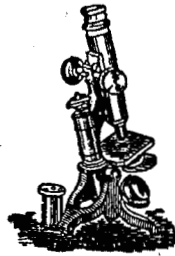


Medical Matters.

NEURALGIA PARÆSTHETICA.



Three cases of this affection are recorded by Dr. George E. Remin, of Sydney, in the *Australasian Medical Gazette* of September 20th, 1902. The disease is very rare, about 100 cases only having been recorded up to the present time. All three cases showed almost precisely similar symptoms; the first occurred in a girl aged nineteen, the second in a man aged fifty, the last in a man of forty-eight.

The family and personal histories contained nothing having obvious bearing upon the present state. The symptoms complained of were pain of a burning character and numbness over the area of distribution of the external cutaneous nerve of the thigh. Both limbs were affected, but one to a greater extent than the other. In the case of the young girl, the pain at one time was so severe as to simulate hip disease, for which she was treated by complete rest for three weeks, when the severe pains disappeared, but the numbness persisted and the burning sensation ultimately returned.

On examination, the only objective signs were distinct tenderness on pressure along the line of the external cutaneous nerves of the thighs, with an area of anæsthesia, analgesia, thermal anæsthesia, and Faradic anæsthesia in its distribution. The transition from the area of sensation to that of anæsthesia was remarkably sharp and well defined. Generally the affected spots were confined to the cutaneous distribution of the posterior root of the third lumbar nerve; absolutely no other pathological signs were discoverable, except in the third case, which occurred in a man dying of phthisis, upon whom no autopsy was obtained.

Cases of this kind have been described by Sir W. Gowers, who ascribes the symptoms to a gouty neuritis. Dr. Remin holds a similar view as to the pathology of the disease, but thinks the neuritis may follow compression of the external cutaneous nerve trunks by the fascia of the thigh, such as may result from occupying a prolonged and constrained position, as in the second of these cases, or by excessive indulgence in dancing, as occurred in the first case.

At an autopsy upon a man of eighty, who during life suffered from neuralgia paræsthetica, the external cutaneous nerves were found to be

the seat of a fusiform swelling, which showed the changes characteristic of neuritis, with secondary degeneration of the nerve fibres.

In other cases where resection of the nerve has been practised, examination of the piece removed has been negative.

Treatment appears to be by complete rest for the pain, or, when this is impossible, resection of the nerve.

RESUSCITATION OF THE STILL-BORN.

The *Monthly Cyclopædia* says:—Rhythmical traction of the tongue has been highly lauded as a substitute for artificial respiration in attempting the resuscitation of apparently still-born infants, but this procedure, though of unquestionable utility, has the drawback of being somewhat difficult of application in these cases on account of the difficulty of obtaining and retaining a firm grip on the little tongue. As an alternative, it is pointed out that rhythmical pressure on the base of the tongue by the finger introduced through the mouth answers the same purpose, and at the same time it has the advantage of freeing the upper air-passages from any accidental cause of obstruction.

NOCTURNAL MOUTH-BREATHING.

In a paper on the control of mouth-breathing at night, which appeared in *American Medicine* for January 31st, 1903, Dr. Tufto believes that the most simple method for preventing mouth-breathing that can be devised is to stick a piece of isinglass court plaster, about $\frac{3}{8}$ by $1\frac{1}{2}$ in., across the closed lips. It can be quickly removed, and does not irritate the lips. The author finds that at least 90 per cent. of his patients with acute and chronic diseases of the respiratory tract, are mouth-breathers at night. This is the result of very careful observation. A nose to be normal must be used constantly. If it is not so used, the mucous membrane becomes congested and gradually thickens from hyper-nutrition. Air inspired through the nose receives from 20° to 40° of heat, and becomes at least two-thirds saturated with moisture, and thus the nose becomes a most effective germ-filter. The mouth has none of these functions, and when it is used for breathing the lungs must receive many germs and suffer injury from the unmodified air. When the immense mortality from lung diseases is considered, the importance of this subject can be better realised. The author finds his general results better in the treatment of respiratory diseases since the use of this method.

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