

A LECTURE

Delivered before the Union Dental Association at Toronto, by WM. CANNIFF, M. D., M. R. C. S., Eng., Prof. of Surgery, University Victoria College, and Secretary to the Canada Medical Association.

PATHOLOGY OF THE TRIFACIAL, OR FIFTH PAIR OF NERVES.

(Continued.)

How frequently the dentist is consulted because of a severe tooth-ache. He finds upon examination there is positively no cavity. But the patient insists that a certain tooth shall be extracted which the skilled dentist reluctantly does; and the tooth is found to be perfectly sound; notwithstanding the extraction of the tooth the pain continues. Here was a sense of pain located in a sound tooth, due to a cause remotely situated. Again, there is a neuroma, a fibrous growth upon the nerve, or a tumour is pressing upon it which produces pain in another part. In these cases there is an incorrect message delivered, because the telegraph wire is injured and out of order.

Again on the other hand, how frequently is the medical man consulted concerning a severe pain, not in the teeth, not very near the jaws—neuralgia perhaps, or ear-ache; perhaps a want of sensation in a particular region, or a paralysis. After due examination he has no difficulty in arriving at the conclusion that some old fangs of a tooth, or an exposed nerve from caries is the cause of the ailment. He directs the patient to a dentist, who, by removing a root or two, cures him without medicine. In this case we see another form of deranged function; as soon, or shortly after the removal of the decayed tooth the neuralgia in the head, or arms, or elsewhere, as the case may be, is effectually removed. There is not only this uncertainty about the location in a single nerve, but the difficulty extends further. Perhaps the cause of pain is neither at the nerve centre nor at any of the periphery, nor in the course of the nerve which is painful. It may be in a remote branch of a common nerve, or in some portion of a nerve which is connected by anastomoses. The effects of the irritation are referred to a remote distribution. We have what is known as Referred Sensation, and this complication may be extensively increased by means of the sympathetic nerves and ganglia.

Before proceeding further upon this point, it is well to state that disease of a nerve, whether it be at its origin, along its course, or its