Society Reports.

Toronto Clinical Society.

The regular meeting of the society was held on the 10th of March, in St. George's Hall—Dr. Albert A. Macdonald, president, occupied the chair.

There were present the following Fellows:—W. H. B. Aikins, G. S. Ryerson, Allan Baines, J. A. Temple, Edmund E. King, Albert A. Macdonald, Harold Parsons, Herbert Bruce, Elliot Brown, George A. Peters, Bertram Spencer, Alton Garratt, George Bingham, Geoffrey Boyd, Charles Trow.

The minutes of the last meeting were read and adopted.

Syndactylism.—Dr. W. H. B. Aikins presented a case showing the above condition in a man aged 32. The fingers involved were the ring and middle of each hand. The patient had a cousin with a similar deformity.

Dr. George A. Peters presented a patient who had recovered from a compound fracture of the skull with loss of brain substance, with the following history: H. McM., aged eight years, was admitted to the hospital September, 1897, with a history of having been injured through being knocked down by a running horse. He reached the hospital two hours after the accident. On examination, a wound about one-half inch long was found on the right side of the head. Its exact situation was one-half inch from the middle line and one-half inch in front of a line dropped vertically through the external auditory meatus.

Brain substance could be seen oozing from the wound, and pulsation could be detected, a deep depression in the vault of the cranium could be felt subtending the wound. He was conscious, but somewhat somnolent, only rousing on being spoken to sharply or loudly. So far as could be learned, he had never completely lost consciousness. There was complete paralysis of the left arm. The left leg and face retained power of movement.

The diagnosis of compound depressed fracture of the motor area having been made, preparations were made to raise the depressed bone. Guarding the actual wound with a compress soaked in 1.20 ac. carbolic, the whole scalp was shaved and disinfected in the usual way.

Operation.—A cresentic incision, convexity upwards, with a radius of one and a half inches was made so as to include the wound, and the scalp over the whole of the depressed area was raised.