Neuralgia.

The *Virginia Medical Semi-Monthly* of May last contains a most useful paper on that most difficult of ailments to treat—neuralgia—from the pen of Dr. George W. Day, M.D., of Richmond, U.S.A. It is worthy of reproduction. Dr. Day says:—

Of all the symptomatic troubles on which the physician practises, there is scarcely another in which he at times has so much difficulty in relieving. In the outset, I wish to state that neuralgia is always a symptom, and should be treated as such.

Definition.—The best definition which I have been able to formulate is that neuralgia is a symptomatic nerve pain, due to some irritation, either direct or indirect, generally following the course of sensory nerves, and never associated with organic changes in the nerve.

Etiology.—Its causes are both predisposing and exciting.

Of the predisposing causes, the most prominent are;—(1) *Age.* Being more common in adults, scarcely ever occurring before puberty or in old age. (2) *Sex.* It occurs, as a whole, more often in women. Sciatica is more common in men, while trigeminal neuralgia is more frequent in women, especially those of a nervous disposition. (3) *Heredity* plays an important rôle, especially where the patient's ancestors have been epileptics or neurotics. Neuralgia is very frequent in the anæmic, overworked, or badly-fed individual. (4) One's *occupation* also influences the trouble, and especially is this true of painters and metal workers. (5) *Malaria* also predisposes by producing an anæmia.

The exciting causes are exposure to cold and dampness, and of all the causes I doubt if there is one which plays a more important rôle. Any mechanical, chemical, or thermal irritation and pressure of any sort, such as neuromata or fibromata, are all causes of this trouble in no small number of cases. Traumatism over the course of a nerve is one of the possible causes. The infectious diseases, including rheumatism and gout, often have neuralgia associated with them as a symptom; sometimes neuralgia is produced by an inflammation of the tissues surrounding the nerve in its course.

Symptoms.—This trouble is characterised by a spontaneous, intermittent pain of the paroxysmal, burning, shooting, or darting character. It is generally relieved by steady pressure or gentle friction. There are points of nerve tenderness corresponding to where the nerves come to the surface. Although the pain is deep-seated, the skin over the course of the nerve becomes swollen, red, hyperæmic, and hypersensitive; and in one case of trifacial neuralgia I have seen a local œdema over the point of the exit of the nerve of a considerable size. Sometimes the muscular system is disturbed, producing twitching of the muscles, and sometimes even loss of motion.

Diagnosis.—From neuritis, neuralgia is generally unilaterally distributed, while neuritis is generally bilateral. The pain of neuritis is constant, while that of neuralgia is paroxysmal. Pressure over the neuralgia generally lessens the pain, while pressure over a neuritis increases the pain. In neuritis, the tenderness is no more pronounced at one point than at another, while in neuralgia there are tender points. In neuralgia the pain has a tendency to shift from one point to another, while in neuritis the pain is always over the involved area. In neuritis there are generally muscular wasting and other reflexes, which are never seen in a simple neuralgia.

But after all the diagnostic points, we all still make errors, especially where the neuritis is deep-seated or involves a nerve trunk.

From muscular rheumatism, by the fact that rheumatism involves muscles or groups of muscles, the pain is continuous and is increased by motion.

Varieties.—Neuralgias are named (1) as to their cause and (2) as to their location.

As to their cause, we have epileptiform neuralgia, which is really a neuralgia tic. Reflex neuralgia, where the pain appears at a distance from the source of irritation. Occupation neuralgia, which is really an occupation neurosis, and herpetic neuralgia, when underlying the seat of herpes zoster. We also have rheumatic, gouty, diabetic, malarial, and syphilitic neuralgias, and many more, according to some prominent causative factor.

As to location we have: (1) *Trifacial neuralgia,* which we meet oftener, and I dare say is harder to relieve than any of the other varieties. This is the form that involves any branch of the fifth or trigeminus nerve, rarely involving all three of its branches. The first or ophthalmic branch is most frequently involved, producing supra-orbital neuralgia. When the second or infra-orbital branch is involved, the pain is over the cheek. When the third or inferior maxillary division is involved, pain traverses the lower jaw and tongue, radiating to the opposite side of the face.

(2) *Cervico-occipital,* affecting the area of the neck supplied by the posterior branches of the first four cervical nerves. The pain may even extend as far as the parietal eminence and the ear.

(3) *Cervico-brachial and brachial,* involving the area supplied by the lower four cervical nerves and the first dorsal nerves.

(4) *Phrenic neuralgia* is very rare, the pain being in the lower anterior thoracic region.

(5) *Intercostal neuralgia,* generally occurring in the middle intercostal nerves on the left side, painful spots being at exit of nerve at middle part and end of ribs.

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