

Two cases of neurectomy for severe neuralgia / by F.T. Paul.

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Two Cases of Neurectomy for Severe Neuralgia. By F. T.
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IN May 1890, Dr Hawkes of this city asked me to see, in consultation with him, a gentleman whose life was wrecked by facial neuralgia. He was still in the prime of life, of good general health, of buoyant and somewhat excitable disposition; but with marked fortitude, resolutely bearing the pain of his disorder, as well as that also very severe, incidental to surgical treatment.

Dr Hawkes first met with his patient in 1872, he being at the time under treatment for neuralgia. Previous to this Mr A. had been somewhat exposed to hardships whilst travelling, and had contracted ague, which left the spleen enlarged for several years. He was treated with large doses of quinine, and ultimately recovered entirely.

Dr Hawkes, in writing of the case, says:—"As early as 1872-3 I had to throw my own ideas of morphia to the winds, and although this is the only case of which I could say so, I have never withheld morphia from him when the pain became unbearable. I have never exceeded $\frac{1}{3}$ of a grain, beginning with $\frac{1}{6}$; but he has often had $\frac{1}{6}$ to $\frac{1}{4}$ gr. night and morning for two or three weeks at a time. When I say that he has been treated at my instigation by the highest of our dilutions and the lowest, and by the best men of our school, I need hardly mind admitting that a summer or so ago I sent him to the care of Dr Radcliffe, who prescribed large doses of liq. arsenicalis, change of air (the Yorkshire moors), and Italian dietary. These remedies were but of the slightest use, and he soon lapsed again into the employment of the latest recommendation of some fellow-sufferer; or into the use of bromide, chloral, or croton-chloral. Hypnotism had a fair but not prolonged trial, and my friend who manipulated thought that the paroxysms were less frequent while the necessary passes were being made.

Stimulants had a fair trial too, and when all else failed, a stiff

glass of whisky and water at bedtime occasionally induced some sleep.

The pain was scorching, almost like a lightning stroke, much aggravated by moving of the jaw, swallowing, and at times the mere touch of a hair of the beard caused the most acute pain."

When I first saw this gentleman he had for some time past been suffering such intense agony that it had been impossible for him to attend to business. Food caused so much pain on touching the gums, that he could scarcely be induced to take his meals, though all nourishment was given liquid, and even the movement of his jaws in talking started paroxysms, so that he would frequently have to write his replies to my questions. At this time the pain was most severe over the left upper jaw, especially the gums. The attacks presented the usual characters of flushing of the part, lachrymation, and muscular contraction, though not of a marked spasmodic kind. We decided, as a preliminary operation, to have his remaining teeth extracted, which was accordingly done very carefully under chloroform by Mr Royston. The teeth were all sound externally; but on cracking them open, minute odontomes were found in the pulp cavity of several. This operation gave unfortunately no relief. I next, with the assistance of Drs Hawkes and J. D. Hayward, cut down upon and excised the infra-orbital nerve after violently stretching it. For three days the patient suffered worse than ever; then relief came, and he was for months entirely free from severe neuralgic pain.

He returned to his business, and was able to enjoy life; but gradually sensations of the old trouble in the left side of the lower jaw, which was really one of the earliest parts affected, warned him that his cure was only partial. Fearing lest this pain would shortly assume the terrible character of his past experience, he asked us at once to deal with the nerve of the lower jaw in the same manner as the upper.

Accordingly, late in the autumn I trephined the left ramus of the jaw over the inferior dental foramen, and excised half an inch of the nerve without previously stretching it. This was

followed by immediate relief from neuralgia, which I am glad to say has not since returned.

Some suppuration in the neck occurred, which occasioned two abscesses, but in course of time all healed well. It is too early to say that this gentleman is definitely and permanently cured, but if his period of relief is not to be further prolonged, he is already repaid for the operations he has undergone, by the gain of nearly twelve months with little or no pain. The fact that the pain returned in the lower jaw is no argument that it will appear elsewhere, since that was one of the original sites of the malady.

The second case was sent to me by Dr Hewer of Formby; and occurred in an old man of nearly 80. My dresser, Mr John Evans, gives his report as follows:—Family history very good. Personal health has always been good; never suffered from anything except the pains for which he now seeks relief. This commenced like an ordinary toothache in the region of the left lower bicuspid and molars about twelve years ago; but at the time he had lost these teeth. The attacks were very variable in period and duration. Sometimes he would have several in a week, and then be free for a long time. They were especially frequent during the cold east winds of spring. He bore the pains as well as he could until about five weeks before admission, when they became intolerable, and he was unable to touch solid food; even the sight of food brought on a paroxysm. He says that the attacks of pain came on suddenly, and were indescribably severe. He would have bouts of it day and night, the paroxysms lasting about five minutes, during which he says he felt as if his head were coming off. In the hope of affording relief, Dr Hewer excised the painful spot on the gum, but without avail.

Patient was admitted on February 28. He was a hale old man, looking ten years younger than his age. There was nothing to be seen or felt which could be supposed to be connected with the origin of his trouble. He was evidently in constant fear of attacks. When they came, the left side of the face

was screwed up, with a little lachrymation, but no flushing. The attacks, however, were much less severe after than before admission, possibly as he was kept in a warm atmosphere.

March 2.—I trephined the ramus of the jaw over the inferior dental foramen, enlarged the small opening with gouge-ended forceps, and excised $\frac{3}{4}$ inch of the left inferior dental nerve. The artery was not disturbed. The next morning the patient was in a very happy and grateful mood. He had been entirely free from paroxysms, and passed a comfortable night. The wound, though of course a deep and awkward one, involving as it does division of the masseter and trephining the bone, he quite disregarded, showing how great must have been the relief from pain.

On March 16 he was discharged, as he had a good home to go to, and the assistance of Dr Hewer. He was then doing well, and the wound about half-healed. It is still barely a month since the operation was done; but at present the success is perfect, and his gratitude unbounded.