On the other hand, Dr. Ashwell remarks that "it would have been as well if these (placental) orifices and their capacities had been demonstrated. I have never yet seen them, although I have subjected numerous placentæ to examination, both before and after injection; nor have I been more successful when I have carefully peeled off an adherent placenta after death. It is, on the contrary, easy enough to show to the satisfaction of the most incredulous, the great openings existing in the lining membrane of the uterus, exactly opposite the attachment of the placenta; and which are covered by interposed decidua. Surely such an organization affords the clearest proof of the source of the hæmorrhage in placenta prævia. The foetal economy at no time requires such a supply of blood, as must of necessity be furnished, if vessels or orifices existed in the placenta, capable of pouring out the vast quantity of blood which sometimes, after one gush, proves fatal to the mother in placenta prævia. I do not believe that the placenta ever contains anything like the quantity of blood which is often lost in one or two gushes at the commencement of a placental labour. Another proof of the little probability of bleeding from the placenta when this is partially detached, is furnished by the fact that extensive punctures of its substance by the trocar, when in apposition with the uterus at its fundus, or when implanted over the os, are not followed by hæmorrhage"*

Dr. Lee coincides with the writer last quoted, in believing that in uterine hæmorrhage the blood flows from the venous openings on the lining membrane of the uterus, and also from the arteries that are laid open by the separation of the placenta.

Mr. Ingleby gives a case in which a portion of the placenta was cut away by the practitioner, on account of its obstructing the mouth of the womb, and yet no discharge of blood escaped from the cut surface.† And most of the older authors, as far as I know, attributed the source of the blood to the large valvular openings on the surface of the uterus; unless indeed we can except Giffard, who in his 116th case, says, "as the os internum was gradually dilated, the placenta at the same time was separated, from whence proceeded the effusion of blood." If this be the correct interpretation of his meaning, it would be curious as exemplifying the fact, that in ninety-nine cases out of a hundred, so called discoveries are merely revivals.

Unless we can suppose that a gradual effusion of blood takes place from the placenta, and accumulates in the uterus, it seems hard to account, on this view, for the profuse gushes which so frequently attend separation of this organ, whether manual or otherwise; and many more observations are necessary before we can take for granted a theory which has so much of positive evidence, as well as of seeming improbability against it. In cases of extensive lacerations of the placenta, while the extent of its means of supply of blood, (according to Dr. Simpson's view,) is very considerable, the hæmorrhage in the vast majority of cases is trifling, and not to be compared with what occurs in merely partial separation.

* *Medical Gazette*, Nov. 7, 1815.

† *Lancet*, vol. i., 1839, p. 913.

(To be continued.)

CASE OF MEDULLARY SARCOMA OF THE PROSTATE GLAND, IN A CHILD AGED NINE MONTHS.

By C. R. BREE, Esq., Stowmarket.

A. C., aged nine months, a fat and well-grown child, of light complexion and hair, required medical assistance on the 9th of March, 1843. The mother informed me that it had passed no urine for twenty-four hours, in consequence of which it was restless, refused the breast, and was in evident pain. Upon examining the abdomen the bladder was found much distended, reaching merely to the umbilicus. An elastic-gum catheter was introduced, and a pint and a half of pale straw-coloured turbid urine, with a strong ammoniacal odour was drawn off. As the child was teething, and the gums swollen, I at first referred the cause of disease to dental irritation. I lanced the gums freely, used the warm bath daily, and administered internally occasional calomel purges. At the end of ten days the symptoms were not at all improved, the child had not been able to pass a drop of urine, and the catheter was necessarily introduced as fast as it accumulated in the bladder.

My original impression was as I have stated, that the case was one of paralysis of the bladder, from dental irritation in the first place, and over distension in the second. There were, however, two circumstances which convinced me, upon reflection, that this was not the case; 1st, the child made voluntary efforts to expel the urine; and, 2nd, the retention was perfect. An examination per rectum was accordingly instituted, when all obscurity in the case was cleared up, by the discovery of a large tumour, occupying the perineum, evidently attached to the neck of the bladder, and which, by pressure upon the urethra prevented the passage of urine. The tumour was dense and elastic, without conveying to the touch a sense of fluctuation.

From this period it rapidly increased in size; the health of the child gave way, it lost flesh, was restless, and constantly crying. It was found necessary to introduce the catheter twice or three times a day, as the secretion of urine was morbidly increased, and the bladder becoming irritable under frequent useless efforts to expel its contents. The tumour gradually pressed upon the rectum, preventing the passage of feces, and ultimately presented itself through an ulceration in the sphincter ani of about the size of a shilling. The portion of the tumour which appeared in sight was white in colour and had a smooth glassy appearance.

The child now rapidly sank, and died on the 22nd of April, forty-four days after I was first consulted in the case.

Sectio Cadaveris.—The intestines were considerably distended with feces and flatus, but the viscera generally were healthy; the bladder was much enlarged and thickened, as seen in the preparation. The tumour was found to be an enormous enlargement of the prostate gland, occupying the perineum between the neck of the bladder and the verge of the anus, and pressing upon the urethra and rectum. Externally, it was white and shining, and irregular on its surface. Upon making an opening into it inferiorly, it was found to consist of a thick cyst or external envelope, filled

internally with a vast number of cells, which readily broke down, and contained a substance, having exactly the consistence, colour, and physical characters of the medullary substance of the brain. A considerable portion of the contents were lost, but a tolerably correct idea may be formed of its original size by consulting the preparation. The examination could not be carried further.

Remarks.—The observations I wish to make upon the case are:—

First. Upon the nature of the tumour. There can be no doubt, I think, upon examining the preparation, and reviewing the character of the tumour, its cellular structure, its white and glossy external appearance, and the peculiar physical properties of the brain-like contents of the cells, and also taking into account its rapid growth, in denominating it *medullary sarcoma*, originating in the prostate gland.

Secondly. I would remark upon the extreme rarity of this form of disease in such a structure, and in so young a subject. I have been unable to find a single analogous case in the works to which I have referred; and I have, therefore, thought it a proper one to record in the annals of our Association. The preparation will be added to the valuable collection of morbid specimens of my friend Mr. Crosse.

Thirdly. With regard to treatment. I think it is obvious that nothing whatever could have been done, and I consider it fortunate that I was able to relieve the little patient's sufferings by the introduction of the catheter, to which operation it is clear a tumour of this kind might have presented a most formidable obstruction.

ON THE EFFICACY OF COUNTER-IRRITATION IN SOME AFFECTIONS OF THE BRAIN.

By JONATHAN TOOGOOD,

Licentiate of the College of Physicians, Fellow of the College of Surgeons, and Consulting Physician and Surgeon to the Bridgewater Infirmary.

In the month of September, 1841, I directed the attention of the Association to the efficacy of counter-irritation, in arresting the progress, and promoting the cure of disease, and adduced several cases proving the advantages of such treatment. Since that period I have had many opportunities of testing the practice, and have been entirely satisfied with its success. Having frequently employed it in severe affections of the head, with very marked benefit, I trust that a recurrence to the subject will not be unacceptable to the profession. I am aware that a prejudice exists against this practice, which by some is designated barbarous, by others heroic, and by some unnecessary; but I confess myself at a loss for a substitute in cases in which a powerful and speedy effect is desirable; and in this opinion I am glad to be supported by an authority of such weight as Dr. Prichard, who recommends, in certain states of the brain, issues, made by a longitudinal incision of the scalp over the sagittal suture, and says, "this remedy is not found in experience to be more painful than the more usual applications of setons, and it is incomparably more efficacious." I have employed it advantageously in epilepsy, obstinate headache of

long standing, in threatened paralysis, and in cases where there has been reason to suspect that effusion has taken place, but in none in which the benefit was more clearly and decisively marked than in the following:—

CASE I.

A strong man, aged 50, had been suffering for several months from giddiness and pain in the head, accompanied with dimness of sight and sickness. His gait was unsteady, and he had frequently fallen to the ground. He had been bled both generally and locally repeatedly, blisters and purgatives had been freely used, with other medicines, and that attention to diet which the rules of a hospital enjoin. Very partial relief had been obtained, and all the symptoms soon returned with increased violence. Wishing to ascertain the state of the blood, twenty ounces were drawn from the arm, which exhibited a buffy and inflamed coat; he was cupped, and took large doses of antimonial powder, with nitrate of potash, and salines, with so little relief that it was evident that no positive good could be expected from a continuance of such treatment. An issue was made over the sagittal suture to the extent of six inches, and a copious discharge promoted daily by inserting peas, smeared with savine ointment. He soon began to show evident signs of improvement, all the former alarming symptoms gradually subsided, and he so perfectly recovered as to be able to follow his usual occupation without inconvenience.

CASE II.

A robust healthy gentleman, about thirty, received a violent blow on the forehead, which knocked him down and stunned him. It was followed by symptoms of concussion of the brain, from which he recovered under the usual treatment. He continued well for upwards of a year, when he was seized early one morning with a severe epileptic fit, and did not perfectly recover the stupor for some hours. He had taken unusually great exercise the day before, which was a very hot one, and had eaten heartily and irregularly. Leeches were applied to the temples, and active opening medicine administered with relief. He was low and nervous for some time, but the only remarkable symptom which remained was the extreme slowness of his pulse, which was generally under fifty-eight beats in a minute, and seldom exceeded that number. His diet and bowels were regulated, and he was enjoined to lead a perfectly quiet life, and avoid all excitement; and as a precautionary measure, counter-irritation on the scalp was recommended as a likely means of averting danger.

Unfortunately that course was not adopted, and although he gradually improved in health for some time, his state was far from being satisfactory. Presently the former attacks returned, accompanied with sickness, and other symptoms, which excited the greatest alarm in the minds of his family. He was now taken to London, a course which was advised soon after the commencement of his illness, as it was thought possible that a minute examination of the head might lead to the detection of some mischief occasioned by the blow which had produced the attack and consequent symptoms. A consultation with a distinguished physician and two surgeons