

vestigated according to these finer diagnostic methods, and 98 of which were, Kümmell demonstrates the practical value of these methods, in that the better selection of operable cases allowed has reduced the mortality of 28 per cent. in the 70 cases to 8 per cent. in the 98 cases. His nephrectomy mortality he has reduced to 4.8 per cent.

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GWILYM G. DAVIS, M.D., M.R.C.S., Eng. "The Operative Treatment of Trifacial Neuralgia. With report of Case of Removal of the Gasserian Ganglion for Recurrence following Intracranial Neurectomy of the Superior Maxillary Nerve." *University of Pennsylvania Medical Bulletin*, April, 1904.

The patient was a man aged forty-nine, in whom the disease had existed for seven years. The attacks were typical. Two and one-half years before intracranial neurectomy of the superior maxillary nerve was done, the infraorbital nerve had been excised and relief gained for a year. A similar operation was performed six months later, but with only a few days of relief. He then came under the writer's care, who decided to operate upon Meckel's ganglion by the Carnochan method. The previous operations on the infraorbital nerve made it impossible to utilize it as a guide to the ganglion and complete removal could not be accomplished. This operation gave relief for three or four months, and then the intracranial neurectomy was performed. This operation gave relief for a little over two years, when removal of the ganglion, after a modified Hartley-Krause method was performed. Eight months after this operation the patient was free from any return of the symptoms, but the eye had to be enucleated. There was temporary paralysis of the third and fourth nerves and persistent paralysis of the sixth.

Van Gehuchten, a translation of whose paper on this subject appears in the same issue, believes that the tearing out of the peripheral branches is a perfectly rational procedure for the permanent cure of the neuralgia, but in the case reported the superior maxillary nerve was thus removed and yet two years later was found to be completely regenerated and was removed with the ganglion. Reference is made to the favourable result obtained by Frazier and Spiller in their case as well as to five cases of Abbé's method which have remained cured for periods of six months to six years. The writer favours ligating the external carotid, but does not advocate removal of the zygoma, claiming sufficient room can be obtained without doing so, and the ganglion as readily removed by the use of properly designed elevators.

W. L. B.