

full doses has given the best results ; but I do not propose speaking of therapeutics at this time. I merely wish to impress upon the profession the fact that a fair number of cases of traumatic tetanus have recovered.

#### FATALITY OF PERICARDIAL AND CARDIAC WOUNDS.

The prevalent notion of the excessive danger of these wounds is delusional, at least in as far as it teaches that these structures will not brook surgical interference. The pericardial sac should be dealt with exactly as the pleural sac, by aspiration, incision, irrigation and drainage, according to the lesion. That simple puncture or aspiration of the heart itself is not accompanied by the expected risk to life has been pretty well shown, though I am not prepared to recommend its general adoption for trivial cardiac conditions.

#### SYMMETRY OF NORMAL LIMBS.

Another delusion still existing in many minds is that the extremities are usually of the same length. Clinical and anatomical investigation show that asymmetry in the length of normal limbs is of common occurrence. Therefore, measurements of the legs in cases of fracture are of little value, since it is impossible to know whether it is the femur of a long or short leg that is the seat of the injury.

#### USEFULNESS OF TREATING VICIOUS UNION OF FRACTURES.

It is a fact, not sufficiently appreciated, that many cases of deformity, from imperfectly-treated fractures of long bones, can be remedied by refracture. Over and over again have I seen cases of great disability and deformity cured by the application of sufficient force to break the callus uniting the misplaced fragments. Five to six months is not too late to resort to this expedient for correcting what otherwise must be a life-long evidence of defective surgical attendance.

There are many other prevalent surgical delusions, such as that bony union of transverse fractures of the patella and of intracapsular fractures of the femoral neck cannot take place ; that chronic purulent discharges from the ear do not need active treatment ; that hypermetropia and hypermetropic astigmatism can be properly estimated and corrected without paralyzing the accommodation ; that it is improper to perforate the nasal septum in cases of great deviation ; that crooked noses are not amenable to treatment ; that corneal operations and cataract extractions should be treated by cotton padding and bandages to the eyes ; that fractures should be treated with carved or manufactured splints.

While an earnest advocate of conservative and of reparative surgery, I believe that when operative surgery is demanded it should be aggressive. Delay, indecision and insufficiency impair the value of much surgical work, and are often the legitimate result of a superstitious faith in delusive surgical dogmas.—*Buffalo Medical and Surgical Journal.*

## EPILEPSY TREATED WITH HYDROBROMATE OF CONIA.

By R. NORRIS WOLFENDEN, B.A., M.B. CANTAB.

Being frequently disappointed in the action of potassium bromide in the treatment of epilepsy, I have lately been trying a remedy which I believe has not previously been used for this complaint. If the result is not quite so favorable as I might have expected, it is at any rate sufficiently good to warrant further trial, and I venture to place on record the notes of seven cases, in the hope that it may lead to further observations. We have all experienced the failure of potassium bromide until poured in in such quantity that often a condition of bromism is established. The unsightly blotches thus produced are a source of annoyance, especially to the better class of patients to whom personal appearance is a matter of concern. The following is a summary of my notes.

CASE 1. A., girl, æt. eight ; ill for two years, with epileptiform seizure, consisting of sudden flexions of the fore-arm (right), and a momentary vacantness of look ; latterly the attacks had become more severe, culminating in loss of consciousness. Hydrobromate of conia, in doses of half a grain three times a day, was prescribed. During the first week she had six slight "fits." The dose was then increased to 5-8 of a grain, and during the succeeding week she had no attack. The medicine was continued for four weeks, during which time she had no fits at all, and slept better. The drug was then discontinued for some weeks, when she returned for further treatment. During its administration this patient complained of constant frontal headache.

CASE 2. B., male, æt. 22 ; suffered from true epileptic fits, with typical aura, convulsions, unconsciousness, and great headache afterwards. One and a half grains hydrobromate of conia was ordered twice a day ; during the week, this patient had nine fits. One and five-eighth grains was given twice daily for a week. During this time the patient had four bad fits. He was now, at his own request, put under potassium bromide, 3 j doses, three times a day, which kept them under.

CASE 3. C., female, æt. 34 ; had been ill for four years, with one or more fits every week, typically epileptic. While taking potassium bromide they were kept under. I ordered one grain of hydrobromate of conia twice a day to commence with. For a week she was better, with only one slight attack. The dose was increased to 1¼ grains, and during the next fortnight she had one slight fit. She was then ordered back to bromide.

CASE 4. D., girl, æt. 7 ; has seven or eight fits a week of typical epileptic character. She has frequently right-sided convulsions, the right arm being suddenly flexed. Sometimes these culminate in a real fit, with insensibility and rigidity. The child is an imbecile. As while under 3 j doses of bromide, the child still had frequent fits, I ordered 1-4 grain of hydrobromate of conia three