the hypothesis that c5 agents affect frontal lobe function, and provides a rationale for the pharmacological treatment of frontal discharges. This preliminary report in a single patient extends to a larger sample.

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Ictal language shift in a polyglot

There are a number of dysfunctions of language associated with epilepsy. During an episode usually associated with a temporal lobe focus patients may have loss of speech, 1 dysphasia, 2 or automatism. 3 A patient is described who speaks six languages and has automatisms in a number of these languages. There is a 49-year-old Indian woman with no history of major illness, loss of consciousness, or head trauma. The episodes first began in 1980. She was speaking English and suddenly spoke a few words in Gujurati. She was told she was talking in English as a 1981;17:187–98.

Relief of trigeminal neuralgia by proparacaine

Two recent publications 4 have reported the successful treatment of trigeminal neuralgia by the ophthalmic anesthetic proparacaine hydrochloride 0.5% instilled in the eye of the affected side. We tried this medication in 15 patients suffering from neuralgia involving one or two branches of the trigeminal nerve. In three patients there was improvement in the second division of the nerve, whereas in eight, the first and second divisions were affected. The other four patients complained of pain in the distribution of the second and third divisions. There were 13 patients the neuralgia was idiopathic; all had been taking carbamazepine for a considerable time with partial or no response. One patient had a giant suprasellar aneurysm and another a large acoustic neuroma, both inoperable because of the patients' advanced age and general condition.

The treatment consisted of instillation of two drops of proparacaine hydrochloride 0.5% in the eye of the affected side, in every case. A satisfactory effect was obtained in 13 patients with a clear cut improvement of symptoms allowing withdrawal or reduction of the daily dose of carbamazepine. In two patients (including a hospital physician) the medication stopped an attack of severe pain and this result is now permanent. Instillation was repeated at night in eight of the patients and twice in two patients to obtain a stable and lasting result. The observation period ranged between one and four months and no side effects were reported by the patients. One patient experienced no change in her symptoms after the initial instillation and refused a second attempt, and another patient was lost to follow up.

In accordance with the previous authors, we find it difficult to propose a mechanism by which a benzoic ester with topical anaesthetic effect produces lasting relief of neuralgia in the distribution of the divisions of the trigeminal nerve that are affected when the drug acts directly. It is possible that some of the drug drained through the lacrimal duct in the nasal and oral canals, was absorbed by the mucosa and the nerve endings of the second division of the nerve, and eventually reached the trigeminal nucleus via retrograde axonal transport.

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