trophied condition of the submucous cellular tissue, at the lower part of the neck of the bladder, or more particularly at the lower portion of the vesico-urethral orifice; spasm after sexual intercourse, particularly if the intercourse be frequent, and preceded by long-continued erection; retention of urine; vesical catarrh; incontinence of urine, particularly among children; obstinate priapism and long-continued gleet discharges.

In females, we sometimes meet with certain symptoms, which in many respects are analogous to those which we have described, and which would seem due to a similar cause. These have been classified by M. Roux under the term "ano-genital, urinary neuralgia."

Although we have alluded to spasm in connection with contraction, it must be borne in mind, as we have already remarked, that contraction is distinct from spasm, although it may commence and be complicated with it. We shall refer to this point again, when we come to consider the diagnosis.

We have spoken of incontinence of urine in children, as a complication of contraction. This condition may rather be considered as a direct effect of the contraction, than as a complication. This point requires a brief consideration.

(To be continued.)

EPITHELIAL GROWTH FROM THE DURA MATER FOLLOWING AN INJURY—ABSCESS IN THE BRAIN.

BY J. H. WARREN, M.D., OF DORCHESTER.

[Read before the Norfolk District Medical Society, Nov. 15th, 1860. Published by request.]

THIS, as it appears under the microscope (power of two hundred and fifty), is a very remarkable development of epithelioma.

CASE.—John C. Adams, aged 47, when about two years old, fell into the fire, and burnt the top of his head so severely, that adjoining portions of the parietal bones came away, leaving an opening as large as a silver dollar, from which there was a constant discharge until about seven years ago, when, in an encounter with a grizzly bear, he had his scalp turned down over his eyes. After this wound, his head entirely healed, and remained well till two years ago, when, while correcting some member of his happy family of animals in a cage, an ungentlemanly man-monkey dropped down upon his head and clawed, bit and tore it open again. It was now found impossible to heal it, as an epithelial growth attacked the dura mater, and very rapidly developed into a most unsightly disease. The growth extended through the osseous opening, one inch above the scalp, presenting a vivid-red appearance, not unlike the crest of a fowl. The interstices were filled with offensive pus. The disease extended from the left temple towards the right, four inches, and about three and a half in the opposite direction.

The brain was seen to rise and fall distinctly. If a spasmodic effort was made, like sneezing, the whole tumor would rise up half an inch above its usual height, and, at such times, emitted a singular odor, similar to that of burning phosphorus. This same odor was apparent during the convulsions to be mentioned hereafter. Hæmorrhage, at such times, occasionally occurred; it also took place at the slightest touch, such as removing the dressing, if a little dry or adherent. He at times appeared cheerful, but was not generally much inclined to converse. Whether this arose from the lonely habits of a hunter's life, or the disease, I am unable to say. I am inclined to the opinion, that both operated to depress his natural buoyancy of mind. For the last eighteen months of his life, the disease extended so rapidly as to produce great prostration of strength. Although he boasted that he had disease enough to kill most men, he said that he should fulfil his engagement to perform with his trained bears that season, and then die; which result speedily followed, as he had predicted.

Nothing of interest occurred until within about four weeks of his death, when paralysis of the right side took place, after a convulsion which attacked him in the horse cars. The convulsions continued at intervals, until his death, which followed about four weeks after their first appearance. He suffered a good deal of pain at times.

Sectio Cadaveris, sixteen hours after death. Body emaciated; rigor mortis moderate. The whole of the diseased mass had receded from the surface three quarters of an inch, and presented that white appearance so well described by Rokitansky in his works on Pathological Anatomy, in which may be found a very full description of epithelial cancer. Upon removing the calvaria, the dura mater was found adherent entirely around the edge of the opening, and extending back for about an inch. Upon the right side, the dura mater adhered slightly to the arachnoid, beneath the growth. Upon the other, the membranes were replaced by a dense white tissue, which firmly adhered to the brain itself over a surface about an inch in diameter. Beneath this was an abscess about an inch in diameter, which in all probability communicated with the ventricles, as they contained about an ounce of pus.

The weight of the brain, with the dura mater and epithelial growth attached, was four pounds.

It is interesting, in connection with this case, to allude to that of our distinguished friend, Dr. M. Swett, of Maine. In this, a large portion of the frontal and malar bones was blown off by the discharge of a cannon. But in the patient (Stewart), if I remember correctly, a false membrane, or curtain-like covering, extended over the denuded surface, and afforded a fair amount of protection. In our case, the diseased dura mater could be seen through the opening for many years, and yet the patient enjoyed

a fair share of health, and was in intellect by no means deficient. His father died of the same disease in the face.

WOUND OF THE PALM OF THE HAND.

[Communicated for the Boston Medical and Surgical Journal.]

R. HANDY, aged 18, of Fitzwilliam, punctured his hand with a common jack-knife, the 8th of April, 1860. It was dressed with adhesive plaster and bandage. The wound healed externally by the first intention. Three weeks from the time it was dressed, it burst open and bled profusely. An attempt was made to tie the radial artery. The hæmorrhage continuing unabated, I was called to see the patient for the first time on the 27th. At this time there was a diffused accumulation of blood in the subcutaneous and inter-muscular tissue, sometimes called diffused aneurism. I removed what coagulated blood I could, and applied a graduated compress, and secured it as recommended by Dr. Druitt, in wounds of the palmar arch. This arrested the hæmorrhage for four or five days, when the blood burst out on one side of the compress with as much force as at first. I then cut down to the palmar arch and ligatured the bleeding arteries, as recommended by Dr. Gross, Vol. I., pp. 9, 12, who says, "Wounds of the hand, especially of the palmar arch, are best managed by free incisions and the application of two ligatures. It is a great folly under such circumstances, nay it is positively worse than folly, to tamper with the comfort and welfare of the patient by the use of compression, either direct, or indirect, if the vessel be of any considerable size. Only time is wanted; the bleeding will return whenever the mechanical support is taken off,"—which proved too true in the above case. He farther states, that we now and then read of cases in which the brachial artery has been tied for the arrest of hæmorrhage of the palmar arch. Can there be anything more absurd than such a procedure, or show a greater degree of ignorance of the anatomy of the hand? The advice of John Bell, in his Principles of Surgery, in regard to the treatment of wounded arteries in general, cannot be too strongly enforced here: "Meet the danger boldly, and don't be afraid to look your enemy in the face."

I. P. WILLIS.

Royalston, Dec. 10, 1860.

FATAL CASE OF PAROTITIS.

BY DR. A. B. BANCROFT, CHARLESTOWN.

[Communicated for the Boston Medical and Surgical Journal.]

ON November 20th, a boy, 4 years of age, complained of not being well, and went to bed without his supper. In the morning, he