Care of hand injuries requires careful primary diagnosis, meticulous early treatment, a program, such as this, of physical medicine and rehabilitation and careful follow-up. It is always desirable that a case be followed from beginning to end by the same observer. Surely, the physical medicine portion of treatment requires repeated checks under the direct supervision of the doctor in charge. It has long been urged that the hand be actively used as soon as healing has taken place. The practice of using the hand against resistance still further hastens the rate at which the patient will be restored to his former occupation. The mental attitude of the man, his urge to work, his desire to use his hand is, in most cases, the deciding factor.

In this paper Dr. Flax does not give data as to the time at which he establishes the end result. Formerly one year was considered the proper time, but more recently observers have found that the end result is often not arrived at before two years and that a rating made at the end of one year may be very materially reduced at the end of two years, following a year of active work. To use a percentage loss of use rating as a basis in such a study is after all the only method which we now have, but at the same time I think we all recognize the variability of the percentage rating, especially for such a complicated organ as the hand. Now we have no more scientific base line, but it is to be hoped that one will be found in the future.

Active use and active resistance exercises are desirable. In my experience the use of passive physical therapy is often dangerous and I have discarded its use entirely. What the patient can and will do is the desideratum.