

to have been obtained by this method. We are, however, here treading on somewhat doubtful ground, to which I think it necessary to refer. The influence of suggestion in improving even such definite organic affections as locomotor ataxia and epilepsy is now well recognized, and it is most unsafe to record any results in the surgery of the nervous system unless such results can be verified by objective signs or checked by observation for a long period of time. In all surgery, as in all therapeutics, the recording or results is liable to be influenced, by two subjective factors—the optimism of the operator, and the hopefulness of the patient; and both of these factors apply with especial force to the treatment of affections of the nervous system. Not only operations of almost any kind, but even accidents, if severe enough, may cause epilepsy to remain in abeyance for a considerable period of time, and it appears to me highly probable that any benefit alleged to have been derived from the “suspension” of locomotor ataxias was merely temporary and was produced in this way.\*

The gastric crises of locomotor ataxia stand on a different footing from the lightning pains. They are far more serious, and if allowed to continue are associated with the gravest deterioration of general health. Again I do not propose to discuss in any way the pathology of these conditions, but I would like to draw attention to a very valuable method of treatment introduced by Foerster, *i.e.*, division of the dorsal roots supplying the lower thorax and upper abdomen on both sides, and to report a case of this nature in which, the operation having been performed so far back as 1914, I think we can sufficiently eliminate the possibility that we have a merely temporary im-

provement.

October, 1914, I reported the case of G. W. M., at that time 47 years of age, who had suffered from locomotor ataxia with gastric crises for at least ten years, the attacks becoming steadily more frequent and of longer duration, until eventually they were almost continuous. The pain was described as commencing between the left shoulder-blade and the spine, passing round the left side below the ribs and thence on to the region of the stomach. On account of its intensity, morphia was being given freely, and the patient was almost a morphino-maniac. In March, 1914, I divided the fourth, fifth, sixth, seventh and eighth posterior dorsal roots on the side, thus producing a well-defined anaesthesia in the area of pain. The patient, within the first two years after the operation, had three slight attacks, and since then (seven years ago) he has had no attacks at all; though he is still suffering from locomotor ataxia with certain disabilities, he is free from pain and quite able to attend to his ordinary business. The area of anaesthesia produced at the original operation is still present.

\*The influence of operations *per se* in the relief of epilepsy was many years ago called attention to by Shaw McLaren. Probably most house-surgeons have noticed that epileptics admitted to hospital for injuries such as burns present a decided remission in the frequency and severity of their convulsions while convalescing from these injuries. Many years ago I operated in succession on both sides of an epileptic with double inguinal hernia. His fits, which had been frequent and violent before the operation, were entirely in abeyance so long as he remained in hospital in connection with proceedings, which were not designed in any way to influence the condition of the nervous system.

At the conclusion of the lecture upon which this paper is based, one of the audience informed the lecturer of a remarkable instance in the case of a lady suffering from trigeminal neuralgia, who during an exacerbation of pain had an accidental fall, in which she received a severe blow upon the forehead. The pain ceased immediately, and the neuralgia remained in abeyance for a period of six or eight months, after which it returned with its original intensity. It is possible to suggest that in the last instance there may have been some actual effect produced upon the Gasserian ganglion or on some of its branches; but there is, I am told, no evidence of such.