

exception of the depressed chin, was entirely above the pectineal line. Had the bones of the skull been lined by the ordinary brain matter, collapse might not have followed perforation, and labor might have required to be terminated in some other way; but, notwithstanding this apparent objection, it appears to me reasonable to attempt evacuation of the head through the passage formed in the long axis of the neck, rather than to thrust an instrument unprotected into the cranium, probably, but possibly between the wall of the vagina and uterus, or into the uterus itself. The additional injury to the child would be of small moment, as the operation would not be undertaken until long after the child had ceased to exist.

"Doctors differ" with regard to the period which should elapse before having recourse to craniotomy in hydrocephalic cases. Dr. Ramsbotham is of opinion that it is especially dangerous to allow a hydrocephalic head to remain for any considerable time locked in the pelvic cavity; because from its compressibility and the open state of the fontanelles, it so completely adapts itself to the shape, and moulds itself into the irregularities of the cavity, as to occasion strong, uninterrupted, and almost universal pressure, upon the lining structures, to their imminent and certain hazard,\* while the fluidity of its contents adds on physical principles to the danger of these effects. "We know of one case of this kind, in which a hydrocephalic head produced fatal laceration of the cervix uteri. In another case, where the child presented footling, the spine of the neck and part of the soft tissues, covering it, gave way under the traction employed, and the dropsical head was thus emptied and allowed to pass.† Dewees‡ once saw rupture of the uterus from hydrocephalus, which craniotomy, early performed, might possibly have prevented. Ramsbotham§ relates the case of a patient who was delivered of a hydrocephalic child, who had been in labour from Sunday, when the membranes broke, to early on Friday morning, when R. first saw her; she died the same evening. Another author writes: "hydrocephalus in the child is not a common cause of protracted labour, but the diagnosis is very difficult where it is, and if the nature of the obstruction be not early ascertained, the result has generally been unfortunate. . . . Should the pains have continued strong for some hours, and the head have not entered the brim, the perforator should be employed without loss of time."|| Blundell¶ wishing to guard against undue interference, condescends to be witty:—"Where the head is hydrocephalic, you may,

\* Ramsbotham. American Edition, p. 178.

† Forbes Medical Review, Vol. XII., p. 480.

‡ Midwifery, p. 527.

|| Lee's Midwifery, p. 42.

§ Process of Parturition, p. 272,

¶ Obstetric Medicine, p. 60 and 61.