

the third injection and I am quite at a loss to account for it. My rule in giving these injections is to take ten minutes to inject the solution after the needle is in position and the syringe attached to the needle. I take the clock and just gradually send the piston down, taking up the ten minutes to introduce two centigrammes. Two other cases have been moderately satisfactory and another very satisfactory. This last was a patient between 60 and 70 years of age who had this trouble in a very severe form for over nine years. She has been completely relieved and is in fact a new person. My experience has been limited to some five cases and I feel that it is a remedy that ought to be tried. The operation of removing the ganglion has a considerable mortality even under Sir Victor Horsley and Harvey Cushing, and even if the patients recover there is a very great disability. Some of them have told me that if they had their ganglion back they would cheerfully bear the pain. I think, however, they could not stand the test; at the same time these disabilities are material. If we can go on with these injections without such accidents occurring as has been narrated, it seems to me that the method should be tried even if the relief is only for a year or eighteen months. Of course some time must elapse before the operation must finally take its proper place, but from what I have seen of it up to the present I am very favourably impressed with it; it certainly gives great relief and gives it quickly. I would like to ask Dr. Shirres if he can enlighten us as to the mode of action of the alcohol in these particular cases.

G. D. ROBINS, M.D. Dr. Shirres and Dr. Armstrong are to be congratulated upon the results of their cases. These results appear to be decidedly better than those obtained by excision of the Gasserian ganglion, and the considerable disability that follows it, if one takes into account the high mortality that accompanies this more radical operation. If further results from the injection of alcohol are equally encouraging, this indeed will be a great boon. I was very much interested in hearing Dr. Shirres's account of the unfavourable case, and I would like to ask him whether there were any changes in the fundus of the eye in which vision was destroyed; also whether the loss of vision came on suddenly or if it was of gradual onset.

A. LAPHORN SMITH, M.D. I should like to ask Dr. Shirres if most of his patients were very anæmic and if the alcohol might not produce a temporary and then a permanent congestion of the nerve affected. As tic douloureux is a form of neuralgia and as neuralgia is the cry of the blood for better nourishment, it would seem that the most reasonable treatment should be the maximum of sunlight, fresh air, plain food and sleep, with all the iron that could be assimilated.