

and the kathode over the spine. Counter-irritation, *e. g.* the actual cautery, gives relief in some instances. All cases should be examined by a dentist and a rhinologist before operative treatment of the nerve is undertaken.

Operative Treatment.—Nerve Section: The second and third divisions have been cut, and a period of remission of several months has resulted. Nerve section and avulsion have been largely abandoned since the introduction of the alcohol injection treatment. Removal of the Gasserian ganglion has yielded brilliant results, the cure being permanent in nearly all cases.

Alcohol Injections.—The results recorded are almost uniformly successful as far as temporary relief goes. Faulkner has had twenty-four cases, and can report fourteen successful injections, including one injection in the Gasserian ganglion. Where he has succeeded in getting within the nerve the results have been far better, and in some of them there is a prospect of permanent relief. *Technique:* (1) A special needle, 3 in. long, 1 mm. in diameter, with its end abruptly bevelled and containing a small stylet, is inserted until the nerve is touched. It is then pushed forward a slight degree till one may judge that it is buried within the substance of the nerve. The stylet is now withdrawn and a hypodermic syringe attached. Four or five drops of 2 per cent. cocaine are injected and the stylet replaced. This should produce an immediate anæsthesia. If this is obtained, Faulkner again withdraws the stylet and injects 8 or 10 mm. of 85 per cent. alcohol. This causes no pain, and the anæsthesia becomes more complete. The patient tells one when one touches the nerve. If the operator desires to put the alcohol within the sheath of the nerve he may have to make several trials. (2) For the second division, insert the needle just below the angle formed by the zygomatic process with the malar bone, and push it slightly upward and a trifle backward through the pterygo-maxillary fissure to the foramen rotundum. (3) The landmark of entrance for the third division is on a level with the lower part of the incisura notch, and three-fourths of an inch in front of the tragus. Insert the needle with an inclination upward to the foramen ovale. One can only learn this part of the work by practice on cadavers. In the course of time the surgeon will find that the point of the needle will transmit to him the necessary information to guide him in his approach to the various foramina.

Results.—Of the fourteen cases ten have been free from pain ever since the injection, *i. e.* one month up to four years.

Untoward Results.—Slight hæmatoma is common, but is soon absorbed. Paralysis of the sixth nerve occurred in one case, but disappeared in a few weeks. The ganglion case developed a severe keratitis six weeks after injection. This recovered in three months, leaving some opacity of the cornea.

J. S. Fraser.

CORRESPONDENCE.

To the Editor of THE JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOTOLOGY.

SIR,—Dr. D. R. Paterson, in his interesting paper on "A Clinical Type of Dysphagia" in the current number of this Journal, refers to "the not infrequent supervention, in such [spasmodic] cases, of malignant disease at the mouth of the gullet," and remarks that "this happens too often to be merely a coincidence." My own experience certainly tends to confirm this view. The three most remarkable features

of "post-cricoid carcinoma" appear to me to be: (1) Its relative frequency in the female as compared with the male sex; (2) the early age at which it sometimes appears; and (3) the fact that one so often obtains a history of more or less difficulty in swallowing extending over many years. In many of these cases the patient volunteers the information that she "always had a small swallow," has been liable for years to "choking fits" during meals, and has had to eat with care and swallow only finely-divided food.

The atrophic changes in the buccal and pharyngeal mucous membrane which Dr. Paterson describes in cases of spasm are, I think, also rather characteristic of "post-cricoid carcinoma," and are apt to be associated with extremely bad teeth. Is there some ætiological connection between the buccal sepsis dependent on dental caries, the chronic atrophic glossitis and pharyngitis, the spasm in the lower pharynx possibly leading to injury by food particles of the thin mucous membrane, and finally, the development of "post-cricoid carcinoma"?

LIVERPOOL;

August, 1919.

I am, etc.,

THOMAS GUTHRIE.

NOTES AND QUERIES.

THE NEW PRESIDENTS OF THE SECTIONS.

The new President of the Otological Section of the Royal Society of Medicine is Mr. H. Tilley, to whom we extend our heartiest congratulations as having attained the unusual double distinction of the Chair in both of our twin Sections.

The Chair of the Laryngological Section for the ensuing Session will be filled by Mr. E. B. Waggett, D.S.O., who in addition to occupying a prominent position in the speciality has earned for himself an enviable reputation in the Army during the war.

Mr. Waggett served with distinction both in France and in Salonika, and has had conferred upon him the *Distinguished Service Order*.

GENERAL H. S. BIRKETT, M.D., C.B.

On August 26 our colleague left England to resume his practice in Montreal and his duties as Dean of the Faculty of Medicine of McGill University. He has served for five years with the colours, first in command of the Canadian Hospital at Boulogne, and then on the Military Headquarters Staff of the Canadian Army in London. During these spacious years he has won such esteem and admiration in the Motherland that we feel we are expressing the sentiment of his many friends in Great Britain in wishing him a happy and prosperous return to his own country.

DR. PERRY GOLDSMITH.

Dr. Perry Goldsmith has returned to his work in Toronto, leaving many friends behind him in the Old Country, where he has served with the Canadian Army for several years, after a period of service in France. He will be much missed at the meetings of our Section during the coming winter.

Many other medical officers of the Dominion Armies will also be missed, more particularly those who have served at the facial repair hospital at Sidcup—Col. Newland from Australia, Major Waldron and Capt. Risdon from Canada, and Major Pickerill from New Zealand—in addition to our colleagues from various other commands, as well as many visitors from the Medical Department of the American Army.

ROYAL SOCIETY OF MEDICINE: SECTION OF OTOTOLOGY.

The next meeting of the Section will be held on Friday, November 21, under the newly-elected President, Mr. H. Tilley. Notices of cases or specimens should be sent to the Hon. Secretary, Mr. H. Buckland Jones.