

to this same treatment, all those from the finger to the elbow and those which are superior to the insertion of the deltoid. Adult and aged subjects are those most benefited by this treatment. These principles apply not only to fractures but also to all tissues which have undergone traumatism. Im-mobility does not favor the repair of tissues or of organs; movement is as necessary to their repair as to their life. Im-mobility in surgery is harmful, and should become a thing of the past. Dr. Péan acknowledged that the results obtained were all that could be desired, but could not agree to a general application of this method. It is advantageous in transverse fractures when the displacement is slight, but, when there is a fracture of the olecranon or an intercondyloid fracture, he felt convinced that immobility for some days gives most excellent effects. The method of Dr. Championnière may be all right in his hands, but complications are likely to arise when less experienced surgeons attempt to employ it. Dr. Championnière said that he had been slightly misunderstood. He wished to say that movement never produces pseudarthrosis. Im-mobility is only used to avoid deformity. There are fractures in which mobilization cannot be employed, as fractures of the humeral or femoral diaphyses, fractures of the inferior extremity of the tibia, etc.—*Medical Record*, May 7, 1898.

### BRAIN SURGERY.

Ernst von Bergmann ("Die chirurgische Behandlung der Hirngeschwülste," Volkmann's "Klinische Vorträge," No. 200, December, 1897) recommends greater moderation in brain surgery. He considers the dangers to be apprehended from shock, infection, œdema and possible prolapse of the brain substance, and the risk of the formation of scar tissue, inducing epileptic attacks, sufficiently great to contra-indicate craniotomy in all cases when a positive diagnosis cannot be made. Tumors of the central convolutions are those easiest to diagnose and most likely to admit of successful removal. New growths in the temporal parietal or occipital lobes can be definitely located only when they encroach on the central convolutions sufficiently to give rise to motor disturbances. In addition to the customary motor symptoms, ophthalmoplegic examination is capable of giving much assistance in diagnosis. Choked disc is almost invariably present, and its character often permits an opinion as to the probable size of the tumor. General systemic treatment of tuberculous nodules and gummata gives a better prognosis than operation, but when a tumor of another variety is suspected, although the presence of either of the above is possible, craniotomy is indicated.—*Med. Record*, May 7, 1898.