

*** THE TREATMENT OF TIC DOULOUREUX**

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The vast majority of patients suffering from this distressing malady can be very quickly and easily relieved by intra-neural injections of alcohol.

The nerve selected for such treatment depends upon the site of origin of the pain and spasm, and commonly this will be within the area whose sensory supply is derived from either the infra-orbital, inferior dental, or supra-orbital branches of the trigeminal nerve. At times all three are involved, seldom primarily, but often secondarily. Occasionally the inception of the pain will be outside the limits of the sensory innervation of these three nerves. Then it may be necessary to inject with alcohol the supra or infra-maxillar branches as they emerge from the base of the skull.

This, however, is seldom necessary, as almost all cases can be relieved by injection of the terminal branches mentioned above—a comparatively simple procedure which any of us might fairly undertake. Not so, however, when the larger branches demand attention. This should be left to some one with special knowledge of the necessary technique. Dr. Primrose has kindly helped me out with such cases.

The substance injected: Alcohol, 85%; novocaine, 1%; meets all requirements.

Amount used: For the supra-orbital and inferior dental branches, 5 c.c. is sufficient.

For the infra-orbital branch 1.00 c.c. should be administered and for the infra and supra-maxillary branches 1.5 c.c.

Where is the injection made? As the case may be: At the mental foramen. At the infra-orbital foramen. At the supra-orbital foramen or notch.

Technique.

Hands, the skin of the patient, and instruments are all carefully sterilized.

The hypodermic syringe is loaded and plunged quickly through the skin to whichever foramen we are attacking. If we

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