

A CASE OF TIC DOULOUREUX TREATED BY THE AVULSION METHOD OF DR. ERNEST LAPLACE.*

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The removal of the Gasserian ganglion with the surgical difficulties and danger to life, makes us welcome any new procedure for the relief of this most agonizing trouble, trifacial neuralgia, commonly described as *tic douloureux*.

While the description of the operation of Dr. Ernest La Place of Philadelphia was first published in *The New York Med. Jour.*, December 9, 1905, it does not seem to have been given the attention by the medical profession that some of the wonderful results have merited. We all know of some cases in which after a supposed removal of the Gasserian ganglion there has been recurrence of the neuralgia, and we are familiar with many cases where a resection of the peripheral nerve has produced an apparent cure for a long period, but eventually there was a recurrence of pain as the nerve regeneration was re-established.

The regeneration of the peripheral nerve, and the fact that after apparent removal of the ganglion the sensory fibres are enabled to form some connection with the central tracts in the medulla independent of the Gasserian ganglion, thus explaining the failure of the major operation to afford permanent relief, makes us consider the avulsion method as a procedure to be attempted before we resort to the removal of the ganglion. Collateral anastomosis is apt to occur after injections which are supposed to form an inflammation of the fibro-connective tissue and to strangle nerve impulses and function by cicatrization. The description of the operation of La Place has been very misleading. In a recent elaborate book on the subject of bone surgery, written by an eminent surgeon of this city, the removal of the branches of the fifth nerve is pictured as being done by torsion with a simple artery forceps, a plan I think impossible of accomplishment. I will briefly explain the steps of the avulsion operation which Dr. La Place insists upon as essential to success.

Mrs. J. S., aged 61, had always been healthy until seven years ago, when the first attack came on suddenly, while in Paris. The pain first appeared in the supraorbital branch of the trigeminus, and for a year was confined to the forehead and about the eye. Then the infraorbital or superior maxillary branch became affected. The inferior maxillary was never involved. The attacks became more severe three years ago, when at times the suffering she endured is indescribable. For days she would go without food or drink

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because the contact of a tumbler or opening the mouth to take food would bring on a paroxysm of such frightful pain that she was absolutely unable to endure it. In that condition, I have introduced a small urethral catheter through the nose and injected a pint of milk into the stomach.

In May, 1915, she was for five weeks at the Neurological Hospital, and was seen by Dr. Joseph Collins and Dr. Elsberg, who gave the patient alcohol injections in the region of the Gasserian ganglion. These did not prove efficacious, and a removal of the ganglion was contemplated. At this time, after five weeks at the hospital, I heard from an assistant of Dr. Ernest La Place of Philadelphia, of several cases of trifacial neuralgia which had been cured by the avulsion method of that surgeon. I investigated the matter, and determined to send her to the Medico-Chirurgical Hospital of that city and put her under treatment. I accompanied her and was present during the operation, and my daughter remained with her during her convalescence, a period of two weeks.

Description of the operation. The region of the superciliary ridge and the superior maxillary region were cleansed, and painted with iodine. A crescentic incision was made just below the border of the orbit and the infra-orbital nerve was exposed at the exit from the infra-orbital foramen and freed, in order to allow a long-bladed hemostatic forceps to pick it up. After engaging the nerve and freeing it from the artery, the forceps was firmly held and rotated in the manner of a corkscrew from left to right. After one complete rotation, very slowly made, the minute branches of the nerve could be seen as a white filamentous tree on the upper lip and region of the alae of the nose, the face being very congested from the anesthetic. One or two minutes were allowed to elapse between every slow rotation of the forceps, and the nerve wound around the instrument from the central and distal extremities. About four and a half revolutions of the forceps were necessary before the nerve was wrapped on the forceps, freed in its entirety. Dr. La Place then unwound the nerve under water in a glass dish and laid it out on a dark background to be sure that every filament was intact.

The avulsion of the superior orbital branch was done in the same manner, and the nerve removed as totally. The rather free incisions healed in a few days, and the patient returned to New York in two weeks. Since the day of the operation in December, 1915, the patient has not had a twinge of pain in her face, and from being a most desperate sufferer she has become a perfectly healthy woman, having gained twenty pounds in weight after the operation.

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