

tates showed large numbers of red blood-corpuscles, epithelial scales, large cells, six or seven times as large as a red blood-corpuscle, with large nuclei, and nucleoli. There were large masses of these cells, proliferating in a most extraordinary manner, as described by Dr. Foulis; from a minute solid nucleus, invested with protoplasm, up to large free nucleated cells, with bright, sharply-defined oval nuclei, with nucleoli, all stages of cell development, could be seen in each mass. The discovery of these masses of cells left no longer any room for doubt, had there been any before, of the true nature, in this obscure case, of the tumours in the abdomen.

---

#### ARTICLE XVII.

AN OLD NEURALGIA CURED BY AN OPERATION. By JNO. T. KING, M.D.,  
of Baltimore, Md.

MR. W. J. H., æt. 48, merchant, slender and pale, has enjoyed good health, with exception of repeated attacks of neuralgia. Devoted to an extensive business, with little time for recreation; of perfectly temperate habits. When quite young he fell, striking the frontal bone, and depressing to a considerable degree the outer tablet. Included in the cicatrix which remained was the supra-orbital nerve at a point about an inch above the supra-orbital foramen. The tissues were firmly bound to the depressed bone. From his own statement, as well as that of his parents, we are unable to say positively that neuralgia followed the injury immediately, though we know nothing to the contrary, as both were established so early in life; though I think the sequel will demonstrate that the neuralgic affection followed the injury as cause and effect.

Since early boyhood, however, he has been a martyr to neuralgia; scarcely a day passed in which he did not feel more or less pain over the right hemicranial region. At times he is almost distracted, suffering intense agony for days; the least exposure insuring an attack.

He came under my professional notice about a year ago; the usual remedies were resorted to. Quinia, in large doses, and other alkaloids of cinchonia, salicylic acid, iron, strychnia, arsenic, belladonna, chloroform, etc. etc., were faithfully tried, and in various combinations, without affording more than temporary relief. I thought an operation justifiable, though I hesitated to promise permanent relief. He appeared anxious that surgical means should be resorted to. In consultation with Dr. Winslow it was determined to operate at once. Dr. Winslow inserted a narrow bistoury at a point about  $\frac{3}{4}$  inch below the cicatrix, and carried it subcutaneously to about the same distance above, dissecting up the integuments from the pericranium. A tent was introduced through the wound, and retained *in situ* for ten days. Complete relief followed the operation. Though nine months have since elapsed, there has been no return of the neuralgia. Mr. H., feeling such confidence in his cure, has intentionally exposed himself, thus tempting an attack, but none followed. His general condition has likewise improved, as would be expected.