An essay on neuralgia spasmodica, or tic douloureux : submitted ... to the examination of the Royal College of Surgeons of Edinburgh ... / by John Campbell.

AN ESSAY

ON

NEURALGIA SPASMODICA,

OR

TIC DOULOUREUX;

SUBMITTED,

BY AUTHORITY OF THE PRESIDENT AND HIS COUNCIL,

TO THE EXAMINATION OF THE

Royal College of Surgeons of Edinburgh,

WHEN CANDIDATE

FOR ADMISSION INTO THEIR CORPORATION.

BY

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TO

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FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.

THE FOLLOWING ESSAY IS INSCRIBED,

AS A TESTIMONY OF GRATITUDE AND RESPECT,

BY

THE AUTHOR.

ESSAY

ON

NEURALGIA SPASMODICA,

OR

TIC DOULOUREUX.

WHILE the physiology of the nervous system remains involved in so much obscurity, the nature of those diseases depending upon derangements in the functions of the nerves, or upon morbid alterations in their structure, must in a great measure continue to elude the researches of Pathologists. Until our knowledge of the manner in which these organs, in their healthy and sound state, perform the functions for which they are destined in the animal economy, be more extended and enlarged, and that principle be discovered by which their operations are governed and directed, little progress can be made in detecting the nature of those changes induced upon them by disease.

How much is still left unaccomplished in this field of investigation, the very limited knowledge we possess concerning that numerous class of diseases ascribed to lesions of the nerves, sufficiently demonstrates. The various theories which have been proposed, and the doctrines delivered by authors regarding these affections, however ingenious in themselves, are yet insufficient for enabling us to explain the morbid phenomena, or to reveal those hidden and immediate causes by which they are produced; and therefore, though experiment and accurate observation have led to the discovery of some successful methods of cure, it must be acknowledged that our practice respecting the complaints now mentioned, is still nearly, if not entirely empirical.

Numerous are the diseases which might be quoted in illustration of the truth of these remarks, amongst which may justly be ranked that affection which forms the subject of the following Essay. This disorder, on account of the acute sufferings with which it is attended, has occupied much of the attention of practical authors, since it first attracted their notice about sixty years ago; but we are yet so much in the dark, both in regard to its essential nature, and proper method of cure, that it is still regarded by the majority of writers as one of the opprobria of the healing art.

Although a complaint from which no rank nor condition of men is exempt, and one of not unfrequent occurrence, we do not find any examples of it recorded in the works of the early writers on medicine, for the few scattered observations contained in their writings, which have been considered by some as referring to it, are certainly too vague and obscure to be regarded as applying exclusively to this affection.

André, a surgeon of Versailles, in a Treatise which he published on Diseases of the Urethra, 1756, was the first author who gave an accurate description of the disease, under the title of Tic Douloureux, a name by which it has since been most generally known. In 1768, an Inaugural Dissertation was written by Vieillard, who also mentions having seen the complaint several times in Paris. The principal object of this author's dissertation, is to investigate the following question: "Utrum in pertinacibus capitis facieique "doloribus, aliquid prodesse possit sectio nervo- "rum quinti paris?" But he concludes by denying that any good can be derived from the operation.

Some years afterwards, a minute account of Neuralgia was published in the 5th volume of the Medical Observations and Inquiries for 1776, under the name of "a painful affection of the "face," by Dr John Fothergill, who does not appear to have been aware of the writings of the

French authors upon the same subject, since he observes that the complaint had not before been described. A very accurate description of the disease is likewise contained in Dr Heberden's commentaries, in the chapter entitled, " Capitis Do-" lores Intermittentes ;" since which period it has been noticed in the works of numerous writers, under various names. It is mentioned in the writings of Darwin, Fothergill, Sauvages, and others, under the different titles of Hemicrania Idiopathica, Faciei Morbus Nervorum crucians, Trismus Dolorificus, Tic Convulsif, Spasmus Cynicus, &c. ; Chasseur being the first author who applied to it the more appropriate appellation of Neuralgia.

Neuralgia, as the term implies, has its seat in the trunks or branches of the nerves, or their investing membrane. It has been divided into different kinds, according to the situation of the parts affected, or the nature of its supposed cause. A common division is that into Cerebral and Medullary, the former comprehending under it three species, the Supra-orbital, Sub-orbital, and Maxillary ; and the latter, those cases wherein the disease affects the nerves deriving their origin from the spinal cord, and thence named according to the nerves affected. A more important distinction, however, is that into Sympathetic and Idiopathic ; being considered as Sympathetic

when produced by an affection in some other part of the body, as disordered digestion; and Idiopathic, when it is a primary disease, neither dependent on, nor proceeding from, any other distant or foreign cause; though some are of opinion that the complaint never exists under the latter form.

The most frequent seat of this affection is in those branches of the fifth pair of nerves, which are distributed upon the forehead, cheeks, and upper and lower jaw; and in the portio dura of the seventh pair, which is dispersed over the face, and adjacent parts.

The first branch of the fifth pair, or the ophthalmic nerve, passing through the orbit, sends branches in its course to the eye-ball, lacrymal gland, and cavity of the nose; and then emerging at the supra-orbitar hole, or passing over the superciliary ridge, under the name of supra-orbitar nerve, supplies with nervous energy the upper eye-lid, and fore and upper part of the head.

The second branch of the fifth pair, or superior maxillary nerve, emerges at the infra-orbitar hole, and taking the name of infra-orbitar nerve, is distributed upon the cheek, under eye-lid, upper lip, and side of the nose. This nerve is considerably larger in size than the ophthalmic, and divides into many branches before it passes out at the sub-orbitar foramen. At its exit, therefore, from this

hole, it is not one branch, but consists of a series of branches, lying close to each other, which passing obliquely downwards and inwards, soon diverge, and are dispersed, in a radiated manner, upon the levator labii superioris, orbicularis oris, and muscles and integuments of the nose and upper lip.

The third branch of the fifth pair, or inferior maxillary nerve, after passing through the foramen ovale of the os sphenoides, divides into two large branches; one, called the lingual branch of the fifth pair, going to the tongue, forms the principal nerve of the organ of taste; the other, entering the posterior maxillary foramen, and running in the osseous canal, then emerges at the mental hole, and scatters its branches upon the chin and under lip.

The portio dura of the seventh pair, after its exit from the stylo-mastoid hole, passing through the parotid gland, forms what is called the pes anserinus, or as it has lately been termed by Mr Charles Bell, the respiratory nerve of the face, and divides into several branches, which are dispersed over the face, temples, back of the ear, and neck; one termed the superior facial branch, ascending towards the orbit, and communicating with the first and second branches of the fifth pair; another, called the middle facial branch, advancing across the masseter, connected with

branches of the second and third parts of the fifth pair; and another, the inferior facial branch, proceeding to the under jaw, and joining with branches of the inferior maxillary nerve. It also sends branches upwards to the temples, uniting with those of the frontal nerve; and downwards to the neck, connected with the upper spinal cervical nerves.

Of these nerves, all are not equally liable to be the seat of Neuralgia. It most frequently attacks the sub-orbitar, or superior maxillary nerve, and often also the branches of the portio dura of the seventh pair; but more rarely the frontal and nasal branches of the ophthalmic. A copious flow of tears having in some instances accompanied the disease, seemed to indicate that branch of the ophthalmic which goes to the lacrymal gland to be chiefly affected. When the portio dura is the seat of this affection, it may be known by pain existing not only in the parts already mentioned, but by its extending also to the ear, mastoid process, and angle of the lower jaw.

Whatever be the primary or original seat, however, of this disease, it is material to remember, as guiding our prognosis, and regulating the mode of treatment, that from the numerous and intimate connexions subsisting between the various branches of these nerves, the affection soon extends from the part first affected, and involves

the neighbouring and sympathizing branches in the diseased action.

Neuralgia also sometimes attacks the nerves of the thigh, leg, arm, and female mamma; and an affection analogous to it is mentioned by Mr Hutchinson, as having been situated in the cutaneous and intercostal nerves of the left side of the body. An instance is recorded by Mr Abernethy, wherein it was seated in the ring-finger of the left hand; and one by Sir Everard Home, in which it occupied the nerve of the thumb.

The complaint commonly commences with a slight pain in some part of the face, often without any warning, darting along the course of the ramifications of the nerves, and frequently ascribed to rheumatism, cold, or toothach. In the first stage of the affection, the degree of intensity, and kind of pain, often vary considerably in different cases. Sometimes the pains are from the first acute and lancinating, and shoot with incredible velocity along the branches of the nerves affected, and then suddenly cease; in other cases, the pain is more dull and permanent until the disease be fully formed; while, in others again, some degree of tumefaction, and redness of the face, attended with pain, pulsation of the arteries, and considerable febrile irritation, are the first symptoms which announce the commencement of the complaint.

Certain premonitory symptoms, such as slight coruscation, or tickling in the part, occasionally give to the patient some warning of the approaching attack; but oftener he is instantaneously seized, without the occurrence of any previous symptoms, and while otherwise in good health, with a most acute and pungent pain, rushing with great rapidity along the course of the nerves, frequently forcing him to start up suddenly, and to utter the most piercing cries, while he hurries to and fro in fruitless anguish, racked for a time with the most excruciating pain and agonizing torture.

A very good description of the symptoms of this afflicting malady, is given by Pujol, which I shall here quote: "When we observe a person who "actually feels a pretty sharp attack of Tic Dou- "loureux in the cheek, we see him knit his "brows; both eye-lids are strongly compressed, "and the commissure of the lips is drawn to- "wards the ear, as in the Sardonian laughter. "The lower jaw remains immoveable, and in the "same situation in which it was at the moment "of attack: the respiration is slow, as if sus- "pended; and often the patient dare not make "the least cry, nor utter a single exclamation. "He seems to dread the slightest motion of the "body; and his forced attitudes, and almost ec- "static state, much better express the violence

" of his pains, than can any verbal description. " No sooner is he free from the attack, than he " complains of what he has felt in the most " mournful tones, and in language the most ener- " getic. In general, such patients are so much " occupied by the thoughts of their malady, that " they soon become indifferent to the charm of " society, and incapable of attending to any other " object but themselves."

Though now and then the disease is milder in its symptoms, and the pain more supportable, yet, in general, the exquisite acuteness of the patient's sufferings is such, as neither the imagination can easily conceive, nor words readily describe.

The duration of each paroxysm is short, being in general limited to a quarter or half a minute, and seldom reaching beyond the space of one minute. The fits of pain recur at uncertain intervals, often in rapid succession, with intermissions of perfect ease, which vary exceedingly in different individuals, and in the same individual at different times. Several paroxysms may occur in a few minutes, but oftener a respite takes place for a much longer period. They occur most frequently during the day, probably from the occasional causes, such as eating and speaking, a slight gust of air, or the like, being then most apt to bring them on. Whatever part may be

originally affected, the pain does not confine itself to that part, but diverges in various directions, according to the ramifications of the nerves. One side only of the face is in general affected. At the time when the patient is most racked with pain, the parts are frequently thrown into convulsive and tremulous motions. Sometimes there is a copious flow of tears, and the eyes and eyelids become red; at other times, these parts are dry; while, in a few cases, the paroxysm has been terminated by a plentiful flow of tears. In general, the parts are neither affected with inflammation nor swelling, though sometimes they become somewhat red and tumefied. In a case operated on by Mr George Bell, the orbicular muscle of the eye-lid was thrown into so violent a state of action, that blood flowed profusely from vessels of the conjunctiva, lining the inner surface of the eye-lid.

Those of every age, and either sex, are not equally liable to Neuralgia; for, unlike Tetanus, which some affirm to occur most frequently in males, this disease is observed to be most common in the other sex. It rarely, if ever, is met with under the age of puberty, and is found most frequently to attack those about the middle age of life.

Sometimes the paroxysms come on spontaneously, but, in general, they are produced by va-

rious occasional or exciting causes. The acts of mastication, or of speaking or laughing; agitation of the body, or affections of the mind; a gust of air; excessive heat, or extreme cold; the simple operation of shaving, or rubbing the hair of the beard contrary to its natural direction; and sometimes the slightest touch, are all causes which may give rise to an accession of this disorder.

Various opinions have been entertained by writers, concerning the remote and predisponent causes of Neuralgia, as well as concerning that more immediate or proximate cause upon which it depends. Ignorant of its real nature, authors have indulged in vague theories and fanciful speculations, invented for the purpose of explaining phenomena for which they could not otherwise account,—theories founded not upon the basis of legitimate induction, but on assumptions entirely gratuitous, and even destitute of probability. The notion entertained by some, of this affection being allied in its nature to that of Cancer, has been sufficiently refuted by Dr Haighton, in a Paper published in 1798, in the Medical Records and Researches.

It has, with more apparent reason, been ascribed to affections of the more general system, depending upon derangements in the functions of the chylopoietic viscera,—as morbid conditions of

the stomach, liver, or other organs; while others have attributed it to a Gouty, Scrophulous, or Syphilitic taint existing in the general constitution. Mr Abernethy observes, "From what I "have seen of the Tic Douloureux, I am inclin- "ed to think this disorder is as much constitu- "tional as either Gout or Rheumatism. I have "known patients recover either spontaneously, or "in consequence of remedies which were calcula- "ted only to relieve or counteract nervous irrita- "bility." It appears to me, that Neuralgia may exist sometimes as a sympathetic affection, and sometimes as an idiopathic disease; and also that the former may occasionally run into the latter.

Whether the disease be purely an affection of the nerves themselves, or their neurilema, or of the cerebral mass from which they issue, is not yet known; but some have advanced the conjecture, that in that species of the complaint attacking the face, the nerves having here to run through a long osseous canal, may be liable to sources of compression or irritation, either from diminution of the apertures through which they pass, or from dilatation of their concurrent blood-vessels.

The frequent occurrence of Neuralgia in the branches of the fifth and seventh pair of nerves, has induced others to suppose, that the circumstance of the constant exposure of the parts up-

on which these nerves are ramified, to vicissitudes of external temperature, might account for the production of the disease,—an opinion certainly not devoid of probability *.

Neuralgia has sometimes been confounded with Hemicrania, Rheumatism, Toothach, and some other affections; but, if we consider the pathognomonic symptoms of the disease, viz. the violence and acuteness of the pain, following the course of the branches of the nerves; the short duration of the paroxysms; the rapidity of their succession, and their sudden cessation; together with the recurrence of the pain at uncertain intervals, little discrimination will be required to distinguish the complaint from those now mentioned.

This disease has rarely a fatal termination, though, if long continued, the violence of the sufferings endured, and their frequent recurrence, sometimes gradually exhaust the powers of life.

The treatment of Neuralgia is either local or general. Reason early suggested the idea, that interrupting or cutting off the communication between the part affected and the sensorium, by a division of the nerve, might be a means of cur-

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* This observation I have heard made by Dr Barclay, in his Lectures on Anatomy.

ing or alleviating this afflicting malady. This mode of treatment was accordingly adopted in France, by André and others, soon after the disease became known, and it has, since that period, continued to be very generally practised. The degree of success attending the operation has been various. Sometimes a permanent and radical cure has followed the division of the nerve,—often it has entirely failed,—and in the majority of instances, a temporary removal only of the disease, of longer or shorter duration, has ensued.

Instances are on record, wherein Sir Astley Cooper, Mr Abernethy, Dr Haighton, and others, have operated with various success, and in which the relief obtained was more or less permanent. The general result is undoubtedly such, as to justify the surgeon in having recourse to a mode of cure which, though it may not in every instance radically remove the complaint, yet in most confers such lasting relief, that few would not rather again submit to a pain so transient as that occasioned by the operation, than continue to endure those acute sufferings which the disease never fails to produce.

It may here be observed, that the cases where these operations prove successful, would seem to imply, that the morbid affection is situated toward the extremity of the nerves, or at least far-

ther removed from their origin than the place of incision. If the pain, however, recur, and a second operation afford relief, it would also seem to imply, that, during the intermediate time, some partial union had taken place between the morbid and the sound parts; or if the pain should afterwards appear in the anastomosing branches of a different nerve, that these branches may have suffered from sympathy, or from some common cause extending the effects of its influence to both.

The most frequent seat of this disease, as formerly stated, is in the sub-orbitar, or superior maxillary nerve. The branches of this nerve, it was also before remarked, soon after their exit from the sub-orbitar foramen, separate and diverge from each other; and hence it becomes an object to make an incision in that situation, which shall include the whole of these branches, before this separation takes place. To effect this, a clear and accurate knowledge of the exact situation of this foramen is required.

Dr Haighton, on a comparison of thirty skulls, found the distance between the inferior edge of the orbit, and superior part of the foramen, to be one-fourth of an inch, which may be considered as the medium distance from the superior part of the foramen; and allowing one-eighth of an inch for the breadth of the hole, and one-eighth

below its inferior part, half an inch from the lower margin of the orbit, will be the proper place for performing the operation. Also, that if a line be drawn from the inferior part of the internal angular process of the os frontis, obliquely across the orbit, to the centre of the os malæ, the measurement of this line, in thirty skulls, did not vary more than one-eighth of an inch, and that another line, drawn downward perpendicular to the oblique line, at the distance of seven-eighths of an inch from the internal angle of the eye, passed across the orifice of the sub-orbitar foramen.

By means of these measurements, the precise position of the spot where the nerve emerges, may be easily ascertained; though an expert surgeon, it is evident, can easily accomplish this end without their assistance.

The relative situation of the parts being previously known, the operation itself becomes exceedingly simple, and consists in an incision of three quarters of an inch in length, carried obliquely downward, (on account of the oblique course of the nerve), the centre of which must correspond with the hole, only a quarter of an inch below it. The knife must be carried down to the bone, so as to effect a complete division of the nerve; which may generally be known to have been accomplished, by a degree of torpor

or paralysis of the parts about the upper lip, following immediately after the nerve is cut across. The wound commonly heals by the first intention.

The chief obstacle to the success of this operation, has arisen from the re-union of the divided extremities of the nerve, by which it again becomes fit for carrying on its functions as before; a circumstance which, though denied by some, is sufficiently established by the experiments of Dr Haighton, detailed in the 85th volume of the Philosophical Transactions. To obviate this cause of failure, a portion of the nerve ought to be dissected out, when this can be done with safety. The actual and potential cautery have been employed with the same view; but cases are on record, in which the application of these remedies was followed by severe spasms, erysipelas, and even death.

A recurrence of the pain often taking place in the lateral branches of the nerves, though a radical cure may have been accomplished in the part immediately affected, we should, previous to having recourse to the operation, consider whether the nerve can be divided between the part where the pain originated, and the parts to which it afterwards extended. If the principal trunk of the nerve be divided, and a portion of it removed, Mr Burns is of opinion, that this will in

general ensure success; and he concludes, that restoration of the lost substance, and re-union of the divided extremities of the nerve, is the cause of the re-production of this disease, and not an enlargement of the anastomosing or communicating branches, according to the doctrine of Mr Abernethy, who thinks that it sometimes arises from that cause.

It is unnecessary to describe the operation which may be required in each particular case. Guided by his anatomical knowledge, the surgeon must cut down upon the nerve affected, and, when practicable, remove a portion of it.

A case is related by Mr Abernethy, in which the disease was seated in the ring-finger of the left hand. He laid bare the nerve by a longitudinal incision, of three quarters of an inch in length from the second joint of the finger, and divided it opposite to that joint, by a curved sharp-pointed bistoury conveyed under it, half an inch of the nerve being then dissected out.

A case has also been published by Mr Lizars, of Neuralgia situated in the inferior maxillary nerve, successfully treated by dividing that nerve. At first the nerve was cut at its exit from the mental hole, and a portion removed, which procured a cessation from pain for a year, after which period the disease again returned. The operation was repeated, and the part cauterised; and

this producing no relief, the inferior communicating twig of the facial nerve was also cut across, but still without success. He next divided the trunk of the nerve itself, as it enters the osseous canal, by making a perpendicular incision with a scalpel, close to the coronoid process, and introducing a round-shaped gum lancet between the process and the internal pterygoid muscle, and then scarifying the bone at the entrance of the inferior maxillary canal. This operation was followed by a removal of the complaint.

When the disease occupies the portio dura of the seventh pair, Mr Burns observes, that this nerve might be divided in the parotid gland, at the anterior margin of the mastoid process, and a portion of it removed, being of opinion, that little success can be expected to attend an operation performed anterior to the parotid gland, by making a simple division only of some of those branches into which the nerve has there divided.

The frequent failure of this operation in affording permanent relief, has led to the adoption of various other means of a local nature, most of which have likewise proved abortive. Pressure on the trunk of the nerve, friction with tar, with mercurial and tartar emetic ointments, electricity, magnetism, blistering, topical bleeding, the actual cautery, have all been employed in this

disease, producing in some cases an apparent cure, in others, affording temporary relief only; but in most, entirely failing even in procuring a mitigation of the symptoms.

For the general treatment of Neuralgia, remedies no less various and diversified have been proposed. When the disease seems to depend upon some cause affecting the system at large, such as disorder in the functions of the digestive and assimilative organs, or morbid states of the liver, and other abdominal viscera, we must endeavour, by purgatives, mercury, Plummer's pill, tonics, and other means suited to each particular case, to correct or remove that fault in the constitution from which the disease may occasionally arise.

Mercury administered so as to induce salivation, has sometimes removed the disease entirely; but it has oftener failed, and occasionally it has aggravated all the symptoms. Calomel, combined with opium, has also now and then been successful; and the same may be said of arsenic, though more frequently they have proved of little utility. Where Neuralgia has seemed to originate in, or to be kept up by, a state of the system connected with much general debility, arsenical remedies have often proved very beneficial.

Besides the means now mentioned, opium, and more particularly hyosciamus, and nearly the

whole class of narcotics and antispasmodics,—conium, belladonna, æther, zinc, bark, &c.—have been recommended by different authors for the cure of Neuralgia; but to these the same observations will apply which have been made in regard to many other remedies, namely, that little dependence can be placed in their supposed virtues, and that at most, they do little more than merely palliate the symptoms. "Cortex Peruvianus," says Dr Heberden, "sæpe fallit, pariter ac radix "valerianæ sylvestris, gummi fœtida, myrrha, "moschus, camphora, opium, succus cicutæ, "pulveres sternumenta moventes, emplastra can- "tharides, ulcera alté inusta, electrificatio, fo- "menta ex cicuta, lavatio pedum tepida, æther "faciei illitus, vel spiritus vini, linimentum sa- "ponis cum vel sine tinctura opii, oleum succini, "arteria temporis incisa, dentesque refixi: neque "plus profuit superveniens podagra."

Before concluding these remarks on the treatment of Neuralgia, it is proper to notice two remedies which have lately been brought forward with much confidence, as possessed of very peculiar powers in combating this disease, viz. the carbonate of iron, and the sulphate of quinine. The former substance, the carbonate of iron, was first employed by Mr Hutchinson of London, who, in a treatise on Neuralgia, has detailed many cases in which this medicine taken in very large

quantities, and continued for a considerable length of time, seemed effectually to remove the complaint. The medium dose given was one drachm three times a-day; sometimes a scruple was administered every third hour, day and night; and in one instance, it was taken to the extent of seven scruples thrice a-day. Cases are related which yielded to the use of the carbonate of iron in the course of a few days, while others required the space of six months before much impression seemed to be made upon the disease.

A never-failing and absolutely specific power over Neuralgia is not claimed for this remedy; but it seems to be inferred, that if it does not in every instance succeed in subduing the complaint, its virtues are only similar in this respect to those of many of the most powerful agents used in the cure of other diseases; in like manner as bark may sometimes be insufficient for removing an intermittent, and mercury may prove unequal to the cure of syphilis. Where high arterial action, or much febrile irritation prevail, these states must be previously removed by blood-letting, and other appropriate means, before the exhibition of the carbonate of iron.

After every reasonable abatement is made for the partiality with which an individual is naturally disposed to recommend a remedy, or plan of treatment, which he has been the first to employ, and after deducting several cases which might

with more propriety be referred to rheumatism, gout, or toothach, there are still unequivocal proofs, in the respectability of the evidence adduced in Mr Hutchinson's treatise, of the great utility of the carbonate of iron, in materially controuling, if not in effectually curing, this formidable disease.

The other remedy mentioned, is calculated to excite expectations no less sanguine, as to its virtues in the cure of Neuralgia, than the carbonate of iron. This is a preparation of Peruvian bark, lately discovered by Mess. Caventon and Pelletier of Paris, and denominated by them Sulphate of Quinine, which appears to possess all the virtues of the Cinchona in a concentrated state.

Magendie, Dupré, and others, have published several cases of Neuralgia, in which nine grains of this substance, administered in the course of the day, in a mucilaginous potion, very speedily accomplished a perfect cure. I am not aware that the sulphate of quinine has yet been used in Britain, or that its employment in France has been so extensive, as to enable us to appreciate properly its claim to be ranked as a specific or certain remedy against Neuralgia; but, from the confidence with which the Parisian physicians speak of its powers, it certainly merits at least a fair trial, in a complaint of which the cure is so uncertain and difficult, by any of the means hitherto proposed.