Dr. Burns of Glasgow, and others, which has its seat in the glandular structure (the thyroid and ovary), would seem to leave but little doubt that a *lymphatic gland* was the seat of its origin.

A circumstance worthy of notice, in the present instance, was that the same patient had several other tumors; and also a sister present, near her age, had several, all situated about the neck, but more superficially located, and all, evidently, of the same character. This fact strengthens the probability that a disposition to *this variety* of tumor is sometimes hereditary, a circumstance that has been noticed in connection with that variety so often found under the scalp, commonly passing by the name of *wen*.

Oldtown, Me., February, 1853.

POST-MORTEM APPEARANCES OF AN EPILEPTIC.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you deem this communication of importance, you will please insert it in the Journal. Yours, T. G. SIMPSON.

Derry, N. H., Jan. 26, 1852.

History.—When 2 years old, he ate very heartily of meat, and in a few hours was attacked by fits. These continued to occur occasionally, for several years, when they ceased for eight years, and then commenced again and continued until his death, at which time he was about 23 years old. He would have two or three a week. He has had some gastric disturbance and constipation from the first. Never had much pain in his head. Fits always preceded by rumbling or gurgling in his stomach. For three or four days before his death, his fits were very severe and long continued.

Post-mortem.—On removing his skull, brain was found large. No adhesions. On removing dura mater, the arachnoid was found much congested, and having a most beautiful appearance. No serum to be found beneath this membrane, or in the ventricles. All parts of the head were apparently healthy, but a good deal congested. There was a peculiarity of the sella turcica. The depression was six lines deep, six wide and nine long. This depression was the seat of an abscess, whose cavity contained about fifteen drops of pus of a bloody character. At the bottom of the cavity was a spot, from which the periosteum was removed, and the bone was rough.

Lungs healthy, except a few tubercles scattered here and there. A large pleural adhesion at apex of right lung. Heart normal. The cardiac orifice of the stomach and larger curve was the seat of acute inflammation, and the lesser curve and pyloric orifice were the seat of chronic inflammation and great thickening of the mucous membrane.

Query.—Had the abscess any influence in producing the fatal effect, as the symptoms were not aggravated until three or four days before death? Is it probable the chronic disease of the mucous membrane was a strong predisposing cause of the fits?

For the post-mortem in this case I am indebted to my friend J. H. Crombie, M.D., who has permitted me to offer it to the profession.

CARBONATE OF LEAD—ITS APPLICATION TO SCALDS AND BURNS.

[Communicated for the Boston Medical and Surgical Journal.]

THIS remedy, though spoken favorably of by all who have given it a trial—since first brought prominently before the profession by Dr. Gross, in his edition of "Liston's Surgery"—is not, I think, sufficiently known and estimated by physicians in general.

At the risk of being considered tiresome by your readers, I report the following cases occurring in the practice of my father and myself.

May 10th, 1850.—Was called to see a child of Mr. McF., about 1 year old, which, in the temporary absence of its mother, had been most dreadfully scalded, by the overturning of a large pot of boiling water, the most of which fell upon its breast and neck, though smaller injuries were inflicted upon each of its extremities. The lungs almost immediately gave evidence of disease; and although we judged it a hopeless case, the carbonate was applied freely over the scalded surface, in fact almost covering the child with it, and a free dose of laudanum was given. These measures relieved the suffering; but the patient died in about sixteen hours after the accident, apparently from extensive disease of the respiratory apparatus. No depressing effect (as has been feared by some) followed the extensive application of the lead.

July 14th, 1851.—Sent for in haste to see Minnie C., 4 years old, who had pulled over a teapot, pouring its boiling contents upon herself, scalding the throat, front and sides of the thorax, extending on the right side entirely over the scapula to the posterior median line, and the inner surface of both arms, a small space remaining intact, immediately in each axilla. The scald upon the neck and front of the thorax was superficial, the skin alone being affected, owing to the facility with which the fluid flowed off. No so, however, with the arm and sides; here the muscles were affected. The child was in great agony, screaming and crying, but by the time she was well *painted*, she had fallen into a gentle sleep. She was then wrapped in raw cotton, and passed a comfortable night. This first dressing was not changed until the third day; after which, for eight or ten days, the cotton was removed daily, and the sores washed with Castile soap (as the warm weather and profuse discharge rendered cleanliness of the first importance), the carbonate and cotton being then re-applied. About the twelfth day, olive oil was substituted in place of the lead. Some little inflammation of the lungs, with fever and constitutional irritation, supervened in this case, but was easily controlled by the ordinary remedies—and the patient was discharged July 28th, almost well, there being small sores remaining upon the arms and right side, which healed without further trouble. Adhesion of the extremities to the trunk, and contraction of the axillary muscles, were prevented, by that space being well padded with cotton. In this case a cure was accomplished, as soon, certainly, as could have been done by any other method.