jones position.

~~All~~ you must
bring v olecranon
downwards and
forwards. You may
use an interangular
splint, for v part
above v joint.

Passive molding
~~at~~ this should not
be done. For fract.
that are in v joints
this is a very bad method.

because it opens up
a cracks and makes
more callus,
at the end of a foot-
-night you might
take it off
and let it chide
move it joint as
much as he can, but
you must not
use force. You
may let it put
feel himself & do
other little things
In 1 T ^{to put them in the} ^{to put them in the} ^{to put them in the}
me. a long time
before you can get
good movement,

the arm is never
in most cases as
good as it was,
but I said I know
it put should be more
vigorous in its
movements.

Fract. of olecranon
Se quite com. As
a rule they are
caused by a fall on
the point of elbow.
It is dislocated
upwards and back-
wards by the triceps.
Usually it is an
easy matter to place
your finger in be-

the bone is 2/3 of the way
down the bone

tear, you make an
incision and put a
sharp hook under end
of bone

both under occlusal

There, you make an
impression and put a

twice 1 2 frog off
bone.

You don't get a range
disabilities in these
fract.

Signs of fract. are
crepitation & deformity.
most cases are

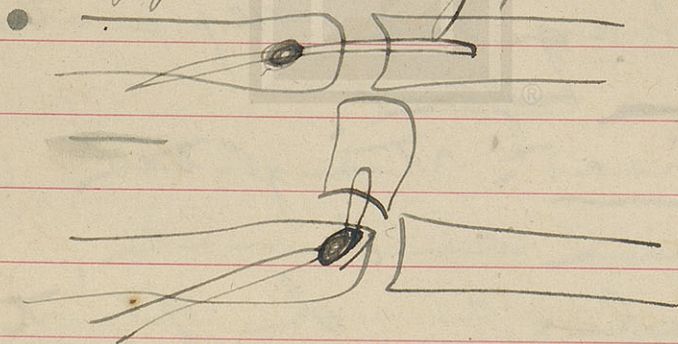
treated by an ^{and fastened on by adhesive plaster} long splint which is padded

It takes from 1 month
to 5 weeks for union
to result. If there
page are separated.

~~fract~~
Treat: straighten &
an and use
splint and splint
A word or plaster

when you have a dis-
loc. of metacarpophalan-
geal joint you find
the distal phalanges
(proximal & end) sticking
upwards. Base of bone rests on
head of proximal bone.

Disloc. of Thumb.
the head of distal bone is
displaced backwards, and held
primarily there by ^{tendons.} ~~resamoid bones~~
the sesamoid bones are
dragged out of place.



When you have a
see a microscope - please
send me your work

You may wire
wires.

A small slit is made
on both sides of
part, the bone
is drilled through
and through and



is time to turn them
and & two ends
brought as nearly to
opposition as possible
It can be done
almost subventive-
ously and under
pressure, you drill
through & bone

more
- usually get broken -

flex. Carpometacarpal
disloc. are not very
usual.

single bones of carpus
are disloc. Is trapezium
is most com. ~~disloc.~~
may occur in salmon.
Is very hard to
get in place and they
comes out again
If it fails to remain in
place it may be cut out.
Pisiform has been disloc.
heavy weight may cause
it. That is when you are lifting
a heavy weight. ~~with~~ & fore arm
and the bone is pulled out of place.
the metacarpal bones.
have been disloc.

Next, compromise,
these are most com-

~~land~~
you usually get good re-
sults,

Fract. of upper
end of radius,
there are very com-
p. of the upper end,
of radius, are
chipped off and is
very hard to diag.

firm part

② stellate part.

Fract. thru the
you do not get union of head
neck of radius,
the best treat. is
to give two or 3 wks
rest, you get union.

^{passion}
fractures of the

there maybe disloc.
either forwards or back
wards. Disloc easily reduced.
Treat: you put a pad
on arm and force the
bones into place, also a splint

Wrist: Disloc. are very
rare. It may occur.
Colles fract. is called
by the name disloc. of the
wrist. Fracture on the hand
may produce this form of fract.
Disloc. the extensor tendons
are tight and hand is
reciprocally lie on post. extension. ^{fulcrum & volans.}
partially extended.

Reduction: you hyper-
extend it still more
& then stretch and

These may be done
either forward or back
wards: either being reduced

Fract of coronoid
process.

Fract. of ~~so~~ coronoid
process a very rare,
the source of instances
are a record,
Some surgeons never
put up any fract.
of elbow except
those of decuman
~~flexed~~ & extended.

Lesson 13. 13th 1888.
Frost. 9th 1888.
Lesson 13.

it, and then you
must irrigate the
joint. You may
have to excise.
When the soft parts
are extensively torn
you may have to ^{irrigate} ~~excise~~
And this is necessary
anywhere there is pulp
-ing of soft parts.
Comp. disloc. ⁱⁿ wrist joint are rarely seen.
Radius & Ulna in
wrist joint. (disloc.)
the Ulna leaves & radius

these accidents are
not common. & but they
are not usually associated
with fract. of radius.

~~not a complete review of the~~
~~of the~~
Lecture Feb. 13th 08.
Fract. of Radius &
Ulnar.

Radius:

Fract. of neck
+ of head of the radius.
(Read this in Rose & Carless.)

Treat: Best is Jones' position, arm fully flexed.

Fract: of shaft of radius. Most of pos. are below & origin of insertion of pronator radii teres.

Fract. above that.

~~I would not want to cut down~~
~~the front of the~~
you ought to cut down
for it. always wait for
2-10 days because the
tissues will be much more
resistant. 

you may have to wire
the bones in place or
use screws, wire them
& replace the rollers.

Comp. hiv. of elbow.
they may be very great.
+ difficult to solve. If
man & elbow you simply
wash the parts and
use sterile dressings
& weak antiseptics.
you may find the
part covered with oil +

anyway, that is - 2
of your change, you
must know what is not
the fact. it is in V
substance of V supinator
~~brevis~~ or just above V
insertion of V pronator
radii teres.

Deflection of joint above
V P. R. T. you lose
control of V upper frag.
V keeps and supinator
B. supinate V frag. very
strongly. You can and
do what you like with V
lower frag.

If you put these fract.
up midway between
pronation and supinat-
ion the joint may
never be able to supinate
V lower frag.

1st & 2nd most common
in the first year. but
not in the 3rd

on removing the upper
end you must not remove
direction of bridge,
1st most com. is forwards (disloc)
It is said to be disloc,
and ~~also~~ ward,

+ is 2nd most com.
3rd, 2nd backwards.
four. ~~are~~ are produced by
very severe violence.

A piece of wood may
hit it. severe blow
wrenches may do it, ^{rarely} but
the Rohins may be disloc.

+ ulnar also is associated
with fract, backwards, + quite rare.

Treat. You feel that you
ought to be able to hold
the bone in place. Combined
with fract, it is very serious

along the same line
some very much for
older and younger

In putting these
prog. prot. up. there
above pioneer R.T.
you should always
put them up fully
supinated, because
the upper prog. is always
supinated,
the prot. below the
P.R.T. the general
tendency is for the
upper prog. to be mid
way between supination
& pronation.
Hence you bring the
lower prog. into position
mid way between pro-
nation & supination.

1/2 normal range
15.5 mm

If radius is free on the
the ulna can't get very
far. the distal. humerus
is very light. the radius
has an unhappy

Radius, may be
dislocated forward ^{fairly} ~~very~~
easily. you can't feel
the head in the angle
the flexion is stopped
is perfectly understood
and shifts back ~~very~~
easily. the flexion
is usually limited.
only way to ~~move~~
fix it to cut the head
protrudes off if you can't stretch it back.
A very difficult to keep
in place. Flexion is limited to a cer-
~~tain angle unless upper and~~
~~lower are removed.~~

It makes a little more
the same could get very
the the direct direction
became that is V
usual position of V
upper jaw. but it
can't be changed &
blower can.

this gives a wide
interval between V
bones as possible.

Ankylosis m. occurs but it
not fr.

the broken bones will
approach & round
bone

//

this is not good because
ankylosis across inter-
osseous union may
occur.

most of the bones of the
lower jaw are of the same

they are comparatively
rare,

Treat. But in place by
means of anasthetes,

Forward disloc. Rarer still.

Both bones go forward
and you can palpate

the lower end of the

arm. & the upper end of the

head of radius can

be palpated.

Treat. you give anes

thetics and try to reduce

Coronoid process;

Is rarely broken off.

Separate bones,

Human : are quite

rare

there are comparatively
rare

To root of other portions
of radius except extreme
lower end be treated
in same way,
midway between sup. and ped.
ulna!

To root of shaft
we broken in almost any position
In front of shaft of V
ulna where radius
is absolutely intact,
you have most of
V prot. at V junction
of V middle and
lower thirds,
there is a tendency
for V of broken bone
to incline towards

of the humerus 1
of the humerus 1
1 - 1 - 1 - 1

in to place ^{your} ~~the~~ bone off slip. but every day
knee as a specimen.
you may have trouble
to old standing ones,
you can hardly ever
^{it} do with out an anesthet.
try under an anesthet.

You ought to cut
down on it, and
use Ollier's incision,
You may have to remove
The lower end of humerus
and upper ends of radius
and ulna.

Lateral diarth.
are usually incomplete
a complete would usual-
ly be compound.

To place your
feet on a cushion
or on a pillow
or on a soft
surface.

V sound bone.

In V majority of cases
it is better to place
V joints mid way between
pronation and sup-
ination because it
gives V widest inter-
osseous space.

You should mold
V limb ply and
you should apply this
pesh every few days.
You need padding
but you are a
little variable on
V skin to prevent
sticking. You should
place plaster casts
do not use wool splits.

just entering the joint.
Ligament -

little old. As pointed
out.

You flex the foot and
and place thumb on
ext condyle 2nd finger
on olecranon and
3rd finger on the tip
int. condyle.

If the swelling is so
extensive that you
can't find the hilum,
you must use the
Knee, which is the best
I read. You seat the foot
in a chair and put
your foot on the seat
and you moving the
two bones off the line

since 1881. 5 pounds
out.

on nearly.

Fract. of upper part
shaft of ulna,
Fract. are very
com. at V junction
middle and

upper thirds + x
the upper frag. is tilted downwards & x
you may find V
you have a little of flexion forwards
between
prox. & up. and fully extended
so as to relax the ligaments.

Fract. occur in V
middle of V shaft
also. the further down
V shaft of ulna you
go the more tendency
for V broken frag. to
come nearer to V wound

have the same
in the same place.

Backward is the
most com. both ^{imp.} & ^{pt.}
rigid: great stiffness
in the joint. great
prominence behind
due to ossification process.
In the early stages you
can feel hollow upper
cup shaped extremity
of radius. there is nothing
can simulate it except
trans. fract. above &
condyle. In this you
have undue mobility
& when reduced it
easily slips back wards
distal do not. do so
After a few hrs. very

1000 ft. 800 ft. 600 ft. 400 ft. 200 ft. 100 ft. 50 ft. 25 ft. 12 ft. 6 ft. 3 ft. 1 ft. 1/2 ft. 1/4 ft. 1/8 ft. 1/16 ft. 1/32 ft. 1/64 ft. 1/128 ft. 1/256 ft. 1/512 ft. 1/1024 ft. 1/2048 ft. 1/4096 ft. 1/8192 ft. 1/16384 ft. 1/32768 ft. 1/65536 ft. 1/131072 ft. 1/262144 ft. 1/524288 ft. 1/1048576 ft. 1/2097152 ft. 1/4194304 ft. 1/8388608 ft. 1/16777216 ft. 1/33554432 ft. 1/67108864 ft. 1/134217728 ft. 1/268435456 ft. 1/536870912 ft. 1/1073741824 ft. 1/2147483648 ft. 1/4294967296 ft. 1/8589934592 ft. 1/17179869184 ft. 1/34359738368 ft. 1/68719476736 ft. 1/137438953472 ft. 1/274877906944 ft. 1/549755813888 ft. 1/1099511627776 ft. 1/2199023255552 ft. 1/4398046511104 ft. 1/8796093022208 ft. 1/17592186044416 ft. 1/35184372088832 ft. 1/70368744177664 ft. 1/140737488355328 ft. 1/281474976710656 ft. 1/562949953421312 ft. 1/1125899906842624 ft. 1/2251799813685248 ft. 1/4503599627370496 ft. 1/9007199254740992 ft. 1/18014398509481984 ft. 1/36028797018963968 ft. 1/72057594037927936 ft. 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ft. 1/348449143727040986586495598010130648530944 ft. 1/696898287454081973172991196020261297061888 ft. 1/1393796574908163946345982392040522594123776 ft. 1/2787593149816327892691964784081045188247552 ft. 1/5575186299632655785383929568162090376495104 ft. 1/11150372599265311570767859136324180752990208 ft. 1/22300745198530623141535718272648361505980416 ft. 1/44601490397061246283071436545296723011960832 ft. 1/89202980794122492566142873090593446023921664 ft. 1/178405961588244985132285746181186892047843328 ft. 1/356811923176489970264571492362373784095686656 ft. 1/713623846352979940529142984724747568191373312 ft. 1/1427247692705959881058285969449495136382746624 ft. 1/2854495385411919762116571938898990272765493248 ft. 1/5708990770823839524233143877797980545530986496 ft. 1/11417981541647679048466287755595961091061972992 ft. 1/22835963083295358096932575511191922182123945984 ft. 1/45671926166590716193865151022383844364247891968 ft. 1/91343852333181432387730302044767688728495783936 ft. 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1/23945242826029513411849172299223580994042798784118784 ft. 1/47890485652059026823698344598447161988085597568237568 ft. 1/95780971304118053647396689196894323976171195136475136 ft. 1/191561942608236107294793378393788647952342390272950272 ft. 1/383123885216472214589586756787577295904684780545900544 ft. 1/766247770432944429179173513575154591809369561091801088 ft. 1/1532495540865888858358347027150309183618739122183602176 ft. 1/3064991081731777716716694054300618367237478244367204352 ft. 1/6129982163463555433433388108601236734474956488734408704 ft. 1/12259964326927110866866776217202473468949912977468817408 ft. 1/24519928653854221733733552434404946937899825954937634816 ft. 1/49039857307708443467467104868809893875799651909875269632 ft. 1/98079714615416886934934209737619787751599303819750539264 ft. 1/196159429230833773869868419475239575503198607639501078528 ft. 1/392318858461667547739736838950479151006397215279002157056 ft. 1/784637716923335095479473677900958302012794430558004314112 ft. 1/1569275433846670190958947355801916604025588861116008628224 ft. 1/3138550867693340381917894711603833208051177722232017256448 ft. 1/6277101735386680763835789423207666416102355444464034512896 ft. 1/12554203470773361527671578846415332832204710888928069025792 ft. 1/25108406941546723055343157692830665664409421777856138051584 ft. 1/50216813883093446110686315385661331328818843555712276103168 ft. 1/100433627766186892221372630771322662657637687111424552206336 ft. 1/200867255532373784442745261542645325315275374222849104412672 ft. 1/401734511064747568885490523085290650630550748445698208825344 ft. 1/803469022129495137770981046170581301261101496891396417650688 ft. 1/1606938044258990275541962092341162602522202993782792835301376 ft. 1/3213876088517980551083924184682325205044405987565585670602752 ft. 1/6427752177035961102167848369364650410088811975131171341205504 ft. 1/12855504354071922204335696738729300820177623950262342682411008 ft. 1/25711008708143844408671393477458601640355247900524685364822016 ft. 1/51422017416287688817342786954917203280710495801049370729644032 ft. 1/102844034832575377634685573909834406561420991602098741459288064 ft. 1/205688069665150755269371147819668813122841983204197482918576128 ft. 1/411376139330301510538742295639337626245683966408394965837152256 ft. 1/822752278660603021077484591278675252491367932816789931674304512 ft. 1/1645504557321206042154969182557350504982735865633579863348609024 ft. 1/3291009114642412084309938365114701009965471731267159726697218048 ft. 1/6582018229284824168619876730229402019930943462534319453394436096 ft. 1/13164036458569648337239753460458804039861886925068638906788872192 ft. 1/26328072917139296674479506920917608079723773850137277813577744384 ft. 1/52656145834278593348959013841835216159447547700274555627155488768 ft. 1/105312291668557186697918027683670432318895095400549111254310977536 ft. 1/210624583337114373395836055367340864637790190801098222508621955072 ft. 1/421249166674228746791672110734681729275580381602196445017243910144 ft. 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1/6901746346790563787434755862277025452451108972170386555162524223799296 ft. 1/13803492693581127574869511724554050904902217944340773110325048447598592 ft. 1/27606985387162255149739023449108101809804435888681546220650096895197184 ft. 1/55213970774324510299478046898216203619608871777363092441300193790394368 ft. 1/110427941548649020598956093796432407239217743554726184882600387580788736 ft. 1/220855883097298041197912187592864814478435487109452369765200775161577472 ft. 1/441711766194596082395824375185729628956870974218904739530401550323154944 ft. 1/883423532389192164791648750371459257913741948437809479060803100646309888 ft. 1/1766847064778384329583297500742918515827483896875618958121606201292619776 ft. 1/3533694129556768659166595001485837031654967793751237916243212402585239552 ft. 1/7067388259113537318333190002971674063309935587502475832486424805170479104 ft. 1/14134776518227074636666380005943348126619871175004951664972849610340958208 ft. 1/28269553036454149273332760011886696253239742350009903329945699220681916416 ft. 1/56539106072908298546665520023773392506479484700019806659891398441363832832 ft. 1/113078212145816597093331040047546785012958969400039613319782796882727665664 ft. 1/226156424291633194186662080095093570025917938800079226639565593765455331328 ft. 1/452312848583266388373324160190187140051835877600158453279131187530910662656 ft. 1/904625697166532776746648320380374280103671755200316906558262375061821325312 ft. 1/1809251394333065553493296640760748560207343510400633813116524750123642650624 ft. 1/3618502788666131106986593281521497120414687020801267626233049500247285301248 ft. 1/7237005577332262213973186563042994240829374041602535252466099000494570602496 ft. 1/14474011154664524427946373126085988481658748083205070504932198000989141204992 ft. 1/28948022309329048855892746252171976963317496166410141009864396001978282409984 ft. 1/57896044618658097711785492504343953926634992332820282019728792003956564819968 ft. 1/115792089237316195423570985008687907853269984665640564039457584007913129639936 ft. 1/231584178474632390847141970017375815706539969331281128078915168015826259279872 ft. 1/463168356949264781694283940034751631413079938662562256157830336031652518559744 ft. 1/926336713898529563388567880069503262826159877325124512315660672063305037119488 ft. 1/1852673427797059126777135760139006525652319754650249024631321344126610074238976 ft. 1/3705346855594118253554271520278013051304639509300498049262642688253220148477952 ft. 1/7410693711188236507108543040556026102609279018600996098525285376506440296955904 ft. 1/14821387422376473014217086081112052205218558037201992197050570753012880593911808 ft. 1/29642774844752946028434172162224104410437116074403984394101141506025761187823616 ft. 1/59285549689505892056868344324448208820874232148807968788202283012051522375647232 ft. 1/118571099379011784113736688648896417641748464297615937576404566024103044751294464 ft. 1/237142198758023568227473377297792835283496928595231875152809132048206089502588928 ft. 1/4742843975160471364549467545955856705669938571904637

Strength lies in the
articulation of ulna and
radius, & not radius,
^{capitulum of}
the radius & of some imp.
because you get pronation
and supination here.

the joint ought not to be
very easily disloc. It not
in children
and is very much,
in adults. Both lower
parts are disloc.

Disloc where both bones
are together (radius &
ulna.)

It is a disloc of both
bones. disloc not
wards (laterally) or forwards

anterior & posterior
anterior & posterior
anterior & posterior

Ankylosis is rare.

Treat.

Place & in
mid way between pro-
-nator & supination
+ strongly adducted
you use, & fix the
splint make it
your self out of
plaster of Paris
the ant. splint
should not extend
further than V
hand. the hand
is strongly adducted
the posterior splint
does not go beyond
V extremities of V
metacarpal bones.

Then flexion & extension
become difficult & painful
with a thickening of the
capsule

it.

Congenital disloc.

the head of humerus
& glenoid cavity have
often never been very
well joined. there may
be a lack of develop-
ment of ~~muscle~~ ^{the head of humerus} ~~about~~ ^{muscle. coracoclavicular ligament}
& therefore you have
marked mobility and
never no stiffness.

You must history-
-track from infantile
paralysis. Here history of
gout from & atrophy of muscle. In above not

Elbow joint disloc.

In hinge joint.

No lateral movements

~~Never use too~~
~~because it will not grip bone~~
~~with a splint. Do not~~

5.

Never use too
because it will not grip bone
with a splint. Do not
use wooden splints
if you can help it,
the plaster of Paris.

If you are dealing
with articular
never apply a splint
to the ^{joint} and
hypothenar eminence.
(wooden), because
they are ^{there} ~~there~~
& are not applied to
the bone.
Colles Fract.
is a fract. of lower
end of radius.

the axis of the humerus
is directed down-
wards and inwards.

there is pain and
numbness in the

U. circ. is disturbed, + nerve pain
in arm and hand

U. deltoid is flattened
+ tense to pain.
is lengthened ^{about 1 in.} by some
is considered primary
form. When you try
to reduce you may get
a marginous or a sub-
coracoid.



Is better to give an
anesthetic, to reduce

the styloid process of the lower
mandible is directed down

of a peculiar nature.

It goes posteriorly
- mensely across &

lower end of radius

it is about $1\frac{1}{2}$ in.

behind & joint ant.

it is nearer

the post. ant.

extremity of

radius is lower than

& ant. Direct force

of impact will

cause it.

the styloid process of
radius is much more

ply. broken than was

once supposed.

Depository: Is the

inner fork depository

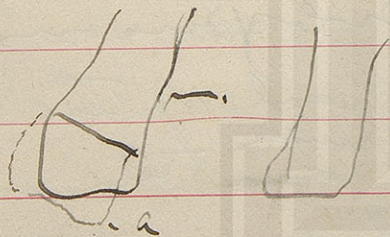
The ~~reduction~~ of ~~the~~ ~~bone~~ ~~into~~ ~~the~~ ~~apilla~~ ~~is~~ ~~not~~ ~~a~~ ~~good~~ ~~idea~~

the ~~bone~~ ~~is~~ ~~not~~ ~~a~~ ~~good~~ ~~idea~~

ped. plates & post. ped. bulges
the line is usually
lengthened to
test! Is reduction
you may put a ^{bone} ~~bone~~
in the apilla, and
drop the bone into
place or you may
give an anesthetic.

Sub glenoid. form.
the head lies in the
apilla. ^{under & between} is lodged
in the apilla between
the subscap. & long head
of the triceps. Axis of
arm is upwards.

the rotation it follows
 1. lower part, driven
 1. upwards and backwards
 2. Owing to the force of
 the ring and the part of the
 + the part. end looks
 higher and, more back-
 wards this throws the
 hand upwards,



3. Owing to the inclination
 of the lower end of the
 radius the hand
 is thrown towards the
 radial side. the lower

lost the
saw in 1895

occure. Mar. 17 08,
Disloc. of shoulder (cont.)
I think term
subscapularis from
~~bone~~

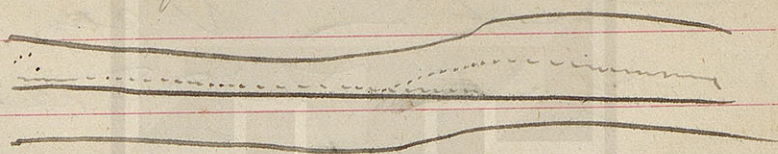
Subclavicular is just an
exaggeration of the sub-
coracoid, the bone
moving in further
inwards.

In the subscapularis
from the head of the
bone lies ^{under} the

joint of arm. Subscap is different
from subcoracoid arm. is upward ^{and} backward

The elbow is raised from
the side and carried for-
ward. you get the support
in subcoracoid from

and if V radius moves
in a circle, the
radius of which is
stretchd at V triangle
- for fixed cart,



Dinner Fork Depurity
in ~~shape of~~ for air.
this depurity can be
mistaken for nothing
else.

the force and obligatoriness
of the action of course
lost.

The majority of
(pers. have no influence on the

likely to occur
if you can't see
the bones

deformity + is caused ^{by violence} absolutely by
Cases & bones are im-
practised. In some few
cases the deformity may
go back but in
most cases it
stays corrected.

the deformity is caused
by direction of
violence and the
impaction of fragments.
The line of force is
upwards and back-
wards at about 60°
you will get dislocation
if you want but usually
it is a Colles fracture.
you may have quite
a number of cases

gray crop
in summer

When you have
a disloc & fract, you
cut down and
reduce & disloc &
& then wire the
~~over~~ foot. McBurney
used a hook like a
cotton hook. 
How long can a
shoulder be out
of joint & still be re-
placed. Cases have
been out for 1 yr
& still replaced, but
is rare. Usually
after 2 months you
will have very much
trouble, tho they are

When you have
advice of these things

I put on my
doles part, I
Treat, & everything
must be reduced
& fact. It is often
necessary to use
an anesthetic.
Very often you have
to break down &
injection.

You strongly adduct
the arm ^{while resistant} & ^{pulls the arm}
I found ^{cleared add-}
uction behind.

the best splints are
molded plaster of Paris.
Jinzel shaped splints.

to cover foot. the cover
Booth. Feb. 1888

above & just piercing
our floor.
Dr. T. likes Koeber's
method, then
an anesthetic, or you
may use & towel
method. the best
way is to give an
anesthetic. If & &
disloc. is recent you
have very ~~too~~ much
trouble. You must
be careful or you
will paralyze & epilepsies
etc.

In all cases you may
use & pulleys or
you may cut down
& put in place.

\$2-1. Alex. Jackson

I hope you may
have a good

Lecture. Feb. 18th 08.

In colles fract. the lower
end of frag. is thrown
outwards toward the
radial side. this deform-
ity is prod. by impaction
and kept there by impac-
tion

treat. the impact
should always be broken
down and do it in
both young and old.
It may require a good
deal of force. You
use an anesthetic
you use a pistol
spring of Plaster of
Paris. after the

unusually vigorous &
the book is

& second contracts
the heels.

If you fail & have
shoulder help you give
a little elbow & you
can replace. If you have
no help you take a towel and
make a close litch.

& pull you shoe off
and put r foot in
r arm pit and
throw r loop over the
shoulder, then you
put a good strain
on r arm, you then
pull harder and
externally rotate
r arm. You sit
on r ground or floor

of the hand & fingers
+ the back
of the hand & fingers

and if you go to
or above the hypothermia
temperature,

you should not let
the fingers be bound
up for more than
3 or 4 days, you should
however move the
fingers so that the
tendons running
in back of the radius
will not get stiff &
the tendon sheaths have is being formed
~~as before~~, It is very
rarely that the de-
formity is reproduced
It usually stays like
it was wounded,
Well wounded places
of Pains to the best

When applied properly
it is a very
effective

Treat:

Replace by manip-
ulation

Disloc. under scapoid
process

1. Subcoracoid;

Roche's method.
You hold on to V
scap. with all your
might. You flex V
fore arm & arm
to right angle
then rotate V out
and wards. then V
elbow is brought for-
wards towards V opposite
shoulder, & scrape down
wards over V chest &
then suddenly inf. rot.

Reflex Chymus
Location
Tact:

when applied properly,
Barton's part
is a part of V position
of the ante. of V
lower end of the radius,
very rare.

In some forms of
Colles' part, this occurs
also, it requires rather
a peculiar force to break
off the bone in this
position, in many
cases of Colles' part
the styloid process of
radius is broken off,
it is not as rare as
was once thought.

knows the best
thing to do

well in r axilla,
= Callender's method
It was found to be
fact of r humerus.
In subcoracoid
r circum. me.

2. as purchased in
In subglenoid they
are 1. more than
that in circum.
these inquiries are
hard to diag. rt.
you should get an
xray pict. You may
have fact. of r neck
associated with
humer. Is very
rare.

It is usually in the early stages this is not difficult to diag. there are severe pain where the thyrod process is torn off in collar fracture & usually pulled away from the shaft of the humerus.

usually in the early stages this is not difficult to diag. there are severe pain where the thyrod process is torn off in collar fracture & usually pulled away from the shaft of the humerus. Fract. just above the thyrod process of the humerus may occur.

There are two types of fracture. No. 1. occurs along the shaft of the humerus. No. 2. occurs at the junction of the shaft with the head. No. 1. is usually treated by rest. No. 2. is usually treated by rest.

usually no. 1 is treated by rest. No. 2 is associated with collar fracture. No. 2 is associated with collar fracture. No. 2 is associated with collar fracture.

Section of the lower
extremities, Medico-Legal cases.

you must get
~~the measurements~~

Measurements

very carefully and
have definite points.
In fact people you
may have trouble to
find these points.

Get L arm in straight
L same position &
then carefully take
L measurements.

Measure L circumference
- once for out let

of L axilla. always
bring over L shoulder
& at corresponding
points. An R under
part you let L top of L

~~Separation of the lower~~
~~epiphyses. Mistaken for Colles.~~
this is very common
lays up to 15 yrs. age,
usually the diaphysis
for a deformity is
all that is produced,
you do not get the
rotation. The lower
frag. tends to slip back,
you may get a great
deal of laceration of
the tendons, you
may get a partial
displacement.

Treat: careful replace-
ment. and you will

Surgery. III. 1888

you always get
stiffening, me.
I'm. you get the
nerves & muscles
- get on and you
get pain & numb-
ness, you may
feel a head of stone
in axilla,
Insuff.

you must
examine & jar very
carefully, even for
any flattening of deltoid
& bulging of folds of
axilla. go over
scap. & clav. and
examine very carefully

1 in. 1/2. I am sorry
it changes with

probably have to use
an anesthetic.

you may put the
arm on a flat pad-
ded spread upon
it.

this is not so hard to
replace when it is
fresh.

Fract. of the carpal
bones. A serious partic-
ular part of these bones,
(they are never dying unless they are compound).

Fract. of the meta-
carpal bones.

Occasionally they
are broken by a blow on
the carpal bone, this
allows the distal
end of the bone to

to drop. there is a small
inverted, dropping like
the

ant. fold of axilla
flattened. post.
bulges.

4. Subgenoid

the head of humerus
lies in v axilla between
l subscap & long
head of triceps
v head of bone
is jammed firmly
against v
l deltoid is very
tense like a whip
cord. v two axes
of humerus points
below l genoid
cavity



to drop, there is almost
invariably dropping the
knee. The deform-
-ity is usually very
easily reduced,
you may use a straight
splint, which may
be made out of wood
or of plaster of Paris,
and straighten ^{this}
bones out on these
splints, and fix
them in place.

Bennett's Fract.
is a fract. of the ^{metacarpal} car-
pal bone usually
1, 2^d. a part of it
bone is split off

Open the osseous
spine of the thumb

2. subclavicular.

the delt. is tenses
+ ant. fold of axilla
bulges more.

You find none short-
ening, because v
bone has passed up
wards & backwards,

~~the~~

3. Subscapular form.

v head lies behind

v Glenoid, v

head of humerus.

point upward and
backwards. v deltoid

very tight. The
alteration in length is

slight & the arch

in length to end.

Fract. of the epiphyses
of the metacarpal
bones are common.

Fract. of lower
extremity.

1. Fract. that break
continuity of the
pelvic ring. Always
often spoken of as a
fact.

We have fract. of
pelvic ring and
part of processes.

Separation of epiphyses. Sept. same
as fract. can in & epiphy. of prox. phalanx

Fract. of Pelvic ring
& continuity can

part of processes.

Separation of epiphyse. Sympt. same
as part can in reply of prox. phalange

Part of Pelvic ring
continuity can
only be broken by a
great deal of violence
to more often than
crushes and by a
man being run over
by a street car or
dray.

the tumor that give
way. ^{in majority of cases you find}

the sacroiliac ligts.
are ruptured ^{on one side} + the
ilium & pubis broken ^{+ anetg. gainig ischium}
then on the other side
or it may be same
on the other side,
& pubis, symphysis

Surgeon. III. J. G. S.

the 1st one
me: 10 inches and
1/2 inch or less
- only flattened,
of me. mistaken
for fract. of neck.

1 arm & abducted
rapidly & limbs
prints upwards and
backwards.

Extremities of the
1st part. fold of 1 axilla
1 arm is very stiff,
adduction & rotation
are impossible
you may find
1 limb shortened
or lengthened but
me. the same len-
-gth.

me, separated and
the violence that prod.
this is rare,

the injury to the soft
parts internally are
severe. such as injury

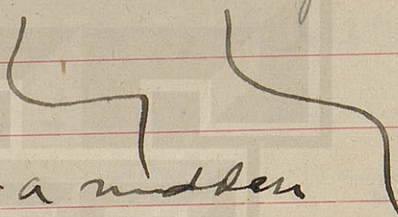
to the rectum and
bladder. You may
have serious injuries
to the structure and

side that make the
fract. very serious,
the pelvic ~~fract.~~ structure.

& the most serious
ones to be injured.
When the part is brought
in he is in a state of
shock and has a
very faint pulse

pressure of space
forward.

very rarely a direct
blow will produce it.
Gymn. & head of bone
has kept its socket,
the normal contour
of r bone is lost.
r shoulder is flatten-
ed.



you get a sudden
drop from r point of r
shoulder. But r arm is
actually lengthened.
st you can see the
deltoid is very tight.
~~and~~ and passes down
wards. V ant. fold
of axilla bulges
& r post. fold is distin-

very much a drink
from your book.
Thank you.

pure and free
weak.

the 1st thing to do is
to draw off the urine
and see if there
is any bld. in
urine. If there is
no blood in the
urine you have
no injury to V. or
B. or A.

If some bld. comes
out & the clear
urine you have
some injury to V.
B. or A.

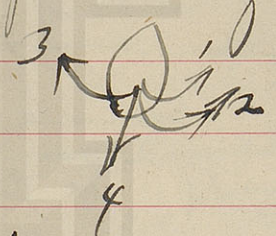
After all the time
comes & then blood you have ^{V. bladder} ~~injury~~ ^{injury}
If ~~all~~ V. B. is rupt. you may have all or bld. in ^{urine} & ^{pelvis}

SURGEON. III. J. C. D.

from the shoulder
on the right

1. Subcoracoid
2. Subclavicular
3. In pectoralis - backwards
4. Subglenoid - forward
of the head slips back-
wards

Subglenoid is the
primary form of dis-
-loc.



1. Subcoracoid,
indirect violence,
etc. e.g. fall on out-
stretched hand and
arm slightly abduc-
ed & a little backwards

1. Injuries of rectum
2. Injuries of bladder

Symptoms of rectal injuries are not so early diagnosed and are very serious. & bled usually shows at the anal orifice. At the time the pelvic bones are injured & gaps the bladder may be caught between the frag. & you may have some extravasation of urine into & soft cellular tissues. ~~Most~~ of very open ruptures of v. B. are extraperitoneal, this is often peculiar, when v. bones are

the patient is
in a position
of the arm & hand

Disloc. of Scapular.
most common cause is
paralysis of the serratus
magnus muscle.
The scapular sticks
out like a wing.
The infraspinatus does
stick and slips off
at inf. angle of scap.

Dislocations of
Shoulder.
Upper end of
humerus.

Many forms,
2 disloc.
1. Forwards
2. Backwards,

Dr. J. P. ...
... ..

placed ~~of~~ ^{the} bones come back
The pat. should be
put on a water
bed and a broad
flannel bandage put
on the abd. and up
-per part of the pelvis,
these cases are very
terrible to deal with
when there is an
extra peritoneal
rupture.
Where the bladder is
ruptured along the post.
portion.

~~As~~

1. treat of a fractured pelvis
to treat of its ~~con~~

... ..

muscle. can be picked
up!

Heur: Put ^{up} as a fact.

of V acromion
process the elbow
is flexed and a ~~the~~
strip of adh. plaster
is passed under &
elbow & over the shoul-
-der of same side
It is very hard to keep
it in place.

Dr. T. thinks it is
best to drill thru
the acromion &
clav. do not go into
joint cavity () ()
You get good union

12th
mice. can be pushed

plications,

Fract of the process of
V. pelvis.

Fract where the
flanging portion
of the ^{crest of V.} ilium ~~is~~ is
broken off.

Minor degrees of this
injury may occur,
such as clipping off
a portion of V crest of
V. ilium.

Large hematomas,
and, formed in these
parts, the abd. mus. are
interfered with. There are
very painful. + spontaneous
Fract. of 1 ant. rib.

Surgeon. III. 1880

very hard to distin-
-guish from.

The shoulder nearer the
midline & flatter
than the sound side,
you can see along a
distinct ridge and
you feel a jump off.

There is no crip.
& facility of reduction
is security. Is easily
reduced without
exertion and goes
back easily to disloc.
You find the trapezium
is locked and

very young
- - - - -

Spine; are very
painful and this
is due to v. abd.
mus. pulling on
it all the time.
* + the temporary ^{below} femoral
Fract. of ischial
spine may occur.
Fract. of the floor are
very serious injuries.
2 kinds of fract.

1. Floor,
2. Rim,

Fract. of floor.

this usually results
from severe violence
the floor m. pushed
out by violence.

the head of the arm is. I have
seen it before.
the head of the arm is. I have
seen it before.
the head of the arm is. I have
seen it before.

Disloc of ^{outer} ~~inner~~ end
of V clav.

Do really a disloc. of V
scap. Better disloc.
of V outer end of V
clav. the shoulder
joint is int. to V
joint of V shoulder
and is oblique from
within
~~with~~ outwards.

One disloc. at this
place. the lig. are
broken and V shoulder
drops down and V
scap comes a little
more int. & V
shoulder nearer V
and hence they are

page 1 of 1
The head of the femur is forced
thru & broke.

you may get fissured
fract. you may get
fract. shortening
crepitus and pain
and the patient is in-
able to put any
weight on the limb.
these fract. are hard
to understand
fract. of the humerus
occasionally & post. sup. part is broken off.
see more

even if v. slight
there is broken up
may diag. & femur
out there are
crepitus + pain shortening
me. 1/2 in. you may
be able to pull the

original: III. 1.4.0

When v head is very
far backward you
get pre. on v trachea
& oesophagus & prod.
dyspnoea & dysphagia
trachea not.

Treat: put in v axilla
& bring v elbow to
side & fix it
bandage to draw v
shoulder backward.

Is not so difficult
to keep in place as v
forward & upward disloc.
No way to make it
unite with v sternum
- mm. You may
write the ends in
place. but not wise

When I look in vent
for back and vent
not free. In the
femur down and
into place when it
was short as first.
Treat: just an exten-
sion on the hind and
keep the foot quiet.

Lecture Feb. 20th, 08.
Fract. of $\vee$ rim of $\vee$
acetabulum. $\vee$ femur
rips back on $\vee$ dorsum
of $\vee$ iliac bone. Not much
shortening. Looks somewhat
like dorsal dislocation of $\vee$
head of $\vee$ femur but you
don't have the stiffness here
and you get crepitations. ^{So easily} ~~then~~
reduced but slips back when
released.
diag: you can't be absolutely certain.

Try to hold in place,
Backward disloc.
of clav.
Is not very often
seen.

Is produced by
W. Fly direct violence
to above and head
of bone. It is
dislocated in lateral
curvature of spine,
= scoliois, spontaneous
-ly.

Sympt. Shortening
of shoulder. Should-
er is nearer to mid
line - you can palp
ate with
ease.

There is a great deal of
work to be done
in the way of
the work of the
the work of the

Treat of acetabular fract.
Uses Buck's extension
and you may use sand
bags to hold it straight
or along spine.

Fract of os
are very ^{hard bone to break} rare
if they occur along or with fract. of ilium
more liable to open
up & sacro-iliac sym-
-chondrosis, the di-
rection of fract. is
usually transverse
St. & lower frag. is
displaced forward
into & pelvic cavity
and st. frag. is dis-
placed backward.
If a fract. is not trans



project a line
backwards & shoulder
gearer & midline

the line of the stem
must be S shaped
in our line & it shows
to the place passes
over the stem by a
thyroid muscle &
not trachea.

Treat: Put a pad
under axilla & pull
& shoulder outwards.
You place a pad under
& elbow and raise
& arm upwards.
You may put a pad
over & before and

the ...
the ...
the ...

Force ...
H. ...
vertical



there are very rare
Fract. & usually trans.
& about 1/3rd ...
the pelvic viscera are
liable to injury and
this makes it quite

Treat. keep & put in
best position you
may pull & bones into
place by putting fingers in & feet
below, but they won't
stay. You use a
broad bandage around
the pelvis and
let & put in
one position and
use on & back on
on the stomach.

may be made by
using a cloth

bands and try to
keep it there with
fig. & bandage.

you pull the arm
to the side and
at elbow + pass strap over opposite ^{shoulder}
raise it upwards.

you put a pad over
~~shoulder~~ dislocated end of
clavicle. Very hard to get
satisfactory results.

Lecture Mar. 5th 08.
Upward disloc. of clav.
is stem. end.

Is rather rare, and
when it occurs
inner end of clav.
is higher than normal

from the front of the
wound and the
wound is very

You may see where
rings inflated to hold
the part in place.
Is very painful.

Fract. of 1 Coccyx.
Fract. one very pain-
ful. Cause. Kicks
& labor etc. . .

Is a very painful in-
jury. Pain is the great
feature. The spine and is inflamed.
During defecation and
during coughing and
is usually protected by its position
in the pelvis. It is a deep respiration. The
part is very painful for
months after injury.
The coccyx may bend
at an angle and
the part may stick

1. Dislocation of the
inner end.

Disloc. either for-
wards upwards or back-
wards. the bone led

— point of termination
a little in front of
& below its normal
level.

the cause of this disloc.
is usually a fall
or blow on the shoulder
scapula or lateral
curvature. If you
may disloc. a bone
gratuitously,
treat it by pulling the
shoulder firmly back

lockwards. the rectum
may be irritated,
you may have to cut
it out where it is
very painful. neuralgia
may develop.

Coccydynia or neuror-
gic pain of coccyx.

In women are due to
pelvic disorders, the
uterine sacral ligaments,
involved + displacements
of uterus due to force of childbirth.
Fract. of 1st Sacrum,
Fract.

1. two ends (upper + lower),
2. the shaft,

1. the upper end
1st & 2nd described.

The back is back -
by a general lift
of the body

back very easily,
Congenital disloc.
It. There is a lack
of develop. of con-
dyle. the lower
jaw runs so far
back that you can-
only see a dimple.
You may see these
people with a lack of
development ^{of brain power}. you know
that do absolutely nothing
for it.

Disloc of clavicle
a fall out & shoulder
very disloc. it.

they may wear
at either end of
bone ^{the rhomboid lig. protects} it at the inner end.

501 III. Anomalous

Back very easily!
Over the side!

the head is held in
place by a glenoid lig.
Air pressure helps to hold
to it in place.
The line of force of the
punch does not pass
directly up the neck but ^{directly} almost
the neck is buttressed
on to the shaft.



In old people the neck
of the bone is more at
right angles. In young
is not so angular &
the kind of force to
break & have cleavage
to a twisting force.

to get people who
are a little
I have

very well. you move
the thumb right
back and hook them
over & wisdom teeth
& when ready press
down with your
thumb and forwards
with & fingers.

Dr T. has a stick
thumb it thru & mouth
& hook a towel over
& chin and pull
up on it & this
pulls the jaw down
ward behind.

If you fail give
on another & find
you will get it

Dr T. has a stick

Very well. You know

In old people slipping
on a banana peeling
may cause a fracture
some of the fracture are
clean thru a neck
& almost trans,
When from severe violence
as from fall from height.
- since it is broken close
to & base of the neck,
It's force prod. it.
me. direct as a hammer
on a fall.

These fractures are divided
into intra and extra-
capsular fractures

A fracture is entirely
the capsular lig. is torn and the fracture
is intra capsular from
& almost entirely
extra capsular behind

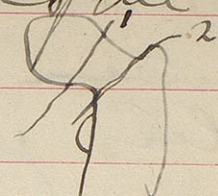
2. Then 1 loose the
front 1, then 1 back
2. Then 1 loose the

Bilateral Disloc.

you get 2 months
open & not so much
as the other,
speech & deglutition
impaired & dribbling
saliva. stiffness of
jaw. If left can be
as dislocated lower
to the left & right.
Relaxation is very
rare.

Treat: place the
pat on a floor with
his back against
a wall. Then
wrap your thumbs

or it will be the reverse.
Fract. 1. then 1 neck
2. then 1 base of the
neck.



1. (intracapsular) neck proper. they may occupy almost any part of neck but usually at or adjacent part and usually trans.
2. (extracapsular)

Impacted and non impacted fractures
No. 1. may involve the neck. they are transverse. They are impacted. In 1 impacted he finds neck is driven into the head. the neck forms a wedge & head suffers.

Impacted fracture of neck almost being com.

Non-functional
has - we cannot by

forza,

Bilateral forms,
when both of 1 condy-
lus protracted.

You get under
shot teeth. The
lower teeth project
forwards consider-
ably forward further
than they should.

There is a prom-
inence of the
temporal region

Digestion & speech
are impaired.
the lower jaw is
being stiff. As right
as an iron bar.

STILL III ADAPTING

Non Dupond there
fact - are caused by
a slight degree of
violence and injury
occurring in old people in
whom the neck is brittle
thus from slipping on
an orange peel.

the limb has rolled
out, & the other side of
the foot is resting on
the heel. There is a
good deal of pain,
you get creases on
the hand. It is
indistinct and in
some rare cases

very small, and
very short, the

+ inter articular cart.
which moves over
condyle ^{with those} the joint is
shallow like lips
are very strong & to
very seldom disloc.
unless jaw is
open very widely.
It is in forming the
jaw bone disloc. either
Bilateral or unilateral.
They are forward
dislocations. As a rule
condyle and cart.
go together & are not
separated & glenoid
cavity. They are pulled
into zygomatic

371 III 140115

if I observe it, there
are some shorten-
ing. the lip is
flattened because
trochanter is not
so prominent.

the rolling and of
line is usually very
well marked, there
is always some shorten-
ing from $\frac{1}{2}$ to 1 inch
usually. the foot rolls
and gets over ^{weights} ~~lengths~~.

The plus femoral
right will not set,
it shortens much,
because from V
and - up spine to V

... of ...
... of ...

as hip joint the
dis. joint is disloc.
due to opening of ligts.
6. Congenital, as
from birth & is a
lack of development,
& not a true disloc.

Frequency of disloc.
in certain bones,

1st & shoulder joint,
the hip joint
very rare. 2nd of
shoulder joint. 60%
of all disloc.

Disloc. of lower jaw.
1 condyle of 1 lower
jaw fits into a shallow
socket & you have

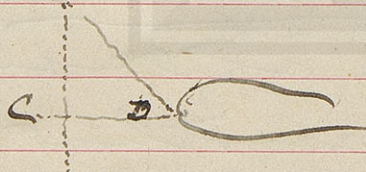
... of ...

tip of r int. malleus
 Melaton's line.

Ant. sup. spine to V
 most prominent part
 of tracheal ischium
 ASS.

tip of trachea

Bryan's triangle
 A perpendicular line is
 dropped from V
 ant. sup. spine,
 ASS.



Ed. C D is V most imp.

Bony if, not completely repaired.

the knee is good exam.
lateral dislocation
one condyle still
in apposition.

3. Comp. disloc.

Irreversible &
terrible when it
occurs with other
bds. or when
an is pulled off.

4. Spontaneous.

When it occurs
from force that might
not cause it.

5. Pathological

... of ...
... by ...
... you. I have

Girard Tendon,
Helatons line is drawn
125, at 1 very middle
of Helatons will corre-
spond to the center
of octobrium.

In making measure-
ments with me
leg flexed, you must
flex the other,
you must know
how to make these
measurements.

Helatons ~~to~~ line to the
best, for the sound-
ly was not normal,
constit. disturb. is
usually very trifling.

A usually no shock,
the center. distance. 1000

Dislocation

Def. a more or
less sudden & com-
-plete displacement
of one or long struc-
-tures of a joint from
another. this includes
^(partial) dis-
location & force
disloc.

Subluxation =
partial dislocation,
1. Complete disloc.
when v long of one
completely separated
as disloc. of v femur

2. Incomplete
dislocation.

10
Foot: a narrow
flexion

I usually no shock,
the const. disturb. will
be very severe in old
people. They have to
go to bed and the
lgs become congested
then edematous & they
die. Bed sores will often
form.

Mode of union. It used
to be stated that fibrous
union occurred, but
in a very large proportion
of cases you will get
bony union. The
cause of non union
is the poor bed supply.
It is probably more from

A person's mind
chose for me

I curled up
foot you find it
but how badly the
right foot was in-
jured.

Metatarsal, -
the very often
broken.

Came from fall
from height.

You get angular deform
with angle up.
and the toes are
cut off they are.
coming from front.
Treat: try to get bone
in as near the right position
as possible and hold it there

Birdsey III 1895

A good vol. 100
of records

A fibrous union,
a false joint mer-
mely ^{is not very in some cases.}
ting: slight degree
of shortening,
little crepitation, &c.,
the pat. has a pain,
loss of control of the limb.
Eventual limb, return of
deforming when reduced, &c.
Simultaneous arthritis,
Osteo-Arthritis may
simulate it. & you would
make a mistake in
your diag. this dis.
prod flattening of r
head,
Treat. depends upon

very good much
as you can see

you don't get much
deforming. but this
little deform. is
very severe where
v joint is to be used
for pot can never
walk as well as before.
In both cases, cases
v bone should be
taken out. you
may find obs. exten-
-ding in every
direction. you may
have trouble to
move foot.

1 replint me.
broken but is not
very much injured.

you must not
forget to

1 part of the part is
young and has a
¹ good lung.
strong heart, you
may treat. lying down,
if not you must
get them up and
you may use Thomas's
cup splint. You must
put on a Buck's exten-
sion attached to
1 thigh. Use Sinton's
splint on your
side. You should use
a good mattress and
not a feather bed.
You should have
a narrow bed & you
may support the mattress

Do the exercises
with the feet down
and the knees up

The kneeling was at
a vicious angle,
these feet are
quite even.

Try to ~~run~~ ^{hold}
your foot and put in
center of Paris, put
it up as the round
foot.

In coming from the
20 to 5 feet & remove
wheel. If clean you
may attempt to
also. many others
save.

To rest the body
be not unclean.

1. straighten the foot
in the late form and

August 11 1888

the horse is in a
good condition

To the buttocks
will not lay down
the center
after period of Paris has had a
you may see a
weight beginning
with 4 or 5 lbs and
I. up to about 7 lbs.
this is usually enough.
you must see that
the limb is pulled on
a good Thomas's splint
to hold to get the part
up with it. If you
can't do this you
should place the bed
in such a position
that the bed will not
stagnate. you may turn
the part over on his side on
his stomach and thus prevent

Surgery III 11.8

stasis of the bld. You should
first put the part in a ^{cont.} position.
Impacted foot. are very
rare and hard to distin-
guish these impacted
foot. from intra-artic-
ular foot.

2/25/08.

the intra-segmental union

2/25/08.

the intra-capsular variety
of impacted fracture
very rare. Dr. T. don't
consider them at all.

(intra capsular)
Fracture inside of capsule in
children is tolerably frequent
was considered rare by

Usually a fair degree
of ~~displacement~~ ^{displacement} of the fragments
violence breaks it
as squeezing of thighs between
knee & for femur,
& great ^{two} ~~one~~ ^{fractures}
you get ^{ever} ~~ever~~ non-
union and shorten-
ing. Point. & same as in adults.
there may a good deal
of blood effused out
around the fract.
you should treat
carefully.

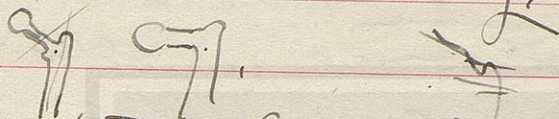
~~from the~~
from the

every thing light.

Throat & neck corres-
-ponds to & inf.
occasional scaphoid.
young. severe pain
& I just can't walk
, creptus, & the move-
-ments are injur-
ed. movement
don't take ^{place} as would
joint. If creptus
suspect fracture
if no creptus
do not think of
injury.
St. old standing
post. we were where

very large bones

you put it up
adducted and
you can't adjust
- if you put up obstructed
if there are more
- head shortening.



angle between head & shaft & actual,
the ant. of shortening
ing one, not more
than $\frac{1}{2}$ in the
shortening 2, and
as a child grows it
becomes shorter all
the time and the
bone has failed to grow
for $1 - 1\frac{1}{2}$ in. when
they are grown
abduction extreme

you may get some
= Costa Rica.

a fissure from
other bone of foot
either of tibia
tibia or os calcis,
cane; never
violence. falls &
crushes. & 9- from
falls & one from
crushes.

The first crack.
sympt. very hard
to elicit elicit.
there is no dropping
of arch of ^{foot} foot,
the sustentaculum
tali holds it up
when it is not
broken. There is

the back of the foot
Sutured

= Costa Rica.

You may get shoul-
der pain and
the ~~joint~~ joints
to grow. As to the separation
-ed from hip joint disease.
There must be some thing
-let to be on the side
of capsule. You
~~must~~ should guard against
~~shoulder~~ abduction
you put up the
limb strongly
in moderate extension
abducted. This will
do no harm. You can
treat the injuries of this joint if you have
abducted it then
no way as to the hip joint
it (part of neck)
we can.

Week 3 = 3rd of
May 1 1888

get old - and
it - when there
has been very much
of bruising you get
roughing - and
you may get total
disorganization
of these joints.
When you get rough-
ing they are very
sensitive.

Astrologus,

are broken then
body act then &
weak. then
body is & most
is rarely broken alone
you usually get

from base of neck
upward
5-10-10-10

proct as 1 bone of
neck = Extra cap -
^{they are extra cap. behind + anterior}
near proct, are not truly so.

They may pass outside
two kinds of 
these proct

1. Unimpacted
2. Impacted.

they result from the
same degree of
injury. Usually a
heavy crush on the
trochanter or a heavy
blow. In these proct
as a rule the neck
remains as a solid
wedge, they occur
at an earlier

to drag myself
I look

to drag myself
I look

✓ leg is flexed over
the sand & it is
jointed. you may
just ✓ foot in at
old slipper and
put a strong piece
of tape in wheel
of pull & leg up,
Plaster of Paris,
mold up, used
in fact then
✓ facets you simply
give rest. by placing
on a pillow.
+ place
foot on
✓ side +
apply comp. lotion to



801 III K. 100111

1 cup of lemon juice
to 1 cup of water

neck of bottle

age than those of
the neck.

Symptoms of non-in-
fection.

The hip is usually
swollen and swollen
from injury. You
get crepitation and
severe pain. The
eversion is very strong-
ly marked. Shorten-
ing is very marked
it never less than
1 in. or it may be as
much as $1\frac{1}{2}$ in. or
 $2\frac{1}{2}$ in. If $3\frac{1}{2}$,
the part of neck
proper is shortened

If you're up there,
it's broken. If it
will be damaged
yourself, ^{but not for your account} the ^{of light}
heel is flattened.
When you face there
is little before.
If wheel seized in
your hand it will
feel like a bag of
bones. On a early
stage there is not
much swelling.
In later stages not
much swelling then

Treat: where I put
extrem is torn off.

851 III Karpis

1/2-1-1, The same

James V. Smith

5. 1/2 in. ...
... ..

1/2 - 1 in. the mus.,
lower & upper frog,
upwards.

Callous to very top above
- down, and may
implicate mus.

Union is long,

2. Impacted fract.,

to cr. and imp.
It occurs at same
age & same violence

You get ^{about 1 in.} pain and

the shortening is
about 1 in. or 1/2 in.

No crepitus, if broken
low you get crepitus.

W. & impression is to

from that the bar
will be

backward, & slight
expansion of joint
is referred to a part
part.

Front of 11 mil.
comes off a foot
1. the Oblique's,
& it is broken &
usually caused by
a fall from a height
of 2 feet.

It is a strong wrench
on the front, as
from muscle activity
the rise of front
varies very much
it you will find
a part. thus faces

Dislocation of hip

find that the joint
may walk in to
hospital when drunk,
the impaction is to find
to the fly - diag. as
pubic dislocation,
there is not so much
stiffness ^{in impacted part.}, there are,
no eversion, but,
there are, some
inversion flexion
extension & rotation
are present.

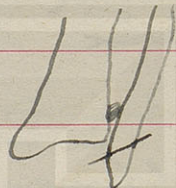
You may not know
until you get a good
deal of bruising
about the trochanter
there is never to any

star arch is widened too.

Lecture Mar. 3rd 08.

Fract. of fib. alone
below & interior, lig.

occurs obliquely
from above & runs
downwards & inwards.



& int. & ext. lat. ligts.
are not torn & there
is very little dislocation
of foot. very slight
version.

Symptoms same as
those of foot above.
You get crep. and
widening of ankle
& foot is thrown

801 III Knaping

— it is much in evidence
— at the

dislocation of the hip with ^{out} some
stiffness signal
the ~~life~~ symptoms.
see dislocation is stiffness
+ no crepitation.

You get. nature
movement in
joint + not stiffness.
Treat. In 1 2 3 4 5 6 7 8 9 10
— impacted you
treat as fracture of
neck femur. You
use long liston
splint and exten
sion and fix
+ subseq.
r matters of
bel. because that
led you are not
found you

perform an excision
of ankle joint.

Fract. no. 4, Dorrer
there is a marked
inversion, and this is
better than eversion,
the 1st 3 of these
fract. are attended
with ~~no~~ eversion
& no. 4 with inversion
you have inversion
and backward displace-
ment. Inversion is
not so marked as ~~in~~
~~vers~~ eversion in
Voth's. there is a tend-
ency for heel to point
back because of malleol.

before a station
the other side

~~may~~ may get them
up with Thomas's
help within
4 - 5 days.

Imagined part,
You break down
the impression you
would not do this
I am very old person
because you can
get them ~~up~~ quicker
You must use an
anesthetic you
pretend to abduct &
extend the thigh.
Treat Linton's
sand bag and
extension.

1/2 to 1/4 in. to see
when

you have two in-
cision and one is
over the fibres the
2nd other over the in-
malleolus. It's crescentic
the early type is
not so rounded but
then you wait too
long & very serious.

No 3, Fract.

~~to very~~ Is not very efficient
to get in position.

In old deformities you
can hardly get a per-
fect replacement.
the primary treat. &
most important thing
you would have to get

Swedish III. 108

you have two in
division and we
 $\frac{1}{2}$ to $\frac{1}{4}$ in. is all
shortening you
should have,

Inter. cap. fract.
Impacted and non-
impacted,

Pract. week proper (with)	Pract. of bone & quick. Septa cap. a soft impunct
Come	Reverse avoidance pressure
of the	trachae
-served people.	middle or many yrs. usually.
known	middle
1/2 - 1	1/2 - 2 1/2
Pract. lines.	known & ideas overflung
deposits	has not more with 1
difficult & easier	though.
long many people.	long & easier
union	long
Philos & science	
long many people.	

Pract. of bone & quick. Septa cap. a soft impunct
 Reverse avoidance pressure
 trachae
 middle or many yrs. usually.
 middle
 1/2 - 2 1/2
 known & ideas overflung
 has not more with 1
 though.
 long & easier
 long
 Philos & science
 long many people.
 union
 Pract. week proper (with)

open up
side

even
usually

think
the 1

Chairs

August

No

not speaking in

near 1 line over
through with 1 days
the

move

hang

Post-kind commitments
or distinct.

Breeding

~~These lines of work (inter-copied)~~
~~with one part~~

English

Notes

Notes of week proper (inter-copied)

First

Can

capitales)

capitales)

Franc. 1/2 week (Eggs capitales),
a week

Revere

considerate (sacramento)

Franc. 1/2 week & week (Eggs capitales),
a week

Revere

do

side, but try to get in the
best position between heels
correct & deformity of feet.
You put it up in
Patis position. If
you get marked
eversion the person
will not be able to
do not shove & heel too far forward
walk. You can't
become a flat foot and walk on heels.
Always get perfect
results. If the bones
are in very good
position. you will
not get very much
pain. Constant
attention necessary
for badly set Patis
feet you have an X-ray
just made.

to the point of the head & the
along the side of the neck
1. John by my hand

association of these
injuries with the rheuma-
toid arthritis
Proct. then ^{major in appearance of shape} & trochanter
It occurs

there are very rare
shortening of 3/4 in.
extension & marked
crepitation.

It is difficult to
distinguish from post
of bone of neck.

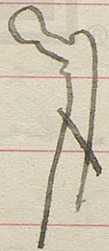
Reproduction of Troch
major. In some, the
extremity is drawn
upwards & backwards,
& violence is direct
and seems to pull it

Stop 1 of 5

(Perineal tendons must be over-
extension (unaided)
V tip of tibia may
junction & skin. You
should not over cor-
rect backward dis-
placement of
foot. There are
should be treated
very carefully and
be put up in a well
made plaster trough
and when swelling
has gone down in two or
three days you must
change it. The
limb is to be treated
with V bandage
for thigh & ~~and~~
Wait for swelling to sub-

Surgeon, III. 10.8

right off 1 shaft,
then try to pull the
rock down to 2 shaft.
Sub-tochasteric part
are very rough some
more than was
supposed. The upper
part is tilted ^{forward} upward
+ outward. The
lower part is tilted
^{up} ~~in~~ ⁱⁿ ~~downward~~ ⁱⁿ
and forward.
Fract. is usually
oblique.



Sympt. upper part
projects upwards + forwards

mean of good. but none

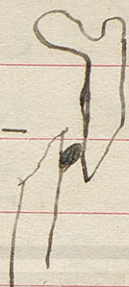
1. ~~The~~ This I attended
with very much depen-
-ing, and you get
widening of malleolar
arch. You may
get backward depen-
-ing and you should
forcibly ~~prevent~~ ^{infect} if there
is any ~~in~~ eversion
because the foot can
be bent in ⁱⁿ inversion
correct v backward pointing of heel,
& not in eversion.

2. Pott's fract,
either thru l. or r.
lat. lig arch v
tip of v internal
there is backward
displacement &

1. The 4 corners

Lower proj. projects forward

there are very dif-
ficult where
they are old.



You can only bring
v lower proj. with
in apposition with
v upper. by using
bodgers' spirit and
never plotters' plans.

You almost. & limb
and flex it on v
body. these parts are
quite easy. You are

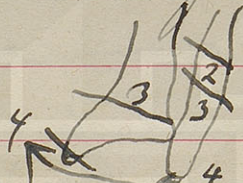
16th Street & 1st Street
Stamford

violence may tear
them & not last.

light. outbreak & tip of
int. malleolus.

2 = Bates fact,

You may get a pair.
Mr. Tilia & Co.
1941



3. This is due to a very
severe violence. It
is broken very often a little
lower down, & tibia is
broken at lower end.

4. You get rupture
next lat lig & a part
of r tip of l. to make
you get marked
eversion in no 3.

Swirey. III. 158

Sup. June 1 mgs
Nucleus of the

is wrong to treat with long distal spine.

effusion.

Fract. of χ shaft of χ
peroneus proper.

the shaft is broken
most com. in χ ^{between middle $\frac{1}{3}$}
anywhere. Is it $\frac{1}{3}$

broken by direct &
indirect violence.

20 cm in circumference

under 10 yrs of
age usually.

most are oblique
from above ^{& downwards} forwards
& outwards.

χ humerus χ

χ lower portion of adductor

mag. & lower part of back-
wards & inwards ^{& upwards}.

lower part usually goes up
-wards and backwards.

the obliquity of the
first metatarsal bone in

Fract.

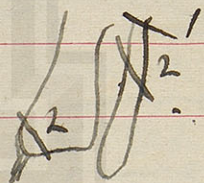
most of these fract.
are caused by twists
at V while on foot.
some by the direct
violence & blow.

We describe four (4)
degrees or varieties.

1. Fract of V fibula
3 in.
above V malleolus.

1. Fract of fib.

2. Potts fract



Is found very often above

spring of V while may

cause it. Dejourni a widening
point

ing of V arch and a tendency for V heel top
a much more severe

very much from
year to

the obliquity of the
part. met. ~~up~~ in
any direction.
this obliquity of
part. even then,
you may have a
shortening of $2\frac{1}{2}$ in.
You may have great
difficulty in getting
it into place and prevent-
ing shortening;
there is usually about
 $\frac{1}{2}$ to $\frac{1}{4}$ in. of shorten-
ing. We should relax
muscles, Hodgkins
split & cut.

25 relaxes & loosens

if you get stiffness &
this is due to limbs.
Tendons being impli-
-cated. You may occa-
-sionally meet with
more fract. that neces-
-sitate ampt. The
soft parts are severely
crushed.

Treat. same as in
rotten. You may use
Machinery or planter.
The planter must
be removed every
4 or 5 days.

must be done to get
a complete job done

Bucks
a ~~Bucks~~ extension
to place on a lower
part of thigh.
the French fract.
bed. we used.

Lecture Feb. 27th 08.
Fract. of V shape of V th.
the most com. is in
the middle or lower $\frac{1}{3}$,
we considerable shorten-
ing. the lower end of
upper frag. projects up-
ward and ward and
forwards. You always
get some shortening.
Treat you must relax
all musc. you must

Sept 1st. 1891. 1st day
of the month of Sept.

very seldom that you
get any failures —
relax, then you may
use extension and
if this fails you can
advise an operation
+ screwing & frag.
after a few days,
In a few cases you
can't prevent the
backward displacer-
ment. the further
you get down the more
transverse the frag. are.
As you get lower down
callus fills up the
interosseous
space between & bone,
that interferes with
the spring of & leg

Sept. 1st. 1891. 1st day

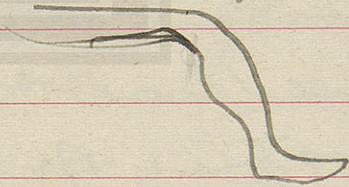
— ~~consolidation~~ job
— ~~consolidation~~ job

flex. v. the and v. leg.
 $\frac{1}{2}$ in of shortening of
v. the will be com-
pensated for by tilting
of pelvis. ~~the~~ Hodges's
pelvis is v. best.
Smith's pelvis is about
v. same.

You may treat some
cases by using a long
Girth & sand bags
and Bucks exten-
sion. The bad pelvis
neither can take no
notice of phys. neces-
sities. The French
pneum. bed may be used
to good. You may take

4 to 1. Treat by relax-
-ation is the best
method. Post. joint
used treat by relax-
-ation. You have an
ideal ^{position} when you have
ideal ^{muscle} ~~muscle~~ ^{activity}
the seat of post. must
be ^{relaxed} ~~recovered~~ so
that you can put ^{various}
motions on it.

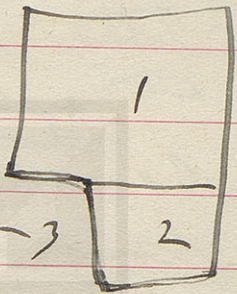
the leg is placed on V
side and ~~is~~ well flexed



You must relax
all parts on V outer
side of limb. Don't

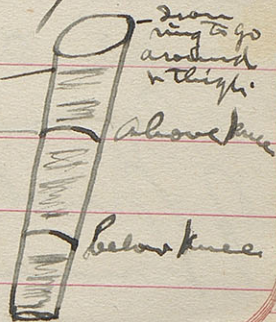
to the...
 ...
 ...

some of the flats are
 so that there is a
 portion of material
 web, and bent out
 completely.
 you cut the
 leg, hanging
 over the vacuum 3



piece. It does not
 flex with the. the Hohl-
 gen's splint provides
 for flexion of v the.
 For angular part.
 Thomas knee splint

is the best.
 you have a
 pattern placed
 on v septa



Don't make 20 or 25 miles the
road by journal
road by journal

indirect violence
& falling. You may
have a tendency and
a hitting force.
The plane is broken
at a slightly higher
level. ^{than the} lower
part of the rib. & it is
drawn up wards &
back wards by
coll. imm. You get
a comp. fract in
some cases, when
the lower end of upper
and comes down.
You get all the signs
of fract. the same
& imm. we. bruised

London Hospital

round side, so as to raise the
injured leg off floor,
~~opposite side,~~

Caird & Cathcart.

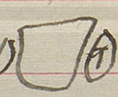
Pye's. Surgeon's Handicraft.
these are good references.

For them of Cluik's
part. of femur.

Bryant's suspender is a
very good method to
use. Splints are
not good for children
because they irritate on
them.

You place the child
on back & flex the
th. & ~~the~~ extend &
legs. You extend both
legs. If the bones are
not in proper position

1. Check Anterior &
note more into position

gain & deformity.
The upper end of
the lower end you
may get a widening
of the malleolar arch,
the foot will drop
backward.  ^{Effect of this}
_{position you}
_{get a poor arch}
In fact. of the upper end
& mid you need a
well ~~fitting~~ fitting
plate to mould. I
think lower side
you should use &
mould and see
that the foot is in
good position.

Fract. of both bones
caused by direct

up pro mthw
Lumbar & anal

Child with hand
will move into position
with the line of
position. We see
this used in hospitals
use Buck's extension

Open fracture or comp-
ound fract. of the
bone.

It must be treated
surgically. If you
go further you
must clean up
& remove all
splinters. You should
use some ointment
Hodges's ointment

After a while the knee gives trouble.
You may take a
joint.

Fracture of Fibula.
Occasionally it will
be broken ^{as tibia alone} alone but not as often,
& foot may have mar-
ked symptoms of sprain
of ankle. & part
of upper $\frac{1}{3}$ of tibia is associated
with sprain of ankle.
It is broken by
direct violence.

It is broken about 1 in
above & position of Pott's foot.
It is broken about
3 in. ^{in position of Pott's foot.} above its tip.
as due to bad
sprain of ankle
& wrench.
there is very little

1/2 inch of
1/2 inch of
1/2 inch of

St. & side bars will give trouble.
You may take out
some of the crossbars,
in some cases you
can not use any
plumb usually you
can get some from
Hollow of Paris ^{of Paris} there
for a very experienced
-ing for there
may not be very
much for two or 3
at months. then you
get formation plots,
of cells.

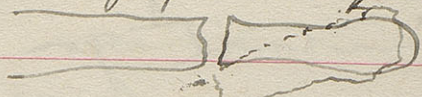
Fract of lower
end of Stem;
Anomalous to prove
of lower end of Stem

1. The upper part of the
lower end may thick
than skin at the ma-
-cutaneous border (ant.).

2. Deforming is slight.
you flex & leg on &
thigh - do not let the
foot remain at
right angles & but let
it be pointed a little.
you extend & leg and
thigh, & you can rest
on one side & you
get a good relaxation
of the gastrocnemius.
This is the only right
method. The extension
is not so good because
at times, & stretches

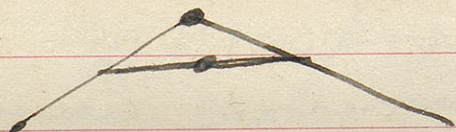
from here go away
is so bad within 1

1. transverse fract.
above the condyles of V
juncture. It may
not only be transverse
or from before backwards
they may be due to severe
violence ^{as much as heavy blows & amput.} they may
be caused by a person
being thrown out of
a buggy and twisted
around on his feet.
The upper maps,
V lower frag. tilted
by V gastrocnemius
muscle into popliteal space.



V upper frag. is easily controlled
a little rotation & is easily over-
come.

you can correct
- get out of the
- get out of the



You should make
your own trough.
You get obliquities
in some joints.

wherever you get ^(obliquities)
this. You get deform.
the foot usually
occurs about 1/2 joint.
of a lower ~~upper~~ & mid 1/3
of lower jaw. It moves
upwards and back-
wards. & also upwards
& inwards. The calf mus.
do this. ^{and also obliquity} with tibia
in fact you do not
get much sliding
upward and backward.



got can but it in place by flex-
 you can control rotation
 by manipulating seg.
 Threat: you threat the
 line by putting up
 flexed in a position
 of Paris splint. you
 may make a double
 inclined plane &
 place it on that.



the Macintyre splint
 use used, its good
 you hold the limb
 in place. make it
 harder, it works by slow.
 you may put a limb up in a post
 inclined trough of plaster parts.

2. T. 2. 1. 2.
T. 2. 1. 2.

deceitful, cunning,
little reforming,
blood poured out and
healing is slow, the
structure is a political
space we, injured
& gang, reforming,
is due to direct violence
& the soft is, is
crushed.

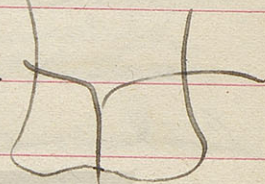
Treat: you put a
line upon a surrogate
mascot. though spirit
it is a double in -
chimed plane. The
evap. lotions and
see that a swelling
goes down then bring
a frog, together.

less of the
knee reforming.

2. T or Y post.

is not so common as
~~it~~ in humans.

the tibia sometimes
as much of a wedge
as the femur.



Symptoms:

the knee is not
quite free and is drawn
slightly backwards,
the knee joint is
widened, the paps,
i.e., moved laterally
and you will get
marked crepitations,
the slight alteration
is not as much as that in bellow

you may have a
fair degree of deformity

by and drive you
to good point.

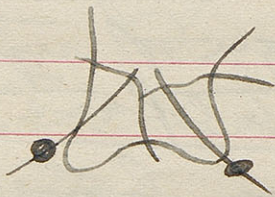
hanging in a room,
you ^{put} plaster them up
in straight splints
and wait for several
days or less. One case
had an ice bag, used
+ the place was frozen,
we wrapping, lotions

though splints are
best. or you may
put them up on
pillows. It allows a
better cure.

Fract of tibia.
It is broken near
upper end just
below tubercle
I treated in a good

the most important
in the body

ity and still get a
good joint.
* ~~you~~ you should flex &
bend the ~~and~~
then by ~~careful~~
bandaging or lateral
supports to hold the
candylo in place
If there is marked
depression you must
use screws, most
of this can be done
without opening
up the cavity



You should be able to
have to do this.

for a bone. It should
be good strong pure silver
wire because it causes
less irritation.

Don't imagine it is
necessary to operate
on all cases, for it
is not, & wires re-
main for ever.

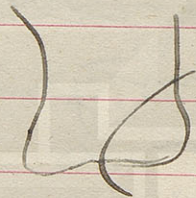
Time of operation
is best about 1 wk.
or 10 days after re-
injury, this law holds
in all fract. & less
danger of sepsis.

Stelfox Fract.

You have a great deal
of bruising. You can't
use pads because

For 1 bone. 25 inches
No good more purchase

you must not
straighten the
legs too straight.
7. You may have one
of condyles attached
this is not unusual.



Sympt. They are the
same, ^{as 1 part of both condyles} partly there
is no displacement
you find in one side
a good deal of lateral
mobility. In some
instances crucial
ligt. action. The
treat. the best is

leave / loops & junctions
reverse in center

usually we come off
~~all~~ other methods,
you drill as follows
you miss out,



section & joint
cavity is pretty dry
but do not wipe out
too dry. then bring
& frog together and
fasten & wire and leave
- over it down. you
mitten & latrine eff
- anxious with cat
- gut. Use an mitten
- muffled stitch.
usually ~~to~~ two wires
is all you need in

you can't see the
inside of the bone

could be inclined
plane flexed position
the fact that occurs
in interior of
joint such as tear-
ing up & pieces of
tibia will be pos-
sible for dist. of
joints.

Some complications
- no that occurs
where there are
serious crushed,
you may get serious
injuries in for-
lateral space the
veins & arteries
crushed and you
will get gangrene

your ~~correspondence~~ ~~in~~
hand in your mind

wine in joint
country.

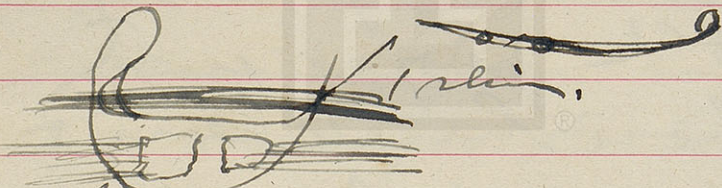
Dr. T. papers & Robins
+ then Mrazigue
you may do this
under local anesthesia
or you may in Bankers
need a general anesthetic,
you may use &
open operation.

But we, dangerous,
you make a decision
for a decision for a
decision to condyle and
clean out all the clot.
You may use chrom-
ic acid instead of
vine. though that can
be used if you can

come in your
country.

some part. You may
in ~~un~~ complicated cases
have twists but this is not so bad.
those that open up
V knee joint are
very serious, where
you have a comp.
part opening up V
knee joint you
should not be too
anxious to save
knees. Especially in
old people with
thoracic heart &
K are bad and V
tissue below par.
In V young you
may try to save it
but a!

you have two hooks,
(#) You jab the
hooks into v upper
and lower frag. and
bring them together
and fasten them
with v clamp.
Barker's method
is not as good as
v others. It is along
curved needle,



Barker makes a niche
in v skin and threads
v wire thru and bring
v ends together. The
disadvantage is the

Remember how much
you have lost the

25. Lower epiphysis
broken off. The
joint on the
whole epiphysis goes
backwards, and

separation of
shaft and epiphysis
is ^{seldom} complete. ~~This~~

~~It is not complete on the front side. Squadrals must~~
You can move it

back into place
+ they go back with
a soft crepitus and
stay there ~~with~~ usual
- If you should put
it in a up flexed
at about 45°.

Robinson
The Robinson

Closer than that and
you use a very simple
method known as

Robinson

the limb is sterilized
and you thrust
that pins thru

V quadriceps & the
other in V pat. tendon.

You use a figure of
8. silk thread around
V pins you keep 2
pins in place about
1 mm and then
they are withdrawn.
You should dress
carefully.

that method is
similar to Malgaigne.

over than that and
you see a very much

Patellar
Is a sesamoid bone.
Is probably more often
broken than by any
other means. The
form of violence is
where the knee
is bent and a
sudden effort is
made to recover
himself. This being
a great strain
on the patella & as
a result it is fract.
transversely right
across middle
is most com. in others & men.
I saw patella
broken 3 times
a day in 4 times

These have been in the
The lower system
of the

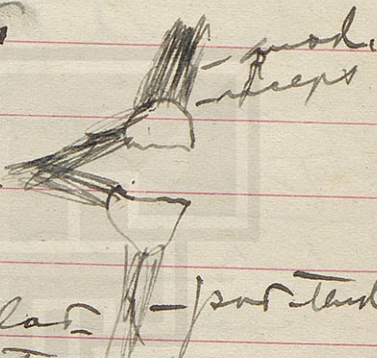
place pads above and
below the 1st transp. and
you bring the pad in
contact and very good
union may occur.
You may make
these pads and fix
them by ~~pads of lint~~
strips of adhesive
plaster. The synechiae
prevents a pad
being brought into
apposition. you
should aspirate &
use great care in
doing. then if you
can't bring 1st pad together
closer than $\frac{1}{2}$ in. ~~if~~
you must bring them

press into stone and
become 1 thick. and

these fract. from indirect violence
25. tear

(The latter expansion
was never ripped
down also. They are
ripped towards later
- all lights.

lateral expansion
now.



The more the lat. - part tends
lateral expansion is toward the more
or separation of fragments. With time
it tears they are separated $\frac{1}{2}$ in.
the joint is also broken
by direct violence.
When these fract.
occur they are very
open & the
fract. will run off
in two or three lines.

the other way
⊕ the other way

stiller frog. there are
a kind of aponeurosis
between the two frog. there
are a considerable drag-
ging out. and you
should try to avoid any
pulling.
Treat.

1. Frog by indirect
violence. the frog
should be pulled
in contact ^{when separated.} this means
easy. you should relax
mus. the th. is fixed
on the abd. the foot
is placed in a single
inclined plane
you may wing &
leg up. you may

Stellenberg. 2000 m.
 a little of the same

in the ④
 assume there may
 not be much deform-
 -ity, then we
 reverse ~~finger~~ ^{comp. foot rock, & joint.}
 into ^{comp. foot rock, & joint.} may knock off and put a
 signs of ^{comp. foot rock, & joint.} ~~fact~~ ^{transmission}
 1. deformity
 the joint swelling
 with bld very often
 and you get a swelling
 vol. in the ~~with~~ at
 you can't palpate
 very well, & feel the
 line of fact. as in ^{early} stages.
 Disch. easy
 disability to stand
 & marked deformi-
 -ity.

027
J. A. Thompson
Joseph & Joseph
+ the frag. me. rep-
resented from one
another. and in
some instances
the upper frag. me.
drawn way up in
th. There may
^{practically} be nothing between
it and a lower frag.



Lecture, Feb. 29th 08.
2 kinds of fract. of the
potellah. When it is
crushed there is not
necessarily any deforma-
-ity. Union is chiefly
by bond except in 1

the first one
is not

I that me to dear
violence v joint
fills up with fluid
& old the frog don't
reparate, but fear or fear
made union. I
v stellate variety man
is I normal higher
fect.

made union by
first violence.
Long union is an
exception unless
the frog are brought
close together. The
fibrous union
is alright in some
cases. but it
may die out and

