Journal of Surgery, loc. cit.) reported a case of this nature. For unexplained reasons, rhizotomy in such cases has, however, proved by no means very satisfactory, the probability being that the pathological lesion has spread beyond the posterior root ganglia, and has involved some higher level of the nervous system. In the *Journal of Surgery* to which I have already referred, a number of cases are recorded by various surgeons, the common experience being somewhat similar to my own. It is, however, a little remarkable that in cases in which a more widely-spread pain has been associated with a more extensive—and *primâ facie* more radical—operation.

V. The remaining group of cases to which I wish to refer I will again call provisionally *"ganglionic. neuralgia,"* on the assumption that the essential lesion lies not within the nerve trunk, but in the ganglion with which such nerve trunk is associated, the two outstanding instances being trigeminal neuralgia and post-herpetic neuralgia. To deal with the last first, there is a reasonable presumption that persistent neuralgia after herpes is due to a lesion of the posterior root ganglion of the nerve concerned, and that division of the posterior roots involved, with or without removal of the ganglia, ought to cure the condition. Such cases are, however, extremely rare, and I have no personal experience of them. I have only operated in one case of post-herpetic neuralgia involving the supraorbital division of the fifth cranial, and I then adopted the method of alcohol injection, but, unfortunately, the patient was lost sight of. When I saw her a few weeks after the operation the pair did not appear to have been relieved, and I was at that time contemplating either avulsion of the supraorbital division or removal of the entire Gasserian ganglion.

Of trigeminal neuralgia we have very many complete and certainly permanent cures by removal of the Gasserian ganglion. To attempt to cover the whole treatment of trigeminal neuralgia would itself require more than one lecture, and the historical evolution of our methods is a topic of interest too great for the end of this discourse. The method of treatment which I have adopted in recent years consists in the use of alcohol injections by Schlösser's method, and there can be no doubt that this proceeding gives relief which endures for a period of eleven months, after which it has to be repeated. It cannot, however, be repeated indefinitely; each injection produces a certain amount of sclerosis, which renders subsequent ones more difficult and more uncertain. I have seen most extensive fibrosis in the subsequently removed Gasserian ganglion of a man on whom I performed Schlösser's operation two or three times. Of Härtel's method I have no personal experience; my friend, Mr. Rayner, has recorded a number of cases, and in his hands the operation is no doubt safe and reliable, although I have seen cases in which the results have been disastrous, and in several keratitis has supervened. It is probable that in this respect, as in certain others, the surgeon will do wisely not to endeavour to acquire too many alternative techniques, but rather to perfect himself in the use of a limited number,