monly affected, acu-puncture, stretching, and the injection of salt solution all have their advocates, and there can be no doubt that many cases are benefited and even cured by such methods. Personally, however, I am not much in favour of any of them. It appears to me that such an operation, trifling though it may be, as acu-puncture of the sciatic nerve has no clear logical basis upon which to rest. The stretching of the nerve by the "bloodless method" of overflexion of the hip and extension of the knee, is said to cure a certain number of cases, but I have not personally found it of any great value. The injection of salt solution into the sheath of the nerve I have not adopted.

My own strong feeling is that in all cases of persistent neuralgia in which we are reasonably confident that the lesion lies within the nerve trunk, the proper course to pursue is to expose the trunk as far as possible from end to end. I have met with a considerable number of cases in which such exposure has revealed a definite lesion with which it was possible to deal. In the first place, a certain proportion will show macroscopic sources of pressure, such as small tumours and the like, and the indication for treatment is then obvious. In others I have found adhesions of the nerve within its bed—I do not mean definite cicatrices, but a mere fixation of the nerve, often due to very light adhesions. Separation and isolation of such a nerve, with replacement in its bed, is often followed by a good result. No doubt a certain amount of stretching is involved in the operation, and may be highly beneficial, but nerve stretching of this type is much more decidedly under the control of the surgeon than it is in the more crude bloodless method. The operation of nerve exposure and neurolysis is entirely free from risk or danger, and affords a far greater prospect of discovering and relieving the lesion than do any of the more empirical and apparently simpler methods.

There are, however, a certain number of cases in which we are called upon to adopt more severe measures, especially the cases of causalgia with which we have become familiar during the war. In such cases, which are by no means very common in civil practice, injection of alcohol into the nerve (Sicard's method) can be relied upon in the majority of instances. The nerve is exposed as far as possible above the site of injury, and by means of a fine needle and syringe one or two cubic cm. of alcohol (60 per cent.) are injected into its sheath, so as to produce a slight œdema. This method is entirely similar to Schlösser's method of treatment of trigeminal neuralgia, but it has the disadvantage that in the case of motor nerves it will probably produce paralysis, although this is stated gradually to recover. In the case of sensory nerves, the objection does not apply, and I should have no hesitation in adopting it under such circumstances, although, apart from the trigeminal nerve, the available cases will always be few.

There remain cases of intense pain due to affections of nerve trunks in which alcohol injection is not practicable, generally because the lesion is so near to the spinal cord as not to allow a sufficient amount of healthy or apparently healthy nerve upon which to act. In such cases we naturally consider the possibility of curing the pain by means of rhizotomy, or division of the posterior roots supplying the area concerned. This operation has generally been employed in connection with injuries of the brachial plexus, and I have elsewhere (*British*