

CURRENT MEDICAL LITERATURE

TRIGEMINAL NEURALGIA.

C. H. Frazier, Philadelphia (*Journal A. M. A.*, May 11, 1918) says that true trigeminal neuralgia must not be confused with a peripheral neuritis caused by some infective focus, or with the neuritis of toxic or obscure origin. If he were to write on the pathogenesis of the disease, he should describe it as of ganglionic origin, and assume a lesion of the nature of sclerosis. In this present paper, however, he gives only the outcome of his experience with 293 cases, including thirty-nine peripheral operations, ninety-nine alcoholic injections, 121 intracranial operations, and thirty-four cases that were not treated. To distinguish this kind of neuralgia we might call it a "surgical" neuralgia. Rarely beginning before the fifth decade of life, and being only exceptionally bilateral, the pain is first felt in the second or third division, and usually in the terminal distribution of the intra-orbital or the mental nerve. Often two divisions, the maxillary and the mandibular, are eventually involved, and, in a minority of cases, all three divisions. At first the attacks are of a few weeks' duration, several months apart, and each itself characterized by paroxysms and remissions of shooting and tearing pain. As time goes on, however, the attacks become more frequent and the pain more racking. It usually does not die out with age, and the surgeon is finally called in, after numberless remedies have been tried. The radical operation—the avulsion of the sensory root assures permanent relief, but if the patient is offered his choice he usually prefers the alcoholic injection, the effect of which usually dies out within a year. These are the two methods of relieving a patient with the disease. There are a few cases in which the trouble is limited to the supra-orbital nerve, and alcoholic injection in this branch is not very effective. The percentage of failures with alcoholic injection by the inexperienced is large, and the incidence of corneal complications, apart from injuries to the abducens and oculomotor nerve, is not small. The author gives his method of operative procedure in the radical method, which he calls necessarily brief, but is rather too long to abstract. In fact the operator almost unconsciously varies the technic from time to time, and hard and fast rules cannot be laid down. Some cases are much more difficult than others, and the operator must be prepared for every exigency. The time required varies from forty-five minutes to more than two hours. He specially warns the operator of the liability of overlooking the inner portion of the root which may be attached to the dura. Some patients are annoyed by the anesthesia and the numbness that follows the operation, though most are sincerely grateful for the relief obtained. The