

of correspondence and sympathy between the different parts concerned in labor. I left my patient in the evening, thinking that the labor would advance, and that I should be called during the night. I was not sent for, as I anticipated, and on visiting her the next morning found her sitting up and appearing quite cheerful. The pains had nearly ceased, and in a few hours they left her entirely, and every symptom of labor had vanished, so that before night she resumed the superintendence of her domestic affairs, as usual.

This could hardly be called an attempt at abortion or miscarriage, for the natural period of gestation was completed within a week, according to the woman's calculation, and she was very positive on the subject.

In ten or twelve days from this time labor again commenced, and proceeded as before; the os uteri, however, now dilating and yielding perfectly, so that the child was born in a few hours without any untoward or unusual circumstance.

Cases of abortion and premature labor are of frequent occurrence, but I have never seen a case related, neither has one occurred in my own practice, where labor had apparently so far advanced, and where the state of things usually attendant on parturition was so nearly perfect, and yet, by a gradual retrograde movement, the parts concerned in labor were restored to the same condition which had existed for months previous.

This woman had made no unusual exertion; in fact, nothing had occurred which might have caused the uterus to take on the parturient action at this time. It was regarded as the natural and proper commencement of labor.

J. J. D'W.

Newport, R. I., May, 1838.

FUNGUS HÆMATODES.

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MRS. JEWETT, of Rindge, aged 73, widow of the late Dr. Stephen Jewett, some time in June, 1837, called on me to have a wen extracted. The tumor was situated on the superior part of the right parietal bone, and was nearly of the size of a hen's egg. It was less moveable than encysted tumors usually are, but possessed their characteristic elasticity; no pulsation was perceptible either to the touch or eye. It was about eight weeks since it was discovered, and during the last three, its growth had been rapid. She experienced no pain in the tumor or head, and her health was good for one of her age. She expressed a desire to have it removed, on account of its rapid growth; and although it presented a suspicious character, I saw no sufficient reason for declining the operation.

A crucial incision was made through the scalp over the tumor, and while separating the flesh from it, a slight pressure of my finger burst its envelope, when black blood gushed out in a full current. I immediately introduced my finger, and discovered that the tumor, external to the cra-

nium, had escaped, and through an opening in it I felt the pulsation of the brain. Dr. I. Fox, who was present, on examination, made a similar discovery. The hemorrhage was suppressed by sponge wet in cold water, and the wound dressed with compress and bandage. The next day the patient rode to her home, the distance of four miles. On the fourth day, the dressings being removed, the wound was found nearly united, and the tumor reduced to about one half its size before the operation; was now compressible, and exhibited the pulsations of the brain. Adhesive straps, compress and bandage, were now applied so as to afford a little pressure. From this time there was a small discharge from the apex of the incisions where cicatrix did not form, for some weeks, and during this time the growth of the tumor was slow—nearly stationary. About the time the wound was entirely healed, and this tumor more rapidly protruding, another was discovered low on the occipital bone. This yielded readily on pressure; the pulsations of the brain distinctly felt and seen, and an opening, nearly the circumference of the tumor, perceptible through the skull. It gave no uneasiness to the patient, and was accidentally discovered by her friends. The growth of this, in its diameter, was more rapid than that of the first one. In November, the prominent part of the first tumor had ulcerated and fungus began to be protruded. From this time there was occasionally an exhausting hemorrhage, and her health declined. She was frequently afflicted with nausea—emaciated, and became hectic. Prominent portions of the fungus sloughed off, but this did not diminish the tumor. Mrs. J. retained her mental faculties till forty-eight hours before her death, on the 30th of March.

Post-mortem Examination.—Fungus on the parietal bone eight inches in circumference, and its projection four and a half. This we had to separate before raising the skull. It had a medullary appearance, but its texture was more spongy, especially about its centre, where was a large sinus. The other tumor was soft, and could easily be compressed within the cranium. During the operation of sawing and raising the skull, it was ruptured, and the principal part of its contents, being black blood, was discharged, leaving a small quantity of fungus adhering to the dura mater and tentorium. The dura mater was so firmly adherent to the left parietal bone as not to be separated on raising the skull. The superior orifice was about the size of a dollar, and the inferior somewhat larger. The fungus was easily separated from the dura mater, leaving a smooth surface. On the internal surface of this membrane, no traces of disease could be discovered. The ventricles contained about three ounces of water.

Perhaps it would not be unimportant to notice that the cranium was of unusual thickness—the frontal bone being, on an average, one half an inch. The development of the anterior lobes of the brain was small in proportion to the posterior.

Mrs. J. possessed a phlegmatic temperament; a strong and discriminating mind; was highly esteemed, not only by her friends and neighbors, but by the many invalids who sought her advice after the death of her husband.

I do not possess much acquaintance with phrenological science, but I suspect its advocates would not adduce this case as affording evidence of the infallibility of their theory.

June, 1838.

VAGINAL TUMOR.

[Communicated for the Boston Medical and Surgical Journal.]

I SEND you the following case in my practice in an adjoining county, and if you think it worthy a place in the Journal, it is at your disposal. The case is hastily drawn up.

In the month of November, 1835, I was called to see Mrs. Y., of an adjoining county in this State, who had for some time been afflicted with an acute pain in the uterine region. She informed me, that for several months she had occasionally suffered much from a "burning pain in the passage," and more particularly during the menstrual period, and occasionally attended with a disagreeable itching of the sphincter ani and labium pudendi; at other times a "bearing down," or sense of weight in the vagina. These symptoms she attributed to cold. On examination I found the uterus somewhat turgid, with a tumor about the size of a pigeon's egg, situated on the left side of the neck of the uterus. The tumor could be easily moved with the finger, and appeared to be contained in a sac connected with the uterus only by cellular membrane, or a very trifling membranous substance. No fluctuation was felt in the tumor, and no pain experienced when pressure was made on it. My opinion at that time was, that the uterus was impregnated, and that the pain was entirely the effect of the tumor. I informed the patient and her husband of the result of my examination. They appeared not altogether satisfied with my view of the case, and consulted a Dr. P., of an adjoining county, who gave, as his opinion, that no tumor existed, and that she was pregnant; that the pain entirely originated in irritation occasioned by excessive venery, or some other cause producing the same effect. Dr. P.'s opinion quieted the patient's fears, and I heard no more of the case until the 29th of June, 1836, when I was called to render assistance to the patient, who was in labor, and had been under the treatment of an ignorant old "granny," and also two of Dr. Thomson's practitioners in steam and red pepper, for twenty-six hours. The old woman in attendance could give me no description of the progress of the labor, or the cause of the perplexity. One of the *learned* disciples of Thomson informed me that "the mouth of the womb had *grewed a one side*," and that the woman never could be delivered but by the "*Sesaring*" operation, as he learnedly called it. On examination I found the vagina obstructed by a tumor of the size of a goose's egg. Having more particularly examined the part, I discovered that the tumor was divided into two parts by a membranous substance, the most depending part being the largest. The situation of the tumor was such as to give the os uteri an oblique direction, thereby impeding and rendering inefficient the operations of nature. Having procured a scalpel