Treatment of Colles' Fracture.*

BY W. BRITTON, M.D., TORONTO.

PROBABLY this injury, more frequently than any other, is the bone of contention in vexatious litigation, and unscientific treatment has far less to do with it than a too sanguine prognosis.

The community at large is not slow to force upon our daily attention the obligations devolving upon us; but the first law of nature, that of self-protection, is quite as applicable to the medical profession as to the rest of mankind, and he deserves just a little touch of legal scorching who, when about to be burdened with a case of Colles' fracture, omits provision for future contingencies by neglecting to state in the presence of a witness the most disastrous outlook warranted by the circumstances.

So vividly has this been impressed upon my mind that some time ago, when summoned to a case of the kind, and finding on my arrival that the patient and her spouse belonged to that irresponsible caste which rakes up the majority of malpractice suits, before even asking for a shingle I draw up in "whereas" and "wherefore" form a stringent document holding me harmless financially in case of an imperfect result. To this formulated profession of absolute confidence in my skill and integrity were appended their signatures. The case followed the usual course satisfactorily—nothing of consequence transpired until some weeks afterwards when, having rendered a modest bill for attendance, I received from the husband a gentle intimation, in language outside the vocabulary of modern drawing-rooms, that the fingers were imperfect in their movements and were doomed to grow worse instead of better. It is needless to add that I awaited in vain a gratuity, while I fondly treasured the little scrap of paper securely locked away as a souvenir of my narrow escape from the clutches of judge and jury.

This subject has been worn almost threadbare in the text-books; therefore I dare lay claim to no special originality, and can only hope to emphasize the salient points in dealing more especially with the difficulties that so frequently occur.

The trio "reposition, rest and rigidity of fragments," which has become classical as the abbreviated indications in the treatment of fractures generally, deserves, in relation to Colles', the addition of another member—prevention of anchylosis.

* Read at the meeting of the Toronto Clinical Society, December 12th, 1894.