

## TUBERCULOSIS OF THE LIP.

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## THE AFFERENT NERVOUS SYSTEM, PERIPHERY TO CORTEX.

A. T. MUSSEN, M.D., read the paper of the evening.

D. A. SHIRRES, M.D. I think we have to thank Dr. Mussen for bringing this valuable contribution to the meeting to-night. When Dr. Mussen was over in England he was very enthusiastic about this branch of neurology, and in continuing the study in the Montreal General Hospital has been able to bring out many factors which certainly I did not know, and we are hoping that as time goes on the interesting facts which Head has set forth will be confirmed. The paper is a long one and shows how hard Dr. Mussen has worked to get a line of thought from all these different facts.

## EIGHT CASES OF TIC DOULOUREUX: DEEP INJECTION OF ALCOHOL FOR TREATMENT OF.

D. A. SHIRRES, M.D. These cases were treated with a mixture of alcohol, cocaine and chloroform; three were operated on by Dr. Armstrong. The injections were first tried on the cadaver and it was found an easy matter to reach the foramen ovale or the foramen rotundum. There is a certain amount of danger in connection with this operation; two of Patrick's 16 cases had serious results, and in one of ours, a tabetic with the tic douloureux for five years, after three or four injections one optic nerve became destroyed and there was paralysis of the third, seventh and eighth nerve. This patient, however, has since recovered, barring the loss of vision. Loeffler's blue was used on the cadaver to discover how this accident occurred. By a considerable amount of pressure and injecting the fluid rather rapidly it was found that the fluid could be infused up the foramen ovale, round the pituitary body to the medulla and lateral sinus. In another experiment it was inserted slowly and with less force and did not become so widespread. It was thus concluded that more time must be taken in injecting the fluid.

In all the eight cases cures have resulted; and although it is stated that the tic douloureux returns in a year to a year and a half, another injection will cure them again. This treatment has only been in vogue for some two to three years and a half, but I think it is an operation which carefully carried out will bring results. Certainly it is to be preferred to the removal of the ganglion, which should be undertaken only as a last resource.

GEO. E. ARMSTRONG, M.D. I cannot explain the accident which occurred in the case cited by Dr. Shirres. The trouble seemed to follow