THE SURGICAL TREATMENT OF NEURALGIA

*Based on a clinical lecture.

THE term "neuralgia," as I am using it in this paper, is taken in its widest sense. It connotes no pathology and no ætiology, but merely indicates pain in the distribution of one or more nerves, not due to any obvious gross lesion; in fact, I am using it in the sense in which it is commonly employed in general practice, and even by the laity. This being so, it is necessary in the first place to realize that such pain may be due to very varying conditions, by no means all of which call for surgical treatment; and the first essential in connection with treatment of any kind is an accurate diagnosis, if such can be made, of the real cause of the neuralgic pain.

In order, then, to arrive at some conception of the varying types of neuralgia with which we have to deal, it will perhaps be convenient to divide these into certain groups, which, if they do not rest on a purely logical basis, are at least convenient and practical.

I. We have, in the first place, neuralgias due to certain *general conditions,* probably toxic in their nature, such as anæmia, malaria, gout, rheumatism, and syphilis. Neuralgias of this type often affect more than one nerve-trunk, and their distribution may be varying and somewhat erratic. None of them call for surgical treatment, and I shall not occupy more time in discussing them.

II. There are a large number of cases which are due to *pressure* upon nerves, and in the great majority of these surgery will, at any rate, call for consideration. It is neither necessary nor practicable for me to endeavour to cover the whole field of such cases, but I think it may be useful if I point out certain of the pitfalls which lie in the way of an accurate diagnosis. Sciatica, although not uncommonly falling within the first or toxic group of cases, is by no means rarely due to pressure, either within the limb or more deeply within the pelvis, at the roots of the lumbo-sacral plexus or even within the vertebral canal. Very persistent cases ought to be most thoroughly investigated to eliminate the possibility of such a source of pressure. I have, for example, seen a gentleman who had long been medicinally treated for sciatica by some of the most distinguished members of the profession, without obtaining any relief until after the removal of a lipoma pressing upon the nerve in the upper end of the popliteal space. Double sciatica, in particular, should always arouse the gravest suspicion of pressure, which may not improbably be situated in the vertebral canal.

Again, I would refer to the danger of mistaking affections of the dorsal nerve-roots for abdominal diseases. In several cases I have known patients submitted to abdominal operations for growths of the vertebræ or growths within the vertebral canal, and it is notorious that gastro-enterostomy has, in the past, been resorted to in patients suffering from the gastric crises of tabes dorsalis. Intra-thecal spinal growths are especially liable to be overlooked, for pain is often long precedent to the development of any other decided symptoms, and, in fact, a history of continued pain, followed by symptoms of a transverse lesion of the cord, is one of the most definite indications that we have to deal with an intra-thecal tumour. This is the more to be regretted, for such tumours are particularly amenable to surgical treatment. They are commonly situated in the most accessible region of the spine—that of the dorsal