

Operative treatment of tennis elbow

Forty-one operations were performed because of persistent and troublesome symptoms. The common extensor mass, but not extensor carpi radialis longus, was cut across by the lateral epicondyle; the capsule and ligaments were not interfered with. All severe and most moderate pains were relieved but occasional aching followed nearly half the operations. Nine out of 10 patients were satisfied with their elbows after the operations.

Calvert P. J., Allum R. L., Macpherson I. S. and Bentley G. (1985) Simple lateral release in the treatment of tennis elbow. *Proc. R. Soc. Med.* **78**, 912.

Local analgesia after stingray injury

Local injection of lignocaine relieved pain and muscular spasm for over 1 hour and was then repeated. It is suggested that a seafarer's first aid kit should include bupivacaine.

Dormon F. M. (1985) Local nerve block after stingray injury. *Lancet* **ii**, 1131.

Treatment of causalgia

Twelve out of 14 patients were cured by longitudinal division of the epi- or perineuria. The condition was not confined to the median nerve but all patients had suffered penetrating injuries caused by bullets or explosions

Shan-Xiu Z., Shi Bi L., Jan-Xiang Y., Zheng-Sheng L., Yu-Wen S., Xi-lain W., Zhu-Yi L., Zhu-Gua F. and Zhi-Xiong L. (1985) Intrafascicular decompression in the treatment of causalgia, with special reference to the mechanism. *Ann. Plast. Surg.* **15**, 460.

Brown recluse spider bites

Preliminary treatment with dapsone reduced the need for surgical excision of the wounds and reduced the delay in healing of other complications when excision was used as the sole method of treatment.

Rees R. S., Attenbern D. P., Lynch J. B. and King L. E. (1985) Brown recluse spider bites. *Ann. Surg.* **202**, 659.

Peripheral nerve injury

This symposium was held in 1983 and brought together much information of both general interest and practical value in this highly specialized field. Mr Bonney's contribution should be read by all surgeons who operate between the nipples and the base of the skull.

Journal of Bone and Joint Surgery (1986) *Symposium on Peripheral Nerve Injuries*. Birch R., Lesions of peripheral nerves: the present position, p. 2. Bonney G., Iatrogenic injuries of nerves, p. 9. Payan J., An electromyographer's view of the ulnar nerve, p. 13. Wynn Parry C. B., Sensation, p. 15. Iggo A., Cutaneous sensory mechanisms, p. 19.

Direct muscular neurotization

If a motor nerve has been torn out, useful function can be restored to a muscle by implanting a nerve or grafts that have been split into fine branches, each of which is tucked into a tiny pocket. Power 4 or 5 was restored in 21 of 28 muscles in this way.

Brunelli G. and Monini L. (1985) Direct muscular neurotization. *J. Hand Surg.* **10A**, 993.

Microvascular surgery of upper extremity

A brief account of grafts and reattachments that microvascular surgery has made practicable.

McC. O'Brien B. (1985) Microvascular surgery of the upper extremity. *J. Hand Surg.* **10A**, 982.

Diagnosis by computerized tomography

Tomography was used in patients with good circulations: (1) before lavage; (2) when lavage yielded fewer than 50 000 red blood cells per cubic millimetre and (3) in cases of haematuria. Sixteen out of 42 patients with negative lavage had 22 injuries identified by tomography and 6 out of 14 with 'doubtful' lavage had 9 lesions identified by tomography; 17 out of 85 persons with haematuria had lesions of the urinary tract identified by this method.

Goldstein A. S., Sclafani S. J. A., Kupferstein N. H., Bass I., Lewis T., Panetta T., Phillips T. and Shaf-Tan G. W. (1985) Diagnostic superiority of computerized tomography. *J. Trauma* **25**, 938.

Computed tomography vs peritoneal lavage

In 65 closed injuries, lavage identified all 5 lesions found on exploration, tomography only 2 and in 35 stab wounds lavage was correctly positive in all of 7 cases and tomography in only 1. Both methods gave 1 false positive result each.

Marx J. A., Moore E. H., Jorden R. C. and Eule J. (1985) Limitations of computed tomography in the evaluation of acute abdominal trauma: a prospective comparison with diagnostic peritoneal lavage. *J. Trauma* **25**, 933.

Arthroscopic vs open meniscectomy

Forty patients were studied. The best results were achieved by arthroscopic partial meniscectomy but open partial meniscectomy yielded similar results.

Hamberg P., Gillquist J. and Lysholm J. (1984) A comparison between arthroscopic meniscectomy and modified open meniscectomy; a prospective randomised study with emphasis on post-operative rehabilitation. *J. Bone Joint Surg.* **66B**, 189.

Phenoxybenzamine and causalgia

The 40 cases reported received 40–120 mg phenoxybenzamine by mouth daily and all were completely relieved. The drug was usually stopped after 6 weeks; a few patients required up to 3 months' treatment.

Ghostine S. Y., Comair Y. G., Turner D. M. et al. (1984) Phenoxybenzamine in the treatment of causalgia. *J. Neurosurg.* **60**, 1263.

Haemorrhage and vagal slowing of heart

The patients had lost approximately one-third of their blood volume because of diseases that caused bleeding. Their blood pressures averaged 80/55 and pulse rate 73. Blood and crystalloids caused prompt rises to 111/72 and 102, which later settled at 131/79 and 82.

Sander-Jensen K., Secher N. H., Wardberg P. B. E. J. and Schwartz T. W. (1986) Vagal slowing of the heart during haemorrhage: observations from 20 consecutive hypotensive patients. *Br. Med. J.* **292**, 314.

Ulnar nerve section and arterial repair

In adults, the results of primary repair of the ulnar nerve were better when the ulnar artery either had not been damaged or had been successfully repaired. In children, a patent artery offered no advantage.

Leclercq D. C., Carliet A. J., Khul T., Depierreux L. and Lejeune G. N. (1985) Improvement in the results in 64 ulnar nerve sections associated with arterial repair. *J. Hand Surg.* **10A**, 997.

Psychopathology of hostage experience

Not only the hostages but their families suffer prolonged psychological effects, which depend more on the intensity than on the duration of emotional and physical distress. Several cases are quoted.

Harkis B. A. (1986) Psychopathology of the hostage experience—a review. *Med. Sci. Law* **26**, 48.