## THE CANADIAN MEDICAL REVIEW.

## Society Reports.

## Toronto Clinical Society.

(DECEMBER MEETING.)

President, DR. RYERSON, in the chair.

The Treatment of Colles' Fracture<sup>\*</sup> was the title of a paper read by Dr. Britton.

In discussing the paper, Dr. STRANGE said that he looked upon early movement of the fingers as very important. This was of more importance than the kind of splint used.

Dr. MACFARLANE said the splint recommended was somewhat of the nature of the old pistol splint. Where the great difficulty occurred, often leading to malpractice suits, was in the fact that the dislocation was not completely reduced. If reduction were properly effected the necessity for splints was done away with. This reduction often could not be done without the use of an anæsthetic. For some time back he had not used splints in Colles' fracture; but had adopted Moore's method. He advised movements of the fingers from the first day.

Dr. BRITTON said he was afraid to trust his cases without splints, although many cases, particularly of transverse fracture, might be so treated.

A Peculiar Fracture of i e Clavicle\* was reported by Dr. Cassidy. There was no discussion or this paper.

Double inquinal Hernia.-Dr. BINGHAM then presented a patient and said-The reason I am showing this case is, this little chap is going home to the country in a few days and I would not have the opportunity of showing you the illustration I wished at a future meeting. This is a case that was sent into the Children's Hospital from the country of Double Inguinal Herniæ. They had existed from birth; the herniæ were large. It was impossible to maintain them in a state of reduction by any form of truss, and many forms had been tried, and finally the child was sent down for operation. The operations were done at an interval of about two weeks, one on each side. Ι used a different form of operation in each of the two cases, on one side doing a modification of the old Barker method, and on the other side doing the more recently introduced Holstead method. The sacs were closely adhering to the testicle and to the cord; the first one

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