

THE SURGICAL TREATMENT OF FACIAL NEURALGIA

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The Surgical Treatment of Facial Neuralgia by J. Hutchinson

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J. HUTCHINSON

**THE SURGICAL
TREATMENT OF
FACIAL NEURALGIA**

PREFATORY NOTE.

REFERENCE to the list of published writings on the subject which is given at the end of this work will prove how numerous, yet how widely scattered they are. Professor Krause's valuable monograph, published in 1896, is, however, the only one which gives at all a complete review, and it is largely occupied with questions relating to the physiology of the fifth nerve. I have only briefly discussed these points, with the view of confining the present account to practical details. Considerable difference of opinion still exists as to the best forms of operation for facial neuralgia. The hope of providing a clear account of a complex and difficult subject, and of making it more simple is the chief reason for this work.

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THE
SURGICAL TREATMENT OF
FACIAL NEURALGIA.

CHAPTER I.

THE CAUSES AND FORMS OF FACIAL NEURALGIA.

THE subject of facial or trigeminal neuralgia includes some of the most interesting problems in the whole realm of pathology and physiology. The surgeon, however, is chiefly concerned with the question: "What cases of neuralgia are suited for operative treatment, and what are the best methods to employ?" The answer, obviously, should depend upon a scientific classification, based solely upon the causes of neuralgia; at present such a classification is impossible. We can distinguish the pain due to errors of refraction from the more intense neuralgia set up by a peridental abscess, and the pain caused by a syphilitic node of the skull from that accompanying an attack of herpes frontalis.

Yet, of the gravest form of all, epileptiform or major neuralgia (*tic douloureux*), which now furnishes one of the triumphs of surgery, the pathology and causation are practically unknown. What

evidence exists on the subject and what theories have been devised will be briefly discussed later.

The following rough classification may be suggested :—

(1) The neuralgia due to anæmia, gout, malaria, or other abnormal conditions of the blood.

(2) That due to a neuritis, *e.g.*, the neuralgia accompanying herpes, or tabes dorsalis.

(3) The pain referred from some local cause, such as a carious tooth, an inflamed iris, a syphilitic node, &c.

The three forms of neuralgia summarised have definite causes, the removal of which is the aim of the physician or surgeon. For none of them is any operation indicated on the nerve-trunks which are apparently involved, though destruction of the terminal twigs may be occasionally indicated, as in the neuralgia due to a hollow carious tooth. Moreover, in these cases the neuralgia is favoured or induced by certain known conditions ; it is more or less continuous, or, if spasmodic, the patient has intervals of only comparative, and not complete, absence of pain.

In (4) Epileptiform neuralgia (*tic douloureux*, *neuralgia major*), neither local cause nor favouring conditions can as a rule be assigned ; the intermittent nature of the pain is kept up from first to last with shortening intervals. In this form of neuralgia any attempt of the surgeon to remove some peripheral exciting lesion is worse than useless, whilst an operation on the central part of the fifth nerve

(the Gasserian ganglion) is followed by complete cure.

Some other and less definite kinds of neuralgia of the head might be introduced, such as referred pain from visceral causes, hysterical neuralgia (closely allied to the preceding), migraine, &c., but these belong to the physician's rather than to the surgeon's province. Dr. Henry Head, F.R.S., has given a masterly account of the whole subject in Allbutt's "System of Medicine" (vol. vi.), and in Pepper's "System of Medicine" (vol. v.), it is also treated in a complete and interesting manner. Epileptiform neuralgia (neuralgia major) can as a rule be easily distinguished from the other forms after it has become well established, though in its early stages mistakes are very apt to be made. Before discussing in detail its symptoms and treatment, some of the more common varieties of neuralgia minor may be illustrated.

The neuralgia due to eye-strain from hypermetropia, presbyopia, or astigmatism, is well-known; it is almost always frontal and ocular in distribution, and is brought on by use of the eyes in near vision. Its relief by correcting the error of refraction with suitable glasses is immediate. Iritis and acute glaucoma are often attended with more intense neuralgia, having much the same distribution. The extreme importance of recognising the reflex nature of the pain and of instituting the proper treatment for its cause cannot be over-rated.