2. Following operation, the musculospiral and sciatic nerves make the best recoveries, the results in the case of the sciatic being equally as good as those of the musculospiral.

3. The condition of an injured nerve, when examined by sight and touch at the time of operation, is invariably worse than the previous clinical findings would lead one to expect.

4. When, at the time of operation, all the methods to determine whether simple liberation or excision and suture is the best procedure having been utilized, doubt still exists, excision and suture should be performed.

5. Repair of an injured nerve as early as possible should be the aim of every surgeon.

6. Patients convalescing from nerve reparation should be encouraged to use the extremity affected, for volitional effort plays a part in the return of function.

7. The more respect the surgeon shows nerve tissue when repairing an injury, the better will be his results. The nerve should be stripped and handled as little as possible, and the ends should be so approximated as to place in apposition corresponding fasciculi of the cut nerve.

The writers do not attach much importance to Tinel's sign as evidence of nerve regeneration.

R. M. S.

[84] Brachial birth palsy and pseudoparalysis of shoulder joint origin.—

This paper is a plea in favour of the view, first put forward by the writer in 1911, that the type of birth palsy, known as the 'Erb-Duchenne type', is due rather to a posterior subluxation of the shoulder-joint, with a secondary lesion of the nerves in the axilla following upon inflammatory reaction, than to any trauma to the 5th and 6th cervical nerve-roots during parturition. The writer points out that the commonly accepted original views of Erb and Duchenne rest upon papers published in 1872 and 1874, and that these were based on electrical reactions of the affected muscles. The writer suggests that a series of cases electrically examined would probably dispose of the old views in favour of a shoulder-joint lesion, at least in the vast majority of cases. Much experimental detail worked out upon the bodies of still-born infants is quoted in favour of the author's views, and a paragraph on treatment soon after birth closes the paper.

J. le Fleming Burrow.

TREATMENT.


The method of corpus-callosum puncture, introduced by Anton in 1908, is simple, practicable, and worth trying in suitable cases. A spot about
2 cm. behind the coronal suture and 2 cm. from the mid-line is chosen for a small trephine opening. The dura being incised, a blunt-pointed cannula or sound is then pushed down between the cortex and the dura to the falx, and so to the upper surface of the corpus callosum, which is punctured, and the ventricular system thus tapped. The cannula is moved to and fro in an anteroposterior direction to enlarge the opening and ensure free communication between the ventricular and the subarachnoid spaces; it is then withdrawn and the wound closed. Theile reports one failure and one complete success.

Wilson.


A report on the post-mortem findings in a case of general paralysis treated by an intraventricular injection of arsphenamin (an American substitute for salvarsan). The technique employed is not described. Mental symptoms appeared in December, 1915, and the injection was made in March, 1917. At the time when this mode of treatment was adopted, the patient was characterized as being simple, childish, and dull in speech. He wandered about in an aimless manner, was very irritable, and expansive in his statements. Articulation was defective, and he manifested unsteadiness in his gait. No amelioration of his symptoms followed, and he soon began to soil himself. He died in convulsions on June 28, 1917. The post-mortem appearances were those of a fully-developed case of general paralysis. The lesions in the left side of the brain which received the arsphenamin were more intense than those in the right side.

It is difficult to avoid the conclusion that in this case better clinical results might have been obtained had this form of treatment been adopted at an earlier period. It can hardly be expected that any form of therapy will undo destructive changes which have already occurred. Considerable interest attaches to the observation that the lesions on the left side of the brain which received the injection were more extensive than elsewhere; but it is necessary to bear in mind that in cases in which there have been both marked dysarthria and convulsive attacks, the left hemisphere is invariably more affected than the right.

R. M. S.

Psychopathology.

Psychoneuroses and Psychoses.


The materialistic dogma gives to psychiatry the general formula that diseases of the mind are diseases of the brain. The medical student becomes subjected exclusively to the influence of this formula, and thus the
TREATMENT

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