

which I annex to this paper), I think you will agree with me that interference with the circulation by pressure of the head and retained urine, and the mechanical injuries inflicted on the tissues themselves by this pressure, form the chief cause of this condition of necrosis. He collected fifty-three cases of necrosis of the bladder in females and three in males. Out of the former, no less than 42 or 79.2 per cent. had suffered from retention of urine, of which number 31 had retroposition of the gravid uterus. All but three were connected with pregnancy, occurring either before or after labour, and where the time is stated, it may be seen that pressure was exerted for from twelve hours to thirty-five days. In one case the retention was accompanied by extra-uterine gestation, while in that recorded by Tulpus no cause at all for the necrosis is given. Orłowski reports a case of vesical necrosis, which followed dysentery, in a girl three years old; and Lemaire reports a case of the same in a patient who had also been suffering from dysentery, these two cases showing that mere lowering of the system will be an active predisposing, if not immediate, cause.

Now as to the cause of the necrosis in the case that was under my own observation. There is no doubt but that the pressure of the child's head for so long a time set up an unhealthy action in the vesical walls, as I have endeavoured to show can be caused by pressure. The patient having such frequent calls to micturate shows that there must have been irritation of the bladder by the head or else over-distension; and the passing of the two pieces of membrane looks as if the pressure was upon the anterior and posterior walls, a piece coming from each. This pressure must have caused paralysis of the sphincter vesicæ, as well as further injuring the bladder, as there was marked incontinence of urine "for some time after labour," it only improving "as the patient grew stronger." From the history of the case, it is uncertain whether there was retention or not, as the frequent micturitions might very easily be the overflows of an over-distended bladder that are known to occur in cases of retention, the patient merely having been under the care of a midwife for the greater part of the time.