

The patient was discharged, the condition being unimproved. The legs were markedly flexed and drawn up, hands tremble a great deal and patient screams at night. He was admitted to the Home for Incurable Children, 138 Avenue Road, in November, 1899, where I first saw him. His physical condition had become worse, being absolutely helpless. His eyes open and staring, palpebral fissures equal, pupils equal and moderately dilated. No ptosis, lateral nystagmus. The expression is vacant. Can move his hands and legs but they are not volitional movements. Keeps his fingers in his mouth, and when taken out, it takes him some little time to get them back. There is a slight tremor as the hands begin to move. Eats a fair amount of soft food, does not like cold food, even the drinking water must be hot. Starts at sudden noises, knee jerks exaggerated, the whole leg going into clonus on touching the sole, and though he could draw his legs up and down still he was not able to withdraw the foot when tickled. He was very constipated.

A curious thing was his appreciation of music. He would laugh immoderately at hearing children sing. When he was bathed, his head had to be supported as it lopped back. About three days before he died the temperature rose to  $102^{\circ}$ , and he refused to swallow food. He died quietly without any convulsions.

Until the autopsy was performed the diagnosis had been in favor of some form of cerebral tumor, but the autopsy revealed an internal and external hydrocephalus.

*Post Mortem Report by Dr. Harold Parsons.—*

Case of Gordon Mackenzie aged 7 years, Home for Incurable Children. P.M. 36 hours after death.

Body fairly well nourished and well formed. Slight eczema of penis and scrotum. Thorax: pleural and pericardial cavities normal. Heart and lungs show nothing abnormal. Abdominal cavity negative. No excess of fluid. Abdominal organs negative, with the exception of urinary bladder the wall of which is slightly thickened. Mucous membrane velvety, with some haemorrhagic points. The contained urine is very cloudy and ammoniacal. Skull cap of normal thickness. Old trephine wound over motor area, button partly absorbed. On removing the skull cap the membranes were torn, and there was an abundant escape of clear pale amber fluid. This continued after cap was removed. The dura mater appears normal. The arachnoid is raised by an accumulation of fluid in the subarachnoid space. No fibrin is found any where. Coverslip preparations from the fluid are negative for organisms. While removing the brain the fluid still escaped, and the posterior portion of the brain which was supported by the hand was felt and seen to collapse as the fluid escaped. After removal, the occipital lobes formed a concavity rather than a convexity. On longitudinal section of the hemisphere the lateral ventricles are found greatly dilated, their total length is much increased, but more at the expense of the posterior than anterior lobes. The brain substance posteriorly and laterally is much reduced in thickness. The tempora-sphenoidal lobes are also encroached upon but to a less extent. The foramina are free. The central canal of the cord is not dilated. No evidence of pressure or occlusion at the transverse fissure.