

out of her sleep, at least she never had made the slightest movement to disturb the clothes, etc., about her, nor even to lift her hands out of the natural and placid position in which they had been placed.

On examining portions of the right and left ventricles with the microscope, the transverse striæ of the muscular fibre had very much disappeared as compared with healthy muscle, and the fibres seemed in a great measure to have degenerated into fatty granules.

XIX.—Case of Tic Doloureux cured by the Excision of a Mass of Phosphate of Lime, adhering to the Supra-orbital Nerve. By HUGH SHARP, A.M., M.R.C.S. of England.

On the 17th of December 1855, a man, G. F., æt. about 50 years, residing in Cullen, had a very severe attack of tic-doloureux in his left brow, which continued, without intermission, for several hours; it again returned on 18th, at the same hour as on 17th, but with greater violence, when I was called on for advice, etc. Seeing at once the nature of the case, and without examining minutely the seat of the severe pain, I prescribed for him some croton oil and calomel pills, to be taken at proper intervals.

Treatment by Croton Oil, etc.

This had the desired effect, until the 20th, when the pain returned with the same violence as formerly, when I was

again called in, when, on pointing out to the man the course of the supra-orbital nerve, which would have to be divided, or rather a small part of it removed altogether, in order to give relief, even for a limited time, I detected a small hard tumour, about the bulk of a pea, somewhat flattened, firmly adhering to, and immediately over, the supra-orbital nerve, as it emerged from the notch, and concealed by the eyebrow. I inquired if he knew how long the small tumour had been there, when he stated it had been there about thirty years,

Detection of Small Tumour.

but had never felt any pain in it, or near it, and did not think it had any connection whatever with the pain; but on my stating my firm belief that the small tumour was the sole cause of the acute suffering, he agreed to my proposal of removing it immediately, which I proceeded to do.

Excision.

I thought the small tumour was a firm encysted one, but soon found out my mistake, for, on attempting to transfix it, my small bistoury was stopped. I then laid open the skin over the tumour, and grasped it firmly in a common dressing forceps, but found I could not dislodge it from its adhesions without the aid of a small scoop. This small tumour was in reality a small piece of phosphate of lime, which I transmitted to Professor Syme, along with the details of the case.

I have further to add, that the Tic was completely cured by the removal of the tumour, and has not again returned, even in the most modified degree, to the very great satisfaction of the patient.

Result.

In many cases, I am of opinion that tic is produced by the presence of a tumour, of one kind or other, on the nerve, though situated so deep as to elude detection. I may here add, that the patient has suffered every week almost during the past thirty years, from severe headaches, but since the removal of the little tumour he has had no return of headache whatever.

CULLEN, January 28, 1856.