

On the Use and Abuse of Mercurial Preparations—Dr. Sichel gives the following cautions as necessary in the exhibition of mercurial preparations:—

1. *The diet* must be in no-wise stimulant, and as little nourishing as possible. If this is not attended to the plasticity of the blood becomes augmented.

2. All notable change of atmospherical temperature should be avoided. Unless this rule be observed, numerous disappointments will occur, and premature salivation is especially likely to be induced.

3. It is a general law that the *special physiological action, or the toxic effect of a medicinal substance, only manifests itself after its action upon the pathological condition has become exhausted.*

The operation of this law is well seen in the employment of narcotics in those affections of the nervous system which afford distinct indications for their use, as neuralgia and tetanus. This last, we know, demands large doses of opium, but the point of saturation must be carefully watched so that the drug may be laid aside when the precursors of narcotism begin to replace the tetanic symptoms; unless we wish to see, as I have often seen in the hospitals, the patient cured of the tetanus to die by opium. The physiological action of mercury is exerted upon the salivary glands, and with the earliest precursory symptoms of salivation, the blood has already lost some of its morbidly plastic character. It is indeed remarkable to what an extent acute inflammation becomes relieved, upon the appearance of the precursors of salivation, and how long these are in making their appearance in intense and essentially exudative inflammations, as iritis, peritonitis, and especially puerperal peritonitis. In this last we are sometimes surprised at finding the abdomen, which the evening before would not endure the weight of the clothes, supporting next day firm pressure of the hand, the precursory symptoms of salivation having manifested themselves in the interval. These are indeed the signs of the system having become sufficiently saturated with the mineral, which must be left off as soon as they appear, our object not being, save in very rare and obstinate cases, to excite actual salivation. Instead of then pushing on the mercury, if the disease does not yield, we must, in the case of inflammation, have recourse to other antiphlogistics; and in the case of syphilis, to iodine, sudsorifics, &c., carefully limiting the regimen, and avoiding exposure to cold. When, however, the precursory symptoms are dissipated, and the disease has not yet yielded, we may turn again and again to the mercurial treatment. In syphilis this is almost always necessary.

It is from the non observance of the above rules, that so much mischief has been caused by this remedy, and so much prejudice has been raised against it. The excitement of profuse salivation is especially mischievous. The anti-plastic action of the drug may, after long use, so diminish the coagulability of the blood, as to produce a *mercurial scorbutus*, very difficult to cure. *Marasmus* may likewise be produced, especially in children and aged persons, if mercury be employed sufficiently long to induce ptalism or diarrhoea, or the two conjointly. Calomel, particularly, must be given to such subjects with great care. It is not sufficient to withhold it when salivation or purging already exist; but at every visit the condition of the salivary organs and digestive tube must be carefully enquired into. From neglect of this precaution, infants often suffer severely from the prolonged use of calomel.—*Medico-Chirurgical Review*, Jan., 1847, from the *Revue Medicale*, Nov., 1846.

SURGERY.

Operation of Myo-Tenotomy.—[There can be little doubt that in this, as in all other new operations, there is some risk of abuse, from the want of a due consideration of the cases to which it is safely applicable. It must therefore be a matter of interest to the surgeon, to know what are the veritable indications for its performance, and what are the cases in which mechanical means alone will prove sufficient.]

According to Neumann there is but one pathological condition which is indicative of the propriety of the section of tendons; this is *muscular retraction*. When this is not present, whatever be the state of the parts, the operation will not be followed by its

expected results. The muscular retraction referred to manifests itself in general, by a tension and hardness of the tendon or its muscles, which cannot be accounted for by the state of the affected limb. We must be careful not to confound the *retraction* of a muscle, with a *shortening* of its fibres. To shew the importance of a due distinction of these conditions, it will suffice to glance at one of the affections for which tenotomy is most frequently employed, *pes equinus*. A man in perfect health is able, at pleasure, to induce such contraction of the gastrocnemii muscles as shall elevate the heel as much as is commonly seen in *pes equinus*. There is no proof, therefore, that the tendon is *shortened* in this affection; it is only *retracted*, and tenotomy destroys the morbid retraction and rigidity of the fibres, without necessarily causing the elongation of the tendon. And even if it did so, the elongation would be inconvenient, for although the patient would be able to place his heel on the ground, he would walk defectively. Again, it is necessary to separate *morbid retraction* of the muscles and tendons from that which occurs in the aponeurosis and ligaments, forming a *real shortening*.

Among the diseases which require tenotomy, and which depend upon muscular retraction, the author establishes two classes,—those which are general, or those which may appear indiscriminately in any part of the body, and those which are confined to particular localities. The first class includes paralysis and ankylosis, when these are accompanied by permanent retraction of the muscles; certain accidents to which the joints are subject, and which are always accompanied by muscular retraction, such as insensibility, sensation of cold, &c. In the second class he comprehends strabismus, ptosis, tortuosity, club-foot, and articular retractions.

Another important question is whether, when several muscles are simultaneously retracted, they should be operated upon at one or several different times. On this point the author is opposed to M. Guerin, and affirms that it is better to divide several muscles at once if they belong to the same region. If another articulation or limb requires an operation, it should, he observes, be always at an interval of a week at least from the former one.

The author further states, that tenotomy should never be performed on infants under a year old. The operation for strabismus ought not to be recommended before the age of eight or ten years, as up to this time the resources of nature may prove sufficient. So also for club-foot, we ought never to operate before the age of twelve years, because previously to this age a cure may be accomplished by mechanical means alone. After the age of sixty the author thinks tenotomy useless. Inflammation of a retracted articulation is a potent contra-indication to an operation in all cases.—*Casper's Wochenschrift*.

Treatment of Ganglions, or adventitious Cysts on the Tendons about the Wrist or Foot.—By F. C. SKRY, Esq., F.R.S.—A puncture with the point of a small lancet is a less painful and more certain remedy than a blow. The puncture may be sufficiently large only to allow the contents to be pressed through. A pad of lint, bound down with adhesive plaster firmly applied, will almost invariably destroy the cavity in twenty-four hours.

A case occurred in the early part of the summer, which may serve to remind us that even these cutaneous cysts will not bear rough treatment. The cyst, which was rather unusually large, occupied the back of the wrist in a youth of 18. I punctured it several times, but it returned. I then passed through it a very fine thread. I was, unfortunately, absent from the hospital on the day of his next visit, and the thread remained for a few days beyond the usual period. Inflammation followed, of a severe kind, and the youth became an inmate of the hospital for some weeks, where, having recovered from the attack of inflammation, he returned to the out-patient room with his original malady.—*Medical Gazette*.

Straw Splints for Fractures.—At a recent meeting of the Surgical Society of Ireland, Mr. Tuffnell exhibited a form of splint which he had been in the habit of using for some years, and which he believed had first been invented by Baron Larrey. It is made by filling a linen bag of the size of the splint required, with unbroken wheat straw, that used in the country for thatching being the best. The straw must be cut off at the length to fit the limb, and the open end of the bag sewn up. The splint thus made combines the double advantage of being both splint