

Report of cases of trifacial neuralgia : treated by removal of Meckel's ganglion, also by the successful internal administration of aconitia / by A. Van Derveer.

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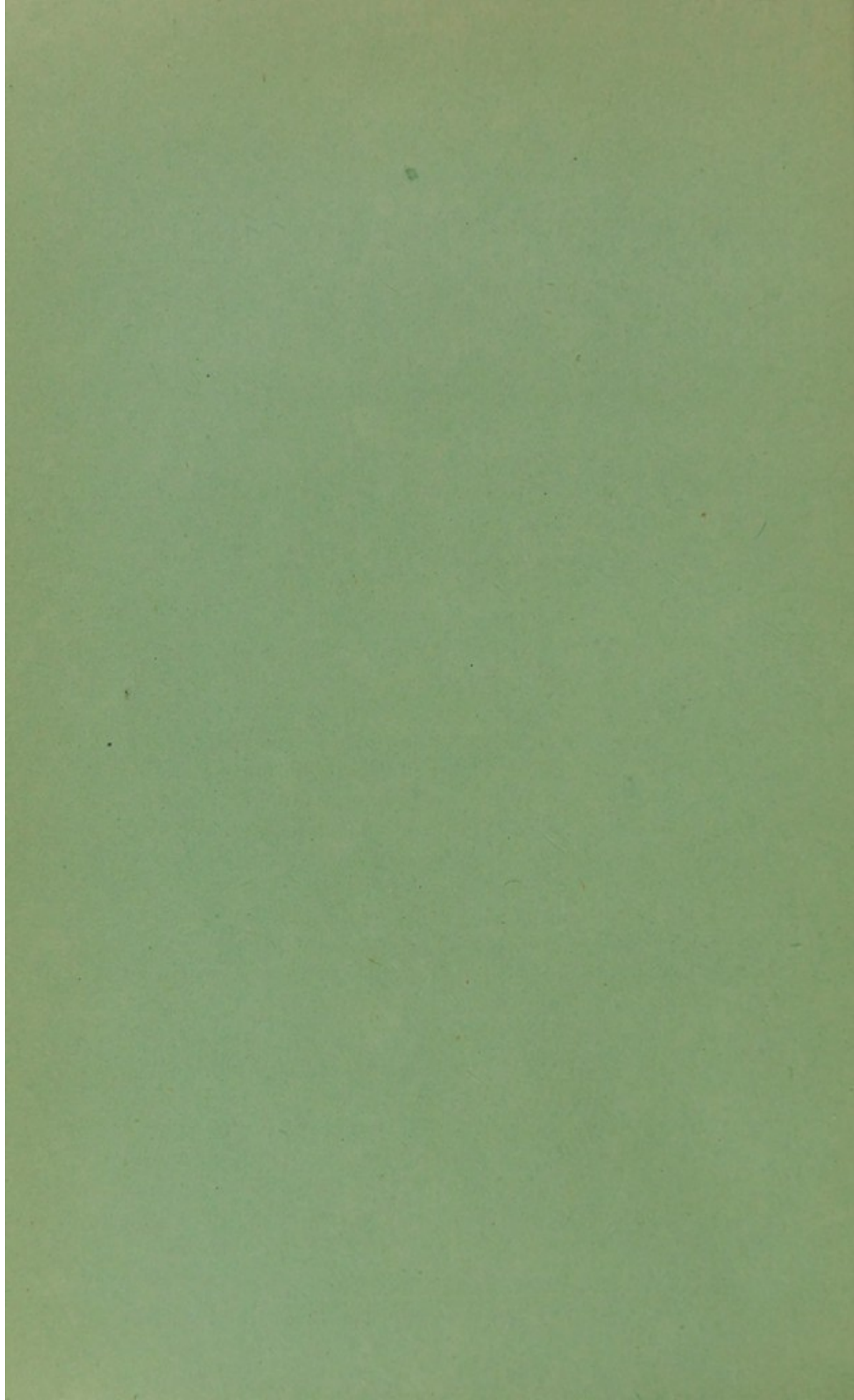
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REPORT OF CASES OF TRIFACIAL
NEURALGIA.

Treated by Removal of Meckel's Ganglion;
also by the Successful Internal Ad-
ministration of Aconitia.

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Report of Cases of Trifacial Neuralgia.

*TREATED BY REMOVAL OF MECKEL'S GANGLION; ALSO BY
THE SUCCESSFUL INTERNAL ADMINISTRATION OF ACONITIA.*

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THE causes that produce such dreadful suffering as neuralgia are so very different that medical treatment, or rather, the use of medicine, alone, is not always able to afford relief; and yet it is well known to all of us that there are certain conditions, due to the weak and enfeebled state of the system, that may be reached in this manner.

And then again it may be stated as a positive truth that in some cases actual surgical interference becomes necessary. The cases I am about to report will, I am sure, substantiate the statements I have just made. In this I do not know that I present anything especially new or original, and yet it seems to me the cases are worthy to go on record as illustrating the good resulting from operative surgery when medicine has failed to afford that relief sought by suffering humanity.

Mr. S., aged fifty-eight, came under my observation May, 1870. He gave the history of having suffered for over ten years from severe neuralgic pains about the right side of face, along the alveolar process, upper jaw and right side of tongue; also in the track of the inferior dental nerve. In the preceding five years Dr. Detmold, of New York, as well as the late Dr. Alden March, of this city, had

. Portion of this paper was read at the meeting of the American Surgical Association, held at Cincinnati, May and June, 1883.

each operated twice by loosening the attachment of the cheek from the alveolar processes, affording a few months' relief each time to the patient. I did the same operation with equally good effect; but in September, 1870, the pain returned with as much earnestness as ever. I now made use of a very thorough treatment of iron, arsenic, Brown-Sequard neuralgic pills, injections of chloroform, and every remedy known to me, but with no especial benefit.

March, 1871, I made a section of the infra-orbital nerve, which resulted in affording great comfort to the patient, and for two years he remained quite free from pain. It then returned, more especially along the course of the inferior dental, and I suggested the removal of Meckel's ganglion, but his health was such that neither he nor his friends thought it safe. The old gentleman has lived on however, and though yet in great pain for months at a time, he will improve occasionally, and is alive at the present time.

Between the time of having Mr. S. under treatment and the care of the following case, I was so impressed with an operation I saw Dr. Thorndike, of Boston, perform on an exceedingly feeble gentleman, aged sixty-five, consisting in the removal of the infra-orbital nerve with Meckel's ganglion, in a case of long standing trifacial neuralgia, right side of face, that I determined to try it with my next similar patient. I would state here that I have since been informed by Dr. W. G. Wheeler, of Boston, that this patient remained well for two years; that the pain then returned in the left side of the face, and, after suffering a long time, he entered the Massachusetts General Hospital, had another operation like the former, and died a few days afterward from exhaustion.

Miss B., aged forty, first consulted me July, 1875, giving the following history: For three or four years previous she had suffered from neuralgic pains in right side of the face, differing as to length of time and degree of severity. Her general health up to this time had been good. No serious sickness, and family history clear. Passed the menopause

about two years before. Since that time she had had little relief from pain unless under the influence of medicine. All her teeth had been removed (one or two at a time) from right side upper jaw, and some from the lower jaw that side, with but little, if any, relief resulting. Had taken medicines almost constantly. For the previous six months she had had no remission of pain, though taking large doses of morphine, chloral and bromides. Was at times stupid from effect of these drugs, and yet complaining of pain. Countenance sallow, pale, and features expressive of great torture. Unable to do any work, or read or become interested in anything. The pain would start in the upper jaw, extend over the face, pass down, around and through the lower, to chin and along right side of tongue, also penetrating the temporal region, leaving a heat or inflammation in the mouth, very severe.

At times she would be unable to take a drink without having the pain aggravated for hours. Was thoroughly miserable, and despaired of ever getting help. An examination of urine showed kidneys to be in a healthy state. Was unable to give a satisfactory reason for development of original trouble, except that she had for the most part of her life been confined indoors as seamstress or forewoman in a large store, getting little outdoor exercise or fresh air.

I gave her large doses precip. carb. iron; also Brown-Sequard neuralgic pills, but with no apparent benefit. Gave hypodermic injections chloroform with a few moments' respite from pain, but the inflammation following was very severe. Also gave morphine in the same manner, but so little good followed that she readily consented to an operation.

On September 5, 1875, assisted by Drs. W. H. Bailey, N. L. Snow, Lewis Balch and F. C. Curtis, and my two medical students, ether being given, I proceeded to remove the infra-orbital nerve and Meckel's ganglion in the following manner: Making an incision from the inner angle of the eye, down to the bone, along the nose, for a distance of little more than an inch; then another

incision, similar in length, at right angles, under the infra-orbital ridge, raising the flap and periosteum, I exposed enough of the anterior wall of the antrum to admit the application of a good-sized trephine, removing a button of bone, so that the upper edge, opening, exposed the infra-orbital nerve and its canal. Lifting the nerve from its bed by means of a bone chisel, grooved director and probe, I followed it until the posterior wall of antrum was reached, where, by means of a smaller trephine, another button of bone was removed, and the sphenopalatine fossa reached. The ganglion was now lifted from its bed, and, with curved scissors, the nerve and it were severed and removed. This was followed by a sharp hæmorrhage, at first somewhat alarming, but controlled by portions of sponge, firmly applied, to which a silk ligature had been tied. The wound in the face was then closed by interrupted sutures, a drainage tube, with ligature from sponge, being placed in most dependent point. The patient rallied nicely from the anæsthetics, and was immediately relieved from all pain. There was considerable trouble in removing the sponge, and the parts suppurated quite a good deal, but ultimately healed kindly. From that time on she has been in perfect health, increasing in flesh, attending fully to her work, and a more grateful patient I have never seen.

Mrs. T., widow, aged thirty-seven, no children. Excellent family history. When two and a half years old she suffered from perforating ulcer of the right eye, resulting in the loss of sight and the partial flattening of the cornea. At about the age of fourteen she began to wear a simple cover, she and her people thinking it improved her appearance. This she continued to wear for seventeen years. During this time she did, in addition to her ordinary school work, a great deal of fancy needlework, such as embroidery. Always felt very proud of the sight in her left well eye; could see fine print at a greater distance than could many of her friends. During the latter part of the period of wearing the cover, she occasionally

noticed that a strong light would give the eye a tired feeling, followed by a slight pain at times, and then she would remove the cover for a little while. The ball did not shrink in any way perceptibly until some time after marriage.

After the cover had been out for a short time, it would give, for a few minutes, a slightly increased pain on re-introducing it. Six years before my seeing her, when in her usual health, she caught a bad cold by being out in the chilly night-air, and then the eye began to pain her severely. The spasms of pain would be only four or five daily, at first, confined mostly to the eye-ball, and compelling her to leave the cover out most of the time; but there was really no rest for any length of time. She now consulted the late Dr. Robertson, of this city, who advised very positively to let him remove the eye at once, believing it would stop the spasms of pain, and prevent any injury occurring to the well eye. This she most decidedly declined to have done, and contented herself by using a soothing eye-wash.

During the fall of 1877 and winter of 1878 the pain was yet confined to the eye; but in the spring of 1878 it began to extend out over the cheek, down along the lower jaw and right side of tongue, and back over the temporal region. For the next two or three years she consulted a number of physicians, both at home and in New York, some of whom advised the removal of the eye, some an operation on the nerve, and some thought no operation would do any good. All gave her a thorough course of medicine, which she tried faithfully; also, the use of electricity, and many outward applications, no permanent good resulting. She would be better, but the pain would always come on, more or less severe, just before her menstruation. She was referred to me by my friend, Dr. D. H. Cook, of this city, in the spring of 1881. I advised her to see Dr. Merrill, of this city, and learn, as near as possible, how much the eye had to do with the trifacial neuralgia, and whether its removal was not

now the best treatment. She saw Dr. Merrill, who advised the removal of the stump, as the eye had now shrunk to quite an extent, but again she positively refused. The Doctor fitted her with another cover, but no marked benefit resulted. She could wear the cover but very little.

I now gave her a very earnest and careful treatment with quinine, iron, Brown-Sequard neuralgic pills, arsenic and aconitia, but with only slight improvement. The aconitia was Merck's make, and never given in more than one-eightieth of a grain doses, three and four times daily, which would produce marked physiological effects, such as dryness of the throat and tingling of the fingers.

The spasms of pain were agonizing to witness, returning every one, two or three minutes. At last she got no rest even with large doses of morphine, by stomach or hypodermic injection. I also tried chloroform by the latter method. Her life was becoming a burden to herself, and one of intense sorrow to her friends. She got no rest during nearly the whole month of July. August 2, 1881, I consented to remove Meckel's ganglion, though feeling firmly convinced that the proper thing to do was the removal of the eye. The operation was done in the same manner as described in the previous case, assisted by Drs. Snow, Merrill and Warden, and my medical students. For a few days after she suffered occasional spasms of pain, but on the sixth day she was entirely free from it, and slept for the first time a quiet, restful sleep. She remained in a comfortable condition, improving in general health, not taking any medicine until the last week in November, 1881, when the pain returned along the course of the inferior dental nerve, the spasms being very intense, and coming on so rapidly as to prevent any rest. I tried faithfully aconitia (Merck's), but with little, if any, good resulting. Again she could not bear it in larger than one-eightieth grain doses three to four times daily. On January 2nd, I trephined the lower jaw, and removed, as I thought thoroughly, a section of the inferior dental nerve, giving her almost immediate relief. From this time on she remained in excellent health,

gaining in flesh and strength, feeling very happy, but gradually losing the sight in her left eye, until the last week in December, 1882, when she suddenly had a spasm of pain along the lower jaw and outer portion of the temporal region. This was followed, next day, by two or three spasms; then, the next week, she had five or six daily; then the pain came on as of old, except over the cheek. She was now very much discouraged, and refused all medicines. Her sufferings became so great, especially along the course of the inferior dental nerve, that, at the urgent request of her family, she finally consented to the removal of the eye, which was done by Dr. Merrill, April 3, 1883. After this operation the pain lasted for ten days, then ceased, and since she has been very comfortable. Occasionally she feels a weak sensation about the face, peculiar and difficult to describe, especially just previous to her menstruation. She says her face feels as if it would fall to pieces. At the present time it is difficult to believe so many operations have been performed about her face, so perfect has been the healing process. In considering this case, I am strongly impressed that the diseased eye was the cause of the reflex irritation.

The next case coming under my observation was that of Mr. H. N. Farmer, aged sixty-eight, married; referred to me by Dr. J. J. Buckbee, of Fonda, N. Y. He was admitted into the Albany Hospital March 20, 1882.

About thirty years before, while working with some machine, he received a severe blow from a stake, just over the left Malar bone. This he thought to be simply a bruise, and it did soon pass away. A few years after he had a number of ulcerated teeth on the same side. About fourteen years ago he noticed a dull, heavy sensation in his forehead, on the left side, and this was followed, in a short time, by sharp, darting pains, just under the eye, which could be started by merely touching the part. He dreaded wiping his face with towel or handkerchief, as it would result in spasms of pain. The pains would begin with a jerk, sometimes starting at the angle of the nose,

and again near the eye. Later it would come on of itself, and was more severe in cold weather. About ten years ago he began to be treated, and received no relief. Five weeks before he entered the hospital, I saw him first with Dr. Buckbee, and advised a thorough course of treatment with aconitia, it never having been used with him; which was tried, beginning with one-hundredth grain four times daily, increasing until one-twentieth grain was given as often, but no benefit whatever resulted, patient noticing only slightly the physiological effect of the drug. Merck's make was used. Why the aconitia was tolerated in such large doses, and producing no more toxic effect, I am unable to explain. It was prepared by the same druggist I am in the habit of getting it from, and he cannot offer any explanation. Mr. N., like Miss B., had had one tooth after another removed, no relief being afforded by it, March 21, 1882, assisted by Drs. Snow, Ward, Hailes, Mosher, Wood, Kennedy and Schofield, I did the same operation as in the last two cases, and with immediate relief. After recovering from the anæsthetic, he did not have a single spasm of pain. It was pleasant to witness his surprise and comfort. So rapid was his recovery, that he left the Albany Hospital six days after the operation, with the parts nearly healed. Dr. Buckbee has since informed me that the wound was entirely healed in a few days, and that he has been free from all pain since. His only regret was that he had not had the operation done many years sooner.

When we contrast the treatment of the cases of Miss B. and Mr. F. with that of Mr. S., we can come to but one conclusion,—that the removal of the ganglion and nerve is really the only true operation to do, and that the manner of making the incision in the natural curves and folds of the skin, leaves so little cicatrix as not to deter any patient.

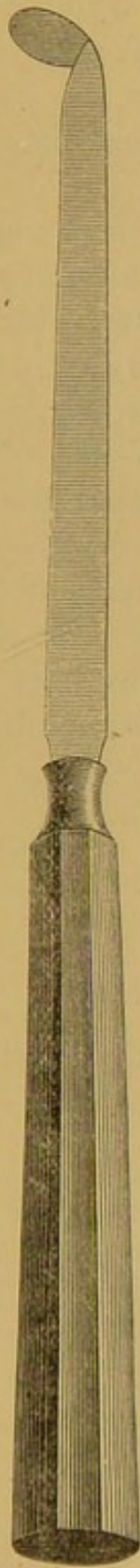
In doing the operation, a good direct or reflected light is necessary. As regards the danger from hæmorrhage, I am sure it is possible to avoid it entirely.

By taking out a good-sized button from the posterior wall of the antrum, and watching carefully, the internal maxillary artery can be seen pulsating, and thus avoided, while a most excellent view of the ganglion can be obtained. As with all operations upon the nerves, I am convinced the operation needs to be done very thoroughly; if not, failure is likely to result, as it will, in cases where the pathological lesion is still more central and the cause not peripheral. In lifting the infra-orbital nerve from its bony canal, I found, in my last operation, the instrument here shown figured of great service, as by its use the operator is not so likely to tear or separate the nerve—something very important to avoid, for, by keeping the nerve in its continuity, he has a sure and safe guide to and along the ganglion.

That aconitia is of service in treatment I think the following cases very well illustrate:

Mr. B., aged forty, merchant, good family history of health, consulted me in June, 1880, for severe neuralgia in right side of face, having come on a year previous, after exposure in a long ride, to cold. For six months the pain had been almost constant, much as in the history given by Mr. N. Had been under medical treatment, with very little benefit. Was not anæmic, and of good habits. I gave him in solution one one-hundredth grain of Merck's aconitia three or four times daily for four weeks, when he reported himself well. One year after there was no return of the pain. In taking the medicine four times daily he felt only slightly the physical effect.

November 8th, 1880, I was requested by my friend, Dr. T. D. Case, to see Miss K., aged fourteen, excellent family history, who had been



suffering severely for two years from trifacial neuralgia, right side of face. In that time she had been mostly under the care of a specialist, who had been trying to cure her by the use of prisms and the wearing of glasses, but with little, if any, permanent good. Under the use of aconitia, as in the former case, she made a most excellent recovery, as I am informed by Dr. C.

Mrs. L., aged thirty-three, married, no children, first consulted me about two years ago. Had suffered for a number of years from trifacial neuralgia, right side of face, which was liable to be brought on by over-exertion, or any mental strain or excitement. The attacks would last from twenty-four to thirty-six hours, and the suffering be intense. By use of good tonics and the aconitia in one-eightieth grain doses, given when the attack was coming on, every three hours until four doses were taken, she has quite recovered.

Other cases I might mention convince me that in aconitia (not always relying upon Merck's make) we have a most excellent remedy for treating this very formidable disease or train of symptoms.

