

What are the results as to cure? There have been only 4 cases in which the pain has returned; 2 were his own cases, and were his first two operations, and must, he thinks, have been imperfectly done. It can be concluded from over 100 resections that pain will not return in over 1 or 2 per cent. with any severity, like the original, and not in any degree in more than 4 or 5 per cent. The uncertainty of total resection having been done in some of these cases probably makes the percentage too high. If the sensory root of the ganglion be diseased, excision will not be an absolute preventive. There appear to be only two cases in which the sensory root was examined. In one (Krause's), the root was diseased, and pain returned on the opposite side. In the other (Dr. Keen's), though the ganglion showed intense lesions and the disease had existed for five years, the sensory root was intact.

To what extent should the ganglion be removed? Tiffany says that the motor root ought to be saved. In some cases, although Dr. Keen made no attempt to save the motor root, the muscles of mastication were not wholly paralysed, and when they were the patient could readily masticate with those on the other side. But it is anatomically impossible to preserve the motor root. The whole ganglion should be removed. Effects on the eye can be obviated.

Resection should not be performed primarily, but after peripheral operations, as the ganglion appears to be the last to suffer in disease of the fifth nerve. In a case of primary resection the effects on the ganglion after eighteen years of suffering were very slight. But the peripheral operation should be done early. Most operations are done from two to twenty years after the onset. If, after three or four months' treatment, drugs have only relieved, the peripheral operation should be done in the hope of arresting the disease in its course towards the ganglion.

Pathological report on seven ganglia removed, by Dr. Spiller.—In the more advanced cases of neuralgia there were found much swollen medullary sheaths, swollen axis cylinders, atrophied fibres, empty nerve sheaths, nerve bundles with the nerve elements replaced by connective tissue, atrophied ganglion cells, and sclerosed vessels.—*Med. and Surg. R. of R.*, Dec., '98.

THE ETIOLOGY AND SURGICAL TREATMENT OF VARICOSE VEINS IN THE LEG.

Kraemer (*Munch. Med. Wochenschrift*, Sept. 20 and 27, 1898) gives an account of modern views on this subject. The first part of his paper is devoted to the etiology of varices.