

## Medical Matters.

### GANGLION.



All Nurses are familiar with the ordinary treatment of ganglion—the small, hard nodule which is found, especially on the back of the wrist, and which is caused by pent-up effusion of fluid in the sheath of the tendon. Normally, of course, the tendons which move the fingers glide easily along their sheaths, lubricated by the oily fluid which these contain.

But when, from any cause—and perhaps it is most common in rheumatic people—the fluid contents become pent up to form a ganglion, the rough and ready method of treatment is to fix the wrist, to make the skin quite tense over the swelling, and then, by pressure of the thumbs upon it, to break the obstruction down, and so disperse the fluid up and down the sheath. In some country districts, the old-fashioned remedy is still in vogue—banging the swelling with a book in order to accomplish the same end. A new method of treatment of the condition has recently been recommended by a French surgeon, which appears to be followed by success in cases which cannot be cured by pressure. He injects from five to ten drops of the tincture of iodine into the swelling. It is stated that the pain is but slight, that this ceases on the second or third day, and that the cure is usually complete in five or six days, although a second injection may be necessary in order to complete the effect. The treatment does not commend itself to us as particularly scientific, because it is clearly liable to be followed by inflammation in the sheath of the affected tendon, with the almost inevitable result of fixing the said tendon and so destroying its normal mobility, and, therefore, the usefulness of the implicated finger. In this country, in chronic cases, the condition has been treated with complete success by an incision made into the ganglion with a fine tenotomy knife under a flap of skin so that exit was given to the fluid, while the entrance of air was prevented.

### BORISM.

This name has been given to the poisonous effects of large doses of borax, just as alcoholism and cinchonism are employed to represent the consequences of overdoses of alcohol and quinine. A very important report upon this subject has recently been published in a French contemporary, dealing with the toxic results of borax as shown when this has been given for a length of time for the treatment of epilepsy. It is well known to medical men that borax in large, or even in small, doses if administered for any length of

time, causes digestive troubles and various forms of skin disease. Amongst the former, diarrhoea, nausea, and vomiting are the most frequent; amongst the latter, eczema and psoriasis. Even, however, when such decided symptoms are not present, minor degrees of the same effects are often found, and it is well known that even after a few doses of borax, a sensation of weight and heat in the epigastrium, with loss of appetite and headache, are frequent occurrences. A loss of fat from the tissues and extreme dryness of the skin, with a dryness and falling of the hair, are signs of borism in some people, and the hair destruction may continue until the body is quite denuded, while a species of alopecia of the scalp is often met with in slighter cases. Finally, there is no reason to doubt the statement made by a competent observer, that when the administration of the drug has been long continued, symptoms of degeneration of the kidney substance are frequently found. Altogether, the French physician from whom the article to which we refer, emanated, has arrived at the conclusion which many medical men in this country reached long ago, that borax is altogether inferior in efficacy or safety to other drugs, especially in the treatment of epilepsy for which it was formerly so strongly recommended.

### SWORD-CUTS.

In pleasant contrast to the terrible mutilations inflicted by modern projectiles, is the rapid and healthy healing which may follow even the most severe sabre wounds, when treated by antiseptic methods. In our present little war on the borders of Afghanistan, it is reported that a Sepoy received a slash on the back of his neck which entirely divided the great ligament and permitted his head to fall forward on his chest. Thanks, however, to modern surgery, and perhaps in no small degree to the man's own state of health, and to the hygienic mountain surroundings, it appears that he was completely cured of his serious wound, and that in other cases in which very dangerous injuries had been received, equally good results were obtained. Incidentally, the report from which we quote shows under what disadvantages military surgery may have to be carried out, and the bravery which is required in the performance of their duties from those whom the War Office still attempts to consider as "non-combatant officers." The surgeons, we learn, were engaged in washing wounds, inserting sutures, and setting fractures, while the Waziris amused themselves by firing into their tent, and even at one time were so close that they were able to slash at its canvass. It requires considerably more coolness to perform the manoeuvres of surgery under such conditions than to shoot or to stab other people whilst excited by the sounds and fury of battle.

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