Gaugele. RADIAL PARALYSIS. [Deut. med. Woch., Nov. 20, 1914.]

Radial paralysis nerve operations having failed to bring about good results, Gaugele is of the opinion that Perthes and others have done good service in reintroducing the method of tendon transplantation. Tendonosis, recommended by Perthes, may be indicated if the paralyzed muscles look pale or yellow, but can be dispensed with, as it renders the operation more complicated. Separating the paralyzed muscles from the tendons is not good, as such muscles often recuperate when put to work. In place of Perthes' method of uniting the flexor and extensor muscles, he prefers that of Vulpius' buttonhole. The distribution of the flexor muscles is best made in the direction that the extensor muscles run, that is, the flexor carpi ulnaris is attached to the extensor communis and extensor pollicis longus, and the flexor carpi radialis to the other muscles of the thumb. The extensor carpi ulnaris and the extensor carpi radialis longus may, likewise, be attached to the flexor muscles.

Spitzzy, Hans. OPERATIVE TREATMENT OF PARALYSIS OF N. RADIALIS. [Archiv. f. Psych., 1919, Vol. 59, p. 652.]

Injuries of the radial nerve are very frequent because of its exposed position. In the war this nerve was injured more often than any other, and from the very beginning efforts were made after good results. The author writes from the observation of 856 cases of wounds of this nerve, 585 of which were carefully followed. He draws the following conclusions: In injuries of the radial nerve, where there is still sensory and motor conductivity, operation should not be immediately undertaken, but careful faradic treatment used with special stimulation of the nerve. To avoid stretching the muscles the abnormal position of the hand should be corrected by the proper apparatus, thus preserving the use of the hand. When the nature of the wound and thorough examinations extending over a period of several weeks made it probable that the continuity of the nerve has been fully interrupted, the nerve should be laid bare for the purpose of exploration. If not entirely severed, or, if the ends lie in a favorable position for reuniting, or if connected by a soft neuroma, all tissue causing pressure on the nerve should be removed and the wound closed again, so that spontaneous healing may take place. If the nerve is fully severed and there is any considerable distance between the ends, then after the ends of the wound in the cross section have been freshened, they are to be reunited by a perineural suture. Where there is non-conductivity because of hard cicatricial tissue between the ends, this tissue is to be removed and, where possible, the clear cross sections of the nerve sutured. If the ends cannot be approximated the gap should be bridged. Though the experiment of inserting pieces of nerve was made with the ulnaris and other nerves, the author is not able to report good results. There was spontaneous recovery in a large percentage of the cases. In all, 129 cases were operated on and in 59 of these sutures