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HEMICRANIA

AND OTHER NEURALGIC AFFECTIONS OF THE HEAD RELIEVED BY INTRANASAL SURGERY.*

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The object of this paper is not to set forth a dogmatic claim of priority in presenting the subject, or that all cases coming under the above title can be cured by intranasal surgery. I well remember patients that were under my care while in general practice where gynæcological treatment in some, and correction of digestive disorders in others, brought the desired result.

My proposition is this: that there *are* a *certain number* of cases that can be cured, or at least relieved, by the proper treatment of pressures and contacts within the nose. In

* Read before the Onondaga County Medical Society, at Syracuse, June 13, and before the Cayuga County Medical Society, at Auburn, N. Y., July 13, 1893.

support of this I will read you notes of a few of the cases that have come to my notice during the past three years:

Case I.—Mrs. K., aged thirty-two years, referred to me by Dr. M. on April 16, 1892. Good family history and in comfortable circumstances. General health rather poor, unable to do her own housework, but better than she was a year ago, the improvement being due, she thought, to treatment given her for uterine trouble.

She complained of severe paroxysms of sick headache two or three times a week, most of the pain being over the right eye and in the temple. During these attacks, pains streaked up from the bridge of the nose; the eye was swollen and the surrounding areas were tender. She also had rushes of blood to the head. The nostrils were not stuffed, but she had frequent droppings of mucus into her throat. This train of symptoms had continued, with varying degrees of severity, for four years. I examined her nose, and found that she had good breath space; sæptum straight, but both middle turbinates were enlarged, pressing against the sæptum and outer walls. The one on the right side had also become overgrown *downward*, and pressed *into* the inferior turbinated.

Treatment was at once begun and continued until September 1st, during which time I had operated upon each middle turbinated by the snare, removing the enlarged anterior portion and clipping off the lower border that was pressing into the inferior turbinated on the right side. At that date she had been free from the headache and neuralgia for three months and a half. She then went out of town for a short visit, and while there had one of her old-time attacks. Upon her return she came to me, and I found, by *deep* exploration with the probe, a large pyramidal-shaped osseous growth at the junction of the middle with the posterior third of the sæptum, high up, pressing against the inner surface of the right middle turbinated.

This growth had been entirely unsuspected, and even then was hidden from view by that portion of the turbinated body in front of it, though, as you will remember, I had already

removed the enlarged anterior tip. I operated on this deep-seated growth with the electro trephine, December 20, 1892, since which time she has had no return of the headache or neuralgia until April 15, 1893. A short time before this I discovered that a small fibrous bridge was being formed between the inner surface of the middle turbinated and the area upon which the growth had been located; this I removed, and applied a dressing of borated gauze between the opposing surfaces.

I did this on Saturday, and upon her next visit, two days later, she informed me that she had been suffering with a terrific attack of her old trouble. The pain began soon after she left my office, but was fully relieved upon removal of the offending pressure. Since that time she has had no return of the symptom, has improved in general health, and is now able to do her own work. No other treatment having been taken, it is with confidence we attribute her improvement to the intranasal work. Allow me to add that the bony growth mentioned, springing from the sæptum and impinging against the inner surface of the middle turbinated high up, usually hidden from view by a hypertrophied anterior tip, is not so rare as I at first supposed.

Within the past five months I have removed no less than six besides the one described. In nearly every instance I have found them only by *deep*, *careful* probing, and that done a few weeks after I had removed an overgrown anterior portion of a middle turbinated.

Case II.—Mrs. C., aged thirty years, a lady of rather slender figure, but able to do a part of her housework; mother of two children, one living. General health fairly good. Complained of a severe, steady pressure on the top of the head, of the size of a half dollar, sore to touch, but no swelling. This was usually accompanied by pains streaking in an irregular course from the bridge of the nose and from the back of the head up to the vertex. The paroxysms came on from one to three times each week, many times making her unfit for work for several days. She thinks she was never entirely free from the pressure on the top of the head since it began.

Incidentally I would remark that I have always looked upon this particular symptom as indicating some trouble with the uterus or its appendages, consequently I gave it only a passing notice when taking her history. Whenever she took cold neuralgic attacks would set in, often prostrating her for a whole day. Besides the above-mentioned symptoms, there were frequent attacks of dyspnœa, forcing her often to leave church, waking her from a sound sleep at night, and sometimes causing her to stop in the street and catch something for support until the seizure passed away.

She had some dropping into her throat, but did not soil many handkerchiefs. Occasionally she had tinnitus, walked with her mouth open, but could breathe through her nose when quiet. These symptoms continued for the past five years, during which time she had been operated upon by Dr. V. for laceration of the cervix. This was followed by an improvement in her general condition, but her neuralgic troubles were not materially relieved. When she came under my care, January 17, 1893, I found comparatively free breath passages and regular nostrils, but each middle turbinated body had undergone a cystic enlargement of the bone in its anterior portion, until they were about the size of a marrowfat bean, crowding the outer walls and sæptum so closely in some places that I could not pass a No. 5 piano-wire loop around the one on the right side.

I finally succeeded in snaring the one on the left side, February 2d, and removing the other, piece by piece, with forceps, three weeks later. The last operation was followed by a complete cessation of the pressure on the top of the head, tenderness over the bridge of the nose, streaking pains to vertex, and the dyspnœa, though a deep-seated pain in the right eye would come on if she read or sewed even for a few minutes. A short rest would bring relief. At my suggestion, she consulted Dr. Marlow, who fitted her with glasses, so that now she tells me, June 12, 1893, that even that trouble is removed. Her general health is first class; all catarrhal symptoms are better, and she is able to breathe through the nostrils while walking.

Case III.—Mr. K., aged fifty-six years, timekeeper in one of the large industries of our town; referred to me by Dr. M. General health fairly good, though not robust. Had been bothered for several years with a stuffed-up nose; severe pain over right eye and temple, especially after a day of severe mental labor. Examining nose, I found nostrils pretty well filled with a yellowish boggy membrane, the upper third being one mass of thickened tissue; both middle turbinates enlarged in their bony and membranous structures. I began operations on him April 20, 1893, and finished October 1st, removing, during this period, the hypertrophied anterior tips of the middle turbinates, cauterizing the thickened tissues, where necessary, stimulating degenerated membranes, and in other ways restoring the nasal functions. The result is that he informed me by telephone this day, June 12th, that he had suffered no return of his hemicrania, though he is still engaged in the same kind of work, only more of it. He breathes freely through his nose, and the catarrhal manifestations are much improved.

Case IV differs from the preceding in that it was not referred to me especially for the cranial neuralgia, but came for ear treatment. Mrs. Y., aged forty-eight years, a lady from Johnstown, N. Y., who consulted me about a year ago for catarrh of the middle ear. Incidentally she remarked that there was a constant dull, heavy pain at the back of the head, just above her neck, which had bothered her for five years. Examination disclosed a long bony shelf extending across the left nostril. This I removed by the saw, as a necessary part of the treatment I was giving her for the ear affection, with the result that the peculiar pain was at once relieved, and she now writes me that it has never returned.

In looking over my records, I find notes of many other cases in which intranasal surgery has brought just such unexpected and satisfactory results, until now it has become my rule to advise all patients with cranial neuralgia, chronic ear, nose, or throat trouble, to have each contact and pressure within the nose removed. It may not *cure* every one,

but that it does materially relieve a large proportion of cases goes without saying.

NOTE.—Since writing this I have collected five additional cases in which pressure on top of the head accompanied hemicrania, or was coincident with the neuralgic affections. Three of them have been relieved by intranasal work; two of them are now under treatment. I have also collected four more cases of well-marked hemicrania in which the correction of nasal disorders has brought happy results.

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