TREATMENT.


After tracing the history of the practice of injecting peripheral nerves with alcohol for the relief of pain, the author points out its limitations and dangers. It is a temporary measure which has to be repeated at more and more frequent intervals, and in the hands of the less expert practitioners may result, as far as the fifth nerve is concerned, in such accidents as fibrosis of the pterygoid muscle with subsequent lock-jaw, paralysis of muscles of the eye or of the jaw, and even sloughing of the nasal bones. A great danger is the accidental injection of alcohol into the middle ear via the Eustachian tube, with resultant distressing labyrinthine involvement. In spite of these dangers, careful deep injection with alcohol would seem to be the best treatment for minor neuralgias, though nine months’ relief is all that can be looked for. Patrick states that successful results average 30 per cent, partially successful 43 per cent, and failures 26 per cent. The author strongly deplores the attempt to inject the Gasserian ganglion itself, for this is surrounded by an arachnoid space continuous with the posterior fossa, and the danger of injecting this with a tissue fixative is obvious. The procedure of choice in severe neuralgias is the complete Gasserian operation with avulsion of the sensory root. His conclusions are:

1. Deep extracranial injections of alcohol into the maxillary and mandibular nerve-trunks near their foramina of exit from the skull have completely superseded peripheral neurectomies.

2. In neuralgias limited to one of the two lower divisions, which may possibly not extend into the other trigeminal areas, alcohol injections represent unquestionably the treatment of choice.

3. When the neuralgia has spread beyond its original area and come to involve that supplied by the adjacent division, a trigeminal neurectomy must be contemplated; but if no preceding deep injection has been given, it may be useful not only in insuring the type of the neuralgia but in giving the patient some warning as to what the numbness resulting from the neurectomy may amount to.

4. Injections are sometimes useful, furthermore, in determining in doubtful cases whether the syndrome is a true neuralgia of the tic-douloureux type, or one of the peculiar and rare pseudoneuralgias not amenable to relief either by injections or neurectomies.

5. Even the extracranial injections are not entirely free from risk, and in no case should they be purposely pushed to the point of attempting an injection of the Gasserian sheath itself.

6. With such perfect and permanent results as may be secured to-day by a trigeminal sensory-root avulsion, the prolonged and repeated use of injections in refractory cases which involve more than one division should be deplored.

R. G. Gordon.

Treatment by salvarsan and its variants has now perhaps been in progress a sufficient number of years to justify an examination of the question whether it has had any influence in preventing development of so-called metasyphilitic or parasyphilitic forms of nervous disease. The author has had the opportunity of investigating the clinical material of Professor Nonne, of Hamburg, during the last ten years, amounting for the purposes of his paper to something like 1300 cases. Among his more important conclusions are the following:

1. The great majority of cases of tabes and of general paralysis are recruited from cases of syphilis which have never been treated at all. Thus, no fewer than 65 per cent of his tabetics had been cases of untreated syphilis, and 68 per cent of his general paralytics. On the other hand, the cases that had been properly treated were not more than 4 per cent and 1 per cent respectively.

2. The earlier the period at which syphilis is contracted, the longer is the incubation for parasyphilis. Thus this diminishes as the age period advances. The limits of incubation in his list of cases were 41 years and 3½ years.

3. The influence of mercurial treatment in shortening the incubation period is only apparent, for the appearance of parasyphilis in these mercurial-treated cases of syphilis is due chiefly to the virulence of the spirochete.

4. The number of really satisfactorily treated mercurial cases is so small that it is unnecessary to incriminate mercury as a cause of the subsequent development of parasyphilis.

5. How far salvarsan and other arsenical preparations have been material in preventing the appearance of parasyphilis, it is extremely difficult to gauge. The author's general feeling is that salvarsan treatment shortens the incubation period. He is of the opinion that where he has seen tabes and general paralysis develop notwithstanding arsenical treatment for the syphilis, this latter treatment has never been sufficient according to the most modern standards, and he concludes that no case of parasyphilis has yet come under his observation in which the arsenical treatment for the syphilis had been adequate.

S. A. K. W.